

GENDER-BASED VIOLENCE AND HIV/AIDS IN SOUTH AFRICA

Organisational Responses



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Note

This review is a companion document to a series of reviews of gender-based violence and HIV/AIDS in South Africa. Resources include a bibliography that is available as a searchable database on the CADRE website (www.cadre.org.za). Related project documents are also available on the website

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INTRODUCTION

The linkages between HIV/AIDS and gender-based violence have been identified in a recent literature review (Kistner 2003). For example: forced sex may directly increase the risk of HIV transmission as a result of physical trauma; violence or threats of violence may limit the ability to negotiate safer sex; inadequacies in justice systems may result in a disincentive to reporting rape and/or seeking post-exposure prophylaxis; childhood sexual abuse may lead to sexual risk taking in later life; and sharing HIV results may increase the risk of a violent response by a partner.

Organisations working in the field of gender-based violence are increasingly noting the impacts of sexual violence-related HIV infection, and are adopting integrated approaches in their programmes, analyses, training and advocacy work. There are, however, few inter-sectoral linkages.

Addressing the intersections between HIV/AIDS and gender-based violence requires re-orientation in social policies and organisational practices. This report provides insight into organisational experiences and perspectives of the obstacles encountered and approaches to addressing related issues. It can be used to facilitate the formulation of thinking on gender-based violence and HIV/AIDS, and assist in shaping programmatic interventions.

METHODOLOGY

Eighteen organisations in five provinces throughout South Africa were identified through interviews conducted with researchers working in the field of gender-based violence. Organisations were selected on the basis of their emphasis on integrating HIV/AIDS into their work.

Interviews were conducted both telephonically and through field visits, and an open-ended questionnaire was used. All interviews were recorded and transcribed.

Organisations and their profiles are listed below.

- ❑ *Empilisweni Woodlands AIDS Centre*, Eastern Cape, conducts public education programmes focusing on 9-14 year olds; crisis counselling; a home-based care programme; a prison programme; and community gardens.
- ❑ *Family & Marriage Society of South Africa (FAMSA)*, Eastern Cape, offers marriage counselling with a focus on violence and abuse; parenting courses; poverty alleviation and youth projects; and income-generating projects.
- ❑ *Golden Triangle Women's Group*, Gauteng, offers workshops on domestic violence, counselling and support groups for survivors of domestic violence and a resource centre.
- ❑ *Greater Nelspruit Rape Intervention Project (GRIP)*, Mpumalanga, provides support, counselling, treatment (Post-exposure Prophylaxis – PEP) and crisis care facilities for rape survivors in the Lowveld region. GRIP also is involved with the judicial aspects of rape, developing a relationship with the police, providing a care room in police stations and continued support to clients during court processes.
- ❑ *Iso Lentuthuko*, KwaZulu-Natal, provides HIV and rape counselling, home-based care, HIV/AIDS education and training.

- ❑ *Masimanyane Women's Support Centre*, Eastern Cape, provides support to survivors of domestic and sexual abuse, lobbies for increased public awareness and government policy. The centre provides crisis and support services for survivors of domestic violence and sexual abuse. In addition, training for counsellors and professionals working within the criminal justice system and other organisations working on women's rights issues is provided.
- ❑ *Masisukumeni Women's Crisis Centre*, Mpumalanga, provides counselling for the survivors of sexual and domestic violence, an outreach to schools and PEP.
- ❑ *National Coalition for Gay and Lesbian Equality Project*, Gauteng, provides legal advice, advocacy and education.
- ❑ *National Institute for Crime Prevention and Reintegration of Offenders (NICRO)*, Western Cape, is a national crime prevention organisation. NICRO's projects include offender reintegration, community victim support, diversion and youth development and an economic opportunities project.
- ❑ *Nisaa Institute for Women's Development*, Gauteng, addresses women's issues, especially abuse, through training; public education and awareness programmes; a resource centre; a shelter for abused women and children; training on domestic violence and empowerment of women; face-to-face and telephonic counselling; and research.
- ❑ *People Opposing Women Abuse (POWA)*, Gauteng, assists women who have suffered all forms of abuse, including sexual harassment and rape. This includes counselling as well as crisis intervention; a shelter for abused women; legal advice and court preparation; skills training and relevant self-help programmes; support services to the client's children; on-going training and capacity building for volunteers and other service providers; education awareness programmes to communities and organisations; and advocacy and lobbying for legislative and policy changes.
- ❑ *Rape Crisis*, KwaZulu-Natal, has a 24-hour telephone counselling and advice centre for rape survivors, face-to-face counselling by appointment, and a 24-hour crisis response unit.
- ❑ *Resources Aimed at the Prevention of Child Abuse and Neglect (RAPCAN)*, Western Cape, focuses on increasing awareness of child abuse issues through campaign and legislative advocacy, producing resources, conducting workshops for children, youth and adults, and a rehabilitation programme for young offenders.
- ❑ *Saartjie Baartman Women and Children's Centre*, Western Cape, is a network of ten NGOs providing services for women and children.
- ❑ *South African National Network on Violence against Women*, Western Cape branch, is involved in advocacy and lobbying, networking, co-ordination of mass media campaigns and training.
- ❑ *Stop Women Abuse Helpline*, Gauteng, provides a 24-hour information and counselling telephonic service. At the national head office, counsellors take calls from across the country after hours when regional call centres are not operating. The helpline also focuses on awareness-raising and runs an annual white ribbon campaign against women abuse.

- *Tshwaranang Legal Advocacy Centre, Gauteng*, responds to policy documents and new bills from the South African Law Commission and parliament; monitors court judgements from a gender equality point of view; provides training for law enforcement agencies including police, district surgeons, magistrates and judges; monitors media reporting on violence against women; has a resource centre on legal advocacy and violence against women; and offers workshops on legal advocacy and the use of the legal system in cases of violence against women.

While this report does not attempt to comprehensively address all issues related to gender-based violence and HIV/AIDS, it provides a brief background to the links between these issues. It then identifies how international perspectives relate to South African organisational practices.

AN OVERVIEW OF GENDER-BASED VIOLENCE

Gender-based violence is a term that is not simply synonymous with 'violence against women'. Rather, the concept recognises situations where violence is directed against a person on the basis of his or her gendered identity and it is thus not specific to women and girls.

Predictors and indicators of gender-based violence

The following indicators of gender-based violence and HIV infection are useful for understanding gender-based violence in relation to AIDS. Violence against women and children around the world has been reported to be most common where:

- gender roles are rigidly defined and enforced;
- the concept of masculinity is linked to toughness, male honour, or dominance;
- physical punishment of women and children is culturally tolerated;
- violence is accepted as a means of interpersonal conflict resolution;
- women are economically dependent and have limited access to employment, education, training, money and credit;
- children do not receive adequate care during times when their parents are absent;
- conditions of poverty result in children working, which include conditions that make them vulnerable to sexual exploitation; or where girls and women are at risk of rape in the course of their daily subsistence tasks;
- there are disincentives to reporting sexual violence to judicial authorities;
- there is a low conviction rate for crimes of violence and cases of gender-based violence are inadequately documented, followed up and prosecuted; and
- there are few or no organisations dealing with gender-based violence in research, law, education, social activism, political advocacy, and service provision (see Heise et al. 1999:8).

In contrast, violence against women and children has been reported to be at low levels where:

- women have power and authority outside of the family;
- family members intervene to prevent and reduce the likelihood of domestic violence;
- there are all-women collectives;
- there are community sanctions against gender-based violence; and
- women are economically independent from men (Heise et al. 1999:9).

International literature indicates that amongst men, predictors and indicators for the use of violence against an intimate partner are as follows:

- family background*: poverty in childhood and adolescence, having witnessed or experienced violence within the family as a child;

- ❑ *educational status*: low academic achievement;
- ❑ *emotional factors*: low self-esteem, emotional dependence, insecurity, exhibition of anger and hostility, depression, personality disorders;
- ❑ *relationship factors*: economic stress, poor family functioning, sense of inadequacy of not living up to the ideal of a family provider;
- ❑ *community factors*: weak community sanctions against domestic violence, low social capital;
- ❑ *social factors*: traditional gender norms; social norms supportive of violence, no easy access to divorce for women, adults routinely resorting to violence to solve conflicts, notions of manhood linked to dominance, male honour, and aggression, and
- ❑ *political factors*: inadequate rights frameworks, weak laws against gender-based violence, high levels of violent crime and other forms of violence.

Gender-based violence and HIV/AIDS in South Africa

The legal status of women changed with the 1996 Constitution, and with a range of other Acts passed since then – for example, the Domestic Violence Act, Maintenance Act, Promotion of Equality and Prevention of Unfair Discrimination Act, Recognition of Customary Marriages Act, Choice of Termination of Pregnancy Act. This period also included the entrenching of universal civil citizenship, equality and human rights. However, the economic and social conditions under which most South African women still live effectively renders them citizens without rights. The position of women, particularly women in rural areas, remains tightly circumscribed. The bounds of ‘custom’ and ‘tradition’ are in some cases being maintained with the co-operation of some women’s organisations.

The implementation and acceptability of recent laws addressing gender equality and gender-based violence has been hampered by continuing discriminatory attitudes and practices amongst law enforcement agencies and health service providers; by lack of, or uneven distribution of resources; by ignorance; and by inadequacies in protocols, training and skills provision. These factors have contributed to secondary victimisation, lack of trust in law-enforcement agencies and health care providers, under-reporting of incidents of gender-based violence, low conviction rates of offenders, and increasing HIV prevalence.

According to the South African Demographic and Health Survey of 1998, the highest incidence of abuse by a partner in the last year was among 15-24 year old girls (7.3% for age group 15-19; 7.9% for age group 20-24).

The Nelson Mandela Foundation/HSRC HIV/AIDS Survey 2002 found that the 25-29 year age group was most at risk of HIV infection, with an HIV prevalence rate of 28%. In the 15-29 year age group, the prevalence level for African women was significantly higher than that of African men (17.6% compared to 13.5%).

The findings of these two studies indicate the high vulnerability of young women to HIV infection, and the gendered nature of the HIV epidemic.

Unequal power in sexual relations is implicated in the sexual transmission of HIV in many respects. As has been noted, there is a low conviction rate for crimes of violence as a result of inadequate and under-resourced policing and judicial systems. Unequal relationships are often mediated through transactional sex as

a means of exchange for food, shelter and goods.

In South Africa, HIV/AIDS has compounded the situation of women. It has exacerbated their economic and social insecurity. Caring for sick and dying family and community members has increased the workload of women and girls, sometimes taking them out of education and economic spheres of activity.

Negotiating safer sex, disclosing one's HIV status to one's partner, and seeking counselling and treatment are limited by fear. For women, this fear relates not only to stigmatisation, but to violence and destitution.

Organisations working in the field of gender-based violence and health (specifically HIV/AIDS) advocate a human rights framework that integrates gender equity with sexual and reproductive rights and with socio-economic rights.

In the absence of a national strategy for dealing specifically with violence against women, much is being done by organisations – mainly non-governmental and community-based organisations – in providing services to women who have been violated, beaten, and abused. In the face of the enormous psychological, personal, family, social and economic toll exacted by the levels of gender-based violence in South Africa, many of the organisations working in this field under great pressure have been effectively limited to a crisis response.

FINDINGS

Gender-based violence

All organisations interviewed mentioned increasing numbers of rape survivors seeking their assistance. For example, in 2002, out of the 150 clients Masisukumeni Women's Crisis Centre saw per month, 18 were rape cases. The incidence of child rape has also increased. For example, in 1998, 15 cases were reported to GRIP. This increased to 36 in 1999, and by 2000 there were over 100.

Some organisations, for example, Saartjie Baartman Women and Children's Centre, are unsure whether these increases are as a result of actual increases in sexual violence, or whether they are related to community awareness of support services.

Underreporting

Deriving and understanding of the prevalence of rape in South Africa through police statistics is problematic. While police statistics may be the most readily available source of information, they represent an underestimate of true incidence, given that many cases go unreported. NICRO, for example, estimates that only 1 in 20 rape cases are reported; and the South African Police Services estimate that the rate is 1 in 35.

The proximity of police stations or hospitals, and the availability and cost of transport, affect the feasibility of reporting crime. Ambulance services are not readily available, and the only alternative for many survivors is to use public transport. Most of these services do not run at night or over weekends.

Masimanyane Women's Support Centre described a 'lack of communication, lack of training and lack of transport to hospitals and police stations.' When survivors do get to police stations or hospitals, service provision is not necessarily immediate. Organisations highlighted experiences that included lack of privacy, insufficient information or understanding of rights, and lack of sensitivity, and irregular availability of professional staff (including, for example, availability of female police staff or district surgeons).

It was noted by Masimanyane that there was 'a reluctance on the part of medical examiners to appear in court for fear of witnesses being treated with disrespect'. Women had to wait for their court appearance in the same hallway as their assailants and survivors were not given any information about processes and procedures.

The South African Law Commission has been challenged to reduce this 'secondary victimisation' by educating district surgeons, police officers, and magistrates about the trauma of rape, about the needs of survivors, about expeditious procedures and proper reporting.

The literature points to the attitudes of police as being an obstacle in reporting rape. However, many organisations, including the Golden Triangle Women's Group and GRIP noted the helpfulness of police who directly deal with rape cases, especially when the police officers have received training on how to deal with gender-based violence.

Rape

According to organisations (including GRIP and Masisukumeni Women's Crisis Centre), many women and girls who have been raped report that it is by a male relative.

While the number of rapes that are reported is substantial and increasing, it is interesting to note that forced sex within marriage is not included in this number. While the law considers this to be rape, it is not traditionally thought of as rape because it occurs within marriage.

I will never forget when I did a workshop on rape for a group of village women. There was laughter and giggling when I spoke about marital rape because the concept of your own husband raping you was too far-fetched for them. So we have to gently address these issues, where the people are at, so that they do understand that 'even if he is my husband, this is my body. It must be my conscious choice that I am deciding at this particular moment I want to enjoy sex and I must do it safely.' It is quite a challenge for us. (Empilisweni Woodlands AIDS Centre)

Disclosing rape to one's husband is not an easy decision for many women because they fear a violent response. According to several organisations, this fear is not unfounded. Husbands may blame their wives for the rape and may even leave their wives as a result.

Child sexual abuse

Most perpetrators of child sexual abuse are known to the children concerned, suggesting that child sexual abuse often takes place at home, school or in the surrounding neighbourhood. Organisations cited an increasing number of children who were abused by their fathers, uncles or stepfathers. A few organisations also noted a number of young and teenaged boys who have been sodomised.

I think my major concern about the trend that we're seeing at the moment is that very often it's not only the mother who is beaten up, but also the daughters. So the violence extends to the children of the perpetrator as well. It puts women at greater risk but it also means that these children are growing up expecting that this is what life is all about. They are not getting protection from ongoing violence or further violence... And also the fact that the mothers are so disempowered, that they allow it to happen to their kids. I mean, I'm sure they would like to change it but they don't know how to. So the mothers are in such a state that they don't think or know the way in which to keep their children safe without putting themselves in terrible danger. (Rape Crisis)

Social dislocation at the level of household and family are amongst the factors contributing to the incidence of child abuse. At Masisukumeni Women's Crisis Centre, in many cases abused children do not live with their biological mothers. GRIP also noted that children who come in to seek help, are accompanied by a teacher, a brother or sister, but not with a parent. Some also come on their own. This may be associated with the response of the mother to the rape of her child – 'The mother will turn a blind eye to her child being raped because the father's the breadwinner. And then they often withdraw the case' (GRIP).

One organisation noted the involvement of mothers or caretakers in child prostitution.

It's children as young as five, six... where the mothers or the caretakers let men abuse these kids. They take the money and they say that it's for economic survival, that's the only way of being able to buy food. (Saartjie Baartman Women and Children's Centre)

Responses include educating children at schools on gender-based violence issues in order to contradict the idea that gender-based violence is normal.

I... believe that we need to reach people at a younger age, we need to get it at primary school. I look at my daughter. She believes that whatever teacher says is the right thing. I think to be able to defeat some of these problems that we are facing, we need to reach young people at an early age – primary level. I know there's so many kids and so many schools, but I think as individuals we need to get at that level. If you tell a child that it's not right to beat your partner, if dad is beating mother it is not right, she will come to school the next day and tell her teacher, 'You know, my dad was beating my mother.' Then you can pick up pieces. (NICRO)

While children may be abused at school by fellow learners or their teachers, it is also teachers to whom they confide in disclosing their trauma. Some initiatives have started alerting teachers to signs of child abuse in order to identify children in need of help and refer them to appropriate services. Masiskukumeni Women's Centre noted that since introducing training for teachers on child sexual abuse, teachers had noted problems with some of their students and had begun counselling and assisting them.

Organisations such as GRIP provide support staff to accompany the child to the police station to report the crime, as well as providing support in court. However, GRIP noted that there were low levels of conviction in cases of child sexual abuse. Last year (2002), 60% of GRIP-assisted cases involving children under the age of 10 did not result in convictions.

Refugees

Organisations noted that refugee women were significantly disempowered. In the case of illegal immigration, access to police and justice systems are severely constrained. In cases where women have obtained asylum, this may be related to being married to a male partner who has been granted asylum, or to a South African citizen.

POWA, the Black Sash, South African Migration Project and the Human Rights Committee are taking up the issues facing refugees and migrants, particularly those related to violence against women and children.

Same-sex relationships

Coercion in same-sex relationships in South Africa has not been adequately addressed. Such forms of violence have, until recently, been excluded from the definition of rape and tend not to be recognised by police and law-enforcement agencies where it occurs in the form of domestic violence.

It is not seen to be domestic violence because you have two people of the same sex who are beating each other up... there isn't a power imbalance

there but if it's a man beating up a woman, it's automatically assumed that the woman is not physically stronger than a man. (National Coalition for Gay and Lesbian Equality Project)

Some organisations addressing gender-based violence have begun taking on board rape, abuse, and domestic violence in same-sex relationships, including POWA and the National Coalition for Gay and Lesbian Equality Project.

Linking gender-based violence with HIV/AIDS

Awareness of HIV/AIDS

Organisations interviewed reported varying levels of awareness of HIV/AIDS risks among their clients. GRIP said that many of the rape survivors they have seen were not aware of the HIV infection risks associated with rape. Golden Triangle Women's Group, however, noted a recent change in risk perception. In the past, people used to have the 'not me' mentality but this is changing, particularly in the case of women. There is, however, resistance to condom use among men.

While the primary reason for women leaving their husbands is abuse, secondary reasons include HIV infection risk from partners engaging in high-risk sexual activity.

...when she finds out that she's HIV positive she's angry with him not only for her broken arm or all the injuries that she's got when she comes to the shelter, because a lot of it is very physical abuse. She's also angry because she knows that she has contracted HIV through this man. (Saartjie Baartman Women and Children's Centre)

Organisations agreed that regardless of the degree of awareness of HIV infection risks, women still experienced overwhelming feelings of helplessness in negotiating protection.

Some organisations maintained that while HIV/AIDS was directly impacting on households and communities, people affected by HIV/AIDS in their social context noted more pressing needs than HIV/AIDS education.

We all just run in and talk about poverty alleviation and educating on AIDS, but I think there are a lot more needs than we realise because the dynamics of family are changing. (FAMSA)

We went to the community to start a 'women and HIV/AIDS' programme. When we made an assessment, we found out that the women in the communities that we wanted to work in did not want an HIV/AIDS programme because they didn't think it was a priority in their lives. They identified hunger and poverty as the main things that should be addressed, and not AIDS. But as health workers... we knew that it was a big problem, even if they didn't know that it was... If the communities had identified poverty and hunger as the basic needs, then we were going to address that beforehand, and then bring all the other things into the alleviation of poverty. We thought that was going to be a very innovative thing to do – to start with community development and alleviating hunger and poverty as a means of fighting HIV/AIDS. That was three years ago and the programme has really flourished from that because the women came to the centre to do various income generating activities. From that,

as they came the concept of HIV/AIDS education was added on. Since then we have added other things like sex, motherhood, nutrition, gender issues and so on. (Empilisweni Woodlands AIDS Centre)

Myths

There are many myths surrounding HIV/AIDS. The 'virgin myth' – the notion that a man infected with HIV can be cured by having sexual intercourse with a virgin – has been given extensive coverage in the media. This myth can be attributed to various, complex reasons, including cultural discourses and belief systems (Kistner 2003). While some hold the 'virgin myth' responsible for the escalating incidence of reported child rape, including GRIP and Masisukumeni Women's Crisis Centre, others dispute it as a motivation for child rape, among them Iso Lentuthuko.

The latter maintain that information on HIV/AIDS and its modes of transmission has been widely communicated and has become common knowledge, especially in the urban areas of South Africa.

I would say myths are rife all around the community generally. They won't necessarily rest with men only. I think when people are desperate with a devastating disease like HIV/AIDS and when hospitals are no longer giving them medical service and they are left alone to struggle with an illness, they divert to any kind of explanation of the dilemma that they find themselves in. They will even go to superstition. They will hang on to any straw just so as to make sense of the desperation that they are thrown into. (Iso Lentuthuko)

Condom negotiation

Whether or not persons involved in a relationship are aware of their serostatus, women who know that their partners are involved in multiple partnerships would have concerns about HIV risk. Negotiating condom use within a partnership is difficult for most women, as it often gives rise to accusations of infidelity or a lack of trust. Women may fear that their partner, on whom they are financially or otherwise dependent, will leave them.

... the men say, 'Why would I use a condom with my wife? I can use a condom with a prostitute, not with my wife'. That rings great alarm bells because who should you be protecting? How do men view the condom? Is it a protection issue for their loved ones or how do they view it? Many women came back to say that the husband said that whatever we are learning is for prostitutes. It's alright to use a condom outside but not with the wife. The women feel unable to insist because the men get very upset, very angry to say 'you don't trust me'. The things we know that can happen on the negotiation of condom use are happening even amongst this group of women that I am working with. (Empilisweni Woodlands AIDS Centre)

Another scenario is the lack of communication, both verbal and non-verbal, in matters of sexuality and sensuality.

Your partner can be part of the whole thing. She can help you put the thing on. They nearly jumped out of their chairs. 'Touching who? How come she will touch my genitals? But he is going to have sex with this

woman!' So it's these things that are another gap that we are not getting to because his genitals are his. In some cases the women haven't seen the men naked and vice versa. We haven't reached those things so we can't just talk condoms, condoms. There's a lot that we need to get into – the nitty gritty stuff. (National Network on Violence Against Women)

Stigma

Most counsellors encourage clients to take an HIV test because knowing their status means they will be in a better position to make decisions. However, with stigma associated with sexually transmitted infections, especially HIV, it is not that simple.

Men don't want to talk about it, even when they have a STD – just an STD! Men don't want to talk about it. They just keep quiet, go to the doctor, and don't tell the woman, 'I have a STD, I think we should go and see a doctor.' They don't say it, they just keep quiet. Now with HIV? Eish! (Stop Women Abuse Helpline)

Organisations reported that the stigma attached to HIV/AIDS affects women in particularly adverse ways. Fear of violence, stigmatisation, exclusion and destitution dominates the lives of many women in South Africa. Women's fear of a violent response from their partners may prevent them from negotiating safe sex; seeking voluntary testing and counselling; seeking STI treatment; reporting rape and receiving post-exposure prophylaxis; disclosing their HIV status; taking nevirapine to prevent vertical transmission; and formula-feeding their babies (see also Kistner 2003).

Disclosure of HIV status

Organisations, for example the National Network on Violence Against Women, said that in their experience, disclosure did not necessarily equate with abuse. An HIV positive woman may fear her partner's response, and disclosure may provoke negative responses such as blame and anger, but it does not necessarily create physical abuse within the relationship. Tshwaranang Legal Advocacy Centre has found the opposite to be true – men become abusive when they learn that they are HIV positive, and they blame their female partners.

In an already abusive relationship however, disclosure of HIV status poses a real threat. Women in this situation are effectively prevented from disclosing their HIV status, communicating and negotiating around safer sex and decision-making.

... many women actually tell us in the counselling sessions after they've been diagnosed, 'But if I say to my husband that I have got HIV he is going to kill me!' They are not idle words because they know that it is possible for a violent partner to do just that... (Empilisweni Woodlands AIDS Centre)

The fear that physical violence elicits is instrumental in exercising power and control beyond a single incident of physical violence. Many women report that they suffer more from the impact of continuous emotional abuse that forms the backdrop of threats of physical abuse than from that of physical abuse per se.

I would say HIV positive women are more intimidated and more scared than the negative people. They are much more disempowered. They

certainly are exposed to extreme violence that they disclose on some occasions, or not at all. We have experienced some situations that have been horrific, horrific! And unfortunately the South African system does not follow up appropriately. (Rape Crisis)

Effects of gender-based violence

Gender-based violence affects the physical, psychological and social well-being of women and children, varying greatly depending on the situation. Abuse may cause permanent damage to a woman's physical health. However, for most, abuse has lasting emotional impacts as well. Some women experience depression and insomnia, some drop out of school or experience difficulty forming relationships with their children, whilst others may develop dependency on drugs or alcohol. Women experiencing these effects may not be aware that they are symptoms of post-traumatic stress resulting from the abuse.

Kistner (2003) found that being sexually abused as a child can have long-term consequences. This can include Post-Traumatic Stress Disorder (PTSD) which is associated with heightened fears, self-blaming, social withdrawal, sleep disturbance, mood swings, eating disturbances, regressive behaviours, increasing dependence on the mother, anxiety, fear of recurrence of the trauma, depression, guilt, self-destructive behaviours, negative self-perception, sexual problems, difficulty in social interactions, depression, cognitive and concentration difficulties.

Explaining gender-based violence

Socialisation

The experience of having been physically abused as a child, or having witnessed violence perpetrated by the father against the mother may predispose the survivor to early sexual debut, multiple partnerships and other high risk activities, or to abuse of partners later in life. In order to address this, research and interventions would have to be designed to identify and target girls at an early age.

Social gender norms

Gender roles are defined by societal norms that are learned from a young age. In the words of a counsellor from the Stop Women Abuse Helpline: 'My mother says, "I've been living under these circumstances for as long as I've been married," and they expect us to continue...'.

An example was also given by the National Network on Violence Against Women on how the exposure of children and youth to gendered role expectations affects their sexual relationships and sexual negotiation.

We found that white women would talk about their first time to have sex and how good it was. I've said this to other women – we never find that with African women because in most cases you were forced to have sex but you never considered that as rape. It wasn't a pleasant day. You didn't have an understanding boyfriend who knows that it was your first time because boys grow up feeling that a woman will never agree for the first time. You would have to force it because she is scared, she will never

agree to it. And also from our side, we've already heard from the sisters or friends that you will be forced and it will be painful. But the fact that your older sister cried and you made it a big deal, you don't feel that when it is my time I'm going to make sure I have it better. (National Network on Violence Against Women)

The relationship between men and women is also learned through societal norms. Constructions of gender categories are closely related to fantasies of power and identity. For example, for a man, having multiple partners may be a status symbol measuring masculinity and success among one's friends.

Many organisations report what one organisation called a 'second wife problem' where men have multiple partnerships because it is considered a traditional right.

If you go to a neighbour and complain, they are saying that at least you are lucky – at least he is still bringing you money on Friday. You can't make a big deal about anything. And if you tell that your husband doesn't want to use condoms – but it's your husband, so there's nothing you can do. You can't force him and you also can't attack his manhood. (National Network on Violence Against Women)

The ability to leave a relationship is also limited by custom because, in the words of a counsellor from the Stop Women Abuse Helpline, marriage is a 'one-way ticket – you can't go back and if you do, umabuya emendweni (a woman who cannot endure a marriage and comes home), and it's your fault.'

Economic dependence

The gender norms described above can be linked to economic sub-structures. These links are exacerbated by HIV/AIDS, which contributes to poverty and marginalisation of women.

We also have a huge problem, as you are probably aware, of young girls who come from very poor families or families that are unemployed, accepting favours from older men – money in return for intercourse and that sort of thing. The so-called uncles. There's a lot of that going on. There's absolutely no question in my mind that that is a form of abuse. It's not a case that the woman or the child's been willing. It's the circumstances that she finds herself in that really give her very little choice. That, in our minds, means that she is being abused because under other circumstances she would no doubt, not choose that choice. We also have worked, for example, with an eight year child who prostitutes herself in order to get to school. So there is an awful lot of violence that gender-based – AIDS connection that aren't to do with direct violence but the coercion that goes into disempowered or certainly taking advantage of disempowered females. (Rape Crisis)

Organisations have started various activities such as community gardens, sewing and beadwork projects that increase household income thereby fostering financial independence. These organisations have found that when a woman is making a financial contribution to the household, this gives her self-confidence and helps her to create choices in her family and social context.

We started farming– putting vegetables, carrots and so on. It was amazing what that did because suddenly these women who had nothing, then had

food on their table and they could sell the surplus... So it has worked very well and now women have a little income in their pockets. They are happy that their children have got food in their stomachs... There are many people who have asked me, 'What does growing vegetables have to do with gender and HIV prevention?' Again my answer is that many research programmes in many countries have shown that for women, one of the critical issues is the economic dependence on men. Because of that women are not able to protect themselves because of fear of being rejected by the man that supports them. That fear of financial support makes them remain in very violent relationships. Even when there is HIV/AIDS they cannot negotiate safe sex because they are already coming from a point of disadvantage. So we teach women that it is essential for you to be able to be independent and not dependent on another person. A man is your partner in its real sense. You are not an appendage of that man. It's a great thing if women can feel economically not dependent on men because that will make their choices broader and it's also going to remove their need to remain in a relationship which is totally sometimes not only inappropriate but can sometimes be quite life threatening for them. We are very serious about empowering women economically and also then understanding issues around money and how that can assist you in your well being. (Empilisweni Woodlands AIDS Centre)

In line with generating income, increasing the level of marketable skills is important for women seeking to increase their independence. The Western Cape branch of the National Network of Violence Against Women has incorporated skills-building into their programming by training women at the shelter with office skills and employing them for three to four months.

Awareness of rights

Many organisations have initiatives to create awareness around women's rights and gender-based violence. Masisukumeni Women's Crisis Centre has implemented education programmes on gender-based violence at community forums such as schools, clinics and community meetings.

Most organisations noted that women are recognising their rights both generally and in violent situations. Women are aware that abuse extends beyond physical abuse to emotional and economic abuse and that they can seek help in these situations. Organisations also reported a high percentage of women requesting information on obtaining financial maintenance from their husbands. Also noted was the difference in awareness of rights between women in rural settings and women living in urban settings.

You'll find that the clients that come to this office from the East London community – they're aware and they're in contact with resources. As you go deeper into the communities, they have no idea of what's available to them and what their rights truly are, especially when you're looking at the traditional aspects. How do you change that? There's a lot of work to be done. (FAMSA)

Organisations noted that while understanding of rape and women's rights has increased, this has not necessarily translated into an increase in reporting.

I think with more and more talk of what rape really means... First they considered it to be running in the usual duty of a wife or a girlfriend but

now they are beginning to understand that the woman has a right to say no and it has to be respected whether it is your husband or boyfriend or whatever. They haven't got to a level where they will take specific action against their partner. (Iso Lentuthuko)

This may be related to women becoming aware of their rights and legal provisions concerning the status of women – they are confronting assertions of ‘culture’ that perpetuate established gender roles.

... when they come to our centre and say, I've got a problem. I've been trying to explain to my husband what, what, then my husband said to me, 'With your rights you will go and use your rights outside and not in my house. Even my mother was not using those rights but now you want to tell me that you have rights. Not in my house.' (Masisikumeni Women's Crisis Centre)

You reach a certain age and you have to have a boyfriend. You have to get married. And that pressure is what makes it difficult for any of us to negotiate sex within a relationship, which means that even if women can understand condoms, if that is not addressed, how can they bring the issue of condoms into the home... (National Network on Violence Against Women)

Organisations also pointed to the pressures on women that prevent them from leaving abusive relationships. Among them are factors that have been described for abusive women more generally.

These women don't stay in that abusive relationship because they want to, but they are in that relationship with the hope of making a difference in their lives. (NICRO)

Inclusion of men

While much information on gender-based violence has been disseminated, most organisations noted a large gap in information directed at men. Information tends to focus solely on women knowing their rights and not enough on men's understanding of women's rights.

The men who come here are looking for their wives and they get stopped at security. (Saartjie Baartman Women and Children's Centre)

Several organisations reported having spoken to abusive men, who said that they didn't realise that they were being abusive, nor did they realise the implications of their violent actions for their wives and families. Some counsellors were sceptical of the genuine nature of these comments, questioning whether the respondents were saying what they thought the counsellor wanted to hear.

The involvement of men is valued by most organisations who cited the immediate need to ‘get to the root of the problem’.

We feel it's prime now for men to play their role in control of the spread of the virus. At the end of the day the men with their fists become advantaged. At the end they rule what happens when they strike. (Iso Lentuthuko)

... we also get a lot of feedback from women who, come rain or come sunshine, will be at the centre because they see how it has changed their lives, both in the way they feel about themselves and also how their

husbands feel about them. Now, because the women are enjoying so many advantages from the programme, the men have approached me. They've said that they want a programme of their own. I did phone the American Consulate because I heard that they do have a programme of giving small grants for self-help schemes. We've just been given money to start a brick-making project for the men because as you know we have to keep them involved if we are going to make a meaningful difference.
(Empilisweni Woodlands AIDS Centre)

In the Western Cape, NICRO has started a pilot programme in the Wynberg and Mitchell's Plain courts. This is a 16-session, psycho-educational programme that deals directly with the perpetrators of gender-based violence by making them understand the impact of their behaviour and helping them to find alternate ways to deal with their anger and frustration. FAMSA also has a programme actively involving men that includes discipline and dealing with anger.

Organisations have also recognised the need for male involvement in the organisation itself to enable men to 'buy into' and become more involved in the programming.

Amongst men it is very difficult because even when we talk to them about HIV/AIDS, many of them flinch just hearing the word vagina from a woman who is in her forties. We have enlisted a Xhosa male – a physician also – who runs the programme for us... He is in his sixties. So he can talk to them in the appropriate language. What I am trying to tell you is that it is very difficult and it is going to be very slow but it's like the African proverb that says if you've got a big elephant to eat you must eat it bite by bite. (Empilisweni Woodlands AIDS Centre)

FAMSA has also begun to attract an increasing number of male volunteers and recently hired a male staff member. But educating men has its difficulties, as was described by an educator:

I did workshops at factories before I was in the HIV field. At one factory, 98% were men... One old man, he was about 70 or so, says to me, 'I hear what you are saying but what you are actually saying is that you are doing this training and I am looking at you and how beautiful you are. You are telling me that I must just forget that. You wonder that for hours I have been talking to these people and they haven't been listening'.
(National Network on Violence Against Women)

Targeting men requires addressing and re-assessing the traditional role of men with men themselves, which many organisations have found difficult.

We need to bring men on our side for them to see that it is for the good of their families. And also it's for the good of their children when they treat the women in their lives well and they give them equal opportunities, support them and love them instead of wanting to use power and control over them. I think at the very beginning, the very basic thing we need to do in the very rural areas is to very carefully research the traditional role of men and see which of these practises are we going to keep. Because not everything is bad and not everything is good. The things which we identify as issues perpetuating HIV/AIDS or perpetuating gender violence, these are the things we must slowly start rooting out. How are we going to go about doing that would be very interesting research. You must remember that the women themselves – as long as they are not educated they will not claim

their rights. We should make a massive campaign of educating women on their women's rights so that they know what kind of point of view we are coming from. Then maybe from there we can expand to making men understand that not everything they've been taught is actually helpful. (Empilisweni Woodlands AIDS Centre)

Some organisations have expanded target groups for information and counselling for rape survivors to include men, recognising that men may also be subjected to sexual violence.

Communication

Several organisations pointed out that HIV/AIDS prevention messaging, in particular the 'ABC' message – abstain, be faithful, and condomise – may be completely impractical for women in marriages or long-term relationships.

When I started this work I was very happy to go around preaching the 'ABC' – abstinence, and be faithful, and condomising. It was like I was a faithful apostle and we would tell the women. Just alone by reading and my consultations and interacting and networking with friends of mine who are more gender specialists than I am, I realised that we were actually talking about something that wasn't possible for women. It's totally inappropriate for a women's organisation to be going around and saying 'ABC is what you are going to have to do to prevent HIV/AIDS.' We have to look at all these things from a different perspective because that message is gender insensitive. Women are not able to abstain because they don't have that choice. Women are not able to be faithful because the word is 'mutually faithful'. Now if my partner or your partner is not faithful – as long as it is not a mutual commitment then it is no use. So that message also loses its meaning for women. And the same thing with condomising – all women know how difficult that is to persuade a male partner to use a condom. So we should be doing something else and it's not quite clear in my mind yet how we can change these messages so that they are more gender appropriate. (Empilisweni Woodlands AIDS Centre)

LIMITATIONS OF ORGANISATIONAL PRACTICE

While the situations and focuses of the organisations interviewed varied, they often noted similar difficulties in their work.

Referrals

Links to other organisations are especially important. Where there is a network in place, one organisation's limitations can be fulfilled by another and the client's needs – physical, psychological, or otherwise – can be comprehensively met.

We also run a referral system here where we have a computer with a database on it for people... maybe they haven't got accommodation, then we can tell them the few places that will supply (accommodation). Or if they're hungry we can say, 'well you can go to the Catholic soup kitchen on a Wednesday and the Anglican one on a Thursday.' We can tell them all the places that are available in town. We try to make resources available to people. (Rape Crisis)

Difficulty arises when particular services are unavailable. For example, the availability of shelter can be crucial for clients who are in need of a safe place to stay, and the lack of this service may mean that the client has little alternative but to return to a violent situation.

Most organisations noted that they did not have someone who could provide legal advice within their organisations, nor did they have anyone to refer clients to.

Funding

Most organisations cited funding, both short and long term, as a major constraint to their work. This impedes both the existing range of services, and their capacity to expand or intensify services – particularly in relation to the growing need to address HIV/AIDS related issues. For example, at the Stop Women Abuse Helpline, there are too few counsellors to field the calls received and the organisation does not have enough money to hire new counsellors. There are a substantial number of lost calls and counsellors said there are occasions where people call the helpline a number of times and when they finally get through they are angry and abusive.

Staff capacity

Most organisations focus on counselling, but their work may extend to community development activities. Many counsellors are not trained in administration and projects are constrained as a result of this.

When you look at it, maybe 20% of our work is actually therapeutic and the rest is community development. You find that the staff struggle with project management. You're supposed to be working with these groups and helping them with things like budgeting and the financial aspects, but we don't have these resources... what happens then is that volunteers are trained but we are unable to sustain them. Then the project falls flat and we start with the next group, so we never really get anywhere. (FAMSA)

The incorporation of HIV/AIDS into gender-based violence programmes has also meant equipping staff with new skills.

Use of volunteers

Most counsellors and support staff at these organisations are either volunteers or are paid a small stipend for their work. This often results in a high turnover of staff where volunteers are trained, gain experience and then find paying jobs, creating a lack of consistency and a constant demand for training.

It's difficult too if we are going home and we are not even having a loaf of bread for your kids but you are saying that I work. So we are facing a very difficult situation. (Golden Triangle Women's Group)

Follow-up

Most organisations lack the capacity to follow-up on clients, and cannot be certain that the problems have been resolved. This contributes to stress amongst counsellors. At the Stop Women Abuse Helpline, for example, counsellors are limited to telephonic contact and are seldom sure that callers' needs are met, or that referrals are acted upon.

HIV/AIDS stigma

Many organisations find that members of the community in need of HIV/AIDS information or services, or support groups may be discouraged because of stigma.

Burnout

Coping with caring for others who are in difficult or life-threatening circumstances requires adequate debriefing and counselling. Few organisations have sufficient resources to provide such support to their counselling staff, and this contributes to staff turnover.

Involvement of men

Organisations that would like to include men in their programmes, both to educate them on gender-based violence or to counsel them if they have been abused, find it difficult to identify men for these programmes.

Government's role

Some organisations expressed the notion that, with regard to gender-based violence and HIV/AIDS, NGOs and CBOs are fulfilling a need that should be met by the government. They noted that while they have established the structure and have implemented programmes, they would like the government to take over or fund the programmes, thereby ensuring the sustainability of the programme and increasing the level and number of services provided. Organisations also expressed concern with the bottlenecks in service provision created by the political stances at any particular time. Especially in Mpumalanga where the provincial government has taken a stand that is directly opposed to grassroots gender and anti-violence organisations.

CONCLUSIONS

There is a clear link between HIV/AIDS and gender-based violence, and gender organisations interviewed have recognised the vulnerability of women to HIV/AIDS in relation to violence. For most organisations, addressing the social and cultural situations that perpetuate the imbalance of power between men and women is a difficult and time-consuming task.

Organisations noted that while the majority of women are aware of their rights to safer sex, negotiation of these rights within relationships is not easy. Physical abuse, or the threat of physical abuse is disempowering and increases vulnerability to HIV infection, as well as exacerbates situations where women are already HIV positive.

This review emphasises a number of areas of focus and limitations faced in organisational work. Recommendations emerging from the findings are as follows:

- ❑ Organisations identified the need for further research both to evaluate organisations' projects, as well as to develop a clearer understanding of issues related to gender-based violence and HIV/AIDS and guidance on strategic responses. The lack of research was attributed to limited funding and the time-consuming nature of dealing with a situation of crisis.
- ❑ Training for both gender-based violence and HIV/AIDS organisations on the intersection between these two areas. This would involve research and analysis towards developing guidelines for programmatically integrating the two.
- ❑ The availability of services after-hours is vital, as rapes also occur at night or over weekends when most gender-based violence organisations are closed.
- ❑ One-stop services that would provide comprehensive assistance to women in violent relationships or who have been sexually abused. These would facilitate the easy access to services and would comprise accessible information, trauma and HIV/AIDS counselling, shelter and food. Long-term counselling, support and follow-up for clients is also an important aspect of holistic service provision.
- ❑ Where a one-stop service is not possible, it is necessary to ensure a continuum of services through referring organisations. A number of organisations have pointed to gaps in referral networks.
- ❑ Many organisations are underfunded and under-resourced, and there is a need to recognise that this significantly impedes the capacity to address the current crisis. Organisations expressed the need for government support of programmes, and the need to consolidate and expand services to respond to individual and community needs.
- ❑ The inclusion of issues of violence and HIV/AIDS in same-sex relationships into programmatic interventions is necessary to comprehensively address gender violence.
- ❑ The involvement of men is crucial – both as perpetrators and survivors of sexual violence – for changing the social conditions of women, and thereby decreasing women's vulnerability to HIV/AIDS. Research should be conducted

to evaluate those programmes already involved in this area, allowing other organisations to model successful programmes and learn lessons when establishing their own programmes.

- ❑ Educating children and youth on sex and sexuality including providing an understanding of gender-based violence and HIV/AIDS. This contributes to clearer understanding of rights and responsibilities, and creates an enabling framework for addressing violence proactively.
- ❑ Providing training and lifeskills for women in abusive relationships gives them tools that empowers them and allows them to create independence and to develop their self-confidence.
- ❑ Taking a gender sensitive approach to health messaging, as well as orienting messaging to address gender-based violence and HIV/AIDS will generate public awareness of rights and responsibilities.

