Perspectives

Gender-based violence and the need for evidence-based primary prevention in South Africa

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ABSTRACT

Gender-based violence is a significant problem globally and in South Africa. The public and political discourse has been dominated by calls for increased penalties and convictions for perpetrators of various types of gender-based violence. However, these responses are unlikely to prevent such violence from occurring in the first place. Primary prevention strategies should address the underlying causes and drivers of gender-based violence in order to prevent violence and promote safer, respectful, happy relations between men and women. Through rigorous research, these factors have been identified and specific strategies based on these findings include: (a) building gender equality and challenging hegemonic masculinities; (b) challenging the widespread acceptance of violence; (c) improving conflict resolution and communication skills; (d) developing relationship-building skills; (e) reducing substance abuse; and (f) improved gun control. Each of these strategies and the evidence-base for the recommendations is discussed. Interventions that combine these strategies and are informed by research evidence during development are most likely to be effective in preventing gender-based violence on a large scale.

Keywords: *gender equality, masculinities, primary prevention, gender-based violence, South Africa*

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GENDER-BASED VIOLENCE AND THE NEED FOR EVIDENCE-BASED PRIMARY PREVENTION IN SOUTH AFRICA

Global empirical evidence shows that gender-based violence is perpetrated around the world by men against women and children (Tjaden & Thoennes, 2000; Watts & Zimmerman, 2002). South African research spanning more than two decades has shown that the prevalence of gender-based violence, including the abuse, rape, or murder of women and children, is alarmingly high (Abrahams, Mathews, Martin, Lombard, & Jewkes, 2013; Jewkes, Sikweyiya, Morrell, & Dunkle, 2009; Mathews et al., 2008). Indeed, interpersonal violence, and particularly intimate partner violence, is second only to HIV/AIDS in South Africa's burden of disease (Joyner & Mash, 2012). Earlier this year the brutal rape and killing of Anene Booysen and the killing of Reeva Steenkamp garnered intense local and international media attention which prompted a public discourse about the extent and severity of violence that many women and children suffer in South Africa.

The public and political discourse condemned these violent acts and overwhelmingly called for increases in penalties and convictions and the re-establishment of specialised sexual offences courts, with very little discussion or engagement on how South Africans can prevent such violence from occurring in the first place. Response strategies such as harsher sentences and more effective courts, while important, are unlikely to prevent the perpetration of gender-based violence because they do not address the underlying causes or drivers of such violence. Therefore, an evidence-based primary prevention approach needs to be advocated; that is, strategies that have been rigorously evaluated and found to be effective by addressing causal factors and preventing gender-based violence from occurring at all are urgently needed.

Activists and researchers as well as international organisations, including the World Health Organization and Centres for Disease Control, provide direction on the issues that primary prevention strategies need to confront and change in order to begin to create a society in which women and children are safe. Additionally, a growing body of South African literature shows that men are at risk of suffering violence from other men (Ratele, 2008; Seedat, Van Niekerk, Jewkes, Suffla, & Ratele, 2009); therefore, for primary prevention strategies to be effective, there is a need to recognise men's vulnerability to violence both as perpetrators and victims. The suggested strategies include: (a) building gender equality, and promoting alternative, non-violent masculine identities and alternative, assertive femininities for which people are not negatively sanctioned (Hunter, 2005; Morrell, 2001; Walker, 2005); (b) challenging the widespread sociocultural attitudes and behaviours that are accepting of the use of violence (Harrison, O'Sullivan, Hoffman, Dolezal, & Morrell, 2006; Jewkes & Morrell,

2010); (c) improving non-violent conflict resolution and constructive communication skills; (d) cultivating respectful and equitable attitudes and ideas about interpersonal relationships and developing relationship-building skills; (e) reducing substance abuse (King et al., 2004); and (f) implementing strict conditions for gun ownership, access and use (Seedat, et al., 2009).

Though South Africans may have made strides forward towards gender equality in the public sphere, such as the representation of women in government and some, albeit limited, progress in corporate leadership (Southern Africa Gender Protocol Alliance, 2013), there is still a significant gendered power imbalance, especially in the private sphere. It is in homes, schools, churches and other social institutions considered part of people's "private" lives that women and children are particularly vulnerable to abuse and other forms of gender-based violence perpetrated by intimate partners and other people close to them (Machisa, Jewkes, Morna, & Rama, 2011). This abuse ranges from controlling and disparaging behaviour to emotional, physical, sexual, or economic forms of violence (Machisa et al., 2011). Therefore, relations between men and women in various public and private contexts need to be examined to understand ways in which people perpetuate problematic norms that exacerbate vulnerabilities to abuse and violence and ways in which they may apply more equitable and health-promoting norms.

Achieving gender equality and equity is not only about women's representation and participation, but also about women's and men's attitudes, constructions and performances of gender through masculine and feminine identities. The manner in which children and youth are socialised shapes their behaviour, how they relate to other people and how they resolve conflicts when they arise; therefore, socialising agents, such as parents or caregivers, and institutions, such as schools, churches, or youth centres, need to consider their contributions to young people's identities, attitudes and behaviours (Connell & Messerschmidt, 2005; Hunter, 2005; Morrell, 2001; Walker, 2005). Gender scholars have used the concept of hegemonic masculinity as a framework to study and understand men's use of violence, dominance and control of women and other men (Connell, 1987; Morrell, 2001; Ratele, 2013). Although the usefulness of this concept has been criticised (Connell & Messerschmidt, 2005), several scholars and activists have argued that harmful hegemonic notions of masculinities are significant contributing factors in the male perpetration of violence against women and girls (Barker & Ricardo, 2005; Walker, 2005). Specifically, studies have shown that men who ascribe to hegemonic masculinities often exhibit their manhood through the show of physical strength, bravery, risk taking and use of violence as attempts to explicitly and implicitly dominate others and assert their status and positions in both public and private spheres (Barker & Ricardo, 2005; Courtenay, 2000). The performance of such masculinities is often harmful to women, children and other men. In public spheres,

men who ascribe to such masculinities are more likely to engage in street fights and resolve disagreements through physical force using weapons and these often turn fatal (Barker & Ricardo, 2005). Such men may also assert their masculinity in private spheres by being controlling, aggressive and violent towards their partners and children (Wood & Jewkes, 2001; Wood, Lambert, & Jewkes, 2007). For these men, violence perpetration occurs in the context of maintaining their dominance. As such, any perceived challenge to their masculinity is liable to be violently punished; that is, men's use of violence is most likely to occur as they attempt to reclaim power and assert their status and position in relationships. However, such assertions may not always be exerted in the same context in which it is challenged. For instance, these men may seek to compensate for a loss of power in one sphere where they may have little opportunity to exert their dominance, e.g. work, and become domineering, aggressive or violent in another sphere that is more vulnerable to their control and abuse, e.g. at home (Connell, 1987). This evidence suggests the need to challenge hegemonic constructions of masculinity and promote gender equitable attitudes and identities within primary prevention strategies. If men are empowered to actively reject harmful constructions of masculinity and adopt more respectful and equitable attitudes, they would be less likely to use violence (Jewkes, Levin, & Penn-Kekana, 2003; Jewkes, Sikweyiya, Morrell, & Dunkle, 2010). Further, building non-violent conflict resolution and open communication skills is also indicated to be useful in primary prevention approaches.

The continued use of various forms of violence throughout society often feeds the overall acceptance and tolerance of violence, including gender-based violence (Collins, 2013; Faull, 2013). Such attitudes feed a false legitimacy of the use of violence which increases the likelihood of it occurring in public and private spheres. The prevailing culture of silence and tolerance of intimate partner violence as a private matter (as suggested by high prevalence and high levels of non-reporting) needs to be sharply and relentlessly contested beyond the short-term media attention on individual cases. Public discussion and awareness are not enough to prevent gender-based violence effectively, particularly if the discourse is not translated into actions that are guided by an evidence-based, multilevel strategy that addresses primary prevention at all levels of society.

In addition to problematic social constructions of gender and gender inequities and the normative use of interpersonal violence more broadly, substance abuse and gun ownership contribute to risks of gender-based violence. In contexts where there has been abuse of alcohol or illicit drugs, men are more likely to violate women physically, sexually or emotionally (Jewkes et al., 2003). South African research has revealed that men who killed their intimate partners were more likely to have shot them (Abrahams et al., 2013; Mathews et al., 2008), and suggests that gender-based violence prevention strategies must address gun control issues. Therefore, primary prevention interventions should address

these intersecting practices of dominant forms of masculinity, abuse of substances, gun ownership and violence against women.

The strong evidence discussed here points to the need for interventions that target adolescents and young adults to help them to develop healthier, prosocial identities, attitudes and relationship-building skills such as open communication and positive conflict resolution. Interventions need to engage men and boys to build gender-equitable masculinities and encourage them to actively contribute to the prevention of gender-based violence as well as the promotion of gender-equitable attitudes, identities and practices among girls and women. The promotion of positive parenting practices has also been recognised as an essential strategy to prevent early childhood trauma and help parents to raise gender-equitable, respectful, assertive young people (Knerr, Gardner, & Cluver, 2011a; 2011b; Jewkes et al., 2010).

The key challenge is to build and empirically test primary prevention interventions. Local campaigns against gender-based violence (e.g. One Man Can and Brothers For Life) have been implemented successfully across rural and urban South African communities; however, understanding the impact of such initiatives is important and currently there has been little rigorous evaluation to establish the effect of these campaigns. Evidence-based interventions, such as the gender-transformative intervention (Dworkin, Treves-Kagan, & Lippman, in press) Stepping Stones (Jewkes et al., 2006) which is grounded in research-based theoretical models of primary prevention, need to be strengthened and scaled up at a national level. Researchers and public health specialists need to continue to gather empirical evidence about gender-based violence and the development of effective strategies to prevent it in partnership with the community, activists, civil society and government stakeholders.

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