

Stories of Change Series: Story #8



‘It all starts with confidentiality, listening and building trust.’



Masibambisane: Creating GBVF-Free Zones



Masibambisane



**FOUNDATION FOR
HUMAN RIGHTS**

Table of Contents

WHERE WE COME FROM	1
About the organisation	2
Programmes	4
This is our story	6
Why we got involved in GBVF work	7
WHERE WE ARE NOW	9
Recognising the many faces of GBV in our community	10
Helping people to speak out about GBV in schools to break the silence and stigma	12
Challenging the socio-economic barriers that cause GBV	14
Challenges with reporting and legal processes	16
We work well with other GBV stakeholders, including tribal leaders	19
Building trust through listening, privacy and respect	22
We're working with men in the fight against GBVF through the Khuluma Ndoda dialogues	24
WHERE WE ARE GOING	27
Building a community that understands, speaks out and acts	28

WHERE WE
COME FROM



About the organisation

The Ingomuso Lethu Centre (ILC) is based in 1580 Verena D, Mpumalanga. Before we became Ingomuso Lethu, our journey began with a shared commitment among community members to respond to the growing crisis of gender-based violence and femicide (GBVF). Long before we had an office or formal structure, some of us were already volunteering, at orphanages, helping families in crisis, assisting with grant applications or offering informal legal advice. What brought us together was a deep-seated drive to uplift the community and stand by those most affected by violence and poverty.

In 2017, this informal support network became the Ingomuso Lethu Centre, a self-help initiative that grew into a registered non-profit organisation based in Verena D. We formed the centre not out of theory or strategy, but from the reality on the ground: women being silenced by fear or dependency, families struggling without access to services and survivors of abuse left to navigate systems alone.

Today, our work focuses on what we continue to witness firsthand, gender-based violence, economic hardship and the lack of accessible legal and psychosocial support. That's why our programmes include free paralegal services, school awareness campaigns, door-to-door outreach and men's dialogues to address substance abuse and domestic conflict. Our team of GBVF monitors is present in clinics, police stations, homes, schools and community offices. That visibility has helped build trust, making it easier for survivors to speak out and seek help.

We've seen the impact of this work. More than 200 home visits have been made to survivors, many of whom had never spoken to anyone before. A local GBVF awareness campaign brought over 75 women into conversation through the church. We've worked with traditional authorities and schools to create safer spaces for children, and we've helped men access addiction support through our partnership with the South African National Council on Alcoholism and Drug Dependence (SANCA).

We have also partnered with Legal Aid South Africa; it comes to our offices twice a month on Tuesdays. They attend to cases we've collected that need legal attention. This has been a great initiative to our organisation as it helps solve issues for free, as at first we had to refer clients to Witbank Legal Aid offices.

This is not just a programme – it's a community-based response rooted in care, built on trust and driven by the belief that no one should face violence alone.



Programmes

Day	Location	Main Activities
Monday	Local clinic	Private consultations: intake and recording of new cases
Tuesday	South African Social Security Agency [SASSA] pay-point	Pop-up workshops with awareness talks, case recording
Wednesday	Police station (9:00–15:00)	Walk-in support, court accompaniment for victims
Thursday	Door-to-door outreach	Home visits, follow-ups and informal counselling
Friday	Flexible field work	Court or stakeholder visits, as needed
Saturday	Tribal court on invitation	Mediation support, paralegal advice

Current ILC additional projects include:

- The Help Desk at the ILC office (free services, referrals to South African Police Service [SAPS] and the Department of Social Development [DSD]).
- School awareness campaigns (learner counselling and referrals).
- Men's dialogues– Khuluma Ndoda – in partnership with SANCA to address substance use and GBV.



This is our story

This story draws on the voices and experiences of five individuals working at the heart of the GBV response in Verena D:



**Mmakgabutle Lucia
Kgaphola –
GBVF Supervisor**



**Lindiwe Emely
Ditshego –
GBVF Monitor**



**RI Matlala –
Constable, SAPS**



**Martha Machiane –
Tribal Office
Representative**



**Maseko Zanele
Felicity –
Tribal Office
Representative**

Why we got involved in GBVF work

Lucia: Before we started working on GBV, our office used to offer paralegal services to our community. We were advocating for, promoting and protecting human rights.

Zanele: What made us get involved in GBVF monitoring was that there were many cases, and we could not make proper follow-ups. We realised that if we joined the Ingomuso Lethu programme and worked together, we'd be able to track our cases and monitor their outcomes more effectively.

Lindiwe: We noticed that there were many cases being reported to our network. We had limited knowledge on how to handle them. People would come seeking advice and help. We then realised that this was an important issue troubling our community. We decided it was best to get involved with GBVF monitoring so that we could receive the necessary GBVF-related information and trainings. It became easier when we joined the programme. We got the training and began working with the stakeholders. What really motivated us were the challenges the community brought to us.



Lucia: As she has explained, that's why we added GBV to our work at Ingomuso Lethu. We noticed that the government doesn't follow up with victims. For instance, after a victim opens a case at the police, followed by a court appearance, especially if the perpetrator is arrested and sentenced, what happens to the victim afterwards? When the victim attends court, they don't receive any support, legal advice or psychological guidance from social workers. So we decided that Ingomuso Lethu should implement this GBVF initiative to close these loopholes for survivors.

Lindiwe: On Wednesdays, we report on duty at 9am and off at 3pm. We wait for victims, or if someone needs support for their court appearance, we go with them. On Mondays, we're based at the clinic. We liaise with clinic officials, and they provide us with an office where we can operate in privacy. This gives GBV victims a safe place to speak and we can also record their cases.

Tuesdays depend on how things are at SASSA. We target pay days because that's when a lot of people go there. We do workshops and record cases. Thursdays are for door-to-door visits. Fridays vary, sometimes we go out, sometimes not. Saturdays, if the tribal authorities invite us, we attend cases there. That's how we carry out our GBVF monitoring.



WHERE WE ARE NOW



Recognising the many faces of GBV in our community

Lucia: What I can say is, GBV is a reality in Verena, before we started going for trainings or implementing programmes, I didn't fully understand it myself.

“I used to think that GBV only meant physical or sexual violence. I wasn't aware it also includes financial and psychological abuse. Once that was explained to us, I realised that there are many types of GBV.”

And that's the problem. Most people here in Verena do experience GBV, but they don't have the knowledge to recognise it or even report it properly.

RI Matlala: There are many types of cases. Some are assaults and some involve women abusing men financially. These days, it's hard to say which ones are more common. In some families, women are the breadwinners and that still carries a stigma for many people.

“There's still a lot of work to do to educate people on what domestic violence is.”

Some men still believe that they can't report their wives to the police. Even when some are physically abused. When you ask them what happened, they'll say, 'I fell', when they didn't. They're just ashamed to admit they're being abused. They believe the police will laugh at them. But it's not like that. So many cases go unreported.

Most of the cases I deal with are assault-related, especially between girlfriends and boyfriends. Not so much with older people. And with some of these youngsters, when you refer them to someone their own age for help, they think that person won't be able to help because they doubt their professionalism. That's just wrong. So, there's still a lot of work needed to raise awareness.



Helping people to speak out about GBV in schools to break the silence and stigma

Lindiwe: Recently, we've been seeing more GBV cases in schools. When we visit, we come across some of the most difficult cases, with children as young as six being assaulted at home. It becomes difficult because you now need to do home visits. And when you get there, it's hard to get to the truth. It's often the child's word, and you have to verify it with the parent.

Some parents are negligent, they notice changes in their child's behaviour but they don't look at the root causes. This is what makes our work in schools difficult.

We've noticed GBV happening both through bullying at school and in children's homes. Statistically, it's women who are more open.

Lucia: We're still handling some GBV cases in schools, and some learners are now receiving counselling.



“I think the Department of Education must train teachers. Sometimes a child opens up to a teacher, or the teacher notices changes in the child’s behaviour, but there’s no follow-up. The teacher doesn’t write a referral recommending the child receives counselling.”

Often, the trauma is stored in the child’s mind. And some teachers even keep that information to themselves, especially when the perpetrator is someone from the high school or a known elder in the community.

We first started encountering these cases last year, when we began school awareness campaigns. Some teachers did refer cases to us, and we then took them to the DSD. We follow up and accompany the kids to their counselling sessions for support.

That’s why I said that teachers need proper training. These cases are real. Sexual harassment is happening.



Challenging the socio-economic barriers that cause GBV

RI Matlala: Socio-economic factors play a big role. You know what they say: an idle mind makes up all sorts of silly things. For instance, when there's unemployment, no money and people rely on grant money, you find them counting the pieces of meat that go into the pot.

Martha: Let me start by saying that abuse between men and women often starts off with small everyday things. Over time, it escalates and gets out of control. By the time people are older, it's hard to trace the root cause because it started with something small and kept growing. At that point, you can't really say what started it, but it's there.



RI Matlala: If these issues aren't addressed early on, as the previous speaker said, they can grow to the point where something like slapping women becomes normal. When problems are left unattended, they often become the main cause of abuse.

With young people, it's often about dating issues, jealousy, things like, 'My ex can't be dating so-and-so!' Most of the cases we handle are from youngsters. Older people usually go to the tribal court.

At the police station, it's mostly young kids. You might even be 18 years older than them. They think that tribal court means dealing with the elders. But actually, tribal courts are no longer dominated by elders like before. These days, it's not old people sitting there 'eating bones', as they used to say. It's people in offices who are handling these issues nowadays.

Some still expect the old setup and get a bit of a culture shock, a reality check. When they get there and are asked, 'Are you here about your husband?', they are referred to the right person to deal with their cases. But some don't speak up. They go there and leave without speaking.

Women tend to speak up. Men? I know this man here won't speak! That's why I say that many people still believe that if they report something at the police station, they'll be laughed at. But that's not true.



Challenges with reporting and legal processes

RI Matlala: One of the challenges we face is that most GBV victims open cases and then drop them. This happens a lot in situations where drinking alcohol was involved, or where people make promises to each other about money. You'll hear someone talk about a police officer – remember, he wasn't a constable at the drinking spot. They'll report that this officer beat a woman and she opened a case. But because he's worried about his reputation, he'll pay the woman R5,000 to drop the case.

In most of these situations, we're already involved and supporting the victim. But when the victim is offered money, they often don't come back to tell us they've dropped the case. We only realise what's happened when we call them for a follow-up. We suddenly can't reach them, or they avoid us because they don't want to proceed.

Another big challenge is that we don't have formal training and don't know what to do in certain situations. Sometimes you find yourself in court and they ask the victim, 'Why aren't you speaking to the perpetrator? Aren't they your friend or relative? Why not just forgive each other?' That puts victims in a difficult position. They feel the system is failing them because they are asked to forgive people they once trusted, including the court.

These are some of the challenges we deal with every day.

Lucia: We had one case where we accompanied the victim to court to offer physical support. The victim was beaten by a friend last year, who was arrested but is now out on bail. Yesterday, the victim was attending court and was asked if they had talked it over with the abuser and forgiven each other. When we asked who'd called, she said it was the perpetrator's lawyer from Legal Aid. The lawyer spoke to the victim and asked them to drop charges.

She feels like the justice system is failing her. Victims report cases but are then asked to drop the charges.

Do you see how much we still need training on how to deal with such cases and get equipped with ways to help victims, and to understand better how court processes work?

RI Matlala: May I add that it's not that justice has failed the victims. It's their lack of knowledge. Lawyers are hired to help deal with whatever problems you have. But the person who called her, from what I hear, wasn't from the court. He was the perpetrator's lawyer, and of course he'll try to get the perpetrator out of trouble. He's there to defend him, right?

The victim didn't realise that. As you said, when you know about this, you tell them not to listen because they're defending the perpetrator. But we can't blame the victims. If you as the GBV monitor were more knowledgeable, you'd be able to guide them properly with your support. The victim just saw someone in a gown and thought they were with the court. They just assume they were dealing with a court official. Yes, he is, but not the actual official representing the prosecution, the Department of Justice. No, he's actually defending the perpetrator.

That's why, when you're a witness, the defence lawyer will try to question you in a way that makes you angry. They want to make you fumble. The court itself cannot do that. They just look at the merits of the case. They can't take every case.



Some cases can be solved by calling people together to speak. That's why some matters are dealt with outside court.

For example, someone wants to get a protection order but the court thinks the matter can be resolved by speaking. However, they do consider the merits and feasibility of the case. Some cases are not treated as criminal cases where you appear in court in front of people. The magistrate and prosecutor may call you aside before the case begins so you can speak and perhaps reach a resolution.

Martha: So, a date would be set for an appearance before the tribal court. But some people then don't come to their tribal court appearances. You call them and they don't pick up. When you send people to check if they're at home, they're nowhere to be found. How do I proceed in such instances, when a person is also unreachable on a call?

RI Matlala: People often say, 'We spoke about it at home'. Other people might be worried about what the children will eat since the abuser is the only breadwinner. Others will report a situation out of anger.

You explain and try to convince them that they should proceed with the case. But even when they do, they'll often tell the court that they don't want to proceed with the case. The courts often agree to this because they're trying to reduce their case load. They are quick to close cases, especially those where the partner was slapped. Those ones, they don't want to hear. They just want the person to withdraw the charges, and they'll sign the withdrawal.

And, yes, victims withdraw charges because of the socio-economic factors I referred to earlier.



We work well with other GBV stakeholders, including tribal leaders

Zanele: As someone who works with traditional leaders, I can say that there are a lot of cases reported by both men and women. As Mr Matlala said, with them, it's mostly youth. But with us, it's older people, grandmothers and grandfathers who still believe they shouldn't speak about their marital problems. They often think that going to the police won't make a difference because the police are youngsters themselves. But when they come to us, they speak freely but they also express their concerns, saying they've shared things that are not suitable for young people to hear.

When you assess the situation, you can clearly see that *gogo* [granny] needs help. But when you tell them to go to the police station, they refuse. Especially the men.

Lucia: Before the establishment of the local stakeholder committee [LSC] and the Ingomuso Lethu programme, tribal authorities used to support us. And most of our workshops, whether with the Foundation for Human Rights [FHR] or the South African Human Rights Commission [SAHRC], included them. They listened to how we worked and they started inviting us to their tribal court proceedings.



“There are some cases where people who were convicted were referred to by the traditional authorities and other stakeholders. Just because you see someone walking around doesn’t mean the case was closed or there’s no law.”

RI Matlala: If you are found guilty and sentenced to a certain number of years that are then suspended, it still means that you were found guilty but were given a suspended sentence. Some of those who were found guilty are just warned: ‘Don’t ever do that again.’ A suspended sentence means you’re sentenced to six months, suspended for a period of five years, provided you do not repeat the same offence.

So, there are cases, which you’ve referred to, that reach a successful completion.

Lucia: There’s a lot we’ve done. Firstly, our Help Desk is something we never had before. When we began monitoring, we used to go door-to-door. When you knock on some doors, it can feel like you’re bothering them.

So, it’s best to place yourself in packed situations, where people will come and seek help. When you speak in these places, you can draw a crowd. But we can’t reach every area where people live. When people come to our office, they get curious. That’s how the word spreads, by word of mouth. And more people start using our services, especially when they know it’s free.

Also, the fact that we work together with the police and the DSD helps. If we went alone, by ourselves, people wouldn’t trust us. But as soon as we suggest they call the police station to ask about us, we gain their trust. The Department of Health knows us, and all the stakeholders know us. So that gives us credibility.

“I tend to differ about some of these situations, but not that many. It’s just that, somehow, you’re not giving yourself credit! You referred to some cases where the perpetrators were actually found guilty and convicted. So the issue is more that there’s often a lack of follow-up communication to talk about the cases that’ve been completed successfully.”



Building trust through listening, privacy and respect

Lindiwe: We always tell survivors that we have an office. We also have a WhatsApp line that they can use, even though it's not currently active. We have a Facebook page as well. But we've noticed that people don't take these platforms very seriously.

We set these platforms up to let people know what we offer and to provide assistance. When a case is beyond what we can handle, we can always refer them to one of the other stakeholders. That makes things easier, but people don't use these avenues.

WhatsApp is much easier, it doesn't require any calls. You can even get a new number, text whatever issue you have and I'll respond. But still, people aren't making use of these communication platforms.

Lucia: We've noticed that door-to-door and follow-up visits work best for us. When we follow up, we don't make it obvious. We don't say that we're following up. We put on our reflective vests, reintroduce ourselves and explain where we're from.

We're guided by the survivor. If they want to continue with a previous conversation, we do. That's why door-to-door visits work. It's where we find that many people feel free to express themselves.

The problem is, when they have to come back to the office for our full service, they often don't return. And I can't provide the full service when I am going door-to-door because I don't have the tools I need with me. Sometimes I get more cases while I'm doing door-to-door, maybe five in one round, while I still have cases from the previous week that are waiting. But if someone comes to the office, and I have their case, I can help that survivor much more quickly.

Lindiwe: The most important thing is confidentiality. That's what helps a person to trust you with their case, and they might even refer others. Listening without being judgmental is also important.

For example, with rape victims, don't ask what they were wearing or why they were out at night. When someone speaks, you listen, take notes and refer them to the relevant stakeholder. Once referred, they become that stakeholder's responsibility.

“Listening and confidentiality are key. If someone tells you something and you go around talking about it, they’ll lose trust.”

So I usually say, 'I'm not trained in this, but I'll take you to the police station', or, 'I'll speak to someone who can help you.' That way, when they get a call from one of our stakeholders, they're not shocked.

You build trust. If someone is already hurt, everything can feel triggering. They might complain, 'You came to my house and said something, now the police are calling me.'

So, it all starts with confidentiality, listening and building trust. And if a case is referred to you, you do it properly.

Lucia: When monitors come to report and we follow up with the police station, we often find that cases were never officially reported, even though there are so many. There's still a lot of awareness-raising that we must do. People need to speak out about GBV and not be ashamed. Even the police can experience GBV.

It doesn't matter what your financial position is, everyone can be a victim. What's important is that we report these cases.

We are also here so that victims can get justice, and so they don't end up blaming us at the Ingomuso Lethu Centre, or at SAPS or the tribal court.

We're working with men in the fight against GBVF through the Khuluma Ndoda dialogues

Lucia: What I see is that more dialogues for men in the community would really help. Dialogues like Khuluma Ndoda [Man, Speak up!], where men come together, and out of 50 or 60 attendees, some actually open up. That shows us that we must involve men in workshops. Let them talk about their own issues and choose the kind of help they need.

Men who are under influence of drugs, are very ignorant to GBV. As a support centre, we thought about ways to intervene and decided to speak to SANCA [the South African National Council on Alcoholism and Drug Dependence]. The programme started last year. We asked if we could organise with them.

Many men want to change, but they don't have support. Many say they went to the DSD and registered, but because they had no support, they weren't admitted. There's one I referred in October last year. I followed up on his case. He left just this past Monday. He used to tell his friends, 'Go to her for help.' So, I saw it as fitting to call SANCA, group them together and use our office so SANCA can come to them. That way, SANCA may admit them. Even if just ten men change, that's ten fewer problems.

RI Matlala: We rely on young people for this kind of work. At SAPS [the South African Police Service], we can raise awareness, especially around drugs. The young people tell you, 'We're dying and that's why we need SANCA's help.'

As for me, I don't even know which office to approach, so I'm grateful for what she shared. It's going to help a lot. Those kids want to quit. Even when you arrest one, you find yourself wishing you could help.

Many say they're on a waiting list, and it's long. You can't just take them all and dump them somewhere. It's a process. What motivates them is seeing others who've quit and changed. They've become role models.

If you go there with a speaker from SANCA and ask, 'Who wants to go to rehab?', they'll come out like a swarm of bees.



Lindiwe: We've noticed that, even among those men who can speak, it is hard to follow up on their cases as we are women and they don't believe in opening up to us.

When we go around raising awareness and meet men, we tell them we're there to educate them on GBV. Most men assume that GBV is only experienced by women and we are also focused on women only. We then explain that there are no gender binaries in GBV, it affects everyone. The 'gender' in GBV means it includes both male and female. After that, some men begin to open up, and you realise they've experienced abuse but had never spoken about it.

Women, on the other hand, tend to speak out more easily. Even when it's not GBV, once you meet them, they'll tell you about their experiences. Then, when we explain the different types of abuse, they're able to recognise and name the ones they've experienced. So, it's mostly women who speak out.

Zanele: Men experience a lot of abuse, but they believe their issues can only be addressed by traditional leaders. You'll find a man who's being severely abused, but he can't speak out because he's afraid his manhood will be questioned. He fears being accused of not being able to 'handle' his wife or of being seen as weak.

That's why many men prefer speaking to traditional leaders. But eventually, they end up killing each other because although the man was advised to report his wife's abuse at the police station, he was too ashamed to follow through.

In Verena, I've noticed that abuse among the elderly is even worse. They lack awareness about the problem. Lucia's right when she says that a lot of awareness must still be raised about GBV.



FOUNDATION
HUMAN RIGHTS
IN AFRICA

SAFETY
FOR ALL

Handwritten notes on a whiteboard, including the heading "OUR OBJECTIVE" and several bullet points.

Handwritten notes on a whiteboard, including the heading "OUR NEEDS" and several bullet points.

Handwritten notes on a whiteboard, including the heading "OUR GOALS" and several bullet points.



WHERE WE ARE GOING



Building a community that understands, speaks out and acts

Martha: What we want to achieve is for people to be knowledgeable about GBV. We also want people to speak out. There is help, but if you don't speak out, you'll never know that help is available.

The local stakeholder committee is also very helpful. When you report a case to them, it's like reporting to us. They might refer the case back to us, and we might refer it to the DSD. So people must speak out. That's what we want to achieve in Verena, so that GBV may be reduced in our communities.

My wish is that people open cases. And if it happens that I, as a woman, experience abuse and the process fails, I ask the tribal court and the police station to guide me. Because sometimes, when a woman is referred to the police station, she doesn't go, she just goes back home.

You see the woman walking about in her yard as though she's fine, But you know she's not because she didn't receive any help. And because she doesn't want to go to the police station, the case ends just like that. I wish they would speak out.

Lindiwe: What I want to achieve most is to understand the right approach. Sometimes it's easier to deal with someone who hasn't experienced GBV. But when you get to someone who's experienced it, or is still experiencing it, the approach becomes difficult. We aren't all the same as people.

When you try to have a conversation with someone who has experienced or is experiencing abuse, they can be triggered. You then realise that you're not equipped with the right skills to comfort them.

What I want to learn most is how to approach and deal with victims. Are they OK with being held by the hand, hugs, offered a glass of water? I want to know how to tell if someone is OK with these kinds of gestures.

As for the community, I want people to speak out. And if they are not knowledgeable on certain things, I want to ask so they don't limit their understanding of GBV as only physical violence, rape and so on.

If it's economic abuse, how do we deal with it? For instance, if a wife takes her husband's money, that's economic abuse. Or if the husband works and doesn't support the household, that's also economic abuse because it affects the wife. But people aren't aware of these types of abuse.

So, when there are awareness workshops, people should come in numbers. They mustn't complain that the Ingomuso Lethu Centre is calling them or that the police station doesn't provide meals. When we hold these awareness sessions, we want people to take them seriously.

When one person gains knowledge, tomorrow it could be another community member. And in that way, the community will have many awareness agents. Verena is big and different parts of the community understand different things. When we meet, we share knowledge.

It shouldn't be about complaining that people live too far away for GBV awareness. People need to understand that GBV is a serious pandemic. It still affects everyone, including the elderly.

Martha: What I want to see is change. For women to stand up, and men too. There should be one conference for men, where they can guide each other. And another conference for women, where we can speak about our issues and build a safe space for each other.

"It's people speaking out that will end GBV in our community."



www.fhr.org.za/programmes



+ 27 72 826 5632



ingomusolethu6@gmail.com



Ingomuso Lethu Centre

Supported by:

Ford Foundation

**CONSTITUTIONALISM
FUND**

A joint fund of the
Atlantic Philanthropies, Open Society Foundations & the Ford Foundation



Co-funded by
the European Union