



POTENTIAL STRATEGIES TO PREVENT SEXUAL VICTIMISATION OF WOMEN AND GIRLS

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Safer Western Cape Conference

13 November 2018

Prevalence of rape and sexual assault in SA

- **Physical and/or sexual intimate partner violence:**
 - 24.6-37.7% adult women in their lifetime
 - 31% in most recent marriage or cohabiting relationships
- **Rape of women**
 - 25% of women (18-49 years) in Gauteng had been raped
- **Sexual abuse of children:**
 - 39.1% of young women experienced sexual abuse in childhood
- **Exposure to sexual abuse in childhood increase the risk of IPV in adulthood:**
 - 33.3% and 46.6% of women who were physically and/or sexually abused by partners and were raped respectively were sexually abused as children

- The police recorded 40,035 rapes in 2017/18
- The rape rate is 71.3 per 100,000 people

Causes of GBV: uneven power in society

- GBV is rooted in the **subordinate position of women and girls** in South African society
- Dominant ideas about gender relations based on assumed **male superiority** over women and a societal right and expectation that **men will control women** and women should expect and submit to this
- Rape and other sexual harassment and violence are based on ideas that **men are in control in public spaces** and social institutions (school, work, community, etc.) and are **sexually irresistible** and **entitled to sex** unless stopped
- **Lesbian women** are particularly targeted for rape as they **resist male control** over them and **reject** that basic social **tenet that women should sexually desire men and be sexually available to them**

Violence is *socially learnt*

- Children exposed to more violence **normalise** it and **learn poor relationship and communication skills**
- **Poor** boys and men are often socialised into violent sub-cultural masculinities of gangs, where they learn that to be a man it is essential to control women and girls and masculine power demonstrated by exaggerated dominance over women – including rape
- Women who are poor and marginalised (based on sexual identity, sex work, migrancy, race, class) are at greater risk of GBV, are less able to defend themselves, less protected by society and are assumed to be 'easy targets' by men
- They also often have less access to care and support afterwards

Risk factors for GBV



INDIVIDUAL

(Biological, personal history and demographic characteristics)

FAMILY

(Family and other close social relationships)

SCHOOL

(School-level factors)

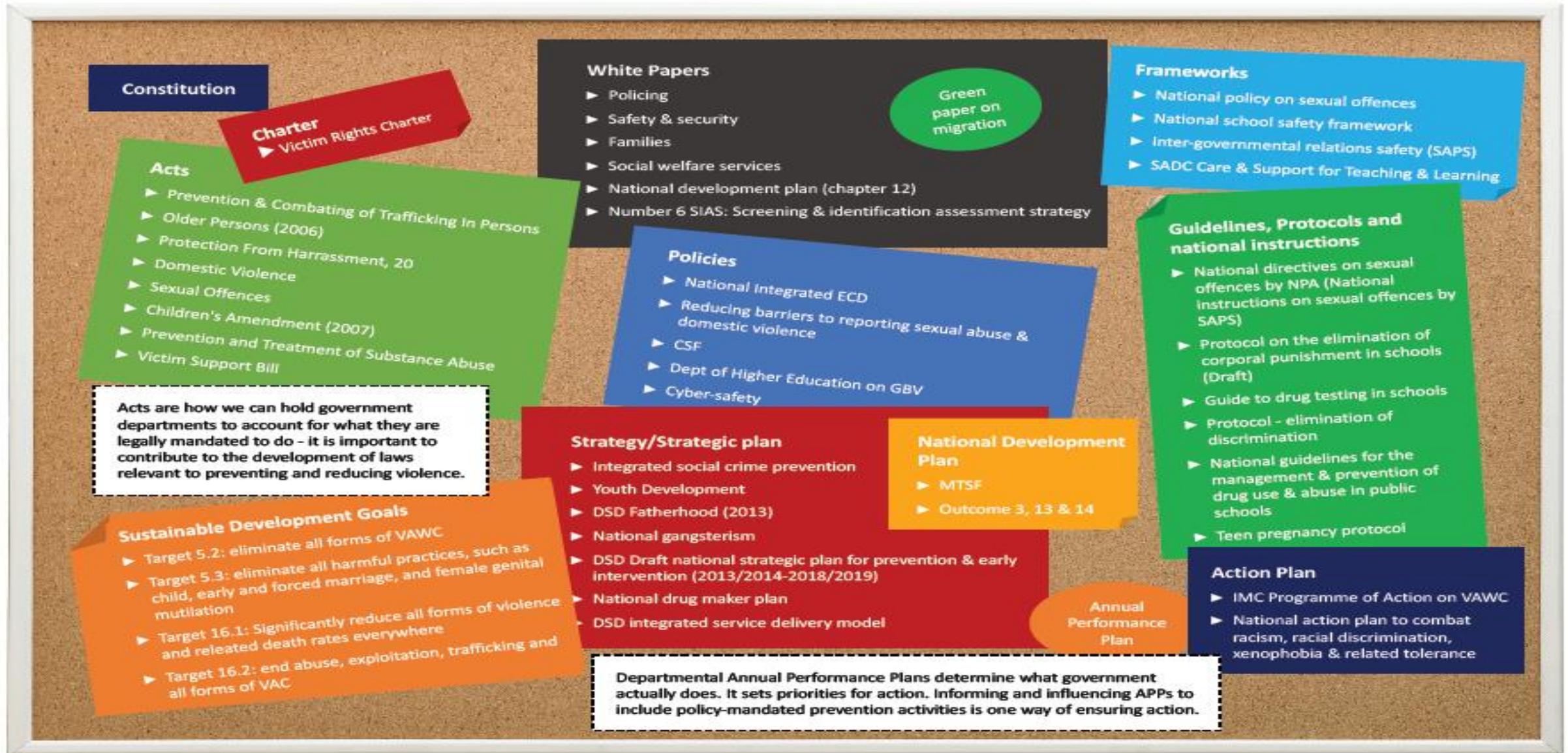
COMMUNITY

(Existing social norms and community-level factors)

SOCIETY

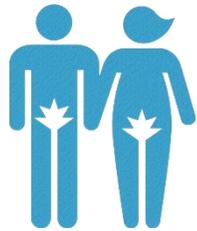
(larger societal factors that create an acceptable climate for violence)

VIOLENCE PREVENTION POLICY IN SOUTH AFRICA



So what are the tasks in GBV prevention?

✓ Empower women and change gender relations and patriarchal norms



✓ Prevent the use of all forms of violence and change violence-related social norms



✓ Reduce structural inequalities – poverty, low education, unemployment



✓ Strengthen relationships-communication



✓ Improve mental health, reduce substance abuse



✓ Change parenting to strengthen child protection and reduce tolerance of violence



✓ Protect and support women & girls





Lifecourse Perspective helps GBV prevention
address risks and opportunities over time



- **Early Childhood interventions:**

- a. Early child development interventions, e.g. Thula Sana, Isibindi*

- b. Home-based infant health interventions, e.g. Philani Plus*

- c. Book sharing interventions*

Highly plausible but we need more evidence they reduce GBV - long term frames and long term investment



- **Adolescent interventions:**

- a. Using the school space but not in school e.g., Prepare*

- b. Whole school and other holistic approaches, e.g.,*

- National Life Orientation curriculum with focus on gender and gender based violence prevention
- Let's Talk
- Afterschool care programmes
- Walking school buses

- c. Interventions to increase girls' school attendance, e.g., cash transfers*

- d. Parenting interventions e.g., Sinovuyo, Skhokho*

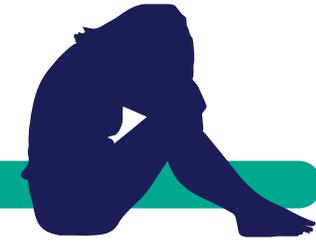
- e. Sexual assault resistance programmes entailing risk assessment and self defence **currently under development***

Promising, but not everything has been effective so far



- **Maternity interventions:**

a. Health sector interventions, e.g., brief counseling in antenatal care Safe and Sound



- **Adult interventions for survivors:**

a. One-stop shop centres, e.g. Thuthuzela Care Centres

b. Post-rape trauma counselling with a trained psychologist

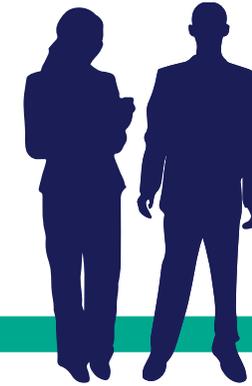
c. Protection orders + paralegal support and training for judiciary

d. Shelters + gender and economic empowerment

Also a critical window for intergenerational prevention of GBV

Need more evidence for how these directly prevent new GBV

Adult intervention prevention:



• *a. Economic & gender interventions*

- *Livelihoods+gender with women & men e.g., Stepping Stones/Creating Futures*
- *Microfinance + gender training with women e.g., IMAGE*
- *Cash transfers for young women*

b. Intensive relationships skills with couples e.g. Indashikiyirwa

c. Mental health & alcohol therapy given by lay health workers – to dispel notions that tolerate rape of women when drinking

d. College campus self-defence and gender training for women

Strong evidence

Emerging, promising evidence



Community interventions:

- a. Community infrastructural programmes, e.g., increased access to Safe Spaces for women and girls, safe community parks*
- b. Community mobilization and advocacy campaigns, e.g.,*
 - *#TotalShutDown types of movements*
 - *Tavern Intervention programme*
 - *Community Forums accessing programmes such as Stepping Stones, Bystander interventions*
- c. Community norms interventions, e.g. Mass media campaigns*
 - *Challenging harmful social norms e.g., blame attributed to women for being raped when they were drinking*

These are essential elements to backstop all other GBV prevention work

The Way Forward

- A longitudinal approach to rape and sexual assault prevention with adequate funding and understanding there are no quick fixes
- Research to understand women's agency that will increase women and girls' ability to avert rape and other dangerous situations
- Promotion of sexual and reproductive health and rights – through LO curricula for school girls
- A broad campaign that challenges gender norms – using a combination of parenting, adult participatory programmes, and media – to change the current social positioning of women and girls which increases their vulnerability in the home, at work, at school and in public spaces
- An intersectoral 'Violence Prevention Fund' overseen by service organizations, academia, activism, and civil society with a mandate and ring-fenced funding to:
 - Test promising prevention approaches
 - Scale evidenced-based interventions
 - Learn what provides value for money
- A national strategy that prevents GBV before it occurs and provides care and support to victims after it happens – *built by consensus, evidence-based, funded and implemented*