



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

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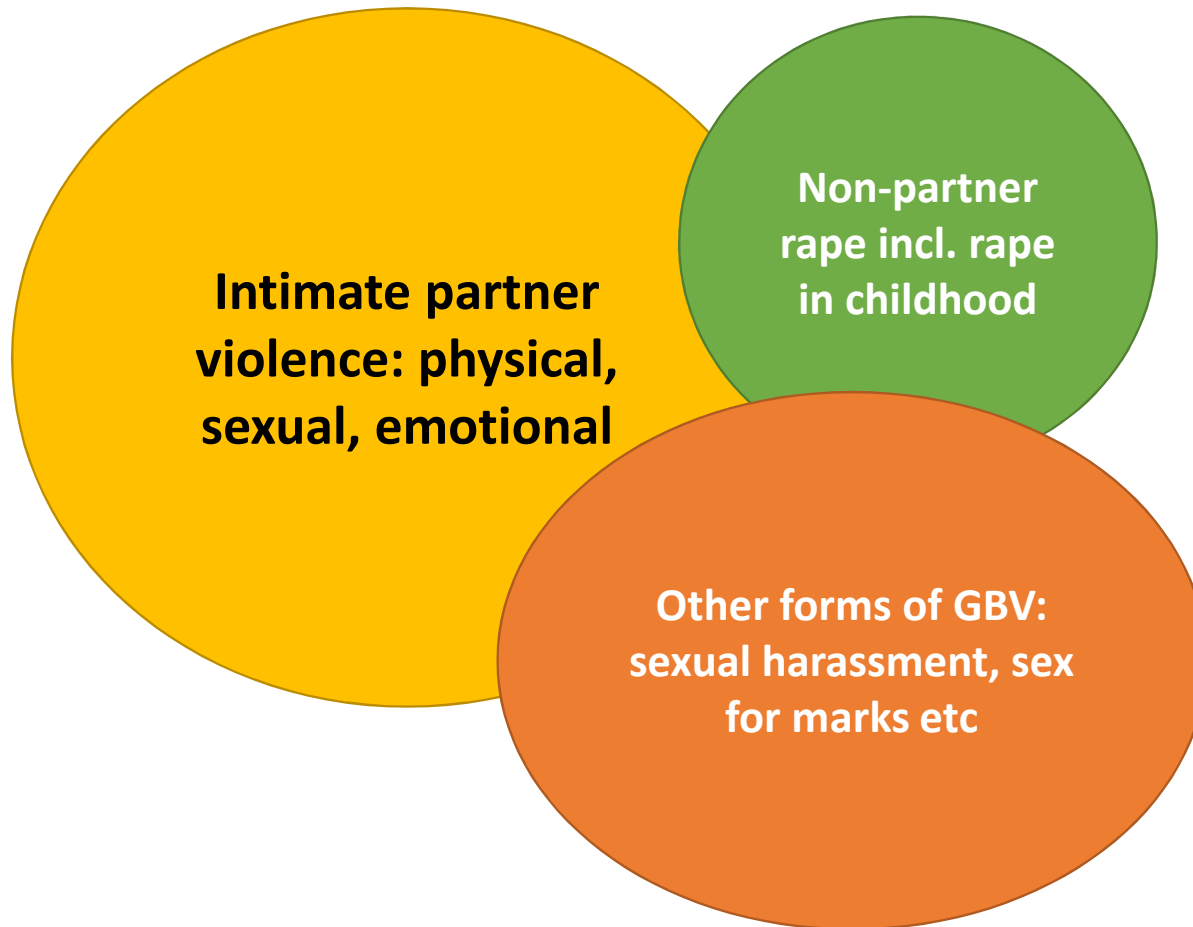
WhatWorks

TO PREVENT VIOLENCE

A Global Programme To Prevent  
Violence Against Women and Girls



# What do we mean by gender-based violence?

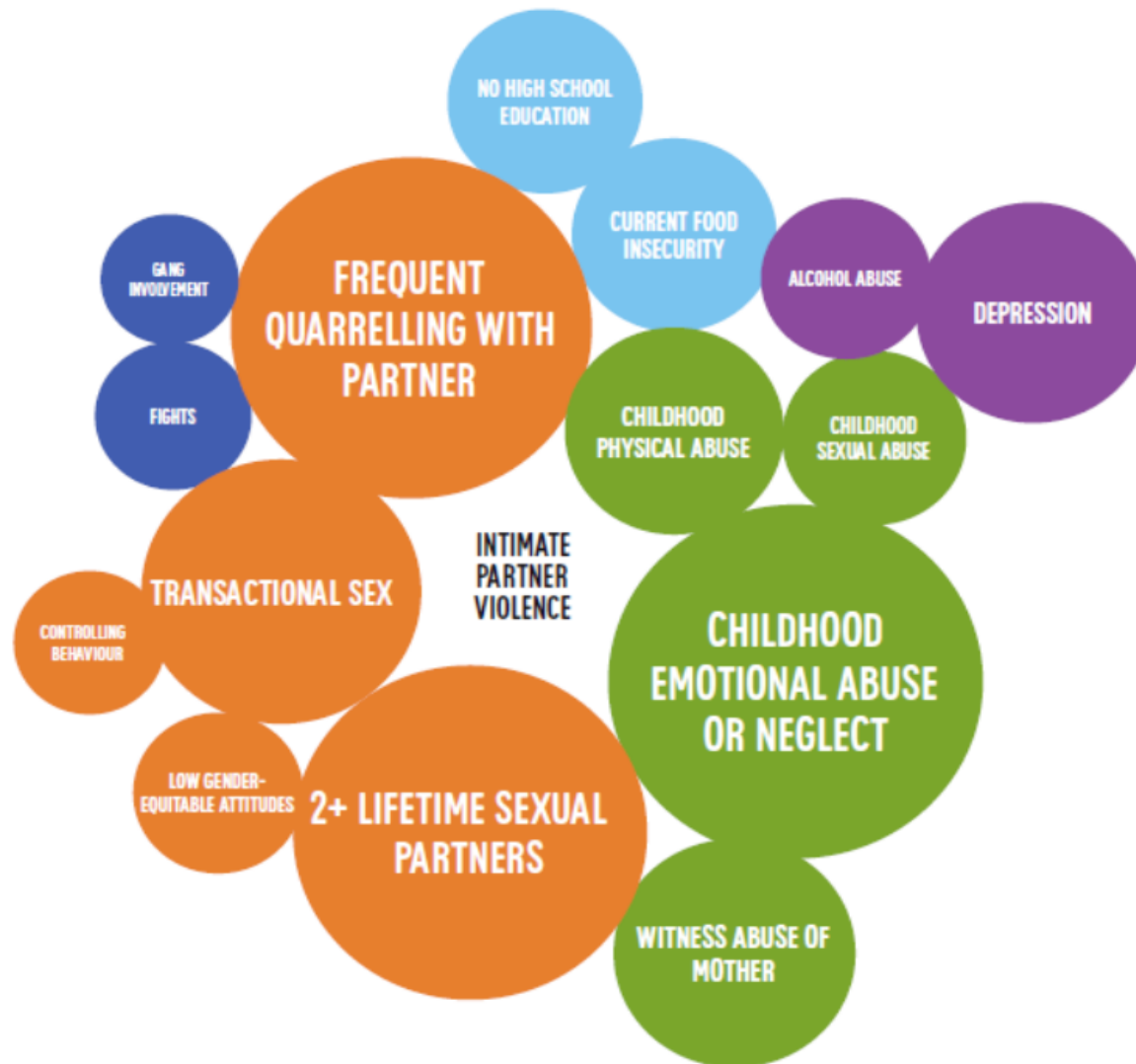


**Rape and severe physical partner violence are the most visible forms of violence, but sexual harassment and emotional abuse by intimate partners are the most common forms of violence and have major impact**

# Prevalence of GBV among young adults:

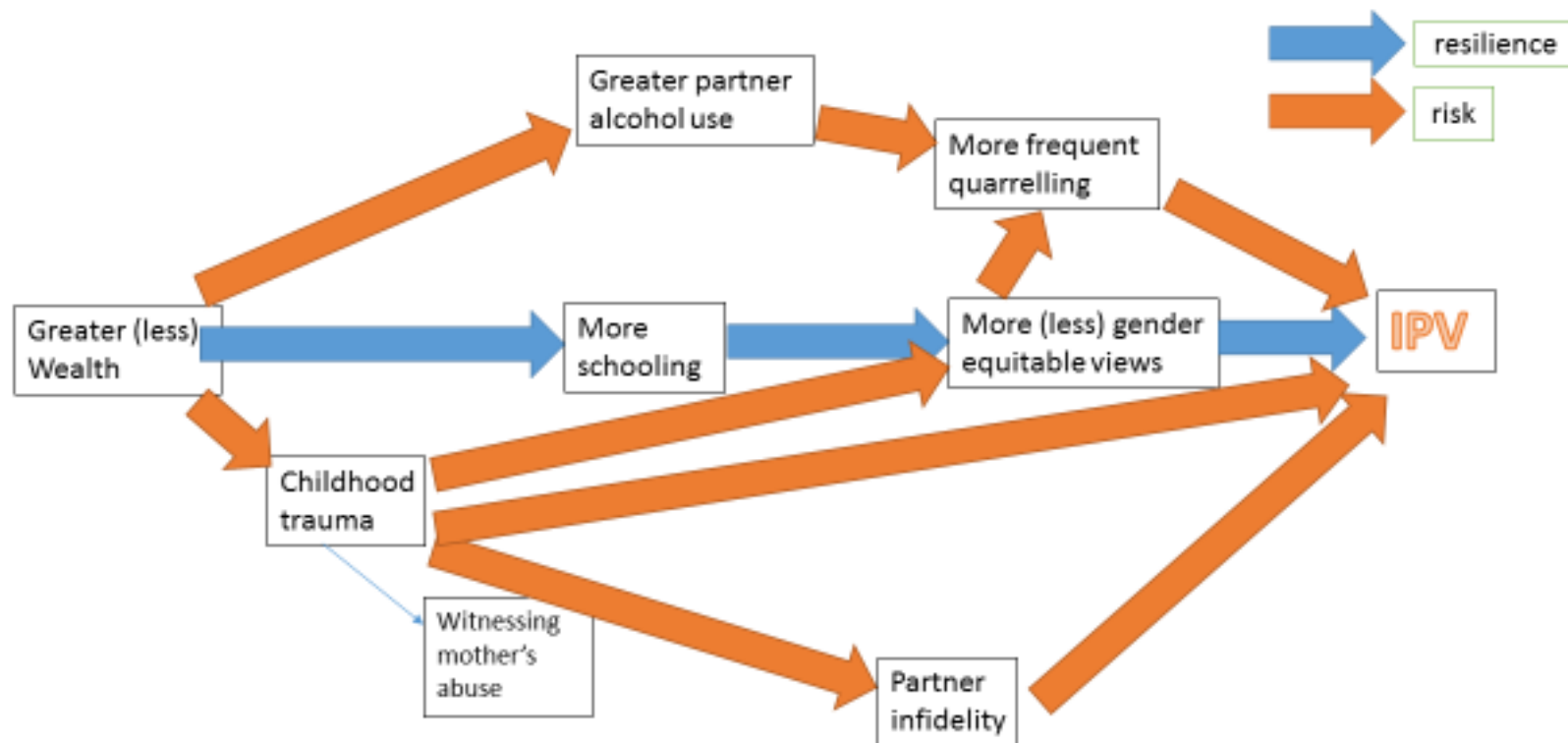
- Students comprised 1 in 10 rapes of adults reported to SAPS in 2012
- i.e. 2600 reported cases
- Under-reporting of rape to the police is estimated to be in the region of 9 -25 x i.e. 23 400 – 65 000 per annum is the true number of rapes among students
- A third of women experience physical partner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

Outcome	Control Group (N=442)	Resistance Group (N=451)	Absolute Risk Reduction	Relative Risk Reduction	P Value	Number Needed to Educate†
	no. (%)		percentage points (95% CI)	% (95% CI)		
Completed rape	42 (9.8)	23 (5.2)	4.6 (0.6 to 8.4)	46.3 (6.8 to 69.1)	0.02	22
Attempted rape	40 (9.3)	15 (3.4)	5.9 (2.5 to 9.2)	63.2 (33.2 to 79.7)	<0.001	17
Any rape	67 (15.5)	34 (7.7)	7.8 (3.2 to 12.4)	50.4 (24.1 to 67.6)	<0.001	13
Coercion	62 (13.9)	48 (10.5)	3.4 (-1.1 to 7.8)	24.1 (-10.6 to 48.0)	0.15	29
Attempted coercion	103 (22.6)	67 (14.5)	8.1 (2.6 to 13.5)	35.8 (15.6 to 51.1)	0.001	12
Nonconsensual sexual contact	184 (39.1)	121 (25.8)	13.3 (5.2 to 21.4)	34.1 (15.2 to 48.8)	0.001	8

# 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