

INITIATIVE TO DOCUMENT COMMUNITY-LEVEL INTERVENTION TO ADDRESS  
GENDER-BASED VIOLENCE. IMPACT EVALUATION OF LIFELINE PIETERMARITZBURG'S  
PROJECT TO REDUCE GENDER-BASED VIOLENCE IN POMEROY

TOWARDS INCREASING THE KNOWLEDGE BASE OF WHAT COMMUNITY-BASED  
LOCALLY DEVELOPED GENDER-BASED VIOLENCE PROGRAMMES IN SOUTH AFRICA  
WORK

BY LIFELINE PIETERMARITZBURG

IN COLLABORATION WITH NOMPUMELELO MOTLAFI

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*"But I can say that gender-based violence can mean abused community or community which is not pleased because when they rape they do not choose gender, they rape males and females." [Rape Survivor]*

## PREFACE

**LifeLine Pietermaritzburg** opened in 1972 as an independent centre affiliated to LifeLine South Africa – a member of LifeLine International. In 1998, LifeLine Pietermaritzburg extended its scope to include programmes addressing the scourge of gender-based violence. It subsequently merged with Rape Crisis Centre Pietermaritzburg; strengthening its services in mitigating the impact of gender-based violence. Over the last decade LifeLine Pietermaritzburg has been designing and implementing different community-based models to increase awareness of gender-based violence with the long term goal of eradicating institutions, structures and practices that undermines human rights; and specifically the rights of women and girls.

**Nompumelelo Motlafi** is a lecturer of African Politics at the University of South Africa. As a PhD candidate, she considers herself part of a growing number of academics and students pursuing decolonial approaches in research involving Black communities. Her current research involves an interrogation of the power relations that are shaping legal and social conceptualisations of sexual violence in South Africa.

LifeLine Pietermaritzburg and Nompumelo Motlafi under the guidance of the Joint Gender Fund worked together to document LifeLine Pietermaritzburg's community-level intervention to address gender-based violence and to mitigate its impact in Pomeroy in the Msinga Local Municipality. The attached report is the outcome of this collaboration.

It is hoped that the findings from this study will add to the growing knowledge on gender-based violence locally and internationally; especially in providing models of successful community-based interventions and evidence showing the conditions under which these programmes are efficacious.

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## TABLE OF CONTENTS

Preface.....	2
Table of Contents .....	3
List of Tables and Figures.....	4
List of Abbreviations .....	5
Executive Summary .....	6
1. Introduction .....	10
2. Review of Literature.....	15
3. Theory of Change and Methodology .....	23
4. Findings.....	27
5. Reflections and Conclusions .....	40
6. Recommendations .....	41
Bibliography.....	42

## LIST OF TABLES AND FIGURES

Table 1: Summary of Primary Data Gathering Techniques and Sample Frame.....	25
Table 2: The Outputs/Activities of the Msinga Interventions between 2014 and 2015 .....	27
Table 3: Getting to Know about Msinga Intervention by Gender .....	30
Table 4: Reasons for Participating in the Action-Orientated Dialogues .....	30
Table 5: Kinds of Action Taken as a Result of Participating in the Msinga Intervention .....	30
Table 6: Changes Attributed to the Msinga Intervention.....	37
Table 7: Strengths, Weaknesses, Opportunities and Threats of the Msinga Intervention.....	38
Figure 1: Six Elements of the Msinga Intervention.....	11
Figure 2: Msinga Intervention Theory of Change .....	24
Figure 3: Msinga Intervention as Experienced by the Community (Information, Counselling and Referral/Support) .....	31

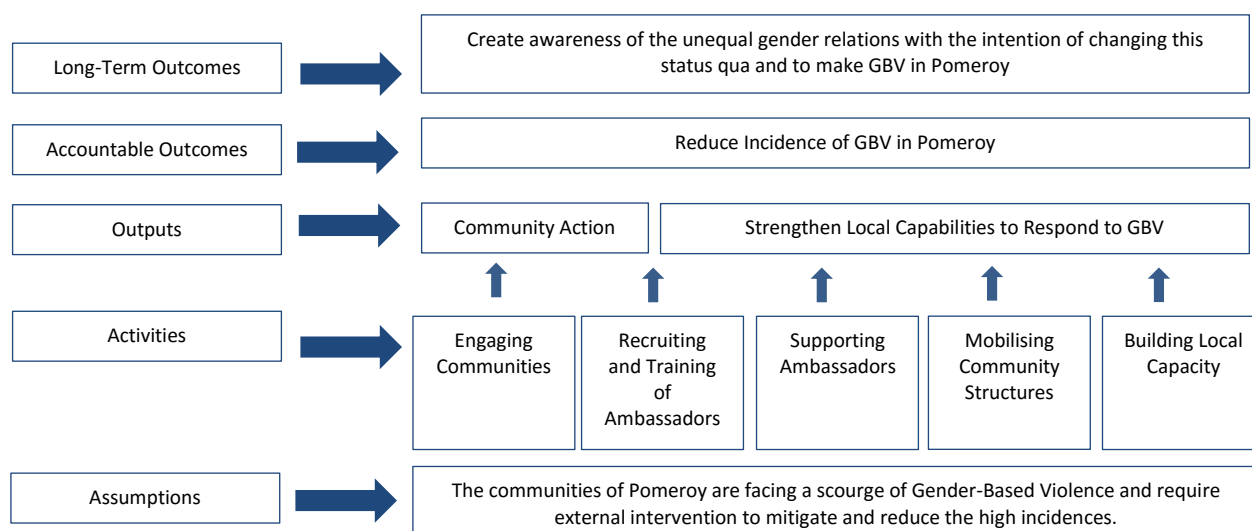
## LIST OF ABBREVIATIONS

<b>COSH:</b>	Church of Scotland Hospital
<b>CBO:</b>	Community Based Organisation
<b>DoH:</b>	Department of Health
<b>GBV:</b>	Gender-Based Violence
<b>HIV:</b>	Human Immunodeficiency Virus
<b>LifeLine:</b>	LifeLine Pietermaritzburg
<b>Msinga Intervention:</b>	Pomeroy and Tugela Ferry GBV Programme
<b>PEP:</b>	post exposure prophylactic
<b>SAPS:</b>	South African Police Services
<b>SADC:</b>	Southern African Development Community
<b>STI:</b>	Sexually Transmitted Diseases
<b>ToC:</b>	Theory of Change
<b>UN:</b>	United Nations
<b>UNESCO:</b>	United Nations Educational, Scientific and Cultural Organisation
<b>VAW:</b>	Violence Against Women

## EXECUTIVE SUMMARY

### INTRODUCTION

Between 2014 and 2015, LifeLine Pietermaritzburg (LifeLine) initiated what is arguably the first sustained programme to raise awareness about gender-based violence (GBV), to identify its root causes and to take actions to mitigate its impact in the rural communities surrounding the small town of Pomeroy in the Msinga Local Municipality in the province of KwaZulu Natal. This programme was referred to as the Msinga intervention. The mechanism for achieving these outputs and outcomes was recruiting, training and supporting local youth as ambassadors to conduct action-orientated dialogues in their locales as illustrated in the Theory of Change in the figure below.



The environmental, social, economic, political and cultural context of the Msinga local municipality is complex. hence not an easy place to use 'talk' as the intervention. Multiple deprivations of basic services, homesteads sprawled across mountainous terrain, weak road infrastructure, low levels of formal education, the omnipresence of violence and aspects of Zulu culture that contradicts Constitutional values of individual rights required that LifeLine spend a long time getting to know the communities receiving their acceptance; especially those of the local political and traditional leaders.

In 2016, Joint Gender Fund financed LifeLine to document the Msinga intervention. The aim of the research study was to contribute to the knowledge base on community-based locally developed programmes to address GBV through evaluating the Msinga intervention. In doing so, the specific objectives were to determine the changes attributed to Msinga; namely its achievements, men's behaviour and attitude towards GBV and survivors coping and negotiating skills as a result of psychosocial support. The study did this through answering the following two research questions:

1. How has the LifeLine programme positively changed how people think about GBV in the targeted communities?
2. How have the communities been able to empower themselves to act against GBV through their participation of the programme?

### REVIEW OF LITERATURE

There is consensus in local and international literature that gender is an analytical tool to describe social beliefs about how men and women are and what roles they should fulfil. It allows for scrutiny of not just

whether one is a man or a woman in the biological sense but more specifically what kind of man or woman one is. As such, it helps to understand the unequal relations between men and women in society. The literature also draws attention for the need to include race, class, evolutionary sciences and historical contexts in analysing the oppression of women and of marginalised groups who have been pressurised, constrained or otherwise harmed by the binary norms of gender. Using this understanding of gender, the literature deduces that GBV is violence that occurs between persons on the basis of expected or perceived entitlements arising from hierarchal inter-subjective gender identities and roles. It does not presuppose the sex of the victim and the perpetrator as used in the Southern African Development Community Protocol on Gender and Development: *“all acts perpetrated against women, men, girls and boys on the basis of their sex which cause or could cause them physical, sexual, psychological, emotional or economic harm, including the threat to take such acts, or to undertake the imposition of arbitrary restrictions on or deprivation of fundamental freedoms in private or public life in peace time and during situations of armed or other forms of conflict.”*

*Criminal Law (Sexual Offences and Related Matters) Act No. 32 of 2007 and the Domestic Violence Act 116 of 1998* are the two pieces of legislation that directly addresses GBV in South Africa. Generally both these laws are well supported by gender activists as they make all definitions of gender neutral. However, the main concern is with the application and interpretation of the laws. It is still left to the discretion of the police (as law enforcers) to make determinations of whether a GBV crime has occurred and what is the minimum action required and for judges to interpret the law.

## METHODOLOGY

Qualitative and quantitative research techniques complemented with an extensive review of literature were used to gather data. The Table below summarises the sample frame for primary data gathering. Data collection took place in November 2016 and January 2017.

In-depth Interviews		Focus Group Discussions		Questionnaires	
Respondent Type	Number	Respondent Type	Number	Respondent Type	
Action-Orientated Dialogue Members	2	Ambassadors	2	Action-Orientated Dialogue Members	51
GBV Survivors	3	Counsellors	1		
LifeLine Principals	4	Action-Orientated Dialogue Group – Women Over 35	1		
CBO Principal	1	Action-Orientated Dialogue Group – Men Over 35	1		
Ward Councillor	1	Action-Orientated Dialogue Group – Youth Under 35	1		
SAPS	1				
<b>Total</b>	<b>12</b>	<b>Total</b>	<b>6</b>	<b>Total</b>	<b>51</b>

## FINDINGS

The outputs of the Msinga intervention over 24 months is summarised in the Table below.

Outputs/Activities	Total
Contracting dedicated staff	5
Training local counsellors	3
Recruiting and Training Ambassadors	20
Participating in 'War Room' Meetings	27 meetings
Working relationship with local CBOs	8 CBOs
Partnering with government department	5 government departments
Presenting the Msinga intervention model conferences	3 presentations
Conducting action-orientated dialogues	214 dialogues

Outputs/Activities	Total
Community members attending action-orientated dialogues	2 609 attended
Community members listening to GBV lectures/talks by ambassadors and local partners	4 281 attended
Taking action in communities	17 actions
Face-to-face counselling	609 sessions
Accessing PEP	146 survivors

While the outputs are easily measured, the outcomes of the Msinga intervention are more difficult to establish especially changing men's behaviour and attitudes towards GBV. Data analysis focussed on answering the two research questions, 1) how do people think about GBV and 2) what actions have they taken against GBV. These analyses were used to draw conclusions on the 'impact' and the nature of the intervention.

Respondents' engagement with the notion of GBV was bounded by the attributes of their communities and their multidimensional belief system. So the Msinga GBV messages were assimilated accordingly. The most significant influences were:

1. **Pride in their Zulu identity and heritage.** All the respondents were proud of the Zulu identity and heritage. Older respondents appreciated the authority and control that the Zulu customs and practices conferred on them; especially the men. However, young respondents were sceptical of practices that are exclusionary, discriminatory and predatory. Although older women disagree with men as the 'lawmakers' in the home; they have accepted this status quo to keep the 'peace'. They appreciate Zulu institutions that protect women against unfair treatment in marriages.
2. **Zulu traditions and customs are no longer functional.** It appears that the changing socio, cultural, political and economic environment has altered the way Zulu culture is practiced in Msinga. There was agreement amongst respondents that some practices have been distorted for individual opportunism. Unfortunately they still drew on traditional practices to address these 'new customs' and appear fragile to this 'hybridity' – nevertheless they are resistant to use legal processes.
3. **Marriage is no longer the norm.** Cohabiting is the norm in Msinga. All respondents lamented that this bypassing of all the formal Zulu marriage ceremonies and the related strengthening of social and family relations has undermined the rights of women and girls in romantic relations.
4. **Violence in the home is a private and family concern.** There appears to be no tools in the Zulu culture to talk about domestic violence in the home.
5. **Ambassadors provided a public platform to talk about GBV.** Ambassadors' perseverance for conducting action-orientated dialogues provided the opportunity and means for traditional leaders to put GBV on the public agenda.
6. **Corporal punishment is the only tool parents know for disciplining their children.** Parents felt helpless in the face of high youth unemployment, high incidences of substance abuse and a sharp increase in criminal activities perpetrated by young men. They believe that they need to mete out corporal punishment to keep the youth on the 'straight path'.
7. **Appalling public services provided by all spheres of government.** The communities of Pomeroy are not served by the state. They feel hurt and disrespected, consequently they do not trust the state and its agents – be it police, social workers etc.
8. **Trust in local leadership.** While there is no trust in 'street-level bureaucrats', the communities do trust their local leaders.
9. **No opportunities for learning and 'recreationing'.** There is very little for communities to do outside their homes.
10. **An adaptation to 'poverty' and an 'acceptance' of GBV.** There appears to be a degree acceptance of current status quo.
11. **Witchcraft is part of the communities' beliefs.** It is used to 'explain/legitimise' incidences of GBV.



As shown that GBV may be understood in multiple ways by the communities of Msinga; the intervention had contributed to the following changes according to the respondents:

- Ambassadors become 'go-to' persons to seek for assistance in trauma and to access social services.
- Local leadership made Msinga intervention's messages part of public campaigns against GBV.
- Traditional leaders organised public dialogues on GBV.
- Increasing HIV testing.
- Adhering to reporting sexual assault within 72 hours timeline.
- Increasing accessing counselling services.
- Strengthening the hospitals adherence to health protocols for survivors of sexual assault.
- Using local referral systems and in so doing holding them accountable for quality services.
- Increasing reporting of GBV cases at the police station.
- Empowering local ambassadors with coping with their personal trauma and helping others to deal with their situations.

While the men interviewed recognised that some forms of GBV are indefensible and have taken steps towards addressing these practices; it is difficult to determine whether they will make the leap and let go of 'their privileges' – the authority and control over women in their households.

All three women interviewed separately said that the counselling has helped them to deal with the emotional turmoil they continue to experience as a result of the rape; unfortunately they do not go regularly for counselling.

The Msinga intervention's biggest strength is its embeddedness in the communities in Pomeroy. However, the multiple deprivations facing communities is a threat to the sustainability of the intervention. A serious weakness of the Msinga intervention is the lack of budget allocation for refreshments for action-orientated dialogues.

## REFLECTIONS AND CONCLUSIONS

The Msinga intervention has enjoyed success against incredible odds. Some of the successes of the intervention include increased HIV testing and reporting of GBV to the police and to the relevant medical facilities within the 72 hour timeline, establishing counselling facilities at the crisis centres, ensuring that hospitals follow the correct protocol in treating rape survivors, bringing community members together in community-led initiatives to 'spread the word' about the need to act against GBV. Its most successful element was getting local political and traditional leaders to put GBV on the agenda of public engagements.

LifeLine's successes are attributable to their humility in dealing with the various leadership structures and the community members themselves. They did this through spending a long time in learning about the communities, recruiting and training local ambassadors and counsellors and establishing strong partnerships with local service providers including public and civil society.

A remarkable finding of this study was the view held by old and young people, men and women interviewees that Zulu "*custom is no longer functional in this community*". Considering that customary practices are changing; it may be useful for gender activities to consider hybridity in their analysis. Hybridity is as an analytical tool used in postcolonial history theory to make sense of colonialism, neo-colonialism, the present and the imagination of the future.

## RECOMMENDATIONS

Three recommendations for the Msinga intervention emerge from the findings: 1) the intervention should add at least six months for the readiness phase, 2) it should include refreshments for action-orientated dialogues in its budget and 3) it should find creative ways of ensuring that rape survivors attend counselling regularly and for longer periods.

## 1. INTRODUCTION

The introduction presents a schema of the LifeLine Pietermaritzburg programme to combat gender-based violence in the communities of Pomeroy, the socio-economic and cultural context of the area, the aim objectives and key research questions that the study is exploring and the structure of the report.

### 1.1. MSINGA INTERVENTION

Between 2014 and 2015, LifeLine Pietermaritzburg (referred to as LifeLine) initiated what is arguably the first sustained programme to raise awareness about gender-based violence (GBV) in the rural communities surrounding the small town of Pomeroy in the Msinga Local Municipality in the province of KwaZulu Natal.

In 2013, there were many reports of *ukuthwala* and *ukuklinya* coming out of Pomeroy. *Ukuthwala*, once a mutually agreed arrangement between young men and women was being used to enslave women and girls into non-consensual marriages. Men were forcibly abducting women and young girls; raping them to turn them into 'wives'. *Ukuklinya* is a perverse practice; whereby a group of young women or girls strangle a fellow female friend up until she is disoriented or loses consciousness. It is a form of sexual debut 'initiation' of women or girls - the notion being that a woman or girl should not find sex pleasurable especially in her first sexual experience. This 'ritual' makes the initiate defenceless and vulnerable to rape by her boyfriend or another male acquaintance. Both practices violate women and girls autonomy over their bodies. Victims of these vicious practices are also at risk of contracting the Human Immunodeficiency Virus (HIV) and other sexually transmitted infections (STIs) as they are unable to access post exposure prophylactic (PEP) to stop HIV transmission if the man or boy is HIV positive.

The LifeLine programme in Pomeroy (referred to as the Msinga intervention) was designed to create awareness of GBV amongst individuals and the communities in and around the town and to identify and to address the root causes of GBV. The assumption underpinning the Msinga intervention is that heightened awareness or conscientisation of GBV in communities will lead to increased reporting, which in turn will criminalise this behaviour and act as a deterrent. This coupled with communities' critical scrutiny on the drivers of GBV will make such practices intolerable and nonpermissible. The mechanism for critical reflection of GBV practices was the youth in the communities in Pomeroy. The kernel of the Msinga intervention was recruiting, training and supporting a cadre of these youth ambassadors to hold *action-orientated dialogues* in their respective communities as shown in Figure 1. These dialogues were safe spaces where a group of people meet routinely to talk about GBV in all its forms, its drivers/root causes, its impact, ways to combat it and to design and implement practical actions for changing this status quo in their respective milieus. Recognising that in such spaces participants will share personal and often traumatic experiences; the Msinga intervention stationed two trained counsellors at the Crisis Centre in Church of Scotland Hospital (COSH) to provide psychosocial support. The two counsellors also helped with counselling patients and clients of the Crisis Centre.

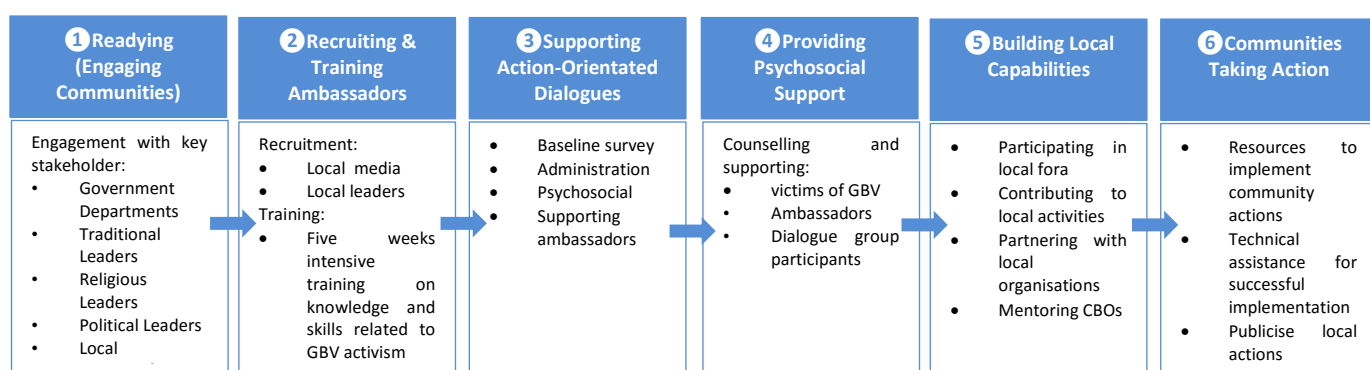
LifeLine was sensitive to the cultural context of Msinga; the deep roots of Zulu traditions and related traditional institutions and governance structures existing in parallel to civil laws. The organisation appreciated that any form of external intervention will require the full support of both traditional leaders and local government. Consequently, the organisation spent a lot of time on the inception or readiness phase; getting the communities of Pomeroy and key gatekeepers/stakeholders in these communities to accept the need for

external intervention and for the community to be part of implementing the programme. This included discussions with traditional, political and (to a lesser extent) religious leaders, the municipality, ward councillors, provincial government departments responsible for education, social welfare and justice, the local South African Police Services (SAPS) and community-based organisations (CBOs) working in the district.

Twenty youth ambassadors were recruited through advertisements in the local media and via nominations by traditional authorities and ward councillors. They went through an intensive five-week LifeLine training programme. The training programme centred on creating a deep understanding of GBV amongst ambassadors and developing their facilitation and counselling skills. The topics covered in the training included rape, sexual harassment, domestic violence, child abuse, human trafficking, personal growth, basic counselling, HIV/AIDS education, HIV/AIDS counselling and testing, grief counselling and dialogue facilitation skills. In preparation for their 'activism' role in their respective communities; ambassadors conducted a baseline survey to gather objective evidence on the prevalence of GBV and the way their communities perceived GBV.

The corollary to local ambassadors implementing the Msinga intervention is sustainability. Lifeline defined sustainability as developing local capabilities to continue raising awareness of GBV until it becomes nonpermissible. It used two mechanisms for ensuring sustainability: 1) developing local CBOs competence in responding to GBV and 2) building and supporting local GBV fora through nurturing the relationship between traditional leaders, political councillors and community activists.

Figure 1: Six Elements of the Msinga Intervention



\*Source: LifeLine Reports, 2014, 2015, 2016

## 1.2. SOCIO-ECONOMIC AND CULTURAL CONTEXT OF MSINGA LOCAL MUNICIPALITY

The Msinga Local Municipality is rural with 69% of its land held by the Ingonyama Trust. The remaining land, mainly in the north is used for commercial farming. It is ranked low in measured socio-economic indicators including the worst performing municipality in the provision of basic services to households. At the time of the Msinga intervention, only 18.6% of households received basic services such as water and sanitation, electricity and solid waste-removal. While the population density is highest near the small towns of Pomeroy, Keates Drift and Tugela Ferry; there are many homesteads in the outlying areas. Providing services to these homesteads is difficult and expensive as they are sprawled across a large mountainous terrain. This is exacerbated by weak and often non-existent roads. Unemployment is indefensibly high, in some areas up to 60%. Scarce work opportunities, inaccessibility and the mountainous landscape make Msinga a haven for criminality; including gun running and growing and selling marijuana.

Equally concerning is the education indicator; 57.1% of adults over 20 years age have either no schooling or only some primary schooling - the majority (74%) are women. The majority of the population is female (57.2%)

and two in three households are headed by a woman (66.7%). This demographic imbalance is traced to three phenomena, namely<sup>1</sup>:

1. Men leaving the area in search of work opportunities outside the area (unemployment level of 60%).
2. High prevalence of HIV/AIDS in the district (30%) – increasing mortality rate.
3. Long history of communal conflict.

The long history of communal violence going back to the late nineteenth century has resulted in unique institutions and behaviours that have influenced gender relations in Pomeroy. Fighting seems to have started mainly between four groups: the Thembu, the Chunu, the Qamu and the Bomvu.<sup>2</sup> Historically Msinga had to absorb Black people forced to relocate there due to colonial and apartheid laws making it legal for Blacks to be dispossessed of land in White-designated areas.<sup>3</sup> This led to overcrowding, strained agricultural soil and general land hunger in the area; which fuelled the inter- and intra-communal conflict. Women and girls are especially vulnerable to land dispossession as they are struck by both historical Black land dispossession and so-called cultural reasons for male ownership of land.<sup>4</sup> The violence seems to have subsequently expanded to include private wars between families, violence between different political parties and taxi violence. Sexual violence was also a feature of the conflicts in Msinga and in the political party violence in KwaZulu-Natal more generally.<sup>5</sup> It is hard to determine exactly when the main fighting ended. With large caches of illegal firearms still in circulation in the region, outbreaks of violence still occur and communities remain somewhat militarised.<sup>6</sup> In a Masters dissertation, Mthembu noted the following of young men in Msinga: *“Their built-in culture of fighting, has taught them to look down on any man who does not possess a gun”*. He added that *“such a man is derogatorily referred to as a woman”*.<sup>7</sup>

While the socio-economic indicators for Msinga are bleak, it is considered the last repository of Zulu Culture. The people of Msinga are proud of their heritage and this gives them a strong sense of identity. However, the institutions underpinning their cultural heritage and practices are in some instances in conflict with Constitutional principles of individual rights; these include:

- Homesteads are headed by a man who might have more than one wife.
- The payment of ilobola serves to formalise the transfer of the rights to women's reproductive capacity to her husband's family.
- Married couples and their children may continue to live in their parents' homestead for many years before establishing their own homesteads. This gives rise to large homesteads accommodating multiple generations and marital units. The family unit, as the most basic unit of social organisation, is thus seen as an 'extended family' of close patrilineally-linked relatives and not a 'nuclear' family of a man and his wife or wives and their children.

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<sup>1</sup> LifeLine Pietermaritzburg. (2014). *Participatory Baseline Assessment*, Pietermaritzburg

<sup>2</sup> Jonathan Clegg, “Ukubuyisa Isidumbu – Bringing Back the Body: An Examination into the Ideology of Vengeance in the Msinga and Mpofana Rural Locations,” African Studies Seminar Series, Paper presented in May 1979 [Online]. Available: <http://wiredspace.wits.ac.za/handle/10539/8496?show=full> [2016, November 21].

<sup>3</sup> Clegg, “Ukubuyisa Isidumbu,” 1-25.

<sup>4</sup> Sindiso Mnisi Weeks, “Women's Eviction in Msinga: The Uncertainties of Seeking Justice,” *Acta Juridica* 13 (2013): 118-142.

<sup>5</sup> Debbie Bonnin, “Spatiality in the Construction of Identity: African Women and Political Violence in KwaZulu-Natal,” *Society in Transition* 28, no. 1-4 (1997): 27-42.

<sup>6</sup> Ibid.

<sup>7</sup> Bhekuyise Isaac Mthembu, *Faction Fighting in Msinga District from 1874 to 1906*, unpublished Masters Dissertation, University of Zululand, October 1994, vi-vii [Online]. Available: <http://uzspace.uzulu.ac.za/handle/10530/837> [2017, March 10].

- Descent is traced primarily through men. It is a strongly patrilineal system, within which there is a central concern with preserving the 'surname' of the descent group, in other words the identity of the male lineage.
- Surname is closely linked to the role of ancestors in mediating the past and the future and who ancestors are able to recognize. Marriage is virilocal (i.e. wives move to the home area or homestead of the husband), and children '*belong*' to the husband's family.
- Women's rights, roles and responsibilities are '*socially embedded*' meaning that they are defined primarily through social relationships and membership of a variety of social units, including families, households, kinship groups and 'communities'.

By and large women in Msinga have embraced the traditional lifestyle and have accepted the underpinning patriarchal values. They epitomise the positive traits of traditional lifestyles described by Nyasani (1997)<sup>8</sup>; "*hospitality, friendliness, the consensus and a common framework-seeking principle, ubuntu and the emphasis on community rather than the individual.*"

Society also makes it difficult for the women to assert their individual rights. At one level provision is made in the Constitution for "*enhancing the protection of women's rights and attainment of equality*"<sup>9</sup>.

Simultaneously, the Constitution upholds the right of traditional authorities to "*apply customary law*"<sup>10</sup> which in effect makes provision for a parallel justice system that entrenches customary practices that discriminate against women. This is further entrenched by local government's tacit support for customary practices, such as providing funding for maidens from the area to attend the annual Umkhosi Womhlanga or Royal Reed Festival at King Zwelithini's Palace in Nongoma.

The baseline survey conducted by ambassadors in preparation of working in their respective communities; revealed that while their communities prefer not to talk openly about GBV; there is recognition that women and girl children are more in danger of being victims of violence than boys or men. One in five respondents reported that girls under 6 years old are more likely to be victims of violence and abuse. It is notable that 9.5% of the respondents cited that boys are also vulnerable to violence and abuse. The majority of survey respondents reported that the perpetrator is most likely a relative and that the home, tavern and schools are places where violence is very likely to occur. Drugs and alcohol abuse, frustration caused by high levels of unemployment, traditional values and customary practices, anger and women "*behaving like men*" (meaning abandoning the more culturally appropriate demure and respectful disposition and dress code and behaving in a care free and at times boisterous manner) were reported as the main drivers of violence in general and GBV specifically. They reported that victims wanted medical support and relationship counselling – to manage conflicts and to find ways to resolve differences. Reporting and instituting criminal proceedings were not the preferred option to responding to violence and GBV specifically. This would bring "*disgrace to the family and community.*" For example in a case in 2014<sup>11</sup>, where traditional elders allegedly "*tried to minimise the incident*" when a seven year old girl was raped by her grandfather. This led Weziwe Thusi MEC for social development in KwaZulu-Natal to comment "*I would like to remind families and members of the public at large that rape is not a family matter regardless of who the perpetrator is.*" According to the respondents, GBV is most likely to be discussed in public spaces than in the family; i.e. through community meetings and local governance structures. Also 16% reported that families do talk about these issues. These discussions generally centre on rape of women and girls, verbal and emotional abuse of women and girls and customary

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<sup>8</sup> Nyasani, J.M. 1997. *The African Psyche*. Nairobi: University of Nairobi and Theological Printing Press

<sup>9</sup> Siqwana-Ndulo, N. *Clash of mandates: Traditional and gender constitutional provisions in South Africa*. March 2013. Consultancy African Intelligence.

<sup>10</sup> Ibid

<sup>11</sup> SAPA 16 October, 2014 *Family tries to hide girl's rape incident*

practices that undermine women and girls. The abuse of men and boys by other men (7.3%) were also mentioned and the abuse of men by women (5.6%).

The limited livelihood opportunities especially since most of the land in trust is inarable, low levels of education, the longstanding communal conflict, traditional values and contradictory legislation make women and young girls in Msinga more vulnerable to being exploited and their rights being violated. It also draws attention to the complexity of gender relations and the objective conditions of the women of Msinga and the difficult task LifeLine has set itself through the Msinga intervention. It also flags that the Msinga intervention will require more resources due to the mountainous terrain and infrastructure backlogs.

### 1.3. RESEARCH AIM, OBJECTIVES AND QUESTIONS

The aim of the research study was to contribute to the knowledge base on community-based locally developed programmes to address GBV through evaluating the Msinga intervention. In doing so, the specific objectives were to:

1. Assess and establish the change brought by the GBV program in Pomeroy including impact of the programme (achievements to date).
2. Evaluate the extent at which the intervention has change men's behaviour and attitude towards GBV and cultural practices.
3. Determine the extent at which psychosocial support services has assisted to improve coping and negotiating skills of the survivors.

The aim and objectives were translated into the following two research questions:

1. How has the LifeLine programme positively changed how people think about GBV in the targeted communities?
2. How have the communities been able to empower themselves to act against GBV through their participation of the programme?

### 1.4. REPORT STRUCTURE

The report is structured in six sections including this introduction which is followed by a literature review on the notion of GBV and the way it is formally recognised in South Africa. Section 3 outlines the Theory of Change (ToC) of the Msinga intervention and the methodology used in the study. The findings are presented in Section 4 which centres on answering the two research questions and using the latter analysis to determine impact of the Msinga intervention. The findings section is followed by reflections and conclusions in Section 5 and finally a set of recommendations in Section 6.

## 2. REVIEW OF LITERATURE

The review of local and international literature traces the historical development of the notion of gender and its corollary – GBV. It then looks at the development of international instruments and local legislation to prevent and mitigate the impact of GBV and finally the causes of GBV.

### 2.1. WHAT IS GENDER?

Gender is the analytical tool used in the *Community Resolution Approach* which formed the foundation of the Msinga intervention. While, there is no universal standard legal or technical definition of gender; there seems to be a consensus around the idea that it has something to do with social beliefs about how men and women are and what roles they should fulfil. Rao et al. define gender as “the socially constructed roles, status, expectations and relationships of women and men”.<sup>12</sup> The United Nations Educational, Scientific and Cultural Organization (UNESCO) likewise defines gender as “the roles and responsibilities of men and women that are created in our families, our societies and our cultures.”<sup>13</sup> UNESCO further states that “the concept of gender also includes the expectations held about the characteristics, aptitudes and likely behaviours of both women and men (femininity and masculinity)”. The African Union and the South African Development Community (SADC) use similar wordings.<sup>14</sup> These definitions imply that there is a distinction between ‘gender’ as the social conception about what it means to be a man or a woman and ‘sex’ as the basic biological fact of being a man (or male) or a woman (female). They suggest that the biological sex is in and of itself is not the central basis of many of the oppressions that women (and men) face. Gender questions not just whether one is a man or a woman but more specifically what kind of man or woman one is.<sup>15</sup> As such, it is an analytical tool that is intended to help understand the inequities between men and women and also the tensions that exist amongst men and amongst women respectively.

However, gender alone cannot be used to analyse oppression of women; Crenshaw<sup>16</sup> argues that deeper analysis requires exploring the intersection between gender, race and class. Nigerian feminist sociologist Oyèrónkẹ̀ Oyěwùmí and Argentine feminist philosopher Maria Lugones both critique gender as an exploitative European colonial construct which secured White male dominance over White women and all colonised people of colour. At the same time, the collusion of some African male leaders with the European colonisers ensured that colonised males had unprecedented relative dominance over women within their own communal groups. Oyèwùmí refutes the existence of gender identities and systems within precolonial Yoruba society.<sup>17</sup> Lugones argued that gender identities and roles were more varied and fluid in a number of precolonial

<sup>12</sup> Rao et al., *Gender at Work*, xv.

<sup>13</sup> United Nations Educational, Scientific and Cultural Organization, *UNESCO's Gender Mainstreaming Implementation Framework: Baseline Definition of Key Concepts and Terms* (2003) [Online]. Available: <http://www.unesco.org/fileadmin/MULTIMEDIA/HQ/BSP/GENDER/PDF/1.%20Baseline%20Definitions%20of%20key%20gender-related%20concepts.pdf> [2017, March 21]

<sup>14</sup> African Union, *African Union Gender Policy* (2009), 27 [Online]. Available: [http://www.un.org/en/africa/osaa/pdf/au/gender\\_policy\\_2009.pdf](http://www.un.org/en/africa/osaa/pdf/au/gender_policy_2009.pdf) [2017, March 21]; Southern African Development Community, *SADC Protocol on Gender and Development* (2008), Article 1 [Online]. Available: [http://www.sadc.int/files/8713/5292/8364/Protocol\\_on\\_Gender\\_and\\_Development\\_2008.pdf](http://www.sadc.int/files/8713/5292/8364/Protocol_on_Gender_and_Development_2008.pdf) [2017, March 21]

<sup>15</sup> R. Charli Carpenter, “Beyond Gendercide: Incorporating Gender into Comparative Gender Studies,” *The International Journal of Human Rights* 6, no. 4 (2002): 82.

<sup>16</sup> Crenshaw, Kimberlé, “Mapping the Margins: Intersectionality, Identity Politics and Violence against Women of Color.” *Stanford Law Review* 43, no. 6 (1991): 1241-1299.

<sup>17</sup> Oyèrónkẹ̀ Oyěwùmí, *The Invention of Women: Making an African Sense of Western Gender Discourses* (Minneapolis and London: University of Minnesota Press, 1997).

societies in the Americas.<sup>18</sup> Critics of seeing gender as a colonial construct; argue that the social beliefs that make up gender have a variety of historical, cultural and economic contexts. Furthermore, that 'gender talk' has tended to predominantly highlight the frequently silenced plight of women. It should be inclusive to be a useful tool to liberate men and those who cannot or will not conform to the gender or sex binary. As these are also groups who feel that gender norms have pressurised, constrained or otherwise harmed them.

## 2.2. WHAT IS GENDER-BASED VIOLENCE?

Following from the definitions of gender, it can be deduced that GBV is violence that occurs between persons on the basis of expected or perceived entitlements arising from hierarchal inter-subjective gender identities and roles. Intrinsically GBV does not presuppose the sex of the victim and the perpetrator. That means that one cannot assume, for example, that the victim is female (woman or girl) and the perpetrator is male (a man or boy). Given that gender activists have traditionally focused on **violence against women (VAW)**, some organizations have taken care to distinguish VAW as a subcategory of GBV. Others use the terms interchangeably or give explanations that do little to clarify the distinction between the two. The United Nation (UN), for example, defines **gender-based violence** as:

*"an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (gender) differences between females and males. The nature and extent of specific types of GBV vary across cultures, countries and regions. Examples include sexual violence, including sexual exploitation/abuse and forced prostitution; domestic violence; trafficking; forced/early marriage; harmful traditional practices such as female genital mutilation; honour killings; and widow inheritance".<sup>19</sup>*

In the Declaration on the Elimination of Violence against Women, the UN defines VAW as:

*"any act of gender-based violence that results in, or likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."<sup>20</sup>*

The examples of the forms or acts of GBV in the *UN definition* are all basically the same as what the *Declaration* provides as examples of VAW. Thus it appears that the UN definition starts off as being gender neutral but ends up with an implicit assumption that the victim is a woman (female) and the perpetrator is either a man or a woman forcing another woman to conform to patriarchal expectations of women (for example by being sexually available or exclusive to certain men). The SADC Protocol on Gender and Development defines GBV in a more explicitly gender or sex-inclusive – but not comprehensive way as:

*"all acts perpetrated against women, men, girls and boys on the basis of their sex which cause or could cause them physical, sexual, psychological, emotional or economic harm, including the threat to take such acts, or to undertake the imposition of arbitrary restrictions on or deprivation of fundamental freedoms in private or public life in peace time and during situations of armed or other forms of conflict."<sup>21</sup>*

Another problematic aspect of the UN definition of GBV is that it appears that the consent of the victim (whether voluntary or under duress) is the primary determinant of whether the victim has been subjected to violence, as is evident in the reference to a "person's will. No other definition of violence is centred on

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<sup>18</sup> Maria Lugones, "The Coloniality of Gender," *Worlds and Knowledges Otherwise 2* (Spring 2008): 5-16.

<sup>19</sup> United Nations Organization, "Glossary: Definitions A-Z," *Gender Equality, UN Coherence and You* (undated), 2 [Online]. Available: <https://www.unicef.org/gender/training/content/resources/Glossary.pdf> [2017, April 4]

<sup>20</sup> *Declaration on the Elimination of Violence against Women*, 20 December 1993 (A/Res/48/104), Article 1 [Online]. Available: <http://www.un.org/documents/ga/res/48/a48r104.htm> [2017, April 4].

<sup>21</sup> Southern African Development Community, *SADC Protocol on Gender*, Article 1.



considerations of whether the victim “wanted it” or not, rather than on considerations of the actual harm done to the victim. When the consent of a victim is the primary determinant of what GBV is, there is an assumption that the victim is in a position to protest or express what her or his desires, preferences or interests are. In a situation where the victim is under attack or compelled to submit to certain acts, she or he may not have the time and space to consider what her or his options are – if there are options in the first place. It also presumes, rather than questions, whether the potential victim is fully aware that the acts she or he is subjected to are actually harmful. The SADC definition of GBV once again comes across as the better definition because it primarily considers the physical, sexual, psychological, emotional or economic harm to victims.

It is important to note that while intergovernmental and non-governmental organisations provide useful definitions, the greatest challenge is that of vernacularizing concepts – for example there is no single isiZulu term for GBV. The term ‘ukuhlukunyezwa kwabesifazane’ or its slight variant ‘ukuhlukunyezwa kwabantu besifazane’ (violence or oppression against women, abuse of women) is most commonly used in reference to GBV. However, it does not have the same potential for comprehensive and gender-inclusive definition as the term ‘gender-based violence’. As a preliminary insight into the report’s substantive discussion of the conversations that occurred in Msinga, it is noted here that the interviewees tended to refer to specific acts of GBV when asked to explain what they understood by the term ‘gender-based violence’. The acts referred to included *ukuhlumezeka kwasemakhaya* (domestic violence), *udlame lwasekhaya* (domestic violence), *lokuhlukumezeka ngokocansi* (sexual violence) and ‘rape’ (the research participants interviewed individually used the English term more frequently than the isiZulu term ‘ukudlwengula’/‘ukudlwengulwa’)

The literature also draws attention that gender discrimination is also a form of GBV; especially where exclusionary and restrictive practices are consistent and longstanding that they come to constitute forms of structural violence.

### 2.3. SOUTH AFRICAN LEGISLATION

In South Africa there is no legal definition of GBV, but there are a number of laws that are relevant to the prosecution of various crimes that can fit into the concept of GBV. The two most important laws, which also form the core of LifeLine’s intervention in Msinga, are the *Criminal Law (Sexual Offences and Related Matters) Act No. 32 of 2007* (henceforth referred to as the Sexual Offences Act) and the *Domestic Violence Act 116 of 1998* (henceforth referred to as the Domestic Violence Act). There is overlap between the Sexual Offences Act’s provisions protecting children and the Children’s Act No. 38 of 2005, which seeks to protect children from all forms of abuse. The *Prevention and combatting of Trafficking in Persons Act No. 7 of 2013* is also relevant in the current context, since the practice of *ukuthwala* may entail the forcible movement of victims from the victim’s place of residence to the residence of the perpetrator/perpetrators.

It is also notable the South Africa is signatory to the *Universal Declaration of Human Rights* of 1948, the *International Covenant on Civil and Political Rights* of 1966, *Convention on the Elimination of All Forms of Discrimination Against Women* of 1979 and subsequent *Declaration on the Elimination of Violence Against Women* of 1993, *Vienna Declaration and Programme of Action* of 1993, *Beijing Declaration and Beijing Platform of Action* of 1995, *Convention on the Rights of the Child* of 1989, *Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa* of 2003 (known as the Maputo Protocol), *African Charter on the Rights and Welfare of the Child* of 1990, *African Union Gender Policy* of 2009 and *SADC Protocol on Gender and Development* of 2008. South Africa is bound to protect its citizens accordingly.

Rape, sexual assault, sexual acts involving children and persons who are mentally disabled are among the major categories of sexual violence that the Sexual Offences Act describes and criminalises. With the exception of sexual crimes involving children and persons who are mentally disabled, the definition of sexual violence crimes hinges on victim’s lack of consent to a range of sexual acts. The Sexual Offence Act of 2007 defines

consent more broadly than in any preceding law, stipulating that that consent means “voluntary and uncoerced agreement” and specifying a broad set of circumstances under which a victim cannot be considered to have been in a position to give voluntary consent. Circumstances include (among others) the use or the threat of force against the victim (or a third party or the victim’s property), the incapacitation of the victim due to the victim’s consumption of intoxicating substances and the victim being sexually propositioned by a person in a position of authority over the victim. The Act does not consider children under 12 years of age and persons who are mentally disabled to be in a position to give voluntary consent under any circumstance. The Act does consider that children between the ages of 12 and 15 years can consent to sexual acts, but makes it illegal for children in this age group to engage in consensual sexual activity with each other and with older persons. The Act’s stance on consensual sexual activity between children falling within the afore-mentioned age group has been a point of contention, with critics arguing that Act would harm children by criminalising them for engaging in activities that were in line with their stages of sexual development. Proponents of the Sexual Offences Act of 2007 commend the Act for honouring the right to equality before the law and to be free of unfair discrimination as enshrined in section 9 of the Constitution by making all definitions gender neutral.<sup>22</sup> Rape, for example, used to be defined in the common law as a crime in which a man intentionally has sexual intercourse with a woman without her consent. Sexual intercourse was strictly understood in the heteronormative terms of a man’s penis entering a woman’s vagina. Anal penetration, oral penetration and sexual penetration with objects or other body parts were recognised as indecent assault, a less serious crime than rape. Thus the Sexual Offences Act of 2007 recognises all sexual penetration as rape, including sexual penetration where the victim and perpetrator are of the same sex or gender.

The same positive commentary may be applied to the Domestic Violence Act of 1998. Its concept of domestic violence is divided into two parts. The first part broadly outlines the parameters of what constitutes a domestic relationship, which includes marriage, cohabitation approximating marriage, and instances in which various relatives or unrelated persons may share the same residence. The second part defines domestic violence as physical, sexual, emotional, verbal, psychological and economic abuse occurring between members within any of the domestic relationships mentioned above. Also on the list of abuses is intimidation, harassment, stalking, damage to property, non-consensual entry into the complainant’s property (where the parties do not share a residence) and any controlling or abusive behaviour towards the complainant. The gender neutrality of this definition is also apparent, thus underscoring (at least on paper) the equality of all before the law and the right of all to seek redress should they find themselves in a situation of domestic violence. Both Acts can be seen in principle as a triumph of the liberal democratic aspects of the Constitution in their observance of the individual’s right to equality, freedom from unfair discrimination and freedom and security of the person (under section 12 of the Constitution). The right to freedom and security of the person entails, among other things, the right to be free from violence from both public and private sources and the right to bodily and psychological integrity – meaning that individuals have the right to make decisions about what is done or not done to their own bodies. The Constitution protects the rights of individuals and collectives such as cultural, religious and linguistic communities. However the Constitution and the Acts make it clear that the rights of the individual cannot be sacrificed in favour of the rights of collectives. Culture, custom or religion cannot be used a defence in the perpetration of acts recognised as contravening the Act.

Here it is necessary to remember that the law is not an immaculate instrument for the pursuit of justice. The law is a work in progress produced through both formal and informal political processes. The processes may variously entail consultation, conflict, negotiation and compromise, dissent, disengagement, co-optation and assimilation (forced or willing) and exclusion between parties with converging or diverging vested interests. Beginning in North America and Europe as early as the late 1960s but becoming increasingly visible in the

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<sup>22</sup> Lillian Artz and Dee Smythe, “Feminism vs the State? A Decade of Sexual Offences Law reform in South Africa,” *Agenda: Empowering Women for Gender Equity* 21, no. 74 (2007): 9-10.

1970s in countries across the globe (including South Africa), feminist and other human rights movements arose to protest rape and other GBV against women.<sup>23</sup> From that era up until the present day, activist researchers in these movements have illustrated how existing laws addressing rape and domestic violence were actually protecting the rights of men (as fathers or husbands) to control the reproductive and sexual capacities of women under their authority through family relationships. It is for this reason that definitions of rape centred on the forcible and/or non-consensual penetration of a penis into a vagina (between strangers or unmarried acquaintances or relatives) as an act that might result in the conception of children whose paternity or legitimacy was in question.<sup>24</sup> On the other hand forcible penetration of a penis into a vagina in the context of marriage (non-consensual or forcible marital sexual intercourse, now acknowledged as marital rape) was legal. In its language or in its application, the law created or otherwise implicitly condoned categories of women that could be considered as expendable targets of male sexual aggression.<sup>25</sup> Such expendable women included women considered to be sexually promiscuous or unmarried women as well as Black and other women of colour who belonged to communities that had historically been subjected to European colonial rule and slavery.

Former director of South Africa's National Institute for Crime Prevention and Rehabilitation of Offenders Heather Reganass reportedly stated that "right up to the moratorium on the death penalty, no white man had ever been executed for rape, whereas the majority of people who were hanged in this country were actually hanged for raping white women."<sup>26</sup> She added that the rape of a Black victim "wasn't really seen as quite as serious as if she had been a white woman." This racial discrimination has all occurred in context in which judges, legal professionals and police have been generally suspicious, hostile or apathetic towards women as witnesses in cases of sexual violence allegedly perpetrated against them. Complaints that police refuse to intervene in cases of domestic violence or intervene only to tell the parties involved to 'sort it out at home' are by now nothing new.

More recently, Judge Mabel Jansen sparked nationwide outrage when she stated that Black men raped (and possibly even murder) women and children as a part of their (Black) culture.<sup>27</sup> Judge Jansen's case once again raised concerns about the lack of racial transformation of the South African judiciary and how persisting anti-Black racial biases may lead to unfair discrimination against Black defendants. Jansen's position as a judge was itself remarkable, given the challenges with gender transformation in the still predominantly male legal profession. In contrast, Judge Thokozile Masipa is a black female judge who the South African public has

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<sup>23</sup> Lillian Artz and Dee Smythe, "Introduction: Should We Consent," in *Should We Consent? Rape Law Reform in South Africa*, edited by Lillian Artz and Dee Smythe (Cape Town: Juta, 2008), 21; Sheila Meintjes, "The Politics of Engagement: Women Transforming the Policy Process – Domestic Violence Legislation in South Africa," in *No Shortcuts to Power: African Women in Politics and Policy Making*, edited by Anne Marie Goetz and Shireen Hassim (London and New York: Zed Books; Cape Town: David Philip, 2003), 144-145. For further reading, please consult: Cassia Spohn, "The Rape Reform Movement: The Traditional Common Law and Rape Law Reforms," *Jurimetrics* 39, no. 2 (1999): 123-124; Beth Stephens, "A Developing Legal System Grapples with an Ancient Problem: Rape in Nicaragua," *Women's Rights Law Reporter* 12, no. 2 (1990): 75. Alice Armstrong, "Evidence in Rape Cases in Four Southern African Countries," *Journal of African Law* 33, no. 2 (1989): 172; Valérie Ceccherini, "Rape and the Prophet," *Index on Censorship* 28, no. 1 (1999): 21; Amy Jo Everhart, "Predicting the Effect of Italy's Long-Awaited Rape Law Reform on The Land of Machismo," *Vanderbilt Journal of Transnational Law* 31, no. 3 (1998): 682-684; Martha I. Morgan, "The Bitter and the Sweet: Feminist Efforts to Reform Nicaraguan Rape and Sodomy Laws," *Inter-American Law Review* 26, no. 3 (1995): 439-488

<sup>24</sup> Ibid.

<sup>25</sup> Crenshaw, "Mapping the Margins," 1268-1271

<sup>26</sup> Sue Armstrong, "Rape in South Africa: an Invisible Part of Apartheid's Legacy," *Gender and Development* 2, no. 2 (1994): 35.

<sup>27</sup> See for example, Dineo Bandile and Mia Lindegue, "Judge Jansen's Rape Comments Spark Calls for Effective Transformation," *Eye Witness News*, 5 May 2016 [Online]. Available: <http://ewn.co.za/2016/05/10/ANC-More-needs-to-be-done-to-transform-judiciary> [2017, May 25].

criticised for what they perceive as her overly sympathetic judgement against renowned athlete Oscar Pistorius as White man who killed his White female partner Reeva Steenkamp (also a celebrity).<sup>28</sup> The athlete pleaded that he accidentally killed his girlfriend while thinking that he was confronting an intruder in his home, which the judge accepted as credible. Critical voices saw this as a testament of how Pistorius enjoyed the benefit of a doubt that courts typically deny to Black defendants due to ingrained colonial notions of inherent White respectability and Black criminality. Due to privileges stemming from his race and his class, Pistorius was also able to afford the best legal defence money could buy. As Judge Masipa maintained that this was not a case of fatal GBV, others protested that the Reeva Steenkamp's case received more attention than the killings of Black women who were also killed by their partners.<sup>29</sup> To critics, the case seemed to reinforce ideas that the value of human life is hierarchized along race, gender and class lines.

One of the cornerstones of post-Apartheid democracy is that the making or reform of law involves consultations that are open to the general public alongside legal and experts from an array of professions. Both the Sexual Offences Act and the Domestic Violence Act are products of reform processes in which a plethora of feminist and human rights-oriented activists have lobbied parliament to consider how the law might be changed in order to better protect the rights of victims and defendants. Some of this lobbying began before the end of Apartheid, but reform processes around GBV gained traction after the democratic transition in part due to women gaining positions in the legislature and in the executive cabinet.<sup>30</sup> The question is whether government and civil society do enough to ensure that consultation of the public is as wide and representative as it can possibly be. Some may argue that the public is apathetic or too involved with the difficulties of daily life to be concerned with law making, a function that the public has in any event delegated to elected representatives. However the fact that research participants in Msinga stated that their communities were unfamiliar with laws related to GBV prior to the LifeLine intervention suggests that we need to question whether enough was done to conscientise the public about the fact that: a) these laws exist; b) these laws are in the process of being changed; c) these laws have the potential of helping ordinary individuals and d) ordinary people can contribute input that can help to improve these laws in ways that better serve them.

Government and civil society awareness-raising can sometimes appear to be detrimentally selective. Consider for example the controversies around the Traditional Courts Bill introduced in 2008, 2012 and again in 2017. While activists opposing this bill highlighted the general lack of consultation around the initial drafting of the bill, subsequent awareness raising seems to have targeted the Black rural communities of the former homelands or Bantustans.<sup>31</sup> It is as though the matter was presumed to not be of concern to urban South Africans. An important note is that the bill raised some concerns about whether and to what extent crimes of GBV would be adjudicated within the traditional courts in the former homelands as well as whether victims

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<sup>28</sup> Nomaswazi Nkosi and Shain Germaner, "Judge Masipa Shows Mercy," *IOL*, 7 July 2016 [Online]. Available: <http://www.iol.co.za/dailynews/news/judge-masipa-shows-mercy-2042628> [2017, May 25]; Ranjeni Munusamy, "Oscar Pistorius Sentence: Masipa's homage to exceptionalism and privilege," *The Daily Maverick*, 6 July 2016 [Online]. Available: <https://www.dailymaverick.co.za/article/2016-07-06-pistorius-sentence-masipas-homage-to-exceptionalism-and-privilege/#.WTcdXeuGOUk>

<sup>29</sup> Faatimah Hendricks, Your White Privilege is not a Myth, *News 24*, 19 May 2016 [Online]. Available: <http://www.news24.com/Columnists/FaatimahHendricks/your-white-privilege-is-not-a-myth-20160519> [2017, May 25].

<sup>30</sup> Meintjes, "The Politics of Engagement", 145-157.

<sup>31</sup> Richard Griffin, "The Traditional Courts Bill: Are They Getting It Right?" *The Helen Suzman Foundation*, 14 February 2017 [Online]. Available: <http://hsf.org.za/resource-centre/hsf-briefs/the-traditional-courts-bill-are-they-getting-it-right>; Aninka Claassens, "Who Told You that We Want This Bill? The Traditional Courts Bill and Rural Women," *Agenda: Empowering Women for Gender Equality* 23, no. 82 (2009): 9-22; Sindiso Mnisi Weeks, "The Traditional Courts Bill: Controversy around Process, Substance and Implications." *SA Crime Quarterly* no. 35 (2011): 3-10.

would still have recourse to courts within the national civil and criminal justice system.<sup>32</sup> Of course, geographical and economic constraints have meant that the courts in the civil and criminal justice system are not easily accessible to the Black rural communities. Canadian legal expert Bryant Greenbaum has commented on the importance indigenous justice mechanisms for ordinary people and has criticised the lack of consultation of traditional authorities in the law reform process surrounding the Sexual Offences Act.<sup>33</sup> While Greenbaum makes a valid point, it is important not to fall back into colonial thinking by once again assuming that traditional authorities are the final authoritative sources of customary law.

Mutual respect, sharing of information and expertise within civil society is also of great importance. It is thus somewhat worrying to read, for example, South African feminist political scientist Sheila Meintjes' account of the rift that occurred in civil society between grassroots activists and activists who were professionals with specific political and legal expertise at the time when legal reforms concerning gender inequality and violence against women were starting to gain ground.<sup>34</sup>

As products of these reform processes, the Sexual Offences Act and Domestic Violence Act continue to attract criticisms from various quarters. The issue of consent is a longstanding point of contention and controversy, particularly regarding sexual violence. Liberal feminists generally agree with other liberal schools of thought in emphasising individual freedoms. For them the key to effectively addressing GBV is ensuring bodily autonomy and equal rights for all. Therefore individual consent remains key in delineating legitimate and harmful sexual or other interactions between persons. Radical, Black and women of colour feminisms have in common a focus on persistent power disparities between historically dominant and subjected groups that cannot simply be undone by the issuing of rights but require a transformation of society. They maintain that the greater coercive circumstances that limit the autonomy of women in various spheres of life (such as the economic, educational, cultural, spiritual/religious and other social spheres) continue to ultimately circumscribe the instances in which women are in a position to give voluntary and informed consent. Thus the use of the word consent in the Sexual Offences Act - even with a broader definition - remains problematic. For radical feminists in particular, the gender neutrality of the Sexual Offences Act and the Domestic Violence Act obscures the reality that women and girls are still the predominant targets of GBV such as sexual and domestic violence.<sup>35</sup> Another complaint is that the laws (particularly the Domestic Violence Act) still leave it to the discretion of the police (as law enforcers) to make determinations of whether a gender-based crime has occurred and what is the minimum action required.<sup>36</sup>

The literature reveals that there is an overt and subtle harmful bias in the content of the law, the making of the law and the application or interpretation of the law. As such, community-based programmes such as the Msinga intervention should focus on both popularising legislative support and on critically assessing the limitations of the related institutions and structures.

## 2.4. CAUSES OF GENDER-BASED VIOLENCE

Unequal gender relations of power are identified as the chief cause of GBV in LifeLine's annual reports and within the wider (largely feminist) literature. For decades, feminist arguments have been that men perpetrate rape and other GBV out of a sense of entitlement or ownership or a desire to control women. Scholarly and

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<sup>32</sup> Nomboniso Gasa, "The Traditional Courts Bill: A Silent Coup," *SA Crime Quarterly* no. 35 (2011): 23-29.

<sup>33</sup> Bryant Greenbaum, "An Elaboration of the Themes and Contentions in Mmatshilo Motsei's Book "The Kanga and the Kangaroo Court, Reflections on the Rape Trial of Jacob Zuma," *South African Journal of Criminal Justice* 21, no. 1 (2008): 81-98.

<sup>34</sup> Meintjes, "The Politics of Engagement," 143.

<sup>35</sup> Artz and Smythe, "Feminism vs the State?" 9-10.

<sup>36</sup> Lisa Vetten, "Violence Against Women," *State of the Nation: South Africa 2007*, edited by Sakhela Buhlungu, John Daniel, Roger Southall and Jessica Lutchman (Cape Town: HSRC Press, 2007), 431-434.

popular discourses have also broached the possibility of GBV as a backlash against efforts to achieving gender equality. However, where feminists have viewed these causes as entirely social in origin, evolutionary biologists and psychologists trace the male propensity to use violence to control females and to dominate 'weaker' males (physically or economically) back to human evolution itself.<sup>37</sup> Nevertheless, evolutionary experts do not discount the importance of socio-cultural factors in contextualising how GBV occurs and varies across cultures.

LifeLine reports that the practice of ukuthwala in its current form is a distorted cultural practice. This raises questions about the processes that have led to the degradation of women's status in a particular community or society. Colonial or neo-colonial land dispossession and the infiltration of modern capitalism into Black communities are implicated in the disruption of local economies in which the labour of males and females is similar or complementary.<sup>38</sup> While capitalism exploited colonized communities, it also gave colonized men the opportunity to gain certain economic advantages relative to women (through exclusively male wage labour, male commercial farming, male education and certain vocational training, inclusion in the armed forces and so forth). This resulted in the depreciation of women and girls' status in the community. There is also a correlation between increased GBV and communities becoming increasingly militarised or having to take an armed stance against a real or perceived threat for various reasons.<sup>39</sup> Societies in a state of militarisation tend to promote demonstrations of physical strength and lack of vulnerability, placing emphasis on a (male) leader's control and discipline over (his) subordinates. This strict hierarchy is maintained in the armed forces (whether formal or informal), between the State and its citizens and at the level of individual families.

Going back to Crenshaw, women's multiple identities (e.g. race, gender, class) intersect in ways that either ameliorate or exacerbate the oppression they encounter and limit or expand avenues of redress. With this understanding of intersectionality, one is better able to analyse how a Black woman from an impoverished rural area might be disadvantaged due to gendered racial misperceptions and lack of access to resources due to poverty and location. Feminist scholars and researchers Pumla Gqola, Helen Moffet and Lisa Vetten have all emphasised that rape is found across racial, class and other social divides.<sup>40</sup> The problem is that most studies have focused on Black rural or urban township communities. This, together with persisting colonial discourses conceiving of rapists as Black man influenced by 'savage' sexuality or irrevocably misogynistic Black cultures, has fuelled a scholarly attitude that philosopher Lewis R. Gordon describes as 'Black people as problem'.<sup>41</sup> Such studies fail to highlight that the economic vulnerability of Black communities also means that Black women tend to be vulnerable to sexual exploitation from those more powerful than they are in terms of race and/or class.

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<sup>37</sup> Martin L. Lalumière, Grant T. Harris, Vernon L. Quinsey and Marnie E. Rice, *The Causes of Rape: Understanding Individual Difference in Male Propensity for Sexual Aggression* (Washington, DC: American Psychological Association, 2005), 3-30.

<sup>38</sup> Lugones, "Coloniality of Gender," 1-17; Belinda Bozzoli, "Marxism, Feminism and South African Studies," *Journal of Southern African Studies* 9, no. 2 (1983): 139-171; Heike Becker, "The Least Sexist Society? Perspectives of Gender, Change and Violence among Southern African San," *Journal of Southern African Studies* 29, no. 1 (2003): 5-23.

<sup>39</sup> Becker, "The Least Sexist Society?" 5-23; Madelaine Adelman, "The Military, Militarism and the Militarization of Domestic Violence," *Violence against Women* 9, no. 9 (2003): 1118-1152.

<sup>40</sup> Pumla Dineo Gqola, *Rape: A South African Nightmare* (Auckland Park, Johannesburg: MFBooks, 2015), 1-19; Helen Moffet, "These Women, They Force Us to Rape Them: Rape as a Narrative of Social Control," *Journal of Southern African Studies* 32, no. 1 (2006): 134; Lisa Vetten, "Violence Against Women," *State of the Nation: South Africa 2007*, edited by Sakhela Buhlungu, John Daniel, Roger Southall and Jessica Lutchman (Cape Town: HSRC Press, 2007), 435-441.

<sup>41</sup> Lewis R. Gordon, "Problematic People and Epistemic Decolonization: Toward the Postcolonial in Africana Political thought," in *Postcolonialism and Political Theory*, edited by Nalini Persram (Lanham, Maryland: Lexington Books, 2007): 121-141.

### 3. THEORY OF CHANGE AND METHODOLOGY

This section presents the Msinga intervention's Theory of Change and the methodology used to explore the way participants of LifeLine's programme think about GBV and their actions to change the status quo in their respective communities.

#### 3.1. THEORY OF CHANGE

The Msinga intervention's theory of change (ToC) is based on the *Community Resolution Approach* that is influenced by the work developed by Aruna Rao, Rieky Stewart and David Kelleher in their book titled *Gender at Work*.<sup>42</sup> According to Rao et al., GBV is a manifestation of the underlying values of a patriarchal society. Consequently, women and girls' interests and needs are subordinated. Over long periods of time, structures and institutions emerge to give authority to this status quo and the victims accept their positions in society as an intrinsically natural order. To change this requires conscientisation of individual members within society and society as a whole. The process involves reflecting on and exploring power relations that support the continual subjugation of women and girls. This process is inevitably difficult and fraught with conflict. As such action-orientated dialogues held in communities and facilitated by community members are authentic tools to navigate the contours of communities and the institutions and structures that govern their everyday relationships. Especially since, communities in Msinga would rather talk about GBV in public spaces than in the home as revealed in the baseline survey.

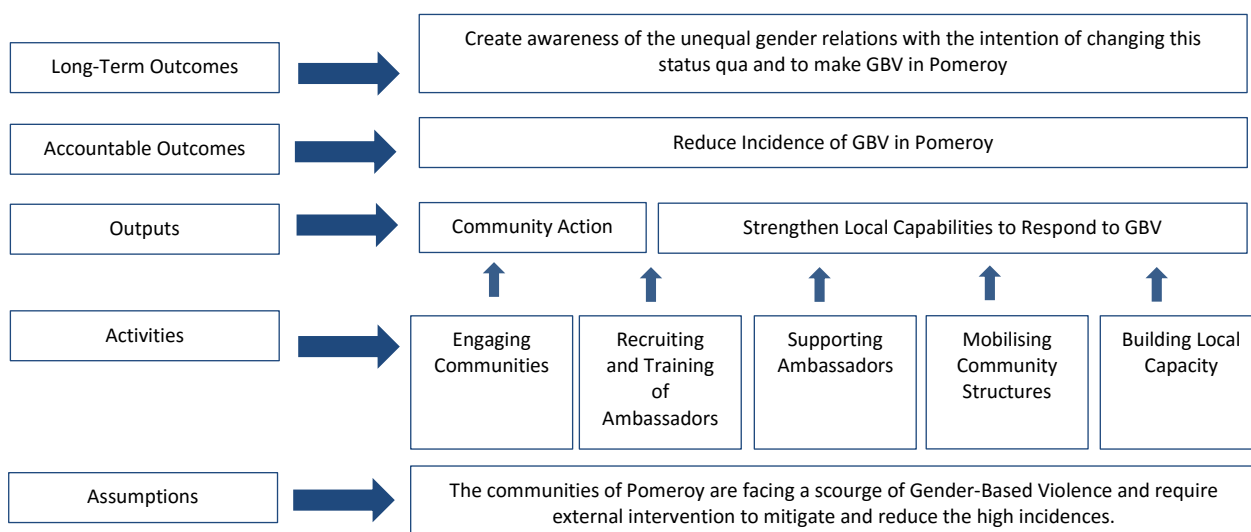
To initiate the process of conscientisation; the Msinga intervention uses ambassadors from communities who share information about GBV in their respective neighbourhoods. They get consent from their community leaders to host the action-orientated dialogues. During the action-orientated dialogues ambassadors facilitate discussions on GBV and the drivers of GBV in their respective communities. In so doing, the action-orientated dialogues are spaces to confront GBV as experienced and to consider its impact on the individual, between individuals and within the community and society at large. Concomitantly, participants in the action-orientated dialogues work on finding ways of changing the gender status quo in their respective communities. They formulate action plans and carryout the related activities to reduce GBV in their respective locales. Recognising that action-orientated dialogue group members do not have the resources to effectively carryout their action plans, the Msinga intervention mobilises local structures to support their work. The local structures include traditional leaders, local and provincial government departments that are mandated to reduce GBV and CBOs. This ToC is illustrated in Figure 2.

The Msinga intervention is a two-year project; LifeLine is cognisant that its activities in Pomeroy cannot radically change the values underpinning the communities or the patriarchal governance structures rooted in the individual households and communities. In this period it hopes to create awareness of the drivers that 'nurture' GBV and to help individuals and groups to take actions that will reduce the incidence of GBV in their respective locales.

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<sup>42</sup> Aruna Rao, Rieky Stewart and David Kelleher, *Gender at Work: Organizational Change for Equality* (West Hartford, Connecticut: Kumarian Press, 1999), 1-28.

Figure 2: Msinga Intervention Theory of Change



\*Source: LifeLine Reports, 2014, 2015, 2016

### 3.2. METHODOLOGY

The purpose of the study was to document the Msinga intervention and in doing so, to assess whether the activities have changed the way participants think about GBV and to list the actions participants undertook against GBV in their respective communities. Qualitative and quantitative research techniques complemented with an extensive review of literature were used to gather data that would provide thick information to understand the complexity of GBV in rural communities steeped in traditional institutional practices and governance structures.

The literature review drew on local and international scholarly articles as well as local media reports and policy and legislation documents. In addition, all programme documents were perused and analysed. A full list of the documents used in the study is provided in the Bibliography at the end of the report.

In-depth interviews were used to gather data from principals of key stakeholder organisations that provided local support to the Msinga intervention. In-depth interviews are ideal for understanding the background to events and activities; as key respondents who have institutional memory are able to spend undisturbed time to share their knowledge, experiences and insights of the intervention and the contextual factors that shaped its implementation. Very often, it may be the first time that these principals have an opportunity to critically reflect on their interventions. Six in-depth interviews were conducted with principals and are summarised in Table 1.

Three in-depth interviews were also conducted with survivors of GBV who used the psychosocial support provided by LifeLine's counsellors stationed at the Crisis Centre at COSH. In-depth interviews provided privacy to survivors – it also allowed them to control the pace and content of the discussions. In doing so, in-depth interviews allowed survivors of GBV to share their experiences and insights without fear and secondary trauma. Similarly two in-depth interviews were conducted with members of the action-orientated dialogue groups who themselves had experienced GBV.

Focus group discussions were held with ambassadors, counsellors and participants of action-orientated dialogues groups because it allowed participants to engage with each other and to collectively remember events and ideas. Consequently, they were able to explore together their experiences and also to reflect on events and contexts. Concomitantly, focus group discussions allowed participants to interrogate ideas and experiences that resulted in drawing attention to dominant views, emerging consensus and dissenting



opinions. As such, the focus group discussions with homogeneous groups provided rich and nuanced data on lived experiences and perceptions of key informants of the Msinga intervention.

In addition, a questionnaire was distributed to members of the action-orientated dialogue groups who participated in the focus group discussion. Fifty one (51) respondents completed the questionnaire prior to the group discussions; the purpose was to get top-of-mind perceptions of the action-orientated dialogues. This use of convenient sampling means that the data obtained from these questionnaires cannot be used to make any generalisations. Nonetheless, it offers additional data to corroborate the information obtained from the qualitative data gathering techniques.

**Table 1: Summary of Primary Data Gathering Techniques and Sample Frame**

In-depth Interviews		Focus Group Discussions		Questionnaires	
Respondent Type	Number	Respondent Type	Number	Respondent Type	
Action-Orientated Dialogue Members	2	Ambassadors	2	Action-Orientated Dialogue Members	51
GBV Survivors	3	Counsellors	1		
LifeLine Principals	4	Action-Orientated Dialogue Group – Women Over 35	1		
CBO Principal	1	Action-Orientated Dialogue Group – Men Over 35	1		
Ward Councillor	1	Action-Orientated Dialogue Group – Youth Under 35	1		
SAPS	1				
<b>Total</b>	<b>12</b>	<b>Total</b>	<b>6</b>	<b>Total</b>	<b>51</b>

*\*Source: Digital Recordings and Completed Questionnaires*

The diversity of respondents and multiple research techniques complemented with an extensive review of documents and literature strengthened the methodology –ensured triangulation of data.

The interviews and focus group discussions were conducted in the preferred language of respondents. All the discussions were digitally recorded and later transcribed and translated into English.

Secondary data was obtained throughout 2016; while primary data was gathered between November 2016 and end of January 2017. The analysis was conducted from March to June 2017.

### 3.2.1. DATA ANALYSIS

The questionnaires were captured in MS EXCEL for descriptive statistical analysis. Pivot tables were used to extract frequency of responses by gender.

The qualitative data was analysed using standard thematic analysis. All the data was captured into themes that were explored in the in-depth interviews and focus group discussions schedules. This initial capturing into broad themes in MS Word was followed by an iterative process of identifying sub themes and new categories. This iteration was stopped on the fourth cycle. Consequently, the analysis ensured that envisaged and unpredicted data was extracted and analysed rigorously.

### 3.2.2. CHALLENGES

The focus group discussions with members of the action-orientated groups were not conducted in an ideal environment. Members from the action-orientated dialogue groups were randomly selected from the attendance registers and invited to attend the focus group discussions. These members took it upon themselves to invite other members from the groups. Also the induna sent out an invitation to all men who

had participated in any LifeLine awareness campaign to attend the 'meeting'. Consequently, the turnout was significant – 139 community members attended the focus group discussions and included people who had participated in the action-orientated dialogue groups, those who only knew of the Msinga intervention through the awareness campaigns and those who had not participated in any of LifeLine's activities. The attendees were divided into four groups: women over 35 years, men over 35 years, women under 35 and men under 35 years. Unfortunately the under 35s did not want to be separated according to sex. Hence, the focus group discussions were heterogeneous; comprised members of the community who had participated in the action-orientated dialogues and those who had not.

It was difficult to secure separate interviews with all the Chiefs and Indunas in Pomeroy; although one Induna participated in the focus group discussion (men over 35 years).

Another challenge was administering the planned 300 questionnaires. There was confusion on whether the Joint Gender Fund's technical research committee approved of this research technique resulting in only a few being administered during the focus group discussions.

## 4. FINDINGS

The research study centred on answering two questions: 1) how has the Msinga intervention changed the way participants think about GBV and 2) what have communities done to act against GBV. The findings of these questions were used to document the delivery of the Msinga intervention, determine the change brought about as a result of these outputs and also to reflect on the design of the Msinga intervention. Consequently, the findings are presented in five subsections. The first subsection presents the outputs of the Msinga interventions; which is followed by detailed analysis of the data to answer the research questions. Section 4 uses the latter analysis to determine the kind of changes resulted from the interventions. The last section reflects on the design of the intervention.

### 4.1. ACHIEVEMENTS/OUTPUTS OF THE MSINGA INTERVENTION

The Msinga intervention over 24 months carried out a considerable number of activities in its pathway to creating awareness of GBV in Pomeroy, to identifying the root causes of GBV and to reducing the incidences of GBV. Table 2 summarises the outputs delivered by the Msinga intervention under very difficult political, cultural and economic conditions as per **research objective 1**. During this period, there were many occurrences in the communities in Pomeroy that disrupted normal routines; including protests for improved basic service delivery, taxi strikes and political parties gearing for the 2016 local government elections. These incidences not only made entry into Pomeroy difficult, but also delayed programme decisions that required inputs from the local community leadership as local government, traditional leaders and communities were focussed on resolving these concerns.

Nevertheless, the most significant change attributed to the Msinga intervention was the recognition by the collective traditional leadership of Pomeroy that the pervasive scourge of GBV is intolerable and indefensible. Not only did traditional leaders sanction all the activities of the Msinga intervention but they also organised their own action-orientated dialogue meetings to talk about GBV and its causes. In one such forum, a traditional leader said<sup>43</sup>:

*“as men, as traditional leaders, as religious leaders, we want the community to know today that we openly declare that anyone perpetrating GBV in the community will account not only to the traditional council, but to the police as the community will personally see to it that this person accounts for his deed, women, girls, please do not hide any rape that is happening in your families, report it”.*

Equally noteworthy was the agency of young girls to expose the impact of GBV on their lives. In 2015, a group of 17 school going girls sought out the ambassadors for technical assistance to produce a live edutainment event to highlight the scourge of GBV to the elders in their communities. They hosted a live performance of poetry, music and drama to show the impact of rape and sexual assault and abuse on their lives and the kind of help that they need from their elders. The event had achieved its goal - the traditional, religious and political leaders attending the show wanted the group to continue to perform and arranged for larger audiences to attend.

Table 2: The Outputs/Activities of the Msinga Interventions between 2014 and 2015

Outputs/Activities	June 2014	June 2015	Jan 2016 (Total)	Outcomes
Contracting staff	2 dedicated project personnel	1 Fieldworker 2 Lay Counsellors	5	The dedicated staff provided technical and administrative support to ambassadors and were also able to take part in all community events in Pomeroy – especially in stakeholder meetings, fora

<sup>43</sup> LifeLine Pietermaritzburg. (2015). *Final Report*

Outputs/Activities	June 2014	June 2015	Jan 2016 (Total)	Outcomes
		1 social Worker		and decision making. This ensured that Msinga intervention was locally embedded.
Training local counsellors		3 Counsellors 2 Lay Counsellors	3	The counsellors at COSH, Pomeroy Hospital and lay counsellor at the police station were all from the communities of Pomeroy. The Msinga intervention built local competence in counselling, which was identified by the community in the baseline survey as the most appropriate tool for addressing GBV – 'relationship counselling'. It is the first time that the crisis centres and the police station had trained counsellors on their premises.
Engaging Community Stakeholders	12 meetings			The substantial engagement with all structures in the Pomeroy communities at the inception of the Msinga intervention secured both commitment to the project and genuine participation in delivering the programme. This has contributed to not only embedding the intervention in the community but also to build local competence and capability.
Short listing 30 from 100 applications	100 applicants			The interest in Msinga intervention was extraordinary.
Recruiting and Training Ambassadors	20 ambassadors	0	20	The training developed ambassadors' competence in facilitation and counselling. It also deepened their knowledge of GBV. These skill and knowledge helped ambassadors threefold: first, to gain the necessary skills set to be ambassadors. Second, to use these new found skills set to overcome personal tragedies, to improve self-esteem and to be more confident gender activist in their respective communities. Third to find employment. Helping ambassadors to cope with their own traumas was a major achievement as 50% of ambassadors during the training reported that they were victims of GBV and that only 20% had internal locus of control (measured at the onset of the training).
Participating in 'War Room' Meetings	5 meetings		27 meetings	Msinga intervention was highly regarded and included in participating in the local government's 'war room' meetings. In participating, they had voice in formal processes and a profile in the community.
Attending Victim Empowerment Programme (VEP)	4 meetings			Attending VEP meetings strengthened the Msinga intervention's partnership with local CBOs and other organisations working to mitigate the impact of GBV. This was an important mechanism for building local capabilities.
Working relationship with local CBOs	8 CBOs	8 CBOs	8 CBOs	The mutual supporting relationship between Msinga intervention and local CBOs has strengthened the local referral system; this in turn has improved local capabilities in responding to GBV.
Partnering with government department	5 government departments	5 government departments	5 government departments	The Msinga intervention was able to realise its planned activities as a result of the strong partnerships with government departments; especially social development, health, education and police services. These organisations allowed access to their facilities such as schools, hospitals and police stations and also resources.

Outputs/Activities	June 2014	June 2015	Jan 2016 (Total)	Outcomes
Presenting the Msinga intervention model conferences	2 presentations	1 presentations	3 presentations	The Msinga intervention model was considered amongst 'best practices' and was shared at three international conferences.
Conducting action-orientated dialogues		72 dialogues	214 dialogues	The large number of action-orientated dialogues meant that there was a sustained campaign to keep GBV in the public domain.
Community members attending action-orientated dialogues			2 609 attended	The action-orientated dialogues were well attended by men (27%). Changing gender relations is a societal dilemma, as such requires collective effort.
Community members listening to GBV lectures/talks by ambassadors and partner organisations		2 210 attended	4 281 attended	The ambassadors' profile in communities was significant as they were routinely invited by schools and other public institutions to deliver public lectures on GBV. The delivered 48 such lectures over 18 months.
Taking action in communities			17 actions	The <i>Community Resolution Approach</i> is underpinned by praxis. Talking is the first step to action which in turn will lead to changing institutions and structures. Ambassadors, dialogue participants, community members and local leaders were motivated to take action in their respective communities. This demonstrated ownership and agency.
Face-to-face counselling	118 sessions	491 sessions	609 sessions	GBV survivors reporting at the police station, COSH and Pomeroy hospital had access to counselling. In addition, counsellors made sure that their clients had full access to services at both the police station and at the hospitals.
Accessing PEP		29 survivors	146 survivors	Counsellors stationed at COSH and Pomeroy Hospitals made certain that survivors of rape got the required medical treatment and also that the health workers met the protocols of treating victims of sexual violence.

\*Source: Lifeline Reports, 2014, 2015, 2016.

Communities got to know about the Msinga intervention through 'word of mouth' and community meetings according to their responses in the questionnaire as summarised in Table 3. They joined the action-orientated dialogue groups for two main reasons: 1) to learn more about GBV and 2) to learn counselling skills as shown in Table 4. As discussed, communities in Pomeroy want to be able to resolve social dilemmas through dialogue; as such the most frequently reported action taken as a result of participating in the Msinga intervention was going to talk to a counsellor.

The most common complaints about the action-orientated dialogues were the lack of refreshments and entertainment. Recognising that households in Pomeroy are poor and that young people participating in the dialogues are likely to be 'hungry' and that the average discussions takes about two hours, it is imperative to offer refreshments. Focussing the discussions only on GBV is intense and knowing that there are few recreational activities in the communities; participants requested that 'talk' should be complemented with entertainment activities.

**Table 3: Getting to Know about Msinga Intervention by Gender**

Gender	Word of Mouth	Friends	Community Meeting	Traditional Leader	Counsellor	Family	Ambassador	Total
Male	10%	0%	14%	0%	0%	5%	5%	33%
Female	33%	5%	19%	5%	5%	0%	0%	67%
<b>Total</b>	<b>43%</b>	<b>5%</b>	<b>33%</b>	<b>5%</b>	<b>5%</b>	<b>5%</b>	<b>5%</b>	<b>100%</b>

Source: Captured Questionnaires

**Table 4: Reasons for Participating in the Action-Orientated Dialogues**

Gender	To Learn More about GBV	To Learn about Sexual Reproductive Health	To Learn Counselling Skills	To Learn to Apply for a Job	Total
Male	27%	4%	4%	6%	40%
Female	48%	4%	8%	0%	60%
<b>Total</b>	<b>75%</b>	<b>8%</b>	<b>12%</b>	<b>6%</b>	<b>100%</b>

Source: Captured Questionnaires

**Table 5: Kinds of Action Taken as a Result of Participating in the Msinga Intervention**

Gender	I Sought Counselling from Lifeline for Myself and Others	I sought Counselling from Another Organisation or Facility	I Applied for a Protection Order or Advised Somebody to Do Then	I was able to Press Charges Against a Perpetrator of GBV	I Got the Courage to Test for HIV and other STI	I was Able to Access Methods to Prevent STI	I was able to Seek Medical Help to Deal with Unplanned Pregnancy	I did not Take Any Action	I did not Want or Need to Take Action
Male	10	2	0	0	4	2	0	2	1
Female	21	1	1	1	2	1	1	0	2
<b>Total</b>	<b>31</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>6</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>3</b>

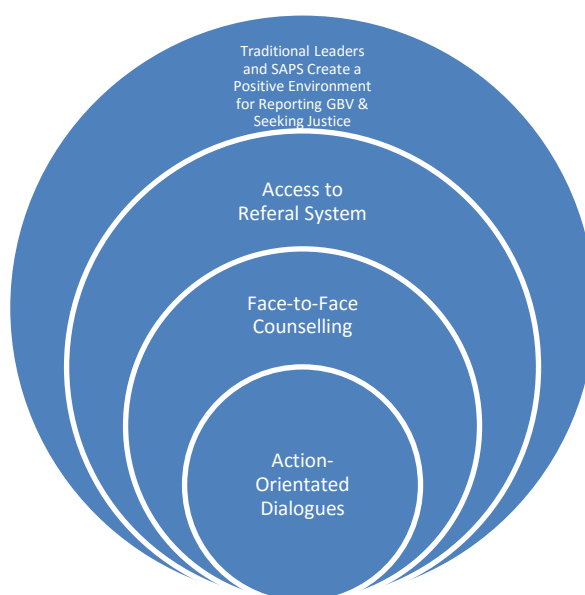
Source: Captured Questionnaires

#### 4.2. HOW HAS THE LIFELINE PROGRAMME POSITIVELY CHANGED HOW PEOPLE THINK ABOUT GENDER-BASED VIOLENCE IN THE TARGETED COMMUNITIES?

The core of the Msinga intervention was action-orientated dialogues that were backed by counselling, a referral system through its partnership with local CBOs and government departments and wider support from community leadership to report GBV and to get justice as illustrated in Figure 3. Creating awareness of GBV and its injury and injustice to women and girls was at the heart of the intervention; especially the forms of GBV and legislation protecting them. While these community engagements/discussions also prompted participants to consider the root causes of GBV in their respective communities and to take actions against these drivers; the intervention did not overtly question the institutions and structures of the predominant Zulu culture that might buttress discriminatory gender practices. Or draw attention to the normative gender roles in society. Therefore the kinds of actions considered were bounded - centred on addressing the symptoms of unequal gender relations and not critically reflecting on the underpinning values. Even if the Msinga intervention directly asked communities to seriously think about their cultural values; the likely change would be small.

Institutions and structures come into being over long periods of time and hence are robust and 'intractable' in the short term. Changing institutions and structures of a community is a multigenerational endeavour; unless there is collective will to 'take the leap' or 'make the jump' – in other words 'a revolution' / 'paradigm shift' is required. Another important consideration is the low levels of literacy and education in the communities, especially amongst women who are in the majority. As such this research question will be answered in three ways, firstly by exploring whether respondents 'know' about GBV. Secondly, by analysing respondents' understanding of GBV in relation to the different community attributes influencing individual and collective behaviour. Finally, by examining whether the Msinga intervention did create awareness of the distinction between VAW and children as an element of GBV.

Figure 3: Msinga Intervention as Experienced by the Community (Information, Counselling and Referral/Support)



#### 4.2.1. AWARENESS OF THE NOTION OF GENDER-BASED VIOLENCE

The respondents who were familiar with the term GBV reported that it was introduced to them through the Msinga intervention. While their statements are similar; it could be interpreted in three ways:

1. People were not familiar with the English term 'gender-based violence'.

*"But I can say that gender-based violence can mean abused community or community which is not pleased because when they rape they do not choose gender, they rape males and females."* [Survivor of GBV]<sup>44</sup>

2. People were not aware that GBV is a violence that comprises a number of acts that people had taken for granted as an ordinary part of life.

*"I also thought that rape is when a stranger forces you to have sex with him."* [Ambassadors]<sup>45</sup>

3. People were aware that people were being subjected to harmful acts. They were even aware that people were trying to keep these acts a secret, hidden from the view of friends and neighbours out of fear or out of a desire to preserve individual and family reputations. However, they were not aware

<sup>44</sup> In-depth interview with GBV survivor, November 2016

<sup>45</sup> Focus group discussions with ambassadors, November 2016

that the acts constituting GBV were crimes for which legal redress could be sought outside of family mediations or (at best) traditional courts.

*“Ukuthwala is under Human Trafficking. It’s just that we didn’t know that we could classify it as that.”*  
[Ambassadors]<sup>46</sup>

#### 4.2.2. COMMUNITY ATTRIBUTES AND UNDERSTANDING OF GENDER-BASED VIOLENCE

All the people interviewed were proud of their Zulu identity and Zulu heritage; the language, the music, the connection to their ancestors, the practices used to acknowledge relationships and family ties, the support to the extended family, the celebration of girls and boys transition to adulthood, the beautiful ways of signalling love were mentioned. However, all the practices, institutions and structures were not considered incontestable by the interviewees. Young people were sceptical of practices that are exclusionary, discriminatory and predatory. They felt that virginity testing was exclusionary as it barred girls who are victims of rape, exposing young women’s breast in public made them vulnerable to predators and ukuklinya is a means of controlling young women’s bodies.

Older men generally were indignant of legislation protecting women against all forms of violence; they see these laws as undermining their rights as the ‘lawmaker at home’ – especially in punishing their wives and children. Older women seemed to have accepted that Zulu men want to ‘have the last word’ and in order to maintain peace in the home and stop the beatings they have tacitly complied. Sadly, they see marriage as endurance and that ‘it is never pleasant in marriage’. Consequently, they ‘expect’ their daughters and nieces to remain in abusive relationships and marriages and to ‘persevere’.

*“Zulu men still believe that they have a last say in any argument. They still believe that as a woman you can’t talk back to them. Therefore I came to a conclusion that I will not argue with my husband. It doesn’t matter how wrong he is I just keep quiet. My husband just becomes aggressive over trivial issues to the extent that we struggle to have normal conversations. [Female Community Member]<sup>47</sup>”*

It is notable that there was consensus that *“custom is no longer functional in this community”*. It appears that the changing socio, cultural, political and economic environment has altered the way traditional institutions and structures are practiced in Msinga. There was agreement amongst all the interviewees that Zulu customs were being ‘bastardised’ for opportunistic reasons; including men enslaving wives through the use of ukuthwala. In precolonial times, this form of kidnapping would have resulted in family and clan wars according to the older men and women interviewed. Concomitantly, fathers want the practice of ilobola to continue; they want the dowry in the form of cattle to improve their farming enterprise and their material wealth. Similarly older women, feel aggrieved by the non-payment of ilobola and feel that their daughters will be exploited and not valued in the marriage. It seems that older people are clutching on to traditional responses to new and distorted practices such as ukhuthwala and ukuklinya; they do not want to use the formal legal institutions and structures that is in place to deal with these forms of violations.

*“Personally I want this person to pay me ilobola. If my child is staying with a man without ilobola it is painful, because they can stay together without ilobola but he can end up loving others, my child will go down permanently [limited options].” [Female Community Member]<sup>48</sup>*

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<sup>46</sup> Focus Group Discussion with Ambassadors, November 2016

<sup>47</sup> Focus Group Discussion with Women, November 2016

<sup>48</sup> Ibid.



The discourse of culture influencing gender relations in deep rural communities, especially in KwaZulu Natal requires re-examination as this study shows that culture appears to be under stress in Msinga. Marriage an important part of Zulu culture where families are brought together, communities are strengthened and the romantic relation between the couple is sanctified seems to have disappeared in Msinga. All the respondents lamented that most couples in Msinga are cohabiting – bypassing all the formal Zulu marriage ceremonies. The inadvertent outcome of this ‘vat and sit/masihlalisane’ is that women have no avenues to voice their grievances that are available to women who are married in customary tradition. One driver of cohabitation cited by respondents is that household poverty is driving young women into cohabitation so that they can be looked after, even when the men are abusive.

The belief that violence in the home is a private and family concern was another attribute that shaped the way the communities engaged with the messages of the Msinga intervention. This also meant that there were no means including cultural institutions and structures to talk about domestic violence as one induna said: *“the issues that we as adult males are afraid to speak of, like the issue of physical abuse by our wives”*. In the word of another male community member:

*“Our families are harbouring deep secrets. It’s all over [pervasive] and it’s not easy to tell just anyone that your wife beats the hell out of you.” [Male Community Member]<sup>49</sup>*

The ambassadors provided such a platform, traditional leaders ‘coat tailed’ on ambassadors perseverance for conducting action-orientated dialogues. This strengthened the delivery of the intervention. In the first few months, ambassadors struggled to get older people to talk about GBV in the action-orientated dialogues. Older people felt that these were private household affairs that should not be discussed in public fora. So, when traditional leaders began putting it on their agenda; it eased the ambassadors’ work. More importantly, GBV became a routine part of the agenda of public events.

Another attribute that shaped the way the communities assimilated the messages promoted by the Msinga intervention was the absence of alternative forms of discipline; especially of children. Corporal punishment appeared to be the only tool available to them for disciplining their children for misconduct and disobedience. The indefensible high levels of youth unemployment and the related hopelessness were reported as drivers for the sharp increase in substance abuse by young people. This in turn has increased the number of burglaries in the communities. Parents in the face of this ‘onslaught’ felt helpless; they see physical punishment as their only recourse to help their children to becoming responsible citizens. They also feel resentful towards the Children’s Act (2005); they blame it for taking away their authority over their children. Thus GBV in relation to children is seen as sexual assault - physical abuse is not considered as GBV.

The appalling public services provided by all spheres of government have left the communities around Pomeroy feeling ‘hurt’ and disrespected. They are also angry about political interference in the distribution of public resources and the inaccessibility of important provincial departments. Consequently, they have very little trust in government and its services. This sentiment was exacerbated by the police’s indifference to their struggles. There was a strong view amongst all the respondents (except the police officer) that the police are unresponsive, lazy and uncooperative. This made it more difficult for ambassadors to promote reporting of GBV; as communities have lost faith in SAPS. The study highlights that individuals may not access their rights when they have lost trust in the in the structures established to protect their rights such as law enforcers. It is notable that the police officer interviewed ranked burglaries as the most pressing criminal activity in Pomeroy; he did not see GBV as a problem for law enforcement.

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<sup>49</sup> Focus Group Discussion with Men, November 2016

An example of police's discretion on investigating GBV is the case of one of the rape survivors. She initially reported that she was raped and the police were very supportive. However, when she later recalled that she knew the rapist; the police stopped investigating the incident and refused to engage further with her.

It is notable that while community members interviewed were sceptical of government's ability to deliver social and economic services; they were very appreciative of the availability of both traditional and political leaders. Thus, they are more likely to listen to leaders than 'street-level' bureaucrats such as social workers, nurses, teachers who deliver services and campaigns. The support that ambassadors received from both political and traditional leaders have positively contributed to heightening awareness around GBV, albeit with a focus on VAW and children.

Another community facet that influenced communities' understanding of GBV is the multiple deprivations facing Pomeroy. In addition to no basic services, scarce livelihood opportunities, few post school training and education facilities and scarce recreation places; it appeared that the communities in Pomeroy have little access to information. These deprivations seem to isolate Pomeroy. Urbanisation appears to be declining and there seems to be an inwardness and hopelessness amongst the interviewees and an adaptation to 'poverty' and an 'acceptance' of GBV.

Witchcraft is part of the communities' beliefs; which was also used to 'legitimise' deviant and hurtful behaviour and to some extent GBV. For example, a husband beats his wife because he was bewitched by the girlfriend.

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#### 4.2.3. INTERNALISING THAT GENDER-BASED VIOLENCE IS AN OUTCOME OF HIERARCHICAL GENDER ROLES

The seeds of considering GBV as an outcome of hierarchical gender roles and the control over girls and women's bodies were planted by the Msinga intervention. While, the LifeLine ambassadors and other younger participants of the action-orientated dialogues tended to refer immediately to rape when asked to explain what they understood by the term GBV as defined in the Sexual Offences Act of 2007, with the Domestic Violence Act being relevant to the more general references to abuse. The LifeLine programme manager and training manager drew attention that none of the ambassadors had any idea of GBV at the onset of the programme; this was exacerbated by the training materials and legislation being available only in English. Nevertheless, the ambassadors appear to have been relatively successful in explaining rape and other GBV. All the ambassadors had applied for the programme because they needed jobs, even though they were not aware what GBV entailed. From the interviews with ambassadors, one gets the picture that learning about GBV was a personal revelation. They revealed that they had not been aware that non-consensual sex within a romantic relationship or marriage was rape. They also alluded to the relevance of power relations as a causal factor in how sexual violence occurs, explaining that older people or people in positions of authority could compel younger people into sexual relationships. They noted that parents or guardians of young girls who were raped often coerce the girls to accept their rapists as 'husbands' (with the understanding that some sort of payment of 'damages' would be made to the parents/guardians). This attitude was confirmed by the discussions held with older men and women. It seems that parents in Msinga have viewed GBV against their female children less as acts of violence against the child herself and more as violations of their rights to regulate the sexuality of their children. For example, a comment made by an older women that it was important for the girls and young women to protect their "father's cattle kraal" ("*isibaya sika baba*"). The women used this commonly used Zulu phrase in expressing the imperative that girls should protect themselves from being sexually exploited by men and boys. On a deeper level, it is an indication of the persisting view that fathers have reproductive rights over their female offspring and that they should have veto rights over their unmarried daughters' sexual availability.

The older women and men interviewed (as parents) were deeply offended when they did not receive the material compensation and only then wanted to report the rape or sexual assault.

*"It's actually parents because the child, even after payment, insists that it's rape. She understand what happened but the parent believe since it's their child they take decisions where their child is concerned, crisis centre, Lifeline or whoever does not get involved. Social worker, it's me that will decide and then when they don't get the money that's when they realise there should have been a case because they have no money after all." [Nurse]<sup>50</sup>*

The right to bodily autonomy is also entailed in children or young unmarried people's right to receive information pertaining to their sexual and reproductive health. The younger participants of the group discussions confirmed that they had received this information through the action-orientated dialogues and found it useful.

In summary, GBV is understood in the following ways:

1. A desire of a person or group of persons to exert control over other supposedly subordinate or weaker person.
2. The rights over a woman or girl's body are transferable between families, under the authority of groups of men.
3. When one or more parties feel that others are not meeting expectations or when there some parties feel they are entitled to behave in a certain way towards others.
4. Measures used by some parties to prevent others from 'straying' from their socially-assigned gender roles or as a preventative measure.
5. Parents expect children to regard them with reverence and to do as they are told and that they needed to be reminded of their place or position in the hierarchy that is the family structure.

#### **4.3. HOW HAVE THE COMMUNITIES BEEN ABLE TO EMPOWER THEMSELVES TO ACT AGAINST GENDER-BASED VIOLENCE THROUGH THEIR PARTICIPATION OF THE PROGRAMME?**

LifeLine devoted a lot of time in the beginning to introduce the Msinga intervention to stakeholders. Despite the support of local traditional and political leaders for the programme; it took a long time for the ambassadors to organise the action-orientated dialogues in their respective communities. Individuals and households were sceptical of the ambassadors and their intentions; they also found it preposterous to talk about GBV as this was a 'family issue' and not for public discussion; even though GBV is more likely to be discussed in public fora according to the findings of the baseline survey. There was also 'resentment' towards ambassadors for being 'employed' by LifeLine; understandably when job opportunities are so scarce in Pomeroy.

Ambassadors reported that it took roughly three months to establish themselves and the Msinga intervention, to set-up an adult and youth group and for them to meet routinely. As soon as the communities felt comfortable with the work of the ambassadors they referred to them in crisis and trauma and also supported their efforts.

*"As time went on the community realised that what we were doing is important and we had a buy in from them. They started supporting us with performances of drama and music in our meetings. They would sing songs with words that include awareness of things like rape and so forth." [Ambassadors]*

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<sup>50</sup> Focus Group Discussion with Nurse and Counsellors at COSH, November 2016

They became the 'go-to-person' in their respective communities; people would come to them for advice on accessing services such as grants, making contact with the correct government department and using their phones (as LifeLine provided airtime) to call for emergency services. The latter was an important resource in a community with little monetary resources.

The ambassadors' determination to conduct action-orientated dialogues in their communities meant that they constantly requested assistance from the local political and traditional leaders. This engagement strengthened their relationship with the local leadership who took the opportunity to put GBV on their public events agenda. Ambassadors were routinely invited to public events to share the LifeLine GBV messages. **Local leadership making LifeLine's GBV messages part of public campaigns is the most significant contribution of the Msinga intervention in the fight against GBV in Pomeroy.**

The second 'most significant change' according to the ambassadors and LifeLine counsellors and social workers were **the public platforms organised by the traditional leaders to talk about GBV**. It is hoped that this concern about GBV will be translated into fairer decisions taken by the tribal courts in cases affecting women and girls' rights.

According to the counsellors and nurse stationed at the two crisis centres; the work of ambassadors was very effective in the following three areas:

1. **HIV Testing:** More people started coming for HIV testing. Unfortunately, they wanted privacy and insisted that the test be conducted in the crisis centres. The LifeLine counsellors negotiated with the hospital for dedicated staff to conduct the tests.
2. **Reporting Sexual Assault within the 72 Hours Timeline:** Rape survivors are reporting the assault within the 72 hours timeline to prevent DNA evidence for degrading and to take PEP.
3. **Encouraging Survivors to Consider Counselling:** Encouraging people to seek counselling at the crisis centres.

*"But when we arrived in 2010 such cases were common, a lot of them, where you find that by the time the child comes [to hospital] they already have an STI, when they arrive you see oh they had been molested about a month. I would say with Lifeline's intervention some cases are reported within 72 hours so that they can get PEP but before they did not know, many did not understand why it's important to report a case within 72 hours." [Nurse at COSH]*

Prior to stationing two LifeLine counsellors at the crisis centre; COSH had no dedicated counsellors, only a nurse on rotation. LifeLine negotiated with COSH for a dedicated nurse for the crisis centre. According to the nurse; LifeLine's ongoing counselling training and the counsellors' adherence to health protocols has refined her skills in assisting GBV survivors who come to the hospital. In doing so, LifeLine has **strengthened the COSH's capability to provide quality services to GBV survivors**.

*"There was a crisis centre but it was not operational, there were staff shortages, rape survivors would arrive here with police and would be placed with casualty patients and be asked what happened." [Ambassador]*

While ambassadors relied on the local referral system; social workers often did not respond timeously which compromised their efforts in providing quality support to their 'clients' and also tarnished their reputations as reliable community resources. Community members were also unhappy with ambassadors insisting that police should be involved because of their distrust of the police. Nevertheless, ambassadors started standing at the front of the police station to make people feel more comfortable with reporting incidents of GBV. **This insistence on using and hopefully strengthening and holding the local referral system accountable is correct as it is wrong to create parallel services which results in fragmentation and low quality**. One of the actions taken by participants of the action-orientated dialogue groups was insisting the SAPS station commander come

report to them on the reasons 1) why perpetrators of rape getting out on bail without consulting their victims and 2) why officers are discouraging the public from opening domestic violence cases.

According to LifeLine's annual programme reports; **the number of GBV cases opened at the police station sharply increased from 2014**. The eNhlantlani police reported a total of eight GBV cases for the 2013/2014 period. The 2014/2015 had recorded a total of 17 cases and the 2015/16 had 15 cases.

The *Community Resolution Approach* underpinning the Msinga intervention places action-orientated dialogues at the centre of raising consciousness around GBV is somewhat allied to the communities in Pomeroy preferring to resolving social dilemmas through the traditional structures and not the legal processes. While the Msinga intervention uses action-orientated dialogues as a mechanism; it emphasises the use of legal institutions and structures and public services to prevent GBV and to mitigate its impact which is in conflict with the dominant views in Pomeroy. The intersection of communities' distrust of formal legal processes, their strong belief in 'community first' and 'family first' above individual rights, their reliant on public forums and not intimate family discussions to raise issues of GBV, their acceptance that fathers have reproductive rights over their female offspring's and wives and their support of compensation for rape and sexual assault creates a complex multidimensional belief structure around GBV. As such, a linear ToC is spurious. In the case of the Msinga intervention; its ToC is nested and rooted in the communities taking leadership of dialogues and actions. This allows communities to consider their multidimensional belief systems in analysing GBV and taking the most efficacious actions within their contexts. **The Msinga methodology is empowering communities.**

The time and resources that the Msinga intervention expended on developing local people to become ambassadors of it GBV messages has contributed significantly in building local capacity to talk and think about issues around gender and violence. **Ambassadors are an important resource for communities to draw on long after LifeLine has exited.**

Lastly the training, ongoing counselling, facilitating action-orientated dialogue groups and participating in awareness campaigns had **profoundly changed ambassadors' knowledge and understanding of GBV**. The nature of the training and their work made it impossible for ambassadors to avoid critically reflecting on the values and beliefs that they were brought up; especially those of gender. A year after the Msinga intervention ended; ambassadors still talked about coming to terms with the beliefs that undermined women and girls' autonomy.

*"I grew up knowing that when a boy has touched your private part you have to stay with him forever... That is pressure because you never loved this person in the first place but families have concluded, they concluded that he must pay because he has had sex with you, there is no other way, you have to go and be a wife there. Marriage in my locality is not a common thing, cows are paid two or three and then you move to the man's home." [Ambassador]*

#### 4.4. CHANGES AS A RESULT OF THE MSINGA INTERVENTION

Table 6 summarises the contribution of the Msinga intervention in changing men's behaviour and attitude towards GBV and cultural practices (**research objective 2**) and helping survivors to improve their coping and negotiating skills (**research objective 3**).

Table 6: Changes Attributed to the Msinga Intervention

Change Men's Behaviour Towards GBV	Psychosocial Support to Improve Coping and Negotiating Skills
There is recognition by men that some 'customs' are distorted and cannot be defended.	The counselling helped the survivors with the healing process. They have shared with survivors "strategies we can apply to get better'.

Change Men’s Behaviour Towards GBV	Psychosocial Support to Improve Coping and Negotiating Skills
There is agency by traditional leaders who are men that GBV in the form of domestic violence and sexual assault must be eradicated.	The counselling allowed survivors a space to talk and in the process helped them face the emotional turmoil they were experiencing.
Younger men are more critical of customs that are exclusionary, predatory and discriminatory.	

However, the shifts in attitudes of the men interviewed are bounded by their self-interest especially being in authority and in control of the women in the family. Whether they let go of these privileges on their own or will it take pressure or time is a question for another study.

The three rape survivors interviewed all said that the counselling helped them to cope with the hurt. They also said that the counsellors provided them with strategies to be able to ‘live normally’, such as not isolating themselves and not dwelling on the past. Unfortunately, these women did not attend counselling regularly and at the time of the fieldwork were still hurting.

*“When I get regular counsellor I am able to forget for like two weeks without reliving the experience but if a long time lapses between counselling sessions then I start remembering. I wish they could come and talk to me regularly.”[Survivor]<sup>51</sup>*

*“Most of the time, I am alone and only girl at home. There is no one whom I can tell. If I come here, I can tell them what situation I am faced with so that maybe they can help me with ways to deal with the situation.”  
[Survivor]<sup>52</sup>*

#### 4.5 STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS OF THE MSINGA INTERVENTION

Table 7 summarises the strengths, weaknesses, opportunities and threats of the Msinga intervention.

Table 7: Strengths, Weaknesses, Opportunities and Threats of the Msinga Intervention

Strengths	Weaknesses	Opportunities	Threats
Msinga intervention facilitated the opening of the dialogue on GBV, possibly beginning the breaking of cycles that have led to its trivialization, normalization or being hidden in the communities surrounding Pomeroy.	The implementation on the ground was less than 18 months as a long time was correctly allocated to the readiness/preparatory phase.	Local traditional and political leaders provide space for GBV on public platforms.	The communities distrust of the police.
Msinga intervention draws both females and males into GBV discussions and older and younger people.	No refreshments available during the action-orientated dialogues.	Young people want to change the GBV status quo in their respective communities.	The unreliable social services; especially social and health services.
Msinga intervention strengthened local capability to respond to GBV through training local ambassadors, counsellors, CBOs and using the local referral systems and structures.		Msinga intervention is invited to key local structures such as the war room and VEP forum.	Multiple deprivations facing the communities.
The action-orientated dialogues disseminated valuable information on GBV, sexual and		LifeLine is respected in the communities.	High levels of substance abuse amongst young people.

<sup>51</sup> In-depth Interview with Rape Survivor C, November 2016

<sup>52</sup> In-depth Interview with Rape Survivor B, November 2016

Strengths	Weaknesses	Opportunities	Threats
reproductive health and related legislation.			

## 5. REFLECTIONS AND CONCLUSIONS

When LifeLine started the Msinga intervention in Pomeroy at the end of 2013, the issue of GBV had not been spotlighted or given much of a public platform. What this report confirms is that the intervention has enjoyed success against incredible odds. The main objective was to provide the communities of Pomeroy with the tools to address the tide of GBV, with the long term aim that they would be able to empower themselves to devise strategies that would eradicate. The objective has entailed a process of helping the communities to identify GBV and to identify the roots causes in their locales. This has required the painstaking task of simplifying legal terms and complex gender concepts used in gender activist nomenclature into words and images that resonated with the local communities. From there, communities could then thrash out possible remedies or plans of action. The LifeLine team came into these communities equipped with a comprehensive ToC that highlighted the somatic, psychological and structural manifestations of violence and gender inequality.

Some of the successes of the intervention include increased testing of HIV status, reporting of gender-based violence to the police and to the relevant medical facilities within the 72 hour timeline. The intervention was also instrumental in establishing counselling facilities and in highlighting the need for the training of staff at the COSH in the collection and preservation of forensic evidence. It also had some success in bringing community members together in community-led initiatives to 'spread the word' about the need to act against GBV and to highlight the need to hold police accountable for following up on cases reported to them. Its most successful element was getting local political and traditional leaders to put GBV on the agenda of public engagements.

LifeLine's successes are attributable not just to their commitment to conscientise the people GBV and about their rights to bodily, but also to their humility in dealing with the various leadership structures and the community members themselves. They did this through spending a long time in learning about the communities, recruiting and training local ambassadors and counsellors and establishing strong partnerships with local service providers including public and civil society.

A remarkable finding of this study was the view held by old and young people, men and women interviewees that Zulu "*custom is no longer functional in this community*". The changing social, economic, political and cultural conditions appear to be silently transforming the traditions and customs of Msinga. While all the respondents argued that one driver of GBV in their communities was the distortion of traditional practices such as ukuthwala and ukuklinya for opportunistic, exploitative and predatory intentions; none of the respondents reflected on their own multidimensional belief structures and its influence on collective customs and traditions. Hybridity is as an analytical tool used in postcolonial history theory to make sense of colonialism, neo-colonialism, the present and the imagination of the future. It may be another useful instrument for gender analysis.

While the Msinga intervention has been successful in raising awareness of GBV; it is important to keep in mind that social relations that have been built over centuries cannot be dismantled over an eighteen month period. It is a process that needs constant encouragement and impetus, whether the impetus comes from an intervention by an organization like LifeLine or individuals working together.



## 6. RECOMMENDATIONS

The following three recommendations emerge from the findings:

1. The implementation of the Msinga intervention should add at least six months for the readiness phase. This will allow ambassadors and counsellors to spend the full 24 months on the ground.
2. The Msinga intervention should include refreshments for dialogues in its budget. It is a social norm to offer food and beverages (non-alcoholic) when people come together. It is indefensible that this customs is ignored when working in poor communities.
3. The Msinga intervention should find creative means of encouraging survivors of sexual violence to attend counselling sessions regularly and for longer periods.

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