

Masibambisane Community-Based survey: Incidences and drivers of Gender-Based Violence & Femicide

SUMMARY REPORT

May 2024

The Foundation for Human Rights and our 23 GBVF Masibambisane Programme partner organisations conducted our second annual GBVF household survey, focused on experiences of gender-based violence in South Africa



FOUNDATION FOR
HUMAN RIGHTS



creating
GBVF free
zones

Masibambisane

The Foundation for Human Rights (FHR) Gender-Based Violence & Femicide (GBVF) Masibambisane Programme is a national programme in all nine provinces of South Africa that seeks to establish GBVF-free zones within 23 communities. Key activities include a household survey conducted annually in these lower-income areas. The purpose of the survey is to understand the experiences of gender based-violence for adult women, non-binary, and gender non-conforming people in the previous year (no men were interviewed). The March to May 2024 survey shows that more people (six out of ten) had experienced at least one form of GBV (whether economic, psychological, physical or sexual) in the previous year, than had not. Almost one in two people identifying as women had experienced at least one form of economic GBV, almost one in three had experienced some form of psychological GBV, just over one in ten had experienced physical GBV and one in twenty had experienced sexual GBV (sexual assault and/or rape). Three in five people in rural and peri-urban areas reported experiencing GBV, and one in two in townships or urban areas. In almost all instances of GBV, the perpetrator was known to the survivor – and the perpetrator tended to be either a current or previous partner.

The survey was conducted in 23 communities across all nine provinces in South Africa and took approximately one and a half months (from the 18th of March 2024 to the 3rd of May 2024). The surveys were conducted by GBV monitors (people trained by the FHR to conduct the survey, who lived in the communities) in English and the respondent's preferred language and were supervised by a local Community Based Organisation (CBO) affiliated with the Foundation for Human Rights Masibambisane Programme. Funding for the survey and this report came from the European Union (eighteen CBOs) and the Ford Foundation (five CBOs).

The survey took place in four types of areas (urban, peri-urban, rural and township). Most (three quarters) responses were from rural and peri-urban areas. The survey viewed GBVF in five different forms: sexual GBV (including rape), physical GBV, psychological GBV (including verbal GBV), economic GBV and femicide. Responses to GBVF questions were limited to incidents in the past twelve months rather than the lifetime of the person being interviewed. Due to this these are the minimum amounts of GBV experienced – asking for any incidents experienced regardless of timeframe may result in significantly higher incidents of GBVF being disclosed.

Economic GBV

Economic GBV was by far the most common – nearly half the people (adult women, non-binary, and gender non-conforming) surveyed had experienced it. The most common form of economic GBV was the feeling of unfair financial burden.

This was felt by three in five people in low-income households. Three in five people in the lowest income households also reported the highest amount of economic GBV, but even in the wealthiest households one in four respondents reported some form of economic GBV. People in rural areas reported the highest rates of economic GBV – one in two.

Sexual GBV

People in peri-urban areas experienced the most sexual GBV; urban and rural areas the least. Urban areas experienced the most rapes, townships the least. Convictions for rapes were low (15%), due to several factors, but particularly that rapes by current and previous partners (which were most perpetrators) were almost never reported to the police.

Psychological GBV

At least one in four people reported experiencing psychological GBV, with the highest prevalence in peri-urban areas (three in ten) and the lowest in urban areas (just under one in four). Current partners were the most common perpetrators (one in five), and only 4% of perpetrators were convicted. Psychological GBV was highest among those with post-matric qualifications (two in five) and lowest among those with university degrees (one in five). Young people (three in ten) were most likely to experience psychological GBV, 5% more than adults or elderly people. People in the lowest income households were 10% more likely to experience psychological GBV compared to those in the highest income households. Those without consistent access to food were twice as likely to experience psychological GBV compared to those with sufficient food.

Physical GBV

Conviction rates for physical GBV were low at 8%, but increased to between 10% and 20% when incidents were reported to the police. Most people did not report physical GBV due to perceived lack of assistance. The most common perpetrators were current partners, responsible for six of the nine types of physical GBV. Individuals with the highest education levels reported the lowest rates of physical GBV (less than one in five). Urban areas had the lowest incidence, while peri-urban areas had the highest, with the top three areas within just over 3% of each other. Young people reported the most physical GBV (15%), followed by adults (10%) and elderly people (less than 5%). Physical GBV affected at least one in ten respondents across all income levels, with the lowest rates in households relying on grants. Ensuring food security could reduce physical GBV by over 10% in the most food-insecure households.

Femicide

Perpetrators of femicide were most often current or previous partners, or male strangers, but most were men who were known to the victim. About a quarter of cases went to trial, with about one in ten resulting in convictions. The community acted against the perpetrator in 7% of the instances without police involvement.

Access to socio-economic rights

Socio-economic rights were assessed through access to water, sanitation, food security, education, and energy usage. Most people accessed water from internal taps and used private toilets, though some used non-ventilated pit toilets. Education levels were varied, with most completing matric or some high school and a few attaining university degrees. Energy for cooking and lighting was mainly electric. Over half of the respondents faced food insecurity, and many reported insufficient income to meet basic needs, with low employment rates. Safety perceptions were mixed, influenced by personal experiences with crime and community support structures.

The main grant type received by respondents was the Child Support Grant, with three out of five grant recipients receiving it, significantly more than the next highest, the Social Relief of Distress Grant, received by one in five. The prevalence of the Child Support Grant suggests many respondents are primarily engaged in child care, limiting their ability to be employed or have other income sources. Given that four out of five respondents were primary caregivers for children and relied on this grant as their main income. Additionally, six out of ten primary income earners in households reliant on grants were receiving the Child Support Grant, indicating it is the primary source of income for most people depending on grants in this survey.

Background of the study

Gender-based violence and femicide (GBV, GBVF) is a severe violation of human rights (including the rights to dignity, equality, safety and health) and is based on the real or perceived gender of the target of the violence and discrimination. Although GBVF affects all genders, in South Africa, it affects women, girls, non-binary and gender non-conforming people at a much higher rate than men and boys. GBV occurs in several dimensions, which work together to increase vulnerability and harm. GBV also includes non-physical violence, such as emotional, psychological and financial harm, which may combine to create immediate and long-term effects that damage individuals, families, groups and society.

This harm is not limited to the targets of violence and discrimination, and understanding and addressing GBVF must consider the high physical, emotional and financial costs, including healthcare spending, legal expenditure and productivity losses. Gender-related violence, particularly violence and discrimination against women, girls and gender non-conforming people, is a global concern that transcends cultural, geographical, religious, social and economic boundaries. GBVF affects those who are already highly marginalised and vulnerable in society much more because of the intersecting and multiple discriminations such as those of class, race, sexual orientation and ethnicity.

In recognition of the severe problems caused by GBVF in South Africa, the European Union (EU) awarded the FHR and Lawyers against Abuse (LVA) a grant to address the lack of accountability for GBVF in 23 selected communities in South Africa (18 funded by the EU and five funded by the Ford Foundation) across the nine provinces of South Africa. The GBVF Masibambisane programme is a national programme in all nine provinces that seeks to establish GBVF-free zones within a total of 23 communities. Key activities include a household survey conducted annually with communities in these lower-income areas. The GBV monitors conducting the surveys are sub-grantee/partner organization staff or volunteers of Masibambisane funded CBOs. The GBV monitors conducting the survey therefore, have lived experiences of dealing with the consequences of GBVF. In addition to this, and to ensure the quality of the data, training and facilitation of the ninety household data collectors was conducted by FHR staff, in person, using a training manual developed specifically for this process and an online KOBO data collection tool.

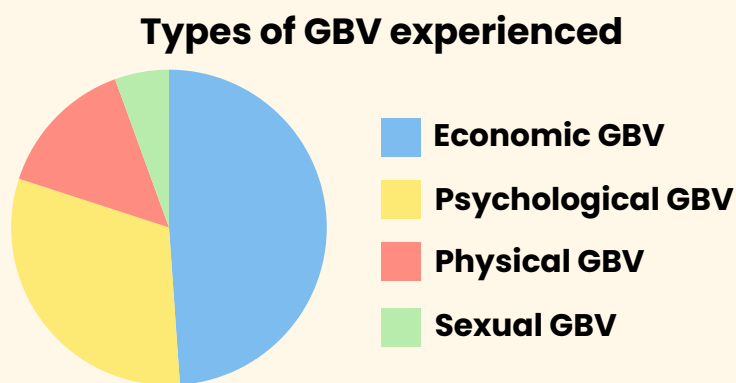
The tools provided by the FHR to the GBV monitors conducting the survey were designed to not only train the data collectors, but also to serve as educational materials. The materials and training included more than an overview of how to conduct surveys; it also included in-depth human rights information and served as sensitisation for the people conducting the surveys. This insured that GBV monitors collecting the surveys were able to understand the broader context of access to human rights in South Africa.

Four forms of GBV

The survey data shows that all provinces and areas had significant numbers of people (adult women, non-binary and gender non-conforming) who reported having experienced at least one form of GBV; psychological GBV (including verbal GBV), physical GBV, sexual GBV (sexual assault and rape) and economic GBV in the past twelve months. Reporting to police and conviction rates for sexual, physical and psychological GBV tended to be low.

In most provinces (six provinces), more people reported having experienced at least one form of GBV than had not. All Areas had at least approximately one in two respondents living in them who had experienced at least one form of GBV. Respondents living in rural areas and peri-urban area had the greatest amount of any form of GBV – almost three in five respondents. 47% of respondents living in urban areas reported having experienced at least one type of GBV – the lowest area.

The most prevalent form of GBV experienced by respondents was economic GBV; just over two out of five people had experienced this type of GBV, followed by psychological GBV (almost three out of ten). The least common form of GBV was sexual GBV – 5% of people reported this type.



Economic GBV

Economic GBV was reported by nearly half (44%) of the people (adult women, non-binary and gender non-conforming) surveyed. The feeling of unfair financial burden, particularly in lower-income households, was the most common; three in five reporting experiencing this pressure. People in households with the worst income (not enough to meet their basic needs) reported experiencing the greatest amount of economic GBV; three in five. Even in the wealthiest households, one in four respondents experienced some form of economic GBV. Where grants were the main source of income, almost three out of five respondents (the highest number) reported at least one form of economic GBV compared to three out of ten who were employed full time (the least amount of economic GBV). Rural areas reported the highest rates of economic GBV – one in two people in this area experienced economic GBV.

Economic abuse occurs when someone does not have control over their financial resources, including the use of someone's financial resources without their permission, or denying them necessary financial resources.

Economic GBV was experienced by at least some people (adult women, non-binary and gender non-conforming people), regardless of their Area, income or employment status – almost one in two respondents reported some type of economic GBV. A feeling of the financial burden resting unfairly on the respondent was by far the most significant form of economic GBV; at least two out of five people in all areas felt that the financial burden rested on them unfairly.

Unsurprisingly, people in households with the worst income (not enough to meet their basic needs) reported experiencing the greatest amount of economic GBV; three in five. People in households receiving the most income (income higher than basic needs) experienced the least of this GBV; however, even in these households one in four respondents experienced some form of economic GBV.

Economic GBV did not seem to depend on whether the respondent was the primary source of income in their household or not – one in two respondents who were the primary source of income reported experiencing at least one form of economic GBV. Respondents whose partner was the main source of household income experienced less economic GBV; but three out of five still experienced it.

Where grants were the main source of income, almost three out of five respondents (the highest amount) reported at least one form of economic GBV compared to three out of ten who were employed full time (the least amount of economic GBV).

One out of two respondents who were the primary source of income in their households felt that the financial burden was placed on them unfairly (the highest percentage). However, regardless of who the primary source of income was, at least three out of ten respondents felt treated unfairly financially.

One in two people in rural areas reporting economic GBV compared to three out of ten in townships (the least amount of economic GBV). The difference was most pronounced when describing feelings of unfair financial burden.

Sexual GBV

Sexual Gender-Based Violence (including sexual assault and rape) is treated as a distinct type of GBV from physical GBV.

This was the least reported type of GBV; 295 people (5% of the total) reported being sexually assaulted; half of these escalated to rape (149 rapes in total, 3% of the total respondents). Rapists were convicted only 15% of the time, but this dropped even lower to 4% when the perpetrator was the survivor's current partner – and most perpetrators of sexual GBV were either a current or previous partner. Strangers were the perpetrators only one in ten times.

Survivors (adult women, non-binary and gender non-conforming) often do not report incidents of sexual GBV to the police, particularly when the perpetrator is a current or former partner. Overall, more than one in two rape survivors did not report the incident to the police – when the perpetrator was the current partner, the incident was almost never reported to the police (nine out of ten did not report). Conversely, when the perpetrator was a stranger, two out of four survivors of sexual assault, and four out of five rape survivors reported the incidents to the police.

Almost one quarter of respondents did not feel comfortable refusing sexual intercourse if their partners did not want to use protection.

The prevalence of sexual GBV varies by location. Peri-urban areas reported the highest rates of sexual assaults (6.3%), while urban areas experienced the highest number of rapes (3.9%). Urban and rural areas had the lowest rates of sexual assaults, and townships experienced the least amount of rape (2%). In urban areas, sexual assault almost always involved rape, with every survivor who reported sexual assault, also reporting rape.

Many survivors do not report sexual GBV due to beliefs that it would not make a difference, previous unsuccessful attempts, or a perception that assistance is unattainable. When the rapist was a current partner, key reasons for not reporting included believing it would not make a difference and lack of previous success in reporting.

Despite these barriers, when rape cases were reported and proceeded to trial, the conviction rate was high (85%). The overall conviction rate for all rapes specifically reported to the police is 37% – and specifically for all rapes recorded by the survey (including those not reported to the police), it drops further to 15%. If the perpetrator is the current partner, the conviction rate is just 4%.

Sexual GBV is a pervasive and severe issue, with significant impacts on survivors. The relationship between the survivor and the perpetrator greatly affects the likelihood of reporting, with known perpetrators less likely to be reported and convicted.

Psychological GBV

At least one in four people (adult women, non-binary and gender non-conforming) in all areas experienced psychological GBV, with peri-urban areas experiencing the most (three in ten) and urban areas the least (just under one in four). The most common perpetrator was the current partner (one in five). Despite police opening a case for psychological GBV at least one third of the time, the total conviction rate was only 4%. Young people (three in ten) were more likely to experience psychological GBV than adults or elderly people. People in households with the lowest income were 10% more likely to experience psychological GBV than those with the highest income, and those without consistent access to food were twice as likely to experience psychological GBV compared to those with sufficient food.

Survivors often did not report psychological GBV to the police because they felt they did not need assistance from the police or believed they would not receive any help. Low reporting rates could stem from a lack of understanding of the severity of psychological GBV or a belief from survivors that the police would not be able to assist.

The most common perpetrators of psychological GBV were current partners (overwhelmingly male), while non-male perpetrators were the least common. Psychological GBV often occurred only once or a few times, and was most likely to be reported to the police when it happened frequently.

People in households with the lowest income were 10% more likely to experience psychological GBV than those in households with the highest income. Households where food security was an issue faced higher rates of psychological GBV. Those in households without sufficient food most of the time were twice as likely to experience psychological GBV compared to those with consistent food access.

People with a university degree reported the least psychological GBV (one in five), while those with post-matric qualifications experienced the highest (one in three). This indicates that while education may reduce risk, it does not guarantee safety from psychological GBV.

Reporting to Community-Based Organizations (CBOs) was low, with most survivors not seeking assistance from these organizations. The highest reported incident type to CBOs was a threat of harm without a weapon, but less than two in ten reported these incidents.

The primary reason for not reporting to CBOs was the belief that assistance was not needed. CBOs most commonly offered legal assistance and referrals to police or medical professionals, though more thorough assistance was often limited due to resource constraints. Despite these limitations, many people found CBOs very useful.

Apart from police and CBOs, many survivors reported incidents to family members. Family support plays a significant role, but there is a risk of re-traumatization if the family opts for silence. Encouraging disclosure to a broader network of family and friends can help mobilize support.

Respondents with a university degree reported the least psychological GBV (one in five), while those with post-matric qualifications experienced the highest (one in three). This indicates that while education may reduce risk, it does not guarantee safety from psychological GBV.

Psychological GBV affected people across different areas, with peri-urban residents experiencing the highest rates. Young people were the most likely to face psychological GBV, and those with the lowest incomes or inconsistent food access were at higher risk. Households headed by men who were not the partners of the respondent reported the highest incidence of psychological GBV.

Psychological GBV is a widespread issue impacting various demographics. Young people, those with lower incomes, and individuals in peri-urban areas are particularly vulnerable. Low reporting rates and the significant role of male partners as perpetrators highlight the need for targeted interventions. Increasing awareness of the severity of psychological GBV and improving support systems, including police and CBOs, are crucial steps in addressing this form of violence. Despite the challenges in reporting and prosecuting these cases, efforts must be made to enhance the conviction rates and support mechanisms for survivors.

Physical GBV

Physical Gender-Based Violence (GBV) is a significant concern, with current partners being the most common perpetrators in six out of nine types of physical GBV. Conviction rates for all forms of physical GBV were low, at just 8%, although reporting incidents to the police increased the conviction rate to between 10% and 20%. Despite this, even the most successfully prosecuted type of physical GBV (use of an object that was not a weapon to harm the respondent) resulted in just over one in ten perpetrators being convicted. Many people did not report incidents to the police due to a lack of confidence in receiving assistance or not feeling they needed help.

People with higher education levels reported the lowest incidences of physical GBV (less than one in five). Young people reported the highest incidences (15%), followed by adults (10%) and elderly people (less than 5%). Income level also played a role, with those in the lowest income households being more likely to experience physical GBV. Households where the primary income was from grants experienced the least amount of physical GBV, though the difference was minimal compared to full-time employment. People in food-insecure households experienced more incidents of physical GBV, while households where everyone always had enough food reported the least physical GBV. Ensuring food security for all households may reduce instances of physical GBV by over 10% in the most food-insecure households.

People in urban areas reported the least amount of physical GBV, while peri-urban areas had the highest rates, though the differences were within just over 3%.

Conviction rates for physical GBV incidents reported to the police tended to be between 10% and 20%. Incidents involving harm with a weapon or other object were most frequently reported to the police, yet conviction rates for these cases were still low.

Reporting to CBOs was low, with the highest reports involving the use of a weapon to damage property (13%) and the use of an object that is not a weapon to harm the survivor (11%). Legal assistance was the most common form of help provided by CBOs. The primary reason for not reporting to CBOs was the belief that assistance was not needed.

Survivors often reported incidents to family members, which provided immediate comfort and assistance but might not always be the most effective way to address the issue. Families may lack proper training to assist survivors, potentially causing additional trauma.

Physical GBV affects various demographics, with young people, lower-income households, and peri-urban residents being particularly vulnerable. Low reporting rates to police and CBOs highlight the need for increased awareness and improved support systems. Ensuring food security and enhancing legal and community support can help reduce the incidence of physical GBV. Despite challenges in reporting and prosecuting cases, efforts must focus on increasing conviction rates and providing comprehensive support for survivors.

Femicide

Most respondents did not have personal knowledge of femicide; only 16% responded that they had. One third of respondents who reported personal knowledge of femicide were related to the victim in some form (direct family member or cousin). The single largest victim type was a female community member (just under one third of victims), followed by an immediate family member (one in five).

Perhaps not surprisingly, the perpetrators of femicide were like the perpetrators of other types of GBV included in this survey. Partners (previous partners and partners at the time of the femicide) were the most likely, followed by male strangers. Almost nine out of ten perpetrators were men, 77% of whom were known to the respondent.

Perpetrators of femicide were likely to be investigated by police with almost one quarter appearing in court and one in ten being convicted. It is worrying that communities acted against the perpetrator without involving the police seven percent of the time (59 instances) which may point to frustration and distrust between community members and the police.

Socio-Economic Rights

The survey explored access to socio-economic rights through water, grants, sanitation, food security, education, and energy usage. Most people accessed water from internal taps, and most used private toilets, although some still used inadequate facilities like non-ventilated pit toilets. Education levels varied, with the majority completing matric or some high school and a small number attaining a university degree. Energy usage for cooking and lighting was predominantly electric. Nearly half of the respondents faced food insecurity and frequent financial hardships, with low employment rates. Most respondents (over two thirds) received at least one type of grant, and grants were the primary source of income for three out of ten of respondents' households. Safety perceptions were mixed, influenced by personal experiences with crime and community support structures.

Water: Most respondents accessed water internally, primarily from taps. For those collecting water externally, the sources varied, including communal taps and boreholes. External water collectors experienced higher GBV rates (65%) than those with internal water sources (58%).

Sanitation: Most respondents had private toilets, primarily flush toilets connected to a sewage system. A significant portion still used communal toilets, including pit toilets without ventilation, which pose health and safety risks. Users of communal toilets experienced slightly more GBV (62%) than those with private toilets (59%).

Energy: Electricity was the primary energy source for cooking and lighting, with almost all respondents using it for lighting (96%) and most for cooking (79%). Non-electric sources like wood and gas were less common.

Food: Over half the respondents faced food insecurity, with many experiencing hunger at least once a week. Ensuring food security could significantly reduce vulnerabilities and exposure to GBV.

Income: Most respondents reported insufficient income to meet basic needs, with nearly nine out of ten experiencing financial difficulties. Employment rates were low, with 62% not employed, 20% employed full-time, and 10% part-time. Seasonal and part-time workers experienced higher GBV rates than full-time employees.

Relationships: About 30% of respondents were in an intimate relationship, with those in relationships twice as likely to experience sexual GBV. Married respondents residing with their partners experienced the least GBV.

Safety: Safety perceptions were divided, with half of the respondents feeling safe walking in their communities and half not. The presence of community protection forums and government officials influenced feelings of safety, despite high GBV rates.

Grants: Most respondents (over two thirds) received at least one type of grant, and grants were the primary source of income for three out of ten of respondents' households. For the entire household, by a significant amount, the two most common grants were the Child Support Grant and the Older Person's Grant (approximately two out of five respondents received these grants). Child support grants were the primary source of income for most people who relied on grants in this survey.

Demographics

Most households had between one and five women and between one and five total members. One in three households had no adult men in them, and two in five had only one adult man.

Almost all households had at least one child in them (less than 0.003% had no children), half of the households either had one child (26%) or two children (25%).

Most respondents (four out of five) were the primary care giver to the children in their households. Respondents tended to be the primary care giver for either one (28%), two (24%) or three (13%) children. Almost half of the respondents were receiving a child support grant.

Seven out of ten people were living in brick structures, just over one in ten were living in a shack and one in twenty were living in an RDP structure.

Respondents represented all age groups that were greater than 18 years. Age groups were as follows: "youth" (18 – 34 years), "adult" (35 – 60 years), "elderly" (over 60 years). Most respondents were either adults (43%) or youth (46%); elderly people only made up 11% of the people surveyed.

Provinces and Areas

The survey was conducted in all nine provinces. Limpopo had the least number of survey responses (8%, with KwaZulu-Natal having the most responses (15%).

Organisations were asked what area they operated in, and this formed the basis of the area allocation. Where organizations did not specify their area, the area was allocated by the FHR. Most responses came from rural (46%) and peri-urban (39.48%) areas – significantly more than from townships (7%) and urban (7%) areas.