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

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CHAPTER 1:
INTRODUCTION

1.1 Background

The 1979 Convention on The Elimination of All Forms of Discrimination Against Women (CEDAW) – often described as an international bill of rights for women - recognized gender-based violence (hereafter GBV) as a human rights problem. The South African government ratified this convention in December of 1995. According to Hassim (2005) this 'provided an important institutional reform within which to identify a set of legislative priorities and begin to lobby for policy changes' (343).

The Fourth World Conference on Women was held in Beijing in 1995. The Beijing Platform of Action – an agenda for women empowerment identified Violence Against Women (VAW) as one of the 12 critical areas of concern that required special attention of not only governments but also of the international community and civil society. 'In line with the CEDAW and the Beijing Platform of Action, the government was required to ensure that steps would be taken to eradicate violence against women' (Hassim 2005: 345)

During the 49th World Health Assembly in 1996, member states agreed that violence is a public health priority. A resolution (WHA 49.25) was passed that endorses recommendations made at previous international conferences to tackle the problem of GBV, and to address its health consequences. The resolution was passed in response to the fact that violence causes extreme suffering and negative health consequences for a significant proportion of the female population. It also has a direct negative impact on several important health issues, including but not limited to safe motherhood, family planning, and the prevention of sexually transmitted diseases and HIV/AIDS; and that for many women who have been abused, health workers are the main, and often only, point of contact with public services which may be able to offer support and information (WHO, 1997).

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The Millennium Development Goals (MDGs) 'are currently the highest level of the international community's development priorities ... whose goals along with their targets and indicators have been widely accepted as a framework for measuring national and global development progress' (Garcia-Moreno et al., 2005). Despite the fact that some of the conditions that are associated with violence are targeted in the goals set up to guide the implementation of the millennium declaration, VAW is not highlighted in either the targets or the indicators (Garcia-Moreno, Heise, Jansen, Ellsberg & Watts, 2005; Walby, 2005). Walby (2005) advocates an indicator on VAW to be included so that it can be measured, and effectively assessed and evaluated.

Garcia-Moreno et al. (2005) argues that violence against women continues to be awarded low priority on the development agenda, despite it being a major obstacle to development and its growing recognition as a human rights and public health concern. It is further argued that working towards the MDGs will reduce VAW, and in turn preventing VAW will contribute to achieving the MDGs. This is because of the association between violence and complex social conditions such as poverty, lack of education, gender inequality, child mortality, maternal ill health and HIV/AIDS, which link the eight MDGs to GBV (Garcia-Moreno et al., 2005; Walby 2005).

A growing body of evidence from research suggests that GBV is highly prevalent with an estimated one in three women globally experiencing some form of victimization in childhood, adolescence or adulthood and has a direct economic impact along with human, developmental and emotional costs (Garcia-Moreno et al., 2005). The World Health Organization (WHO) has estimated that one in five women have been physically or sexually abused by a man or men at some time in their life (WHO, 1997).

The most common form of GBV is domestic violence. The United Nations has defined domestic violence, the most dominant form of GBV, as 'violence that occurs within the private sphere, generally between individuals who are related through intimacy, blood, or law' (UN Special Rapporteur on Violence Against Women, 1996).

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Research shows that women are more likely to be injured, raped or killed by a current or former partner, than by any other person (Brown, 1992). According to the Violence Against Women Survey of 1993, 51% of Canadian women have experienced at least one incident of physical or sexual assault since the age of 16 and just under half (45%) of all women have been victimized by men known to them (including spouses, dates, boyfriends, family, acquaintances and other known men), while 23% reported violence by a stranger (Sacco & Johnson, 1995).

A study of 412 women attending a community health clinic in Mitchell's Plain, Cape Town found 48.5% reported current or past abuse by a male partner (Jacobs and Suleman, 1999). Its nature has prompted comparisons to torture as the assaults are not only intended to injure a woman physically and psychologically, but also to humiliate. These acts tend to be unpredictable, bearing little relationship with a woman's behavior and continue indefinitely (UNESCO, 1996).

These problems tend to be underestimated in both developed and developing countries particularly where there are no legal social sanctions against violence by an intimate partner. 'In more traditional societies, wife beating is largely regarded as a consequence of a man's right to inflict physical punishment on his wife...cultural justifications for violence usually follow from traditional notions of the proper role of men and women' (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). Most countries have failed to identify and provide support to women suffering from domestic violence, due in part to the fact that women seek help from places other than the police, health and social services (WHO, 1997) despite enacting the Domestic Violence Act (DVA No. 116 of 1998). When women seek help from the police, in many cases the police are not only reluctant to assist but also tend to humiliate, disbelieve and blame the victim for precipitating the incident (Goode, 1978).

South Africa is also characterized by very high levels of violence. This can in part be attributed to decades of apartheid state-sponsored violence and reactive community insurrection, which has contributed to a situation in which physical violence for many

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is the first line strategy for conflict resolution and gaining dominance, and is used in a variety of settings (Jewkes, Levin, and Penn-Kekana, 2002; Masuku, 2001). Violence has permeated all spheres of society, private and public, and violence against women is among the types of practices that are not only common and widespread, but also deeply entrenched. Such violent practices are awarded the perception of being normal or even natural.

The understanding and interpretation of violence among South African women varies. Violence against women in this regard is complex and difficult to interpret and so much remains to be understood.

> *The ways a woman will respond to and experience abuse are linked to her access to multiple ways of understanding, such as self-concept, beliefs about gender roles and identities and beliefs about marriage and family life. Thus if a woman endorses constructs of femininity as inherently submissive and passive and blames the abuse on her own provocation, she will be less likely to challenge the violence (Boonzaier & de La Rey 2003: 1005).*

A qualitative study by Wood, Maforah, & Jewkes, (1998) on pregnant adolescents revealed that male violence and coercive practices dominate sexual relationships. Of the participants, 22 out of 24 reported being beaten on multiple occasions by their partners. The occurrence of assault was primarily when women attempted to refuse sexual intercourse, but they could not term forced intercourse as 'rape' because 'it is with your boyfriend and there is something between you' (238). In the study violence by their male partners was used to define the conditions and timing of sex. This was done through the circulation of certain constructions of love, intercourse, and entitlement, to which the teenage girls were expected to submit. Female peers enforced and legitimated these experiences by indicating that silence and submission were the appropriate responses. The participants did not end their relationships due to peer pressure to have, and keep a male partner, and their perceptions of being loved by their partners as a result of the gifts they had received from them (*ibid*).

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Another study on sexual and fertility decision-making and negotiation among urban and rural young people found that young girls expressed that forced sex was normal, and took it as something that is acceptable, citing that it is a norm in their community (Varga, 2003).

Violence against women in particular is well documented in South Africa (Abrahams et al., 2005; Dunkle et al., 2004; Gqola, 2004; Jewkes et al., 2001; Jewkes et al., 2002; Jewkes et al., 2003; Watts & Mayhew, 2004; Maman et al., 2000; Masimanyane Women's Support Centre, 1999; Outwater et al., 2005; Vetten, 2005; Vogelman & Eagle, 1991; Wood et al., 1998; Wood & Jewkes, 1998) and is not only common and widespread, but also accepted, tolerated and seen to be normal. However its true extent remains unknown. Literature surrounding the topic reveals problems with measuring its true prevalence as a result of mainly under-reporting. Besides, population-based research tends to be more accurate, even if lacking in consistent definitions and methods.

1.2 Problem Statement

Well over a decade after the first democratic elections South Africa is characterized by the realities of social crises, of which violence, crime, poverty, and the effects of a high prevalence of HIV/AIDS, among others, stand out with prominence. Post-apartheid South Africa has become a violent and dangerous place, and its people imperiled by some of the highest murder, rape, and HIV infection rates in the world (Kapp, 2006). South Africa has recorded, and continues to record, alarming rates of violence against women. As Vetten (2005) rightly puts it, violence against women has been [and continues to be] one of the most prominent features of post-apartheid South Africa. South Africa, for example, has recorded the highest rape cases in the world (Jewkes & Abraham, 2002).

Central to a woman's experience of violence is being gendered, and it is through gender that people live their identities and play out the roles attached to them. It is

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through these relationships that GBV resides in both private relationships and at a societal level. Women and their children, as a result, live in danger both away from and within their homes, villages, and communities. GBV, in all its forms, is a violation of human rights affecting women young and old, and its experience prevents women from the full exercise of their rights and from development, human and otherwise.

It therefore remains impossible to disprove the importance of the study of violence against women in South Africa, it is also important to understand how women cope after their encounters with violence, particularly so because this is related to their help seeking behaviour. The understanding of this behavior is vital as it contributes to the planning of interventions put into place to assist women to cope after violent encounters, as women are expected to return to live normal lives in their communities. It remains critical that the interlinkages between a woman's experience of violence; whether she seeks help after her experience; and where it is that this help is sought, are examined and understood in order to inform the provision of interventions at a national level, specifically set up for these purposes.

Knowledge is therefore required at a national level for planning to take effect, as to date most if not all information for such purposes is gleaned from area specific studies which as a result cannot be generalized to the population as a whole. Evidence is therefore required to feed the strategies that should be explicit in identifying the victims they are designed for, and to inform the way that priorities in service provision are set.

1.3 Justification of the study

Most of the quantitative research on violence against women has inherent problems of non-representative samples. In most cases the samples are area specific. Jewkes et al., (2002) surveyed 1306 women in three South African provinces to measure the prevalence of violence, sexual and emotional abuse in women and to identify risk factors and associate health problems and health service use. Life time prevalence of

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experiencing violence from spouse, ex-spouse or boyfriend was found to be 24.6% while 9.5% had been assaulted in the previous year.

Vetten (1999) sampled 269 women who presented at service giving agencies in Cape Town, Durban, and Johannesburg to identify the nature of the worst incident of abuse they had ever experienced in which physical, emotional and sexual abuse were identified. The study's aim was to determine who women turned to for help after being abused, as well as their experiences of subsequent services rendered. It was found that 75% of the women sought help from someone for the worst incidence of abuse.

Dunkle, Jewkes, Brown, Gray, McIntyre, & Harlow, (2004) investigated gender-based violence and the risk of HIV infection in 1366 women who presented themselves for antenatal care at four health centres in Soweto and looked at experience of gender-based violence, the South Africa adaptation of the Sexual Relationship Power scale (SRPS), risk behaviors, plus the assessment of socio-demographic characteristics. Fifty-five percent reported a history of physical or sexual assault from a male partner. In another study, Dunkle et al. (2004) analyzed data from 1395 interviews with women attending antenatal clinics to estimate the prevalence of physical/sexual violence, sexual assault and forced first intercourse, and estimated the prevalence of physical/sexual violence to be 55.5%.

Most studies use highly selective samples which hinder generalization to the whole population. Both the quantitative and qualitative studies, that have been carried out so far do not cover a sufficient portion of the population to enable an examination of both prevalence of GBV, and women's resort to help at a national level. From these studies little is known of who seeks help, and which services victims go to for help after their experience of violence. This study therefore aims to examine the distribution of women's experience of violence and their help seeking behavior with demographic and socio-economic factors, and to identify predictors for these outcomes among women in South African.

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1.4 Objectives of the study

General Objective: To investigate the prevalence of physical violence experienced by women in South Africa, to explore the factors associated with it, and to examine victim's/survivor's help seeking behavior.

Specific Objectives:

- To investigate the prevalence of violence experienced by women in South African against their background characteristics
- To examine the percentage of women who seek help after experiencing violence against their background characteristics
- To identify predictors of women experiencing violence and seeking help
- To identify predictors of where victims seek help from services

1.5 Area of study: Gender and Violence

Gender is a social construct of the different roles, responsibilities and expectations of men and women, and how they relate to each other in their various spheres of life. Roles and responsibilities are assumed by both men and women that are dictated by culture or tradition, and passed down through societies and families. Therefore being feminine or masculine relates to the expectations that are held about the capabilities, behavior, and characteristics of the different sexes. Roles and expectations are learned and as such not static, as culture can be said to be fluid, and long lasting, despite it being thought to be something that is almost natural and as such unchangeable. Roles can thus change over time and also be modified according to systems of social differentiation and changing traditions (UNESCO, 2003). Most societies do not place equal value on similarities and differences of men and women and on the roles they play, and the manner in which they relate that are socially determined by their suitability.

Goode (1978) explains violence to mean 'that a person is violated is some way. There is harm done to that person's body, dignity, autonomy, freedom' (396). Gender-based

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violence primarily arises through the dynamics of being gendered, as gender is central to human relationships, suggesting that both men and women are vulnerable to the way dominant norms of gender relations within their context play themselves out. GBV takes on an importance of being gendered i.e. as a woman or a man in the context within which violence occurs, and in South Africa violence is shaped by both the social and historical context that its people live in, which speaks to the beliefs and practices about gender and how the genders relate.

1.6 Organization of the Study

This study is structured as follows: Chapter 1 introduces the study topic, giving background and stating the problem that the study attempts to resolve, which is broken down into study objectives. This is followed in chapter 2 by a review of literature along with the conceptual framework, and hypothesis to be tested in the study. In chapter 3 the methodology is given accompanied by a note of the study limitations. Chapter 4 presents the characteristics of the population under study, and both univariate and bivariate analyses, which in followed in chapter 5 by logistic regressions and a presentation of the results. In chapter 6 a discussion is presented together with the conclusion and recommendation of the study.

1.7 Key Words

Violence Against Women (VAW) – Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in private (family) or public life (societal) (United Nations, 1993)

Prevalence of violence against women – The proportion of women who experience violence in a given study population. In this study it is the number of women that have experience violence in the 12 months prior to the survey.

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