

# Stories of Change Series: Story #5

**'We have trust and  
collaboration  
(*ukusebenzisana*)  
with GBVF  
stakeholders.'**



*Masibambisane: Creating GBVF-Free Zones*



**Masibambisane**



FOUNDATION FOR  
**HUMAN RIGHTS**



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**WHERE WE  
COME FROM**

# About the organisation

Doxa Family Care was established in 2007 in the Nelson Mandela Metropolitan Municipality under the name Doxa Youth Programmes. It began as a grassroots initiative focused on youth development. As the needs of the community evolved, so did the organisation's scope and vision. What started with young people gradually expanded to include support for entire families.

Doxa's work is grounded in the belief that strong families are the foundation of healthy and resilient communities. The organisation also recognises that 'family' today is not always defined by blood, but includes the people who step in when our own families may no longer be present or whole. In response to this broader understanding, the organisation transitioned into what is now known as Doxa Family Care.

Doxa Family Care supports families experiencing risks, crises and transitions, offering non-statutory social services that are both culturally sensitive and rooted in the lived experience of the communities it serves. It has become a recognised force for sustainable change in the social development sector, with its work acknowledged by both provincial and national Departments of Social Development. Their contributions include shaping the National Fatherhood Strategy, helping to establish District Men's Sectors, and collaborating with the Nelson Mandela University on Positive Masculinity programmes. Doxa also plays an active role in gender-based violence and femicide (GBVF) forums across the region.

Essentially, Doxa Family Care is a movement working to restore dignity and functionality to families through strong partnerships and deep community roots. They champion fatherhood, confront gender-based violence and promote holistic family well-being across the Eastern Cape.



# This is our story

The story of Doxa Youth Programmes, as told by three team members who have been a part of Masibambisane GBVF Programme:



**Thembani Gqiba -  
Executive Director**



**Mahlonono Nqakaza -  
Youth Mentorship &  
Development  
Coordinator**



**Thoba Dema - Shelter &  
Victim Support Manager**

# Why we work in GBV community monitoring

**Mahlonono:** I was working in schools before becoming a GBV monitor. I was doing awareness-raising and educational programmes such as life skills in schools. Ah yes, I was doing that! What got me involved as a GBV monitor was the concern of hearing stories from school children about children being abused. Children would come to you after a session and say, 'At home things are like this and that.' Then we would take the case to Thoba because he does psychosocial support and counselling. There's a lot of abuse happening in the community, especially with children. That's why I got involved in GBV monitoring.

**Thoba:** Before I joined the GBV monitoring process, I was already involved in community awareness programmes, GBV community awareness programmes. I wanted to be involved because I wanted to be the voice of victims of gender-based violence. We have a shelter of male survivors of GBV, and I am managing that shelter and offering psychosocial support and counselling. I was going to schools doing awareness-raising, teaching about GBV and bullying in schools.

**Them bani:** Just to add to what they're saying, as Doxa we have a key strategic position, especially in the metro, where we are part of the GBVF forum that was formed in 2018 after the GBVF summit called by the President.



# WHERE WE ARE NOW



Be The

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# What we are learning through our community monitoring and awareness campaigns

**Thoba:** We are finding that the main type of GBV in our communities is physical GBV, the level of assault is too much. Then the other type is economic abuse. In those families, the providers don't support their partners or their children and wives. Those are the two main types of GBV. The other form of GBV is psychological. As I mentioned, we have a shelter for male survivors of GBV. The male survivors that I admit at the shelter suffer from psychological abuse – where a guy will lose a job, then after that he suffers psychological abuse from his partner or his family.

**Thembanani:** It's so strange, GBV has many layers. Sometimes you think that you've made progress, until something else comes up, until you discover something else. As much as we've made progress, once you look again, you'll realise there's still a lot of work to be done. The number of awareness campaigns has increased, and we're reaching more people but that also means more people are coming forward to report cases. Then we discover that some of the cases being reported now are things that happened maybe four or five years ago. This means that while there is progress in the work we do, there is also the challenge of rising cases.

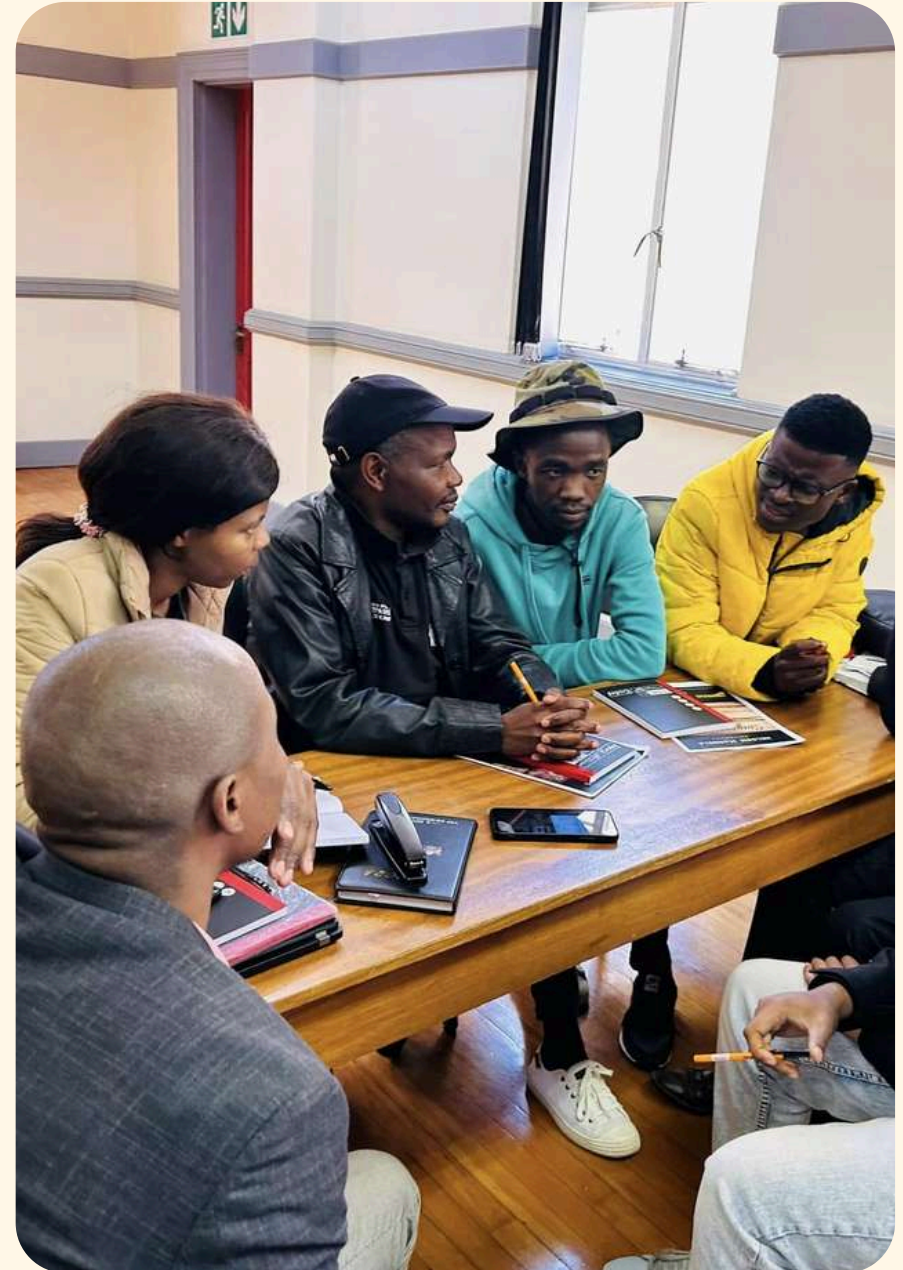
**Thoba:** First of all, I've learnt that GBV work is very difficult. Number two, GBV affects us on different levels. As Bhuti/Thembanani mentioned, it doesn't only affect the victim, it affects the whole family, and sometimes the whole community. Number three, I've learnt that GBV can't be addressed by just one person or one organisation. Doxa alone can't handle a case and make sure it moves forward. We need the collaboration of different stakeholders to win cases. Number four, when you're dealing with GBV, you must be sober-minded psychologically. You must be in the right state of mind to deal with the case effectively, you need to take care of yourself. Then the other thing that I've learnt is that for GBV to end, we need more monitors!

**Them bani:** We do have male GBV victims, that's why we established the shelter. It wasn't just something we thought of. It came through our relationships with the Department of Social Development and Thuthuzela. We saw that many men were being abused, but no one was catering for them. So we opened the shelter.

At the shelter, we support not only men who have been raped by other men, but also men who suffer psychological trauma or are being abused in their families or by their partners. You know how it is, when a man loses a job, he starts getting abused. He loses things. His dignity is taken away. We've seen men suffer because they're being abused by their partners and their family members as well, especially if they're the breadwinners.

We have a lot of these cases. And strange enough, men don't talk about these things. We really don't talk. I think we've created a safe space for men to speak about these things.

You know, the good thing is that this work also contributes, in a way indirectly, to reducing the abuse of women. Statistics show that many men who are perpetrators were once victims themselves. So, by offering psychosocial support and sheltering services to men, helping them in a way, we are also trying to help them to not become violent perpetrators in the future. I think it does help a lot for men to go through counselling, to get help if they feel they're being abused, whether it's verbal or physical.



# Our campaigns influence trust and collaboration (*ukusebenzisana*) with other stakeholders

**Them bani:** We've toiled in the field so much that communities trust us with their cases, with their lives, and we don't take that for granted.

A lesson from this is that trust is earned. Anyone who wants to come and work for Doxa, or partner with us to reduce GBV, needs to understand that it's real work. We need to make sure that we earn the trust of people.

At first, people were sceptical. You know, they thought this was one of the government's programmes because elections were coming. People thought they were being sold something for votes, and it would soon fade. People thought my staff were ANC volunteers. You know, all those things.

But when people saw the consistency and the love from us, they began to say, 'You know what, we can trust these people, they are for us.' They saw that we weren't just placed here by politicians to manipulate them into voting for them. So that's my biggest lesson throughout this process: trust must be earned, especially if you're going to work with the community.

**Thoba:** My hope was to bring different stakeholders together to fight against GBV. If you look at the work the GBV monitors are doing, they're busy collaborating with different stakeholders, like councillors, ward councillors and other community leaders. Beyond that, they're also dealing with government officials. That was the main goal; to unite everyone in the fight against GBV in our communities.

Participating together, to end GBV in the community. The monitors are helping a lot. There's been a lot of progress with all the cases. Ward councillors now report straight to the GBV monitors, and we're getting cases that would normally go unreported, you see, cases that would usually be swept under the carpet. Now that our GBV monitors are working in the community, we are able to find cases and report them.

**Them bani:** We're part of the GBVF forum, which involves many civil society organisations as well as government bodies. It was important for us to be part of the GBV monitoring process, especially since we hold a strategic position and because we've been leading that forum.

For us, it was also a strategic opportunity to make sure we could implement this work and influence *ukusebenzisana*, working together, you know, real cooperation between the community, government and civil society organisations.

***“GBV monitoring allows us to reach out to more people. With the Masibambisane grant, especially the two programmes that we don't normally run, like the GBV monitors, that one, it's one of the highlights for us! It gave us a platform to strengthen and encourage our work in the GBVF forum. And that's another plus for us!”***

Because of the grant, we now have a more stable GBV forum and local stakeholder committee compared to other areas. I think that's what GBV monitoring has brought us, unity and collaboration.

**Mahlonono:** We get invited when there's a meeting or something is happening at the police station, and we attend. If there something happening in the community, we also get invited, and we go. Also at schools, when they have campaigns about bullying, they invite us, and we go there too. That's how we get cases.

**Them bani:** I think from my side, the goal was to bridge the gap, the lack of trust, between the community, government entities like the police, the National Prosecuting Agency [NPA], the justice system and civil society. In the GBV space, there's a lot of blaming games. You go to the police, and they blame the community for not reporting. You go to the community, and they blame the police. Then civil society blames the NPA. There's a lot of these blaming games.

So, my hope for this programme was to build trust between all these groups. That the community would be able to trust us, trust the police and trust the process. And that the police would trust the community in return. Trust, you know, trust has to be there.

I saw the GBV monitor concept as a way to bridge that gap. A way to establish that trust between society and a government that listens; it *can* be done. You should be able to take your case forward, report it, and then from there, trust the process. I think, for me, it was to bridge that gap, to establish trust.

**Thoba:** We identify people who are able to help us at service level, then we refer cases to them. We don't just refer cases to anyone. We go straight to the service office managers and their supervisors, because if you take a case to someone who is not a supervisor, they might take the case lightly, even if it's serious.

So that's why I've identified all the local service officers, the ones with the most influence. When I am referring a case now, I just take it straight to the service office managers who know how and where to assign the case. They know who will be properly concerned about the case.

Even at the police stations, we work with the Kwa-Zakhele police station, we speak directly to the station commander. We don't go to the helpdesk. No, we are known at the police station. And if a case isn't getting attention, I'll call Bhuti Them bani straight away so we can get it done.

**Them bani:** Last December, we hosted a GBV Summit, and the mayor was one of the attendees. We were able to brief her and others on the work we've been doing over the years. Remember, we've been struggling to get the Executive Office of the Mayor to support the forum.

Since Doxa leads the forum, the mayor committed to meeting us within seven days, and she did. In that meeting, we signed an agreement that she would support our work. She committed to partnering with us on programmes at least once a quarter, starting this year, and she agreed to take up some of our summit resolutions with the council. That means a lot to us.

This means that we've now got a lot of support from local leaders. Now that the mayor is involved, she's been able to instruct her MECs to get involved too. Our partnership with the municipality has grown beyond just working with the Special Programmes Unit, we're now working with the Executive Office of the Mayor and the Office of the Speaker, who took part in the Summit, and even the Chief of Staff.

Because of our work, the municipality has developed a Sexual Harassment Policy, which has been adopted and signed by the leadership. That shows there's buy-in from local leaders concerning our GBV work. Now that it's gone to the council, the next step is for it to go to the wards.



**Mahlonono:** I can't really recall exactly who, but there have been people who reported back, who said they were able to get the help they needed. We had maybe referred them to the Department of Social Development, or perhaps Thoba accompanied them to the police station to open a case. One of them came back and said, 'Yes, the person was arrested, they were arrested by the police.' We do get feedback like that.

**Thembani:** Yep! The fact that we can work like this, with the police, with the Department of Social Development, with the NPA. I think, for us, is a success.

I remember last year we had an event at Dako Hall, where we were raising awareness on rape. There were children sitting there, listening. Strangely enough, one of those children came forward and said, 'All that has been shared here, everything that was discussed here, it's happening to me.'

The good thing was that all our stakeholders were there. We called the team from the Thuthuzela Care Centre, who were there, and we acted immediately. We called the parents, and the child and both parents went to Thuthuzela. From there, the parents were taken to the police station. That whole thing was sorted out, right there at the event with all the stakeholders present. Seeing that in action was a success, not only for that child, but for all the kinds of cases that Thoba and Mahlonono have been talking about.

One can only hope. I really wish we could do more of this in the metro. We want to make sure that the GBV work, especially the local stakeholder committees [LSCs] are expanded. There should be an LSC on GBV in every ward. That is what we agreed with the mayor. It is documented, and she signed it. So it's not just hearsay, we can hold her to it. She's also appointed someone in her office to monitor this work. So even if we can't reach her directly, we have a contact person who'll make sure the agreements are being followed up on.

She has allocated budget for the work we're doing, and from our side, that's a win. It shows there's buy-in from leadership. But you know, once leadership or politicians are involved, these things take time. But for us, the fact that it's signed is progress.

**Thoba:** During our awareness campaigns, we include the Department of Justice to explain the processes around protection orders. Very few people withdraw their protection orders because now the orders stay in court. That shift is due to the education that we've been doing with the Department of Justice in the community. It has helped a lot.



**Them bani:** Collaboration is good – but the challenge is at the local level. Take the Department of Social Development [DSD], for example. There's your entry level service office, then it goes up to your district or provincial level. In some of our most successful interventions, we had to bypass local offices entirely. I remember one case, a gay man we placed in the shelter, we managed to assist him, and he got asylum in Canada. But we had to involve our national DSD contacts. Locally, we couldn't get much help.

There are other cases as well where we've had to call people at provincial level and use those relationships to get help for our victims. So those relationships are good, but they're more challenging at the local level. I don't know if it's an issue of self-belief or just people undermining each other. But unless you call someone higher up first, you won't get much help if you just go there.

From my side, I'm able to use such influence. And if maybe we need help locally, then Thoba deals with that. It's not just us at Doxa – across the metro as a whole, people know that if a case isn't going to move at local level, they can come to us as the chair of the GBVF. I'll call the people I know, the ones who know who to speak to, and get that assistance.

So, yes, we have good relationships with DSD leadership, especially at district and provincial levels. It's only at your entry and your service levels where we struggle. But if we want things done, we're able to get hold of the right supervisors.

**Thoba:** There's one case I can speak about as an example. There was a mother, I think she was 65, who was raped. There was real concern because the perpetrator was living in the same community. We managed to help the mother to get to the KwaNobuhle Outreach Centre, which is a shelter for women. Her grandchild, we referred to the Protea Home for Children.

During that process, the perpetrator was convicted. It was proven that he did indeed rape her. I think that's a success story. And then more recently, I think it was in November, there was a guy who was also a perpetrator. He was abusive to his family, and he was... what do they call it? An alcoholic? We worked him through our Positive Masculinity programme at our shelter, and now he is at the Step Away Rehabilitation Centre under the DSD. He was admitted last week; yes, just last week.

Those are the success stories that I remember. And if we take the case of the mother, for example, the Department of Justice played a key role in removing the perpetrator from the community. He wasn't even allowed to get bail.

**Mahlonono:** Also, as Bhuti mentioned, we get special treatment. When I go around wearing my Doxa t-shirt, I don't have to stand in line, instead, they call me up to the front. I've seen that when I wear my full uniform, they call me.

For example, if maybe I'm walking with a client to the police station, I shouldn't have to sit there on those chairs. Like Thoba was saying, when you get there, you ask for Sergeant So-and-So, and sometimes they make you struggle. They're so used to seeing Thoba all the time, so now when he's not there and I go alone, I just sit there waiting, because they're busy with their own things and they don't know me well. So then I end up calling Thoba and saying, 'I've been sitting here a long time, they haven't sent so-and-so to me.' And when Thoba calls them, then they respond quickly.

**Them bani:** I learnt that trust is earned, you know. If you're truthful and consistent with people, they'll trust you. It took time for people to trust us, but they do now, and we've earned that trust. That's why we're very careful about who we partner with because we've worked so hard.

We need to get politicians out of GBV work, that's the best thing we can do. When we work together as stakeholders, without their intervention, we're more efficient. But the moment they get involved, they attract the media and make statements that can compromise the case. From our side, let them do their jobs quietly, and let those of us actually doing the work get on with it. If that happens, I think we'll win some of these battles.



# We come across gross injustice in our work

**Thembani:** Talking about gross injustice, what comes to my mind is the woman who opened a case against her boyfriend and obtained a protection order. While we were busy handling her case, trying to convince her not to take him back, she was murdered. That was really not fair. Unfortunately, we couldn't control the situation because it wasn't up to us. But no one deserves to die like that, you know.

That's why we stress the issue of protection orders. Once you've got it, don't go back. No matter how much you love a person, you don't know if once they hear you've removed the protection order, they'll want to come back. But you don't know their intentions, wanting to come back into your life. That's one case that really comes to mind where I feel there was injustice. That is not fair.

**Thoba:** There was one boy, you'll remember him, Bhuti'Thembani, who was being abused by his father. We referred him to the DSD, but on that day they said they didn't have cars, and there was no social worker available to take the case. So we had to take him to our shelter for the night.

Now remember, our shelter is meant for men, and this boy was just 12 years old. But we couldn't take him back home, where he was being abused. It took us three days, using our own resources, to get him to the regional district doctor for an assessment. Then, to obtain a court order, I had to go myself, and then I took him to Erica House.

So that was one of those cases where I felt like the person didn't get justice. We had to go the extra mile for him because he wasn't getting any help at the DSD.

**Thembani:** Just to add, I'm reminded of another case. The one with the grandmother who was being abused by her granddaughter.

The granddaughter had left her with a small child, and the grandmother came to our office, hoping to leave the child there. That's one of the saddest, saddest cases. I've never seen people that sad at the office. I was even sad myself. I almost went home with the baby that evening.

The grandmother was sick and the child was also sick. We tried to call the DSD to intervene, but they couldn't help. The grandmother was stuck with this child, and the child was... yoh... it was just so sad, and the granddaughter was nowhere to be found.

I don't even know what happened with that case, Thoba. It was one of those cases where we just couldn't do anything to help the grandmother.

**Thoba:** There was another case, a woman who was found dead. She had passed away, but nothing tangible was found. We couldn't even find the perpetrator. Even with the police, ward councillors and ward committees, we still couldn't find anything tangible to work out who the perpetrator was, and that case just vanished.

So I'd call that a negative collaboration because there was no success in that case. We tried and tried investigating, asking people, but nothing happened.

**Them bani:** Just to add to that case, what was frustrating was that we were one of the first responders. That woman had even come to one of our guys before she died. We arranged for her to go to hospital, but when she got there, apparently the wounds were too deep. She had lost a lot of blood, and she didn't make it.

After that, we tried to work with the police and the community to move the case forward. There were some other interventions behind the scenes, and I think the politicians wanted to hijack the case and turn it into something else. Others even started opening Facebook pages, the politicians started to organise a candlelight event. There was a new narrative being pushed that was pointing to the wrong people. It confused the police, because they were saying the case had to go a certain way because they wanted something, they wanted to be seen, to get the glory. But we, the ones on the ground, knew what had happened, but they wanted a quick fix that risked the arrest of innocent people.

So that's why the case didn't move forward. The politicians tried to hijack the whole thing. We tried to work with the police, we tried to work with the Department of Health and the DSD, but it turned into a mess. Eventually, the case was just closed. That was deeply frustrating.

**Mahlonono:** To add to the case that Thoba spoke about, I saw a story on Facebook about a girl who was raped by her friend. So the thing is that the girl was drunk, and the friend took advantage to rape her. She went to the police to open a case, and the friend was arrested. But just a few weeks later, she saw him walking around the community. So she wrote that she hadn't been informed that the person was going to be released or even checked if she was ready to face this person again, or if she was prepared emotionally and mentally. She said that when she saw this person, she just wanted to kill herself.

There should be thoughtful consideration, for the survivor and for the family. Imagine seeing the person who did this to you, every day, right outside your home. You'd feel like the justice system had completely failed you.



# Why going home for survivors is not always safe

**Thoba:** The main challenge is that survivors often return to the same homes and communities where they experienced gender-based violence, mainly because of unemployment. In the metro, there are high rates of unemployment, especially among women. We refer survivors to Social Development for psychosocial support and counselling, but they may go back to the same house where the perpetrator is living. That's a serious challenge.

Another challenge is that some survivors don't follow through with the services we offer. Some survivors are unaware of what support is available, or they choose not to take it up. Others may be going through the healing process, but they say, 'No, I'm okay', even though you can see they're not yet okay. So that's the main challenge we're facing in our community.

**Them bani:** We offer survivors skills development because most of them are unemployed, and many of them have been chased away from where they were living. That's why we've now realised they can't leave the shelter and go back to the same community still unskilled and unemployed. If they do, the cycle of violence is going to continue. So we support them with skills like baking, hospitality, cleaning and hygiene to help make them employable.

We are in a partnership with Siyaya Skills Development, a training college. Thoba refers survivors to a psychologist. We also have a contracted psychologist at our shelter, Doctor Angelo, who conducts assessments and can recommend admission to the Siyaya Skills Development programme. They can join internship programmes, receive training and be placed in a workplace. That's one of the services we offer, especially for the men who take part in our programmes at the shelter.

**Mahlonono:** I think we've seen change through the Masibambisane GBVF programme, especially in terms of awareness. People now have a better understanding of what GBV is and what to do as a victim when you're being violated. At least people know those things now. But it's just a matter of now having more hands on deck to properly support GBV victims and meet their needs.



# Justice for victims and survivors is a challenging journey

**Thembani:** I often ask myself, 'What does justice look like for the victim and the survivor, based on my experience in the field?' Sometimes, we notice that the focus is more on the perpetrator getting arrested, getting a conviction. We've seen that while there's such a focus on conviction, there's often less focus on helping the victims, giving them psychosocial support. It's not only about the victim, these cases affect the whole family. Do they all get access to psychosocial support as well?

So justice looks like that, for me. The perpetrator gets a jail sentence, but there's also sufficient help for the victims, not only for the duration of the court cases, but also after the conviction. I would love to see more interventions like that.

**Thoba:** People are willing to come for counselling. But when you tell them, 'You know what, you can open a case,' that's when many people refuse. And those who do open cases, don't always follow up. So the cases end up being closed. They just end up nowhere. I think that's the main challenge – low conviction rates.



**Them bani:** I know the Department of Correctional Services has the responsibility to investigate, but it doesn't happen a lot. For me, justice means that perpetrators must be sentenced, but also it means survivors get sufficient help. Not just the survivors themselves, but their families as well.

I'm watching a court case now, the one with the judge and the woman. I'm just watching it, it's public after all. There are families involved. I'm just wondering, is there anyone offering to help those families? How is the case affecting them? I mean, there are children, partners, parents and grandchildren involved.

So even if there's a conviction, if those families aren't being supported, who can really say they got justice? For me, justice means supporting the families of survivors *as well as* celebrating the sentencing of the perpetrator.

**Mahlonono:** When someone comes to explain what's happening, like I said before, we take the case to the office. The person comes in for psychosocial support and counselling, but then they often don't continue. I don't know if they're scared. They just end up not coming anymore.

When we follow up, they tell you, 'No, I'm okay.' And you just let it go because you don't want to force it and go too deep into it. It's usually this type of challenge, people often come for counselling and then they just stop, thinking they're okay when you can see they still need counselling. But you can't force someone to do anything they don't want to do. When they say they're okay, you let them be.

**Them bani:** I think what Thoba said is important, about victims who have to live with their perpetrators. I remember, before Thoba joined, we had another social worker who was handling a case where a woman opened a case against her partner. The guy was arrested but then released because the woman dropped the case. They moved back in together.

The sad part is that after a week or so, the same guy ended up killing her. It didn't have to come to that. If only people could trust the process. If you've taken out a restraining order against the perpetrator, stick to it, regardless of how dependent you are on the person.

That's one of our biggest challenges, especially concerning GBV victims. There needs to be more education.

Once you've opened a case, once the person's been held, once you've crossed that line, don't go back, no matter how tempted you are. No matter how hungry you are, there are places where you can get help.

I know we can't choose for people, but we've seen too many people dying at the hands of the perpetrators because people are too forgiving. That's the challenge. We'd love to reach out to more people to tell them that once you've crossed that line and opened the case, don't go back on your decision until that whole process is over, until the person has been arrested.

These are some of the challenges we face.

**Mahlonono:** Oh, and another point. Sometimes someone will come for counselling and say, 'No, I don't want to open a case. I just want to get counselling, but I don't want the person to be arrested.'

Then I ask them, 'But if you stay in this situation and don't want the person to be arrested, what do you think will happen?' If there are kids involved, they'll tell you, 'No, if the person is arrested, what will I do, with the kids and myself?'

That's the kind of challenge we face. Victims often don't want the perpetrator to be arrested. They'll say something like, 'I want them to come and get the services I'm getting.' You see, they think that if the perpetrator also keeps coming for counselling, they'll stop swearing at them, beating them up and all of that. But we can't force the other person to come if they don't want to come. That person should make their own decision to come, to want to heal.



**Thoba:** You know, when it comes to speaking engagements, men are always given the platform. Whether it's traditional events, *ezicaweni* [churches], or more formal set ups, you'll hear more men's voices, especially if they're in authority.

In these spaces, not much is said about GBV. And sometimes, the people in charge of those spaces are GBV perpetrators themselves.

So if we could educate more men so that when they're given these public platforms, especially at traditional events and churches, they can actually speak about GBV, bringing a sense of direction to their families, their clans, their congregations.

Even in politics, men still have the power. Men are given more platforms to speak. If the focus could be shifted to educate men about GBV and get them more involved, when they're in public spaces they could speak for women instead of against them. I really think this would help as well.

**Them bani:** The President has declared GBV a pandemic, but the actual response doesn't reflect that. Not from the government, nor from the funders. Victim empowerment centres aren't well resourced. We don't have toll free numbers. We're not open 24 hours a day, seven days a week.

***“If you look at how organised things were during Covid, the quick response, from suspecting you had Covid to the way you got tested. All the interventions, and how apps were created to track infected people. You got daily SMSes informing you about all these things. I mean, if only GBV could be treated like that, with more resources invested in that way.”***

Organisations like ours, which do so much work, still don't have transport for victims or for our GBV monitors. You know, it speaks volumes that resources aren't shared equally.

**Thoba:** If we take the case I was talking about, about the mother who was raped, the Department of Justice played a key role in removing the perpetrator from the community, who wasn't even allowed to get bail. So, justice is working – sometimes.



# What's changing and what still needs to change

**Them bani:** If you look at the rate of conviction, it's very low in the metro compared to other places. One reason is that people are not willing to go to the police and open a case. When you ask them why, they'll tell you, 'The police won't do anything. My case won't be taken seriously – it'll just end up nowhere.'

And when you ask them, 'Where did you hear that?' There seems to be more publicity for cases that just end up nowhere than for any good work the police have done. So that's one of the things I feel needs to improve – people failing to report cases based on hearsay and other people's experiences.

Really, when you ask them, 'Did you go? When did you go? Were you chased away? Did they pay attention to you?', many say, 'No, I didn't go, but I heard that ...' 'It's all about what they've heard, not necessarily what they've experienced. So, I think this is one of the challenges. Another challenge is around service delivery. If you follow the stats in the metro, you'll see that rape cases have increased – but how many organisations offer services to rape survivors? Do we have a well-equipped Thuthuzela Centre, enough social workers at Doxa and enough shelters to meet demand? So this means that the more awareness we create, the more cases we'll get. So it's really a challenge.

***“That's where we are now – the cases are coming in fast. But the challenge is that we don't have enough capacity in the metro to be able to meet the demand – and that discourages victims. Not much help is happening even though help is available.”***

**Mahlonono:** Since the partnership with the FHR through the Masibambisane programme, we've run more campaigns and hosted panel discussions with different stakeholders. I also think that the support and encouragement of the local stakeholder committee has helped. We are aware of what we do as stakeholders. We are clearer now about who does what, when and how.

Most importantly, I think the community is more aware and educated. Now it's just a matter of courage: people do want to come forward, but they're still watching to see what happens to others, how far it will go. Then if it goes well for someone, then they'll definitely go for help as well!



# Supporting survivors during the GBV journey

**Thoba:** For victims and survivors, I think the very first step is a proper explanation about their rights. What is often missing is that, after they've reported the case, victims don't even know their rights when it comes to participating in that case. If, from the start, at the moment of opening a case, someone explains, 'These are your rights, and these are the steps to follow', that makes a real difference.

Number two, victims need transport, especially to attend court hearings. Some cases fall through because they can't afford transport.

Then, number three is to connect victims to the right stakeholders. That's something we're trying to do, but if whoever is attending to the victim could do this, I think all would be well.

**Mahlonono:** As a GBV monitor who works on the ground, my hope is that people won't be scared to come forward and explain their situation. They should know that there are people out there who are concerned about their well-being, especially when it comes to GBV. They must know that 'There is someone I can talk to about my problem, and they will help me.'

And personally, my hope is to live in a community that is free from gender-based violence, where people can live well, without being abused.

**Them bani:** One of the things that can be improved is to try to minimise the publicity, to allow the matter to be private. You do not want survivors to face constant jokes about them and constant news about the case. You want as much privacy as possible.

As I've said before, GBV affects the whole family. How does a child feel knowing their mother was raped and their father has been arrested for violating her? To shift the focus onto that child, growing up feeling abandonment in their heart. We need to focus on the entire family, not only on the victim and perpetrator.

**Mahlonono:** An example of how we can care for a family is by offering survivors opportunities to learn skills. If someone wants to learn something new, for instance, baking, we have a bakery at the office, and we invite them to come learn.

We also have a small business programme here. Bhuti'G gets someone from outside to come and train people on how to start a business, how a business operates and all of that. We give people that information and then it's up to them to take it forward or not.

We also work with the Siyaya Skills Development training college. Sometimes we call our psychologist to come and do a session with a survivor so that we can compile a report they can then submit to Siyaya. And when Siyaya calls us asking for people to train, we contact the people we're working with and we help them compile their CVs.

**Thoba:** Let me add something. I remember there was a programme called Masifunde – we did food parcels, and we helped most of the GBV survivors that way. Then we ran out of food parcels, I think around November. Some survivors were referred to the DSD for the SRD [Social Relief of Distress] grant because they came to us saying that they didn't even have food at home – the father had run away because they reported him for abuse. So now we usually write a background report and refer survivors to Social Development for SRD food parcels.



**Mahlonono:** I feel it's really important that our relationships with our partners need to be strong. That way, if someone's in a difficult situation, for example, the stakeholders can contact us at Doxa, and we can go straight to that person. We're willing to explain, 'Listen, this is what's happening now.'

And they should tell us early, not when the perpetrator is being released next week. That's too short. They already know the timeline, so they should inform us maybe two months in advance. Then we know that we have a month to prepare the survivor emotionally, and in all other ways. So that we can tell the victim, 'Listen, the perpetrator will be released, and they'll be back in the community. But we are a phone call away if you feel bad in some kind of way.' We want to be sure the survivor is healing, and that they can also see when they're ready to face the perpetrator.

**Thoba:** Another thing to help GBV survivors would be to change the seating in court. You see, in court, the judge sits on one side and the perpetrator on the other, and then there are all the people attending the case. I think the Department of Justice should change that seating arrangement to accommodate GBV survivors, because right now, it can feel intimidating. You're sitting there as the victim, but the way it's arranged, you start to feel like you're also on trial – like maybe you're being seen as a criminal too. I think if those seats can be changed, then other aspects of the case can work better for the survivors.



# We take care of ourselves and each other

**Them bani:** There have been some real challenges. The first challenge we experienced with GBV monitors was the issue of safety. We raised it with the FHR, and that's why we decided to stop wearing those reflective vests.

Then there's the issue of transport, as I've said already. Once people know you're a GBV monitor, everyone around the metro wants a piece of you. And because we just want to help, we find ourselves now reaching places that are far, where we struggle to find transport, not only for the GBV monitors, but for the victims as well.

We sometimes find ourselves using Uber or Bolt [ride-hailing platforms] to transport GBV victims because the organisation only has one car, the one I drive. So if I am not around, we have to rely on Bolt and other forms of public transport, for victims as well as for GBV monitors. So these are some of the challenges we've faced.

**Mahlonono:** One of our biggest challenges here in Gqeberha [Port Elizabeth] is that people are often shot. As Bhuti Them bani mentioned, we don't want to wear our reflective vests anymore – they draw too much attention.

So we were also trying to not carry everything. For example, we only have one tablet, and we don't take it with us into the field. We'd rather collect the information and come back to enter it, because it's not safe to carry the device around.

So yeah, crime hasn't gone down – it keeps going up. So we've made it a rule that no one should go out alone. We try to go in groups. But if someone has to go alone, they must report where they're going, and check in when they're done. But if they're heading to another place, they must say so. That way, we can keep track and make sure everyone is safe.

**Them bani:** So yes, when our GBV monitors go out to work, they mustn't wear anything that'll identify them, it attracts attention. In cases where we know there's danger, we don't allow them to go there alone, especially women monitors. They go with a man, who takes them there.

We organise our staff alternative transport, instead of them using public transport. As I've said, sometimes we have to make sacrifices. People use Bolt, or any other way that'll take them where they're going and then bring them back to the office.

Sometimes, we make the police aware that we'll be working in a certain area. Even though the police have their own transport challenges, at least we make them aware so from time to time they go on patrol if a car is available. But from our side, we have at least made sure that if they're going to danger areas, the women don't go alone. We assign at least one man to provide them protection.

No one's been affected so far, even when we were told that people were planning something and we must be careful. Once people came looking for us here, but with our approach to safety, at least no one has been robbed or threatened. Also, because we work with councillors' offices, they also provide the cover we need from time to time, especially in terms of safety for the community.

**Thoba:** Another way we approach safety is that we sometimes travel with the people from the ward committees when responding to cases we're working on together. So, if we're going to maybe ward 28, we'll arrange with the ward committee to go to there with them.

**Them bani:** So, I feel that all these things need improvement. But most importantly, the wellness of people working in victim empowerment centres is key. I still feel there aren't enough helpful resources. I mean, you can't be working from Monday to Friday dealing with people's rape cases, with abused children, and expect these cases not to affect you.

I wish there were hotlines, you know, numbers you can just call. I remember during Covid that if you said you were a nurse, you didn't have to stand in a queue, you'd get special treatment. Maybe we at Doxa need that as well. Maybe people who do this work should be recognised as champions. You could get special deals if you wanted to go get a body massage, for example. You could get discount vouchers because people acknowledge the work you're doing.

I think this kind of thing is missing. Imagine you're a GBV monitor, you're underpaid and you don't even have money to take care of yourself physically, emotionally and psychologically. We need to invest more in the wellness of our staff members and GBV first responders, so that they can manage better.

Look at the police. Look at the people who deal with GBV cases at the DSD, at the Department of Justice and at the NPA – look how this work affects them. The sad part is that no one talks about them. No one talks about the person from the Department of Justice who takes leave for six months, and so when we knock at their office, we don't know what has happened to them, how they've crumbled over the past six months, that they were in a psychiatric hospital because of the cases they deal with.

You look at the private lives of the police, how they are. After all the difficult things they face, we are still quick to judge and say they're not doing a good job, they're insensitive. But you can't deal with the same bad things every day without it affecting you. At some point, it kills the human in you.

So, if we're not taken care of, we'll also end up being told we're being insensitive to these things. I feel like we don't talk enough about taking care of our GBV first responders. These people are broken, they are wounded, their private lives are a mess. We've noticed that GBV first responders in the metro are struggling with alcohol. It's not something we like to talk about, but it is actually happening. We really need to talk about this stuff and make sure that in order to help survivors, we also need to take care of the healers. Who heals the healer?

**Mahlonono:** I've learnt that you need to be a sensitive person. Bhuti has already mentioned that the work affects you and, to cope, you end up not being sensitive, you get used to it. When someone talks about GBV, you notice it doesn't affect you anymore because now you are dead inside. As the time passes, we must pay attention and look after ourselves so that we provide the best care to others.



**Thembani:** The GBV monitors travel to communities to help people, but from my side, it would really help to be more mobile. Some of these places, like Despatch, are far from our offices. Just yesterday, monitors were invited to one area and later that afternoon they had to go somewhere else that is far.

Lack of transport has been a big challenge. While there's commitment from both the monitors and us, as a manager, you have to think of their well-being. Moving from taxi to taxi, and other things, can be draining. Support for transport would make our GBV monitors' work easier, especially since they're not only based at the office but have to go out to local communities.

Because the monitors are well known, they receive lots of invites. So assistance with transport, or actually having transport, is something that'll really help us to be more efficient and make our staff less tired, especially around October and November, when activities peak during the 16 Days of Activism. At that time, it becomes clear that people are running low on energy. Having transport support would make a real difference..

**Thoba:** I am able to debrief because we have a psychologist at the organisation.

**Mahlonono:** Yes, I debrief as well – we're encouraged to make use of it and book an appointment once a month.

**Thembani:** Towards the end of last year, another thing we did well was when we got support from Momentum [a large financial services firm] for healthcare and medical aid. Staff members now know they have unlimited access to a doctor if they feel unwell. We also get access to things like counselling 24/7, for whatever you're going through. I think this was one of our wins last year. Even though it costs money, I think it's worth it, at least our staff can be taken care of, and that's very important.

Here at the office, we have *us'kotshi* [an indigenous game]. We do encourage people 'to play' from time to time! Just to make sure that, okay, you may be tired now, but let's just play! Let's just relax. We're hoping to do more of that.

**Thoba:** Oh yes, we play games, indigenous games like *us'kotshi*, cards, dancing, hula hoops and skipping rope!



**WHERE WE  
ARE GOING**

# Looking ahead: our hopes for stronger and new collaborations

**Thembani:** There are two departments I would love to see more involved. First, the Department of Health. Most victims go to clinics, but from the clinic, they are never referred to the police station or the NPA. The nurses just treat the wound, they don't ask what happened, who hit you.

If we could involve the Health Department, we could make sure that people who are beaten up don't just receive medical treatment. If they're a woman, give them pills and stuff, but then afterwards, you call the police and say, 'There's a woman here, and based on what I see, I suspect she's been raped.' I would love to see that department involved.

**Thoba:** I think it would be great if the Department of Education could be on board as well, with GBV monitoring. They can closely monitor children from families affected by GBV. If we could get them on board, it would be good.

**Thembani:** I'd love to see other stakeholders get involved. This is interesting. I'd love to see the liquor board and taverns involved. A lot of GBV is happening at taverns, and so it would be good to bring them on board so that we can have GBV monitors in those set-ups.

Are we saying people mustn't drink? No, have fun. Sit in those places. You are adults, be responsible. But at least there should be monitoring. People shouldn't be raped in *shebeens* [taverns].

So those are the two groups of people I'd love to see get involved; shebeens and clinics. Most women suffering GBV go to clinics, but there they aren't encouraged to go to the police station to report the incident.

**Thoba:** There is another sector that I'd love to see more involved; the media space and the entertainment industry. We have tried, but I don't know how we can solve this one.

The media, the entertainment industry, is very influential. Some celebrities are GBV perpetrators. I'd love to see more perpetrators of GBV, TV personalities and characters in shows, being sentenced. GBV has been made to look so cool on TV that, when it happens in real life, people don't think it's such a big deal.

On a community level, I think it's very important to involve more men in the GBV space. More men need to be vocal and speak out.

**Them bani:** We want every ward councillor and every ward committee to be trained in GBV because you find that some ward councillors are still insensitive towards our GBV work. One of the things we agreed on with the mayor was that there should be training for every ward councillor and every ward committee.

When the Department of Women, Youth and People with Disability came to the summit organised by the National Office, we asked if they had a GBV training module on GBV for ward councillors. They said they didn't, but they gave us the go-ahead to establish it. And we're in the process now of developing ward-based training interventions, such as how to start a local stakeholder committee in a ward, how to ensure the ward committees and councillors are involved. Once we've designed the course, we'll be able to implement it.

So those are some of our resolutions to make sure councillors and ward committees are trained. And to make sure the GBV training is included in the budget.



**Thoba:** I think more conversations about GBV need to happen in schools, especially starting from primary schools. By the time children reach high school, they should at least understand what GBV is; both boys and girls. That is one of the most important interventions we could have in this country.

**Them bani:** We asked the Executive Mayor's office to assist us. And part of the agreement was to have toll-free numbers for national GBV assistance. Every organisation working in the GBV space in the metro should at least have a toll-free number. They said that they would speak with relevant stakeholders to see if organisations could be provided with these toll-free numbers.

People know the GBV command centre, but now in the metro we also have Doxa. We don't have a toll-free number, so if you call us, you use your own airtime. But we probably don't have the authority to go to Telkom and ask for a toll-free number. But with the power of the Executive Mayor and her office, they can bring that influence. They could cover the cost within their budget.

So this is something they'll be looking into this year, to make sure all the shelters, all the metro's GBV victim empowerment centres are given toll-free numbers so that they can be more accessible to victims and survivors.

**Mahlonono:** I think from our side, it's a matter of making sure we keep up the momentum. You know, the problem is that sometimes we can lose momentum, especially when contracts and funding end. You lose the momentum because you don't know what will happen next.

So maybe from our side, the fact that we have the local stakeholder committee, we will keep up the momentum even though the programme will probably come to an end – and the LSC will be able to carry on with the work. We will carry on with the vision despite the fact that there's maybe no more financial support from external stakeholders. So yeah, there will be improvement.

**Them bani:** Yes, and we're also hoping for contributions. Even if it's just one rand, a monitor can get one rand more. You know, that'll help because no one wants to underpay people who do such amazing work. You always want to pay them more, and so anything that contributes to topping up people's stipends is always welcome!

So I think for us, the grant has contributed in that way. We're able to reach more people and do things we've been unable to do with other funds. Besides the grant, the capacity building that comes with it has been important. At the end of the day, what we're doing is not just because of the grant, but also thanks to the capacity building. We are more capable and more experienced in doing many things.

So, in future, we will be able to open more doors because of the assistance we've received. We are grateful for this.





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