GENDER-BASED VIOLENCE IN SOUTH AFRICAN HIGHER EDUCATION: BEST PRACTICE IN PREVENTION AND RESPONSES?

Prof Rachel Jewkes

- Executive Scientist: South African Medical Research Council’s Office of the President
- Consortium Director, What Works To Prevent Violence? Global Programme
- Secretary, Sexual Violence Research Initiative
What do we mean by gender-based violence?

Intimate partner violence: physical, sexual, emotional

Non-partner rape incl. rape in childhood

Other forms of GBV: sexual harassment, sex for marks etc

Rape and severe physical partner violence are the most visible forms of violence, but sexual harassment and emotional abuse by intimate partners are the most common forms of violence and have major impact.
Prevalence of GBV among young adults:

- Students comprised 1 in 10 rapes of adults reported to SAPS in 2012
- i.e. 2600 reported cases
- Under-reporting of rape to the police is estimated to be in the region of 9-25 x i.e. 23 400 – 65 000 per annum is the true number of rapes among students

- A third of women experience physical partner violence
- We have no good estimates for the prevalence of sexual harassment
DRIVERS OF VIOLENCE
Drivers of violence: relative importance of key factors in male IPV perpetration
(data from UN MSC in Asia and Pacific, 6 countries)
Drivers of women’s experience of IPV: UN Multi-country Study on Men and Violence in Asia and the Pacific (n=3106 women, 4 countries)
Best practice in violence prevention in higher education:

- Challenges are:

- At a TVET or University level:
  - ✓ To create an environment of zero tolerance to gender discrimination and violence
  - ✓ To assess GBV threat on campus and respond proactively
  - ✓ To support victims and respond timeously and appropriately to GBV

- At an individual student or staff member level:
  - ✓ To empower women to prevent themselves becoming victims and to seek assistance when GBV occurs
  - ✓ To empower men to cast off their patriarchal privilege and embrace equitable and respectful gender relations and recognise that this is not an option within higher education institutions
What works for prevention?

• Strong university/TVET policy framework for prevention and response

• Assess threat: What policies, practices, systems create risk of GBV? Do we know when it is occurring? Where, when, impacting whom?

• New directions for protecting women from sexual assault:
  • E.g combining gender empowerment and self-defence

• Interventions with men: workshop based interventions do actually work e.g. Stepping Stones implemented with youth in school in the Eastern Cape reduced men’s perpetration 2 years after the programme (Jewkes et al 2008)
Outcome of the trial in Canada of the Enhanced Access, Acknowledge, Act Sexual Assault Resistance Programme (Senn et al NEMJ 2015)

Table 2. One-Year Risks of Outcomes According to Study Group and Absolute and Relative Risk Reductions.*

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Control Group (N = 442)</th>
<th>Resistance Group (N = 451)</th>
<th>Absolute Risk Reduction</th>
<th>Relative Risk Reduction</th>
<th>P Value</th>
<th>Number Needed to Educate‡</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed rape</td>
<td>42 (9.8)</td>
<td>23 (5.2)</td>
<td>4.6 (0.6 to 8.4)</td>
<td>46.3 (6.8 to 69.1)</td>
<td>0.02</td>
<td>22</td>
</tr>
<tr>
<td>Attempted rape</td>
<td>40 (9.3)</td>
<td>15 (3.4)</td>
<td>5.9 (2.5 to 9.2)</td>
<td>63.2 (33.2 to 79.7)</td>
<td>&lt;0.001</td>
<td>17</td>
</tr>
<tr>
<td>Any rape</td>
<td>67 (15.5)</td>
<td>34 (7.7)</td>
<td>7.8 (3.2 to 12.4)</td>
<td>50.4 (24.1 to 67.6)</td>
<td>&lt;0.001</td>
<td>13</td>
</tr>
<tr>
<td>Coercion</td>
<td>62 (13.9)</td>
<td>48 (10.5)</td>
<td>3.4 (−1.1 to 7.8)</td>
<td>24.1 (−10.6 to 48.0)</td>
<td>0.15</td>
<td>29</td>
</tr>
<tr>
<td>Attempted coercion</td>
<td>103 (22.6)</td>
<td>67 (14.5)</td>
<td>8.1 (2.6 to 13.5)</td>
<td>35.8 (15.6 to 51.1)</td>
<td>0.001</td>
<td>12</td>
</tr>
<tr>
<td>Nonconsensual sexual contact</td>
<td>184 (39.1)</td>
<td>121 (25.8)</td>
<td>13.3 (5.2 to 21.4)</td>
<td>34.1 (15.2 to 48.8)</td>
<td>0.001</td>
<td>8</td>
</tr>
</tbody>
</table>
Responses

- Institutional responses to perpetrators: policies to protect victims and enable investigation and action

- Work with existing structures: SAPS and health sector for rape

- Training for campus health staff on GBV identifying victims and providing counselling

- Psychological support groups for GBV victims especially addressing mental health impact