THE WAR AT HOME

Gender Based Violence Indicators Project

GAUTENG RESEARCH REPORT
SOUTH AFRICA

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

Gender links (GL) is a Southern African NGO that is committed to a region in which women and men are able to participate equally in all aspects of public and private life in accordance with the provisions of the Southern African Development Community (SADC) Protocol on Gender and Development. GL achieves its vision by coordinating the work of the Southern African Gender Protocol Alliance formed around the sub-regional instrument that brings together all key African and global commitments for achieving gender equality. Working with partners at local, national, regional and international level, GL aims to:

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

The South African Medical Research Council (MRC) Gender and Health Research Unit, aims to improve the health status and quality of life of women through high quality scientific research on gender and health which informs the development of policy, health services and health promotion.

Gender Based Violence Indicators Project

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Acknowledgements

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

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

GL worked with the South African Medical Research Council (MRC) in the conceptualisation and implementation of the prevalence and attitudes household survey. Professor Rachel Jewkes, Director of the MRC Gender and Health Research Unit, and Nicola Christofides, initially with the MRC and later a Senior Lecturer at the University of the Witwatersrand School of Public Health, advised on and developed the survey research methodology and instruments. They also formed part of the working group that managed the research process. Jewkes analysed the survey data, while Christofides analysed the administrative data from the police.

Nwabisa Jama Shai, GL GBV Indicators Research Manager before Mercilene Machisa took over, contributed to the development of research tools and managed the survey fieldwork and other research components during her tenure. Working as a consultant she assisted in the collection of administrative data. Shai was part of the reference group that met regularly to review progress and contribute to the research. Jewkes, Christofides and Shai contributed sections to the report and reviewed the first draft.

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

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

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Kubi Rama is GL Deputy Director and Director of Programmes. She is the former CEO of the Gender and Media Southern Africa (GEMSA) Network where she was responsible for the programme, financial and institutional development of GEMSA. In her earlier time as Deputy Director and Network Manager of Gender Links she was responsible for managing a new audience research project, coordinating the regional network, setting up a virtual resource centre for media trainers, coordination and sustaining the 16 Days of Activism, organising a regional media summit and mainstreaming gender as part of training curricula. Prior to joining Gender Links, Rama served at the Department of Journalism (Durban Institute of Technology) as a senior lecturer.

Mercilene Tanyaradzwa Machisa is the GBV Indicators Research Manager. She managed the data on the GBV Indicators Gauteng Project and analysed the household prevalence and attitudes survey. She also contributed in implementation of the other research components and writing of this report. Prior to joining Gender Links, Machisa worked for the National Institute of Health Research in Zimbabwe as a Medical Research Officer. Her main research interest is sexual and reproductive health. She holds a BSC (Hons) degree in Biological Sciences from the Midlands State University and is currently studying towards an MSc (Med) in Epidemiology and Biostatistics degree with the University of Witwatersrand.

Loveness Jambaya Nyakujarah is GL Alliance and Partnerships Manager, but served as Gender Justice Programme Manager for much of the period of this research. Prior to joining GL she worked for the Zimbabwe Elections Support Network as an intern before joining the Media Monitoring Project in Zimbabwe (MMPZ) where she worked for five years as a Senior Media Research Officer. Among other achievements she formed the

Gender Desk at MMPZ for which she became responsible and worked closely with GL on a number of projects. She served as the first country representative for the Gender and Media Southern Africa Network - Zimbabwe Chapter (GEMZi) and now serves as founding trustee. She is also a board member of the Federation of the African Media Women in Zimbabwe (FAMWZ). Loveness holds a BSc Economics Honours degree from the University of Zimbabwe and is studying towards a Postgraduate Diploma in Monitoring and Evaluation at Stellenbosch University.

Rachel Jewkes is the Director of the Medical Research Council's Gender and Health Research Unit and an Honorary Professor at the University of the Witwatersrand School of Public Health. A public health physician, she has spent over 15 years undertaking ethnographic and epidemiological research with men and women on gender and sexuality in South Africa. Her interests are in rape, intimate partner violence and the intersections between gender, GBV and HIV. She is an author of 100 peer review journal articles and over 20 book chapters. Her work has contri-buted substantially to the development of the health sector response to rape in South Africa. She is the Secretary of the Sexual Violence Research Initiative.

Nwabisa Jama Shai is currently a Senior Researcher at the Gender and Health Research Unit of the Medical Research Council, South Africa. She is doing her doctoral studies, has an MPH, and began her career as a gender violence and HIV trainer. She worked on the GBV Indicators Project for Gender Links for 13 months. Her major research contribution and management include the household survey on GBV in Gauteng Province, the pilot and evaluation of a HIV and gender violence prevention intervention, Stepping Stones. Her interests include use of quantitative and qualitative methods in developing and strengthening gender equitable and HIV prevention interventions.

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

Kelello Tekateka Justice Programme Officer at the time of this research worked in various capacities for a number of organisations in South Africa and the United Kingdom. She has a passion for development and a keen interest in rural development, gender, and natural resource management with a special focus on Southern Africa. She holds an MSc (Master of Science) degree in Development Studies from the School of Oriental and African Studies (SOAS-University of London), in the United Kingdom. She completed a BSocSci (Bachelor of Social Science) Honours degree in Sociology from the University of Pretoria and a BSocSci undergraduate degree in Sociology and Psychology from the University of Cape Town.

Acronyms

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

Foreword

By Maleshoane Motsiri*

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

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

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

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

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

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

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

The butterfly is the symbol of the "I" Stories brand that these women and men have created, as well as a profound metaphor for their lives. The stories are powerful narratives of the pain of abuse, and very often the triumph of surviving and moving on.

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

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

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

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

Executive Summary

Take back the night march through Johannesburg, November 2009. *Photo: Colleen Lowe Morna*

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

Emotional violence - a form of violence not well defined in domestic violence legislation and thus not well reflected in police data - is the most commonly reported form of violence with 43.7% women experiencing and 65.2% men admitting to its perpetration. One in four women in the province has experienced sexual violence in their lifetime. An even greater proportion of men (37.4%) disclosed perpetrating sexual violence.

Yet violence against women is still regarded as a private affair with only 3.9% of women interviewed reporting this crime to the police. One in 13 women reported non-partner rape and overall only one in 25 rapes had been reported to the police.

These are some of the stark findings of the Gauteng Gender Violence Indicators project study conducted by Gender Links (GL) and the Medical Research Council (MRC). The survey in South Africa's most densely populated and cosmopolitan province shows that while political conflict in the country has subsided, homes are and communities are still far from safe, especially for women.

Inspired by the Southern African Development Community Protocol on Gender and Development that aims to halve gender violence by 2015, the study is the first comprehensive community-based research study of the prevalence of gender violence in the province. It covered the period April 2009 to March 2010.

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

The study made use of two separate questionnaires for women (focusing on their experiences) and men (focusing on perpetration) of violence. The focus on women is justified by overwhelming evidence that the majority of gender violence cases consist of violence against women and these cases result in the extensive and well documented adverse health consequences (Krug et al 2002). Comparing what women say they experience to what men say they do adds credibility to the findings. In almost all cases, men confirmed what women said even more strongly than the women themselves.

The prevalence survey is a component of a broader study to measure the extent and effect of gender violence, as well as response and prevention measures taken. In addition to the prevalence survey, tools used include interrogating administrative data (like police, court and shelter statistics); qualitative research; a costing exercise; political discourse analysis and media monitoring. Together these establish a range of baseline indicators on gender violence for the province.

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

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

Extent of GBV

Table I: Extent of GBV

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

** These are negligible percentages*
- Not measured/reported

Table I shows that:

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

Using the STATSA mid-year population estimate for Gauteng for 2009, an estimated 0.09% of men and 0.3% of women reported a case of domestic violence over the time period. These figures for victimisation of women are way below the one in five (18.1%) women who said they had experienced violence in the past year in the survey. This discrepancy is indicative of the high rates of under-reporting of violence against women.

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

Patterns and drivers of GBV

Table II shows that:

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

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

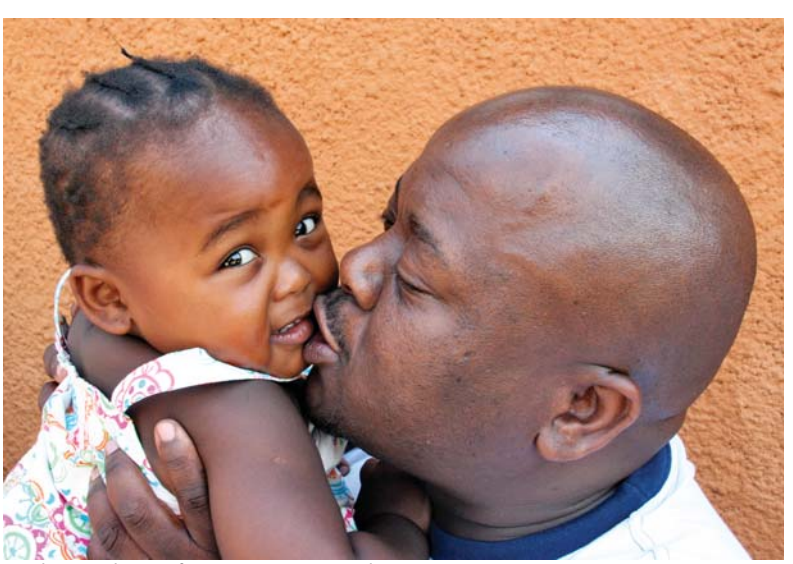
Table II: Childhood experiences of violence

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

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

Table III shows that:

- More than 80% of all the women and men in the sample strongly agreed and agreed that women and men should be treated equally, and about half believed that it is possible for a woman to be raped by her husband.
- Yet 29.3% women and 38.7% men felt that a woman could not refuse to have sex with her husband.
- About a third of women and men thought that "in any rape case one should question whether the victim is promiscuous."
- There were strongly diverging views of women and men on some issues. For example, 53.9% men believed that men should have the final say in all family matters compared to 29.8% of women. Some 37.3% of men thought that a woman needs her husband's permission to do paid work, compared to 23.2% of women.
- These contradictory findings point to a society in flux, with flashes of progressive thinking among men and women (and signs of growing emancipation among women). But these changes are still framed within patriarchal norms that remain a key driver of GBV.



Gender attitudes pass from one generation to the next. *Photo: Trevor Davies*

Effects of GBV

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

Table IV shows that:

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

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

Gathering data on budgets; spending and number of people serviced is very difficult either for bureaucratic reasons where permission has to be given or because there are poor data management systems. Table V shows that in the year under review the province of Gauteng spent almost R62 million on services directly related to GBV which would equate to R97 per person using the 18.1% prevalence rate in this study, or R5097 using the 0.03% prevalence rate reported to the police. Either way, it is evident that state spending on GBV is way below what is required.

Response

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

Table VI shows that:

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

Police support the campaign but lack credible data. *Photo: Colleen Lowe Morna*

Support

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

Table VII shows that

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

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

Table VIII shows that:

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

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

Analysis of the South African Police Service (SAPS) dataset of all crimes committed in Gauteng coded as "domestic violence" for the period 2008 to 2009 proved problematic. In South African law, there are a range of offences that can be labelled as domestic violence. These include common assault, assault with the intent to do grievous bodily harm contravention of a protection order , murder , crimen injuria, sexual offence, abduction, indecent assault, rape of wife by own husband rape, compelled rape, pornography and sex work. During a round table meeting on the findings of the research in January 2011 prior to publication of this report, SAPS agreed to four key ways in which collection of domestic violence data will be improved:

- ***Adding the nature of the relationship to records of domestic violence:*** In future when recording cases of domestic violence police will record the relationship between the perpetrator and the victim. This is critical, because at present crimes occurring in a domestic setting such as an adult male child abusing an elderly male parent are all captured as "domestic violence".
- ***Creating a category for femicide:*** Whilst murder is a category under the Domestic Violence Act, it is difficult to ascertain which of these are female murders and more specifically femicide. SAPS has agreed to capture data on the relationship between the perpetrator and the victim in such cases. This will make it possible to obtain femicide statistics without having to go through every female murder docket.
- ***Removing pornography and sex work from sexual offences statistics***, as these mask the true nature, trends and patterns of sexual offences.
- ***Including a section on domestic violence*** in annual crime reports. This is long overdue and should feature in the 2010/2011 report.

Next steps

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

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

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 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.

Photo: Colleen Lowe Morna

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

Photo: Gender Links

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.

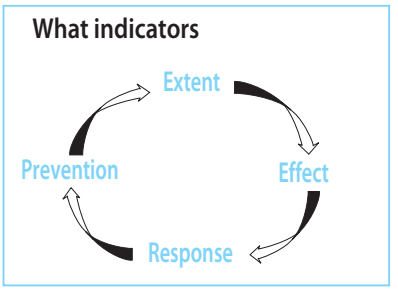
The think tank meeting aimed to determine indicators that can be used to measure the extent of the problem (what uniform administrative and survey data could be obtained across all countries); the effect of the problem in social and economic terms; the response and support interventions as measured by the multi-stake holder 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, Schrieber 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, Schrieber 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.


SA's dirtiest gutter fight

ille and outh eague ade sex sults

ZILLE:

Zuma is "a self-confessed womaniser with deeply sexist views, who put his wives at risk having unprotected sex with an HIV-positive woman"

YOUTH LEAGUE

Zille appoints 'an all-male cabinet of use people, (the) majority of whom are her boyfri and concubin that she can continue to s around with

GLOVES ARE OFF: DA leader Helen Zille has moved from being the opposition to being the enemy, according to the ANC, after her attack on Zuma.

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 Miltary 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 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.

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

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.

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*

While 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".[11] 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.[12]

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.

[11] 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
[12] Ibid.

The specific objectives of the project are to:

- Test a number of GBV indicators.
- Quantify the prevalence of GBV in all its different forms; determine the extent of under-reporting; track and report changes.
- Quantify the economic, social and psychological costs of violence.
- Refine strategies for addressing GBV, including the analysis of the burden caused by GBV on society and government spending; including analysis of costs related to prevention efforts and resources.
- Measure the effectiveness of prevention campaigns and target these more effectively.
- Assess the effectiveness of the response by the police; courts; health; social and all related services.
- Measure and track the underlying attitudes towards gender equality that fuel GBV, and track changes to these over time.
- Present and popularise project results; hold workshops with key stakeholders to compare the emerging results with and consolidate the National Action Plans.
- Hold workshops to adapt the already existing campaigns and strengthen them; and work with support NGOs to adapt their prevention programmes to reflect current state of GBV in the three countries.
- Measure the way that GBV is covered by the media in the three countries; how this is perceived by audiences and the extent to which the media is playing its role in helping to end gender violence.

Key research questions

The research conducted sought to analyse administrative data from the criminal justice system (police, courts), health services, and government-run shelters to document the extent of GBV, and the use of public services by victims and survivors and to answer the following questions:

- What is the scope and extent of GBV perpetration and survivor experiences in Gauteng province?
- What is the physical, social, and economic impact of GBV on society?
- What is the response of public services to GBV in Gauteng province?
- What is the level of political commitment to address GBV shown by the national and Gauteng provincial government?
- To what extent is the media helping to end or to perpetuate GBV in Gauteng?
- What is the impact of prevention interventions and mainstream media on GBV in Gauteng?

The project components

The research makes use of six research tools:

- A GBV prevalence and attitudes household survey.
- Analysis of administrative data.
- Qualitative data through the "I" Stories project
- Analysing the societal and individual costs of GBV.
- An analysis of media coverage of GBV.
- A content and discourse analysis of the commitment of key politicians.

Table 2.1: Project components and tools used to gather data						
Research tool/ Indicators	**Prevalence and attitudes survey**	**Administrative data**	**Qualitative reseach**	**Costing exercise**	**Media monitoring**	**Discourse analysis**
Extent	✘	✘	✘			✘
Effect	✘		✘	✘		
Response	✘		✘		✘	✘
Support	✘	✘	✘		✘	✘
Prevention	✘		✘		✘	✘

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.[13] 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 interviewers 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;

[13] 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.[14]

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

[14] 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
Age				
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
Nationality:				
South African	91.5	465	95.5	466
Race				
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
Educational level:				
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
Monthly income of workers:				
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
Often or sometimes without food	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".[15]

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.[16]

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.[17]

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.

[15] Walby, S, op cit.
[16] Ibid.
[17] 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.

CHAPTER 3
Extent of GBV

Women and men from the One in Nine campaign protesting outside court during the Zuma rape trial. *Photo: Judith Mtsewu*

Key facts

- ✓ 51.3% of women in the Gauteng sample had experienced GBV at least once in their lifetime.
- ✓ 75.5% of men had perpetrated GBV at least once in their lifetime.
- ✓ 13.8% of women experienced, and 13.3% of men perpetrated, all four forms of GBV, namely economic, emotional, physical and sexual violence.
- ✓ The highest proportion of violence experienced by women, and perpetrated by men, is emotional violence, 43.7% and 65.2% respectively.
- ✓ This is followed by physical violence, experienced by 33.1% of women and perpetrated by 50.5% of men.
- ✓ 25.3% of the women experienced sexual violence in their lifetime while 37.4% of men perpetrated sexual violence in their lifetime.
- ✓ 22.3% of women experienced economic violence and 28.5% of men perpetrated such violence in their lifetime.

- ✓ 13% of the women experienced, while14% of the men perpetrated, one or more acts of emotional violence in the 12 months preceding the study.
- ✓ 13.2% women experienced, and 5.8% men perpetrated, physical violence in the 12 months preceding the study.
- ✓ 2.7% of women that ever worked had been sexually harassed in the workplace.
- ✓ 1.4% of women had been sexually harassed by their school teachers.
- ✓ 12 093 women reported domestic violence to police in the year 2009-2010.
- ✓ The most commonly reported domestic violence-related offence is common assault.
- ✓ Police statistics for the year shows that 0.3% of women in Gauteng reported domestic violence. This shows a substantial proportion of underreporting of GBV.

Anita Ferreira. *Photo: Colleen Lowe Morna*

I still get nightmares when I think about all the things that he did to me. The worst thing he did to me was to tie my hands to the bumper of a car and my feet to a tree, tear my clothes off and pour petrol over me, and tell me: "nobody will ever miss you. I will dump your body in a bush, or what is left you."

I have decided to tell my story because I hope that in doing so other women might avoid some of my mistakes, and in particular seek help.

I met Cyril Parkman in Rustenberg at the age of 32, while looking for a job. We were never married, but he made use of a fraudulent certificate at that time. However, after three months of living together the daily physical and verbal abuse started.

I lived with this situation because I believed that he would change. Instead, the beatings became even more severe. He stabbed me in the stomach, in my throat and broke my finger when I tried to prevent him from stabbing me in the face. He even shot at me and then forced me to tell the police that I played with the gun.

He also denied me access to my children. He refused to let me call them. When he found out one day that I had used the phone to call my children, he started taking the phone to work.

He also prevented me from working. He would accuse me of having affairs and would arrive at my workplace and insult me.

On one occasion he told me to undress in front of his employees with the intention of raping me. I refused. His employees left out of embarassment. He said that I am so useless that even black people don't want me and he raped me.

I blamed myself and did not see that this was abuse. I thought that this was normal in marriage as it happened in my parent's marriage. I only realised that it was abuse when I was sent to prison.

I also think I stayed in the relationship because I felt it was my duty, not for any religious reasons, but because I felt sorry for him. My partner was either unable or too lazy to do anything for himself.

I attempted to commit suicide to end my miserable life on many occasions. I drank poison and ran in front of trucks.

On the day of his death, he abused me violently and said that when he returned he was going to kill me. I was terrified. I realised that he was really going to kill me that day and I thought to myself that I had to fight for my survival and that it was either him or me. I was assisted by a lady who introduced me to the man who killed my partner.

When I went to prison I was scared. However, I felt that serving a prison term was better than living with him and the abuse. My experience in prison was not all negative. I made friends. I had mixed emotions when I left gaol. I had nowhere to stay. I did not know where to go. At times I missed prison where I had people to talk to.

But soon after my release I went to the NISAA shelter where I was welcomed with open arms. I had been to many shelters but this one was very clean and I felt that I was going home.

I have many strengths that have helped me to survive through my plight. I have strong faith in God. I am a strong and resilient person and the fact that I can easily adapt to any situation made me a survivor. My message to women who are in abusive relationships is: Get out! Seek help!

Anita Ferreira participated in the first "I" Stories in 2004 and wrote her story of physical, emotional, economic and sexual violence. Ferreira was convicted of murder after hiring two hit men to kill her partner following almost a decade of indescribable abuse aimed at breaking down her body, her soul and her spirit.

Ferreira herself said it was an act of cowardice. The two hit men struck him while he lay passed out on the sofa. She helped them put his body in the boot of his car before watching them drive off with it.

South Africa justice system needs to respond more efficiently and effectively to GBV. *Photo: Gender Links*

Ferreira received a life sentence. She appealed. Her legal team put before the court the facts about post-traumatic stress. In a landmark judgment in April 2004 the court held that Ferreira's long history of severe abuse constituted "substantial and compelling circumstances" which permitted the Court to impose a lesser sentence than life imprisonment. The court gave her a six year sentence with credit for time served and suspended the rest.

The judgment recognises that women who have been abused and live in fear for their own lives for a long time can conclude that the only way out is to kill their abusive partners. Ferreira recognises that killing your partner is not the solution and before you reach that point you need to get out and get help.

There are no reliable national data for the prevalence of intimate partner violence, but the best population-based estimates, from 1998, identified a lifetime prevalence of physical violence of 25% and past-year prevalence of 10% in adult women in three provinces.

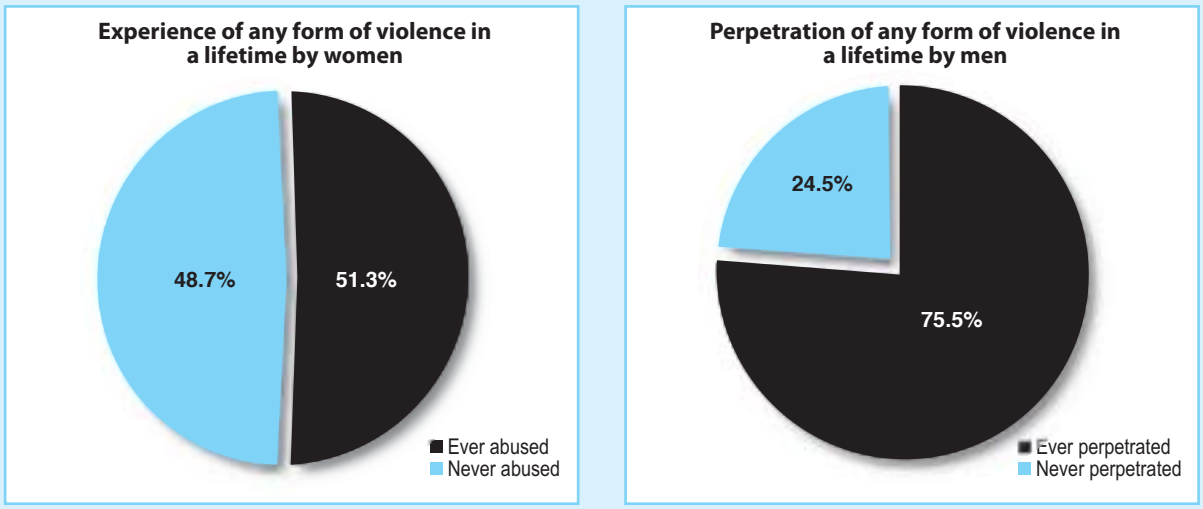
Studies undertaken with men, including population-based samples, and with subgroups of women, suggest that this prevalence might be an underestimate. More than 40% of men disclose having been physically violent to a partner and 40-50% of women have also reported experiencing physical or sexual violence.[18]

This chapter presents the rates of the different forms of violence, including intimate and non-intimate partner violence. Where statistics were not easily available, desktop research was used to fill the gap. The prevalence and household survey did not measure some forms of GBV such as harmful cultural practice, hate crime, femicide and human trafficking.

Rate of GBV

Figure 3.1 illustrates that some 51.3% (263) of all women recruited in the study had experienced some form of GBV in their lifetime while 75.5% (370) of all men said they perpetrated some form of violence. About one in five (18.13%) women experienced and more than a quarter (29.0%) men said they perpetrated GBV in the past 12 months.

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



[18] Jewkes et al 2009.

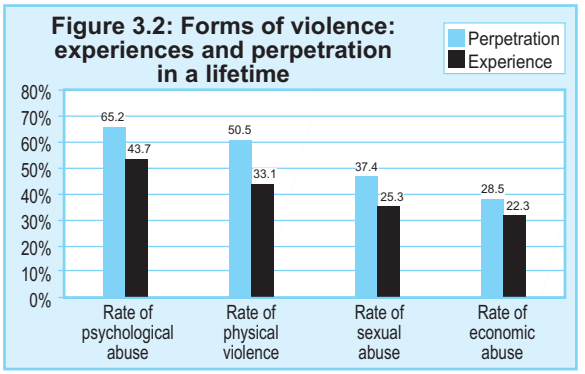


Figure 3.2 presents the prevalence of different forms of violence (emotional, physical, sexual and economic) experienced by women and perpetrated by men in the Gauteng sample. The graph shows that for all types more men disclosed perpetration than women reported experience of victimisation. The most common form of violence experienced by women and perpetrated by men was emotional violence, followed by physical, sexual and economic abuse.

Rate of emotional violence

In this survey, emotional abuse was assessed by six questions which asked about experience (or perpetration) of a series of different acts that were controlling, frightening, intimidating or undermined women's self-esteem. Women participants were asked if a 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. Men were asked if they had done any of these things to a female partner. Although the questionnaire asked about the frequency of acts of emotional violence, these are hard to assess as it is often ongoing within a relationship, taking multiple forms. This context provides a backdrop against which the (usually) more intermittent acts of physical and sexual violence occur. Emotional violence was reported by 43.7% women and perpetration disclosed by 65.2% men.

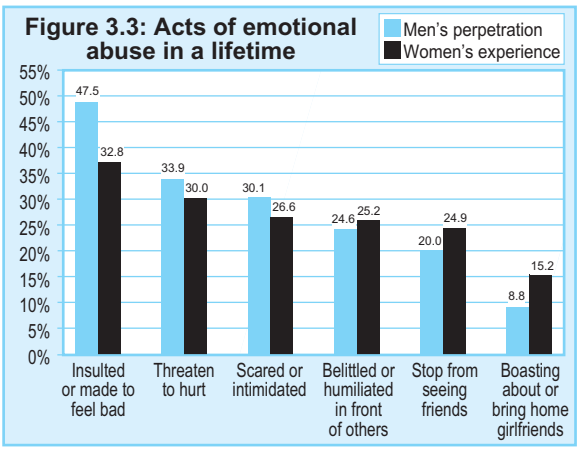


Figure 3.3 shows the prevalence of different types of emotionally abusive acts disclosed by women and men. The most common form of emotional abuse was men insulting women or making them feel bad, with nearly half of all men (47.5%) disclosing having done this and such experiences reported by a third of women (32.8%). A third of women had been threatened with violence by a partner and a quarter said they had been scared or intimidated. Attempts at social isolation in the form of stopping women from seeing friends were disclosed by one in five women.

A further form of emotional violence involves men boasting about, or bringing home, girl-

friends. One in seven women (15.2%) said that they had experienced this and nearly one in ten men (8.8%) disclosed having done this to a woman partner. In the past year, 13.0% of women said they had experienced one or more of these forms of violence, and 14.0% of men admitted to perpetrating such violence.

Rate of physical violence

Women reclaiming their right to safety and security in Vosloorus in 2008.
Photo: Adjoa Osei-Asibey

Experience of physical intimate partner violence was ascertained by asking five questions about whether women had been slapped, had something thrown at them, were pushed or shoved, kicked, hit, dragged, choked, beaten, burnt or threatened with a weapon.

Physical violence was the second most common form of violence reported in the survey.

Nicole Alexandra Rice participated in GL's 2007 "I" Stories. In her story *Finding myself again* Rice talks about the emotional and physical abuse she experienced from her partner: "I remember the pain, the unending pain, not physical pain caused by his fists, but emotional pain. The hurt and anguish that I suffered because he was capable of hurting me, and because I was imperfect, though I tried so hard to be perfect. I continuously blamed myself; I believed it was me who had to change. I believed I was the one who was flawed."

Overall 33.1% of women disclosed that this had ever happened and most of these women had experienced multiple forms of violence or violence on multiple occasions (30.8%).The prevalence reported here is higher than that disclosed in the MRC Three Province Study (25%), but the explanation may be largely due to improved questionnaire design methodology. More than half of men (50.5%) disclosed perpetration and usually more than once (43.4%).

More than one in eight women (13.2%) had experienced physical IPV in the past year, but fewer men disclosed recent perpetration (5.8%). Almost all women who disclosed having ever experienced physical violence (30.8% of all women interviewed) and almost all men disclosing perpetration (43.4% of the total) had experienced or perpetrated more than one episode of physical violence. Whilst there may have been under-reporting of physical violence by those who had experienced or perpetrated it only once, the finding also suggests that physical violence is often experienced on multiple occasions. The rate of physical violence perpetration on multiple

Thandeka (not her real name) wrote her story during the "I" Story follow-up workshop. At age 16 she had been raped twice and was told that rape was her family's legacy. This is part of Thandeka's story: "I was raped at 14. When I told my mother she told me to forget about it because she and my grandmother had been raped. This is something that just happens in the family.

I was date raped when I was 16 and unfortunately got pregnant. This was only the second time I had sex. I didn't want a baby because I was a baby. I needed taking care of myself. I became a parent at 16.

I never told anyone about the rape. When my baby came into the world she was very ill, she had to be hospitalised in the intensive care unit. When I left the hospital that morning I went home and I didn't know how to feel."

occasions was higher than that disclosed by men in the Eastern Cape/KwaZulu-Natal study, where 30.7% of men disclosed multiple acts of physical violence.[19]

Rate of sexual violence

Sexual violence[20] in this research is non-consensual completed or attempted contact between the penis and the vulva or the penis and the anus involving penetration, however slight; 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 are committed against someone who is unable to consent or refuse.

Partner rape experienced by women was assessed by 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; whether they had had sex with him 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. Rape of women by men who were not their partner was assessed by asking three questions. The first asked about whether they had been forced or persuaded to have sex against their will by a man who was not a husband or boyfriend, the second asked about whether they had been forced to have sex with a men when too drunk or drugged to stop him, and the third inquired about being forced or persuaded to have sex with more than one man at the same time. The latter is an indicator of gang rape.

Figure 3.4: Different types of rape experiences and perpetration

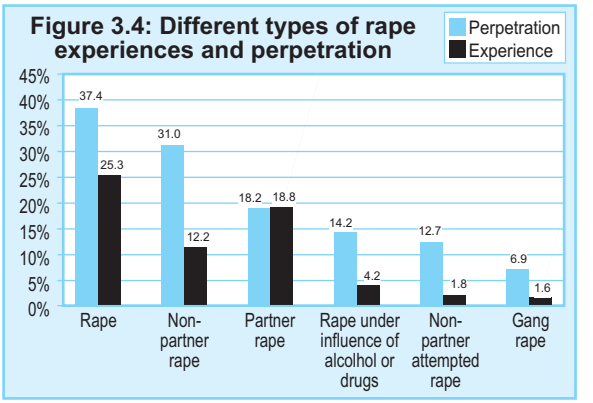


Figure 3.4 shows the prevalence of rape disclosed in the survey. Overall 25.3% of women had an experience of being raped by a man, whether a husband or boyfriend, family member, stranger or acquaintance while an even higher 37.4% of men admitted to ever raping a woman. Overall, 18.8% of women experienced intimate partner rape on one or more occasions, a figure nearly identical to the proportion of men disclosing perpetration.

In all, 12.2% of women disclosed that they had been raped by a man who was not their husband or boyfriend while 31.0% of men disclosed having raped a woman who was not a partner.

Additionally, 1.8% women had experienced an attempted rape, when a man had tried to force them but not succeeded, while 12.7% of men had attempted to rape a non-partner. Research found that 4.2% of women had been raped when drunk or drugged and 1.6% of women disclosed gang rape; 14.2% of men had forced

[19] Jewkes et al 2009.
[20] Violence and associated terms by Basil and Saltzman (2002).

a woman to have sex when she was too drunk or drugged to refuse and 6.9% of men had engaged in gang rape.

Experience of being raped by a stranger or acquaintance varied by age and race. Younger women less than 29 years old were twice as likely to disclose that they had been raped compared to women aged 30-44 years. Sexual violence often provided the context of their first experience of sex, with 8.5% of women describing this as forced or as rape. In other studies, about 7.5% women reported a forced first sexual intercourse at age 15 years or older.[21]

There is no comparable data on experiences of rape disclosed by women in South Africa, but a 2008 survey of men in KwaZulu-Natal and the Eastern Cape does present comparable data for men. In that study overall 28% of men disclosed having ever raped, 21% had raped a non-partner, 14% a partner and 9% had been involved in a gang rape.[22] With the exception of gang rape, all these forms of rape were disclosed more often by men in Gauteng.

Rape in the past year

The prevalence of disclosure by women of rape in the past year was particularly high: at 7.8% it is nearly one in 12 women saying they had been raped in the past year. The proportion of men disclosing past year perpetration was lower at 4.7%. This figure was identical to the proportion of men disclosing past year rape perpetration in the Eastern Cape/KwaZulu-Natal survey.

Rate of reporting rape to the police

Only 3.9% of women who had been raped by a partner or non-partner had reported it to the police. Rape by an intimate partner was least reported. Only 2.1% of women raped by an intimate partner reported this to the police. A higher proportion of women (7.8%) who had been raped by a stranger or acquaintance had reported the incident. Thus one in 13 of the women who had experienced non-partner rape had ever reported this to the police and overall only one in 25 women who had been raped had reported it. About half of the survivors of violence who did report to police had confided in family members. The other half chose not to confide in either family or police. The majority of those that report to the police have also confided in family.

GL worked with Mo Afrika Tlhokomelo to gather stories from ex perpetrators of violence. Mo Afrika was established by six South African ex-convicts. Mo Afrika works with ex-convicts to help them reintegrate into society. In one of the stories Zakes (not his real name) described how he lived prior to being imprisoned, "My friends and I would sometimes go to taverns and we would jack-rol (rape) women and assault their boyfriends. The community hated us. Some members of the community would go to the police station to report us, but the case would not go to trial due to dockets "being lost".

Rate of economic violence

Economic or financial abuse takes many forms, including controlling the finances, withholding money or credit cards, giving a partner an allowance, making a partner account for all money spent, stealing or taking money from partner, exploiting a partner's assets for personal gain, withholding basic necessities (food, clothes, medications, shelter), preventing a partner from

[21] Dunkle et al., 2004, Pettifor et al., 2009.
[22] Jewkes et al 2009.

working or choosing a career, or sabotaging a partner's job by making them miss work.[23]

Overall 22.3% of women in the sample experienced economic abuse and 28.5% of men disclosed perpetration. Nearly half of the women (9.3%) who said this had ever occurred had experienced economic violence in the past year compared to 5% men who said they had perpetrated such acts.

Figure 3.5: Economic violence experienced by women and perpetrated by men

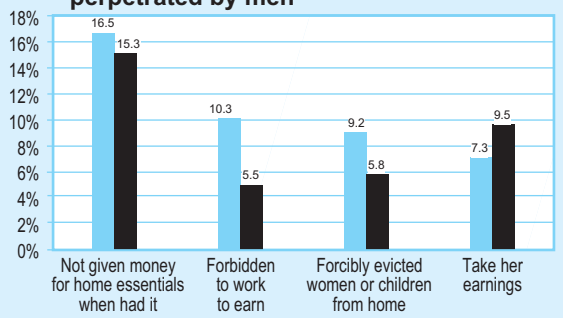


Figure 3.5 illustrates that the most common act of economic violence reported by women, and corroborated by men, was not being given money necessary to run the home when this money was available.

Nearly one in ten women were evicted from a home, a similar proportion to that reported by women in Mpumalanga in the MRC Three Province study in 1998 (9.2%).[24] Previous research has shown that evictions occurred following attempts by women to complain about extra-marital affairs or other forms of abusive behaviour

Many men believe it is their right to take their partners' wages.
Photo: Gender Links

such as spending money on girlfriends instead of family.

An even higher proportion of men (9.5%) said that they routinely take women's earnings.

Taking earnings was also reported through "I" Stories. In the case of Gladys Dlamini, her husband took her earnings and still refused to contribute to home essentials.

Gladys Dlamini (not her real name) wrote in her 2007 "I" Story titled *Taking a stand* about the emotional, physical and economic abuse she had experienced. This is an extract from her story: "When I married I had been working for four years. I had to give him my salary even though he was working too. He earned a lower salary than me. I complained about giving him my salary because both of us were earning. He said that he had paid *lobola* for me and everything I have is his and what he has is mine. In reality it was not like that because he took everything and did not share *his* salary with me."

[23] http://www.4woman.gov/violence/types/emotional-cfm.
[24] Jewkes et al 2009.

Multiple forms of Intimate Partner Violence

The term "Intimate Partner Violence" describes physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy.

Almost all the men and women interviewed (more than 95%) had been in a heterosexual relationship. In all, 75% of women and 84% of men said they were currently married or had a heterosexual partner; one percent disclosed having a partner of the same sex. Only 63% of women and 58% of men were in cohabiting relationships. Having more than one current partner was disclosed by 10% of women and 25% of men, and many women (28%) and men (25%) suspected or knew their partner had other partners.

Table 3.1 Intimate partner violence experience and perpetration in a lifetime

	Women - Experience %	Men - Perpetration %
Ever abused	51.2	78.3
Sexual only	2.3	1.9
Physical only	2.3	6.3
Emotional only	6.5	10.5
Economic only	0.6	1.0
Emotional and economic	5.3	6.1
Physical and sexual	0.6	0.7
Emotional, economic and sexual	2.5	2.4
Emotional, economic and physical	17.5	36.1
Emotional, economic, physical and sexual	13.8	13.3

Table 3.1 illustrates that 51.2% of partnered women had experienced some form of violence within an intimate partnership while 78.3% of partnered men disclosed perpetrating violence against a female partner. The proportions of women who experienced emotional, economic, physical and sexual violence and men who had perpetrated multiple forms of IPV are very similar at 13.8% and 13.3% respectively. The women referred to physical abuse occurring amidst episodes of verbal abuse from the partner. In a few cases, physical or emotional abuse occurred as a reaction to a partner's pregnancy announcement.

Analysis of "I" Stories shows that many women who have been abused by their partners do not have the economic power to walk away from these relationships. Many women make excuses for abusive partners and many feel they are to blame for the abuse. Such acceptance of abuse and its normalisation makes it difficult to walk away.

Sexual harassment

"[A] pervasively hostile work environment of sexual harassment is never (one would hope) authorised, the supervisor is clearly charged with maintaining a productive, safe work environment. The supervisor directs and controls the conduct of the employees, and the manner of doing so may inure to the employer's benefit or detriment... It is by now well recognised that hostile environment sexual harassment by supervisors (and, for that matter, co-employees) is a persistent problem in the workplace."[25]

Overall 2.7% of women who had ever worked disclosed that a man had hinted or threatened that they would lose their job if they didn't have sex with him. In the Gauteng sample of women, 2% had been told they would have to have sex with a man in order to get a job.

Rate of sexual harassment by teachers

School-related GBV can be broadly clustered into two overlapping categories: explicit gender (sexual) violence, which includes sexual harassment, intimidation, abuse, assault and rape, and implicit gender violence, which includes corporal punishment, bullying, verbal and emotional abuse, a teacher's unofficial use of students for free labour and other forms of aggressive or unauthorised behaviour that is violent.[26]

Sexual harassment by teachers was not very commonly reported, 1.4% of women in the sample said they had experienced GBV from a teacher. A similar proportion of women (1.0%) disclosed that a teacher/principal/lecturer ever hinted or threatened that they could fail exams, get bad marks, or that their schooling would be damaged if they did not have sex with him. A low proportion of women (1.2%) had been sexually touched by a teacher.

Rate of domestic violence reported to SAPS

A comparison of self-reporting of violence by the participants in the survey with results from an analysis of a South African Police Service (SAPS) dataset of all crimes committed against adults in Gauteng that were coded as "domestic violence" indicates a high degree of under-reporting.

[25] Quote by Judge Hennie Nel in *Sexual Harassment* by Charlene Smith.
[26] (Akiba et al., 2002) conducted a study on school violence in 37 nations, based on TIMSS data. This report viewed school violence largely in terms of delinquency, youth crime and classroom disruption. Although figures on rape are provided, there was no attempt to distinguish sexual violence from other forms of school violence.

Table 3.2: Prevalence of domestic violence as reported to SAPS 2008/2009				
Sex	**Frequency**	**Percentage**	**Census population***	**Prevalence**
Male	3 207	20.96	3 451 069	0.09%
Female	12 093	79.04	3 515 397	0.3%
Total	**15 307**	**100**		

The data from the South African Police Service (SAPS) for the period April 2008 to March 2009 (Table 3.2) shows that more women than men reported being survivors of domestic violence while more men than women were recorded as perpetrators.

Using the STATSA mid-year population estimate for Gauteng for 2009 and the reported cases of domestic violence, an estimated 0.09% of men and 0.3% of women reported a case of domestic violence over the time period. These statistics for the victimisation of women are much lower than the one in five (18.13%) women who said they had experienced violence in the past year in the survey.

A comparison of the survey results and SAPS data results shows a substantial discrepancy. This is indicative of the high rates of under-reporting of domestic violence.

Table 3.3: Type of offence survivors reported to the police		
Offence	**Frequency**	**Percentage**
Contravention of a protection order	533	3.48
Common assault	9667	63.19
Assault grievous bodily harm	4378	28.62
Murder	138	0.9
Crimen injuria	64	0.42
Attempted murder	137	0.9
Rape	303	1.98
Sexual assault	24	0.16
Sexual offence	11	0.07
Rape of wife by own husband	12	0.08
Attempted rape	7	0.05
Abduction	9	0.06
Any crime of indecent nature	3	0.02
Indecent assault	6	0.04
Compelled self-sexual assault	1	0.01
Attempted rape of wife by own husband	1	0.01
Compelled rape	5	0.03

Physical violence reported as common assault was the most reported form of GBV (Table 3.3). Nearly two thirds (63.19%) of cases opened were for common assault. Over a quarter of cases (28.62%) were for assault with the intent to do grievous bodily harm.

Table 3.4: Survivors by race and offence reported										
Offence	**Black**	**%**	**Coloured**	**%**	**White**	**%**	**Indian**	**%**	**Total**	**%**
Contravention of a protection order	403	3.1	66	7.7	54	4.7	10	5.5	533	3.5
Common assault*	8 162	62.2	530	62	852	74.8	123	67.8	9 667	63.2
Assault with intent to do grievous body harm*	3 956	30.1	219	25.6	168	14.8	35	19.2	4 378	28.6
Murder	117	0.9	3	0.4	12	1.1	6	3.3	138	0.9
Crimen injuria	40	0.3	11	1.3	10	0.9	3	1.7	64	0.4
Attempted murder	97	0.74	5	0.6	33	2.9	3	1.7	138	0.9
Rape	292	2.2	17	2	5	0.4	1	0.6	315	2.1
Sexual assault	23	0.2	1	0.1	0	0	0	0	24	0.2
Sexual offence	9	0.1	1	0.1	0	0	1	0.6	11	0.1
Other	24	0.2	2	0.2	5	0.4	0	0	31	0.2
Total	**13 123**	**100**	**855**	**100**	**1 139**	**100**	**182**	**100**	**15 299**	**100**

There is an apparent racial bias in the crime categories registered in police statistics. White women and men were more likely to be survivors of common assault than other race groups (Table 3.4). Black/African women and men were more likely to report assault with the intent to do grievous bodily harm.

Hands and fists were the most commonly used weapons during episodes of violence reported to the police, with 60.46% of cases reporting this as the primary instrument. Blunt objects were commonly used (10.96%) and these included bats, batons and sticks. Sharp objects such as knives or screwdrivers were used as the primary weapon in 6.38% of cases reported to the police. Firearms were used in 1.21% of cases. Verbal abuse was reported as the primary instrument in about 1% of cases. A considerable amount (3.29%) of entries was categorised into the non-applicable, unknown and other weapon groups.

There were, however, some potentially important limitations of the SAPS dataset that should be noted. It is unclear what the circumstances were which led data capturers to use the "domestic violence" variable and this may have varied from station to station. No data on the relationship between the perpetrator and the survivor is available. This means that crimes occurring in a domestic setting such as an adult male child abusing an elderly male parent could have been captured as "domestic violence". This affects the validity of the results and as such should be interpreted with some caution.

Mmabatho Moyo shared her "I" Story in 2007. The title of her story is *Walking away with nothing*. These are her words:

"In 2001, he came home just after midnight and woke me up demanding a cup of tea. I declined and he became aggressive. He threatened to shoot me to death. I woke up went to the kitchen in tears, plugged the kettle to make tea. Reaching for the cup in the cupboard, for some reason I decided to turn and as I did so, he released the trigger and shot me. Fortunately, the bullet did not go straight into my head but became lodged close to my scalp. I fell unconscious and woke up in hospital four months later. I was in hospital for 13 months because I could not speak or walk."

Hate crimes against lesbians

On 1 December 2006 South Africa made history by becoming the fifth country in the world, and the first in Africa to legalise same-sex marriage.

Photo: Nomtandazo Mankazana

Although South Africa has some of the most progressive legislation around gay rights, many people, and even those in top government positions, do not publicly denounce hate crimes against homosexual people.

Argued from a cultural, religious or moral perspective, the ill-treatment of lesbian and gay people is prevalent in South Africa. Attacks on lesbians because of their sexual orientation and/or gender identity are a unique form of GBV. Hate crimes occur at the extreme end of a continuum that includes hate speech. Hate speech is dehumanising and is in itself a form of attack. Anecdotal evidence points to the prevalence of "corrective rape", the rape of lesbians to "cure" them by making them straight.

Kebarileng Sebetoane told her story of being raped by a man she thought was her friend.

"I got a bit tense when he started giving me the 'you make me sick look'. He locked the door. I was really confused he was swearing at me and saying how much he hates people who pretend. I then asked him what he was talking about. He was furious with the lesbian life I was living. He said that I should stop taking other people's girlfriends and that I was beautiful and capable of getting myself a boyfriend. I got angry and started arguing back. He slapped me on the face, and warned me not to shout at him or will regret it. He said: "Tonight I'm going to change you, and as from now on you are my girlfriend."

Similarly, Lindiwe Radebe was attacked with a group of friends by several men:

"They surrounded me and started kicking me and continued calling me names. I remember one of them said 'You think you're a man wena stand up and fight!' I could not do anything. This went on for a couple of minutes. It was terrible. I only managed to stand up through God's mercy. But one of them continued slapping me and hitting me with fists while the other one attempted to throw a stone at my face. Fortunately, I managed to block the stone from hitting my face with my left hand but my thumb was hurt and was seriously bleeding."[27]

Lindiwe Radebe. *Photo: Colleen Lowe Morna*

[27] *Is it a crime to be a woman who loves other women?* by Lindiwe Radebe.

Radebe recalls the re-victimisation by police officers who attended to her at the police station where she went to report the incident. Upon learning about her sexual orientation, the officer's attitude abruptly changed.

"I vividly remember him changing his facial expression. He looked at me and exclaimed 'What?' I repeated what I had said before - 'I am lesbian'. He stared at me again. My friend got irritated and answered on my behalf. She reiterated 'She said we are lesbian'. Then the real emotional trauma began. He started giving a lecture about how wrong and unholy it is to be a lesbian. I became really angry and asked him if he wanted to help me or not. He told me that I had an attitude problem and that is when I asked to see the station commander."

Cases of hate crime, or crimes perpetrated against minorities as a direct result of their membership in that minority group have been well documented. Hate crime against homosexuals, including corrective rape; the rape of a lesbian woman in an attempt to either "correct" her sexual orientation, or punish her for being gay, is not a new phenomenon and has been on the increase in recent years. Politicians did not publicly condemn the murder of prominent lesbian Eudy Simelane.

Politicians choose to be silent about sexuality and homophobia

Despite the fact that hate crimes are proving to be real and pervasive issues worthy of concern in South Africa, politicians still do not speak out openly about them.

In April 2008, Eudy Simelane, a 31-year-old ex-professional football player for Banyana Banyana and vocal activist for the gay and lesbian rights, was stabbed multiple times, gang raped and left for dead in a ditch. Although the motive of her attackers remains contested, Simelane's work as an activist against hate crime, and her openness about her sexual orientation as a lesbian woman, led fellow activists, members of the public and the media to believe that the attack may have been motivated by homophobia.

Four men were put on trial for Simelane's murder; two were convicted and sentenced while the other two were acquitted due to insufficient evidence.

Despite the media coverage, very few statements made by political functionaries condemning the crime were reported by the media.

The reason for the silence of politicians is unknown; however, in focus groups conducted to explore public perception, the suggestion was that the silence may have been the intentional avoidance of a social and cultural hot topic. One focus group participant stated "I think they should have said something, because they are influential, and they know people listen, maybe through that they could have educated people." Others felt the silence was favourable to functionaries making controversial statements like President Jacob Zuma had about homosexuals: "when I

was growing up, *unqungili* (homosexuals) could not stand in front of me. I would knock him out." *(Mail & Guardian, 5 March 2010).*

One participant said: "if you cannot be sincere in what you say about these things then you should keep quiet". Findings from focus group discussions with men and women show that as an audience they were disappointed at the failure of political functionaries to use this unfortunate incident to educate people and raise awareness about hate crimes.

GBV is not a priority in the prevailing political discourse

An analysis of 1956 available official speeches by politicians shows that political leaders and other government functionaries do not speak enough and with sufficient depth about GBV in official speeches.

Figure 3.6 shows that in an analysis of a selection 1956 official speeches made by key political functionaries between April 2009 and March 2010, only 4.8% mentioned or were about GBV. Of these, 83.8% made a passing reference to GBV while only 16.2% addressed the issue of GBV directly. An example of these passing remarks is in a speech by President Zuma celebrating the 35th anniversary of Mitchells Plain. The reference was: "The poverty, unemployment, domestic violence, abuse as well as crime must be attended to with much vigour by all spheres of government."

Figure 3.6: GBV mentions in political speeches

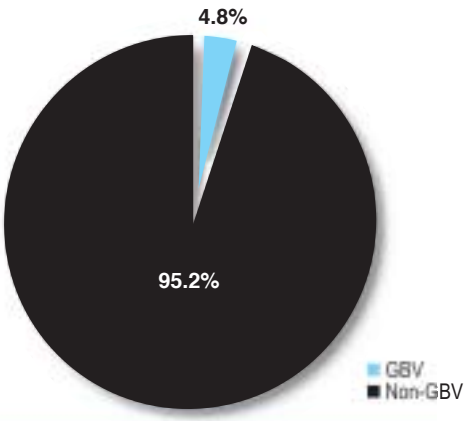


Figure 3.7: Percentage of GBV speeches by occasion

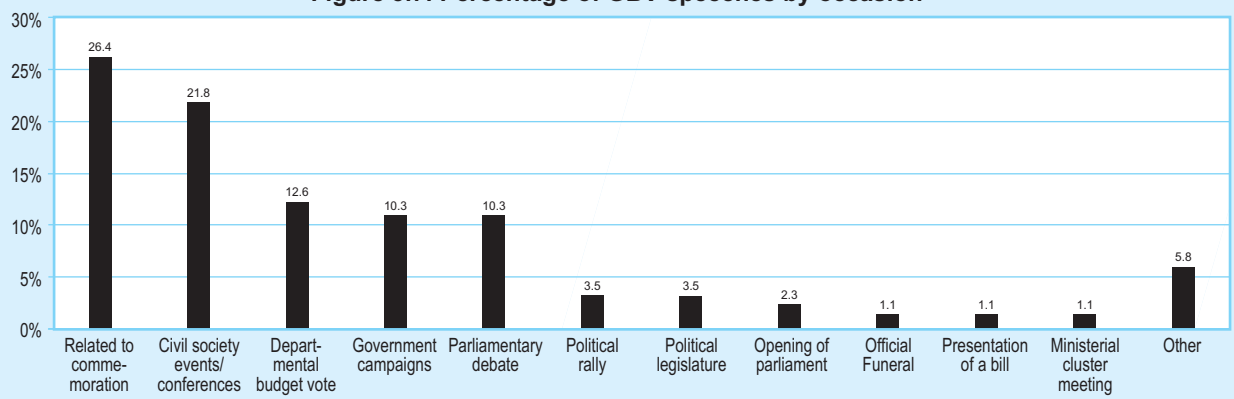
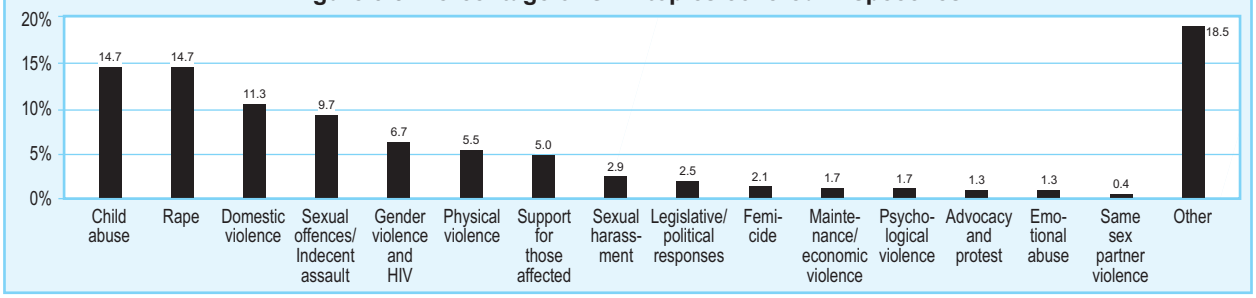


Figure 3.7 shows that the majority of speeches (26.4%) addressing GBV in any form are made during specific commemorative days. At these times GBV is referred to as a women's issue, not a human rights issue. The only other time that GBV is dominant is during the annual 16 Days of No Violence against Women and Children campaign. During this time, media pick-up on GBV stories is very high. Politicians include GBV in their speeches in addition to wearing the white ribbon to demonstrate their support to ending GBV.

Figure 3.8: Percentage of GBV topics covered in speeches



The top four topics most mentioned in speeches were rape and child sexual abuse (both 14.7%); domestic violence (11.3%) and sexual offences/indecent assault (9.7%). Gender violence and HIV (6.7%), physical violence (5.5%) and support (5%) for those affected were mentioned much less.

Politicians hardly made mention of sexual harassment (2.9%) which is an urgent problem in schools, institutions of higher learning and the work place. Legislative/political responses, which should be high on the agenda of political functionaries, were mentioned in 2.5% of speeches.

Femicide is a form of GBV that is on the rise, with men killing their partners as a result of domestic violence. It is not yet well understood as a form of GBV and does not feature prominently in prevention campaigns. Political leaders need to speak more about it and place it within the public discourse around GBV.

Non-physical violence and emotional abuse were hardly mentioned by political functionaries: Emotional abuse was addressed in just 1.3% of speeches and psychological violence in 1.7% of speeches. Combined non-physical violence/ abuse made up only 7.6% (combining emotional abuse, psychological violence, maintenance/ economic violence and sexual harassment).

Only 1.3% of the speeches made reference to advocacy and protest. The 365 Days National Action Plan (NAP) to End GBV in South Africa is an integrated, overarching strategy to address all forms of GBV. The South Africa NAP has not been effectively implemented since its launch in March 2007 and it appears to have fallen off the political agenda.

Political functionaries do not engage with same-sex violence, only 0.4% of speeches mention the topic.

Figure 3.9: Prevalence of different forms of GBV with the number of mentions in speeches

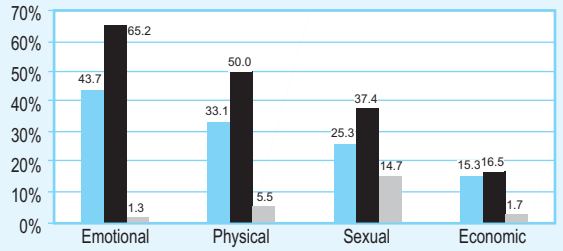


Figure 3.9 shows that politicians are not in touch with the forms of violence women are experiencing. More women are experiencing emotional violence than any other form of violence. Men are perpetrating very high levels (65.2%) of emotional violence against women yet politicians are only speaking about it in 1.3%, or 25 out of 1956 speeches. The trend is similar for economic violence.

More women are experiencing, and more men perpetrating, physical violence 33.1% and 50% respectively, than sexual and economic violence. Political speakers mention the subject in just 5.5% of their speeches.

Even though sexual violence is mentioned in 14.7% of the speeches made by political functionaries, it is low relative to women's experience (25.3%) and men's perpetration (37.4%).

Conclusion

The levels of GBV experienced by women and perpetrated by men in the Gauteng sample, both in their lifetimes and in the last year, are alarming. In all instances the levels of perpetration by men in the Gauteng sample are higher than the levels of GBV experienced by women.

Emotional violence constitutes the highest proportion of violence experienced by women at 43.7%, and perpetrated by men (75.5%) in the Gauteng sample. Police statistics for the year shows that 0.3% of women in Gauteng reported domestic violence. This shows a substantial proportion of underreporting of GBV.

The prevalence figures emerging from the Gauteng GBV Indicators study is showing a disjuncture between what politicians perceive to be the key GBV priorities and what is actually happening on the ground.

Overall it is clear that political functionaries do not engage with GBV in their speeches and therefore are not putting GBV on the public agenda.

CHAPTER 4
Patterns and drivers of GBV

Relationship control factors are associated with experience and perpetration of GBV. *Photo: Colleen Lowe Morna*

Key facts

- ✓ There was no difference between age groups in the proportion of women who had experienced IPV, or men who had perpetrated IPV, in Gauteng province.
- ✓ The research showed no statistically significant difference in the proportion of women experiencing IPV between racial groups, but there were differences in the proportion of women experiencing non-partner rape. Coloured women reported this much more often. The proportion of men disclosing rape perpetration was highest among African men.
- ✓ Women who were not South African were significantly more likely to have experienced sexual or physical IPV than South African nationals.
- ✓ Only 3.9% of women who had been raped by a partner or non-partner had reported it to police.
- ✓ Men who have been abused as children often become perpetrators of violence.
- ✓ Alcohol and drug use are associated with rape and IPV.
- ✓ There is evidence suggesting that gender attitudes may be changing in South Africa: since the 1998 MRC Three Provinces Study women's attitudes have become much more progressive.

(Boy Mabeta) was 14 years old and living with my mother and step father. He beat me up for no reason all the time. I always watched him beat up my mother so growing up I thought it was the normal thing to do. It was a way of showing that you are a "real man" so that women succumb to whatever you say.

The abuse continued for a long time. I went to bed every day hating my stepfather. I sometimes used to go to school without a lunch box or money to buy something to eat at break time.

I went to live with my grandfather. He would beat me with a sjambok (whip) or hammer my head. I became aggressive. I lived a life without hope and felt that I had no choices. This had a negative impact on my life and caused me to become a perpetrator of violence. I felt I needed to let others feel the pain that I went through growing up.

Eventually I was cast out of my grandfather's house. I went to father's house. While at that house my father's younger brother abused me.

It was such a vicious cycle of violence as I was taken from one relative to the next. Most family members and relatives I lived with abused me emotionally, financially and physically. I became more rebellious and grew up to be a stubborn boy. I did not consider the importance of respect for others.

I decided to live with street gangs because I needed a sense of belonging. The life I lived with my peers led me to be a drug addict, criminal and irresponsible boy who lived a reckless life.

I became involved in criminal activities which caused me pain and sorrow because I was arrested for various crimes. As a result I have learned life lessons the hard way. I have been arrested eight times and sentenced three times. This includes for house-breaking, theft, house robberies, car theft, and armed robbery and for car hi-jacking.

I joined gangsters due to the bitterness I held because of abuse which I have experienced. In the process I hurt other innocent souls and was full of hatred."

Mabeta's story is an example of how children who are abused or live in abusive homes are more likely to perceive violence as normal and hence become perpetrators of violence themselves. Mabeta witnessed his stepfather beating his mother and perceived it as a sign of masculinity. Such experiences later impacted on his life and he became a gang member and criminal.

He attributes his abusive nature later in life to his childhood experience. The boy experienced violence not only at home but also in the community, where he was beaten by other children and older men. In addition to family and community factors, there were other factors such as peer pressure and abuse of drugs that may have exacerbated his abusive behaviour.

Mabeta has since turned his life around. He serves as the Communication Officer of Mo Afrika Tlhokomelo and assists men who have a criminal past reintegrate into their communities. It is important to note that not all men who have experienced abuse become abusers.

But GBV in South Africa takes place in a context in which *all* of South Africa's 11 ethnic groups are steeped in patriarchal traditions. As Constitutional Court judge Albie Sachs once put is, "the only truly non-racial institution in South Africa is patriarchy."

Men expect to be dominant and many women accept the perception that women are subservient to men in relationships. Rules and prescriptions relating to gender roles and relations are mainly applied to women; the work they must do, the role they must play in family and society, who they may associate with, their movements, and so on. These rules aim to "keep women in their place".

Cultural and societal factors are compounded by the country's history of apartheid. Some individuals and communities internalised the brutality experienced in that era such that it became a way of life.

Black men who had been belittled at work or imprisoned would come home angry and take out their anger on those over whom they had power - their families. White men who learned to glorify violence also took their violent habits back into the home. All this compounded the glorification of brutality and male violence in South Africa's macho culture.

Poverty contributes to GBV. *Photo: Gender Links*

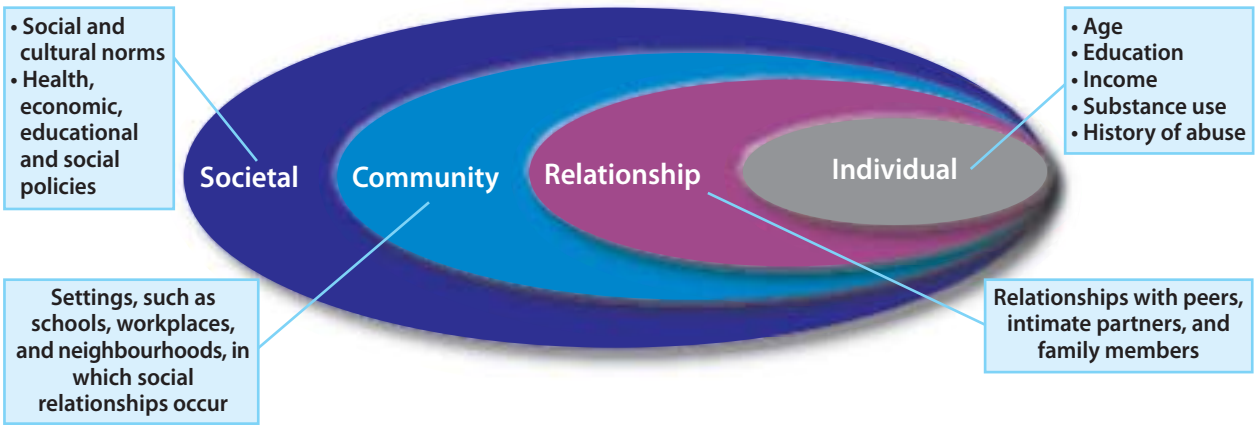
The legacy of apartheid worsened the socio-economic conditions of women as they remained at home while men went to work as migrant labour. Women were and continue to be heavily depended on their partners for their livelihood making it difficult to leave abusive relationships.

While gender violence cuts across class, race and ethnicity, there is no doubt that poor women and children are far more vulnerable to violence, and have less access to recourse, than those who are economically empowered.

This chapter explores individual, family/ relationship, community and societal factors that increase the likelihood that a man will abuse his partner as shown by the ecological model framework.

The ecological model

Figure 4.1: The ecological model of factors associated with interpersonal violence[28]



Individual level influences are personal factors that increase the likelihood of becoming an Inter personal Violence (IPV) victim or perpetrator. Examples include attitudes and beliefs that support IPV, isolation, and a family history of violence. Prevention strategies at this level are often designed to promote attitudes, beliefs, and behaviours that support intimate partnerships based on mutual respect, equality, and trust. Specific approaches may include mentoring and education.

Interpersonal relationship level influences are factors that increase risk due to relationships with peers, intimate partners, and family members. A person's closest social circle - peers, partners and family members - can shape an individual's behaviour and range of experience. Prevention strategies at this level may include education and peer programmes designed to promote intimate partnerships based on mutual respect, equality, and trust.

Community level influences are factors that increase risk based on individual experiences and relationships with community and social environments such as schools, workplaces, and neighbourhoods. Prevention strategies at this level are typically designed to impact the climate, processes and policies in a given system. Social norm and social marketing campaigns are often used to foster community climates that promote intimate partnerships based on mutual respect, equality, and trust.

Societal level influences are larger, macro-level factors that influence IPV, such as gender inequality, religious or cultural belief systems, societal norms, and economic or social policies. Prevention strategies at this level typically involve

[28] Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Nature and Design. Cambridge*, MA: Harvard University Press.

collaborations by multiple partners to promote social norms, policies, and laws that support gender equity and foster intimate partnerships based on mutual respect, equality, and trust.[29]

The ecological model in Figure 4.1 is used to examine the factors that influence the perpetration of violence and those that result in some women consistently entering abusive relationships. Understanding the reasons for, and the factors associated with, experience or perpetration of gender violence is an important precursor to the design of gender violence prevention interventions.

In this study, association between the experience or perpetration of violence with individual, family, community and societal markers of participants were investigated. The characteristics explored include:

- Age; race; nationality.
- Childhood experiences of neglect, sexual and physical abuse.
- Social norms around gender relations.

Age

There was no difference between age groups in the proportion of women who had experienced IPV, or men who had perpetrated IPV, in Gauteng province. Given that younger men have fewer years in relationships than older men this finding is consistent with the common observation that men who will be abusive generally exhibit abusive behaviour early in their relationship history. On the other hand, the reports of experience of, or perpetration of, rape by a stranger or acquaintance varied by age.

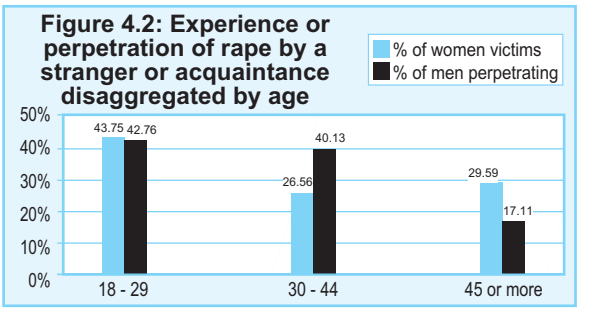


Figure 4.2 shows that younger women (less than 29 years old) were nearly twice as likely to disclose that they had been raped as women aged 30-44 years. Men who were older (more than 45 years) were half as likely to disclose having raped a non-partner. These findings could indicate that problem of rape has increased in recent years, although older men and women may have been more reluctant to disclose.

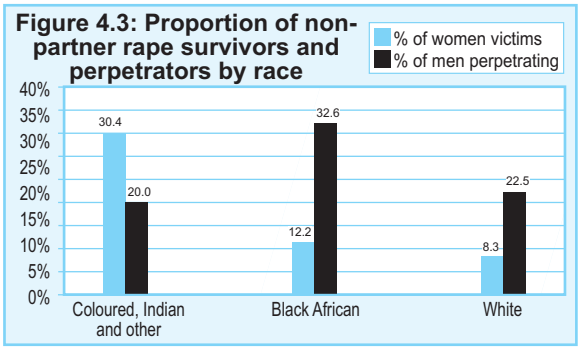
Race

The research showed no statistically significant difference in the proportion of women experiencing IPV between racial groups, but there were differences in the proportion of women experiencing non-partner rape. Coloured women reported this much more often. The proportion of men disclosing rape perpetration was highest among African men.

Figure 4.3 overleaf shows that Coloured or Indian women were nearly three times more likely to disclose rape by a stranger than African or White

[28] http://www.tcfv.org/pdf/prevention/The%20Social%20Ecological%20Model%20of%20Prevention.pdf.

women. This finding is not mirrored by the number of men in the sample who perpetrated rape. Other research has found a much higher prevalence of disclosed rape perpetration among Coloured men.[30]



The proportion of white women reporting physical or sexual IPV was much lower in absolute terms than the proportion of Black African women reporting physical or sexual IPV.

Whilst men's disclosed perpetration of emotional and economic abuse did not differ by racial group, their perpetration of physical and sexual abuse did differ significantly. White men were much less likely to disclose this, although the proportion that did so was still very high (45%).

Nationality

Women who were not South African were significantly more likely to have experienced sexual or physical IPV than South African nationals. Nationality was not associated with increased risk of non-partner rape, economic and emotional violence or men's disclosure of perpetration.

Table 4.1: Nationality disaggregation of survivors and perpetrators of violence

Nationality	Any sexual or physical IPV		Any emotional or economic abuse		Any non-partner rape	
	% women survivors	*% men perpetrating*	*% women survivors*	*% men perpetrating*	*% women survivors*	*% men perpetrating*
South African	37.0	60.3	45.4	70.1	12.7	31.3
Non-South African	55.2	61.1	53.6	55.6	11.9	27.3
	(p=0.046)	(p=0.947)	(p=0.289)	(p=0.205)	(p=0.898)	(p=0.691)

Table 4.1 shows that whilst there was no difference in the proportion of women who had been raped by nationality, foreign women (not of South African nationality) were significantly more likely to report having experienced physical or sexual IPV.

These findings are consistent with many studies which have shown that most demographic and

"Gender violence knows no class, no age, no status and no tradition. You may be poor as a church mouse, or be rich, living in a luxurious house, and still you have no peace if you are in an abusive situation. Abuse attacks like a slow poison and destroys you physically, mentally and spiritually. Abuse does not knock at the door when it comes, but it creeps in unexpectedly in a quite happy marriage and damages it, steady but sore. Abuse, in whatever form, drains the mind and one's self esteem and leaves you helpless and brainwashed, hoping for an undefined change of the situation." - GBV survivor Sweetness Gwabe; extracted from the foreword to the 2008 "I" Stories.

[30] Jewkes R. (2002).Intimate partner violence: causes and prevention. Lancet. 359: 1423-29.

social characteristics of men and women documented in survey research are not associated with increased risk of IPV.[31] Like in other studies, household characteristics such as household size were not associated with IPV.

Child abuse

Women and men were asked about their childhood experiences of neglect and abuse by family, community members and school teachers. Experience of childhood abuse was common for both women and men interviewed in this study.

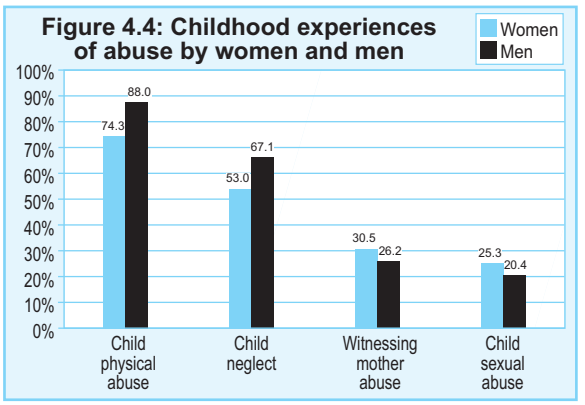


Figure 4.4 illustrates the forms of violence experienced by participants prior to their 18th birthday. The most common form of abuse was physical abuse. Physical abuse was defined as ever experiencing an incident such as being beaten with a whip and left with a bruise or mark. This could have occurred at home, school or in the community: 74.3% of women and 88% of men in the study were physically abused as children.

Men who were physically abused in childhood were more likely to be physically violent to their partners and were also more likely to have done so more than once. Experience of child physical abuse by men was associated with perpetration of physical IPV (p=0.004) and 53.4% of the men who physically abused their partners had themselves experienced physical abuse as boys. These findings are similar to previous research showing that physical abuse in childhood is associated with the risk of men being perpetrators of physical violence against their female partner.[32]

Neglect was the second most common form of child abuse recorded. This included not being given enough food, parents being too drunk to care for their children, or children spending time outside the home without any adults aware where they were. In the sample, 53% of women and 67% of men were neglected as children.

Men who were neglected as children were more likely to perpetrate emotional violence against their partner (p=0006). Of the male sample, 70% of men who emotionally abused their partners were neglected as boys.

Participants were also asked whether they had seen or heard their mother being beaten by her husband or boyfriend and 30.5% of women and 26.2% of men had witnessed their mother being abused. Men who watched their mothers beaten were more likely to perpetrate physical violence against their partners (p=0.0085): 64.4% of the

[31] 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*, Pretoria, South Africa: Medical Research Council.

[32] Malamuth NM, Linz D, Heavey CL, Barnes G, Acker M (1995) *Using the confluence model of sexual aggression to predict men's conflict with women: a 10 year follow up study*. Journal of Personality & Social Psychology, 69, 353-369.

men that physically abused their partners had witnessed their mother being abused.

Experiences of child sexual abuse were also investigated via a series of questions. Participants were asked whether they had ever been touched sexually or forced to touch someone, whether they had sex with someone of the opposite sex who was more than five years older, or whether they had been forced to have sex before they turned 18 years old: 25.3% of women and 20.4% of men had experienced at least one of these incidents in their childhood.

"Before I left my father's house I witnessed physical abuse where my father beat my mother in front of me and my siblings. It looked fashionable. I got used to this because even our neighbours and uncles would beat their wives in front of us. This made me aggressive, I had anger and it completely changed me to become violent. I believed that this was a normal way of life. I started to beat anyone and everyone who was giving me problems." - *Violence breeds violence*, "I" Story by David Mbatha

An example of how children are abused is discussed in the following "I" Story excerpt:

"When I was eight years old, we were playing house with my friends when an older man (a friend of my brothers) got into the bed with me and raped me. He told me not to cry or make a noise. At the time I did not know what was happening to me. I felt so afraid and guilty. When I took a bath that night, my mother noticed the blood on my panties. She asked me to open my legs and checked me, but then said nothing. I have lived with this terrible guilt all my life. I have tried to block it out but when the same thing happened to my daughter several years later, it all started to come back... My daughter was raped when she was six years old and my husband blamed me for it. I was so devastated I wanted to die. He used to tell my daughter that she was stupid that is why they raped her. Whenever he said those words, I felt a sharp pain piercing my heart. I thought of all the pain my father caused me and my mom." - From the "I" Story *I am angry, but I am also a survivor* by Nono Tintela

Nono Tintela, a survivor. *Photo: Colleen Lowe Morna*

Table 4.2: Child sexual abuse as a risk factor to experience or perpetration of GBV in adulthood

Offence	Any sexual or physical IPV		Any non-partner rape	
	% women survivors	*% men perpetrating*	*% women survivors*	*% men perpetrating*
Experience of child sexual abuse	48.8	74.4	34.6	52
	p=0.0042	p=0.0026	p=0.000	p=0.000

Table 4.2 shows that exposure to sexual abuse in childhood by girls increased the risk of adult sexual abuse. Of the women sampled, 48.8% of women that were sexually or physically abused by their partners were sexually abused as children; 34.6% of women rape survivors were sexually abused as children.

In this study, men who experienced child sexual violence were more likely than those who had not to perpetrate sexual violence against a female partner. Of the male sample 74.4% of men perpetrating physical or sexual IPV were sexually abused as boys; 52% of men who ever raped had themselves been sexually abused as boys.

Experiences of childhood abuse impacts behaviour in adulthood.
Photo: Gender Links

This is consistent with previous research which found that boys who are abused are at increased risk of perpetration, especially of rape. One study found interpersonal violence, delinquent behaviour and hostile attitudes towards women as being significantly associated with child rape experiences.[33] These and previous findings are evidence that violence is an example of a learned practice from childhood which is later modified in adulthood. The results also speak to the need for GBV prevention programmes that specifically target children, or better parenting of children.

Alcohol and substance abuse

South Africa has one of the highest levels of alcohol consumption per drinker than anywhere else in the world. This study looked at the links between alcohol and substance abuse and GBV.

Men's alcohol consumption in the past 12 months was associated with perpetration of violence and all forms of violence. Men who drank alcohol were more likely to physically abuse their partners and do so more than once ($p=0.0210$).

Rape was also associated with alcohol consumption: 4.2% of women had been raped when drunk or drugged while 14.2% of men had forced a woman to have sex when she was too drunk or drugged to refuse.

These findings are consistent with previous research that links abuse of alcohol and drugs to violent behaviour. Some men who participated in 1999 research conducted by the MRC described using alcohol in a premeditated manner to enable them to beat their partner because they felt this was socially expected of them.[34] Although alcohol is known to reduce inhibitions, cloud judgment, and impair ability to interpret social cues, the relatively high occurrence of

[33] Malmuth, 1995.
[34] Jewkes R .(2002).Intimate partner violence: causes and prevention.Lancet. 359: 1423-29.

alcohol abuse by men who abuse women should not be interpreted as a casual relationship. Alcohol is generally rather regarded as a contextual factor, and thus cannot be "blamed" for the rape or act of violence. However, reducing harmful drinking is essential for IPV and rape prevention.

Girls forced to sell sex

'NIGERIANS DRUG THEM'

Elisha Maiefe

Alleged Nigerian pimps and drug lords are plying teenagers they have lured into prostitution with drugs so that they cannot return to the life of normal schoolgirls.

The girls, from Khama township near Stilfontein in North West, say they ply their trade on street corners and in the sleazy hotels of nearby Klerksdorp under the constant attention of Nigerian gangsters.

They say their lives have been threatened after a ringleader known as Daddy was arrested last weekend. One girl phoned relatives on a cellphone smuggled in by a client.

The child protection unit in Klerksdorp bust Daddy after a 14-year-old confessed to police that he had plied them with drugs before sending them into the streets.

The girl was arrested after a sting operation by a concerned local posing as a client.

"I was inside a car when I asked her where I could have a good time," the "client" said.

The young prostitute was so high on drugs she did not even notice his voice or his car.

After she sobered up the girl took officers to the Tshisne block of flats in Klerksdorp. From where she said Daddy runs his operation.

The aunt of another girl still in the clutches of Daddy's associates said her relatives were worried because she had made a few furtive telephone calls to tell them she was in danger.

"She told us that their bosses told them that they would be moved to another location because someone had tipped off the police.

"Their bosses told the girls they were not satisfied with the R1 500 they got from clients each night.

"They were warned to pull up their socks or they would be killed," said the aunt.

Her niece told her that each girl was watched by a guard and they could not escape.

"A man who called himself Anthony Ogechukwu, who claimed to be a South African, was arrested for allegedly raping a 14-year-old minor," said Inspector Lesego Metsi.

"He will appear soon in the Klerksdorp magistrate's court after his residency has been verified."

Metsi urged the girls' families to give police their photographs.

SEX OBJECTS: Prostitutes negotiate with a potential client outside the Little Roseneath in Hillbrow, Johannesburg. PHOTO: LUCKY NKOMBO

Apart from alcohol, reformed perpetrators participating in the "I" Stories study also spoke of how the abuse of other substances impacted their behaviour. In the excerpt below, David Mbatha remembers how he abused drugs from an early age, an addiction that carried on into his adult life. He blames his drug use for his abusive behaviour towards his partner and children.

> "At the age of 16 I started to smoke. I would sometimes go and steal dagga from my father's house. I went out of control. I began to steal from my grandmother too just to get the money to buy dagga. Sometimes I would buy it from my father who would sell it to me without any questions asked because he knew I sometimes used to sell on his behalf. As an adult I continued with this wrong attitude and behaviour towards woman and children, as I believed that it was a way of showing that you are a man." - From the "I" Story *Violence breeds violence* by David Mbatha

Gender attitudes

GBV is rooted in gender inequity, manifested in social norms that legitimate men's control and dominance over women. This study explored attitudes held by women and men and their perceptions on gender relations.

Figure 4.5: Gender attitudes expressed by women and men

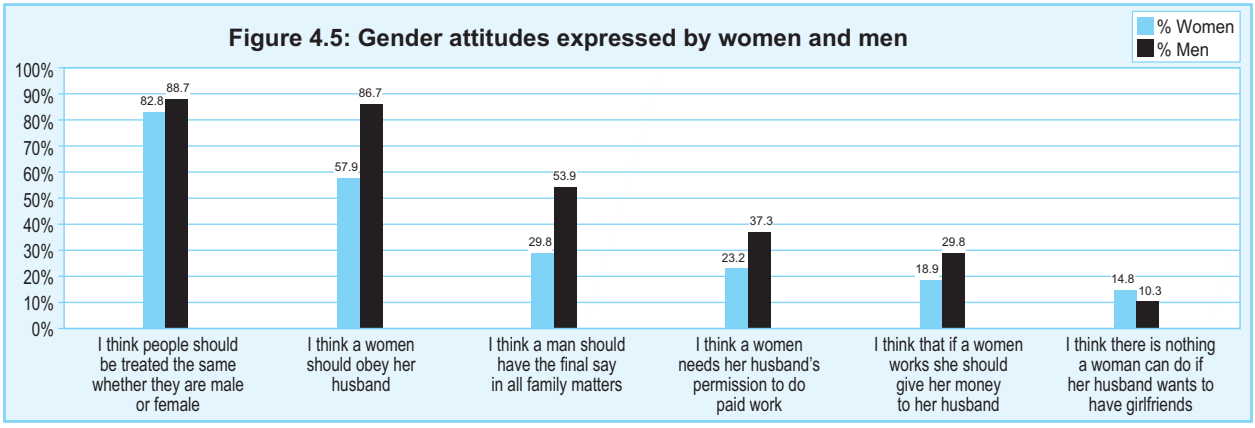


Figure 4.5 shows the responses of men and women on questions about gender relations. Both men and women expressed a high level of general support for "equal treatment" but men's attitudes around gender relations in the home clearly indicated that these views did not extend

to the domestic domain. Men's views were much more conservative than women's. This is particularly illustrated by higher proportions of men agreeing that women were expected to obey their husbands (86.7%). It is noteworthy that many women affirm conservative gender roles. This is evidence in the fact that cultural norms of traditional gender roles based on male dominance have widespread support among men and women. However, many participants did not support traditional gender roles, and there was considerable evidence that these are slowly being challenged.

The findings point to a limitation in women's empowerment programmes, which have often focused on women, assuming they could change in isolation to men. This may explain why many economically- and politically-empowered women accept situations that are far from equitable in their intimate relationships.

Germina Setshedi. *Photo: Colleen Lowe Morna*

Germina Setshedi tells a story of how, even as an empowered woman, she remained in an abusive relationship: "I had a choice to stop the cycle of abuse, a privi-lege that same women in my position do not have. I was empowered and fully aware of my rights as a woman, a person and a citizen. I knew all the steps I could take to report domestic violence in my community, but distanced myself from this practice and suffered in silence. I did not tell anybody about my husband who was abusive." - From the "I" Story *When abuse can lead to disability* by Germina Setshedi.

Interventions to change gender attitudes and practices should ideally involve both women and men, whilst also recognising that not all women are in intimate relationships with men. Doing this is likely to deepen the potential for greater impact across communities.

Figure 4.6: Women and men's perceptions of gender attitudes in their community

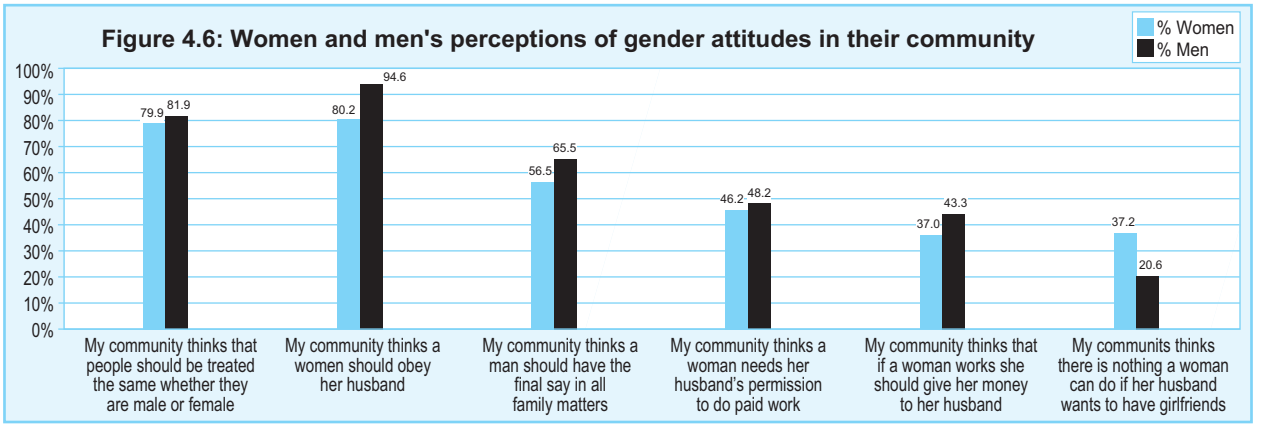


Figure 4.6 shows that most men and women feel their communities expressed support for men and women being treated "the same". However, their community's attitudes to gender relations in the home differed greatly and were generally perceived to be more conservative than those expressed by the participants themselves. This is shown by an even higher affirmation of the notion that women should obey their husbands than that expressed by participants,

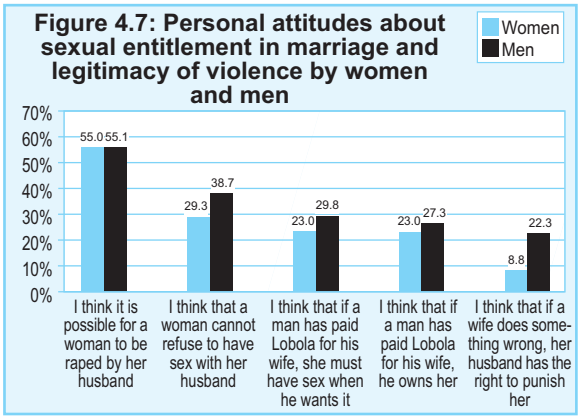
The results of the survey show a general acknowledgement of abuse occurring as a component of gender relations as also illustrated in the following "I" Story by Siphiwe Didishe.

"In the early eighties I paid *lobola* for a woman I loved. I treated her like my own property that I had bought. She was not allowed to visit her family. I remember one day we were arguing about her not visiting her family. I ended up beating her so much that she was hospitalised. After her release from the hospital she went back to her family where she was accepted. She decided that she did not want to see me again. I wrote her letters and phoned her begging her to forgive me and come back home and promised her that I will never beat her again. I even asked her friend to talk to her for me. Eventually she agreed and came back home, I tried so hard to change and welcomed her home with gifts.

I started to bring my girlfriend into our house and we would share the bed and sometimes make her sleep on the floor. I really was abusing my ex-wife emotionally and physically. When she complained, I would tell her that I paid *lobola* and the girls are to relieve her from having sex with me. While I was doing all the bad things her family and my family were not happy but they could not do anything as they were also afraid of me. I remember my mother told me what I was doing made her sad and she was even scared to go around the streets, because of the community. She only went out when she was going to church."

- Except from an "I" Story by Siphiwe Didishe

Figure 4.7: Personal attitudes about sexual entitlement in marriage and legitimacy of violence by women and men



Sexual entitlement in marriage and the legitimacy of violence

The notion of equating payment of *lobola* with purchasing property and wife "ownership" impacts on sexual relations and the manner in which sex is negotiated between partners.

Figure 4.7 shows that there was almost no difference in the proportion of women and men that thought a woman could be raped by her husband and it was well below the proportion

desired in a country where rape in marriage is against the law. Fewer women (29.3%) than men (38.7%) thought that a married woman was always sexually obligated towards her husband and could not refuse him sex whenever he wanted it. A quarter of men and women thought that if lobola had been paid a woman could not deny her husband sex whenever he wanted it, in other words, a woman in a marriage would lose the right to consent to, or withhold consent to, sex.

Figure 4.8: Men and women's perceptions of attitudes about sexual entitlement in marriage and legitimacy of violence held by their community

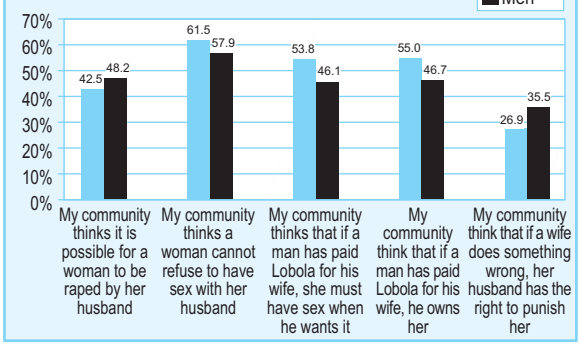


Figure 4.8 illustrates men's and women's perceptions at the attitudes they think their community holds on issues of sexual entitlement in marriage. Once again, most participants thought members of their community to be more conservative in their views. This finding may also point to evidence that attitudes have started to change.

Equating masculinity with toughness and legitimate use of force

The survey explored a series of statements related to dominant South African ideas of masculinity and control over women, including:

- "If someone insults me, I will defend my reputation, with force if I have to."
- "I would be outraged if my wife asked me to use a condom."
- "There are times when a woman deserves to be beaten."
- "I think it is right for a man to punish his wife when she does wrong."

Figure 4.9: Men's views on masculinity

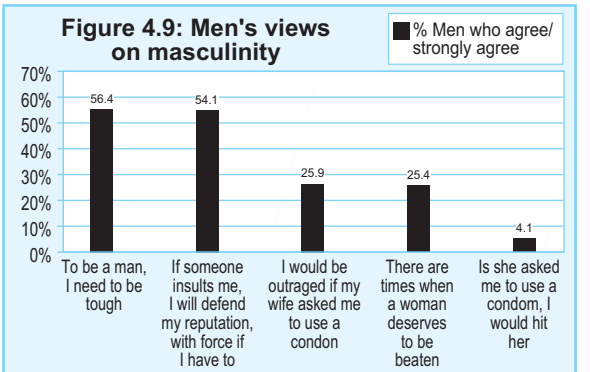


Figure 4.9 shows that 56.4% of men agreed that a man needs to be tough while 54.1% think that if insulted they would use force to defend their reputation. Meanwhile, 25.9% of men agreed that they would be outraged if their partner asked them to use a condom and 4.1% said they would hit a partner who wanted to use a condom.

Conspiracy of silence

There is still a huge gap between women who are abused and those who speak out. Most of the women (86.87%) who have been abused have not spoken about the abuse. This may be because most women (18.8%) suffer at the hands of intimate partners, which makes speaking out difficult as women fear the reactions of those around them. Although speaking out is

empowering and helpful, some women are still victimised for it. About one in seven women who spoke out about abuse were later victimised because of it. This is consistent with some of the perceived community attitudes which stigmatise and blame survivors.

"My mother told me that I must forget about it because she and my grandmother had been raped. This is something that just happens in the family. After that day it was never talked about. No one asked me how I felt. As a result I felt dirty and had low self esteem." - From the "I" Story *Rape will not be my daughter's legacy!* By Thandeka* (not her real name)

Many GBV cases are not reported due to the lack of institutional support. *Photo: Trevor Davies*

Only 3.9% of women who had been raped by a partner or non-partner had reported it to police. The survey shows that about half of the survivors of gender violence do not go to police, instead confiding in family members as Thandeka*, in the excerpt, did. While exploring other reasons why women never speak out it became clear that in some instances, like in Thandeka's* case, it became clear that coercion from family and friends means survivors are often convinced not to disclose their experience. This is one example of the many underlying factors contributing to the high levels of unreported abuse.

Table 4.3 compares the responses of women in the 1998 MRC Three Provinces Study and the 2010 Gauteng Study. Twelve years have passed since women in Limpopo, Mpumalanga and the Eastern Cape were interviewed for the Three Province Study and asked about their personal attitudes towards gender relations and their perceptions of attitudes generally held in their community. Many interventions have followed the research, among them messages like "Real men do not abuse women" and the Sixteen Days of Activism Campaigns.

While recognising that Gauteng may be more progressive than the more rural provinces, it seems likely that there has been real change in personal attitudes since 1998. Table 4.3 illustrates that for almost every dimension of gender relations, women in Gauteng in 2010 expressed views that were much more progressive from a gender perspective than those measured in three other provinces in 1998. However, given that more than half of women in 2010 still believe a woman should obey her husband, it is also evident that there is still a long way to go.

The research also reveals substantially more gender equitable community perceptions on every dimension measured except expectations that wives cannot refuse to have sex with their husbands, with similar findings for the community in both studies.

Table 4.3 Gender attitudes of women in the Gauteng and 1998 MRC Three Provinces Study

	3 Provinces pooled responses 1998 % Agreeing	**Gauteng Women 2010** % Strongle agree or agree	p value* (Gauteng women v. 3 prov. pooled)
Gender relations in the home: control			
My community thinks that a woman should obey her husband	95.4	80.2	<0.0001
I think this	84.0	57.9	<0.0001
My community thinks that if a woman works she should give her money to her husband	58.9	37.0	<0.0001
I think this	41.7	18.9	<0.0001
My community thinks that a man should have the final say in all family matters	75.1	56.5	<0.0001
I think this	53.1	29.8	<0.0001
My community thinks that there is nothing a woman can do if her husband wants to have girlfriends	48.6	37.2	0.007
I think this	26.5	14.8	0.0001
My community thinks that a woman needs her husband's permission to do paid work	88.3	46.2	<0.0001
I think this	71.7	23.2	<0.0001
Shared domestic work			
My community thinks that men should share the work around the house with women such as doing dishes, cleaning and cooking	35.8	60.3	<0.0001
I think this	60.5	69.4	0.007
Ownership			
My community thinks that if a man has paid Lobola for his wife, he owns her	80.8	59.0	<0.0001
I think this	64.1	23.9	<0.0001
My community thinks that children belong to a man and his family	71.6	50.3	<0.0001
I think this	51.0	28.7	<0.0001
Sexual entitlement in marriage			
My community thinks that if a man has paid Lobola for his wife, she must have sex when he wants it	76.0	53.8	<0.0001
I think this	46.6	23.0	<0.0001
My community thinks that a woman cannot refuse to have sex with her husband	63.5	61.5	0.563
I think this	54.0	29.3	<0.0001
Legitimacy of violence			
My community thinks that if a wife does something wrong her husband has the right to punish her	58.1	26.9	<0.0001
I think this	40.7	8.8	<0.0001
My community thinks that if a man beats you it shows that he loves you	41.7	25.3	<0.0001
I think this	25.4	7.6	<0.0001

** adjusted Wald test*

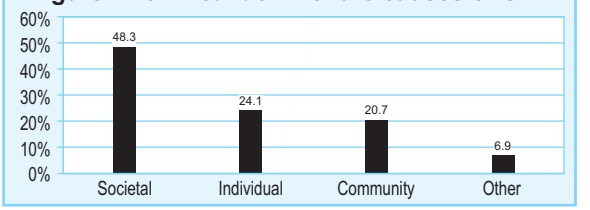
The Three Province Study did not assess the attitudes of men; thus there is no data against which to compare the attitudes of men in the 2010 Gauteng study. It is worth noting that the attitudes of men in the 2010 Gauteng study are consistently less progressive than attitudes expressed by women. This may explain why the prevalence of experience of GBV has remained high, despite substantial shifts in the attitudes of women.

Conceptualisation of GBV causes by politicians

The political discourse analysis measured the extent to which leaders located the causes of GBV with the individual, the community or the society using the ecological model framework.

Figure 4.10 illustrates that the most commonly identified cause of GBV is societal. It is noteworthy that in locating causes of GBV in society, leaders acknowledge the structural nature of GBV. This reflects the need to redress social and cultural norms that affirm or support GBV.

Figure 4.10: Breakdown of the causes of GBV



Conclusions

This study shows that, as in other settings, GBV in Gauteng occurs as a result of factors at the individual, community and societal level acting in concert. GBV in Gauteng is deeply entrenched in patriarchal gender norms that condone violence against women. Individual factors such as child abuse are also significant, increasing the likelihood that a man will abuse his partner.

CHAPTER 5
Effects of GBV

Photo: Gender Links

Key facts

- ✓ 25.4% of physically abused women were injured.
- ✓ 11.8% of these women had serious injuries and were bedridden as a result of assault.
- ✓ 12.4% of women survivors had to take time off work because of their injuries.
- ✓ 10.9% of women who experienced sexual or physical IPV tested HIV positive.
- ✓ 28.7% of women who experienced sexual or physical IPV were diagnosed with a Sexually Transmitted Infection (STI).
- ✓ 5.3% of women raped by a non-partner tested HIV positive.
- ✓ 35% of women raped by a non-partner were diagnosed with an STI.
- ✓ 19.1% of women sexually or physically abused by their partner had attempted suicide.
- ✓ 25% of non-partner rape survivors had attempted suicide.
- ✓ 15.4% of women sexually or physically abused by a partner had Post Traumatic Stress Disorder (PTSD).
- ✓ 28.1% of women who had been raped by a non-partner had PTSD.
- ✓ In 2009/2010, more than R61 million was spent in Gauteng on GBV programmes and in response to the province's high rate of domestic violence.
- ✓ 28.6% of politicians' speeches refer to the link between GBV and HIV.

When I (Mmabatho Moyo[35]) was 17 years old, I was going home after a basketball match at a nearby school with four friends when a stranger offered to give us a lift home. We reluctantly accepted. He dropped my friends first. I felt uneasy about being alone with him, but he reassured me that he would take me home.

I gave him directions to our home just a few metres from where my last friend had been dropped off but to my dismay he went in the opposite direction. He took out a gun and threatened to kill me if I screamed. I tried to protest but he angrily told me to keep quiet. Instead, he took me to a secluded place and parked the car under a big tree.

Despite my attempts to run away he dragged me out of the car placing his hand on my mouth and forced me to the ground. He tore off my pants and raped me. He told me not to tell anyone, including my parents, or he would kill me and everyone I told.

He gave me R20 and directed me to a taxi home. I felt sick by the time I got home, but just told my parents that I had been delayed at the match and had a stomach ache. I could see my mother did not believe me and I felt ashamed of myself. The next day my trail of lies continued. I told my sister that I had fallen on a sharp object, and she gave me painkillers. I eventually healed physically, but mentally I was devastated. I went back to school after three days. Life continued as if everything was normal.

Three months lapsed, and exam time came. I had started to bulge, and I knew I was pregnant. My mother noticed and took me to the clinic, where a doctor confirmed her fears. My mother, father, aunt and an uncle summoned me to a meeting to enquire who the father was. When I told them I did not know, they became agitated. How was I supposed to know when a stranger raped me? My family was supportive. I gave birth to a three-month premature baby girl. My sister offered to take my daughter in and raise her on my behalf to give me a chance to pick myself up.

[35] Not her real name.

One Sunday, when my daughter was three, a man driving a Mercedes Benz arrived at our house and asked to see me. I went up to him but could not identify him. He then asked me where his child was and I instantly remembered who he was because he had a resemblance to my daughter. Six months later, he sent his elders to negotiate for lobola.

My parents did not want me to marry him but my uncles persuaded them to give him a chance. We got married in 1987 and lived happily until 1990, when everything changed. The first thing he did was force me to resign from work, based on the cultural expectation that women do not work. I received my provident funds upon resignation. My husband used it to buy two taxis so he could start a business.

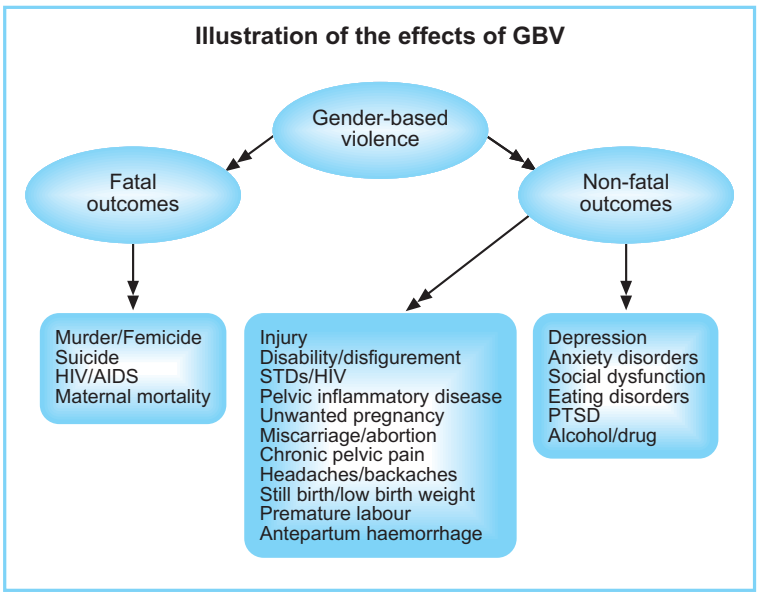
I could no longer have children and so my husband threatened to marry two other wives but I took it as a joke. Then the cycle of abuse started. He bought lots of groceries and then went away from home for almost three months, leaving me locked in the house. He went with all keys to the house and gate.

He came back, bought more groceries, and stayed for four days before disappearing again. It became my way of life. In some instances, he would leave me with R4000 to buy anything I wanted despite the fact he left me locked in the house. Upon his return, he would tell me how stupid I was for not using the money. His taxi business was booming. My life was hell, held prisoner in my own house.

In 2001, he came home just after midnight and woke me up demanding a cup of tea. I declined and he became aggressive. He threatened to shoot me. I woke up and went to the kitchen in tears. Reaching for the cup in the cupboard, I decided to turn and as I did so, he released the trigger and shot me. Fortunately, the bullet did not go straight into my head but became lodged close to my scalp.

I fell unconscious and woke up in hospital four months later. The Metro Police had picked me up in Zuurbekom. I was hospitalised for 13 months, as I had lost my speech and could not walk from severe shock and blood loss. I had to go through speech therapy, counselling and physiotherapy. I then went to a mental institution where I was hospitalised for seven months.

My husband came, threatened me and pointed firearms at patients and staff with whom I shared the ward. Instead of protecting me, the hospital discharged me to go back to him. The abuse



Adopted from Jewkes et al 2010

started again and became worse. For instance, one day he came and told me to climb on the coffee table. He then put his finger in my vagina to check if I had been with any other men.

After that day I made up my mind, I was going to divorce him.

The consequences of GBV are pervasive, affecting the health and well-being of survivors, their families, and their societies as illustrated by Moyo's story. She had an unwanted pregnancy, was forced to quit her job, suffered multiple injuries and lost all her belongings. This was made worse by the fact that her community, family and health care workers continuously encouraged her to return to a man who had physically abused and shot her.

Abuse may cause permanent damage to a woman's physical health and have a long-term emotional impact, possibly resulting in depression, anxiety, sleep disturbance, substance abuse and difficulty forming relationships with children.[36] Women experiencing these effects may not be aware they are symptoms linked to abuse.

This chapter reports on the responses on these issues from women participating in this study. The women were asked questions on a range of indicators about their health, including about contraceptive use, condom use, HIV testing and results, sexually transmitted infections, and aspects of their mental health.

Physical injuries

The effects of physical abuse include death; permanent disability such as blindness, deafness, seizures, loss of mobility; hospitalisation for broken bones, concussion, head and spinal injuries; gynaecological problems including losing an unborn baby, or birth defects; infertility; treatment for broken teeth, cuts, headaches; and bruises, pain, trauma. Women who participated in the survey were asked about the injuries they sustained as a result of physical abuse.

Figure 5.1: Women's experience of physical abuse and accompanying effects

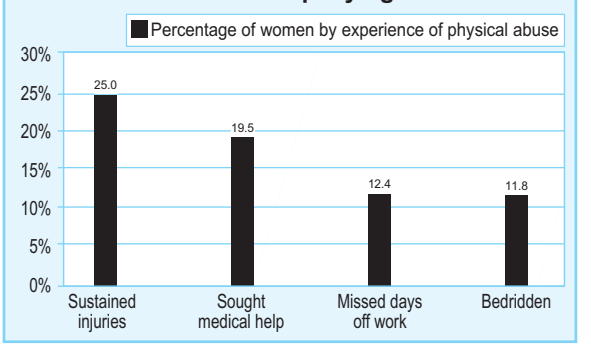


Figure 5.1 shows that a quarter of women who were physically abused sustained injuries; 19.5% of women went to a health facility after sustaining injuries; 11.8% of these women had serious injuries and were bedridden as a result of assault; and 12.4% had to take leave from work because of the injuries sustained.

These findings show that not all women who sustain physical injuries from abuse seek medical help.

[36] Fox S .2003.*Gender Based Violence and HIV/AIDS in South Africa*. Center for AIDS Development, Research and Evaluation.

The physical pain of GBV

Women who contributed to the "I" Stories project mentioned a myriad of ways they were physically affected, not just during the violence but also long after. An example is an excerpt below from Germina Setshedi's "I" Story.

"He started pushing me. He pushed me until he threw me out the window. It was from the fourth floor to the ground. Both my legs and my spine were broken. I spent three months in a hospital sleeping. When I came out of the hospital, I opened a case against him but nothing was done because my husband was friends with one of the officers... I moved back home to my husband. Oh... oh... oh... God, after three days he started swearing and pointing at me again. Remember that by that time I could not walk fast, I was still on crutches. That was the beginning of the end. One day he hit me with hammer on my head. I was bleeding so badly and that was a good chance to get him arrested."

- From the "I" Story *When abuse can lead to disability* by Germina Setshedi.

Many women reported that violence left them with physical scars. For many women, these scars are a source of shame, especially if they are on the face, arms, or another visible area.[37]

Puni Matsimbi describes how she sustained a broken eardrum and was bedridden for more than a week after her husband assaulted her.

"I felt like my life was going to end. There was blood everywhere. Every part of my body was aching from the pain and injuries. After trying and failing several times, I managed to open the door. I tried running, but had no strength. I could not walk.

Puni Matsimbi, a survivor. *Photo: Colleen Lowe Morna*

As time went by, I hoped for things to get better. I waited with faith hoping that he would change and things would be different. Things never changed. The beatings continued and with the beatings, my time in bed recovering from injuries increased.

Once after spending time in bed recovering, I decided to go to the doctor for a check-up. The doctor asked me questions about my injuries and sent me to Baragwanath hospital to the abuse centre. When I arrived there, they sent me to the social workers who took down the details of my abuse and sent me back for examinations and reports at the abuse centre. I realised my

[37] Walter, D & Lowe Morna, C (eds). 2010. *The South African "I" Stories experience: Speaking out can set you free.* Gender Links, Johannesburg.

visit to the abuse centre resulted in the arrest. I was so happy. The courts gave him free bail and a five year suspended sentence.

Within a month of the sentencing, he beat me again and broke my eardrum. Just as he had before, my eldest son pleaded with his father to forgive me. I realised that if I continued to stay with this man, one day he would kill me. I had to leave before that happened."

- From the "I" Story *Finding strength is not easy* by Puni Matsimbi

Sexual and reproductive health

Other effects of GBV may include pregnancy, miscarriage, Sexually Transmitted Infections including HIV, and pregnancy-related problems. In the introduction, Mmabatho Moyo[38] spoke of becoming pregnant as a result of rape. Today she supports the daughter conceived during this ordeal.

Marco Ndlovu, a South African lesbian, spoke of the trauma of "corrective rape" and how she also conceived a child. She wrote: "For the sake of everyone around me I hung out with Theophilus. Then one fateful day that shattered my dreams he flung himself on me and raped me in just three to five minutes. I screamed and kicked but nobody came to my rescue.

Marco Ndlovu. *Photo: Gender Links*

When I threatened to lay charges against him, he apologised and asked for my forgiveness. He compelled me to take a bath, threatening not to let me go if I refused to do so. I was bleeding. I wanted to take my panties that he tore and had hidden away. In those days, when no one, least of all your parents, talked about sex, rape or abuse, I had no idea that he had torn them to destroy the evidence.

Soon after this ordeal my cousin took me to the doctor for a pregnancy test. To my horror, I discovered I had become pregnant as a result of the rape. Theophilus wanted me to terminate the pregnancy but in those days it was taboo and illegal."

-From the "I" Story *Finding the real me* by Marco P. Ndlovu

HIV and AIDS

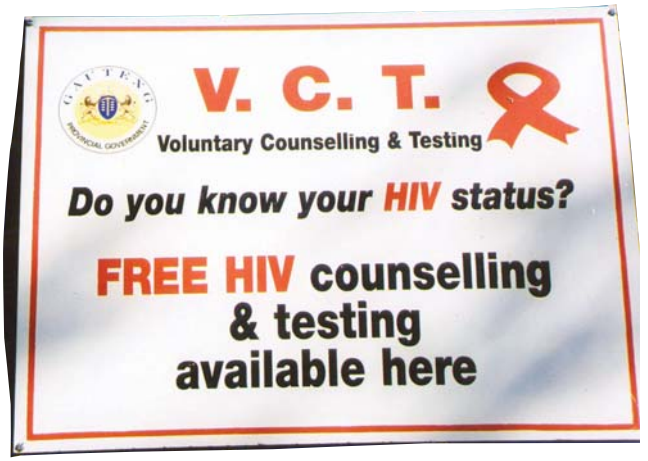
Some survivors of sexual violence, like Mickey[39], contracted HIV and other sexually transmitted infections as a result of rape. Mickey speaks of how she tested HIV positive after her ordeal.

"Before being raped I hadn't had a partner since my divorce in 1996. I just had an HIV test done and it came back negative. So I told myself there's no way you can be raped once and get it and I said I'm not going to bother going back and I didn't bother. Last year in January something

[38] Not her real name.
[39] Not her real name.

just told me: 'Hey Mickey just go and test yourself.' I had a boyfriend who wanted to get married so we both went for tests. His was negative and I was positive. What do I do, where do I start, where do I go?"

- From the "I" Story *I'm doing well and surviving* by Mickey*



It is essential to get tested for HIV within 72 hours after a sexual assault.
Photo: Gender Links

The impact of gender inequity and violence and its link to HIV infection has been well documented among South Africa women.[40,41] A study among young rural South African women over a two year period showed that those beaten by their partners were 50% more likely to acquire HIV. Those women who had the least power in their relationships had a similarly elevated risk.[42]

This study did not test for HIV, but women were asked if they had been tested, and if they knew the result. Although this is an imperfect measure of HIV sero-status, it is notable that women who had experienced physical or sexual IPV were significantly more likely to disclose that they were also HIV positive.

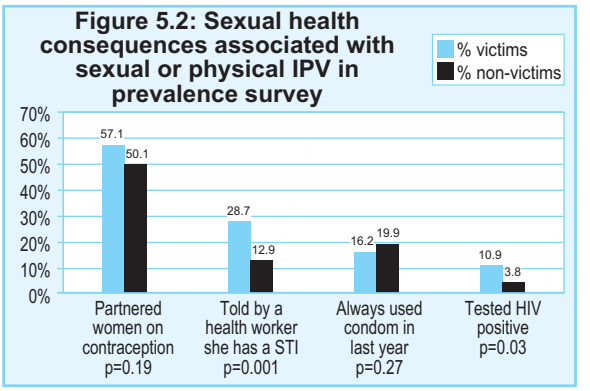


Figure 5.2 illustrates that women who had experienced sexual or physical IPV were significantly more likely to have tested for HIV and been found to be HIV positive. They were also significantly more likely to have been told they had a sexually transmitted infection by a health worker with more than a quarter having experienced this, a prevalence more than twice that disclosed by women who had not experienced IPV.

The survey also collected data on condom use, including whether women reported always using a condom in the past year. There were no differences in this measure between survivors and non-survivors of IPV and rape by a non-partner. However, less than one in five women disclosed consistent condom use. There is no

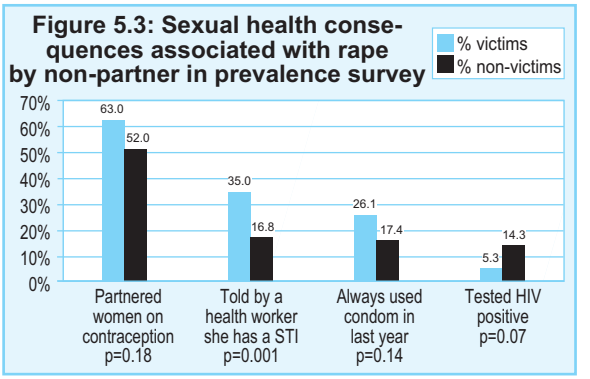
[40] Dunkle KL, Jewkes RK, Brown HC, Gray GE, McIntryre JA, Harlow SD. *Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa*. Lancet. 2004 May 1;363(9419):1415-21.
[41] Jewkes R, Dunkle K, Nduna M, Shai N. *Intimate partner violence, relationship gender power inequity, and incidence of HIV infection in young women in South Africa: a cohort study*. The Lancet. 2010;367:41-8.
[42] Jewkes R, Dunkle K. Nduna M, Shai N. *Intimate partner violence, relationship gender power inequity, and incidence of HIV infection in young women in South Africa: a cohort study*. The Lancet 2010; 367:41-48.

statistically significant difference in the use of condoms by survivors and non survivors.

When women negotiate condom use it is often interpreted by their male partners as a lack of trust. Women find it difficult to insist on condom use lest this also be perceived as an accusation of infidelity. Women also fail to negotiate condom use because they fear their partner, whom they are financially or otherwise dependent, may desert them.

Overall, these are worrying findings considering the very high prevalence of HIV in South Africa. This also confirms that GBV is a driver of the HIV and AIDS epidemic.

Figure 5.3 illustrates that women who had been raped by non-partners were less likely to have



tested for HIV and been found to be HIV positive. However, they were more likely to have been told by a health worker that they had a Sexually Transmitted Infection.

Apart from survey findings, political speeches were also analysed for mention of GBV. HIV was most commonly referred to as an effect of GBV.

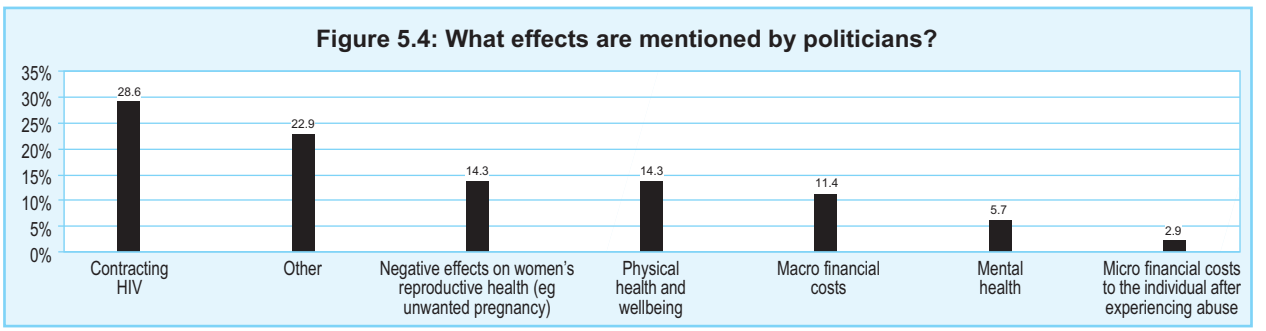
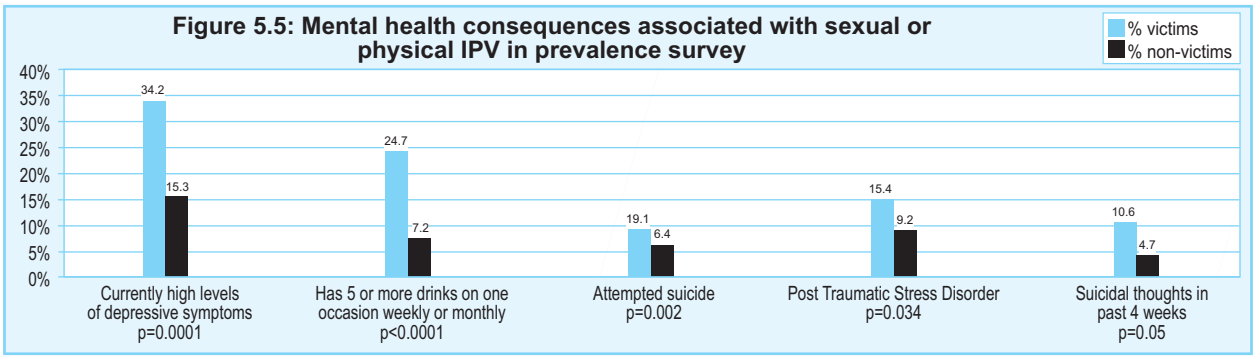


Figure 5.4 shows that 28.6% of speeches referred to the relationship between HIV and GBV. This indicates that politicians are beginning to recognise that addressing GBV is an important part of South African efforts to prevent HIV. The second most mentioned effects of GBV, both at 14.3%, were: negative effects on women's reproductive health and physical health and wellbeing. Mental health effects are by far the most common health consequence of GBV, causing the greatest burden after HIV, yet politicians very rarely acknowledge this.



Mental health

Survey results show the serious negative mental health impact of GBV. Figure 5.5 illustrates the proportion of women who had experienced physical or sexual IPV and have current mental health problems. The most common mental health problem among women who had experienced IPV is depression. More than a third of this group expressed high levels of depressive symptoms at the time of interview, a proportion more than double that found among women who had not experienced physical or sexual IPV.

One in ten women who had been abused disclosed having suicidal thoughts in the four weeks prior the interview, a proportion that was again more than double that found among women who had never been abused. The serious risk of suicide among women who have experienced IPV was seen in the finding that nearly one in five of these women had attempted suicide. This proportion was three times higher than that found among women who had not experienced physical or sexual IPV. Heavy drinking featured as the second most common problem. One in four women who had experienced abuse admitted drinking heavily, a proportion nearly five times greater than that found among other women. Alcohol use has been widely described as a coping mechanism used by women who experience IPV and it often provides part of the context for repeated episodes of violence. Alcohol is also often used by women who experience PTSD as a way of coping with the symptoms.

Women who had experienced IPV were also significantly more likely to have Post Traumatic Stress Disorder than other women. The proportion of women with PTSD who had not experienced IPV was very similar to the figure of 6% found in a general population study (using slightly different methods).[43] These findings are indicative of a particularly high mental health burden among women who have been abused by their partners.

[43] Kaminer D, Grimsrud A, Myer L, Stein DJ, Williams D. *Risk for post-traumatic stress disorder associated with different forms of interpersonal violence in South Africa*. Social Science & Medicine. 2008;67(10):1589-95.

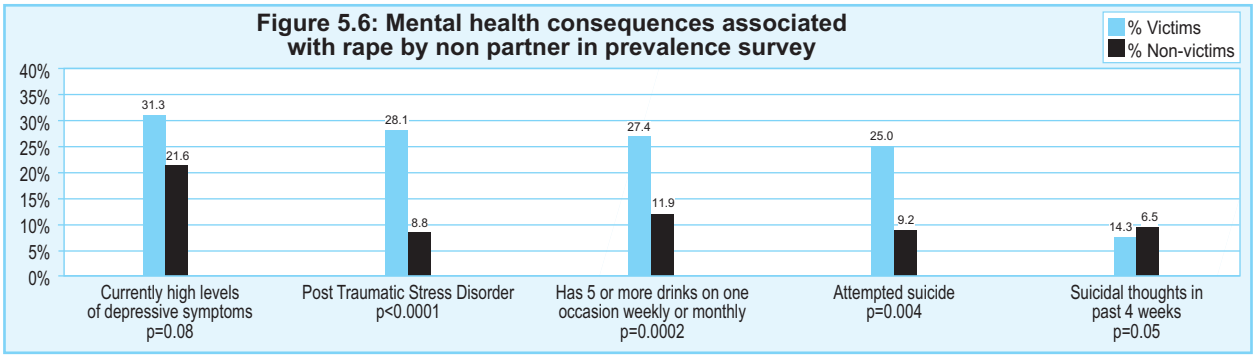


Figure 5.6 shows that women who had experienced rape by a non-partner were also more likely to have mental health problems, especially compared to those found among women who had not been raped. It is, however, important to remember that many of the women who had not been raped had experienced IPV. More than a quarter of women who had been raped by a non-partner currently have symptoms of PTSD. A third of women surveyed who had been raped expressed high levels of depressive symptoms. Although one third higher, there was no statistically significant difference from the levels found among those who had not been raped. As in the case of IPV, women who had been raped by a non-partner were more likely to binge drink and to attempt suicide. They were also significantly more likely to have had suicidal thoughts in the previous week.

Mental health was only referenced in 5.7% of political speeches analysed (Figure 5.4). This shows that there is an underestimation on the part of political leaders of the high prevalence of mental health issues stemming from abuse. Given the high levels of emotional violence reported in the survey and the accompanying effects on mental health, politicians should be encouraged to address the lack of mental health services for survivors of GBV.

Counselling is necessary for rape survivors. *Photo: Trevor Davies*

These findings also point to the dramatic toll of violence on women's lives as well as the failure of health services to adequately meet women's mental health needs. The major problems of depression, PTSD and

substance abuse are treatable, especially for women not currently experiencing abuse.

Stigma and secondary victimisation

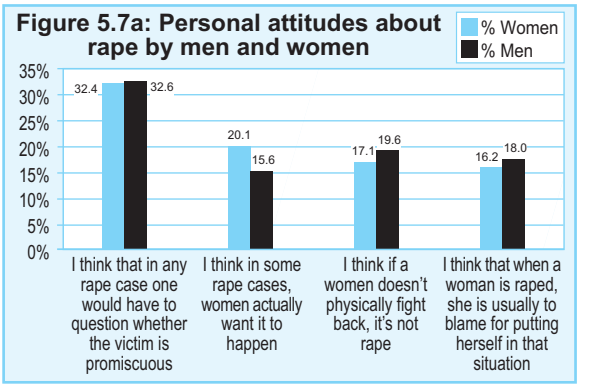
One effect of rape is that women are blamed and condemned by their communities. Apart from this, women experience stigma and labelling associated with having experienced rape. Some women, like Cara Ann, have experienced condemnation because of their experience. She speaks of how she was jeered by men in her community:

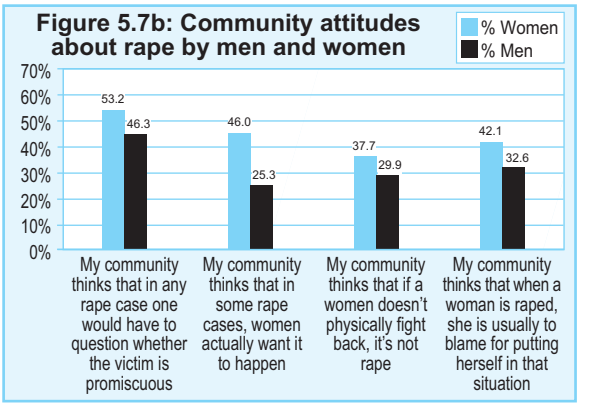
"The next day I took a long bath. I looked at my bruised legs and I saw the blood in my underwear. I ignored the obvious fact. I could not admit that he raped me. I am a strong woman. I went to another party the next night. The same people were there, it was a different scene. Everyone stared at me as I entered the room with a tired smile. The guys pointed and made comments about me. That's when they started teasing and singing at me, saying that I was drunk and had sex with their friend."

- From the "I" Story *Date rape can happen to anyone* by Cara Ann.

Women and men participating in the survey responded to questions about their personal views of rape survivors and the views they think are held by other members of their community.

Figure 5.7a shows that the majority of women and men do not think women are to blame for rape, that they want it to happen or that they would not be raped if they fought back. Yet Figure 5.7b shows that more women than men perceived community social norms to generally blame and stigmatise survivors of violence. Negative community attitudes are indicative of the increased likelihood that survivors will be blamed and stigmatised.





Out of pocket costs of domestic violence

Apart from the physical, emotional and health effects of abuse, women who experience abuse also encounter costs associated with reporting the incident or seeking out care for an injury or other health problem associated with the abuse. Of the total sample of women, 13 (7.7%) of physically abused women said they had spent money on medication after experiencing physical abuse. Of these, seven (4.1%) had spent less than R100, while six (3.6%) had spent more than R100

on medication. Some women also mentioned transport and counselling costs.

Costs of leaving

Women also face major costs when they decide to leave an abusive relationship. These costs were explored in focus group discussions with abused women who had fled their homes. There were a number of costs related to leaving an abusive partner including financial and material. Most women reported that the financial costs associated with transportation to women's shelters were relatively affordable and constituted less of an inconvenience compared to the loss of material goods such as collectables and crockery. Loss of property, including clothes and furniture was also common. Identity documents and other certificates were also commonly lost with the end of abusive relationships.

These losses potentially impact on women's sense of self and well-being and may lead to a shift in socio-economic status.

Costs to the economy

GBV has consequences not only for survivors but also for society. Responding to GBV requires a substantial amount of financial resources allocated to programmes targeted at survivors. The study assembled information on budget votes from relevant government departments for GBV programmes for the year 2009-2010 in Gauteng.

Table 5.1: Budgetary allocations or costs of GBV programmes

Department/Organisation	GBV programme description	Budgetary allocation 2009-2010/ Costs of running programme
Gauteng Department of Community Safety	Safety promotion through Ikhaya Lethemba for the period 2009-2010.These funds were to be channelled towards providing a comprehensive package of services for abused children and women.	R35 800 000
	Re-conceptualisation of the decentralised survivor empowerment model.[44]	R4 900 000
Gauteng Department of Health and Social Development	Shelters for women.	R7 065 150
	Survivor empowerment programme	R13 694 050
National Prosecuting Authority Thuthuzela Care Centres	Five TCCs in Gauteng province at estimated running cost per annum for each TCC at R1 120 045.	R5 600 225
Department of Justice and Constitutional Development	Issuing and breach of protection orders	R185 399[45]
Total costs		**R61 644 599**

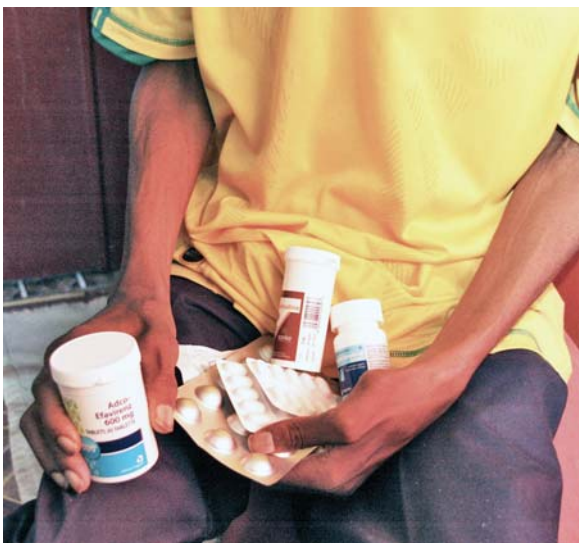
[44] Speech by Gauteng MEC for finance and economic development, Mandla Nkomfe, on the occasion of the tabling of the 2009/2010 Gauteng budget to the legislature, 24 February 2009 http://www.treasury.gpg.gov.za/docs/BudgetSpeech2009.pdf

[45] In 2005 a Protection order cost R228.84 and breach, R16.19, Vetten et al, 2005. Applying CPIX to this figure till 2010 results in R324,86 for a protection order and R22.98 for a breach. The police statistics reflect 533 breaches of protection orders, this implies that 533 were issued. The cost is therefore calculated using the cost of getting a Protection and a breach.

From the available data, Gauteng province spent R61 644 599 on specific GBV-related services.

The 2009 Statistics South Africa mid-year population estimate for women over 18 years in Gauteng is 3 515 397. The prevalence of GBV for women in the Gauteng sample over the last year according to this study is 18.1%. This means that the actual number of women who experienced GBV in last year can be estimated at 636 287, which means if every woman who experienced GBV in Gauteng accessed services, the province will have spent R97 per person. If the cost is calculated using only police reported cases, this figure is substantially higher. The number of reported cases is 12 093. The cost per person in this case is R5 097.

It should be noted that these figures are only for specific services. Available data does not make it possible to disaggregate the proportion of mainstream justice and health budgets that is spent on GBV.



Health costs are difficult to disaggregate. *Photo: Trevor Davies*

Further research on costing

Further research is required to investigate the costs associated with different forms of GBV at an individual and societal level in South Africa. Specific objectives include:

- To determine the direct costs associated with Intimate Partner Violence, sexual violence perpetrated by a non-partner, child sexual abuse and other forms of GBV e.g. sexual harassment.
- To determine the indirect costs associated with IPV, sexual violence perpetrated by a non-partner, child sexual abuse and other forms of GBV e.g. sexual harassment.
- To determine the costs of GBV that is carried by the individual who is a victim/survivor.

Determining the burden of gender-based violence is a costly research exercise that is best done nationwide as the costs do not differ significantly from one province to the next. Detailed studies in a few provinces can thus be used to upscale the costs for the whole country and the figures adjusted for different provinces depending on the prevalence and the facilities in those provinces. As this research study is cascaded to the rest of South Africa, the intention is to conduct a scientific costing exercise that will establish the societal and individual costs of GBV.

Societal level:

The Centre for Disease Control (CDC) conceptualised and described two types of costs:

- Direct costs are actual expenditures related to GBV, including health care services, judicial services and social services.
- Indirect costs represent the value of lost productivity from both paid work and unpaid

work, as well as the foregone value of lifetime earnings for women who have died as a result of GBV.

Direct cost estimates:

- Step 1. Determining utilisation of services by women who report experiences of GBV. Usage will be calculated separately for intimate partner violence (IPV), sexual violence perpetrated by a non-partner, child sexual abuse and other forms of GBV e.g. sexual harassment. This will be obtained from the Gauteng survey and enhanced once we have national data. The services that will be included are: health, police, courts, counseling and shelters.
- Step 2. Establishing the unit cost of services used. Costs will be categorised into fixed costs of health service provision and patient level variables costs such as drugs, laboratory, staff time associated with consultations, patient transport and other supplies, and these unit costs were then multiplied by service usage as revealed in survey.
- Step 3. Calculating total direct costs as the product of unit costs times the number of times a service was used.

Indirect cost estimates

Indirect cost estimates highlight the impact of GBV on productivity and earnings of women and of male perpetrators. The indirect costs will focus on loss of earnings due to death and lost productivity (CDC, 2003), job loss, lost productivity of the women, lost productivity of the abuser due to incarceration, and mortality (Laurence and Spalter-Roth, 1995), loss of tax revenues due to death and incarceration (Greaves et al., 1995), and decrease in women's earnings (Morrison and Orlando, 1999; Sánchez et al. 2004; CDC, 2003).

The total number of days of paid work or household chores lost due to GBV (which is identified by responses to some of the survey questions) is multiplied by the mean daily earnings to yield a monetary estimate of lost earnings, whether this incapacitation is temporary (due to injury) or permanent (due to death or incapacitating injury).

Mean daily earnings will be calculated for the mean age of women affected by the various types of GBV, IPV, sexual violence perpetrated by a non-partner, child sexual abuse and other forms of GBV e.g. sexual harassment). In the case of non-paid household chores, an imputed wage is used.

Individual level:

Individual level costs are defined as out of pocket expenses for victims/survivors associated with GBV. These costs would include transport costs to police stations, health services or other services used. Costs of medical care including over-the-counter medication, counseling, and protection orders will also be determined. These calculations will be based on a more in-depth interrogation of the survey findings than has been possible in this analysis.

Conclusions

GBV has a range of effects, physical, emotional and financial. The costs to individuals as well as to the economy require further investigation as this study is cascaded to other provinces of South Africa. The figures presented here scratch the surface as they only concern direct costs. Even then, a strong case can be made that if more resources were put into prevention rather than response, this would be a wiser policy option.

CHAPTER 6
Response to GBV

Activists demand a response to GBV. *Photo: Colleen Lowe Morna*

Key facts

- ✓ South Africa is party to international and regional commitments which aim to end discrimination against women.
- ✓ South Africa has progressive GBV legislation: the Domestic Violence Act (DVA) and Sexual Offences Act (SOA).
- ✓ 77.2% of men and 73.9% of women are aware of the DVA.
- ✓ 55.8% of men and 36.3% of women are aware of the SOA.
- ✓ 22 Family Violence, Child Protection and Sexual Offences Units have been re-established in Gauteng police stations.
- ✓ 122 victim empowerment centres operating in Gauteng police stations.
- ✓ Only 9.8% of police stations audited are fully compliant with the DVA.
- ✓ 50 611 applications for domestic orders were made in Gauteng in 2009-2010.
- ✓ 30.2% of all Gauteng domestic violence cases were finalised.
- ✓ 18 022 sexual offence cases were outstanding as of 31 December 2009.
- ✓ 1% of politicians' speeches refer to financial resources for addressing GBV.
- ✓ Only 3 198 of the 4 386 adults who presented themselves within 72 hours of the incident in Gauteng were eligible for PEP. However, just 2 698 adults (or 61%) received PEP.
- ✓ Thuthuzela Care Centres linked to Sexual Offences Courts provide the most effective services to survivors of sexual assault but there are insufficient to meet the need.

Mamokhutu Santho, "I" Stories participant 2006. *Photo: Colleen Lowe Morna*

What does justice mean, when I, the survivor am victimised even more; when every system seems to work to the benefit of the perpetrator? I have been to every court. I have canvassed minis-ters, deputy ministers and even the Deputy President. I am breaking my silence because it is time we, as women, put the facts as they are: the legal system is not working for us.

At the beginning, I was madly and uncondi-tionally in love with this man. He was seven years my senior, which made me feel secure. I believed he was mature and would take good care of me. He convinced me that we were meant for each other. On 18 July 1992 we tied the knot. We lived happily for the first few months. But in April 1993, six months after I gave birth to our first child and nine months after our wedding, my husband's behaviour began to change. This marked the beginning of what would become a way of life for me with this man. There were many incidents.

I documented all the abuse I suffered, like on 24 May 1997 after we moved into our new house. He accused me of playing loud music. I protested and he beat me up with a knobkerrie until it broke into two pieces. After this he forcefully made love to me. Three days later I contacted an NGO that provides counselling. I went to the Bloemfontein magistrate court to apply for a court interdict. This infuriated him and marked another turning point in our relationship. My life became more miserable.

On a fateful day in November 1997 we had another fight after he came home past two o'clock in the morning. When he got home he tried to force himself onto me and I resisted. I needed him to explain where he had been all night. He beat me and threatened to kill me. I managed to free myself and escaped from our bedroom into the children's bedroom, broke their window and jumped through. I was stark naked with no panty, bra, shoes, nothing. Blood was oozing all over my body. I ran to the neighbour's house. I went to report him to the police and he was arrested at his Nedbank offices. He appeared in court and was released on bail of R1 500. That was supposed to compensate for the pain and misery.

I filed for a divorce in February 1998 and moved to Johannesburg after I had received advice from a psychologist who ironically had been asked by my husband to assess whether I had a mental illness. My husband was in denial. Ironically, the court granted my husband custody of the children, despite the fact that the earlier psycho-logist had concluded that he was the one with a problem and not me. I, on the other hand, was granted "reason-able access" to the children.

Meanwhile I had filed assault cases against my husband. To my horror, all the lodged dockets went missing at the magistrate's court. I believe that my husband used connections to hide all the vital information: court book, charge sheet, tapes, and dockets. The documents were eventually found and my husband was fined a mere R4 000, compared to the R20 000 I spent in my quest for justice. What justice! In January 2001, I filed for damages under civil claims in the same court. In February 2003, I received R17 000 as a settlement.

This story by Mamokhothu Santho is an example of the challenges abuse survivors face in their quest for justice. Santho was physically and emotionally abused by the man she loved. He regularly beat her and even threatened to kill her. When she finally got through to court, the ruling was not in her favour. She was deemed emotionally unstable and lost custody of her two sons. Such an experience left her to ask the critical question about whether justice will ever be served.

This chapter explores political commitments and the services in place to respond to women who are survivors of GBV. These include the multi-sector response to GBV by health and social services actors, legislative, police, civil society and the community. The chapter also evaluates the quality of services, whether they are used by survivors and whether they effectively meet the needs of survivors.

Political commitment to addressing GBV

One of the indicators to measure political commitment to end GBV is the ratification and adoption of legal instruments and the existence of institutional mechanisms which facilitate the elimination of GBV. South Africa is signatory to several conventions to combat gender-based violence, including the Convention on the Elimination of Discrimination against Women (CEDAW), the Beijing Platform for Action (BPA); and the Protocol to the African Charter on Human and Peoples Rights on the Rights of Women in Africa.

Table 6.1 South Africa's progress against different instruments

Instrument	State responsibility	Progress made
CEDAW	1. Provide support services for all survivors of gender based violence, including refuges, specially trained health workers, rehabilitation and counselling services.[46]	1. Mechanisms have been established to address the needs of survivors, including one-stop centres with counsellors, police and legal officers.
	2. Use "due diligence" to prevent, prosecute and punish perpetrators who commit violence against women.	2. A 365 day National Action Plan is in place to address GBV.
	3. Collect data on violence against women.	3. A progressive legal framework that ensures the protection of women rights is in place.
	4. Sensitise members of the criminal justice system.	4. Police and prosecutors are being trained to address issues of sexual violence.

[46] Commission on Human Rights, 1996.

Instrument	State responsibility	Progress made
Beijing Declaration and Platform for Action (1995)	1. Enact legislation on preventing and addressing issues of violence against women and girls.	a) Domestic Violence Act, 1998 (Act 116 of 1998); b) Sexual Offences Act, 1957 (Act 23 of 1957); c) Criminal Law(Sexual Offence and related Matters)Amended Act,2007(Act 32 of 2007); d) Employment Equity (Act No 55 of 1998).
	2. Put in place strategies to address survivors of violence, as well as strategies with punitive measures against perpetrators of violence against women.	a) The Anti-Rape Strategy (prevention, reaction and support) developed by inter-departmental Management Team as an integrated response on violence against women; b) Domestic Violence Programme (prevention and reaction); c) Child Abuse and Neglect programme (prevention and reaction); d) Inter-departmental initiatives to improve Criminal Justice System processes for Rape and Sexual Offences (e.g. Multi-Disciplinary Service Centres, specialised training, Sexual Offences Courts, FCS Units); e) Communication, Education and Awareness programmes; f) Local and community-based programmes (community policing, neighbourhood watches).
SADC Gender and Development Protocol in 2008	1. Enacting and enforcing prohibitive legislation	a) Domestic Violence Act, 1998 (Act 116 of 1998); b) Sexual Offences Act, 1957 (Act 23 of 1957); c) Criminal Law(Sexual Offence and related Matters)Amended Act,2007(Act 32 of 2007) d) Employment Equity (Act No 55 of 1998)
	2. Eradicating social, economic, cultural and political practices and religious beliefs that legitimise and exacerbate the persistence and tolerance of GBV.	Communication, Education and Awareness programmes commissioned
	3. Adopting integrated approaches, including institutional cross-sector structures, with the aim of reducing current levels of violence by 50%.	Inter-Departmental Management Team (IDMT) put in place at government level to coordinate an integrated response to violence against women.
	4. Ensure implementation, monitoring and evaluation of these above mentioned efforts.	Although systems have been put in place there is need for more vigilant data collection and management. There is need for comprehensive set of indicators to evaluate progress. In conducting this research GL is testing a set of indicators which can be used as baseline and to monitor GBV programmes.

National legal framework

Apart from the ratification of regional and international frameworks, an effective legal instrument to end violence against women demonstrates a government's commitment to uphold human rights. In South Africa, there are three main laws in place to address GBV in public and private life.

The Domestic Violence Act No. 116 of 1998 (DVA) targets violence in the home. Such violence exists in a wide range of domestic relationships including between individuals who are, or were, in a romantic relationship, whether married or not, family members, and persons residing, or who have recently resided together, in a common household. The DVA defines a "complainant", as an individual in a domestic relationship who is suffering harm.

The broad and all-encompassing definition of domestic violence to include all forms of relationships within a household potentially poses a challenge when analysing South African Police Services (SAPS) and court data to extract the true extent of GBV. One of the immediate and positive outcomes of this study has been the commitment by SAPS to include a relationship category in the crime registration database.

In compliance with Constitutional provisions, CEDAW and BPA obligations, South Africa introduced the Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007 (Act No 32 of 2007) (SOA), which makes it an offence to have sexual intercourse with a girl under the age of 16. SOA received approval from stakeholders as it indicated a commitment to be less limiting in the application of the law on sexual assault. It expands the definition of rape to encompass rape of men and use of any object in sexually assaulting another person. The framework also specifies legal procedures to ensure the protection of vulnerable witnesses within the criminal trial and the broader criminal justice process.

Although SOA was welcomed from its inception to the period under review, the true extent of sexual offences reported has been unclear because of the inclusion of sex work and pornography under this crime category. SAPS has again committed to addressing this challenge by separating sexual offences reported by survivors from sexual offences solicited by police action in its next annual Crime Situation Report.

The Employment Equity (Act No 55 of 1998) was formulated to protect women from abuse in the workplace. This legislation recognises sexual harassment in the workplace as a form of unfair discrimination against employees.

Public awareness of national legislation

Participants in the prevalence and attitudes survey were asked whether they knew about the DVA and SOA. Results show that although the basic legislation frameworks are in place, much has to be done at government level to publicise GBV legislation.

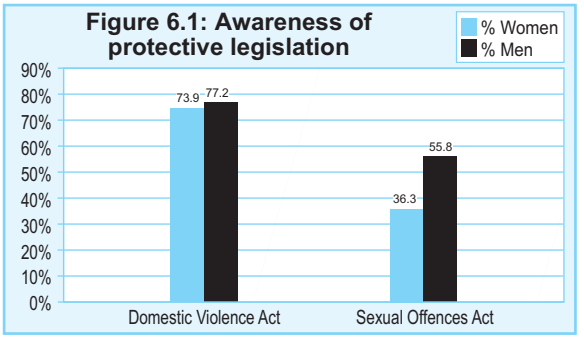


Figure 6.1 shows that two years since its enactment, only 36.3% of women and 55.8% of men had heard of the SOA. This reflects the need for government to put more effort into publicising new legislation. Although participants had greater knowledge of the older DVA, about one in four (26%) women and 22.8% men said they had never heard of the DVA.

Political discourse on GBV

Politicians' speeches about, or against, GBV have the potential to create greater public awareness and present the fight to end GBV as a public priority. Politicians' consistent condemnation of GBV during their public addresses shows clear commitment to ending the problem. Politicians' discourse about GBV can positively impact on the way citizens' access knowledge and shape their opinions on GBV. As explained in the methodology, this study analysed the extent to which GBV is mentioned in 1956 official speeches delivered by politicians at both national and provincial national during the period April 2009 to March 2010. GBV was only referred to either directly or in passing in 4% of these cases. GBV is most mentioned by politicians during higher level government platforms such as during budget votes and in parliament. One in eight (12.6%) of speeches that mentioned GBV were made during a departmental budget vote while 10.3% of speeches were made in parliamentary debate. GBV is also mentioned at the opening of parliament and at presentations of relevant bills.

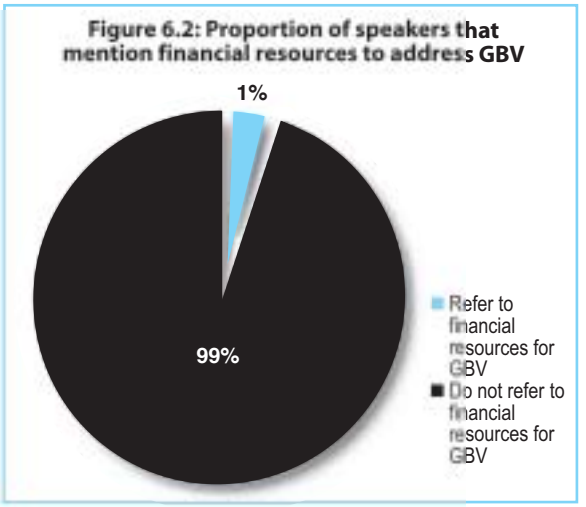


Figure 6.2 shows that just 1% of speeches made reference to financial commitments to addressing GBV, making it difficult to ascertain institutional costs around addressing this problem. Cabinet ministers made the most reference to any commitment to ending GBV in 34.5% of speeches, followed by cabinet deputy ministers at 15.5%, party functionaries and shadow Ministers both at 12.1%, Provincial MECs at 8.6%, and Members of Parliament at 3.5%. It is worth noting that speeches by President Jacob Zuma only accounted for 1.7% of those mentioning financial commitment to ending GBV, fewer than Deputy President Motlanthe (5.2%).

In her 2010 State of the Province address, Gauteng Premier Nomvula Mokonyane pledged

to continue to roll-out localised survivor support services, making them more accessible to women and children in need. She also alluded to providing and ensuring the effective functioning of the 134 survivor empowerment centres across the province.[47]

Public services

There has been some progress at a department level and among Civil Society Organisations (CSOs) in providing services to survivors of GBV. Most government departments have been oriented towards response and support while the thrust by CSOs has been support and prevention campaigns. Whenever survivors access these services, client data is collected as a routine exercise. The study obtained data in this chapter on access to services from liaising with respective departments and organisations. In instances where service providers did not make information readily available, the research made use of past annual reports and information from organisational websites.

South African Police Services

The DVA states that it is the responsibility of any member of the South African Police Service to present him or herself at the scene of an incident of domestic violence in as little time as is reasonably possible or when the incident of domestic violence is reported. They should then render such assistance to the complainant as may be required in the circumstances. This includes assisting or making arrangements for the complainant to find a suitable shelter and obtain medical treatment if necessary.

Specialised units within SAPS

In order to better respond to GBV, SAPS has created specialised units whose sole responsibly is to address issues of domestic violence at police station level.

Family Violence, Child Protection and Sexual Offences Unit (FCS)

FCS is a unit within the SAPS. FCS units police crimes of domestic violence, sexual offences and child protection. Established in 1995, this police department disbanded in 2001 but is currently being re-established. In Gauteng, 22 units have been re-established and 58% of officers commanding the units are women.[48]

SAPS plays a big role in responding to GBV. *Photo: Colleen Lowe Morna*

[47] http://www.gep.co.za/?module=menu&sub_module=display_content&id=28 State of the Province Address by Gauteng Premier Nomvula Mokonyane, Gauteng Legislature, Johannesburg 22 February 2010.
[48] GSAPS 2011.

Victim Empowerment Centres (VECs)

Another SAPS achievement has been the introduction of survivor empowerment centres (VEC) within police stations as part of the integrated response within the provincial Victim Empowerment Programme (VEP). To date, 122 VECs have been established and are operational at police stations around the province. The main function of VECs is to support and refer survivors, if necessary, to Ikhaya Lethemba (IKLT), a departmental one-stop centre, or to other service providers. Three Regional Victim Offices (RVOs) have also been established in Gauteng. These RVOs offer various survivor support and empowerment services, including social workers at police station level.[49]

Female SAPS: more empathy towards GBV survivors? *Photo: Trevor Davies*

From December 2009 to April 2010 the Gauteng Department of Community Safety conducted a baseline Victim Satisfaction and Empowerment study[50] among all survivors that stayed at IKLT or accessed VECs/RVOs since 2006.

The study used both qualitative and quantitative research methodology and attempted to determine if survivors were satisfied with the services. Clients commended the VECs, noting they made good referrals to hospital, courts, shelters and IKLT. The officers at VECs were said to be supportive, empathetic, respectful, caring, and attentive to survivors' problems. Clients also appreciated the reception, staff attitude, food, legal assistance, follow-up and safety and security.

However, some respondents reported dissatisfaction because there was no follow-up; staff shortages; biased policemen who were empathetic with GBV perpetrators; no counselling offered; lack of vehicles; and, in some instances, absence of staff. Some clients said they did not trust the officers and felt they were not transparent.

Recommendations made by survivors include hiring more staff, training staff on GBV and infrastructural changes to allow confidentiality when reporting a case. Police officers were encouraged to listen to survivors and take all cases seriously, not judge survivors and be consistent with follow-ups.

[49] GDCS, 2010.
[50] Gauteng Department of Community Safety Baseline Survivor Satisfaction and Empowerment study 2010.

Non-compliance with DVA

Reports to Parliament by the Independent Complaints Directorate (ICD) reflect numerous instances of non-compliance with the DVA. These include complaints received and the results of police station audits. The IDC received 123 complaints about the failure of SAPS members to comply with the DVA between January and December 2009. Most cases were from Gauteng and 32% of cases arose from failure of SAPS to arrest the abuser. Another 18% of cases pertained to failure of a SAPS officer to arrest the alleged transgressor on receipt of a warrant issued by court or an affidavit that a Protection Order had been violated.

Figure 6.3: Compliance of audited police stations to requirements of the DVA

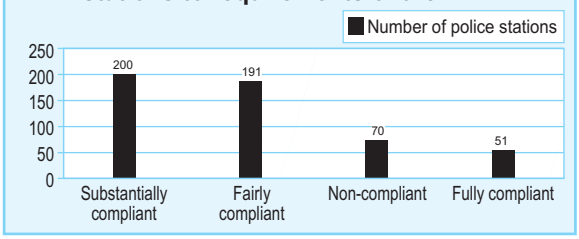


Figure 6.3 shows that of the 1116 stations nationwide, only 51 (9.8%) of audited police stations were fully compliant with the DVA while 70 (13.4%) were non-compliant. The 391 remaining stations (74.9%) were compliant to varying degrees.[51]

Some of the reasons for non-compliance included: officers did not understand the DVA and the obligations imposed by it; copies of the DVA and National Regulations were not available as required; and police leaders took too long to discipline SAPS members. Record-keeping was another common reason for non-compliance, as was failure to notify the ICD of non-compliance and a culture of silence around domestic violence.[52]

Failure to arrest perpetrators

Poor police information and evidence collection contributes to low rates of arrest and prosecution of perpetrators (Tracking Justice Report). Experiences of survivors within the justice system were explored through analysing their stories.

Let down by the system

A stark finding is that survivors of GBV often feel the system has let them down, as evident in the excerpt from Nono Tintela's story:

"I am angry at our justice system for not protecting women and children. I am angry at our courts for releasing these monsters back to

Nono Tintela, a survivor. *Photo: Colleen Lowe Morna*

[51] ICD, 2010.
[52] ICD 2010.

our homes. I am angry at the man who raped me as a child and now walks the streets as a respected politician. I am angry at the man who made me pregnant and then walked away, leaving me so angry towards my first daughter (now 20-years-old) with whom I have never been able to have a bond. I am angry at all men for treating us like doormats. I am angry at my father for not protecting me. Worst of all I am angry at me for not protecting my second daughter when the very same thing that happened to me happened to her."- From the "I" Story *I am angry, but I am also a survivor* by Nono Tintela

Proudia Mosupi. *Photo: Colleen Lowe Morna*

Proudia Mosupi similarly wrote:

"I am getting very little cooperation from the police, who fail to understand how you can be raped by someone you know. Even though my rapist is well known, he has not been apprehended." - From the "I" Story *One man's love eases the pain of another's assault* by Proudia Mosupi

Gaps in SAPS DV data

In 2008, the SAPS responded to demands by civil society to differentiate between reported cases of domestic violence and other cases. This resulted in the SAPS adopting a policy of categorising those reported domestic violence-related cases separately. This would enable police to provide reliable administrative data distinguishing domestic violence across all reported crimes.

However, analysis of the SAPS dataset of all crimes committed in Gauteng coded as "domestic violence" for the period 2008 to 2009 proved problematic. In South African law there are a range of offences which can be labelled "domestic violence". These include common assault, assault with the intent to do grievous bodily harm, contravention of a protection order, murder, *crimen injuria* (unlawfully, intentionally and seriously impairing the dignity of another), sexual offence, abduction, indecent assault, rape of wife by own husband, compelled rape, pornography and sex work.

This categorisation potentially poses important limitations. It is unclear what circumstances led data capturers to use the "domestic violence" variable and this will have varied from station to station. No data on the relationship between the perpetrator and the survivor is available. This means that crimes occurring in a domestic setting, such as an adult male child abusing an elderly male parent, could have been captured as "domestic violence". This affects the validity of results and as such they should be interpreted with some caution. It is also unclear whether an episode of violence perpetrated against an intimate partner outside the home would have consistently been captured using the "domestic violence" code.

Murder is another category under the Domestic Violence Act, making it difficult to ascertain which female murders are intimate femicide. There is a need for SAPS to capture data on the relationship between the perpetrator and the survivor if this information is to be obtained. Previous research on SAPS murder dockets indicates that it is possible to ascertain the circumstances surrounding murder. Routine inclusion of this information when capturing data will go a long way toward providing initimate femicide statistics.

Conflation of sexual offences in police reports, including pornography and sex work, as aforementioned, masks the true statistics of violence occurring in the home, as well as exact rape statistics. Because of this it is unclear whether there is an increase or decrease in the actual extent of sexual offences as reported by police or whether more or less people have been charged for running brothels or soliciting sex. It is imperative that the domain where offences take place is confined to the "public" or "private/home" as elucidated in the Declaration on the Elimination of Violence against Women. The domestic violence category is not reported separately in annual police reports and this requires attention given these survey findings.

Case backlogs, poor conviction and high withdrawal rates

According to the annual 2010 Department of Justice and Constitutional Development (DOJCD) for the year 2009 to 2010, a total of 18 022 adult sexual offences cases were still outstanding nationally on 31 December 2009.[53]

Table 6.2: Outstanding adult sexual offences cases according to enrolment year (31 December 2009)

	2006	2007	2008	2009	Total
Number of cases	311	1 120	3 431	13 160	18 022

Table 6.2 shows that 27% of outstanding sexual offences cases were enrolled before 2009 and are more than a year old. This finding underscores the issue of considerable sexual offences case backlogs within the justice system.

Even within specialised sexual offences courts, the conviction rate for sexual offences was found to be 72.8%.[54] The failure to convict or administer justice, coupled with possibility of secondary victimisation, may act as a deterrent to the reporting of violence.

Judge Yvonne Mokgoro. *Photo: Gender Links*

[53] http://www.justice.gov.za/reportfiles/anr200910/anr2009_2010_part2.pdf
[54] Ibid.

Table 6.3: National and Gauteng provincial domestic violence cases for period 2009-2010						
	Old applications (before April 2009)	New applications (from April 2009)	Total applications	Orders granted	Finalised cases	Withdrawn cases
National Domestic violence statistics for 2009/2010	66 314	225 232	291 546	141 159	77 178	49 360
Gauteng Domestic violence statistics for 2009/2010	10 646	39 965	50 611	29 435	15 269	10 708

Table 6.3 illustrates that many cases of domestic violence are reported both at national and provincial level. More than half (58.2%) were granted a protection order. Also apparent are the high withdrawal rates of domestic violence cases. Almost one in every five cases (21.2%) get withdrawn from the system.

Health sector

Public health approaches are critical in responding to, and addressing, GBV.

National Management Guidelines for Sexual Assault Care

Women who have been raped have particular health needs which include supporting their mental health; preventing pregnancy, HIV, and other sexually transmitted infections; and the management and documentation of injuries.[55] The *National Management Guidelines for Sexual Assault Care* (National Guidelines) developed by the South African National Department of Health (DOH) in 2004 are a notable achievement of the health care sector in responding to GBV. The National Guidelines include both general health standards for sexual assault management as well as specific standards relating to medical-legal examination and documentation, psychological support, reproductive health, and HIV. HIV-related standards include voluntary testing and counselling, provision of PEP, follow-up HIV testing and referral of HIV positive patients for further HIV management as shown in the excerpt from the SOA.[56] There is also a National Curriculum to train health professionals in post-rape care.

Rape survivors should go to a health facility within 72 hours of the assault to access PEP.
Photo: Gender Links

[55] N J Christofides, D Muirhead, R K Jewkes, L Penn-Kekana, and D N Conco.2006. Women's experiences of and preferences for services after rape in South Africa: interview study BMJ. 2006 January 28; 332(7535): 209-213.
[56] Republic of South Africa National Sexual Offences Act.

Legislative provisions for health care after sexual assault

"(1) Where a person has sustained physical, psychological or other injuries as the result of an alleged sexual offence, such person shall, immediately after the alleged offence, receive appropriate medical care, treatment and counselling as may be required for such injuries.

(2) If a person has been exposed to the risk of being infected by a sexually transmissible infection as the result of a sexual offence, such person shall, immediately after the reporting of the alleged offence to the South African Police Services or to a health care facility -

(a) be advised by a medical practitioner or a qualified health care professional of the possibility of being tested for such infection; and

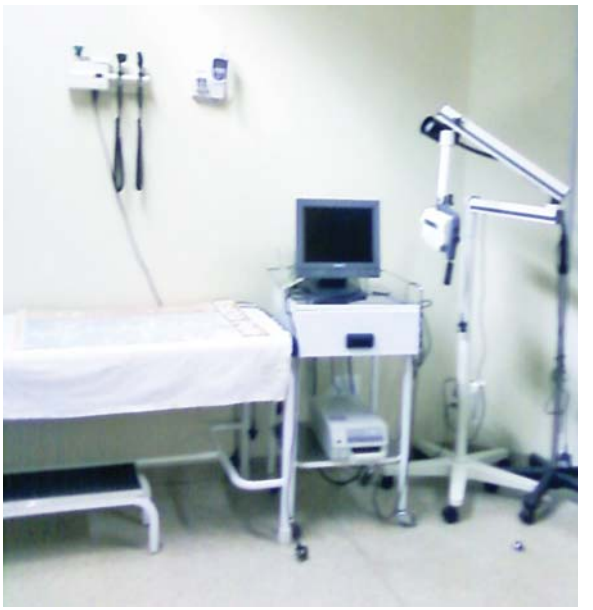
(b) have access to all possible means of prevention, treatment and medical care in respect of possible exposure to a sexually transmissible infection.

(c) The State shall bear the cost of the care, treatment, testing, prevention and counselling..."

Access to health services by rape survivors

Sexual assault services are provided nationally by a wide range of health service providers including Thuthuzela Care Centres (TCCs) or one stop services; NGO-run centres, and crisis centre units within public hospitals and community health centres. Sexual assault management is part of the overall health service package coordinated through district health services, and may also be provided by private doctors, clinics and hospitals. Most service providers are not able to offer a full-range of services, however, and links between health and the justice system are generally not well established outside the TCCs.

In 2009, Gauteng public health services report attending to 4906 adult rape survivors; SAPS statistics for April 2009 to March 2010 reflect 15 645 sexual offences reported to police, and the prevalence survey suggests that the number may have been considerably higher. Some health facilities had missing data for certain months in this time period which means that this number is an underestimation of survivors seen at health facilities. Still it seems likely that many survivors who experience and or report rape do not access public health services.



Medico-legal clinic room at IKLT. *Photo: Gender Links*

Of the reported cases, 4776 (97.4%) were offered HIV tests at public health facilities and more than a quarter (28.1%) were HIV positive. These survivors were therefore not eligible for Post Exposure Prophylaxis (PEP). Only 3198 of the 4386 adults who presented themselves within 72 hours of the incident were eligible for PEP. However, just 2698 adults (or 61%) received PEP. Some patients are not given the full 28-day PEP pack after the starter pack, which is a deviation from national and international guidelines. The findings do, however, show that all clinics provide Voluntary Counselling and Testing (VCT) for HIV.

Health personnel attitude

The National Guidelines provide an implementation framework to improve the quality of health care provided to sexual assault patients across South Africa and to reduce the secondary trauma commonly associated with the process of seeking sexual assault care. Some services in Gauteng and other provinces have been established and run by extremely caring and dedicated health professionals. Yet in other cases, despite the commendable operational framework, attitudes and capability of health workers remains poor.

Secondary victimisation

Keba Seboatane. *Photo: Colleen Lowe Morna*

Survivors of violence, among them lesbians, may face secondary traumatisation resulting from discriminatory attitudes of service providers as illustrated Keba Seboatane's "I" Story:

"I told him [the doctor] that the guy raped me because I was a lesbian. As soon as he heard this he stopped writing and posed questions regarding my sexuality. He said: 'Why are you a lesbian at this age? Do you know that it is against the constitution to make such a decision without the consent of a parent? You are wearing a cross of Christ, did you know that it is an abomination in the eyes of God to be lesbian.'"- From the "I" Story *Who are you to tell me who I am?* By Keba Seboatane.

In other instances survivors have often been uncomfortable or unwilling to disclose personal details. Limitations in health care provision can be attributed to lack of training and skills, as well as conservative attitudes of health care professionals, which should not impact or influence the level of service and care they provide to survivors.

The NPA's Thuthuzela Care Centres (TCCs)

Thuthuzela Care Centres (TCCs)[57] offer an integrated, progressive approach to addressing sexual violence, prevention, service provision, and support of rape survivors. TCCs are one-stop facilities for managing sexual assault cases and were introduced as part of South Africa's national anti-rape strategy. The facilities are aimed at reducing secondary trauma, improving conviction rates and reducing the cycle time for finalising cases at court level.[58]

There are two models of TCCs: the medico-legal and hospital-based models. These are characterised by different management structures and resource allocations. The medico-legal sites tend to be standalone centres that provide services beyond sexual assault care. The goal of the TCC model is to effectively address the medical and social needs of sexual assault survivors, reduce secondary victimisation, improve conviction rates and reduce the lead time for finalisation of cases.[59]

Located in public hospitals, the hospital-based models aim to provide survivors with a broad range of essential services - from emergency medical care to counselling to court preparation - in a holistic, integrated and survivor-friendly manner. Services offered by the TCCs include: reception and comforting of client; information counselling on services and procedures; history taking and medical-legal examination; prophylaxis and treatment for pregnancy, STIs and HIV; bath or shower, refreshments and change of clothing; transportation home or to safe shelter; referrals; and follow-up support.

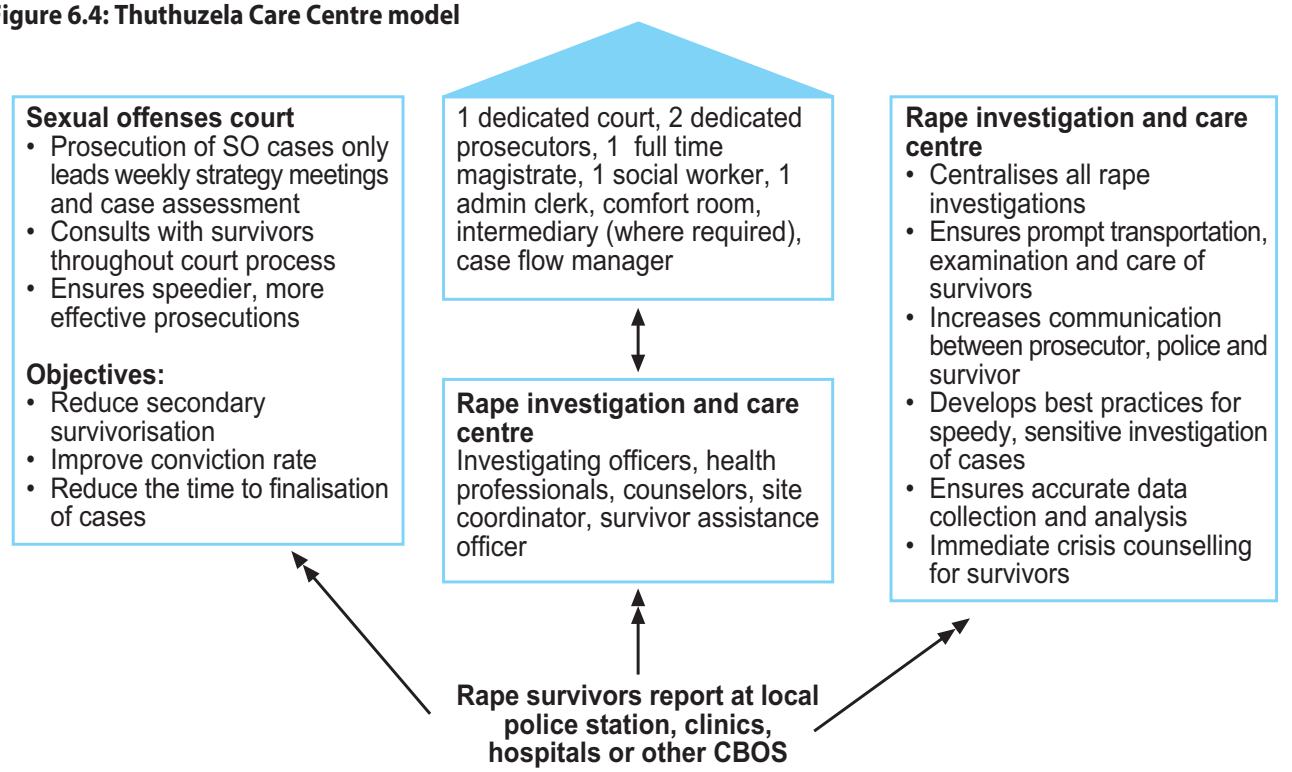
By early 2011 37 TCCs had been established nationwide. TCCs are located in communities where there is a high recorded incidence of rape: 10 213 sexual offences were reported at TCCs across the country in the period 2009-2010. As there are about 50 000 to 55 000 reported

TCC clients are able to open a case on-site, give their statement to the police, and/or receive longer-term psycho-social counselling and other support services.

Adopted from NPA brochures

[57] Thuthuzela, an IsiXhosa term meaning "comfort", used in the context of providing a caring environment in the midst of hurtful experiences experienced in rape and sexual assault cases. According to the NPA SOCA Unit, the word "comfort" awakens feelings of warmth, freedom from emotional and physical concerns, safety, and security, being pampered and cared for and, above all, reinforcing dignity, hope and positive expectation, all of which are attributes and feelings that are realised in the establishment of the Thuthuzela Care Centres.
[58] NPA, 2010.
[59] NPA, 2010 www.npa.gov.za

Figure 6.4: Thuthuzela Care Centre model



cases of rape annually, this means that about one in five reported rape cases is being attended at these specialised facilities.

Five Thuthuzela Centres are in operation in public hospitals in Gauteng: Chris Hani Baragwanath Hospital in Soweto; Sedibeng Region in Sebokeng; Kopanong Hospital; Mamelodi Hospital; Natalspruit Hospital in Katlehong and Tembisa Hospital.[60]

Evaluation of health services in TCCs

A 2007 study assessed the extent to which health care services provided by TCCs comply with the National Guidelines for Sexual Assault Care, with an emphasis on HIV-related issues.[61] All sites provided VCT for HIV; however, the quality of counselling varied from site to site. The PEP starter pack was not offered to patients who postponed testing for HIV, with the exception of one site. Patients were also not provided with the full 28-day pack of PEP after the starter pack, which is not consistent with national and international guidelines.[62]

It was common for patients not to return for follow-up and testing, linked to the fact that most centres do not provide support and incen-

[60] NPA 2011.
[61] USAID South Africa Program in Support Of PEPFAR: Thuthuzela Care Centres FY06.Final Report on the Compliance Assessment of the Thuthuzela Care Centres with National Department of Health Guidelines for Managing HIV in the Context of Sexual Assault .31 July 2007.
[62] Ibid.

tives for patients to return. Most centres did not have skilled personnel to deal with children and patients with special needs, although children formed a large proportion of the clientele. Many doctors were not adequately trained in dealing sexual assault cases and there were vacant forensic nurse positions in some of the sites. These gaps compromise the delivery capacity for quality services. It was also noted that some sites were not well designed for protecting patients from secondary victimisation. It is critically important that the health care aspect of TCCs meet the same high standards as the legal side of care, training, support and retention of staff.

Sexual Offences Courts (SOCs) attached to TCCs

The SOA provides a legal framework for an integrated approach to the management of sexual offences to reduce secondary trauma to survivors. TCCs are linked to sexual offences courts, which are staffed by prosecutors, social workers, investigating officers, magistrates, health professionals, NGOs and police, and located in close proximity to the centres. The NPA Sexual Offences and Community Affairs (SOCA) unit works with specialised prosecutors positioned in the sexual offences courts to develop best practices and policies to eradicate secondary victimisation of women while improving capacity to prosecute sexual offences and domestic violence cases.

Sixty three Sexual Offences Courts have been established nationwide, with the staff comprising a committed cadre of prosecutors, social workers, investigating officers, magistrates, health professionals and police, and some located in close proximity to the TCCs. The extent of involvement of the courts in addressing gender violence crimes has been observed in the findings of a preliminary report which states that sexual offences constituted 22-24% of court cases nationally in 2003 and 2006.[63] Furthermore, prosecutors spent 40-90% of their time on sexual offence matters either in courts or civil society meetings in the Eastern Cape and KwaZulu-Natal. The specialised courts performed well in relation to conviction rates, reaching an average of 70%, compared to the overall average of about 7%. Sexual Offences Courts linked to TCC's performed even better.

Specialised courts dealing with sexual offences have been stationed in TCCs. *Photo: Gender Links*

[63] Braam T & Lawrence B. (2009) National Audit of Multi Disciplinary Services in South Africa -presentation on preliminary findings and recommendations. Sexual Offences Indaba Conference. 18 May 2009.

The effectiveness of the specialised courts as opposed to the general courts is strong motivation for the rolling out of more sexual offences courts provincially and nationally. According to the Department of Justice and Constitutional Development's 2009-2010 annual report, the department developed a draft policy in consultation with Justice, Crime Prevention and Security Cluster Departments and regions to integrate sexual offence courts into the mainstream courts. The draft policy seeks to strengthen and roll out the specialised services to mainstream courts in provinces.[64] The endorsement of the draft policy and its implementation will lead to improvement and increase available specialised courts which are currently disproportionate to the need.

Community apathy

GBV is often considered a private matter as illustrated in the excerpt from Puni Matsimbi's "I" Story entitled *Finding strength is not easy:* "People came to watch with none offering any help. I was embarrassed and humiliated by the beatings in front of the people. My son tried pleading with him to stop, but his father threw him away. After beating me, he again ran away because he feared arrest. He was given another suspended sentence, but he never went to jail."

Matsimbi's experience is not unique. Findings show that community members often witness abuse but choose not to intervene, treating the incident as a private affair.

Community members should be encouraged to intervene in GBV cases and not "look away". *Photo: Colleen Lowe Morna*

[64] http://www.justice.gov.za/reportfiles/anr200910/anr2009-2010_part2.pdf.

The survey asked both men and women if they had witnessed violence against women in their communities or if they had ever talked about domestic violence. Those that had witnessed violence were then asked if they had intervened in some way.

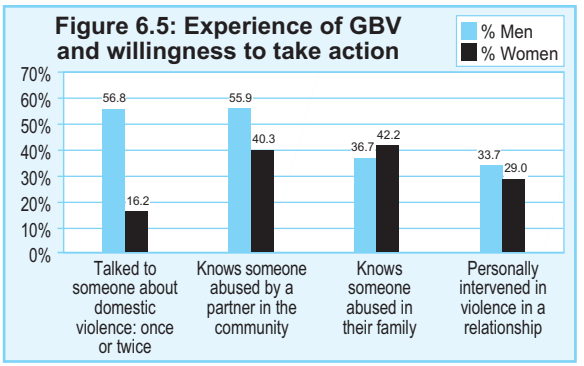


Figure 6.5 shows that although many participants knew an abused person, in either their family or community, many did not intervene. This illustrates that communities still view GBV as a private affair, which can also be seen as condoning this violence. The men surveyed were more likely to know about GBV in their community and, when they did know, to intervene.

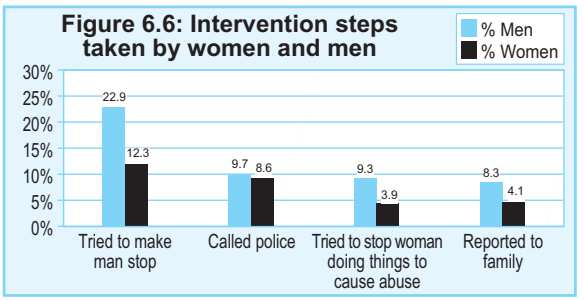
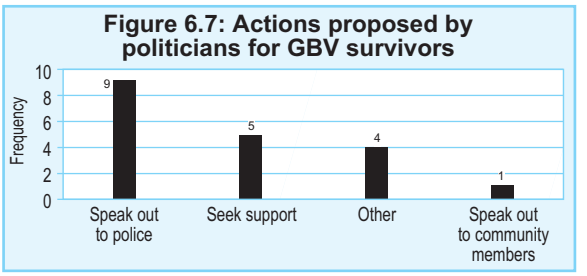


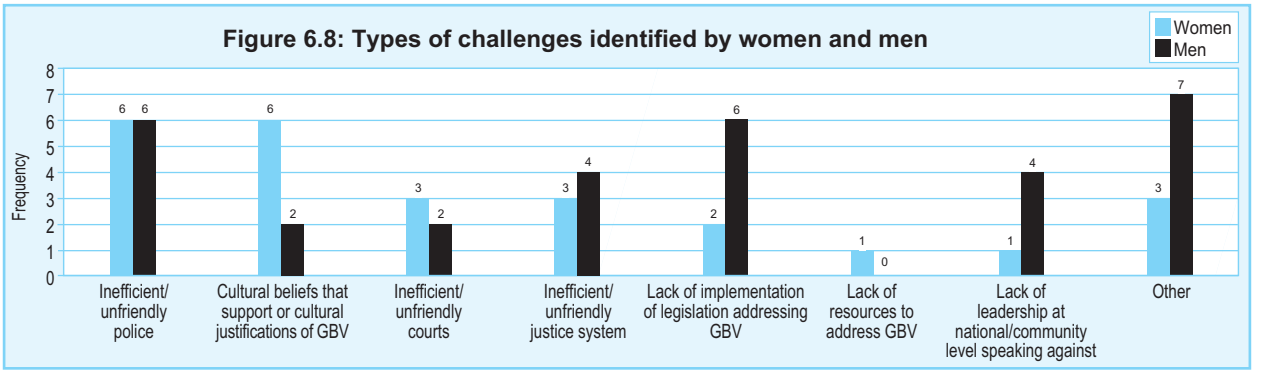
Figure 6.6 illustrates that the most common intervention involved the interviewee attempting to stop the man from abusing his partner. Only one in ten interviewees reported the abuse to police. In some instances, the community is supportive but does not want to involve the law, or may be reluctant to "harm" the perpetrator.

Challenges in addressing GBV



The political discourse analysis interrogated what advice leaders give to survivors of gender violence. Figure 6.7 shows that politicians most commonly tell GBV survivors to speak to police. This reflects a degree of superficiality on the part of politicians, who prefer not to engage with more complex support strategies such as counselling and rehabilitation. Most abused women prefer not to involve police, as reflected in the finding of the prevalence survey that only 3.9% of rape survivors reported the crime to police. Others who did not report to the police shared their experience with family or friends. Politicians need to understand and recommend different types of survivor and survivor support services. There are many possible responses to these crimes, much more than just a reliance on policing. One in 20 speeches identified the possibility of a community response by encouraging survivors to speak to other community members.

Individual actions recommended by politicians



Ironically, Figure 6.8 illustrates that both women and men politicians identified ineffective or unfriendly police officers as one of the main challenges to addressing gender-based violence (12 speeches). Eight speeches mentioned cultural beliefs that condone GBV; and five mentioned a lack of implementation of legislation that addresses GBV.

Conclusions

The majority of GBV survivors do not go to police or health services and those who do, fail to get the full range of services. It shows that the most effective services are obtained from the TCCs, linked to Sexual Offences Courts, but these are insufficient to service reported cases, let alone those that do not enter the formal system.

CHAPTER 7
Support

Through GL's "I" Stories project women have been able to speak out. Most have found the process therapeutic. *Photo: Gender Links*

Key facts

- ✓ There are 21 shelters registered in Gauteng and 19 are managed by civil society.
- ✓ 1692 GBV survivors used shelters from 2009-2010.
- ✓ 1113 GBV survivors have participated in at least one programme at civil society shelters.
- ✓ Civil society shelters have conducted 3767 counselling sessions.
- ✓ Government-run VEP centres have conducted 1535 counselling sessions.
- ✓ Gauteng province accounted for 41% of calls to the Stop Gender Violence Helpline (SGVH) during the period April 2009 to March 2010.
- ✓ SGVH answered 69% of all calls; 54% called about emotional abuse; 9% called about physical abuse; 4% called to report a rape.
- ✓ Speaking out about abuse is empowering to the survivor.

I (Kedibone Sithole) was born in a rural village called Ganyesa in South Africa's North West province 37 years ago. My family did not have much money when we were growing up. When I was about 20 years old, I set out to get a job and found myself in Lenasia, Johannesburg. I had one child by then who was one year old. I needed money to raise her since I did not live with the father. Because I had not completed my studies, it was difficult to get an office job so I began working as a domestic worker.

Not long after, I met the man of my dreams who promised me the world. He paid lobola after I got pregnant with our second child. After that, everything began to turn bitter. To start with he stopped me from working so I could not earn an income and solely relied on him. This began the violent lifestyle that would characterise my life. I should have left then but at that time, I did not realise that this was economic violence. In any case, I hoped things would become better.

He started abusing me in every possible way - economically, emotionally, physically and so on. I was even isolated from my family, friends and the rest of the community. He did not allow me to go to church because he believed I would have affairs with men from the congregation and the priest. Whenever I wanted to go out of the house, I had to inform him. The few times my family members or friends came to visit, he would accuse them of finishing his children's food, or worse saying they had come to bewitch his home.

As if that was not enough, my husband did not support my children. Instead, he preferred to provide for his parents and siblings, including their children, yet they have their own homes. I could not raise concerns with him about this because that caused fights. On the contrary, my children and I never got the same attention from him. For instance, we only got a plate of food a day and little money to buy clothes once a year in December.

I tried to talk to him many times about how his behaviour made me feel inadequate and unhappy but that always caused a fight between us. He

[65] Not her real name.

would even point his gun at me. Many violent times followed. Each time I reported these to the local police station, I got no joy. They would tell me that I had no physical evidence such as a "blue-eye." They told me it was a private matter and we should resolve it ourselves. Most of them were my husband's friends. In fact they even asked me to think about who would take care of my children if I got my husband arrested. It made me feel guilty and I often ended up withdrawing the charges.

The violence continued for a long time until in 2005 when for the first time I tried to apply for a Protection Order against him. I had had enough. On that day, he had threatened to kill the kids, himself and me. Thank God, it did not work out. I spent many months running from pillar to post between the magistrate court, the police station and my house whenever he was violent but got no help.

One weekend I got him arrested and he spent the rest of it in jail. Predictably, the case never went to court because at the time of the arrest he had more than R6 000 in his pocket. Instead, the detective who opened the docket threatened to put me in jail. The night he came from jail, he wanted to kill us, and reported the matter to the police. They confiscated the gun and went to drop me at my sister's place, but left without a written statement.

I decided to go and seek help before it was too late. I went to NISAA Institute for Women Development where they organised a shelter for my children and me. He traced me, begged for my forgiveness, and promised to change. He even booked for counselling. He promised to buy a wedding ring. Since the police had confiscated his gun, he begged me to go and sign out his gun.

Barely two weeks after taking me back, it was business as usual. He accused me of cheating on him, that I was a witch and a black cat. The next morning he started scolding me for refusing to close the door for him while he was standing near the door and became violent shattering glass all over the floor. I managed to escape through the window because he had locked the door.

I found the People Against Women Abuse (POWA) phone number and called them. They organised shelter for me at the NISAA Institute for Women's Development. Officers from NISAA spoke to the police officer in charge at Lenasia who once again made us go round in circles in between different police stations. Unfortunately, I fell in the hands of an officer who is my husband's friend. He took me to my house in order to collect my children and clothes. I could not collect my children or clothes as my husband refused. In the end, they went and dropped me by the roadside and I had to go and put up at my sister's house.

I just want to warn young sisters and brothers that education is the only key to success and self-empowerment and that marriage is good but also tough. Women need to unite to break the cycle of violence and this begins with breaking the silence.

Sithole's case is typical of that of many women who seek shelter. Their abusive partners often seek them out. They go back into abusive relationships. They often do not have the economic means to sustain an independent existence. Children are often a major consideration.

Beyond the occurrence of abuse it is critical for survivors of GBV to get support which facilitates

rehabilitation, recovery and empowerment. This chapter explores the adequacy, accessibility and effectiveness of GBV support services from an institutional and a survivor perspective. The aim is to evaluate support mechanisms in place to assist survivors. This evaluation makes use of data from the prevalence and attitudes survey and administrative data provided by various GBV support organisations. Focus group discussion were also conducted with women who had previously stayed at places of safety, also called shelters.

Places of safety

A place of safety, or shelter, is a residential facility that provides short-term accommodation for survivors of domestic violence in a crisis situation. People admitted at the centre can stay for variable periods of time, depending on their circumstances. There are more than 89 shelters in South Africa and 21 registered shelters in Gauteng province, 19 of which are managed by civil society. GL was able to get detailed information from 16 shelters.

Table 7.1: List of shelters in Gauteng

Name	Capacity	Who uses the shelter
Ikhaya Lethemba	140	Women and children
Bethany Shelter	53	Women and children
Eldorado Park Women's Forum - Women Against Women's Abuse	10	Women, 20 children
Frieda Hartly Shelter for women	12	Women
Jewish Community Services - Shalom Bayit	2	Women, four children
Nisaa Institute for Women's Development	20	Women, children allowed
POWA	6	15 children
Peniel Shelter	30	Women
Lufunoni Shelter	No data available	
Manger Care Centre	107	Women and children
Beth Shan	8	Seven children
People Against Human Abuse Shelter	16	Women, children allowed
The Potters House (Under Pretoria Community Ministries)	12	Women, six children
Suid Afrikaanse Vrou Federasie	5	Women
Lifeline Vaal Triangle	12	People
Bethesda shelter	12	Women, six children
Total	**445**	

Source: Act Against Abuse Victim Empowerment Resource Directory, 2010.

Table 7.1 shows that 16 shelters have a total of 445 beds available, or (445x365) = 162 424 bed nights in the year. In the period under review, the registered shelters serviced 1592 people, compared to the 12 093 who reported domestic violence (13% of the total). This does not include those who did not report such violence. Dividing the number of bed nights by

those serviced, the statistics also show that each woman spent an average of just 95 days in the shelter, or approximately three months.

Very few shelters provide second stage (or longer-term) shelter to abused women.

Government-run shelters provide emergency shelter to address immediate needs of women who have just left abusive relationships, with the exception of Ikhaya Lethemba, which provides secondary shelter for up to six months.

Shelters run by civil society

The Gauteng provincial government through the Gauteng Department of Health and Social Development (GDHSD) funds 21 civil society organisations that deliver services for survivor empowerment.

Table 7.2: Civil society-run GBV services and use by survivors 2009-2010

Indicator	Statistic
Number of shelters for domestic violence managed by Non-Profit Organisations (NPOs)	19
Number of persons in registered shelters for survivors of domestic violence managed by NPOs	1 143
Number of survivors participating in at least one programme within shelter for survivors of domestic violence managed by NPOs	1 113
Number of individual counselling sessions conducted in VEP centres managed by NPOs	3 767
Number of counsellors working in shelters for domestic violence managed by NPOs	44

Table 7.2 provides detailed information on the gender-based violence services are run by Civil Society Organisations with some government funding.

Client satisfaction survey of civil society-run shelters

Evaluations explored women's experiences and perceptions around using places of safety after they had experienced GBV. Women were asked about their experiences as clients and what they thought of the services provided.

Women surveyed had accessed Bienvenue, POWA and Beit Shalom; as well as Zimeleni Shelter for the Disabled: all receive some government funding.

Women were asked how they had found out about the shelter they chose. Most had been told about shelters through a friend, relative or neighbour that they had confided in. Most women chose to go to a shelter because they had no other choice. One said: "I did not know anyone else I could go to."

On the other hand, some women had alternative places to seek refuge and safety, but they chose not to. One woman noted that it was likely her abusive husband would have gone to look for her at her parent's home and then follow-

through with previous threats to harm them. Another woman explained that she needed a place where she could go for "self-introspection" because she did not want anybody to tell her what to do. Others wanted to avoid conflict or misunderstanding.

The women also mentioned a mixture of programmes. While one shelter may provide maximum counselling another shelter could be giving very little despite a need amongst women there.

One woman mentioned that while she was at Beit Shalom, she only received one counselling session and there was not much activity. However, this contrasts with her description about housemother training and the creative skills she learned while at this shelter. It is possible that since this woman is now actively involved in running a shelter as a housemother; she was comparing her current job with her time at Beit Shalom.

Discussions also pointed to other challenges, for example places of safety not accommodating the children of abused women, making it difficult for them to choose shelter over their children. Moving to these places was also costly for women who had to leave valuables and, in some cases, their employment.

Very few shelters provide second stage shelter to abused women. Government-run shelters provide emergency shelter to address the immediate needs of women who have left abusive relationships, with the exception of Ikhaya Lethemba, which provides secondary shelter for up to six months.

Ikhaya Lethemba (IKLT)

IKLT is a state-run, one-stop-centre that provides necessary sanctuary to survivors of gender violence and their families (including children), for healing and empowerment, as well as prevention of secondary victimisation. This is done with the view that the survivors will be able to re-enter society and sustain themselves in future. The Centre provides 24-hour counselling and emotional support service, trauma debriefing, legal education, court preparation programmes, life skills and skill development programmes, police assistance and temporary accommodation. The model of support reflects an integrated approach involving several organisations and departments. Within IKLT is a shelter run by the

Recreational facilities at IKLT. *Photo: Gender Links*

Gauteng Department of Community Safety (GDCS), court preparation and legal education conducted by NPA staff, the FCS of the South African Police services, Lifeline social workers and Ithemba crisis offering counselling services. The NGOs within this model conduct programmes funded by the GDHSD.

A GDCS baseline Victim Satisfaction and Empowerment study[66], conducted from December 2009 to April 2010 among all survivors that had stayed at IKLT since 2006, used both qualitative and quantitative research methodology. The aim of the study was to determine satisfaction levels of survivors.

The findings revealed that a total 1986 women had stayed at IKLT from 2006 to the time of the study.

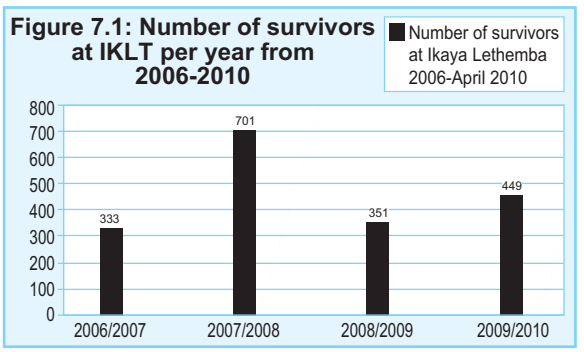


Figure 7.1 shows the number of survivors staying at the facility by year peaking between 2007 and 2008. Thereafter the shelter witnessed a decline back to 2006-7 levels. Compared to police statistics and results from the survey, it would appear that only a very small proportion of abused women access IKLT, but it is impossible to establish demand from this data.

The survivors accessing services from 2006 to 2010 included women between the ages of 19 and 56, mostly speaking Zulu, English, Tsonga or Ndebele. Most were Black African, Coloured or Indian with relatively moderate levels of education, unemployed and living in formal housing structures. More than half of the women accessing shelter services had experienced physical violence, with others having experienced emotional and sexual violence.

Victim Empowerment Centres (VECs)

Apart from IKLT, regional Victim Empowerment Centres (VECs) and "green door" centres have been established at 122 police stations and other areas around the province. A "green door" is a safe space, marked by an actual green door, where a woman can seek shelter for up to a 24-hour period. The main function of these centres is to support and refer survivors, if necessary, to IKLT or other service providers. Three Regional Victims Offices (RVOs) have also been established. These offer various survivor support and empowerment services, including social workers. Information shows that 1535 counselling sessions have been conducted in government-run VECs.

The majority of survivors accessing these centres knew their perpetrators while less than half still have contact with them. To a large extent, survivors were prepared to recommend these VECs/RVOs to other women in their local

[66] GDCS Baseline Survivor Satisfaction and Empowerment study.

communities, saying if necessary they would make use of them again. VECs were commended for the referrals they made to hospitals, courts, shelters and IKLT. It was noted that staff were supportive, caring, and attentive to survivors' problems.

The views of the survivors were supported by VEC/RVO staff members who provided a mix of opinions about survivor satisfaction. There was positive feedback around good referral systems and planning; professionalism; counselling and follow-up; centre and police reception and allocation of female staff to provide support; and problem solving on behalf of survivors. Some negative perceptions included staff ridiculing or undermining survivors and the work of volunteers; poor training; long waiting times during initial consultation; unavailability of service providers; poor infrastructure; and lack of confidentiality amongst staff.

Like survivors, staff felt more could be done to increase client satisfaction levels and improve quality of services. Recommendations from staff included:

- Hiring more and qualified staff;
- Improving communication between VECs/RVOs and IKLT;
- Improving physical resources at VECs/RVOs, such as trauma rooms, furniture, food, transport, telephones, bedding and linen;
- Improving organisational functioning through better functional structures, streamlined referrals, survivor safety, and staff motivation;
- Ensuring professional trauma support for survivors at VECs/RVOs on a round the clock basis; and
- Focusing on avoiding secondary victimisation.

Stop Gender Violence Helpline (SGVH)

SGVH is a call service currently managed by Lifeline Southern Africa. The helpline provides an empowering counselling environment to GBV survivors through an anonymous, confidential and accessible service. The gender line however, only operates five days a week and is closed on weekends. Callers are given accurate GBV information to facilitate a continuum of care by providing referrals.

The centre received a total of 84 437 calls, and responded to 57 968 (69%). The majority (41%) of answered calls were from Gauteng province.

Figure 7.2: Call flow to the helpline by month

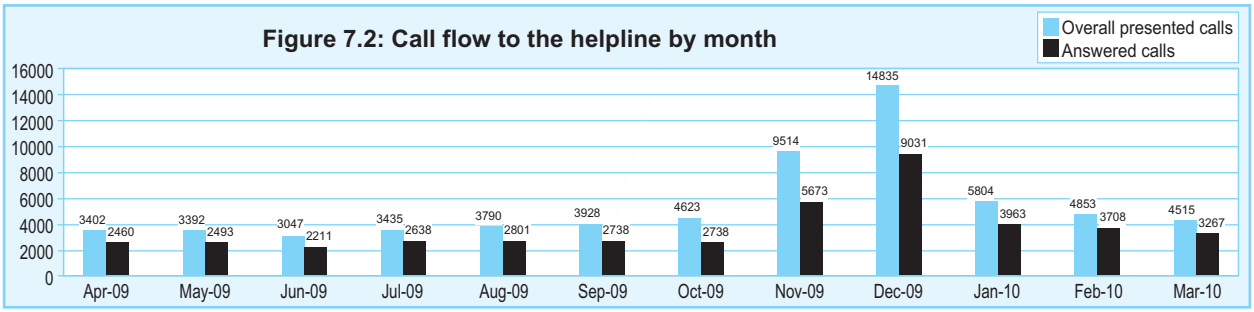


Figure 7.2 shows the number of calls made and answered by month. The centre received the greatest number of calls between November and December 2009. This time corresponds to the Sixteen Days of Activism Against Violence Against Women and Children Campaign. During this time GBV is high on the political agenda and widely covered in the media. There is also a high level of dissemination of material to raise awareness of support structures in place. The high level of awareness-raising during these months is one possible reason for the increase in calls during in the period.

Callers to the helpline had various reasons for calling, including emotional, physical and sexual abuse.

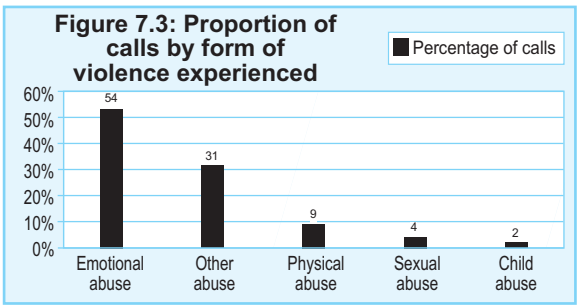
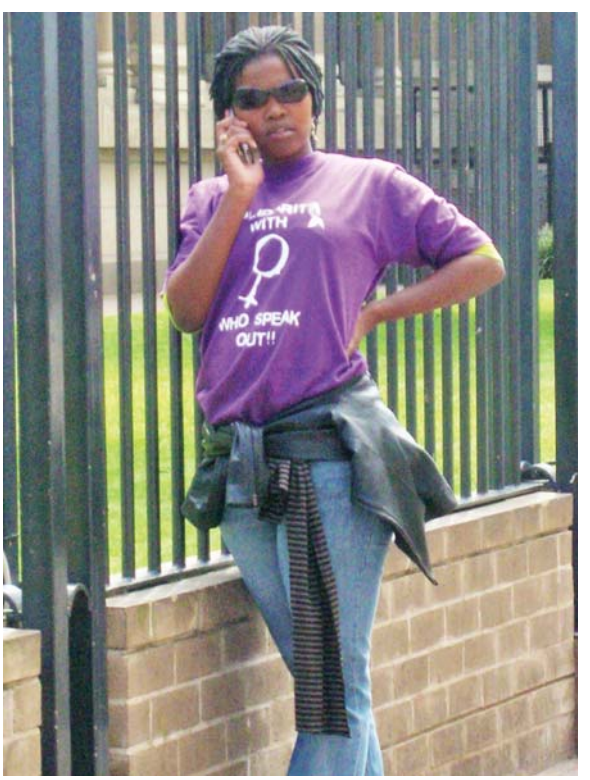


Figure 7.3 shows that the majority of callers (54%) phoned because they were experiencing emotional abuse. This finding corresponds to the high prevalence of emotional abuse reported in the household survey. This may also reflect the fact that many women find it harder to get support and discuss this form of abuse with family and friends as they fear it will not be looked upon as seriously as physical or sexual abuse. Meanwhile, 9% of callers reported physical abuse while 4% reported sexual abuse. Divorce, maintenance, stalking, economic abuse and sexual harassment constituted an overall 31% of answered calls in the "other" category. Findings from the household survey show that 44.7% of women had heard about the Stop Gender Violence Helpline and 7.2% of men had called the helpline prior to the interview. Only 11.5% of women had called the helpline.

The power of speaking out

In November 2009 GL brought together 25 of the 55 South African GBV survivors who had previously worked on their personal testimonies or "I" Stories. The workshop aimed to determine how speaking out about abuse had impacted their lives. The women discussed how empowering speaking out had been for them.



Speaking out can set you free. *Photo: Janine Morna*

Speaking out can set you free

What do you think of when you see a butterfly? Beautiful colours! Freedom after the struggle to break out of a cocoon! The sky is the limit! Reaching up; reaching out!

These were just a few of the answers given by survivors of gender violence who over the last five years have come out to tell their stories at a workshop convened by Gender Links (GL) ahead of the Sixteen Days of Activism on Gender Violence from 25 November (International Day of No Violence Against Women) to 10 December (Human Rights Day).

The butterfly is the symbol of the "I" Stories brand that these women have created as well as a profound metaphor for their lives. As facilitator Mmatshilo Motsei (herself a survivor of gender violence) sketched out the life cycle of a butterfly lights went on in the eyes of the 25 women gathered at a location near Johannesburg to take stock of their journey.

"The caterpillar is a victim whose hopelessness is compounded when it closes up in a cocoon," Motsei said. "The butterfly that emerges is a survivor with new found freedom and possibilities. That does not mean your flight will always be a smooth one. Sometimes the most profound lessons are learned from taking the wrong turn. We think of healing as a destination but it is a journey, with several land marks along the way. Talking is the beginning of that journey."

When GL, working closely with NGOs that offer counseling first started the "healing through writing project" in 2004, it was fraught with risks.

What if women who came out to tell their stories especially through the media suffered even more violence at the hands of abusive partners? What would happen after the near celebrity status accorded by the Sixteen Days came to an end? How would we respond to expectations raised for jobs and security?

The programme consists of putting out a call to anyone wishing to share their story; workshops in which survivors first tell each other their stories, go off and write them and then review the final product with a team of editors before the stories are sent to the mainstream media. The stories are widely disseminated; get picked up in newspapers and online; and generate requests for interviews by the electronic media. The survivors are also often asked to speak at public events, lead marches and get involved in gender violence campaigns.

The stories of the 55 survivors that GL has worked with in South Africa, chronicled in four "butterfly" books that include stories from other Southern African countries, cover every race and age group. They range from a woman who had her jail sentence lifted after murdering a sadistic partner following years of physical and emotional torture to another forced to watch her husband having sex with his girlfriend in the same bed.

In 2009, even as equally gruesome "I" Stories started to pour in ahead of the Sixteen Days, GL decided to follow up on past participants to

get some idea of what effect speaking out has had on their lives. Some could not be traced. At least one had died. Others preferred not to continue to be associated with gender violence related work.

But the half who responded to the alumni call and spent a weekend writing follow up "I" stories shared uplifting stories of what breaking out of the cocoon has meant for them. At least three have become counselors at the shelters where they once took refuge. Rehana, an HIV positive Muslim woman, and participant in the very first "I" Story workshop, is now a well known advocate of disclosing one's HIV status.

Rose Thamae's three generation story of enlisting her daughter and granddaughter to the cause after a gang rape that left her HIV positive has inspired hundreds here and abroad. She leads Let Us Grow, a vibrant community-based HIV and AIDS care network in Orange Farm with branches in Lesotho. Thamae has spoken on global stages from India to the UN in New York. Her granddaughter Kgomotso says: "Even though I am sometimes stigmatised because of my grandmother's experiences, I would much rather have them out in the open than the subject of rumours and gossip. Mothers should be honest with their daughters. The truth will set you free."

Marco Ndlovu, a lesbian who has suffered untold pain at the hands of her family and a community determined to "fix her" has written Zulu poems and become a gay rights activist, marching recently to the Uganda embassy to demand the repealing of a bill to stamp out homesexuality in the East African nation.

Participants at the weekend workshop pointed out that putting painful experiences to paper helps you to think through, understand, and come to terms with what has happened. Noting that "a story told is a burden shared" one participant said that reading other stories helped her realise that things could have been worse. Two participants said that documenting their experiences helped their perpetrators to see the light. In one case, in-laws, previously unaware of their son's conduct, came to apologise.

When Sweetness Gwebu first participated in the "I" Story project in 2007 after 37 years of living in an abusive relationship she did not

Kgomotso, Mpho and Rose Thamae. *Photo: Colleen Lowe Morna*

want her name used. The following year, she wrote the foreword to the "I" Stories book. Now she is writing a book that probes deeper into the causes of gender violence. "What I have found not even a psychiatrist would know," she said.

Grace Maleka (left) with Kubi Rama at the Take Back the Night march, 2009.
Photo: Colleen Lowe Morna

Grace Maleka who became disabled as a result of the violence she experienced recounts how after her story aired on ETV she received several calls from community members saying she had lied. Written story in hand, she stood her ground and has gone on to give dozens of media interviews, especially with local community radio stations. The experience of participating in cyber dialogues, and having her story posted on Women 24 where it received many comments has opened her eyes to the potential power of IT in the campaign for women's rights.

Maleka compares herself to a driver who looks in the right mirror, the left mirror, and the rear view mirror before overtaking a car on the highway. "When you have done all that, there is only one way to go and that is forward," she said. "For me, there is no turning back."

- Excerpt from an article for the GL Opinion and Commentary Service by GL CEO Colleen Lowe Morna

"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." - Grace Maleka.

"When I was participating in the workshops at GL and told my story for the first time to others, it was then that I realised how much I was hurt. I started breaking down and crying in front of others, something I had never done before. It all came out. The interesting part of it was that when I read my own story, I asked myself 'how did I manage to stand all this nonsense for so long?' It shocked me to read my own story, especially because I started feeling guilty towards my children: That I had allowed them to undergo all of this and didn't pull out of it long ago. At the time I stayed because I wanted my children to have a father, because I had never known mine, but after reading my own story I felt responsible for their suffering."

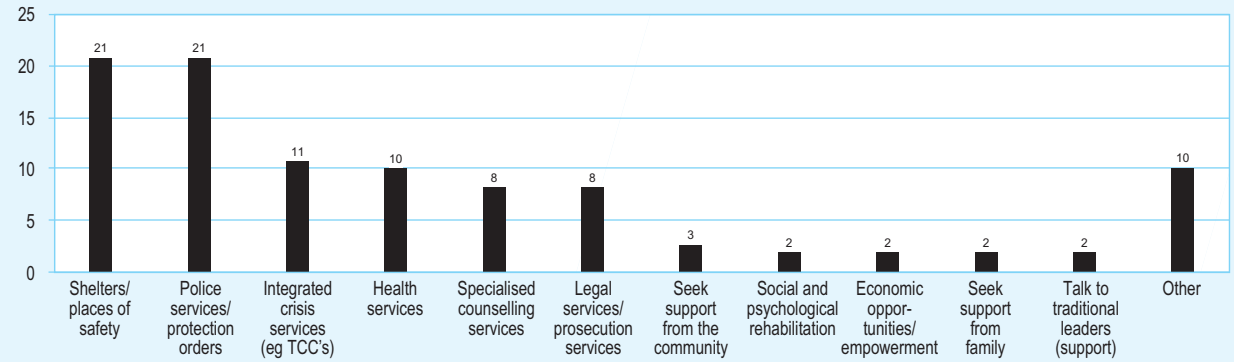
- Sweetness Gwabe

These findings show that speaking out about abuse is empowering to the survivor. Including survivors in GBV events so they can tell their stories has also been a powerful tool for advocacy against GBV.

The "I" Stories provide a powerful approach that includes those most affected by GBV and allows them to use their voices to inform and educate others, provoke discussion, and influence media.

Support services referred to by politicians

Figure 7.4: Support structures referred to by politicians



The political discourse analysis analysed the kind of support structures that politicians referred to in their speeches. Figure 7.4 shows that politicians referred most to shelters, police services and protection orders. The speeches did not, however, refer to the major challenges faced by abused women with regard to accessing places of safety. Leaders put minimal focus on support from traditional leaders, community or family, social and psychological rehabilitation, and economic empowerment.

This underscores the need for a drive by political leaders to mobilise for family and community support, given that survey findings show that most abused women do not usually report to established support structures, but instead turn to their families. The survey found that families and communities were not providing the best support to abused women and many women actually feel victimised by their communities.

Conclusions

The capacity of available services is disproportionate to the need as shown by the high prevalence of GBV reported to police and in the survey. Support services only cater for 13% of reported cases. Not every reported case requires shelter services, but considering that most cases are not reported, it is clear that demand outstrips supply. The facilities are also temporary in nature: they do not provide systemic or sustained solutions.

In virtually every instance - SOCs, one-stop centres, the Victim Empowerment Programme, places of safety or legal aid centres - there does not appear to be an audit of needs against existing facilities and resources to determine targets, timeframes and indicators for ensuring a fully comprehensive set of services is made available to survivors of gender violence.

Available data suggests that one-stop centres and special sexual offences courts service less than 10% of the need and these are unevenly distributed across the country. Such specialised facilities are unlikely to reach all parts of the country anytime soon. Yet alternative strategies - like making existing facilities more responsive to the needs or forging closer links between government and NGOs - do not appear to have been fully explored.

It was difficult to access information on the number of women using services and budgetary allocations for support services. Crucial links on websites often do not work. Very little information is available in simplified form, in different languages, and in formats easily accessible to the public.

There is a heavy reliance on donor funding to sustain GBV services. Although some civil society organisations receive subsidies from government this is not often sufficient to finance effective services. Due to the global economic recession, foreign funding has dwindled. This impacts on service delivery and underscores the need for more government financing of support services.

CHAPTER 8
Prevention

Family affair: Cyber dialogues hosted by the City of Johannesburg get people talking about GBV. *Photo: Colleen Lowe Morna*

Key facts

- ✓ Prevention strategies need to address the root causes of GBV as well as create an environment that promotes GBV prevention.
- ✓ Political will and commitment is critical to addressing GBV: only 4.8% of speeches made by politicians and functionaries mention, or are about, GBV.
- ✓ The Sixteen Days of No Violence Against Women and Children is well known amongst women (78%) and men (83%).
- ✓ Most people get their news about GBV campaigns from television.
- ✓ Only 4% of media coverage in South Africa is on the topic of GBV.
- ✓ Women constitute only 24% of news sources on GBV, despite being those most affected.
- ✓ The "I" Stories have helped to increase first hand accounts in media coverage, as well as empower the women involved.
- ✓ Women espouse more progressive views than men, but perceive their communities to be highly conservative. This underscores the trap that women find themselves in with regard to GBV.

Gugu Mofokeng. *Photo: Colleen Lowe Morna*

All my life I (Gugu Mofokeng) have experienced abuse, and yet today I am a strong and confident woman in pursuit of my destiny. I understand that God was training me for a great battle that women, children and men are facing. The experiences were not easy, but today I believe it was worth it. There is this myth that Christian women cannot be abused, it's not true, I think many are wearing masks and are scared to tell the truth. Abuse has no gender, colour, race or religion.

At the time I was still hurting and on the run from another abusive man. Initially I thought to myself that God must finally be answering my prayers, giving me a father, a friend and the man of my dreams. He loved me and couldn't live without me. He asked me to move into a back room with him at his mother's house. I loved him so much, so I left my house to stay with him. For a year and five months I totally abandoned my house and it was broken into twice. We were together 24 hours, seven days a week and lived as if we could not breathe without one another.

He introduced me to pornography and dagga, so that I could be high and do the things we saw in movies. Again because I thought this was love, I did those things. Because of my desire to please him, I turned into a sex slave. He enjoyed sex in such a way that when I was busy or tired he would cry. He would literally lock me in the room for us to be together.

If I wanted to go to my house or to visit my family he would accompany me, but two hours away from his place was too much. When his friends came to visit him five minutes was too long, after which he would chase them away. He allowed some friends to stay longer, but on leaving, he would accuse me of having affairs with them and beat me up.

His method was this: he would never beat me during the day; he would switch the lights off, sit on my torso with my arms at my side and only my head exposed. He would slap me nonstop for what felt like three or four hours, until my face became numb and swollen.

In the end, he would blame me for having pushed him to do what he did, cry, apologise, then lock me in the room and buy me gifts. He would still have sex with me as part of saying sorry.

We went to buy food, clothes, furniture and even my underwear, together. He never gave me money, he chose the clothes I wore and the food I ate. Sometimes he would prevent me from seeing my family and from checking my house. There were times I ran away only for him to find me.

One day I decided to run away to a place he would never suspect. I switched off my cellular phone for a month, but he finally found me. Since I loved him, I went back with him. In the month that I had left him, he found himself another woman who moved in. He told me he did not love her and he was sorry. When we went back to "our home" that night, the woman came.

He tried to stop her from entering, but she fought her way in. He tried to solve the matter but the woman refused to go anywhere. She undressed and got into the bed that I thought was only for the two of us. At midnight, he carried me onto the bed. He raped me, in his words, to justify his love for me.

Breaking free. *Photo: Colleen Lowe Morna*

After that, the other woman asked him for sex and they did it in front of me. I felt dead and useless, as if this was not happening. The following morning, I went to open a rape case. After much pressure from his family and friends and, as a way to leave him, I withdrew the case.

I ran away and I found a home for abused women in Boksburg. I stayed for six months. On my return in January 2008, he found out I was back. He came and told me he was a changed man and that he wanted to marry me. I went on radio to counsel and motivate other women and to train them on abuse.

He became jealous that I had found myself, and his new mission was to oppress me. At the end of February, I told him I was ending the relationship and he said he would rather we both die than end it. I repeated this for a whole week until he saw that I was serious. On 3 March 2008, he came to my house drunk and took me out by force, threatening throughout the night to kill us both.

On our return to the house after midnight, I told him to stop coming to my place. He began to beat me, he grabbed me by my hair and bit off a part of my left ear and tried to bite off another piece, leaving my ear in two pieces. He was also poking my eyes, he pulled my hair and when I broke free, he was holding a clump of my hair in his hand. On top of it all he also stabbed me in the head. After a mammoth struggle, I was able to run away and 15 minutes later, my house was on fire.

I opened a case. I struggled to understand the court proceedings, but the matter is still on. What I like is that I am still alive to tell other

women out there that 'get out early while you are still alive and stay beautiful.' Don't let your vulnerability and the need for love expose you. Know the difference between love and obsession.

Finally, I was able to take charge of my life and I am now single, strong and have regained my sense of worth. I am empowering other women out there. I am busy registering a shelter for abused women and children. I am unstoppable now."

Gugu Mofokeng's "I" Story, *Losing everything and finding myself*, illustrates the multi-dimensional nature of GBV. For two years Mofokeng was subjected to physical, sexual and emotional abuse. She has used her experience to raise awareness on GBV and to offer counselling for other women experiencing violence.

Mofokeng believes the key to addressing GBV is to empower women to know their self worth and take charge of their lives. Men, too, need to understand that GBV is a fundamental human rights violation. Men need to add their voices to the call to end GBV. This chapter explores primary and secondary prevention initiatives and their effectiveness.

This chapter presents findings from the research against a GBV prevention model developed by Gender Links (GL) that covers the relationship between prevention; response and support; the need for an overarching framework; the arenas for action as well as short, medium and long term actions to be taken.

GBV prevention

"We will strengthen and place far greater emphasis on prevention through forging effective partnerships with all stakeholders, including schools, parents associations, community based organisations, the media, local government, traditional and religious leaders and the private sector; as well as develop criteria for monitoring the effectiveness of such campaigns" - *Kopanong Declaration, 365 Days of Action to End Gender Violence, May 2006*

Figure 8.1 presents a model for preventing GBV that is based on the ecological model; brings in the response - support - prevention circle, and recommends actions to be taken in the short, medium and long term. Key elements are:

- ***An overarching national framework*** or campaign that provides an enabling environment for initiatives in all spheres and at all levels of society. This builds on the 365 Days of Action to End Gender Violence, with the annual Sixteen Days of Activism campaign as a way of heightening awareness as well as enhancing accountability for targets set.
- ***Understanding the relationship between prevention, response and support.*** While the focus is on primary prevention, the model emphasises that good response and support mechanisms should also contribute to prevention. For example, tough laws and their implementation should serve as a deterrent to GBV. Shelters should not only provide temporary refuge but empower women to leave abusive relationships, thus preventing secondary victimisation. Working in unison,

Figure 8.1: GBV prevention model for South Africa

NATIONAL CAMPAIGN: 365 DAYS OF ACTION TO END GBV

PREVENTION

Arenas for action	Communication for social change strategies			Measuring change
	Short Term	Medium Term	Long Term	
Society at large				Behaviour change
Political leadership	Targeted messages	GBV mainstreamed into programmes	GBV a key political issue	
Criminal justice system	Tough laws	Training for personnel	Concerned as much with prevention as response	
Media	Increased media coverage	More sensitive coverage	Prevention agenda	Attitudes
Sport	Individual sportspersons take up cause	Teams take up cause at big events	GBV mainstreamed in sports training	
Community				Awareness
Community	Mobilise community to create safe spaces	Public education & awareness campaigns	Zero tolerance for GBV in communities	
Traditional leadership	Training	Harmful practices	GBV a key local issue	
Schools	Increase security in schools	Challenging gender stereotypes	Behaviour change	
Religion	Spread the word	Review own practices	Lead the campaign	Information
Home				
Abusive men	Stop violence	Join the campaign	Lead the campaign	
Abused woman or child	Shelter and temporary life skills	Secondary housing	Economic empowerment	

SUPPORT

RESPONSE

prevention, response and support strategies can both reduce and GBV and ensure redress for those affected.

- ***Stepping up targeted primary prevention interventions at three key levels:*** in the home (women, men, children and the family); the community (traditional leaders; religion; schools and sports); and the broader society (the criminal justice system; media and political leadership). Again, if well designed, these initiatives should form a continuum. An initiative to empower abused women should also seek to change the way that their families, communities and society addresses GBV and vice versa.
- ***Identifying approaches and strategies that work,*** based on communication for social change theories and using these in the design of future interventions.
- ***Developing more effective monitoring and evaluation tools,*** bearing in mind that up to now most of the data available concerns outputs rather than outcomes. Ultimately, prevention campaigns must be able to demonstrate that their impact moves beyond information and awareness to create knowledge, wisdom and behaviour change. This in turn should lead to a quantifiable reduction in GBV.

There are three categories of prevention intervention that can be adopted[67], namely:

Photo: Colleen Lowe Morna

- ***Primary prevention,*** which are interventions that are aimed at addressing GBV before it occurs, in order to prevent initial perpetration or victimization, targeted action aimed at behavioral issues and risk producing environments.
- ***Secondary prevention,*** that happens immediately after the violence has occurred to deal with the short term consequences, e.g. treatment, counselling.
- ***Tertiary prevention*** focuses on long term interventions after the violence has occurred, in order to address lasting consequences, including perpetrator counselling interventions.

As with other social challenges, GBV has largely been addressed and understood through responding to the aftermath of such violence. Prevention efforts, to the extent they have existed, have largely been driven by the women's movement. These have focused on changing social norms, building individual empower-

[67] Centres for Disease Control and Prevention. Sexual Violence Prevention: Beginning the Dialogue. Atlanta, GA (2004) p. 3.

ment and addressing underlying structures that perpetuate GBV. The primary focus, however, has been at the level of response.

Response efforts focus on developing crisis services, law enforcement interventions, and judicial sanctions. In contrast, primary prevention focuses on education and includes efforts to change individual attitudes and social norms - what a community regards as acceptable behaviour from its citizens.[68]

There is often, however, a fine line between prevention and response. Each can enhance the effectiveness of the other. For example, strong laws and sanctions against gender-based violence can have a preventive effect. Strong rehabilitation programmes for perpetrators of GBV can help to ensure that they do not become repeat offenders. Programmes of support for women that include economic empowerment can help to ensure that women do not become repeat victims.

Figure 8.2 Prevention strategies referred to by leaders

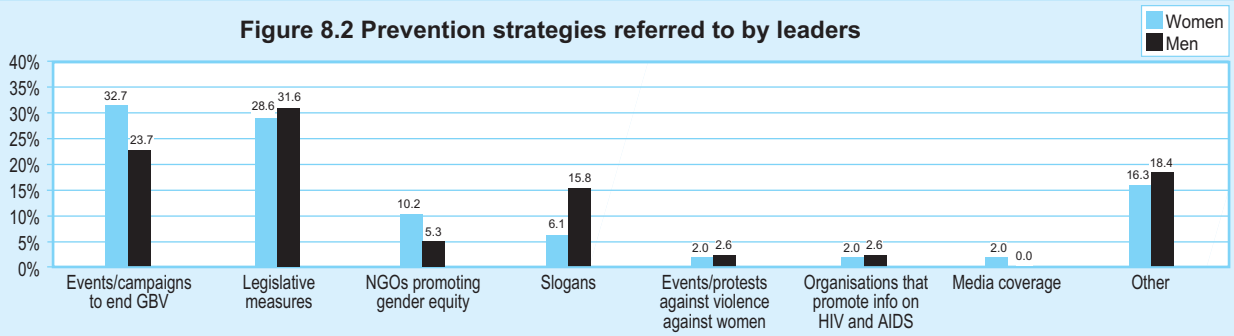


Figure 8.2, drawn from the findings on the political discourse analysis, shows that women politicians were more inclined to emphasise events and campaigns as GBV prevention strategies while male functionaries referred more often to legislative measures. Politicians hardly ever identified the media as a key prevention strategy for addressing GBV.

Arenas for action

The ecological model referenced earlier in this study locates the key arenas for action. These are:

- *Individual:* The first level identifies biological and personal history factors that increase the likelihood of becoming a victim or perpetrator of violence. Some of these factors are age, education, income, substance use, or history of abuse.
- *Relationship:* The second level includes factors that increase risk because of relationships with peers, intimate partners, and family members. A person's closest social circle - peers, partners and family members - influences their behavior and contributes to their range of experience.

[68] Oregon Violence Against Women Prevention Plan; Oregon Department of Human Services; Office of Disease Prevention Epidemiology.

- *Community:* The third level explores the settings, such as schools, workplaces, and neighborhoods, in which social relationships occur and seeks to identify the characteristics of these settings that are associated with becoming victims or perpetrators of violence.
- *Societal :* The fourth level looks at the broad societal factors that help create a climate in which violence is encouraged or inhibited. These factors include social and cultural norms. Other large societal factors include the health, economic, educational and social policies that help to maintain economic or social inequalities between groups in society.

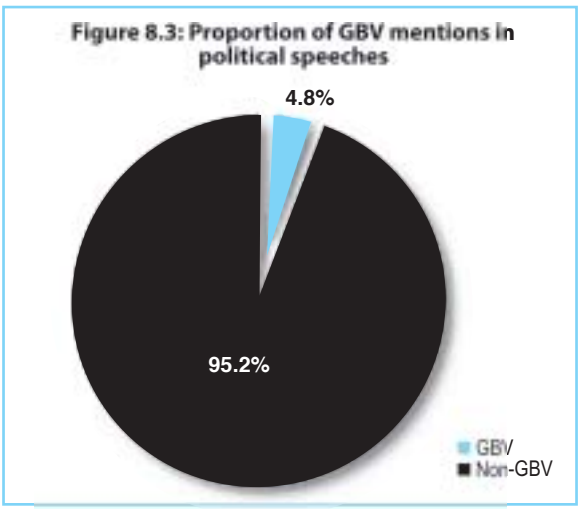
Primary prevention

Primary interventions for GBV are targeted at addressing the root causes at an individual, relationship, community and societal level. Strategies include:

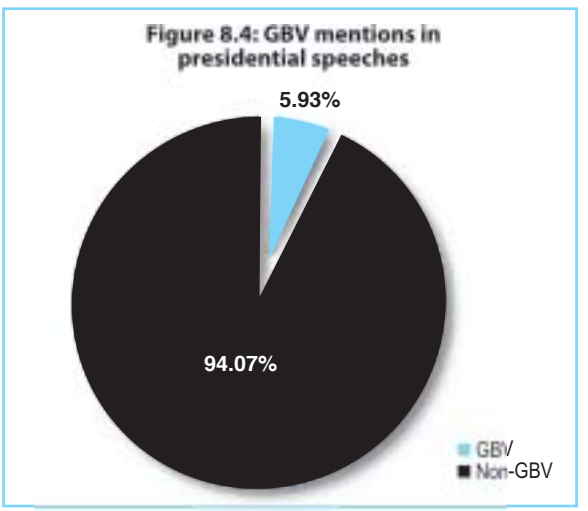
- Political will and commitment to address GBV;
- Public awareness programmes;
- Using media to raise awareness on GBV.

Political will and commitment to address GBV

For a violence prevention strategy to be successful it has to be unified, coordinated, scientifically-informed, well-resourced and directed across all clusters of society, government departments and civil society.[69] There is a need for political commitment to ending GBV. The UN advises that high-level government officials should consistently and publicly denounce GBV and support necessary changes in community norms that influence GBV-related behaviours of boys and young men.[70]



This has, however, not been the case in South Africa during the monitoring period. Figure 8.3 shows that just 4.8% of 1956 political speeches mentioned GBV.



[69] Jewkes, Abrahams, Mathews, Seedat, et al, 2009.
[70] UN General Assembly. 2006b. Rights of the Child: Report of the Independent Expert for the United Nations Study on Violence against Children. New York: UN.

Figure 8.4 shows that of the 118 speeches made by Zuma during the monitoring period, only 5.93% mentioned GBV. However, it is noteworthy that the president did make the linkage between HIV and GBV. Of his 17 GBV-related speeches, four made reference to this link.

Figure 8.5: GBV mentions by political party

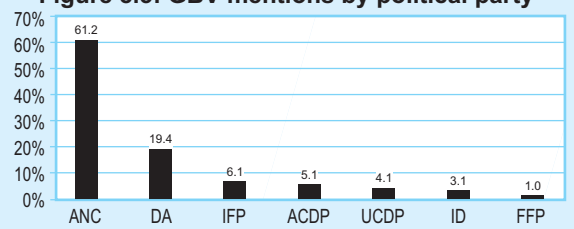


Figure 8.5 breaks down GBV speeches by political party. It shows that there is large disparity in references to GBV among political parties. The African National Congress (ANC) spoke more about GBV than any other party followed by the Democratic Alliance, which is the official opposition. At 19.4% the Democratic Alliance (DA) came in well behind the ANC (61.2%), followed by the Inkatha Freedom Party (IFP) at 6.1%, the African Christian Democratic Party (ACDP) at 5.1%, the United Christian Democratic Party (UCP) at 4.1% and the Freedom Front Plus (FFP) at 1%.

Although speeches were made by the United Democratic Movement (UDM), none mentioned GBV: for this reason the UDM is not represented in Figure 8.5. Speeches by the Pan-African Congress (PAC), Minority Front (MF) and the Congress of the People (COPE) parliamen-tarians were not available and were therefore not analysed in this study.

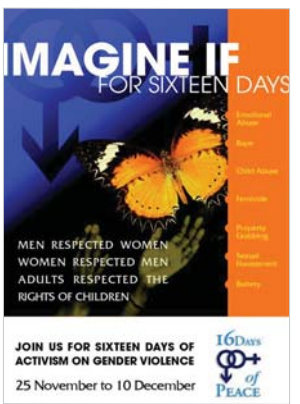
The ANC is also the only party that included GBV in its party manifesto, stating that it intends to "upscale the prevention for Mother to Child transmission of HIV to 95% in all districts, to combat violence and crimes against women and children by increasing the capacity of the criminal justice system to deal with such violence and to vigorously implement broad based economic empowerment and affirmative action policies and adjust them to ensure that they benefit more broad sections of the South African People." This shows a degree of gender mainstreaming in the party.

Public awareness programmes

The Gauteng province runs large-scale public awareness campaigns around GBV. The campaigns are often conducted during commemorative periods such as Women's Month in August and the 16 Days of No Violence Against Women and Children Campaign which runs from 25 November (International Day of No Violence against Women) to 10 December (International Human Rights Day) every year.

The Sixteen Days of Activism campaign

Over the years the Sixteen Days of Activism campaign has provided a rallying point for the South African government and NGOs to mount campaigns aimed at raising awareness, influencing behaviour change and securing high level political commitment to end gender violence.



Though often branded as a UN campaign, this is not the case. The sixteen days are actually the days between two UN dates - International Day of No Violence Against Women on 25 November, and Human Rights Day on 10 December (Human Rights Day). There are several other key dates for women's rights in the intervening days. These are:

- 1 December: World Aids Day;
- 3 December: International Day for the Disabled;
- 6 December: Anniversary of the Montreal Massacre, when a man gunned down 14 women engineering students for allegedly being feminist.

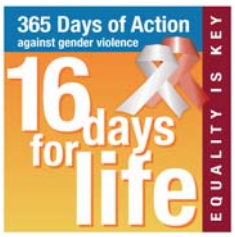
Symbols and messages

Each year since the advent of democracy in 1994 the government, spurred on by NGO efforts, has increasingly taken ownership of the campaign. The government symbol for the campaign is the bearing drums to which was later added the strap line "Act Against Abuse." In 2007, government added to this the "Don't look away" concept illustrated in the graphic. Government refers to the campaign as the "Sixteen Days of Activism Against Women and Child Abuse" and promotes use of the white ribbon, internationally the symbol of protest against gender violence.

NGOs have come up with their own variants to the theme and messaging. In 2004, NGOs chose to call the campaign "Sixteen Days of Peace" with the strap line "Imagine a world free of gender violence, HIV and AIDS." In 2005, some chose the slogan, "Peace begins at home" arguing that this is a simple and positive message that easy to translate into many languages.

A point of departure has been in the promotion of the red and white as opposed to just the white ribbon. The red ribbon is the symbol for HIV and AIDS. Nisaa Institute for Women and Development pioneered the red and white ribbon campaign in South Africa as a way of raising awareness on the link between gender violence, HIV and AIDS.

365 Day National Action Plan to End Gender Violence



Convened by Gender Links, the National Prosecution Authority (NPA) and UNICEF, the Kopanong conference in May 2006 adopted as its logo and theme the "Sixteen Days for Life" logo pioneered by the Gender and Media Southern Africa (GEMSA) Network with the strap line, "365 Days of action against gender violence" and side bar "equality is key." The logo captures:

- The shift from a campaign to an action plan;
- The need to sustain the momentum generated by Sixteen Day campaigns over the whole year;
- The need to start addressing root causes, rather than just tinkering with the symptoms. In other words, unless equality is achieved, the fight against violence will constantly hit a brick wall.

A 2008 Government Communication and Information System (GCIS) tracker study reported that the Sixteen Days Campaign was the second most known government event in South Africa, after the State of the Nation Address.[71] Other notable successes of the campaign have been:

- Growth in public awareness of the campaign and its messages: Knowledge about the campaign increased from 16% in 2003 to 33% in 2007;[72]
- Growth in 16 Days Campaign activities at provincial and local government spheres, coupled by active participation by communities;
- Commitment by government, in partnership with NGOs, to fight the scourge 365 Days of the year; and
- Consistent participation by government sector departments, provincial governments, civil society, the South African Police Services, religious formations, the media, and South African business.

The prevalence/attitude survey for this study asked women and men about their knowledge of the Sixteen Days campaigns and which messages they are familiar with.

Figure 8.6: Knowledge of the Sixteen Days Campaign

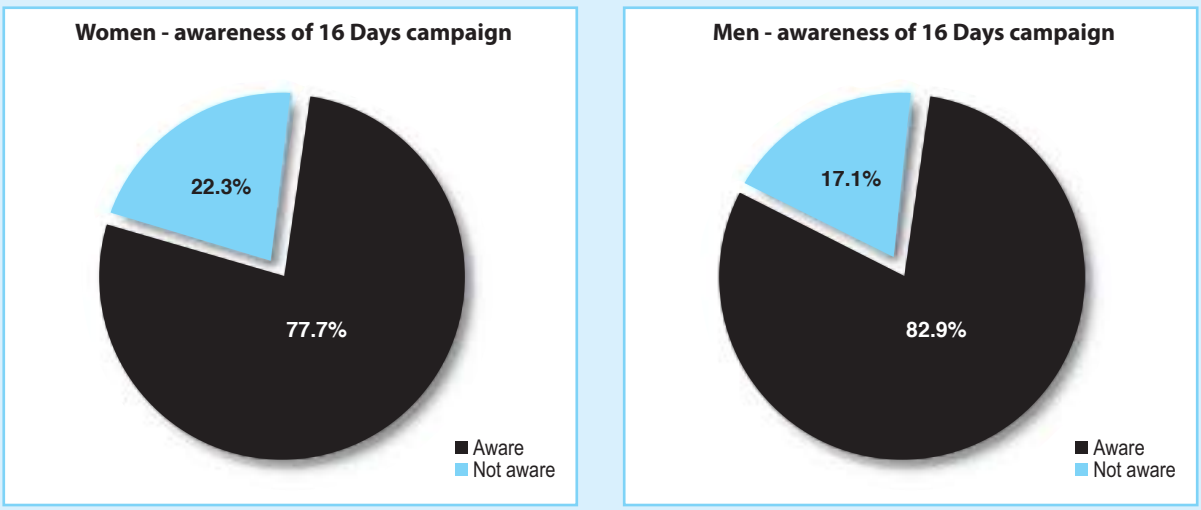


Figure 8.6 shows that compared to the GCIS study in which just one third of those surveyed across the country said they knew about the campaign, more than three quarters of both women and men in Gauteng said they knew about the Sixteen Days. This may reflect both higher levels of awareness in South Africa's most urbamised and populous province as well as the growing awareness with each passing year. Interestingly, a higher proportion of men (82.9%) than women (77.7%) knew about the campaign. This may reflect higher levels of education and access to information by men in the province.

[71] GCIS Tracker Survey:2008
[72] Ibid.

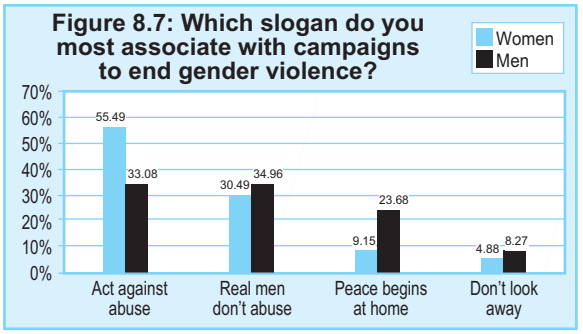


Figure 8.7 shows that women were most familiar with the slogan "Act Against Abuse" while most men (35%) knew the slogan "Real men don't abuse", followed by "Peace begins at home." Very few women or men knew the slogan "Don't look away." As the government's "Act Against Abuse" slogan has had the most publicity for the longest period of time, it is not surprising that this is the best known slogan. The fact that women identify most with this slogan is also instructive. It is also significant that men identify quite strongly with the slogans "Real men don't abuse" as well as the slogan "Peace begins at home." This shows the power of positive messaging in reaching out to men and growing the ranks of those who stand up to be counted in the fight against GBV.

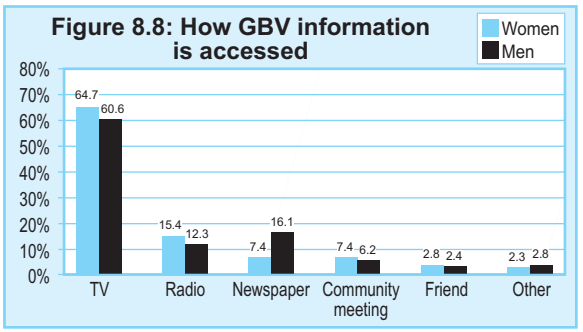


Figure 8.8 illustrates that most South Africans access knowledge about GBV campaigns through television: both men (60.6%) and women (64.7%). Similar proportions of women and men heard about campaigns through radio, while more men read about campaigns in print media than women. This concurs with findings by the GCIS. The clear meassage is the importance of targeting TV in public awareness campaigns.

Speaking out as a prevention strategy

An important dimension of the Sixteen Days of Activism campaign is the space it has provided for survivors of gender violence to speak out. Since 2004 to 2007 GL, in partnership with the Nisaa Institute for Women's Development, People Opposed to Women Abuse (POWA) and ADAPT has worked with 54 women who have suffered abuse and six men who are ex-perpetrators of gender violence to write first hand accounts of their experiences.

These stories are contained in four volumes of "I" Stories published in booklet format and also distributed through the GL Opinion and Commentary Service. Writers of the stories are also frequently called to give radio and TV interviews. They speak on panels and events during the Sixteen Days, including opening and closing events.

The "I" Stories demonstrate the importance and value of those most affected being at the fore-

front of any GBV campaign. They receive media pick up; generate discussion and debate; and on the whole are empowering to the women concerned.

Figure 8.9: Speaking out about abuse by abused women

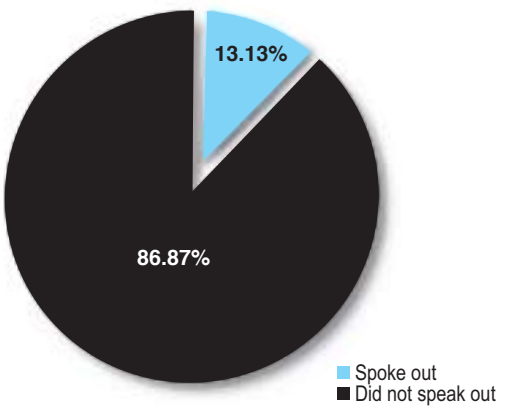


Figure 8.9 shows that most of the women (86.9%) who have been abused have not spoken about the abuse.

Figure 8.10: What happened when you spoke out?

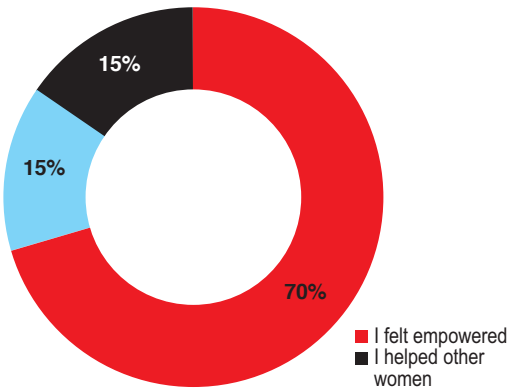


Figure 8.10 shows that the majority of women who spoke out felt empowered. Speaking out was also seen as helping other women. About one in seven women who spoke out were later victimised.

These results are supported by qualitative research findings, from follow up research with those who have participated in the "I" Stories and related processes. Maleshoane Motsiri, a 2006 "I" Story participant who wrote the foreword to this book, now works as a counsellor at POWA. After the publication of her "I" Story, Motsiri gave a radio interview, after which listeners could phone in and ask questions.

Motsiri recalls, "One man asked me why I had stayed in the relationship for so long. I didn't feel offended at all and explained how difficult it was to leave and that everyday I searched for a reason to stay, also for my children. He was sorry for me and was compassionate. Another man phoned in and said it was good we talked about it, because men also get a chance to learn and understand how abuse affects women. Other practical questions came from women, asking me how long I was in the relationship, how I got out etc."

Sweetness Gwabe, a 2007 participant, said the process "has 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."

Martha Seloane, a 2004 participant, says she is "no longer a victim but a survivor". At the time

she was in an abusive relationship she was not working and fully dependent on her husband. Now she is divorced and works as a Senior Personal Officer at the Department of Justice. After Seloane's "I" Story was published during the 16 Days of Activism, she appeared on radio and two television shows.

Editor Jan Moolman (left) with Martha Seloane. *Photo: Colleen Lowe Morna*

When friends and colleagues told her they had seen her on TV, she would initially joke, saying, "That wasn't me, but my sister." Soon women from her community would come to her house for help. Seloane recalls, "They explained about their abusive relationships, and that they didn't know where to go for help. They also wanted to leave and tell their story on radio or television, but didn't know how to approach this. I would refer them to Gender Links or Nisaa. Therefore I believe the "I" Stories are powerful, because they open up the eyes of women, who before not always realised they were in an abusive relationship or did not know where to get help."

Media: part of the problem or part of the solution?

> "The only way to deal with rape in this country is to get it out there."
>
> - ETV reporter Sandy McCowen

The media is a powerful tool in fighting GBV because it not only reports on society but helps shape public opinion and perceptions. The media calls attention to social issues and problems and it can hold leaders accountable. A number of NGOS work in the field of communication for social change. They have devised various strategies for influencing the media agenda on GBV.

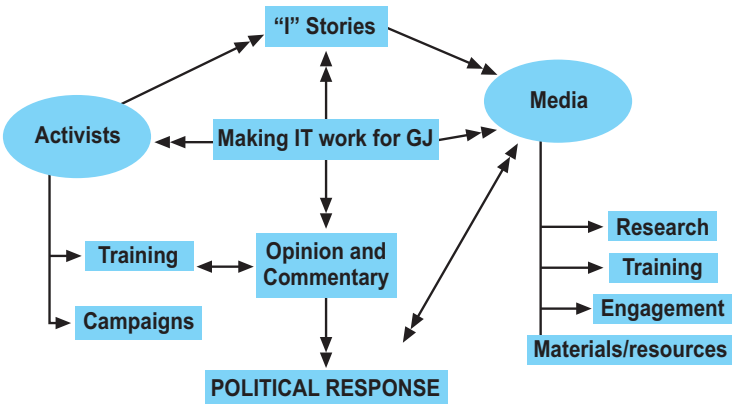
For example: Soul City Institute for Health and Development Communication (SC IHDC) is a social change project seeking to make an impact at the individual, community and socio-political level. Established in 1992, it is an NGO with a view to promoting health from a holistic standpoint, based on advocacy through "edutainment"[73]: a mixture of education and entertainment. Its success lies in the fact that the various media used by SC IHDC is accessible at different levels. It is powerfully persuasive because it is rooted in community experiences and it successfully responds to complex social and health issues. The information provided impacts on social norms, attitudes and practices, aimed at the individual, community and socio-political environment. Violence prevention and children's life skill development are some of the key areas of focus.

[73] Defined as 'the art of integrating social issues into popular and high quality entertainment formats, based on a thorough research process'.

Gender Links' GBV and media model is illustrated in the diagram. The key elements of GL's media strategy are as follows:

- Working directly with mainstream media through research, training, developing gender policies, continuous engagement, and providing useful links, contacts etc.
- Working with gender activists to develop strategic communication skills and package their issues more effectively to ensure media coverage.
- Providing bridging services between activists and the mainstream media through the Opinion and Commentary Service, especially working with survivors of gender violence to tell their stories, providing content that is often difficult for the media to access due to lack of trust, time and skills constraints.
- Using IT to maximise impact, build skills and capacity.

GL media and GBV Model



GBV and the media

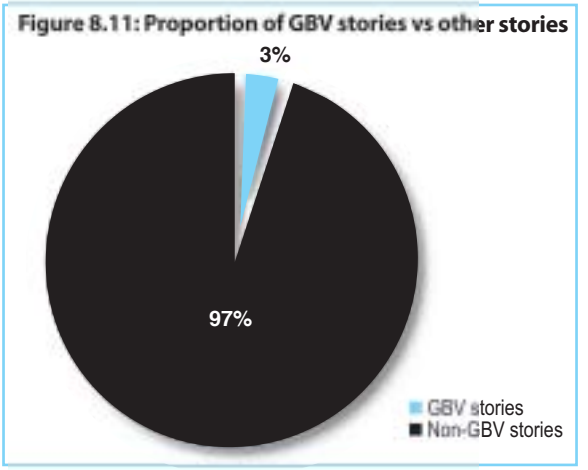
Over the last decade, GL has conducted training workshops with media in all nine provinces of South Africa and conducted media monitoring. Key findings of this monitoring are that:

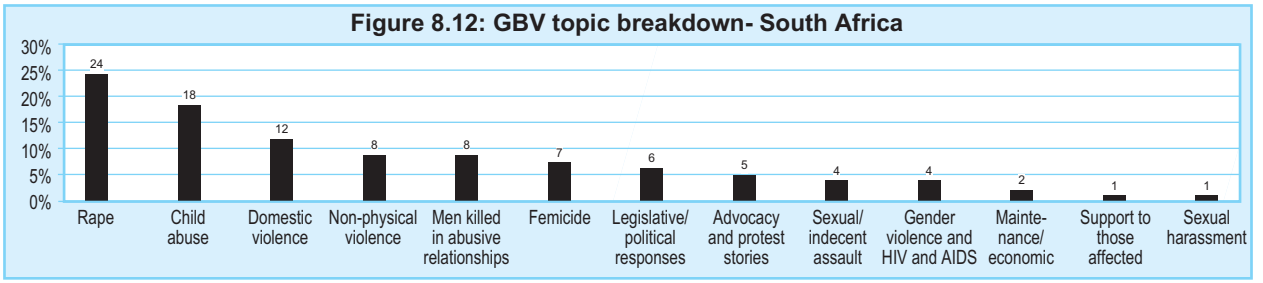
- To the extent gender issues are covered, gender violence tends to get more coverage;
- However, gender violence is often treated as relatively minor compared to other crimes;
- Certain types of gender violence get much higher coverage, e.g. sexual assault;
- There is very little coverage of where those affected can get help;
- There is very little coverage of those who protest against gender violence;
- Much of the source information is from the courts. This has a heavy male bias;
- The voices of those affected are not heard;
- Experiences of women are often trivialised;
- Coverage is often insensitive, for example in the use of images, names etc. that could lead to secondary victimisation;
- Women are often portrayed as victims rather than survivors;
- Women are often portrayed as temptresses (they asked for the abuse);
- Men are portrayed as being unable to control their sexual urges;
- There is a tendency to exonerate the perpetrators;
- There is a tendency to sensationalise; and
- Most gender violence stories are written by men or court reporters.

In the recent *Gender and Media Progress Study* (GMPS), GL monitored media in 14 Southern African countries including South Africa. In addition to monitoring general media practice and content, GL looked at coverage of HIV and AIDS and GBV.

For GBV, monitoring focused on the proportion of GBV coverage; GBV sub topics; who speaks on them; their function; and who reports on these topics. The monitoring period was from 18 October to 18 November 2009.

Figure 8.11 illustrates that GBV stories and stories that mention GBV constitute just 3% of all coverage in South African media, despite high levels of gender violence.





Loga Virahsawmy speaking on gender in the media at the GEM Summit, 2010. *Photo: Trevor Davies*

Figure 8.12 shows that rape (24%) receives the most coverage in South African media followed by child abuse (18%) and domestic violence (12%). Non-physical abuse (8%), men killed in abusive situations (8%) and femicide (7%) receive the highest proportion of coverage after rape, child abuse and domestic violence. Coverage of relevant policy and legislation is very low in South Africa (6%). Support to people affected by gender violence and sexual harassment are topics that are largely absent in media coverage in both South Africa and the region.

Figure 8.13: GBV coverage by media

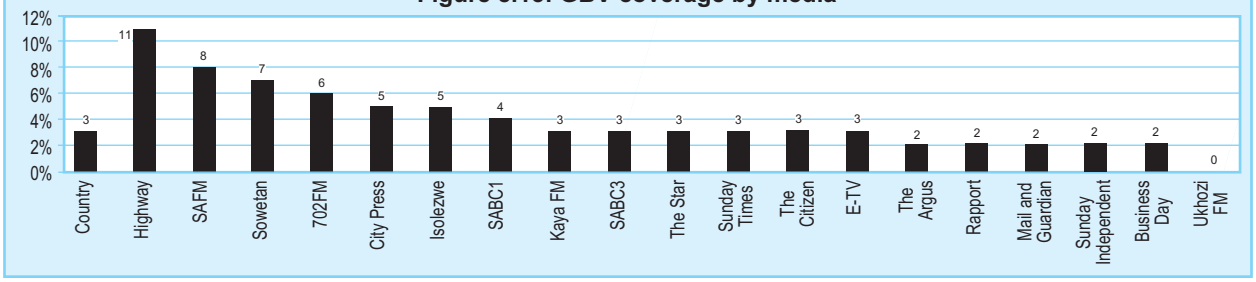


Figure 8.13 shows that Highway Radio (11%), a community radio station, had the highest proportion of gender violence coverage, followed by SAFM (8%); the Sowetan (7%) and 702 Talk Radio (6%). Ukhozi FM on SABC radio, which has the highest listenership in the country, had no coverage of gender violence during the monitoring period.

Figure 8.14: Who speaks on GBV?

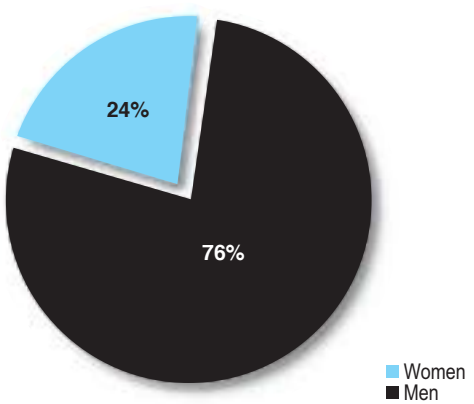
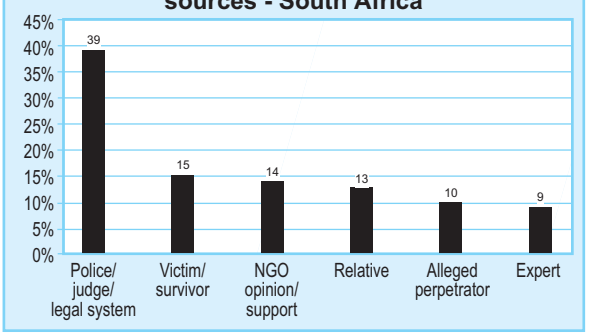


Figure 8.14 shows that men dominate as news sources in stories about GBV; just 24% of the sources in these stories are women despite the fact that women are those most affected.

Figure 8.15 shows that the voices of police and judges, the legal system and experts dominate in GBV coverage in South Africa (39%). Survivors constitute 15% of sources on gender violence while alleged perpetrators or perpetrators constitute 10% of sources in GBV stories. Relatives of victims or perpetrators speak on gender violence in 13% of articles. These figures underscore a common concern that people too often speak on behalf of victims and survivors of GBV.

Figure 8.15 Function of GBV sources - South Africa



Mixed messages

While the media has come a long way in improving its sensitivity in the coverage of gender violence, this is often fraught with mixed messages, as illustrated in the coverage of the alleged rape of a student at Jules High School in Johannesburg in November 2010:

Sex or rape? Something is terribly wrong!

By Colleen Lowe Morna*

On the eve of the Sixteen Days of Activism 2010, the news overflowed with the Jules High School incident, that some called "sex", others "rape", others "alleged rape". The confusion and conflation of sex and rape - apparent also in the famous rape trial of President Jacob Zuma two years before - is a glaring reminder that something in our society is terribly wrong.

In the Jules High School case, we are told that boys drugged a 15 year old girl, but in the same breath that she consented to sex. In the course of a fortnight, one newspaper ran these three contradictory headlines: "Girl in video was willing"; then (after an exclusive interview with the girl) "I was not in control after taking drink"; but a week later, "Girl admits to consensual sex."

The girl laid a charge of rape, only to find herself charged with rape through some bizarre twist of the Sexual Offences Act that makes it a crime to have sex with a girl below the age of 16, but makes her equally guilty if she consents.

She stood before a magistrate and said she did in fact consent. What would have been the consequences if she did not say this? What were the choices? To go to jail (for raping herself?) or to face an agonising trial in which the cards are stacked against her?

The young woman at Jules High School became the subject of a cell phone video being pawned on the Internet. Where the two boys involved (whom the police did not want to charge so as not to disturb their exams) emerged as macho heroes, her reputation sunk to one of a cheap, low down "slut".

I am not condoning women who have sex and then cry rape. Nor am I condoning under-age children having sex, under whatever pretext, on school grounds. What I am saying is that when the line between sex and rape has become so blurred that we use these words interchangeably, something is seriously amiss. At the heart of this are the unequal power relations between boys and girls, men and women that result in us not even being able to distinguish what is and is not appropriate behaviour.

The Internet does not help. Try googling the word "girls" on Google images. You might expect to see pictures of young women going to

school, planning their careers, at sports or at play. Instead you will find young women in bikinis, painting their finger nails, or being available for boys (like in the image adjacent). Images of "boys" on the other hand are cool, hunting in packs, playing sport, being successful, and (proudly) "bad"!

If girls and boys understood what is meant by mutual respect, perhaps we would be able to identify right away what is sex and what is rape just like we know right from wrong. The obvious battles for gender equality - like getting a Sexual Offences Act passed - have been won. What the Jules High School case suggests is that the battle to change attitudes and mindsets has just begun.

** Colleen Lowe Morna is CEO of Gender Links*

Media as part of the solution


16 Days of Activism

Healing body and soul

Germina Setshedi

I am a mother of four children. I used to live with them and my husband.

My husband was jealous and cruel but I did not realise that at the time. He used to beat me up for nothing. I sometimes wondered if I was born to suffer.

I cried every day and prayed for years, asking God to change my life for the better. Instead, my problems got worse.

I had given up on having any chance of happiness. He would strangle me and I would cry and he would tell me to stop making a noise.

I tried to tell him that his behaviour made me feel inadequate and unhappy but that caused a big fight.

The violence continued for a long time. But on Sunday September 7 2008 things changed. Two days after a car knocked down my son, he was admitted to hospital with a head injury. My husband was not around. When I was about to leave the house, he came in and locked the door, swearing and pointing at me. He pushed me until he threw me out of the fourth-floor window. My legs and my spine were broken. I spent three months in a hospital, sleeping.

When I was discharged, I opened a case against him but nothing was done because my husband was friends with one of the police officers. I stayed with my younger sister and he kept phoning, telling me to come back. I was using crutches and could not move my body because the plasters were heavy.

He would come to the house knowing that my sister was at work and the children were at school. He would kick the door, open it and tell me he wanted me at home. All that I could do was sit and cry.

I moved back home and after three days he started swearing and pointing at me again. It was the beginning of the end. One day he hit me with a hammer on my head. I was bleeding profusely. I saw that as an opportunity to get him arrested.

I was still on crutches, so with the help of my neighbours the police were called.

I opened a case and they sent him to "Sun City" (Johannesburg) prison. He was on trial for three months. He asked for forgiveness and I forgave him. After the hearings, he did not sleep at home, only coming during the day. I trusted in God and prayed all the time: "God help me because this man is going to kill me."

Nothing changed. I stayed in that horrible life. He stopped caring at home, came home late and sometimes not at all. Life in that house was that way until he left.

I found out he was in love with my neighbour's daughter and they have a baby boy. But I don't care. He is unhappy and wants to come back. But there is no space in my house anymore.

I remember my mother's words, before she died: "What are you doing with that hooligan, [he is] a thug and a monster."

Now he doesn't have a place to sleep. He wants me to assist him but I won't. I have a choice to stop the cycle of abuse, a privilege that some women in my position do not have.

I am empowered and fully aware of my rights as a woman, a human being and a citizen.

I now give advice to survivors of domestic and others forms of violence in my community because what I would like most is to have a good, normal life like anyone else.

I have a choice to stop the cycle of abuse, a privilege that some women in my position do not have

This story is part of the I Stories series produced by the Gender Links Opinion and Commentary Service for the 16 Days of Activism on Gender Violence

Germina Setshedi's story appeared in the *Mail & Guardian*.

The media has an important role in contributing to GBV prevention strategies. One way to achieve success with these strategies is to ensure that media includes the voices and views of women who have experienced violence.

One of the contributions of the "I" Stories has been to assist the media in accessing the views and voices of those most affected.

Who feels it knows it: What journalists say about the "I" Stories

As part of follow up research on the "I" Stories, GL has interviewed journalists who have made use of this service on what value it has added.

TV reporter Sandy McCowen's noted that her news items featuring "I" Story participants always prompted a response: "I have had many women phone me at SABC over the years asking for help. After listening to their story I would refer them to the right NGO's."

Susan Smuts, Deputy Managing Editor of the *Sunday Times*, added: "The "I" Stories are amazing. The feedback I have received has been very positive. People recognise themselves and their family members and friends in the stories because they are about human beings. They make us see what the real impact of domestic violence is, in ways that statistics and analysis cannot do (not that there is not room for those types of stories too)."

Nicole Johnston, former Editor of the Monitor supplement in the *Mail & Guardian*, believes the "I" Stories work for journalists because "they are about real people'." Johnston recalls, "In 2006 we published the two stories of the lesbian women. I believed they were really good and interesting. Too often NGO's want to write about policy, while readers are interested in real stories. The trick is to write about policies, by mixing it into a real personal story."

This is an excerpt from an article for the GL Opinion and Commentary Service.

Secondary prevention

Secondary GBV interventions are targeted at empowering those charged with the responsibility of addressing GBV with the skills to promote prevention and the ability to deal sensitively with the topic. Strategies include training key stakeholders: police; health personnel; traditional leaders; prosecutors and faith-based organisations.

Police officer training

There has been a major improvement in the criminal justice system around training police on gender issues. The aim has been focused on improving attitudes and alleviating secondary victimisation that often occurs when victims of GBV, and especially rape, report to police stations. The SAPS has implemented a number of short-term GBV courses for its staff, namely First Responders to Sexual Offences Learning Programme (2008); Sexual Offences Course for Investigating Officers; Domestic Violence Learning Programme; and Family Violence, Child Protection and Sexual Offences Learning Programme, which consists of a four-week residential training. The SAPS has also developed training materials around the Sexual Offences Act aimed at its first responders' personnel.

Health personnel training

Any training for medical practitioners needs to cover all forms of gender violence and their subsequent possible health consequences. Such training has been implemented through the development of curricula about gender screening during the initial consultation in clinics and hospitals: it is called *Vezimfihlo*.[74] *Vezimfihlo!* is a training programme created to equip counsellors who work in VCT settings to address gender issues, particularly GBV. The programme gives an overview of GBV as a public health concern. Health workers are trained to improve services for abused patients. Under this programme counsellors are encouraged to provide care in a way that maximises protection for women and assists in processes that encourage men to test, including couples counselling. One recommendation in this sector calls for a comprehensive client-centred health response to GBV to enable provision of high quality care even in rural areas.[75] Improvements in medico-legal practices and services related to rape and sexual assault, especially better documentation of injuries, can lead to higher conviction rates.[76]

[74] *Vezimfihlo*, an IsiXhosa term meaning "reveal the secret.
[75] SAGBVI, 2001.
[76] Jewkes, Christofides, Vetten, Jina, Sigsworth, et al., 2009.

Training traditional leaders and prosecutors

Project Ndabezitha is a public awareness and legal education programme aimed at empowering rural communities on GBV which is currently being rolled-out in phases. The first phase, which is already completed, entailed conducting a training of trainers on domestic violence issues using a Unit Standard manual. These trainers comprise selected traditional chiefs and prosecutors who will in turn train other leaders to facilitate sessions on domestic violence.

The second phase involves building capacity for traditional leadership and prosecutors to be able to conduct Victim Offender Mediation Services as a way of promoting secondary violence prevention through restorative justice. It targets first time offenders and see them through a programme to prevent reoffending. Through this intensive skills programme, traditional leaders will acquire knowledge and understanding about managing cases of domestic violence from a restorative justice perspective. It recognises the critical importance of harmonising the retributive and restorative justice systems.

The project is worth ensuring that it is sustainable in that it targets traditional leaders who are role models and respected in rural areas. It promotes community participation and emphasises the complementarities of traditional and constitutional legal systems. The project is helping to deal with the operational problems experienced in the criminal justice system especially in dealing with domestic violence which is usually deemed as a private matter.

Training for faith based organisations

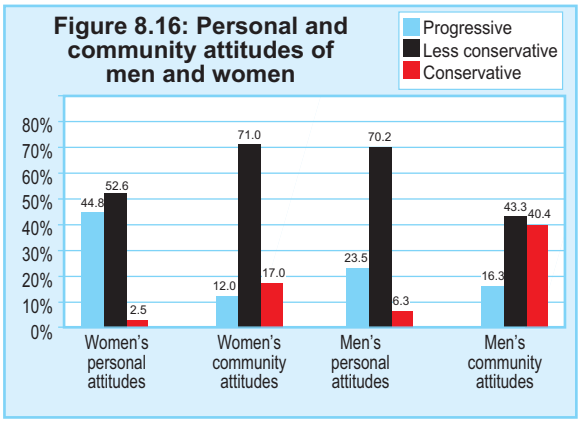
Religious structures tend to reinforce patriarchal values, and because of this there is a great need to bring them on board in the fight against GBV in a meaningful way. It is significant that Hope World Wide, one of the few religious networks involved in preventing GBV, is a global, rather than local, network. Clearly, far more work needs to be done with religious organisations at local and provincial level.

Measuring change

Typically prevention campaigns have been measured according to their information outputs (how many pamphlets, radio programmes etc). A few studies, such as the GCIS survey on the Sixteen Days of Activism campaign, have started to measure awareness. There have been sporadic attitude surveys. Behaviour change is ultimately measured through prevalence surveys, such as the one conducted here. As in any prevention campaign, the major challenge with GBV is how to measure what has not happened. The attitude questions in the survey conducted for this study provide baseline data for measuring if attitudes are changing.

Figure 8.16 overleaf is a summing up of all the questions responded to under attitudes categorised as progressive; less conservative and

conservative. The graph also sums up the perceptions of women and men about how their communities view these issues.



The graph shows that women (44.8%) hold progressive views with only 2.5% having conservative views (and about half in between). This is a strong indicator that women are increasingly aware of their rights. On the other hand they perceive 78% of their communities to hold either conservative or less conservative views (this explains the "trap" that women often find themselves in with regard to taking up cases of gender violence).

The bulk of men (70.2%) fall in the less conservative attitudes category, with 23.5% in the progressive category. While the latter figure is considerably lower than that for women, it does indicate that messages about equality are starting to get through to men. On the other hand men perceive other men in the community (40.4%) as far more conservative than women (17%). This contrast is interesting and prompts the question whether men are increasingly espousing more progressive views, but hiding behind the perceived beliefs of their communities to justify their behaviour (bearing in mind that 78.3% of men in the study admitted to perpetrating some form of violence over their life time).

Conclusions

The analysis of speeches made by political functionaries shows that GBV is not a priority area for decision-makers. They have not led from the front in the same way as in the campaign against HIV and AIDS.

The Sixteen Day campaign is well known, with the government slogan "Act Against Abuse" best known, reflecting the power of the government machinery and resources. Media is still largely part of the problem rather than of the solution in prevention campaigns. While the media (and especially TV) is the main source of information on GBV, this only constitutes 3% of all coverage; men dominate as sources; and there is little information on where to go for help.

The voices of those most affected are still the least heard; yet those women who speak out feel empowered. The act of speaking out can itself be a form of healing, and has generally not resulted in secondary forms of vicitmisation, even when other forms of redress are difficult to access.

While women are becoming more empowered and men more aware, the attitudes of communities and contradictory views of men (for example the belief that women must obey men and that men can punish them) result in continued high levels of gender violence.

CHAPTER 9
Recommendations

Every person has a right to safety and security. *Photo: Colleen Lowe Morna*

Key facts

- ✓ Baseline data is only as useful as it is used as a benchmark. The study needs to be repeated regularly, and at latest in 2015, to measure the extent to which Gauteng has complied with the SADC Gender Protocol requirement of halving gender violence by 2015.
- ✓ It is especially important that the provincial government commit to conducting prevalence/attitude surveys like the one conducted in this study, as police statistics only tell a small part of the story.
- ✓ SAPS needs to honour its commitment to improve collection and analysis of domestic violence statistics through recording the nature of relationships; creating a check box for femicide and including a section on GBV in the annual crime report.
- ✓ The findings that only 4.8% of speeches by politicians refer to GBV and that stories that mention or are about GBV constitute a mere 3% of media coverage should be a wake up call for the two most powerful forces in our society for shaping attitudes and changing behaviour.
- ✓ There is urgent need for the government to resuscitate the multi-sector, multi-stakeholder 365 Day National Action Plan to End Gender Violence and for these structures to be replicated at provincial level, where the department of health is single-handedly striving to bring about more concerted action to end GBV.

Each chapter ends with conclusions. This chapter summarises key conclusions and recommendations in the report.

Extent

- ***Administrative data is inadequate*** for establishing the extent of gender violence, as many forms of GBV are not reported, or under-reported.
- ***There is need to routinely conduct prevalence/attitudes surveys*** such as the one conducted for this study, in order to measure progress towards the goal of halving gender violence by 2015. HIV and AIDS prevalence studies set a precedent for how and why this should be done. This study provides methodology and tools that should be used to cascade the study across South Africa, as well as repeat it at least every five years.
- ***The collection of administrative data needs to be improved.*** The announcement by SAPS that there will now be a tick box for domestic violence when cases are recorded, and that the nature of relationships will be specified, is a key outcome and breakthrough of this research.
- ***SAPS must start collecting data on femicide:*** A further breakthrough is the commitment by SAPS to create a category for femicide and record these cases as such, saving researchers the need to go through thousands of dockets to determine which cases of female murder are cases of killing by an intimate partner.
- ***The annual crime report must include a section on GBV:*** It is now critical that, as promised, and starting with the 2010/2011 report, SAPS include a detailed analysis in its annual report on gender violence.
- ***Team efforts on analysis:*** NGOs should seize the invitation by SAPS to contribute to and critique this analysis, and to work to improve it.
- ***Areas in which there is no data:*** Research and routine data collection needs to be improved on sexual harassment, human trafficking and hate crimes.
- ***Better data collection generally:*** Across the board there is need for improved and coordinated Monitoring and Evaluation, for example by shelters, help lines, health services, and all those involved in GBV as this would add greatly to quantitative and qualitative information against which to track progress.

Response and support

- ***Politicians need to speak more, and in greater depth***, about GBV as well as make it a bigger priority on the political agenda. They should also speak more frequently and holistically about GBV, which means they will have to learn about it and educate themselves on the destruction it is causing in their communities. Politicians should shift from rhetoric during annual 16 Days campaigns and instead commit to addressing this issue throughout the year.
- ***Available services are inadequate to meet demand and are not always available:*** Proximity of police stations, hospitals or shelters to communities and victims affects the likelihood of reporting GBV. Furthermore, most services do not run at night or over weekends. Service providers, especially the police and health care centres offering PEP, should be staffed with qualified personnel to provide services every day of the week. Findings also point to the need for greater emphasis on mental health services for survivors of GBV.

- ***Socio-psycho services are inadequate and need to be beefed up:*** This study found that emotional violence is the most common form of violence experienced or perpetrated. The high prevalence of violence is disproportionate to the counselling and rehabilitation services available.
- ***State support for places of safety and secondary housing needs to be urgently stepped up:*** Shelters only service 13% of the potential (reported) need and these provide shelter for a maximum of three months. They are temporary in nature and do not assist survivors in taking control of their lives in the longer term.
- ***Registration of shelters should be mandatory:*** Interviews with officials in the GDHSD revealed that there is currently no legislation binding shelters to register with the department. Some shelters are unregistered and the department does not have authority to monitor or control the quality of services provided.
- ***Provision of services needs to be informed by targeted need assessments; better coordination and cost effectiveness:*** In virtually every instance - sexual offences courts, one-stop centres, Victim Empowerment Programmes, places of safety or legal aid centres - there does not appear to be an audit of needs. This should be done against existing facilities and resources to determine targets, timeframes and indicators for ensuring a fully comprehensive set of services is made available to survivors of gender violence.
- ***Specialised services, while highly effective, are inadequate and need to be stepped up:*** Available data suggests that one-stop centres and special sexual offences courts service less than 10% of the need and that these are unevenly distributed across the country. Such specialised facilities are unlikely to reach all parts of the country anytime soon. Yet alternative strategies - like making existing facilities more responsive to needs and of forging closer links between government and NGOs - do not appear to have been fully explored.
- ***Information needs to be more readily available:*** It was difficult to access information on the number of women using, and budgetary allocations for, support services. Crucial links on websites often do not work. Very little information is available in simplified form, in different languages, and in formats easily accessible to the public.
- ***Funding challenges need to be addressed:*** There is heavy reliance on donor funding. Although some civil society organisations receive subsidies from government this is often not sufficient to finance effective service provision. Compounding the situation is an economic recession that has led to dwindling foreign funding.

Living in hope. *Photo: Colleen Lowe Morna*

Prevention

- ***Politicians need to speak more about GBV:*** Political discourse analysis study findings indicate that politicians are not speaking enough about GBV. Where GBV is mentioned it is often in the context of other issues and rarely is the main topic of a speech. GBV is mostly mentioned during the 16 Days of Activism Campaign or on days commemorating women and/or children. This suggests functionaries are addressing GBV not because they are committed to eradicating it but because they feel obliged to address it during certain times.
- ***Politicians need to address non-physical and economic forms of abuse and violence more often.*** In the same vein, functionaries should underscore the difference between violence perpetrated against women and violence perpetrated against children. According to the findings of the political discourse analysis, functionaries are failing to adequately address the causes of GBV, including its relationship to gender inequality. Politicians made little reference to the emotional, psychological and financial effects of GBV.
- ***There is a need to look holistically at prevention strategies:*** Most activities involve public awareness campaigns that do not have a measured impact. There is need for all stakeholders to go back to the drawing board and review whether progress is actually being made.
- ***There is also need for more programmes targeted at changing socio-cultural norms that condone and legitimise violence.*** Men, traditional leaders, religious people, police, health personnel and other actors need to be more involved.
- ***There is a need to measure and document the impact of prevention programmes:*** Although training programmes are in place there is poor documentation of their outputs, for example the number of people trained. It is also crucial to measure the impact of training.
- ***More tailor-made local, targeted, GBV prevention interventions using research-based evidence are required:*** Most campaigns have adopted approaches developed elsewhere and for that reason they may have had limited impact locally.
- ***Media should become more involved in addressing GBV:*** Journalists should be trained on how to cover GBV, increase women's voices and extend the repertoire of topics currently being offered in the news. There is a need for civil society to work with the media to create and promote safe spaces where women who have experienced GBV can speak out.

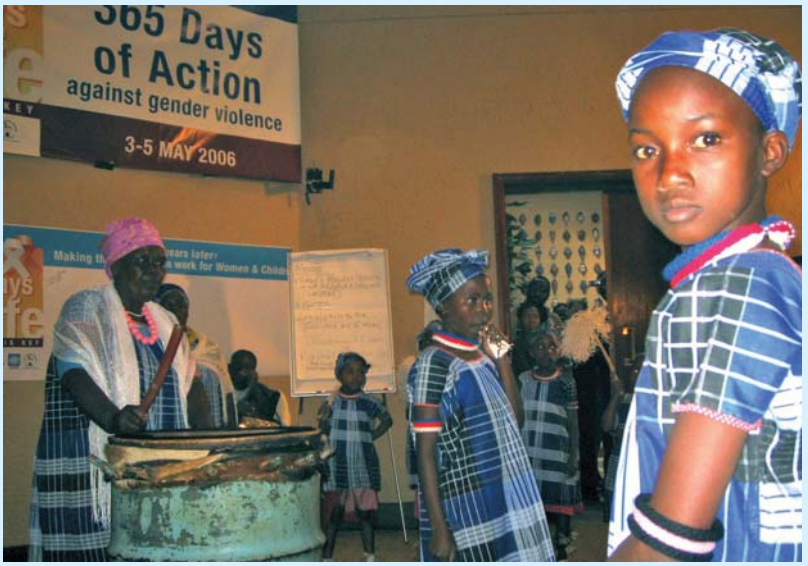
365 days National Action Plan to End Violence against Women and Children (NAP)

"We will strengthen and place far greater emphasis on prevention through forging effective partnerships with all stakeholders, including schools, parents associations, community-based organisations, the media, local government, traditional and religious leaders and the private sector; as well as develop criteria for monitoring the effectiveness of such campaigns" - *Kopanong Declaration, 365 Days of Action to End Gender Violence, May 2006*

From 3-5 May 2006, 264 delegates gathered at a conference in Benoni, Johannesburg to develop a plan of action to address the high levels of violence against women and children in South Africa. The conference agreed on the need to deepen and strengthen the activism to end gender violence and to extend the 16 Days of Activism to 365 days of action. The two outcome documents from this conference are the Kopanong Declaration and the National Action Plan to End Violence Against Women and Children (NAP), which proposed a set of targets, indicators and timeframes through which to monitor the impact of interventions addressing violence against women and children (by both government and civil society).

outlined programmes to guide the country's multi-sector response to end gender violence. This was in recognition that no single sector, ministry, department or organisation is by itself responsible or has the single ability to address the social scourge. It was envisaged that all government departments, organisations and stakeholders will use this document as the basis to develop their own strategic and operational plans so that there is cohesion in order to achieve maximum impact.[77]

Three years since the official launch, proper implementation of the plan is still not tangible. A major setback around implementation involves the allocation of resources for implementation



Flashback: Kopanong conference. *Photo: Colleen Lowe Morna*

[77] NAP document.

given that when the plan was launched there was no budgetary vote for it. Other limitations include the level of civil society engagement and the lack of sound monitoring and evaluation strategies for the plan.

The most significant government level NAP development to date is the creation of a Secretariat for the NAP at the National Prosecuting Authority (NPA) SOCA Unit. But coordination of work on GBV is fragmented between SOCA, the Ministry of Women, Children and Persons with Disability, and the Sixteen Days of Activism Secretariat in the Department of Cooperative Governance and Traditional affairs.

In Gauteng the main coordination body on GBV is the Gauteng Victim Empowerment Forum (GIVEPF) co-ordinated by the GDHSD. At the hierarchy of this structure is a management committee tasked with mainstreaming the localised provincial integrated VEP policy. The forum consists of all relevant Gauteng provincial departments and stakeholders namely health, the National Prosecution Authority (NPA), South African Police Service (SAPS), Department of Correctional Services, Department of Justice and Constitutional Development, civil society and the Gauteng Shelter Network.

There are five regional forum at local government level namely Metsweding, East Rand, West Rand, Sedibeng and Johannesburg Metropolitan. These have their own local meetings but have representatives who sit in the GIVEPF and report at the bimonthly GIVEPF meetings. GIVEPF faces some challenges which include: the absence of key stakeholders at some of the meetings to give updates of activities and developments; management structural issues.

- ***Establishing effective coordination structures at provincial level:*** There is need for the multi sector action plan at national level to establish effective coordination mechanisms, and for these to be replicated at provincial level.
- ***Use of the indicators to strengthen provincial plans:*** Although the baseline data in this report has been assembled by NGOs, it is hoped that the Gauteng provincial government will make use of the data - the most comprehensive and up to date set of information on GBV in the province - to strengthen its planning on ending GBV, including working with civil society.
- ***Repeating the study in 2015:*** In particular, the partners involved in the study strongly urge the provincial government to repeat this study, at government expense, in 2015, to determine the extent to which progress has been made in reaching the SADC Gender Protocol target of halving gender violence by 2015.

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GBV AND THE SADC PROTOCOL ON GENDER AND DEVELOPMENT

Response and support

The SADC Protocol provides that by 2015 state parties shall:

- Enact and enforce legislation prohibiting all forms of gender-based violence;
- Ensure that laws on gender-based violence provide for the comprehensive testing, treatment and care of survivors of sexual assault;
- Review and reform their criminal laws and procedures applicable to cases of sexual offences and gender-based violence;
- Enact and adopt specific legislative provisions to prevent human trafficking and provide holistic services to the victims, with the aim of re-integrating them into society;
- Enact legislative provisions, and adopt and implement policies, strategies and programmes which define and prohibit sexual harassment in all spheres, and provide deterrent sanctions for perpetrators of sexual harassment.

Prevention

- The Protocol provides for measures, including legislation, to discourage traditional and cultural practices that exacerbate gender-based violence and to mount public campaigns against these.

Integrated approaches

- The SADC Protocol on Gender and Development calls on states to adopt integrated approaches, including institutional cross sector structures.

The ultimate goal….

- To reduce current levels of gender-based violence by 2015.

Over half the women of Gauteng have experienced some form of violence (emotional, economic, physical or sexual) in their lifetime and nearly one in five in the last year. Emotional violence - a form of violence that barely features in police data - is the most commonly reported form of violence. One in four women in the province has experienced sexual violence in their lifetime. Yet violence against women is still regarded as a private affair with only 3.9% of women interviewed reporting this crime to the police. These are some of the stark findings of the Gauteng Gender Violence Indicators study conducted by Gender Links (GL) and the Medical Research Council (MRC). Based on the first ever prevalence/attitude survey on GBV and a range of other tools to determine the true extent of this scourge, The *War at Home* is an eye opener and call to action. The SADC Gender Protocol calls on governments to halve gender violence by 2015.*Gauteng has no time to lose!*