



Evidence-based strategies for the prevention of gender-based violence in South Africa: A case study of CSVR



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Introduction

From 2013 to 2015, the Centre for the Study of Violence and Reconciliation (CSV) partnered with the Nisaa Institute for Women's Development in Orange Farm (Gauteng), the Thohoyandou Victim Empowerment Project (TVEP) in Limpopo, the Loskop community in KwaZulu-Natal and the Bo-Kaap community in the Western Cape to pilot various community-based interventions to prevent and eradicate gender-based violence (GBV). The processes involved in working with these communities were documented with the aim of developing a model that would provide other organisations and communities in South Africa with information and practical approaches to be used in preventing and eradicating GBV.

This report highlights the activities undertaken by CSV to implement GBV prevention initiatives in the four communities. The report first outlines the application of the ecological model as a theoretical framework in the interventions. Thereafter the learning, monitoring, evaluation and sustainability of the initiatives is discussed, followed by recommendations on what needs to be done to implement evidence-based interventions to prevent and eradicate GBV.

Background to the community model for addressing GBV

CSV conducted an extensive literature review on causes of GBV in South Africa.¹ The research findings of this review were used by the CSV's Gender-Based Violence Programme to inform and develop evidence-based violence prevention interventions in communities. Over the last decade, South Africa has developed progressive legislation and policy frameworks which attempt to address GBV. Various campaigns (e.g., 16 Days of Activism for No Violence against Women and Children) and national strategies (e.g., 365 Day National Action Plan to End Gender Violence) were also adopted and developed by the South African government to address GBV. However, despite the comprehensive interventions, laws and legislation, levels of GBV remain high. In 2012, a study conducted by Gender Links found that 77% of women in Limpopo, 51% in Gauteng, 45% in the Western Cape and 36% in KwaZulu-Natal had experienced some form of GBV (Gender Links 2012). Men were the main perpetrators of this violence. For example, 76% of men in Gauteng, 48% in Limpopo and 41% in KwaZulu-Natal admitted to perpetrating GBV (Gender Links 2012). The Institute for Security Studies (2011) found that more than 50% of women in Gauteng have experienced intimate partner violence (IPV), while 80% of men admitted having transgressed against intimate partners. Married women experienced the most IPV (53%); it is unclear whether the violence started before or after marriage. Twenty-two percent of unmarried women who have had an intimate relationship reported IPV, 21% have experienced violence from a family

member and 83% of women who have experienced violence had children living with them at the time. These figures confirm that GBV is a major problem in South Africa.

A CSV review of existing GBV prevention interventions found that most are not comprehensive, coherent or evidence-based.² Clearly, there is a dire need for interventions that have adequate budgets and that are evidence-based, accountable and comprehensive. It is against this background that CSV worked with various communities to design, develop and pilot GBV prevention initiatives with the aim of developing a model that can be used by other organisations in other communities in South Africa to prevent and eradicate GBV. The development of this model is also linked to a number of good practices and initiatives initiated by the state, nongovernmental organisations and community-based organisations (CBOs).³ The ultimate goal of the model is to create safe communities by strengthening GBV primary prevention initiatives.

CSV's community work model is to form partnerships with local CBOs and community members in implementing GBV interventions. This strategy is aimed at strengthening and increasing the capacity of CBOs, community members affected by GBV or those that remain vulnerable to respond to GBV and deal with it effectively and permanently beyond CSV's assistance.

¹ See the first report in this series, 'Gender-Based Violence (GBV) in South Africa: A Brief Review.'

² See the second report in this series, 'Mapping Local Gender-Based Violence Prevention and Response Strategies in South Africa.'

³ Ibid.

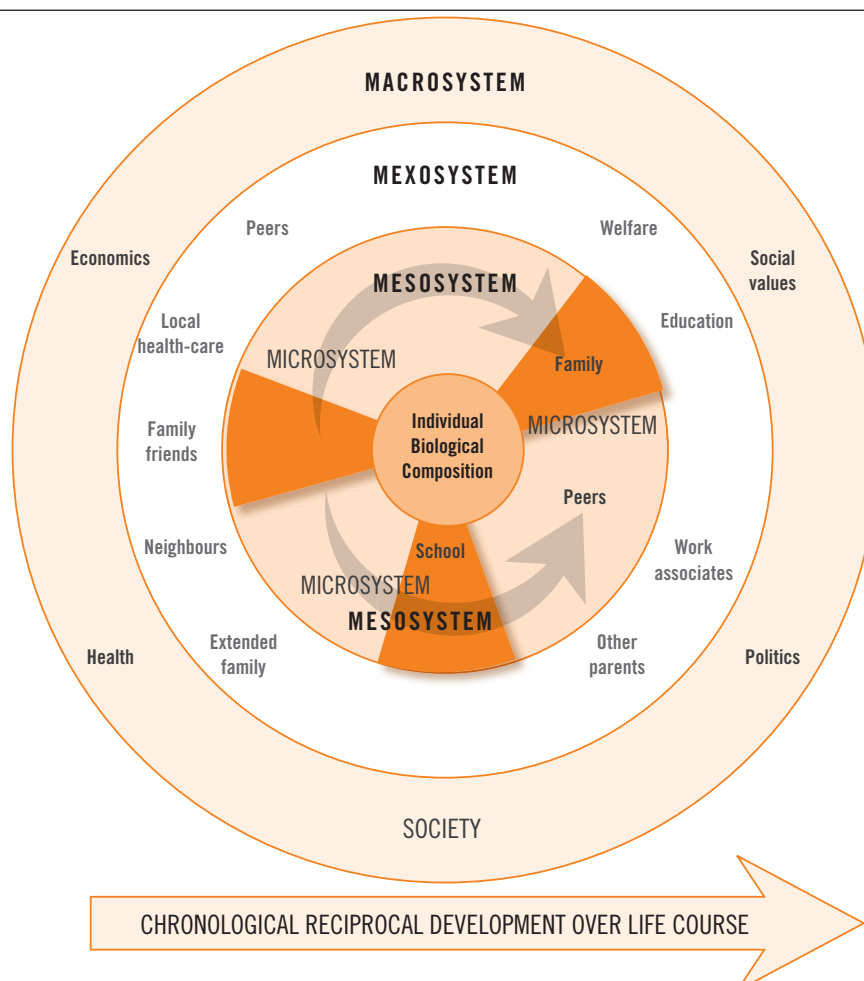
Ecological model for understanding and preventing GBV

CSV's approach to GBV prevention is centred on the ecological model of understanding and preventing violence. Individual and societal risk and resilience factors, as well as the social interactions within families, the community and the broader society, are identified and addressed through a variety of means which seek to strengthen the protective factors and mitigate against the risk factors for GBV.

The ecological model is a well-known theoretical framework in the field of violence prevention, including GBV prevention (Heise 1998). Essentially, the model assumes that a person's behaviour is a result of the interaction between the individual and the context they are exposed to. An ecological context includes influences such as the physical, social, economic and political environments.

Ecological theory suggests that GBV is not only connected to individual or intrapsychic factors but also to contextual factors, such as patriarchal attitudes, sexism, poverty, substance abuse, unemployment, easy access to guns and exposure to high levels of community violence (Heise 1998; Heise et al. 2002; Krug et al. 2015). Perhaps the most significant outcome of looking at social issues using this model is that it suggests that changes in human behaviour may be possible if patterns in the social, organisational or physical environment also change. In other words, we can achieve change in individuals and communities by making changes to the social context. According to this model, subsystems make up the ecological system in which a person lives, namely, microsystems, mesosystems, exosystems and macrosystems (see Figure 1).

Figure 1. Components of the ecological system

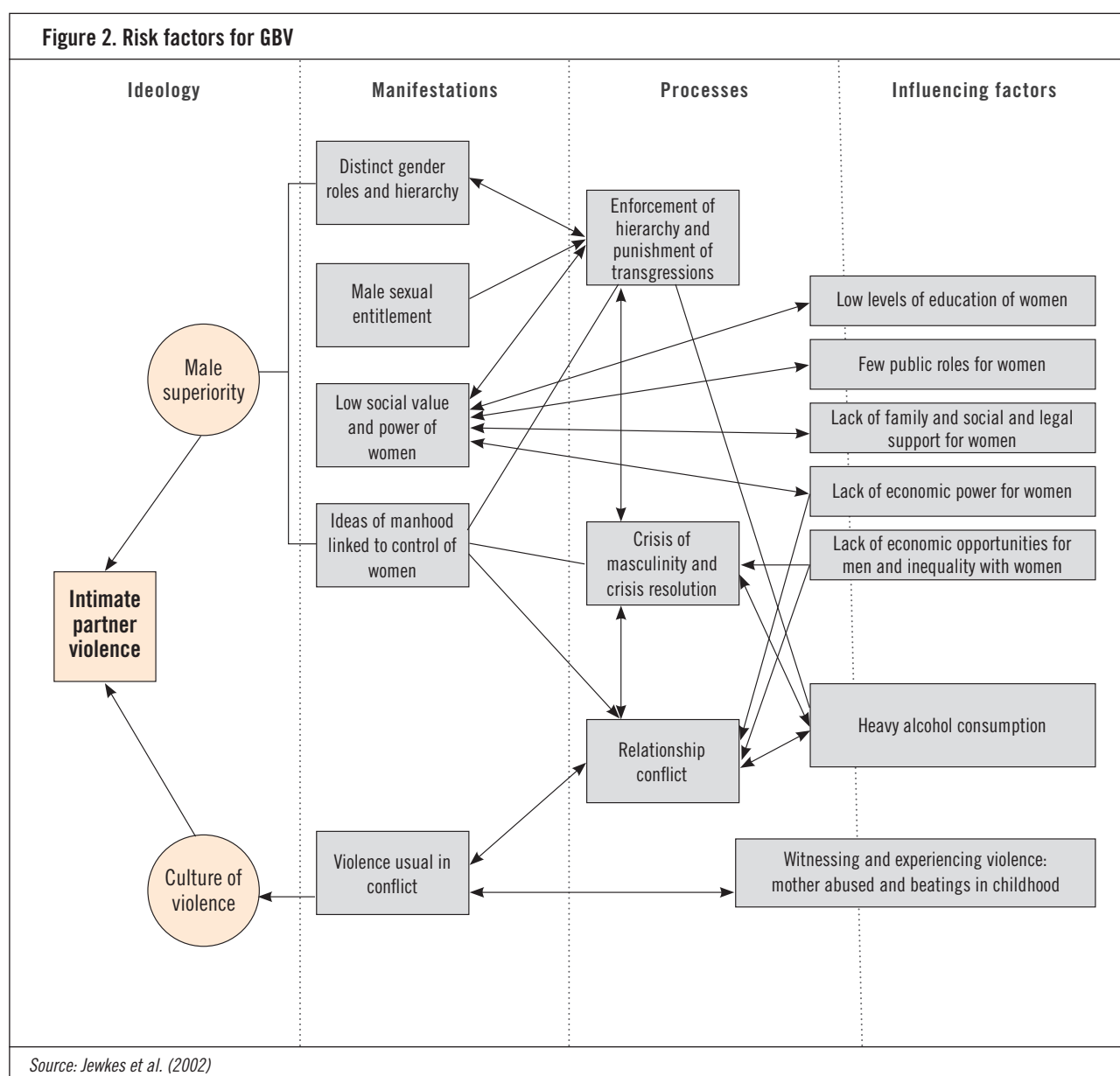


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The model recognises the biological, social, cultural and economic factors and norms in each layer that may increase men's risk of perpetrating violence and women's risk of experiencing violence. These may include:

- witnessing marital violence or experiencing abuse as a child, having an absent or rejecting father and substance abuse in the home;
- marital conflict, male control over family wealth and decision-making, and age and education disparities between spouses;
- lack of economic opportunities for men, which affects their sense of manhood;
- negative influence of social peers and normalisation of violence as a conflict resolution method in the community;
- isolation of women within families and in the community;
- social norms granting or tolerating male control over women;
- concepts of masculinity linked to dominance, honour or aggression and rigid gender roles;
- cultural, traditional and religious practices such as lobola, ukuthwala, virginity testing, female genital mutilation, male circumcision and Sharia law;
- attitudes, discrimination, stereotyping and power differentials between service providers and victims;
- patriarchal attitudes that favour men over women;
- lack of family and social and legal support for women.

Figure 2. Risk factors for GBV



The ecological model suggests that the many elements of a society are interrelated and influence one another. Changes in one part may produce changes in another part of the system. It is therefore important that GBV violence prevention initiatives have an impact on various levels, including the macrosystem. The model's success relies on key principles, such as community mobilisation, activism, dialogues, lobbying, advocacy, empowerment and capacity-building strategies to empower communities to take a lead in dealing with their own problems, but also to hold the state accountable in meeting its mandate to prevent and eradicate GBV.

The model emphasises primary prevention of violence at different points by increasing the capacity of individuals, families, communities and society to respond to GBV. It was used because of the complexity of GBV and the realisation that people perpetrate GBV for a wide variety of reasons and as a result of many different influences in their lives at various levels. The model provides a framework for understanding such influences and how they relate to one another.



CSV's application of the ecological model to deal with GBV

In the past, CSV's Gender Programme mainly engaged with secondary and tertiary GBV prevention strategies. Nationally, numerous research projects, public awareness campaigns, policies and programmatic interventions have been formulated and some implemented. The ecological model notes that responding to GBV after its occurrence incurs significant social, health and economic costs to society as well as to the directly or indirectly affected individuals. Hence the strategies discussed here emphasise the importance of employing primary prevention interventions. These are aimed at addressing violence before it occurs, for example by addressing behavioural issues or managing the impact of risky environments on individuals.

As noted, from 2013 to 2015, CSV ran various community-based interventions aimed at addressing the link between GBV and cultural, traditional and religious practices in four communities. The interventions used the ecological model, which emphasises primary prevention efforts at different points. It was hoped that by increasing individuals', families' and communities' capacity to respond to GBV, a culture of zero tolerance to violence would be created. CSV's thinking was that by promoting change from the grassroots level up, the required environment would be created for developing policies and legislation to protect the rights of women.

This approach would strengthen the capacity of women and CBOs to carry out local advocacy initiatives in their communities, as well as to expose and prevent gender injustices and traditional, cultural and religious practices that discriminate against and violate women's rights.

Social mobilisation and the establishment of community networks is a critical component of this work. CSV recognises the need to increase collaborative efforts within communities to ensure that different players provide mutual support to one another in efforts to prevent GBV. Hence existing partnerships with the Nisaa Institute for Women's Development, TVEP and the Loskop and Bo-Kaap communities were strengthened. CSV collaborated with CBOs, women's groups, youth and individual key community and traditional leaders to implement GBV prevention programmes. The ultimate goal of these interventions was to use the lessons learnt to develop specific steps that other organisations could follow in developing comprehensive and responsive GBV prevention strategies. These could then be taken from the community level to national level. Through these interventions, CSV aims to assist communities to hold local and national government structures accountable for their obligation to protect women against violence or any form of gender discrimination.



Activities undertaken by CSV to implement GBV prevention interventions

Conducting community needs assessment

Once a community has been identified for a GBV intervention and entry has been gained, a community needs assessment is conducted to collect relevant data to develop evidence-based GBV prevention interventions.⁴ CSV carried out community assessments in Orange Farm, Loskop, Bo-Kaap and Thulamela before developing interventions in any of these communities. This involved conducting individual interviews and focus groups about causes and consequences of GBV in each community with key players, such as local organisations, community leaders and members, local authorities and representatives of different government departments (safety and security, health, justice, correctional services, education, social development). It is important that community needs assessments are conducted at a number of levels (individual, community, state) to increase the capacity of all societal players to respond to GBV. The advantage of this approach is that it ensures sustainability and ownership of the process once local people are capacitated to deal with their everyday issues and challenges regarding GBV.

Community needs assessment allows for a more in-depth understanding of the community, the social context and leadership structures, and gives insight into the process to be used to forge relationships with other community stakeholders to explore various GBV initiatives to be implemented. The community should take the lead in initiating and suggesting interventions that are relevant for their social and cultural context. For example, CSV

encouraged community members of Orange Farm, Bo-Kaap, Loskop and Thulamela to propose initiatives that they felt needed to be implemented in their respective communities. The strategy for performing these tasks will differ from one community to another, depending on the social, economic, cultural and political factors at play in each community.

Identifying organisations working on primary GBV prevention initiatives in the target communities

To avoid duplication of services, networks with existing CBOs in the target community that are dealing with GBV primary prevention work need to be established. It is important that these partnerships are formed with existing local organisations. Project partners should agree on a memorandum of understanding that covers project implementation plans, activities to be undertaken, project monitoring and evaluation requirements.

During the implementation of GBV prevention initiatives, regular review meetings should be held to assess the project. From the beginning, efforts must focus on creating synergies between community members, CBOs and service providers in all processes from defining, implementing, monitoring and evaluating the programme to providing key strategic information pertaining to the prevention of GBV.

Training workshops on GBV should be held with all key stakeholders to ensure that there is a common conceptual understanding of GBV,



⁴ See the second report in this series, 'Mapping Local Gender-Based Violence Prevention and Response Strategies in South Africa,' for more details on how entry was gained and a community needs assessment conducted for each community.

its causes and ways in which it can be prevented. These workshops should serve as an opportunity for project partners and other local organisations to learn from each other about best practice in GBV primary prevention strategies. Stakeholders from the target communities also need this opportunity to discuss challenges, as well as cultural and religious aspects that may be driving GBV in their communities, and how these can be prevented. This can further strengthen community empowerment and recognition of skills in the community. The workshops can also be used by local CBOs and representatives to recommend various GBV interventions that are contextually relevant and appropriate.

GBV awareness-raising campaigns

Community dialogues were held to raise awareness of the root causes of GBV in communities. Many of these dialogues were centred on the link between gender inequalities between men and women and how cultural, traditional and religious practices perpetuate GBV. It is out of these initial dialogues that more specific strategies and interventions were proposed.

Engaging with boys and men

It was agreed in the initial conversations and consultations with key stakeholders that boys and men need to be engaged in GBV prevention in order to build positive constructions and expressions of masculinities which do not reproduce patriarchy. GBV is a key feature of a patriarchal society. Patriarchy best describes the kind of society we live in today, which is characterised by unequal power relations between women and men. Men are perceived as the central figures of authority, while women are systematically disadvantaged and oppressed.

Norms regarding violence or the socialisation of children that predispose young boys and men to use violence need to be challenged in the community dialogues. The ecological model takes into account that some family and community contexts create an environment and social pressure that facilitate boys' and men's engagement in violence. Sporting events such as soccer matches need to be used as spaces to talk to boys and men about violent behaviours. In the CSVr project in Loskop, participants went to taverns to meet with men and have dialogues with them about the link between the construction of hegemonic masculinities and GBV. These conversations are aimed at helping boys and men to begin embracing alternative voices of masculinity that are nonsexist and nonviolent towards girls and women. The CSVr's model in this regard is also cognisant of the fact that learning approaches involving boys and men create more gender-equitable relationships, thereby reducing violence, especially intimate partner violence (Sathiparsad 2008; Sonke Gender Justice 2012).

Community dialogues to address the link between GBV and cultural and religious practices

It was agreed in many dialogues held by CSVr in the various communities that GBV is rooted within traditional and religious belief systems, including the payment of *lobola*, *ukuthwala* and Sharia law. It was also argued that many cultural and religious practices contradict the constitutional principle of gender equality. For this reason it is crucial that traditional and religious leaders are invited to be part of these dialogues to discuss the connection between culture, customs, power and gender relations. The presence of traditional and religious leaders was important in the dialogues facilitated in Loskop, Thulamela and the Bo-Kaap.



The communities also voiced countless misconceptions regarding domestic violence, which was generally disregarded and justified. Women sometimes do not reveal being abused for fear of social taboos, such as ‘whatever happens at home must stay at home’ and ‘wives need to be kept in line by their husbands’. Beliefs such as these prevent women from speaking out, and some end up believing them. These traditional practices and beliefs were challenged in the community dialogues.

Providing services to victims of GBV

GBV comes with numerous devastating psychological and emotional effects. It is quite common for abused women to lose their sense of self-esteem and to become socially detached and depressed. Some even end up contemplating or committing suicide. It is therefore essential to create networks in communities to provide treatment and counselling services to deal with the consequences of GBV. The women in Bo-Kaap, for example, recruited a psychologist who volunteered to provide free counselling to women who were victims of GBV. In Thulamela, TVEP offered counselling to GBV victims, while Nisaa offered counselling to GBV victims in Orange Farm. After ensuring confidentiality, the stories that GBV victims share should be used to influence policy makers to review policies in the development of comprehensive GBV responses. Over the years

CSVr has used the stories of GBV victims to advocate for their rights and needs with various government departments. In this project, the findings of interventions in the four communities were used to lobby national departments, especially the Department of Women in the Office of the President. Clearly, there is a need for counselling services, especially in rural areas where such services are nonexistent despite GBV being rife.

Empowering women in communities

GBV interventions should be geared towards identifying and reinforcing the protective factors that can support women’s and girls’ resilience against violence. Some protective factors include education, gaining vocational skills, increased economic resources, opportunities and strengthening of social norms that promote gender equality (Heise 1998). Empowering women can be facilitated by creating conditions that are favourable to gender equality. This approach will strengthen women’s capacity to carry out local advocacy initiatives and implement nonviolent means of combating violence in their communities. For example, the project in Bo-Kaap was initiated and led by women only. Developing the capacity of women affected by GBV leaves them in a better position to hold the state partly accountable and responsible for the violence. The women in Bo-Kaap wanted to hold the state accountable by



¹⁷ African Commission on Human and Peoples’ Rights, ‘Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa,’ <http://www.achpr.org/instruments/women-protocol/> (accessed 27 January 2016).

raising awareness of the delay in passing the Muslim Marriage Bill and the effect of this delay on the rights of Muslim women as enshrined in the constitution. Advocacy initiatives such as this aim to ensure that the state fulfils its mandate to protect women against violence and any form of discrimination on the basis of religion. The CSV's ultimate strategy is to ensure that women are empowered to become catalysts for creating safer communities, as well as resource people who can help other women in difficult situations or refer them to the right places for assistance. In addition, safer spaces need to be created where women can interact and share information with each other.

Local engagement with policies aimed at GBV prevention

South Africa has one of the most progressive constitutions in the world, guaranteeing the right to equality, human dignity, life, freedom and security of the person. Within the framework of the constitution, South Africa has a range of laws that deal with the issue of violence against women. Two important Acts are:

- the Domestic Violence Act of 1998, which recognises that domestic violence is not a private matter but a serious crime. The Act aims to protect persons in domestic violence relationships. It specifies various legal remedies for survivors

of domestic violence and is an important piece of legislation promoting women's rights to safety and security;

- the Sexual Offences Act of 2007, which is required to protect victims, especially women, and children who have been raped or have been victims of sexual crimes/offences.

However, these laws are undermined by ineffective implementation, insufficient funding for most programmes attempting to prevent GBV as well as limited oversight of those programmes. The CSV model suggests that the development and implementation of policies and laws requires attitudinal and behavioural changes, as well as grassroots community involvement in decision-making processes. Community members' ownership, understanding of and access to the law may help to prevent GBV. The state's responsiveness in implementing policies and legislation could also be enhanced. It is also important to localise discussions of GBV-related policies and national legislation. In the Bo-Kaap, Muslim women were actively involved in discussing the Muslim Marriage Bill and making submissions. Clearly, women's voices and perspectives need to play an instrumental role in the review and development of anti-violence policies in South Africa. It is important that their voices are mobilised in communities.



Learning, monitoring and evaluating GBV prevention initiatives

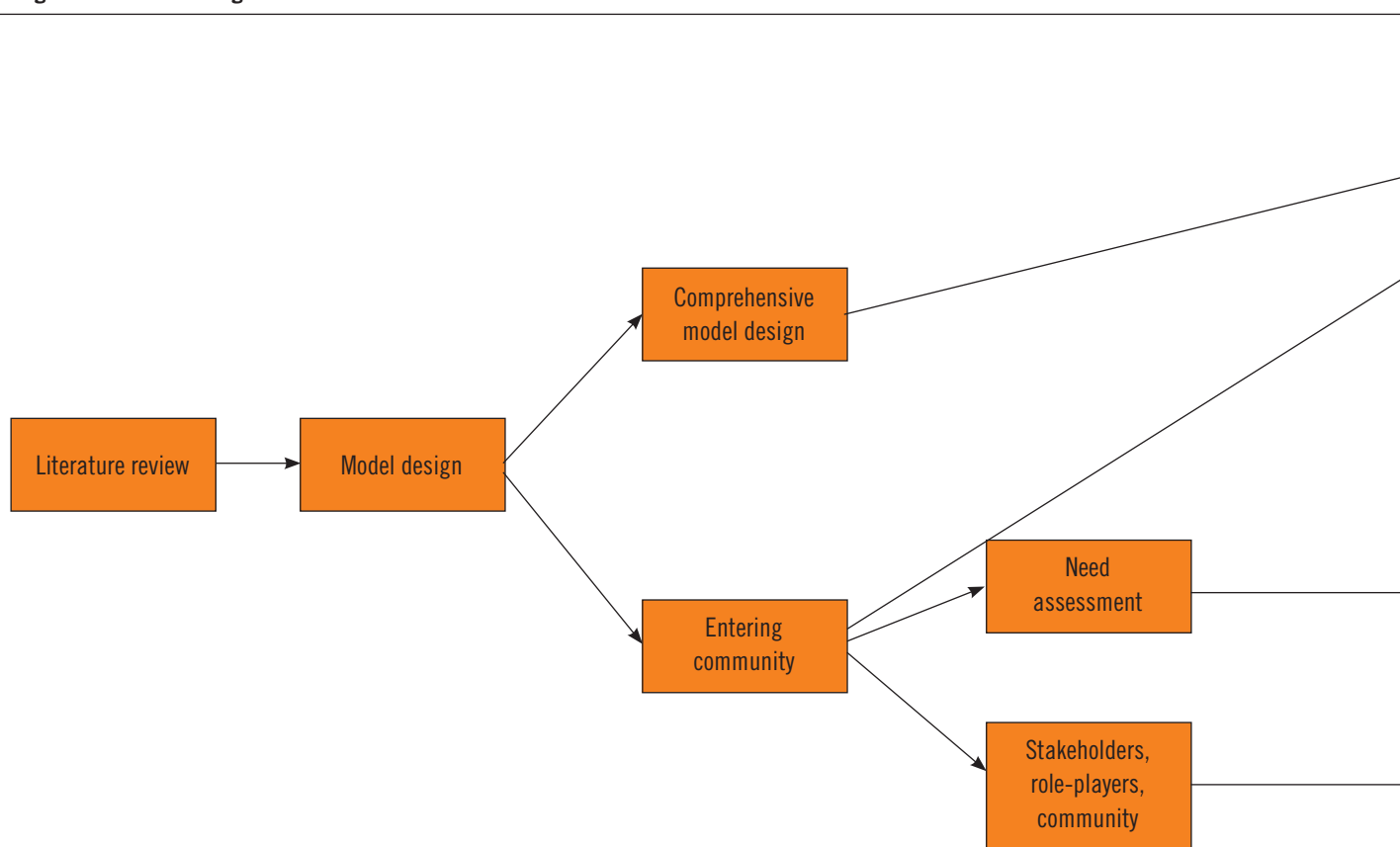
Learning, monitoring and evaluating (LME) exercises must be carried out to assess the impact of GBV interventions. The key aim of the LME is to determine if GBV has been prevented as a result of the interventions.

The LME must be conducted at various stages of the intervention. All workshop proceedings, comments and process notes must be recorded. CSV has an LME Programme which is

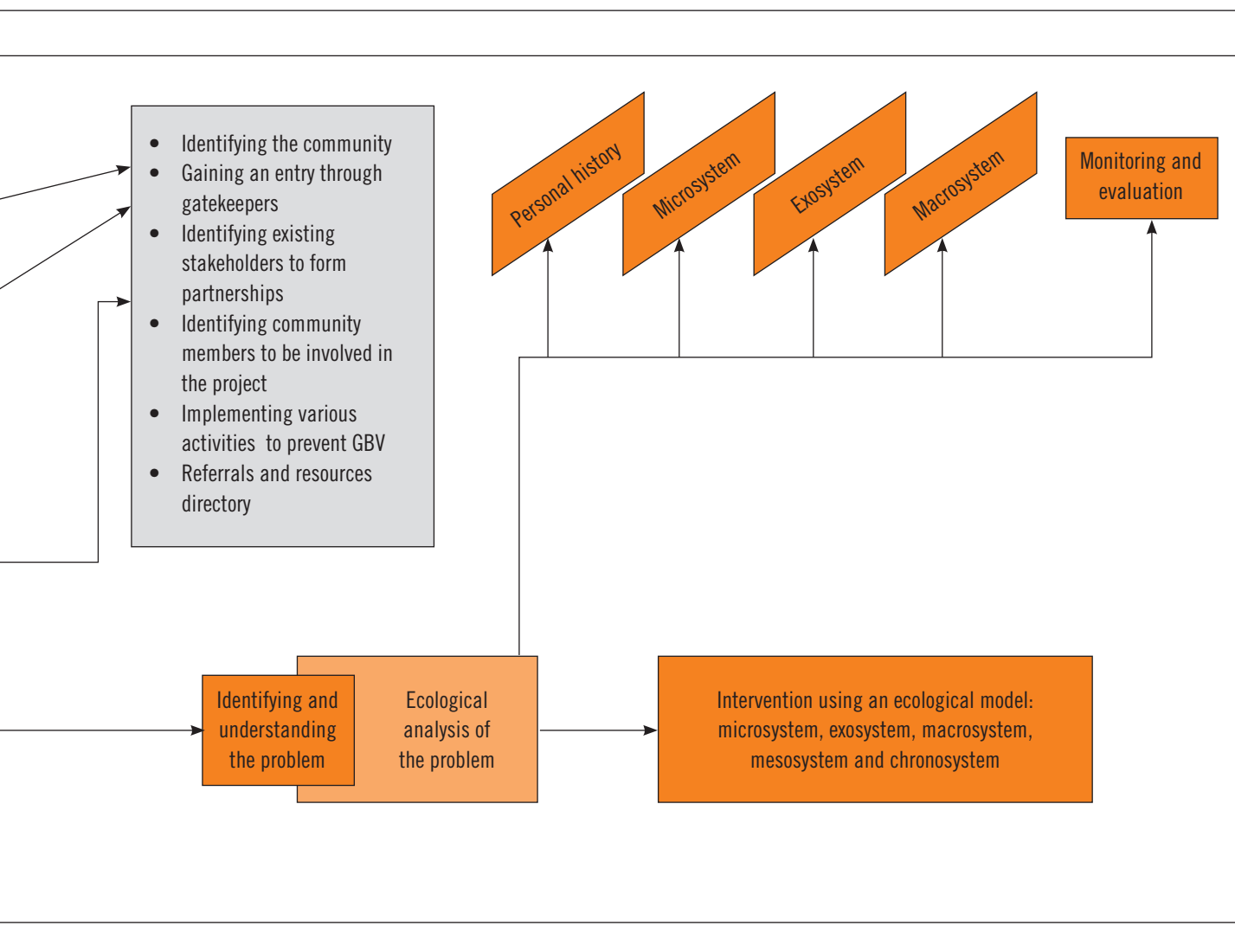
responsible for collating the information collected and using it to write evaluation reports about the impact of its interventions.

In-depth and long-term evaluations of the four communities were not conducted because of time and resource constraints. However, evaluation remains a necessary component of any GBV intervention. Lessons learnt can be mainstreamed into new GBV prevention initiatives locally, nationally, continentally and globally. The CSV's ecological model is summarised in Figure 3.

Figure 3. CSV's ecological model



Given that multiple factors contribute to GBV, an ecological approach to analysis is needed as well as ecologically-based interventions (Heise 1998). An important conclusion is that no single intervention will address all the risk factors that contribute to GBV. Multiple interventions at different levels of the ecological model (individual, community, institutional, legal and policy) are necessary (Morrison et al. 2007).



Concluding remarks and recommendations

GBV primary prevention interventions are possible. However, they clearly require more thought, time, financial resources and human and research capacity to gather community needs assessments data so that evidence-based interventions can be developed and implemented.

Community needs assessment needs to be conducted to determine and assess levels and types of GBV experienced in the target community. It is recommended that post-intervention evaluations be conducted to determine the impact of the interventions and whether the rate of GBV has decreased or increased.

The programmes that are designed must address both risk and protective factors in order to prevent the emergence of new incidences of GBV. Community members should be mobilised to be part of these interviews. Their views must be taken into account during the design, development, implementation and evaluation of the GBV prevention intervention strategies. Such a coordinated effort sets the

stage for a scaling up of these local initiatives nationally and can result in real and sustained change.

A guiding principle informing CSVr's model of community work is the transfer of information and skills to the partners on the ground to ensure project sustainability. Continuation of necessary interventions becomes effortless when partners and key community stakeholders have been involved in all stages, from planning and implementing to evaluating the project. The community capacity built around the area of data collection on GBV and how it is linked to multiple factors will assist CBOs in future research projects. It is hoped that the CBOs that CSVr worked with will take the lead in developing further GBV prevention interventions to address the link between harmful cultural, traditional and religious practices and GBV. After the successful implementation of a prevention intervention in one (pilot) community, similar interventions can be rolled out in other communities until all these GBV interventions snowball throughout the country.

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3rd Floor, Forum V, Braampark Office Park, 33 Hoofd Street, Braamfontein
P O Box 30778, Braamfontein, 2017, South Africa
Tel: (011) 403-5650
Fax: (011) 388-0819
Email: info@csvr.org.za
CSV website: <http://www.csvr.org.za>



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