

# Summary of Research Findings

Collaboration in Gender-Based Violence Response,  
Access to Justice and Prevention



Mahlogonolo Thobane, Lillian Artz, Millicent Ngubane,  
Kassa Maksudi, Mina Haji

## BACKGROUND

- This project, Strengthening Local Governance to Improve Gender-Based Violence (GBV) Response, also known as the “Masiphephe Network” (meaning “Let’s Be Safe”) is funded by the United States Agency for International Development and its implementation is led by the Centre for Communication Impact (CCI).
- CCI works in partnership with the University of Cape Town’s (UCT) Gender, Health and Justice Research Unit (GHJRU), the Masiphephe Network’s research and policy advocacy technical lead, as well as with six community partner organisations in Gauteng, KwaZulu-Natal and Mpumalanga Provinces.

Organisation	Province
Agisanang Domestic Abuse Prevention and Training (ADAPT) in the City of Johannesburg	Gauteng Province
Sonke Gender Justice (Sonke) in the City of Johannesburg	Gauteng Province
Ethembeni Crisis Care Centre (ECCC) in eThekweni Metro	Kwazulu-Natal Province
Gugu Dlamini Foundation (GDF) in eThekweni Metro	Kwazulu-Natal Province
Project Association Southern Africa (PSASA) in the City of Mbombela and Emalahleni Local Municipality	Mpumalanga Province

- To achieve the goals of this project, an evidence-based approach was adopted through conducting a qualitative research in the six project sites mentioned above, led by a research team from the GHJRU.



# METHODS

 The research objectives were to identify:

- ✓ The roles of local organisations that deal with GBV issues
- ✓ Local GBV response and prevention gaps
- ✓ Local GBV response and prevention strengths
- ✓ Main GBV crimes reported
- ✓ GBV risk factors
- ✓ Challenges relating to access to justice or the criminal justice system (CJS)
- ✓ Current victim/survivor referral and follow-up tools
- ✓ Skills required by individuals employed by organisations dealing with GBV issues
- ✓ Support required by individuals employed by organisations dealing with GBV issues

- The qualitative research approach was utilised to conduct this research.
- Eighty (80) individuals from 40 organisations were sampled from a Masiphephe Network overall population of approximately 195 individuals and 148 organisations across the three provinces and six project sites.
  - Stratified sampling was utilised to sample participants for this study.
  - This sampling method is used when the population has mixed characteristics to ensure that every characteristic is proportionally represented in the sample.
  - Furthermore, to sample participants from three task teams/strata, in each project site, purposive sampling was used.
- Two forms of in-depth qualitative data collection methods, semi-structured interviewing and focus group discussion (FGD), were utilised to collect primary data from the participants.
- The data collected were analysed using thematic analysis.



# EXECUTIVE SUMMARY OF FINDINGS



Local GBV  
Networks



Access  
to Justice



GBV Risk  
Factors



Support  
Structures



## LOCAL GBV NETWORKS

- Overall, there was a good representation of both statutory and civil society organisations dealing with issues of GBV at local government level.
- Most of the organisations represented in the Masiphephe Network deal with crime prevention at either primary (i.e., awareness campaigns, community outreaches and dialogues) or secondary levels (victim empowerment services – medico-legal, psychosocial).
- There is an under-representation across all six sites of both statutory and non-statutory organisations that deal with crime prevention at a tertiary level (i.e., courts, DCS, diversion programme organisations).

- **Collaboration of efforts** was evident across all project sites, but two challenges that hamper collaboration were identified:
  - Disconnection between stakeholders working in silos; and
  - The lack of political will.

- **Barriers** faced by organisations that render GBV response and prevention services:
  - Poor attendance of GBV programmes;
  - Withdrawal of cases by victims;
  - Unsafe communities; and
  - Interference with law enforcement by traditional and/or community leaders.
- **Gaps** relating to GBV response and prevention:
  - Lack of resources (such as training, police vehicles, police stations, sexual assault comfort packs and funding for Non-profit Organisations (NPOs) and Community Based Organisations (CBOs)); and
  - Lack of services, particularly by statutory organisations that are located far away from the community.
- The most common **strengths** across all three provinces:
  - Collaboration between various stakeholders; and
  - The Thuthuzela Care Centre (TCC), a one-stop centre (OSC) model, which reduces secondary victimisation by ensuring that all the services required by survivors of sexual offences can be found in one place.



## ACCESS TO JUSTICE

### Reporting and response:

- Most victims of GBV report to the police as opposed to other channels of reporting (i.e., clinic, hospital, school, etc.)

### Why victims don't report:

- Lack of information on reporting (i.e., report rape within 72 hours; report old rape cases)
- Secondary victimisation which includes:
  - Victim blaming or disbelief
  - Insensitivity towards victims and towards vulnerable groups
  - Limited or lack of use of Victim Friendly Facilities (VFFs) at police stations

### Challenges experienced with the justice system (the police and the courts):

- Structural racism (i.e., poor infrastructure and services in black dominated communities, the language of the court is English)
- Police corruption
- Lack of training to deal with GBV cases
- Withdrawal of cases
- Cases being struck off the court roll

# Justice means different things to different people!

**01**

Holistic quality support services

**Retribution**

(Harsh punishment such as a long correctional sentence)

**02**

**03**

Being treated with fairness, empathy, care, dignity and respect

**Restitution**

(Restoration of something to its rightful owner)

**04**



## GBV RISK FACTORS

### Types of GBV reported in the community:

- Domestic violence (DV)
  - Intimate partner violence (IPV): physical, sexual, emotional and financial
  - After women, children experience various forms of DV, such as neglect, physical abuse, and sexual abuse, where perpetrators are usually male members of the family such as brothers, fathers, stepfathers or uncles.

### Two sites reported sexual grooming of young schoolgirls by taxi or scholar transport drivers.

- Physical and sexual offences within the community
- Abuse of the elderly
  - Financial abuse (i.e., withholding of a pensioner social grant) of the elderly by grandchildren

### Violence against vulnerable groups (i.e., persons with disabilities & LGBTQIA+ community)

- Rape of both children and adults with mental disabilities
- Members of the LGBTQIA+ community mostly suffer from harassment

## GBV RISK FACTORS

The ecological model by Heise (1998), which presents GBV risk factors at the individual, family, community and society levels, was utilised to determine the causes of GBV across the project sites.

### Individual risk factors:

- Children learn violence in their violent homes
- Over consumption of alcohol, by either one or both parents, often leads to conflict in the family

### Family risk factors:

- Being raised by a single parent
- Abuse of alcohol by one or both parents
- Disagreements between parents about child rearing and discipline
- Discipline and neglect of parenting responsibilities by the male parent

### Community risk factors:

- Abuse of alcohol and other substances

- Concerns about the large numbers of taverns or shebeens in communities, especially those that do not abide by the Liquor Act 59 of 2003. Some of these liquor outlets operate illegally without licences, ignore operational hours, or sell alcohol to children. The latter was identified as a contributing factor to the underage consumption of alcohol in communities.
- Abuse of other substances, in the two KwaZulu-Natal sites, such as woonga, nyaope, Xanax (antidepressant) and incika (a mixture of Sparletta Sparberry soft drink and Codeine, an over-the-counter cough syrup) by school children.

#### Societal risk factors:

- Harmful sociocultural norms and practices



## SUPPORT STRUCTURES

### General findings regarding referral and follow-up systems across all project sites:

- The lack of communication within the local GBV networks makes the referral and follow-up of cases challenging and inefficient; and
- Except for the TCC and the Department of Social Development (DSD), most organisations participating in the Masiphephe Network do not have follow-up systems to monitor and evaluate the services provided to survivors.

**Service providers working with GBV are highly susceptible to secondary trauma. While statutory service providers reported having access to psychosocial services, a considerable number of participants who work for CBOs and NPOs do not have access to any trauma and burnout services.**



## RECOMMENDATIONS

- ✓ More community awareness campaigns;
- ✓ A multi-stakeholder approach;
- ✓ Education and empowerment of girl children and women;
- ✓ GBV and victim empowerment training of CJ officials, particularly police officials;
- ✓ Create platforms for men and boys to engage each other on GBV issues;
- ✓ Prevention of substance abuse programmes;
- ✓ Parenting classes; and
- ✓ Challenging of harmful sociocultural norms.



