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Mapping local gender-based violence prevention and response strategies in South Africa



EMBASSY OF FINLAND
PRETORIA



CSVR
The Centre for the Study of
Violence and Reconciliation

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Introduction

South Africa and the world in general recognise gender-based violence (GBV) as a major human rights violation (Abrahams et al. 2013; Heise et al. 2002; Jewkes et al. 2010). Since 1994, the South African government has worked hard to address various forms of violence, including GBV, in an effort to rebuild and heal South African communities from the traumas of the past. GBV has been acknowledged as a major concern, as reflected in the Crime Prevention Strategy adopted in 1996. The South African government has also signed international treaties (e.g., 1995 Beijing Declaration, Millennium Development Goals of 2000) and regional conventions (e.g., Maputo Protocol, Southern African Development Community [SADC] Policy on Gender) to deal with the problem of GBV. Furthermore, various pieces of relevant local legislation have been enacted: the Domestic Violence Act (No. 116 of 1998), Criminal Law (Sexual Offences and Related Matters) Amendment Act (No. 6 of 2012), Maintenance Act (No. 99 of 1998) and Protection from Harassment Act (No. 17 of 2011). National

campaigns such as 16 Days of Activism for No Violence against Women and Children and the 365 Day National Action Plan to End Gender Violence were initiated to raise awareness about GBV and find ways of preventing it. The strengths and weaknesses of these state initiatives will be discussed and evaluated in this report.

Nongovernmental organisations (NGOs) and community-based organisations (CBOs) have played a significant role in supporting some of the state initiatives to prevent and eradicate GBV, and have also initiated their own programmes to deal with the issue. The effectiveness and the limitations of these projects in preventing and eradicating GBV will also be analysed.

From 2013 to 2015, the Centre for the Study of Violence and Reconciliation (CSV) implemented a programme in four communities to raise awareness about GBV in order to prevent it. The last section of the report discusses these four case studies.

Research methodology

The report is based largely on secondary data. An extensive desktop study was conducted of policy documents, reports, book chapters and articles highlighting the key objectives and goals of various programmes aimed at preventing GBV. The research also included a review of specific programmes implemented by the South African government: Victim Empowerment Programmes (VEPs), 16 Days of Activism, the 365 Day National Action Plan and Thuthuzela Care Centres (TCCs).¹ Furthermore, specific legislation such as the Domestic Violence Act and the Criminal Law (Sexual Offences and Related Matters) Amendment Act were analysed.

The four NGOs chosen for desktop review – Gender Links, People Opposing Women Abuse (POWA), Sonke Gender Justice Network and Tshwaranang Legal Advocacy Centre (TLAC) – were selected because of their public prominence in advocating for the prevention and eradication of GBV, as well as to highlight their initiatives in preventing violence and assisting victims of GBV. Website information on these NGOs was used.

As noted, the CSVR has been involved in community-based projects aimed at addressing harmful traditional practices that drive GBV. The communities involved – Thulamela in Limpopo, Orange Farm in Gauteng, Loskop in KwaZulu-Natal and Bo-Kaap in the Western Cape – form the case study section of the report, which discusses how they have implemented various GBV programmes.

Limitations of the research methodology

The study relied on desktop research. This means only published reports, articles, books and policy documents were analysed. It is possible that there are other reports relevant to this study which have not been published or are not easily accessible. This is one of the main limitations of desktop research.

It is also important to acknowledge that many GBV prevention initiatives, including some discussed in this report, have not been evaluated scientifically to assess their effectiveness in preventing and eradicating GBV. A significant problem is that the lack of comprehensive and evidence-based interventions negatively affects the sustainability and effectiveness of programmes.

Furthermore, relying only on published information is inadequate as it does not provide all the details required for an in-depth analysis and review. Interviews with state officials and representatives of different NGOs would have enriched the study. However, due to time constraints, this was not possible.

Despite these limitations, the report maps a number of successful and promising local GBV prevention and response strategies implemented by state departments and various NGOs and CBOs in South Africa.

¹ *Thuthuzela* is an isiXhosa word for comfort.

Government interventions

Over the years, the South African government has implemented various initiatives to address GBV. However, it remains a major social, health, economic and cultural problem (Abrahams et al. 2013; Jewkes et al. 2010). There are a number of progressive GBV interventions and pieces of legislation in South Africa targeting individuals, the community, society at large or a combination of these. In collaboration with NGOs and CBOs, the government has also implemented public national campaigns such as 16 Days of Activism and the 365 Day National Action Plan in order to reach as many people as possible. The government uses a combination of preventive, reactive and support strategies to help fight GBV.

Victim Empowerment Programme

Concerned about increasing levels of violence in the country, including GBV, the post-1994 South African government developed various interventions, including the National Crime Prevention Strategy (NCPS). The latter provided an overall framework for the criminal justice system and violence prevention, and was approved by parliament in 1996 in an attempt to reduce the escalating violence. One of the key aims of the NCPS was to develop a victim-centred approach to help victims of violence avoid secondary victimisation. The VEP was introduced as an integral part of the NCPS. The key aims of the VEP are to:

- develop a criminal justice system that is victim-friendly;
- minimise the effects of violence on victims by providing good-quality services;
- encourage intersectoral, interdepartmental programmes that promote a victim-centred approach to crime prevention (Nel & Kruger 1999).

The VEP's overall development objective is to contribute to building safe and peaceful communities by strengthening a human rights culture and providing more effective, multisectoral and coordinated responses to victims of crime and trauma (Nel & Kruger 1999). The rights of victims are central. The Service Charter for Victims of Crime (Victims' Charter)² was subsequently developed and includes the following rights:

- to be treated with fairness and respect for your dignity and privacy;
- to offer information;
- to receive information;
- to protection;
- to assistance;
- to compensation;
- to restitution.

Given the objectives of the VEP, it was important to train employees from different government departments in the provision of basic counselling skills, trauma management skills and debriefing in order to assist victims of violence effectively and efficiently. The service delivery model was to be based on interdepartmental and intersectoral collaboration, with the Department of Social Development as the lead department. Implementation of the VEP strategy was to be done in collaboration with the South African Police Service (SAPS) and the Department of Justice. NGOs and CBOs were also brought in to provide support to victims of violence at the local level (Nel & Kruger, 1999).

Implementation of VEP with regards to GBV

Despite the noble objectives of VEP, GBV continued to rise and its increase was attributed to the lack of a clear strategy to prevent its causes (Gender Links 2012; Institute for Security Studies 2011; Jewkes 2002). The current statistics show that a woman is likely to be killed by her intimate partner every six hours in South Africa (Abrahams et al. 2013; Mathews et al. 2004). Many concrete goals of VEP as envisaged in 1996 were never realised. For example, the police were expected to provide sensitive services to the victims of GBV, and refer them to VEP units within police stations to provide a safe space for them. Despite the VEP policy, it is reported that some police officials still hold negative attitudes towards victims of GBV, resulting in secondary victimisation (Artz 2003; Mathews & Abrahams 2003). The departments of justice and health are also not actively involved in providing specialised services to victims of violence, including GBV. According to Nel and Kruger (1999), 60% of staff at the Department of Justice and 45% at the Department of Health complained about a heavy workload that allows them very little time and energy to spend on VEP matters. The authors conclude that these negative attitudes, combined with a lack of financial and human resources, affect the functioning of VEP-related activities.

However, some strides were made in that VEP policy influenced the Department of Justice to create TCCs (discussed later) as one-stop facilities linked to sexual offences courts. The VEP policy also influenced the Department of Social Development to establish safe homes for abused women, such as Ikhaya Lethemba in Braamfontein, which was opened in March 2003. Currently, this is the biggest centre for victims of violence, including GBV, in Gauteng and nationally, operating 24 hours a day.³ Ikhaya Lethemba provides an ideal picture of the VEP policy in practice, as various government

² Department of Justice and Constitutional Development, 'Service Charter for Victims of Crime in South Africa,' <http://www.justice.gov.za/vc/docs/vc-eng.pdf> (accessed 2 February 2016).

departments and NGOs work together to provide services to victims of violence. The staff members include social workers and volunteers from the Teddy Bear Clinic and LifeLine, doctors and nurses from medico-legal services, prosecutors from the National Prosecuting Authority, forensic police officers from SAPS and social workers from the Department of Social Development. Evidently, the centre provides a comprehensive package of services to victims, including a shelter home for abused women that accommodates 140 women and children.

Furthermore, Ikhaya Lethemba works with another 122 VEP units based at various police stations in Gauteng.⁴ These VEP units work with NGOs and CBOs to provide services to victims of violence, including GBV, and refer some of their clients to Ikhaya Lethemba for specialised services.

Strengths of VEP

The following are strengths of the VEP in assisting GBV victims:

- services are victim-centred;
- integrates services of various government departments under one roof (Ikhaya Lethemba is a good example of this);
- streamlines an integration of interventions aimed at empowering women who are in abusive relationships;
- advances the empowerment of women through income-generating projects (e.g., Ikhaya Lethemba offers such services).

Weaknesses of VEP

The following are some of the weaknesses of the VEP in assisting GBV victims:

- lack of cooperation between most departments;
- lack of clarity in terms of roles that each department needs to play to achieve the key objectives of VEP;
- no measurable impact of the programme (no monitoring and evaluating of the system has been completed);
- lack of financial resources for various government departments to implement VEP objectives;
- lack of funding for NGOs and CBOs to provide support to victims of violence at a local level;
- lack of training and debriefing services for frontline workers to provide professional services to victims of GBV;
- fragmented and uncoordinated services for victims of GBV;
- lack of counselling services (especially for GBV victims in rural areas and some urban areas).

The 16 Days of Activism campaign

The international 16 Days of Activism campaign started in 1991. The dates between 25 November (International Day for

the Elimination of Violence against Women) and 10 December (International Human Rights Day) were chosen to symbolically link violence against women and human rights and to emphasise that such violence is a violation of human rights.⁵ The first of December is also celebrated as World AIDS Day, another significant date within the 16 Days of Activism period. Individuals and groups around the world have used the 16 Days campaign as an organising strategy to call for the elimination of all forms of violence against women by:

- raising awareness about GBV as a human rights issue at the local, national, regional and international levels;
- strengthening local work around violence against women;
- establishing a clear link between local and international work to end violence against women;
- providing a forum in which organisers can develop and share new and effective strategies;
- demonstrating the solidarity of women around the world who organise against this form of violence;
- creating tools to pressure governments to implement promises made to eliminate violence against women.⁶

In 1998, the South Africa government officially adopted the 16 Days campaign as a primary preventive strategy for raising awareness about violence against women and children. The campaign continues to raise awareness among South Africans about the negative impact of violence against women and children on all members of the community. The key objectives of the 16 Days campaign, based on the 2014 campaigns, are:

- to encourage all South Africans to fight to eradicate violence against women and children;
- to ensure mass mobilisation of all communities to promote collective responsibility in the fight to eradicate violence against women and children;
- to encourage society to acknowledge that violence against women and children is not a government or criminal justice system problem, but a societal problem, and that failure to view it as such results in all efforts failing to eradicate this scourge in our communities;
- that all government departments must work together to eradicate violence against women and children.⁷

Each year, the South African government has a theme for the 16 Days campaign. Below are four examples of such themes:

- 1999: Fulfilling the Promise of Freedom from Violence;
- 2002: Creating a Culture that Says 'No' to Violence against Women;
- 2013: Don't Look Away, Act against Abuse;
- 2015: Count Me in: Together Moving a Nonviolent South Africa forward.

³ See, Gauteng Province, 'Ikhaya Lethemba & Victim Empowerment Services,' <http://www.gautsafety.gpg.gov.za/Pages/IKHAYA-LETHEMBA.aspx> (accessed 1 February 2016).

⁴ Ibid.

⁵ World YWCA, '16 Days of Activism against Gender Violence,' <http://www.worldywca.org/Take-Action/Campaigns/16-Days-of-activism> (accessed 1 February 2016).

⁶ Ibid.

⁷ South African Government, '16 Days of Activism for No Violence against Women and Children 2014,' <http://www.gov.za/16-days-activism-no-violence-against-women-and-children-2014> (accessed 1 February 2016).

These themes are intended to communicate something about what needs to happen to eradicate GBV. For example, the 2013 theme was aimed at encouraging people to assist victims of violence and not look away. Everyone was encouraged to act against abuse. The 2015 theme encouraged people to get involved in the campaign, with the ultimate goal of moving a nonviolent South Africa forward. However, we need to ask what the impact is of these 16 Days campaigns? Do they achieve their intended goals? Do they raise awareness about violence against women and children? The only existing impact assessment of the 16 Days campaign was conducted by Mbecke and Bosilong (2011, cited in Nduna & Nene 2014). Their study showed that 94% of respondents acknowledged the impact of the campaign on their understanding and attitudes towards GBV and child abuse. The attitudinal impact on female respondents led to them 'speaking out,' reporting and assisting victims. The attitudinal impact on male respondents encouraged them to 'stop abuse,' to get involved and to assist victims. Ninety-nine percent of the respondents emphasised that the campaign should continue (in Nduna & Nene 2014). However, these positive responses about the impact of the 16 Days campaigns have not led to a decrease of GBV and related forms of violence. One could argue that the awareness is there but this has not led to behavioural change for many perpetrators of GBV.

Some activists have criticised the 16 Day campaigns. For example, Joan van Niekerk, director of Childline, was quoted as saying,

There is an urgent need to have an independent cost and benefit analysis of the campaign. We're now in our 19th year of the campaign and we don't see a significant reduction in crimes against women and children. Could this money be better spent on evidence-based prevention and on response programmes?⁸

According to Professor Ann Skelton, director of the Centre for Child Law at the University of Pretoria,

Though awareness-raising is always valuable, there is scepticism about how much money and energy goes into this campaign instead of into a concerted whole-year approach. Currently, organisations that deliver services to children are struggling to stay alive because of funding constraints.⁹

Synnov Skorge, director of the Saartjie Baartman Centre for Women and Children, which offers a 'one-stop centre' for Cape Town's women and children who are survivors of abuse, says:

In theory, it could be very important to have a dedicated time

to highlight the extremely high levels of violence and more importantly, what action plan is being put in place to stop the current crisis situation that we are in. However, the 16 Days of Activism does not achieve this at all, so at this stage there is no point to the 16 Days other than that it is an indication that next to nothing is being done to end violence against women and children. There is no actual implementation of any real action and resources.¹⁰

Finally, according to the director of the Women's Legal Centre, Jennifer Williams:

The initiative had played a role in raising awareness around the prevalence of violence against women and girl children. However, as with any other campaign, it should be reviewed to see if it is still effective. Our society seems to have become desensitized to violence, especially gender based violence, and the campaign may need to be re-invented to address this. It also needs to be more substantive in addressing the underlying cause of gender based violence, which is a highly patriarchal society in which women are not equal to men.¹¹

It is clear that a comprehensive plan involving the government and civil society is needed to find ways of making the 16 Days campaigns more effective in preventing violence against women and children.

Strengths of 16 Days campaign

The following are strengths of the 16 Days campaign in preventing violence against women and children:

- creates awareness and publicity about the problem of violence against women and children;
- assists and motivates some victims to seek help;
- encourages the involvement of everyone in condemning violence against women and children;
- helped initiate the 365 Day National Action Plan;
- provides a platform for continued discussion of GBV.

Weaknesses of 16 Days campaign

The following are weaknesses of the 16 Days campaign in preventing violence against women and children:

- lacks significant, measurable impact;
- government departments and civil society organisations do not work together;
- insufficient scientific evidence about the impact of the campaign;
- campaigns are largely urban centred and fail to reach rural areas where there is a greater need.

⁸ Nashira Davids, 'Sixteen Days Campaign Is a Waste of Time,' *Times Live*, 26 November 2013, <http://www.timeslive.co.za/thetimes/2013/11/26/16-days-campaign-is-a-waste-of-time> (accessed 1 February 2016).

⁹ Ibid.

¹⁰ Rebecca Davis, 'No Violence against Women and Children: 16 Days Is All You Get,' *Daily Maverick*, 13 December 2012, <http://www.dailymaverick.co.za/article/2012-12-13-no-violence-against-women-and-children-16-days-is-all-you-get/#.VrCXp0AoQwA> (accessed 2 February 2016).

¹¹ Ibid.

365 Day National Action Plan to End Gender Violence

The 365 Day National Action Plan grew out of the 16 Days of Activism campaign. It was decided at a conference held in Kopanong, Johannesburg, in 2006 that the 16 Days campaign was not enough and that a more comprehensive and sustained approach was necessary (Nduna & Nene 2014). The goals of the 365 Day National Action Plan are to:

- maintain a sustainable prevention and awareness campaign that extends the 16 Days campaign into a year-long campaign;
- involve women and men across the country, and have a measurable impact on attitudes and behaviours;
- ensure that all relevant legislation is passed, budgeted for, thoroughly canvassed and implemented;
- ensure comprehensive treatment and care for all survivors of gender violence, including the provision of post-exposure prophylaxis (PEP) to reduce the chances of HIV infection, treatment for the possibility of sexually transmitted infections and pregnancy as well as counselling;
- provide support and empowerment for victims through places of safety, secondary housing and employment opportunities as well as rehabilitation of offenders;
- ensure the plan is widely canvassed and adapted for implementation at all levels: national, provincial and local (Nduna & Nene 2014: 83–84)

The Action Plan is mainly involved at the primary intervention level, identifying factors that drive gender violence and finding ways of eradicating them. Interventions are aimed at individuals, families and communities. The state needs to play a role in ensuring that all primary prevention strategies aimed at ending gender violence are supported.

In 2012, the Commission for Gender Equality was tasked with assessing the progress made by the 365 Day National Action Plan since 2006. The Commission's key finding was that there was a lack of cooperation among various stakeholders in implementing the tasks of the Action Plan at different levels of intervention. This impacted negatively on the effectiveness of the Plan (Commission for Gender Equality 2012).

Strengths of the 365 Day National Action Plan

The following are strengths of the Action Plan:

- preventative rather than curative;
- aims to eradicate gender violence before it occurs.

Weaknesses of the 365 Day National Action Plan

The following are limitations of the Action Plan:

- its focus on men and young boys as partners to end gender

violence is still weak;

- lack of cooperation among key stakeholders;
- lack of funding to support initiatives aimed at eradicating gender violence.

State policy framework interventions

The South African government has enacted various pieces of legislation aimed at dealing with the problem of GBV, including:

- Domestic Violence Act (No. 116 of 1998);
- Criminal Law (Sexual Offences and Related Matters) Amendment Act (No. 32 of 2007);
- Maintenance Act (No. 99 of 1998);
- Child Justice Act (No. 75 of 2008).

For the purposes of this report, the effectiveness of only the Domestic Violence Act and the Criminal Law (Sexual Offences and Related Matters) Amendment Act as legislative frameworks to deal with the problem of GBV will be discussed.

Domestic Violence Act

This Act deals with the increasing problem of domestic violence in South Africa. The main aim of the Act is to provide maximum protection to victims of domestic violence by ensuring that the police provide the necessary support to these victims: help them open their cases and apply for protection, and refer them to shelters or other places of help, such as VEP units or medical facilities. It is also important for the police to arrest the perpetrators of domestic violence. On the whole, the Act has been hailed as an innovative piece of legislation in trying to deal with the high incidence of domestic violence in South Africa (Vetten et al. 2010).

Strengths of Domestic Violence Act

The following are strengths of the Act in dealing with GBV:

- helps raise awareness about the nature of domestic violence in the country;
- provides victims of domestic violence with a range of remedies and protective services, such as receiving a protection order or being referred to a place of safety;
- prioritises the needs and rights of victims to be treated with respect and dignity;
- refines the role of the police in protecting victims of domestic violence.

Weaknesses of Domestic Violence Act

The following are weaknesses of the Act in dealing with GBV:

- implementation of the Act has been raised as a major weakness (Mathews & Abrahams 2003; Parenzee et al. 2001);
- failure of some police officers to protect the needs and rights of

victims of domestic violence as stipulated in the Act;

- lack of sufficient training for officials expected to implement the Act (Vetten et al. 2010);
- failure of the criminal justice system to deal with cases of domestic violence as stipulated in the Act;
- lack of cooperation among various government departments to meet the needs of victims of domestic violence;
- lack of funding for programmes aimed at eradicating domestic violence (Goldman & Budlender 1999; Vetten 2005).

Criminal Law (Sexual Offences and Related Matters) Amendment Act

The amendment to this Act was made mainly to address the problem of sexual offences in the country, which was estimated to be on the increase (Jewkes & Abrahams, 2002; Vetten et al., 2008). The key contribution of the Act is the redefinition of rape, which is defined as intentionally committing an act of sexual penetration without consent, irrespective of gender. This new definition has been hailed as groundbreaking as it recognises that rape is not only committed against heterosexual women, but can also be committed against men, other women and transgendered people, whether straight, lesbian, gay, bisexual or asexual (Nduna & Nene 2014).

The definition has also been extended to include sexual offences against children and persons with disabilities, including offences related to sexual exploitation or grooming, exposure to or display of child or other pornography to children, and creating child pornography (Hwenha, no year). On the whole, the new definition is broad and comprehensively covers various aspects of rape.

Furthermore, the Act has empowered courts to provide extrajudicial territorial jurisdiction when dealing with sexual offences cases. This includes providing certain services to victims of sexual offences to eliminate secondary victimisation or traumatising. The establishment of TCCs has helped to strengthen the provision of medico-legal and psychosocial services to victims of sexual violence.

Thuthuzela Care Centres

TCCs were established as one-stop facilities to provide services to victims of sexual offences. Victims have access to the services of the investigating police, doctors, nurses, social workers, psychologists and prosecutors (Nduna & Nene 2014). These centres mainly operate in public hospitals and are linked to sexual offences courts. Once a sexual offence has been reported, the victim is immediately removed from any intimidating environment and taken to a Thuthuzela centre. The victim sees a nurse or doctor for any medical assistance, including provision of medication to prevent

HIV infection. The doctor also conducts a medical examination to collect any forensic evidence of the rape. The examination needs to happen within 72 hours, after which time the victim is offered the opportunity to take a bath or shower and change into clean clothes.¹² After that, an investigating officer who is trained to work with victims takes a statement.¹³ The victim will also see a social worker or psychologist for emotional support. Thereafter, the victim may go home if it is safe to do so or will be referred to a shelter or other safe place if s/he is not able to return home. Follow-up appointments are arranged for further medical treatment, counselling and court preparation.

On the whole, TCCs have been praised as a good model for providing services to victims of sexual offences under one roof (Nduna & Nene 2014). The centres are staffed by skilled personnel and volunteers. As a result, they have been found to eliminate secondary victimisation, provide good medical care and increased conviction rates of perpetrators due to the manner in which forensic evidence is collected (Nduna & Nene 2014). Victims also feel empowered by the support that they receive at TCCs (Nduna & Nene 2014). Although TCCs have been found to be an effective tool in providing support to victims of sexual violence, there are not enough of them (Watson 2015). There are currently 52 TCCs in the country but, given that sexual offences are on the increase (source), more need to be established.

The table below shows the number of TCCs per province:

Province	Number of TCCs
Eastern Cape	8
Free State	4
Gauteng	7
KwaZulu-Natal	8
Limpopo	6
Mpumalanga	4
North West	5
Northern Cape	5
Western Cape	5
<i>Source: Watson (2015)</i>	

Some TCCs were initially established through donor funding, but the government has now taken them over and they are funded through the National Treasury (Nduna & Nene 2014). However, lack of state funding for TCCs has been raised as a major cause for concern. In his reply to a parliamentary question in 2013, then Justice Minister Jeff Radebe said only 35 of the 52 department-

¹² National Prosecuting Authority, 'Thuthuzela Care Centre: Turning Victims into Survivors,' https://www.npa.gov.za/sites/default/files/resources/public_awareness/TCC_brochure_august_2009.pdf (accessed 1 February 2016).

¹³ Ibid.

run TCCs across the country were fully operational.¹⁴ It is alleged some of the TCCs are not functioning effectively due to lack of state funding, which raises questions about the state's commitment to providing services to victims of gender violence.

Strengths of TCCs

The following are strengths of TCCs:

- have improved the process of reporting and prosecuting rape and other sexual offences;
- help prevent secondary traumatisation of survivors as the entire process takes place in a dignified and friendly environment;
- provide the needed services for GBV victims in a centralised space under one roof (Watson 2015);

- facilitate interdepartmental cooperation between various government departments;
- significantly reduce the workload on other services that are already overburdened.

Weaknesses of TCCs

The following are weaknesses of TCCs:

- lack of funding compromises services offered;
- lack of TCCs in remote rural areas;
- limited numbers of trained prosecutors, doctors, police and/or social workers to deal with cases of sexual violence (Watson 2015).

¹⁴ Sapa, 'Lack of Funding Undermines Thuthuzela Rape Care Centres: DA,' Times Live, 21 August 2013, <http://www.timeslive.co.za/politics/2013/08/21/lack-of-funding-undermines-thuthuzela-rape-care-centres-da> (accessed 1 February 2016).

Nongovernmental organisations

In South Africa, NGOs are on the frontline of promoting human rights at grassroots, local, provincial, national, regional and international levels through various interventions, research, lobbying and advocacy. NGOs often give voice to causes that are generally ignored, forgotten or marginalised. While NGOs provide critical services, they are frequently not properly funded by the state. Many rely on local and international donors, which negatively affects their work, especially when insufficient funding is provided. Despite this, South African NGOs continue to play a significant role in preventing and eradicating GBV.

The GBV-related work done by Gender Links, POWA, TLAC, the Women's Legal Centre and Sonke Gender Justice is described next. These five NGOs were chosen because of the significant role that they play in dealing with GBV in South Africa.

Gender Links

Gender Links was formed in 2001. It operates in 15 African countries, with its headquarters in Johannesburg. Gender Links raises awareness about GBV and promotes gender equality in the media and in all governance structures. In partnership with the government and other nonprofit organisations and NGOs, Gender Links conducts research studies and campaigns to fight gender violence, HIV and AIDS and other societal ills. Their work increases national awareness around GBV and ways in which it can be prevented. The Gender Links programmes allow for both a societal and an individual impact. For example, broader society is made aware of the problem of GBV and individual women are empowered to act against abuse.

Strengths of Gender Links

The following are strengths of Gender Links in combating GBV:

- works with other regional gender NGOs in advocating and lobbying for the elevation of the SADC Declaration on Gender and Development into a protocol;
- coordinates various networks of gender NGOs for implementing the protocol in order to achieve Millennium Development Goal 3 on gender equality;
- uses media to raise awareness about gender-related issues, including GBV;
- conducts research studies to highlight various challenges that women face on the African continent;
- conducts monitoring and evaluation studies to assess the impact of their interventions in various countries. Their monitoring barometer draws on previous research and uses

an online monitoring tool that integrates all past studies for greater efficacy and comparability;

- plays an important role in capacity building of other organisations to achieve a multiplier effect in which these organisations take forward the necessary cause of combating gender violence.

People Opposing Women Abuse

POWA is an NGO which was formed in 1979 by a group of women volunteers in order to provide referral services and shelter to women experiencing domestic violence.¹⁵ Today, the organisation continues to provide various services to victims of domestic violence, including:

- counselling services – individual therapy as well as support group or telephonic counselling and referral to other services;
- legal services – individual and telephonic assistance, assistance with court preparation, support or referral for pro bono legal services;
- advocacy services – campaigns for legal reform and protection of women against GBV;
- media services – public campaigns to raise awareness of the problem of GBV and its negative effects on society, including the One in Nine Campaign: Solidarity with Women Who Speak Out and the Shukumisa Campaign;
- capacity building – training women, men and volunteers as a way of strengthening GBV interventions in communities;
- research to increase knowledge about GBV and influence policies. Women are assisted to write stories and poems about their own lives for *Raising Her Voice*, an annual publication.¹⁶

Strengths of POWA

The following are strengths of POWA in combating GBV:

- provides free services to all women in South Africa who need counselling or legal advice to deal with GBV-related issues;
- works with women in communities to provide these services, thus making the services easily accessible;
- works with women at grassroots level to take ownership of the interventions;
- empowers women through encouraging them to write stories about their own lives and experiences;
- engages in various media campaigns to raise awareness about GBV;
- engages in various lobbying and advocacy-related issues to influence policies.

¹⁵ Sangonet, 'People Opposing Women Abuse,' <http://www.ngopulse.org/organisation/people-opposing-women-abuse> (accessed 1 February 2016).

¹⁶ Ibid.

Tshwaranang Legal Advocacy Centre

The TLAC was established in 1996 to deal with the problem of GBV in South Africa.¹⁷ Its main objective is to facilitate access to justice for women who have experienced or are at risk of experiencing GBV.¹⁸ This is done through research, capacity building and advocacy. One of the main contributions of the TLAC is its advocacy work to deal with legal issues relating to violence against women. On several occasions, TLAC and other civil society organisations have been admitted as *amicus curiae* in criminal and civil cases in various courts, including the Constitutional Court. Some of the legal cases that TLAC has been involved in are:

- *S v Hewitt* (Durban High Court);
- *Sonke Gender Justice Network v Mr Julius Malema* (Equality Court);
- *S v Zuma* (Witwatersrand Local Division);
- *Vilakazi v State* (Supreme Court of Appeal).¹⁹

In addition to public interest litigation, TLAC also provides free legal advice relating to GBV and other gender-related matters. Public campaigns and capacity-building initiatives are also held to raise awareness about GBV and legal remedies that women can explore to deal with their situation.

Strengths of TLAC

The following are strengths of TLAC in combating GBV:

- builds the capacity of citizens to claim their rights through courts;
- provides free legal information and support to clients relating to GBV, maintenance and family law;
- assists victims in litigating as part of seeking redress;
- researches and monitors how various laws and policies to protect GBV victims are implemented;
- engages in law reforms and policy development;
- builds communities' capacity to advocate for the rights of women.

Sonke Gender Justice

Sonke was established in August 2006 and works to support men and boys to take action to promote gender equality, prevent domestic and sexual violence, and reduce the spread and impact of HIV and AIDS. Sonke's vision is 'a world in which men, women and children can enjoy equitable, healthy and happy relationships that contribute to the development of just and democratic societies.'²⁰

Sonke Gender Justice uses a broad range of social change strategies to promote gender equality and to foster healthy relationships and societies, including:

- working with government to promote change in policy and

practice;

- community education and mobilisation;
- organisational development and strengthening;
- mass and community media;
- individual skills building;
- research, monitoring and evaluation;
- building effective networks and coalitions.²¹

Many studies have shown that working with men and boys can effectively address gender inequality (Sathiparsad 2008; Sonke Gender Justice Network 2013). For example, the One Man campaign by Sonke Gender Justice has been found to be effective in changing men's attitudes towards women, encouraging testing for HIV and advocating for the rights of women (Sanger et al. 2013; Sonke Gender Justice Network 2013).

Strengths of Sonke Gender Justice

The following are strengths of Sonke Gender Justice in combating GBV:

- uses media well to inform people about GBV and the role that they can play to reduce or eradicate it;
- works closely with communities in implementing its projects;
- encourages men and boys to be involved in activities that are aimed at preventing and eradicating GBV;
- helps to challenge patriarchal attitudes that drive GBV in communities;
- uses multidisciplinary techniques to create awareness and advocacy about GBV-related issues;
- partners with government and other stakeholders in the prevention of GBV;
- monitors and evaluates its programmes to assess their impact and effectiveness in reducing GBV.

Shukumisa campaign

The Shukumisa (which means 'to stir') campaign was launched in 2008 by between 30 and 40 NGOs working in the sector of gender violence prevention.²² Its main aim is to stir up public and political will to ensure the implementation of the Sexual Offences Act of 2007 by various government departments, such as the police, social development, health and justice. In practice, this campaign consists of carrying out monitoring at police stations, health facilities and courts to determine the extent to which government departments and service providers are meeting their commitments to providing services to victims of sexual offences.²³ Shukumisa field workers in different provinces visit various police stations, health facilities and courts to conduct interviews with relevant officials about their understanding of the Act, how they implement its provisions, resources available to implement it and challenges that they

¹⁷ Tshwaranang Legal Advocacy Centre, <http://www.tlac.org.za/index.php/about/15-about-tlac> (accessed 1 February 2016).

¹⁸ Ibid.

¹⁹ Tshwaranang Legal Advocacy Centre, 'Tshwaranang Litigation,' <http://www.tlac.org.za/index.php/resources/83-tshwaranang-litigation> (accessed 1 February 2016).

²⁰ Sonke Gender Justice, <http://www.genderjustice.org.za/> (accessed 1 February 2016).

²¹ Ibid.

²² Shukumisa, 'Shukumisa Campaign Members,' <http://www.shukumisa.org.za/campaign-partners/> (accessed 1 February 2016).

²³ Shukumisa, 'About Shukumisa,' <http://www.shukumisa.org.za/about/> (accessed 1 February 2016).

encounter in implementation. Research reports of these monitoring visits have been published by the Shukumisa campaign.²⁴ Below is a summary of the key findings of the 2014 research report:²⁵

- Of 87 police stations across six provinces – Gauteng (26), Western Cape (8), Limpopo (15), Northern Cape (15), Eastern Cape (20), KwaZulu-Natal (3) – 60% had a copy of the Sexual Offences Act, 53% had copies of the Notice of Services Available to Victims, 71% had a copy of the National Instructions 3/2008, 51% were able to produce the station orders around sexual offences, 53% had a list of organisations providing services to rape survivors and 48% had a list of hospitals providing PEP to rape survivors.
- Of 28 courts visited across five provinces – Gauteng (5), Western Cape (4), Limpopo (11), Eastern Cape (7), KwaZulu-Natal (1) – 64% had witness waiting rooms, 88% had CCTV facilities, 36% had a room/office for NGO use and 56% had court preparation officers.
- Of 30 hospitals across five provinces – KwaZulu-Natal (2), Limpopo (5), Western Cape (3), Gauteng (8), Eastern Cape (12) – 18 provided PEP to rape survivors. Twelve of the thirty facilities conducted compulsory HIV testing of offenders when they were brought in. In four of these facilities there were no separate waiting rooms for offenders and survivors.

Shukumisa uses this information to campaign in order to consolidate and strengthen a collective state response to sexual violence in South Africa to ensure that effective, quality services for survivors of sexual violence are available and sustained.

Strengths of Shukumisa campaign

The following are strengths of Shukumisa in combating GBV:

- facilitates relationships among various NGOs that work in the gender violence-prevention sector;
- advocacy and lobbying;
- advocates for the improvement of services where there are problems;
- holds the state accountable for protecting and promoting rights of victims;
- raises awareness about challenges that victims encounter when visiting places of assistance, such as police stations, health facilities and courts.

Centre for the Study of Violence and Reconciliation

The CSVR was founded in 1989 to understand and prevent the root causes of violence in all its forms, and to address its consequences

in order to build sustainable peace and reconciliation in South Africa and across the African continent. CSVR uses its research work to develop violence prevention strategies for use by communities, CBOs and relevant government departments. This is done by conducting multilevel engagements in order to create social change: at the personal level (individual and family), through service provision; community development through social mobilisation; and at the government level, by influencing policy development and practice. Over the years, CSVR has also been doing gender violence-prevention work. The organisation recognises the South African government's commitments to international and regional conventions that set out to protect victims of GBV, but this still remains a problem in the country.

From 2013 to 2015, CSVR was involved in community-based projects aimed at addressing harmful traditional practices that drive GBV in four communities – Thulamela in Limpopo, Orange Farm in Gauteng, Loskop in KwaZulu-Natal and Bo-Kaap in the Western Cape. The remainder of the report examines how CSVR worked with local organisations to implement primary prevention interventions to address traditional, cultural and religious practices that perpetuate GBV in these communities. CSVR decided to focus on these practices because they are often ignored in gender violence-prevention initiatives. In the CSVR's interventions, traditional and religious leaders were engaged without threatening their belief systems. Attempts were made to help them see how some of the practices are harmful to women and girls in their communities. Critical conversations were held to discuss strategies and ways in which some of these practices could be modified, transformed or changed to promote and protect the rights of women and girls. Men in the communities were also invited to be part of these conversations as it is important that men are engaged in interventions to deal with the problem of GBV. Evidence shows that effectively engaging men in gender equality work can have benefits for women, children and men themselves (Sathiparsad 2008).

On the whole, the four case studies provide important lessons on how communities need to be mobilised based on the following principles: community needs assessment; raising community awareness of the problem; creating community networks; integrating the actions of community members, traditional and religious leaders as well as social service providers within the community; and implementing consolidated efforts to curb the problem of GBV.

²⁴ Ibid.

²⁵ Shukumisa, 'Resource Archive List,' <http://www.shukumisa.org.za/resource-archive-list/> (accessed 1 February 2016).

Four case studies

Thohoyandou Victim Empowerment Programme

Thohoyandou Victim Empowerment Programme (TVEP) is an NGO located in Thohoyandou in Limpopo province. The organisation was formed in 2001 as a one-stop trauma centre to provide counselling to victims of GBV. Since its formation, the organisation has also been involved in lobbying and advocacy initiatives to protect the rights of women and girls.

From 2013 to 2015, TVEP collaborated with CSVr to implement a project aimed at challenging traditional, cultural and religious practices that contribute to GBV. As a local organisation in the area, TVEP facilitated entry into the rural community of Mukula, situated in Thukela Municipality. Like other rural areas in South Africa, Mukula is characterised by high levels of poverty and unemployment.

To gain entry, the initial meetings were held with local traditional leaders – who serve as gatekeepers in rural areas – to explain the aim of the project in order to receive permission to work in the community. It is important to approach these leaders before any intervention is implemented. The traditional leaders in Mukula were happy about the implementation of the project as they also raised the issue of domestic violence and rape as a major problem in the village.

Following the meeting with traditional leaders, TVEP conducted a needs assessment with technical support from CSVr. As part of the needs assessment, community meetings were held with local school teachers, police, social workers, representatives of different organisations, community members and church leaders. Both individual interviews and focus groups were used to collect basic information about the problem of GBV in this village. The key drivers of GBV were identified during the needs assessment and included the following: entrenched patriarchal attitudes, for example that a man is the head of the household; inequalities between men and women; and normalisation of violence through cultural messages such as *lebitla la mosadi ke bogadi* (a real woman does not file for divorce despite the abuse that she may be suffering in her marriage as divorce is seen as a sign of failure. A woman is expected to endure pain and suffering in the marriage). TVEP organised a community meeting to share the key findings of the needs assessment. Following the presentation of these findings, a steering committee was formed which included community members, staff of TVEP, church leaders and various community leaders. It was the responsibility of this committee to organise various intervention activities aimed at raising awareness about GBV and discussing ways in which it could be prevented and eradicated in Mukula. The police, youth, men, women, traditional leaders, social workers and

key stakeholders were invited to workshops on the following topics:

- Speak Out workshops, which encouraged people to speak out about GBV as well as to assist victims or encourage them to seek help. Badges of Courage were awarded to people who had shown courage by breaking the silence and those who had taken a strong stand against abuse. It is envisioned that the badges will continue to be awarded as a sustainable means of encouraging and rewarding positive behaviour.
- Accountability and citizenship workshops in which people were taught about their rights as enshrined in the constitution.
- Workshops on GBV, which made links between GBV and harmful traditional and cultural practices. The idea that ‘women are property’ was challenged. Traditional leaders also attended workshops in which they challenged traditional notions of manhood. For example, one traditional leader was quoted as saying, ‘I cannot [any] longer take a woman as property but I support equal partnership.’
- Awareness-raising workshops about existing policies and legislation, such as the Domestic Violence Act and the Sexual Offences Act, were aimed at curbing GBV. Copies of the Domestic Violence Act, the Victims’ Charter and other relevant legislation were handed out. These workshops were aimed at reducing the gaps between state institutions and grassroots organisations, and ensuring improved accountability and response to violence by state institutions.

On the whole, this intervention allowed community members in Mukula to gain some insight into how traditional and cultural factors drive GBV, as well as ways in which this could be prevented and eradicated.

Strengths of TVEP

The following are strengths of the TVEP intervention in combating GBV:

- locally driven and oriented;
- culturally specific and community members conducted the intervention;
- involved men and boys in fighting GBV;
- involved traditional leaders;
- men and women challenged gender stereotypes;
- women and girls encouraged to report domestic violence cases to police stations, irrespective of their economic status;
- challenged traditional and cultural practices that drive GBV.

Weaknesses of TVEP

The following are weaknesses of the TVEP intervention in combating GBV:

- lack of funding made the intervention unsustainable;

- lack of impact studies to assess whether the workshops had a positive impact or not;
- violence against LGBTI people, a common problem in the area, was not addressed in the workshops;
- lack of sustainability, as it was a short-term intervention;
- dialogues often do not lead to behaviour change, especially if the dialogues are not continuous.

The Nisaa Institute for Women's Development intervention

The Nisaa Institute for Women's Development, started in 1994, is an NGO committed to preventing and eradicating violence against women and children. The organisation also provides counselling and shelter services to victims of GBV. It also lobbies and advocates for the rights of women and children.²⁶ From 2013 to 2015, CSVR partnered with Nisaa in Orange Farm to implement a community-based intervention aimed at preventing and eradicating GBV.

Orange Farm is a township situated in the south of Johannesburg. It was established as an informal settlement in the late 1980s. At that time urbanisation in South Africa was steadily increasing as a result of the scrapping of the pass laws. New urban migrants to Johannesburg used open spaces in Orange Farm to build shacks due to a lack of houses for the increasing population in the area. By 1989, over 3 000 families had settled in Orange Farm. In addition to this, the population of Orange Farm expanded as a result of the resettlement of residents who were removed from other overcrowded and underserviced locations. They were allocated land in Orange Farm through selective site and service schemes, in this instance by the then Southern Municipal Local Council.²⁷ Low-cost houses were built, particularly after 1994 through the Reconstruction and Development Programme policy. According to the 2011 census, the population of Orange Farm was just under 77 000 people living in an estimated 21 029 households. However, the area covered by the Orange Farm sub-site includes what may be called 'Greater Orange Farm,' which encompasses the surrounding areas of Stretford, Drieziek and Lakeside. The population of this overall area is significantly higher and may be in the region of 400 000 people.²⁸

The area of Orange Farm is affected by extreme levels of poverty, unemployment and violence, including GBV (De Wet et al. 2008). It is against this background that CSVR decided to form a partnership with Nisaa in Orange Farm. Nisaa is a local organisation and has been working in this community for over 10 years to address the problem of GBV. The organisation had all the relevant data about patterns and trends of GBV in this community. Meetings were organised between CSVR and Nisaa to analyse and reanalyse the data with the aim of designing interventions to address the drivers of GBV in this community. It was agreed in these meetings that

community dialogues needed to be organised with men, women, youth and other relevant stakeholders to discuss strategies and ways in which GBV could be prevented. The police, social workers and representatives from different government departments were also invited to attend public dialogues on GBV. Below is a list of the community dialogues held from 2013 to 2015 in Orange Farm:

- An intergenerational women dialogue with the women and girls in Orange Farm focused on the link between HIV and GBV. It emerged that many women and girls were at high risk of HIV infection due to being in abusive relationships with men who refused to use condoms or with whom it was difficult to negotiate the use of condoms.
- A youth dialogue with a group of young men and women discussed the relationship between alcohol abuse and GBV among the youth. It emerged that some instances of date rape among young people happen on weekends, when they are out drinking. It was agreed that young people need to take a stand against sexual violence.
- A community dialogue with the police, social workers, community members and stakeholders from various government departments discussed ways in which victims of GBV need to be supported in this community. The local police station agreed to work with volunteers to establish a special unit to assist victims of GBV. The provincial Department of Community Safety funded a building within the police station where victims of GBV can be assisted. Currently, the building is functional and victim-friendly. Trained police officials and volunteers work in this office to help victims of GBV to report their cases and receive counselling and support. Victims are also assisted to fill in protection orders and taken to court if there is a need.

On the whole, the intervention in Orange Farm was described as successful.

Strengths of Nisaa

The following are strengths of Nisaa in combating GBV:

- community ownership of the intervention through their participation and active involvement;
- empowered women and young girls who are directly affected by GBV to take a lead in the conversations;
- allowed the police and other state departments to be involved in the intervention;
- facilitated collaboration between the police, local social workers, NGOs and other government departments;
- involved the youth in the community dialogues to prevent and eradicate GBV.

²⁶ Nisaa Institute for Women's Development, <http://www.nisaa.org.za/about/> (accessed 1 February 2016).

²⁷ Affordable Land and Housing Data Centre, 'Suburb Profiles: Orange Farm,' http://www.alhdc.org.za/static_content/?p=1342 (accessed 1 February 2016).

²⁸ See, *ibid.*, where a figure of 400 000 is given. The CoJ website gives a figure of 350 000. City of Johannesburg, 'Orange Farm: Beauty in the Land of the Poor,' http://www.joburg.org.za/index.php?option=com_content&id=932&Itemid=52 (accessed 1 February 2016). The Human Sciences Research Council (HSRC) puts the overall population of Region G, of which Orange Farm is a part, as 15% of the 4.6 million people in Johannesburg or roughly 690 000 people. HSRC, 'The City of Johannesburg (CoJ) Economic Overview: Demographics and Service Delivery,' 24 July 2014, <http://www.hsrc.ac.za/uploads/pageContent/4974/HSRC%20Seminar%203rd%20Presentation%20COJ%20Demographics%20&%20Service%20Delivery%2024July2014.pdf> (accessed 1 February 2016). Some reports suggest that about 60% of the Region G population is concentrated in the Orange Farm area as well as the Kanana Park area to the north-east of it.

Weaknesses of Nisaa

The following are weaknesses of Nisaa in combating GBV:

- no impact studies have been conducted to assess the effectiveness of the dialogues in preventing and eradicating GBV;
- lack of funding will negatively affect the sustainability of this intervention;
- men were not actively involved in some of the dialogues.

Women of Bo-Kaap

Bo-Kaap is a small community situated in Cape Town in the Western Cape. It is traditionally a Muslim residential area.²⁹ This community has a population of over 6 000 people, more than 90% of whom are Muslim.³⁰ Members of the community have clung to their culture and religion and are mostly governed by Islamic teaching or Sharia law, which regulates public and some private aspects of life for Muslims.

Muslim marriages are not legally recognised in South Africa. The Marriage Act (No. 25 of 1961, amended in terms of Civil Union Act No. 17 of 2006), which governs marriages in South Africa, specifically states that a marriage is between two people. In terms of Islamic law, a man is allowed to marry more than one wife if he can afford to take care of them. Since 1994, attempts have been made to recognise Muslim marriages, with the aim of protecting the rights of women married under Sharia law. The fact that Muslim marriages are not legally recognised means that many Muslim women are left with nothing in the event of divorce (Amien 2006; Moosa 1996). It is argued that this power inequality between men and women puts women at further risk of GBV (Amien 2006; Moosa 1996).

It is against this background that CSVr wanted to organise dialogues with Muslim women to hear about their lived experiences and to explore whether or not religious practices in their community perpetuate GBV. After gaining entry to the community through a community leader known to CSVr, a meeting was organised with 27 Bo-Kaap women to talk about gender relations in the community. Some women were initially sceptical about the meeting, but a conducive environment was created where they were able to share their experiences of GBV and ways in which it could be prevented. Sociopolitical, cultural and religious issues affecting women in Bo-Kaap were brought to the fore. It was clear that many women in this community were accepting GBV as part of their culture. In addition, some spoke of the challenges associated with getting a divorce, especially given that Muslims believe no human jurisdiction can supersede Sharia law. A Muslim woman must apply to the Muslim Judicial Council to obtain a divorce. The Council is male dominated and often does not approve such applications. The women identified a number of traditional, cultural and religious practices that impact

negatively on women and young girls and infringe on their human rights. These included:

- a cultural and religious emphasis on young girls maintaining their virginity until they get married, while the same emphasis does not apply to young boys;
- segregated gender roles, including rights and obligations, such as a wife's subordination and a husband's right to discipline or beat his wives;
- men's inheritance share being twice that of women;
- the practice of polygamy in which Muslim men are permitted to have up to four wives;
- challenges associated with divorce or dissolution of marriages for Muslim women as these marriages are not yet legally recognised. As a result, many Muslim women do not have legal protection during a divorce;
- dress codes which are obligatory for women while in public spaces, while the same restrictions do not apply to men;
- social exclusion and marginalisation of widows for a period of four months following the death of their spouse.

Following a meeting in 2013, it was agreed that a support group for women in Bo-Kaap needed to be formed to initiate more dialogues in the community with the aim of exploring long-term solutions to some of the issues raised in the meeting. Group members started meeting once a month to provide support to each other, to share ideas and to learn coping skills in a nonjudgemental and caring environment. A local psychologist was found to provide free counselling to women who needed it, as some were feeling trapped in abusive relationships. The group became a source of support for some women in Bo-Kaap. It was agreed in their monthly group meetings that public community dialogues needed to be held with other women, men and the Muslim Judicial Council to discuss the linkages between religious practices and GBV. The women of Bo-Kaap facilitated the following community dialogues:

- A community dialogue was held in 2014, to which representatives of the Muslim Judicial Council were also invited. During this dialogue, women raised concerns about how some religious practices perpetuate GBV. They argued that as the custodian of religion, the Council needed to play a role in talking to men about the need to treat women with respect and dignity.
- The women of Bo-Kaap held various consultative meetings to discuss the Muslim Marriage Bill. It was agreed that Muslim women needed to lobby the Department of Justice and Constitutional Development to table the Bill before parliament for deliberation. A copy of the Bill was given to women, men, leaders of different organisations in the community and various Imams in Bo-Kaap to study, comment on and give their input before submitting to the Department.

²⁹ Virtual Tourist, 'Bo-Kaap, Cape Town,' http://www.virtualtourist.com/travel/Africa/South_Africa/Province_of_the_Western_Cape/Cape_Town-2225504/Things_To_Do-Cape_Town-Bo_Kaap-BR-1.html (accessed 1 February 2016).

³⁰ Ibid.

Strengths of women of Bo-Kaap

The following are strengths of the Bo-Kaap initiative to combat GBV:

- helped increase the community's understanding of the linkages between religious practices and GBV;
- created safe spaces for women in the Bo-Kaap community to gather and explore their experiences and how some religious practices affect them negatively;
- facilitated women's ability to break the cycle of GBV;
- empowered the women of Bo-Kaap to openly talk about their issues in safe spaces and receive emotional support;
- connected the women of Bo-Kaap with other stakeholders such as the Judicial Muslim Council to advocate for change and address issues of gender inequalities between men and women.

Weaknesses of women of Bo-Kaap

The following are weaknesses of the Bo-Kaap initiative to combat GBV

- men were not actively involved in the community dialogues. It is important that processes are facilitated for Muslim men to participate in community dialogues about the relationship between religious practices and GBV;
- women who were actively involved in the dialogues were stigmatised as not 'being real Muslim women.' Some withdrew from the group because it was starting to be seen as a 'political' movement or because of the stigma;
- lack of lobbying and advocacy skills among group members to publicly mobilise and raise awareness about difficulties that Muslim women experience in Bo-Kaap;
- lack of funding will affect the sustainability of this initiative.

Loskop community project

Loskop (popularly known as *eMangweni*) is a section of the Imbabazane Local Municipality and falls under the uThukela District

of KwaZulu-Natal in South Africa. It is a rural area with more than 20 villages scattered throughout the municipality. This area, like many rural areas, is characterised by high levels of poverty and unemployment. Cultural practices such as *ukuthwala* and virginity testing are very popular in the area. It is against this background that CSVr wanted to engage with members of the community to understand whether these practices perpetuate GBV, as argued in the literature (Kheswa, & Hoho, 2014).

Entry was gained to the community through a local councillor and the traditional council. Following this, CSVr met with various stakeholders, such as the police, social workers, community members, church leaders and school teachers, as part of a baseline community assessment of the link between cultural practices and GBV. It emerged that in Loskop GBV was indeed linked with the cultural practices of *lobola* and *ukuthwala*, and with gender inequalities between men and women. The key findings of the baseline study were shared with community members. A community task team consisting of the police, community members, traditional leaders and other key stakeholders was formed. Its aim was to organise community dialogues to discuss how linkages between cultural practices and GBV could be broken so that the Loskop community could rid itself of violence against women. Below are some of the dialogues that were held:

- An understanding GBV dialogue was held with local women, men, police, church leaders and government representatives to discuss the drivers of GBV.
- The role of *lobola* was thoroughly discussed. Many participants agreed that traditionally *lobola* was a token of appreciation to the family of the bride, but some men now abuse it. They consider that in paying *lobola*, they have bought a woman as their property. Some women shared stories of violence in their marriages and villages, telling of men who demand their *lobola*

back (although this is not a cultural requirement) if a woman returns to her family home. Many participants asserted that it is hard for women in rural areas to leave abusive marriages because some do not have money to pay back the *lobola*. It was also mentioned that some older people condone GBV as they encourage young women to stay in abusive marriages. It was agreed that open conversations about the meanings attached to *lobola* needed to be held with men and boys.

- *Ukuthwala* was raised as an old cultural practice that has existed in Loskop for years. There was acknowledgment that some men abuse this practice to justify sexual violence against young women. Some women expressed the view that the traditional council was highly patriarchal in protecting men who kidnap and rape young women in the name of *ukuthwala*. They felt their voices were not listened to in the traditional council, especially when cases of *ukuthwala* were discussed. Existing legislation and Acts that prohibit *ukuthwala* were also discussed. Victims of sexual violence were encouraged to report their cases to the police or to phone the Commission for Gender Equality or other organisations for help. Contact details of various organisations, including counselling services, were given to the participants as it was evident that some women were directly affected by these cultural practices. Links between *ukuthwala* and the spread of HIV were also discussed.
- Virginity testing was mentioned as a common cultural practice in Loskop. Participants had mixed views about this practice. Some felt the practice was important to encourage girls to maintain their virginity, especially in the era of HIV and AIDS, while others were concerned that the practice violates girls' dignity and privacy. Failing the test is usually devastating and may lead to shame, humiliation and even suicide. Another concern raised was that some village men were raping young girls as they believed the popular myth that sleeping with a virgin cures HIV.

- Most dialogues were attended largely by women. It was therefore decided that taverns in the village should be visited to have informal conversations with men about the link between certain cultural practices and GBV.

Strengths of Loskop community project

The following are strengths of the Loskop project to combat GBV:

- encouraged critical dialogue among community members about the link between certain cultural practices and GBV;
- allowed women to express their views on how certain cultural practices negatively affect their lives;
- facilitated relationships among various government departments to work together in helping victims of GBV in the community of Loskop;
- provided community members with contact details of service providers, NGOs and state departments that can help victims of GBV in Loskop;
- involved traditional leaders as the custodians of culture and agents of change.

Weaknesses of Loskop community project

The following are weaknesses of the Loskop project to combat GBV

- many men were not actively involved in the community dialogues until we decided to facilitate conversations in taverns;
- no impact studies were conducted to assess the effectiveness of these conversations in changing certain cultural practices over a period time;
- lack of funding will affect the sustainability of these community dialogues.

Concluding remarks

This report has covered a range of gender violence-prevention initiatives implemented by the state and various NGOs. These interventions demonstrate that a lot is being done to address the problem of GBV in the country and show promising results in terms of how GBV can be prevented at individual, community and national levels. However, one main limitation is that the effectiveness of these interventions in preventing and eradicating GBV has not been rigorously tested. It was evident in this mapping exercise that there is no clear model to address GBV as various organisations use different methods and strategies to deal with the problem. This makes it difficult for

comparative analysis in order to develop a comprehensive evidence-based model to address GBV in South Africa.

It is against this backdrop that CSVr decided to use the information collected in this review as well as its work in the communities discussed in the report to develop a model to deal with the problem of GBV. The report, entitled *Evidence-Based Strategies for the Prevention of Gender-Based Violence*, is available on the CSVr website and discusses various strategies, steps and guidelines for implementing gender violence-prevention programmes.

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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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