Policy Brief:
Power Matters: understanding GBV

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This is one of an initial five Policy Briefs developed by the Centre for Sexualities, AIDS and Gender at the University of Pretoria, for the Irish Embassy Pretoria, as a follow on to training provided by the Centre to Irish Aid personnel at the University from 18 – 21 April 2016. The aim of these Policy Briefs is to expand briefly on a core topic area relevant to the intersections between HIV and AIDS, gender, gender-based violence and sexualities, providing the reader with a brief background, an examination of key issues and setting out challenges for those working in the field.

Context

What is gender based violence (GBV)?

GBV is violence targeted at individuals based on their sex, gender identity or whether they are seen to challenge gender norms.

GBV is underpinned by hateful attitudes towards women, gay men and lesbian women (homophobia), and transgender people (transphobia) not only because they are seen to challenge gender norms, but because in some cases they do not submit to the authority of men, often believed by male perpetrators to be their right. GBV consists of a wide range of physical, sexual, psychological, and socio-economic abuses or threats, including controlling behaviour, verbal abuse, sexual exploitation, sexual harassment, sexual coercion, forced marriage, human trafficking, rape (including marital rape) and assault. GBV may also refer to the denial of opportunities or services on the basis of a person's sex, gender, or sexual orientation. The term domestic violence (traditionally describing a heterosexual, marital situation where usually the perpetrator is a man acting out towards a woman, but also where in rarer cases a man can be a victim of a female perpetrator) is sometimes replaced by the term intimate partner violence (IPV), which acknowledges that abuse can exist in any type of intimate relationship, regardless of sexual orientation, marital status, or gender.

The vast majority of victims of GBV are women and globally it is estimated that 35% of women worldwide experience either physical or sexual intimate partner violence or non-partner sexual violence in their lifetime. The prevalence of IPV in Africa is amongst the highest in the world, where approximately 37% of women experience violence at some point in their lives.

Types of GBV

- Violence against Women (VAW)
  - Violence against women and girls is a sub set of GBV. It is one of the most prevalent human rights violations in the world and pervades all social, economic and national boundaries. Worldwide, an estimated one in three women will experience physical or sexual abuse in her lifetime
- Domestic violence
  - Domestic violence is violence or aggressive behaviour that takes place in the home
- Intimate Partner Violence
  - Most people who experience GBV are women who are abused either by current or previous intimate partners or by male relatives. Globally the prevalence of IPV is 30%. Women are more likely to experience violence from intimate partners than by strangers, acquaintances or other immediate family members
- Transphobia, homophobia and violence by men against men are all forms of GBV

Why is GBV such an important issue?

Gender-based violence undermines the health, dignity, security and autonomy of its victims.[1]Female victims of violence can suffer sexual and reproductive health consequences, including forced and unwanted pregnancies, unsafe abortions, traumatic fistula, sexually transmitted infections, including HIV, and even death. GBV can also lead to negative health behaviours, like alcohol and drug abuse and psychological and psychosomatic consequences, like depression, post traumatic stress disorders, chronic pain syndrome and respiratory disorders. Violence in all its forms places a heavy burden on the criminal justice and public health systems, social and welfare services and on the economy.

1 There is some debate on the use of the word victim versus survivor. The former can imply unnecessary helplessness yet has been claimed by some as a sign that some traumas are ongoing or have lasting effects. The term survivor is used by some to indicate greater agency and healing.

Evidence

How widespread is GBV?

GBV is known to be widespread in Southern African and presents a major obstacle to achieving gender equality in the region. The results of a study published in 2015 suggest that as many as 86% of women in Lesotho, 68% in Zimbabwe, 67% in four South African provinces, and 24% of women in Mauritius had experienced GBV over their lifetime. These statistics do not account for other forms of GBV, including homophobia and violence against men.

What are the causes and consequences of GBV?

Patriarchy and patriarchal attitudes which are prevalent throughout the region often normalise GBV and deepen gender inequality. Patriarchy, a belief in and a system of male entitlement and power, is built on ideas of differences between men and women. These ideas are presented as a "natural" way to organize life and are embedded and transmitted through social institutions: the family, the school, the law, religion and sport. Social norms about male dominance and privilege maintain the idea that men and women have different roles in the home and broader society, and that men should be leaders, decision makers and the final authority. When women, gay and lesbian people and transgender people challenge what it means to be a man or a woman, or they challenge heterosexuality, they are experienced as a threat to patriarchy. This may then result in forms of controlling behaviours, abuse and violence to punish those who challenge patriarchy.

GBV and patriarchy compromise HIV and development work which is aimed at building safe, democratic and equal societies. Gender inequalities have been shown to have a profound influence on HIV prevention and responses, as they shape both testing and treatment – when GBV is added into the story, the outcomes for women especially are poorer.

What is being done to stop GBV?

Increasingly, governments are passing legislation aimed at criminalising GBV in its many forms. For example, legislation exists to criminalise marital rape and other sexual offences and to protect the victims of domestic violence. Some of these laws are indicated in the map below. However, despite these positive legislative developments, challenges remain in the implementation of laws and policies related to GBV. In particular, poor law enforcement and weak responses by the criminal justice system have resulted in low reporting levels, perpetuating silence and a poor response.

Prevalence of GBV, VAW and laws related to GBV in Southern African countries

Zimbabwe

It is estimated that 68% of women in Zimbabwe have experienced GBV in their lifetime. Laws in Zimbabwe relevant to GBV include the Domestic Violence Act, 2006, chapter 9 of the Criminal Codification and Reform Act, the Labour Relations Amendment Act and the Trafficking in Persons Act, 2014.

South Africa

A study of four provinces in South Africa suggests that as many as 67% of women in the four provinces studied had experienced GBV in their lifetime.

Laws in South Africa that are relevant to GBV include the Domestic Violence Act, 2006, the Sexual Offences Act, 2009, the Protection from Harassment Act, 2011and the Prevention and Combatting of Trafficking and Persons Act, 2013.

Lesotho

It is estimated that 86% of women in Lesotho have experienced GBV in their lifetime. Laws relevant to GBV in Lesotho include the Sexual Offences Act of 2003 and the Human Trafficking Act of 2011. A new law on domestic violence is currently in progress.

Mauritius

It is estimated that 24% of women in Mauritius have experienced GBV in their lifetime. Laws in Mauritius relevant to GBV include the Protection from Domestic Violence Act, 2004 and the Combatting of Trafficking in Person Act, 2009.

DRC

Laws in the Democratic Republic of the Congo relevant to GBV include the Law on Sexual Violence, 2006 and the Law on Human Trafficking Act of 2008.

Strategies

Responses and strategies around GBV need to be comprehensive, integrated and should be aimed at addressing the individual, social and structural dimensions of GBV. Individual factors include interpersonal relations and psychological health, social dimensions include attitudes, beliefs, norms and practices of a particular community, and structural dimensions include the economic and legal-political structures that shape patterns of human behaviour.

Multi-sectoral approaches, involving coordinating resources and initiatives across various sectors including security, justice, health and psychosocial services, are required, as is the engagement of both government institutions and civil society.

A good intervention strategy should be the result of identifying relevant structural drivers, barriers and enablers and should respond to the needs of a specific target population and context.

This can include[2]:

- legislative and criminal justice responses (outlined above)
- awareness raising
- psychological support
- women's empowerment programmes
- community-based mobilisation and social-norm programmes and
- health-based interventions
- providing training on GBV (its forms, its consequences, how it can be prevented and responded to, and the human rights framework relevant to a particular context) to relevant actors, including, for instance, community leaders, civil society and NGOs, faith organisations, the police and armed forces, judges and lawyers, health workers, social workers and others.

GBV and engagement with men

Throughout the world programmes have been developed to prevent GBV by changing attitudes and social norms. Many of these programmes engage men and boys in dialogues around GBV and strategies to combat the use of violence in their homes and communities, and to challenge dominant patriarchal attitudes that fuel gender inequality. Other topics of discussion include the impact of gender inequality, for example on reproductive health.

While initial evaluations suggest that including men and boys shows promising results, this continues to be a controversial issue among feminists, who fear that it will divert resources away from women and girls, or that challenges to patriarchy are not substantive and lead to "benign" forms of patriarchy which teach men to "care for and protect" women, leaving the fundamental basis of male domination untouched.

Health dimensions of GBV

Although GBV is sometimes incorrectly considered to be a private issue, it impacts significantly on health and justice systems and on the economy in a number of ways. As a key example, GBV is a driver of HIV infection and focusing on GBV is key to combatting the spread of HIV. For this reason, the health sector has a crucial role to play in responding to GBV.

Health care providers can also play an important role in identifying people at risk of GBV, as they are often the first point of contact for people who have experienced GBV. In 2013, the World Health Organisation (WHO) released clinical and policy guidelines on GBV, which emphasise the importance of proper education and training of health providers, ensuring privacy and confidentiality and having referral systems in place for people to access essential services.

Reproductive health services are especially critical to GBV responses. The provision of timely and confidential access to emergency contraceptives and post exposure prophylaxis (PEP) can prevent pregnancy and the transmission of HIV.

Critiques and challenges

Legal and rights challenges

Strategies to address GBV must focus on legal reform, access to justice and the provision of legal services to those who experience GBV.

However, implementation of laws addressing GBV has been inadequate globally. This can be attributed to: lack of resources; lack of long-term government commitment; gains that are often short lived and fragile; and weak organisational capacity, both in governments and civil society.

Where this civil society response is strong, though, change can be effected. Htun and Weldon[3] analysed policies on violence against women in 70 countries from 1975 to 2005, revealing that the most important and consistent factor driving policy change was feminist activism. Strong local movements bring home the value of global norms on women's rights, they find.

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol) requires that all states adopt and implement appropriate measures to ensure the protection of every woman's right to respect for her dignity and the protection of women from all forms of violence, particularly sexual and verbal violence. The Maputo Protocol entered into force in 2005 and to date has been ratified by 37 countries in Africa.

However, despite these and other progressive provisions and legal obligations around GBV and women's human rights, legal and policy reform

2 http://www.gsdrc.org/topic-guides/gender/gender-based-violence/

3 S. Laurel Weldon & Mala Htun (2013) Feminist mobilisation and progressive policy change: why governments take action to combat violence against women, Gender & Development, 21:2, 231-247

is still necessary and frameworks need to be strengthened and need to address GBV in all its forms. Laws related to GBV should cover the legal and healthcare needs of people who experience GBV, including testing, treatment and care of survivors.

Multi-sectoral challenges

Policies and approaches to combat GBV need to be integrated and should include multi- sectoral structures. Policies and interventions should be aimed at addressing core structural issues, such as poverty, violence and gender inequality, as these have an impact on the opportunities, risks and choices available to people at risk of or affected by GBV. These policies, programmes and interventions need to be matched with sufficient budgetary allocation and political commitment to see effective implementation and improved outcomes. Civil society organisations, community leaders and all people can play a role in advocating for better laws, policies and budgetary commitment.

Monitoring and evaluation

On an ongoing basis, data needs to be collected and monitored so that it can inform the direction of policies and programmes. This can include data relating to various forms of GBV as well as gender disaggregated data that can provide a more detailed view on the ways in which different people of various gender and sexual orientations are affected by GBV. Measuring the incidence and costing of GBV can assist with planning. Improved monitoring and evaluation ensures accountability of interventions for the targeted populations and continued learning from intended and unintended effects of interventions. Civil society organisations should be actively involved in monitoring government progress and should ensure the state is held accountable if straying off the due diligence standard. As noted above, some of the most successful responses to GBV have been driven by feminist and civil-society activism.

Issues to flag

- It is important, as GBV activist Lisa Vetten notes[4], not to set up a false dichotomy between preventing GBV and offering support and care services to survivors of sexual assault and violence. She argues that care work, as a result of a global shift to prevention, has become devalued and precarious and that the donor space is complicit in this process. Interventions thus need to find a balance between prevention and care.
- The legal scholar Nancy Dowd cautions against adopting an "either-or" approach to gender inequality and power: this is not a "zero-sum" game where either men have power or they lose it to women. She argues for meaningful challenges to systems of male power and privilege (which men must buy into) and for feminist scholarship to engage with the complexities of masculinity, not to see all men as the same or that all men are necessarily invested in power and violence.

References and Resources

(i) The World Health Organisation website contains fact sheets and reports on Violence against Women including the Global Status Report on Violence Prevention 2014 are available at: http://www.who.int/mediacentre/factsheets/fs239/en/

(ii) The website maintained by the SADC Gender Unit contains annual updates related to the SADC Gender and Development Protocol and other regional information. See: http://www.sadc.int/issues/gender/

(iii) UN Women www.unwomen.org has a campaign on ending VAW and their virtual knowledge centre has resources and information and tools to guide advocacy and activism on VAW around the world. See: http://www.endvawnow.org/

(iv) Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa available at: http://www.achpr.org/instruments/women-protocol/

(v) The Global Programme to Prevent Violence against Women and Girls has very useful resources at: http://www.whatworks.co.za/

This Policy Brief was compiled by the Centre for Sexualities, AIDS and Gender (CSA&G) and the Centre for Human Rights, both at the University of Pretoria, South Africa. It was commissioned by Irish Aid, Embassy of Ireland Pretoria.

4 Lisa Vetten (2016) Unintended complicities: preventing violence against women in South Africa, Gender & Development, 24:2, 291-306, DOI: 10.1080/13552074.2016.1194560