

NATIONAL GENDER-BASED VIOLENCE & FEMICIDE STRATEGIC PLAN

2020 – 2030



DRAFT 1
12 AUGUST 2019

Healing, Safety, Freedom & Equality
In our lifetime

Acknowledgements

The GBVF National Strategic Plan (2020-2030) was made possible through the collective efforts of the Interim GBVF Steering Committee

The Secretariat acknowledges all contributions in particular the leadership of the Technical Advisory Team

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Foreword

to be written by co-chairs of the ISC GBVF

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Acronyms

AIDS Syndrome	Acquired Immune Deficiency	HIV	Human Immune Deficiency Virus
ADR	Alternative Dispute Resolution	HTV	Homophobic and transphobic violence
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Womxn	IDMT	
CGE	Commission for Gender Equality	ILO	International Labour Organisation
CSW	Commission on the Status of Womxn	IMC-VAWC	Inter-Ministerial Committee on the Root Causes of Violence Against Women and Children
CBO	Community Based Organization	ISCSBV	Interim Steering Committee for Gender Based Violence and Femicide
CJS			
CSOs	Civil Society Organizations		
COGTA	Department of Cooperative Governance and Traditional Affairs	ISCPS	Integrated Social Crime Prevention Strategy
DACT	Department of Arts Culture and Sports	IPV	Intimate Partner Violence
DFID		JSE	Johannesburg Stock Exchange
DHS	Department of Human Settlements, Water and Sanitation	LGBTQIA+	Lesbian, Gay, Bisexual, Trans, Queer, Intersex
DHA	Department of Home Affairs	MAP	Men as Partners
DOT	Department of Transport	MMR	Maternal Mortality Ratio
DBE	Department of Basic Education	MDGs	Millennium Development Goals
DOJ&C	Department of Justice and Correctional Services	MRC	Medical Research Council
DHET	Department of Higher Education and Training	MTSF	
DOEL		NCGBV	National Council on Gender Based Violence
DOH	Department of Health	NDP	National Development Plan
DOL	Department of Labour	NGO	Non-Governmental Organization
DPME	Department of Planning, Monitoring and Evaluation	NGM	National Gender Machinery
DR	Diagnostic Review	NOISC	
DSD	Department of Social Development	NPA	National Prosecuting Authority
DV	Domestic Violence	NPO	Nonprofit Organization
DVA	Domestic Violence Act	NSP	National Strategic Plan
DWYPD	Department of Womxn, Youth and People with Disability	PEP	Post-Exposure Prophylaxis
EEA	Employment Equity Act	PEPUDA	Promotion of Equality and Prevention of Unfair Discrimination
EMS	Emergency Medical Services	PFMA	
GBH	Grievous Bodily Harm	PHC	Primary Health Care
GBV	Gender-Based Violence	POISC	
GBVF	Gender Based Violence and Femicide	SAHRC	
GCIS	Government Communications and Information System	SALRC	
GDP	Gross Domestic Product	SDA	Skills Development Act
GPF	Gender Policy Framework	SDC	Southern African Development Community
GRPBME	Gender Responsive Planning, Budgeting, Monitoring & Evaluation	SDGS	Sustainable Development Goals
FBO	Faith Based Organization	SAMRC	South African Medical Research Council
		SAPS	South African Police Services
		SEA	Sexual exploitation and abuse
		SETA	Sector Education & Training Authority
		SGBV	Sexual and Gender – Based Violence
		SGM	Sexual and Gender Minority
		SH	Sexual Harassment

SOA	Criminal law(Sexual Offences and Related matters) Amendment Act (Sexual Offences Act)
SOCs	Sexual Offences Courts
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STEM	Science, Technology, Engineering and Mathematics
STI	Sexually Transmitted Infection
TTCs	Thuthuzela Care Centres
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	
UNFPA	United National Population Fund
UNICEF	United Nations Children's Fund
UN Women	
VAW	Violence Against Womxn
VSSB	
WHO	World Health Organization
WPSS	White Paper on Safety and Security

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Executive Summary

The development of the GBVF National Strategic Plan was facilitated by the Interim, GBVF Steering Committee that was established in February 2019, as an outcome of the Presidential Summit on Gender-Based Violence and Femicide that took place on 1-2 November 2018. The process of developing the plan included:

- i) The establishment of a Technical Advisory Team, as a task team of the Interim Structure to oversee the process and the development of the draft documents, led by technical support provided by UN WOMEN;
- ii) A review of base documents to inform the content, including the base documents;
- iii) A consultative workshop with over 100 multi sectoral stakeholders to further interrogate and expand the information generated by the Presidential Summit;
- iv) The establishment of technical teams to shape the content of respective pillars of the National Strategic Plan and guide drafters;
- v) Feedback and endorsement of a Draft 0 for extensive focused consultation with specific interest groups and multi-stakeholder consultations in provinces;
- vi) Finalization of a draft for engagement with respective government departments, to align with their respective strategic plans;
- vii) Review and endorsement by senior officials of respective government departments;
- viii) Adoption by Cabinet

The GBVF National Strategic Plan (2020 – 2030) sets out to provide a cohesive strategic framework to guide the national response to the GBVF crisis that South Africa finds itself in. Impetus for this plan arises from the bold demands by womxn across the country who marched on 1 August 2018, under the banner of #TheTotalShutdown and the subsequent call by womxn from all walks of life who attended the Presidential Summit on 1-2 November 2018. It builds onto the work that was undertaken by government, in its review of responses to violence against womxn and children commissioned by the DPME,¹ the subsequent review of the National Plan of Action undertaken by the DSD through the work in progress development of a *South African Integrated Programme of Action Addressing Violence Against Womxn, Children and LGBTQIA+ persons*, in response to recommendations arising from the government-wide review, and the work undertaken by civil society through the Stop GBV NSP Campaign.²

It represents a clear national response to the call by activists for the government of South Africa and all living in South Africa to make our country a safe place for womxn, children and gender non-conforming individuals in which their lives and well-being are celebrated and valued, and in which gender-based violence and femicide will not be tolerated. At the same time, it gives impetus to *Outcome 3* of the National Development Plan: *All people in South Africa are and feel safe* and provides a coherent national framework to support South Africa in meeting Sustainable Development Targets 5.1;5.2.;5.3 and 16.1 and 16.2.

¹ DPME Report on Diagnostic Review of the Response of the State to Violence Against Womxn and Children (2016)

² National Strategic Plan on Gender-Based Violence Shadow Framework

Purpose: Provide a multi-sectoral, coherent strategic policy and programming framework to strengthen a coordinated national response to the crisis of gender-based violence and femicide by the government of South Africa and the country as a whole.

Scope: Focuses on responding to gender-based violence and femicide, specifically referring to violence against womxn and girls whilst simultaneously addressing the underlying joint drivers of violence against womxn, violence against children and violence against gender non-conforming persons. It builds onto the resolutions arising from the Declaration emerging from the Presidential Summit in November 2018, and draws from and aligns with a number of key processes nationally, regionally and globally.

Vision Ensure that all people in South Africa, particularly womxn, children and gender non-conforming persons are and feel safe; enjoy healthy, happy lives, relationships and social connectedness; have access to sensitive, humanizing quality services, , and are fully able to realize and exercise their right to autonomy and bodily integrity and equality as an integral component of sustainable human development in the country.

Principles:

1. A **multi-sectoral approach** to optimally harness the roles, responsibilities, resources and commitment across government departments, different tiers of government, civil society, movements, youth structures, development agencies, the private sector, academic institutions and all stakeholders;
2. **Complementing and augmenting existing strategies**, instruments and national initiatives on GBVF and safety in the country;
3. **Active and meaningful participation** of communities, civil society, movements, and those most affected by GBV in the design, implementation, and monitoring and evaluation of the strategy;
4. A **visionary, gender-responsive, and transformative** approach that takes account of inequality and gender-driven differences driving GBVF;
5. A **human rights-based, victim-centred, survivor-focused approach** to the provision of services that reaches all, without the risk of financial hardship
6. An **inter-generational, youth-friendly** approach ;
7. **Progressive realization of outcomes** through the prioritization of reforms and strategic partnerships to address wider systemic challenges;
8. Forward looking towards co-creation of a different social milieu underpinned by respect, compassion and human dignity for all;
9. Mutual accountability for changes recognising that meeting these outcomes requires government, civil society, communities, social movements, the private sector, development partners and all stakeholders to work together to drive the agenda forward.
10. Inclusiveness, embracing diversity and intersectionality, recognising the importance of foregrounding womxn's experiences most marginalised by poverty, race, age, ableness, sexual orientation, gender identity and nationality.

Outcomes: To achieve this vision, South Africa will be required to fast track progress towards achieving the following outcomes over the next five years:

Outcome 1	Firm leadership and strengthened accountability that responds to the GBVF crisis in a multi-sectoral, strategically and institutionally coherent and resourced way <i>Harness ALL to respond to the GBVF crisis & elevate leadership and accountability at all levels</i>
Outcome 2	South Africa addresses specific systemic and structural drivers of GBV through the roll out of effective prevention and healing interventions that target institutions and households <i>Stop violence before it happens</i>
Outcome 3	Laws, policies and frameworks are enforced, implemented and adopted that align with addressing GBVF substantively at all levels <i>Enforce, implement & adopt transformative laws and policies</i>
Outcome 4	Victim- centred and survivor-focused accessible, equitable and quality services are readily available across the criminal justice system, health system, educational system and social support system at respective levels <i>Provide survivor-centred accessible, quality services</i>
Outcome 5	Womxn and girls are able to access the necessary resources and opportunities that enable them to feel and be free and safer in public spaces, whilst making healthy, autonomous choices for their lives.
Outcome 6	Multi-disciplinary, research and integrated information systems that are nationally coordinated and decentralized increasingly shapes a strengthened response to GBVF in South Africa <i>Strengthen information base informing GBV response</i>

Strategies: These overarching outcomes shape the key high level strategies that will be used to drive the GBVF national agenda in the country in the immediate two-year period and for the next five years:

- Strengthened state and societal accountability at all levels driven by bold leadership and high level political commitment;
- A national drive towards addressing harmful social and gender norms, facilitating healing and rebuilding the social fabric
- Locating a response towards GBV as integral to responding to violence, poverty and inequality
- Widening the lens, deepening the understanding and rooting the response in communities

Implementation Modalities: The document defines the roles and responsibilities of various stakeholders to accelerate, advance and realize the the vision and outcomes of this strategic plan:

- The *GBV Council/ Structure* is the custodian of the plan and plays the role of strategic oversight for the realisation of the national outcomes outlined in the plan;

- Respective government departments, as articulated in respective sections of the plan will align related outputs within their respective five year strategic plans and facilitate institutional coherence across government;
- Civil society will continue to advocate for the implementation and resourcing of the NSP overall, to foreground the needs and leadership of those most affected and to co-lead the process;
- Development partners will align their investment into GBVF in South Africa with the wider national priorities articulated in the NSP;
- The private sector to elevate its own accountability through its practises and to invest in supporting the roll out of respective sections of the NSP;
- The Secretariat and strategic partners are to support respective structures in embedding and aligning the plan within their own institutional arrangements
- The Secretariat and strategic partners are to monitor and support respective stakeholders to monitor progress, using the existing frameworks and processes, and where necessary adapting these to facilitate optimal roll out;

Harmonization of laws and policies, respective standardization of implementation frameworks, a comprehensive sector-wide M&E system, and integrated management information systems will contribute to facilitating delivery on and accountability for the NSP.

1. Introduction

The National Strategic Plan on Gender-Based Violence and Femicide (GBVF) sets out to provide a cohesive strategic framework to guide the national response to the GBVF crisis that South Africa finds itself in. Impetus for this plan arises from the bold demands³ by womxn across the country who marched on 1 August 2018, under the banner of #TheTotalShutdown and the subsequent call by womxn from all walks of life who attended the Presidential Summit on 1-2 November 2018. It builds onto the work that was undertaken by government, in its review of responses to violence against womxn and children commissioned by the DPME,⁴ the subsequent review of the National Plan of Action undertaken by the Department of Social Development (DSD) through the work in progress development of a *South African Integrated Programme of Action Addressing Violence Against Womxn, Children and LGBTQI persons*, in response to recommendations arising from the government-wide review, and the work undertaken by civil society through the Stop GBV National Strategic Plan (NSP) Campaign.⁵

It represents a clear national response to the call by activists for the government of South Africa and all living in South Africa to ensure womxn's constitutionally entrenched right to be free from all forms of violence since the establishment of our constitutional democracy. In addition, the 24 demands delivered by #TheTotalShutdown to government on 01 August 2018, clearly articulate the desire for government to guarantee womxn's right to safety. Furthermore, it gives impetus to *Outcome 3* of the National Development Plan: *All people in South Africa are and feel safe* and provides a coherent national framework to support South Africa in meeting Sustainable Development Targets⁶ 5.1;5.2.;5.3 and 16.1 and 16.2.

In recognizing the centrality of *preventing gender-based violence*, the NSP draws from the White Paper on Safety and Security (2016) as the overarching policy framework for safety, crime and violence prevention in the country⁷. The NSP recognises the importance of synergy and alignment of policies and programmes, and the creation of a sustainable well-resourced implementation and oversight mechanism for GBV, which has been articulated in a similar way in the WPSS for crime prevention across all sectors. The six themes identified in the White Paper viz. effective criminal justice; early intervention to prevent crime and violence; victim support; effective and integrated service delivery for safety, security and violence and crime prevention; safety through environmental design and active public and community participation, are all pertinent for GBVF.

All seven priority areas that South Africa will be focusing on over the next five years are relevant to shaping a strategic response to gender-based violence viz. (i) economic transformation and job creation; (ii) education, skills and health; (iii) consolidating the social wage through reliable and quality basic services; (iv) spatial integration, human settlements and local government; (v) social cohesion and safe communities; (vi) building a capable, ethical and developmental state and (vii) a better Africa and the world.⁸ As civil society

³ Find the twenty four demands attached

⁴ DPME Report on Diagnostic Review of the Response of the State to Violence Against Womxn and Children (2016)

⁵ National Strategic Plan on Gender-Based Violence Shadow Framework

⁶ SDG 5.1; 5.2; 5.3 and 16.1 and 16.2 are outlined in the next session under Global Commitments

⁷ Civilian Secretariat for Police 2016 White Paper on Safety and Security Section 2

⁸ Department of Womxn *Beijing +25 South Africa's Progress Made on the Implementation of the Beijing Platform for Action 2012 -2019* Final Draft

organizations, activists, government representatives and others have articulated the critical priorities for the country articulated in this plan the synergies that arise with the seven priority areas relate to addressing structural drivers of GBVF, including the macro-economic factors; addressing the service delivery challenges from a range of angles for survivors of gender-based violence; harnessing education, health, social development, human settlements, transport and a range of players to effect a multi-sectoral response; working positively to rebuild the social fabric in ways that promote healing, safety and human dignity at all levels, including the household and strengthening the capacity of the state to deliver on its responsibility to all, especially womxn, children and gender non-conforming persons to feel and be safe.

Background

South Africa has an estimated population of 57 458 million people with an estimated 16.7 million households.⁹ Approximately 37.9% of households in South Africa are headed by womxn with female headed households being most common in provinces with large rural areas such as the Eastern Cape (46.9%) and KwaZulu-Natal (45.0%) and least common in the most urbanised provinces viz. Gauteng and the Western Cape¹⁰. According to the 2018 Household Survey, approximately 1/5 of children were not living with either of their biological parents, 1/3 lived with both parents and most children (43.1%) lived only with their mothers and a much smaller percentage (3.3%) lived only with their fathers. Whilst financial hardship was the most cited reason for dropping out of school overall, there was a marked difference in females leaving school for family related reasons such as pregnancy, getting married or needing to mind children. Also, 4.4% of South Africans aged 5 years and older were classified as disabled in the 2018 survey, with higher numbers of womxn than men.

South Africa is a deeply violent society and continues to wrestle with the impact of decades of institutionalized racism, exclusion and other forms of structural violence on the social fabric and how this, and other factors have continued to undermine human development and positive social cohesion. The 2018 Global Peace Index indicates that South Africa is one of the most violent places in the world, ranked 125 out of 163. Its murder rate is particularly high, particularly in the context of it not being a war zone and is ranked as one of the ten most violent places in the world. The 2018 Victims of Crime Survey reports that crime levels have increased in 2017/2018, as compared to 2016/2017 and at the same time there has been a decrease in feelings of safety and trust in the criminal justice system.¹¹ The historical context for violence and crime has been well documented by a range of social theorists across disciplines with most commonly a combination of theories and causal factors identified, including the following (i) a 'culture of violence' exists where violence is normative as the way to resolve conflict; (ii) the legacy of apartheid, where poverty, lack of access to services and opportunities, marginalization and militarization of men were contributory; (iii) the institutionalization of violence during the apartheid years resulted in "communities steeped in chronic levels of violence"; (iv) exceptionally high levels of drug and alcohol abuse;

⁹ STATS SA *General Household Survey 2018*

¹⁰ *Ibid.*

¹¹ http://www.statssa.gov.za/?page_id=737&id=5

(v) disintegration of families; (vi) violence as an expression of anger and a mean of asserting power; (vii) absent parents, particularly fathers and (viii) unemployment.¹²

Global & Regional Commitments

South Africa is signatory to a wide range of regional and global agreements, and is required to align and observe these agreements within its domestic legal practise. These include the African Charter on the Rights and Welfare of the Child; the African Union African Youth Charter; the Protocol to the African Charter on Human and People's Rights on the Rights of Womxn in Africa; the African Union Solemn Declaration on Gender Equality in Africa; the African Commission on Human and People's Rights Resolution 111: The Right to a Remedy and Reparation for Womxn and Girl Victims of Sexual Violence; the SADC Protocol on Gender and Development; AU Agenda 2063; Resolution 275 of the African Commission on Human and People's Rights: Resolution on Protection Against Violence and other Human Rights Violations against Persons on the basis of their real or imputed Sexual Orientation or Gender Identity; the UN Convention on the Rights of the Child and Optional Protocols; the UN Convention on Consent to Marriage, Minimum Age for Marriage, and Registration of Marriages; the UN Principles for Older Persons; the Beijing Platform for Action; the UN Convention on the Elimination of All Forms of Discrimination Against Womxn; the Yogyakarta Principles; the UN Convention on the Rights of People with Disabilities; the International Covenant on Economic, Social, and Cultural Rights; the UN General Assembly Resolution 17/19: Human Rights, Sexual Orientation and Gender Identity; the International Covenant on Civil and Political Rights; the UN Convention and Protocol Relating to the Status of Refugees; the UN Sustainable Development Goals; the African Commission on Human and People's Rights Guidelines on Combating Sexual Violence and its Consequences in Africa and the Protocol on the control of firearms, ammunition and other related materials in the SADC Region¹³. In addition specific regional policy frameworks are particularly pertinent: *the SADC Regional Strategy and Framework of Action for Addressing Gender-Based Violence 2018 - 2030, the Strategy for Sexual and Reproductive Health and Rights in the SADC Region 2019 – 2030 and the Regional Strategy for HIV Prevention, Treatment and Care and Sexual and Reproductive Health and Rights among Key Populations.*

The 2030 Agenda for Sustainable Development

The Sustainable Development Goals as a universal call to end poverty, protect the planet and ensure that all people enjoy peace and prosperity has played an important role in influencing the language and strategic direction of both regional and national responses viz. ending rather than halving GBV. SDG 3 - *ensuring healthy lives and promote well-being for all at all ages*; (ii) SDG 4 - *ensuring inclusive and equitable quality education and promoting lifelong learning opportunities for all*; (iii) SDG 5 - *achieving gender equality and empowering all womxn and girls* and (iv) SDG 16 *promoting peace and inclusive societies for sustainable development, providing access to justice for all, and building effective, accountable and inclusive institutions at all level* are particularly relevant for the NSP. The related targets relevant to the NSP

¹² Department of Social Development *Integrated Social Crime Prevention Strategy* September 2011

¹³ Department of Social Development *South African Integrated Programme of Action Addressing Violence Against Womxn, Children and LGBTQIA+ persons (2019-2024)* Draft 8 October 2018

1. *SDG 4.7. Ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development.*
2. *SDG 5.1. End all forms of discrimination against womxn and girls everywhere.*
3. *SDG 5.2. Eliminate all forms of violence against womxn and girls in public and private spheres, including trafficking, and sexual and other types of exploitation.*
4. *SDG 5.3. Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.*
5. *SDG 5.6. Ensure universal access to SRHR in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action, and the outcome documents of their review conferences.*
6. *SDG 5.6.c Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all womxn and girls at all levels.*
7. *SDG 16.1 Significantly reduce all forms of violence and related deaths everywhere.*
8. *SDG 16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children.*

Legislative and Policy Framework to respond to GBV in South Africa

The Constitution of South Africa sets the framework for an effective legislative response to gender-based violence: in Chapter 1 stating that human dignity, the achievement of equality and the advancement of human rights and freedoms as well as non-racialism and non-sexism are founding principles; in Chapter 2 recognising the following rights equality, human dignity, life, freedom and security of the person.¹⁴ These rights underscore a national commitment to building a society that is free from all forms of violence and that recognizes and values bodily integrity and autonomy.

A number of policies and legislation are in place to respond to gender-based violence¹⁵:

- (1) The National Crime Prevention Strategy (NCPS) 1996 establishes crimes of violence against womxn and children as a national priority;
- (2) The Criminal Law Amendment Act 105 of 1997 establishes mandatory minimum sentences for certain rapes;
- (3) The Criminal Procedure Second Amendment Act 85 of 1997 allows for bail conditions to be tightened in cases of those charged with rape;
- (4) The Domestic Violence Act 116 of 1998 sets out to offer options to victims of abuse through identifying certain obligations on law enforcement bodies and making provision for interim protection orders and restraining orders;
- (5) The Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007 broadened the definition of rape and other sexual offences and introduced new offences that relate to gender-based violence, including digital distribution of pornography etc.

¹⁴ The Constitution of the Republic of South Africa, 1996

¹⁵ <http://www.justice.gov.za/sca/docs/20181101-GenderBasedViolenceFemicideSummit-Speech-Maya.pdf>

- (6) The Criminal Law (Sexual Offences and Related Matters) Amendment Act 6 of 2012 was passed to provide for effective prosecution and conviction of offenders;
- (7) Other relevant legislation includes: the Marriage Act 25 of 1961; the Labour Relations Act 66 of 1995 and amendments; the South African Police Services Act 68 of 1995; the Film and Publications Act 65 of 1996 and amendments; the South African Schools Act 84 of 1996; the Employment Equity Act 55 of 1998; the Recognition of Customary Marriages Act 120 of 1998; the Refugees Act 130 of 1998; the Maintenance Act 99 of 1998 which provides for garnishee orders and attachment of emoluments and orders by default; the Promotion of Equality and Prevention of Unfair Discrimination Act 4 of 2000; the Firearms Control Act 60 of 2000; Immigration Act 13 of 2002 and amendments; National Health Act 61 of 2003; Children's Act 38 of 2005 and amendments; Older Persons Act 13 of 2006; Civil Union Act 17 of 2006; Child Justice Act 75 of 2008; Independent Police Investigative Directorate Act 1 of 2011; Protection from Harassment Act 17 of 2011; Dangerous Weapons Act 15 of 2013; Prevention and Combating of Trafficking in Persons Act 7 of 2013; Judicial Matters Amendment Acts 43 of 2013, 24 of 2015 and 8 of 2017; Hate Crimes Bill and the Victim Support Bill¹⁶.

Specific frameworks that are particularly pertinent for the GBVF NSP include the following:

(i) *Integrated Social Crime Prevention Strategy (ISCPS)*

The ISCPS emphasises the prevention of crime and lays a foundation that provides regulations to various relevant government departments to develop strategies that are aligned to existing approaches and take an intersectoral and comprehensive approach. The strategy identifies thirteen themes that are key for the prevention of social crime viz.

- Families,
- Early childhood development
- Social assistance and support for pregnant women and girls
- Childhood abuse, neglect and exploitation
- Domestic Violence and Victim Empowerment Programmes
- Victim Support and dealing with trauma
- Community mobilization and development
- Dealing with substance abuse
- HIV & AIDS, feeding and health programmes
- Social Crime Prevention Programmes
- Extended Public Works Programme
- Schooling and
- Gun Violence Prevention, Reduction and Law Enforcement

It sets out to achieve six objectives: (i) to increase internal and external capacity; (ii) to ensure equitable and integrated site-based service delivery for local service providers; (iii) to facilitate targeted collaborative partnerships; (iv) to promote sustained institutional mechanism in community; (v) to improve the social fabric and cohesion in families and (vi) to ensure investment in prevention and early intervention with long term impacts.

¹⁶ Department of Social Development *South African Integrated Programme of Action Addressing Violence Against Women, Children and LGBTQIA+ persons (2019-2024) Draft 8 October 2018*

The overarching approach that the ISCPs takes, as well as the objectives it sets out to achieve provide a strong foundation on which the GBVF NSP must build its strategic direction and approach.

(ii) *2016 White Paper on Safety and Security (WPSS)*

The purpose of developing a policy on safety, crime and violence prevention is to promote an integrated and holistic approach to safety and security, and to provide substance and direction to achieve the NDP's objective of *building safer communities*¹⁷. It therefore sets out to provide an overarching policy for safety, crime and violence prevention that will be articulated in a clear legislative and administrative framework to facilitate synergy and alignment of policies on safety and security to facilitate the creation of a sustainable, well-resourced implementation and oversight mechanism, which will coordinate, monitor, evaluate and report on the implementation of crime prevention priorities across all sectors. The White Paper adopts a developmental approach, drawing on the ecological model and identifying both risk and protective factors at different stages of the life cycle. It recognizes that the centrality of crime is informed by a six key themes: effective criminal justice; early intervention to prevent crime and violence; victim support; effective and integrated service delivery for safety, security and violence and crime prevention; safety through environmental design and active public and community participation.

The WPSS sets out to promote an integrated and holistic approach to safety and security, and to provide substance and direction to achieve the NDP's objective of *building safer communities*¹⁸.

#TheTotalShutdown 24 Demands

Developed by an intersectional movement of womxn, #TheTotalShutdown Memorandum of 24 demands delivered by marchers to the President of the Republic of South Africa, and copied to the Speaker of Parliament and Chief Justice of the Supreme Court of Appeals on August 1, 2018. The memorandum articulates a case for the States' failure to grant womxn's constitutional right to safety and asserts twenty four (24) demands, one for each year since independence, to address gender based violence and femicide.

Presidential Summit on Gender Based Violence Declaration

The Declaration that emerged from the Presidential Summit¹⁹ whilst noting the progressive constitution of the country and a stated commitment by the President to improve the response to GBVF, it calls for a response to a number of critical challenges that the country faces in relation to GBV:

- (1) the normative nature of violence, and the importance of all South Africans, including leadership at all levels to be held accountable and to respond;

¹⁷ Civilian Secretariat for Police *2016 White Paper on Safety and Security* Section 2

¹⁸ Civilian Secretariat for Police *2016 White Paper on Safety and Security* Section 2

¹⁹ The Presidency of South Africa (2019) *Presidential Summit Against Gender-Based Violence and Femicide Declaration 2 November 2018*

- (2) the lack of a strategically coherent, coordinated and comprehensive response to the GBVF crisis in the country;
- (3) a legal and regulatory framework that is not adequately responsive to the needs of victims;
- (4) laws, policies, services and programmes that are not adequately planned, costed, monitored and rolled out;
- (5) services that are inadequate to address the diverse range of needs of survivors (disabled survivors and LGBTQIA+) and are inadequately resourced by the state;
- (6) poor and unsystematised coordination of research and information;
- (7) inadequate and insensitive support services for survivors require strengthening and support, including those providing care;
- (8) there are high levels of secondary victimization experienced by survivors;
- (9) gaps and weaknesses, including a lack of integration which impacts on the degree to which the justice system is not adequately responding to the crisis;
- (10) prevention efforts are not adequately addressing structural drivers and are not effectively coordinated to facilitate optimal impact and
- (11) there are inadequate linkages between GBV and other key issues such as economic development, substance abuse, HIV and related social issues.

All of the above form the foundation of the NSP, and against the backdrop of it being acknowledged as a national crisis by the President, with reference to the importance of the plan within his State of the Nation Address (June 2019) the foundation is laid for it to be a document with significant potential to turn the tide towards an effective response to GBVF in the country.

2. Situational Analysis of GBV and Femicide in South Africa

The country has recognised that the rates of gender-based violence and femicide have reached crisis proportions, that this impacts profoundly on the lives and wellbeing of survivors, families, communities and the broader society and serves to fundamentally compromise the realization of a prosperous and vibrant democracy and the overarching human rights of all guaranteed in the Constitution²⁰. There is increasing recognition that this context demands a *whole of society* approach in understanding, responding, preventing and ultimately eliminating GBV.

2.1 Conceptualization of GBV and Femicide in South Africa

Globally, Gender-Based Violence (GBV) is seen as a gross violation of human rights, an attack on womxn's dignity and a significant public health problem.²¹ GBV includes physical, economic, sexual, and psychological abuse from intimate and non-intimate partners, rape,²² sexual abuse of girls, sexual harassment and acts such as trafficking womxn for sex²³ as well as femicide²⁴; the most extreme form of GBV. Intimate femicide refers to the killing of a female person by an intimate partner (that is, her current or ex husband or boyfriend, same sex partner or a rejected would-be-lover²⁵ and non-intimate femicide refers to the killing of a female person by someone other than an intimate partner²⁶. Violence against womxn is defined as any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to womxn, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life²⁷. It refers to a specific form of gender-based violence, that is directed at a woman because she is a woman and that affects her disproportionately.²⁸ It affects womxn throughout their life cycle, is often exacerbated by cultural, economic, ideological, technological, political, religious, social and environmental factors²⁹. As society has evolved, there have been calls for expanded understandings of gender-based violence³⁰ have expanded to include economic violence, violence as a result of sexual orientation, sexual and gender identity, cyber violence and state violence in which womxn and girls are denied access to critical sexual and reproductive health rights.³¹

²⁰ The Presidential Summit Declaration, November 2018

²¹ Campbell JC. Health consequences of intimate partner violence. *Lancet* 2002;359:1331–6.

²² Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007, Chapter 2 Part 1

²³ World Health Organization. *World report on violence and health*. Geneva, Switzerland: World Health Organization, 2002.

²⁴ GBV-shadow frameworks.pdf, CSTL Conceptual Framework.pdf

²⁵ Abrahams, N., Mathews, S., Jewkes, R., Martin, L. J., & Lombard, C. (2012). Every eight hours: Intimate femicide in South Africa 10 years later. *South African Medical Research Council Research Brief*, 2012, 1-4.

²⁶ Ibid.

²⁷ United Nations General Assembly A/RES/48/104 *Declaration on the Elimination of Violence Against Women* 23 February 1994

²⁸ CEDAW/C/GC/35 *General recommendations No.35 on gender-based violence against women, updated general recommendation No.19*. 14 July 2017

²⁹ Ibid.

³⁰ National Strategic Plan on Gender-Based Violence Shadow Framework

³¹ CEDAW, 2017

Historically, the term GBV was used first by feminists who wished to underline the importance of understanding the structural inequalities that give men and boys more power than womxn and girls. However, the term is increasingly used to refer to all violence that is related to gender identity. Current rhetoric around GBV is mostly focused on violence experienced by ciswomxn (womxn whose gender identity and sex at birth matches). LGBTQIA++ individuals may also experience GBV, particularly in contexts when this violence is targeted at someone on the basis of their gender identity or sexual orientation or being gender non-conforming and/or not practicing heterosexuality. Violence may also be used to feminize men, or undermine their masculinity, ensuring that they are not exempt from some forms of GBV. The use of violence to institute and maintain particular forms of gender relations is also influenced in complex ways by perpetrators' ideas about their victim's race, disability, social class and citizenship status, among other factors³². At the same time, there has been increasing acknowledgement of the ways in which the hidden and normalized violence of economic exclusion and other systems of oppression, perpetrated by individuals, institutions and systems needs to be integral to how gender-based violence is conceptualized and responded to in South Africa³³.

Reports suggest that GBV is highly prevalent and endemic in South Africa, with particularly high rates of sexual gender based violence (SGBV) and femicide. GBV has serious negative health outcomes, economic and psycho-social impact and is often associated with injuries, acute morbidity and even mortality³⁴. Individuals who experience GBV tend to experience long-term effects on their health and wellbeing, thus making gendered violence prevention an urgent priority for policy makers and other key stakeholders to address.

Social and Financial Costs of GBV

The high rates of GBV damages the lives and well-being of womxn, children, gender non-conforming persons and all living in South Africa, both directly and indirectly. It simultaneously undermines their quality of life whilst hindering sustainable human development and economic growth, preventing the country from breaking intergenerational cycles of poverty and inequality. Preventing violence against womxn, in the long-term depends on our ability to reduce and prevent children from experiencing violence, neglect and bullying. Gender-based violence costs are estimated at ZAR 24-42 billion annually³⁵ with additional social costs that compromise the sexual and reproductive health, mental health, social wellbeing, productivity, mobility and capacity of survivors to live healthy and fulfilling lives. Violence (sexual, emotional and physical violence and neglect) against children is estimated to cost South Africa R238 billion a year, approximately 5% of the GDP, with lifelong consequences for child victims and their ability to earn as adults³⁶. A significant proportion of the violence children experience in the home, and at school is gender-based violence, or a consequence of gender-based violence and toxic masculinity.

³² Gender-Based Violence and Femicide: Summit: Inputs from the Prevention Sub-Task Team, 2018; see also (Fry, Skinner & Wheeler, 2017; Nel & Judge, 2008; Kimuna, Tenkorang, & Djamba, 2018; Koraan & Geduld, 2015; Plummer & Findley, 2012).

³³ Presidential Summit, November, 2018, Consultative Workshop, 16- 17 May 2019

³⁴ Abrahams, et al., 2017; Garcia-Moreno, et al., 2015; Mthembu et al., 2016; Kimuna, Tenkorang, & Djamba, 2018, p. 1704

³⁵ KPMG, 2015, Too costly to ignore: The economic impact of gender-based violence in South Africa.

³⁶ Fang et al. 2016

2.2 Gender-Based Violence and Femicide as a National Crisis in South Africa

South African womxn and girls experience unacceptably high levels of GBV that remain largely undocumented, underreported and unaccounted for in the national statistics. While we know that GBV is high, available statistics tend to under estimate prevalence and incidence of GBV and this makes it imperative for the country to improve routine data collection and to fund, design and collect reliable data through a national GBV survey that is repeated at certain intervals to track trends over time.

National statistics demonstrate that South Africa has a national crisis in relation to GBV. Worldwide, it is estimated that over one in three womxn (35.6%) aged 15 and above, have experienced physical and/or sexual violence by a partner, or sexual violence by a non-partner (Reference??). Whilst all womxn are affected by gender-based violence, it disproportionately affects womxn living in poverty, and womxn who are marginalized in other ways within society such as young womxn, lesbian womxn, trans womxn, intersex womxn, black womxn, migrant womxn, disabled womxn and others. The extent of victimization of womxn also increased with the extent of their vulnerability. Global evidence has shown that womxn with disabilities are at a two to four times higher risk of Intimate Partner Violence (IPV) than womxn without disabilities³⁷.

Intimate Partner Violence/Domestic Violence

Population-based survey research (see Table 1) has demonstrated high levels of IPV and non-partner sexual violence, with IPV being the most common form of violence against womxn. For example, 37.7% of womxn living in Gauteng have ever experienced physical and/or sexual IPV, 18.8% having ever experienced sexual IPV, and 46.2% have ever experienced economic or emotional abuse. In contrast, 37% of men from Gauteng reported having raped a womxn or girl⁵.

To date several population-based surveys on victimization and perpetration of IPV have been conducted in South Africa. While these studies provide some estimates, issues of methodology such as sample size, the use of inconsistent and unreliable measures, mode of data collection, use of data collectors who are not well trained in GBV and collecting data as part of large health surveys have been highlighted. The table below provides a snapshot of these key studies and highlight challenges in each of the surveys. The proposed GBV survey will need to address the above issues in order to provide reliable statistics.

³⁷ Dunkle, van der Heijden, Stern, & Chirwa, 2018

Table 1: Key South African population-based surveys regarding victimization and perpetration of IPV

Study name/year	Location/size	Design	Measure	Notes on the survey
Three Provinces Study, 1998	Eastern Cape (n=405 women), Mpumalanga (n=428 women), Northern province (n=477 women)	Cross-sectional household survey	Victimization women 18-49 yrs.	The measure of sexual violence was quite far from what is now considered best practice. Interviewer administered.
1998 South Africa Demographic & Health Survey (SADHS)	National 11,000+ women	Cross-sectional household survey	Victimization women 15-49 yrs.	This survey was validated through the Three Province Study and the conclusion was that the SADHS estimates were of poor validity. Interviewer administered
2004 Foundation for Human Rights funded survey done by Social Surveys	National	Cross-sectional household survey	Victimization	This research was never finalized as the survey design and implementation was highly flawed. Interviewer administered
HSRC South African Social Attitudes Survey (SASAS) Dawes et al 2003	National, 1,198 men and women aged 16+ years with partners from SASAS, (83% married)	Cross-sectional household survey	Victimization, perpetration	The sample is not representative as less than 50% of women in the adult population are married. The violence measure also did not include beating.
Jewkes et al 2008 KwaZulu Natal and Eastern Cape Men's Study	Kwazulu Natal and Eastern Cape (n=1,737)	Cross-sectional household survey	Perpetration men 18-49 years	This used a modified version of the WHO's gold standard measure of IPV. Self-reported perpetration.
Gender Links/MRC study, 2010 Gauteng Province	Gauteng (n=511 women, n=487 men)	Cross-sectional household survey	Victimization, perpetration, aged 18 yrs +	This used the WHO's gold standard measure of IPV. Interviewer administered
Gender Links, 2012 Western Cape, KwaZulu Natal, Limpopo province	KwaZulu Natal (n=699 women & n=595 men), Limpopo (n=841 women, n=1,000 men) , Western Cape (n=750 womxn, n=741 men)	Cross-sectional household survey	Victimization, perpetration, aged 18 yrs. +	Not finalized, provincially representative estimates not available. Interviewer administered
2016 South Africa Demographic & Health Survey (SADHS)	National 11,000+ women	Cross-sectional household survey	Victimization women 15-49 yrs.	The SADHS estimates are very low. Interviewer administered
HSRC / SABSSIM5 national household survey (2017)	National household survey 5343 participants	Cross-sectional household survey	Victimization, perpetration women and men 15 yrs. and older	Overall, 28.5% IPV victimisation and an estimated 9.1% perpetration is reported

Sexual Violence

Sexual violence of girls is also not uncommon. The 2016/2017 South African Police Services (SAPS) crime statistics reported approximately 23, 488 sexual offences against children, and a recent study found that almost half (46%) of sexual offence complainants are children³⁸. It has been suggested that these estimates are very likely to be an underestimation, as many cases of sexual assault remain unreported. It is estimated that only one in nine cases are reported to the police³⁹. The Machisa et al., (2011) study reported that the rate of under reporting is one in 23 cases, which has not been updated since, pointing to the importance of the need for a national population survey on GBV. A community-based survey in the Eastern Cape, which questioned young adults about their experience of sexual violence before the age of 18, found that 38% of womxn and 17% of young men reported sexual abuse⁴⁰. Finally, 102 child murders were connected to rape homicide in South Africa in 2009, and they almost exclusively affected girls.⁴¹

Femicide

Globally, 3.5% of homicides of womxn are committed by an intimate partner⁶. However, in South Africa, in 2009, more than half of the womxn killed (56%) were murdered by an intimate partner⁷. Although, South Africa's femicide rate was lower in 2009 than in 1999, (24.7/100,000 versus 12.9/100,000)⁷; South Africa's femicide levels remain high in comparison to the rest of the world. For example, the female homicide rate in 2009 was five times the global rate⁷. In sum, South Africa's 2009 femicide rate (12.9/100,000) remains more than double the rate in the United States (2.0/100,000)⁹ suggesting a need for further research. While declines have been recorded, convictions rates have not improved. In fact the odds of a conviction in the femicide cases are reported to have remained unchanged across the two time periods, whilst the conviction in non-intimate femicide cases had decreased. It is also argued that the decrease cannot be explained by a reduction in gender-based homicides, as there was no significant difference in the femicide rate or the rate of suspected rape homicide⁷. The South African Medical Research Council will be commencing the third, national femicide study shortly. This study will provide updated figures and determine if there has been a reduction or an increase in femicides, and to understand the possible impacts our prevention efforts have had on the rates of femicide in the past 10 years.

Sexual Harassment

Violence against womxn in the workplace is common and can have significant physical and mental health outcomes for victims, but this is not a well-researched area⁴². The most common form of violence experienced by womxn in the workplace is sexual harassment (SH). SH is common in male dominated workspaces, such as the mining industry, where men's unwanted sexual advances take varied forms. These may include physical conduct like touching; verbal forms like sexual comments; non-verbal forms like sending explicit emails or social media communication; and quid pro quo situations where work-related benefits are

³⁸ Machisa, Jina, Labuschagne, Vetten, Loots, Swemmer, Meyersfeld & Jewkes, 2017

³⁹ Jewkes & Abrahams, 2002

⁴⁰ Jewkes, Dunkle, Nduna, Jama, & Puren, 2010

⁴¹ Mathews, Abrahams, Jewkes, Martin, & Lombard, 2013)

⁴² Lippel, 2018

received in exchange of sexual favours⁴³. It should be highlighted that although different forms of violence against womxn are categorised based on who the perpetrator is or the setting in which the violence occur, violence against womxn “is shaped by how patriarchal norms and structures of institutions intersect with institutions economic structures⁴⁴.

Links between VAC and VAW

The findings from the first national prevalence study on Violence Against Children (VAC) concludes that 14.6% of girls and 9.9% of boys had a lifetime experience of sexual abuse, while 42% of children have experienced some form of maltreatment (REFERENCE). In 2016/2017 the police recorded 15,453 rapes of children and (90%) were girls. Evidence shows that child abuse and intimate partner violence (IPV) are closely linked. Historically, work to address Violence Against Womxn (VAW) and VAC has often occurred separately or in silos. However, there is growing global evidence on the intersections of VAW and VAC, including shared risk factors, common social norms, co-occurrence, and the intergenerational cycle of abuse. VAW and VAC intersect at various stages of the life course, such as during adolescence. For example, child marriage, female genital mutilation (FGM) and exposure to IPV in dating relationships may be both VAW and VAC. This points to the potential opportunities for integrated responses⁴⁵. The social settings that permits the use of harsh parenting practices and physical child abuse similarly fosters the use of intimate partner violence, allowing their coexistence. There is growing evidence based on the intersections between violence against womxn and children that highlight shared risk factors which include family conflict, poverty, substance abuse, patriarchy within the family and in society at large⁴⁶. Furthermore, IPV and VAC also share common social norms that justify the use of violence against womxn and children across different settings.⁴⁷

2.3 Drivers of GBV

Causes of GBV are complex, and have been embedded in social, political and economic processes historically and currently and its impacts are far reaching. Reducing incidents of GBV and working towards eradication remains a significant challenge and requires interventions that address both the internal human condition and the material conditions. Gender-based violence (GBV) for instance, does not have margins, hence it is known to affect all South African communities, but womxn, girls and specific groups (i.e. LGBTQIA+, migrants, PLHIV, womxn with disabilities, etc.) in particular⁴⁸. With the ever-increasing GBV prevalence among vulnerable groups, research findings have linked gendered violence to compromising health outcomes⁴⁹, but “has also found that GBV has consequences for individuals, communities, societies, and economies”⁵⁰. This knowledge makes gendered violence prevention an urgent focus.

⁴³ Botha, 2016

⁴⁴ Botha, 2016

⁴⁵ Fulu, McCook & Falb, 2017

⁴⁶ Fulu et al 2017

⁴⁷ Ibid.

⁴⁸ Fry, Skinner & Wheeler, 2017 Nel & Judge, 2008; Kimuna, Tenkorang, & Djamba, 2018; Koraan & Geduld, 2015; Plummer & Findley, 2012

⁴⁹ Abrahams, et al., 2017; García-Moreno, et al., 2015; Mthembu et al., 2016

⁵⁰ Kimuna, Tenkorang, & Djamba, 2018, p. 1704

Violence has been part of the South African context for decades and it presents in different forms and contexts. Political violence that characterised the transition to a democratic country has found expression in society as a whole and in domestic and intimate spaces in particular. The notion of structural violence is said to be embedded in our violent political history in which race, class, gender and sexuality were normatively constructed and continue to be enforced⁵¹. It has also been proposed that race, ethnicity and geographical location influences the rate of experiences of violence⁵². Historically, apartheid policies and associated migration patterns destabilized families for instance and directly influenced family structures. It has been suggested that where men could not maintain masculine superiority they were more likely to use violence to exert power⁵³. As such, GBV became ingrained in the social systems and that permitted the use of violence to maintain the status quo. Further to the historical context, gendered violence intersects with numerous social issues. For example, unemployment among men may cause strain that leads to gendered community or intimate partner violence⁵⁴. On the other hand, unemployment among womxn also make womxn vulnerable to experiencing IPV⁵⁵.

Violence is a context-specific behaviour and should therefore be conceptualized within the context by taking into account the socio-cultural norms that maintain such violence⁵⁶. Research has shown that GBV is influenced by gender norms, that is, ideas and expectations about how individuals of certain biological sex should be and should act. Gender discrimination, which underpins these norms, is deeply entrenched in the patriarchal social and moral fabric of societies. A public health approach (as shown in the ecological model) suggests that GBV is a confluence of individual, relationship, community, and structural factors⁵⁷ which are driven by pervasive patriarchal norms that promote the use of violence as an acceptable social practice⁵⁸. The social factors associated with different forms of GBV include multiple social norms at the community level that promote:

- 1) ideas of masculinity that are centred on male control of womxn, male sexual entitlement, inequitable gender attitudes, risk-taking and antisocial behaviour⁵⁹, and
- 2) ideas about femininity that promote womxn's subordination to men⁶⁰, encourage womxn to be complicit with violence and the subjugation of womxn⁶¹ and expectations on womxn to acquiesce to male partners' sexual desire and needs⁶².

These social and gender norms are sustained in communities where there is a greater cultural value and emphasis on gender hierarchy, where there is a greater acceptability of the use of

⁵¹ Mills, et al., 2015

⁵² Alhabib, Nur, & Jones, 2010; Jeremiah, et al., 2013; Peek-Asa et al., 2011

⁵³ Boonzaier, 2005; Boonzaier & Van Schalkwyk, 2011; Salo, 2007; 2018

⁵⁴ Mthembu et al., 2016; Peralta & Tuttle, 2013; Vyas & Heise, 2016

⁵⁵ Field, et al., 2018

⁵⁶ Heise (1998)

⁵⁷ Heise 1998

⁵⁸ Devries et al., 2011)

⁵⁹ Jewkes and Morrell, 2010)

⁶⁰ Shefer et al 2008

⁶¹ Shai 2018

⁶² Wood et al 2007

violence in interpersonal relations, where men's dominance over and control of womxn is seen as legitimate⁶³, and where the notion that GBV is a private matter between the couple in the relationship is prevalent⁶⁴. Social and gender norms associated with GBV victimisation of womxn and perpetration by men are strongly connected with men who believe that their ability to demonstrate control of womxn is essential to their self-evaluation, as such, men are much more likely to be violent and womxn who accept the subordinate and subservient position with respect to men⁶⁵.

It is not uncommon for an LGBTQIA+ person to experience multiple episodes of victimisation over their life-time, including in their own neighbourhood or community, where their LGBTQIA+ identity is known⁶⁶. Given the widespread belief that same-sex activity is 'morally wrong'⁶⁷ LGBTQIA+ people experience homophobia, transphobia, discrimination and marginalisation because of their sexual orientation and for gender identity which renders them vulnerable to sexual and other forms of violence⁶⁸. LGBTQIA+/SOGI-based stigma both increases vulnerability to sexual violence and decreases access to support services and resources. For example, homophobic and transphobic stigma within families means that LGBTQIA+ people, especially LGBTQIA+ youth, have less family support and are rejected by their families because of their sexual orientation and/or gender identity. LGBTQIA+ people are less likely to access victim support services, healthcare services⁶⁹, or the criminal justice system⁷⁰ for fear of secondary victimisation. LGBTQIA+ people who are already at risk for violence due to SOGI have less access to resources to buffer their vulnerability⁷¹.

Research also shows that exposure to violence and the ideas that tolerate violence begins in childhood in ways children are socialised by their parents, by school, and reinforced through the media. The bond between the primary caregiver (e.g., mother) and child is integral to how children form later relationships with peers, partners and their own children⁷². When a baby does not have a good healthy bond with their caregiver, when they are neglected, or exposed to violence, their ability to have healthy relationships is disrupted, sometimes for generations, and their chance of being a victim or perpetrator of violence themselves is increased⁷³. Given that womxn are most often primary care givers, and most often the victims of intimate partner violence, it is critical to break this cycle of intergenerational violence.

When girls go to school they are at risk of many forms of violence. This includes sexual harassment, the threat of rape and rape are present on the way to and from school. In school,

⁶³

⁶⁴ WHO/LSHTM, 2010)

⁶⁵ Ibid.

⁶⁶ Muller and Meer, 2018

⁶⁷ The Other Foundation, 2016

⁶⁸ Love Not Hate Campaign, 2016; Matebeni et al., 2013; Hate Crimes Working Group, 2013; Nath & Mthathi, 2011; Mkhize et al., 2010; Nel & Judge, 2008

⁶⁹ Müller, 2017a & 2017b; Meer and Müller, 2017

⁷⁰ Nel & Judge, 2008

⁷¹ Muller and Meer, 2018

⁷² Norton et al., 2012

⁷³ Belsky, 1993, Jewkes et al., 2010a)

girls are at risk of sexual harassment and abuse by their peers and by teachers. A recent study on how cases of rape are dealt with by the criminal justice system in South Africa, by the South African Medical Research Council (SAMRC), has shown that girls are particularly vulnerable on the way to school, and in the hours after school before their parents come home from work. Other studies have shown that homophobic and transphobic violence (HTV) against sexual and gender minority (SGM) learners, is prevalent across school systems in Southern Africa due to a range of patriarchal, heteronormative and cisnormative beliefs and attitudes (UNESCO, 2016; Francis, Reygan, Brown, Dlamini, McAllister, Nogela, Mosime, Muller & Thani, 2018). These forms of GBV are also known to play out in institutions of higher learning, where high levels of gender-based violence, intimate partner violence and sexual harassment (sex for marks) has been documented and impede the creation of safe teaching and learning spaces. **It has also been argued that the constant headlines on sexual assault, physical violence, the murder, gang rape, mutilation and “corrective rape” of womxn contributes towards making South African society accustomed to it, thereby contributing towards levels of desensitization⁷⁴.**

Individual and household poverty features significantly as a base of indirect determinants for perpetration. Men from poorer backgrounds are more likely to perpetrate all forms of intimate partner violence. Womxn from poorer backgrounds are also at much greater risk for all types of violence. The higher levels of poverty amongst womxn present a significant barrier and a determinant of greater economic dependency to their male partner (Gibbs, Duvvury & Scriver, 2017).

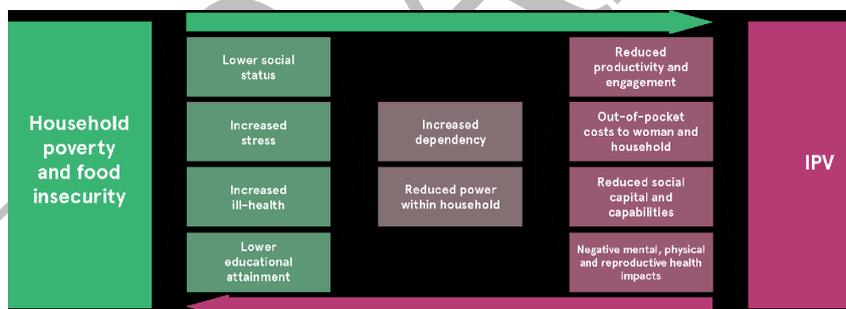


Figure 3: Pathways between poverty and IPV (Source: Gibbs, Duvvury & Scriver, 2017).

Education is another significant direct determinant of greater economic dependency on male partners, and a diminished control in the relationship. Lower education is a significant direct determinant of greater male control in the relationship and inequitable personal gender norms. Higher levels of education can protect against IPV although the relationship is not a linear one. Womxn gain protection against IPV if they have completed secondary school. Men are likewise less likely to perpetrate physical and/or sexual IPV if they have completed secondary education (Fraser & Jewkes, 2019).

⁷⁴ Sibanda-Moyo, N., Khone, E. and Brobbey, M *Violence Against Womxn in South Africa – A Country in Crisis* 2017 CSVR and OXFAM

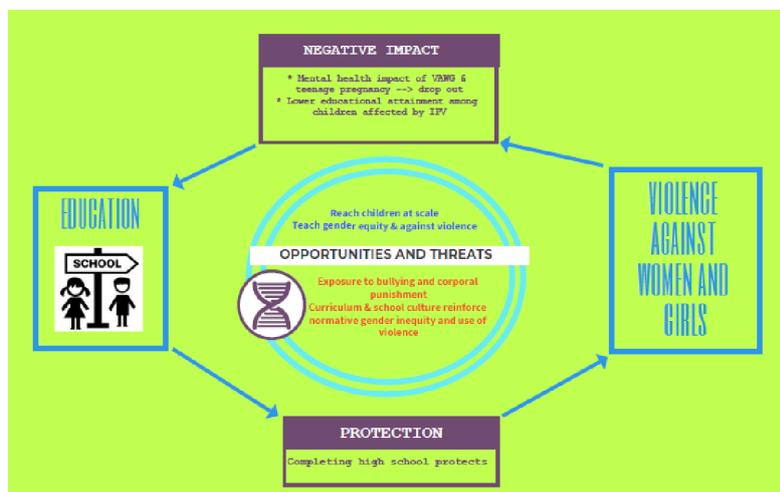


Figure 4: Illustrates the complex relationship between education and violence against womxn and girls (Source: Fraser & Jewkes, 2019)

The abuse of alcohol by a male partner is also a significant determinant of violence victimisation. The partner's alcohol abuse is significantly directly determined by their control in the relationship and the extent to which the womxn are economically dependent on them. Personal norms about inequitable gender relationships are also a significant direct and indirect predictor of increased violence perpetration (Safety and Violence Initiative, 2015). Social norms about gender that support men and boys' use of violence, reinforce gender hierarchies, give men power over womxn and require womxn to behave in a particular way (as described above) increase the risk of violence against womxn and girls; they also provide men and boys with a justification for their use of violence.

Perceived infidelity by their male partners is another significant determinant of increased risk for violence victimisation. Such infidelity is predicted by the control the male has in the relationship. The increased number of concurrent sexual partners by males has a direct impact on the increased probability of violence perpetration. Changing these social and gender norms is critical to reducing and preventing GBV particularly violence against womxn and girls. At the same time, it is vital that we introduce measures to increase womxn and girls' safety.

Furthermore, gendered violence is intersected by numerous social issues. As highlighted before, unemployment among men often causes strain that leads to gendered community or intimate partner violence⁷⁵, while unemployment among womxn also make womxn vulnerable to experiencing IPV⁷⁶. In most cases GBV is inflicted on those who are disempowered. People with disabilities are therefore no strangers to structural, intimate partner or domestic violence, with womxn with disabilities (WWD) being more vulnerable

⁷⁵ Mthembu et al., 2016; Peralta & Tuttle, 2013; Vyas & Heise, 2016

⁷⁶ Field, et al., 2018

than their male counterparts⁷⁷. As such, it can be suggested that WWDs face multiple forms of oppression as gender, violence, and disability intersects and shapes the life “experiences of a person already experiencing discrimination”⁷⁸.

There is a bidirectional relationship between GBV and mental ill-health. Traumatic stress due to GBV may cause poor mental health⁷⁹, while research equally suggests that womxn with higher levels of psychological distress are more likely to experience violence victimisation⁸⁰. Similarly, HIV and GBV/IPV also shows a bidirectional relationship. IPV leads to an increased risk of HIV infection among womxn⁸¹, and male perpetrators of violence are more likely to be HIV positive, thereby further increasing the possibility of transmission⁸². Conversely, HIV often leads to violence because it causes relationship conflicts. For instance, disclosing one’s HIV status to a partner may lead to physical violence⁸³. In addition to HIV, substance abuse commonly intersects with GBV and is known to be the substance abuse, violence and HIV/AIDS (SAVA) syndemic as the synergy between these social issues are reciprocally influenced and unremittent⁸⁴. Researchers suggest that in an effort to break the cycle of violence, interventions that challenge and disrupt this synergy is required⁸⁵.

Evidently, womxn are at greater risk of becoming victims if they are poor, less well educated, unemployed, and have limited access to resources and services such as cash, housing and a safe environment. Womxn are also victimised when they have substance abuse problems, have depression, and are less well educated, and if they had witnessed abuse of their mothers during childhood⁸⁶. Knowing this should help us target safety measures and work to change harmful gender norms in the places where womxn and girls are most at risk.

2.4 History of South Africa’s response

Womxn in South Africa have consistently played a key role in challenging state and other forms of violence, notably on 9 August 1956, in challenging the pass laws and more recently on August 1st 2018 against GBV. Specific issues impacting on womxn’s social and economic position, including gender-based violence, has not received the focus required, despite a number of civil society organizations historically taking up respective advocacy campaigns such as the implementation of the Domestic Violence Act in 1998. State interventions have included the launch of the 365 Days of Activism Campaign (Year), the setting up of the Inter Departmental Management Team to drive an integrated agenda (Year), the setting up of a National GBV Council (2012), the setting up of the Inter Ministerial Committee (Year) on Violence Prevention by DSD, the Diagnostic Review undertaken by DPME and DSD on the previous Plan of Action on VAW and VAC (2015 – 2016) and the review of the DSD POA in 2018. A number of initiatives for example, to monitor the implementation of the Sexual

⁷⁷ Meer & Combrinck, 2017; Plummer & Findley, 2012; van der Heijden, Abrahams, & Harries, 2019

⁷⁸ van der Heijden, Abrahams, & Harries, 2019, p. 828

⁷⁹ Mashaphu, Wyatt, Gomo & Tomita, 2018

⁸⁰ Mthembu et al., 2016

⁸¹ Li, et al., 2014

⁸² Dunkle & Decker, 2013, Simbayi, et al., 2017

⁸³ Colombini, et al., 2016; SANAC, 2015

⁸⁴ Gilbert, et al., 2015

⁸⁵ Gilbert, et al., 2015; Sullivan, et al., 2015; Tsai, et al., 2017

⁸⁶ LSHTM, 2010

Offences legislation (Shukumisa), to strengthen the voices of those providing shelter services (National Shelter Movement) and to strengthen multisectoral prevention work (Dialogue Forum) amongst others have emerged over the past five to ten years. 2016 – 2017 saw an upsurge in student activism and the resurgence of feminist activism at universities, which raised issues of challenging patriarchy and addressing gender-based violence. On 1 August 2018, the country saw thousands of womxn, across ages and social identities, taking to the streets under the banner of #TheTotalShutdown to highlight GBV and femicide as a national crisis and to demand an appropriate response.

South Africa's response to GBV has historically been relatively slow. For example, the government has made some efforts to work towards eradicating GBV, however, as mentioned, these have been flawed by a lack of prioritization of GBV prevention, inefficient coordination, and a lack of budget provisions. Overall, eradicating GBV is not the sole responsibility of government and multiple institutions and sectors are responsible for ensuring the safety of South African womxn, yet, there is a lack of agreement surrounding who is responsible and what should be prioritised.

In addition, there is a silo approach to prevention, which has arisen from a lack of consensus as to what types of prevention are effective, for which beneficiaries, and under which circumstances. Thus, since funding is scant, there has been inadequate attention paid to those who suffer from GBV or who are at risk of femicide. Finally, South Africa also does not have an adequate, holistic plan for GBV prevention, which addresses the ecological levels, i.e. the individual, relationship, community/societal, institutional levels, which consider the structural inequalities that are historical and continuing. Without an action plan, GBV prevention has had inadequate coordination and monitoring mechanisms, insufficient data from which to draw from, and limited evidence for how effective current prevention is nationally¹¹. Consequently, there was a call for a National Strategic Plan (NSP) on GBV.

VIOLENCE PREVENTION POLICY IN SOUTH AFRICA



Figure 1: Source: National Dialogue Forum, 2017

2.5 Effective Strategies to Respond to and Prevent GBV

A study that examined forty years of data on violence against womxn in seventy countries found that **the mobilization of strong autonomous feminist groups was the key factor driving policy change**, eclipsing other considerations such as the number of womxn in parliament, national economic conditions or the political leanings of government⁸⁷. Strengthening accountability of the state and other actors for an effective response to GBV by womxn in the country, therefore continues to remain pertinent.

GBV is common across the socio-economic spectrum, with one third of womxn experiencing violence from a partner in their lifetime. However, **poverty and GBV** are mutually reinforcing: poverty increases womxn and girls' risk of experiencing violence, and VAWG increases womxn's and girls' poverty. New evidence from four projects rigorously evaluated through DFID's What Works to Prevent Violence against Womxn and Girls Global Programme (What Works) demonstrates that combined economic empowerment and gender transformative interventions for womxn and families can reduce intimate partner violence and strengthen individuals' and families' economic position. Such combined programmes can also provide a platform for engaging very poor men on gender equity and their use of violence. Additionally, in highly patriarchal settings where young womxn's power is particularly constrained within multi-generational family households, combined economic empowerment and gender transformative interventions may best be targeted at families, to strengthen outcomes, and ensure womxn can fully participate and reduce the risk of backlash. Effective programming

⁸⁷ AWID, 2012

needs to be part of wider changes to end GBV and achieve gender equality and womxn's and girls' human rights. These changes include legal and policy reform and their effective implementation, with adequate budgets, from the national to the community level, including support to womxn's organisations and movements in advocating for social and legal change and holding duty bearers to account. In addition, it requires the provision of comprehensive services for womxn and girls who do experience violence⁸⁸.

In addition, **changing social norms** is key to reducing or ending GBV. Interventions to change social norms take multiple forms and evidence shows that they can be effective in preventing VAWG. Reviews of evidence on what works to prevent VAWG suggest that multi-component interventions work best. These interventions work with multiple groups of individuals in a setting, such as men and womxn, or parents and children, and combine several intervention approaches, such as gender norm change programming and economic empowerment. Such programmes demonstrate that an individual's views on gender and violence are more effectively changed, and the change supported, when other dynamics in the environment support this change. Social norm change is ultimately essential for sustained GBV prevention. When community norms change, individual behaviour will change and fewer womxn will be exposed to violence. As individuals change their ideas and behaviours, so do social norms. Interventions can influence social norms on VAWG when they are targeted, theory-driven and draw on proven methods. There are a variety of methods that have been used to generate discussion about VAWG, the position of womxn in society, how to build respectful relationships, and the general use of violence and build relationship skills. The secret to enhancing their effectiveness often lies in combining them with, for example, economic empowerment opportunities, although some methods such as participatory workshop approaches are effective in their own right⁸⁹.

Further, in order to address the **intersections between VAW and VAC**, it is essential that gender inequality and the harmful gender norms that underpin both VAW and VAC are addressed. IPV should also be made a priority to disrupt the intergenerational cycle of abuse and prevent both VAW and VAC in the long-term. Adolescence offers a crucial window of opportunity for prevention of VAW and VAC. Prioritizing prevention efforts with adolescents, girls in particular, that challenge gender norms and build girls' agency to create healthy relationship behaviours and help adolescent girls postpone unwanted sexual debut, marriage, cohabitation, and childbearing until adulthood, is vital. There is also a need to prioritize programmes and policies that address shared risk factors for VAW and VAC, for example the development of a strong agenda for alcohol reduction, healthy families and non-violent conflict resolution. Lastly, intervention research should track both VAW and VAC where possible. Rigorous and consistent measures should be developed to assess patterns and intersections of both forms of violence, including cost effectiveness measures for both outcomes⁹⁰.

Schools have the potential to provide an important platform to prevent violence at scale. A high proportion of children attend school in most settings. Schools are therefore uniquely

⁸⁸ Gibbs & Bishop, 2019

⁸⁹ Jewkes, 2017

⁹⁰ Fulu, McCook & Falb, 2017

positioned for reaching children from a young age and shaping their understanding of gender norms and roles, promoting gender equality and supporting healthy relationships⁹¹.

2.6 Gaps in the response to GBV

One major gap in the response to GBV is that, overall, while there has been some acknowledgement that overall levels of violence in South Africa is one of the social norms that drives GBV (i.e. a culture of violence), there has been inadequate integration and/or alignment of GBV programming with wider violence programming and vice versa. At the same time the importance of addressing underlying structural drivers that shape GBV and contribute to specific vulnerabilities, including a range of socio-economic rights⁹² continues to point to the centrality of adopting an intersectional approach in understanding and designing responses to GBV.

The Department of Planning, Monitoring and Evaluation's Diagnostic Review (2016)⁹³ provided a number of useful insights into areas that require strengthening in relation to government VAW and VAC programming: (i) an 'implementation gap' between legislation and the effective implementation of the activities that it calls for; (ii) a lack of alignment in the overall planning framework for VAWC where the intended outcomes for VAWC that are set out in the POA VAWC do not align with outcomes in the departmental strategic and annual performance plans and indicators are not designed to measure impact and may lead to perverse incentives; (iii) a perception of political reluctance and weakness to drive the South African response to VAWC; (iv) a need for improved collaboration and integration to achieve a bigger impact and (v) the need to address government employees' attitudes toward VAWC which were reflective of wider societal norms and values. These findings confirm a range of issues that emerged from the 2015 Soul City study⁹⁴ which raised issues relating to duplication of mandates and roles; insufficient human and financial resources; inadequacies within the criminal justice system and competition and inadequate funding for civil society organizations, resulting to changing donor priorities.

However, we also have to acknowledge that since democracy we have seen the strengthening of legislation and policy – if we consider response across the socio-ecological levels. Nevertheless, a few reasons for the gaps in the response to GBVF includes:

- Policy incoherence
- Inadequacies in the way state funds are allocated to prevent violence against womxn and girls
- Lack of political leadership on the issue
- Lack of agreement on what needs to be done
- Inability to scale-up programmes and interventions that are shown to be effective

⁹¹ Fraser & Jewkes, 2019

⁹² South African Human Rights Commission, *Unpacking the gaps and challenges in addressing gender-based violence in South Africa* April 2018

⁹³ Department of Planning, Monitoring and Evaluation (2016): Diagnostic Review of the State Response to Violence against Womxn and Children
<https://evaluations.dpme.gov.za/images/gallery/DPME%20-%20VAWC.pdf>

⁹⁴ Soul City (2015): Understanding Policy and Gender-Based Violence in South Africa – A literature review.
<https://www.soulcity.org.za/campaigns/gbv/resources/understanding-gender-policy-and-gender-based-violence-in-south-africa-a-literature-review>

- Inadequate co-operation, collaboration and information sharing between government, NGOs, and the research community (Gender-Based Violence and Femicide: Summit: Inputs from the Prevention Sub-Task Team, 2018).

The government of South Africa has implemented a range of interventions *to respond to GBV and provide care and support services* with civil society organizations in the country playing a leading role in providing care and support services, in particular. A range of key government departments are involved in different elements of response, care and support, with the criminal justice system, the health system and social welfare system, playing a particularly important role. Given that *integrated service delivery* is central to delivering services that are *victim-centred and survivor-focused*, and that there continue to be high levels of secondary victimization and inadequate service delivery, mapping what exists to improve the understanding of gaps and therefore important to improve the response, is key. Mapping of services assists to (i) facilitate an equal and equitable spread of support services; (ii) profile value services, independencies and complementarities; (iii) determine the accessibility of services in terms of geo-location, language, age, disability and diverse needs of survivors; (iv) encourage joint planning and budgeting; (v) identification of GBV infested areas and (vi) develop an integrated dashboard for crime victims' information.⁹⁵ It has been argued that there is an imbalance between the rights of survivors as compared to the rights of the accused in South Africa, which contributes to secondary victimization and an undermining of the implementation of the 1985 UN Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power and the Services Charter of Victims of Crime⁹⁶.

Implementing services in ways that treat victims in ways to facilitate them leaving the system, as survivors, who have felt supported through the process and are optimally placed to heal from the trauma, is key in delivering justice.

The “recommended indicators to measure the effectiveness of the State response”, validated by UN womxn and based on the Report of the Special Rapporteur on violence against womxn, its causes and consequences³⁰, presented below provides a useful framework to assess gaps within the GBV response.

Indicator: Ratification of the Convention on the Elimination of Discrimination against Womxn and other human rights instruments and Constitutional guarantees of womxn's equality and repeal of discriminatory laws.

South Africa has ratified CEDAW and womxn's equality is guaranteed by the Constitution.

Indicator: An effective legal framework, statute and procedural law that provides access to justice, redress, protection and compensation.

The DVA and SOA provide access to justice, protection and compensation, but their implementation is not sufficiently funded. The governance mechanisms guiding the implementation of the legal framework are not entirely effective.

⁹⁵ Presentation by Advocate Kambula to the IGBVF SC, June 2019

⁹⁶ Ibid. The *Services Charter of Victims of Crime* which outlines the following key elements: treated with fairness and fairness, respect, dignity and privacy, offered information, received information, protection, assistance, compensation and restitution

The DVA does not place any obligations on DSD, DoH or DBE. Gaps also emerge in the current legal framework, in relation to its effectiveness in responding to GBV. The White Paper on Safety and Security 2016 provides an overarching framework to facilitate a multisectoral response to the prevention of violence overall, providing an important lever for the prevention of GBVF

Indicator: Criminalization of all forms of violence against womxn and the prosecution of its perpetrators.

Forms of violence are criminalized but under-reporting is high and conviction rates are low. There are also gaps within the CJS in the response, with continued levels of impunity and a lack of focus on the rights of the victim.

Indicator: A plan of action/executive policy on violence against womxn with a strong evidence base and political will for its implementation, demonstrated by budgetary allocation, timelines and clear paths of responsibility.

There are several multi-sectoral plans of action guiding the response to VAW but no overarching plan endorsed by all stakeholders or clear lines of accountability. There is a duplication of coordination forums. Plans and programmes are not systematically based on evidence and there are not enough evaluations. Budget allocation to VAW is insufficient. Good coordination initiatives exist, however, through the Joint Gender Fund.

Indicator: Increased awareness and sensitivity of professionals and officials.

Government officials are trained, but there is no evidence of the quality and effectiveness of the training. Very few government departments could provide data on number of people trained and none provided evidence on the impact of the training. There is a need for ongoing psychosocial support and debriefing for all frontline workers.

Indicator: Resource allocation to ensure provision of support and advocacy services by NGOs, including shelters, helplines, advocacy, counselling and other services.

The resource allocation to NGOs is insufficient and inconsistent and relies heavily on donor funding. There is a consequent lack of funding to shelters and to support and advocacy NGOs. The role of NGOs in the development and monitoring of the plans is unclear.

Indicator: Prevention and Awareness-raising programmes.

Awareness-raising campaigns exist but are not rigorously evaluated. Evidence of effective prevention interventions exists, but they are not scaled up. Prevention interventions are not systematically linked to VAW risk factors and consequences. There has been increasing acknowledgement by those working on prevention, that the focus needs to be more on norm change and behaviour change, moving beyond a narrow understanding of awareness and exploring strategies to avert violence occurring and reoccurring.

Indicator: Addressing structural inequalities in the promotion of womxn's advancement.

There are contradictory efforts to address structural inequalities and the linkages, between poverty eradication programmes and GBV programmes have not been adequately made. Patriarchal values are still influential in society but coexist with innovative organizations working to redefine gender norms. A paradigm shift from gender equality to womxn's vulnerability was noted in the latest legal frameworks, the latter positioning womxn as passive recipients in

need of support instead of active rights holders. There is a need to focus on changing social norms that tolerate and perpetuate GBV in South Africa. The discussion on risk factors showed the need to address societal-level factors such as patriarchy to effectively prevent VAW – more efforts on this are needed in South Africa

Indicator: Collection, collation and publication of data, including evaluation of policies and basic research programmes.

Data collection and publication sites are scattered among NGOs and research institutes, and need to be centralized in one accessible point.

2.7 Breaking Down Barriers for Effective Response

Many of the above indicators have had resonance with the issues emerging from the Presidential Summit and are captured in the Declaration and the Outcomes proposed in the NSP. These relate to strengthened strategic coordination and collaboration; increased resourcing and accountability; acceleration of prevention and healing approaches; improved survivor-cantered service delivery; addressing weaknesses and gaps in the criminal justice system; addressing critical socio-cultural and socio-economic drivers of GBV and improving the researching and information base informing programming and services.

At a programming level some of the gaps that need to be addressed include:

- Align GBV programming with the wider national focus, articulated in the WPSS, to prevent violence and crime overall;
- **Increase funding for VAW prevention and response:**
 - Analyse the cost of VAW in South Africa;
 - Analyse resource allocation on both response and prevention;
 - Develop a VAW prevention budget and realistically fund prevention and response to VAW.
- **Improve existing government programmes**
 - **Develop norms and standards**
 - For the training of all government officials as well as evaluation guidelines that would test the quality and effectiveness of the training;
 - For the one stop centres, and rationalize them based on the comparative advantage of the departments;
 - For the shelters
 - **Shelters:** increase funding and develop funding guidelines, strengthen and widen the scope of the economic empowerment opportunities offered to womxn and make provisions for children;
 - **Integrating of GBV into existing economic empowerment initiatives,** and initiating approaches to housing, transport and employment that address the economic vulnerabilities and violence that womxn experience.
 - **Provide support to frontline service providers** to minimise secondary victimization and facilitate overall healing;
- **Improve the legal framework**

- **White Paper on Families:** Revise the paper to better consider the need to strengthen proven initiatives aimed at womxn's empowerment and at changing norms;
- Finalize the amendment of the DVA
 - Revise governance mechanisms
 - Legislate on the role of DoH and DSD, as well as DBE
 - Cost the DVA
- Define domestic violence as a criminal offence in its own right and mandate annual reporting of the number of police cases of domestic violence against womxn by male intimate partners and number of protection orders applied for and finalised for this category of domestic violence³¹.
- **Scale-up proven good practices that have been tested in South Africa:** e.g. Stepping Stones, IMAGE the microfinance and empowerment programme for womxn;
- **Improve monitoring and evaluation**
 - **Conduct rigorous evaluation of government programmes**, that would enable these to be strengthened and where possible clarify the effectiveness of the programmes, as well as describing the comparative advantages of each government department in conducting various types of interventions and avoid duplication;
 - Develop time-bound **action plans** with clear roles and responsibilities and accountability mechanisms on each programme;
 - Conduct rigorous monitoring and **evaluation** of government and CSO programmes to gather evidence on the interventions that work;
 - Link the various programmes' M&E frameworks and coordination forums;
 - Ensure that the monitoring of the roll out of the DHET Policy and DBE interventions feed into the overall prevention indicators of the NSP
- **Include womxn with disabilities**
 - There is a need to invest in expanding the evidence base on preventing violence against womxn and girls with disabilities. There is also a need for systematic disaggregation of programme data by gender and disability, to assess whether interventions are equally effective for womxn and girls with disabilities⁹⁷.

The GBV crisis in South Africa demands a multi-sectoral, strategically aligned and resourced response to effectively turn the tide in the country. The social mobilization and hosting of the GBVF Summit in 2018, the signing of the Declaration by the President in 2019 and the outcomes arising from the Summit has demonstrated that the country is well poised to move forward boldly on a national agenda to strengthen state and societal accountability, rebuild the social fabric and deepen the understanding of GBVF whilst rooting the response at a local level and bolstering and improving and better resourcing response, care, support and prevention initiatives at all levels.

⁹⁷ Dunkle, van der Heijden, Stern, & Chirwa, 2018

3. The GBVF National Strategic Plan 2020-2030

The GBVF NSP 2020- 2030 provides a framework through which to make Outcome 3 *All people in South Africa are and feel safe*, real for womxn, girls and gender non-conforming persons. It recognizes that despite a generally enabling policy and legislative framework and a range of interventions by government and civil society to respond to gender-based violence, that the levels of GBVF in the country point to a significant crisis.

The NSP seeks to align with a number of global, regional and national policy frameworks. These include the Sustainable Development Goals (2015) and its related targets, the Beijing Platform for Action, the International Covenant on Economic, Social and Cultural Rights, Agenda 2063, the SADC Gender Protocol, the SADC Regional Gender Based Violence Strategy and Framework for Action 2019–2030, the National Development Plan, the Integrated Social Crime Prevention Strategy (2011) and the White Paper on Safety and Security (2016).

The NSP is aligned with the MTSF 2020- 2024 to embed its implementation within the government-wide priorities and intentionally link GBV to critical related drivers, that serve to perpetuate it. It sets out to create a common framework across government, across civil society and across the country as a whole to facilitate *a whole country* approach with wide ownership and support for different stakeholders to play different roles, across society.

This Strategic Plan is evidence informed, whilst simultaneously being responsive to the range of issues and needs articulated through activism and dialogues with communities. The framing of GBVF as a *crisis* implies a response meets the immediate issues as an emergency, whilst at the same time putting the more medium-to- long term, systems, services, programmes, capacities and resources in place. The NSP sets out to respond at multiple planning levels across multiple stakeholders and across multiple tiers of governance.

Process of Developing GBVF NSP

The development of the GBVF National Strategic Plan was facilitated by the Interim, GBVF Steering Committee that was established in February 2019, as an outcome of the Presidential Summit on Gender-Based Violence and Femicide that took place on 1-2 November 2018. The process of developing the plan included:

- i) The establishment of a Technical Advisory Team, as a task team of the Interim Structure to oversee the process and the development of the draft documents, led by technical support provided by UN WOMEN;
- ii) A review of base documents to inform the content, including the base documents;
- iii) A consultative workshop with over 100 multi sectoral stakeholders to further interrogate and build upon the information generated by the Presidential Summit;
- iv) The establishment of technical teams to shape the content of respective pillars of the National Strategic Plan and guide drafters;
- v) Feedback and endorsement of a Draft 0 for extensive focused consultation with specific interest groups and multi-stakeholder consultations in provinces;
- vi) Finalization of a draft for engagement with respective government departments, to align with their respective strategic plans;
- vii) Review and endorsement by senior officials of respective government departments;
- viii) Adoption by Cabinet

The attached diagram titled “Planning and Reporting Framework for GBVF”⁹⁸ provides a framework that was used in the Diagnostic Review to locate the *Programme of Action on VAWC*. THE GBVF NSP will be similarly located with a specific line linking it to the *National Structure/ Council*, which will be its custodian and related lines showing wider national accountability, in relation to civil society and other stakeholders.

Purpose

It sets out to provide a multi-sectoral, coherent strategic policy and programming framework to strengthen a coordinated national response to the crisis of gender-based violence and femicide by the government of South Africa and the country as a whole.

Scope and Approach of the GBV NSP

Building upon the Declaration emerging from the Presidential Summit in November 2018, the NSP promotes a transformative response to GBVF, while also addressing the underlying joint drivers of violence against womxn, violence against children and violence against gender non-confirming persons.

An effective national response to the gender-based violence and femicide crisis implies responding to it in ways that:

- (i) **recognize the myriad of socio-political, economic and historical factors** that shape both the manifestations, responses and mutations;
- (ii) **contextualize it within a wider context of the normalization of violence** embedded within individuals, families, institutions and wider social functioning;
- (iii) **foreground the specific ways in which womxn across their life cycle** from girls through to elderly womxn continue to bear the brunt of different forms of GBV;
- (iv) **appreciates the experience of GBV cuts across class, race, geographic, age, sexual orientation, gender identity and other social divides**, and at the same time intersecting forms of oppression serve to make specific groups particularly vulnerable e.g. disabled womxn, young womxn, migrant womxn, lesbian womxn.
- (v) **recognizes the ways in which GBV in the home impacts on children** and different forms of violence against children in and of itself feeds into the inter-generational transmission of violence;
- (vi) **fast track and prioritize the strengthening of systems** and processes that respond in ways that are survivor-centered;
- (vii) proactively **challenge underlying patriarchal, cisheteronormative values and norms** that drive it, by driving a national prevention agenda;
- (viii) **appreciates the need for all sectors of society** to play a role both in the unravelling and the reweaving of the social fabric;
- (ix) **address systemic weaknesses** at the level of delivery and build operational and strategic coherence, underpinned by adequate resourcing and strengthened accountability;
- (x) **inspires all living in South Africa** to want to contribute towards building a safe country for all, especially those vulnerable to gender-based violence

⁹⁸ See Appendix xx

Strategic Approach

Vision

The vision of this strategic plan is to ensure that all people in South Africa, particularly womxn, children and gender non-conforming persons are and feel safe; enjoy healthy, happy lives, relationships and social connectedness; have access to sensitive, humanizing quality services, and are fully able to realize and exercise their right to autonomy and bodily integrity and equality as an integral component of sustainable human development in the country.

Specific Target Groups

- (a) All womxn across the life cycle who bear the disproportionate burden of gender-based violence across the continuum, ranging from ongoing sexual harassment in work and public spaces to the brutal denial of their agency, rights and bodily integrity within intimate relationships, families and communities to misogynistic belief systems and practices that in certain instances have resulted in their untimely deaths;
- (b) Young womxn
- (c) Older womxn
- (d) Workers – sex workers, farm works, etc.
- (e) Lesbian womxn who face violence arising from their sexual orientation;
- (f) Transgender womxn who self- identify as womxn and are subjected to violence as a result of their gender identity;
- (g) Disabled womxn, who are at increased risk of violence⁹⁹, both from intimate partners and health care providers and face specific challenges in reporting violence and in accessing care and support.¹⁰⁰
- (h) Migrant womxn who experience general violence, xenophobic violence, violence from partners and non-partners, and reduced likelihood of reporting due to fear of authority and deportation
- (i) Womxn and girls, across ages, nationalities, sexual orientation and gender identities who have become victims of sex trafficking;
- (j) Children who experience violence within families and institutions: The findings from the first national prevalence study on VAC concludes that 14.6% of girls and 9.9% of boys had a lifetime experience of sexual abuse, while 42% of children have experienced some form of maltreatment. 2016/2017 the police recorded 15,453 rapes of children and (90%) were girls.¹⁰¹ Evidence shows that child abuse and intimate partner violence (IPV) are closely linked.¹⁰² The social settings that permits the use of harsh parenting practices and physical child abuse similarly fosters the use of intimate partner violence, allowing their coexistence. There is a growing evidence base on the intersections between violence against womxn and children that highlight shared risk factors which include family conflict, poverty, alcohol and substance abuse,¹⁰³ patriarchy within the family and in society at

⁹⁹ Globally womxn with disabilities are at a two to four times higher risk of intimate partner violence than womxn without disabilities: <https://www.whatworks.co.za/documents/publications/195-disability-brief-whatworks-23072018-web/file>

¹⁰⁰ DSD and UNICEF (2016a) Page 76.

¹⁰¹ South African Police Services. (2017). *Crime Statistics 2016/2017*. Pretoria: SAPS.

¹⁰² Fulu et al 2017

¹⁰³ Mathews S, Govender R, Lamb G, Boonzaier F, Dawes A, Ward C, Duma S, Baraacke L, Warton G, Artz L, Meer T, Jamieson L, Smith R & Röhrs S (2016) *Towards a More Comprehensive Understanding of the Direct and*

large (Fulu et al 2017). Furthermore, IPV and VAC also share common social norms that justify the use of violence against womxn and children across different settings (Fulu et al 2017).

- (k) Girls, who are particularly vulnerable to specific forms of violence, such as early forced marriages, sexual violence, cyber violence and other specific forms of violence

Principles

The principles underpinning the NSP are:

1. A **multi-sectoral approach** to optimally harness the roles, responsibilities, resources and commitment across government departments, different tiers of government, civil society, movements, youth structures, development agencies, the private sector, academic institutions and all stakeholders;
2. **Complementing and augmenting existing strategies**, instruments and national initiatives on GBVF and safety in the country;
3. **Active and meaningful participation** of communities, civil society, movements, and those most affected by GBV in the design, implementation, and monitoring and evaluation of the strategic plan;
4. A **visionary, gender-responsive, and transformative** approach that takes account of inequality and gender-driven differences driving GBVF;
5. A **human rights-based, survivor-centred approach** to the provision of services that reaches all, without the risk of financial hardship;
6. An **inter-generational, youth-friendly** approach ;
7. **Progressive realization of outcomes** through the prioritization of reforms and strategic partnerships to address wider systemic challenges;
8. **Forward looking** towards co-creation of a different social milieu underpinned by respect, compassion and human dignity for all;
9. **Mutual accountability** for changes recognising that meeting these outcomes requires government, civil society, communities, social movements, the private sector, development partners and all stakeholders to work together to drive the agenda forward;
10. **Inclusiveness, embracing diversity and intersectionality**, recognising the importance of foregrounding womxn's experiences most marginalised by poverty, race, age, ableness, sexual orientation, gender identity and nationality.

Outcomes for the next decade 2020 - 2030

The NSP draws its overall impact statement directly from Outcome 3 in the National Development Plan: *All womxn, girls and gender non-conforming persons are and feel safe.*

Indirect Determinants of Violence against Womxn and Children in South Africa with a View to Enhancing Violence Prevention. Cape Town: Safety and Violence Initiative, UCT.

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Furthermore it aligns itself with the *overarching approach to change* as articulated within the NDP based on the interdependencies between reducing poverty, addressing living standards, facilitating employment, unleashing capabilities, harnessing opportunities undergirded by strong leadership, active citizenry and effective government as key to transforming South African society from a violent one to one which is equitable, safe, healed and peaceful. The NDP's orientation towards building positive social cohesion similarly rests on the foundation of respect for all, which for the NSP, foregrounds the human dignity, particularly for womxn, gender non-conforming persons and children.

Related to the realization of this impact South Africa sets out to achieve the following critical outcomes over the next decade:

- A. All living in South Africa, including government, the private sector, work place, schools, religious and cultural institutions are held accountable for building a safe and GBVF free environment;
- B. New forms of social connectedness are forged that contribute towards healing from individual, familial, social and historical trauma cause by violence;
- C. Womxn and girls are able to feel and be free in public spaces, use transport freely and access resources that enable them to make healthy choices in their lives;
- D. The scourge of gender-based violence and femicide, and violence more broadly is deemed unacceptable by South African society.

These overarching outcomes shape the key high level strategies that will be used to drive the GBVF national agenda in the country in the immediate two-year period and for the next five years:

- Strengthened state and societal accountability at all levels driven by bold leadership and high level political commitment;
- A national drive towards facilitating healing and rebuilding the social fabric
- Locating a response towards GBV as integral to responding to violence, poverty and inequality;
- Widening the lens, deepening the understanding and rooting the response in communities.

To achieve this vision, South Africa will be required to fast track progress towards achieving the following outcomes over the next five years:

Outcome 1	Firm leadership and strengthened accountability that responds to the GBVF crisis in a multi-sectoral, strategically and institutionally coherent and resourced way <i>Harness ALL to respond to the GBVF crisis & elevate leadership and accountability at all levels</i>
Outcome 2	South Africa addresses specific systemic and structural drivers of GBV through the roll out of effective prevention and healing interventions that target institutions and households <i>Stop violence before it happens</i>
Outcome 3	Laws, policies and frameworks are enforced, implemented and adopted that align with addressing GBVF substantively at all levels <i>Enforce, implement & adopt transformative laws and policies</i>
Outcome 4	Victim- centred and survivor-focused accessible, equitable and quality services are readily available across the criminal justice system, health system, educational system and social support system at respective levels <i>Provide survivor-centred accessible, quality services</i>
Outcome 5	Womxn and girls are able to access the necessary resources and opportunities that enable them to feel and be free and safer in public spaces, whilst making healthy, autonomous choices for their lives. <i>Address the structural drivers of GBV</i>
Outcome 6	Multi-disciplinary, research and integrated information systems that are nationally coordinated and decentralized increasingly shapes a strengthened response to GBVF in South Africa <i>Strengthen information base informing GBV response</i>

Framework to Implement the NSP

The section below provides details on how the respective outcomes have been conceptualized, the approach that is taken to each, the related outcomes, outputs and programmes and the emerging theory of change underlying each pillar.

3.1 Accountability, Coordination and Leadership – Outcome 1

Firm leadership and strengthened accountability that responds to the GBVF crisis in a multi-sectoral, strategically and institutionally coherent and resourced way

Strategic Context

Strengthened political, administrative and societal leadership is key in responding to the crisis of gender-based violence and femicide in South Africa. The scale of the challenge, the complexity of the issues driving it and the myriad of intersecting systems that serve to sustain and regenerate it means that a range of stakeholders across society at all levels need to prioritise it and hold each other accountable for addressing it. The levels of impunity in South Africa, the inadequate resourcing of an effective response to GBV and the degree to which political, faith, community and business leadership has historically not adequately responded to the issue, are all key factors that have led South Africa to the current GBVF crisis. The state and South African society more broadly has not adequately held perpetrators and men overall accountable for individual acts of gender-based violence and for a wider social context that has seen rising levels of misogyny and the objectification and brutalisation of womxn's and LGBTQIA+ bodies.

There have been consistent calls by civil society over the past decades for strengthened accountability by the state in its responses to GBV which was further foregrounded in 2018 through the social mobilization that took place, prior to the Summit and is aligned across all twenty four demands put forward by #TheTotalShutDown Movement. Articles (1) and (2) in the Presidential Summit Declaration calls on government, business and community leadership to take responsibility and support the cause of eradicating gender-based violence and femicide, on the one hand and be held accountable on the other hand for actions and omissions that are contrary to the achievement of a South Africa free from gender-based violence and femicide. Accountability and strengthened coordination emerges as a theme throughout the Declaration, with a particular focus on increased and effective resourcing for a range of programmes and interventions and enhancing institutional, strategic and operational coherence across sectors and spheres of governance.

The Diagnostic Review (2016) highlights a lack of alignment and related resourcing in the overall conceptual and planning frameworks as a key weakness in the state's programming responses to VAWC, as well as poor accountability processes and mechanisms¹⁰⁴. Whilst at the time of the DR a lack of consensus of the status of GBVF as a political priority was unclear across government, the clear message emanating from the Summit and the signing of the Declaration is that GBVF is recognised as a national crisis at the highest political levels in the country. A consistent critique of responses to GBV by both state and civil society has been silo approaches that have been taken, a lack of an integrated and multi-sectoral response and poor institutional arrangements which have fuelled fragile, unsustainable and unequal partnerships, between government and civil society.

¹⁰⁴<https://genderjustice.org.za/wp-content/uploads/2017/12/Report-Diagnostic-Review-State-Response-VAWC-Summary.pdf>

Coordination

To respond to the scale of GBV in South Africa, **effective coordination and collaboration** is required within sectors, across sectors and between government, civil society, communities and all other relevant stakeholders. There **has been increasing pressure on South Africa**, from its own processes (the two CGE Reports 2012 and 2013 and the Diagnostic Review of the State's response to violence against womxn and children, 2016); from its people, particularly survivors (interest groups (e.g. #TheTotalShutDown, civil society groups, , community groups) and from feedback from international bodies such as the CEDAW Committee and the UN Special Rapporteur on Violence Against Womxn who in 2011 and 2015, separately recognised inter alia (i) the consisting and persistent levels of violence against womxn and girls; (ii) the degree to which violence appears to be socially sanctioned and normalised; (iii) concerns about inadequacies at the level of social services and the implementation of laws and (iv) the need for strengthening **a multi-sectoral plan and related cooperation** to adequately respond, to respond more effectively to the scourge of GBV in the country.

The process of coordination refers to **synchronization of actions** of those participating in the coordinating mechanism; is **underlined by decision-making and communication principles** that are aligned to the overall objective of the coordination; and facilitates the combining of relationships between respective structures and processes to **optimally manage these holistically** in order to **achieve agreed upon results**¹⁰⁵. This suggests that a clearly defined agenda including specified objectives/results; agreed upon principles that are aligned to this agenda; clear roles and responsibilities and agreed upon communication systems underpinned by relationships of trust; and a commitment to collaboration is key for effective coordination.

Programming experience from further field has revealed that no single sector or agency can adequately address all elements of the violence against womxn and girls (VAWG) response. The multi-sectoral model calls for intersectoral, holistic inter-organizational and inter-agency efforts that promote the participation of people of concern, inter disciplinary and inter-organizational cooperation and collaboration and coordination across key sectors including but not limited to health, psychosocial, legal/justice and security¹⁰⁶. Global good practise guidance highlights that coordinated multi-disciplinary responses require (i) the active participation by a range of stakeholders; (ii) agreement about the most effective way to respond to violence against womxn; and (iii) collaboration, communication and information sharing among different role players¹⁰⁷. Developing a common understanding of the problem of gender-based violence, including an analysis that locates it within the wider structural violence of poverty and different forms of social, economic and gender inequality in South Africa, would therefore provide an important lens to inform process, constitution and strategy that shapes coordination.

Foundational elements for effective national, provincial and local level coordination are: (i) Law and Policy Making; (ii) Appropriation and Allocation of Resources; (iii) Standard Setting

¹⁰⁵ Adapted from Vanagas R. & Stankevici. J. *Impact of Coordination for Organization Process* University of Vilnius 2014

¹⁰⁶ <http://www.endvawnow.org/en/articles/1503-the-multi-sectoral-model.html>

¹⁰⁷ <http://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-womxn-and-girls-subject-to-violence>

for establishment of local level coordination; (iv) Inclusive approaches to coordinated response; (v) Facilitation of capacity development of policy makers and other decision-makers on coordinated responses to VAWG and (vi) Gender-responsive planning, budgeting, monitoring and evaluation of GBV interventions at national, provincial and local levels. At a local level coordinated responses usually involve a combination of the following: (i) a framework for multi-sectoral collaboration between different parties/ agencies; (ii) A coordinating committee or body to monitor progress and develop policy; (iii) mechanisms to manage, work with and sanction offenders; (iv) services for survivors such as health, shelter and advocacy support, including the integration of civil protection remedies with the criminal justice process.

Drawing on the above, and the urgency for the country to roll out a **national response** that brings together all sections of society, including communities, young people, key groups (LGBTQIA+, persons living with disabilities, older persons) civil society organizations (CSOs-at local, provincial and national levels), trade unions, the faith sector, government departments and agencies, development partners and foundations and the private sector, needs to clearly define a cohesive strategic platform for change. This implies **coordination within respective sectors** such as government, civil society, development partners and donors **amplified by coordination across different spheres** of functioning; and ultimately pulled into an overarching national coordinating structure that articulates an operational framework based on transformative, feminist principles.

Resourcing

Ineffective resourcing of the response to the GBV has continued to be a significant challenge in ensuring an effective response and optimally responding to the crisis. A range of factors feed into this including:

- (1) Historically inadequate political commitment to making it a national priority;
- (2) Gender blind or gender insensitive planning and budgeting across key government mandates;
- (3) An approach to the funding to social welfare that has served to undermine the developmental nature of post- apartheid state;
- (4) Resulting in civil society organizations providing the bulk of GBV related services, not remunerated adequately or fairly, with often the unpaid labour of womxn, and their compassion playing a key role in sustaining services;
- (5) GBV been framed in a gendered way, as a womxn's issue, and being undervalued amidst competing state priorities;
- (6) Complex budgeting systems across the respective tiers of government that do not facilitate the easy flow of funding for where it is most required.

There has been increasing advocacy by womxn's rights groups broadly of the need to invest more resources into responding to the GBV crisis and addressing some of these critical issues. Policy priorities are key in determining the cost drivers in the budget and have the potential to significantly contribute towards making positive changes for different groups of people in society in different ways. For many years, there has been a significant disjuncture between the political rhetorical of addressing gender-based violence and the fact that this has not been backed with adequate resources.

Opportunities

The strategic opportunities within the current context has been the acknowledgement of GBVF as a national crisis; the setting up of an Interim multi-sectoral GBVF Structure to respond to it; the location of the structure in the Presidency, the commitment to developing a National Strategic GBVF Plan and a commitment to align the strategic direction articulated in the plan with departmental national plans and local government IDPs, thereby optimising the potential for increased resourcing at different levels. The Gender Responsive Planning, Budgeting, Monitoring and Evaluation Framework (GRPBMEF) simultaneously offers an opportunity to facilitate the mainstreaming of GBV outcomes and outputs into their existing mandates. The development of the NSP provides a unique opportunity for South Africa to develop a multi-sectoral, national monitoring and evaluation system, that cuts across spheres of government, government departments and civil society broadly, that provides a firm framework to facilitate strengthened accountability for delivery.

Problem Statement

There has been poor accountability on the part of the state and society more broadly for the scourge of gender-based violence in South Africa fuelled by a lack of strong political leadership on the issue and reinforced by widely socially sanctioned acceptance of violence and women's unequal position in society. The historic lack of prioritization of the issue evident in inadequate resourcing and overall response is reflective of weak leadership and wavering political commitment to addressing it. At the same time, poor levels of collaboration and coordination have contributed to further compromising an effective national response to the GBVF crisis. The challenges relating to coherence and coordination span policy and legislation, institutional arrangements, strategic direction, programming and service delivery, planning and budgeting and intersectoral partnerships.

Coordination and Collaboration

Over the last twenty years, there has been increasing acknowledgement by both government and civil society structures of the importance of both coordination and collaboration in the responses to GBV. Given the scale of the challenges, the normative nature of the issues; and the complexity of the interplay of respective historic, socio-cultural, socio-economic and related structural drivers, there has been increasing acknowledgement that a multi-sectoral response is required spanning a range of sectors and stakeholders.

Both state and civil society organizations/ non-state actors have made efforts to facilitate strengthened collaboration and coordination within and across, to improve responses to gender-based violence. Many of these efforts have been compromised by a range of factors including: (i) different understandings of purpose, roles and responsibilities; (ii) inadequate institutional mechanisms to manage relationships, planning and resourcing; (iii) weak capacity (both human, financial and technical) to lead and implement decisions and programmes; (iv) a lack of strategic leadership to guide and direct national programming; (v) low levels of trust and (vi) the absence of a clearly defined vision and agenda around which to mobilise respective stakeholders.

Government coordination overall has focused on strengthening programming and service delivery and in some instances focused on working collaboratively with civil society and communities. Examples of this include: (i) improving coordination around a specific

programming area such as victim empowerment (the VEP), the functioning of sexual offences courts etc.; (ii) coordination at a national level across respective departments towards strengthened impact across different mandates (Inter Departmental Management Team (IDMT), the National Gender-Based Violence Council (NCGBV) and the Inter-Ministerial Committee on the Root Causes of Violence Against Women and Children (IMC-VAWC) and (iii) coordination at the level of actual localized service delivery through collaborating on service delivery for example the Thuthuzela Care Centres (TCCs).

A number of important lessons emerge for government, particularly in relation to national coordinating mechanisms. Insights from the experience of the IDMT relate to its constitution, its failure to institutionalize itself which impacted on planning, M&E and operational management issues and a lack of resources to optimally fulfill and carry out its mandate. Some of the insights from the NCGBV were mainly: a) The NCGBV was established in the absence of a National GBV Strategy (GBV-NSP) that should define and build its organizational structure and determine its areas of concentration; as well as how to position itself in order to succeed b) lack of a clear mandate which created a) tension between its role as a coordinating body, its location and executing function; c) that lack of institutional autonomy between itself and the Department of Women, Children and People with Disabilities (DWCPD) negatively affected its ability to access resources and foster accountability of its members.. The Commission for Gender Equality (CGE) Report (2013) problematized the ambiguity of the status of the NCGBV as an institution and its relationship with the DWCPD, as a key challenge impacting on its capacity to be effective.

As pointed out above, **coordination is taking place within government and legislatively mandated structures are in place** e.g. National and Provincial and Inter-Sectoral Committees on the Management of Sexual Offences (NOISC and POISC), National Domestic Violence Inter-Sectoral Committee; Social Protection, Community and Human Development Cluster, the National Gender Machinery (NGM) Forum, the Human Trafficking Rapid Task Team and the Inter-Ministerial Committee on Prevention of Violence to mention a few. In exploring the need for **strengthening a multi-sectoral response across sectors**, the level of coordination required need to be at a strategic, oversight level; have the authority and power to facilitate coordination across departments and sectors; not be duplicative and should facilitate strengthened wider political commitment to addressing GBV beyond line department mandates.

Civil society coordination historically has focused on **strengthening voice** to facilitate the necessary changes that could impact positively on survivors and the scourge of GBV in the country. This has either been guided by geography, by specific challenges within a community or around a particular theme such as sheltering, monitoring implementation of legislation and advocacy for a strengthened national response to GBV, such as a national costed strategic plan. Coordination within civil society, particularly at a national level, has been impacted on negatively by resourcing constraints relating in part to donor interests and fractures within the space relating to wider structural issues and ideological differences. Finding ways to build strengthened coherence and coordination across a diverse and vibrant civil society is an important element of strengthening overall national coordination. There has also been an effort at donor coordination on GBV funding towards strengthening strategic impact of programming in this area.

Important insights emerging from these experiences is (i) establishment of a multi-sectoral structure should follow a clear analysis of organizational strategy i.e., structure should follow strategy and not the other way round; (ii) having a clear and unambiguous understanding of the specific purpose of the structure; (iii) locating it to facilitate its capacity to function optimally to fulfill its purpose; (iv) positioning it to be able to adequately resource its functioning from a range of sources, including state and other funding sources; (v) balancing meaningful partnerships between government, civil society and other stakeholders forged on the basis of substantive equality, respect and mutual accountability; (vi) facilitating a balance between autonomous functioning and strong political accountability; (vii) strengthening coordination of sub-sectors, where necessary to feed into strengthened national coordination; (viii) ensuring that participation and functioning links into the wider agenda of gender mainstreaming and building a gender transformative state; (ix) that accountability is linked into strategic hubs of government viz. the Presidency, the Department of Womxn, Youth and Persons with Disabilities, the Department of Planning, Monitoring and Evaluation and the National Treasury through government-wide gender responsive planning, budgeting, monitoring and evaluation (GRPBM&E).

The consistent call for a multi-sectoral GBVF structure that facilitates strategic coherence, drives strengthened accountability and facilitates firm leadership across government and all spheres of society is key in accelerating a bold response to the GBVF crisis in South Africa. The Gender Responsive Planning, Budgeting and Monitoring and Evaluation Framework (2018) which sets out to inter alia ensure womxn's empowerment and gender equality are at the center of public policy priorities, results-based planning budgeting and accountability and to ensure the allocation of adequate resources for womxn's empowerment and gender equality are linked to broader public finance reforms¹⁰⁸ provides an important opportunity to amplify accountability in relation to GBVF in the country.

As the country has forged ways to set up a sustainable structure and embarked on related consultation processes, the interim structure has continued to play a role in driving the process of developing a National Strategic Plan that can respond to GBV, as the national crisis that it is, build trust and working capacity for a multi-sectoral and integrated response towards firm, bold, visible national leadership and strengthened accountability.

Strategic Approach

The overarching strategic approach towards strengthening accountability is five-fold: (i) developing the accountability architecture through the setting up of an effective, national structure that can drive a national response to GBV undergirded by the necessary legislative mandate; (ii) rooting the response to GBV in locally based structures that harness the energy, relationships, activism and agency within existing structures that are located in communities; (iii) working through technical teams that facilitate forward movement on key outputs within the NSP viz. a GBVF Fund and Resourcing Plan, a multi-disciplinary research team to design and roll out a prevalence study and identify key research and information priorities; a team to guide and support a devolved approach to rooting the GBV response at local levels with a specific focus on key prevention and psychosocial support; (iv) harnessing the planning

¹⁰⁸ Department of Womxn Framework on Gender-Responsive Planning, Budgeting, Monitoring, Evaluation and Auditing December 2018

frameworks and resources of the state to integrate the NSP priorities into their existing plans and budgets; and (v) embedding prevention and response outputs and initiatives into educational institutional and work place platforms.

The purpose of a national coordinating structure is primarily focused on **amplifying the national response to GBV** across response, care and support and prevention to facilitate a **strengthened, survivor-focused, resourced and coordinated strategic response** that optimally harnesses the knowledge, experiences and roles of respective stakeholders towards a common agenda of eliminating GBV in South Africa, building womxn's agency, holding perpetrators accountable and healing the country.

Over the next ten years, the following outcome relating to strengthening state and society-wide accountability is pertinent for this specific area:

- A. All living in South Africa, including government, the private sector, work place, schools, religious and cultural institutions are held accountable for building a safe and GBVF free environment;

In moving towards this ten-year outcome, the following five year outcome has been identified:

- Firm leadership and strengthened accountability that responds to the GBVF crisis in a multi-sectoral, strategically and institutionally coherent and resourced way

Related Outputs over the next two years:

- I. Multi-sectoral, autonomous functional structure with optimal institutional arrangements and adequate resourcing in place
- II. GBVF national priorities are rolled out as integral to departmental strategic plans at national, provincial and local levels;
- III. Sector –wide Monitoring and Evaluation System in place, building onto existing government-wide framework
- IV. Gender Responsive Planning, Budgeting and Monitoring and Evaluation is piloted through the roll out of the NSP
- V. Rapid Response Structures at community level / local platforms in place /harnessed to readily respond to crisis
- VI. Key Technical Teams are in place, specifically a Research Technical Team and a GBVF Fund

3.2 Prevention and Healing – Outcome 2

South Africa responds to the GBVF crisis in a multi-sectoral, strategically and institutionally coherent and resourced way

Strategic Context

Eliminating the scourge of violence in South Africa is critical to the well-being of individuals, communities and society as a whole. The recognition of the high levels of gender-based violence and femicide in the country *as a crisis* underscores the **prevention of gender-based violence and femicide as a critical national priority**. A clear focus on the underlying attitudes, behaviours, social norms and practices that drive gender-based violence in South Africa, and the related systemic drivers is fundamental to effective prevention. Many of these norms are picked up in childhood, and simultaneously drive violence against children and violence against LGBTQIA+ persons, inclusively of persons with disabilities and those discriminated against on the basis of class and race and form the backdrop to the wider violent nature of South African society.

The *historical legacy of violence* in South Africa has given rise to a social context that is characterized by deep levels of trauma, disconnection and dislocation and is embedded within a structural formation undergirded by high levels of inequality, racism, unequal gender power relations, hostility to sexual and gender diversity and poverty. Gross human rights violations, as carried out systemically under apartheid, have been found to be transgenerational both in relation to the continued economic impact and the psychological symptoms consistent with trauma, a sense of helplessness and powerlessness.¹⁰⁹ Consequently the younger generations perpetually experience socio-economic injustices in which their basic needs continue not to be met¹¹⁰. Furthermore, ongoing exposure to violence within a context of endemic crime, civil conflict and economic downturn leads to emotional numbing and desensitisation to violence that may increase the tolerance for and acceptance of violence as well as the generation of shallow disturbing responses.

Due to the endemic nature of violence where the vast majority of the population has been exposed to some form of violence and carries its traumatic effects in their daily lives in relationships, families and communities and wider society, **a focused and effective approach to prevention** of GBV and femicide requires that South Africa moves away from reliance only on service provision, and simultaneously prioritises effective social norms programming to prevent the violence before it happens, or re-occurs while providing health and psycho-social support services to treat immediate effects after violence has happened and to prevent it re-occurring, on the same scale. At the same time recognizing the need to support those involved in service provision to facilitate their own healing is a key component of strengthening prevention efforts in South Africa¹¹¹.

¹⁰⁹ Adonis, C. 'Exploring the salience of intergenerational trauma among children and grandchildren of victims of apartheid-era gross human rights violations', *Indo-Pacific Journal of Phenomenology Vol 16. .2*. Grahamstown Oct. 2016 http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S1445-73772016000200005

¹¹⁰ Adonis, C. 'Exploring the salience of intergenerational trauma among children and grandchildren of victims of apartheid-era gross human rights violations', *Indo-Pacific Journal of Phenomenology Vol 16. .2*. Grahamstown Oct. 2016 http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S1445-73772016000200005

This approach recognises the strong linkages between prevention and response strategies where they are perceived as equally important elements in efforts to eliminate GBV and femicide and prevention is not trivialised in commitments and resource allocations. Thus a comprehensive approach will simultaneously espouse (i) effective prevention interventions aimed at changing underlying social and gender norms, attitudes and behaviour that tolerate and perpetuate violence from early childhood to adolescence and adulthood and preventing further violence from taking place, and (ii) effective service provision by the health and psycho-social support systems to provide survivors with the tools to facilitate healing and resilience, whilst (iii) effective service provision by the justice system sends out a clear message to perpetrators and society as a whole that gender-based violence will not be tolerated.

A nationally cohesive approach to GBV prevention provides an opportunity to build onto existing work that has highlighted the importance of developing agreement on what constitutes prevention and what should be prioritised for implementation, a better understanding of what exists, and integrating healing into an approach to prevention¹¹². At the same time, the importance of addressing structural drivers both historical and current, whilst harnessing current levels of activism and being responsive to and building onto existing knowledge foundations that have been shown to be effective, is key.

Problem Statement

The extent of GBV in the country is reflective of a country deeply grappling with its own internalised violent character that permeates the human psyche, all human interactions, social structures and institutions in the private and public realm. A brutal and deeply dehumanising history, harmful social norms that tacitly accept violence overall, as well as harmful societal gender norms and practices underpinned by the structures that serve to generate and maintain these, are critical elements that need to be addressed to prevent violence and facilitate healing.

In essence, norms function to maintain power with the following key factors interacting to drive social norms in the context of GBV viz: (i) **structural forces**, such as conflict, weak or discriminatory legal and institutional frameworks, racism, rules about who can own and inherit property and gender ideologies that underpin gendered differences in power; (ii) **social factors**, such as harmful social and gender belief systems; (iii) **material realities**, such as household poverty and a lack of economic opportunities for women and girls and weak infrastructure as well as (iv) **individual factors**, such as inequitable gender attitudes condoning VAWG, mistaken factual beliefs, and approaches to agency, aspirations, and self-efficacy, by women themselves.

The diagram below¹¹³, reflects the socio-ecological model which identifies different risk and protective factors at different levels. Risk factors at a societal level that have been identified in the literature¹¹⁴ are conflict and crisis, rapid social change, gender, social and economic inequalities, poverty, weak economic safety nets, poor rule of law and cultural norms that

¹¹² Ibid.

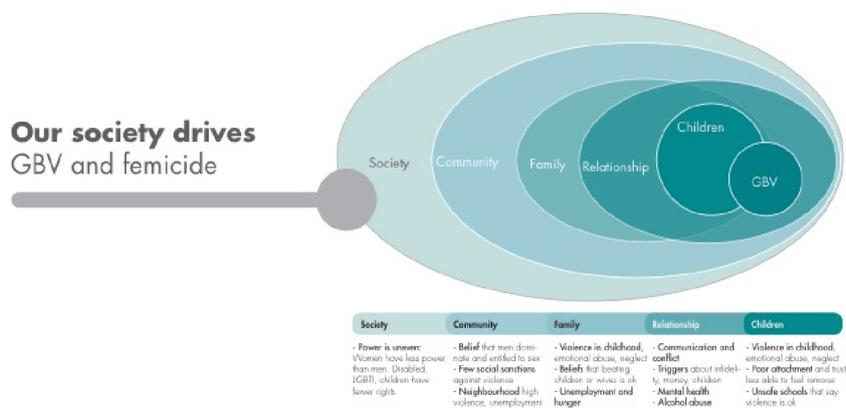
¹¹³ NSP Consultative Workshop, *Presentation by Prevention Commission* 17 May 2019

¹¹⁴ Sida *Preventing and Responding to Gender-Based Violence Expressions and Strategies*, 2015

support violence. Risk factors at a community level include poverty, high levels of crime, high residential mobility, high unemployment, local illicit drug trade and situational factors; risk factors at a relationship level include harsh and neglectful parenting practices, marital discord, violent parental conflict, low socioeconomic household status and friends that engage in violence and risk factors at an individual level include being a victim of child maltreatment, psychological/ personality disorder, alcohol and substance abuse and a history of violence. Many of these risk factors reflect the wider social and community contexts in South Africa, with historical and sociological elements that add further complexity. All these factors are further compounded by an intolerance of gender and sexual diversity, hate crimes, exclusionary laws relating to sexual and gender minorities, homelessness due to stigma and discrimination and a non-recognition of diverse family forms for LGBTQIA+ persons.

At the same time, it is argued that the South African population in general is widely preoccupied with vulnerability to crime and violence with a high proportion of citizens managing a realistic threat of violence on a daily basis. This threat of violence leads to fear, anxiety, anger and disillusionment and contributes to a breakdown in desirable aspects of social cohesion, creating a context in which further violations continue to take place largely unchecked¹¹⁵ and further breaking down levels of trust between the state and communities.

How do we understand PREVENTION Pillar?



Effective prevention means addressing the range of risk factors that drive gender-based violence, femicide and violence and contribute towards the normalization of violence. There are a number of known factors that lead to GBV¹¹⁶: (i) pervasive patriarchal norms that

¹¹⁵ Eagle, G. 'Crime, fear and continuous traumatic stress in South Africa: What place social cohesion', *Psychology in Society* Vol. 49, 2015, P 84

¹¹⁶ Base Document for Prevention Commission *Presidential Summit* 1-2 November 2018

promote the use of violence as an acceptable social practice;¹¹⁷ (ii) social and gender norms from childhood within families, relationships, institutions, communities, society and populations; (iii) Ideas of masculinity that are centred on male control of womxn, male sexual entitlement, inequitable gender attitudes, risk-taking and antisocial behaviour¹¹⁸; (iv) Ideas about femininity that promote womxn's subordination to men¹¹⁹, encourage womxn to be complicit with violence; (v) the subjugation of womxn¹²⁰; (vi) expectations on womxn to acquiesce to male partners' sexual desire and needs¹²¹; (vii) homophobic and transphobic violence (HTV) against sexual and gender minority (SGM) adults and children are prevalent across most systems and institutions in Southern Africa due to a range of patriarchal, heteronormative and cisnormative beliefs and attitudes¹²²; (viii) exposure and experiencing violence from early childhood, including boys being bullied¹²³; (ix) the emotional attachment bond between the primary caregiver (e.g., mother) and child is integral to how children form later relationships with peers, partners and their own children¹²⁴; (x) drug and substance abuse; (xi) Individual and household poverty feature significantly as a base indirect determinant for perpetration and (xii) education is another significant direct determinant of greater economic dependency on male partners, and a diminished control in the relationship. In many instances often responses to prevention at local levels have not focused on these underlying socio-economic drivers but instead focused on increasing security.

Preventing GBV means addressing Violence Against Children (VAC)

At the same time, there is growing global evidence on the intersections between VAW and VAC and how these present strategic opportunities for addressing some of the structural drivers and the responses in integrated and more effective ways and contribute towards addressing violence overall. The intersections point to entry points to break the cyclical inter-generational and co-dependent relationship between the two with shared factors being: (i) shared risk factors; (ii) common social norms; (iii) co-occurrence of IPV and VAC in the same home; (iv) inter-generational cycle of abuse and (v) common and compounding consequences including similar mental, physical, sexual and reproductive health consequences, exposure to multiple forms of violence (polyvictimization) (v) adolescence, as an age group where VAW and VAC may overlap. Both VAW and VAC tend to be more widespread in societies with social norms that condone violence, with high levels of gender inequality that are both historical and contemporary, with weak and overburdened institutional responses that often result in high levels of criminal violence recycled within communities. The prevention of the abuse of boys, including their childhood sexual abuse needs to be integral to efforts to reduce gender-based and inter personal violence in this context of high levels of violence overall.¹²⁵

¹¹⁷ Devries *et al.*, 2011

¹¹⁸ Jewkes and Morrell, 2010

¹¹⁹ Shefer *et al.*, 2008

¹²⁰ Shai, 2018

¹²¹ Wood *et al.*, 2007

¹²² UNESCO, 2016; Francis, Reygan, Brown, Dlamini, McAllister, Nogela, Mosime, Muller & Thani, 2018

¹²³ FIND REFERENCE

¹²⁴ Norton *et al.*, 2012

¹²⁵ Richter, Matthews, Nonterah and Masilela (2018)

Preventing GBV means addressing Violence Against LGBTQIA+ persons

Similarly, violence against LGBTQIA+ persons, is driven by dominant constructions of gender and sexual identities and roles rooted in patriarchy and driven by compulsory heteronormativity and cisnormativity. Addressing both violence against lesbian womxn (often referred to as *corrective rape*) as a result of their sexual orientation and violence against transgender persons as a result of their gender identity and gender expression are critical elements that are often made invisible in preventing gender-based violence overall. It implies dealing with related societal stigma and a lack of knowledge and understanding on issues such as transphobia, homophobia, and intersexphobia, amongst others.

Preventing GBV means addressing the social norms that drive it

Patriarchal patterns of behaviour continue to find new ways of expressing themselves within workplaces, public spaces, communities, homes, cyber spaces, relationships, families and individuals, which often makes these spaces unsafe and harmful to womxn, children and LGBTQIA+ persons. Key norms that drive GBV in South Africa, as captured in the quotation below relate to men feeling entitled to exert control over womxn; men feeling like womxn can be owned; womxn feeling like they should tolerate the abuse because of economic dependencies and womxn feeling that they are unable to leave abusive relationships

Patriarchy means that men feel entitled to exert economic or other forms of power over womxn. We have to draw a line, and say we must bring an end to patriarchy. Because it is this sense of patriarchy that makes men have a sense that they own womxn – that they own other human beings – it cannot go on. It should not be allowed. This can lead to situations where womxn may find themselves tolerating the injustices that are perpetrated against them simply because they may have inadequate economic or emotional resources to walk away from a dangerous relationship. President of South Africa HE Cyril Ramaphosa, Presidential Summit, 1 November 2018

Research has shown linkages between masculine norms and confrontational identities to the perpetuation of interpersonal violence¹²⁶. Norms relating to discouraging men from expressing emotions or fears and encouraging them to always be ready for a fight serve to reinforce the integration of expressions of violence as being integral to their gendered identities as men. The social norms that are specific to violence against womxn and girls, is unguided by a dominant social norm that violence is acceptable and seen as normal in South Africa. Domestic violence in homes, particularly intimate partner violence and violence against children in homes share norms such as: condoning violent discipline (which includes wife beating and corporal punishment), the promotion of masculinities based on power and control; the prioritization of family reputation and the blaming of victims and a support for gender inequality and heteronormativity. Children in homes where a mother is abused are more likely to be abused themselves, with increased risk of perpetrating and or experiencing violence as an adult.

A number of the global beliefs that feed into shaping social norms that perpetuate violence against womxn and girls, are also relevant to South Africa¹²⁷ for example, that a womxn needs

¹²⁶ SAVI submission (2015) citing: Redpath, Morrell, Jewkes and Peacock (2008), Ratele, Suffla, Lazarus and van Niekerk (2010) 4.

¹²⁷ <https://www.oxfam.org/en/enough/ten-harmful-beliefs-perpetuate-violence-against-womxn-and-girls>

to be submissive to male family members in all aspects of her life; that men are expected to exercise coercive control; that men have the right to discipline womxn for *incorrect* behaviour; that womxn cannot deny their male partner sex; that sexual harassment is normal; that womxn experience violence because they are provocatively dressed; that all womxn should become mothers; that girls are valued as wives and not as individuals; that heterosexuality is the only sexual orientation that is acceptable and that divorced womxn are less valuable.

Developing effective interventions to transform the norms raised above, through a range of prevention interventions, including parenting programmes, educational interventions, skills development programmes and communication interventions in sustained ways is key.

In addition, specific themes identified in the WPSS (2016) viz. an effective criminal justice system, early intervention to prevent crime and violence, victim support, effective and integrated service delivery, safety through environmental design and active public and community participation¹²⁸ is considered.

Strategic Approach

Developing effective interventions to transform the norms raised above, through a range of prevention interventions, including parenting programmes, educational interventions, skills development programmes and communication interventions, using both traditional media and new media platforms, in sustained ways is key. The overarching approach sets out to transform harmful social and structural norms that feed gender-based violence, continuously address the ongoing trauma generated by individual and systemic violence through psychosocial and healing interventions whilst intentionally reshaping the social fabric in ways that build positive social cohesion. It recognizes the importance of working with individuals and social institutions across the spectrum, with a particular emphasis on schools, work places and households and taking a *whole of society* approach. The key elements of the approach is to (i) challenge unhealthy and violent social norms through the rolling out and continued assessment of parenting programmes; the development and the roll out of an integrated communication strategy specifically focused on disrupting harmful social norms; (ii) strengthen the national and local capacity to undertake prevention programmes, both within communities, within civil society and within government; (iii) to support front line workers in dealing with their own vicarious trauma, thereby minimizing secondary victimization and contributing to wider societal healing; (iv) to harness existing capacity and energy within communities to cohere around building the social infrastructure to heal from violence, whilst taking up local issues that stand in the way of effective response and prevention; (v) addressing socio-economic drivers to enable safety within public spaces and (vi) harness and build potential platforms that could be used to scale up prevention programmes, such as work places, schools and local social movements and structures.

Strategic interpersonal violence prevention programming reflections provide useful insights to shape the strategic approach taken to GBV prevention in the NSP viz¹²⁹, (i) a lack of coherence and agreement about what constitutes violence prevention; (ii) a lack of knowledge about existing violence prevention interventions and programmes; (iii) a lack of

¹²⁸ Civilian Secretariat for Police *White Paper on Safety and Security* 2016

¹²⁹ Institute for Security Studies Policy Brief 122, February 2019

agreement on what should be prioritized for implementation; (iv) a workforce in need of healing; (v) inappropriate resource allocation and (vi) a lack of knowledge on how to scale up interventions that work. At a local and community level, prevention of gender-based violence often translates into responding to immediate issue, with a focus on protection and security, and not necessarily addressing the risk factors. National interventions that strengthen a focus on risk and protective factors which have focused on areas such as parenting GBV prevention programmes, life skills programmes for young people, community safety interventions, response services and protocols and other wider interventions that may have a prevention effect point to some promising approaches¹³⁰, viz., some of the parenting programme pilots have shown improvements in positive parenting behaviour and reductions in parents' use of violent and abusive discipline and the Thula Sana intervention showed higher rates of infant attachments to their mothers at 18 months¹³¹.

Key principles that underpin the approach being taken to prevention:

- 3.2.1 A holistic model of prevention that takes into account the structural and power related drivers of GBV and femicide and ensures that prevention is diffused to all tiers of society and is contextually appropriate;
- 3.2.2 A victim-centred social justice approach rooted in human rights to GBV which requires an intersectional understanding of power, privilege and oppression and focuses on advancing and securing dignity, equality, human rights, diversity, inclusion and social change for freedom from GBV;
- 3.2.3 Evidence-based: prevention must be based on what is shown to work and build on examples of effective programming drawn from South Africa and globally across different sectors and disciplines which includes civil society generated evidence and research;
- 3.2.4 Theory-driven: programming must address the drivers of gender-based violence of which gender-based inequality arising from the sex and gender superiority which cisgender heterosexual male practicing toxic masculinities produce and reinforce is a key driver;
- 3.2.5 Adaptive: New prevention strategies should intentionally be developed over time by investing in high quality pilots, studying promising approaches that communities are already using and innovating with local structures around responsiveness to specific *hard to reach* groups;
- 3.2.6 Inclusive: Prevention must be responsive to vulnerable groups and groups put at risk (e.g. sex workers, differently abled groups, LGTQI persons, children, migrants) and strategies for different groups may require tailoring and additional research.
- 3.2.7 Life course perspective, rooted in human rights, helps gender-based violence prevention address key risks and protective factors and optimizes opportunities over time;
- 3.2.8 Recognizes the necessity for psychosocial care and support services as integral to prevention and break the inter-generational cycle;

¹³⁰ Dialogue Forum Matrix – REFERENCE?

¹³¹ Find Matrix Attached

- 3.2.9 Build and optimally use platforms that have the potential to reach significant numbers in sustained ways;
- 3.2.10 Intentional bolstering and strengthening of womxn's rights and LGBTQIA+ organizations and movements, particularly in the current context of strengthened mobilization, as central to facilitating accountability and wider systemic transformation to fundamentally dislodge all forms of GBV.

South African government, NGOs and researchers acknowledge the intersections between violence against womxn and children and agree that one form of violence cannot be prevented without addressing the other. This is premised by the understanding that in South Africa and globally, violence against womxn and violence against children often occurs concurrently, have shared risk factors and it is important to understand the points of intersection while recognising the differences between womxn's needs and children's needs and their level of agency not conflate them¹³². Thus the WHO INSPIRE Framework's (2019) identifies seven strategies to prevent violence against children viz. strengthening relationship skills, economic and social empowerment of womxn, ensure that services are in place, poverty alleviating strategies, making environments safe, preventing child and adolescent abuse and transforming attitudes, beliefs and norms, and these strategies are well aligned with the direction that has emerged for the NSP to prevent GBV and femicide. Preventing violence arising from sexual orientation and/or sexual and gender identity, similarly, requires a focus on disrupting dominant patriarchal, heteronormative and cisnormative norms whilst mainstreaming these elements of GBV as integral to the wider GBV prevention agenda.

In order for South Africa to respond effectively to preventing the pervasive levels of gender-based violence it requires:

1. a response to shift social norms around the use of violence overall;
2. a response that restores *diverse womxn's and gender diverse person's human dignity, personhood and autonomy* and changes toxic social norms around gender and sexual identities and how these relate to oppressive gendered roles and relations;
3. an approach and strategies to address the ways in which historical and current economic and social factors shape individuals, households and communities (sense of self, unemployment);
4. an approach and strategies to respond to the degree to which both fear and trauma continue to undermine agency and autonomy at individual and group levels;
5. a response to reduce the propensity of men to be aggressive, misogynistic and homophobic through reducing exposure to violence and abuse in childhood, transforming teaching curricula to support feminist pedagogies and facilitating safe nurturing spaces for all children and expose girls and boys to positive male role models;
6. an acknowledgement that *a whole of society approach* which includes government, civil society, communities, the private sector and *all sections of society working in complimentary ways* use available evidence to address attitudes, social norms, behaviours and practises that drive GBV is key;

¹³² ISS and SCSA (2019) Inspired by INSPIRE: Integrated report.

7. harnessing the *social norming power* of religious and traditional leadership, work places, the media and educational institutions towards playing key roles in instilling gender transformative values;
8. Interventions to build communication and relationship skills that facilitate non-violent parenting and peaceful conflict resolution in partnerships;
9. The strengthening of familial, social and community networks and support structures around the concept of *building a caring society that respects and upholds the human dignity of all*;
10. Interventions to respond to alcohol abuse patterns in communities, particularly binge drinking;
11. Interventions to strengthen psycho-social support services and affirmative mental health support;
12. Facilitating strengthened levels of accountability by the criminal justice system in addressing impunity and sending out a strong message that GBV, femicide and hate crimes based on sexual and gender identity will not be tolerated and
13. Foregrounding interventions that work with children and young people.

Overall Goal of Prevention Pillar

The Prevention Pillar sets out to turn the tide of the GBVF crisis in the country, by implementing a comprehensive long-term, appropriate and holistic approach to prevention that targets all living in South Africa. It provides a critical foundation for eradicating gender-based violence and femicide in South Africa and sets out to redirect the country towards healing and rebuilding the social fabric in ways that re-humanize and transform social relations.

Related Outcomes

Time Frame	Outcomes
2020 – 2030:	<ol style="list-style-type: none"> 1. The scourge of gender-based violence and femicide, and violence more broadly is deemed unacceptable by South African society. 2. New forms of social connectedness are established that contribute towards healing from individual, familial, social and historical trauma caused by violence 3. South Africa is a global good practice on how to turn the tide on GBVF and roll out effective prevention.
2020- 2024 Overall	<p>South Africa addresses specific systemic and structural drivers of GBV through the roll out of effective and innovative prevention interventions that target institutions and households – such as evidence-informed positive parenting programmes, specific support for teenage parents and for new mothers.</p> <ol style="list-style-type: none"> 1. Effective prevention programmes continue to be scaled up and adapted to context: 2. Innovation in identifying, testing and expanding promising interventions and their implementation, that address prevention gaps (substance abuse, access to legal and illegal firearms, lay mental health workers, LGBTI persons, other vulnerable groups or at risk groups, out of school youth, parents, teen parents, fragmented families, reducing adverse childhood experiences)

	<ol style="list-style-type: none"> 3. Supported Community health care providers, educators, lay mental health workers and activists drive the national prevention strategy at a household level 4. Social Infrastructure, harnessing whole communities to effectively respond to GBV and amplifies local womxn's voices and strengthens social movements strengthening accountability at all levels 5. Strategies rolled out to improve womxn's safety based on strengthened evidence base 6. Strengthened implementation of integrated responses to address womxn's economic empowerment; 7. Local political, religious, traditional and community leadership actively promotes safe and violent-free relationships, homes and communities. 8. Locally established <i>Rapid Response Teams</i> facilitate immediate access to support and integrated services and mediate and address any challenges 9. Improved delivery of criminal justice to survivors whilst focused on ensuring freedom from GBV for womxn and LGBTI persons in correctional centres due to being conflict with the law <p>Outputs relating to the above: (i) <i>Positive Parenting Programmes that have been shown to be effective are rolled out (Sinovuyo, Seven Passes)</i>; (ii) Home Visiting Programmes that have been shown to be effective are rolled out (Philani Plus and Thula Sana; (iii) Integrated GBV & Substance Abuse Programme developed & rolled out; (iv) Substance Abuse centres established in each district and programme implementation monitored; (v) Investigation of the introduction of a levy on all formal alcohol producers (e.g. SAB, breweries etc.) that contributes funding to the establishment of substance abuse and recovery centres in every district (vi) Community based mental health support and healing interventions to address range of psychosocial issues, including substance abuse are in place ; (vii) Healthy Transformative Relationship <i>Skills</i> Programme developed and rolled out: <i>Stepping Stones(Communication, Conflict Resolution etc.)</i>; (viii) Gender Norms & Gender and Sexual Identity and Diversity Programme developed & rolled out focused on integrating gender and sexual minorities in the societal fibre; (ix) Support and debriefing in place for frontline workers; (x) Safe Public Transport Plan developed , based on audit, and rolled out; (xi) School Safety Plans in Place and rolled out (incorporating response, care & prevention); (x)Tertiary Institutional Safety Plans developed and rolled out; (xii) Gender Transformative poverty eradication programmes rolled out at the municipal level: (xiii) Community Dialogues held in collaboration with civil society on critical GBV areas such as trafficking, rights of migrant womxn, children and LGBTQI, rights of older persons and rights of womxn living with disability; (xiv) Audits for survivor-centred service delivery are conducted focused on GBVF and hate crimes; (xv) Municipality Safety Plans developed, based on an analysis of root drivers; (xvi)Safe and</p>
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	<p>inclusive spaces for children earmarked and developed into parks and play areas by municipalities; (xvii) and agenda to identify new areas for exploration relating to mental health, parenting, out of -school youth and other areas and (xviii) capacity building interventions to strengthen capacity across government and civil society to integrate preventions interventions is rolled out</p> <p>The above needs to be reined and further aligned with the POA</p>
2019- 2021	<p>Strengthened strategic resourcing for effective prevention programmes Effective prevention programmes are scaled up at family, school and community levels Accelerated and improved interventions to shift societal norms away from misogyny, heteronormativity, cisnormativity and patriarchy directed at public overall, as well as civil servants, involved in GBV service provision Expanded local capacity to meet survivor needs through the establishment of Rapid Response Teams in place Deepened understanding of research needs until 2030</p>

The outcomes above are outlined in the *emerging theory of change attached*

The outcomes in the above table are outlined in the *emerging theory of change captured below*

Potential strategies to take the above outcomes forward:

- (1) Rolling out existing programmes that can be scaled up, specifically for schools, communities and workplaces-*making every school, workplace and community a hub for prevention and rebuilding the social fabric*; (DBE, DOL, DSD, DHS)
- (2) A communication strategy and plan whose goal is to eliminate social acceptance of all forms of violence against womxn¹³³. The objectives of this campaign should include seeking: (a) Fundamental change in social attitudes, norms and beliefs that contribute towards tolerance for violence against womxn; (b) weaving a cohesive national brand identity that celebrates gender equality and rebukes violence against womxn; and (c) engages a diverse collective of multi stakeholder communities who publicly commit to ending violence against womxn in their communities: (GCIS, DBE, DHET, DSD, GCIS, COGTA, civil society)
- (3) Building **social infrastructure** (drawing on local activists, households, community structures, faith- based organizations, critical service providers and individuals (e.g. teachers), existing structures) to strengthen connectedness and support , breaking through the isolation and victimization victims of GBV and other violence may

¹³³ Demand 23 delivered by #TheTotalShutdown on 01 August 2018 calls for “a sustained media campaign for 365 days by all departments led by Government Communication and Information System providing information including awareness.”

experience and working together to collaboratively nurture the emerging of alternative social norms and community resilience; (Civil society, religious sector, education sector, DSD, DBE, DOH, Local Government).

- (4) **Strengthening levels of trust within communities** and between government and civil society and communities to facilitate multi-sectoral roll out of the NSP at local levels.
- (5) **Harnessing community leadership, government institutions and processes** to address the structural drivers of GBV (Local government, DOEL, DHS, DOT, faith leaders, traditional leaders, media, CSOs)
- (6) Strengthening our understanding of effective interventions at different levels

Assumptions

This pillar is underpinned by the following assumptions:

- South African communities are ready and willing to harness their individual and collective resources to stop gender-based violence;
- Civil society organizations, social movements and government is willing and able to build strengthened levels of trust to facilitate cooperation and inter dependencies in stopping gender-based violence;
- There is an openness by government departments not directly involved historically in GBV work, to integrate specific roles they can play in making the country safer for womxn, girls and LGBTQIA+ persons.

3.3 Law and Policy - Outcome 3

Laws, policies and frameworks are enforced, implemented and adopted that align with addressing GBVF at all levels

Strategic Context

South Africa is hailed for its progressive constitution and commitment to ratification of several international and regional legal instruments to address the issue of GBV. South Africa's legal framework is guided by a progressive Constitution and Bill of Rights, which guarantees a broad range of rights. The Constitution expressly prohibits all forms of discrimination on a number of grounds that include gender, sex, and sexual orientation.¹³⁴ It further affords all persons, particularly the vulnerable womxn and children, the right to freedom and security of the persons, which succinctly condemns all forms of violence from either public or private sources. Like adults, children further enjoy the constitutional right to freedom and security of persons, which include the right 'to be free from all forms of violence (s)12(1)(c) of the Constitution.

The State has a duty to take positive measures to respect, protect, promote, fulfil and concretize the Bill of Rights and firm actions calling upon Parliament to put in place gender – sensitive and effective regulatory and/or policy measures affording recognition thereto.¹³⁵ Section 13 states that no person may be subjected to slavery, servitude or forced labour. Section 28 addresses the fundamental right of every child to be protected from maltreatment, neglect, abuse and degradation. Upon consideration of these rights cumulatively, it is clear that the Constitution condemns the perpetration of GBV. As a State, South Africa is committed to uproot all attitudes and behaviours that stand in violation of our Constitution.

Various legal frameworks have been put in place in South Africa to promote and enforce gender equality and to address GBV. However, despite the myriad of legal protections and interventions by state and non-state actors, womxn in South Africa continue to experience extremely high rates of violence.

The Special Rapporteur on Violence Against Women 2015 report on South Africa highlighted uneven geographic availability and distribution of the intersectoral responses to violence

¹³⁴ Section 9 provides for the right to equality; meaning that everyone is equal before the law, everyone should have full and equal enjoyment of all rights and freedoms, and neither the State nor any person may unfairly discriminate directly or indirectly on one or more listed grounds (including gender and sex).

Section 10 provides for the right to human dignity.

¹³⁵ Section 7(1). This Bill of Rights is a cornerstone of democracy in South Africa. It enshrines the rights of all people in our country and affirms the democratic values of human dignity, equality and freedom.

(2). The state must respect, protect, promote and fulfil the rights in the Bill of Rights.

(3). The rights in the Bill of Rights are subject to the limitations contained or referred to in section 36, or elsewhere in the Bill.

Our case law confirms that s7(2) (1996 Constitution) bestows a positive obligation on the State to protect & promote the rights in the Constitution – As confirmed in **Carmichele v Minister of Safety and Security and Another (Centre for Applied Legal Studies Intervening)** 2001 (4) SA 938 (CC) at para 44; **Kaunda v President of the RSA** 2005 (4) SA 235 (CC) at para [32]; **Van Eeden v Minister of Safety & Security (Womxn's Legal Centre Trust, as Amicus Curiae)** 2003 (1) SA 389 (SCA) at para 14).

against womxn, as well as the uneven quality and range of services provided to womxn and girls living in informal settlements and rural areas.¹³⁶

Various legal frameworks have been put in place in South Africa to promote and enforce gender equality, such as, Constitution, Promotion of Equality and Unfair Discrimination Act No. 4 of 2000, Employment Equity Act 55 No. of 1998, Labour Relations Act No. 66 of 1995, Domestic Violence Act No. 116 of 1998, the Maintenance Act, Criminal Law (Sexual Offences and Related Matters) Amendment Act (SOA, 2007), Protection from Harassment Act (2011); the Employment Equity Amendment Act, Children's Act, Older Person's act and the Prevention and Combating of Trafficking in Persons Act (2013). These laws give expression to the constitutional rights to equality, human dignity, life and freedom and security of the person¹³⁷.

One of the key problems **lies in the lack of effective implementation of these laws**, policies and commitments. A related component has been institutional factors that impact on effective implementation viz. the lack of a comprehensive national strategy that coordinates all efforts, brings key stakeholders together, is optimally resourced and contributes towards effective service provision that addresses challenges harnesses the goodwill expressed by the South African government in combating GBV. The Special Rapporteur on Violence Against Womxn 2015 report on South Africa highlighted uneven geographic availability and distribution of the intersectoral responses to violence against womxn, as well as the uneven quality and range of services provided to womxn and girls living in informal settlements and rural areas.¹³⁸

Problem Statement

Despite the progressive legislation and policies which sets out a myriad of legal protections and interventions by state and non-state actors, womxn in South Africa continue to experience extremely high rates of violence. Domestic violence and abuse of womxn and children has constantly increased and 'victims' of such incidences are only afforded very limited protection, if at all. As a result, womxn's reality is not only unchanged, but it is also deteriorating, given the increase in the numbers of womxn becoming 'victims' of violence and abuse.

The underlying problem with the implementation of the Domestic Violence Act, the Maintenance Act, and the other pieces of progressive legislation (such as the Children's Act, the Promotion of Equality and Prevention of Unfair Discrimination Act, Employment Equity Act and the Protection from Harassment Act) lies within the prevailing gender-based discriminatory practices in society. As long as gender-based discriminatory practices exist in society, womxn's capacity to realise of their rights is fundamentally compromised.

The Special Rapporteur's assessment was that because it is gender-neutral and insufficiently gender-sensitive, the Domestic Violence Act disregards the structural inequality between men and womxn and focuses on womxn and men equally as victims of domestic violence, at the expense of womxn, who are predominantly the victims of such violence. Being a civil law,

¹³⁶ <https://www.ohchr.org/Documents/Issues/Womxn/SR/A.HRC.32.42.Add.2.pdf>

¹³⁷ Appendix – See List of Legislation

¹³⁸ <https://www.ohchr.org/Documents/Issues/Womxn/SR/A.HRC.32.42.Add.2.pdf>

it does not typify domestic violence as a criminal offence. Soul City's assessment of the challenges with the Domestic Violence Act include that it was not costed and does not place obligations on the Department of Social Development (for the provision of care and support services) or the Department of Health or National prosecution authority¹³⁹. This is further compounded by the fact that police officers view domestic violence as a private family matter, rather than a crime. A 2012 Tshwaranang Study on reviewing the implementation of the Domestic Violence Act found that a substantial percentage of police officers had limited knowledge of the provisions of this Act more specifically relating to their responsibilities.

Some womxn withdraw their cases because they do not experience court process as user-friendly due to long queues and a shortage of staff to process their applications for protection orders¹⁴⁰. The lack of an effective justice system seems to be an impediment to victims of GBV seeking help and further increases their risk of more violence and even femicide¹⁴¹. Legal literacy is important for womxn to understand and exercise their rights. However, womxn have limited knowledge about the various laws and policies and what they provide in relation to their rights and therefore are unable to use these for their protection and development.

Filling the gaps in implementing existing laws and policies will improve the quality and consistency of already legally mandated police, judicial and health services. Existing legislation directly addressing different forms of violence against womxn should be reviewed and revised to align with international law and best practice.

The application of all related legislation such as family, immigration and child protection laws must also ensure that it contributes towards protecting womxn and children from violence. There is a need to harmonize laws, policies and procedures in a decentralized manner and across jurisdictions, including setting guidelines for customary/traditional, religious and non-formal justice practitioners. Addressing weaknesses and gaps in the policy and legislative response to GBV needs to address the following critical areas:

- (1) Harmonize and align the definition of GBV;
- (2) Ensure a coherent, comprehensive and consistent approach to violence against womxn in and through legislation, with coherence and consistency across legislation being matched across different government policy areas;
- (3) Clarify the relationship between customary and/or religious law and the formal justice system, ensuring that the processing of a case before the religious and/or customary tribunal does not preclude it being brought before court.;
- (4) The process should engage practitioners and leaders in non-formal systems, along with womxn's organizations, to develop guidelines or protocols or customary/traditional, religious and non-formal justice practitioners, and their interaction with the formal system and services for victims/survivors.
- (5) It is essential that the relationship between formal and religious and customary processes are defined as violence against womxn is frequently justified or excused on

¹³⁹ Soul City (2015): Understanding Gender Policy and Gender-Based Violence in South Africa: A Literature Review <https://www.soulcity.org.za/campaigns/gbv/resources/understanding-gender-policy-and-gender-based-violence-in-south-africa-a-literature-review>

¹⁴⁰ Matthews & Abrahams 2001; Parenzee et al. 2001; Vetten 2005.

¹⁴¹ CSVR (2016): Gender-Based Violence (GBV) in South Africa – A brief review <http://www.csvr.org.za/pdf/Gender%20Based%20Violence%20in%20South%20Africa%20-%20A%20Brief%20Review.pdf>

cultural or religious grounds.¹⁴² Example female circumcision (genital mutilation) virginity testing, Ukuthwala and child marriage. It is important that these systems, like formal systems, must operate in accordance with gender equality standards, uphold the human right of womxn to live free from violence and ensure the accountability of perpetrators.

- (6) Legislation must also provide for direct free qualitative legal assistance, advice and representation, advocacy and court support services to victims/survivors, and make information accessible about their rights;
- (7) In addition legal support should be provided holistically and assist womxn with legal assistance with maintenance (child and spousal), divorce, contact;
- (8) Court support should include free access to a qualified and impartial interpreter and the translation of legal documents, where requested or required.
- (9) Legal advice should also be provided on related issues such as obtaining orders for custody of children, child support, divorce and the division of property.

Strategic Approach

The strategic approach is six- fold: (i) optimization of the existing law and policy framework, that reflects a commitment and related mandates to respond to different forms of gender-based violence, including femicide; (ii) facilitating strengthened synchronization and coherence across laws and policies, between the legal framework and regional and international obligations; (iii) transforming laws and policies to be promoting a victim-centric justice system that is responsive to the diverse needs of marginalized victims, including LGBTQIA+ persons, womxn and girls who live with disabilities, migrant womxn, and others and (iv) strengthening implementation guidelines and principles for the effective implementation of laws and policies; (v) addressing infrastructural, resourcing and other institutional management related issues that obstruct the implementation of laws and policies; and (v) strengthening partnerships between government and civil society stakeholders. An additional element is to contribute towards strengthening initiatives by the CJS to align and integrate management information systems on GBV, for example the work that is being undertaken to strengthen the state's understanding of and response to femicide.

Commented [TB1]: Should this not also include synchronization between the formal and traditional systems?

Important principles that shape the overarching strategic approach¹⁴³:

- (1) Guided by the need for coherent, impactful and enforceable legislation which provides for the protection of womxn, children, LGBTQIA+ persons against all forms of violence and its consequences;
- (2) Laws passed by parliament need to uphold and enforce all provisions protecting the rights of womxn, LGBTQIA+ persons, children and persons living with disabilities;
- (3) There is a need for a legal framework that structures and monitors coordination between all relevant actors and accountability of all;
- (4) The legal framework needs to not only be reactive but also proactive in promoting the prevention of GBV;
- (5) Effective enforcement mechanisms for the furtherance of regional and international obligations;
- (6) Increased access to justice, taking into account the diverse needs to survivors.

¹⁴² Examples include female circumcision (genital mutilation, virginity testing, ukuthwala and child marriage

¹⁴³ Law and Policy Commission Report, 17 May 2019

The approach taken to the first two to five years is to review all legislation towards making it more victim-centric, facilitate harmonization between all stakeholders and ensure uniformity in respect of age and to finalise and review existing legislation and policy in the pipeline. The strategic orientation over the ten-year period is to work toward full implementation of legislation, based on adequate resourcing and budgets; compliance with international and regional obligations and ongoing reviewing of implementation of legislation and policy to identify new gaps and opportunities for strengthening.

Overall Goal of Law and Policy Pillar

The implementation of an accessible and responsive justice system that takes into account and supports the needs of womxn who are survivors of violence and which provides optimal services and protections in terms of progressive legislation and policies compliant with national, international and regional obligations.

Overall Outcome:

Laws, policies and frameworks are enforced, implemented and adopted that align with addressing GBVF substantively at all levels.

Enforce, implement & adopt transformative laws and policies

Outcomes in the Next 2-5 Years

The focus over the next five years, is to revise, reform and align existing legislation and policy to more optimally respond to the crisis of GBVF in the country, whilst addressing the infrastructural and resourcing challenges that have obstructed the optimal implementation of legislation and intentionally working towards transforming the criminal justice system in ways that are victim-centric and survivor focused. This is reflected in the following key outcomes and related outputs.

1. Revision and alignment of existing legislation directly addressing different forms of violence against womxn, with international law and good practice.
Outputs: (i) A comprehensive and encompassing definition of gender-based violence with a focus on VAWC is developed; (ii) An audit of national legislation and policies to address duplications, conflicts and definitions of GBV and (iii) Integration of the GBV experiences of specific marginalized groups, including but not limited to, LGBTQIA+ people, vulnerable workers (sex workers, farmworkers, migrant workers, etc.) refugees, as well as children who experience violence specifically due to gender issues.
2. Strengthened legislation and policy to specifically prevent GBV, that is aligned with constitutional, regional and international obligations.
Outputs: (i) A comprehensive situational analyses on all laws and policies promulgated in response to GBV and Femicide murders is conducted¹⁴⁴; (ii) GBV legislation to be reviewed to make it more victim-cantered, facilitate harmonized coordination between all actors, including civil society organisations, and ensure uniformity in respect of age; (iii) Regulations for Sexual offences Courts are finalized; (iv) Gender sensitive legislation is developed (including the Amendment of Chapter 6 of the

¹⁴⁴ See Attached Summary of Applicable legislation promulgated between 1994 – 2018 to form basis of situational analysis.

Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007 dealing with the National Register for Sex Offenders (NRSO); Review of the confidentiality clause of the NRSO; Review of the Criminal Procedure Act, 1977 to make it victim-centric and Review of the Domestic Violence Act to address gaps and impracticable provisions.

3. Finalization of all Bills, legislative amendments and legislation dealing with and/or preventing GBV.
Outputs: (i) Victim Support Services Bill is finalized; (ii) Prevention and Combating of Hate Crimes and Hate Speech Bill is finalized; (iii) The amendment of the Older Persons Act and development of Regulations to the Act is finalized; (iv) Amendment of the Film & Publications Act to ensure more obligation on internet providers to protect children and (v) Legislative framework on Domestic Partnership finalized.
4. Harmonization of laws, policies and procedures at best practice level across jurisdictions, including setting guidelines for customary/traditional and religious practitioners.
Outputs: (i) Harmful cultural traditional and religious practices which promotes GBV are eradicated (Finalization of the Traditional Courts Bill with provisions that prohibit unfair discrimination of womxn; Finalization of ukhuthwala investigation by the SALRC; Harmonization of all laws relating to age of marriage, virginity testing, genital circumcision in accordance with constitutional international regional obligations and practices).
5. Accountable and ethical governance
Outputs: (i) Practical, resourced measures for prevention of violence against womxn across a range of organizational settings, including private and public sector workplaces, parliament, faith and cultural institutions Amendment of the Parliament's Code of Ethics to be gender-responsive; (ii) All Cases of sexual harassment finalized within a specific timeframe within the public sector.
6. Strengthened CJS infrastructure and capacity to respond to GBV.
Outputs: (i) The creation of a specialized court system including specialized court proceedings guaranteeing timely and efficient handling of cases of violence against womxn; (ii) Specialized training for officials assigned to specialized courts and for measures to minimize stress and fatigue of such officials; (iii) One Stop Centres that provide support services to survivors of GBV (Thuthuzela Care Centres, Khuseleka One Stop Centres, etc.) must be enhanced; (iv) Increased number of capacitated SAPS victim-friendly rooms in place; (v) necessary infrastructure and supplies, such as rape kits, are readily available; (vii) strengthened regulation of one-stop support services centres such as TCCs, through the VSSB and (vi) integrated management information systems across criminal justice and related systems are strengthened
7. Enhanced access to wider conceptions of justice.
Outputs: (1) Court Annexed mediation to all courts is rolled out;
8. Responsive justice system that enables and protects legal and human rights

Outputs: (i) Easily accessible information is made available on services available to womxn and children; (ii) Provision of maximum protection to victims of GBV violence; (iii) Minimum professional qualifications (including compulsory 6 month orientation in gender diversity and skills) and vetting of officials working with GBV legislation.

Outcomes for Next Ten Years

Building onto the above, and given the long-term nature of the transformation of the criminal justice system, the following outcomes have been identified for the next ten years:

- (1) Reduced impunity in relation to GBV related matters;
- (2) Resourced and capacitated criminal justice system to deliver survivor-centered and humanizing services to womxn, children and LGBTQIA+ persons;
- (3) Strengthened accountability across the justice system and
- (4) Widened articulations and understandings of justice, beyond the criminal justice system, that respond to the plethora of realities and needs of diverse victims;
- (5) Laws and policies that continue to be responsive to the range of way/s in which GBV continues to mutate and evolve.

3.4 Response, Care and Support – Outcome 4

Victim-centred and survivor-focused accessible, equitable and quality services are readily available across the criminal justice system, health system, educational system and social support system at respective levels

Strategic Context

Given the high levels of gender-based violence and femicide in the country, **an effective response to victims of gender-based violence is key to mitigating the impact of the physical and psychological trauma generated by violence** and can assist in preventing further violence and secondary victimization. At a societal level, the effectiveness of public institutions to respond with appropriate and timely services is critical. It is important for womxn, children and gender non-conforming persons to have access to safe spaces that enable them to access information, material support and psychosocial and therapeutic services. Creating safe spaces, protecting survivors from further victimization and facilitating healing are all integral to a comprehensive GBVF responsive approach.

Despite an expressed commitment by government, civil society organisations, and other related relevant stakeholders to provide good quality coordinated and integrated multi-sectoral services for womxn and children who have experienced violence, **many victims still lack access to essential services for their safety, protection and recovery**. These services include, and are not limited to, timely healthcare, police response, access to justice (including legal aid and other information on their rights), safe accommodation, placement in alternative care which includes shelters, child and youth care centres and foster care as well. Hotlines and helpline services are continuing to play an important role making it easy for victims and their families to report violence, seek information, assistance and access to trauma counselling. **There is no comprehensive national, provincial or local database or assessment of existing services, systems and structures to prevent and or respond to violence** and no methodologies for comparing their relative effectiveness that can be shared by government and departments to measure the impact of policies and interventions¹⁴⁵.

Particular groups of womxn are extremely vulnerable to violence as a result of intersecting vulnerabilities and require specialized response care and support. These include lesbian and bisexual womxn, womxn refugees and womxn living with disabilities. A civil society report on the implementation of the Sexual Offences Legislation found that in the facilities available to deaf, LGBTQIA+ and mentally disabled rape victims across four provinces in the study, there was a clear lack of understanding with regards to the special needs of these marginalised groups.¹⁴⁶ **Even where basic support services exist, they are typically underfunded, not of sufficient quality, and/or lack appropriately-trained staff to provide support and care to violence survivors**. In addition, the availability and access to such services can be insufficient, uncoordinated or limited in scope and coverage, especially for womxn and children who suffer multiple forms of discrimination and/or are particularly marginalized, such as migrant womxn, womxn living with disabilities or HIV/AIDS, womxn who are addicted to substances or those living in rural or under serviced areas. Research by Cornerstone Economic Research has found that there are substantial inequalities in provincial social welfare spending, with

¹⁴⁵ Institute for Security Studies Policy Brief 122, February 2019

¹⁴⁶ Shukumisa Report – need full reference

the Western Cape averaging R 622 per poor person and Limpopo averaging only R 200.¹⁴⁷ In addition NGOs provide most services to survivors of gender-based violence with < 98% of social welfare services in South Africa being provided by NGOs.¹⁴⁸ The Diagnostic Review (2016) estimates that 60% of social services for womxn and children are provided by civil society, which is well placed to respond, given the location within respective communities¹⁴⁹. The current funding model partially funds services, whereas it should cover the full cost of services, which is a critical area to address in responding effectively to GBV.

Funding currently determines the nature, scope and extent of post-rape care in South Africa. This situation needs to be reversed by establishing guidelines around the minimum core content of services to rape survivors during the acute state of trauma, as well as over the medium to long-term.¹⁵⁰ To complement the criminal justice elements of the immediate response and support pillars of the continuum of care, the DPME Diagnostic study (2016) recommended that the DSD lead in comprehensively defining psychosocial response services for victims of VAWC, establishing minimum core services and funding implications for their implementation with the close participation of other departments.¹⁵¹

It is well documented that the levels of reporting on different forms of gender-based violence, including rape, sexual offences and acts of domestic violence represents only a fraction of the overall number of cases. Underreporting of violence by children to authorities is also complex and influenced by a number of issues, fear of authorities, reprisal from other family members and being doubted to be telling the truth and being turned away from the police stations as they are not being accompanied by an adult. Victims often do not feel safe and respected when reporting to the police and are frequently not informed about their rights and the processes and procedures to be followed on their case.¹⁵² In an analysis of rape cases it was found that the responses were highly inconsistent, dependent on individual police officers and stations and that there were poor quality investigations and a premature closing of cases¹⁵³. Furthermore statement taking is often delayed and insufficient with language barriers exacerbating this, victims are rarely given a copy of their statement and contact information is frequently insufficiently recorded, making follow up difficult¹⁵⁴.

¹⁴⁷ C Barberton, C Abdoll, I Ragwala, D Budlender and Z Mohamed, Performance and Expenditure Review: Cost implications of funding for NPOs following the Nawongo court judgments, Government Technical Advisory Centre, National Treasury, Cornerstone Economic Research: 3, 2018.

¹⁴⁸ Institute for Security Studies Policy Brief 122, February 2019

¹⁴⁹ DPME, Diagnostic Review, 2016

¹⁵⁰ Vetten L. (2015). *"It sucks/It's a wonderful service": Post-rape care and the micro-politics of institutions*. Johannesburg: Shukumisa Campaign and ActionAid South Africa.

¹⁵¹ DPME (2016): Report on the Diagnostic Review of the State Response to Violence Against Womxn and Children, Department of Planning, Monitoring and Evaluation

¹⁵² STOP Gender Based Violence *National Strategic Plan on Gender-Based Violence Shadow Framework*

¹⁵³

¹⁵⁴ Ibid.

Womxn and their children who do not have safe housing or shelter services face the risk of homelessness with increased risks and vulnerability to further violence. Returning to abusive homes may result in intensified abuse, additional physical and psychological trauma or even death. Shelters for womxn and their children provide womxn and children with important services.¹⁵⁵ Shelters also afford survivors mechanisms to escape the cycle of abuse and to avoid self-destructive harm. Through skills development, survivors have greater access to possible job opportunities, increasing financial independence from the abuser. The sanctuary offered by shelters further extend to protecting the rights of minor children who are offered therapy to minimize the impact of abuse in the household.

A 2018 study found that besides providing womxn with emergency accommodation, shelters met womxn's basic needs; provided physical and psychological safety, care and support for them and their children, and helped the majority of womxn and their children break free of the cycle of abuse. On leaving the shelter, only a quarter of womxn (10 or 25%) had returned to their abusive partners. **At the time of the study 75% of the womxn interviewed were living free of their abusers¹⁵⁶. However, the study also found that services offered by rural and urban shelters were differential and based on whether or not shelters were able to secure sufficient funding to render a comprehensive bouquet of services.** All shelters in the sample received funding from the Department of Social Development (DSD). Rural shelters were particularly heavily reliant on these subsidies. Children's programmes and therapeutic services were found wanting in several shelters as a consequence of DSD grants for shelters not factoring in the needs of womxn's children that accompany them to the shelter.¹⁵⁷

Shelters are funded through the 'Restorative Services' programme of the provincial budgets of the DSD which makes provision for crime prevention initiatives, victim empowerment, and substance abuse, prevention and rehabilitation¹⁵⁸. The current funding model dictates that the inappropriate funding model is the main detrimental issue regarding shelters, in which the state only provides a small (in most instances less than a third) of the cost per head per day of each womxn and her children at a shelter¹⁵⁹. In addition, there is a need to ensure that adequate resources are appropriated for infrastructure, facilities, human resources with appropriate skills and training, the creation of supportive contexts and structures and all forms of practical support provided to survivors in the form of counselling, access to health care, etc.¹⁶⁰

Victim friendliness in TCCs is still a major problem. There is still secondary victimisation because sites are not victim friendly, there are insensitive emergency medical services (EMS) and police (SAPS) staff, and there are inadequate counselling rooms and privacy within the TCCs. Only 52% of TCCs have a separate entrance for perpetrators. In addition, not all TCCs

¹⁵⁵ Lopes, C, Matebeni, Z, Ngcobo, S and Mangwiro, M. (2018). "If it wasn't for them, I could have been dead!" The long-term impact of shelters on the lives of abused womxn. (Editor, Kailash Bhana) Cape Town: Heinrich Böll Foundation

¹⁵⁶ Ibid

¹⁵⁷ Ibid

¹⁵⁸ Watson, J and Lopes, C (2018): Shelter Services to Domestic Violence Victims – Policy Approaches to Strengthening State Responses, Heinrich Böll Foundation (HBF) and the National Shelter Movement South Africa (NSM)

¹⁵⁹ Ibid.

¹⁶⁰ Womxn's Legal Centre. Stone, I. K., Watson, J. (2013). Policy Brief: Combatting Domestic Violence Against Womxn and Children in the Western Cape by Increasing Access to Shelters and Improving the Quality of Services. Commission for Gender Equality (2018): Investigative report – The State of Shelters in South Africa

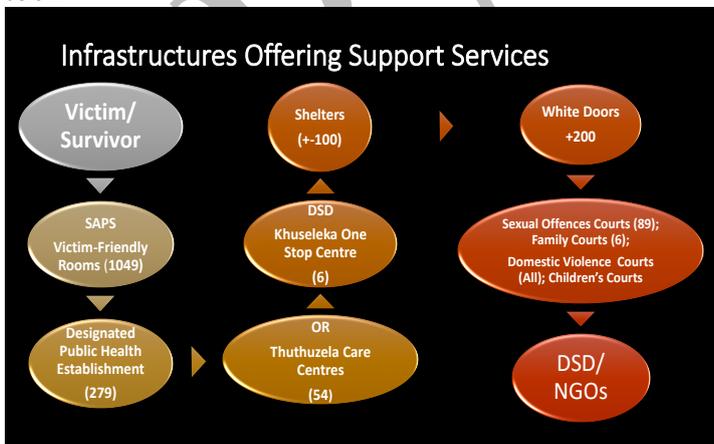
are child friendly, in spite of the fact that almost 60% of cases are children. Although 80% of all TCCs provide comfort packs there's an additional need to ensure that TCCs have basic groceries to provide food and beverages to victims¹⁶¹.

Problem Statement

Addressing GBV is a complex issue requiring multi-faceted responses and commitment from all stakeholders, including government, civil society and citizens, particularly in a context in which violence and trauma is an integral part of daily life. There is growing recognition in South Africa of the magnitude and impact of GBV and of the need to strengthen the response across sectors. At the same time, evidence shows that only a fraction of cases of rape, for example, are reported, which means that there is a need to also strengthen and augment the capacity and tenacity of communities to play the roles that they have been playing in providing care and support services.

The key problem is therefore three-fold: (i) there is a need to strengthen and bolster existing response, care and support services by the state in ways that are victim-centered and survivor focused; (ii) there is a need to provide support to frontline service providers, to minimize vicarious trauma and avoid secondary victimization of those reporting or requiring services and (iii) given the scale of the problem there is a need to build *social infrastructure* at a local level that can facilitate immediate multi-sectoral response and containment, address systemic and other challenges and contribute towards building a caring and responsive society.

There are a range of support services currently in place, as demonstrated by the diagram below.



Despite the existence of these services, overall the response/s are inadequate and a range of challenges and limitations have been identified, as captured in the summary table below ¹⁶².

¹⁶¹ Shukumisa (2016): Thuthuzela Care Centres Compliance Audit and Gap Analysis <http://shukumisa.org.za/wp-content/uploads/2018/02/PA00MQJ6-1.pdf>

¹⁶² See detailed Programme Review in Attachment (X)

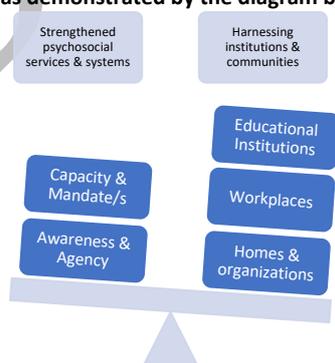
Service	Limitation to be Addressed
SAPS Victim Friendly Rooms- 1049 nationally	Scope needs to be expanded beyond sexual offences only. Institutional arrangement issues need to be addressed e.g. MOU with DSD Needs to be scaled up and effectively resourced
DSD One Stop Centres Green and white Doors (200) Other psychosocial support services GBV Command Centre & Lifeline National Emergency and Response Team (NERT) Risk assessment and placement of children in emergency care	Inadequate human capacity for psychosocial services Funding and costing model/s inadequate Institutional arrangements require strengthening: need for comprehensive delivery partnership with CSOs to be in place Important to bolster parental and care giver support Respective policy and legislative gaps requiring fast tracking Inadequate capacity to roll out fully resourced child protection units in all nine provinces Compliance to report on the National Child Protection Register resulting to inadequate analysis on the statistical data on the scourge of violence against children and the monitoring of cases thereof . Budgetary constraints
Thuthuzela Care Centres (NPA)	Accountabilities to be further clarified Psychosocial support component requires strengthening – MOU with DSD and CSOs Increased resource allocation and operational capacity for Thuthuzela Care Centres (TCC). Expansion of ambit to include domestic violence to p
279 Designated Public Health Establishment (DPHF) – Department of Health	Funding and development of the clinical forensic medical services needs to be available within health facilities Increased resource allocation and operational capacity for Thuthuzela Care Centres, with clearly defined roles, responsibilities and accountabilities defined Inadequate capacity and directives to provide GBV services at primary health care level Institutional arrangement challenges such as a lack of planning between respective stakeholders
Sexual Offences Courts (59) Family Courts (6) Domestic Violence Courts and Children's Courts DOJCD	Courts and the justice system must be accessible and responsive to criminal and civil matters relation to violence against womxn and children and LGBTQIA+ matters All frontline workers including dedicated clerks, magistrates, interpreters and prosecutors need to be capacitated Court preparation and legal advice for survivors need to be readily available at magistrate, district and regional courts All children's courts should have access to the necessary human, financial and infrastructural resources to function effectively Disaggregation of data relating to GBVF cases needs to be available Institutional arrangements to be strengthened: including dealing with competition among stakeholders for resources, recognition and ownership
Range of services spanning psychosocial, shelter and wider support offered by CSOs	Inconsistent and inadequate funding for services provided by NGOS ; Undervaluing of services; Skills development programs in shelters not accredited; Competition among stakeholders for resources, recognition and ownership; Insufficient capacity building to ensure capable skilled and competent work force to provide adequate interventions and deal with abused children Lack of disaggregated data on GBVF cases. Inadequate overall coordination of services
Pre-Mediation Services, Victim-Offender Mediation services, Pre and Post Parole and Referrals - DCS	Parole policy needs to be reviewed to ensure timely participation and to minimise secondary victimisation. Evidence based rehabilitation programs for offenders have to be developed, including programmes for juvenile offenders
Services offered at educational institutions	Incorporate GBV minimum package of care for survivors /victims of gender based violence- e.g. issue PEP for HIV within all universities, TVET colleges and satellite campus clinics. Train all first responders / healthcare providers at these campuses about trauma containment and how to manage survivors of GBV

Overall what emerges as key areas to be addressed is to bolster existing capacity within key departments to roll out existing services in ways that are sensitive and humanizing; to adequately resource services within government and civil society, to strengthen coordination and address challenges within institutional arrangements that impact negatively on services and to strengthen relationships between respective stakeholders. Key elements to be taken forward in the NSP:

- (i) Strengthening the institutional arrangements and resourcing capacity within key departments involved in service provision as well as across these departments and stakeholders, where integrated service delivery is required;
- (ii) Designated GBV staff, with necessary training and support to be developed within respective government departments.
- (iii) All front line workers in police stations, hospitals, courts, social workers and others need to be sensitized and supported (debriefed) to provide victim-centred and survivor-focused service provision;
- (iv) Strengthening local level coordination in various settings that addresses current fragmentation and builds cooperative relationships of trust between government stakeholders, civil society organizations and communities;
- (v) Establishing local level rapid response teams in every municipality with clear protocols for week day, weekend, after hours' services (to consider danger and rural allowance), and protocols for child protection (all departments) to amplify the response to the needs of victims;
- (vi) Municipalities to develop a plan on municipality care and support including a service map and referral parts (responding to safety plan);
- (vii) Strengthened integrated referral system for victims of GBV to prevent secondary victimisation;
- (viii) Each municipality to designate at least one family-friendly shelter that will accept adults with their children, and is able to respond to the needs of diverse clients, including trans womxn, migrant womxn, womxn living with disability and others.

Strategic Approach

The overall focus is thus two-fold: **(i) strengthening services, systems and relationships between stakeholders whilst (ii) building and bolstering resilience through harnessing the capacity of institutions, households and communities to play important roles in responding to and supporting survivors as demonstrated by the diagram below.**



All survivors should be able to access care and support services to reduce the impact of gender based violence. In providing these services, a survivor and child-centred approach, underpinned by feminist principles, must be applied implementing the following approach:

- 1) a holistic, comprehensive, consistent, confidential equal and equitable quality service;
- 2) the provision of a standardised core package of services by trained, skilled, compassionate and competent staff and which includes access to health and mental care, appropriate after-care services and referrals/feedback systems;
- 3) communities, including womxn and girls, must be engaged as active partners in recognition of womxn's self-agency, with respect for their own choices, to end GBV and to promote survivors' access to services;
- 4) ensure that service provision is coordinated, intersectoral and integrated, specifically in relation to housing, education, local government and economic development;
- 5) support, care and debriefing for all service providers, as integral for their own well-being whilst contributing to limiting any forms of secondary victimization;
- 6) adequate valuing and appropriate market related remuneration for all staff for provision of comprehensive basket of services to survivors and
- 7) being responsive to the diverse needs of womxn across ages, sexual and gender diversities, including the need to provide support to their children.

It is imperative to change the current focus/investment on perpetrators, to a survivor-centric approach in order to (1) provide a platform for survivors to express and raise their voices, thereby breaking the silence; (2) reduce femicide, promote norms and standards for the protection of womxn and girls, (3) provide the opportunity for integration, support and referrals (aftercare), (4) promote standardization of services, (5) ensure that services are legislated and reflect that we are a caring society.

Key elements include developing and implementing a coordination model for service provision; strengthened local social mobilization initiatives, the development of local coordinated GBV Structures which reports to Provincial and National Council or body, improved shelter services and safe spaces, strengthened support services, evidenced based planning and programming and linking the NSP with MTSF processes.

Overall Goal of Response, Care and Support Pillar

The Response, Care and Support Pillar sets out to ensure that every survivor of gender-based violence has access to appropriate and sensitive response, care and support services required, that facilitates immediate containment, medium to long term healing, and agency towards reclaiming their bodies, mental and physical health, well-being and lives. It recognizes that effective response, care and support is integral to comprehensively working towards eradicating gender-based violence in South Africa.

OUTCOME: By 2024, children, womxn and LGBTQIA+ persons who experience gender based violence are able to access a standardized and sensitive care and support package of GBV Sector.

Time Frame	Outcomes & Related Outputs
2020-2021	<ol style="list-style-type: none"> 1. Strengthened legal, policy and implementation frameworks for response, care and support in place; <i>Outputs: (i) Finalization of legal framework for Response Care & Support Victim Empowerment Bill, White Paper on Social Welfare Services etc. in place; (ii) Development of a core package of services and related costing is in place; (iii) Standardization approach to sheltering adopted i.r.t. funding, services, housing children in shelters, referrals and service level agreements and (iv) National principles articulated in the Victim Empowerment Bill, relating to the provision of caring, sensitive services to victims, underpinned by a policy and resourcing commitment to provide psychosocial support services to all frontline workers adopted.</i> 2. Increased resourcing for psychosocial support services in place, aligned with MTSF for next five years and GRPBM&E. <i>Outputs: Budgets across respective programmes and government departments reflecting increased investment; A new approach to the contracting and funding for psychosocial services provided by NGOS adopted, that addresses specific challenges.</i> 3. Improved capacity to drive the national response, care and support agenda as integral to the GBVF response in the country. <i>Output: Technical Team in place to drive the establishment and effective functioning of the piloting of locally based Rapid Response Teams;</i> 4. Strengthened integrated planning for GBV linked to HIV, substance abuse, disability, housing & poverty reduction & IDPS. <i>Outputs: Programmes across specific departments and tiers reflects GBV related activities, aligned to NSP outcomes</i> 5. Improved multisectoral locally rooted responses to GBV; <i>Outputs: Existing local organizations and institutions is harnessed to shape locally driven teams to respond rapidly to psychosocial community issues</i>
2020-2024 Overall	<ol style="list-style-type: none"> 1. Strengthened, sensitive service provision and effective referral pathways for on-line services and face-to-face services (including TCCS, Khusulekas, White and Green Doors, shelters, VFRs) for GBV survivors. <i>Outputs: Roll out of the National VEP Principles, outlined in the framework; Development and roll out of an extensive debriefing system to support frontline workers; Performance agreements and systems integrate measures to address secondary victimization; Referral pathways at different levels are clearly identified and monitored.</i> 2. Expanded, standardized sheltering services rolled out which is gender friendly and meets the needs of LGBTQIA+ persons and persons with disabilities. <i>Outputs: Framework to facilitate standardization of inclusive, child friendly shelter programmes is rolled out; Multi-sectoral partnerships established at local levels to meet the diverse needs of shelter clients; Infrastructural challenges that impact on diverse housing needs are addressed.</i> 3. Victims/ Survivors feel more empowered to use the criminal justice system to protect them and deliver justice; <i>Outputs: Victim Friendly Rooms are rolled out at all police stations based on MOUS, with expanded ambit of services offered; Mechanisms such as Witness Protection, Court Accompaniment and Interpretation Services in place and strengthened</i> 4. Widened understandings of justice are available to survivors, that meet their varied but specific needs; <i>Outputs: Safety and survivor audits conducted on an ongoing basis; Responsive multisectoral interventions in place</i>

	<p>5. Increased resourcing for psychosocial support services in place, aligned with MTSF for next five years and GRPBM&E. Outputs: Budgets across respective programmes and government departments reflecting increased investment; A new approach to the contracting and funding for psychosocial services provided by NGOS adopted, that addresses specific challenges.</p> <p>6. Improved institutional capacity within educational institutions and work places to respond to GBV: Outputs: GBV Programmes (including response, care, support & prevention) with social workers are institutionalized across the levels of schooling and higher education to provide caring, safe environments; Workplaces are held accountable for providing psychosocial support for survivors within the workplace, as integral to their Employee Wellness Programmes</p> <p>7. Expanded, improved multisectoral locally rooted responses to GBV; Outputs: Local support structures to facilitate containment, promote healing, address wider psychosocial needs within communities and refer for formal intervention are readily available at a community level; MOUS between respective service providers are in place; CBOS, FBOS, activists are engaged in shaping local responses.</p> <p>8. Improved information base informing the roll out of response, care and support services: Outputs: Integrated management information systems linking social development, health, education and the criminal justice system in place and utilized; implementation research priorities identified and rolled out to address implementation gaps and challenges;</p> <p>9. Strengthened institutional capacity to respond to GBV at a health care facility level in place. Outputs: Policy framework developed in line with WHO recommendations, around the screening of victims of violence against womxn, children, and LGBTQIA++ persons at designated /recommended health facilities; Capacity building intervention rolled out at pre- service and in-service level to operationalise policy framework</p> <p>10. Domestication of the seven INSPIRE strategies to facilitate effective response, parental and caregiver support in order to have safety nets for children. Outputs: Evidence based effective parenting programme/s rolled out incrementally that integrate the family approach</p> <p>Review of delivery and resourcing on the NSP at mid-term and at the end of five years</p>
<p>2020-2030</p>	<p>1. Survivor-centred, accessible, equitable and quality services are readily available across the criminal justice system, health system, educational system and social support system at a local level.</p> <p>2. New forms of social connectedness are established that contribute towards healing from individual, familial, social and historical trauma caused by violence</p> <p>3. South Africa responds to the GBVF crisis in a multi-sectoral, strategically and institutionally coherent and resourced way</p>

Assumptions

This pillar is underpinned by the following assumptions:

- The South African state is committed to providing response, care and support service as part of its constitutional obligation;
- There is a willingness to address the inequity and limitations of the current social welfare approach and to value womxn’s unpaid labour in providing support services;

- Civil society organizations, social movements and government is willing and able to build strengthened levels of trust to facilitate cooperation and inter dependencies in responding to gender-based violence;
- Communities have intrinsic capacity and social infrastructure that can be harnessed to support survivors

DRAFT

3.5 Economic Power – Outcome 5

Womxn and girls are able to access the necessary resources and opportunities that enable them to feel and be free and safer in public spaces, whilst making healthy, autonomous choices for their lives.

Strategic Context

Violence is the language of how the status quo, is kept intact and includes violence that is “hidden” and normalized such as the violence of exclusion and marginalization from the economy and at the same time violence that has outward manifestations, perpetrated by individuals, institutions and systems. Understanding the nature and effects of the South African economy provides crucial insights in deepening current understandings of gender-based violence and how to more effectively respond to it: (i) the economy is unequal and exclusionary (ii) the exclusion of womxn from the formal economy runs along both gender and racial lines; (iii) the bulk of social reproduction within the GDP is invisibilized; (iv) it generates poverty and economic inequality which form the bedrock for a range of related social challenges such as homelessness and substance abuse and (v) whilst womxn’s work (paid or unpaid) is the backbone of our society and our economy, evidence demonstrates that womxn get the least share in the countries wealth. In addition, it is also commonly accepted that economic deprivation, poverty and inequality in communities makes the ground fertile for the perpetration of high levels of violence, including violence against womxn.

The UN Secretary General asserts that:
“Violence prevents womxn from contributing to and benefiting from development by restricting their choices and limiting their ability to act. The resulting consequences for economic growth and poverty reduction should be of central concern to governments”.

As the field of VAW has continued to evolve globally there has been increasing acknowledgment of the centrality of addressing structural drivers such as poverty and inequality as fundamental to an effective response. The WHO (2019) RESPECT: Preventing Violence Against Womxn, a framework for policymakers to identify discriminatory laws on property ownership, marriage, divorce and child custody, low levels of womxn’s employment and education as societal risk factors and harmful gender norms that uphold male privilege and limit womxn’s autonomy as well as high levels of poverty and unemployment as community risk factors for violence.

Article 19 of the Declaration of the Presidential Summit on Gender-based violence and Femicide provides *for the promotion of economic development of womxn and gender non-conforming individuals and other marginalized groups*. Increasingly, those involved in gender-based violence programming, both at the level of response (particularly within programmes that shelters are running) and at the level of prevention, shows the importance of facilitating economic autonomy for womxn. This emerges as central to facilitating womxn’s exit from abusive relationships. It is commonly accepted that empowering womxn economically is a critical step in decreasing womxn’s vulnerability to violence¹⁶³. This emerges as central to facilitating womxn’s exit from abusive

¹⁶³ Centre for the Study of Violence and Reconciliation *Gender-Based Violence in South Africa: A Brief Review* 2016

relationships. It is commonly accepted that empowering womxn economically is a critical step in decreasing womxn's vulnerability to violence. Evidence shows that the economic empowerment of womxn, can lead to the financial independence of womxn and reduce incidence of violence against womxn in the home.

The design of the economy perpetuates violence against womxn and gender non-conforming persons. It is underpinned by the exploitation of labor, broadly, and womxn's invisible labor in particular; underfunded social protection; unequal gap in pay between womxn and men; inflexible working arrangements, which do not take reproductive roles into account; unsafe and unhealthy working spaces; physical, verbal and sexual abuse within the work place; poor regulation of the minimum wage and precarious jobs, specifically for womxn. There is a relationship between womxn's poor access to productive resources such as land, property, income, employment, technology, credit and education, and the likelihood of experiencing gender-based violence and abuse. Economic globalisation has posed new challenges for womxn as well as some opportunities for advancing womxn's economic independence and equality.

The current twenty-five year review of womxn's economic empowerment confirms the above¹⁶⁴.

- There was a higher proportion of females (41.7%) in 2015 living below the Lower Bound Poverty Level compared to males (38.2%), a persistent trend since 1994.
- In 2017, although womxn constituted 51% of the total population of South Africa, they make up only 44.3% of the employed workforce, which is often concentrated at lower levels of organisations.
- Womxn's unequal share of unpaid care and domestic work is an important barrier to their economic empowerment and well-being.
- Men outnumber womxn amongst the employed by more than two million.
- Data indicates that 71% of land is owned by males while only 13% of land is owned by womxn.
- Womxn tend to be more involved in subsistence farming in an effort to supplement food security at the household level.
- Womxn are largely absent from decision-making, leadership and management positions particularly in the private sector /corporate world;
- Womxn experience unequal pay for work of equal value – the wage gap between womxn and men employed in the private sector remains wide;
- Womxn are more likely than men to be involved in unpaid work and involved in non-market activities and in subsistence activities for household production and consumption;

At the same time, violence disproportionately affects womxn living in poverty, and womxn who are marginalized in other ways within society such as young womxn, lesbian womxn, trans womxn, intersex womxn, black womxn, migrant womxn, womxn living with disability and others. The nature of the disproportionate effect is about the complexities that surround these womxn and what different forms of violence these womxn are exposed to.

¹⁶⁴ Department of Womxn, Youth & People with Disability *Beijing +25 South Africa's Report on the Progress Made on the Implementation of the Beijing Platform for Action 2014-2019* Final Draft, July 2019, P 25

Womxn, who constitute more than half of the South African population, across all nine provinces, can play a key role in driving economic growth. Whilst there continues to be data gaps, for example, on womxn's participation in the informal economy as entrepreneurs, there is an overwhelming acknowledgement that the face of poverty is black, and the gender of poverty is female. The economy continues to be racially segregated; discrimination of womxn in the economy is pervasive and general deprivation has resulted in the majority of womxn not being able to influence and shape their own futures.

Trauma and violence affect the economy, and reduce productivity, while increasing absenteeism¹⁶⁵. Addressing effective prevention and response should not only be confined to the delivery of services and programmes at community level (as critical as that is) but should also prioritize work environments. Harnessing work places as critical sites for GBV programming and services, offers a number of opportunities. For example: (i) school settings provide access to a captured audience within an institutional setting over a set period of time; (ii) costs for such programmes can be picked up by employers, thereby providing an obligation on the part of the private sector and state institutions to invest in the wider GBVF eradication agenda; and (iii) it serves to facilitate institutional responses (work places) and sectoral responses (labor and business) to eradicate gender-based violence.

Problem Statement

The macro-economic framework serves to systematically violate womxn's right to human dignity, economic safety and security, productive livelihood and quality of life. An inadequate articulation of its role in driving and shaping the GBV response in South Africa has meant that structural drivers of GBV have not been adequately addressed in the overall response to the GBV crisis in the country. The gendered violence of the economy is driven by:

- (1) The sexual division of labour in which womxn are primarily responsible for unremunerated, and often invisible, unpaid work in the family or 'private sphere' which serves to devalue the reproductive and care economy.
- (2) The strict division of roles in the domestic sphere have constrained womxn's participation and their access to economic opportunities in the market, in turn creating inequalities in households, reduced bargaining power between womxn and men and entrapping womxn into potentially violent environments at home and at work.
- (3) The structure of the economy and of work is gender-blind and contributes towards the minimization and invisibilization of womxn, overall.
- (4) The contemporary global macroeconomic environment and the relocation of industries has disrupted local economies and dramatically changed labour markets. This increased a poorly regulated economy of low pay and insecure jobs, while attracting womxn into wage employment on a scale unseen before. The neoliberal policy environment has led to the expansion of womxn's employment but has also led to the intensification of their work-load in the market and at home, and to the 'feminisation of poverty'. Research has shown that a reduction in male income challenges norms of masculinity and exacerbates tensions between womxn and men.

¹⁶⁵ Institute for Security Studies, Policy Brief 122, February 2019

- (5) South Africa emerges from a history marked by war and is attempting to find peace. The violent conflicts of the past 50 years, which was a struggle to control power and productive resources, normalised violence and spread it throughout society. State-sponsored violence and the contemporary context is marked by poverty, unemployment, crime and deprivation and various form of violence against womxn.
- (6) State and group-sanctioned violence celebrate masculine aggression and perpetuate impunity with regard to men's violence against womxn.

South African womxn spend more than double the time on unpaid domestic work and more than five times on unpaid domestic care than their male counterparts.¹⁶⁶ The unemployment rate in South Africa increased from 24.9% in 2014 to 26.5% in 2016 with the levels of unemployment being higher amongst womxn (28.9%) than men (24.5%) during 2016.¹⁶⁷ A direct relationship has been shown between the denial of womxn's socio-economic rights and exposure to violence. For example, the 2014 SAHRC Report on the right to access sufficient water and decent sanitation, highlighted how a lack of access to water and sanitation for womxn and girls in under resourced communities has led to illness and violence.¹⁶⁸ In 2017 there were a number of media reports detailing a spate of gang rapes of womxn using public transport minibus taxis, and during the same period it was reported that in the City of Johannesburg more than two thirds of womxn who use public taxis and taxi ranks have either witnessed or experienced forms of violence and sexual harassment¹⁶⁹.

Critical areas that emerge through which to address the systematic structural violence that womxn experience are: (i) the prioritization of womxn in land ownership access and control; (ii) womxn's access to a Basic Income Grant; (iii) the need to do away with labour brokers and other forms of outsourcing; (iv) an immediate stop to all farm evictions; (v) an investment into the education of girls, particularly within the STEM¹⁷⁰ areas; (vi) accessibility to credit; (vii) there must be a shift in social norms, attitudes and cultural practices that are sexist; (viii) social reproductive work must be made public and communal; (ix) womxn must be paid a living wage; (x) equal pay for equal work and (xi) maternity benefits must improve, particularly in the increase in the financial benefits so that womxn are not financially vulnerable during maternity leave, unable to contribute / provide to the family and be exposed to GBV or early return to work.

Strategic Approach

In centering the reclaiming of economic power as key to an effective sustainable response to gender-based violence in South Africa, this pillar, sets out to intentionally integrate economic structural drivers as core to broadening current understandings of GBV in South Africa. It builds onto the recognition of *economic abuse*, as defined in the Domestic Violence Act 116 of 1998, as a central component of the way/s in which control is exercised over womxn's bodies, within personal relationships, and expands this to encompass control over womxn's bodies through wider societal systems, including the economy. It locates GBV as integral to

¹⁶⁶ SDG Base Line Report, Target 5.4., P 89, 2017

¹⁶⁷ Ibid., target 8.5 P117

¹⁶⁸ SAHRC Report on the Right to Access Sufficient Water and Decent Sanitation in South Africa, 2014

¹⁶⁹ SAHRC Research Brief *Unpacking the gaps and challenges in addressing gender-based violence in South Africa* April 2018, P 28

¹⁷⁰ STEM is an approach to learning and development that integrates the areas of science, technology, engineering and mathematics (DBE website).

wider systems of violence in South Africa undergirded by structural economic violence and calls for a national response to GBV that intentionally embarks on strategies to challenge the underlying bedrock of social and economic norms that serve to entrench inequality and patriarchy.

The approach anchors the experiences of womxn living in poverty marginalized in society by race, by gender binaries and related social inequalities. In recognizing the social and economic position of black working class womxn and gender non-binary people who are over represented amongst the poor, are exploited and carry the bulk of unpaid social reproduction work, given the expanded articulation of gender-based violence discussed above, should focus on meeting the needs of these womxn, and embrace their agency in shaping the responses is a key principle.

The National Development Plan (NDP) is explicit in its recognition of womxn’s disproportionate vulnerability to poverty and social dislocation and makes the following key proposals that are aligned with the analysis presented above and the strategic direction being proposed.¹⁷¹ (i) public employment should be expanded to provide work for the unemployed, with a specific focus on youth and womxn; (ii) the transformation of the economy should involve the active participation and empowerment of womxn; (iii) the role of womxn as leaders in all sectors of society should be actively supported; (iv) social, cultural, religious and education barriers to womxn entering the job market should be addressed and concrete measures should be put in place, with the results evaluated over time; (v) access to safe drinking water, electricity and quality early childhood education, for example could free womxn from doing unpaid work and assist them to seek paid jobs; (vi) security of tenure should be created for communal farmers, especially womxn and (vii) by 2030 all people living in South Africa should have no fear of crime and womxn, children and those who are vulnerable should feel protected. In addition, the NDP articulates a commitment to achieving a minimum standard of living that can be progressively realized through a multi-pronged strategy, as captured by the diagram below:



¹⁷¹ National Development Plan Executive Summary, P 33

This articulation points to the importance of locating economic power and development as integrally interlinked to social justice more broadly and related rights that facilitate womxn in reclaiming their own power and being and feeling safe. Critical principles underpinning the approach are:

- Exposing both the visible and invisible forms of structural violence and the interconnections between the two;
- Building evidence for the relationship between building womxn's economic power and shifts in overall safety in work places and communities;
- Working in ways in which the vision is co-created, practical and localized, driven by those most affected;
- Challenging and transforming the structure of work and related remuneration;
- Reimagining of a feminist, human and just economy.

Overall Goal of Economic Power Pillar

To intentionally transform the structural foundation of gender-based violence across local, provincial and national spheres, in ways that reshape economic and social norms and value systems to facilitate womxn and gender non-conforming persons being able to freely participate in and navigate their lives. The transformatory nature of this pillar means that many of the changes require a long-term lens, with short-term changes that contribute towards more deeply integrating an understanding of the ways in which the economy and other structural drivers shape the nature and experiences of GBV for different womxn in South Africa.

Overall Outcome: Womxn and girls are able to access the necessary resources and opportunities that enable them to feel and be free and safer in public spaces, whilst making healthy, autonomous choices for their lives.

Outcomes in the Next 2 Years

9. Deepened understanding of the way/s in which structural drivers shape experiences and manifestations of GBV;
10. Increased commitment to integrating responses to GBV in the mandates of key government departments within the economic cluster;

Outputs: (i) Gender Audit on current departmental and municipal economic empowerment policies to make recommendations on how to integrate GBV as a key corresponding priority; (ii) Departmental Strategic Plans for *Employment and Labour, Land and Rural Development, Human Settlements and Water and Sanitation* to integrate NSP outcomes into their planning processes; and (iii) IDPS integrate safety as core to their service delivery approach and reflect these in their plans.

Outcomes for the Next 5 Years

These outcomes build onto the immediate outcomes and outputs listed above:

1. The South African state demonstrates a commitment to addressing the economic drivers of GBV through integrating planning, programming and resourcing responses, particularly through its economic and governance clusters.

Outputs: (i) Strengthened gender responsive planning and budgeting in departmental and municipal economic empowerment initiatives; (ii) Strengthened gender responsive planning and budgeting in the following departmental strategic and related plans: Transport, Human Settlements, Public Works and Employment & Labour; (iii) Research conducted to better understand how to address the structure of work and work days, time poverty and gendered pay differentials within the work force; (iv) Roll out of recommendations, in partnership with relevant stakeholders, including trade unions, the private sector and others to ensure pay parity; and (v) workplace policies facilitates a recognition of womxn's unpaid labour (and possible incentives).

2. Acceleration of initiatives to address womxn's access to land, housing and employment
Outputs: (i) Policy directive to ensure that womxn who leaves abusive relationships, have access to shelters and to prioritize that emergency housing is in place thereafter; (ii) Government employment drives within respective sectors integrate gender targets;
3. Womxn are and feel safer in public spaces, whilst using transport and at the work place.
Outputs: (i) Municipalities undertake safety audits within communities, and facilitate responses to issues relating to street lighting, bridges, isolated parks, shebeens, drug dealers and related factors within their safety plans; (ii) Safe transport audits are conducted and recommendations are rolled out; (iii) an overarching policy and legislative framework is in place and rolled out to facilitate workplaces being compelled to provide services and prevention initiatives on GBV within the context of wider violence.
4. Improved identification and implementation of social protection cover, specifically for womxn farm workers, domestic workers and seasonal workers.
5. Strengthened implementation of recommendations to improve womxn's representation in strategic management positions and womxn's access to entrepreneurship and opportunities.
Outputs: (i) reconfigurations of the SETAs with gender targets sets for both workforce development as well as SETA Board appointments; (ii) promotion of womxn's entrepreneurship by providing access to capital markets, technical assistance and networks; (iii) JSE listing requirement for 50% womxn representation at Board level; (iv) Gender representation targets set for forums involved in trade decision-making and (v) Removal of male cultural bias in credit application, bond application and business funding.

OUTCOMES FOR NEXT TEN YEARS

Building onto the above, and given the long-term nature of the transformation that this pillar sets out to bring about the following outcomes have been identified for the next ten years:

1. The gender gap in specific economic sectors are transformed.

2. Strengthened strategic management representation of womxn across the private and public sectors;
3. Workplaces within the public sector are transformed to reflect a revaluing of womxn's lives and contributions;
4. South Africa's national budget is gender responsive and transformative.
5. Expanded social protection system in place for all, particularly for womxn and gender non-binary persons.

DRAFT

3.6 Research and Information Systems – Outcome 6

Multi-disciplinary, research and integrated information systems that are nationally coordinated and decentralized increasingly shape a strengthened response to GBVF in South Africa

Strategic Context

It is increasingly widely acknowledged that the levels of sexual violence, domestic violence and femicide in South Africa and indeed wider crime and violence are unacceptably high, as compared to other countries. At the same time there is a recognition that, whilst South Africa, does have a rich research base on GBV overall, relative to other countries, that there is an inadequate information base, to inform a more effective response to GBV. The lack of reliable information limits the capacity of the country to respond to the challenge of the high numbers of womxn, children and LGBTQIA+ persons affected by violence. It has not been possible to gauge the magnitude of VAWC, leading to debates on the size of the problem which makes it difficult to identify 'at risk' groups who may require focused interventions or services and hinders effective monitoring of changes in the prevalence of violence and to determine the effectiveness of prevention interventions.¹⁷² There is also limited or no data available on the prevalence of GBV as a result of sexual orientation and/ or sexual and gender identity.

A 2015 study by the South African Medical Research Council (SAMRC) and UNICEF found that while numerous types of administrative data is collected by many government departments, it is not collected in a systematic or synchronized manner and can therefore not be combined effectively. The administrative data is largely focused on response in terms of assisting survivors and does not describe the magnitude of the problem. Although police data currently bears the closest resemblance to a surveillance system, — “the data is aggregated and violence against [womxn] and children are not presented other than for sexual offences”¹⁷³. The study argues that it is not that no data exists, but rather the result of a complex interaction of factors which include conceptual and logistical challenges, lack of resources as well as a reluctance of Government to use information from independent research.

Reliable and credible data is the bedrock for policy formulation and should play a key role in informing planning, cost, implementation, evaluation and reviewing (including prevention planning) of programs and policies. It is also central to ensuring that resources are allocated accurately because budgets follow reliable data sets. Sound information leads to clear roles and responsibilities for key players and can contribute towards addressing challenges in service delivery and addressing gaps.

The DPME Diagnostic Review of the State Response to Violence Against Women and Children (2016) found that there was heavy reliance on SAPS data, which is not adequately disaggregated, nor representative of the extent of VAWC victimisation in South Africa. The Diagnostic Review made the following recommendations: (1) the collection and management of administrative data should be strengthened and such data should be made available for use across departments; (2)

¹⁷² Bower, C and Abrahams, N (2015): Report on the Development of an Information Management System on Violence against Womxn and Children in South Africa, South African Medical Research Council and UNICEF.

¹⁷³ Ibid

data collection needs to go beyond measuring only the reach of various programmes and services, and to better monitor the implementation of programmes by NPOs funded through public resources, (3) opportunities to identify additional useful sources of data within the processes of relevant departments should also be identified and leveraged (for example, the potential for healthcare workers to identify victims of VAWC and, in addition to referring patients to social workers, to enter this information into a data repository should be explored strengthen the state's ability to identify and investigate high risk cases and to prevent further incidents of violence), (4) the state should aim to centralise and align the collection of VAWC related data in order to facilitate better identification of high-risk individuals, case management and situational analysis, (5) data capture should be electronic and sufficiently disaggregated in order to enable widespread access and usability for all relevant departments and while the full integration of data might not be possible at this stage; mechanisms to better cross reference data between departments should be explored¹⁷⁴.

The Review also recommended that programme monitoring needs to go beyond tracking inputs and outputs to measuring outcomes and enhance programming and impact. There is a need to undertake more evaluations of VAWC programmes to understand what works, conceptualise effectiveness and build an evidence base for the country's response. At the same time the work being undertaken by the Integrated Justice System provides a key opportunity to strengthen management information systems across the CJS and social clusters which could facilitate a strengthened information base on critical areas such as the effectiveness of integrated service delivery. At the same time it serves to re-orientate information systems in ways that centre the victim's experiences and pathways within interdependent government and wider social systems.

The White Paper on Safety and Security (2016) identifies the need to collect reliable and up-to-date data across the range of departments and sectors in order to (1) identify and define the incidence and prevalence of crime and violence reported and unreported; (2) identify the scale, scope and location of safety problems; (3) identify specific risk and protective factors (when and where problems occur who is involved to assist in understanding patterns and trends and likely causal factors); (4) identify availability and gaps in services; (5) assess the effectiveness of allocation of resources; (6) identify, develop and test interventions, which can be implemented; and (7) evaluate what works and develop a repository of evidence-based knowledge for future use. An iterative, mutually reinforcing approach that links into the wider mandate articulated within the WPSS of violence prevention more broadly could contribute to optimally positioning GBV knowledge generation whilst integrating a gender responsive approach to how the WPSS is translated into practise.

Problem Statement

The problem in relation to the research and information base informing GBV in the country is multi-faceted: (i) additional research is required to accurately understand the prevalence of gender based violence overall in South Africa, including the age, geographical and other related nuance; (ii) evidence and information that exists has not been utilised effectively to inform programming; (iii) despite a recognition of the chasm between policy and practise, there has been inadequate implementation research rolled out to inform strengthened service provision; and that overall the collection of valid GBV data is difficult. At the same time, existing

¹⁷⁴ DPME (2013): Report on the Diagnostic Review of the State Response to Violence Against Women and Children, Department of Planning, Monitoring and Evaluation

untapped data sets may provide additional nuance to current understandings of GBV viz. the HSRC Household Survey (2017).¹⁷⁵

Given the nature of GBV, the challenges in collecting valid data relate to the vicarious trauma experience by interviewers, as well as the ways in which their own conservatism can influence reporting¹⁷⁶. The wording of questions, the careful selection and support of interviewers is therefore key in shaping valid and useful outcomes. On the other hand, information generated by government information systems is not adequately inter linked across systems and is not adequately utilised to inform strategic and operational decision-making¹⁷⁷. Data collection through large surveys and fieldwork is time-consuming and expensive and research companies usually cut corners on staff training and support which leads to under-reporting.

To maximize the program efficacy of **Response, Care and Support and Prevention** both qualitative and quantitative data to improve services in different regions needs to be extracted to build knowledge about regional profiles and dynamics. This information can be utilized to drive prevention mechanisms and remedies; to access and identify best practice at community level, to access and identify the impact, influence, and scale of behavior change and to identify negative outcomes in intervention/prevention programs. It is important to build onto the existing work of better understanding the pathways to violent masculinities and the role of parenting practices, individual, family and related factors¹⁷⁸. At the same time better understanding the relationship between mental ill health, substance abuse disorders and IPV as well as the relationship between a child abuse history, mental health disorders and IPV are important areas for further exploration¹⁷⁹.

Implementation research, which seeks to understand what, why, how, and if interventions work in real-world settings and feed that information back in a way that can be used by policymakers and practitioners could be a useful approach to support the sustainable scale-up of evidence-based programmes that address the risk factors for violence.¹⁸⁰ Important interventions that can contribute towards strengthening implementation research are: (i) Developing and Instituting Coordinated and Integrated Data, Information Collection systems; (ii) the establishment of an Information and Data Unit (clearing house) that facilitates access, dissemination and monitoring the usage of this information; (iii) an integrated, coordinated and accessible data, information and research management system and (iv) multiple scales of evidence-based interventions, inclusive of longitudinal, sustainable behavioural change.

Strategic Approach

The strategic approach is directly linked to Outcome 1, which focuses on strengthened coordination, accountability and leadership. It focuses on expanding and deepening the existing GBVF knowledge base in South Africa through consolidating and widening a pool of interdisciplinary specialists that is able to support the country in continuing to reshape a

¹⁷⁵ HSRC Presentation to Research and Information Group Meeting, 12 July 2019

¹⁷⁶ SAMRC Presentation to Research and Information Group Meeting, 12 July 2019

¹⁷⁷ Report by *Information & Data Management Group at NSP Consultation Workshop*, 17 May 2019

¹⁷⁸ Matthews, S. Presentation to Research and Information Group Meeting, 12 July 2019

¹⁷⁹ Ibid.

¹⁸⁰ Hsiao, C et al (2018): Reducing violence in South Africa. From research to action, Institute for Security Studies Policy Brief

response that is rooted in global evidence whilst generating new knowledge that is specific to understanding the impact of current and historical factors in shaping the manifestations and mutations of GBV in South Africa. A key element of the strategic approach focuses on optimally sharing research findings that have been generated and strengthening the use of such evidence to inform the piloting and scale up of effective programming.

Important research gaps relate to the following areas: (i) national burden of GBV, most at risk groups and contexts; (ii) responses to GBV; (iii) prevention of GBV¹⁸¹; (iv) assessment of the implementation of programmes and roll out of services¹⁸²; (v) better understanding the relationship between GBV and its structural drivers; (vi) improved understanding of conceptual, programming and service delivery inter connections between VAW and VAC; and (vii) facilitating approaches to capture practice-based learning within communities and institutions, as an important foundation for generating local evidence-based solutions to new and emerging, critical areas. A priority area is the development of a national prevalence survey that can be repeated at regular intervals to track trends; a national survey on femicide that updates the 2009 data and information on specific groups such as LGBTQIA+ persons, womxn living with disability, experiences of students in higher education, sexual harassment of womxn in formal work places, violence experienced by specific groups of womxn such as farm workers and sex workers.

Important research questions that need to be responded to in relation to response and prevention:

- Services able to victims, including the quality of these services and victims' experiences of these services;
- Effectiveness of sector-specific and/or cluster-specific interventions to enhance the quality of the response for example by the CJS system and by the social welfare system;
- Victims' experiences of respective systems and ways to eliminate the secondary trauma experienced, as a result of violence meted out by institutions;
- Deepening the understanding of institutional arrangements that can contribute towards more effective delivery of programmes within government, across government and between government and civil society;
- Identifying interventions which can be adapted and delivered in specific settings to effectively reduce GBV;
- Exploring how to harness large platforms to deliver effective interventions for GBV prevention at scale;
- Piloting a range of locally based models to facilitate the roll out of effective psychosocial support in communities;
- Exploring more deeply the making of violent men in South Africa, and what specific interventions with children, and boys, in particular could make an important difference;

Key principles that need to inform how to build and consolidate this element of the NSP:

- (1) Working in ways that break through historic silos;
- (2) Working in ways that facilitate inclusivity and address any forms of gate keeping;

¹⁸¹ SAMRC Presentation, 12 July 2019

¹⁸² Research and Information Group Meeting, 12 July 2019

- (3) Working in ways that embrace diversity of experience, social and geographic location and discipline in a spirit that facilitates growth and development of GBV knowledge creation overall, and of the individuals working in the field;
- (4) Building meaningful partnerships between research institutions, government, academia, activists and communities that facilitate and enhance complementarities in their roles and responsibilities within research processes;
- (5) Mutual respect and accountabilities for collectively defined outcomes;
- (6) Proactively exploring less developed substantive areas in the GBV response, such as structural drivers using approaches that span different disciplines, and that integrate less explored conceptual approaches to GBV in South Africa such as de-colonialization.

The purpose of the *Research Technical Team* would be to harness the expertise, knowledge, networks and understandings generated by a multi-disciplinary team to shape how the country can optimally address some of the above areas, whilst providing a repository for optimally sharing existing and emerging evidence and encouraging areas of further inquiry that could be taken up by academic and research institutions.

Over the next ten years, the following outcome relating to strengthening state and society-wide accountability is pertinent for this specific area:

- All living in South Africa, including government, the private sector, work place, schools, religious and cultural institutions are held accountable for building a safe and GBVF free environment;

The specific strategic outcome for this pillar for the next five to ten years is:

- Multi-disciplinary, research and integrated information systems that are nationally coordinated and decentralized increasingly shapes a strengthened response to GBVF in South Africa.

In moving towards this outcome, the following five- year strategic outcomes are relevant :

1. Strengthened national coordination on GBV research
2. Improved use of existing evidence to improve programme effectiveness
3. Improved understanding of GBV prevalence in South Africa
4. Information systems relating to GBV are inter linked to provide a comprehensive dash board of readily accessible information

Related Outputs over the next two to five years:

- I. Multi-disciplinary Research Technical Team in place, linked to National Structure;
- II. National repository for GBV research is established, as integral to wider violence research repository;
- III. Critical national research priorities, relating to prevention, response, care and support and implementation are identified, in partnership with relevant stakeholders;
- IV. Conceptualization and Design of Prevalence Study has taken place;
- V. Prevalence Study is rolled out;
- VI. GBV Management Information Systems across government are integrated and strengthened;
- VII. Unused information generated by government systems is used optimally to maximise service delivery and programming efficiencies.;
- VIII. Good community level practises are identified for assessment and roll out

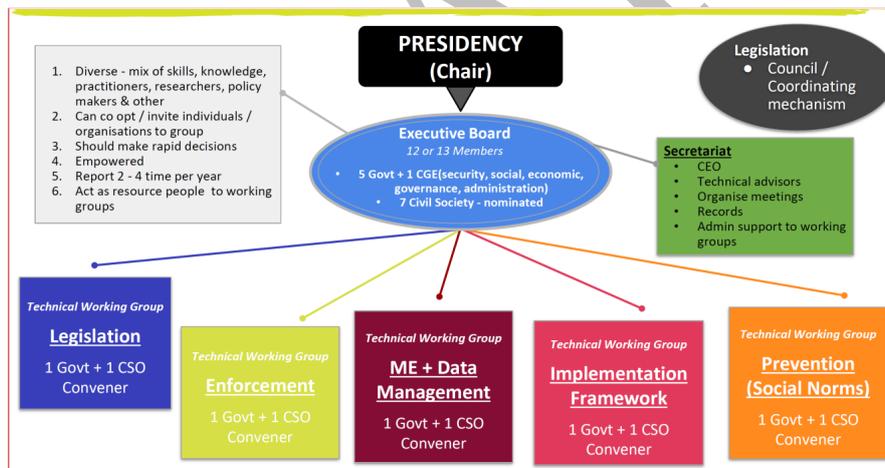
4. Institutional Arrangements & Implementation Modalities

Scope of the Institutional Arrangements

The Institutional arrangements for the roll out of the NSP are defined by the guidance provided in the Declaration, in relation to structure and accountabilities. The defined parameters are:

- (1) The setting up of an independent structure, comprising of 51% civil society representation, reflective of a range of interests and positionalities;
- (2) The accountabilities as specified in the PFMA, and related legislation that governs public sector practice;
- (3) A relationship with the wider national gender machinery, as specified within the existing policy framework;
- (4) Working with and through key strategic government for key strategic civil society;
- (5) Building ongoing national, provincial and local accountability for an urgent, comprehensive and all-inclusive response to GBV.

Agreement has been reached that any institutional infrastructure needs to be set up to be responsive, nimble, representative, inclusive and rooted/ bottom heavy. Noting that structure does not, by definition, address strategic challenges the country is facing in its response to GBV, the institutional arrangement need to reflect a commitment to a flexible and light structure at the centre, with key technical teams in place to respond to key needs. The diagram below provides a snapshot of what this could mean in practice.



Commented [TB2]: The GBVF Fund has to be reflected in this structure. The local RRT have to be reflected in the structure

Roles and Responsibilities

The Interim Council, based at the Presidency is the custodian of the National Strategic Plan and is responsible for driving its implementation strategically. It requires a clear definition of the roles and responsibilities of respective stakeholders across respective tiers of government, within civil society, the private sector, academia and other relevant institutions.

National GBV Council

- The GBV Council's role is to provide strategic leadership and political guidance towards the elimination GBVF in South Africa. It will play this role through inter alia:
- Demanding improved accountability across state and societal institutions to drive an agenda to end GBVF, reflected in gender reformatory approaches to political commitment, programming and resourcing;
- Spearheading an approach to prevention and healing that fosters new social values and builds healthy social connectedness;
- Drive an agenda that addresses impunity and facilitates the implementation and expansion of laws and policies that are victim-centric and responsive;
- Boldly promote access to caring and sensitive services to all survivors by front line workers that are capacitated and supported within systems that are resourced, integrated and aligned;
- Advance an approach to GBV that addresses key structural drivers such as gender inequality, the gender biases within the economy and the historical and contextual factors that give rise to the GBVF crisis in the country;
- Facilitate and enhance meaningful strategic partnerships across the public and private spheres to take the NSP agenda forward.

GBVF Council Secretariat

The role of the Secretariat is to provide project management and administrative support to the National Structure and the technical working teams. This includes organising meetings, maintaining minutes and other records, representing the structure as and when appropriate and providing related administrative support.

Technical Working Teams

Technical Working Teams are the engine of the work of the Council and will be established to drive key elements of the GBVF Declaration and NSP forward. They will consist of no more than ten persons convened by a civil society and government representative. Technical working groups should be diverse and multi-sectoral in composition and comprise a mixture of skills and knowledge, including practitioners, researchers, policy makers and any other person/structure able to make a contribution to the focus area. The technical working groups may invite and/or co-opt individuals and organisations to the group. They would meet as often as necessary to carry out their work and should be empowered to take rapid decisions – including the establishment of sub-groups where circumstances necessitate this. In the first two years of the existence of the Council, the following Technical Working Groups have been prioritised:

- Resourcing Team to respond to the immediate priorities generated by the scale of the crisis – the terms of reference and scope is still to be developed and a feasibility process is likely to be the first step in the process;
- Research and Information Management Team
- Programming for Impact Team to locally root the work of the Council without necessarily duplicating the structure at the local level.

Government

Government departments and structures have the following responsibilities:

1. Align strategic plans and existing programmes with the outcomes and outputs in the NSP;
2. Allocate budgets for respective pillars;

3. Ensure allocation of funding and resources at national, provincial and local levels;
4. Resource and capacitate structures and human resources for effective implementation;
5. Facilitate the necessary inter-governmental relations between national, provincial and local to facilitate effective implementation of the NSP;
6. Integrate M&E system into existing government-wide framework;
7. The following departments will play specified roles:
 - a. The Department of Women, Youth and People with Disability
 - b. The Department for Planning, Monitoring and Evaluation
 - c. National Treasury
 - d. The Department of Cooperative Governance
8. In addition all departments, particularly those in the economic cluster, will use the GRPBME Framework to integrate NSP deliverables with their core mandates.

Civil Society Organizations

Civil society structures will co-convene the Council and provide direction and leadership based on key issues emanating from their constituencies. This would inter alia, involve the following:

1. Advocate and promote for the implementation and resourcing of the NSP;
2. Develop targeted messages to address social, economic and cultural drivers to the realization of the autonomy of womxn and girls and LGBTQIA+ persons;
3. Support capacity development processes, across respective sectors.
4. Ensure that communities and those most affected by the issues, are integrally involved in the design and roll-out of programmes;
5. Ensure civil society organizations can deliver services, integrated and linked with the NSP;
6. Advocate for the necessary resource mobilization to address key systemic barriers to the rights of survivors;
7. Generate and share strategic information representing the views of their stakeholders to inform the development of policies, laws, and strategies for policy and programme formulation, implementation, monitoring and evaluation.

Private Sector

1. The private sector will support local, provincial and national actions to implement the NSP.
2. The private sector will play an active role in ensuring work places become active platforms to respond to and prevent GBV.

Development Sector

1. The development sector will support local, provincial and national action to implement the NSP;
2. The development sector will support capacity development of government (including health-care providers, educators, social workers and law enforcement agents), civil society organizations, youth and adolescents and key population groups to play their specific role in implementing the NSP;
3. The development sector will support civil society organizations in formulation of advocacy strategies;

System Level Requirements

The NSP requires the following system level requirements:

- (1) Strengthened harmonization of laws and policies impacting on mandates relating to GBV across government;
- (2) Standardization frameworks in the following areas:
 - a. Standardized package of psychosocial services that is costed;
 - b. Standardization of shelter services based on principles of equity and inclusivity
- (3) Integrated service delivery model/s that are adapted to context;
- (4) Integrated management information systems spanning the IJS and social clusters;
- (5) A comprehensive sector-wide M&E system that builds onto and expands the government-wide M&E framework to include non-state actors;

Implementation Modalities

TO BE FINALIZED

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5. Implementation

The implementation and review of this strategic plan will be developed in alignment with the Monitoring and Evaluation plan consistent with DPME processes to ensure full integration.

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6. Monitoring and Evaluation Framework

Strategic Context

The Government of South Africa has an overall Monitoring and Evaluation Framework, that provides the government-wide accountability system to facilitate the effective monitoring of the respective outcomes, outlined in the National Development Plan, which finds expression and alignment within the government priorities, which are then reflected in the Medium Term Strategic Framework. At the same time South Africa is a signatory to a range of International and Regional instruments that it reports on in relation to gender-based violence, womxn's status in society and sustainable human development more broadly. It will be aligned with the current indicators that South Africa has to report against in relation to the SDGs and the NDP. Specific indicators relating to pillars of the plan will be developed collaboratively.

This table may need to be an attachment in the appendix - will be developed by and adapted to DPME processes, with wider multi sectoral integration.

EXPECTED RESULTS ¹	INDICATORS ²	BASELINE DATA	TARGETS ³	DATA SOURCES ⁴	DATA COLLECTION METHODS ⁵	FREQUENCY	RESPONSIBILITY
ULTIMATE OUTCOME	Womxn, girls and gender non-conforming persons are and feel safe			<i>Victim of Crime Survey</i>	<i>Household Survey</i>	<i>Annual / semi-annual</i>	DPME, STATSA
TEN YEAR OUTCOMES	A. All living in South Africa, including government, the private sector, work place, schools, religious and cultural institutions are held accountable for building a safe and GBVF free environment					<i>Annual, semi-annual</i>	
	B. New forms of social connectedness and positive social cohesion contribute towards healing from individual, familial, social and historical trauma caused by violence .						
	C. Womxn and girls are able to be free and safe in public spaces, use transport freely and access resources that						

EXPECTED RESULTS ¹	INDICATORS ²	BASELINE DATA	TARGETS ³	DATA SOURCES ⁴	DATA COLLECTION METHODS ⁵	FREQUENCY	RESPONSIBILITY
	enable them to make healthy choices in their lives.						
	D. The scourge of gender-based violence and femicide, and violence more broadly is deemed unacceptable by South African society.						
Five year outcomes	1. Firm leadership and strengthened accountability that responds to the GBVF crisis in a multi-sectoral, strategically and institutionally coherent and resourced way <i>Harness ALL to respond to the GBVF crisis</i>						
	2. South Africa addresses specific systemic and structural drivers of GBV through the roll out of effective prevention and healing interventions that target institutions and households <i>Stop violence before it happens</i>						
	3. Laws, policies and frameworks are enforced, implemented and adopted that align with addressing GBVF substantively at all levels						
	4. Survivor/Victim centred accessible, equitable and quality services are readily available across the criminal justice system, health						

EXPECTED RESULTS ¹	INDICATORS ²	BASELINE DATA	TARGETS ³	DATA SOURCES ⁴	DATA COLLECTION METHODS ⁵	FREQUENCY	RESPONSIBILITY
	system, educational system and social support system at respective levels						
	5. Womxn and girls are able to feel and be free and safer in public spaces, use transport freely and access resources that enable them to make healthy choices in their lives						
	6. Multi-disciplinary, rresearch and integrated information systems that are nationally coordinated and decentralized increasingly shapes a strengthened response to GBVF in South Africa						
OUTPUTS Relating to above							

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7. Glossary of Terms

Ableism The pervasive system of discrimination and exclusion that oppresses people who have mental, emotional and physical disabilities.¹⁸³

Ageism Any attitude, action, or institutional structure, which subordinates a person or group because of age or any assignment of roles in society purely on the basis of age

Adolescent: Persons aged 10-19 years

Adolescent and youth-friendly health services: Health services that are both responsive and acceptable to the needs of adolescents and youth and are provided in a non-judgmental, confidential and private environment, in times and locations that are convenient for adolescents and youth.

Cisgender a gender identity, or performance in a gender role, that society deems to match the person's assigned sex at birth. The prefix cis- means "on this side of" or "not across." A term used to call attention to the privilege of people who are not transgender.

Comprehensive Sexuality Education Refers to the provision of age-appropriate, culturally relevant, scientifically accurate, realistic, non-judgmental information about sex and relationships. Sexuality education provides opportunities to explore one's own values and attitudes and to build decision-making, communication and risk-reduction skills about many aspects of sexuality.

Consent permission for something to happen or agreement to do something

Coordination: the regulation of diverse elements into an integrated and harmonious operation; synchronization and integration of activities, responsibilities, and command and control structures to ensure that resources are used in the most efficient way, in pursuit of the specified objectives.

Domestic Violence according to South African law includes physical abuse; sexual abuse; emotional, verbal and psychological abuse; economic abuse; intimidation; harassment; stalking; entry into the complainants' residence without her consent or any other controlling or abusive behaviour taking place in domestic relationships¹⁸⁴.

Family a group of people living together and functioning as a single household, that will provide for the needs and protection of children and all its members. A well- functioning family provides members with emotional, social, spiritual and material support that is sustained throughout life and it also represents the cradle from which the values and norms of a society are transmitted and preserved, and is therefore a key institution for transforming values and norms.¹⁸⁵

¹⁸³ <https://lgbtqia.ucdavis.edu/educated/glossary>

¹⁸⁴ Domestic Violence Act 116 of 1998, Section 1

¹⁸⁵ Adapted from ISCPs

Family Violence is a form of interpersonal violence that includes a range of abusive behaviours – such as physical, sexual, verbal and emotional abuse and neglect – that occur within relationships of care, kinship, dependency or trust. (WHO)

Femicide is generally understood to involve intentional murder of womxn because they are womxn, but broader definitions include any killings of womxn or girls. Intimate femicide is defined as the murder of womxn by their “current or ex-husband or boyfriend, same-sex partner or a rejected would-be lover”.¹⁸⁶

Feminism is a range of [social movements](#), [political movements](#), and [ideologies](#) that share a common goal: to define, establish and achieve the political, economic, personal, and social equality among all genders.

Gender A social and cultural construct, which distinguishes differences in the attributes of men and womxn, girls and boys, and refers to the socially constructed roles and responsibilities of men and womxn, girls and boys.¹⁸⁷

Gender-based constraints that womxn, men and transgender people face that are a result of their gender. An example of constraints womxn farmers face might be not having title to their land, male-dominated cooperative membership, being more tied to their homes preventing access to extension services. Constraints that are not based on gender are referred to as general constraints.

Gender-Based Violence (GBV): Refers to all acts perpetrated against womxn, men, girls, and boys on the basis of their sex that cause or could cause them physical, sexual, psychological, emotional or economic harm, including the threat to carry out such acts. GBV includes the imposition of arbitrary restrictions on or deprivation of fundamental freedoms in private or public life in peacetime and during situations of armed or other forms of conflict

Gender Expression How one expresses oneself, in terms of dress and/or behaviours. People that make up society characterize these expressions as “masculine,” “feminine,” or “androgynous.” Individuals may embody their gender in a multitude of ways and have terms beyond these to name their gender expression(s).

Gender mainstreaming¹⁸⁸: Defined by the United Nations as the process of assessing the implications for womxn and men of any planned action, including legislation, policies and programmes, in any area and at different levels. It is a strategy for making womxn's and men's concerns and experiences an integral dimension in the design, implementation, monitoring and evaluation of policies and programmes in all political, and societal spheres so that womxn and men benefit equally, and inequality is not perpetuated. The ultimate goal is to achieve gender equality.

Healing is the personal experience of the transcendence of suffering.¹⁸⁹

¹⁸⁶ <https://africacheck.org/reports/femicide-sa-3-numbers-murdering-womxn-investigated/>

¹⁸⁷ <https://www.unicef.org/rosa/media/1761/file/Gender%20glossary%20of%20terms%20and%20concepts%20.pdf>

¹⁸⁹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1466870/>

Health system: The sum total of all the organizations, institutions and resources whose primary purpose is to ensure delivery of quality services to all people, when and where they need them. WHO identifies six core components or 'building blocks' of a health system: (i) service delivery, (ii) health workforce, (iii) health information systems, (iv) access to essential medicines, (v) financing, and (vi) leadership/governance.

Heterosexism:discrimination or prejudice by heterosexuals against homosexuals- a system of oppression that considers heterosexuality the norm and discriminates against people who display non- heterosexual behaviours and identities.

Human Rights: Rights inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion, or any other status. Human rights include civil, political, social and economic rights. For instance, these include the right to life and liberty, freedom from slavery and torture, freedom of opinion and expression, the right to work and education, and many more. Everyone is entitled to these rights, without discrimination.

Human Rights-Based Approach¹⁹⁰: The essential attributes of a human rights-based approach are that the development of policies and programmes should fulfil human rights. A human rights-based approach identifies rights holders and their entitlements, and corresponding duty bearers and their obligations, and works towards strengthening the capacities of rights holders to make their claims and of duty bearers to meet their obligations. Principles and standards derived from international human rights treaties should guide all development cooperation and programming in all sectors and in all phases of the programming process.

Intersectionality refers to overlapping social identities and the related systems of oppression, domination and/or discrimination. Intersectionality looks at the relationships between multiple marginalized identities and allows us to analyse social problems more fully, shape more effective interventions, and promote more inclusive advocacy amongst communities.

Intimate Partner Violence: physical, sexual, or psychological harm by a current or former intimate partner or spouse- can occur amongst heterosexual or same – sex couples.

Intimate Femicide-killing of a woman by her intimate partner

Life cycle approach to SRHR¹⁹¹: Recognizes that the SRHR needs of people change and evolve over the course of their lives, which requires that SRHR services offer a 'continuum of care' that responds appropriately and adequately to people's changing needs.

Multisectoral Response¹⁹²: Multisectoral approach refers to deliberate collaboration among various stakeholder groups (e.g., government, civil society, and private sector) and sectors (e.g., health, environment, and economy) to jointly achieve a policy outcome. By engaging multiple sectors, partners can leverage knowledge, expertise, reach, and resources, benefiting from

¹⁹⁰ OHCHR. (2006). Frequently asked questions on a Human Rights-Based Approach. United Nations. New York/Geneva

¹⁹¹ UNFPA.

¹⁹² Salunka, S & Lal, D.K. (2017). 'Multisectoral approach for promoting public health'. In: *Indian Journal of Public Health*, vol 61, pp. 163 - 168

their combined and varied strengths as they work toward the shared goal of producing better health outcomes.

National Structure (GBV):

Online violence refers to any act of gender-based violence against womxn that is committed, assisted or aggravated in part or fully by the use of Information and Communications Technology (ICT), such as mobile phones and smartphones, the internet, social media platforms or email, against a woman because she is a womxn, or affects womxn disproportionately.¹⁹³

Patriarchy:

Primary Health Care¹⁹⁴: Essential health care based on appropriate, acceptable methods and technology, made universally accessible through community participation.

Protective factor interacts with the risk and acts as a buffer to prevent an adverse outcome and increase the chance in the case of a child for positive adjustment.

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¹⁹³ Human Rights Council A/HRC/38/47 *Report of the Special Rapporteur on violence against womxn its causes and consequences on online violence against womxn and girls from a human rights perspective – Advance edited version 14 June 2018*

Rape according to the Sexual Offences Act includes the oral, anal or vaginal penetration of a person (male or female, regardless of age) with a genital organ, anal or vaginal penetration with any object and the penetration of a person's mouth the genital organs of an animal

Restorative Services:

Rights-based approach: is a conceptual framework for ensuring that human rights principles are reflected in policies and national development frameworks. Human rights are the minimum standards that people require to live in freedom and dignity. They are based on the principles of universality, indivisibility, interdependence, equality and non-discrimination. It means that the universally agreed rights of all citizens include the right to health services, products and information and that the individual Member States have an obligation to ensure that their citizens realize this right.

Safety: refers principally to the state of an area and is determined based on the real and perceived risk of victimisation

Sex work is the provision of sexual services for money or goods

Sex workers are women, men and transgendered people (anyone) who receive money or goods in exchange for sexual services, and who consciously define those activities as income generating even if they do not consider sex work as their occupation and others do.¹⁹⁵

Sexual Harassment behaviour characterised by the making of unwelcome and inappropriate sexual remarks or physical advances in a workplace or other professional or social situation.

Sexual Offences includes the following categories: rape, compelled rape, sexual assault, incest, bestiality, statutory rape and molestation

Sexual and reproductive health A state of complete physical, mental and social well-being in all matters relating to the reproductive system and sexuality; it is not merely the absence of disease, dysfunction or infirmity. For sexual and reproductive health to be attained and maintained, the sexual and reproductive health rights of all persons must be respected, protected and fulfilled. Sexual and reproductive health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

Sexual gender-based violence: Any sexual act or unwanted sexual comments or advances using coercion, threats of harm or physical force, by any person regardless of their relationship to the survivor, in any setting. Sexual gender-based violence is usually driven by power differences and perceived gender norms. It includes forced sex, sexual coercion and rape of adult and adolescent men and women, and child sexual abuse and rape.

Sexual rights: Human rights which relate specifically to sexuality and which are articulated by

¹⁹⁵ https://www.who.int/hiv/topics/vct/sw_toolkit/115solution.pdf

national laws, international human rights documents and other international agreements. Sexual rights seek to ensure that all people can express their sexuality free of coercion, discrimination and violence.

Social cohesion: the reasonable and relative ability of the different members of society to work, live and survive together. The term indicates the predominant existence of collaborative and communal relationships within the social entity. Social cohesion further denotes a discernible social or national identity; characterized by harmonious diversity, in its efforts to strengthen human dignity and social rights that underpin it through various targeted actions.¹⁹⁶

Social crime: all criminal and violent activities provoked by social factors that create an unsafe society and prevent the restoration of social cohesion and social fabric. The phenomenon takes place in a society and in areas where a general breakdown of social fiber, values, morals and principles exists, leading to further breakdown in respect and responsibility of citizens and families. In addition it refers to anti-social behavior, which violates rules and norms of society and prevents the realization of social cohesion and resilience in families¹⁹⁷.

Transgender: a person (either female or male), who desires to become the person that they most identify with psychologically and spiritually

Ukuthwala: A form of abduction that involves kidnapping a girl or a young woman by a man and his friends or peers with the intention of compelling the girl or young woman's family to agree to marriage. It has been marked by violence and rape¹⁹⁸. (unsure about this definition- comes from DOJ)

Universal Health Coverage¹⁹⁹: Defined as ensuring that all people have access to needed health services (including prevention, promotion, treatment, rehabilitation and palliation) of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.

Victim-centric: *"A victim centred approach is the systematic focus on the needs and concerns of a victim to ensure the compassionate and sensitive delivery of services in a non-judgmental manner. It seeks to minimize traumatization associated with criminal justice process by providing support of victim advocates and service providers, empowering survivors as engaged participants in the process, and providing survivors an opportunity to play a role in seeing their offenders brought to justice."*²⁰⁰

Violence: force exerted for the purpose of violating, damaging or abusing²⁰¹

Violence Against Womxn: any act of gender-based violence that results in, or is likely to result in physical, sexual or mental harm or suffering to womxn, including threats of such acts, coercion

¹⁹⁶ White Paper on Social Welfare, 1997

¹⁹⁷ Department of Social Development, Integrated Social Crime Prevention Strategy, September 2011

¹⁹⁸ <http://www.justice.gov.za/brochure/ukuthwala/ukuthwala.html>

¹⁹⁹ WHO (2016)

²⁰⁰ <https://www.ovcttac.gov/taskforceguide/eguide/1-understanding-human-trafficking/13-victim-centered-approach/>

²⁰¹ Adapted from ISCPs

or arbitrary deprivation of liberty, whether occurring in public or in private life.²⁰² It refers to violence directed at a woman because she is a woman and that affects her disproportionately.²⁰³ It takes a range of forms including but not limited to: intimate partner violence; non-partner sexual assault; trafficking; so-called honour crimes; sexual harassment and exploitation; stalking; witchcraft related violence; gender related killings/ femicide; child, early and forced marriage; forced pregnancy and abortion and online violence.

Womxn: A definition of women that explicitly includes not only cis women, but also trans women and femme/feminine-identifying genderqueer and non-binary persons.²⁰⁴

Young People: Individuals between 15-24 years.

Risk factor is considered to be an event or situation that increases the possibility of a negative outcome for an individual.

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²⁰²United Nations General Assembly A/RES/48/104 *Declaration on the Elimination of Violence Against Women* 23 February 1994

²⁰³ CEDAW/C/GC/35 *General recommendations No.35 on gender-based violence against women, updated general recommendation No.19*. 14 July 2017

²⁰⁴ <https://feministoasis.com/inclusive-language-womxn-cis-nonbinary/>

8. Appendices

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