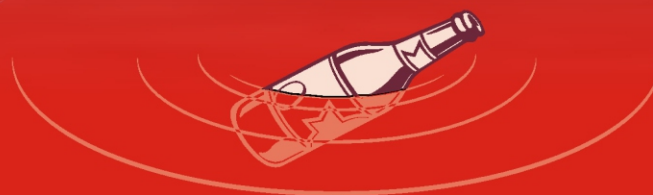


A R A P I D A S S E S S M E N T R E S E A R C H R E P O R T

# ALCOHOL-RELATED VIOLENCE in Kuruman in the Northern Cape Province



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**December 2015**

**PRODUCED BY TSHWARANANG LEGAL ADVOCACY CENTRE TO END VIOLENCE AGAINST WOMEN**





An investigation of the  
the **occurrence** and  
**socio-economic context**  
of **ALCOHOL-RELATED**  
**VIOLENCE** in Kuruman  
in the Northern Cape Province

**Patience Mungwari Mpani**

**December 2015**

# acknowledgements



We thank the following people and organisations who made this rapid assessment possible. The women and men of Bathlaros and Wrenchville for their kind cooperation and participation in the research. Our gratitude also goes to: Chief Toto for her support of the project, Itেকে O' Direle Sechaba Home Based Care and Wrenchville Home Based Care for facilitating the recruitment of the research participants, Rural development Agency (DOCKDA) our implementing partner, Lorato Makatong, Kelebongile Mogara, Ruth Molaowe and Tebogo Leremi for data collection. Fanny Thindwa, Skhona Ngcobo, Welekazi Stofile and Judith Merckel for their contribution to the finalisation of the report.

We also express our gratitude to The Joint Gender Fund who, in collaboration with the U.S. Agency for International Development (USAID), provided the funding for this project. FHI360 for technical support.

The Joint Gender Fund (JGF) is a collaborative funding mechanism consisting of Irish Aid, Ford Foundation and Hivos (as primary contributors), working in partnership with DG Murray Trust, the Department of Foreign

Affairs, Trade and Development (DFATD) and USAID. It emerged from a commitment to enhance the impact of funding in the field of gender-based violence (GBV) in South Africa. The Fund works to build cohesion and strengthen the sector's response to GBV by helping to bolster the capacity for more integrated, comprehensive and transformative approaches.

This report was made possible by the generous support of the American people through the U. S. Agency for International Development (USAID), under the terms of AID 674-A-14-00009 through the United States Government's President's Emergency Plan for AIDS Relief (PEPFAR), operated by FHI360. The contents and opinions expressed herein do not necessarily reflect the views of USAID or the United States Government.

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# acronyms

AIDS	Acquired Immune Deficiency Syndrome
CAB	Community Advisory Board
CBO	Community Based Organization
CDA	Central Drug Authority
DBE	Department of Basic Education
DEVAW	UN Declaration on the Elimination of Violence against Women
DOCKDA	Rural development Agency
DSD	Department of Social Development
DTI	Department of Trade and Industry
DV	Domestic Violence
DVA	Domestic Violence Act
FAS	Foetal Alcohol Syndrome
FCS Unit	Family Violence, Children and Sexual Offences Protection Unit
FIC	Financial Intelligence Centre
GBH	Grievous Bodily Harm
GBV	Gender-based violence
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
IPV	Intimate Partner Violence
ITEKE	Iteke O' Direle Sechaba Home Based Care
MCH	Maternal, Child Health
MRC	Medical Research Council
NGO	Non-Governmental Organisation
NPC	National Planning Commission
PEPFAR	The United States President's Emergency Plan for AIDS Relief
RTMC	Road Traffic Management Coordination
SCA	Supreme Court of Appeal
SOA	Sexual Offences Act
SPSS	Statistical Package for Social Sciences
TCC	Thuthuzela Care Centre
USAID	United States Agency for International Development
VAW	Violence against Women
VAWC	Violence against Women and Children
VEP	Victim Empowerment Program
WHO	World Health Organization

## DEFINITION OF key terms

**Alcohol abuse** refers to the regular or occasional excessive consumption of alcohol, causing harm to self and others.

**Alcohol dependence** includes spending a great deal of time using, unsuccessful attempts to control the substance use and, for some, the presence of tolerance and withdrawal<sup>1</sup>.

**Alcohol use** includes both experimental and regular use of wine, beer and hard liquor.

**Child abuse** refers to the mistreatment by an adult of a child or young person that harms or endangers that child or young person's physical or emotional health, development or well-being<sup>2</sup>.

**Domestic Violence (DV)**, the Domestic Violence Act (DVA) provides a broad definition of domestic violence as any physical, sexual, emotional, verbal, psychological and economic abuse. It also includes intimidation, harassment, stalking, damage to property, entry into the complainant's residence without consent, or any other controlling or abusive behaviour towards the complainant, where such conduct harms, or may cause imminent harm to the safety, health or wellbeing of the complainant<sup>3</sup>.

**Economic abuse** is the unreasonable deprivation of economic or financial resources that a person is entitled to under law or which the complainant requires out of necessity, including household necessities for the complainant and mortgage bond repayments or payment of rent in respect of the shared residence, the unreasonable

disposal of household effects or other property<sup>4</sup>.

**Emotional, verbal and psychological abuse** refers to any pattern of degrading or humiliating conduct towards another, including repeated insults, ridicule or name calling, repeated threats to cause emotional pain, or the repeated exhibition of obsessive possessiveness or jealousy, such that it constitutes a serious invasion of privacy, liberty, integrity or security<sup>5</sup>.

**Excessive alcohol use** is heavy drinking, which is also referred to as "at risk" drinking. It is alcohol consumption that exceeds the recommended daily limits: for men - more than 4 standard drinks on any one day or more than 14 standard drinks in any one week. For women - more than 3 standard drinks on any one day or more than 7 standard drinks in any one week<sup>6</sup>.

**Gender-based violence** is a term that specifically refers to any harm that is perpetrated against a person's will that has a negative impact on their physical or psychological health, development and identity of the person because of their gender. This violence has its roots in the gendered power inequities that exploit distinctions between males and females, among males and among females<sup>7</sup>. Violence against women, which is the central focus of this study, is a specific form of GBV.

**Intimate Partner Violence (IPV)** is defined as behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship. Such behaviour includes acts of physical aggression such as slapping, hitting, kicking and beating;

1. American Psychiatric Association, 1994

2. Department of Communities, Child Safety and Disability, 2010-2015

3. Domestic Violence Act 116 of 1998

4. Ibid

5. Ibid

6. <http://thinkingaboutdrinking.msu.edu>

7. Bloom, 2008

## DEFINITION OF key terms

psychological abuse such as intimidation, constant belittling and humiliation; forced intercourse and other forms of sexual coercion; various controlling behaviours such as isolating a person from their family and friends, monitoring their movements and restricting their access to information or assistance<sup>8</sup>, withholding resources, preventing partner from working or confiscating their earnings<sup>9</sup>. An intimate partner includes a companion in formal partnerships such as marriage as well as informal partnerships, including dating relationships and unmarried sexual relationships in both heterosexual and same sex relationships<sup>10</sup>.

**Physical abuse** can be defined as any act or threatened act intended to cause feelings of physical pain, injury, or other physical suffering or bodily harm towards another person. Children and women are the most affected by this kind of violence<sup>11</sup>.

**Sexual assault** - the South African Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007, provides a broad and expansive definition of the term 'sexual assault' to include all non-consenting sexual activity from fondling to penetration and includes attempts at penetration to any extent whatsoever by the genital organs of one person into the anus, mouth or genital organs of another person, or by any object, including any part of the body of an animal, or part of the body of a person, into the anus, mouth or genital organs of another person<sup>12</sup>.

**Sexual violence** is broadly defined as any sexual act, attempt to obtain a

sexual act **or other act directed** against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes intimate partner violence, sexual assault, forced prostitution, exploitation, human trafficking, bondage, infanticide and neglect<sup>13,14</sup>. Coercion is a central element of sexual violence and it refers to 'a whole spectrum of degrees of force. Apart from physical force, it may involve psychological intimidation, blackmail or other threats – for instance, the threat of physical harm, of being dismissed from a job or of not obtaining a job that is sought'<sup>15</sup>.

**Shebeen** is an unlicensed drinking establishment.

**Tavern** is a building with a bar that is licensed to sell alcoholic drinks.

**Violence against Women (VAW)** – the term violence against women encompasses an array of abuses targeted at women and girls throughout their lives; this violence has its roots in sex inequality<sup>16</sup>. The UN Declaration on the Elimination of Violence against Women (1993) (DEVAW) defines VAW, as, 'Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women and girls, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life'<sup>17</sup>.

**Underage drinking** is the consumption of alcohol by persons who are under 18 years of age. 18 years is the legal age of alcohol consumption in South Africa.

8.Kruget al., 2002

9.WHO, 2004

10.WHO, 2013

11.Domestic Violence Act 116 of 1998

12.Sexual Offences Act 2007

13.Domestic Violence Act 116 of 1998

14.Krolkowski and Koyfman, 2012

15.Sigsworth, 2009

16.Watts and Zimmerman, 2002

17.UN Declaration on the Elimination of Violence against Women 1993



# executive summary

South Africa continues to battle the twin problems of violence against women and alcohol abuse. The Northern Cape is not immune to these, with the province ranking third nationally for high levels of hazardous or harmful drinking and first among pregnant women<sup>18</sup>. The Northern Cape also has some of the highest rates of violent crime<sup>19</sup>. In addition, alcohol use has been linked to an increased occurrence of violence against women and children as well as the occurrence of other risky behaviours and socially undesirable activities within communities.

Tshwaranang partnered with DOCKDA in an investigation to map the occurrence, prevalence and socio-economic context of alcohol-related violence against women in Kuruman, in the Northern Cape Province. The study (a rapid assessment) focused on the Bathlaros and Wrenchville communities which are located within the Ga-Segonyana local municipality. The purpose of the study was to inform the development and implementation of context specific and community-led interventions to reduce this kind of violence.

The objectives of the rapid assessment were to:

- highlight community perceptions around the problem of alcohol-related violence against women (VAW)
- understand the occurrence of alcohol-related VAW
- explore the psycho-social, economic and gender-related factors that drive alcohol-related

## VAW

- contribute to the knowledge on the occurrence of alcohol-related violence in Kuruman and similar rural areas in order to develop appropriate community responses.

## Alcohol Use

The rapid assessment found that more than half of the participants surveyed consumed alcohol with men being the majority of consumers, drinking mainly at taverns and shebeens. While male consumption of alcohol was recognised as problematic it was acceptable and tolerated. On the other hand, women's consumption of alcohol was seen as unacceptable behaviour pointing to gender stereotyping. Alcohol consumption was mainly for stress relief, entertainment, to boost morale and give courage. Underage and youth drinking emerged as a serious concern for the community because of its impact on the young people's

lives, with most youth drinking due to peer pressure. Failing grades, school dropout, death due to alcohol related illness, risky sexual behaviours, petty crime and violence were some of the problems related to consumption of alcohol by the under 18 years age group. Other negative consequences of alcohol use reported included loss of employment, misuse of income, physical, domestic and sexual violence, breakdown of family units, including divorce and loss of custody of children.

## Violence Against Women and Children

Alcohol use was highly associated with all forms of interpersonal violence in general and, in particular, domestic violence. The community's perception was that fighting

18. Peltzer & Ramlogan, 2009

19. Leggett, 2004

in the home was the most common

type of violence subsequent to excessive consumption of alcohol. This manifested in intimate partner violence or family violence occurring between siblings or between parents and their children. Older children under the influence of alcohol were reported to be aggressive and violent towards their parents (mainly mothers) and other family members in the household. Physical violence in domestic relationships was consistently reported. This violence was always accompanied with various forms of psychological and verbal abuse. Rape and other forms of sexual violence were also a serious concern for the community. Reports of rape by unknown assailants were discussed where either the victim or the perpetrator had been consuming alcohol. The community also differentiated between “forced sex” and rape. “Forced sex” was defined by the participants as involving a known perpetrator such as an intimate partner or by someone who had bought alcohol and expected sex in return. The community were more likely to report rape and not “forced sex”. Women participants also reported sexual harassment in the form of unwanted touching, sexually explicit language and verbal assaults at taverns and shebeens.

Child abuse was closely linked to alcohol consumption by the mother. The community regarded child care to be the primary responsibility of women. Where neglect or abuse

was noted, the mother was mainly to blame. Participants also reported that it was more common for young children to be beaten up in households where violence against women occurred. Violent and abusive partners were more likely to beat up children when they beat up their partners.

The study found underreporting of all forms of violence. Women survivors of violence did not always report incidences of violence to the police or even talk about them with friends or family. Economic dependency on a partner, preferring to deal with the issue within the family, lack of confidence in the ability of the police to act and the justice system all deterred women from reporting violence.

#### **Support Services for Alcohol Dependency and Survivors of Violence**

The study also highlighted a general lack of adequate services for survivors of violence as well as support services for people with alcohol dependency problems who wished to stop drinking. Some participants in the study did not even know of services that assist with alcohol dependency. The nearest rehabilitation services are in Kimberly which is about 280km away. Social workers within the communities are over loaded, having to cover large geographical distances and multiple issues and therefore are not able to effectively respond to the gravity of the

problem. Both Kuruman and Bathlaros have no shelters for survivors of domestic violence making it difficult for women in violent settings to move to places of safety and care.

### **Recommendations**

The study uses the Socio-Ecological Model from the World Health Organisation (WHO) to understand and respond to violence against women. The model recognises that vulnerability to violence is context specific, multi layered, driven by individual, relational, community and societal factors. Consequently, effective interventions should also target these four levels. Therefore, this study recommends community-led interventions to reduce alcohol-related violence against women and children. These interventions must target men, women and underage youth at both individual and relationship levels. These include responsible drinking, referrals for both victims and perpetrators and awareness-raising on the laws and policies relating to VAW and alcohol use. At a community and societal level, the study recommends interventions aimed at changing negative gender norms that encourage violence against women, lobbying relevant stakeholders for service provision and implementation of policy.

# 1.

## organisational background

This report presents findings of a rapid assessment study conducted by Tshwaranang Legal Advocacy Centre (Tshwaranang) in conjunction with DOCKDA Rural Development Agency.

### 1.1 Tshwaranang Legal Advocacy Centre

Tshwaranang is a national non-governmental organisation based in Braamfontein, Johannesburg. Tshwaranang was formed in 1996 and its primary focus is access to justice for women survivors of violence. This is achieved through research, capacity building and advocacy to shape national policy and law reform.

We prioritise capacity building in communities and creating networks of women's non-governmental organisations (NGOs) and community based organisations (CBOs) to ensure grassroots input in all aspects of legislation on violence against women. In this respect, our work on the Sexual Offences Bill is illustrative. We have also conducted a number of research studies

focused on increasing access to justice for survivors of sexual violence.

Tshwaranang is committed to a world where women assert and enjoy their rights to safe and violence-free lives.

Tshwaranang has established a large body of knowledge and has enjoyed a positive reputation for the last 15 years. However, much of the organisation's work has largely been in urban areas and we see the importance of responding to violence against women in more rural areas and ensuring the context

is considered. The results of the project will build upon the work

Tshwaranang has become

known for (research, advocacy and legal services) and allow the organisation to enrich dialogues on holistic responses to violence against women.

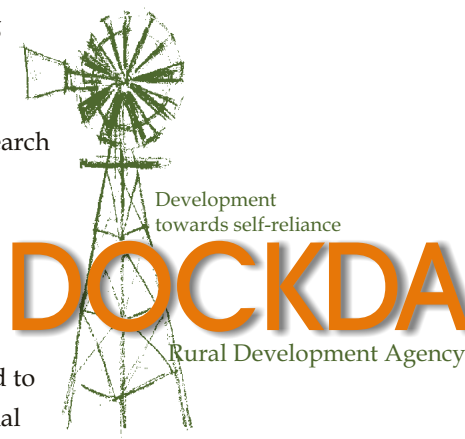


This project is therefore directly in line with the organisation's strategic objectives, focus and overall vision of defending the rights of women to be free from violence and to have access to appropriate and adequate services.

## 1. 2 DOCKDA Rural Development Agency

Tshwaranang partnered with the DOCKDA Rural Development Agency<sup>20</sup> in implementing this project. DOCKDA is a non-profit organisation (NPO) based in the Northern Cape Province working on issues that include GBV and HIV and AIDS. DOCKDA works with women and men to change societal and cultural norms with the aim of ensuring gender equality. The organisation also works on issues of alcohol and drug dependency. DOCKDA's expertise and high level community involvement, including its peer learning processes, play an important role in addressing GBV in the communities. Given their existing programming and structures in the communities, DOCKDA was thus identified as the key partner in this project to ensure future sustainability.

Part of Tshwaranang's role was to build capacity of local NGOs and CBOs to ensure that the gains from this project continue being felt long after the project ends. This partnership enhanced DOCKDA's research capacity for effective and efficient service delivery. DOCKDA's staff were trained as research assistants, conducted field work and contributed to the development of the final report. Through this collaboration, Tshwaranang gained easy access to DOCKDA's networks, expertise and knowledge of the rural communities in Kuruman.



*The Eye of Kuruman (Afrikaans: Die Oog) is a spring in the town of Kuruman (part of the Ga-Segonyana Local Municipality) in the province of Northern Cape, South Africa. It is the largest known natural spring in the southern hemisphere.*

*The spring forms a small lake in the middle of the town, directly on the N14 road and is located in a fenced park. It has a daily flow of about 20,000 m<sup>3</sup> of crystal-clear, potable water. Water from the spring supplies the town of Kuruman.*



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<sup>20</sup>[www.dockda.org.za](http://www.dockda.org.za)



## 2.

# context of violence against women and alcohol use in south africa

The study mapped out the occurrence, prevalence and the contextual factors which contribute to alcohol-related violence against women in Kuruman in the Northern Cape. The context specific issues relating to alcohol-related violence in the community were highlighted, providing an evidence base useful for the community's understanding of the forms of violence taking place and to inform the development of appropriate interventions.

## 2.1 Socio-Economic Context

According to the World Health Organisation (WHO), South Africa has one of the highest rates of violence against women in the world<sup>21</sup>. A study conducted by the Medical Research Council (MRC) in three provinces of South Africa showed that one in four women in the general population has experienced physical violence at some point in their life<sup>22</sup>. Similarly, a 2013 study conducted by Gender Links in four provinces of South Africa reported that all the participants had experienced some form of violence (emotional, economic, physical or sexual) at

least once in their lifetime, both within and outside their intimate relationships<sup>23</sup>. The same report suggests that a large proportion of the men surveyed (Gauteng - 78%; Limpopo - 48%; Western Cape - 35% and Kwa-Zulu Natal - 41%) admitted to committing some form of violence against women in their lifetime<sup>24</sup>.

Rape is a particularly prevalent form of VAW in the country. Estimates suggest that up to half of all women in South Africa will be raped in their lifetime<sup>25</sup>. Over 41% of rapes reported in South Africa

involve children under the age of 18 and it is suggested that 25% of girls are likely to be raped before the age of 16<sup>26</sup>. Rape victims in the country were more likely to be young women aged between 16 and 25 years<sup>27</sup>. Studies in the general adult male population estimate rape perpetration rates of between 28 and 37%, while 7-9% have engaged in multiple perpetrator rape<sup>28</sup>. In the 2013/2014 financial year, 62 649 sexual offence cases were reported to the South African Police Services (SAPS)<sup>29</sup>. Relatives of victims or intimate partners committed 34.6% of all

21. [http://www.unicef.org/southafrica/hiv\\_aids\\_729.html](http://www.unicef.org/southafrica/hiv_aids_729.html)

22. Jewkes et al., 2001

23. Machisa, et al., 2011

24. Ibid

25. Cox S, Andrade G, Lungelow D, et al., 2007

26. Ibid

27. [http://www.unicef.org/southafrica/hiv\\_aids\\_729.html](http://www.unicef.org/southafrica/hiv_aids_729.html)

28. Naidoo, 2013

29. SAPS Report, 2014

rapes, casual acquaintances 26.1% while 24.4% of all victims did not know their attackers. 64% of rapes occurred either at or near home<sup>30</sup>. The statistics reported by SAPS for the past three financial years have remained consistently high with very little sign of the numbers decreasing significantly<sup>31</sup>.

In addition, South Africa has recently been named as having the highest level of adult per capita alcohol consumption in Africa<sup>32</sup>. Alcohol abuse has been associated with increased levels of both gender-based violence and HIV infection. Alcohol abuse often leads to risky sexual behaviour such as inconsistent condom use, coercive sex or rape and multiple sexual partners<sup>33</sup>, all of which increase vulnerability to HIV. The most recent UNAIDS country data show that South Africa has an estimated 6,800,000 people living with HIV and an adult (15 to 49) prevalence rate of 18.9%, making it one of the countries with the highest rates of infection in the world<sup>34</sup>.

Studies by the MRC in 2003<sup>35</sup> and 2009<sup>36</sup> show a correlation between men's violence and their use of alcohol but suggest the need for further studies in this area. Alcohol consumption is associated with increased risk of all forms of interpersonal violence and intimate partner violence in particular. Studies of abused women show that substance use was significantly associated with the violence perpetrated against them. Specifically, women reported greater instances of physical intimate partner violence and psychological abuse when the perpetrators grappled with a drinking problem or drug use<sup>37,38</sup>. The fact that perpetrator abuse of alcohol contributes significantly to violence against women and girls in the domestic and social sphere in South Africa is clear. A study of rape perpetration in South Africa found that half of the perpetrators were under the influence of alcohol when they committed the crime<sup>39</sup>.

Along with gender-based violence, alcohol abuse is one of the most pressing problems in the Northern Cape. This is closely linked with the high levels of unemployment in the province and few recreational activities for the public at large. Despite the extremely high levels of alcohol abuse<sup>40</sup> and the high rates of violence against women<sup>41</sup>, there is a dearth of research and information on the issue of alcohol-related violence in rural areas of South Africa. Therefore, this study will contribute to knowledge in this area whilst at the same time providing an evidence base for appropriate interventions aimed at reducing the problem of alcohol-related violence against women in particular. Many interventions still occur in urban areas with the rural areas largely neglected. While interventions relating to violence against women are not new to South Africa, the socio-economic context and drivers of violence against women often do not receive much reflection. Additionally at a



*The province is dominated by the Karoo Basin and consists mostly of sedimentary rocks and some Dolerite intrusions. The south and south-east of the province is high-lying. The west coast is dominated by the Namaqualand region, famous for its spring flowers. The central areas are generally flat with interspersed salt pans. Kimberlite intrusions punctuate the Karoo rocks, giving the province its most precious natural resource, diamonds. The north is primarily Kalahari Desert, characterised by parallel red sand dunes and acacia tree dry savanna.*

30. [http://www.unicef.org/southafrica/hiv\\_aids\\_729.html](http://www.unicef.org/southafrica/hiv_aids_729.html)

31. SAPS Report, 2014

32. WHO 2014 Global Status Report on Alcohol and health, 2014

33. Townsend et al., 2011

34. UNAIDS, 2014

35. Jewkes et al., 2003

36. Jewkes et al., 2009

37. Tshiguvho, et al., 2008

38. Peltzer and Pengpid, 2012

39. Freeman & Parry, 2006

40. Rehm et al., 2004

41. Jewkes et al., 2009

## 2.2 Psycho-Social and Health Consequences of Alcohol Use

There is a clear association between alcohol consumption and the health of individuals. There is also a clear association between alcohol and all types of injuries<sup>42</sup>. In South Africa 58% of homicide deaths and 57% of road accident fatalities are associated with alcohol use<sup>43</sup>. Despite the fact that many South Africans do not consume alcohol, alcohol abuse results in a considerable health burden in South Africa<sup>44</sup>. According to the WHO Global Status Report on Alcohol (2014), alcohol use has consequences to the individual drinker, his/her environment and the society as a whole. Socially, alcohol abuse has been associated with unemployment, neglect of family, absenteeism at the workplace, loss of earnings, traffic accidents, foetal alcohol syndrome, risky sexual behaviour and social stigma for heavy drinkers<sup>45</sup>.

Where alcohol abuse is present, family relationships are often difficult because of the associated mood swings, presence of violence and deprivation of resources to support the consumption of alcohol. Therefore, living with addiction can put family members under unusual stress. Normal routines are constantly being interrupted by unexpected or even frightening kinds of experiences that accompany the abuse of alcohol<sup>46</sup>.

Violence against women is a significant contributor to women's

ill health, especially their sexual and reproductive health. Violence constrains women's choice and autonomy when engaging in sexual activity. Sexual violence is associated with increased risky sexual behaviour that leads to poor sexual and reproductive health outcomes such as unplanned pregnancy and risk to other sexually transmitted infections. This risky behaviour includes early sexual debut, multiple concurrent partnerships and unprotected sex. Non consensual sex is linked to genital trauma and coital injury which facilitate HIV transmission<sup>47,48,49</sup>.

Literature also shows that men who use high levels of alcohol are more likely to engage in risky sexual behaviour, for instance, multiple sexual partners, inconsistent condom use, coercive sex or rape and transactional sex, increasing the risk of HIV<sup>50</sup>. Research shows that these men are also more likely to be violent in and outside of their relationships, implying that the linkages between alcohol intake and violence against women need to be more specifically addressed.

However, the full impact of alcohol on the health of the individual and the wider community is difficult to estimate due to many hidden effects resulting from its use. Rehm et al. (2009) state that, for alcohol, the

usual epidemiological model should be widened since drinking can also harm the health of non-drinkers. For instance, maternal drinking can affect the health of the foetus, while driving under the influence of alcohol can harm pedestrians and other road users. The effects of alcohol use extend beyond the consumer.

The above problems must also be seen within the broader socio-economic circumstances in the country. South Africa as a nation faces serious problems as far as poverty and inequality are concerned. This is supported by the National Planning Commission (NPC) Diagnostic Report of 2011 which listed poverty and inequality as the most pressing problems. This is not surprising considering that South Africa has a Gini Coefficient of 0.67 indicating high inequality in income distribution. On the other hand, it is estimated that about 48% of the population live below the poverty line, with 61% of those in poverty being women<sup>51</sup>. According to the NPC Diagnostic Report, the three major problems in South Africa are: poor education outcomes, unemployment and high disease burden. A study by Kalichman, Simbayi, Kagee, Toefy et al. (2006) found that experiences of poor education, unemployment, discrimination, violence and crime are related. Specifically, they found that poverty-related stressors were associated with a history of alcohol and drug use<sup>52</sup>.

42. Krug, Dahlberg, Mercy, Zwi & Luzano, 2002; Rehm et al., 2004

43. Matzopoulos, 2005

44. Schneider et al., 2007

45. WHO 2014 Global Status Report on Alcohol and Health, 2014

46. Dayton, 2008

47. Davids et al., 2006

48. Klot & Delargy, 2007

49. Jewkes et al., 2001

50. Townsend et al., 2011

51. NPC Diagnostics, 2011

52. Kalichman et al., (2006)

## 2.3 Law and Policy Framework

It is widely acknowledged that South Africa has some of the most progressive laws and policies in the world, however, the problem lies in implementing these laws and policies to protect women and provide comprehensive services to victims<sup>53</sup>. The legal framework governing the sale and consumption of alcohol are the Prevention of and Treatment for Substance Abuse Act (Act No. 70 of 2008). The Liquor Act (Act No. 59 of 2003 and The Liquor Act (Act No. 27 of 1989).

Two prominent laws relating to violence against women are the Domestic Violence Act (Act No. 116 of 1998) and the Criminal Law: Sexual Offences and Related Matters Act (Act No. 32 of 2007).

### THE LIQUOR ACT 59 OF 2003 AND THE LIQUOR ACT 27 OF 1989

The liquor industry in South Africa is governed by an overlapping regulatory framework. Two national liquor acts are currently in force: the Liquor Act 59 of 2003 and the Liquor Act 27 of 1989. The Liquor Act, 2003 governs the macro-manufacturing and distribution of alcohol in all provinces, while the micro manufacturing, retail, sale and consumption of liquor is governed either by the Liquor Act, 1989 or provincial legislation. At present the Liquor Act of 1989 remains in force in the Northern Cape Province<sup>54</sup>.

Both of the national Acts set the minimum drinking age at 18 years and the Liquor Act, 2003 prohibits any manner of advertising targeting minors. The Liquor Act, 1989 makes provision for the restriction of the hours or days during which alcohol may be sold. It sets specific closing

times for many different types of establishments with most drinking venues operating between 10am and 2am, with exceptions for establishments such as hotels and theatres<sup>55</sup>.

### THE PREVENTION OF AND TREATMENT FOR SUBSTANCE ABUSE ACT NO. 70 OF 2008

The objectives of the Act are to combat substance abuse (including alcohol) in a coordinated manner including the provision of prevention, early intervention, treatment, re-integration and after care services. The Act provides for the registration and establishment of all programmes and services and sets conditions for the admission into treatment centres.

The Act also mandates the Central Drug Authority<sup>56</sup> to monitor and oversee the implementation of the National Drug Master Plan, promote a collaborative approach amongst government departments and other stakeholders involved in combating substance abuse, provides for the registration, establishment and deregistration of halfway houses and treatment centres. The Master Plan serves as the country's blueprint for preventing and reducing alcohol and substance abuse and its associated social and economic consequences on South African society and builds on the foundation laid down by the government's Programme of Action on alcohol and substance abuse.

Provincial forums have to be established in each province in accordance with the Act. These comprise various stakeholders from relevant government departments, the business community and any

other body interested in tackling substance abuse. The provincial forums support member organisations in carrying out their substance abuse programmes and keep substance abuse issues high on the provincial public/political agenda. The Department of Social Development contributes to the human and material resources of the forums and also provides technical assistance.

### THE DOMESTIC VIOLENCE ACT NO. 116 OF 1998

The main purpose of the Act is to provide the highest form of protection from domestic violence. The law places responsibility on state organs and in particular the police, to ensure that survivors of domestic violence are able to apply for protection orders to prevent abusers from entering a mutual home or the survivor's home or place of work. The order can also allow for the seizure of weapons and the arrest of violence perpetrators.

### THE CRIMINAL LAW: SEXUAL OFFENCES AND RELATED MATTERS ACT NO. 32 OF 2007

This is a framework to ensure the provision of adequate and effective protection to all persons who become victims of sexual offences and especially vulnerable groups such as women, children and people who are mentally disabled. The Act places legal obligation to act on the South African Police Services, the National Prosecuting Authority, Correctional Services, Justice and Constitutional Development, Social Development and the Department of Health.

53. Moosa, 2012

54. <http://www.soulcity.org.za/projects/advocacy/phuza-wize/resources/research/soul-city-legal-literature-review>

55. Ibid

56. The CDA is mandated to drive and coordinate the fight against substance abuse in the country.



## 2.4 The Northern Cape - South Africa's largest Province



The project focused on the Northern Cape with Kuruman as an entry point into the Batlharos and Wrenchville communities. The Northern Cape is South Africa's largest province but the least populated and is mostly rural. The province is home to only 2.2% of the South African population. The unemployment rate is 28.1% with 38% of the population receiving social grants<sup>57</sup>. It consists of five district municipalities which are subdivided into 27 local municipalities. Kuruman is located within the Ga-Segonyana local municipality which forms part of the John Taolo Gaetsewe district municipality. The majority of Ga-Segonyana local municipality consists of villages (80%) and is an agricultural and mining area according to the Ga-Segonyana, IDP, 2013/2014 Report<sup>58</sup>. This municipality has just over 200 000 inhabitants and is 85.3% Black African, 7.2% Coloured, 0.4% Indian or Asian and 5% White. It

has a 34% unemployment rate.

While the Northern Cape is the largest province geographically (almost 30% of the country's land mass), it is the most sparsely populated<sup>59</sup>, resulting in a difficult terrain for intervention and services relating to violence against women. In terms of services provided by government relating to alcohol abuse and violence against women, these are few and far between. Thuthuzela Care Centres (TCC), which are one-stop centres for survivors of sexual violence, are based in the major towns and this means that this specialised service is not easily accessible due to great distances between places<sup>60</sup>.

Although the Northern Cape has the second lowest prevalence rate of HIV in the country, it has very high levels of alcohol abuse and violence against women. South Africa has the highest prevalence of alcohol use in Africa with a person consuming an average of 9.5 litres

of pure alcohol a year<sup>61</sup>. In the 2007 South African Household Survey it was reported that approximately 50% of men and 20-30% of women consume alcohol excessively<sup>62</sup>. A study conducted by Peltzer & Ramlagan in 2009 posits that among the provinces with high levels of hazardous or harmful drinking, the Northern Cape (8.9%) ranked third in the country and first for hazardous or harmful drinking levels among pregnant women (24.9%)<sup>63</sup>. The province also had the highest levels for weekend risky drinking by females<sup>64</sup>. According to a study on social fabric crimes (murder, rape, indecent assault, assault, gender-based violence) the province has a higher than average incidence of these crimes<sup>65</sup>. It has also been found that there is a correlation between high rates of alcohol and substance abuse and a high incidence of GBV among farmworkers in the province<sup>66</sup>.

57. IDP Review Report, 2014

58. Ibid

59. <http://www.gov.za/about-sa/south-africas-provinces>

60. [https://www.npa.gov.za/sites/default/files/resources/public\\_awareness](https://www.npa.gov.za/sites/default/files/resources/public_awareness)

61. Rehm et al., 2004

62. Schneider et al., 2007

63. Peltzer & Ramlagan, 2009

64. Parry, 2001

65. Mistry et al., 2001

66. Women on Farms Project

# 3.

## kuruman rapid assessment

### 3.1 Problem Statement

Despite the high levels of the twin problems of alcohol abuse and violence against women, very little, if any, context specific and systematic studies on the occurrence and gravity of alcohol abuse and related violence against women have been conducted in rural communities. Added to that, interventions based on such studies which are community led are rare. This study attempted to understand the prevalence of and the contextual factors that contribute to alcohol-related violence in the rural communities surrounding Kuruman in the Northern Cape.

### 3.2 Objectives

- To highlight community perceptions around the problem of alcohol-related VAW
- To understand the occurrence of alcohol-related VAW in two Kuruman communities - Bathlaros and Wrenchville
- To explore the psychosocial, economic and gender-related factors that drive alcohol-related VAW
- To contribute to the knowledge on the occurrence of alcohol-related VAW in Kuruman and similar rural areas.

### 3.3 Research Questions

- What is the nature of the problem of alcohol-related VAW in the community?
- What factors encourage alcohol use and violence towards women in this community?
- What are the individual and community attitudes towards alcohol-related violence against women?
- What are the possible interventions to reduce alcohol-related violence against women?

### 3.4 Methodology

The study was done using a rapid assessment methodology. This method can draw on both qualitative and quantitative techniques in situations where data are needed quickly, where local resource constraints rule out more conventional research approaches and where the project requires information to develop, monitor and evaluate intervention programmes<sup>67</sup>.

This rapid assessment employed both qualitative and quantitative methodologies. The rapid assessment was a cross sectional descriptive study providing an overview of the problem of alcohol-

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<sup>67</sup>Manderson, 1996

related violence against women in the Kuruman area. The sample was conveniently selected, therefore, the rapid assessment did not intend to provide a statistically representative sample.

The following was the inclusion and exclusion criteria in the selection of research participants:

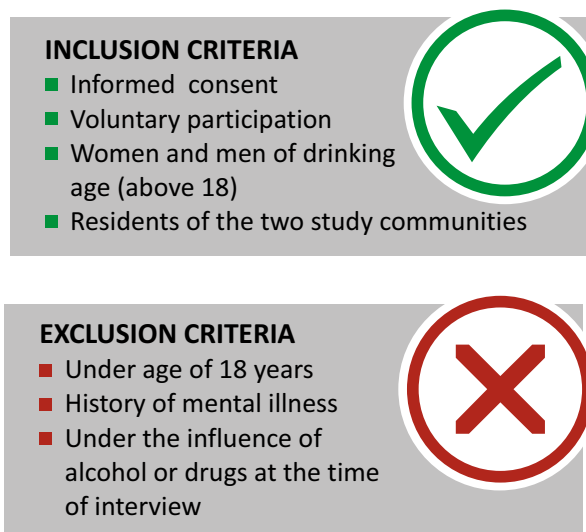


Figure 1  
Inclusion and  
exclusion criteria  
of research  
participants

### 3.4.1 Interviews

The participants who were interviewed included the following:

a) **Key informants** who have direct contact and in-depth knowledge of the target population. These included a teacher, a tavern owner, a police official in charge of domestic violence issues, a representative from the Department of Health, representatives of a community based organisation (CBO) working with women survivors of violence and a traditional leader.

b) **Women survivors of violence** were selected on the basis of their personal and first-hand experiences of violence. They were recruited through home based care groups working in the community.

c) **Consumers of alcohol** were purposefully selected to provide their experiences as consumers of alcohol and in so doing enabled the further understanding of behavioural patterns.

d) **Non-consumers of alcohol** were selected in order to assess the perceptions of the relationship between misuse of alcohol and violence against women.

### 3.4.2 Focus group discussions

The overall purpose of the focus group discussions was to determine group norms and behaviours pertaining to alcohol se

and violence against women. The focus group discussions conducted were grouped by sex. The separation of males and females was an attempt to allow a level of comfort in discussions around a sensitive topic such as violence against women in a context of a common understanding that men are the majority of perpetrators and women the main victims.

Figure 2 Number of research participants

Data Collection Instrument	Information Provider	Men	Women	Total
Interviews	Key Informants	4	2	6
	Women Survivors Of Violence	0	10	10
	Consumers Of Alcohol	7	7	14
	Non Consumers Of Alcohol	7	7	14
Focus Group Discussions	Men Focus Group	12	-	12
	Women Focus Group	-	13	13

### 3.4.3 Questionnaire

Perceptions on the relationships between alcohol and violence against women were elicited through a questionnaire.

Attribute			Total
Sex	Men	Women	
	44	58	102
Community	Community		
	Bathlaros	Wrenchville	48
	54	48	102
Marital Status	Married		66.7%
	Single		24.4%
	Divorced		6.7%
	Widowed		2.2%
Employment Status	Employed		25.5%
	Unemployed		57.4%
			17%
	Volunteer		

Figure 3 Demographics of research participants' data

### 3.4.4 Framework for Understanding Violence

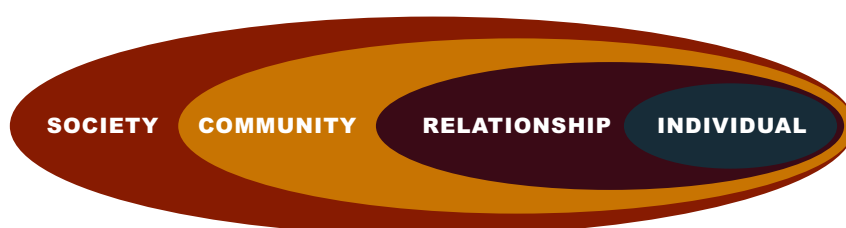


Figure 4 Socio-ecological model for the prevention of violence<sup>68</sup>

The rapid assessment frames violence against women using the socio-ecological model developed by the World Health Organisation (WHO). The model provides a framework for understanding the factors that put people at risk of or protect them from violence. It also exposes factors that predispose some individuals to become perpetrators of violence. The model posits that violence is the result of a complex interaction between individual, relationship, societal and community factors. Figure 4 shows the relationships between the levels. This implies that interventions for sustained change should consider

the interplay and complexity of the four levels and that action should be across the four levels simultaneously.

Individual or intrapersonal drivers are the biological and personal history factors that influence how individuals behave and increase their likelihood of becoming a victim or perpetrator of violence. Alcohol consumption is an example of an individual factor. Exposure to alcohol in the home, early initiation into alcohol use and excessive consumption are associated with increased risk of all forms of interpersonal violence<sup>69</sup>.

The relationship or interpersonal level refers to the interactions in proximal social relationships such as those between intimate partners and within families, friends and other small groups. In youth violence, for example, having friends who engage in or encourage violence can increase a young person's risk of being a victim or perpetrator of violence<sup>70</sup>.

Risk at a community level may be affected by factors such as the absence of social networks and poverty<sup>71</sup>. The Centre to end VAW (2013) explains that institutional norms exist which promote or perpetuate beliefs that sanction the occurrence of particular violence, for example, bullying in schools or gang membership<sup>72</sup>.

Broad societal factors also help to create a climate in which violence is encouraged or inhibited. The legislative environment is an example of societal factors. Laws and policies available to control the use and sale of alcohol impact on who has access to alcohol. They also place an obligation on the state to ensure compliance. The government in South Africa has been accused of failure to implement policy and enforce laws relating to alcohol use. The legacy of apartheid was also identified as a driver of violence in South Africa at a societal level. The apartheid society resulted in the marginalisation of non-white communities, denying them a political voice and ensuring systematic economic disempowerment. Violence was used to control and subjugate these communities. The resultant dehumanisation has fundamental implications for the capacity of individuals to engage in acts of violence and brutality.

68.CDC Injury Prevention and Control

69.Tshiguvho, et al. 2008

70.Krug et al., 2002

71.Krug et al., 2002

72.Ibid

## 3.5 Data Analysis

Descriptive and thematic analyses were done. All interviews and focus group discussions were recorded and transcribed. The data was collected in Afrikaans and Setswana and translated into English. It was then analysed for emergent themes and patterns

using thematic analysis as outlined by Attride-Stirling (2001). This involved close reading, coding and sorting of data into themes that were related to the central research questions.

Analysis of the completed

questionnaire was done using the Statistical Package for Social Sciences (SPSS). This mainly elicited descriptive analysis inferring both univariate and bivariate relationships to provide an in-depth understanding of the variables under study.

## 3.6 Ethics Considerations

Ethical clearance for the study was granted by the Human Sciences Research Council (HSRC); REF: (REC 8/22/04/15). Special consideration was taken to ensure that participation was voluntary and based on informed consent. The women survivors of violence identified for one-on-one interviews

were treated as active participants and beneficiaries of the research. Privacy and anonymity were of primary importance for women survivors of violence and were also prioritised to protect the participants' identities as well as protect them from potential retaliatory violence by the abuser.

The interview process ensured that no distress or secondary victimisation occurred in the research process. Provisions were made that distressed interview participants be linked to available services for counselling and other relevant intervention activities.

## 3.7 Study Limitations

There are a number of limitations that must be viewed in light of the rapid assessment method. Because rapid assessments employ non-probability sampling methods, their findings are context specific and cannot be generalized to other populations.

The use of several languages also presents problems of data quality. In this rapid assessment interviews were conducted in either Afrikaans or Setswana and then translated into English. In qualitative interviewing the ability to understand nuanced language complexities and the context in

which they are spoken is very important. Through translation, some of the information will be lost. To minimise this, there was a deliberate effort to source research assistants who knew the community well and who could write and speak Setswana and Afrikaans fluently. This is in line with recommendations by Squire (2008: 267), that translators and interpreters must have a minimum of sociolinguistic competence that allows them to "converse and follow everyday conversations without difficulty and have the ability to express and negotiate the meanings of words and phrases

according to the culture using the language".

Youth under the legal drinking age were excluded from participating in the rapid assessment due to ethical considerations relating to interviewing minors and children involved in the illegal activity of underage consumption of alcohol. However, drinking by this age group was identified as a serious concern by the community indicating that there is need to investigate alcohol use by this age group. This is recommended as a key area for further study.



# 4.

## findings of the rapid assessment

### 4.1 Alcohol Use in the Community

The study found that more than half of respondents (59.6%) consume alcohol. Of this group, it was found that 53% were male and 47% were female which indicates that alcohol consumption is relatively even across the sexes. Consumption of alcohol occurred mainly at taverns and shebeens, however it was also a common feature at social gatherings such as parties, weddings and funerals. Shebeen owners were noted to sometimes come and set up shop to sell alcohol at these functions. Public drinking in undesignated places was also reported. Alcohol consumption was therefore common, widespread and tolerated by the community.

However, there was concern about excessive consumption of alcohol and alcohol dependency within the community. When asked whether they agreed that alcohol consumption was problematic, all participants identified alcohol as a serious problem, with 95% strongly agreeing and 5% somewhat agreeing. Study participants noted that excessive alcohol consumption had negative consequences not only

for the consumer, but extended to impact families and the community at large. Drunk driving leading to accidents, physical violence, misuse of income, loss of employment, degeneration of morals, breakdown of family units, child neglect, crime, sexual violence and poor health outcomes were associated with excessive consumption of alcohol and alcohol dependency.

Participants were also asked whether they agreed if alcohol consumption by men, women or youth was problematic. Respondents overwhelmingly believed that underage alcohol consumption was a problem with only 2.5% seeing it as no problem at all. Young people's alcohol consumption was perceived as particularly problematic and was also viewed as a catalyst to other social ills such as petty crime, violence, risky sexual behaviour and teenage pregnancy. Alcohol was also noted to be indicative of other underlying social problems such as child neglect, a history of family substance abuse and family violence. One male focus group respondent noted that:

*"Children aged 10 are already giving birth because they drink alcohol. I have also realised that abused children as young as between 10-13 years are already drinking irresponsibly. They are drinking alcohol not because they like it, it is because of the life they are living, it's due to the circumstances that they find themselves in".*

Men focus group

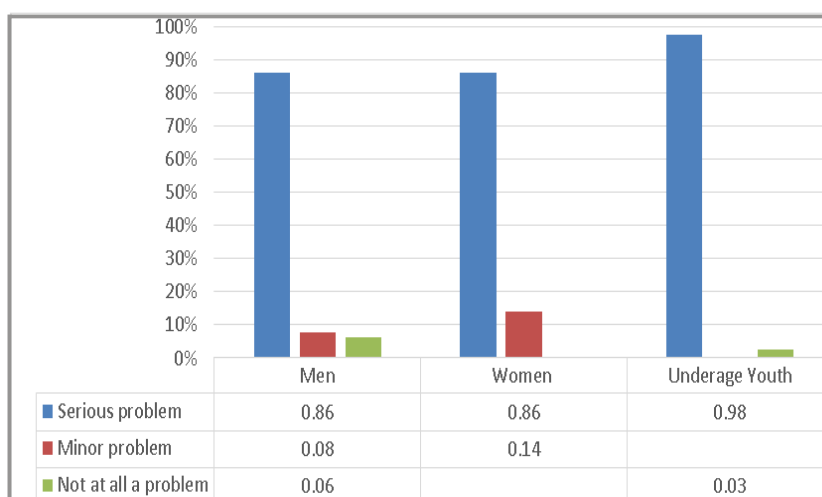
The qualitative data showed that consumption of alcohol by the 10-20 year age group was a cause of concern for the community. Respondents noted that young people are exposed to alcohol early on in life and sometimes within the home. Furthermore, the majority of alcohol users indicated that they started drinking at an early age. One participant related the circumstances of a family he knew:

*"... when you arrive there at 6 am ... you will find the mother and father already drunk and the children too. Sometimes a fight erupts and you will find the whole family in commotion. If it is 6am it means that these people never slept..."*

Men focus group

These findings are consistent with other research studies that show a growing trend of early alcohol use initiation with children lower than 13 years of age consuming alcohol<sup>73</sup>. Several studies have highlighted the dangers associated with youth and underage drinking. Abuse of alcohol is argued to interrupt the natural course of brain maturation and key processes of brain development in adolescents and children<sup>74</sup>. Youth who start drinking before the age of 15 years are four times more likely to struggle with alcohol dependency later in life<sup>75</sup>. Alcohol use is also linked to poor performance in school and dropouts which has consequences for future outcomes<sup>76</sup>. Teenagers are significantly more likely to find themselves in situations that put them at risk of falling victim to acts of violence, crime or sexual violence. Adolescents who drink are also more likely to be sexually active and alcohol is also associated with high risk sexual behaviour which increases the risk of pregnancy, sexual violence and sexually transmitted diseases<sup>77</sup>.

Figure 5  
Perceptions of alcohol use in the community according to gender and age



73.Reddy et al., 2013

74.Squeglia, L. M., Jacobus, J., & Tapert, S. F., 2009

75.Smith, 2010

76.Reddy et al., 2013

77.Smith, 2010

78.Glasier, 2006

Teenage pregnancy, for example, is a major reproductive health challenge and has social and economic consequences for young women that have far reaching effects for both mother and child. For some young women it means single motherhood, disrupted education, social isolation and repeated cycles of unintended pregnancy<sup>78</sup>.

All respondents indicated that alcohol consumption by women is a problem, with 86.1% reporting it as a serious problem and 13.9% considering it a minor problem. However, while they said men's alcohol consumption was a problem, 6.3% said there was no problem at all. This indicates that there is a greater concern with women's consumption of alcohol than with men's. In addition, study participants were also asked if they felt that violence happens because women are drunk. The majority of the participants (64%) agreed and (36%) disagreed.

The qualitative results concurred with the observation that women's

consumption of alcohol was perceived as a serious problem and that women who drink were looked down upon by the community and seen as deviant and troublesome.

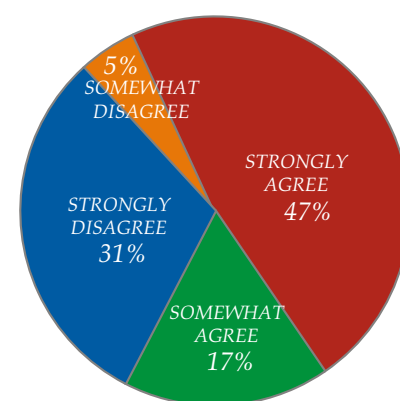


Figure 6 Participants' level of agreement on whether sexual violence occurs because women have consumed alcohol excessively

One female participant noted that:

*"Sometimes I do visit the taverns and I have realized the abuse is mostly in women. When they start drinking they never sit down. You even get embarrassed and ask them to sit down but they won't listen because you are not drinking with them. They talk loudly and they lose control. They don't even think about their little children".*

Woman non-consumer

One of the key informants also commented that:

*"The problem is these women, especially the youngsters. The older men are bringing them to the taverns and this is the cause of the problem because sometimes you just hear a women cry and then we have to run around... the problem is mostly caused*

*by these young women because they are there. Men change their behaviour when they see these young women. When somebody is drunk he feels that they are entitled to this women".*

#### Key informant

Women who consumed alcohol also reported feelings of shame and regret when they reflected on their drinking, explaining the embarrassment it brought to their families. Men on the other hand tended to describe their drinking in less negative ways, regretting negative actions that followed alcohol consumption but rarely regretting the use of alcohol. Women consumers were more likely to report a desire to stop consumption

and narrated struggles of stopping alcohol use and then relapsing.

The negativity associated with women's drinking therefore suggests underlying gender norms and stereotypes that chastise women who consume alcohol and view them as moving away from behaviour that is socially acceptable for women. Patriarchal ideals of masculinity encourage male alcohol consumption and discourage female consumption. Females who consume alcohol were regarded as wayward and associated with loose sexual morals<sup>79</sup>. This has important consequences for the safety and treatment of women who consume alcohol in the communities of

Bathlaros and Wrenchville and the kinds of interventions to be considered. Violence against women has roots in gendered power dynamics and societal expectations about what is wrong and what is right. It is therefore not surprising that some women consumers reported being physically assaulted by their partners for consuming alcohol. Interventions will need to consider the impact of gender norms and address some of their negative consequences.

## 4.2 Factors Encouraging Alcohol Use

An essential starting point in addressing the problem of substance abuse is to understand the reasons for engaging in such practices and its effects on people's lives. Research has shown that some of the reasons for alcohol use include:

- use as mood changers (e.g. feel better when depressed, stop worrying, relaxant)
- for physical effect (e.g. help you sleep)
- social functioning (e.g. lose inhibitions, make you confident, enjoy company) and
- managing the effects of other drugs (e.g. improve the effects of other substances or ease the effects of other substances)<sup>80</sup>.

were the most common reasons for alcohol consumption:

- stress relief, *"all this stress that we live with. Money, life its difficult"*
- entertainment, *"to just have a good time, just have a good time. I don't have stress. I just drink"*
- peer pressure *"everyone is drinking, they just want to fit in" "they (youth) think its cool"*
- morale and courage boosters *"some of them drink because they have an issue with someone, so alcohol gives them courage to confront that person".*

In terms of reasons for consumption according to age group: peer pressure and wanting to fit in - "being cool" - were cited as the main reasons why youth consume alcohol; coping with

problems and terrible life experiences were cited as reasons for the 25 to 39 age category; and feelings of sadness and depression were cited as the main reason for consuming alcohol by the over 40 age category. This suggests that age group targeted interventions need to be considered which recognise the underlying problems that encourage alcohol use by that particular age group.

As was mentioned previously, South Africa has major societal problems such as poverty, unemployment and high disease burden. The study showed that HIV, poverty and unemployment were viewed as the major challenges facing the community. It was found that HIV (56.9 %) was seen as the major problem,

This study found that the following

<sup>79</sup>Peltzer et al., 2011

<sup>80</sup>Boys A., Marsden J. & John Strang, J., 2001



followed by the issues of poverty (53.9%) and unemployment (48%). (See Figure 7). Study participants also blamed their consumption of alcohol on the presence of these challenges in their lives. It follows that if these underlying problems are not addressed, it will be difficult to address alcohol abuse. The study participants older than 25 years of age linked alcohol use to stress, depression and as a means of coping with underlying problems and attributing their consumption of alcohol to the presence of these challenges in their lives. Interestingly, the majority of the participants acknowledged that alcohol consumption was a temporary solution and unfortunately one that led them into a vicious cycle of alcohol use. They had to constantly drink to forget problems or numb themselves from their pain. In their study, Kalichman, Simbayi, Kagee, Toefy et al. (2006) found that experiences of poor education, unemployment, discrimination, violence and crime are related to alcohol use. Specifically, they found that poverty-related stressors were associated highly with a history of alcohol and drug use<sup>81</sup>.

HIV emerged as the biggest challenge faced in both communities. This is noteworthy when considering the association between alcohol use, violence and risky sexual behaviors. The study found that alcohol use was highly associated with violence in general and domestic and intimate partner violence more specifically. Women living in violent relationships are often constrained in making [healthy] sexual choices. This puts them at great risk of sexually transmitted infections, including HIV and further violence. This absence of choice is either through direct exposure to forced or coerced sex or because they are unable to control the right to safer sex<sup>82</sup>.

This study, like others, highlights poor judgment, poor decision making and arguably a loss of control accompanying excessive alcohol use. Inconsistent condom use, forced sex, concurrent multiple partnerships and “one

night” sexual encounters were reported as some of the consequences of excessive alcohol use. All of which increases peoples vulnerability to HIV.

While South Africa has one of the highest HIV prevalence rates in

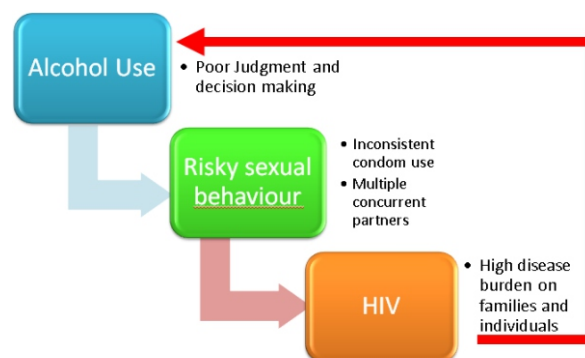
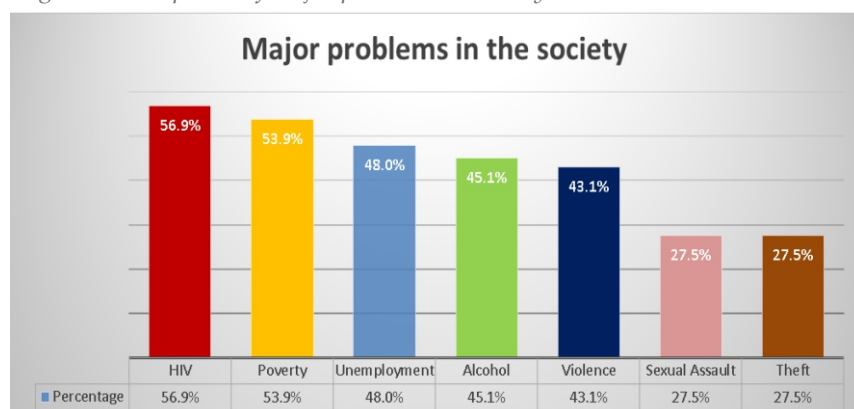


Figure 8 HIV and Alcohol Linkages the world (18.9 %)<sup>83</sup> the Northern Cape has one of the lowest HIV prevalence rates in the country (7.4%)<sup>84</sup>. This suggests that the linkages between excessive alcohol consumption (a feature of the Northern Cape and specifically the Baltharos and Wrenchville communities) and risky sexual behaviour should not be ignored because of the potential to increase HIV infection. This is particularly important in these two communities as current studies on HIV infection suggests that young women between the ages of 15-24 years are most at risk. In South Africa, of the 469 000 new infections in 2012, almost a quarter were amongst young women aged 15-24 years, a figure 4 times that of their male counterparts<sup>85</sup>. Risky sexual encounters, poverty, age disparate sexual encounters and violence are among the key drivers of the epidemic for this population group.

Figure 7 Perceptions of major problems in society



81. Kalichman, et al., 2006

82. Glasier, 2006

83. UNAIDS, 2014

84. StatsSA, 2012

85. Simbayi et al., 2014

Our study found that youth and underage drinking were a major concern while intimate partner violence, alcohol related risky sexual behaviour and inter-generational relationships were also

prevalent in the communities. Additionally, some of the study participants also spoke of the inconsistent uptake of chronic disease medication due to excessive alcohol use. Most commonly

mentioned were hypertension, diabetes and HIV treatment.

## 4.3 Alcohol Use and Violence against Women

Participants were also asked whether they agreed with the statement that violence against women happened when there is too much alcohol consumption. The majority of participants (83%) agreed with this statement. This is consistent with other studies of the drivers of domestic violence that show that “drugs and alcohol use are causally linked to the majority of incidences”<sup>86</sup>. In the Northern Cape specifically, it was found that 90% of perpetrators abused alcohol or drugs.

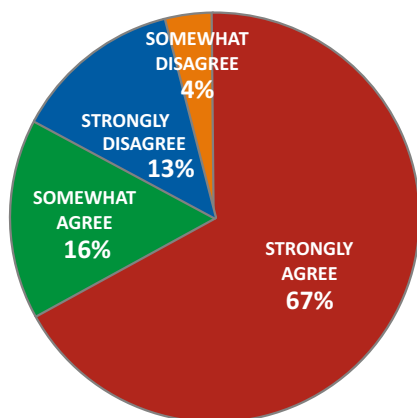


Figure 9 Participants' level of agreement on VAW and excessive alcohol consumption

Alcohol use was recognised by the communities as a key driver of violence against women. However, 66% of participants argued that

alcohol is not the only factor for the violence. Some survivors of violence discussed experiences of violence where the perpetrator had not consumed alcohol. Other drivers of violence identified included social and gender inequalities, economic problems and socialisation to violence, with perpetrators having learnt aggression from growing up in families where violence was a common occurrence. The study therefore showed that aside from alcohol, other factors also contribute to violence against women. Some participants felt that perpetrators of violence used alcohol as a scapegoat to justify their violent behaviour, adding that a deeper issue needed to be identified and addressed that was the cause of the violence. Findings of the study suggest therefore that violence against women is commonly and highly associated with alcohol use but this is not the only driver of such violence. Other drivers need to be examined and addressed.

Other research found that a large proportion of the victims of alcohol-related crimes were often themselves under the influence of alcohol<sup>88</sup>. This was also found to be true in this study. Both male and

female consumers of alcohol felt that they were easy prey to criminal activities when they were drunk. Some reported being robbed at drinking spots, others on their way home. Overcrowding, excessive noise and poor lighting were some of the factors that encouraged crime at drinking places. Fights were also more likely to occur. Safety issues for consumers of alcohol in drinking establishments should be considered in the interventions.

One participant noted that when they are drunk:

*“We fear being raped; you can end up being raped if you are drunk or if you pass out”.*

**Woman consumer of alcohol**

Other participants added:

*“No it is just my boyfriend, when I'm drunk and just pass out he beats me when I'm unconscious”.*

**Woman consumer of alcohol**

*“Yes my friend was forced to have sexual intercourse because she was drunk. They were at the tavern drinking together with the man who forced her to sleep with him”.*

**Woman survivor of violence**

86. Development Research Africa, 2013

87. Ibid

88. Felson & Burchfield, 2004

## 4.4 Types of Alcohol-related Violence

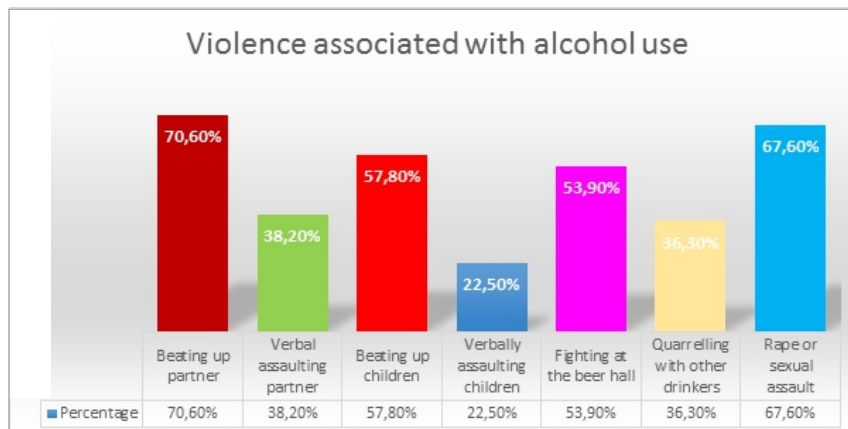


Figure 10 Participants' perception of the types of alcohol-related violence in the community

The community's perception was that intimate partner violence (beating of partner) was the most common type of alcohol-related violence (70.6%), followed by rape or sexual violence (67%) and child abuse (57.8%).

### Physical Violence

Consumers of alcohol spoke first hand of how they were more prone to be violent when they had consumed alcohol in excess than when they were sober. Interviewed participants narrated incidents of fights in the taverns and shebeens, some occurring between friends and intimate partners and others with strangers. These fights at times involved the use of weapons such as knives, guns and broken beer bottles. The injuries stemming from alcohol-related violence included strangling, stabbings and even death:

*"Those fights have given me scars. I have scars from being beaten after getting involved in a fight while drunk. I fought with someone this one time and ended up with scars. ... Look, I was sorry when I finally realised that if*

*I was not drunk and had not challenged this person, I would not have any scar. You understand? I just saw stitches, I was stitched. The second time was when I got beaten by people who were following me when I was coming back. I didn't even do wrong by them".*

Male consumer of alcohol

### Domestic and Intimate Partner Violence

Domestic violence was also noted as a serious and rampant problem within the community. The SAPS lamented the high rates of domestic violence that they handled monthly and explained that in most of the incidences substance abuse was a factor. Both women and men alike also spoke of the high rates of domestic violence and its association with alcohol use:

*"We were at a shebeen, while we were drinking alcohol, my boyfriend accused me of being involved with another guy. So, a fight broke out and he threw around beer bottles at me".*

Woman consumer of alcohol

Another respondent noted the

following:

*"We see a lot of domestic violence every weekend. I have realised that if both man and woman drink alcohol they fight but when they are sober they don't. Now because they are drunk they fight. The following day there are no fights because they are sober. But after drinking they start all over again".*

Men focus group

The majority of participants in the study explained that usually when someone within the household consumed alcohol, violence was a common occurrence. Parents (mainly women) spoke of both verbal and physical abuse at the hands of their children when the children had consumed alcohol excessively. Male children tended to be physically violent to the parents and other people within the household such as siblings.

*"The first time I realised my son was drinking alcohol, was when he didn't sleep at home. He came back the following morning around past 10 am. He started demanding food from his pregnant sister; and when she told him to eat what was there for breakfast, he got angry and threatened to throw a bed at her. I found him carrying the bed and told him to put the bed down and leave his sister alone. While I was still standing at the door, he kicked a chair that was next to him towards me and then left the room. After some few minutes he came back holding a knife threatening to stab me and his sister with it. I screamed for help from the neighbours and he ran away when they arrived. His sister was just crying uncontrollably and that's when I realised my son was drinking alcohol".*

Woman focus group respondent

Women survivors of violence also narrated incidences of intimate partner violence. Both verbal and physical violence were reported. When male partners arrived home after consuming alcohol, they did not want to be confronted about their drinking or they would pick a fight with their partners. Survivors of violence reported shame and embarrassment in situations where the violence took place in front of the children, friends or relatives:

*"When he starts beating me, I fight back. We fight with objects & utensils. Even the children are involved, we hurt our children... he (refers to son) sees all these fights and bad things. So he is impacted".*

**Woman consumer of alcohol**

Violence against women was also commonly associated with violence against minor children within the household. Men who beat up their partners also beat up their children:

*"My ex-husband would beat me in front of the kids. Even the children were also beaten up for no reason.... He once beat me up for no reason and I ended up in hospital. I was blue and green all over my body. I would go back to him and say he is my husband and the father of my children".*

**Woman survivor of violence**

Some women resorted to drinking alcohol themselves in order to gather courage to fight the violent partner. Alcohol use became a coping mechanism but possibly fuelled domestic violence incidents as well:

*"Yes, I used to fight my lover a lot because he used to beat me. He abused*

*me. He used to go out drinking and come back around 2 o'clock and he would want to fight with me. You see? Then we would argue and then he go to the tavern. When he went out, I said to myself "I know when he comes back he will...". So I went to buy 'Old buck' nip [...]. When he came back, did I not hit him with fists! He had to go to the doctor. The doctor gave him 3 days off. [...]. He could not eat; he just drank mageu".*

**Woman survivor of violence**

Emotional and psychological abuse was evidenced by the reporting of extreme worry and anxiety that non-consumers lived with. They consistently discussed being unable to sleep when the member of the household who consumed alcohol was out drinking late at night. Some relived traumatic experiences of previously being called to hospital when the drinker had been assaulted when they had gone out drinking:

*"The challenges of living with someone who drinks are that, when he is not home, the result is, I as a parent am affected. I get affected because when he is gone drinking, he does not come home on time. I have no idea where he eats and I cannot fall asleep at all. Everything that moves, if there is a sound of something passing by, I have this thought because that time when he got stabbed, I was told by his mates at 3 o'clock in the morning. So when he is out like that, even though I am sleeping in the house, my mind takes me there because that time when they came to call me, I found him with blood all over".*

**Woman non-consumer**

In another interview a participant noted that:

*"Truly when he (referring to son) is drunk like that we are not safe. It's me and him and his sister. The reason we are not free is that the other time when he was drunk, we are not free in the house, reason being that, one day he slept at the tavern, in the morning when he came back, he wanted to do as he pleases with us. It was that day when we realised that he had a knife, he threatened to stab us".*

**Woman non-consumer**

One woman who consumed alcohol also noted that she was aware that her children were anxious and worried about her safety whenever she was out drinking.

The majority of participants in the study reported fear of the consumer of alcohol when he came home after drinking. They were never sure what to expect, or what would trigger a violent episode. Women described tension within the home and children locking themselves in their bedrooms when the household member who consumed alcohol came back home:

*"I have a child who drinks alcohol. He becomes very violent when he has been drinking at the tavern. I no longer lock my doors at night when I sleep, if he comes back and he finds that the doors are locked, he will knock to an extent that he wakens our neighbours. We are not only abused by our men, but our children too. He would demand food when he comes back. If there is no food, he would say I ate it with my friends then I should make a plan. I would be anxious and terrified that my son is going to insult me since there is no food. I don't know how I can solve this problem".*

**Woman focus group**



Another participant explained that the family lived in fear because the member of the household who consumed alcohol always threatened to commit suicide whenever they confronted him about his behaviour when he was drunk:

*"He (referring to son) just threatens, but has not yet injured anyone. Even that day when he threatened us, he came with a rope, saying he wants to hang himself but when the neighbours were called to help, he left".*

**Woman non-consumer**

Another respondent noted that:

*"My brother is the one who drinks in my family. This is a problem for our family as we are not safe. When he is drunk, he becomes aggressive. He will come home and cause havoc. We cannot say anything. Anyone who tries to speak to him will be beaten up. We leave him to do as he pleases... but when he is sober he is a different person".*

**Woman non-consumer**

One woman survivor of violence explained that:

*"My ex-husband was drinking. When he was drunk we were always afraid of him, we were living in fear. My children were very young, so when their father came home they would lock themselves in their room. They were so afraid of him that they would not even go to the kitchen to get something to eat. We had a dog at our place, when my ex-husband came home even the dog would hide because he always kicked the poor dog when he saw it".*

**Woman survivor of violence**

### **Sexual Violence**

Sexual violence was highlighted

as the second most common problem associated with alcohol use (67.6%). Women spoke of unwanted touching and groping by men who had been drinking. This was most common at drinking outlets and parties. Women consumers of alcohol also reported fear of being sexually assaulted after having excessively consumed alcohol and that attempts and even actual incidents were higher when they had been drinking.

Rape and forced sexual intercourse were reported by both women who consumed alcohol and those that did not. A few of the women narrated experiences of forced sexual encounters by intimate partners who were drunk. These incidences were not regarded as rape by the survivors and therefore were not reported to the police:

*"I was beaten and forced to have sexual intercourse by my boyfriend. I eventually reported him to the police for beating me and a protection order was issued against him and we will be going to court on the 12th of August ... I felt safe after they gave my boyfriend a protection order".*

**Woman survivor of violence**

Another participant explained:

*"Yes you see, my boyfriend he sometimes forces me to have sex with him when he is drunk. I just do it but I don't like it. It's just that I don't want it today but tomorrow... it is not rape you see".*

**Woman non-consumer**

"Forced sex" was also reported when a woman had been drinking with a male counterpart who had been buying the alcohol for her.

There was a general belief that women who allow men to buy beer for them must also accept their sexual advances. When she did not willingly comply, "forced sex" was a consequence:

*"...mostly young girls go to the tavern without money when they get there they find men who are having money to buy them alcohol. Later they are forced to sleep with those men because they drank their alcohol. Rapes usually start in that manner".*

**Men focus group**

Another participant of the focus group concurred:

*"...the liquor bought means money and at the end of the day she is going to be taken advantage of sexually whether she likes it or not. She must pay for the liquor. She has to agree to sex because she drank another person's liquor".*

**Men focus group**

Rape and attempted rape were usually by an unknown perpetrator or when the perpetrator is known but is not in an intimate relationship with the survivor.

*"I nearly got raped when I was living at the RDP house, I was sleeping and I don't know how this person got inside the bedroom because I just went to sleep and then they entered my bed. I just heard movements... I was scared. I screamed and pushed them away... I didn't report them, you see I felt sorry for them. I know them. They are poor".*

**Woman consumer of alcohol**

Participants also reported rape of minor children by male partners who had excessively consumed alcohol. Reports of such sexual abuse were common when the mother had excessively consumed

alcohol and passed out. When the mother was drunk and passed out then her male partner would sexually assault the children:

*"When a father sexually abuses a child we don't report it to the police; instead we solve it within the family which is not good for the child".*

**Woman focus group**

One male participant noted that:

*"...and usually those children that are being abused are the step-children to this woman's husband. This man also abuses the child because they are biologically not his. When he is drunk, he becomes violent and abusive to the mother and the child and he ends up raping both of them."*

**Male non-consumer**

### **Child Abuse**

Child neglect and abuse were also reported. Child neglect was common when both parents consumed alcohol, or when the mother consumed alcohol. This was associated with the perception that alcohol use by women was particularly bad. Child neglect manifested in young children who were not yet old enough to take care of themselves and were left alone in the home without supervision and food as well as parents' misuse of income resulting in failure to meet children's needs such as the payment of school fees:

*"I have a daughter who neglects her children and if I refuse to babysit, she fights with me. She uses child support grant money to buy alcohol, hair products and cosmetics disregarding the need of her children. Her friends*

*sleep with their children but she sleeps at the tavern".*

**Woman focus group**

A male interview participant explained that:

*"Children are abused by their mothers more especially if they drink alcohol. They leave without neither cooking nor giving them anything to eat. Most children are abused by their mothers who don't care whether the children ate or not".*

**Male non-consumer**

Another focus group participant lamented:

*"I have a daughter who drinks alcohol a lot. She even goes to the tavern with her new born baby. She is abusing me because sometimes I have to babysit when she goes to the tavern. She sleeps there and comes back the following day. I don't know how we can solve this problem".*

**Woman focus group**

A male focus group respondent confessed:

*"Well I have accepted. I had children to support here in Batlharos but when I was at work I would go to town and spend all my salary on alcohol. The children suffered as I didn't pay for their transport fares and at the crèche and school fees."*

**Men focus group**

Some interview respondents also argued that parents and guardians of minor children were complicit in the problem of underage drinking because they were the ones introducing them to alcohol. There were reports of sending young children to buy alcohol and also

giving them alcohol to drink:

*"Here in Batlharos children start drinking at the age of 13 because elders sent them to buy beer and they drink the left overs".*

**Men focus group**

Violence against women and children manifests itself in different forms. Interventions need to be tailored to respond to the different forms of violence. Not only is there underreporting of the violence but also silence with survivors not even confiding in close friends for support. The reasons why survivors do not speak out, report to the police or even withdraw cases need to be explored so that an enabling environment is created that encourages reporting of violence and abuse.

## 4.5 Surviving the Violence

All the women survivors who participated in the study narrated episodes of extreme physical violence by intimate partners with different participants saying:

*"He beat me until I was black and green" or "He beat me to a pulp" or "He hit my head on the wall until blood came out of my nose and mouth" or "He broke my arm" and "He stabbed me thirteen times".*

**Woman survivor of violence**

All of the participants endured many episodes of these violent attacks before they eventually sought help from the police or left the abusive relationship. A number of factors prevented them from taking any action against the perpetrator of violence. Social desirability of marriage and family unit, economic dependency, no place else to go and fear of the perpetrator were some of the reasons why they remained in the abusive relationship.

Where the violence was associated with alcohol use there was also a tendency to blame the violence on the alcohol and not the perpetrator. This was associated with the perception that people who had consumed alcohol were not in full control or did not know what they were doing. This is consistent with the findings of a study by Mazibuko and Umejesi, 2015, that excessive alcohol consumption is blamed for bad behaviour<sup>89</sup>. Consequently, survivors of violence remove responsibility from the perpetrator by arguing that they were not in control of themselves but rather placed responsibility on the alcohol. Women survivors of violence used phrases like, "They were not

themselves, 'it was the alcohol', he does not do this when he is sober", to justify why they remained with partners who abused them. Other participants used religious beliefs to understand alcohol abuse and dependency by suggesting alcohol abuse was the work of the devil and seeing the abuser as a helpless victim.

One woman noted:

*"We need to pray against this seed of the devil. Alcohol is a seed of the devil. We must pray for our children so that God is in them. The devil is controlling them".*

**Woman non-consumer**

Another consumer of alcohol explained:

*"I have tried to stop but the devil is strong. Today I go to church they pray for me, tomorrow I find myself drinking. I know it is the work of Satan. It is only Satan who make me drink again".*

**Woman consumer**

When asked whether they agreed that excessive alcohol consumption meant that people had no control over their actions, 67% of respondents felt that people who had consumed alcohol excessively had no control over their actions, while 33% believed that they knew what they were doing. Some consumers of alcohol claimed that they could not remember what happened when they were intoxicated. A participant narrated:

*"Yes I once fought with my niece because we were both drunk. The following day neither of us knew we*

*fought".*

**Woman consumer**

Others claimed that they knew everything they did, and some even used alcohol as an excuse to justify their behaviour.

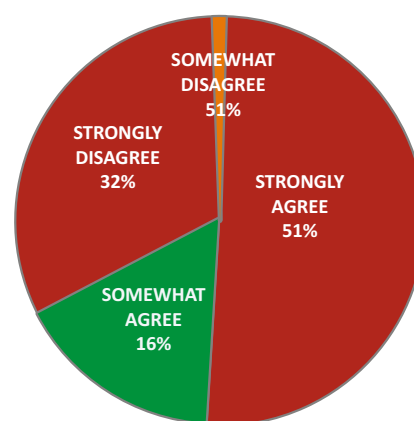


Figure 11 Participants' level of agreement on whether people who consume alcohol excessively have no control over their actions

This suggests that there is a strong perception that people who excessively consume alcohol cannot be held responsible for their actions. Such perceptions encourage tolerance of deviant behaviours by consumers of alcohol alongside a lack of responsibility for the behaviour:

*"...it [violence] happens all the time; it's just that people don't speak about it. When we are abused, we women don't want to talk about it we keep quiet".*

**Woman non-consumer**

Tshwaranang's research on Abused Women's Help-seeking behaviours show that as the nature, type and severity of the abuse (violence) changes, so too does the

<sup>89</sup>Mazibuko & Umejesi, 2015

responses employed by women to cope with the violence in the relationship. The stages of change, based on women's decision to seek help, are influenced by socio-cultural factors and includes women's access to: (i) the criminal justice and health system, (ii) supportive relationships (community and family), (iii) tangible economic resources

(including access to credit and employment) and women's own physical, psychological and spiritual well-being (mind, body, soul). Unsuccessful attempts in leaving abusive relationships per the research are directly related to women's lack of access to assistance including safety and security (housing), financial resources,

support (employment/social security), quality services (health, legal, psycho-social response); collectively contributing to women's revictimization.

This suggests that a future intervention includes a focus on women's access to: information (individual, family, community), services (health, legal, psycho-social), economic independence.

## 4.6 Support Services

The study also highlighted a general lack of adequate services for survivors of violence as well as support services for people with alcohol dependency problems who wished to stop drinking. In both Bathlaros and Wrenchville there are no shelters for survivors of violence and no rehabilitation services for those struggling with alcohol dependency.

While some participants applauded the work of the police in handling situations of violence, a larger number of participants criticised them, noting slow response, lack of vehicles to attend to situations of violence and inadequate provision of protection

for survivors of violence. The SAPS was also accused of not enforcing laws relating to underage and public drinking with some accusations of the police using official vehicles when buying alcohol. Participants revealed that:

*"Our police are not helping even if you go and report incidences, they will say that they will come but they end up not coming".*

**Woman survivor of violence**

*"The police sometimes help and sometimes they don't. Yes in my case they helped me. I got a protection order".*

**Woman survivor of violence**

*"Police officers are not taking part in anything. They don't even do raids, they are forever drinking at my tavern. Next thing they will be delivering alcohol for us".*

**Men focus group**

Some of the participants did not even know of services that assist with alcohol dependency. Social services were reported to have large caseloads and were responsible for services covering a large geographical area. Consequently, it takes too long for anyone to be able to receive assistance from a social worker.



# 5.

## conclusion

In conclusion, the study found that alcohol-related violence is a serious problem in the community. Alcohol use, dependency and abuse were common across all gender and age groups in Batlharos and Wrenchville communities. Alcohol abuse was consistently and strongly associated with increased occurrence of violence in general and alcohol-related violence against women and children in particular. While some violence against women occurred in the absence of alcohol consumption, chances of this form of violence occurring increased when one or more of the parties involved had been drinking. The study also found that many of the perpetrators were violent only when they had consumed alcohol excessively.

Women and children were the main victims of alcohol-related violence and the perpetrators largely men. Violence occurred more frequently in the home and at drinking places such as taverns and shebeens. Violence in the home was usually by an intimate partner or by older children who lived at home with their parents. Intimate partner violence was reported as the most common form of violence after alcohol consumption, followed by rape or sexual violence and child abuse. Women who reported IPV explained that physical violence was always associated with verbal and psychological abuse. Where children were present in the home

it was also common that the violence extended to them as well. Domestic violence manifested in many forms with emotional, verbal, economic, physical and sexual violence being regularly reported. At the taverns and shebeens verbal, sexual and physical violence were more common.

Men were identified as the majority of the consumers of alcohol while underage and youth drinking was noted as the most serious problem, with reports of children as young as 10 years consuming alcohol. Underage drinking was associated with social ills such as theft, disruptive

behaviour, violence and risky sexual behaviour. Risky sexual behaviour was associated with age disparate relationships i.e. “sugar daddies and young girls”, unprotected sex, multiple concurrent sexual partners and transactional sex, all of which increase vulnerability to HIV and other sexually transmitted infections. Other problems of risky sexual behaviours are teenage, unwanted and unplanned pregnancies.

Societal attitudes and beliefs played a significant role in how both alcohol abuse and alcohol-related violence was understood and dealt with. Religious and

cultural beliefs rooted in patriarchy prescribe ideal virtues and behaviours for males and females. While male consumption of alcohol was recognised as problematic, it was acceptable and tolerated. Women's consumption of alcohol on the other hand was seen as improper. Women's reproductive roles of motherhood and caring for the family were emphasised. Women's consumption of alcohol was frowned upon because it interfered with their ability to take care of their children.

These gendered attitudes also shaped the view that women's presence in the taverns and shebeens was disruptive and the cause of men's bad behaviour as they vied for women's attention or fought for them.

The study also noted a general acceptance of sexual abuse of women who accepted alcohol bought by men. Acceptance of alcohol was an unspoken acceptance to perform sexual favours and if the woman resisted, she could be forced. Participants in the study did not define this as rape but rather as "forced sex" and therefore did not report it to the police. "Forced sex" also included incidences where an intimate partner forced themselves on the other. They viewed this as "forced sex" because at that particular moment they did not want sex but still wanted to be with that person and may desire sex at a later time

with them. Rape was usually described in relation to an unknown perpetrator or someone whom one did not have a relationship with. Sex with minor children was recognised as rape but not always reported to the police, with some families electing to deal with the problem within the family.

However, there was a general underreporting of violence against women and children. Women survivors of violence did not always report incidences of violence to the police or even talk about it with friends or family. The social desirability of marriage, economic dependency on a partner, preferring to deal with the issue within the family, lack of confidence in the ability of the police to act and the justice system all deterred women from reporting violence.

The study also found that beside the police and social workers, there were inadequate victim empowerment services available for survivors of violence such as places of safety or counselling services. The lack of support services undermined the ability of survivors to leave abusive relationships which endangered their lives. Alcohol users who wished to stop did not have access to rehabilitation services or other support mechanisms.

The police were perceived as being weak when it came to

enforcing rules and regulations governing the sale and consumption of alcohol.

Given the theme of underage drinking which emerged in the rapid assessment consideration of the risk and protective factors for the youth is a critical issue arising. Risk factors mentioned or inferred in the study include exposure to violence in the family, early involvement with alcohol (at an individual level), low parental involvement in child-raising activities and/or parental substance abuse (at the relationship level), low level of social cohesion and/or participation in gangs (at community level), and poverty and social inequality (at a societal level).

Against this, some protective factors are implied such as access to education (and higher education), connectedness to family, positive role models, active engagement in community structures and activities and access to social grants. These factors ought to be explored in more depth in community led interventions, given the prioritization on underage drinking and associated violence expressed by respondents in the rapid assessment.

The findings of this study will allow communities to develop interventions that are appropriate to reduce this kind of violence.

# 6.

## recommendations

The recommendations for possible interventions to reduce alcohol-related violence against women and children are summed up in the table below.

PROBLEM ADDRESSED	POSSIBLE INTERVENTION
<b>INDIVIDUAL AND RELATIONAL</b>	
Alcohol-related Violence against Women and children	<ul style="list-style-type: none"> <li>■ Programmes to reduce anti-social and aggressive behaviour</li> <li>■ Counselling with victims and perpetrators of violence</li> <li>■ Programs – responsible drinking interventions</li> </ul>
Alcohol Abuse including Underage and Youth Drinking	<ul style="list-style-type: none"> <li>■ Advocate for treatment and rehabilitation services for individuals who wish to stop</li> <li>■ Interventions that encourage responsible drinking</li> <li>■ Awareness raising about laws on alcohol use and gender-based violence (SOA and DVA)</li> <li>■ School-based programmes to change gender norms and attitudes and to prevent violence and alcohol abuse, HIV and teenage pregnancy</li> <li>■ Skills building and empowerment programs to address underlying issues such as poverty and unemployment that drive alcohol use</li> </ul>
<b>COMMUNITY AND SOCIETAL</b>	
Alcohol-related Violence against Women and Children	<ul style="list-style-type: none"> <li>■ Community-based programmes to change gender norms</li> <li>■ Public awareness campaigns to dispel myths about violence against women and children and alcohol abuse</li> <li>■ Advocacy to encourage empowerment of women, promote legal reform, strengthen criminal justice responses and improve safety of physical environments</li> <li>■ Need for interventions targeting duty bearers and other community leaders</li> </ul>
Adequate and Appropriate Services	<ul style="list-style-type: none"> <li>■ Lobby relevant government structures for social services such as shelters, rehabilitation services and recreational activities</li> <li>■ Lobby mining community for social services</li> </ul>
Alcohol Abuse	<ul style="list-style-type: none"> <li>■ Lobby for stricter control of licensing of taverns, keeping to regulations and crack down on illegal drinking places</li> </ul>
AREAS FOR FURTHER STUDIES	<ul style="list-style-type: none"> <li>■ In-depth study on the impact of HIV and linkages with alcohol use</li> <li>■ The linkages between alcohol abuse and child abuse</li> <li>■ Extent and magnitude of underage drinking (Risk and Protective Factors)</li> </ul>

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## annex

### Mandates of Government Departments and Institutions

#### *Alcohol Abuse*

Under the CDA, several government departments (identified as pivotal in the 'fight against drugs') are charged with responsibilities in this regard.

Government Department	Locus of Responsibility
<b>Arts and Culture</b>	Support occupational groups at risk such as artists and musicians through strategies for preventing and combating substance abuse among members
<b>Correctional Services</b>	Facilitate compliance with the National Drug Policy in the workplace; formulate security strategies aimed at preventing drugs entering correctional centres; correct the offending behaviour of people sentenced
<b>Education</b>	Drug abuse issues form part of the curriculum (life orientation learning area) and programmes provide learners with relevant knowledge on drug abuse so that they can make appropriate choices. Also developed a policy framework on prevention and early intervention based on a restorative justice approach
<b>Health</b>	Developed a framework for legislation on the control of alcohol and is responsible for reducing drug demand and harm caused by psychoactive drugs, including alcohol and tobacco; promulgate legislation and policy guidelines for early identification and treatment; collaborate with the DBE and DSD on national awareness campaigns and also supports treatment centres
<b>Justice and Constitutional Development</b>	Help reduce the demand for illicit drugs and the supply of such drugs on the street, through the criminal justice system; divert young and non-violent offenders who require drug-related treatment to treatment programmes; stipulate treatment as a condition of suspension of sentence, pre-trial release or correctional supervision. Regarding supply reduction, the department deals with organised crime involving drugs through forfeiture of the gains/property (asset forfeiture) ensuing from crime as well as through deterrent sentences in the courts
<b>Labour</b>	Establish the conditions of employment and protect the rights of employees in the workplace; combat substance abuse in the workplace and draw up workplace policies on substance abuse

<b>Government Department</b>	<b>Locus of Responsibility</b>
<b>Safety and Security</b> includes the South African Police Service (SAPS)	SAPS serves to prevent, combat and investigate crime; maintain public order; protect and secure the inhabitants of the Republic and their property; uphold the law. All SAPS' programmes include drug demand and supply reduction strategies
<b>Social Development</b>	Lead government in the campaign against substance abuse and provide technical and financial support to the CDA and its secretariat. DSD is responsible for developing generic policy on substance abuse. Its strategic objectives are to: develop a comprehensive legal and policy framework for service delivery on substance abuse; develop and refine programmes on prevention, early intervention and treatment for substance abuse; facilitate capacity building and training of provincial stakeholders; monitor and evaluate the implementation of policies and programmes on substance abuse; develop minimum norms and standards for service delivery in the field of substance abuse
<b>Sport and Recreation</b>	Conduct drug testing for the purpose of detecting and deterring the use of prohibited substances and methods. For the purpose of planning and implementing effective drug-testing and education programmes the department undertakes education and awareness programmes; research on sociological issues (knowledge and attitudes towards and use of performance-enhancing drugs among South African sportspeople)
<b>Trade and Industry</b>	Regulate the liquor industry per the objectives of the Act which are to reduce the socioeconomic and other costs associated with alcohol abuse and to promote the development of a responsible and sustainable liquor industry. The department provides for public participation in the liquor licensing process. The DTI also trains traffic officers (managed by the RTMC) on the recognition of drug users towards prosecution of alcohol-related crimes on the road
<b>Intitution</b>	<b>Locus of responsibility</b>
<b>Financial Intelligence Centre (FIC)</b>	Pass on to the relevant law enforcement authorities, intelligence agencies and SARS (SA Revenue Services) any drug and crime-related information. In turn these authorities and agencies are to inform the FIC about enforcement targets and drug distribution typologies in the country
<b>Medicines Control Council</b>	Oversee the regulation of medicines in South Africa. Its main function is to safeguard the public by ensuring that all medicines sold and used in South Africa are safe, therapeutically effective and consistently meet acceptable standards of quality
<b>National Youth Commission (NYC)</b>	Aims to assist the government in planning a comprehensive youth (in and out of school) development policy with reference to substance abuse and related issues



## *Violence Against Women*

Several government departments are charged with responsibility regarding violence against women.

<b>Government Department</b>	<b>Locus of Responsibility</b>
<b>Basic Education</b>	Mandate: Ensure the education of children and their protection and safety. Part of the Department of Education's mandate is to promote gender equality and uphold the rights of the child as provided for the Children's Act, 2005 and the Convention on the Rights of the Child including upholding the constitutional values of human dignity and equality in education.
<b>Health</b>	While the DVA does not place any legal obligations for the DoH, in its implementation, but it plays a role in the implementation of the SOA through the provision of medico-legal services. DoH is expected provide immediate care of a survivor of violence through attending to injury and trauma, collection of forensic evidence, prevention of pregnancy, providing Post Exposure Prophylaxis (PEP) to victims and HIV testing to people accused of rape, developing training courses on the SOA, participating in the ISC, and annual reporting. The Primary Health Care Package sets out the standards of procedure for providing services to survivors of SV and IPV.
<b>Higher Education and Training</b>	This Department is responsible for the provision of an inclusive post school system that allows South African to access post school education and training in order to fulfil the economic and social goals of participation in a fully inclusive economy. This Department derives its mandate from the constitution more specifically section 29 which lists education at all levels, including tertiary education as a functional area of concurrent national and provincial legislative competence. It is governed by the Higher Education Act and in terms of the Programme of Action provision is made for it to strengthen partnerships in the provision of intervention services in response to Violence against Women.
<b>Justice and Constitutional Development</b>	The Department of Justice is largely responsible for the administration of justice including developing initiatives for the implementation and monitoring of the Domestic Violence and Sexual Offences Act. In relation to this study, this Department is responsible for the managements of courts; collecting statistics around protection orders; criminal prosecutions of domestic and sexual violence. The National Prosecutions Authority on the other hand is responsible for the effective prosecution of these cases including maintaining data relating to the operation of the Thuthuzela Care Centre model.
<b>Police</b>	The SAPs has specific mandate with regards to the implementation of both the DVA and SOA. They have the specific role of evidence gathering and protection of survivors and witness. The DVA places responsibility the police to ensure that survivors of domestic violence are able to apply for protection orders to prevent abusers from entering a mutual home or the survivors home or place of work. The order can also allow for the seizure of weapons

<b>Social Development</b>	Tackling violence against women is part of the mandate of the Department of Social Development. To be specific the DSD the mandate of the DSD is to prevent violence against women and children; to respond to violence in an integrated and coordinated manner; to monitor prevalence and incidence of gender-based violence against women and children; and to ensure follow-up and support the reintegration of victims of VAW. While the DVA and does not place any legal obligation on the DSD but their policies and programmes are aimed at responding to violence in a coordinated manner.
<b>Women</b>	The Department of Women is responsible for the coordination, promotion, facilitation and monitoring the realisation of the socio –economic rights and empowerment of women. Co-ordinate and collaborate with all government departments, publicly funded bodies, civil society organisation and the private sector to ensure that considerations of gender, disability and children are integrated into all government programmes. Similarly the Ministry of women is expected to play an oversight function in all matters relating to mainstreaming gender in government.



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