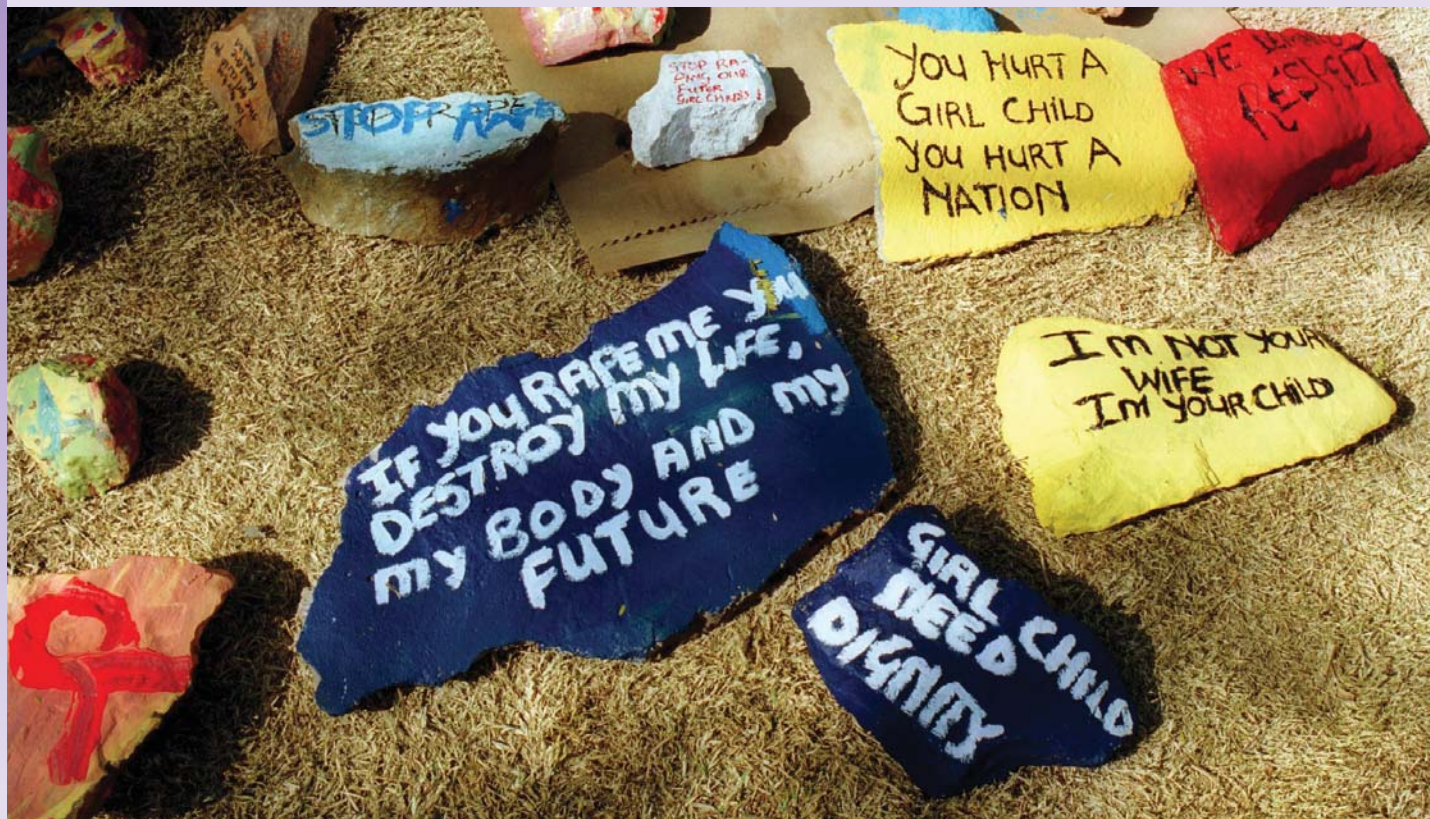


The war @ home

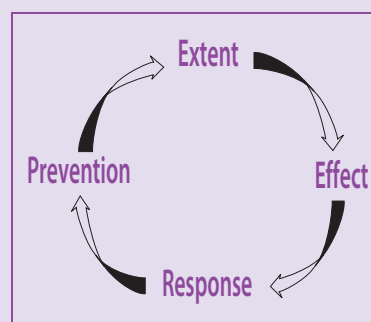
Findings of the Gender Based Violence Prevalence Study in Gauteng, Western Cape, KwaZulu Natal and Limpopo Provinces of South Africa



Over three quarters (77%) of women in Limpopo; 51% of women in Gauteng; 45% of women in the Western Cape and 36% of women in KwaZulu Natal report experiencing some form of violence (emotional, economic, physical or sexual) at least once in their lifetime both within and outside their intimate relationships. A higher proportion of men in Gauteng (78%) and KwaZulu Natal (41%) than women admitted to perpetrating violence against women in their lifetime. A lower proportion of men, compared to the proportion of women in Limpopo (48%) and Western Cape (35%) admitted to perpetrating some form of violence against women.

These are the key findings to date of the *War@home: GBV Indicators* research project that surveyed 5621 South Africans in four provinces (2800 women and 2821 men). Gender Links (GL) is releasing topline findings of the four-province study on the eve of the Sixteen Days 2012. GL devised the ground-breaking GBV prevalence/attitude survey in collaboration with partners across the Southern African Development Community (SADC). The research has been completed in Mauritius and Botswana, and is being conducted in Zambia and Zimbabwe. GL hopes to cascade the research to the remaining five provinces of South Africa to provide an overall national survey in partnership with provincial ministries and the planned National Gender Violence Council in 2013.

Background



Inspired by the Southern African Development Community Protocol on Gender and Development that aims to halve gender violence by 2015, the research uses inter-related tools to answer key questions relating to extent, effect, response, support, and

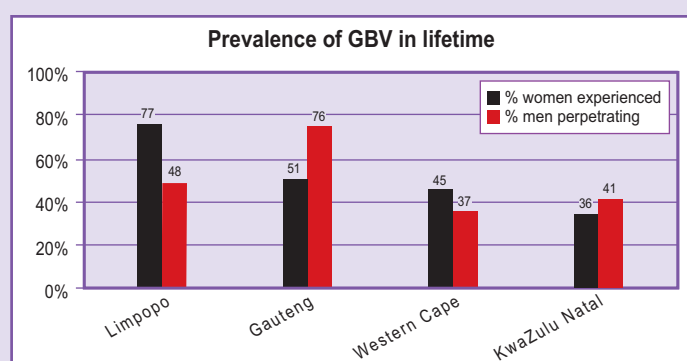
prevention. The tools are a prevalence and attitudes household survey; analysis of administrative data gathered from the criminal justice system (police, courts), health services, and government-run shelter; qualitative research of men's experiences of intimate partner violence as well as first-hand accounts of women's and men's experiences, or "I" Stories; media monitoring and political content analysis. The flagship tool is the household prevalence and attitude survey, justified on the basis that statistics obtained from administrative data fall short as survivors do not report most incidents to police or service providers. Statistics from service providers also often cover physical and sexual assault but do not disaggregate GBV into other forms such as femicide, marital rape, emotional and economic violence.

Unlike police data that relies on reported cases, the survey involves self-reported behaviour and experiences obtained through in-depth interviews with a representative sample of women and men from the different provinces using two separate questionnaires for women (focusing on their experiences) and men (focusing on perpetration) of violence.

Women and men participating in GBV Indicators Study by province			
SITE	FEMALE	MALE	TOTAL
Gauteng	511	487	998
KwaZulu Natal	698	593	1291
Western Cape	750	741	1491
Limpopo	841	1000	1841
Total	2800	2821	5621

The focus on violence against women is justified by overwhelming evidence that the majority of gender violence cases consist of violence against women and these cases result in the extensive and well documented adverse health consequences (Krug et al 2002). Comparing what women say they experience to what men say they do adds credibility to the findings. In almost all cases, as will be elaborated in this pamphlet, men confirmed what women said even more strongly than the women themselves.

Summary findings



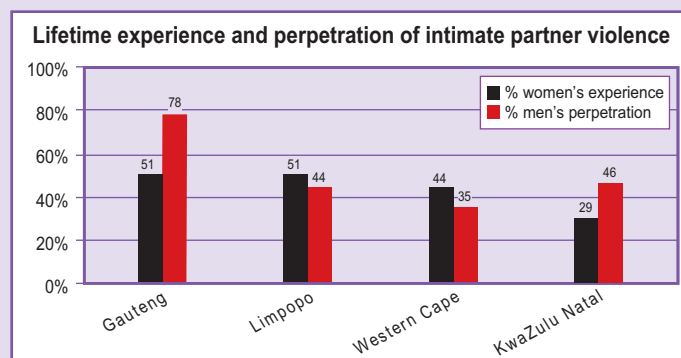
The studies found that 77% of women in Limpopo province, 51% of women in Gauteng; 45% of women in Western Cape and 36% of women in KwaZulu Natal experienced GBV over their lifetime. A higher proportion of men in Gauteng (76%) and KwaZulu Natal (41%) admitted to perpetrating violence against women in their lifetime. A lower proportion of men, compared to the proportion of women reporting GBV said they perpetrated GBV in Limpopo (48%) and Western Cape (35%). GBV in this leaflet refers to any act that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary

deprivations of liberty, whether occurring in public or in private life (*Article 2 of the 1993 UN Declaration on the Elimination of Violence against Women*).



Some men believe they have a right to punish their wives. Photo: Trevor Davies

Predominance of intimate violence: The term "intimate partner violence (IPV)" describes physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy.



The most predominant form of GBV experienced by women and perpetrated by men in the four provinces occurs within intimate partnerships. Fifty one percent of ever-partnered women in Gauteng, 51% of women in Limpopo, 44% of women in Western Cape and 29% of women in KwaZulu Natal reported experiencing intimate partner violence (IPV) in their lifetime. Gauteng and Limpopo recorded the highest prevalence of IPV, followed by Western Cape and lastly KwaZulu Natal. On the other hand, 46% men in KwaZulu Natal reported perpetrating GBV. The lower level of IPV reported in this largely conservative and rural community may be a result of women being socialised not to speak out.

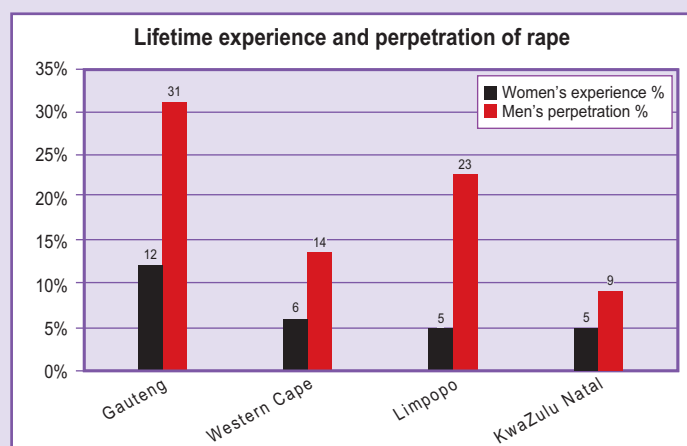
Extent of IPV experienced by women and perpetrated by men in four provinces								
CRITERIA	GAUTENG		WESTERN CAPE		KWAZULU NATAL		LIMPOPO	
	Women's experience	Men's perpetration	Women's experience	Men's perpetration	Women's experience	Men's perpetration	Women's experience	Men's perpetration
	%	%	%	%	%	%	%	%
<i>Lifetime experience</i>								
Emotional IPV	65.2	43.7	39.1	28.6	22.7	36.4	31.0	36.1
Physical IPV	50.5	33.1	26.7	18.9	20.9	30.4	23.0	25.9
Economic IPV	28.5	22.3	13.2	7.2	13.9	19.8	13.0	14.2
Sexual IPV	18.2	18.8	13.9	4.7	9.7	15.4	6.9	12.1
Abuse in pregnancy: Partner refusing to buy clothes to prepare for the baby			10.9		15.3		20.5	

The table shows the prevalence of the different forms of intimate partner violence (emotional, physical, sexual and economic) experienced by women and perpetrated by men. In all four provinces, emotional violence featured as the most common form of abuse reported by women and disclosed by men, followed by physical then economic and lastly sexual abuse. Ironically, despite being the highest, police statistics do not capture emotional violence. GBV survivors have limited access to psychological services.

Of the women that were ever in intimate relationships, 44% of women in Gauteng; 39% of women in Western Cape; 31% of women in Limpopo and 23% of women in KwaZulu Natal experienced emotional IPV in their lifetime. Forms of emotional violence involved include: threats to hurt women; being scared or intimidated; belittled or humiliated in front of others; being stopped from seeing their friends or men boasting about or bringing home girlfriends.

Women also reported abuse in pregnancy with the main form being a partner refusing to contribute to preparing for the baby's arrival. One fifth of women who were ever pregnant in Limpopo, 15% of ever-pregnant women in KwaZulu Natal and 11% of ever-pregnant women in Western Cape reported that their partners refused to buy clothes to prepare for the baby.

Prevalence of non-partner sexual violence: Women also suffer from GBV perpetrated by strangers. Twelve percent of women in Gauteng; 6% of women in Western Cape; 5% of women in Limpopo and 5% of women in KwaZulu Natal reported experiencing non-partner rape in their lifetime. The proportion of men reporting rape perpetration in the four provinces is significantly higher than the proportion of women reporting experience.



Prevalence of sexual harassment in lifetime

Sexual harassment in lifetime	Gauteng	Western Cape	KwaZulu Natal	Limpopo
At workplace	2.7%	58.6%	5%	4.9%
At school	1.4%	65.9%	2%	1.2%

According to the SADC Protocol on Gender and Development, sexual harassment means: "Any unwelcome sexual advance, request for sexual favour, verbal or physical conduct or gesture of a sexual nature, or any other behaviour of a sexual nature that might reasonably be expected or be perceived to cause offence or humiliation to another." The questionnaire asked women in the study about their

experiences of sexual harassment in the workplace and schools.

Over half (59%) of women in Limpopo, 5% of women in KwaZulu Natal and Western Cape and 2.7% of women in Gauteng who had ever worked reported being sexually harassed. They disclosed that a man either hinted or threatened that they would lose their job if they did not have sex with him; or they would have to have sex with him in order to get a job. The extremely high prevalence of sexual harassment in the workplace in Limpopo province warrants further research.

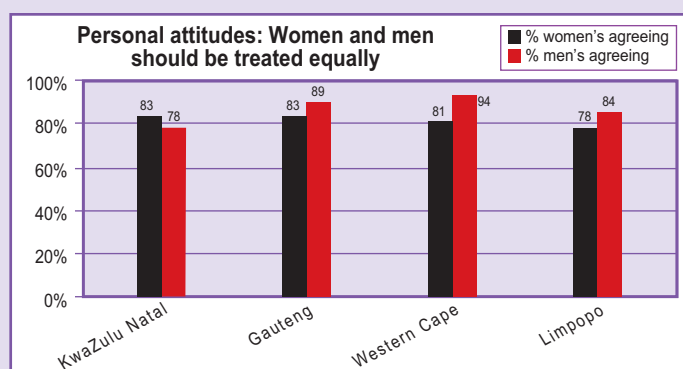


Women in "non-traditional" jobs sometimes face sexual harassment because their colleagues believe that women are treading into "men's work". Photo: Zinzi Mdlulu

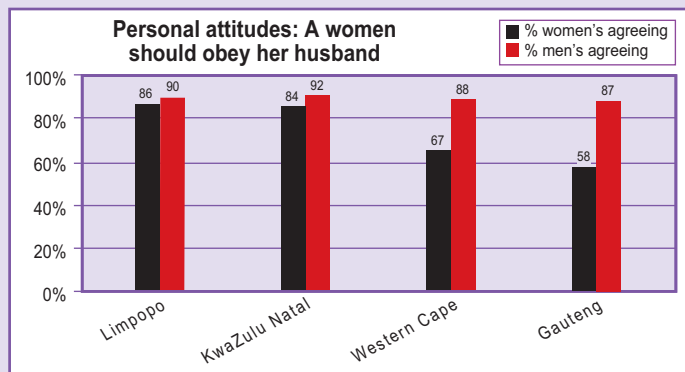
Sexual harassment in school in this study means disclosure that a teacher/principal/lecturer ever hinted or threatened that a student could fail exams, get bad marks, or that their schooling would be adversely affected if they failed to return a sexual favour. Again, the prevalence of this is remarkably high in Limpopo province. Almost two thirds (65.9%) of women in Limpopo, 2% of women in KwaZulu Natal, 1.4% of women in Gauteng and 1.2% of women in Western Cape who had attended school were sexually harassed at school. Based on these findings it will be important for institutions or organisations specialising in GBV prevention programmes to develop materials and interventions to curb this widespread problem.

Drivers

Patriarchal societal norm and unequal power relations drive GBV: Despite the notion of gender equality being broadly accepted by women and men, patriarchal norms of male control and dominance influence the prevalence of GBV in the four provinces. Both men and women expressed a high level of general support for "equal treatment".



The graph shows that the majority of women and men in all four provinces affirmed the notion of equality of women and men. However, these attitudes did not extend to the domestic domain.



Higher proportions of women and men agreed that a woman should obey her husband. However, the proportion of women agreeing to the notion of wife obedience in each of the sites is lower than men's showing that women are slightly more progressive than men. Limpopo and KwaZulu Natal participants mostly affirmed the notion of obedience. Given that the two provinces are predominantly rural compared to the other two that are more urban it will be

worth exploring further, whether rural socialisation and upbringing or cultural dynamics may be influencing the observed findings. Women in Gauteng (58%) and Western Cape (67%) are more progressive compared to the Limpopo (86%) and KwaZulu Natal (84%).

Individual factors are associated with GBV perpe-tration:

A complex set of individual factors such as alcohol use, drug use and child abuse exacerbate GBV perpetration. Men who were abused in childhood were more likely to be violent to their partners and were also more likely to have done so more than once. Prevention campaigns should address these factors.

Witch hunting in Limpopo

A qualitative study of GBV in Limpopo shows that women in the province suffer from GBV related to witch-hunting. This occurs when communities blame deaths, or sicknesses or other misfortunes in their community on witchcraft. Women constitute the vast majority of those accused of witchcraft. Those accused experience multiple effects including emotional trauma, injury, being forced to leave home or relocate and loss or damage to property. The following is one of the qualitative “I” Stories or first- hand accounts collected from Limpopo:

Staying strong in the midst of a storm

I, *Kgotlelelo Khune, am 41yrs old and married into the Moletji* family. I bore two sons. I am from Phalaborwa ga-Makhushane Maune Village. I have been married since 1990. My marriage has been filled with problems and no love for a very long time. My husband always had affairs with different women and did not give me any love. I have never known peace in my marriage.

In 2009, people started saying blaming my husband's affairs with other women on me being a witch. My husband joined the bandwagon. He also started calling me a witch.

My husband became very abusive. He would call me a witch in the presence of family members and people from the community. In 2010, my husband had an affair with our neighbour. She fell pregnant and gave birth to a baby girl.

My husband spent most of his time drinking alcohol and he would verbally abuse me in front of my children. He would say, “*Re tla bolaya, rha sechaba re tla bolaya Moloji*” meaning, “I will kill you and the community will kill you, because you are a witch.”

My in-laws never liked me so they also started to accuse me of witchcraft. Nobody wanted to hear my side. They said that I had “bewitched” my husband, brought him a lot of misery and did not give him any love. I became very scared.

Some community members started calling me names and accused me of bewitching other people in the community, causing them to fall sick.

I am well educated and they said that I was a witch who hid behind her education. Life became difficult for my children and I. I received threats that I was going to be burnt and killed for practicing witchcraft.

It became unbearable and at the end of 2010, I went to the Magistrate's Court to seek a protection order.

While I was afraid of my husband and my community, I did not want to leave him. I got the protection order and hoped to find some peace. However, things got worse.

My husband demanded that I be naked when cooking for him. He would call the children to come and watch a naked witch cooking in the kitchen. At times he would refuse to eat the food saying that he cannot eat food that has been cooked by a witch. I was hurt.

I became isolated and felt humiliated. I knew I had to leave my husband, as I did not know what else was going to happen to me. My own kids started treating me badly.

One day I came home from work and the house was empty. I heard people outside and they started throwing stones at my house. I became very scared and heard one of my neighbours talking to the people who were throwing stones at my house. They then left but said they would be back to burn my house.



Earlier that day, my husband had taken my children to stay with my in-laws. Having escaped being injured or killed by angry community members, I went to stay with my family in the next village.

My family encouraged me to go back to my husband even after what almost happened to me. To date, my husband never apologised to me about what happened. I am deeply hurt.

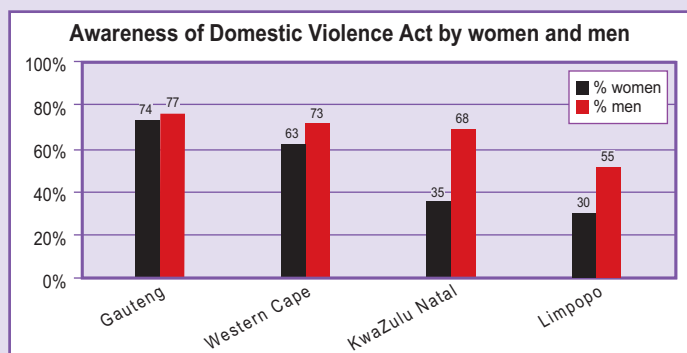
I thank God for the promotion I got at work. I am always busy at work and do not have time to think about my past and the witchcraft accusations.

I am also working at an orphanage that helps women and children and keeps them out of the streets. Some people in the community still label me a witch. I am going to stay strong and will encourage other women to also stay strong and trust in God all the time.

** Not her real name*

Response and support

Need for improved legal literacy of women: The study showed a higher level of awareness of the Domestic Violence Act among men than among women. Three quarters (74%) of women in Gauteng, 63% of women in Western Cape, 35% of women in KwaZulu Natal, and 30% of women in Limpopo reported being aware of the Domestic Violence Act. Women in the largely rural and conservative provinces of KwaZulu Natal and Limpopo lag behind Gauteng and Western Cape women with regard to legal literacy. GBV prevention programmes in KwaZulu Natal and Limpopo should aim to raise awareness on the Domestic violence Act and its provisions among women.



Police compliance in implementing the Domestic Violence Act needs improvement: In 2010, only 51 (9.8%) of audited police stations were fully compliant with the DVA while 70 (13.4%) were non-compliant. The 391 remaining stations (74.9%) were compliant to varying degrees. Some of the reasons for non-compliance included: officers did not understand the Domestic Violence Act and the obligations imposed by it; copies of the Domestic Violence Act and National Regulations were not available as required; and police leaders took too long to discipline SAPS members. Record-keeping was another common reason for non-compliance, as was failure to notify the ICD of non-compliance and a culture of silence around domestic violence.

Lack of clear referral systems for GBV survivors: Research showed a lack of co-ordination and a cohesive functional referral system for GBV survivors. The result is that survivors fail to benefit from the full spectrum of services. South Africa is yet to set up a surveillance system for tracking survivors between the different services. However the Thuthuzela Care Centres (TCCs) for sexual assault survivors function in a way that the survivor can get a spectrum of services under one roof.

Gaps in police data

In South African law, there are a range of offences that can be labeled as domestic violence. These include common assault, assault with the intent to do grievous bodily harm, contravention of a protection order, murder, crimen injuria, sexual offence, abduction, indecent assault, rape of wife by own husband rape, compelled rape, pornography and sex work. Issues relating to capturing data on domestic violence that arise from this research include:

- The relationship between the perpetrator and the victim is not specified. This means that crimes occurring in a domestic setting such as an adult male child abusing an elderly male parent could have been captured as “domestic violence”. It is also unclear whether police capture episodes of violence perpetrated against intimate partners outside of the home as “domestic violence”.
- Whilst murder is a category under the Domestic Violence Act, it is difficult to ascertain which of these are female murders and more specifically femicide. There is need for SAPS to capture data on the relationship between the perpetrator and the victim. Previous research on murder dockets by the SAPS shows that it is possible to ascertain the circumstances surrounding murder. Routine inclusion of this information when capturing data will go a long way in providing femicide statistics.

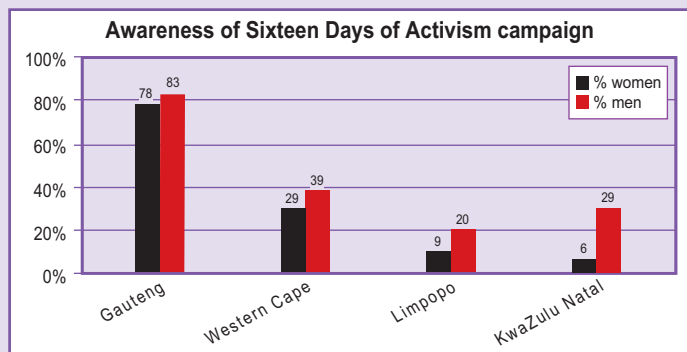
Gender Links has since recommended the introduction of a relationship category for domestic violence related cases. SAPS has welcomed the recommendation but has not yet introduced the relationship category.



Police support the campaign but lack credible data.

Photo: Colleen Lowe Morna

Prevention



Need for more concerted efforts to raise public awareness and prevent GBV. Less than half of the women and men in all the sites except Gauteng knew of the Sixteen Days of Activism Campaign. Similar to the degree of knowledge of the Domestic violence Act women respondents from Gauteng and Western Cape respondents were more aware of the Sixteen Days Campaign while Limpopo and KwaZulu Natal respondents were the least aware. Over three quarters (78%) of women in Gauteng, 29% of women in Western Cape, 9% of women in Limpopo and 6% of women in KwaZulu Natal were aware of the Sixteen Days of Activism. This is an indicator of lower coverage and outreach of the Sixteen days of Activism Campaign in the two more rural provinces of KwaZulu Natal and Limpopo. Research conducted by the Commission of Gender Equality to evaluate the implementation of the National Action Plan to End GBV also found that education and awareness programmes are concentrated in the urban areas and materials are most exclusively in English.

In all four provinces, the proportion of men aware of the campaign is greater than that of the women. These findings are indicative of the need to step efforts to prevent GBV by mobilising and engaging communities. Also, there needs to be strategies in place to increase visibility and outreach during the annual commemorations.

Integrated approaches

Poor co-ordination coupled with lack of budgetary allocations and human resources for implementation NAPs: Four years since the official launch of the South African 365 Day National Action Plan (NAP), to end GBV, implementation, monitoring and evaluation remain weak. The poor implementation is a result of challenges including poor co-ordination between government and civil society actors and lack of funding. Since the inception of the plan, government has not dedicated funds nor established a

coordinating structure for the plan. Another gap in the implementation of the NAP is the poor monitoring and evaluation systems for the different pillars.

The South African Department of Women, Children and People with Disability (DWCPD) plans to launch the National GBV Council in 2012. The National GBV Council will include representatives from ministerial departments, the National Prosecuting Authority, traditional leaders and healers associations, Commission on Gender Equality, The Human Rights Commission, South African Police Services and NGOs who deal with gender issues. The multi-sectoral council's mandate will be to provide strategic guidance and to monitor the implementation of all programmes dealing with the elimination of gender-based violence in the country. This will include reviewing and evaluating the implementation of the revised South African NAP.

Impact

- GL shared the methodology and findings of the research in Gauteng, Western Cape and KwaZulu Natal with the DWCPD at a working meeting held in October 2012. GL continues to lobby the ministry to cascade the research to establish baselines in the five remaining provinces. GL is advocating that the government repeat the study provincially and nationally every five years, similar to HIV and demographic health surveys, to benchmark progress.
- GL has engaged with and obtained commitment from SAPS to improve the usefulness of routinely collected data on domestic violence through the introduction of a relationship category.
- GL has used the South African study to cascade the research to four other SADC countries - Mauritius, Botswana, Zimbabwe and Zambia. The five countries will share the process and findings at the 2013 meeting of the Commission on the Status of Women (CSW).

Conclusions and recommendations

The study in the four provinces confirms the disturbingly high prevalence of violence against women in South Africa, a country with one of the most progressive Constitutions on gender equality in the world. Patriarchal societal norms, and the conspiracy of silence that discourages women from speaking out fuels GBV. The study also reveals the immense lack of awareness about protective laws - in this case the Domestic Violence Act- and GBV prevention campaigns by rural women. GL urges the newly formed National GBV Council to cascade the GBV indicators to all provinces and use them to benchmark progress towards halving GBV by 2015 in line with the targets of the SADC Protocol on Gender and Development.

For a more detailed account of the GBV indicators Research project in South Africa go to
<http://www.genderlinks.org.za/page/16-days-of-activism-2012>



www.genderlinks.org.za