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2024

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Sibisi, Zanele. (2024). Effectiveness of the Socio-economic Interventions that Empower Women's Resilience Against Gender-based Violence in eMalahleni [Master's dissertation, University of the Witwatersrand, Johannesburg].WireDSpace.

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Effectiveness of the Socio-economic Interventions that Empower Women's Resilience Against Gender-based Violence in eMalahleni

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A Research Report submitted to the Faculty of Commerce, Law and Management, University of the Witwatersrand, in partial fulfilment of the requirements for the degree of Masterof Business Administration

March 2024

DECLARATION

In terms of Rule G9.8 of the Wits University's Faculty of Commerce, Law & Management Rules and Syllabus (2021), I, Zanele Sibisi, declare that this Research Report is my own, unaided work. I submit it for the Degree of Master of Management at the University of the Witwatersrand, Johannesburg. I did not submit it before for any degree programme or examination at any other University. The research ethics protocol number is H23/10/29.

Signed:



Zanele Sibisi

This 27 day of March the year 2024

ACKNOWLEDGEMENTS

I thank God for granting me the opportunity to do this research work. I would like to thank the following people for their support in the completion of this research study:

- My supervisor, Dr Oro Oro for his invaluable insight and support throughout this research work.
- The Foundation for Victims of Crime (FOVOC) eMalahleni Centre and their staff members for assistance with the interviews , identification of the participants and provision of a standby councellor for the one on one interviews.
- The anonymous individuals who confided in me, sharing their deeply personal experiences with Gender-Based Violence (GBV) and demonstrating the courage to contribute to this study.
- I extend my gratitude to my colleague Dr. AS Nhleko for his priceless wisdom and assistance during the course of this research.
- My husband, Alfred Sibisi, and my children, Nomagugu Sibisi and Zanele Junior Sibisi for adding meaning to my life and their understanding during the times I had to be away from them to enable me to complete this study.
- My parents, Benedict and Jane Nzimande, and my siblings, for their support and encouragement in my studies.

DEDICATION

This research paper is dedicated to my mother, Jane Nomsa Nzimande, for her unwavering love, unceasing support, and numerous prayers throughout the years. Because of her constant encouragement and confidence in my abilities, I am the woman I am today.

ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
FOVOC	Foundation for Victims of Crime
GBV	Gender-Based violence
GBVF	Gender-based violence and femicide
HIV	Human Immunodeficiency Virus
LGBTQIA+	lesbian, gay, bisexual, transgender, questioning, queer, intersex, asexual, pansexual, and allies
NCGBVF	National Council on Gender-Based Violence and Femicide
NGO	Non-Governmental organization
SAPS	South African Police Service
Stats SA	Statistics South Africa
UNAIDS	United Nations Programme on HIV/AIDS

ABSTRACT

Gender-based violence (GBV) is pervasive in South Africa, impacting both genders across demographics. Studies reveal alarming rates, with 51% of women and 76% of men experiencing or perpetrating GBV. Partner violence and femicide are particularly concerning, with one in five women facing violence from partners, and the femicide rate five times the global average. GBV incurs a substantial economic cost of R 35.4 billion yearly, akin to employing 200,000 primary school teachers. It manifests in various forms and involves multiple perpetrators, necessitating socio-economic interventions addressing poverty and gender disparities. Empowering women through economic initiatives and challenging traditional gender norms are crucial strategies. By evaluating socioeconomic interventions in specific contexts, such as eMalahleni, South Africa, researchers can gain valuable insights into the mechanisms through which these interventions empower women and mitigate the risk of GBV.

A semi-structured interview guide was created for discussions on interventions against gender-based violence (GBV) in eMalahleni, drawing upon the Gender Transformative and Capability Approaches. Thematic analysis was employed to analyze data, ensuring rigor through peer debriefing and member checking.

The study delves into the demographics and experiences of GBV survivors, highlighting the diverse challenges they face. Most participants, aged 21-40, deal with additional burdens if they have children. Education and employment status influence vulnerability. GBV survivors endure various abuses, often resorting to self-referral for support. However, there is limited use of non-governmental organizations (NGO) services. Participants stress the necessity of comprehensive interventions offering immediate and long-term support, including socio-economic empowerment. They advocate for ongoing assistance to aid effective recovery. Recommendations emphasize holistic support, community involvement, and government funding to combat GBV effectively. The study proposes an innovative framework for assisting GBV victims.

Keywords: Gender-based violence, socio-economic interventions, women's resilience, women's empowerment, framework for GBV intervention.

CONTENTS **Page**

DECLARATION i

ACKNOWLEDGEMENTS ii

DEDICATION iii

ABBREVIATIONS iv

ABSTRACT v

LIST OF FIGURES x

LIST OF TABLES xi

CHAPTER 1. INTRODUCTION 1

1.1. Chapter 1 Overview 1

1.2. Statement of Purpose 1

1.3. Background of the Study 2

1.4. Research Problem 4

1.5. Research Questions and Objectives 5

1.6. Rationale 5

1.7. Delimitations of the Study 6

1.8. Definition of Terms 6

1.9. Assumptions 7

1.10. Outline of Chapters 7

CHAPTER 2. LITERATURE REVIEW 8

2.1. Chapter 2 Overview 8

2.2. Background on Gender-Based Violence 8

2.3. Gender-Based Violence in South Africa 8

2.4. Various Types of Common Crimes 12

2.5. Effectiveness of Reporting of Crimes 16

2.6. Socio-Economic Intervention and Women's Resilience in South Africa 18
2.7. Impact of Using Socio-economic Interventions to Empower Women's Resilience against GBV 19
2.7.1. Impact of economic empowerment 19
2.7.2. Impact of education 21
2.7.3. Impact of community support 24
2.8. Effective Techniques to Assist GBV Victims in Moving on After Abuse 24
2.8.1. Counseling and support services 24
2.8.2. Economic empowerment and livelihood support 24
2.9. Implementation of Effective Strategies for GBV Awareness 25
2.9.1. Community mobilisation and engagement 25
2.9.2. Multi-sectoral collaboration 26
2.10. Government Interventions on GBV 27
2.10.1. National strategic plan 27
2.10.2. SAPS and courts 31
2.10.3. Government: Thuthuzela Care Centres 32
2.11. Summary of Chapter 2 34
CHAPTER 3. RESEARCH METHODOLOGY 36
3.1. Chapter 3 Overview 36
3.2. Research Approach 36
3.3. Research Design 36
3.4. Data Collection Methods 36
3.5. Population and Sample 37
3.5.1. Population of the study 37
3.5.2. Sample and sampling method 37

3.6. Research Instrument 37
3.7. Procedure for Data Collection 38
3.8. Data Analysis Strategies and Interpretation 38
3.8.1. Theoretical framework 38
3.8.2. Conceptual framework 39
3.8.3. Thematic analysis 39
3.9. Possible Limitations and Challenges of the Study 40
3.10. Quality Assurance 40
3.10.1. External validity or transferability 41
3.10.2. Internal validity or credibility 41
3.10.3. Reliability or dependability 41
3.11. Ethical Considerations 41
3.12. Summary of Chapter 3 42
CHAPTER 4. RESULTS AND ANALYSIS 43
4.1. Chapter 4 Overview 43
4.2. Background of Foundation for Victims of Crime 43
4.3. Distribution of the Participants 44
4.3.1. General information 44
4.3.2. Types and prevalence of GBV 49
4.3.3. Reporting and seeking help 50
4.3.4. Socio-cultural factors and support services 52
4.4. Impact of Socio-economic Interventions 53
4.5. Relationship between Interventions and Resilience 56
4.6. Techniques for Moving on After Abuse 58
4.7. Strategies for GBV Awareness in Socio-economic Interventions 60

4.8. Proposed Framework for GBV Interventions 63
4.9. Summary of Chapter 4 65
CHAPTER 5. CONCLUSIONS AND RECOMMENDATIONS 67
5.1. Findings of the Study 67
5.2. Conclusions 68
5.3. Recommendations 68
5.4. Suggestion for Future Research 70
REFERENCES 71
APPENDICES 74
APPENDIX A: INTERVIEW GUIDE 74

LIST OF FIGURES

Figure 2.1 Domestic violence-related crimes in South Africa in 2022/2023..... 9
Figure 2.2 Assaults committed by a specified perpetrator: 2018/2019..... 10
Figure 2.3 Types of crime experienced in South Africa..... 13
Figure 2.4 Women who have experienced violence by any partner..... 14
Figure 2.5 Sexual and physical violence by any partner..... 15
Figure 2.6 Women who have experienced violence by marital status..... 16
Figure 2.7 Percentage of households satisfied with the police or the courts..... 18
Figure 2.8 Unemployment rates in South Africa..... 19
Figure 2.9 Woman-headed households with unemployed household member..... 20
Figure 2.10 Gender pay gap between women's and men's median monthly earnings . 21
Figure 2.11 Wealth reduces violence against women..... 21
Figure 2.12 Physical violence experienced by women by education level..... 22
Figure 2.13 Reasons given by women for not attending school..... 23
Figure 2.14 Women not in employment, education or training..... 23
Figure 2.15 Time taken to travel to a shelter or place of safety..... 26
Figure 2.16 Overview of national strategic response..... 28
Figure 2.17 Thuthuzela Care Centres in South Africa..... 33
Figure 2.18 Appromixate locations of TCCs in Mpumalanga Province..... 34
Figure 4.1 Distribution of ethnicities..... 45
Figure 4.2 Age distribution of the participants..... 46
Figure 4.3 Percentage of participants by number of children..... 47
Figure 4.4 Education level of the participants..... 48
Figure 4.5 Distribution of employment status..... 49
Figure 4.6 Frequency of different types of abuse..... 50
Figure 4.7 Referral methods to the care centres..... 51

LIST OF TABLES

Table 2.1 Quality levels based on CVs..... 10
Table 2.2 Views on whether it is acceptable for a man to hit a woman 11
Table 2.3 Women victims who experienced crime for the period 2016/2017 14
Table 2.4 Crimes reported to the SAPS 17
Table 2.5 Functions and roles to be played by various sectors..... 29
Table 4.1 Participation in socioeconomic interventions empowering women's resilience against GBV 52
Table 4.2 Socio-economic interventions..... 54
Table 4.3 Relationship between interventions and resilience..... 57
Table 4.4 Helpful techniques for the ability to move on after GBV abuse..... 59
Table 4.5 Helpful strategies for GBV awareness in socio-economic interventions..... 62
Table 4.6 Framework to enhance GBV interventions..... 64

CHAPTER 1. INTRODUCTION

1.1. Chapter 1 Overview

This chapter explains the context of the research study being conducted and highlights the major aspects related to Gender-Based Violence (GBV). The purpose of the study is presented which is to investigate the socio-economic interventions that assist GBV survivors. Furthermoe, the research problem and questions are also discussed outling the need to conduct the study in the eMalahleni region because there is a lack of comprehensive understanding the effectiveness of socio-economic interventions employed to assist women survivors.

1.2. Statement of Purpose

This study aims to investigate the socio-economic interventions that empower women's resilience against GBV in eMalahleni, Mpumalanga Province of South Africa. The study aims to contribute to the existing knowledge on the effectiveness of these interventions in addressing the socio-economic factors that contribute to women's vulnerability to GBV. By exploring the impact of interventions such as microfinance programs, educational initiatives, and other socio-economic support systems, this research seeks to inform policy and program development to enhance women's resilience and create a safer environment in eMalahleni. eMalahleni was chosen because it has grown rapidly in terms of urbanization, which raise the need for service delivery.

The primary objective of this research is to evaluate the existing socio-economic interventions in eMalahleni and their effectiveness in empowering women to resist, prevent, and recover from GBV incidents. The study examines these interventions' design, implementation, and outcomes, considering factors such as access to resources, economic empowerment, educational opportunities, and community support. By assessing the impact of these interventions on women's resilience, the research identifies best practices and areas for improvement, thus contributing to evidence-based strategies that can be replicated and scaled up to combat GBV.

Through a comprehensive literature review and empirical investigation, this study intends to deepen our understanding of the socio-economic determinants of GBV and the role that interventions play in empowering women. By exploring the work of scholars such as Takyi, Ellsberg, Raj, and O'Malley, among others, the research built upon the existing theoretical framework and identify gaps specific to the context of eMalahleni. The findings provide insights into the effectiveness of socio-economic interventions in addressing the underlying factors that perpetuate GBV, such as poverty, gender inequalities, and limited access to resources.

The outcomes of this research will have significant implications for policymakers, practitioners, and stakeholders involved in designing and implementing interventions to combat GBV in eMalahleni and nationwide. The study provides evidence-based recommendations for improving existing interventions and developing new strategies that empower women and enhance their resilience against GBV. Ultimately, the research seeks to contribute to the creation of a supportive environment that promotes gender equality, economic empowerment, and social justice, leading to a reduction in GBV and the improved well-being of women.

1.3. Background of the Study

According to African Health Organisation (2021), based on 2010 sample conducted in Gauteng Province, 51% of women in South Africa have experienced GBV and 76% of men stated that they perpetrated GBV at some point in their lives. Furthermore, another study indicated that 1 in 5 women have experienced violence at the hand of a partner and femicide is five times higher in South Africa than the global average based on 183 countries listed by the World Health Organisation (WHO) in 2016 (African Health Organisation, 2021). GBV costs South Africa an average of about R 35.4 billion per year, which is equivalent to employment of 200 000 primary school teachers for a year (African Helath Organisation, 2021).

GBV remains a pervasive global issue, affecting men and women from all walks of life. In recent years, there has been increasing recognition of the need to address the socio-economic factors contributing to women's vulnerability to GBV. There are various forms

of GBV such as physical, sexual, emotional, financial, and/or structural that be perpetrated by intimate partners, acquaintances, strangers, and institutions (Saferspaces, nd). Scholars and researchers such as Takyi, Ellsberg, Raj, and O'Malley, have explored various interventions to empower women and enhance their resilience against GBV. One such area of study is the investigation of socio-economic interventions that can effectively empower women to combat GBV and promote their overall well-being. This research focuses specifically on the socio-economic interventions implemented in eMalahleni to understand their impact on women's resilience against GBV.

Several scholars have highlighted the importance of addressing the socio-economic determinants of GBV to achieve sustainable change. According to Takyi *et al.* (2018), poverty, unemployment, and limited access to resources are critical factors that increase women's vulnerability to GBV. Women who lack economic autonomy often find it difficult to escape abusive relationships and face obstacles in seeking legal and social support. Moreover, scholars like Ellsberg *et al.* (2019) have argued that gender inequalities perpetuate violence against women, and economic empowerment can serve as a protective factor by challenging traditional gender norms.

Furthermore, a study conducted by Raj *et al.* (2020) emphasised the significance of education in reducing GBV. Education empowers women with knowledge and skills, increasing their ability to recognise and resist abusive situations. Additionally, as highlighted by O'Malley *et al.* (2021), economic interventions such as microfinance programs have shown promise in promoting women's financial independence and reducing GBV. These interventions provide women with access to credit and financial resources, enabling them to start or expand small businesses and gain control over their livelihoods.

Despite these notable contributions to the field, there is no in-depth research specifically focusing on the socio-economic interventions in eMalahleni that empower women's resilience against GBV. This, makes the case of eMalahleni different from the rest of the locations because it is an industrial town surrounded by several coal mining operations and power stations. This town is also characterised by migrant workers who came looking for employment opportunities from neighbouring countries and other provinces within the

country. Furthermore, there are no studies that have focused on the impact of urbanization on service delivery within this specific location. Therefore, this study proposal aims to bridge this gap by investigating the effectiveness of existing socio-economic interventions that are available to empower women's resilience against GBV in eMalahleni. By understanding the socio-economic factors contributing to GBV and examining the impact of interventions, this research seeks to inform policy and program development to support women better and create a safer environment in eMalahleni.

1.4. Research Problem

According to Stats SA (2020), about 30.5 million (i.e., 51.1%) of the South African population is female. As stated in Section 1.3, more than 50% of women are victims of GBV, therefore, it is important to have a comprehensive understanding of the help and its effectiveness that the victims of GBV get or have access to. The research problem of this study lies in the lack of comprehensive understanding regarding the effectiveness of socio-economic interventions in empowering women's resilience against GBV in eMalahleni. While various scholars have emphasised the importance of addressing socio-economic factors to combat GBV, there is a gap in research specifically examining the interventions implemented in this context.

By exploring the existing body of literature, it becomes evident that socio-economic factors play a significant role in shaping women's vulnerability to GBV. Poverty, limited access to resources, and gender inequalities have been identified as key determinants that increase the risk of violence against women. However, the effectiveness of socio-economic interventions, such as microfinance programs and educational initiatives, in mitigating GBV in eMalahleni remains largely unexplored.

To address this research problem, it is crucial to investigate the socio-economic interventions implemented in eMalahleni and evaluate their impact on women's resilience against GBV. By examining the existing interventions, their design, implementation, and outcomes, this research study presents empirical evidence on the effectiveness of these interventions. This knowledge can inform policymakers, practitioners, and stakeholders

in developing evidence-based strategies to empower women and create an environment resilient against GBV in eMalahleni.

1.5. Research Questions and Objectives

The research questions for this study are:

- What is the effectiveness of using the socio-economic interventions to empower women`s resilience and responce against GBV?
- What are the perceived barriers and facilitators to the effectiveness of these socio-economic interventions in supporting women's resistance against gender-based violence?
- Which effective techniques can assist the GBV victims in moving on after abuse?

The research objectives of this study are to:

- Assess and analyse the effectiveness of socio-economic interventions in empowering women to resist and overcome GBV in eMalahleni
- Identify the perceived barriers and facilitators affecting the effectiveness of socio-economic interventions in supporting women's resilience against gender-based violence.
- Determine techniques that can be effective in assisting the GBV victims in moving on after abuse.

1.6. Rationale

The rationale for conducting this research study is rooted in the pressing need to address GBV against women and to empower women in the specific context of eMalahleni. GBV remains a significant social problem with severe physical, psychological, emotional, and socio-economic consequences for women. In eMalahleni, like many other regions, women face numerous challenges contributing to their vulnerability to GBV, including poverty, limited access to resources, and gender inequalities. It is crucial to investigate the socio-economic interventions implemented in eMalahleni to understand their effectiveness in empowering women and enhancing their resilience against GBV. By gaining insights into the impact of these interventions, policymakers, practitioners, and

stakeholders can develop targeted strategies and policies to create a safer environment and support women in their journey towards sustainable women empowerment.

1.7. Delimitations of the Study

Certain boundaries delimit this research study to maintain its focus and feasibility. Firstly, the study focuses on socio-economic interventions in eMalahleni, South Africa, and does not include interventions implemented in other regions. This delimitation ensures that the research remains context-specific, considering the unique socio-cultural factors present in eMalahleni. Additionally, the study primarily examines economic empowerment and education interventions, excluding other interventions such as legal and health services. These delimitations ensure that this research analyse the impact of socio-economic interventions on women's resilience against GBV, providing valuable insights for policy and program development.

1.8. Definition of Terms

To ensure clarity and precision, the following key terms are defined in the context of this research study:

- GBV refers to any form of violence predominantly inflicted on individuals due to their gender, targeting women in particular. This includes physical, sexual, emotional, and economic abuse and harmful practices like child marriage and female genital mutilation.
- Socio-economic interventions encompass programs, policies, and initiatives designed to address the social and economic factors contributing to gender inequalities and women's vulnerability to GBV. These interventions aim to empower women through economic opportunities, education, access to resources, and the promotion of gender equality.
- Resilience refers to the capacity of individuals or communities to withstand, adapt, and recover from adversities and challenges. In this study, resilience specifically relates to women's ability to cope with and overcome the effects of GBV, enabling them to lead fulfilling and empowered lives.

1.9. Assumptions

In conducting this research study, the following assumptions were made:

- Socio-economic interventions have the potential to empower women and enhance their resilience against GBV. It is assumed that interventions focusing on economic empowerment and education access can address the underlying socio-economic factors contributing to women's vulnerability to GBV.
- An existing body of literature and scholarly work provides insights into the relationship between socio-economic interventions and women's resilience against GBV. The assumption is that relevant research studies, reports, and academic literature have been conducted on similar topics, allowing for a comprehensive review and synthesis of existing knowledge.

1.10. Outline of Chapters

This chapter has outlined the problem statement and the research questions including the aims and research objectives. The literature review is covered in Chapter 2, this includes an overview of the GBV statistics in South Africa and socio-economic interventions that are used in the helping GBV survivors. Chapter 3 details the research methodology and tasks carried out in order to address the research questions and objectives. This includes discussion on the data collection process, and techniques used to analyse the results of the research study. Results and discussions are presented in Chapter 4 highlighting the outcomes of the interviews. Chapter 5 presents the proposed framework for GBV intervention. Chapter 6 provides a conclusion and recommendations derived from the findings of the research study.

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CHAPTER 2. LITERATURE REVIEW

2.1. Chapter 2 Overview

This chapter comprehensively analyses existing scholarly research and studies investigating socio-economic interventions that empower women's resilience against GBV. This chapter explores the impact of these interventions, effective techniques to assist GBV victims in moving on after abuse, strategies for GBV awareness in socio-economic interventions, and the analytical framework that underpins the research.

2.2. Background on Gender-Based Violence

GBV remains a significant social issue affecting women worldwide. It encompasses various forms of violence, including physical, sexual, emotional, and economic abuse, disproportionately impacting women. To address this issue, scholars and researchers have emphasised the importance of socio-economic interventions that empower women and enhance their resilience against GBV. These interventions encompass a range of strategies, such as economic empowerment programs, education initiatives, and community engagement efforts. This literature review explores the effectiveness of these interventions and their potential impact on women's resilience against GBV.

2.3. Gender-Based Violence in South Africa

As stated in Section 1.3 that 51% of women in South Africa have experienced GBV. Govender (2023) stated GBV is common occurrence in South Africa that is deeply ingrained in homes, workplaces, cultures, and traditons and that GBV has far reaching conesquences beyond violence because of unequal power between genders. GBV manifests in various forms such as, *inter alia*, emotional, physical, psychological, and financial. Govender (2023) stated that documenting, reporting, intervening, and preventing GBV is a major health challenge and WHO recognizes GBV as a mjor public helath problem. Due to limited access to help such as psychological and medical support for GBV survivors, it is difficult for the survivors to reintergrate into their communities.

Saferspaces (nd) stated that there is no society that is free of GBV and South Africa is no exception. According to Govender (2023), even though the South African government

has laws and practices in place it lacks the ability to address GBV because of gender-power relations which are deeply engraved in some cultures in the country, and political and institutional will. These challenges results in GBV been seen as part of life in many communities and ther is little or no pressure from the government to address these issues.

It is difficult to obtain accurate statistics on GBV in South Africa, amongst other reasons being that most GBV incidents are not reported (Saferspace, nd). As stated in Section 1.3, South Africa has a high rates of GBV. Figure 2.1 shows that common assault was the most prevalent crime amongst men and women with assault to women being at 51 683. Assault with intent to cause bodily harm (GBH) was also higher against women at 19 960 compared to 8 294 against men. It is worth noting that there are only women reported cases of rape, and sexual assault, amongst others.

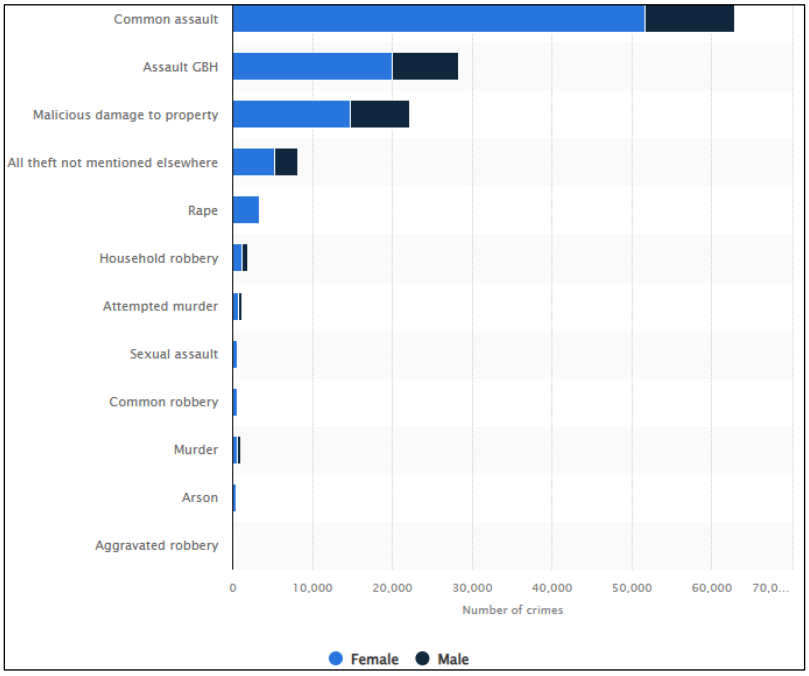


Figure 2.1 Domestic violence-related crimes in South Africa in 2022/2023.
Source: Statista (2024)

According to Stats SA (2020), approximately 50% of assaults commited against women are perpetrated by somone close to the victims such as friends, acquaintances, spouse or intimate partner, or a relative. Figure 2.2 shows distribution of assaults based on relationship of the perpetrator to the victim where friend/acquaintance, spouse/intimate

partner, and relative/other household member were 22%, 15%, 13% respectively. While assaults committed by an unknown persons were about 29%.

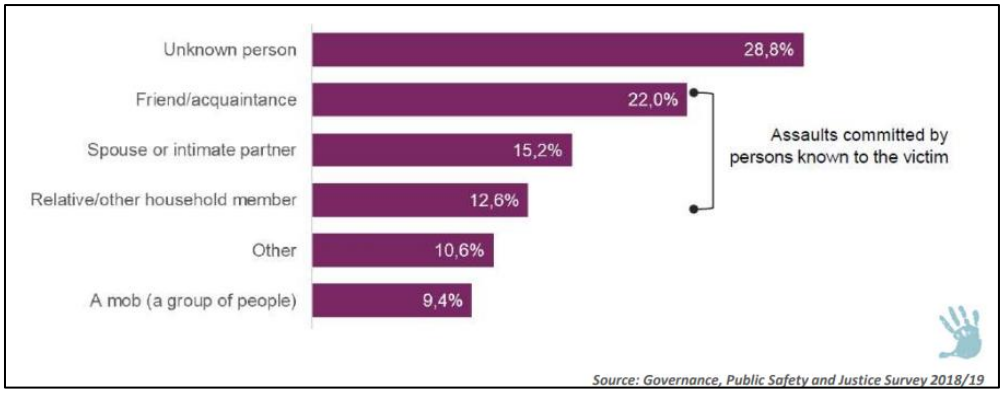


Figure 2.2 Assaults committed by a specified perpetrator: 2018/2019
Source: Stats SA (2020)

Stats SA published a report in 2018 aimed at assessing the trends in, and extent of victimisation of women, and the perception of crime by women in the country. The report discusses the statistics for some types of crimes perpetrated against women. Stats SA used coefficient of variation (CV) to assign a quality level based colour for each estimate. The coefficient of variation is defined as a measure of the relative size of error as shown in Equation 1. Table 2.1 depcits the range and interpretation of the quality levels based on the CVs.

$$100 \times \left(\frac{Standard\ error}{Estimate\ value}\right) \qquad [1]$$

Table 2.1 Quality levels based on CVs.

Coefficient of variation range	Level	Interpretation
0 – 16.5		Quality statistics (reliable estimates)
16.6 – 33.4		Acceptable estimate (use with caution)
33.5 - 100		Poor estimate (not fit for use)

Source: Stats SA (2018)

Stats SA (2018) stated that perceptions and attitudes are pivotal in shaping human behaviour. Cultural and religious bliefs paly an important role in how women are treated in society, including the attitudes women have about themselves. Table 2.2 shows that across all racial groups there is a perception that it is acceptable for man to hit women. The African men ranks the top with the 3.8% of individuals who think it is acceptable for a man to hit a woman. Furthermore, most white women, ranking at 2.6%, think it is acceptable for men to hit women coampred to a 2.5% ranking of African women. The response from white women was unexpected because majority of white women live in urban areas where there is better exposure to human rights matters and liberal thinking. Overall, African and coloured men ranks top compared to women of the same group. While white and Indian/asain men rank below compared to women of the same group.

Table 2.2 Views on whether it is acceptable for a man to hit a woman

Population group	Men	CV (%)	Women	CV (%)
African	3.8	7	2.5	10
Coloured	1.5	30	0.9	41
Indian/Asian	1.0	73	1.1	58
White	1.4	36	2.6	26
Total	**3.3**	**2**	**2.3**	**9**

Source: Adapted from Stats SA (2018)

There were occasions where it was deemed justifiable for a man to physically discipline a woman. These circumstances encompassed instances where a husband suspected his wife of leaving without notifying him, when she neglected their children, during arguments, if she declined sexual intimacy, or when she improperly cooked or burnt food. The repsonses from both men and women were not significantly different, although responses from women were slightly lower. According to Stats SA (2021), some people think it is justifiable to beat a woman if she has an intercourse with another man or woman (about 5.6%), if she neglects the children (about 3.3%). Overall, about one in four women aged 18 years and above have experienced physical, sexual, or emotional violence from their intimate partner (Stats Sa, 2021).

GBV worsens gender inequality, thus, hampering and/or nullyfying the role of women in the society. It is important the GBV is eradicated in our society because its negative impacts are dire. In an article, the African Health Organisation (2021) stated that no leadership development on health equity in South Africa wil be complete without a comprehensive study of normalization and pervasiveness of GBV which is important because:

- " Violence in women's lives ranks higher than smoking, obesity or high blood pressure as a contributor to death, disability and illness;
- There are significant links between GBV and a range of other sexual and reproductive health problems, including sexually transmitted disease, forced and unwanted pregnancy, unsafe abortions, traumatic fistula, maternal morbidity and mortality, adverse pregnancy outcomes and even death;
- There is a significant association between perceived or actual HIV-risk and higher levels of GBV. UNAIDS points out that women who have been physically or sexually abused are 50% more likely to acquire HIV in some regions of the world;
- The WHO indicates that women who have been physically or sexually abused are 16% more likely to have a low-birth-weight baby, and they are twice as likely to have an abortion;
- Evidence from India has established a link between GBV and chronic malnutrition;
- Female victims of violence exhibit risk-taking behavior, such as unhealthy feeding habits, substance abuse, alcoholism and suicidal tendencies; and
- Female victims of violence experience psychological distress and challenges with mental health."

2.4. Various Types of Common Crimes

There are various crimes experienced by citizens of South Africa irrespective of gender. There crimes include theft, hijacking, robbery, sexual, assault, and fraud, amongst others. Figure 2.3 depicts the forms of individual crimes experienced in South Africa. Stats SA

(2018) stated that the estimates of the percentage of men who experienced sexual offence and women who experienced hijacking were poor estimates and cannot be relied on. Women experienced a high level of theft of personal property, followed by assault, robbery, sexual offence, and fraud.

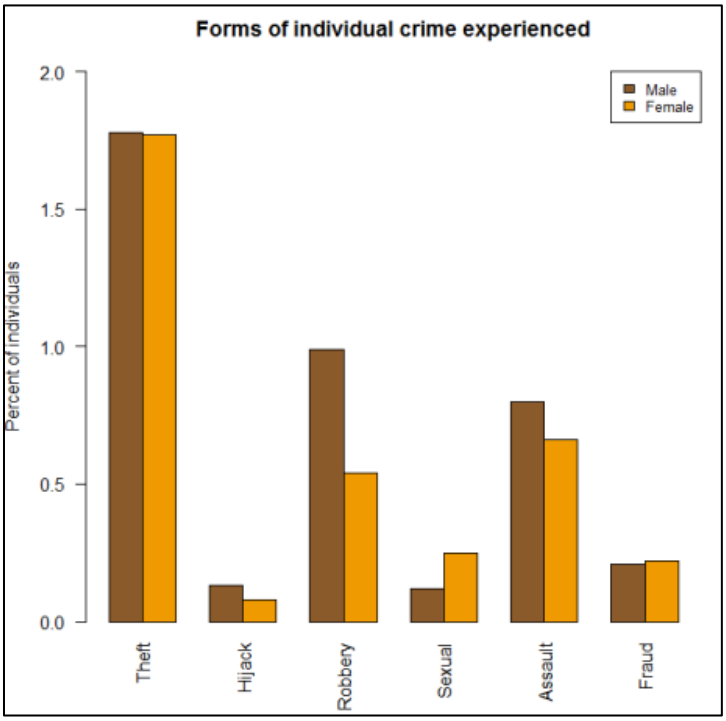


Figure 2.3 Types of crime experienced in South Africa
Source: Stats SA (2018)

Stats SA (2018) investigated the percentage of women victims who have experienced varuios crimes for the period 2016/2017 where is population was aged 16 and above. The results are illustrated in Table 2.3. Wome victims fo sexual offence is 68.5% compared to 31.5% of men. Furthermore, women are also more vulnerable to theft and fraud compared to men.

Table 2.3 Women victims who experienced crime for the period 2016/2017

Crime experienced	Percentage of victims (%)	CV (%)
Theft of personal property	51.7	6
Hijack of motor vehicle	40.9	33
Street robbery	37.1	13
Sexual offence	68.5	13
Assualt	46.7	11
Fraud	53.8	19

Source: Adapted from Stats SA (2018)

Stats SA (2020) stated that one in five women has suffered physical violence by a partner in their lifetime as shown in Figure 2.4. Overall, women are more likely to be victims of physical violence compared to sexual violence because the percentage of physical violence is higher than that of sexual violence both ever experienced and in the past 12 months categories.

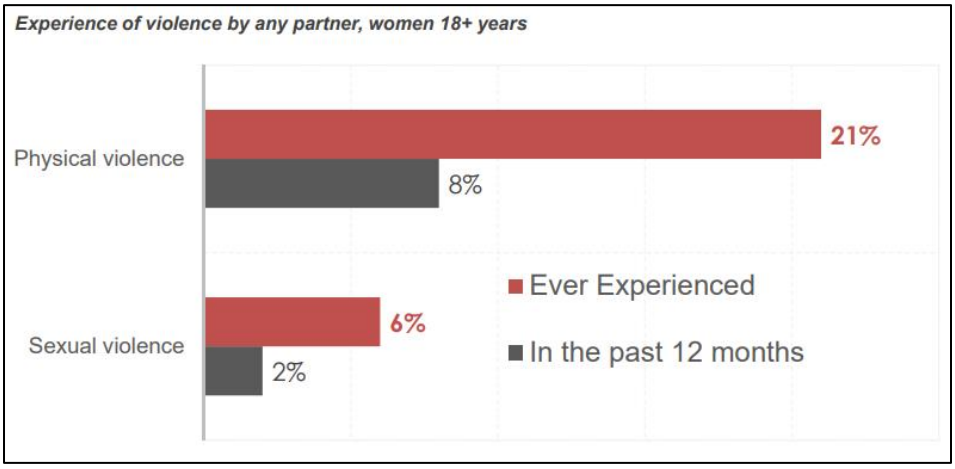


Figure 2.4 Women who have experienced violence by any partner
Source: Stats SA (2020)

The top five provinces with the highest experience of sexual and physical violence against women are Eastern Cape, North West, Mpumalanga, Free State, and Western Cape.

Eastern Cape has the highest physical violence at 31.6% while North West has the highest sexual violence at 11.8%. Mpumalanga, where eMalahleni is situated, has 7% for ever experienced sexual violence and 26.4% for ever experienced physical violence (see Figure 2.5).

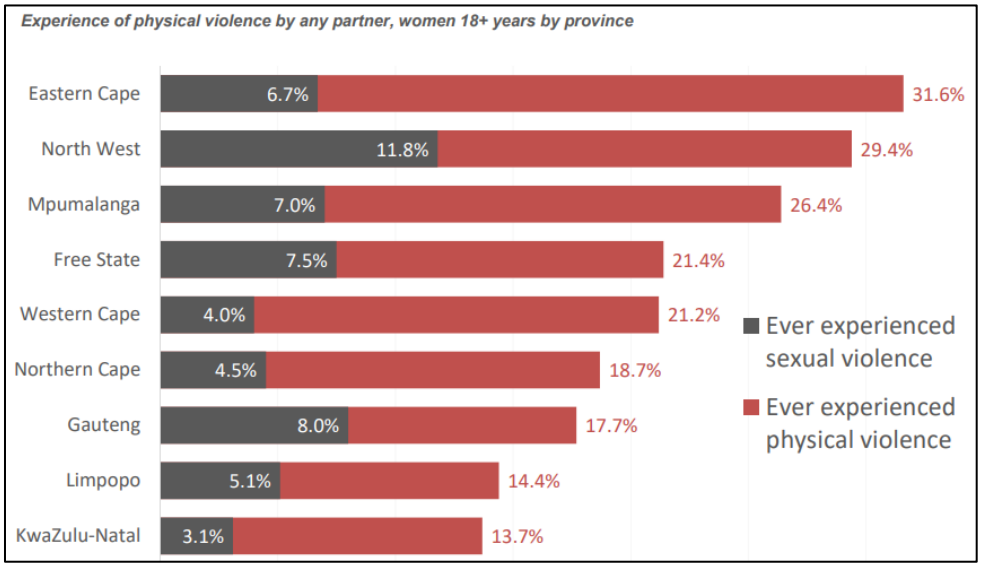


Figure 2.5 Sexual and physical violence by any partner
Source: Stats SA (2020)

Figure 2.6 depicts that women who are separated or devorced are more likely to experience physical or sexual violence compared to other women in relationship statuses such as cohabiting, widowed, never married, and married. Seperated or devorced women rank high on ever experienced physical violence and ever experienced sexual violence categories with 40% and 16% respectively. The second women relationship status that is likely to experience violence is living together with 31% and 10% for ever experienced physical violence and ever experienced sexual violence respectively.

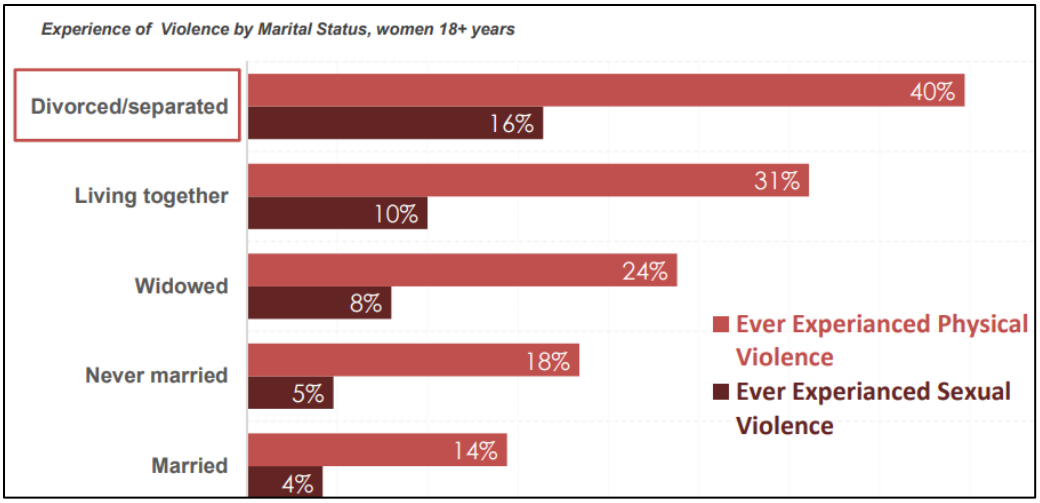


Figure 2.6 Women who have experienced violence by marital status
Source: Stats SA (2020)

2.5. Effectiveness of Reporting of Crimes

After determining the various types of crimes that are experienced by women, it is important that the reporting of these crimes to the South African Police Services (SAPS) is investigated. SAPS is plays an important role in maintain law and order in South Africa. Its vision encompasses creating a safe and secure environment for all people in the country. Table 2.4 shows that there are only four of the six pairs of estimates that are usable statistics based on the CV, namely theft, hijack, robbery, and assault. Most women reported crimes related to hijacking and assault with a percentage of approximately 72% and 62% respectively. Failure to report crimes to the SAPS is a challenge in gathering data for crime statistics. There are various reasons that lead to victims not to report crimes such as the victims belief that police will do nothing, can do nothing to help the victims, or the victims have had unsatisfactory experience with the SAPS in the past (Stats SA, 2018).

Table 2.4 Crimes reported to the SAPS

Type of crime	Crime reported by men (%)	CV (%)	Crimes reported by women (%)	CV (%)
Theft of personal property	34.0	11.8	25.9	15.1
Hijack of motor vehicle	62.7	27.9	72.3	27.6
Street robbery	33.2	15.8	28.7	24.3
Sexual offence	8.2	97.9	30.2	34.6
Assualt	33.3	19.3	62.1	12.4
Fraud	38.2	40.3	24.6	38.9

Source: Adapted from Stats SA (2018)

In its investigation, Stats SA (2018) found that only two meaningful comparisons can be made from the data collected where theft and assault had CV values within the acceptable limits. For theft, only 17.7% of women were satisfied with the SAPS compared to 30.4% for men, while for assault there were 56.2% women who were satisfied with the SAPS compared to 33.7% for men.

Figure 2.7 shows that a growing disparity exists in the level of satisfaction between police services and the overall handling of perpetrators by the courts. he satisfaction levels for both police services and courts exhibited a decline, reaching 54.2% and 41.1% in 2017/2018, respectively. The decline indicates that the institutions' poor performance may lead victims to believe that reporting violent crimes will not result in effective assistance.

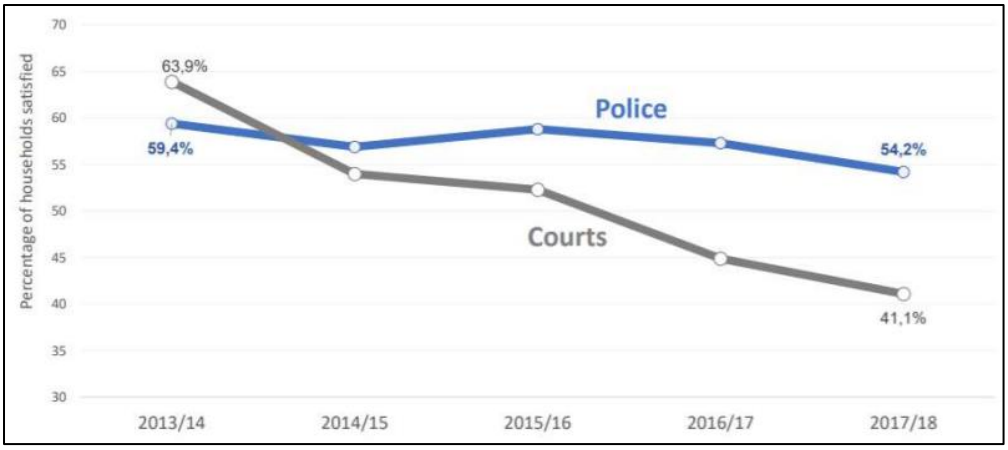


Figure 2.7 Percentage of households satisfied with the police or the courts
Source: Stats SA (2020)

2.6. Socio-Economic Intervention and Women's Resilience in South Africa

The socio-economic landscape of South Africa is marked by a history of racial and gender inequalities. However, research reveals a powerful connection between targeted socio-economic interventions and the resilience of women in these communities. Studies by organizations like the World Bank highlight how initiatives promoting financial literacy and access to microloans empower women to become entrepreneurs (World Bank, 2020). These businesses not only provide income security but also foster a sense of agency and self-worth, crucial aspects of resilience (Norris *et al.*, 2008).

Furthermore, interventions that address childcare and access to education create a ripple effect. When women are freed from the burden of constant childcare, they can pursue further education or participate in skills training programs. This not only increases their employability but also equips them with the knowledge and skills to navigate the complexities of the modern economy. This newfound economic independence strengthens their voice within the household and community, further bolstering their resilience in the face of challenges (Chant, 2007). The South African experience demonstrates a clear link between socio-economic interventions and women's resilience. By empowering women economically and educationally, we equip them with the tools to not only survive but also thrive in a challenging environment. This creates a virtuous cycle where women's resilience strengthens families, communities, and ultimately, the nation.

2.7. Impact of Using Socio-economic Interventions to Empower Women's Resilience against GBV

2.7.1. Impact of economic empowerment

Scholars such as Kabeer (2019) have highlighted the impact of economic empowerment interventions in reducing women's vulnerability to GBV. Microfinance programs, for example, provide women with access to credit and financial resources, enabling them to start or expand small businesses and gain control over their economic lives. Studies by Duvvury *et al.* (2020) and Miedema *et al.* (2021) demonstrate that economic empowerment interventions positively influence women's agency, autonomy, and ability to resist and overcome GBV.

Figure 2.8 shows that the official and expanded unemployment rates for women in South Africa stand at 32.4% and 43.4%, respectively.

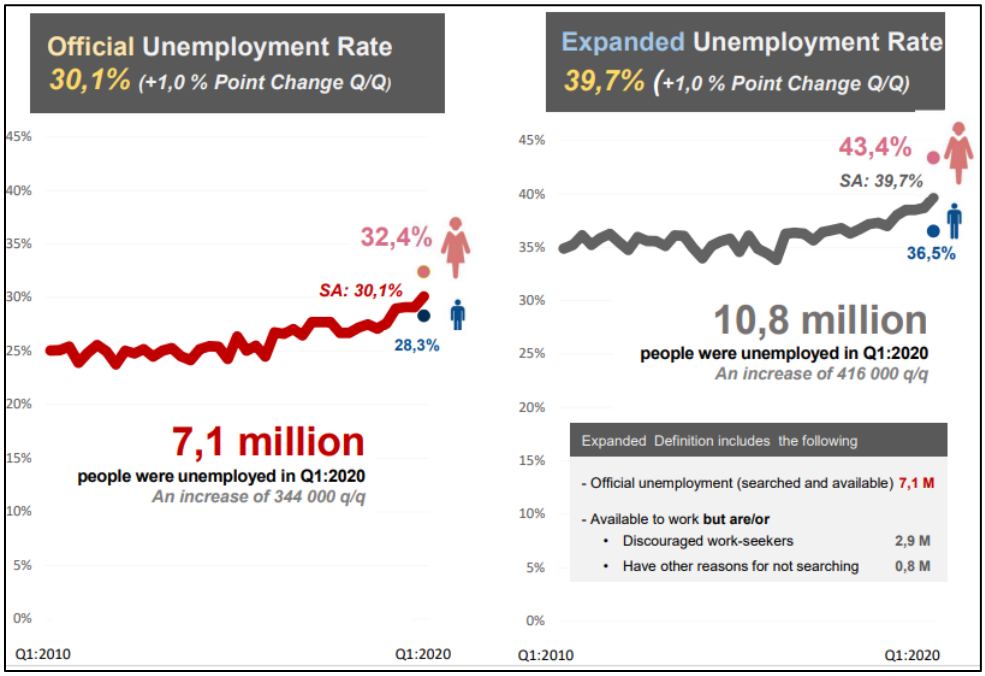


Figure 2.8 Unemployment rates in South Africa
Source: Stats SA (2020)

Unfortunately, this situation has adverse implications for the fight against GBV. Many women find themselves economically dependent on their intimate partners, even when

they experience violence at their hands. Consequently, they may choose to endure such situations due to the need for financial support.

In 2018, South Africa had 39.2% of woman-headed households without any employed household members as shown in Figure 2.9. The top five provinces with highest percentages of households lacking employed members are Limpopo (52.5%), Eastern Cape (48.9%), North West (46.2%), Northern Cape (44.0%), and Mpumalanga (42.3%). These statistics highlight the economic challenges faced by many women-headed households in South Africa.

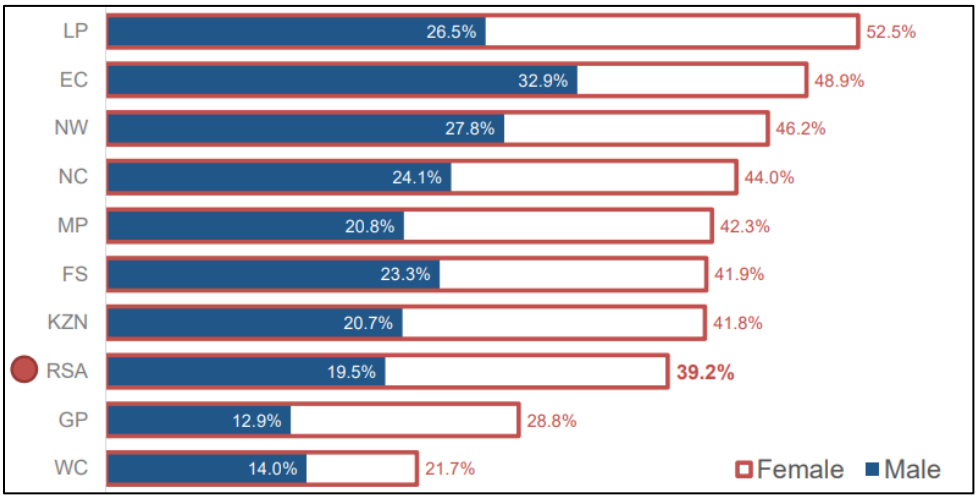


Figure 2.9 Woman-headed households with unemployed household member
Source: Stats SA (2020)

Approximately 56% of men believe that income is a catalyst for women to be truly independent. On the contrary, on average there are about 64.7% of South Africans believe that if women earn more than their partners, it will cause troubles. This average percentage constitutes of 67.5% of men and 62.2% of women (Stats SA, 2021). In Figure 2.10, it is evident that gender pay gap in terms of median monthly earnings was below parity at 76%, although it is an improvement from the 71% in 2013. Ensuring that women have financial independence is important because there is a negative correlation between economic freedom and likelihood of being a victim. Figure 2.11 depicts that as the wealth quintile increases, the prevalence of physical and sexual violence decreases.

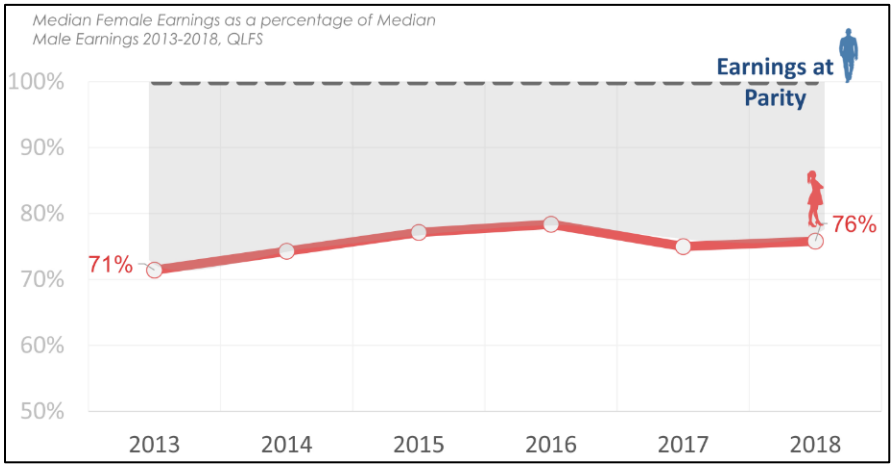


Figure 2.10 Gender pay gap between women's and men's median monthly earnings
Source: Stats SA (2021)



Figure 2.11 Wealth reduces violence against women
Source: Stats SA (2020)

2.7.2. Impact of education

Education is crucial in empowering women and enhancing their resilience against GBV. Scholars like Heise and Kotsadam (2020) emphasise the importance of comprehensive sex education to challenge traditional gender norms and promote healthy relationships. Furthermore, as explored by Jansen *et al.* (2019), community-based awareness

programs have shown promise in changing social norms and attitudes towards GBV, creating supportive environments for survivors and reducing the prevalence of violence.

There is a correlation between level of education and the likelihood of women being abused by their partners. Figure 2.12 shows that physical violence was higher among less-educated women than those with secondary education or higher. Categories of women who has no formal education, did not complete primary school, or completed primary school have experienced greater physical violence. While as the education level increases, the physical abuse experienced by women declines. This may be alluded to better exposure to human rights matters and liberal thinking.

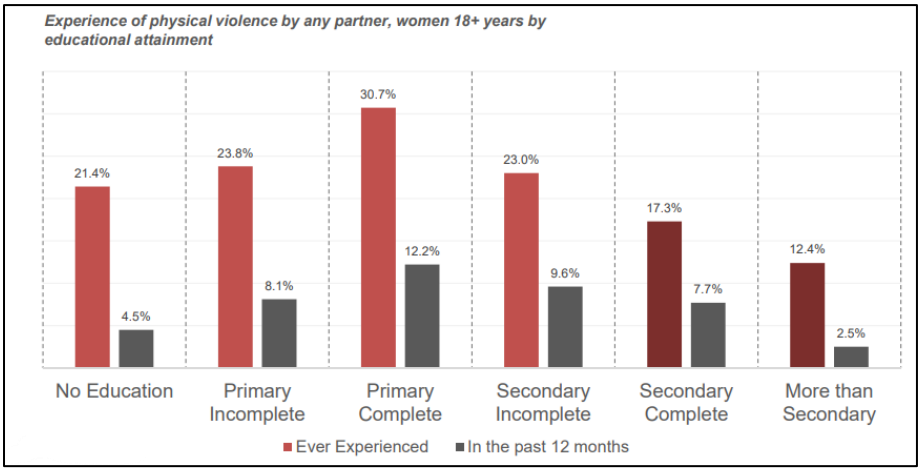


Figure 2.12 Physical violence experienced by women by education level
Source: Stats SA (2020)

South Africa is still highly unequal in terms of education access for male and female, which leaves women lagging behind in terms of socio-economic opportunities. More than four in every ten young women were not in employment, education or training. Figure 2.13 shows that most women do not attend school due to lack of funds. It is worthnoting that about 17% of women did not attend school sighting family commitment compared to 0.3% of men.

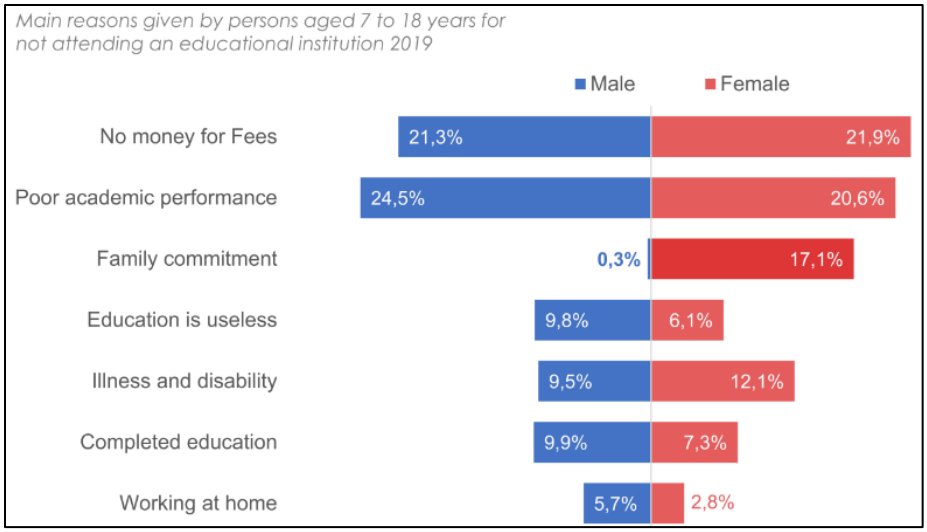


Figure 2.13 Reasons given by women for not attending school
Source: Stats SA (2021)

Figure 2.14 shows that in the first quarter of 2020, there was approximately 45.4% of women who were not in employment, education or training. This is a challenge because the violence perpetrated against women due to lack of self-sustainance will perpetuate, thus, rendering any socio-economic interventions ineffective because women will still depend on their male counterparts for a normal livelihood.

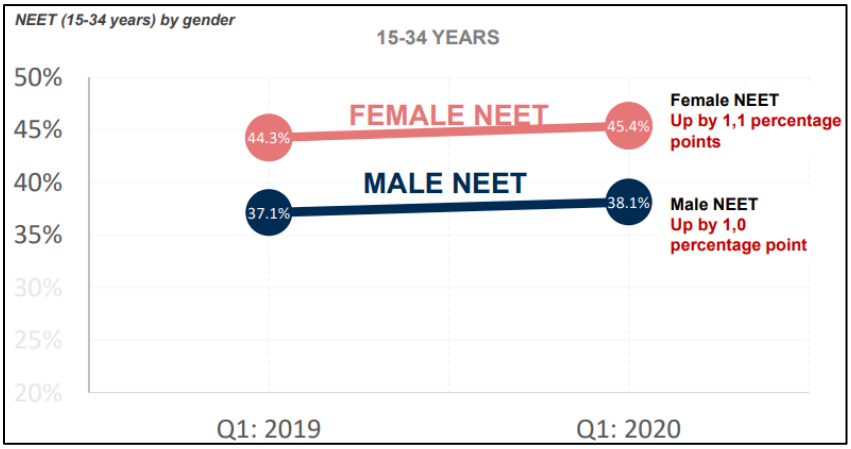


Figure 2.14 Women not in employment, education or training
Source: Stats SA (2020)

2.7.3. Impact of community support

Socio-economic interventions that are culturally relevant and involve community engagement are more effective in enhancing women's resilience against GBV than interventions that are not culturally relevant or lack community engagement.

The literature consistently suggests that socio-economic interventions that take into account the cultural context and actively involve the community have a greater likelihood of enhancing women's resilience against GBV. When interventions are culturally relevant, they align with local norms, values, and practices, making them more acceptable and effective in addressing GBV within specific communities. Additionally, community engagement plays a crucial role in fostering ownership, support, and sustainability of interventions. By involving the community in the design, implementation, and evaluation of interventions, they become more responsive to the unique needs and challenges faced by women in that particular context.

2.8. Effective Techniques to Assist GBV Victims in Moving on After Abuse

2.8.1. Counseling and support services

Scholars like Campbell *et al.* (2020) highlight the importance of counselling and support services in helping GBV victims recover and rebuild their lives. Access to trauma-informed counselling, legal aid, and safe shelter facilities can facilitate the healing process and empower survivors to overcome the effects of abuse.

2.8.2. Economic empowerment and livelihood support

Economic empowerment and livelihood support are crucial in assisting GBV victims in achieving financial independence and self-sufficiency. Studies by Warrick (2019) and Peterman *et al.* (2021) demonstrate that interventions focused on income generation, vocational training, and entrepreneurship opportunities enable survivors to secure stable incomes, reduce their dependency on abusers, and regain control over their lives.

Women who receive economic empowerment interventions are less likely to experience GBV than women who do not receive such interventions. The existing literature provides substantial evidence that economic empowerment interventions can significantly reduce

the risk of GBV among women. These interventions aim to provide women with economic resources, skills, and opportunities, enabling them to assert independence, make informed choices, and challenge the power dynamics that perpetuate violence. Studies conducted by Peterman *et al.* (2021) and Warrick (2019) support this proposition, demonstrating that women who receive economic empowerment interventions are not only less likely to experience GBV but also have greater agency in decision-making processes. These interventions, which include initiatives such as financial literacy training, microfinance programs, and vocational training, have shown positive impacts on reducing GBV and promoting women's overall well-being.

2.9. Implementation of Effective Strategies for GBV Awareness

2.9.1. Community mobilisation and engagement

Community mobilisation and engagement are essential components of effective strategies for GBV awareness in socio-economic interventions. Scholars such as Andersson *et al.* (2020) emphasise the importance of involving community members, leaders, and organisations in designing and implementing interventions. By promoting dialogue, raising awareness, and challenging social norms that perpetuate GBV, community-based approaches contribute to long-term behaviour change and sustainable impact.

It is important for the victims of violence to know where to seek help. Stats SA (2018) investigated the knowledge of the participants whether they know places of safety and shelters should they fear of becoming victims intensity and/or they become victims of crime. Both male and female participants shown that they only have 9% knowledge of areas of help. Of these areas, 50% are state-run institutions. Furthermore, Stats SA investigated the time it takes to travel to a shelter or place of safety (See Figure 2.15).

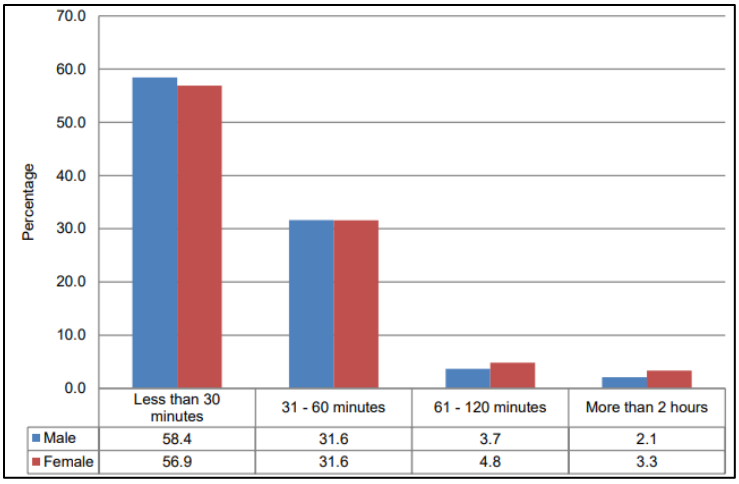


Figure 2.15 Time taken to travel to a shelter or place of safety
Source: Stats SA (2018)

Figure 2.15 shows that men and women have equal access to shelters and places of safety for victims of domestic violence. Approxiamtely 93% percent of these areas accessible within 30 minutes of travel. The report did not spcify is the travel time was measured based on walking or using mobile transport.

2.9.2. Multi-sectoral collaboration

Addressing GBV requires a multi-sectoral approach that involves collaboration between government agencies, non-governmental organisations (NGOs), civil society, and other relevant stakeholders. Research by Abramsky *et al.* (2020) highlights the significance of coordinated efforts to ensure comprehensive support, legal protection, and access to essential services for survivors. This collaboration enhances the effectiveness of socio-economic interventions by addressing the complex and interconnected factors that contribute to GBV.

According to Gouws (2022), South Africa once boasted one of the most effective national gender apparatuses worldwide. Within its framework were established bodies within the legislative realm, such as the Joint Monitoring Committee on the Quality of Life and the Status of Women, and the multiparty women's caucus. Additionally, structures existed within the executive branch, exemplified by the Office of the Status of Women, as well as the independent constitutional entity, the Commission for Gender Equality. Regrettably,

the majority of these essential structures have been disassembled and supplanted by a Ministry for Women, Youth, and People with Disabilities, which unfortunately operates dysfunctionally. This ministry, tasked with addressing GBV, fails to effectively fulfill its intended interventions

Gouws (2022) further stated that South Africa lacks a cohesive and vibrant women's or feminist movement. The Women's National Coalition, which played a pivotal role in advancing feminist ideals during the democratic transition of the 1990s, has fragmented and dissolved over time. Instead, activism manifests sporadically through issue-oriented initiatives, exemplified by campaigns such as #TotalShutDown and #EndRapeCulture. Although commendable, this form of activism lacks the sustained pressure on the government necessary for meaningful action.

2.10. Government Interventions on GBV

2.10.1. National strategic plan

The South African government developed the National Strategic Plan (NSP) on Gender-Based Violence and Femicide 2020-2030 focusing on strengthening multi-sectoral coordination, collaboration, and programming to address historic trauma and build caring communities. This plan emphasizes the need for a flexible and light institutional structure to effectively respond to emerging needs. The NSP is founded on women’s right to be free from violence, as emphasized by various movements and declarations, and builds upon previous government work and recommendations. The main focus of the plan is that it (Interim Steering Committee, 2020):

- aims to strengthen coordination across different government levels and sectors, emphasizing trust-based relationships and effective feedback mechanisms.
- highlights the importance of accountability, coordination, and resources to address gender-based violence and femicide effectively.
- calls for the establishment of a responsive, inclusive institutional infrastructure to support the plan's rollout and national response to GBVF.

- Outlines the main interventions such as urgent response to victims, broadening access to justice, changing social norms, strengthening existing structures, and creating economic opportunities for vulnerable women.
- Presents the strategies focusing on state and societal accountability, prevention, addressing harmful norms, and rooting the response in communities.
- Lists the implementation modalities involving the national council on gender-based violence and femicide, parliament, the presidency, and respective government departments to ensure successful implementation of the plan.

Figure 2.16 presenta the approach taken by the South African government in addressing the scourge of GBV. It emphasizes the importance of accountability and coordination leadership amongst the different government department and other sectors. Furthermore, it highlights, *inter alia*, the importance of providing adequate response to the victims of GBVF and providing care support and healing.

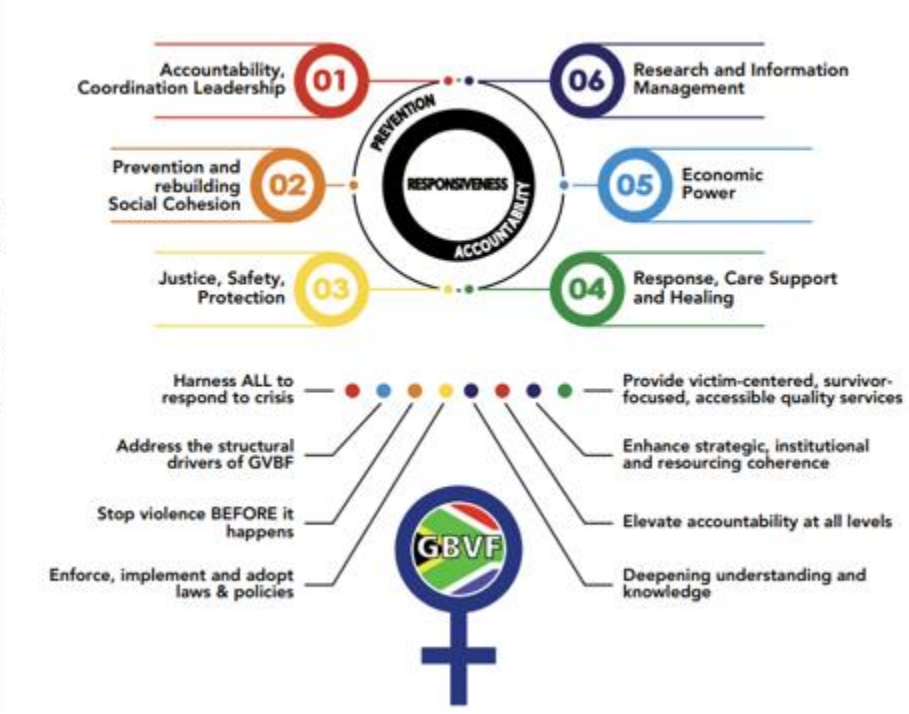


Figure 2.16 Overview of national strategic response
Source: Interim Steering Committee (2020)

Government adopted a multi-sectoral approach in fighting GBV and their functions and roles are described in Table 2.5. The aim of this approach is to ensure that the levels of GBV incidences are reduced if not completely eradicated from the society.

Table 2.5 Functions and roles to be played by various sectors

Role player	Functions and roles
National Council on GBVF (NCGBVF)	• Act as an independent and non-partisan Advisory Body. • Draft legislation defining powers and functions of the NCGBVF.
Inter-Ministerial Committee	• Facilitate political liaison in NCGBVF processes. • Ensure financial support, spending approvals, and policy inputs for NCGBVF.
All government departments	• Align strategic plans with NSP outcomes. • Allocate budgets for respective pillars in the NSP.
Civil society organizations	• Advocate for NSP implementation and resourcing. • Develop messages addressing social, economic, and cultural drivers affecting women, children, and LGBTQIA+ persons.
Private Sector	• Support NSP implementation through funding and partnerships. • Promote workplaces as platforms to respond to and prevent GBV
Development sector	• Support local, provincial, and national actions for NSP implementation. • Aid in capacity development of government for healthcare and other sectors.

There are various challenges that impede the implementation of GBV interventions, amongst others, are (Interim Steering Committee, 2020):

- Poor implementation of the laws, policies, and commitments related to GBV interventions, consequently leading to gaps in service provision and coordination among stakeholders.

- Lack of reliable and accurate data and inadequate research on GBV incidents. These factors negatively impact the policy formulation, planning, and resource allocation to ensure that the interventions are effective.
- Limited Understanding of Specific Groups: There is a lack of data on the prevalence and experiences of GBVF among marginalized groups such as LGBTQIA+ persons, women with disabilities, and specific occupational groups like farm workers and sex workers.
- Inadeqaute knowledge and the impact of economic and financial abuse on women and children.
- Lack of a comprehensive and well-resourced national strategy that coordinates efforts and guides service provision poses a significant challenge to implementing GBV interventions effectively.

It is worth noting that the NSP does not identify lack of educating males about GBV as one of the key factors in the ineffectiveness of the GBV interventions. This may be due to oversight or lack of research as stipulated above.

Some of the interventions established by the government in fighting GBV are (Interim Steering Committee, 2020):

- Integration of GBV prevention into various programs such as programs addressing alcohol abuse, HIV prevention, and economic empowerment.
- Roll out evidence-based prevention interventions targeting school children and institutions of higher learning.
- Implement community-based interventions are to address harmful gender norms and build safe communities.
- Ensure online safety and digital security for the public by rolling out cyber-awareness programs.
- Leverage on strong leadership and multi-sectoral coordination to respond to GBV strategically.
- Develop and effectively implement a comprehensive national prevention strategy to change behavior and social norms driving GBV.

- Prioritise the economic needs of survivors through economic opportunities within job creation initiatives.
- Establsih research and information management systems to support the fight against GBV.

2.10.2. SAPS and courts

SAPS

Interim Steering Committee (2020) emphasised that the police play a crucial role in responding to and investigating cases of gender-based violence (GBV). They are responsible for collecting evidence, ensuring the safety of victims, and facilitating the progression of cases through the criminal justice system. Additionally, the police are tasked with enforcing legislation related to GBV and providing victim support services at police stations. Substantial percentage of police officers had limited knowledge of the provisions relating to their responsibilities. Thus, it may be suggested that police officers view domestic violence as a private family matter, rather than a crime. It was concluded that women withdraw their cases as a result of the inefficient and unfriendly court process including long waiting periods due to a shortage of staff to process their applications for protection orders (Interim Steering Committee, 2020).

There are various challenges that were identified which negatively impact the police from conducting their duties effectively when dealing with GBV victims such as (Interim Steering Committee, 2020):

- Lack of adequate Victim-Friendly Rooms (VFRs) in the police stations.
- Inadeqaute training and sensitization when dealing with GBVF matters such as training concerning understanding of secondary victimization.
- Inefficeint fucntionign of victim-friendly facilitities such as Thuthuzela Care Centres (TCCs) to strengthen the GBV Command Centre and helpline infrastructure.
- Inadeqaute resourcing of infrastructure and human capital to ensure effective service delivery.

Courts

Courts play a crucial role in fighting GBV by ensuring justice, holding perpetrators accountable, and providing protection to survivors. They facilitate the legal process, enforce laws, and provide a platform for survivors to seek justice and reparations. Courts face challenges such as backlogs of GBV cases, lack of resources, and the need for specialized training for personnel dealing with GBV matters. Ensuring victim-friendly court environments, addressing secondary victimization, and enforcing legislation effectively are key challenges (Interim Steering Committee, 2020).

Victims of GBV face obstacles like lack of access to efficient justice, stigma, fear of retaliation, and inadequate support services. They may also encounter difficulties in reporting cases, navigating the legal system, and receiving comprehensive care and protection (Interim Steering Committee, 2020).

2.10.3. Government: Thuthuzela Care Centres

The government established the Thuthuzela Care Centres (TCCs) as places of safety and care for all gender identities, including cisgender women, transgender women, and gender non-conforming persons who are survivors of GBV. TCCs aim to provide rapid and sensitive responses to survivors, offer psychosocial support services, and ensure seamless integrated service delivery across different service providers. However, many TCCs lack victim-friendliness, with issues such as insensitive emergency medical services and police staff, inadequate counseling rooms for privacy, and a lack of child-friendly environments despite children representing a significant percentage of cases (Interim Steering Committee, 2020).

Furthermore, challenges with accessing funding often put rural shelters at a disadvantage, limiting their ability to provide comprehensive services and cater to the needs of women's children accompanying them to shelters (Interim Steering Committee, 2020).

Victims of GBV encounter similar challenges within support centers, mirroring those experienced by law enforcement, courts, and trauma counseling centers.The main challenges are (Interim Steering Committee, 2020):

- Many TCCs lack sensitivity, with insensitive emergency medical services (EMS) and police staff, inadequate counseling rooms for privacy, and only half having a separate entrance for perpetrators. Only half of the TCCs have a separate entrance for perpetrators, which is a concern as it contributes to secondary victimization.
- Many TCCs are not child-friendly despite children representing 60% of cases, indicating a lack of consideration for the needs of children accompanying women to shelters.
- Lack of accountability and responsibility in effectively addressing GBV contributes to secondary victimization at TCCs, highlighting a systemic issue in providing support to victims.

Figure 2.17 illustrates the number of Thuthuzela Care Centres in the various provinces. It is worth noting that Mpumalanga and Free State have only four centres each while they are amongst the top five provinces that reported high levels of GBV as discussed in Section 2.4. The TCCs in Mpumalanga are located in Ermelo Hospital, Themba Hospital, Tonga Hospital, and Witbank Hospital.

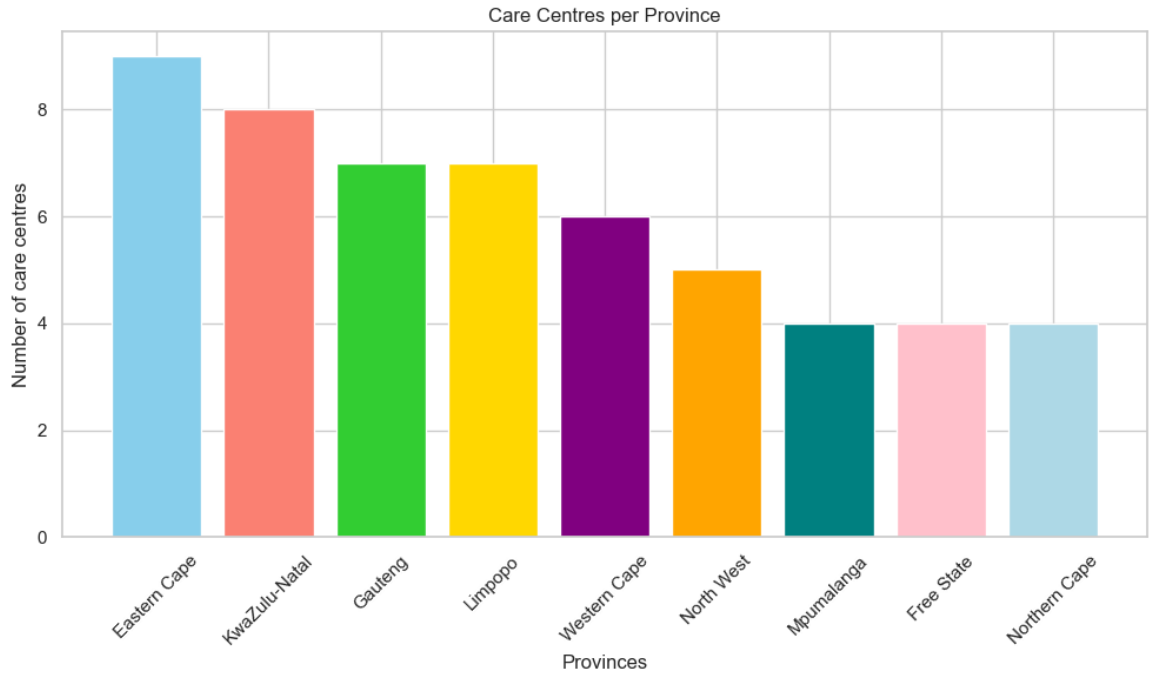


Figure 2.17 Thuthuzela Care Centres in South Africa

As stated above, Mpumalanga has four TCCs which are inadequate to provide the necessary care and support in the whole province as shown in Figure 2.18. Mpumalanga Province is approximately 7.6 million hactares in surface area and most part of it has occupants. Therefore, it can be concluded that majority of the citizens such as those living in rural areas are not catered for by the province in terms of GBV support through TCCs.

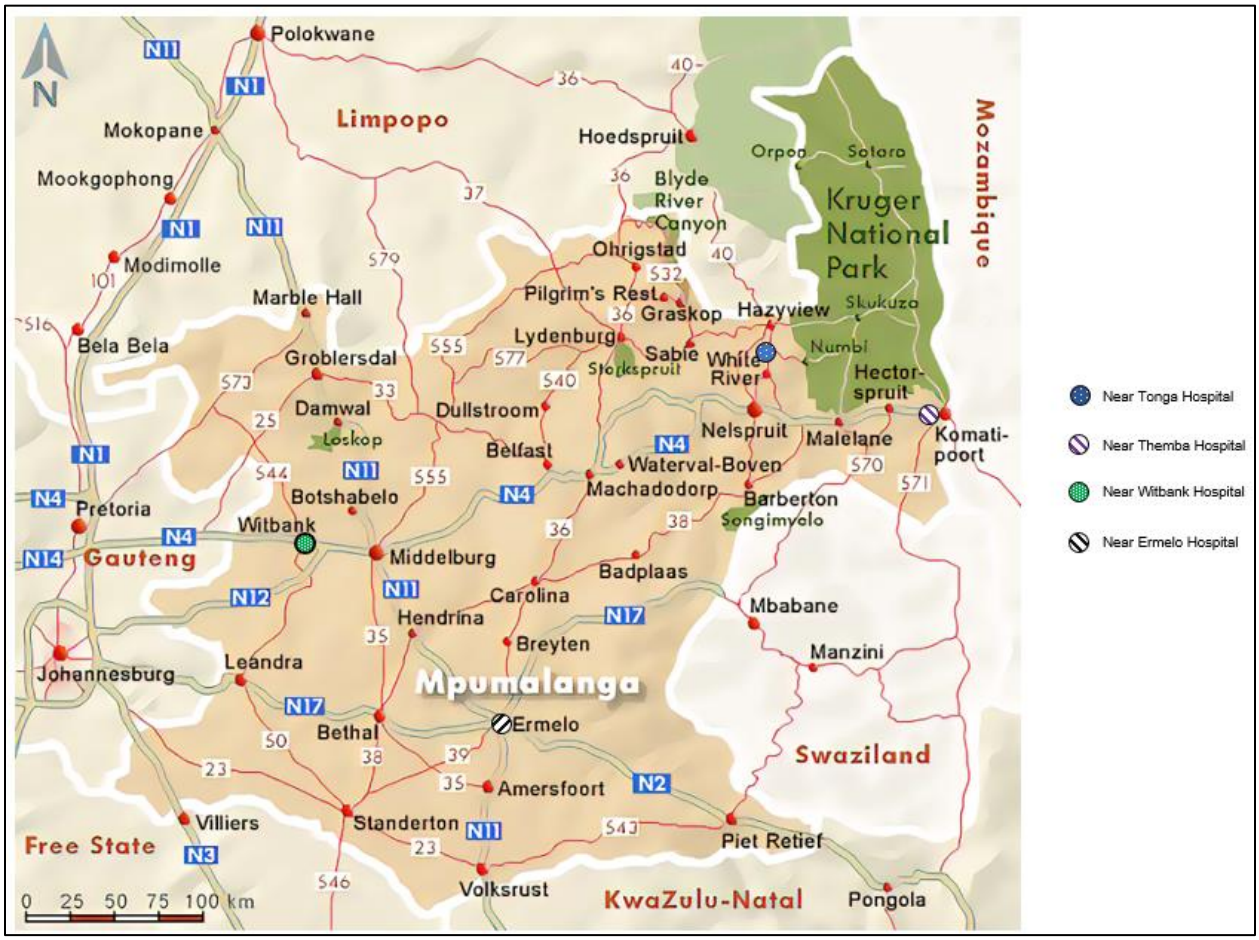


Figure 2.18 Appromixate locations of TCCs in Mpumalanga Province
Source: Map was adapted from Suedafrika.net

2.11. Summary of Chapter 2

This chapter offered a comprehensive examination of various types of crime, encompassing violent offenses, and their impact on women in South Africa. While the primary focus was on the victimization of women, the report would have been deficient without addressing comparisons regarding the impact of crime on men. It is evident that

education, and financial independency of women will reduce the scourge of GBV, amongst other factors. The literature review highlights the significance of socio-economic interventions in empowering women's resilience against GBV. Economic empowerment interventions, education and awareness programs, and effective techniques to assist GBV victims are all important components of interventions that address GBV. Additionally, community mobilisation, multi-sectoral collaboration, and the integration of theoretical frameworks contribute to the effectiveness of these interventions. The next chapter presents the research methodology adopted for this study.

CHAPTER 3. RESEARCH METHODOLOGY

3.1. Chapter 3 Overview

This chapter discusses the approaches adopted for conducting this research study. It presents the research approach employed and the case study research design selected because it allows for indepth exploration of complex phenomenon. Procedure for data collection, and measures taken to ensure confidentialiy and anonymity of the participants are presented.

3.2. Research Approach

The research approach employed in this study is qualitative. Qualitative research allows for an in-depth exploration and understanding of complex phenomena, such as the socio-economic interventions that empower women's resilience against GBV in eMalahleni. Using this approach, the study aims to capture the rich and contextualised experiences, perspectives, and insights of individuals involved in the interventions. The qualitative approach enables a deeper understanding of participants' subjective experiences and comprehensively analyses the factors influencing women's resilience against GBV.

3.3. Research Design

The research design selected for this study is a case study research design. A case study design allows for an in-depth examination of a specific case or phenomenon within its context. In this study, the case is the socio-economic interventions implemented in eMalahleni to empower women's resilience against GBV. The case study design is appropriate as it enables a detailed analysis of the interventions, their implementation processes, and the outcomes experienced by the women involved. It provides a holistic understanding of the complexities and dynamics of the interventions, considering the socio-cultural, economic, and contextual factors influencing women's resilience.

3.4. Data Collection Methods

Interviews were utilised to gather data for this study. Interviews allow for in-depth conversations with key stakeholders in implementing and participating in socio-economic

interventions. These data collection methods enable a comprehensive exploration of the experiences, perceptions, and outcomes related to the interventions. The choice of interview is justified by their ability to elicit rich qualitative data. Interviews facilitate interactive and nuanced discussions, allowing researchers to probe for deeper understanding and clarification.

3.5. Population and Sample

3.5.1. Population of the study

The population of this research study includes women who have participated in socio-economic interventions aimed at empowering their resilience against GBV in eMalahleni. These women have direct experience with the interventions and can provide valuable insights into their effectiveness and impact.The population of the study was 15 women.

3.5.2. Sample and sampling method

The sample for this study was selected through purposive sampling, aiming to include a diverse range of participants who have experienced socio-economic interventions. Purposive sampling allows for selecting participants who can provide rich and relevant information based on their involvement in the interventions. Participants were selected based on criteria such as their engagement with the interventions, diversity in socio-economic backgrounds, and varying levels of resilience against GBV. The sample size was determined based on data saturation, ensuring that sufficient participants are included to achieve data richness and saturation. The sample size was restricted to 15 women. This is supported by Cresswell (2019) who argued that qualitative studies can have 10 to 50 participants.

3.6. Research Instrument

A semi-structured interview guide was developed to facilitate consistent and focused discussions. The interview guide consisted of open-ended questions about the participant's experiences with the interventions, perceptions of their effectiveness, and the factors influencing their resilience against GBV.

3.7. Procedure for Data Collection

The data collection process involved several steps. First, potential participants were identified by collaborating with relevant organisations and stakeholders in implementing socio-economic interventions. Informed consent was obtained from each participant before data collection proceeds. The interviews were conducted in a private and comfortable setting, ensuring confidentiality and privacy. This was done to ensure that the participants can share their experiences and perspectives openly and honestly.

The data collection process was iterative, allowing for ongoing analysis and identifying emerging themes. The researcher actively listen, probe, and clarify during interviews to comprehensively understand participants' perspectives. The completed interview forms were collected and reviewed for completeness and clarity.

3.8. Data Analysis Strategies and Interpretation

3.8.1. Theoretical framework

To establish a comprehensive understanding of the socio-economic interventions and their impact on women's resilience against GBV in eMalahleni, this study drew upon two theoretical frameworks, namely the Gender Transformative Approach and the Capability Approach. These frameworks provide valuable insights into the underlying dynamics and mechanisms that influence the effectiveness of interventions in addressing GBV and empowering women.

The Gender Transformative Approach, as proposed by Heise *et al.* (2019), acknowledges that addressing GBV requires a fundamental transformation of unequal gender power relations. This approach challenges traditional gender norms and roles, advocating for gender equality and empowering women through interventions that target both individual and structural levels. By focusing on transforming societal perceptions, attitudes, and behaviors, the Gender Transformative Approach aims to create sustainable changes that promote the empowerment and resilience of women in the face of GBV.

The Capability Approach, developed by Sen (2019), emphasizes the importance of enhancing individuals' capabilities to lead lives they value and have reason to value. In

the context of GBV, the Capability Approach focuses on empowering women by providing them with the necessary opportunities, resources, and support to overcome violence and achieve overall well-being. This approach recognizes that women's resilience against GBV is closely tied to their access to education, economic empowerment, healthcare, social support systems, and the ability to exercise agency and make choices.

By utilizing these theoretical frameworks, this study aims to analyze the effectiveness of socio-economic interventions in promoting women's resilience against GBV in eMalahleni. These frameworks informed the development of hypotheses and propositions by providing a solid theoretical basis for understanding the underlying mechanisms and factors that contribute to the success of interventions in empowering women and reducing GBV.

3.8.2. Conceptual framework

The conceptual framework of this research study integrates the socio-economic interventions, women's resilience against GBV, and the impact of these interventions. It considers economic empowerment, education, counselling and support services, community engagement, and multi-sectoral collaboration essential to effective interventions.

3.8.3. Thematic analysis

Thematic analysis was used to analyse the collected data. The thematic analysis involves identifying data patterns, themes, and categories to gain insights into the research questions and objectives (Braun and Clarke, 2006). This approach allows for a systematic and in-depth exploration of the data and identifying key themes related to socio-economic interventions and women's resilience against GBV.

The analysis process involved the following steps:

- Step 1: data collected from interviews were transcribed or organised for easy analysis.
- Step 2: data was analyzed to identify recurring concepts, ideas, and experiences across the data.

- Step 3: data was grouped into themes that capture the essence of the responses from the participants.

The researcher maintained rigour and transparency throughout the analysis process by employing techniques such as peer debriefing and member checking. Peer debriefing involves seeking input and feedback from colleagues or experts in the field to ensure the credibility and trustworthiness of the findings. Member checking involves sharing preliminary findings with participants to validate the accuracy and interpretation of their data.

3.9. Possible Limitations and Challenges of the Study

Several limitations and challenges were encountered during this study. One limitation is the potential for selection bias, as participants were selected through purposive sampling, which may limit the generalizability of the findings to the wider population. Additionally, participants' experiences and perceptions may be influenced by recall bias or social desirability bias, thus affecting the accuracy of the data collected.

Another challenge is the sensitivity and emotional nature of the topic. Discussing experiences of GBV and interventions can be distressing for participants, requiring ethical considerations and appropriate support mechanisms to ensure their well-being and minimise harm.

Furthermore, there were limitations in accessing comprehensive data on socio-economic interventions and their outcomes because only eMalahleni area was considered. Data availability from various sources and stakeholders may vary, potentially limiting the depth of analysis and understanding.

3.10. Quality Assurance

To ensure the quality of the study, several aspects of quality assurance adopted and implemented.

3.10.1. External validity or transferability

External validity or transferability refers to the extent to which the study's findings can be applied to other contexts or populations. To enhance external validity, a detailed description of the research setting, participants, and interventions is provided, allowing readers to assess the transferability of the findings to similar contexts. Additionally, efforts were made to include participants with diverse backgrounds and experiences to capture a range of perspectives.

3.10.2. Internal validity or credibility

Internal validity or credibility pertains to the trustworthiness and accuracy of the findings. The researcher employed indirect investigator triangulation. This method involves comparing the findings of this study with existing literature from independent researchers. This comparison helps assess the credibility of our results by determining if they align with established knowledge in the field based on the current literature.

3.10.3. Reliability or dependability

Reliability or dependability refers to the consistency and stability of the study's findings over time and across different researchers. To enhance reliability, the research process was documented, including the selection of participants, data collection procedures, and data analysis techniques. This documentation allows for the study to be replicated or reviewed by other researchers, ensuring the dependability of the findings.

3.11. Ethical Considerations

Ethical considerations are paramount in researching sensitive topics such as GBV. The following ethical principles were adhered to throughout the study:

- **Informed consent**

Participants were informed about the study's purpose, procedures, potential risks, and benefits. They had the right to voluntary participation and could withdraw from the study at any time without consequences.

- **Confidentiality**

All data collected were treated with strict confidentiality. Participant identities were anonymised, and data were stored securely and only accessed by the researcher.

- **Privacy and anonymity**

Participants' privacy was respected throughout the study. Their personal information was kept confidential, and no identifying information was disclosed in the research output or publication.

3.12. Summary of Chapter 3

This chapter discussed the research approach adopted to this study to meet the objectives of the study. Qualitative method was selected because of its ability to allow for the exploration of complex issues such as the socio-economic interventions that empower women's resilience against GBV. The participants formed part of the study voluntarily with no incentives promised and also they could exit the study at will without any consequences. The identity of the participants was kept confidentially and their anonymity was preserved. The next chapter presents the results and analysis of this research study.

CHAPTER 4. RESULTS AND ANALYSIS

4.1. Chapter 4 Overview

This chapter presents the setting and location of the centre considered in this research study. The results derived from the interviews conducted with the victims of GBV are presented and analysed. The analysis of the responses from the participants is categorized based on the question themes to ensure meaningful findings can be derived. The responses from the participants of the study were classified under the following themes:

- Background information.
- Impact of socio-economic interventions
- Relationship between interventions and resilience.
- Techiniques for moving on after abuse.
- Strategies for GBV awareness in socio-economic.

4.2. Background of Foundation for Victims of Crime

Foundation for Victims of Crime (FOVOC) is an NGO affiliated with the National Shelter Movement of South Africa (NSMSA) and funded by the Department of Social Development (DSD). The eMalahleni centre is part of a network of national and provincial centres available throughout the country for the purpose of supporting GBV victims. The centre provides legal and social services to victims of crimes. The centre was established in 2008 and is specifically supporting women and children from all members of society. The centre also provides the victims with a safe shelter while providing psychosocial and socio-economic interventions support. It is the centre's aim is to create a safe and peaceful society, where rights of victims of crime are protected and realized.

Regarding legal support for crime victims, the centre provides legal information, help filling out legal paperwork, and support during court appearances, particularly for vulnerable victims or witnesses who are appearing in court for the first time. Additionally, the centre offers victims and witnesses practical and social support in the form of emotional support and, in certain situations, transportation to other government agencies. Where necessary,

the centre makes referrals to other governmental organizations created to assist victims of gender-based violence. The SAPS and the centre collaborate closely, and the SAPS frequently submits cases to the centre.

Furthermore, the centre provides community awareness programs through community meetings, radio and other forms of media about gender-based violence and support available for victims of such crimes. The centre collaborates with some of the local corporations, e.g. the local mining companies, churches and other local community-based movements in its pursuit to create awareness and educate members of the community about GBV.

4.3. Distribution of the Participants

The participants were asked various questions during the interview as presented in Appendix A. To gain meaningful insights from the interview responses, it was necessary to categorize the responses under various themes.

4.3.1. General information

The participants of the study were profiled according to race, age, number of children, and occupation. This theme was chosen to provide a clear understanding of the survivors who were interviewed in this research study. Figure 4.1 shows the distribution of the participants by ethnicity. Almost all of the participants were African with only one exception of a white ethnicity.

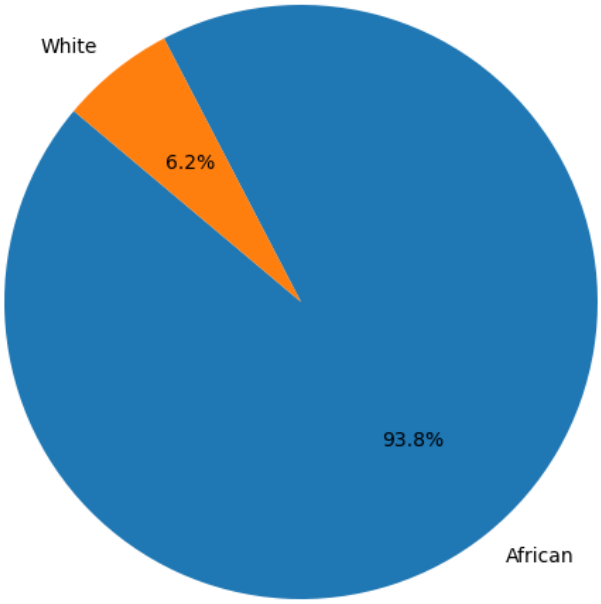


Figure 4.1 Distribution of ethnicities

The participants were analysed based on distribution across different age groups to gain insights into the age composition of the study participants. The majority of participants fall within the 21-40 age range and there are fewer participants in the 15-20 and 41-50 age groups (see Figure 4.2). GBV victimization happens across all age groups as seen in Figure 4.2 where the victims come from adolescent, young adult, and adult age group categories.

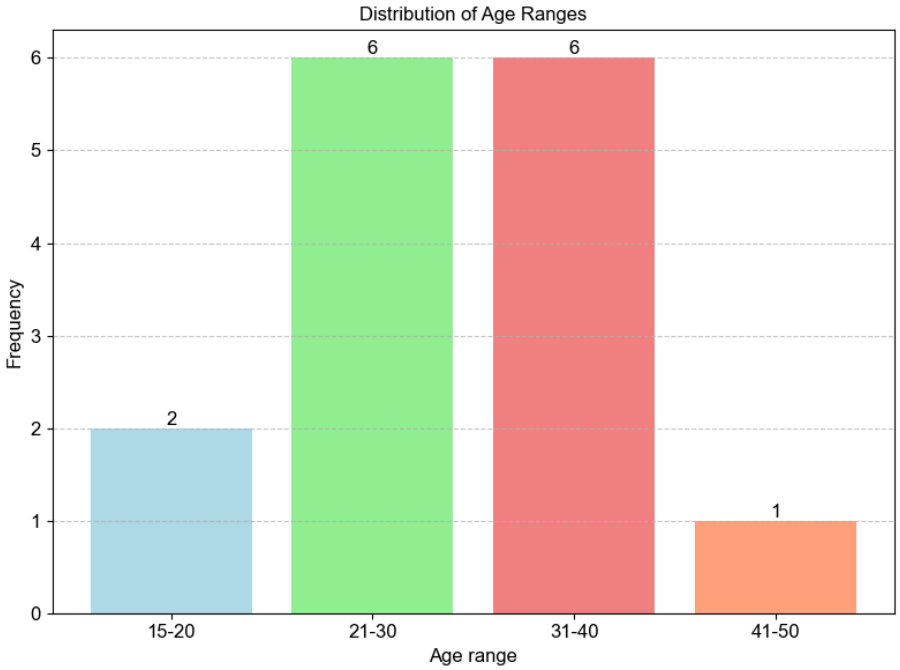


Figure 4.2 Age distribution of the participants

Figure 4.3 depicts that the majority of participants do not have children, participants with two children are the next most common group, and the least common being the participants with four children. It is worth noting that one of the participants did not feel comfortable disclosing her status in this regard and, thus was not included in this analysis. The victims of GBV with children have additional responsibilities such as juggling childcare and safety concerns. However, it may motivate the victim to seek emotional support and help. Victims without children may lack immediate support during difficult times and may rely solely on external resources for assistance. Furthermore, the absence of children may exacerbate the abuse, thus impacting their safety and security.

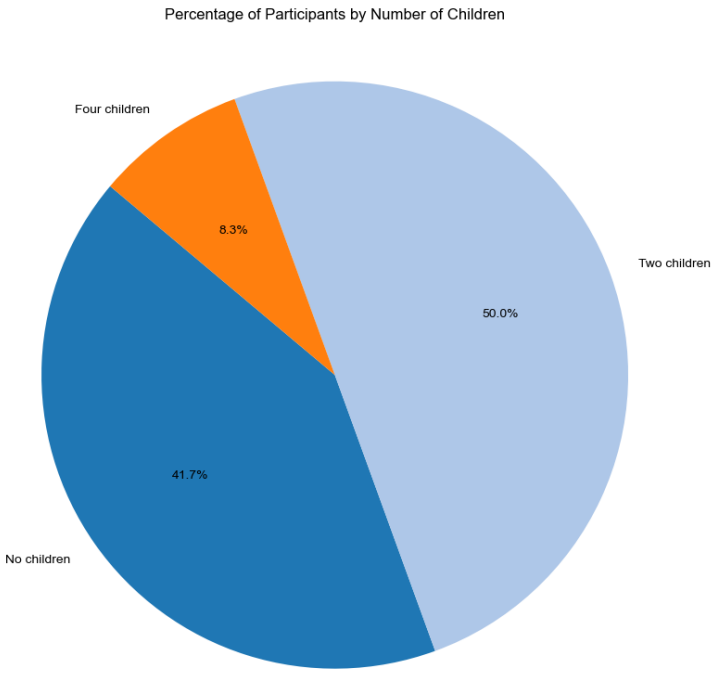


Figure 4.3 Percentage of participants by number of children

Figure 4.4 shows the distribution of participants across different education levels. The National Qualifications Framework (NQF) system was used to compare the different levels of education of the participants because it provides a standardized way to understand the level of education or training a person has attained. The majority of the participants have education levels at NQF level 2 and less. NQF Levels 8 and 9 typically correspond to a honors/bachelor's degree and master's levels indicate diversity among the participants. One participant elected not to disclose her education level. The findings suggest that GBV affects individuals across different educational backgrounds including those with foundational education.

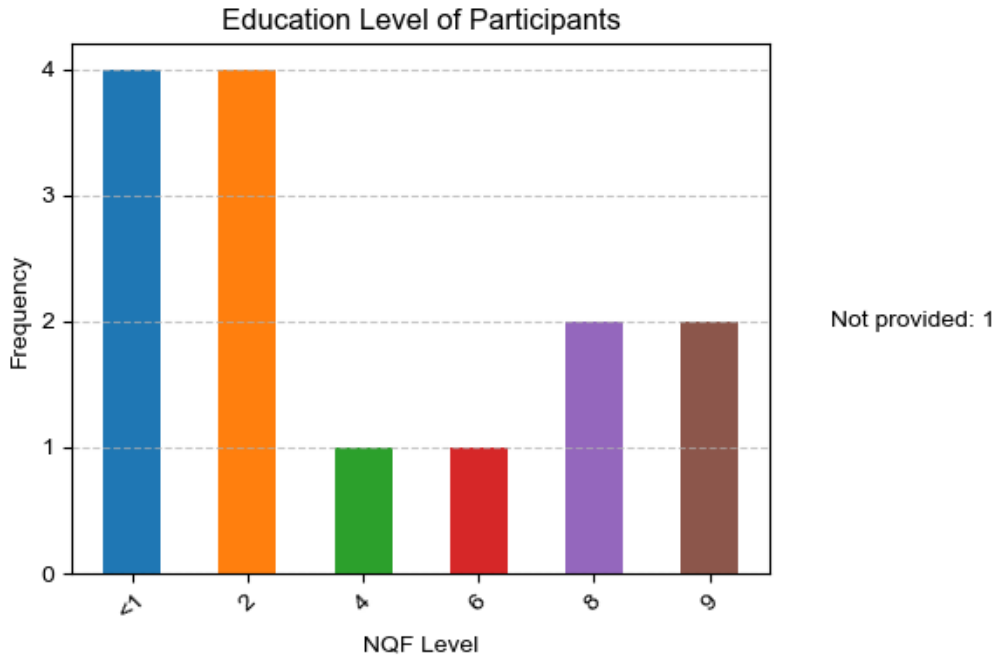


Figure 4.4 Education level of the participants

From Figure 4.5, the majority of the participants were unemployed at 60%, and management professionals accounted for 33.3% while participants who were studying in grade 12 accounted for 6.7%. Unemployed women may be more vulnerable to abusive partners due to power dynamics. Although the student category has a smaller slice of the pie, it is important to note that students experiencing GBV may face unique challenges such as academic impact and support networks. Figure 4.5 shows that \gbv affects victims regardless of their employment status.

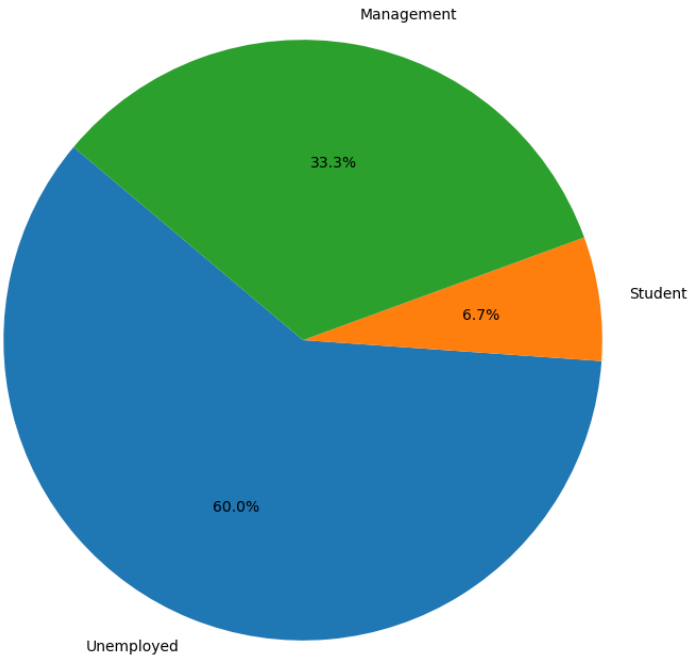


Figure 4.5 Distribution of employment status

4.3.2. Types and prevalence of GBV

The types and prevalence of GBV must be understood to gain insights into the extent and severity of the GBV problem. This insight will aid in shaping the required policies, developing targeted interventions, and allocating resources appropriately. Furthermore, the policies can empower survivors by showing that their experiences are real and valid, which may help break the silence surrounding GBV.

Figure 4.6 represents six different types of abuse reported by the participants, namely rape, financial, molestation, emotional, trafficking, and physical. Physical abuse accounts for approximately 64.3% of the total cases and is the most prevalent type in this study. Emotional abuse is the second most common with two cases reported, thus shedding light on the often overlooked but impactful form of violence that affects women. Rape, financial abuse, molestation, and trafficking each have one reported case, emphasizing the diversity of abusive behaviors experienced by women. This analysis provides data-driven insights that can inform policy-making, resource allocation, and targeted interventions to combat GBV and support survivors.

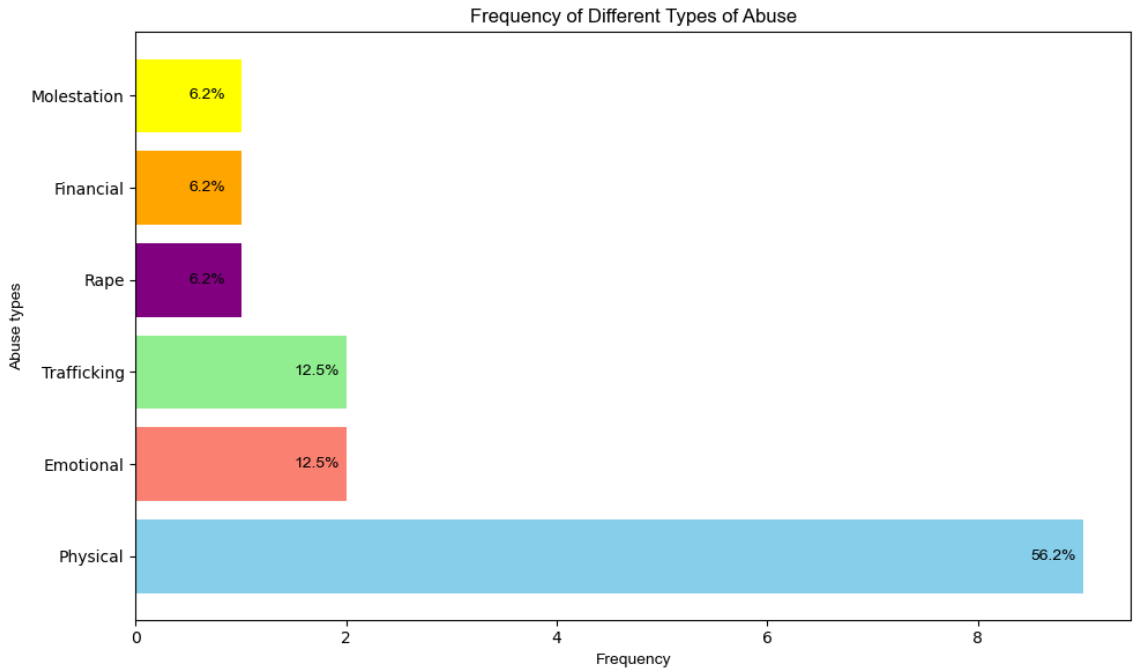


Figure 4.6 Frequency of different types of abuse

4.3.3. Reporting and seeking help

People need to know where Gender-Based Violence (GBV) care centers are located because:

- Care centres can assist persons who are at risk of being or are victims of GBV to access support services such as medical care, counseling, legal assistance, and shelter.
- Victims or at-risk persons can access help and get timely interventions to prevent being victimized or harmed in any way.
- Care centers can assist victims with empowerment interventions to aid awareness and advocacy for GBV victims.
- Care centres offer a community-like environment for the victims where there is solidarity and no judgment amongst the organizations that are fighting against the scourge of GBV.

Figure 4.7 illustrates the percentage distribution of different referral methods used by the victims of GBV to access the care centres. The most common method used by the GBV victims is self-referral, constituting 35.7% of the cases. This suggests that a significant portion of victims are aware of support or care centers and proactively seek assistance without relying on external agencies or individuals. Both police and social workers are equally utilized as referral methods, each representing about 29%% of the cases. This suggests that victims are reaching out to these formal support systems for assistance, indicating some level of awareness of the services provided by law enforcement agencies and social welfare organizations. Only 7.1% of victims utilize NGOs as referral methods. This relatively lower percentage may indicate a potential gap in knowledge or access to NGO services among GBV victims, highlighting the need for improved outreach and awareness campaigns regarding the roles and availability of NGOs in providing support to victims of violence.

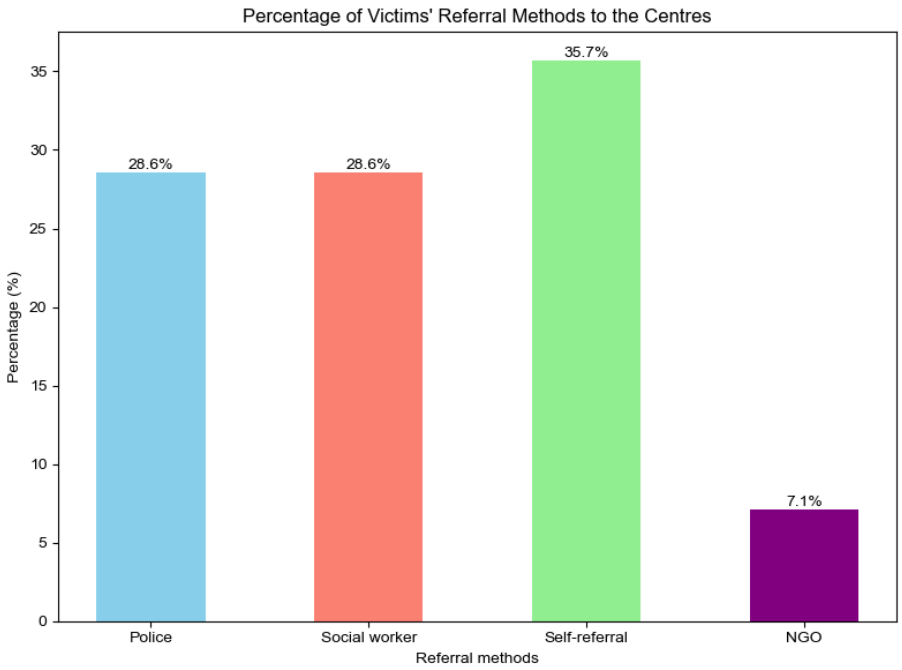


Figure 4.7 Referral methods to the care centres

The distribution of referral methods shown in Figure 4.7 suggests that while some GBV victims are aware of the locations of support or care centres, there remains a need for improved information dissemination about available resources and services. Initiatives such as community outreach programs, educational campaigns, and collaborations

between support organizations and local communities can play a crucial role in ensuring that victims and communities are well-informed about options for seeking assistance.

4.3.4. Socio-cultural factors and support services

As part of sourcing background information from the participants they were asked the following question: "*Tell me more about your participation in socioeconomic interventions that empower women's resilience against GBV in eMalahleni".*

Table 4.1 presents the summary of the participants' responses regarding their participation in socioeconomic interventions empowering women's resilience against gender-based violence (GBV) in eMalahleni.

Table 4.1 Participation in socioeconomic interventions empowering women's resilience against GBV

Theme	**Summary of Responses**
Awareness gap	• Several participants expressed a lack of awareness about available options beyond reporting harassment to the police.
Centre experience	• Participants consistently mentioned their positive experiences at the center. • One-on-one sessions with social workers were a valuable aspect of their engagement.
Discovery and exposure	• Many participants discovered GBV-related resources and centers only after joining FOVOC. • Exposure to comprehensive information about GBV was a common theme.
Normalization of GBV	• Some participants shared that GBV was considered commonplace in their home areas. • The center provided critical education on different forms of GBV.
Personal context	• Participants reflected on mistreatment within their marriages. • Family dynamics and community norms influenced their perceptions
Participation	• Most participants had not engaged in specific socio-economic interventions for women's empowerment before joining FOVOC. • Awareness was limited to programs like Childlife.

The responses reveal a common theme of limited awareness of GBV support resources and centres in eMalahleni before individuals accessed the centres. External factors,

personal experiences, educational background, and socioeconomic context influenced individuals' awareness and involvement in socioeconomic interventions empowering women's resilience against GBV. These findings underscore the importance of outreach efforts, community engagement, and education to enhance awareness and access to support services for GBV survivors in the region.

4.4. Impact of Socio-economic Interventions

The responses provided by the victims of GBV highlight various themes related to their participation in socio-economic interventions and their impact on their resilience against GBV is presented in Table 4.2. The participants' responses highlight the significance of comprehensive interventions that address both immediate needs and long-term support for survivors of gender-based violence (GBV). Holistic interventions encompass a broad approach considering the multifaceted challenges faced by survivors, emphasizing empowerment, education, financial independence, and access to support services. These interventions recognize that survivors require various resources and support systems to fully recover and rebuild their lives following trauma.

By prioritizing empowerment, education, financial independence, and access to supportive services, interventions aim to equip survivors with the necessary tools to navigate their journey toward healing and resilience. These strategies have led to positive changes in the lives of survivors by addressing immediate needs, fostering empowerment and independence, facilitating healing and acceptance, and providing opportunities for education and community support.

Table 4.2 Socio-economic interventions

Question	Theme	Summary of Responses
How has your participation in socioeconomic interventions affected your resilience against GBV?	Self-worth and awareness	Many participants recognize their self-worth and the need for better treatment. They gain insights into relationship dynamics, identifying unhealthy possessiveness, and managing conflict triggers.
	Access to support services	Several participants mentioned the support they receive from social workers and counselling sessions, both individually and jointly with their partners. This support system aids in their journey towards healing and making informed decisions about their relationships.
	Financial independence and vocational training	Financial dependency emerges as a significant factor contributing to vulnerability to GBV. Participants who have access to employment or vocational training express a sense of empowerment and reduced reliance on abusive partners for financial support.
	Education and awareness	Education and awareness play crucial roles in empowering individuals to recognize and address abusive situations. Some participants mention the importance of understanding the signs of abuse and realizing that GBV can affect anyone, regardless of social status or employment.
	Long-term Impact and future planning	Responses reflect varying stages of recovery and resilience-building, with some participants still working through trauma while others have made significant progress in rebuilding their lives. Many express aspirations for education, financial stability, and independence from abusive relationships.
Can you describe any positive changes or improvements in your life as a result of these interventions?	Increased comfort and confidence	Participants express feeling more comfortable and confident in various aspects of their lives since receiving support. They are more at ease in the company of others, have gained the confidence to share their experiences and feel liberated from past anxieties and control.
	Access to basic needs and tangible support	The interventions provided by the centres have addressed tangible needs such as shelter, counselling, and vocational training. This support has alleviated immediate concerns and provided a foundation for growth and healing.
	Empowerment and independence	Many participants express newfound courage, empowerment, and a sense of independence. They've made significant decisions like leaving abusive partners, pursuing education, or starting businesses which are actions that were previously hindered by fear and dependency.
	Healing and acceptance	Counselling and support services have facilitated healing and acceptance of their experiences. Participants have learned to cope with trauma, accept past shame, and share their stories without fear or tears, fostering a sense of empowerment and solidarity with others.
	Social support and community	Participants highlight the importance of the supportive environment provided by the centres, where they can engage with others who have similar experiences. This sense of community helps them feel less isolated and more empowered to overcome challenges.
	Educational and vocational opportunities	Access to education and vocational training has provided participants with new skills and opportunities for employment or entrepreneurship. This enhances their self-reliance and prospects for the future.
Have the interventions helped you resist, prevent, or recover from GBV? If so, please provide examples.	Self-Awareness and empowerment	Participants in counselling gain self-awareness, empowering better decisions. They address anger management, alcohol abuse, and dependency on abusive partners for improved well-being.
	Access to support services	Participants in counselling find crucial support on their recovery journey. They appreciate one-on-one sessions, prayer, and legal assistance, which empower them to regain confidence, make informed choices, and navigate legal processes like divorce.
	Skill development and economic empowerment	Participants in vocational training programs gain practical skills like manicures, pedicures, hairdressing, and dressmaking. This empowers them to seek employment or start businesses, reducing reliance on abusive partners for financial support.
	Future planning and goal-setting	Participants aspire to plan for better futures, setting goals for education, obtaining identity documents, accessing grants, and find jobs, showcasing resilience and determination to escape abuse.
	Protection and networking	Participants, aided by interventions, shield themselves from abuse, leveraging skills and networks to secure employment and safety from abusive partners, highlighting the centres' support in fostering resilience and empowerment.

Addressing immediate needs involves providing essential support such as shelter, medical care, and legal assistance to ensure the safety and well-being of survivors. Fostering empowerment and independence equips survivors with skills, knowledge, and resources to regain control over their lives and make informed decisions about their future. Facilitating healing and acceptance creates a supportive environment for survivors to process their trauma and move toward healing emotionally and psychologically. Providing opportunities for education and community support acknowledges the importance of social connections and access to resources in promoting resilience and recovery.

Interventions provided by centres play a critical role in empowering GBV survivors to resist, prevent, and recover from abusive situations. By fostering self-awareness, providing support services, offering skill development opportunities, assisting with future planning, and facilitating networking, these interventions contribute to survivors' journey toward healing, independence, and a brighter future. They help survivors recognize their strengths, access essential resources, acquire practical skills, set goals, and connect with others for support and collaboration, ultimately enhancing their resilience and overall well-being. Key paralles drawn from Section 2.7 and this section are that:

- Economic empowerment: Both sections emphasize the importance of economic empowerment (i.e., financial independence, vocational training) in reducing vulnerability to GBV. This empowers women to leave abusive relationships and build independent lives. Section 2.7 highlights the correlation between economic freedom and reduced likelihood of being a victim. Section 4.4 showcases how access to employment or vocational training empowers participants and reduces reliance on abusive partners.
- Education: Both sections acknowledge the role of education in empowering women and equipping them to recognize and address abusive situations. Education equips women with knowledge about healthy relationships and their rights. Section 2.7 mentions the importance of comprehensive sex education. Section 4.4 highlights how education and awareness play a role in empowering individuals to recognize abusive situations.

- Support services: Both sections highlight the need for support services such as counseling, and legal assistance to address trauma and facilitate recovery. These services provide a safe space for survivors and equip them with tools to cope with abuse. While Section 2.7 does not explicitly mention support services, but Section 4.4 showcases the value of counseling, social workers, and legal assistance in the recovery journey.

4.5. Relationship between Interventions and Resilience

Socio-economic interventions play a crucial role in enhancing women's resilience against GBV by providing them with financial independence, access to basic resources, empowerment, decision-making skills, employment opportunities, and a holistic support system (See Table 4.3). These interventions contribute to breaking the cycle of abuse and empowering women to build safer and more prosperous futures for themselves and their families.

The interventions provided a holistic approach to empowerment, addressing psychological, economic, and social needs. Participants highlighted the significance of tailored support, including counselling, skills training, peer support, and access to resources, in their journey toward healing and independence.

Table 4.3 Relationship between interventions and resilience

Question	Theme	Summary of Responses
In your opinion, how do the socioeconomic interventions contribute to women's resilience against GBV?	Financial independence	Participants stress socio-economic interventions' significance in achieving financial independence, breaking free from abusive relationships, and empowering themselves through vocational training or employment opportunities.
	Access to basic needs and resources	Participants stress the importance of interventions like obtaining IDs, accessing grants, and securing employment, which alleviate economic hardships and provide essential resources for their well-being and their children.
	Empowerment and self-worth	Interventions focusing on self-care, self-love, and self-worth contribute to women's resilience against GBV. Participants note that learning about self-awareness, respect, and love helps them recognize and assert their value, leading to more informed decision-making and a greater sense of agency in their lives.
	Decision-making and goal-setting	Interventions empower participants to make informed decisions and set future goals. Prioritizing safety and well-being, they face tough choices such as leaving abusive partners or seeking temporary housing to protect themselves and their children.
	Skills development and employment opportunities	Vocational training programs empower participants with practical skills, enhancing employability and enabling entrepreneurship. They seek more opportunities, recognizing the potential for financial stability and independence.
	Holistic Approach	Participants stress the significance of a holistic approach, integrating psychosocial support with socioeconomic interventions. They acknowledge that addressing emotional and practical aspects is vital for overall well-being and GBV recovery.
Are there specific aspects or components of the interventions that you found particularly empowering?	Counselling for self-reflection and healing	Many participants found one-on-one counselling sessions empowering as they facilitated deep introspection and helped in processing trauma. Participants felt supported and not judged during counselling, allowing them to open up about personal struggles and vulnerabilities. The counselling sessions provided tools for dealing with difficult situations and making tough decisions.
	Skills building and vocational training	Vocational training, such as baking and dressmaking, was seen as empowering by some participants as it provided them with skills for potential employment or income generation. Learning new skills gave participants a sense of accomplishment and independence, especially those who lacked previous job opportunities or skills. Skills training was particularly valued by participants who needed financial independence or had experienced poverty and abuse.
	Community and peer-support	Meeting other women who had similar experiences helped in reducing feelings of shame and isolation, fostering a sense of solidarity and empowerment. Overcoming the fear of sharing personal stories and experiences, participants found strength in being able to speak out and advocate for themselves.
	Access to resources and support	Access to government grants or financial support was seen as empowering, especially for individuals facing extreme poverty or domestic violence situations. Participants emphasized the importance of sustainable support systems and the need for increased government funding for mental healthcare and GBV services.
	Legal and practical assistance	Some participants found empowerment in being able to leave abusive situations without legal complications, such as marriage or property disputes.
How do these interventions address the underlying socioeconomic factors that contribute to GBV?	Empowerment through education and counselling	Participants recognize the role of counselling and empowerment in building self-confidence and self-worth. They express a desire for early education on confidence, courage, and self-love to prevent GBV.
	Financial independence	Many participants attribute their vulnerability to GBV to financial dependency on their partners. Vocational training and job opportunities are seen as crucial for empowering women to leave abusive relationships.
	Addressing poverty and unemployment	Participants highlight poverty and unemployment as significant factors contributing to GBV. While interventions provide some support, they acknowledge that broader socioeconomic challenges need to be addressed for lasting change.
	Changing societal perceptions and norms	Participants emphasised the need to challenge patriarchal norms and societal perceptions that perpetuate GBV. Education and awareness programs targeting both men and women are seen as essential for shifting cultural attitudes.
	Access to support services	While interventions provide immediate support, participants express concerns about the lack of ongoing support and limited resources for outreach programs. They stress the importance of community-based awareness initiatives to address GBV comprehensively.

The responses highlight the complex interplay between individual empowerment, economic factors, cultural norms, and systemic inequalities in addressing GBV. Effective interventions must address these multifaceted challenges through a combination of education, economic empowerment, advocacy, and community engagement.

4.6. Techniques for Moving on After Abuse

The responses underscore the multifaceted nature of support needed for GBV victims to move on effectively as presented in Table 4.4. Financial independence, professional support, personal agency, holistic services, and emotional healing all play crucial roles in empowering victims to overcome their traumatic experiences and rebuild their lives.

The importance of a holistic approach to support systems for GBV victims is reflected in the responses, encompassing mental health support, skills training, access to financial resources, and a supportive community environment. Participants emphasized the need for ongoing support and resources to empower victims to rebuild their lives and pursue opportunities for personal and professional growth.

While some respondents express doubts or lack personal examples of successful rebuilding after GBV, others draw hope and inspiration from stories of resilience and empowerment shared by intervention centers, communities, workplaces, or online platforms. These stories serve as beacons of hope and encouragement for individuals navigating their paths toward recovery and rebuilding.

Table 4.4 Helpful techniques for the ability to move on after GBV abuse

Question	Theme	Summary of Responses
Based on your experience, what effective techniques or strategies have helped GBV victims in moving on after abuse?	Financial independence	Participants emphasized the importance of financial stability in enabling victims to make choices about their relationships and to move on from abusive situations. Learning skills or acquiring employment opportunities were seen as crucial steps towards achieving financial independence.
	Supportive environment and professional assistance	The presence of competent and caring professionals, such as social workers and counsellors, was highlighted as beneficial for victims in their journey toward healing and empowerment. One-on-one counselling was particularly valued for its role in helping victims accept their situations, build confidence, and make tough decisions to enable them to move on.
	Personal agency and decision-making	Participants stressed the importance of victims' willingness and desire to move on from abusive relationships. Personal agency and the decision to seek change were seen as foundational steps. Victims were encouraged to make tough decisions, such as leaving abusive partners or seeking reconciliation with family members.
	Holistic support services	Holistic support services, including counselling, vocational training, access to government grants, and networking opportunities, were identified as beneficial for victims. Vocational training was seen as instrumental in acquiring new skills and increasing the potential for financial independence.
	Spiritual and emotional healing	Some participants mentioned the importance of spiritual practices, such as prayer, in aiding emotional healing and accepting the reality of their situations.
	Combinatorial strategies	Many participants highlighted the effectiveness of combining various strategies, such as counselling, vocational training, and support networks, to facilitate the process of moving on after abuse.
Are there any specific support systems or resources provided by the interventions that have been particularly helpful?	Counselling and mental health support	One-on-one counselling and joint session counselling were highlighted as helpful for processing thoughts and emotions, building mental resilience, and creating a safe space for sharing experiences. The importance of spirituality and access to spiritual support was noted by some participants as a valuable resource for coping with tough times.
	Vocational training and skill development	Vocational training programs were seen as crucial for equipping victims with practical skills that could increase their employability and help them start their businesses. Participants expressed a desire for training in skills such as hairdressing, nail art, and other trades that could be learned without requiring substantial financial investment.
	Access to grants and identification documents	Access to government grants and assistance with obtaining identification documents (IDs) were cited as valuable resources for financial support and stability, particularly for supporting children.
	Supportive environment and peer networks	The supportive environment provided by the care centres, where victims could share experiences openly without fear of judgment or shame, was highlighted as beneficial. Workshops and group activities were appreciated for providing opportunities for sharing, support, and sisterhood among victims.
	Desire for education and career development	Some participants expressed a desire for further education and career development opportunities beyond vocational training, indicating a hunger for personal and professional growth.
	Challenges with funding and resource availability	Participants acknowledged challenges with funding limitations, noting that centres may not have enough resources to provide additional training or support beyond counselling and fundamental necessities.
Can you share any personal stories or examples of individuals who have successfully rebuilt their lives after experiencing GBV?	Hope and belief in marriage	Some participants expressed a strong belief in the institution of marriage despite facing challenges, drawing inspiration from family members or cultural values. They remain hopeful that their marriages can improve despite experiencing GBV.
	Lack of personal examples	Some participants mentioned not personally knowing anyone who has successfully rebuilt their life after GBV. They express skepticism or uncertainty about the possibility of positive outcomes, particularly in their communities where many women choose to stay in abusive relationships due to limited options.
	Inspiration from others	Some participants found inspiration from hearing about or encountering individuals who have walked away from abusive relationships and rebuilt their lives. These stories provide hope and motivation for them to also make positive changes in their own lives.
	Learning and empowerment	Some respondents mentioned learning about GBV and success stories through educational programs, support groups, or resources provided by care centres like FOVOC. They express a desire to emulate these success stories and become inspirations to others.
	Seeking role models	Several respondents actively sought out stories of women who have overcome adversity, either through personal encounters or online platforms, to find motivation and guidance in their journeys toward healing and empowerment.

Paralles drawn between this section and Section 2.8 are:

- Financial independence: Both sections emphasize the importance of financial independence as a tool for survivors to make choices about their relationships and rebuild their lives. Section 2.8 discusses economic empowerment as a way to reduce vulnerability. Section 4.6 highlights survivor experiences where financial independence is seen as crucial for moving on.
- Professional support: Both sections acknowledge the value of professional support, particularly counseling. Section 2.8 mentions counseling and support services. Section 4.6 highlights one-on-one counseling and mental health support as being particularly helpful.
- Supportive environment: Both sections discuss the importance of a supportive environment for healing. Section 2.8 does not explicitly mention this, but safe shelter facilities can be seen as part of this concept. Section 4.6 highlights the value of supportive communities and care centers.

4.7. Strategies for GBV Awareness in Socio-economic Interventions

Table 4.5 shows responses that underscore the need for comprehensive, multi-sectoral approaches to GBV prevention, encompassing education, community engagement, advocacy, and support services. By addressing root causes and promoting gender equality, socioeconomic interventions can play a significant role in raising awareness and preventing GBV within communities.

The importance of a multi-faceted approach to GBV awareness is emphasized in the responses, including educational workshops, counselling, skills-building training, community outreach, and collaboration with other institutions. These strategies provide victims with the knowledge, support, and resources necessary for the empowerment and prevention of GBV.

The recommendations emphasize the importance of holistic support services, community engagement, advocacy, and government funding to effectively raise awareness about GBV and support victims in rebuilding their lives. Participants underscored the need for intervention centers to address not only immediate safety concerns but also long-term

empowerment and self-sufficiency for victims. Some of the parallels drawn from this section and Sections 2.9 and 2.10 highlight that:

- Community engagement: the sections acknowledge the importance of community engagement in raising awareness and preventing GBV. Section 2.9 talks about community mobilization. Section 4.7 highlights community outreach programs and workshops.
- Education and awareness: Both sections emphasize the importance of education and awareness campaigns. Section 2.10 mentions educational programs as part of a national plan. Section 4.7 highlights educational workshops and gender-sensitive education.
- Support services: these sections acknowledge the need for support services for GBV victims.

Table 4.5 Helpful strategies for GBV awareness in socio-economic interventions

Question	Theme	Summary of Responses
From your perspective, how can socioeconomic interventions effectively raise awareness about GBV and promote prevention?	Education and awareness at a young age	Many respondents emphasize the importance of teaching about GBV in schools, churches, and families from a young age. They believe that early education can help children recognize red flags and make informed choices in relationships.
	Community engagement and public awareness	Community-wide awareness campaigns, including public discussions, workshops, and outreach programs, are seen as essential for addressing GBV. Participants stressed the need for open dialogue in communities, particularly in impoverished areas and squatter camps.
	Role models and advocates	Participants suggest that highlighting stories of individuals who have overcome GBV can serve as inspiration and empowerment for others. They advocate for more visible role models and GBV advocates within communities and media platforms.
	Support for victims	Some respondents stress the importance of providing support for victims to rectify their situations, including access to education, employment opportunities, and financial independence. They highlight the need for women to be empowered to make decisions that prioritize their safety and well-being.
	Gender-sensitive education	There is an emphasis on teaching both young boys and girls about GBV, with a focus on understanding the difference between love and control. Participants suggest incorporating gender-sensitive education into school curricula to challenge harmful stereotypes and behaviors.
	Community mobilization and male involvement	Engaging men and boys in discussions about GBV is considered crucial for prevention efforts. Participants highlight the role of male mentors and community organizations in promoting positive masculinity and preventing violence against women.
Have you observed any specific strategies or activities within the interventions that have been successful in creating GBV awareness?	Educational workshops	Participants found workshops conducted by intervention centers like FOVOC to be highly educational. These workshops provide a platform for learning about GBV in an interactive and informative manner.
	One-on-one counselling	Both one-on-one and joint counselling sessions were mentioned as effective in increasing understanding of GBV. Participants appreciated the opportunity to discuss their experiences and ask questions without fear of judgment.
	Skills building training	While counselling was recognized as beneficial, participants expressed a need for additional support, such as skills-building training. They emphasized the importance of acquiring practical skills to improve employability and address personal challenges.
	Community outreach and collaboration	Participants highlighted the importance of intervention centres collaborating with other institutions, such as schools and mines, to raise awareness about GBV. Community visits and invitations to speak about GBV help spread awareness beyond the confines of the intervention centre.
	Interactive workshops and group discussions	Interactive workshops and group discussions were mentioned as valuable opportunities for learning from peers and sharing experiences openly. Participants found these sessions helpful in gaining insights and perspectives from others in similar situations.
	Vocational training	Vocational training programs were praised for their effectiveness in providing practical skills, particularly for individuals with limited education. Participants recognized the value of such programs in improving employability and financial independence.
What recommendations do you have for implementing more effective strategies for GBV awareness within these interventions?	Enhanced vocational training and employment support	Many participants emphasized the importance of providing vocational training and assistance with job preparation, including Curriculum Vitae (CV) writing, interview skills, and job search strategies. They believe that gaining employable skills and financial independence can empower victims to leave abusive relationships.
	Comprehensive support services	There is a call for care centres to offer a broader range of support services beyond counselling, including assistance with alcohol addiction, children's education, and access to role models who have overcome similar challenges. Participants suggest providing resources for legal support, medical issues, and social services like grant applications and identity documentation.
	Community advocacy and male involvement	Advocacy efforts are recommended to promote women's safety in communities, with an emphasis on involving men in discussions about GBV prevention. Participants believe that educating both young boys and girls about respect and conflict resolution from a young age is crucial for preventing future violence.
	Government funding and resource allocation	Participants expressed a need for increased government funding for intervention centres like FOVOC to expand their services and access skilled trainers. They suggest allocating resources for creating awareness in schools and churches and providing facilities for children's education within care centres.
	Tailored support programs	Some participants highlighted the need for personalized support programs, such as anger management, to address specific needs of clients. They stress that intervention centres should be adequately funded to offer a variety of services to cater to the diverse needs of GBV victims.

4.8. Proposed Framework for GBV Interventions

The GBV intervention framework outlined in Table 4.6 is crucial for addressing the pervasive issue of gender-based violence in South Africa and empowering survivors. By implementing this framework, South Africa can:

- Provide comprehensive support because the framework ensures that survivors receive holistic support, including legal, medical, psychological, and socio-economic assistance, addressing their diverse needs.
- Break the cycle of violence and prevent future occurrences of GBV by addressing socio-cultural factors and providing interventions to empower survivors.
- Promote gender equality to challenge patriarchal norms and promote gender equality, fostering a culture of respect and non-violence towards women and girls.
- Enhance accessibility of support services through community outreach and improved resource allocation, the framework ensures that support services are accessible to all survivors, regardless of their location or socio-economic status.
- Foster collaboration and advocacy by involving government agencies, NGOs, the private sector, religious groups, traditional leaders, and other stakeholders. The framework promotes collaboration and advocacy efforts to prioritize GBV prevention and response on the national agenda.

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Table 4.6 Framework to enhance GBV interventions

No.	Theme	Focus area	Description of interventions
1	Prevention and awareness	Education and awareness campaigns	Implement targeted campaigns to raise awareness about GBV, its forms, and available resources. Engage schools, workplaces, traditional and religious gatherings, and communities.
		Promote gender equality	Challenge patriarchal norms and promote gender equality through education, media, and community programs.
2	Legal and criminal justice response	Strengthen law enforcement	Enhance training for police officers, prosecutors, and judges to handle GBV cases effectively, and eradicate secondary victimisation.
		Fast-track GBV cases	Expedite legal proceedings to ensure timely justice for survivors.
		Implement protective orders	Provide restraining orders to protect survivors from further harm.
3	Support services and healing	Accessible care centres	Establish safe and accessible centres where survivors can seek counselling, legal advice, and medical assistance. The government may consider establishing care centres in every ward.
		Psychological support	Offer trauma-informed counselling and mental health services.
		Economic empowerment	Provide vocational training, microfinance programs, and job placement for survivors to regain financial independence
4	Resource allocation and outreach	GBVF Response Fund	Ensure that there is adequate funding for GBV prevention, response, and support services.
		Community outreach	Engage with local communities to identify survivors and provide information about available services.
5	Demographic-specific techniques	Youth and students	Create awareness programs in schools and universities, and address academic impacts on student survivors.
		Parents and children	Support children who witness GBV by providing counselling and safe spaces.
		Elderly women and disabled women	Develop and tailor services to meet their unique needs.
6	Collaboration and monitoring	Inter-sectoral collaboration	Involve government agencies, NGOs, civil society, traditional and religious groups, and private sectors in coordinated efforts as pronounced in the GBVF-NSP. Conduct quarterly report-back meetings to evaluate progress.
		Regular monitoring and evaluation	Empower centres to assess the effectiveness of interventions and adjust strategies as needed.

4.9. Summary of Chapter 4

The analysis of participants in this study provides valuable insights into the demographics and experiences of gender-based violence (GBV) survivors, shedding light on the various factors influencing their resilience and recovery. The majority of participants fall within the 21-40 age range, indicating that GBV victimization spans across different age groups, from adolescents to adults. Additionally, the distribution of participants by the number of children they have reveals the added responsibilities and challenges faced by those with children, potentially impacting their access to support and resources. Education levels vary among participants, with a notable proportion having foundational education, suggesting that GBV affects individuals across different educational backgrounds.

Employment status also plays a significant role, with a majority of participants being unemployed, potentially rendering them more vulnerable to abusive situations due to power dynamics. It is noteworthy that students experiencing GBV face unique challenges, including academic impacts and support network issues. Various forms of abuse, including physical, emotional, financial, and sexual, are reported by participants, highlighting the diverse range of experiences endured by GBV survivors.

The analysis further reveals insights into referral methods used by GBV victims to access support services, with self-referral being the most common method, indicating a level of awareness and proactivity among victims. However, there's a relatively lower utilization of NGOs as referral methods, suggesting a potential gap in knowledge or access to NGO services.

The responses from GBV victims underscore the importance of comprehensive interventions that address immediate needs and provide long-term support. These holistic interventions aim to empower survivors through education, financial independence, and access to support services, facilitating their journey towards healing and resilience. Socio-economic interventions play a crucial role in enhancing women's resilience against GBV by providing them with resources, empowerment, and a support system.

Participants emphasized the need for ongoing support and resources to empower victims to rebuild their lives effectively. Stories of resilience and empowerment serve as sources

of hope and encouragement for individuals navigating their paths towards recovery. Recommendations from the participants stress the importance of holistic support services, community engagement, and government funding to raise awareness about GBV and support victims effectively. In summary, the GBV intervention framework is essential for creating a safer and more supportive environment for survivors, empowering them to rebuild their lives, and contribute to the eradication of GBV in South Africa. This framework should be implemented in line with the National Strategic Plan on Gender-Based Violence and Femicide (GBVF-NSP) since it provides a valuable foundation for these interventionsThe next chapter presents the conclusions drawn from this study and also recommendations are discussed.

CHAPTER 5. CONCLUSIONS AND RECOMMENDATIONS

5.1. Findings of the Study

GBV in South Africa is a pervasive issue encompassing various forms such as intimate partner violence, sexual assault, and femicide, occurring at alarming rates. Deep-rooted socio-cultural factors, including entrenched patriarchal norms, widespread gender inequality, and societal tolerance for violence against women, significantly perpetuate GBV. Survivors face significant barriers when contemplating reporting or seeking assistance, hindered by fears of retaliation, mistrust in law enforcement, and societal stigma. The repercussions are severe, encompassing physical harm, psychological distress, and socio-economic setbacks, with lasting detrimental effects on well-being.

Children of survivors often witness or directly experience the trauma, exacerbating the cycle of violence. Despite efforts to address GBV, challenges persist, particularly concerning support services suffering from resource shortages and deficiencies in outreach. Enhancing accessibility and quality of support mechanisms is imperative to reduce GBV nationwide.

Analysis of GBV survivors' demographics and experiences reveals insights. Most participants fall within the 21-40 age range, indicating GBV affects various age groups. Participants with children face added challenges, impacting their access to support. Varying education levels suggest GBV affects individuals across backgrounds.

Employment status plays a significant role, with a majority being unemployed, rendering them more vulnerable. Students experiencing GBV face unique challenges, including academic impacts. Various forms of abuse, including physical, emotional, financial, and sexual, are reported, highlighting the diverse experiences.

Insights into referral methods show self-referral as common, indicating awareness and proactivity among victims. However, the relatively lower utilization of NGOs suggests a potential gap in knowledge or access to services.

Participants stress comprehensive interventions addressing immediate needs and providing long-term support, empowering survivors through education, financial independence, and access to services. Socio-economic interventions play a crucial role in enhancing resilience. Ongoing support and resources are emphasized to empower victims to effectively rebuild their lives. Stories of resilience serve as sources of hope. Recommendations stress holistic support services, community engagement, and government funding to raise awareness and support victims effectively.

In summary, addressing GBV in South Africa requires addressing socio-cultural factors, enhancing support services, and implementing comprehensive interventions to empower survivors and break the cycle of violence.

5.2. Conclusions

Gender-based violence (GBV) is a widespread and serious problem in South Africa, encompassing physical, emotional, sexual, and financial abuse. Rooted in patriarchal norms and societal tolerance, GBV disproportionately affects women of all ages and backgrounds, with lasting physical and psychological consequences. The cycle continues as children witness or experience the violence. Despite efforts to address GBV, challenges remain, especially with under-resourced support services.

This analysis of GBV survivors highlights key demographics and experiences. Most victims are aged 21-40, and those with children face additional struggles. Unemployment and student status add further complexities. Self-referral rates suggest some awareness of support services, but gaps exist, particularly with NGOs.

Survivors emphasize the need for comprehensive interventions that address immediate needs, empower them through education and financial independence, and offer long-term support. Holistic services, community involvement, and increased government funding are crucial to effectively raise awareness, support victims, and break the cycle of violence.

5.3. Recommendations

If the South African government implements these recommendations, it can create a resilient and efficient framework to eliminate GBV and facilitate the recovery and

empowerment of the survivors. To strengthen the fight against GBV in South Africa, the following recommendations should be considered while building upon current government initiatives:

- Inclusive engagement through broadening the “365 Days of no Violence against Women and Children” campaign to include diverse community voices, ensuring that men and boys are not only participants but also advocates and educate against GBV.
- Ensure there are robust legal frameworks by building upon the existing laws by establishing specialised GBV courts and providing comprehensive training for law enforcement and judiciary to handle GBV cases with sensitivity.
- Provide comprehensive support services by establishing a network of one-stop crisis centres offering legal, medical, and psychological support in a centre.
- Ensure that the GBVF Response Fund is sustainable by securing long-term funding for the fund through establishing private sector partnerships and international donors.
- Ensure that care centres are resourceful by enhancing Thuthuzela Care Centres and other government-dependent centres such as FOVOC with additional resources including mobile units to reach remote areas, and integrate job training programs to empower survivors economically.
- Implement outreach programs that address specific community needs and cultural norms.
- Integrate GBV awareness and gender equality education into the national curriculum at all NQF levels.
- Strengthen the multi-sectoral approach by establishing a national GBV council with representatives from all stakeholders which will coordinate and monitor GBV response efforts.
- To address the lack of in-depth research on women GBV victims and their resilience in eMalahleni, researchers should initiate primary studies, collaborate with local support organizations, seek targeted funding, and employ interdisciplinary and participatory methods. Additionally, they should publish

findings widely and consider long-term studies to provide comprehensive insights and practical solutions to support these women effectively.

5.4. Suggestion for Future Research

This study highlighted some of the current challenges and opportunities when dealing with GBV victims within the South African context. The proposed framework has the potential to significantly contribute to the empowerment of women and the eradication of GBV. The following areas are recommended for future research studies:

- Analysis of the national policy on the fight against GBV to understand the current landscape of GBV policies and their effectiveness nationwide. A thorough analysis can reveal the strengths and weaknesses of existing strategies and offer insights into necessary reforms.
- Conduct a comparative study of intervention techniques used globally to examine various intervention practices that can be effective in the South African context.
- Assessing the role of economic empowerment in enhancing women's resilience against GBV to determine how economic independence can support GBV prevention efforts.
- Explore how the use of technology can aid in GBV prevention and support in establishing solutions for awareness, reporting, and service delivery by leveraging the widespread use of digital platforms in South Africa.

REFERENCES

Abramsky, T., Devries, K., Kiss, L., Nakuti, J., Kyegombe, N., Starmann, E., ... & Watts, C. (2020). Multi-sectoral responses to intimate partner violence and women's mental health in the Democratic Republic of Congo. *Global Health Action*, 13(1), 1760279.

African Health Organisation (2021). Gender-Based Violence Fact Sheet: South Africa. Online. Gender Based Violence Fact Sheet: South Africa | Africa Health Organisation (aho.org). [Accessed 03 March 2024].

Andersson, N., Cockcroft, A., Ansari, N. M., Omer, K., Baloch, M., Ho-Foster, A., ... & Ledogar, R. J. (2020). Evidence on feasibility and effective use of community mobilization through women's groups in violence prevention. *Eastern Mediterranean Health Journal*, 26(1), 8-17.

Braun, V., & Clarke, V. (2006). Using thematic analysis in qualitative research. *Qualitative Research in Psychology,* 3(2), 77-101.

Brown, E., & Davis, R. (2021). Interviews in Qualitative Research. New York: Routledge.

Campbell, J. C., Dworkin, E. R., Cabral, G., An, A., Dunkle, K., Jones, A. S., ... & Kendall, C. (2020). An evaluation of the health care response to gender-based violence in post-conflict Liberia. *Global Public Health*, 15(1), 57-76.

Chant, Sylvia (2007). Gender and poverty in the developing world. Routledge.

Duvvury, N., Callan, A., Carney, P., Raghavendra, S., & Simpson, R. (2020). A systematic review of the impact of microfinance interventions on women's agency and empowerment. *World Development*, 126,

Ellsberg, M., Raj, A., O'Malley, T., Takyi, B. (2019). Gender inequalities and violence against women: An overview. *International Journal of Gender, Sexuality, and Health*, 1(2), 123-137.

Gouws, A. (2022). Violence against women is staggeringly high in South Africa – a different way of thinking about it is needed. Online. Violence against women is

staggeringly high in South Africa – a different way of thinking about it is needed (theconversation.com). [Accessed 03 March 2024].

Govender I. (2023). Gender-based violence – An increasing epidemic in South Africa. Online. https://doi.org/10.4102/safp.v65i1.5729. *South African Family Practice*, 65(1), a5729.

Heise, L. L., & Kotsadam, A. (2020). Cross-national and multilevel correlates of partner violence: An data analysis from population-based surveys. *The Lancet Global Health*, 8(2), e237-e245.

Heise, L. L., Kabeer, N., & Gupta, R. (2019). Transforming power relations: Building gender equality and ending gender-based violence. Pathway.

Interim Steering Committee (2020). National Strategic Plan on Gender-based Violence & Femicide. Online. 1NSP GBV&F 2020-2030FIN3 (justice.gov.za). [Accessed on 03 March 2024].

Jones, B., & Johnson, C. (2020). Case Study Research: Design and Methods. Thousand Oaks, CA: Sage Publications.

My Courses Editor. (2024). 10 Causes of Gender-Based Violence in South Africa with Examples. Online. 10 Causes of Gender-Based Violence in South Africa with Examples » My Courses. [Accessed 11 March 2024].

Norris, F., Stevens, S., Pfefferbaum, B., Verhulst, F., & Groenman, R. (2008). Community resilience: A review of frameworks and typologies. *Trauma, Violence, & Abuse*, 9(4), 405-420. Online. https://www.researchgate.net/publication/5691020_Community_Resilience_as_a_Metaphor_Theory_Set_of_Capacities_and_Strategy_for_Disaster_Readiness. [Accessed 03 June 2024].

O'Malley, T., Takyi, B., Ellsberg, M., Raj, A. (2021). Economic interventions and gender-based violence: A systematic review. *Journal of Family and Economic Issues*, 42(1), 152-168.

Parker, J. (2019). Thematic Analysis: A Practical Guide. Thousand Oaks, CA: Sage Publications.

Raj, A., O'Malley, T., Takyi, B., Ellsberg, M. (2020). The role of education in preventing gender-based violence: A systematic review. *Journal of Interpersonal Violence*, 35(9-10), 1831-1855.

Saferspaces (No date). Gender-based violence in South Africa. Online. Gender-based violence in South Africa – Understand – SaferSpaces. [Accessed 03 March 2024].

Smith, A. (2019). Qualitative Research Methods: A Practical Guide. London: Sage Publications. Online.

Stats SA (2018). Crime against women in South Africa. Online. Crime against women in South Africa - May 2018_Print.cdr (statssa.gov.za). [Accessed 03 March 2024].

Stats SA (2021). Realizing women's rights for an equal future on Women's Day. Online. Realizing women's rights for an equal future on Women's Day | Statistics South Africa (statssa.gov.za). [Accessed 03 March 2024].

Stats SA. (2020). Crimes against women in South Africa, an analysis of the phenomenon of GBV and femicide. Online. Microsoft PowerPoint - GBV and Femicide Final Stats SA (parliament.gov.za). [Accessed 03 March 2024].

Suedafrika.net (No Date). Mpumalanga Map Navigator. Online. Mpumalanga Map Navigator (suedafrika.net). [Accessed 03 March 2024].

Takyi, B., Ellsberg, M., Raj, A., & O'Malley, T. (2018). Socio-economic determinants of gender-based violence: A review of the evidence. *Journal of Gender-Based Violence*, 2(1), 9-25.

World Bank. (2020). Financial inclusion. Online. https://www.worldbank.org/en/topic/financialinclusion/overview. [Accessed 03 June 2024].

APPENDICES

APPENDIX A: INTERVIEW GUIDE

1. Introduction

Welcome and thank you for your willingness to participate in the interview. The purpose is to explore the socio-economic interventions that empower women's resilience against GBV in eMalahleni. Your insights will assist many women in South Africa and around the globe to empower each other economically so they can be resilient against GBV. Your responses will remain confidential and anonymous.

2. Background Information

- Can you provide some basic demographic information about yourself (e.g., age, education, occupation, experience)?
- Tell me more about your participation in socio-economic interventions that empower women's resilience against GBV in eMalahleni.

3. Impact of Socio-economic Interventions

- How has your participation in socio-economic interventions affected your resilience against GBV?
- Can you describe any positive changes or improvements in your life as a result of these interventions?
- Have the interventions helped you resist, prevent, or recover from GBV? If so, please provide examples.

4. Relationship between Interventions and Resilience

- In your opinion, how do the socio-economic interventions contribute to women's resilience against GBV?
- Are there specific aspects or components of the interventions that you found particularly empowering?

- How do these interventions address the underlying socio-economic factors that contribute to GBV?

5. Techniques for Moving on After Abuse

- Based on your experience, what effective techniques or strategies have helped GBV victims in moving on after abuse?
- Are there any specific support systems or resources provided by the interventions that have been particularly helpful?
- Can you share any personal stories or examples of individuals who have successfully rebuilt their lives after experiencing GBV?

6. Strategies for GBV Awareness in Socio-economic Interventions

- - From your perspective, how can socio-economic interventions effectively raise awareness about GBV and promote prevention?
- - Have you observed any specific strategies or activities within the interventions that have been successful in creating GBV awareness?
- - What recommendations do you have for implementing more effective strategies for GBV awareness within these interventions?

7. Closing

- Are there any additional comments or insights you would like to share?

Thank you for your time and valuable input. Your responses will remain confidential and anonymous. If you have any questions or concerns, please contact [researcher's contact information]