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Gender-Based Violence (GBV) in South Africa: A Brief Review



EMBASSY OF FINLAND
PRETORIA



CSVR
The Centre for the Study of
Violence and Reconciliation

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Executive Summary

The Centre for the Study of Violence and Reconciliation (CSV) conducted this brief literature review about Gender-Based Violence (GBV) with the aim of using the findings to inform its gender violence prevention initiatives in various communities. It is clear in this report that the cause of GBV cannot be attributed to a single factor, but an interplay of individual, community, economic, cultural and religious factors interacting at different levels of society. All these factors ranging from gender inequalities between men and women, social constructions of hegemonic masculinities, social perceptions of what it means to be a man, normalisation of violence, and cultural practices such as lobola and ukuthwala are discussed in the report.

The report also discusses how the state's failure to implement GBV-related policies and legislation also contributes to the problem. It is argued in the report that legislation cannot operate in isolation. It is critical that its drivers are understood in order to develop evidence-based interventions to address it. It is therefore important that the full context is taken into account, including how interventions aimed at addressing GBV are implemented and evaluated.

Introduction

Of the 87 countries covered by the Organisation for Economic Cooperation and Development's 2012 Social Institutions and Gender Index, South Africa was ranked fourth (the highest in Africa) in making progress in terms of gender equality and women's rights.¹ South Africa was second in Africa after Rwanda in terms of female representatives in parliament, at 45%.² These achievements are in line with Goal 3 of the UN Millennium Development Goals, which advocate gender equality and the empowerment of women. International declarations and local legislation show that gender-based violence (GBV) is a major obstacle to the achievement of equality, development and peace as violence impairs women's ability to enjoy basic human rights and freedoms as enshrined in various policies and conventions, such as the 1995 Beijing Declaration.³

recognises gender equality as a fundamental human right and an integral part of regional integration, economic growth and social development. SADC is therefore committed to removing all forms of gender inequalities at the regional and national

levels through a series of goals and actions derived from legally binding international, continental and regional instruments.⁴

Many SADC countries have also signed and ratified various international conventions (e.g. Beijing Platform for Action [BPFA], 1995; UN Resolution 1325 on Women, Peace and Security, 2000; and the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa, 2003) as a sign of commitment to eradicating GBV in their respective countries. Despite these efforts, GBV still remains a major human rights violation in Africa, including South Africa, which is the focus of this report.

On the whole, South Africa has made strides in uplifting women in the country. However, despite this progress, GBV still remains unacceptably high. Cultural, religious, social and economic factors play a role in driving GBV. It is the aim of this report to critically discuss the causes of GBV so that sound interventions can be developed to deal with it.

¹ Statistics South Africa, 'Gender Statistics in South Africa, 2011,' <http://www.statssa.gov.za/publications/Report-03-10-05/Report-03-10-052011.pdf> (accessed 28 January 2016), vi.

² Ibid.

³ United Nations, 'Fourth World Conference on Women: Beijing Declaration,' September 1995, <http://www.un.org/womenwatch/daw/beijing/platform/declar.htm> (accessed 27 January 2016).

⁴ Southern African Development Community, 'SADC Gender Policy,' http://www.sadc.int/files/8414/0558/5105/SADC_GENDER_POLICY_-_ENGLISH.pdf (accessed 27 January 2016), 3.

Defining gender-based violence

GBV is defined in various ways by different researchers and organisations. It is the general term used to capture violence that occurs as a result of the normative role expectations associated with each gender, as well as the unequal power relationships between the genders within the context of a specific society (Bloom 2008: 14). The focus of this report is on women and girls as victims of GBV, but this is not to say that men and boys are not also sometimes victims. Statistically, however, females are more likely to be victims than males (Anderson & Umberson 2001; Bloom 2008; Jewkes et al. 2010). According to the UN Population Fund,

the primary targets of GBV as victims are women and adolescent girls, but not only are they at high risk of GBV, they also suffer exacerbated consequences as compared with what men endure. As a result of gender discrimination and their lower socio-economic status, women have fewer options and less resources at their disposal to avoid or escape abusive situations and to seek justice. They also suffer (...) consequences [on their sexual and reproductive health], including forced and unwanted pregnancies, unsafe abortions and resulting deaths, traumatic fistula, and higher risks of sexually transmitted infections (STIs) and HIV.⁵

In defining GBV, the most common definition is that of the UN Declaration on the Elimination of Violence against Women:

any act of gender-based violence 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 private life ... Violence against women shall be understood to encompass, but not be limited to, the following: physical, sexual and psychological violence occurring in the family [and in the community], including battery, sexual abuse of female children ..., dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation ... sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution ... and violence ... perpetrated or condoned by the state.⁶

The 1995 BPFA expanded on this definition, specifying that GBV

includes violations of the rights of women in situations of armed conflict, such as systematic rape, sexual slavery, forced pregnancy, forced sterilisation, forced abortion, coerced or forced use of contraceptives, prenatal sex selection and female infanticide. It further recognised the particular vulnerabilities of women belonging to minorities: the elderly and the displaced; indigenous, refugee and migrant communities; women living in impoverished rural or remote areas; and women in detention.⁷

These definitions of GBV are also relevant in South Africa. South Africa has ratified the BPFA, the SADC Declaration on Gender and Development, the UN Convention on the Elimination of All Forms of Discrimination against Women and other international instruments (Commission for Gender Equality 2010). The development of various pieces of legislation, such as the Domestic Violence Act (No. 116 of 1998), the Criminal Law (Sexual Offences and Related Matters) Amendment Act (No. 6 of 2012), the Maintenance Act (No. 99 of 1998), the Protection from Harassment Act (No. 17 of 2011) and many others has been influenced by various international instruments to deal with GBV. It is well known that South Africa has effective policies to address GBV, but the limitation is in the implementation. During her visit in December 2015, the UN special rapporteur on violence against women, Dubravka Šimonović, urged the South African government to strengthen the fight against GBV through awareness and education at all levels of society. She asserted that

despite an arsenal of progressive laws and policies to deal with gender-based violence put very ably in place, there has been little implementation, hence impact and gender-based violence continue to be pervasive and at the level of systematic women's human rights violation ... I have heard on many occasions that violence against women is normalized in South Africa. The violence inherited from apartheid still resonates profoundly in today's South African society dominated by deeply entrenched patriarchal attitudes towards the role of women in society which makes violence against women and children an almost accepted social phenomenon.⁸

Šimonović's remarks show that GBV is still a major problem in many South African communities, despite progressive policies and legislation. The next section briefly discusses various forms of GBV.

⁵ 'Defining Gender-Based Violence,' <http://www.health-genderviolence.org/training-programme-for-health-care-providers/facts-on-gbv/defining-gender-based-violence/21> (accessed 27 January 2016).

⁶ 'Declaration on the Elimination of Violence against Women,' UN Doc. A/RES/48/104 (20 December 1993).

⁷ United Nations, *supra* n 3 at 1.

⁸ "'South Africa's Still Long Walk to Free Women from the Shackles of Violence' – UN Expert Calls for Change,' 15 December 2015, <http://www.ohchr.org/SP/NewsEvents/Pages/DisplayNews.aspx?NewsID=16885&LangID=E> (accessed 27 January 2016).

Selected forms of gender-based violence

There are various forms of GBV, but this report discusses only domestic, physical, emotional, economic and sexual violence.

Domestic violence

Domestic violence is the most common form of GBV among partners. It often involves physical violence or threats of violence. This kind of violence may also involve sexual assault, battery, coercion and sexual harassment (Sigsworth 2009; Tshwaranang Legal Centre 2012).

Physical violence

This form of GBV involves hitting, slapping, kicking, punching, pushing and so forth. Weapons such as knives and other sharp instruments are often used during physical violence (Sigsworth 2009; Tshwaranang Legal Centre 2012).

Emotional violence

Emotional violence often involves verbal abuse, name calling and belittling of the other. It entails acts of embarrassment, humiliation and disrespect. These acts affect one's sense of self, self-esteem and self-confidence (Ludsin & Vetten 2005).

Economic violence

This includes control of a partner's assets, access to money and other economic resources. The male partner may be reluctant for his female partner to work or may manage and abuse her payment for work done (Ludsin & Vetten 2005).

Sexual violence

This is the most common form of GBV and may involve rape, sexual harassment, sexual exploitation and trafficking for sexual purposes (Mathews 2010; Vetten 2003).

Femicide

This is characterised by the murder of a female partner by an intimate male partner and is considered to be the most extreme outcome of GBV (Mathews 2010; Vetten 2005).

South African trends and patterns of gender-based violence

South African women experience high levels of GBV (Abrahams et al. 2013; Mathews 2010; Nduna & Nene 2014; Vetten 2005), although there are no official statistics that regularly provide information in this regard. The information on trends and patterns of GBV is based on community self-reporting surveys conducted with limited samples to make generalised national conclusions about the extent of the problem. These self-reporting surveys use different research methods, making it difficult for any comparative analysis to be made about the changing trends and patterns of GBV in South Africa. One of the major limitations of self-reporting surveys is underreporting (Jewkes et al. 2000). The main sources of information on GBV in South Africa are studies conducted by the Medical Research Council, under the leadership of Rachel Jewkes and colleagues. Despite certain limitations, their work provides rich data about the changing trends and patterns of GBV in South Africa. So far their studies are the only reliable source of information that we have in South Africa.

Crime statistics released annually by the South African Police Service (SAPS) do not provide much information about GBV. They provide some information about sexual offences, but questions have been raised about their reliability and whether they are overestimating or underestimating the problem. Furthermore, many victims of GBV are unlikely to go to police stations to report their cases due to the patriarchal attitudes of some police officials (Vetten 2005). There is therefore a reporting bias in terms of the statistics released by the SAPS.

Few qualitative studies have been conducted regarding GBV in South Africa. Due to the sensitive nature of the topic, potential participants may not feel comfortable being interviewed about their experiences of GBV. Perpetrators may also be defensive to talk about their experiences of perpetrating violence. Jewkes and colleagues have raised concerns about burnout among field workers conducting studies of this nature, especially if they are not well trained and provided with the necessary supervision and debriefing services (Jewkes et al. 2000). The skills of interviewers may also affect the nature of data collected. Despite these concerns, qualitative studies are increasingly being conducted

with both women and men with regards to their experiences as victims and perpetrators of GBV (Jewkes et al. 2000). These studies are providing much-needed information but more work needs to be done. Given these limitations and concerns, the statistics provided in the next section should be read with caution.

Brief statistics

In 2012, a study conducted by Gender Links found that 77% of women in Limpopo, 51% in Gauteng, 45% in the Western Cape and 36% in KwaZulu-Natal had experienced some form of GBV (Gender Links 2012). Men were the main perpetrators of this violence. For example, 76% of men in Gauteng, 48% in Limpopo and 41% in KwaZulu-Natal admitted to perpetrating GBV (Gender Links 2012).

A study surveying 1 306 women in three South African provinces found that 27% in the Eastern Cape, 28% in Mpumalanga and 19% in Limpopo had been physically abused in their lifetime by a current or ex-partner (Abrahams et al. 1999). The same study investigated the prevalence of emotional and financial abuse experienced by women in the year prior to the study and found that 51% of women in the Eastern Cape, 50% in Mpumalanga and 40% in Limpopo were subjected to these types of abuse (Abrahams et al. 1999). There has not been a follow-up since Jewkes et al.'s study was published in 1999 to assess whether experiences of violence against women have decreased or increased in these three provinces. This is one of the limitations – that reliable statistics on GBV are not regularly being published in South Africa.

Another study undertaken with a sample of 168 women drawn from 15 rural communities in the southern Cape estimated that on average 80% of rural women are victims of domestic violence. Interviews conducted with 1 394 men working for three Cape Town municipalities found that approximately 44% were willing to admit that they abused their female partners (Abrahams et al. 1999). Again, there has not been a follow-up study to assess whether the patterns of GBV have changed or remained the same in this area.

The Institute for Security Studies (2011) found that more than 50% of women in Gauteng have experienced intimate partner violence

(IPV), while 80% of men admitted having transgressed against intimate partners. Married women experienced the most IPV (53%); it is unclear whether the violence started before or after marriage. Twenty-two percent of unmarried women who have had an intimate relationship reported IPV, 21% have experienced violence from a family member and 83% of women who have experienced violence had children living with them at the time.

A study involving a random selection of women in South Africa concluded that 24.6% have experienced some kind of physical assault from their current partners (Jewkes et al. 2002). National figures for intimate femicide (men killing their intimate female partners) suggest that this is the most lethal form of domestic violence in South Africa. In 1999, 8.8 per 100 000 of the female population aged 14 years and older died at the hands of their partners – the highest rate ever reported in research anywhere in the world (Mathews et al. 2004). In terms of femicide, of the seven women murdered (average) every day between March 2010 and March 2011, at least half of the murders were perpetrated by intimate partners (Abrahams et al. 2013).

Abrahams et al. (2009) outlined in their study that the murder rate of 24.7 per 100 000 females is the highest rate that has been published and is significantly higher than global indications of 4 per 100 000 (Dahlberg & Krug 2002). Interestingly, the rate found in their study is higher than that outlined in the South African injury burden study, possibly indicating that femicide has increased since the latter study was done (Bradshaw et al. 2003). In their studies, Arbuckle et al. (1996) and Dahlberg and Krug (2002) indicate that around half of all female homicides are as a result of IPV. This study by Abrahams et al. (2013) outlines that 8.8 per 100 000 murders are from IPV, which is significantly higher than the rates of the US (Brock 2003; Paulozzi et al. 2001; Puzone et al. 2000; Shackelford & Buss 2000), Australia (Mouzos 2001), Canada (Daly & Wilson 1988) and the UK (Brookman & Maguire 2003). Finally, South African rates are 2.5 times higher than those of North Carolina (3.5 per 100 000), which has the next highest murder rate from IPV (Moracco et al. 1998). Two demographics appear to be most at risk for violence: younger women and coloured (mixed-race) women (Abrahams et al. 2009). The number of women under the age of 40 who reported violence against them

was double that of women over 40 in the last year; the number of coloured women reporting violence was 66% higher than African women, who follow coloured women in prevalence. These statistics highlight the need to address the widespread problem of IPV in South Africa (Abrahams et al. 2009).

Women killed in incidence of IPV in 1999 were murdered using the following methods: blunt force trauma (33.3), sharp objects (32%), firearms (30%), strangulation (3.4%), burns (1.1%), drowning (0.4%) and asphyxiation (0.1%) (Abrahams et al. 2009).

Sexual violence was found to be the most common form of GBV. With regards to sexual offences, the SAPS reported 64 419 (2012), 66 197 (2014), 62 226 (2013) and 53 617 (2015) cases.⁹ These statistics do not provide details about the nature of the sexual offences in terms of who the victims and perpetrators are. Despite lack of details, the figures show a consistent trend that sexual offences are common in South Africa. For the last four years, the trends have remained almost the same.

Non-partner sexual violence was also found to be common. Twelve percent of women in Gauteng, 6% in the Western Cape, 5% in Limpopo and 5% in KwaZulu-Natal reported having experienced non-partner rape in their lifetime.¹⁰ Fifty-nine percent of women in Limpopo, 5% in KwaZulu-Natal, 5% in the Western Cape and 2.7% in Gauteng also reported sexual harassment in the workplace. This was characterised by male superiors either insinuating or threatening that the women would not get a job or that their employment would be terminated if they did not have sex with them.¹¹

When looking at a lower age range, 61% of children under the age of 15 experienced sexual assault and 29% between the ages of 0 and 10 endured sexual assault (Department of Social Development & Department of Women, Children and People with Disabilities 2012). Children are an extremely vulnerable population. They are twice as likely as adults to experience crime and violence and may be exposed to more than one type of violence (Burton 2006). Trends and patterns of child sexual abuse are extremely difficult to gauge as there is a huge problem with underreporting of these crimes (Burton 2006).

⁹ Crime Stats, www.crimestatssa.com (accessed 28 January 2016).

¹⁰ South African Police Service, 'An Analysis of the National Crime Statistics,' http://www.saps.gov.za/about/stratframework/annual_report/2011_2012/saps_crime_stats_report_%202011-12.pdf (accessed 28 January 2016).

¹¹ Ibid.

Root causes of gender-based violence

Why is GBV so widespread in South Africa despite the international conventions and local legislation enacted to prevent it? Why is GBV higher in some communities and among certain groups than others? There is no easy answer to these questions as the cause of GBV cannot be attributed to a single factor. Many studies (e.g. Abrahams, et al., 1999; Jewkes, 2002; Sigsworth, 2009; Wood & Jewkes 2001) found that imbalances of power in gender inequality and discriminatory patriarchal practices against women to be root causes of GBV. These patriarchal attitudes often favour men over women. In addition, there is an acknowledgment in the literature that GBV is caused by an interplay of individual, community, economic, cultural and religious factors interacting at different levels of society (Krug et al. 2015). For Heise, Ellsberg and Gottmoeller (2002), some factors that influence GBV at an individual level include growing up in a home characterised by violence, which becomes normalised later in life as a means of communication, and having an absent father or a father who is not a positive role model and so forth. At community level, factors include a neighbourhood where violence against women is seen as the norm culturally and religiously, use of alcohol and ownership of guns, all of which are celebrated as markers of hegemonic masculinity. At the economic level, factors include poverty, unemployment and changing economic statuses among men and women. The intersection of how these factors drive GBV is discussed in the next section.

The influences of culture, tradition and religion on gender-based violence

Culturally, males are often placed in a powerful position in relation to women due to practices such as *lobola*, *ukuthwala* and Sharia law where women inherently hold a subordinate position to men (Althaus 1997; Ansell 2001; Moosa 1996). This often becomes normalised, with both males and females being socialised into conforming to these cultural and religious practices. Unfortunately, some of these practices implicitly or explicitly condone and tolerate GBV.

Lobola

Lobola is a practice associated with the provision of gifts, usually in the form of money or livestock, to the parents of a bride to be. The groom's family is in charge of providing these gifts after negotiation between the two families (Ansell 2001). It is a token of appreciation to the bride's family, although recently there are concerns about its commercialisation.

Despite its cultural benefits, some men misconstrue the payment of *lobola* as their right to control and treat their partner as their property. In some marriages, this has resulted in GBV (Ansell 2001; Ludsin & Vetten 2005). These men justify their abuse by asserting that 'I paid *lobola* for you' (Ludsin & Vetten 2005: 24). However, women also normalise this abuse in the marriage. Eighty-four percent of women interviewed in Mpumalanga, the Eastern Cape and Limpopo agreed that, once he has paid *lobola*, it is culturally acceptable for a man to beat his wife if she does something wrong (Ludsin & Vetten 2005). Payment of *lobola* is seen as entitlement to punish women who are not subservient to their husbands. Traditional idioms such as *mosadi o hwela bagadi* (a woman must endure the pain in the marriage until she dies) encourage women to stay in abusive marriages. Women who decide to leave such abusive marriages are culturally mocked, called names and also seen as failures in life. Some women feel trapped in abusive marriages because of their inability to pay back the *lobola* (Ludsin & Vetten 2005). Although it is not culturally expected that *lobola* must be paid back, some men may demand this. This leaves women with no option but to stay in abusive marriages.

It is against this background that *lobola* as a cultural practice can be harmful to women. It is therefore important that its implications are discussed and debated within the relevant structures in communities. This was done in a case study implemented by the Centre for the Study of Violence and Reconciliation (CSVR) in Loskop, a remote rural community in KwaZulu-Natal. Various community meetings were held with women, men and traditional leadership to discuss the link between the payment of *lobola* and GBV and how this can be resolved.

Ukuthwala

Ukuthwala is considered the culturally legitimate abduction of a female with the intention of marrying her (Nkosi 2009). It has been practised in African culture for a significant amount of time (Kheswa & Hoho 2014). The female involved is abducted from her home or a place she frequents where the male knows she will be alone. Although the practice can be conducted in an arranged manner, with all parties being privy to the date and time of the abduction, it can also be done in such a way that the female is ignorant of the arrangement (Kheswa & Hoho 2014). According to the South African constitution, this practice is only legal if it

complies with the legal age of consent, which is 18. If it is done beforehand, the parents or relevant legal authorities must agree.

However, there are numerous negative effects associated with *ukuthwala*. The females subjected to this practice are often denied an education and the social development that would allow them to uplift themselves. HIV transmission remains a serious problem, with HIV-positive men transmitting the virus to their new wives (Maluleki 2012).

The Commission for Gender Equality has found *ukuthwala* to be a harmful cultural practice, especially given its link with GBV, as it is hard for young girls to negotiate safe sex in these relationships.¹² Clearly, the practice violates girls' rights in terms of the South African constitution, the Children's Act (No. 38 of 2005) and international instruments such as the Convention on the Elimination of all Forms of Discrimination against Women, the Universal Declaration of Human Rights and the Millennium Development Goals, all of which promote gender equality and empowerment of women and girls against any form of violence. It is therefore important that certain cultural practices are reviewed, especially in cases where they are harmful. Proactive legal measures need to be taken against those who abuse these cultural practices to perpetrate GBV against women and girls. For example, of the 493 reported court cases of *ukuthwala* in 2009/2010, only 180 were finalised. In 2010/2011, 174 court cases were reported. Only 67 were finalised. Of the 1 273 reported cases from 2008 to 2011, 617 cases are still pending.¹³ It is important for awareness-raising campaigns to be held in rural areas to educate young women and girls not to be abused through cultural practices such as *ukuthwala* and virginity testing.

Virginity testing

Virginity testing entails testing whether or not young girls are virgins. This is a very old traditional practice that was common in KwaZulu-Natal but that has disappeared over the years (Scorgie 2002; Vincent 2006). It was publicly revived in the 1990s to promote sexual abstinence among young girls in the era of HIV/AIDS (Scorgie 2002; Vincent 2006). However, its revival has created a heated debate between proponents and opponents. Some argue that the practice invades the sexual privacy of young girls (Commission for Gender Equality 2000), while others disagree with this assertion of abuse (Scorgie 2002; Vincent 2006). For example, in 2000 many young girls marched through the streets of central Pietermaritzburg, singing, chanting slogans and holding hand-written placards stating 'We are not being forced!' and 'Down with

the Gender Commission!' (Scorgie 2002: 55). This was in response to the Commission for Gender Equality's recommendation that the practice be abolished as it contravenes girls' right to privacy and dignity. The Commission also argued that the practice is discriminatory as those who are found not to be virgins are shamed and mocked (Commission for Gender Equality 2000). Furthermore, the practice is sexist because girls are expected to be virgins while boys who experiment sexually at a young age are celebrated and seen as having achieved an important social status (Bhana & Pattman 2011; Langa 2012; Selikow et al. 2002; Wood & Jewkes 2001). Such young boys are known as *ingagara* (real men) (Langa 2012; Selikow et al. 2002; Wood & Jewkes 2001). The recent public uproar about the bursary that is only reserved for virgin girls in Kwazulu Natal is clear that this issue still remains controversial.¹⁴

Other studies argue that virginity testing puts young girls at risk of rape, based on the myth that was dominant in the early 2000s that sleeping with a virgin will cure HIV and AIDS (Groce & Trasi 2004; Leclerc-Madlala 2002; Meel 2003). Although no figures were given, it is reported that some girls who were found to be virgins in these ceremonies were kidnapped and raped. Cases of child sexual abuse in the early 2000s were also attributed to the myth that sleeping with a virgin was a cure for HIV and AIDS (Groce & Trasi 2004; Leclerc-Madlala 2002; Meel 2003).

It is important that the prescripts of the South African constitution and other relevant legislation that regulates the practice are taken into account, such as the Children's Act, which prohibits virginity testing of children under the age of 16. A child older than 16 may undergo virginity testing on three conditions: she has given consent to the testing in the prescribed manner; she has been properly counselled; and the testing is conducted in the manner prescribed. The results of virginity testing may not be disclosed without the consent of the child. In addition, the body of the child who has undergone virginity testing may not be marked.¹⁵ It is therefore important that these guidelines are followed to avoid this cultural practice being harmful.

Female genital mutilation

Female genital mutilation (FGM) involves the ritual removal of some or all of the external female genitalia (Boyden et al. 2012; Brady 1999; Kelly & Hillard 2005). The practice is not as common in South Africa as in other African countries, such as Somalia, Sudan and others. However, there are reports of FGM amongst Venda women in South Africa.¹⁶ In July 2003, at its second summit, the African Union

¹² Commission for Gender Equality, 'Ukuthwala in Kwa-Zulu Natal: An Investigation into State Prevention and Response,' <http://pmg-assets.s3-website-eu-west-1.amazonaws.com/130320ukuthwala.pdf> (accessed 27 January 2016).

¹³ African National Congress (ANC), 'Discussion Paper on Gender-Based Violence,' <http://www.anc.org.za/docs/discus/2014/genderz.pdf> (accessed 27 January 2016).

¹⁴ Bursaries for virgins sparks debate. <http://www.iol.co.za/news/south-africa/kwazulu-natal/bursaries-for-virgins-sparks-debate-1975535>

¹⁵ Ibid.

¹⁶ Female genital mutilation in South Africa <http://africlaw.com/2012/06/07/female-genital-mutilation-in-south-africa>

adopted the Maputo Protocol promoting women's rights and calling for an end to FGM.¹⁷ The agreement came into force in November 2005, and by December 2008, 25 member countries had ratified it. South Africa is a signatory to the Protocol.

Male circumcision

Male circumcision is a common cultural practice, especially among Xhosa men in the Eastern Cape. Circumcision is considered a rite of passage that young men should go through to achieve the status of manhood (Kometsi 2004; Mqgolozana 2009). Historically, initiation schools played an important role in socialising young boys into being responsible adult men. Today, a reinterpretation of this rite of passage has emerged, with the suggestion that initiation gives young men the unlimited and unquestionable right to access sex with multiple partners (Kometsi 2004; Mqgolozana 2009). Thus there appears to have been some perversion of the original purpose of male initiation rituals in the Xhosa community. Immediately after initiation, boys are declared 'real' men and encouraged to go and test their manhood. This becomes an integral part of their masculine identity performance:

It is perceived that when you become an indoda (a man), you become a better fucker, if I may put it bluntly, and guys, those who have come out of esuthwine (initiation), because they have been away for a long time, or whatever period, you are encouraged to go and test yourself and that is something that is encouraged. (Kometsi 2004: 53)

The ceremony in which new initiates are encouraged to have sex with unmarried women/girls is called the 'house of the lamp' (Mqgolozana 2009: 164). The main purpose of the house of the lamp is to celebrate the achievement of manhood and to teach the new initiate manly behaviours, such as 'how to be with a woman, the language of men, and other activities consequential of being a man' (Mqgolozana 2009: 164). The educational aspects of the initiation schools dealing with what it means to be a responsible man and community member appear to have been largely eroded with increased urbanisation and modernisation. As a result, Tshemese (2009) advocates for the revival of 'old'-style traditional circumcision schools in which initiates are taught to be responsible men who are non-violent and who respect women. He suggests that this may be one way of dealing with the scourge of GBV and HIV and AIDS in post-apartheid South Africa. Whether it is possible to

reintroduce past values and institutions is debatable, however. It is worth noting that recent research into HIV transmission has identified male circumcision as an effective protective feature. Thus there is increasing support for adult circumcision in South Africa for medical reasons rather than cultural ones. There is also support for the circumcision aspect of male initiation to be performed in a medical setting to reduce the risk of infection. Cultural practices are thus being transformed by a range of influences.

Sharia law

Sharia law is an Islamic law which regulates public and some private aspects of life for Muslims. Muslim marriages are not legally recognised in South Africa. This is because the Marriage Act (No. 25 of 1961, amended in terms of the Civil Union Act, No. 17 of 2006), which governs marriages in South Africa, specifically states that marriage is between two people only. In terms of Islamic law, a husband is allowed to marry more than one wife if he can afford to take care of them. Since 1996, attempts have been made to recognise Muslim marriages with the aim of protecting the rights of women married under Sharia law. Because Muslim marriages are not legally recognised, many Muslim women are left with nothing in the event of divorce (Amien 2006; Moosa 1996). It is against this backdrop that the Women's Legal Centre has been trying to force the South African parliament to have the Muslim Marriages Bill made law. The process to legally recognise Muslim marriages started in 1996, but to date the Bill has not been signed into law. The new Act would protect the rights of Muslim women, especially in cases of divorce.

There is no consensus among Muslims about the proposed Act. Some Muslim groups, such as the Muslim Women's Association, argue that the proposed Act would unnecessarily infringe on the right to freedom of religion.

However, it is not the aim of the proposed Act to limit the right to freedom of religion. Rather, the aim is to ensure that some Muslim men's unIslamic practices, including the oppression of women, are eradicated (Amien 2006; Moosa 1996). It is important that the rights of Muslim women are protected under South African law. The CSVr case study with women in the Bo-Kaap, a Muslim community in Cape Town, reveals some of the tensions and struggles that Muslim women encounter on a daily basis. These tensions will be discussed in the CSVr intervention report.

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

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Individual factors and gender-based violence

Many studies (e.g. Holt et al. 2008; Krug et al. 2015) have shown that violence is a learned behaviour for both men and women. These studies argue that young people who grow up in households characterised by violence are more likely to normalise violence in their relationships later in life. However, it is not always the case that children who observe parents fighting will automatically become violent. Sometimes there are mediating protective factors that result in these children not becoming violent or staying in violent relationships. However, many studies still confirm this link. For example, it has been reported that men who commit domestic violence in intimate relationships are 3.5 times as likely to have experienced physical abuse in their homes and 4 times as likely to have witnessed violence between their parents than men who do not commit domestic violence (Gass et al. 2010). Women who reported perpetrating violence were three times as likely to have been exposed to childhood physical abuse and to have witnessed violence between their parents or primary caregivers (Gass et al. 2010). We learn from these findings that women are also vulnerable to risks factors such as exposure to violence in childhood.

Other studies show that children raised by abusive fathers are likely to become violent towards their partners (Boonzaier & De la Rey 2004; Gass et al. 2010; Gupta et al. 2010). This is because these fathers were also abusive towards their wives. It is possible that the child's anger towards the father is displaced onto the partner as an adult (Target & Fonagy 2002). Furthermore, some young men who use violence against their partners have grown up without a father (Wood & Jewkes 2001). It is estimated that between 20% and 30% of children in South Africa grow up without fathers (Eddy et al. 2013). This negatively affects children, especially boy children, some of whom become violent and aggressive later in life (Gupta et al. 2010; Target & Fonagy 2002). However, it is important to note that not all young men who grow up without fathers or who witness their fathers hitting their mothers become violent. Despite their upbringing in violent homes, some boys dis-identify with violent notions of masculinity and embrace identities that are non-violent and gender sensitive (Langa 2010). It is important that these alternative voices of masculinity are nourished and celebrated in public spaces.

Economic factors and gender-based violence

Lack of economic independence among women is a key driver of GBV (Gass et al. 2010; Jewkes 2002; Ludsin & Vetten 2005). It is hard for women who are economically dependent on their male partners to leave such abusive relationships. The studies cited above confirm that there is a strong link between poverty and GBV. However, other studies (e.g. Heise et al. 2002) argue that poverty is not the single factor driving GBV. The relationship between poverty and GBV is not linear and there are multiple other factors (discussed later) that also significantly contribute to GBV. Changes in the economic status of women may help to reduce GBV, but in some instances may increase it. Studies (e.g. Kiss et al. 2012) have found that educated, economically independent women are less likely to be abused. This is because they are more confident about leaving such relationships or reporting the abuse to relevant authorities.

As noted, women's economic empowerment may be an abuse risk factor for women in relationships. For example, since 1994, many South African women have become educated and have entered the labour market. For some men, this represents a loss of power and authority. Culturally, men have generally been ascribed the roles of head of household, protector and provider. The current South African

social and economic conditions, including the impact of the global financial crisis, make it difficult for many men to achieve 'complete' masculinity, such as securing jobs, marrying, fathering children or establishing their own households (Hunter 2006; Niehaus 2005). Unemployment in South Africa is high, many young men do not work and some are wholly dependent on women for survival. Some men feel that women have usurped the roles that were previously allocated to men, resulting in uncertainty, insecurity and anxiety (Reid & Walker 2005; Sigsworth 2009). In this context, GBV becomes a prominent mechanism through which to reinforce male power and authority (Abrahams et al. 2009). In the crisis of male identity, violence is sometimes used as a tool to try to maintain patriarchal power. Some men become frustrated and angry when they can no longer live up to traditional forms of masculinity, such as providing materially and financially, which often leads to them reacting violently to their economically independent female partners (Dolan 2001; Sigsworth 2009). It is important that men are engaged in various 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 the men themselves (Sathiparsad 2008).

Alcohol abuse and gender-based violence

Alcohol abuse is linked with an increased risk of all forms of interpersonal violence, including GBV. Substance abuse has been positively linked to GBV in many studies (Abrahams et al. 2009; Jewkes 2002; Jewkes et al. 2002; McDonald 1994; Peralta et al. 2010; Rao 1997). For example, Abrahams et al. (2009) found that 67% of men had consumed alcohol before abusing their partners. Rigid gender norms encourage men to equate the use of violence with manhood and to engage in risk-taking behaviours such as heavy alcohol use. This in turn results in men behaving violently towards their partners. Men often use alcohol as an excuse – 'I was drunk' – not to be held accountable for their abusive behaviour (Boonzaier & De la Rey 2004; Peralta et al. 2010). Women find themselves trapped in the cycle of violence and even justify their partners' violent behaviours – 'he was drunk but he is generally sweet when he is not drunk' (Ludsin & Vetten 2005). The cycle of violence continues as a result. Evidence shows that women who live

with men who drink heavily are five times more likely to be assaulted by their partners than those who live with non-drinking partners (Johnson 1996). Men who have been drinking inflict more serious violence at the time of an assault (Johnson 1996).

The level of violence increases if both partners are drinking. Alcohol abuse also impacts negatively on communication between partners and increases the occurrence of arguments. In relationships like these, men are more likely to accuse their partner of disrespect or infidelity, depending on the circumstances in which the woman is drinking. The violence meted out against her may escalate if she tries to respond, challenges her partner's authority or fights back while she is drunk (Abrahams et al. 1999; Jewkes, 2002). These findings confirm that alcohol abuse is a risk factor for GBV (Abrahams et al. 1999; Jewkes, 2002).

Guns and gender-based violence

Guns remain a significant cause of violent death in South Africa. It is estimated that about 18 gun-related deaths are recorded daily in South Africa.¹⁸ Most gunshot victims are men (89%).¹⁹ Gun violence affects men and women differently. Young men are more likely to be perpetrators and victims of gun violence (Ratele 2013), while women are more likely to be victims of gun violence in intimate relationships (Mathews et al. 2008). In 1999, 34% of women in South Africa murdered by their intimate partners were killed with a gun (Abrahams et al. 2013). It is also estimated that two out of three women are at risk of being killed by their intimate male partners who own a gun (Abrahams et al. 2009; Mathews et al. 2008). This shows that ownership of a gun, whether legal or illegal, significantly increases the risk of intimate femicide. A significant proportion of intimate partner murder-suicide perpetrators are employed in the police, army or private security industry where there is easy access to guns.²⁰ Although there are no reliable statistics, there are many reported cases in the media of male police officers killing their intimate female partners. In August 2015 the Sunday Times reported that four out of five female police officers killed between January and August 2015 were murdered by their intimate partner, who subsequently committed suicide. In two of these cases the killer

was a police officer (Bruce 2015). The two main drivers of intimate femicide are jealousy and possessiveness (Mathews et al. 2008). These feelings are rooted in notions of hegemonic masculinity where men see women as their property, which they need to maintain power and control over. These men often use guns to intimidate their partners, especially when they threaten to leave the abusive relationship. In these kinds of relationships, some men kill their female partners and themselves; others kill everyone in the family, including children (family homicide) (Abrahams et al. 1999; Jewkes et al. 2001). Many researchers argue these intimate partner deaths could be prevented if gun ownership was restricted (Abrahams et al. 2013; Mathews et al. 2008). Statistical evidence shows that in 1999, 34% of women murdered by their intimate partner were killed with a gun. This dropped to 17% in 2009 (Abrahams et al. 2013). The drop in gun-related intimate deaths is attributed to the implementation of the Firearms Control Act of 2000. It is therefore important that the current parliamentary process of amending the Act makes the criteria for gun ownership stricter and more stringent in order to prevent homicide and femicide-related deaths.

Legal factors

As noted, the South African government has signed various international and regional conventions to protect the rights of women and girls, and passed various laws such as the 1998 Domestic Violence Act, the 2012 Criminal Law (Sexual Offences and Related Matters) Amendment Act, the 1998 Maintenance Act and the 2011 Protection from Harassment Act. Despite these policies, GBV remains a major problem.

The Domestic Violence Act (the focus of the remainder of this report) makes the following provisions to protect victims of domestic violence:

- right to apply and receive protection order
- the police officer has a duty to assist the victim of domestic violence
- the police officer has a duty to arrest the perpetrator of domestic violence
- the victim has a right to receive psychological and medical help.

This Act is clear about things that need to happen to protect

victims of domestic violence, but there are problems with its implementation. Some of these problems are briefly discussed in the next section, based on Lisa Vetten (2005) and Hallie Ludsin and Vetten's (2005) work.

The role of the police

In terms of the Act, the police need to play a role of supporting the victim or arresting the perpetrator of GBV. The police are also expected to assist the victim to seek legal assistance, including obtaining a protection order and serving it on the perpetrator. It is also important for the police to refer the victim for counselling or to a shelter for safety and accommodation (Ludsin & Vetten 2005).

Although the Act is clear about the role of the police, studies have found that many police officers are unwilling to assist victims of GBV as they see these cases as a 'private matter between two partners/lovers' (Mathews & Abrahams (2003); Parenzee, Artz and Moulton 2001); Vetten 2005). Police officers' passive and negative

¹⁸ Gun Free South Africa, <http://www.gfsa.org.za/> (accessed 28 January 2016).

¹⁹ Ibid.

²⁰ Ibid.

attitudes often result in secondary victimisation, and play a role in victims not reporting their cases to the police or withdrawing them once they have been reported (Mathews & Abrahams 2003; Parenzee et al. 2001; Vetten 2005). The studies concluded that the legislation is good, but these negative attitudes among some police officers discourage victims from seeking help. It is important to address police officers' patriarchal attitudes so that they can effectively assist victims of GBV.

A protection order should serve as a protective factor, but for some women this increases their risk of further violence. Mathews et al. (2004) found that of those women who were killed by their intimate partners, some had recently obtained protection orders. It is important for the police to assess the risk factors of women who receive protection orders and refer them to places of safety if it is not safe for them to return home.

Access to courts

Many people are not familiar with how courts work. As a result, the thought of going to court evokes feelings of fear and anxiety. For some victims, this may be an obstacle to seeking help; others may decide to withdraw their cases (Ludsin & Vetten 2005). Some women withdraw their cases because they do not experience the court process as user-friendly due to long queues and a shortage of staff to process their applications for protection order (Mathews & Abrahams 2001; Parenzee et al. 2001; Vetten 2005).

In other instances, courts or police stations are not easily accessible, especially for women in rural areas who need to travel long distances to seek legal assistance. As a result, these women do not bother to seek help as they do not have money or transport to access police stations or courts (Parenzee et al. 2001; Vetten 2005). The lack of an effective justice system seems to be an impediment to victims of GBV seeking help and further increases their risk of more violence and even femicide.

Budgetary constraints

Vetten (2005) has raised questions about the budget allocated for the implementation of the Domestic Violence Act. She argues that it is not sufficient to meet the needs of GBV victims, which cut across various government departments such as the police, social development, health, correctional services and justice. It is therefore important that each department is allocated a budget to meet the needs of GBV victims.

Lack of cooperation among government departments

Various government departments also need to work together to implement the Domestic Violence Act. Currently, the Act outlines obligations placed on the police to provide various services to victims of GBV but these obligations are clearly not backed up by other departments, such as health, justice or social development. This negatively affects the implementation of services as envisaged in the Act (Vetten 2007).

Consequences of gender-based violence

The consequences of GBV are profound. A growing body of evidence documents the physical, psychological, emotional and behavioural consequences of GBV for women's health and well-being. The physical effects of GBV include:

- head injuries (from hitting, punching and stabbing with sharp objects)
- back pains (from falling and being kicked in the back)
- loss of hearing (from punching and hitting with hard objects and fists)
- loss of eyesight (from punching, pushing and hitting with hard objects and fists)
- damage to internal organs (from punching and hitting with hard objects and fists)
- cardiovascular problems (from punching and hitting with hard objects and fists)
- miscarriages (from punching and hitting with hard objects and fists)
- HIV infections (women are fearful to negotiate safe sex in an abusive relationship as this may result in further violence)
- unwanted pregnancies (due to the fear of discussing family planning) (American Psychiatric Association 2013; Krug et al. 2015; Sadock et al. 2015; Warshaw 1993).

The psychological effects of GBV include:

- posttraumatic stress disorder (including nightmares, intrusive memories, flashbacks, numbing, hyperarousal, hypervigilance)
- major depression (temper outbursts, tiredness, worthlessness, hopelessness, helplessness, irritability, insomnia, restlessness, loss of appetite or overeating)
- complex trauma (persistent feelings of emptiness, anger, sadness, self-mutilation, preoccupation with the perpetrator)
- generalised anxiety disorders (overanxious, fearful, constantly worried) (American Psychiatric Association 2013; Herman 1992; Ludsin & Vetten 2005; Sadock et al. 2015).

The behavioural effects of GBV include:

- alcohol abuse (to numb and forget the traumatic memories of GBV)
- suicidal ideations (to escape from the abuse)
- low self-esteem (due to being told that you are useless and stupid all the time)
- lack of confidence (due to being told that you are nothing and stupid)
- living in fear (due to the violent nature of the relationship)

- isolation (due to the controlling behaviour of the abuser, who isolates the victim from family members, friends and colleagues)
- making excuses for the violent behaviour of the abuser (American Psychiatric Association 2013; Herman 1992; Ludsin & Vetten 2005; Sadock et al. 2015).

Given these consequences, one may argue that the costs related to GBV are high. The KPMG study estimated the costs (direct and indirect) of GBV in South Africa to be R28.4 billion and R42.4 billion for 2012 and 2013 respectively.²¹ Direct costs refer to various government departments' expenditure to assist victims of GBV, including medication for victims in hospitals and clinics, transport by ambulance to the medical facility, police vans to arrest the perpetrator or serve him with a protection order, provision of free meals and accommodation at shelter homes for victims of GBV, provision of basic services to perpetrators while in prison serving their sentences or awaiting trial or sentencing, court costs, and psychiatric and psychological treatment expenses for both victims and perpetrators.²² Calculating the sum of these direct costs will give an indication of the total costs of GBV.

The indirect costs are loss of productivity due to women missing work or resigning as a result of the physical or psychological effects of GBV. This leads to loss of tax revenue. Some women get killed by their intimate male partners and the costs are dire for their immediate families and children (Abrahams et al. 2013). Some of these children, who may have witnessed their fathers abusing or killing their mothers, are likely to become violent later in life. It costs the state money to incarcerate them for their violent behaviour. GBV victims also use various government services as a result of the abuse, adding to the burden and cost of systems which are already overburdened. In short, violence costs society and the economy.²³ We are all affected by the costs of violence, whether directly or indirectly. For example, some people live in expensive gated communities for fear of young black men breaking into their houses and committing crime (Ratele 2013). The personal stories of some of these young men show that they come from broken homes where GBV was rife (CSVR 2008). All these costs are the ripple effects of GBV and they seem to multiply in different ways and different contexts.²⁴ Efforts need to be made to prevent GBV and other forms of violence. The money lost due to GBV could be used to create job opportunities, build more low-income houses and provide free education.

²¹ KPMG, 'Too Costly to Ignore: The Economic Impact of Gender-Based Violence in South Africa,' <https://www.kpmg.com/ZA/en/IssuesAndInsights/ArticlesPublications/General-Industries-Publications/Documents/Too%20costly%20to%20ignore-Violence%20against%20women%20in%20SA.pdf> (accessed 28 January 2016).

²² Ibid.

²³ Ibid.

²⁴ Ibid.

Concluding remarks

It is extremely important to acknowledge that GBV is a major human rights problem in South Africa and worldwide. It is critical that its drivers are understood in order to develop evidence-based interventions to address it. These interventions need to operate at multiple levels (individual, community, society) as part of an ecological framework.

An ecological framework for intervention seems to be the best course of action for GBV. However, the implications and conceptualisations of this need to be carefully considered as it is sometimes difficult to determine the exact cause of the problem. Community and societal definitions in particular pose a difficulty because of the contested nature of the ideas surrounding them. A particular view may hide the importance of another factor and how these factors interrelate and influence each other. What seems important is to design interventions that prevent GBV by implementing primary prevention programmes as the first call of action. Furthermore, gender inequality and power differentials need to be tackled as they seem to lie at the heart of this form of violence (Abrahams et al. 2009).

What is apparent is that inequality and the acceptance of violence are two extremely important factors to engage with, as they appear to perpetuate GBV. Social constructions of manhood also play a role in driving GBV. This is because the masculine identity is intertwined with the notion of power, another major driver of GBV. It confirms men's superiority over women and feeds into societal perceptions of what it means to be a man. It is also important to consider how cultural practices such as lobola and ukuthwala perpetuate gender inequality and power hierarchies (Abrahams et al. 2009).

In conclusion, this report showed that economic, cultural, social and religious factors drive GBV in communities. The state's failure to implement GBV-related policies and legislation also contributes to the problem. Legislation cannot operate in isolation. The full context must be taken into account, including how interventions aimed at addressing GBV are implemented and evaluated.

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