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A study on gender-based violence in South Africa: prevalence, correlates & coping strategies

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CHAPTER 2:
LITERATURE REVIEW

2.1 Introduction

Gender based violence dates far back to the 1600's when women in South Africa were enslaved. Gqola (2004) discloses the politico-legal disharmony which characterized attempts to define and regulate slave women's sexuality, whose complicated regulation revealed that often the descriptions of what was true of a 'slavocratic' society, was directly contradicted by other evidence. Forbidden sexual and sexualized contact was widespread and 'enacted through sexual force - across the slave-master divide'; the declaration that "sex with company slaves" was deemed offensive but was not enough to curb its occurrence' (23).

The South African setting was such that the law served the interests of the white population, the wealthy, and of men:

> *Legal definitions of rape and related court procedures, the lack of recourse to effective legislative controls in cases of battery, the legitimization of rape in marriage, the lack of protection of children in court cases, and the fact that sexual harassment is not subject to designated legislation in South Africa, all serve as specific illustrations of structural impediments to legal control and deterrence of women abuse. The bias of such legislation is one of the factors that leads to a low level of conviction in cases of violence against women and allows offenders to continue without fear of retribution* (Vogelman & Eagle, 1991:*220)*.

2.2 Addressing Violence Against Women

Early in the tenure of the ANC government the extent of the problem of VAW was recognized. The National Crime Prevention Strategy (NCPS) of 1996 established crimes of violence against women and children as a national priority, instituting a number of legislative reforms in this area (Vetten, 2005) and ratified most of the global conventions and covenants to fight discrimination against women and children.

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In this respect, South Africa is regarded as an example of a successful transition from authoritarianism to democracy, where women's organized struggles have led to tangible gains – what Hassim (2005) would call a 'virtuous political circle' in which women's participation is rewarded by shifts in the allocation of public resources to address women's needs (*ibid)*.

The Domestic Violence Act (DVA) of 1998 and the Sexual Offences Bill of 2006 are viewed by the South African Law Commission (2000, as sited by Outwater, Abrahams, & Campbell, 2005) as some of the most progressive laws concerning violence against women in the world (2002). The DVA for the first time gives an all encompassing legal definition of domestic violence, and is all inclusive of who constitutes a victim. Its application stretches across familial and domestic relationships, covering those that are heterosexual and of the same sex. Legislators placed particular obligations in the DVA upon the police, obliging them to help the abused woman. This was done in an effort to challenge their long history of neglect of domestic violence, and introduced statutory monitoring and oversight of police enforcement of the law (Vetten, 2005).

> *It is a highly significant piece of legislation in that it entails a recognition that the private sphere of the family is not inviolate from the democratic norms established by the Constitution, and that women are entitled to state protection of their rights even in the private sphere (Hassim 2005: 342).*

These legislative changes were not passed without controversy which Meintjes (1999) argued both the Commission on Gender Equality (CGE) and the Office of the Status on Women (OSW) were 'conspicuously ineffective', lacking not only in resources, but in institutional resistance, and in leadership.

Despite these efforts made by law, women sited police negligence and impotence, as well as the lack of resources for documents to be served, and a lack of information on court proceedings as impediments to their access to justice (Mathews & Abrahams, 2001). Change was not immediate as '...years after political majority rule, the

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legacies of institutionalized violence remain in the treatment of many ... and in the acceptance of violence as a legitimate, and immediate means of settling disputes' (Bennett, 2000:4).

In a study on overcoming endemic violence against women, it was acknowledged that abuse and violence against women have been with us for the duration of recorded history and appears to be a universal phenomenon relating to women's general status in particular communities. When violence is referred to as 'endemic', it conveys the premise that it is widespread, common, and deeply entrenched in most societies (Vogelman & Eagle, 1991). The study explains that statistics relating to violence against women are notoriously difficult to establish largely due to under-reporting and gives reasons such as the acceptance of such violence as normative by individuals and the authorities, lack of confidence in the police, the shame women experience in describing assaults particularly of a sexual nature, economic dependence on abusers, fear of future reappraisals and the difficulty in obtaining convictions.

2.3 Understanding Violence Against Women

According to Gartner & Macmillan (1995), feminists are of the view that victims of intimate violence are less likely to define their victimizations as criminal acts, and as such women and men come to view violence by intimates as less serious than violence by strangers. This is despite the fact that stranger violence could actually be less serious. Victims view intimate relationships as private and legal, intervention into them are seen as an accusation of failure, a source of embarrassment and shame, and as a cause of breakdowns in those relationships. Feminists explain that 'its acceptance reinforces offenders in their use of violence in intimate settings, and victims in their reluctance to invoke the law against intimates who attack them' (*ibid: 397*), citing that it is the same processes that work to discourage victims of intimate violence from seeking legal protection that are played out within, and structured by dominant relations, and those of subordination. In addition, when victims do seek legal help, it is either deemed as an appropriate response, or it is

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because they experience frequent and/or serious violence. At this point the victim behaves as a rational decision maker (*ibid*).

In South Africa, particularly, these difficulties are exacerbated by apartheid and the fragmentation that goes with its bureaucracy (Vogelman & Eagle, 1991). Harper (2003) points out that the use of violence by the apartheid state, and in the struggle against apartheid, further reinforces its use as a legitimate form and expression of opposition.

> *It appears to have always been part of South Africa's social fabric in all cultures and racial groupings; it was just not addressed. During apartheid, violence against women in the black communities was often placed on the back-burner as the focus was on the struggle for freedom. Violence in the white community was also silenced – especially incest and marital rape. The white community had to have an image of 'decency' and 'civilization' (ibid: 8).*

Notably, violence against women plays a key role in maintaining women's subordinate position and the control over women by men. Denial and the fear of being ostracized often prevent women from reaching out for help (Krug et al., 2002). This limits a woman's capacity to act independently or autonomously. Sexual violence in particular places a limit on a woman's ability to protect herself against infection such as HIV, pregnancy and unwanted sexual acts, among other unwanted things. In this manner a woman's rights are not fully exercised.

Heise & Elias (1995) are of the view that violence against women limits the impact of HIV prevention strategies that emphasize the use of condoms and abstinence, and do not take violence into account. These strategies tend to fail to achieve their intended goals because women, who are victims of violence, are often unable to negotiate and enforce these life saving strategies. Violence, or its perceived threat, seems to be a strong deterrent to adopting prevention measures, and have grave implications for

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the risk associated with HIV/AIDS in young people (Outwater et al., 2005) in particular.

2.4 Prevalence of Gender-Based Violence

Today the true extent of violence against women in South Africa remains unknown. Statistics South Africa (Stats SA) found that one in two rape survivors reported being raped to the police (Hirschowitz, Worku, & Orkin, 2000), while the Medical Research Council (MRC) found that one in nine women reported being raped (Jewkes & Abrahams, 2002). Both studies found rape to be under-reported although their findings differ as to the extent of such under-reporting (Vetten, 2005).

Another study carried out on sexual violence in the Southern Metropolitan Local Council (SMLC), by the Community Information Empowerment and Transparency (CIET) Africa, found that over a 12 month period three out of ten women across an entire local authority, which covered both rural and urban settlements, reported experiencing a severe form of sexual violence; with the most vicious assaults being the least likely to be reported. This study was carried out over a three-year cycle from 1997 to 2000 (Gordon & Crehan, 2002).

A retrospective national female homicide study in 1999 suggests that 8.8 per 100,000 of the female population age 14 years and older is killed by their intimate partners. The proportion of women raped or subjected to physical violence was found, in another study on abused women, to range from 46% to 68% (Jewkes et al., 1999). The first large scale community-based prevalence study in three South African provinces showed that one in four women, in the general population in South Africa, have experienced physical violence at some time in their lives (Jewkes et al., 2001). In this cross sectional study of 1306 women in the Eastern Cape, Mpumalanga and the Northern Province, it was found that the life time prevalence of experiencing physical violence from a current or ex-husband or boyfriend was 24.6%, and 9.5% in the previous year.

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2.5 Correlates of Gender-Based Violence

Jewkes et al. (2001) in a study of 1306 women in the Eastern Cape, Mpumalanga and the Northern Province found domestic violence to be associated with violence in the respondent's childhood, the respondent having no further education, liberal ideas of women's roles, drinking alcohol, having another partner in the year, having a confidant[e], partner's boy child preference, conflict over partner's drinking, either partner supporting the home, frequent conflict generally, and living outside the Northern Province. These results were found to suggest that violence against women is strongly related to the status of women in society and to the normative use of violence in conflict situations, or as part of the exercise of power.

A report on a cross-sectional survey done in the early 1990's in KwaZulu Natal by Abdool-Karim (2001) revealed that 62% of women thought their male partners had a right to multiple partners. Almost half (49%) did not believe they had a right to refuse sex with their partners, and just over half (51%) reported that their partners would get angry if they were asked to use condoms, while 30% of respondents reported they feared their partners would leave them. It was reported by over a quarter (28%) of the respondents that their partners would threaten violence. Both violence against women and HIV infection are fuelled by gender inequality and addressing these would be critical in addressing these two public health problems facing South Africans (Outwater et al., 2005).

2.6 Help Seeking Behavior

A study by Jewkes (1999) of metropolitan South Africa (Durban, Johannesburg, and Cape Town) revealed that 25% of the women did not seek any kind of help for incidents of abuse that they considered the worst. Friends, family and medical personnel were the three most favored sources of assistance, while services of religious persons were sought as often as those of lawyers, psychologists and counselors. Thirty percent of the victims went to the police, despite the fact that 89% felt that was done to them was a crime; 13% sought legal assistance; and 9% were seen by a district surgeon. The study showed that comparatively few women sought

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help from less formal service providers such as community organizations (5.9%), student representative councils/unions (1.5%) or women's groups (3.7%). It also showed that assistance from formal agencies such as medical personnel, the police and district surgeons were sought more often by women reporting non-domestic abuse as the most serious, while informal sources of assistance such as friends, family and religious bodies were more often sought by women reporting domestic abuse (Vetten, 1999).

Elsewhere, studies on women's health and domestic violence on women of reproductive age revealed that between one third and three quarters (35%-76%) of women had been physically or sexually assaulted since the age of 15. Overall 15%-71% had experienced intimate partner violence (IPV) and in most settings violence was reported as ongoing. Twenty two – 66 % had never told anyone of their partner violence prior to the study. Between 20%-50% reported that they had been injured as a result, and often more than once were more likely to report poor general health and other problems (Garcia-Moreno et al., 2005).

These studies are important in that they all attempt to measure the scale of violence experienced by women and to describe the types of violence that is experienced which is mainly physical, sexual and psychological, among other types. They mostly attribute the problem to gender inequalities which reflect other forms of social inequality (Gordon & Crehan, 2002; Gupta, 2000), existing power differentials and struggles between people, particularly where relations are hierarchically structured, and to the low status of women in society (Dunkle, 2004; Gilbert & Walker, 2002; Gupta, 2000; Wood et al., 1998; Wood & Jewkes, 1997).

Several studies in South Africa have focused on specific risk behaviors, most notably substance abuse such as alcohol or the consumption of drugs; specifically on the role that alcohol plays in violence against women, and abusive behavior (Jewkes et al., 2002 and Koenig et al., 2003). Other studies have focused on the failure of the South African government through its tolerance and inaction, despite its passing of

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adequate laws and policies (Masimanyane Women's Support Centre, 1999; Outwater et al., 2005; Vetten, 2005). A few studies have described in detail the role that colonialism and segregation have played (Barolsky, 2005; Poverty & Inequality Report, 1998; de Villiers and van Schaik, 2002; & Masuku, 2001), while most studies merely make mention of it without explaining its risk factors.

These studies have given depth to the finer aspects of the problem yet its precise magnitude remains unknown. Knowledge of its exact prevalence is necessary to understand the magnitude of the phenomenon, as a starting point to dealing with it.

Emphasis on the actions that victims of violence take in an attempt to address their plight have not been made the focus of major studies but incorporated into other studies to bring out, for the most part, the ineffectiveness of the laws, policies, and policing of the government; as well as the role of a patriarchal system in maintaining dominance and suppression of women (Jewkes et al., 2002; Abrahams & Jewkes, 2005; Wood et al., 1998). These actions could be informed by doctrines of privacy, sanctity of the family and by legal codes, as victims may have entirely justified fear of reprisals or else may recognize the extent to which such violence is tolerated and condoned in their society (Gordon & Crehan, 2002), and as such, the process of exposing these atrocities needs to be supported with the aim of preventing the violence.

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2.7 Conceptual Framework

Gender-Based Violence

The framework within which violence against women is understood as it stems in part from women's and girl's subordinate status in society, recognizes that violence directed against a person is done so on the basis of his or her gendered identity. It generally derives from cultural and social norms that imbue men with power and authority over women (Population Report, 1999; & Goldberg, 2001).

Bennett (2000) is of the view that there is complexity with identifying perpetrators of GBV as unequivocally 'male' although it may be true that the perpetrator's gender does differ critically from that of the victim with overwhelming regularity. It is noted that identifying perpetrators solely by their gender is an inadequate way to truly explain the myriad forms of behaviour that together can be called GBV, and also cannot explain the fact that women are differently vulnerable to GBV, while men in diverse relations to its perpetuation (*ibid: 2*) (this last part of the sentence does not make much sense).

In South Africa gendered identities are shaped through violence 'as our identities as men and women were stitched together in violent times, realized against brutal conditions ...' (Ratele as cited by Salo 2005:2). Salo (2005) identifies an unspoken assumption that South African masculinities are by nature violent and that violence is a natural part of everyday life.

It is through this concept that that we glean understanding of how women's subordination to men is socially constructed, by reinforcing male power and the beliefs of women's inferiority.

2.8 Hypotheses

The hypotheses to be tested are:

- The background characteristics of the respondents will likely affect their experience of violence.
- The background characteristics of the respondents will likely affect whether or not they seek help after experiencing violence.
- The background characteristics of the respondents will likely affect where they seek help from after experiencing violence.

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