A SCOPING STUDY OF CSVR’S WORK WITH GENDER AND GENDER-BASED VIOLENCE
Centre for the Study of Violence and Reconciliation
The Centre for the Study of Violence and Reconciliation (CSVR) is an independent nongovernmental organisation established in South Africa in 1989. We are a multi-disciplinary institute that seeks to understand and prevent violence, heal its effects and build sustainable peace at community, national and regional levels. We do this through collaborating with, and learning from, the lived and diverse experiences of communities affected by violence and conflict. Through our research, interventions and advocacy we seek to enhance state accountability, promote gender equality and build social cohesion, integration and active citizenship. While primarily based in South Africa, we work across the African continent through collaborations with community, civil society, state and international partners.

A scoping study of CSVR's work with gender and gender-based violence
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1. Executive summary

The issue of gender-based violence (GBV) in South Africa is one that has gained increased public attention. This surge in attention can be witnessed through the number of hits for GBV-related search terms. Using the Google search engine highlighted that there has been a 450% increase in online resources, between the periods of 2010-2015 and 2016-2020, when using the search terms gender, violence, “South Africa” (300k to 14m). A similar percentage increase was noted when using the search terms violence, women, “South Africa” (4,35m to 21,2m).

The higher number of hits for the terms ‘violence’, ‘women’, compared to ‘gender’, ‘violence’, reinforces the assertion that the term of violence against women (VAW) has gained greater popularity in the South African context. This is despite the broader definition of GBV, which recognises that people of different gender identities and sexual orientations are also at risk of experiencing violence, based on the social attitudes and levels of power ascribed to these groups.

Whilst physical, sexual, psychological and economic violence are all recognised forms of GBV in South Africa, the form of GBV that has gained the greatest attention is that of femicide. This includes cases of women murdered by their intimate partners and to a lesser extent, men who they did not know. Examples of such cases have included that of Anene Booysen, who was gang-raped and stoned to death (September, 2013); Karabo Mokoena, who was murdered by her boyfriend, wheeled in a dustbin, dumped in a veld (open area) and then set alight (BBC, 2018); as well as Uyinene Mrwetyana, who was lured in to the storage section of a postal office, raped and then murdered (Nkanjeni, 2019). All these cases were of young women who had experienced physical and sexual violence. This perhaps highlighted the need to recognise which forms or aspects of violence, as well as what characteristics of victims, were likely to contribute to increased public attention.

This report focuses on the issue of GBV in South Africa, with sections that focus on international, national and CSVR best practices and lessons related to gender-based violence prevention and victim support. This includes a focus on the What Works global review of interventions to prevent VAW as well as the United Nations’ RESPECT framework for preventing VAW. The former report, co-authored by a number of internationally recognised South African academics, draws on research from the South African context to find what works to prevent VAW. The latter framework highlights several synergies or parallels with CSVR’s integrated model for working with communities. As is the case with this framework, CSVR’s model proposes that interventions should proceed with a situational analysis. This analysis aims to develop a better understanding of the target issue (e.g. GBV), community members as well as other stakeholders’ assumptions around risk and protective factors – at different levels (e.g. local level to national level), as well as feasible interventions that can be carried out to address these factors. An additional parallel is an emphasis on learning, monitoring and evaluation, where CSVR has attempted to utilise a participatory approach in thinking about project outcomes (signs of project success) and how these could be measured.

A review of CSVR’s existing literature, focusing on gender and GBV, highlights the organisation’s understanding of the drivers of GBV in the South African context. It presents key lessons from CSVR’s
community-based GBV prevention interventions, including lessons from its work with the state-led public employment programme, the Community Work Programme (CWP). Additionally, the life story methodological approach, utilised in the organisation's VAW in South Africa: A country in crisis report, offers a more concrete and personal understanding of how women have lived and experienced violence in their lives.

Building on this literature, the report provides an overview of CSVR interventions and key themes from the focus group discussions (FGDs) and interviews with CSVR staff. Types of interventions included clinical support to victims of torture, who had also experienced or perpetrated GBV; referrals to partner organisations; capacitation of stakeholders and community members; the formation of community psychosocial supporters groups; awareness-raising; research as well as gender sensitive contributions to national and regional policy development.

Key themes from the FGDs included discussions around conceptualisations of torture and gender-based violence, challenges and perceived strengths in CSVR's GBV prevention and victim support work, as well as lessons from CSVR's attempts to become a more gender sensitive organisation. Challenges experienced by staff related to the complex nature of GBV and the need for evidence-based, coordinated actions, between multiple stakeholders, at multiple levels, across time, to better prevent GBV and support victims. Some of these challenges included a lack of resources amongst partner organisations, a difficulty in collaborating or implementing interventions in partnership with government as well as funder financial dependence, which impacted project sustainability, intra and inter-organisational collaboration. Challenges related to implementing interventions in partnership with government often related to frequent changes in the public officials (staff) assigned to work on partnerships. This challenge was likely due to a lack of capacity in government departments as well as competing deliverables.

Perceived strengths of the organisation's work included developing local stakeholders’ (e.g. local activists or community-based organisations), from low-resource communities, capacity to work with issues such as GBV. Forms of capacitation included knowledge around drivers of and approaches to GBV prevention or victim support as well as capacitation around carrying out interventions (e.g. presentation skills, awareness-raising, referrals…). A second strength related to national through to regional advocacy on issues related to gender. At a national level, this included CSVR's contributions to the hosting of the Presidential Summit against GBV as well as the formation of the president’s Emergency Response Action Plan (ERAP) on GBV and femicide. At the regional level, this included gender sensitive contributions to the African Union’s Transitional Justice Policy (AUTJP). A third strength related to the organisation’s efforts to mainstream gender across its programmes (teams). This included programmes developing strategic objectives related to gender as well as conducting more gender sensitive analyses in their work (e.g. more gender-conscious services, gender disaggregated data analyses, discussions and reporting).

The report closes by sharing a number of recommendations informed by literature and CSVR’s experiences related to GBV prevention. A central recommendation related to the need for a more systemic or holistic approach to GBV prevention or victim support. From a clinical perspective, this
included having a victim-centred, trauma-informed approach – or an approach that aims to recognise the impact of trauma on victims and prevent further victimisation or secondary traumatisation.

In terms of broader interventions, this also required the need for much more meaningful inter-sectoral collaboration at different levels. This included the need for all stakeholders (the state, private sector, civil society, public…) to develop a shared theory of change, recognise what work was taking place and what needed to be put in place to prevent GBV or support victims. CSVR staff held that funders, such as Dignity, could play a central role in assisting stakeholders with such processes, through funding and strategic prioritisation, which could likely contribute to policy and intervention harmonisation.

Another recommendation related to how organisations can hold and become more sensitive to issues of gender in their work. Based on CSVR’s experiences, this included the possibility of providing workshops and trainings for staff on topics related to gender, developing gender policies, as well as considering how gender work can be integrated across the organisation.

2. Introduction

While the world has been grappling with the COVID-19 pandemic since March 2020, the still largely silent struggle against the gender-based violence (GBV) pandemic persists. Increased attention around the issue of GBV has been paralleled by greater diversity in the conceptualisation and understanding of the concept, perhaps to the extent where discussions around GBV need to commence with a discussion around the concept itself.

Multiple, varied definitions of GBV could be referred to in order to highlight the level of conceptual disarray surrounding the term. However, Read-Hamilton's (2014) article, on the confused and contested nature of the term, proves to be clear and highly relevant to both the Centre for the Study of Violence and Reconciliation (CSVR) and the Danish Institute Against Torture’s (Dignity) work. Here, a broader definition of GBV recognises that social arrangements and expectations, shaped by heterosexual men, have contributed to their needs being met and prioritised over those of people from other gender identities or sexual orientations. Over centuries, this privilege contributed to heterosexual men having greater social, economic, political and other forms of power over people from other gender identities or sexual orientations. This difference in power, based on identified gender and sexual orientation, is at the heart of gender-based violence.

While recognising that this broader definition of GBV includes children and individuals from the LGBTQI+ community, in the South African context, the term is used more synonymously with that of violence against women (VAW). Forms of VAW that have been recognised and reported have included physical, psychological, sexual and economic violence.
The extent of physical gender-based violence in South Africa is highlighted by the country’s femicide rate.1 The South African Police Services’ (SAPS) annual crime statistics (April 2017/ March 2018) highlighted that a woman, living in the country, is murdered every 3 hours (Wilkinson, 2019). Furthermore, the World Health Organisation’s statistics highlighted that the country’s femicide rate of 15.2 for 2016 was 5 times higher than the global average of 2.6 (World Health Organization, 2016). This rate indicated that South Africa had the fourth-highest femicide rate in the world.

South Africa’s 2016 Demographic and Health Survey also highlighted high levels of women’s lifetime experiences of physical and sexual intimate partner violence – IPV (Statistics South Africa, 2017). The survey found that one in five women, older than 18, had experienced physical violence in their lifetimes, with 40 to 50% of men disclosing having perpetrated physical IPV. This figure is reportedly higher in the poorest households, where at least one in three women has reported experiencing physical violence. Additionally, nearly one in five women reported having experienced sexual IPV in their lifetimes.

The South African government has increasingly acknowledged the situation of VAW as a crisis that requires more direct intervention, coordinated strategy and effective allocation of resources to both prevention and support for victims. This increased acknowledgement has been most noticeable since

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1. Where the World Health Organisation calculates a country’s femicide rate by dividing the number of women and girls who die from interpersonal violence, per year, by the number of hundreds of thousands of women in the country’s population.

About a thousand women march against gender based violence in Cape Town, South Africa, 1 August, 2018. (Photo: Ashraf Hendricks)
Cyril Ramaphosa’s presidency, with an allocation of R1.6 billion towards an Emergency Response Action Plan (ERAP) aimed at addressing five key areas within a period of six months (Office of the Presidency, 2020). These areas included efforts towards improving access to justice for victims and survivors, efforts to change norms and behaviours through high-level prevention efforts, an urgent response to victims and survivors of VAW, strengthening accountability and architecture to respond to the scourge of GBVF more adequately, and prioritising interventions that facilitate economic opportunities for addressing women’s economic vulnerability.

These national-level efforts have also highlighted CSVR’s role in conceptualising and coordinating efforts to prevent and offer support to victims of GBV. This included CSVR’s role in coordinating the 2018 Presidential Summit Against Gender-Based Violence and Femicide as well as being a signatory of the resulting summit declaration (Office of the Presidency, 2018).

This recognition and role are built on CSVR’s longstanding mission of working to understand and prevent different forms of violence, heal its effects and build sustainable peace at community, national and regional levels. Since its inception in 1989, this has included a focus on political violence, truth and reconciliation, torture, collective violence, as well as gender-based violence.

This report focuses on CSVR’s efforts to prevent and bring about healing from gender-based violence at various levels. This includes reflecting on and sharing key lessons from its past and current projects as well as efforts at becoming a more gender sensitive organisation.

President Cyril Ramaphosa and Minister Michael Masutha, November 1, 2018 (Photo: GCIS)
3. Methodology

CSVR’s relationship with Dignity extends close to two decades. During this time, Dignity has funded and supported CSVR’s research, clinical and community interventions as well as advocacy work focusing on topics such as state violence (torture); cruel, inhumane and degrading treatment (CIDT); collective, as well as urban violence. Through its learnings, CSVR recognised that it was exceptionally difficult to separate or focus exclusively on torture when working with individuals, families and communities affected by torture. These experiences were echoed by Dignity, who recognised the complex nature and consequences of torture, as well as the need for a holistic approach to better meet the needs of those affected by this issue.

3.1. Research objectives

Aligned with Dignity’s mandate and expanded focus on violence, as well as CSVR work on gender-based violence, this research set out to achieve the following objectives:

1. Collect internal learnings about the ways in which gender-based violence has been addressed in past and ongoing work by CSVR,
2. Reflect on how CSVR’s ongoing work might be strengthened to address forms of gender-based violence,
3. Develop informed recommendations about how DIGNITY can support engagements with gender-based violence in future.

3.2. Procedure

Three key areas were focused on in order to meet the above-mentioned objectives. These areas included:

1. A review of literature focusing on best practices related to gender-based violence prevention and treatment in the South African context. This review was aligned with the principle of a meta-review, where reviews of South African interventions and policies were included in this literature review.
2. A review of both published and unpublished CSVR documents related to gender and gender-based violence. This included a review of CSVR research, presentations, strategy documents and so forth.
3. Conducting focus group discussions with CSVR programmatic staff. This included conducting five separate focus group discussions (FGDs) with staff from the advocacy, clinical, community, research as well as knowledge and learning programmes (departments). It also included an individual interview with CSVR’s executive director, who has played a central role in furthering CSVR’s programmatic as well as organisational capacity for gender-related work.

These reviews, focus group discussions and interviews took place between October and November 2020. Interview schedules and the identification of themes, from literature, FGDs and interviews, were developed to align with the key objectives set out for this research. Relevant CSVR and Dignity staff reviewed the research report prior to its finalisation.
4. Results

This results section comprises three sections. The first presents themes emerging from a meta-review of literature focusing on the strengths and challenges faced by interventions and policies focusing on gender-based violence prevention and treatment in South Africa. The second section focuses on the themes emerging from a review of CSVR literature focusing on its gender-related work. This includes previous gender-related, programmatic interventions as well as organisational level strategies, policies or work. The third section presents the findings from the five FGDs and one interview conducted with CSVR staff, all of which focused on current programmatic level gender-related work as well as key learnings and recommendations.

4.1. A brief review of contextually relevant gender-based violence interventions

Violence against women and girls is preventable. This is the opening sentence from the executive summary of the academically unprecedented global review of interventions to prevent violence against women and girls - VAWG (Kerr-Wilson et al., 2020). Whilst seemingly ordinary, this statement is powerful, given the sense that VAW can often feel insurmountable.

Kerr-Wilson et al.’s (2020) global review of interventions to prevent VAWG stemmed from the UK Department for International Development’s (DFID) extraordinary six year financial contribution to primary prevention efforts, as well as the monitoring and rigorous evaluation thereof, in a total of 14 countries across sub-Saharan Africa, Asia and the Middle East. The final global review included a baseline-type review of VAWG prevention efforts between 2000 and 2013 and an endline review, which incorporated key learnings from the 14 primary prevention interventions, as well as literature post-2014. It is easy to state that this global review is currently the most comprehensive review of what works to prevent VAWG.

Three selection criteria were set for interventions to be included in this global review. These criteria included: (1) Details of the intervention needed to be included in a peer-reviewed journal; (2) an assessment of whether the intervention prevented physical or sexual IPV, non-partner sexual violence or child and youth peer violence, in low and middle-income countries only; (3) the assessment should have been based on a randomised control trial (RCT) or quasi-experimental research design (with a control group) or be a study conducted under the DFID funded What Works project. A total of 104 studies were included in the global review. Seventy-three of these studies were from lower to middle-income countries and 96 of the studies were based on an RCT or quasi-experimental research design. Forty-two of the studies were based on interventions in sub-Saharan Africa, which reflected a promising amount of quality studies that have emerged from the region.
Previous research by Jewkes et al. (2020) as well as this global review identified ten elements of more effective VAWG prevention interventions. These elements were summarised as follows (Kerr-Wilson et al., 2020, p. iv):

1. Rigorously planned with a robust theory of change, rooted in knowledge of local context
2. Tackle multiple drivers of VAWG, such as gender inequity, poverty, poor communication and marital conflict
3. Especially in highly patriarchal contexts, work with women and men, and where relevant, families
4. Based on theories of gender and social empowerment that view behaviour change as a collective rather than solely individual process, and foster positive interpersonal relations and gender equity
5. Use group-based participatory learning methods for adults and children, that emphasise empowerment, critical reflection, communication and conflict-resolution
6. Age-appropriate design for children with a longer time for learning and an engaging pedagogy such as sports and play
7. Carefully designed, user-friendly manuals and materials supporting all intervention components to accomplish their goals
8. Integrate support for survivors of violence
9. Optimal intensity: duration and frequency of sessions and overall programme length enables time for reflection and experiential learning
10. Staff and volunteers are selected for their gender equitable attitudes and non-violent behaviour and are thoroughly trained, supervised and supported

In addition to these elements of more effective interventions, the global review identified and highlighted types of interventions that were more effective at preventing VAWG – when these interventions were well designed and executed. Examples of more effective intervention types are as follows:

- Economic transfer programmes
- Combined economic and social empowerment programmes targeting women
- Parenting programmes to prevent IPV and child maltreatment
- Community activism to shift harmful gender attitudes, roles and social norms
- School-based interventions to prevent dating or sexual violence
- School-based interventions for peer violence
- Interventions that work with individuals and/or couples to reduce their alcohol and/or substance abuse (with or without other prevention elements)
- Couples’ interventions (focused on transforming gender relations within the couple, or addressing alcohol and violence in relationships)
- Interventions with female sex workers to reduce violence by clients, police or strangers (i.e., non-intimate partners) through empowerment/collectivisation or alcohol and substance use reduction
This global review also cites the World Health Organization’s (2019) RESPECT framework as an important tool for those thinking about or designing VAW prevention interventions. The steps involved in this framework are well visualised, as noted in Figure 1. The facts presented in the framework include global level statistics on women’s lifetime prevalence (experiences) of physical and sexual IPV, femicide, risk factors or groups of women who may be more at risk of experiencing GBV.

A strength of the framework is that it suggests adopting an ecological approach to considering risk and protective factors. The seven strategies mentioned in the third step relate to the RESPECT acronym.

Figure 1. The RESPECT framework for preventing VAW (World Health Organization, 2019).
These strategies include Relationship skills strengthened, Empowerment of women, Services ensured, Poverty reduced, Environments made safe, Child and adolescent abuse prevented, and Transformed attitudes, beliefs and norms.

The framework provides a number of examples, from across the globe, of effective prevention interventions related to the seven intervention strategies or types (as suggested in the global review). The third and fourth steps would suggest that interventions are more likely to succeed if they align with the strategies that have proven to be more effective.

The fifth step of developing a theory of change is an especially important step. The document provides good examples of project outputs and outcomes, whilst also recognising some of the barriers to change that may be encountered at different levels (for example, under resourced victim support services or a lack of political will). Recognising and being able to work on or address these barriers is often an important part of achieving broader change. The effects of these barriers as well as the importance of working with multiple stakeholders, including the state, are recognised in the step related to creating an enabling environment for prevention.

The importance of monitoring and evaluation is highlighted in the framework’s last step. While the global review highlighted a number of interventions with rigorous evaluations, far too many GBV interventions continue to lack robust theories of change, monitoring and evaluation frameworks, as well as the tools and financial means to evaluate project outcomes or impact.

4.2. A review of CSVR literature

The past seven years marked an upsurge in research and interventions, focusing on GBV, at CSVR. This upsurge was enabled through funding by Dignity, the Finnish Embassy and OXFAM. The Finnish Embassy project focused on CSVR’s efforts to work with community-based organisations (CBOs), in four communities, to develop evidence-based strategies for the prevention of GBV. These efforts were built on knowledge gained through two preliminary reports, which included a review of GBV as well as a mapping of key GBV prevention and support interventions in South Africa.

4.2.1. Piloting evidence-based approaches to preventing GBV (Report)

As is the case with this report, the review of gender-based violence in South Africa (Langa, 2016b) opened with a discussion around the definition of GBV. The review recognised the same dynamics as the definition in this report, though also highlighted the definition as noted in the United Nations’ (1993) Declaration on the Elimination of Violence Against Women. This definition references different types of gender-based violence with examples (for example, dowry-related violence and female genital mutilation). The review also focuses on types of gender-based violence, with domestic violence and femicide being discussed alongside the often-recognised forms of GBV (physical, psychological, sexual and economic violence).
The review (Langa, 2016b) then moves on to explore trends and patterns of GBV in South Africa. It notes that this exercise is difficult, given the lack of reliable recording or reporting mechanisms as well as a lack of consistent, representative surveys or studies.

As suggested by (Kerr-Wilson et al., 2020), the review stresses the importance of an ecological approach to understanding GBV in South Africa. This includes the recognition of the complex nature of GBV and the interplay between different risk and protective factors, at different levels, which contribute to experiences or the perpetration of GBV. Risk factors discussed in the review included exposure to domestic violence, child abuse, poverty, alcohol and substance abuse, financial dependence, poor educational outcomes, hegemonic masculinities, the high prevalence of firearms, as well as a lack of victim-centered police services, capacity in the judicial system and equitable access to victim-support services.

The GBV interventions mapping report aimed to map out and consider the strengths and challenges of key government and civil society responses to GBV (Langa, 2016c). The first government intervention covered in this report was that of the 16 Days of Activism campaign. The report suggested that while these campaigns may have helped to raise awareness around GBV, a lack of evaluation has made it difficult to know just how efficient and effective these campaigns have been over the past two decades. The report also recognised the valuable services offered by victim empowerment programmes such as Thutuzela Care Centres (TCCs). Often located at hospitals, the multiple services (counselling, medical examinations, ARVs, support with court cases) offered by multi-disciplinary teams (nurses, social workers, doctors, psychologists), aim to provide sensitive, respectful, victim-friendly services to victims of sexual assault (rape). While the number of TCCs has drastically increased to 52 across the country, the report still notes a lack of equitable distribution of these centres across the country as well as, at times, drastic shortages in supplies.

Related to legislature, the report noted that the South African government has responded to the VAW epidemic by putting a strong legislative and policy-enabling environment in place – one that is aligned with international conventions that seek to protect and promote the rights of women. However, difficulties with resources (human, institutional and budgetary) as well as accountability mechanisms have contributed to failures in policy implementation and effectiveness.

Whilst completing these reports, CSVR partnered with the Nisaa Institute for Women’s Development in Orange Farm (Gauteng), the Thohoyandou Victim Empowerment Project (TVEP) in Limpopo, the Loskop community in KwaZulu-Natal and the Bo-Kaap community in the Western Cape to pilot various community-based interventions to prevent gender-based violence (GBV). The lessons learned from these communities were documented by CSVR (Langa, 2016a), with the aim of developing a model that would provide other organisations and communities, in South Africa, with information and practical approaches to be used in preventing and eradicating GBV.

The discussion around this proposed model commenced by highlighting the importance of an

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2. A victim-centred approach means placing the needs and priorities of victims/survivors of violence at the forefront of any response (UN Women, 2019). The approach aims to uphold a number of important principles in service and intervention planning, design and delivery. These principles included victims being treated with dignity and respect; having access to safe, supportive, non-judgemental environments; having access to appropriate or important information; being able to make informed choices; as well as the having the right to privacy and confidentiality.
ecological approach to understanding and preventing GBV. The ecological approach is based on the premise that multiple factors, at different levels (individual through to societal or global) over time, contribute to many social ills (see Bronfenbrenner, 1979). The ecological approach was somewhat of a paradigmatic shift in that it incorporated and yet moved past inward, intrapersonal understandings of human behaviour to recognise the influence of context and time.

This focus on multiple factors, at multiple levels over time is particularly relevant to the South African context, where the Apartheid government attempted to accentuate biological or individual level differences (eugenics) as a means of justifying the exploitation and oppression of Africans (Laher & Cockcroft, 2013). The need to consider history and time is also particularly relevant, where the legacies of the pre-colonial, colonial, Apartheid, pre-democracy and current eras need to be considered, when attempting to understand GBV.

The proposed model for developing local GBV prevention interventions develops from and is greatly aligned with CSVR’s integrated model for working with communities (Kotze et al., 2017). In this proposed model, after identifying communities highly affected by a targeted issue and after gaining entry into these communities, an important step is conducting a situational analysis. This situational analysis assists in providing a better understanding of the picture or situation in the community, related to the target issue. The analysis is also utilised to develop a better understanding of levels of heterogeneity in the community, perceptions or attitudes of the targeted issue (e.g. GBV), resources as well as stakeholders within the community. Depending on the level of participation (Arnstein, 1969) involved in the project, the planning of the situational analysis may include local stakeholders.

Two key aspects of the proposed model include an emphasis on the capacitation of local community-based organisations (CBOs) as well as strengthening stakeholder relationships or networks. Both of these are viewed as contributing to project sustainability, with the latter also increasing the likelihood that stakeholders can turn to each other to identify or pool resources.

The discussion of the proposed model also highlights the activities that were carried out in the four communities. These included the situational analyses, workshops, awareness-raising campaigns, dialogues, engaging with boys and men, school-based interventions, providing services to victims, local advocacy as well as learning, monitoring and evaluation (LM&E).

In the community of Loskop, engaging with boys and men involved meeting men in ‘their spaces’. This involved having discussions about GBV in taverns, as well as sharing pamphlets and posters in these spaces. Providing services to victims often involved building referral networks. Given the country’s legacy of Apartheid, many communities lacked mental health and other support services. Whilst contentious amongst some professionals, this challenge has been addressed by capacitating CBOs and other stakeholders on basic counselling skills, referrals, as well as the most basic case management.

The activity of local advocacy involved discussions around GBV legislation. Given the high number
of people from the Muslim faith in the community of Bo-Kaap, this involved discussing the Muslim Marriage Bill, which was approved by the South African cabinet in 2010 but was yet to be passed into law. Recognising how this bill would provide greater protection to Muslim women, possible reducing their experiences of GBV, community members were assisted in creating awareness and providing submissions on this bill.

Finally, the activity of LM&E was one that took place throughout the project. This including taking minutes and having activity reflection sessions, with these reflections contributing to Freire's (1972) concept of praxis – where repeated cycles of action and reflection contribute to greater critical consciousness and more refined activities. However, evaluating overall project outcomes proved to be difficult. This was due to the shorter duration of the project, where greater time would be required for participatory evaluation, as well as budget restraints.

4.2.2 VAW in South Africa: A Country in Crisis (Report)
CSVR's most recent report on GBV, by Sibanda-Moyo et al. (2017), is likely its most recognised research on the topic. A fresh aspect of this report is that it bolstered existing statistics and literature on VAW with a rich, qualitative approach. This included the selection of four communities from four of South Africa's provinces. Two of the communities provided perspectives from women who resided in more rural or peri-urban communities and two of women from urban settings. Twelve women were interviewed using the in-depth, life story approach. Additionally, two focus groups were conducted in each community (n= 8).

In reading this report, the reader does not only get a sense of the drivers of VAW but is also immersed in the lived experiences of diverse South African women, which assists in making these drivers of VAW so much more tangible or palpable. While the socialisation of gender is often cited as a driver of VAW, here multiple lived experiences are referenced to highlight this point, while also providing localised or contextual examples of this. These lived experiences also highlight patriarchy at work. This includes how gender roles and attitudes affect what men experience as narcissistic injuries or personal insults, how men respond to these injuries, as well as what may enrage men. In this report, these may include men feeling or perceiving that their partners' displays of greater financial success or making independent decisions contribute to their loss of status or social standing, which when not easily rectified, may be resolved through violence.

As is highlighted across CSVR's reports, this report also stresses the need for an ecosystemic or ecological understanding and approach to VAW. The emphasis on this approach is noted in one of the report's key findings; namely, that VAW is an intricate phenomenon, “requiring a multifaceted approach and should be understood as the outcome of multiple factors interlinked at the individual, family, community and societal levels. Workable approaches must take into account the individual-level factors of women's socioeconomic realities (e.g., education, income and employment) as well as macro structural factors (e.g., patriarchal structures, social and economic policies) that shape women's lives and experiences” (Sibanda-Moyo et al., 2017, p. 6).

A second recommendation from this report related to the conceptual disarray surrounding the
concept of GBV and how this may dilute the seriousness of the issue. The report argues for the widespread use of the term VAW, instead of GBV, in order to highlight that women are the predominate victims of violence that stems from power imbalances.

Twelve further recommendations are put forth in this report. Many of these relate to external and CSVR-related literature, highlighting the centrality of these points. Three recommendations, which are perhaps not as prevalent, include the need for more interventions that focus on school-aged children, the intersectional nature of VAW, as well as the need for a lifecycle approach to VAW. The latter points are particularly relevant in South Africa, where interventions need to consider how the country’s history of racial discrimination and oppression continue to skew black women’s exposure to risk and multiple social issues – e.g. greater barriers to education and employment.

4.2.3. Preventing gender-based violence through the CWP
The Community Work Programme (CWP) is a national, public employment programme (PEP) that was piloted by the South African presidency in 2008. The programme was designed as an economic safety net to buffer against the many hardships experienced by those living in communities affected by chronic under-employment, unemployment as well as poverty.

Through the programme, South African men and women, over the age of 18, are provided with the opportunity to receive a stipend of R780 (approximately 50USD) for 8 days of work per month – 100 days per year. Close to 250,000 people, from 250 communities across South Africa, participate in the CWP. The types of work carried out by CWP participants are meant to be ‘useful’ forms of work or work that contributes to the social, economic, health, infrastructural or other needs within the community.

CSVR has been conducting research on the violence prevention potential of the CWP since 2010. This work highlighted how women have benefitted from the CWP (Brankovic, 2017), potentially reducing VAW risk factors, as well as how CWP participants could be trained to prevent VAW through their work. The strengths and challenges of VAW prevention efforts were highlighted in multiple summative evaluation reports, with the CWP participant reflections report highlighting a number of these (Rebello, 2019).

4.2.4. The Global Alliance Family and Kinship Project
The Global Alliance represents a partnership between Dignity, the Balay Rehabilitation Centre (Philippines), the Liberia Association for Psychosocial Services (LAPS) as well as CSVR. Whilst the Alliance was established in 2014 to collaborate on research and advocacy on urban-based authority violence, its focus has grown to focus on forms of urban violence more broadly.

A recent report by the Global Alliance focused on how and the extent to which families and kinship relations protected against, perpetrated and/or suffered from different forms of violence (Jensen et al., 2020). This report’s findings highlighted several gender-related insights emanating from and
relevant to CSVR’s work with gender. These included that families are gendered and generational institutions that are embedded in a larger ecology of communal, state and non-state authorities. This social ecology is structured by strong normative ideals about what families should look like, what constitutes moral comportment and what forms of violence are perceived as legitimate. The report argued that specific configurations of roles, power and status produce specific forms of normative and practical notions of family life. However, despite the strength of these models, family behaviour often failed to conform to them, leading to significant amounts of tension and violence.

Secondly, across all contexts, the report highlighted that legacies of violence, poverty and marginalisation animated family life and the ability of families to cope. Along with the temporal dimension, the study suggests that internal family violence (domestic violence, intimate partner violence or child abuse) should not be viewed as separate from violence visited upon the family from the outside (vigilantism, extrajudicial killings or torture). Instead, different domains of violence across the social ecology fold into family life. This analysis led to critical explorations of how families perceive the functionality of violence based on a situated consideration and justification of whether it is appropriate, legitimate, or necessary in a non-judgmental way.

4.3. Discussions with CSVR staff regarding their gender-related work
This section focuses on the results of FGDs and interviews conducted with CSVR staff regarding their understanding of concepts related to torture and GBV as well as their gender-related work. Themes emanating across these sources of data included understandings of the concept of gender-based violence; intersections between torture and GBV; CSVR interventions and approaches to working with GBV, challenges experienced in working to prevent GBV, perceived strengths of CSVR’s work on GBV, an organisation focus on gender and GBV as well as recommendations based on CSVR’s work.

4.3.1. Defining GBV
As expected, discussions around the concept of GBV highlighted the diverse understandings of the term. Different teams acknowledged how the term was often used synonymously with that of violence against women (VAW) and at times domestic violence. This UN’s definition of GBV was highlighted as an example of this, though staff mostly spoke of this conflation in the context of South Africa.

People use [the terms] sexual torture, sexual violence, GBV and SGBV interchangeably. So it does not seem that people have a clear demarcation between all of these terms... even with people who work within this field.

Additionally, the discussion around GBV was viewed as being a heteronormative discussion, where victims of GBV were most likely to be visualised as heterosexual women. It was held that these discussions still failed to recognise the violence experienced by people of different gender and
sexual identities as well as sexual orientations.

When we are looking at GBV we are looking at it as a women’s problem. Whereas it is not [just women who experience GBV]. As a society we have framed it as violence against women, not taking in to consideration how… that’s a heteronormative conversation because homosexual men who are violated because of their sexuality.

The conceptual disarray surrounding GBV was thought to relate to changes in buzzwords in different field as well as attempts to meet the terms being utilised by donors/ funders. This was noted in the field of transitional justice, where the term conflict-related sexual violence was used to describe the sexual violence or rape experienced by women who had been abducted by rebels.

For example, sexual violence in conflict is the new buzzword with donors, in practice, in the TJ field, in the peace and conflict discourse. Those are the sort of words that are being used and it is very specific, in terms of it is related to victims who have experienced sexual violence as a result of conflict. Then people who misinterpret, for example, sexual and gender-based violence.

Staff also recognised how context influenced which forms of GBV were recognised or criminalised. For example, the discussion with the clinical team highlighted that while marital rape was recognised and criminalized in South Africa, this was not the case in the Gambia. This scenario again highlighted how the legal recognition of different forms of GBV influenced local advocacy and awareness-raising efforts as well as victims’ access to justice.

When you think about legal definitions and the robustness of a law across contexts, all those legal definitions impact our ability to help our clients or individuals access justice, rights or services. For example, marital rape, in Gambia, is not illegal. It is not a crime. Under the law, you cannot rape your wife because she is your wife.

4.3.2. The intersections between torture and GBV

It proved difficult to discuss the intersections between torture and GBV as a standalone theme; that is, separate from the theme of CSVR’s work and approaches to GBV. Despite this, in discussing this relationship, it was noted that both torture and GBV involved an imbalance in power between the perpetrators and victims of such acts. In the case of torture, the imbalance in power was identified as being between state officials, whose recognition and position within state institutions proved them with greater powers over citizens. In contrast, in the case of GBV, patriarchy afforded heterosexual men greater privileges and access to resources than people from other gender and sexual identities or orientations.

You have power based on your uniform. The civilian does not have any power over you.

While noting variations in the conceptualisation of GBV, staff also highlighted an element of overlap
between the concepts of torture and GBV. In some instances, it was difficult to know whether a woman, who experienced sexual torture, should also be said to have experienced GBV. In reality, victims had experienced both forms of violence. The naming or identification of which form of violence took precedence was more likely to be defined by stakeholders (e.g. staff, institutions, funders or academics) than victims.

For instance, if part of your torture was sexual, is that gender-based violence or sexual torture? For me, then sexual torture is a form of sexual gender-based violence which then, in turn, is a form of gender-based violence.

The clinical and community teams noted intersectionality in their work or interventions. However, it often proved difficult to create interventions or offers adequate services that addressed the intersections between different forms of violence or challenges. This challenge was partly tied to budgetary restraints or delimitations in funder priorities, deliverables or project scope. The separation of different forms of violence or social challenges also appeared to affect levels of buy-in within certain communities, where current stressors, such as gender-based violence or crime, may have been viewed as more pertinent than torture. This challenge was eased, more recently, with Dignity’s funding allowing for a broader focus on urban violence.

When we were doing our situational analysis, amongst other things that emerged, was that GBV was prevalent in all the communities that we were present in. If we go there with, for example, this is International Torture Day, but we know the community members’ priority is not torture, per se, but what they immediately witnessed.

For the longest time, we have been channelled to, in a way, separate torture from other forms of violence. With Dignity, the advantage is the intersection between all these forms of violence and torture, we can understand it. We can read between the lines.

Another intersection between torture and GBV included that both forms of violence were traumas that increased the risk of perpetrating or experiencing further violence. The unresolved trauma from experiencing torture was viewed as a catalyst for perpetrating intimate partner violence or violence within the home (domestic violence).

In a family, a woman would find herself being beaten up by a partner or husband. When you probe, you realise that the person who is abusing this woman was himself a victim of torture. This is where the line [relationship between torture and GBV] becomes clearer for us.

Aligned with the ecosystemic approach, it was also noted that the victims of both forms of violence were prone to experiencing stigmatisation because of their experiences. The shame or stigma attached to these experiences often contributed to a silencing of victims and the increased likelihood of victim not being able to reach out for assistance.
4.3.3. CSVR programmatic approaches and work with GBV

This section provides some insight into the ways that CSVR’s interventions programmes (e.g. advocacy, clinical, community and research) have engaged with the topics of gender or GBV through their projects. In some instances, this has involved projects directly related to these topics and in other instances, it has involved noting and attempting to work with the ways in which their projects intersected with gender and GBV.

GBV was often not the primary focus of the clinical programme’s funded projects. The bulk of the team’s funding directed it to focus on providing psychosocial support to apartheid-era victims of torture as well as non-nationals who had experienced torture in their countries of origin or in South Africa. Despite this, the topics of gender and GBV were prevalent themes in clinical work with individuals, couples or families. Whilst details around these themes are providing in CSVR’s recent guidelines for clinical work with African migrant families (Rebello, 2020), these included supporting individuals, couples and families with changing gender roles, responsibilities and identities that may emerge as the result of experiences of torture or the difficult current stressors experienced by African migrants in South Africa. Whilst working with GBV therapeutically, the clinical team has also provided referrals or worked to connect victims of GBV with service providers. This has included working with places of safety to remove mothers and their children from risky and violent home environments – when mothers have discussed and requested such services.

The clinical team has also collaborated with the advocacy team on a Global Initiative for Justice, Truth and Reconciliation (GIJTR) project that includes elements of mental health and psychosocial support (MHPSS). This project focuses on promoting a greater recognition of the unique reintegration needs of female survivors of sexual gender-based violence during conflict, women and girls conscripted or abducted by armed groups as well as children born of war. One of the key project deliverables that the clinic has been involved in includes the creation of a trauma-informed toolkit that could be utilised for future reintegration and TJ with similar target groups.

The clinical team has also engaged with gender and GBV through stakeholder capacitisation workshops, presentations, as well as awareness-raising. This has included capacitisation with partner organisations who provide legal or social services or public institutions such as the police services. An example of awareness-raising in the Gambia is highlighted below:

Outside of our direct clinical interventions, our focus on gender has always been about helping people understand the impact of GBV, especially sexual GBV. Especially when engaging with victims or victims groups, how do you understand how they [victims] have been impacted? When I think about my work here [the Gambia], it’s helping people understand that these things are wrong or human rights violations. Even with the one group of police officers we were training here, it was helping them understand that even if the law does not define marital rape as a crime, it is still a [human rights] violation.

Similar to the clinical team, CSVR’s community programme has focused on different forms of violence prevention and treatment. This has included a focus on collective violence (xenophobic

3. Staff, interventions or services are said to be trauma-informed when they: recognise the signs and symptoms of trauma in clients, families, communities and other levels; recognise potential pathways for recovery or healing; respond to this knowledge by integrating it in to their policies and practices; as well as actively seek to avoid victim and staff re-traumatisation (Substance Abuse and Mental Health Services Administration, 2014).
violence and violent service delivery protests), youth violence, school-based violence, as well as gender-based violence, with a focus on authority-based urban violence (ABUV) and state violence (torture) receiving the greatest funding over the past decade.

One project that has focused on gender-based violence includes the Dignity urban violence project. This project has aimed to break the cyclical relationship between violence and trauma by advocating for an approach that integrates mental health and psychosocial support (MHPSS), development, as well as human rights. This project has taken place in two communities. The first includes Marikana, a peri-urban mining community that experienced the trauma of the Marikana massacre in 2012 as well as the continuous traumas associated with socioeconomic and service delivery issues. The second community is that of Rosettenville, which is located in Johannesburg central. This historically white community is now represented by a large percentage of non-nationals who may have experienced torture or war trauma in their countries of origin as well as the continuous traumas associated with being asylum seekers or refugees in South Africa. Another aim of this project is to utilise lessons learned from the urban violence prevention initiatives, carried out with these communities, in local through to global level advocacy strategies, policies and practice.

A number of activities have been carried out in this project. This includes the capacitation of local stakeholders on the connections between violence and trauma, through psychosocial wellness workshops; awareness-raising on these links as well as forms and drivers of urban violence, such as GBV; as well as supervision and support for local psychosocial supporters, who advocate and raise awareness on these issues, in their communities, on a weekly basis.

CSVR’s advocacy programme has aimed to influence policy and institutional development locally, nationally, continentally and internationally. Aligned with CSVR’s focus on gender mainstreaming, a key aspect of the advocacy programme’s work has included a gender sensitive focus on how women have been affected by conflict and how women can and should be included in policies and interventions related to TJ and redress. This gender sensitivity included efforts to ensure that the African Union's Transitional Justice Policy (AUTJP) included a focus on how gender influences experiences of violence and violations during the conflict as well as how it shapes transitional processes.

In 2019, the advocacy team collaborated with CSVR’s gender desk on opportunities to influence gender-related policies and practices at national, regional and global levels. One such collaboration emerged in partnership with the Global Alliance, where CSVR delegates attended and hosted side events at the 63rd session of the United Nations’ Commission on the Status of Women (CSW).

The main purpose of the CSW is to evaluate progress on gender equality, identify challenges, and set global standards and to formulate concrete policies to promote gender equality and women’s empowerment worldwide. Each year, approximately 3,000 representatives of governments, non-governmental organisations (NGOs) and community-based organisations attend to discuss, advocate, debate, share ideas, resources and good practice models. For many civil society organisations, it is one of the only areas where there is the opportunity to interact with and influence
global policy making. Furthermore, the Agreed Conclusions from the CSW are used by governments to inform their own policies, practices, and guidelines. NGOs also use the commitments made through these Agreed Conclusions to monitor progress towards specific goals and in addressing specific issues.

The first side event co-hosted by the CSVR at the CSW focused on sharing programmes that have been implemented by various African countries in a bid to provide social protection mechanisms for women. The second side event focused on women and girls’ safety in cities – best practices and strategies for the future. Here, CSVR shared insights from the Global Alliance’s work against urban violence in South Africa, Liberia and the Philippines. A key message included that while urbanisation is critical for development, safety must be recognised as a key ingredient to any form of development. When communities feel safe and secure, the process of development for that country will be guaranteed. The third side event that CSVR co-hosted focused on identifying additional partnerships between civil society, government and other development partners focused on tackling the crisis of GBV in South Africa.

Another gender-related advocacy project includes the Global Initiative for Justice, Truth and Reconciliation (GIJTR) project. This project has been carried out in collaboration with CSVR’s clinical programme, as well as an Irish Embassy funded project focusing on the gendered burden of the COVID-19 pandemic – that is, how women have been disproportionately affected by the pandemic. This project highlighted how women have often been overly represented in sectors of the economy that were worst affected by COVID-related restrictions, more strongly represented as frontline healthcare workers, as well as more burdened by the greater need for domestic and childcare responsibilities during these restrictions.

As an organisation, CSVR has contributed to GBV prevention efforts by promoting an understanding of the causes of and contributors to such violence, as a means of building the capacity of organisations and institutions to respond to GBV more effectively. As GBV is a complex, multifaceted problem, CSVR worked within a variety of areas to effect change, while maintaining a focus on the most marginalised and vulnerable.

In 2015, CSVR employed a dedicated gender specialist to assist with the process of institutionalising gender justice as a key, crosscutting organisational priority. In the same year, the gender specialist and members of an in-house gender task team started this process by conducting an organisational gender and disability audit. The results of this audit highlighted that CSVR had existing capacity and appetite for gender-related work but that an organisational strategy was needed to guide and advance this work. The audit also provided recommendations for gender mainstreaming, some of which included the need for further experiential staff training on gender, setting up gender focal persons within each programme, budgeting for assistance with gender mainstreaming within projects, the need for an organisational gender policy as well as organisational-level indicators to measure gender mainstreaming progress.
CSVR's director highlighted two key lessons that have emerged from its efforts to mainstream gender. The first of these lessons related to the need to understand gender mainstreaming as a process. For CSVR, this process started with the recognition of a need to prioritise gender-related work, moved through the gender audit, drafting on organisational strategic objectives and a gender policy, and continues with efforts to secure greater funding for the work – in a difficult funding environment.

A second related lesson was the importance of assessing staff’s personal attitudes and behaviours related to gender as well as stance related gender-related work. CSVR's director felt that assessing and transforming staff attitudes and behaviours related to gender was a vital starting point to any organisation's efforts to work with gender.

"I think that it is very important to highlight the journey of policy development. It started with the needs assessment [audit], then the trainings and then the policy. Otherwise, if you just jump in to the policy, it becomes a document that just gathers [dust] there but it does not become a part of the lived experience."

4.3.4. Perceived strengths of CSVR’s work with GBV

CSVR staff identified a number of perceived strengths related to their work with gender and GBV. The first of these strengths related to the organisation’s ability to develop local stakeholders’ (e.g. local activists or community-based organisations), from low-resource communities, capacity to work with issues such as GBV. The community team highlighted how this strength was conveyed in CSVR’s integrated model for working with communities (Kotze et al., 2017). In this model, CSVR works to establish a group of psychosocial supporters, made up of local activists and representatives from community organisations, who are supported and capacitated in areas such as understanding drivers of and approaches to GBV prevention or victim support as well as capacitation around interventions (e.g. presentation skills, awareness-raising, referrals…). CSVR recognises that developing local capacity to work with GBV and other social issues is critical to project or intervention sustainability.

"I think that is another strength. We identify and develop change agents [psychosocial supporters] from the communities. They take ownership of these interventions or activities. Working with communities will start there."

A strength related to developing local capacity to carry out work related to GBV included that the psychosocial supporters, capacitated by CSVR, often develop a recognition within their communities as assets or sources of support. This includes psychosocial supporters being recognised as individuals who are able to offer psychosocial support (basic counselling), information or referrals. This was also important in low resource communities, such as Marikana, where there is a great lack of public institutions or service providers.

A third broader strength identified in CSVR's community work included the type of power relations that it attempted to develop in its relationships with community members and other
stakeholders. These attempted relationships were aligned with concepts from Freire’s (1972) pedagogy of the oppressed – concepts such as participation, problem-posing education and praxis. Here, CSVR’s community facilitators attempt to recognise community members as experts in their own right, as people who they could learn from and work with in order to address challenges such as GBV.

"We do not work in communities we work with communities. This is not just a public-relations exercise. If you do not work with communities, if you do not bring them on board, it means you want to dictate terms to them."

A fourth identified strength related to CSVR’s national through to regional advocacy on issues related to gender. At a national level, this included CSVR’s contributions to the hosting of the Presidential Summit against GBV as well as the formation of the president’s Emergency Response Action Plan (ERAP) on GBV and femicide. At the regional level, this included gender sensitive contributions to the African Union’s Transitional Justice Policy (AUTJP).

Furthermore, CSVR’s advocacy team has worked to change the approach to issues faced by women and children in the field of transitional justice. This approach was traditionally more humanitarian, where interventions were designed for women and children or victims of GBV. In contrast, the team has adopted a more inclusive approach, where informal or local transitional justice (TJ) processes are recognised, women are directly included in policy or programming discussions or women’s lived experiences are collected and narrated in such spaces.

"In this project, we are really trying to locate this agenda [violence experienced by women and children] within formal TJ processes. It needs to find room or space within these formal TJ processes… We are really bridging a gap in TJ practice and policy."

A final strength identified by staff related to the organisation’s efforts to mainstream gender across its programmes (teams). This included programmes developing strategic objectives related to gender as well as conducting more gender sensitive analyses in their work (e.g. more gender-conscious services, gender disaggregated data analyses, discussions and reporting).

"[CSVR’s] strategic objective 5 was linked to gender mainstreaming. We tried to incorporate aspects of gender throughout different parts of our projects – from inception all the way through to evaluation. Though, the extent to which we focused on gender was influenced by funders [priorities]."

4.3.5. Challenges experienced in working with GBV
In presenting the challenges reported by different CSVR programmes, it should be noted that these often overlapped with the drivers of GBV. Subsequently, understandings and drivers of GBV can be extracted from this section.
The first challenge, recognised by all programmes, related to the complexity of the work. This complexity was often influenced by the intersections between different traumas, protective and risk factors. For the clinical team, this included working with individuals and families who had experienced multiple traumas in their home countries, experienced traumas in transit to South Africa, and then experienced multiple and often continuous traumas in South Africa. Current stressors such as a lack of documentation (e.g. refugee status), nationality, unemployment, underemployment, difficulties with accommodation, poverty and financial dependence all made it very difficult to offer support to clients who were also experiencing GBV.

This client [highlighted] multiple examples of GBV. As she was from the wrong tribe, she was bullied at school. Her father abandoned her mother when he found out what tribe she was from. The father started a new family, did not support her family. She had to beg for money. Her brother moved to Rwanda so they decided to move to be with the brother. On the way there, sitting on the back of the truck, they get stopped by rebels. Everyone gets off, the brothers are forced to rape the mother and her. Everyone is killed, all the women are raped… The client dissociated. When she woke up, it was only her and another woman. They ran, found a priest, who put them on a ship, they get off and then had to travel by truck. They were forced to have sex as a part of their payment [for transportation]… They got dropped off at what sounds like Park Station [Johannesburg, South Africa]. They did not even know which country they were in. She lives at Park Station [homeless] for months. Eventually, she finds a man. She marries him. He beats her everyday, he cheats on her, he rapes her, he tries to stab her when she is pregnant…

While the clinic had worked to develop a rich list of referrals and partner organisations, in a low resource setting, the support provided by many organisations was limited in availability, extent and duration. The lack of referral or support services was not only affected by nationality. This was highlighted in the peri-urban, mining community of Marikana. Here, a combination of an Apartheid legacy, a service delivery vacuum, a lack of local stakeholder support, as well as poor provincial governance, all contributed to a lack of basic services – many of which offered protection against GBV or support for victims of GBV.

Another challenge in Marikana is building relationships with government departments. When you start, they will refer you to the provincial government. The person that you interacted with is not there tomorrow. Government representatives are shifting responsibilities to different role players and that affects the work that is supposed to be done in partnership with government in Marikana.

Teams identified multiple challenges related to social contributions to GBV. The first of these challenges related to the still strong traditional patriarchal attitudes encountered in work with individuals, couples, communities and stakeholders. These attitudes were thought to be reinforced by factors such as local contextual factors, religion, as well as culture.
Local contextual factors that perpetuated GBV in Marikana included the highly gendered nature of the mining industry, which spill over into and maintained traditional gender roles within the community. The vast majority of those employed in local platinum mines are men, which sets up the dynamic of men as breadwinners and women as being financially dependent on men. This difference in financial autonomy greatly influences levels of power and decision-making within intimate relationships, with women being far less likely to report or leave abusive relationships due to their financial dependence.

Most women in Marikana, because it is a mining community, and if I have a boyfriend and I report him or open a case he will get arrested. They fear that if he gets arrested, who will look after me?

The issue of financial dependence was also highlighted in the community team’s Johannesburg inner-city work, where identities were likely to be influenced by culture and religion. Whilst Christianity had a similar effect on gender identities, in the broader inner-city community of Rosettenville, community members’ identities were shaped by the Ismalic faith, where being the financial provider (breadwinner) was still an important source of status or self-respect for men.

Another aspect of patriarchy that affected CSVR’s gender-related work was that of victim-blaming. In this setting, it was more likely that bystanders or community members would try and determine what women did to contribute to their experiences of violence rather than why men or male partners perpetrated such violence.

By-products of such victim blaming included exclusion, discrimination, stigmatisation and silencing of victims of GBV. An example of such victim-blaming and stigmatisation was highlighted in the clinical team’s work. In this example, it was evident how community members had framed the victim’s experience of sexual violence as her unfaithfulness towards her husband.

It can take a long time for clients’ to disclose [the sexual violence that they have experienced], just given the level of shame and how completely taboo it [rape] is… Another client of mine was living in accommodation earmarked for refugees. She was tormented and bullied every day, by her neighbours, because she was gang-raped by soldiers and they found out about it. They kept on telling her husband that he should leave her, she was unfaithful. [They believed that] the only reason [he] was staying with her was because she had used muti [witchcraft] on him. He should not have stayed with her once he found out about her being raped. It was like she had cheated on him with all of these men.

This victim-blaming, shame and discrimination experienced by victims of GBV was identified as secondary victimisation, where community members and service providers’ reactions to victims compound the trauma that they have experienced. While the majority of South African Police

4. It should be noted that the local context of Marikana reflects the broader history of South Africa’s racialized and gendered, social and economic development – where the country’s development was built on the diamond and gold mining industries.
Services (SAPS) stations offered victim-friendly or victim empowerment services, staff noted that many victims of GBV continued to experience secondary victimisation when reporting cases of GBV to SAPS officers. Whilst secondary victimisation was already a challenge for South African victims of GBV, nationality intensified the issue, with non-national victims being further victimised because of their nationality – being stereotyped as criminals or a burden on the system. For these reasons, many victims of GBV do not disclose or approach service providers and may subsequently go on living with unprocessed traumas.

The challenge of secondary victimisation, as well as challenges in the successful prosecution of cases of GBV (challenges in the criminal justice system) both, contributed to the normalisation of violence. That is, CSVR staff believed that factors such as financial dependence, victim blaming and a lack of prosecutions all contributed to a sense of apathy, that it was not worth reporting cases of GBV, and that such experiences were normal, ordinary or a part of life rather than extraordinary or crimes.

People have lost confidence in the police. People they report cases of GBV to the police, they are either victimized or laughed at; they just do not see any progress with the cases that they have opened. The criminal justice system is letting people down but also giving potential perpetrators that false bravery to feel, if I commit this [act of GBV], I will not be arrested.

The normalisation of sexual violence was also supported through the perversion of cultural practices, such as ukutwhala (see M Langa, (2016b), as well as through traditional (patrarchal) justice systems. As occasionally noted in Marikana, a perpetrator or his family could pay damages to the victim or her family as a way of resolving cases of sexual violence, rape or statutory rape.

In Marikana, they still believe in traditional ways. If my son has raped you, we are willing to pay for that sin... The victim's family does not have to report the perpetrator. Instead, we will pay you either money or a cow.

Inward-looking challenges reported by staff included the issue of positionality as well as organisational-related challenges. The challenge of positionality related to staff being confronted by or needing to be conscious of how their life experiences had been similar or different to the individuals, families or communities with which they worked. This included being aware of the privileges and challenges associated with factors such as gender, race, socioeconomic status, education, nationality, experiences of violence and so forth. Related to the concept of rational choice or behavioural economics, it also meant being aware of how such factors affected the client's decision-making.

I personally found it very challenging to start working with GBV. I was raised in a specific way and I had access to specific resources and so I had this understanding that if my husband raised his hand to me, I will leave... but I am empowered and my situation allows me to but it is so difficult when you are working with someone who can't. They don't have the financial resources to leave.
Organisational-related challenges highlighted by staff included difficulties with collaboration across teams and project outcomes sustainability. Collaboration or synergy across teams was thought to relate to funding related challenges, where the scope of projects, as well as their budgets, hindered meaningful collaboration. Furthermore, collaboration was also dampened by the heavy workloads brought about by the multiple projects that many staff members had to work on in order to cover organisational overheads.

[The ability to collaborate] also depends on the budgets that might be available. Sometimes it also depends on what the funder is looking to fund.

Project outcome sustainability was also thought to relate to challenges with funding. CSVR often did not have the financial resources to maintain activities once a project had ended. Additionally, the shorter duration of some projects often limited project reach and outcome sustainability.

A lot of the campaigns that we engage with, other than 16 days of activism, are funder-driven. We had this campaign around women’s participation in peace and security, it was called Her Voice, Her Peace, She Matters. It was such a brilliant campaign but because it was funder-driven it died. When the funds ran out it disappeared.

5. Recommendations

The recommendations that follow emanate from the focus group discussions and interviews held with CSVR staff. It is hoped that these recommendations can be of value to practitioners, policy makers as well as funders.

A central recommendation related to the need for a more systemic or holistic approach to GBV prevention or victim support. One aspect of this approach includes the need to recognise the intersections between gender and other factors that increase the risk of experiencing GBV. This includes intersections between gender, race, socioeconomic status, culture, religion, geography, history and other factors.

It is really important to understand that in countries like ours and others on the continent, there is a very strong intersection between gender, race, ethnicity... What it means to be a black woman versus a white woman, [their experience] is not the same.

A second aspect of this approach includes the need to adopt an inclusive, participatory approach, where diverse groups of stakeholders contribute to the development of local understandings of issues, such as GBV, as well as contextually-informed interventions. This need for inclusive, participatory processes was also viewed as an ethical requirement, which helped to reduce the number of unintentional negative consequences associated with interventions or other actions.
I think we always need to be thinking about context and being informed, in our interventions, by context. This is also so that we are not doing any harm... We need to make sure that our interventions are not overpowering people... We are not saying that we are experts because we come from a country [that is more progressive].

From a clinical perspective, this approach also included holding a victim-centred, trauma-informed lens. This victim-centred approach had been incorporated in state institutions, such as the police services and Thutuzela Care Centres, as well as in CSVR's work.

Holistic, victim-centered, trauma-informed care. I think this is the central approach that organisations or individuals should strive towards when working with GBV.

Furthermore, this systemic approach required greater inter-sectoral collaboration between stakeholders, at different levels, over prolonged periods. This included the need for all stakeholders (the state, private sector, civil society, public...) to develop a shared theory of change, recognise what work was taking place and what needed to be put in place to prevent GBV or support victims. CSVR staff held that funders, such as Dignity, could play a central role in assisting stakeholders with such processes, through funding and strategic prioritisation, which could likely contribute to policy and intervention harmonisation.

They [stakeholders] need to take a systemic approach otherwise it does not work. If you do not deal with the economic, if you do not deal with the family, community or mental health, you are not going to make any significant change.

There is still a lot of work that needs to be done and I think that it has to be seen as a long-term [process]. Sometimes it is about changing cultural beliefs or things that people have normalised over long periods... So you can’t just have a one year project and you will begin to see the changes.

Tied to the need for greater inter-sectoral collaboration is the importance of developing a better understanding of the stakeholder environment. This includes being aware of the key stakeholders in the areas of gender and gender-based violence, what levels of expertise and influence stakeholders possess, how to position yourself (as an organisation or representative thereof) in relation to other stakeholders, what expertise you possess, as well as the key messages that you would like to convey in these spaces or through the media. Building relationships with key stakeholders also requires consistent effort as well as getting to know stakeholder representatives at a more personal level – for example, their views on issues related to gender, their backgrounds, how you may be similar or different to them and how these differences may influence relationships.

5. These stakeholders would likely include senior representatives from relevant state departments (Department of Women, Youth and People with Disabilities, Department of Social Development, Department of Labour, Ministry of Police, as well as the office of the Presidency), civil society organisations (academics, representatives from local and national gender-related NGOs, faith-based organisations...), private sector representatives (Business Unity South Africa, the South African Chamber of Commerce and Industry...), women, youth and other members of the public.

6. Strategic prioritisation refers to Dignity taking up strategic objectives that would contribute to GBV prevention. This could include; “Improving the quantity and quality of stakeholder networks aimed at preventing GBV at local or national levels” or “strengthening and supporting stakeholders in developing theories of change as well as implementation, monitoring and evaluation frameworks aimed at preventing GBV.”
The capacity to engage with high-level diplomatic relationships, you need to understand them. Who are they, what makes them tick and then find ways of being able to engage with them.

It is important to be able to build strategic partnerships and being able to leverage those [to work towards objectives]. You really have to be responsive to the issues that are emerging in the country and make the right statements in the media. The capacity to scan the environment, read it and then decide where is the best place to position [yourself].

Another recommendation related to how organisations hold and become more sensitive to issues of gender in their work. Based on CSVR’s experiences, this includes the possibility of conducting organisational gender needs assessments or situational analyses, providing workshops and trainings for staff on topics related to gender, developing gender policies, as well as considering how gender work can be integrated across the organisation. CSVR’s experience also highlighted how the champions of gender mainstreaming need to include senior staff, with the executive director and board of an organisation being key champions.

The other thing that we considered is where you position gender. We decided that it needed to take strategic importance... In the past we had a gender unit and when we had this separate unit we were really good programmatically but not in shifting the culture of the organisation and the way in which we do the work... Then we decided to have gender [being held] in the office of the director. The director was key in driving the strategy and prioritising this [gender] work. It was not just the gender officer.

Related to this point, it is also important to develop processes and spaces that allow staff, practitioners, policy makers and other stakeholders to reflect on their positionality, attitudes and behaviours related to GBV.

It is also key to help people understand their biases in working with GBV. So people like police officers or those documenting cases, as our cultural, religious or gender beliefs can come through in the process [of working with victims] as well.
6. Conclusion

This research set out to better understand how CSVR has worked with gender-based violence through its different programmes, how such work might be strengthened, as well as how Dignity could support such work in future. A combination of an external and internal literature review as well as focus group discussions with CSVR staff were utilised as a means of achieving these objectives.

The report’s literature review highlighted a number of international best practices related to gender-based violence prevention interventions, many of which were noted in CSVR’s work. This included the use of more holistic or ecosystemic approaches, which recognise that GBV and other social issues can only be resolved by recognising and responding to the multiple factors, at multiple levels, that protect against or increase risk towards experiences of GBV. This also included the use of participatory...
approaches to intervention development, where methods such as situational analyses can be utilised as a means of clarifying programmatic assumptions and developing more locally/contextually relevant and effective interventions.

The report highlighted that the past seven years marked an upsurge in GBV-related research and interventions at CSVR. This period also represented a great time of learning for CSVR. Themes emerging through discussions with CSVR staff highlighted a great number of strengths and challenges noted in their gender-related work. This included developing local stakeholders’ capacity to carry out gender-related interventions as well as their recognition as social or community assets. Strengths identified through CSVR’s advocacy included the organisation’s contribution to national advocacy as well as its contribution to shifting regional-level transitional justice policy discourse from being more humanitarian to one that emphasised greater gender sensitivity and inclusivity.

A number of important challenges were noted by CSVR programmatic staff. The first of these challenges related to the complexity of GBV and other social issues. Interventions often required intervention by multiple stakeholders at multiple levels over time. This included the need for collaboration across CSVR departments through to the need to collaborate with multiple government departments. Partnerships or collaboration with state departments represented a challenge, especially when staff allocated to a project were redeployed, due to capacity constraints, to other initiatives. Additional challenges included victims’ experiences of continuous and secondary traumatisation, patriarchal attitudes as well as the normalisation of violence at community and societal levels.

The themes emerging from FGDs with CSVR programmatic staff contributed to a number of recommendations. The first of these included the need for a holistic, systemic, participatory, trauma-informed and victim-centred approach to GBV intervention design, implementation and evaluation. An important aspect of this recommendation included the prospect of Dignity placing strategy importance on strengthening inter-sectoral efforts in developing GBV prevention theories of change, implementation and evaluation plans, as well as intervention funding. Establishing relationships with relevant state departments (e.g. the South African Department of Women, Youth and People with Disabilities) could assist in this regard.

A final recommendation focused on the importance of an organisational approach to gender mainstreaming. It is often stated that change starts with the self and that turning our attention inward, to our gender attitudes, experiences and behaviour, can assist staff and organisations in developing more gender responsive and sensitive interventions.
7. References


