

Stories of Change Series: Story #9



‘We should ask the victim, “What would justice look like for you?” Justice should be justice in the eyes of the victim.’



Masibambisane: Creating GBVF-Free Zones



creating
GBVF free
zones

Masibambisane



FOUNDATION FOR
HUMAN RIGHTS

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**WHERE WE
COME FROM**

About the organisation

Letlhabile Network Community Advice Office is based in Brits, North West Province and was established in 2000. We serve the local communities of Letlhabile, Maboloka, Letlhakaneng, Oskraal, Centreville, Rabokala and Kgabalatsane, as well as the surrounding villages. We support vulnerable and marginalised communities by operating as an innovative community-based organisation that bridges the gap between vulnerable community members and essential legal, social and developmental services.

Through our paralegal services, psychosocial support, community outreach programmes and stakeholder collaboration, the Letlhabile Network serves as an effective, scalable tool for promoting access to justice, community support and social transformation. We support communities to assert their rights and access justice in meaningful, transformative ways.

Violent conflicts and social fragmentation caused by gender-based violence and femicide (GBV, GBVF), unemployment and substance abuse often create divisions in homes and communities. These divisions lead to mistrust, hostility and human rights violations. In response to these serious challenges, the Letlhabile Network Community Advice Office promotes social cohesion and collaboration while seeking to rebuild relationships among individuals and the broader community.

Letlhabile Network's target audience includes individuals from different socio-economic backgrounds, displaced GBV survivors as well as children, young people and women. Our **vision** is to contribute to the creation of communities of hope, tolerance and social justice, where all people live in dignity and peace. And consequently, our **mission** is concerned with promoting access to justice through advocacy.



This is our story

The following individuals from our organisation shared their experiences and insights as part of this story:



**Bonolo 'Poppy' –
Paralegal Officer**



**Ditebogo – GBVF
Monitoring
Supervisor and
Project Manager**



**Sthembile – GBVF
Monitor**



**Tshepo –
Chairperson,
Community Policing
Forum**



**Dimakatso – Police
Officer, also referred
to as Sergeant
Mataboge**

Our personal, community and professional experiences led us to work in GBVF monitoring, care and prevention

Sthembile: I'd say that my personal experience inspired me to get more involved and help people in our community when it comes to GBV.

Bonolo: As a paralegal, I've always been involved. I've always been active, helping clients. Although it didn't affect me directly, I saw the need to help others and to help our community address the issue.

Ditebogo: For me, I do have a background of domestic violence, and it's been in my heart to assist others because I survived back then. I found myself working for this organisation, and I got more involved with trying to help.

Tshepo: As for me, I've never been involved in GBV. But while I've been working, generally, using my hands [*mo sebetse wa matsoho*], GBV always raises its head here and there. It doesn't feel right. Whether you experience it at home or from a distance, or whether you see it on TV, it never feels right. So I became a member of SAPS [the South African Police Service] as part of the Community Policing Forum. And things like this, you must attend to. You must undergo some type of training on how to deal with it.

Dimakatso: I've been doing this work since I became a police officer in 2006, starting as a constable. Back then, it was called domestic violence, and later it changed to GBV. I've been doing this because it's my job. I have to do it, no matter what.



**WHERE WE
ARE NOW**



creating
GBVF free
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Masibambisane

We need more people to challenge the stigma around GBV

Ditebogo: GBV is escalating. It's getting worse each and every day. Even though we're trying our best with the stakeholders, the Department of Social Development and others, it keeps on happening daily. You can even see it in schools, with children.

Dimakatso: I think the main reason is the stigma and denial around GBV. Most women are in denial about the fact that they're being abused. Poverty plays a big role here. At home, where I come from, there are ten of us, including extended family. But in my household with my boyfriend, it's just the three of us: me, my boyfriend and our baby. If I go back home, there's the stigma that I'm returning to poverty. So I'd rather stay. Yes, he hit me today, but tomorrow he'll come home with a braai pack and other things.

Sthembile: I realise that even the community still lives under the stigma that 'Whatever happens to my neighbour is none of my business.' So even when you try to challenge that mentality, only a few people come on board to address GBV. Others still hold onto the old view that 'The business of a couple stays between the two of them, no third person should interfere.'



Bonolo: I don't think we're anywhere near the end, but it's a fight we must continue. The problem is the lack of community engagement. That's why it's escalating. Right now, it's only stakeholders who are involved. GBV needs a certain amount of engagement to wipe it out. We need more people involved, especially from the community. We can't go forward alone.

Ditebogo: Adding to that, social justice issues like unemployment and culture also play a role. That's why GBV persists in our community. We're trying everything we can, but we see it getting worse instead of better because of all the other struggles people face.

Bonolo: Some women are afraid to leave or to go out and fend for themselves, especially if they're unemployed. They'd rather endure abuse because they have no other means of survival. The perpetrator, the abuser, is also the provider.

Ditebogo: Substance and alcohol abuse, even among young people, also play a part in GBV. And there's such a high rate of unemployment. People are sitting at home, not doing anything, and it leads to a lot of struggles.

Sthembile: I want to add something about culture that takes us back to stigma. If I'm a young woman getting married, the elders will advise: 'Whatever happens, you don't ever leave your home.' They'll say, '*Lebitla la mosadi ke bogadi*' [A woman's place of death is at her in-laws]. That contributes a lot. The mentality that no matter how much he beats me, this is where I stay. If I report it to my family, they'll come and sit us down, but the abuse continues. They don't encourage reporting. And even in your heart, you'll wonder: 'If I report this, who will take care of me and my children?'



Victim-blaming stops people from reporting GBV

Tshepo: I spoke with Ms Mataboge and told her that one of the main challenges is when a victim withdraws a case after it's been opened. There might be a fight over the weekend, and by the following week, the same person comes back to withdraw the charges. These are the things that demoralise us in the fight against GBV. It makes us feel like our work doesn't have value.

Poppy: Most women withdraw their cases because they're being victimised. I think it comes down to victim-blaming. It contributes to why women don't report GBV. If there's even a 50-50 chance of reporting, the fear of being blamed is a major factor. For example, if a woman is raped at 8pm while walking on the street, she's asked: 'Why were you walking there at that time?' It's like us women aren't allowed to do certain things. Our freedom is limited. We aren't entirely free.

Dimakatso: There was a woman from Maboloka whose boyfriend is an ex-convict, out on parole for murder. He assaulted her, but when she came in to see us, she just asked us to go and reprimand him. The police went to do that. On a Friday at 6pm, while I was attending a funeral, she called and said he'd followed her. I had to leave, go there and persuade her to open a case. It felt like I was forcing her, even though he was a known murderer. I wasn't on duty. There was no extra staff, no vehicles. I had to go alone, as a woman, pick her up around 8pm and take her to the police station. She was visibly hurt, with a blue eye and marks on her back, but she still asked us to reprimand him.



Poppy: We see many such cases. The Department of Justice has made it clear that GBV cases must no longer be mediated. But clients still don't understand that. A child will beat his mother, and the mother will come here and say, 'Call him. I want you to mediate.' They don't understand that GBV situations are no longer mediated, that they now require a formal case.

They'll say, 'He's my son, I can't give him a criminal record.' I explain that if he's not held accountable, he won't learn. I can call him today, but tomorrow he'll do it again.

Dimakatso: As a police officer, I want to see a GBV-free community. We need to engage men as well. Some men come to the police station scared they'll be laughed at. 'How could a woman hit you?' That's how some officers behave. One older man came in who was born in 1960 and married to a woman born in 1982. He was very reserved. He said, 'I have a problem and I don't know how to explain it.' I took him to the victim-friendly room, where he opened up, saying, 'My wife is abusing me.' I advised him to get a protection order. If we, as officers, spoke to men as brothers or sisters, not just as law enforcement, we could achieve more.

"In the end, justice should be defined by the victim. Sometimes people assume that taking the case to the royal authority and having the perpetrator fined is enough."



“We should ask the victim, ‘What would justice look like for you?’ Maybe they want peace. Maybe they want the perpetrator to stop the abuse. Maybe they want an arrest. Whatever the response, we must listen and support that outcome. Justice should be justice in the eyes of the victim.”

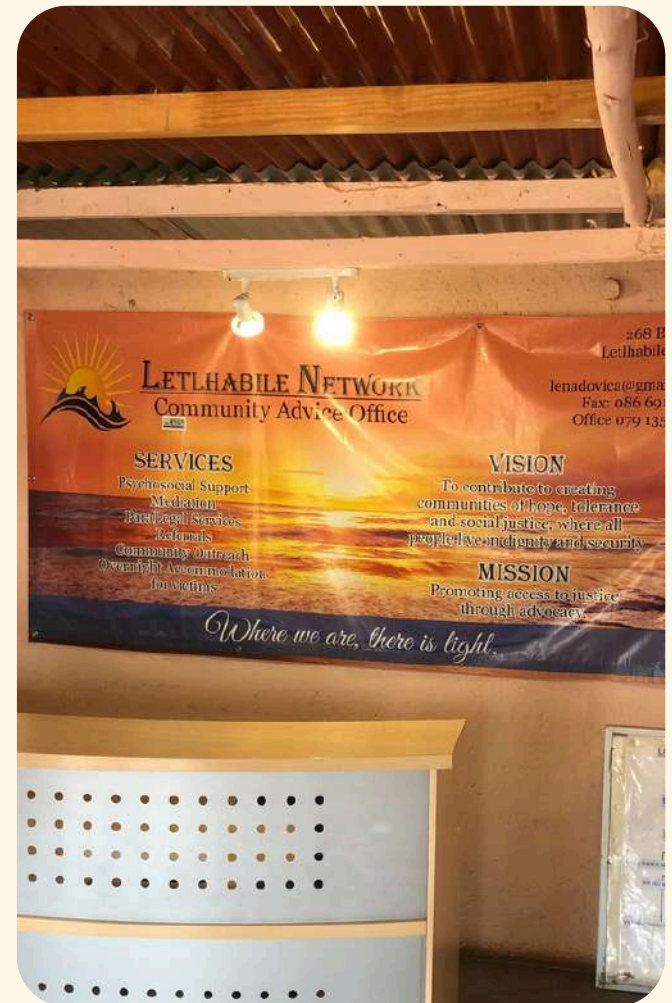


Our Help Desk provides a safe space for victims and survivors

Sthembile: Help Desks are effective. During the first round of door-to-door visits, we found that households experiencing GBV often locked their gates. They didn't want to listen. But when we reached their neighbours, they'd say, 'That house you just came from is where the real problems are.'

With the Help Desk, we give community members our contact details and let them know they can reach out at any time. If they need SAPS, we can call on their behalf. SAPS will respond quickly to stabilise the situation, arrest the perpetrator if necessary and assist with protection orders.

“During the first round of door-to-door visits, we found that households experiencing GBV often locked their gates. They didn't want to listen. But when we reached their neighbours, they'd say, 'That house you just came from is where the real problems are.'”



Poppy: The Help Desk provides a safer space for victims and survivors to report cases. During door-to-door visits, you often find the victim and the perpetrator in the same space. The victim cannot speak freely. But at the Help Desk, they can open up without fear. I think the Help Desk is more effective. It has a lot of impact in addressing this issue.

“Door-to-door visits are better than campaigns at malls. During mall campaigns, people only listen briefly before walking away. But when we visit households and speak to everyone present, we’re able to challenge harmful beliefs.”

Dimakatso: For example, if a mother says, ‘A woman’s place of death is at her in-laws’, we explain that such sayings may’ve made sense when fathers weren’t abusive. But times have changed. When we sit with families, we can make it clear that we’re working towards a GBV-free country. That can help shift mindsets, especially among the older generation.

Poppy: The Letlhabile Network has already started community engagements with traditional leaders. GBV is very prevalent in rural areas, so we’ve begun involving traditional leadership so they can help us in the fight against GBV. In rural communities, people tend to listen more to traditional leaders than to SAPS, the Letlhabile Network or Social Development. Their involvement is helping us move forward.

Ditebogo: One of the strategies we introduced at the Letlhabile Network is to support the formation of men’s forums. The aim is to bring men together to talk. Many women are raising boy children on their own, without father figures. We’re praying for these forums to become active spaces where men can speak out and get help when facing challenges at home. That would help instead of him hitting, getting angry, kicking, breaking things and doing all these things. We are bringing change. This is the kind of change we’re working towards.

We face certain challenges while assisting survivors of GBV

Sthembile: One of the challenges I encountered was with a client I accompanied to SAPS. She'd arrived at night while I wasn't at the office, but we had her accommodated at our shelter. In the morning, I was called to take her to the police station. During our conversation with the police, she said the abuse had been happening for a long time, and she was now ready to open a case. We managed to open a case, and the perpetrator was arrested. But once the news reached the family, they called her and said, 'You must drop everything. We will solve this as a family.' I tried to explain the risks of withdrawing the case. I asked her, 'What if something happens again, and you don't even get a chance to report it? What if you don't survive it next time?' But they insisted. The family even came to the police station and took her by force, saying, 'We will solve this as a family.' It made me question whether what I'm doing is effective. Sometimes it feels like people don't respect the help we're trying to offer. It makes you doubt whether your efforts are worth it.

Ditebogo: That's something we face often. Community members will turn against you. As Sthembile explained, once you help someone from a family like that, you become the enemy. They'll say, 'You're interfering in family matters.' It becomes difficult for the staff at the Letlhabile Network to assist because some people in the community start treating us like the problem.



Tshepo: I agree. One of the biggest challenges is getting the victim to accept that they've experienced GBV and need to open a case. Some refuse to acknowledge it. Instead, they say, 'No, I'm not a victim. You're the ones who are wrong.' But we know what we've seen and heard. The neighbourhood has heard the cries and knows what's going on. One weekend, I attended a case involving a woman who had been beaten. The police noticed her bruises and told her, 'We can see you've been hurt', but she insisted, saying, 'No, I was just cleaning.' She denied everything. She said her bruises were due to period pains. That's the kind of reasoning we're given. And it makes us feel as if they think we're stupid, unable to tell the difference between real pain and an excuse. When we try to help, we're treated as enemies. I've also had to call on other men in the neighbourhood to accompany me so it doesn't seem like I have a personal issue with the perpetrator. If we go together as concerned community members, it's harder for them to say, 'You're targeting me.'



The Masibambisane programme has strengthened our relationship with local stakeholders

Ditebogo: Our relationship with stakeholders has been strengthened by the Masibambisane local steering committee. That's when things became clearer. Now our relationship with SAPS is strong. I have no complaints.

Sthembile: The Community Policing Forum [CPF], is active on the ground. We see what's happening. Our shelter has strengthened our relationship with other stakeholders. It serves as a crisis centre for survivors. SAPS has been responsive. When a woman needs emergency assistance, SAPS knows where to bring her, and they trust that she'll receive help here. The CPF also brings clients to us during patrols. Once we follow our internal procedures, we involve SAPS if necessary. They respond quickly, and if an arrest must be made, it happens immediately.



Ditebogo: There's been progress. As Sergeant Mataboge said, 'Women's eyes are open now. They report.' The only challenge is the withdrawal of cases. But the knowledge is there. Women now know they can apply for protection orders or open a case. What remains is to deal with the reasons behind case withdrawals.

Poppy: We assist our clients and GBV survivors through court preparation and accompaniment. Many have opened cases and obtained protection orders. That's a positive step forward.

Ditebogo: We have offices in Maboloka and Jericho. In those areas, we also work with traditional leaders and royal authorities. In the past, people went straight to them for help with GBV-related problems. But now, those same leaders call us and say, 'Come, we have a problem.' That shows a shift in how the issue is being handled.

Sthembile: Another change is that perpetrators are beginning to take accountability. After counselling or other interventions, many say, 'I see now that what I did was wrong.' They are moving away from that mindset of 'men don't cry'. They're learning that even when the wife is doing something, physical retaliation is not the answer.

Ditebogo: Our collaboration with SAPS and Social Development is critical. When we call and say, 'We have a survivor here who needs psychosocial support', they respond. This kind of coordination improves our GBV awareness campaigns and overall support to survivors.

Sthembile: Support should not end with counselling. Survivors need ongoing sessions, but also access to skills development opportunities. Many are financially dependent on the perpetrator. If they can learn skills and find ways to earn an income, they can survive independently and break the cycle of abuse.



We're hoping for justice to prevail as we support GBV survivors in our community

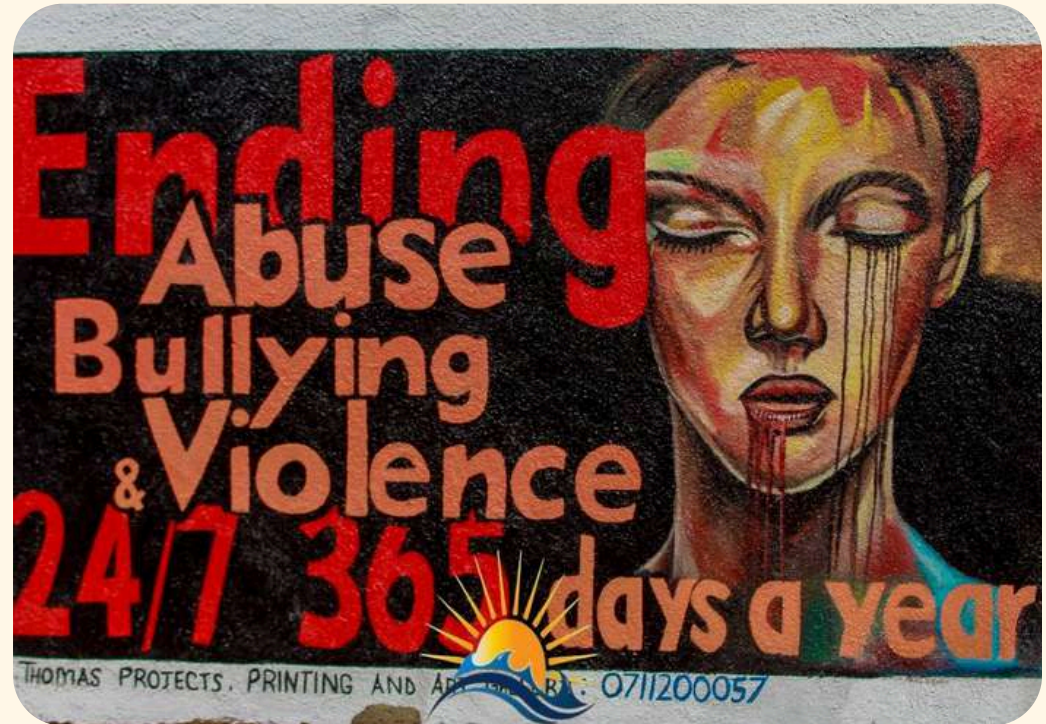
Sthembile: What I hoped to achieve when doing door-to-door visits was for victims to say, 'If I can just get to the office for counselling or legal advice.' Most of them tell you they don't have money for transport. So I hope that those who are not financially stable can still get help in the comfort of their homes. If I visit them and offer support, then my work is effective. They can tell others, 'You can call these people and they'll be here even though you don't have money to go to them straight.'

Tshepo: With GBV, I want to see justice prevail. I want to see the numbers go down in our community. I attended a meeting of the Letlhabile Crime Combating Forum where we discussed recent crimes. GBV made up a large part of the cases. It's painful. If I didn't have the emotional strength, this work would break me. I've seen it through my mother and my sister. As you grow, you realise that this is not normal. GBV is not right, and there are ways to fight it. It has to start at home. If I manage to change something in my own house, I can share that with my neighbour. I can say, 'I had a similar challenge. This is how we overcame it.' That way, it moves from one home to another, and eventually the numbers will go down in Letlhabile.

Sthembile: One of the greatest successes has been how the community has responded to the Help Desk. We've received many calls, WhatsApp messages and 'Please call me' requests. Stakeholders have also responded well. If we contact them to say there's a client in need, they step in immediately. The community has come to trust our police officers because of the Help Desk. They know the officers will respond. More GBV cases are being reported now, even though some are later withdrawn. People are opening up. Even schools are welcoming us in to speak with learners while they're still young.

Ditebogo: I want to achieve justice. I want to encourage women, children and anyone experiencing GBV that it's okay to report it. It's okay to seek help. It's okay not to sit in silence or lose hope. There is help. People are there. Departments and organisations are available to support you.

Sthembile: As I said before, I got involved because of personal experience. Back then, I didn't know how to deal with what I was going through. Now, I want to make others aware, especially children. If you witness GBV happening to your mother or father, you can report it. Back then, I didn't have that information. It gives me satisfaction to know I am providing others with the support I didn't receive.



“I want to achieve justice. I want to encourage women, children and anyone experiencing GBV that it's okay to report it. It's okay to seek help. It's okay not to sit in silence or lose hope. There is help. People are there. Departments and organisations are available to support you.”



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