Developing an intergovernmental approach in addressing gender-based violence: A focus on the Ikageng and Promosa suburbs of the Tlokwe Local Municipality

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ABSTRACT

Gender-based violence (GBV) and its legislation, policies and programmes are complex and diverse in their very nature. GBV has various dimensions within society and is therefore, embedded in the social, economic and political spheres of the country. This study investigates the various challenges experienced by National Prosecuting Authority (NPA), South African Police Service (SAPS), Department of Social Development (DSD), Department of Health (DOH), Thuthuzela Care Centre (TCC) and Crisis Centre in comprehensively addressing GBV. The very fact that the TCC and Crisis Centre employ inter-sectoral approaches in addressing GBV is of fundamental importance in the South African government’s quest to comprehensively address GBV. Yet the current lack of integration and coordination between the TCC and Crisis Centre, as well as with the various departments who are involved in addressing GBV, causes not only the services which are provided to the GBV victims, but also the overall functioning of the TCC and Crisis Centre to be fragmented. For this very reason, the study proposes an intergovernmental approach to addressing GBV.

A qualitative research methodology is used in this study, which includes a literature study and unstructured interviews. The main objective of the study is to focus on the challenges experienced by the TCC and Crisis Centre, as well as the respective departments involved in comprehensively addressing GBV in the local suburbs of Ikageng and Promosa and finally, the extent to which an intergovernmental approach will address GBV in the Promosa and Ikageng areas of the Tlokwe Local Municipality.

The findings of the study confirmed that there is a lack of knowledge and understanding of GBV and IGR legislation by officials involved in addressing GBV, as well as the lack of communication between the TCC and Crisis Centre, including all the respective departments involved in both centers, as well as between the three spheres of government. The study also revealed that there are coordination and alignment challenges between the TCC and Crisis Centre, as well as power struggles occurring between the respective departments involved in addressing GBV. Various recommendations were made to the TCC in Potchefstroom regarding the integration and coordination of not only the services, which are provided to victims of GBV, but to the overall functioning of the TCC. These recommendations are grouped under the five main sections, namely: establishing the TCC; organisation design and planning within the TCC; managing the TCC roles and responsibilities; monitoring, reporting and evaluating the
TCC and reporting to provincial and national structures, which emerged throughout the course of the analysis of the findings in chapter four. These recommendations will assist the TCC in comprehensively integrating and coordinating the overall functioning of the TCC, which will in turn significantly improve the manner in which GBV is addressed.

KEYWORDS
Gender-Based Violence, Violence against Women, Masculinities, Integrated Governmental Relations
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<th>ACRONYM</th>
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<td>CSVR</td>
<td>Centre for the Study of Violence and Reconciliation</td>
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<td>DCS</td>
<td>Department of Correctional Services</td>
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<td>FCS</td>
<td>Family Violence, Child Protection and Sexual Offences</td>
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<td>Female Genital Cutting</td>
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<td>LGBTI</td>
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<td>Programme of Action</td>
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<td>SONA</td>
<td>State of the Nation Address</td>
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<td>TCC</td>
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<td>VAWC</td>
<td>Violence against Women and Children</td>
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<td>VEP</td>
<td>Victim Empowerment Programme</td>
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CHAPTER 1
BACKGROUND AND ORIENTATION

“The world watches coldly while everything passes through women’s bodies. Destroying a woman is destroying the essence of a nation. When they were killing and raping older women, they were killing and raping living history. When they were raping younger women they were destroying future generations”.

Jadranka Cigelj (1996)

1.1 INTRODUCTION

According to Chames, Davies, Phillips, Burns and Mnqayi (2015: ii) South Africa is internationally recognised for developing the most progressive legislation which promotes human rights and mirrors international conventions. Nonetheless, despite the South African government’s strong collection of legislation and policies to protect the rights of women and children and the existence of institutional structures to build a more coordinated national response to gender-based violence (GBV), the prevalence of violence against women and children (VAWC) in South Africa remains very high and widespread. The purpose of the following chapter is to provide background and orientation of the study in relation to the stance of GBV in South Africa, as well as the problem statement. This chapter also provides the various research questions and objectives vital for the study. The research methodology discussion includes a description of the research approach and design, the instruments used in data collection, the sampling strategy followed, as well as the strategy used in analysing the data. This chapter concludes with the provisional chapter outlay and conclusion.

1.2 ORIENTATION TO THE STUDY

When considering gender inequality in contemporary South Africa, one is challenged by a seemingly paradoxical situation. South Africa’s transition to a democracy has brought about a greater recognition of gender rights. The Constitution of the Republic of South Africa, 1996, is one of the most progressive constitutions in the world with due regard to the legal protection of gender rights (Human Rights Watch, 2011:9). According to the case Transvaal v Minister for Justice and Constitutional Development and Others, “compliance with the Constitution requires not only that laws be enacted to give effect to the rights in the Constitution, but also requires that those laws be
implemented. Failure to implement laws that protect constitutional rights is a violation of the Constitution” (South Africa, 2009: online). Yet, apart from the above-mentioned fact, South Africa has one of the world’s highest rates of GBV for a society not even embroiled in armed conflict (Wood & Jewkes, 2005:1). The reported 55 000 rapes of women and girls per year are projected to signify only one ninth of the actual number (Morrell, Jewkes & Lendegger, 2012:12).

In the State of the Nation Address which specifically focused on gender issues (SONA), Zuma (2013a: online) commented that “Interpol labelled South Africa the ‘rape capital of the world’, estimating that a women is raped every 17 seconds” and where sexual violence seems to now have become the norm. South Africa’s progressive legislative framework, including, but not limited to, the Sexual Offences Act 32 of 2007 and the Domestic Violence Act 116 of 1998, is clearly failing to adequately combat violence against women. It is for this very reason that it is important to acknowledge that sexual violence is a complex and deeply rooted phenomenon with many lenses of analysis to unpack and multiple approaches to adopt in order to responsibly confront this problem (Barr, 2011: 20). Therefore, the situation called for an in-depth explanation and analysis as to how a country with the most progressive legislation, solid policy and programmes in place, still experiences such high levels of GBV and why GBV cannot, ultimately, be eliminated. The study focused on addressing GBV through an intergovernmental (IGR) approach, and as such, the findings will significantly contribute to the existing Public Administration’s body of knowledge as it relates to IGR and cooperative government.

The United Nations (UN) Declaration on Violence against Women (1993: online) defines GBV 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; including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life; violence against women shall be understood to encompass, but not be limited to, physical, sexual and psychological violence occurring in the family and in the community, including: battery, sexual abuse of female children, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence, violence related to exploitation, sexual harassment and intimidation at work (in educational institutions and elsewhere), trafficking in
women, forced prostitution, and violence against women perpetrated and condoned by the state”. Thus, the purpose of the research was to develop an IGR approach to address GBV in South Africa, which seems to be the epicentre of some horrid and heartless cases of violence against women and children. There still seems to be a perception that South Africa is a place where gender-based crimes are allowed to be committed, and somehow society appears to get away with these gender-based crimes without any severe penalties.

South Africa is a signatory to the UN Convention on the Elimination of all Forms of Discrimination against Women (1979: online), with the basic determination to promote and protect women’s and children’s rights. The National Council on Gender-Based Violence was originally established in 2012, and consist of government departments and civil society sectors. The President advised the new National Council to make the campaign of fighting violence against women an everyday campaign (Zuma, 2013b: online). Nevertheless, in addition to the campaigns – which mainly places emphasis on awareness-raising activities – what is absent is the appropriate implementation and recognition of the IGR nature of existing laws, policies and frameworks. The successful implementation of the current legislative and policy frameworks demands significantly more resources than have been allocated to date, a serious matter that the 2013 SONA completely disregarded. The SONA 2013 failed to offer any significant details about the mandate, powers and duties of the new council, as well as how the public would be able to engage with it (Bornman, Budlender, Clarke, Manoek, Van der Westhuizen, Watson, Antunes & Iqbal, 2013: 39). According to Mofana (2015: online) the 2015 SONA was largely silent on the issues of GBV and made a single reference to “…we are making progress in fighting crimes against women a children”. According to Mofana (2015: online), this was a strange statement to make in the SONA as the murder rates of women and children increased in the latest crime statistics. Mofana (2015: online) further states that there is currently no update on the 2013 initiatives promised, nor any news of future strategies. Given that South Africa has a Victim Empowerment Programme (VEP) and associated national policy guidelines, it is disturbing that no mention was made of progress with the VEP, of how the newly established National Council was distinct from it or how the two structures interrelated (Bornman, et al., 2013: 39).
The paradox of progressive legislation and solid policies, with little impact on outcomes for women and children, remains. Even though extremely difficult to measure, there is sufficient evidence that physical, sexual, and psychological violence, as well as harmful traditional practices committed against women and girls, is widespread in the country. Often, the perpetrator is a male partner or a family member. It is important to realise that violence has instant and long-term repercussions for women and girls, as well as for society at large. It not only limits the basic participation of women and girls in development, but also hinders the consolidation of democracy. The 365 Days National Plan of Action, which was originally established in 2006 and implemented through an integrated multi-sectoral approach, was not appropriately funded and therefore, could not generate the results it was intended to generate (Department of Women, Children and People with Disabilities, 2013: online). Furthermore, the Committee on the Elimination of All Forms of Violence against Women (2011: online) stated in its closing observations on analysis of South Africa’s third and fourth periodic reports in 2011, that it regretted the lack of information on the impact of the measures that had been put in place to reduce incidents of all forms of violence against women and girls (Department of Women, Children and People with Disabilities, 2013: online). The Committee called on South Africa to re-evaluate its multi-sectoral action plan to combat violence against women and girls and expeditiously implement broad measures to address such violence. Two of the specific recommendations that were mentioned were that the state’s parties had to take appropriate and effective measures to overcome all forms of GBV, whether by public or private act; that the state’s parties also had to ensure that the country’s laws against family violence and abuse, rape, sexual assault, and other GBV, gave adequate protection to all women, and respected their integrity and dignity (Department of Women, Children, and People with Disabilities, 2013: online). Appropriate protection and support services need to be provided for victims. Gender-sensitive training of judicial and law enforcement officers, and other public officials is crucial for the effective implementation of the United Nation Convention on Gender Violence (UN Convention on the Elimination of All Forms of Violence against Women and Children Committee, 1992: online).

The South African government’s National Development Plan, Vision for 2030 (National Planning Commission, 2011: 350) places emphasis on building safer communities through an integrated approach. One of the primary outcomes identified in the
Medium-Term Strategic Framework (2014 to 2019) is to make sure that “all people in South Africa are, and feel safe”. The Framework (South Africa, 2014: 19) argues that special attention will be given to improving the capacity in the areas of forensics, crime investigations, and preventing crimes against women and children, including efforts to meet competency standards for all trainees in these areas. The Framework (South Africa, 2014: 19) also mentions that coordinated initiatives will be set in place to make the criminal justice system more efficient and effective and will continue to be prioritised. South African Police Service (SAPS) responses to reported crime incidents will be enhanced by improving reaction times, investigations, pre-trial processes and case cycle times (South Africa, 2014: 20). Yet, in order to realise this vision of safer communities, there is an urgent need to provide further prevention of GBV and to strengthen the response (Department of Women, Children and People with Disabilities, 2013: online).

The study argues that when a country supports its victims, addresses their needs and enacts laws that are favourable towards the victim – which helps to ensure that serious action is taken against offenders – the state can send out a very powerful message that rape, domestic violence and femicide (female homicide) will not be tolerated. The message that needs to be conveyed is that in a country such as South Africa, GBV is considered a serious crime and a human rights violation (Jackson, 1996: online). Through the research that was conducted in Potchefstroom, with the focus on the Thuthuzela Care Centre (TCC) and Crisis Centre – both of which mainly responds to the victims of GBV in the Ikageng and Promosa areas of the Tlokwe Local Municipality – an argument was made for providing an IGR approach to addressing GBV.

Through extensive past literature, it has been proven that GBV can be found in all social classes; yet it is more severe and common in the context of material deprivation (Jewkes, 2002: 1423). The contemporary socio-economic structure of South Africa is not only characterised by widespread poverty among the black majority, but also extreme wealth inequalities (Morrell et al., 2012: 16). The widespread material deprivation in South Africa, which is coupled with the rising expectations caused by displays of wealth, has “proved a tragic mixture for fostering the growth of violent masculinities” (Morrell, 2001:19).
In the Ikageng and Promosa suburbs, the Tlokwe City Council IDP 2015/16 (2016: 41-49) reports that domestic violence and child abuse are serious concerns in the communities and that at least 50% of households live on R1 500 or less per month, while 55% of the income originates from social grants. Due to the above-mentioned complexities surrounding GBV, it has now become imperative to develop an IGR approach to effectively and efficiently address GBV. This will ensure practical cooperation and integration of various policies, programmes and projects by the Department of Health (DOH), the South African Police Service (SAPS), the Department of Justice and Constitutional Development (DOJCD) through the National Prosecuting Authority (NPA) and the Department of Social Development (DSD); of which all departments play a leading role in the TCC and Crisis Centre in Potchefstroom, in addressing GBV, with specific reference to the local communities of Ikageng and Promosa.

Over the past 21 years, South Africa’s IGR system has shifted from being mostly non-formal, to a statutory system, which includes the creation of mechanisms and forums to deal with matters of policy alignment, integration and coherence. Various IGR processes have also been established, in terms of the three spheres of government pursuing their common objectives and programmes, as well as engaging in joint work (Malan, 2012: 117). Alignment, integration and coherence are three very important concepts within IGR and have become the cornerstones of the study.

According to Anderson (1960: 6) in Wright (1978: 8) the basic crux of IGR is that governmental institutions in all spheres need to ensure that continuous interaction occurs amongst them. IGR have distinctive features that suggest the increased interdependency and complexity of political and administrative systems. The growth of governmental institutions are caused by characteristics of more complex and interdependent systems, the number and variety of public officials involved in IGR, the regularity and intensity of interactions amongst those public officials, the attitudes and actions of officials’, and the anxiety surrounding financial policy issues. The Intergovernmental Relations Framework Act 13 of 2005, defines IGR as “…relationships that arise among different governments or among organs of state from different governments in the conduct of their affairs”. Thus, IGR recognise relationships between numerous units and sectors within all spheres of government.
and places emphasis on public officials acting in an inter-jurisdictional context, while they are also concerned with informal working relationships in institutional contexts. “IGR are intended to promote and facilitate co-operative decision-making and ensure that policies and activities across all spheres encourage service delivery and meet the needs of the citizens in an effective way” (Department of Provincial and Local Government, 1999: 3). According to the Discussion Document of the former Department of Constitutional Development (1999: 4) cooperative government represents the basic values of the government as stipulated in section 41(1) of the Constitution of the Republic of South Africa, 1996, as well as the implementation of these values through the establishment of structures and institutions. Cooperation applies to circumstances in which people choose, or are instructed to work together, also where citizens are given the feeling of involvement while exercising little real power (Fox & Meyer, 1995: 28). The spheres of government can certainly not function effectively and efficiently without cooperation with the others because of the interdependency and interrelatedness of some governmental functions; spill overs in services; scarce resources; poor economic conditions and popular accountability; as well as grassroots pressure (De Villiers, 1994: 430).

1.3 PROBLEM STATEMENT

According to Ellsberg (2006: 326), it is unfortunate that women who are experiencing violence seldom reveal their situation spontaneously, as they may be embarrassed to acknowledge what is happening or fear that the provider will not believe them, or worse, blame them for the violence. There are many abused women who do not go to the police to report the instances of abuse as they anticipate that eventually, their action of reporting the abuse will not result in their perpetrator being punished. At present, this is the most likely outcome of sexual assault complaints (Ellsberg, 2006: 326). The Crime Statistics Series Volume III (Lehohla, 2016: 30-48) stated that three zones in North West province were marked as having high levels of assaults and sexual offences, and Tlokwe Local Municipality was marked as one of the three hot spots. According to SAPS statistics, 66 196 sexual offences were reported for the year 2011/12. Almost half (48.5%) of the victims of these sexual offences were adult women, amounting to 31 299 reported incidents (Bornman, et al., 2013: 39). According to CrimestatsSA (2016: online) the total number of sexual offences in 2016 has
significantly decreased, a total number of 51 895 were reported for the year 2015/16 which is a 3.2% decrease in sexual offences. Statistics released by the Annual Report of the National Prosecuting Authority (NPA) (2016: 39) indicated that out of a 51 895 reported sexual offences, only 7 098 were finalised in court, with a conviction rate of only 75.6%.

The National Commissioner of the SAPS must – in consultation with the Minister of Safety and Security, and thereafter with the Minister, the National Director of Public Prosecutions, the National Commissioner of Correctional Services, and the Directors-General: Health and Social Development – issue and publish, in the Government Gazette, the national instructions regarding all matters that have a bearing on complainants of gender-based offences, including (i) the manner in which the reporting of an alleged sexual offence is to be dealt with by police officials, (ii) the manner in which sexual offence cases are to be investigated by police officials, and (iii) the manner in which police officials must deal with the outcome of applications made and granted to ensure confidentiality (South Africa, 2007: section 2). The legislation provides for IGR consultation among the NPA, the Minister, the National Commissioners of the SAPS and Correctional Services, and the Directors-General: Health and Social Development on the manner in which cases are reported and prosecuted. The legislation also provides for IGR consultation among the Director-General of Health; the Minister of Health; the Directors-General of Justice and Constitutional Development, and Social Development; and the National Commissioners of the SAPS and Correctional Services with regard to the manner in which an alleged sexual offence is reported and dealt with if the offence is reported to a designated public health establishment, as well as the manner in which assistance is provided in the investigation and prosecution of sexual offences (South Africa, 2007: section 2).

Nevertheless, despite all these measures that have been put in place, the treatment of victims by service providers, namely, healthcare officials, police officials and state prosecutors, results in secondary victimisation and drives them away from the criminal justice system. Investigations are ruined due to failures in the collection and utilisation of forensic and other forms of evidence in court (Bornman, et al., 2013: 39). These failures merit crucial examination and analysis of service delivery within the criminal
justice system and in relation to the current legislative framework. In the SONA 2012, the President specified that there is ongoing support for GBV victims available through TCC, designed to provide an integrated, one-stop service to victims of sexual and other crimes (Bornman, et al., 2013: 39). According to Vetten (2015: 8) by February 2014 there were 51 TCCs, yet these TCCs all experience challenges namely: lack of funding; constrained relationships between the respective departments involved at the TCC; fragmented and disjointed follow-up care for GBV victims; as well as the amount of space given to the service, even though these are ‘one stop’ centres for victims of GBV. Chapter four discusses and analyses the challenges experienced by the Potchefstroom TCC, as well as the Crisis Centre, in providing an IGR response to GBV.

More needs to be done, especially in the context of domestic violence. According to Parenzee, Arts and Moul (2001: 79) research on the implementation of the Domestic Violence Act 116 of 1998 found that one of the main oversights of the Act is that it fails to place similar – or any, for that matter – obligations on health sector personnel to assist victims of domestic violence. The Domestic Violence Act 116 of 1998 contains no positive duties required by healthcare practitioners, irrespective of the fact that healthcare facilities constitute an important access point for service delivery to victims of domestic violence. Parenzee, et al. (2001: 79) further stated that the DOH noted that, despite the fact that many women suffered injuries because of domestic violence; the Domestic Violence Act 116 of 1998 did not specify a clear role for the DOH. Doctors and health practitioners are not required or obliged to compile a report on the signs that indicate that the case was domestic violence related. For this very reason, many GBV victims could present themselves at a health facility several times, and nothing would be done to assist them. In addition, the Domestic Violence Act 116 of 1998 in no ways makes provision for psychosocial support to victims. The policy framework of the Domestic Violence Act 116 of 1998 did not adequately link it to the Victim Empowerment Programme (VEP). The fragmentation of policy thus hindered the effectiveness of support to victims (Portfolio and Select Committee on Women, Children and Persons with Disabilities, 2009: online).

Systemic sexual harassment and violence frequently confronts South African women. There are laws and policies established to protect women’s rights in South Africa, yet
the South African government has somehow seemed to have failed to enforce these laws and policies; and even the police frequently fail to offer adequate protection. For this very reason, instead of women enjoying the fruits of democratic freedom, they are continuously living in fear of rape, harassment, discrimination and murder (Managa & Chiroro, 2013: 2). There are various reasons why this is happening, with one of the proposed explanations, which the study undertook to examine, being that there is not significant evidence to prove that integration and coordination exist between the DOH, SAPS, DSD and DOJCD (through the NPA), even though the Constitution clearly sets the requirement in Chapter three – Principles of Cooperation and IGR, as will be elaborated upon in chapter three. The study argues that there is an urgent need for interdepartmental collaboration among health providers, police and social workers – to be facilitated in the national, provincial and local spheres of government.

According to Christofides, Webster, Jewkes, Penn-Kekana, Martin, Abrahams & Kim (2003: 38) a study conducted by the South African Gender-Based Violence and Health Initiative affirmed the above by mentioning that interdepartmental collaboration was poor and that, while most health providers had an average relationship with the SAPS, up to a third of providers described their relationship as poor, depending on the province. Some SAPS members also described poor relationships with health providers in the North West province, where police in each district were interviewed. Providers across the country were unlikely to have any relationship with NGOs, and therefore, seldom referred patients to them for counselling, which would deal with the psychological dimension of GBV. The study (Christofides, et al., 2003: 38), furthermore, argues that sexual assault should be recognised as a public health issue in South Africa, since the physical and psychological health consequences could be severe. The study (Christofides, et al., 2003: 38) reveals that the level of rape reported in community-based surveys was substantially higher than that reported to the SAPS, which pointed to major barriers in reporting rape to the SAPS. These barriers would include lack of confidentiality, fear of further trauma; not being believed and stigmatisation; fear of retaliation by the perpetrator; and a perception that such reporting would be unlikely to result in punishment of the perpetrator (Christofides, et al., 2003: 1).
According to Heise, et al., (1999: online) the silence that has long surrounded GBV is contributed by many factors. Many people still believe GBV to be a private matter, one that should not be discussed publicly. GBV has even been rationalised to such an extent that it is believed to be something that is acceptable, under certain conditions, for men to do to women. Victims of GBV themselves have been silenced, not only by the perpetrators of the violence, but also by society. They are told by society, for instance, that the violence is all their fault, that they must have done something to deserve it, and that no one will ever believe them if they do tell; or else they are frightened into silence by threats of more harm. Since staff at reproductive health clinics, police officials and prosecutors form part of the larger society, they may also view GBV as a topic that is taboo to discuss with clients and/or view women as being to blame for the abuse; or just state that there is not significant evidence to proceed with the case (Heise et al., 1999: online).

According to CrimestatsSA (2016: online) the total sexual crimes in the North West province that were reported, were estimated at 4 164. In Potchefstroom, the total sexual crimes reported was estimated at 76, attempted murder was estimated at 12 and assault with the intent to inflict grievous bodily harm was estimated at 271. In Ikageng, the total number of sexual crimes reported amounted to 135, which may have decreased from 2013 until 2016, which was when sexual crimes in Ikageng were at their highest since the year 2005, at a reported 249. Attempted murder was estimated at 21 and assault with the intent to inflict grievous bodily harm was estimated at 831 (CrimestatsSA, 2016: online). It is appalling that Ikageng, a local suburb of Potchefstroom in the North West province, when compared to other local suburbs in the North West province, has the highest reported total sexual crimes and assault with the intent to inflict grievous bodily harm. Yet, it is important to take into account that these statistics may be misleading, as not all women report crimes committed against them. According to Bruce (2010: 11) suggestions have been made that crime statistics are being viewed as a matter of image management by government; hence, the lower the crime rates depicted, the better the government is portrayed as being. Bruce (2010:13) furthermore, argues that making crime statistics a performance measure is a restricted approach; as the level of confidence, society determines whether it reports all crime activity or not. He continues to argue that there are stations where crime statistics are manipulated and that there is non-recording of crime statistics, which is
planned to depict a false decrease in crime. “The absence of integrity of crime statistics obstructs the establishment of appropriate response to criminal activity, as those working on strategy development will be working with false data, which is likely to lead to a weak, inappropriate and ineffective response to the problem” (Bruce, 2010:13). Therefore, through the research that will be conducted, an argument will be made in chapter five for a more holistic addressing of GBV through an appropriate IGR approach.

Derived from the above-mentioned background, the main research question is as follows: to what extent will an IGR approach address GBV in the Promosa and Ikageng areas of the Tlokwe Local Municipality?

1.4 RESEARCH QUESTIONS

Within the above context, the research questions are as follows:

- What are the theoretical frameworks for IGR and GBV?
- What are the legislative and policy frameworks supporting an IGR approach to GBV?
- What are the challenges experienced by the TCC and Crisis Centre, as well as the respective departments involved, in ensuring an IGR approach to address GBV within the Promosa and Ikageng areas of the Tlokwe Local Municipality context?
- What proposal can be made for an IGR approach to address GBV?

1.5 RESEARCH OBJECTIVES

This study focused on the challenges experienced by the TCC and Crisis Centre; as well as the respective departments involved in comprehensively addressing GBV in the local suburbs of Ikageng and Promosa; and finally, the extent to which an IGR approach will address GBV in the Promosa and Ikageng areas of the Tlokwe Local Municipality, as well as its nature and extent.

Specific objectives include:

- to describe the theoretical framework for IGR and GBV;
- to describe the legislative and policy environment promoting IGR;
to comprehensively analyse the challenges experienced by the TCC and Crisis Centre, as well as the respective departments involved in comprehensively addressing GBV in the local suburbs of Ikageng and Promosa;

- to develop a proposal that can be made for an IGR approach to GBV.

1.6 CENTRAL THEORETICAL ARGUMENT

According to Malan (2005: 226) the system of IGR and cooperative government is rapidly evolving in South Africa, because of the constitutional obligation of the three spheres of government who are obligated to implement the principles of cooperative government and IGR and this is not only because of its constitutional legal framework. This very system of IGR is vital if projects and programmes or policies are drafted are planned for and implemented. It is expected that all three spheres of government will continually strive to cooperate with one another in mutual trust and good faith. Yet, this can only occur through the establishment of various institutional arrangements for IGR and the successful operation of these structures (Malan, 2005: 226). Projects and programmes cannot succeed without the effective operation of IGR in South Africa. It can thus be inferred that regardless of all the various strategies, policies, and programmes that have been developed by the South African government surrounding combating and eliminating GBV, an IGR approach now needs to be promoted.

According to Connell’s theory of masculinities (1995: 55) there has been an imperative contribution to the understanding of why violence is committed based on gender. Instead of just offering a strictly biological or social explanation of gender difference, Connell (1995:56) proposes that gender is fabricated in the interplay between material and social processes and states that “the body process, entering into a social process, becomes part of history (both personal and collective) and a possible object of politics” (Connell, 1995: 56). This theory is a move away from viewing violence because of the individual pathology of the perpetrator, and moves in the direction of an understanding of violence as an integrated part of the broader system of dominant masculine cultures, which collectively, are complicit in preserving patriarchy or male dominance over women. Through gendered practices multiple masculinities coexist and are fabricated relationally. In terms of male patriarchal powers over women, and relations of power between masculinities, masculinities are often defined by their access and relation to power. Hegemonic masculinity is an essential element to male identity and
refers to the culturally idealised form of masculinity, which claims the highest status and exercises the greatest influence and authority. Personal feelings of failure relative to masculine morals have also been found to aggravate violent behaviour. In South Africa, it has already been suggested that many men have experienced unemployment as a personal failure and have used violence as a symbolic reaffirmation of masculinity and control (Simpson, 1992: 9). It can thus be inferred that masculinity is a contributing factor in GBV.

Feminist perspectives have qualitatively transformed the way that researchers conceptualise, operationally define, and study multifaceted forms of gendered violence over the life cycle (Edwards, 1991: 20; Marin & Russo, 1999: 22). Historically, such perspectives have extended the focus for research past the psychological characteristics of the individual perpetrator and/or victim, or on an investigation of family relationships (Yllo, 1988: 10) and instigated to reconceptualise rape and other forms of male violence as forms of power and control (Brownmiller, 1975; Dobash & Dobash, 1977; Medea & Thompson, 1974; Russell, 1975).

The power and gender theory was developed by Connell (1987: 20) and is based on how sexual inequality, power imbalances, gender-specific norms and power dynamics influence relationships. This theory strives to understand the risks women experience in different social contexts (Manfrin-Ledet & Porche 2003: 60). In this study, the theory of power and gender is used as one of the guiding theoretical frameworks, specifically in how gender is defined by participants. Feminist theorists theorise that male violence is motivated not only societal gender roles but also a larger system of male privilege and domination as will be described in the subsequent chapter.

1.7 RESEARCH METHODOLOGY

The purpose to this section is to provide an overview of the research methodology which was used in this study. The Aston Business School (2007: online) defines research as an “original investigation to gain knowledge and understanding of a particular sector, which will lead to new or significantly improved insights”. Based on the nature of GBV in South Africa and in particular, the manner in which the TCC, Crisis Centre and respective departments involved, namely: SAPS, DOH, DSD and
DOJCD (through the NPA), address the GBV issue at both centres; this study will utilise descriptive and explorative research as the research types. According to Zikmund (2003: 30) “descriptive research aims to determine the answers to the ‘who?’, ‘what?’, ‘when?’, ‘where?’, and ‘how?’ questions. The value is based on the principle that problems have the ability to be solved and practices enhanced through objective and thorough description”. Descriptive research will be used to identify aspects related to IGR and cooperative government that are hindering addressing GBV by the various organisations involved, namely, the TCC, Crisis Centre, SAPS, DSD, DOH and DOJCD (through the NPA). In this study exploratory research will also be used. According to Zikmund (2003: 33) “in order to gain a clearer understanding of the dimensions of a problem exploratory research is utilised”. Within this study this would be valuable, as it would significantly contribute in clearly understanding the dimensions of GBV as managed by the various institutions, namely, the TCC, Crisis Centre, DOH, SAPS, DSD and DOJCD (through the NPA).

According to Mouton and Marais (1996: 28) “research methodology focuses on the manner in which the research is planned, structured and executed in order to comply with scientific criteria. Therefore, explains the research process and the research tools and procedures employed in the research”. Research is categorised into qualitative and quantitative research approaches. For the purpose of this study it was imperative to utilise a qualitative approach, as it ensured the validity and accuracy of the research which was carry out by providing a path for how the research was conducted. Every research method has peculiar disadvantages and advantages, all of which depend on three specific conditions: the control which a researcher has over the actual behavioural events, the focus on contemporary, as opposed to historical phenomena and finally the type of question (Yin, 2009: 2). Qualitative research is a means of understanding and exploring the meaning of ‘individuals’ or ‘groups’ ascribed to a human or social problem. The research process involves developing procedures and questions, by collecting data normally from participants’ settings, data analysis inductively building from particular to general themes, and interpreting the meaning of the data by the researcher (Creswell, 2009: 4). For this very reason, qualitative research, in principle, allows the researcher to interact with the respondents within the study. The researcher was allowed the opportunity of first-hand experience and knowledge of the respondents through close interaction with the respondents and the
situations studied at the Potchefstroom TCC and Crisis Centre, as well as all departments involved in both centres. The researcher was provided with the respondents own interpretations of the problem (Brannen, 1992: 59).

1.7.1 Research design

Research design is the plan of investigation that identifies the procedures and methods for analysing and collecting necessary data. An investigator applies a logical structure to his or her research by means of utilising a specific research design (McNabb, 2004: 96). The research design incorporated a flexible, qualitative approach using a case study as research design. The case may be a person, a group, a community, a process, an episode, a society or any other unit of social life. All data significant to the case is organised and gathered in terms of the case (Kumar, 2005: 113). “A case study is the ideal method when (a) “how?” and “why?” questions are being posed, (b) the investigator has little control over events, and (c) the focus is on a contemporary phenomenon within the real-life context” (Yin, 2005: 113). The benefits of making use of a case study as suggested by Adelman, Jerkins and Kemmis (1980: 59-60) are, firstly, that case study data is strong in reality and, thus, is likely to detect concerns and issues raised in the cases. Secondly, a case study can offer support to alternative explanations and can represent a range of viewpoints. Thirdly, a case can provide an accurately presented database of material which may be reinterpreted by future researchers. Fourthly, the insight produced by the case can be put to instant use for a range of purposes, intra-institutional feedback, formative evaluation and policy making, including staff development. Finally, case data is generally more obtainable than conventional research reports and, thus, capable of serving numerous audiences.

“Concerns against the use of the case study method are expressed against the lack of rigor of case study research, based on bias” (Yin, 200: 14-15). Case studies offer little basis for scientific generalisation. Case studies are time consuming and results in enormous, unreadable documents (Yin, 200: 14-15). In providing additional advice on using the case study method as an instrument, Mouton (2001: 104) “advises the researcher to be clear about how he or she is planning to collect the data and how participants have been carefully chosen for the interviews”. This would require of the
researcher to document the data collected with accuracy, if the data is to be effectively used as an historical record by the researcher and other potential researchers.

For the purpose of this study on the Potchefstroom TCC and Crisis Centre, the intrinsic design of case study, is used. The intrinsic design of case study is descriptive and instrumental in nature, as it endeavours to investigate, understand and describe a specific phenomenon (Yin, 2003: 60; Mark, 1996: 32). This design was appropriate for study in describing, analysing and interpreting the current operations within the TCC, Crisis Centre, DOH, SAPS, DSD and DOJCD (through the NPA) when addressing GBV. The purpose of an instrumental case study is to facilitate both testing and theory building. To produce theory and new knowledge case studies are particularly useful, which could in turn, inform policy development. As case studies involve an in-depth analysis of a multifaceted process or entity, the aforementioned may produce theoretical insight closely grounded in real experience, in direct contrast to what Thomas (2004: 55) refers to as a speculative “armchair” theorising (De Vos, Strydom, Fouche, & Delport, 2011: 322).

The instrumental nature of the case can lead to gaining new knowledge and great insights regarding GBV, in relation to the development of an IGR approach to GBV for the TCC, Crisis Centre, DOH, SAPS, DSD and DOJCD (through the NPA), which may improve overall policy integration and coordination functions related to GBV. While the study raised clear questions, the direction that the study took with regards to developing an IGR approach to address GBV was current, and themes other than the anticipated ones emerged. These themes are dealt with in chapters four and five of the study. The use of a case study as the method allowed this study to simultaneously explore and analyse operations at the TCC, Crisis Centre, DOJCD (through the NPA), DSD, DOH and SAPS. A more in-depth discussion of the case study is provided in chapter four.

1.7.2 Sampling

Any complete group of people who share common characteristics are referred to as a population (Zikmund, 2003: 50). Sampling is a process that consists of any procedure by utilising a small number of parts or items of the whole population in order to draw assumptions concerning the population. Therefore, a sample is a representative
subset of a larger population. The core purpose of sampling was to allow the researchers to obtain an indication of precise characteristics transferable to the whole population (Zikmund, 2003: 52).

The selection of the main body of each case was done in accordance with non-probability sampling, with snowball sampling and purposive sampling utilised as techniques within this study. There are no strict rules to follow with these specified techniques, and it is generally used in qualitative analysis and exploratory research. However, it by no means ensures representativeness (Sarantakos, 2005:163). Since the purpose of the study is an in-depth understanding of the challenges related to addressing GBV through an IGR approach, representativity for the purpose of generalisation is not a concern.

The relevant population for this study were public officials working at the TCC and Crisis Centre. The respective departments directly involved in addressing GBV at both centres were the DOH, DSD, NPA, and SAPS. Public officials who occupy managerial positions within the TCC and Crisis Centre, as well as in the respective departments involved in addressing GBV, were identified for the purpose of the study. Public managers and officials who have experience with regard to the legislation, policies, programmes and projects of GBV – whether directly or indirectly – were specifically sampled.

The study utilised purposive sampling in identifying the initial contact, where after snowball sampling was used and which eventually determined the sample size as the research progressed. For the DOH the CEO of Potchefstroom Hospital referred the researcher to the Clinical Manager at the Potchefstroom Hospital, who provided the researcher with a letter of approval to conduct the research together with healthcare officials involved in addressing GBV at the TCC. The healthcare officials involved in the study were the Clinical Manager; two forensic nurses working at the TCC and the Casualty Operational Manager of the Potchefstroom Hospital. From the DOH a total of four interviewees participated in the study.

Initial contact with SAPS was facilitated through the Provincial Coordinator for Children and GBV Victim Empowerment from the SAPS Social Crime Prevention Unit. This Unit referred the researcher to the Commander of the station where the Family Violence,
Child Protection and Sexual Offences Unit is located. The Station Commander then referred the researcher to the acting Vispol Commander at the Ikageng Police Station. The acting Vispol Commander referred the researcher to the Domestic Violence Coordinator and the Domestic Violence Officer, both working directly with victims of GBV and responsible for providing training to police officials in relation to GBV. From SAPS a total of five interviewees participated in the study.

For the DSD, initial contact was made within the Crisis Centre with the social worker supervisor responsible for the VEP, who formed part of the study and then referred the researcher to the supervisor of the crime prevention and support programme at the Dr Kenneth Kaunda District DSD. Both played a crucial role in addressing GBV, with the social worker acting as the link between the Dr Kenneth Kaunda District DSD and the Crisis Centre in order to provide integrated services to the victims of GBV. The supervisor is responsible for supervising probation officers, does home visits to GBV victims and is involved in the preparation of court cases. The social worker referred the researcher to the Crisis Centre Manager who also formed part of the study. Thus, from DSD a total of three interviewees participated in the study. The NPA Site Coordinator of the TCC in Potchefstroom referred the researcher to the Victim Assistant Officer representing the NPA and by extension the DOJCD. Thus, one interviewee from the NPA participated in the study. Thus, a total of thirteen interviews were held with the identified sample.

The motivation for the choice of the selected respondents, is that public officials were able to provide extensive information about the degree or consistency of change which has been experienced with regard to GBV laws, policies, programmes and projects, as well as the current challenges experienced by the TCC and Crisis Centre, hindering the effective alignment, integration and coordination within the TCC and Crisis Centre, including the respective departments (the DOH, SAPS, DSD and DOJCD through the NPA). A brief description will be given of the two instruments employed in this study.

1.7.3 Instrumentation

Within this study a triangulation of data collection methods were employed, using more than one method to study the same unit of investigation (Burton, 2000: 15). For the purpose of the study, unstructured interviews (Annexure A) and a literature review
were used as data collection methods. The decision to use unstructured interviews was because unstructured interviews provided the researcher with flexibility and freedom in order to formulate questions spontaneously. Unstructured interviews’ strength lies in the wide-ranging freedom they offer in terms of structure and content (Kumar, 2005: 135). Interviews offer an opportunity to gain clarity in a logical manner and enables more probing, that results in gathering data which is more comprehensive. The reliability of a study involves ensuring that responses will be consistent over time. It is the researcher’s responsibility to make sure that the value and purpose of the study are understood from the beginning, in order to limit the effects of a negative attitude which may influence truthfulness and responses (Solomon, 2008: 54). According to Kumar (2005: 131) the benefit of unstructured interviews is that they will permit the researcher the freedom to discover other opportunities for research which develop from the interview and the autonomy to openly discuss sensitive topics, unstructured interviews will also permit the interviewer to acquire a first-hand in-depth understanding of the social phenomenon. Kumar (2005: 131) maintains that the weaknesses of interviewing are that it can be expensive and time-consuming. The huge amount of data gathered makes the ordering and interpretation difficult. Finally, the quality of the data acquired is largely influenced by the quality of the interaction. For the purpose of the study, the various senior managers, managers and public officials within the TCC and Crisis Centre and the respective departments involved in addressing GBV (DOH, NPA, SAPS and DSD), were interviewed as mentioned in detail in the previous section.

The use of documents or literature review as sources of data achieves numerous purposes. Through the literature review the reader is informed about the results of other studies which are closely associated to the one being carried out. The literature review narrates a study to the larger, on-going dialogue in the literature, extending prior studies and filling the gaps (Creswell, 2006: 25). In addition, it offers a standard for comparing the results with other findings, as well as a, framework for establishing the importance of the proposed study (Creswell, 2006: 25). The literature that was presented in the study was in the form of scholarly literature, unpublished theses and dissertations, books, journal articles, and mass media reports published in credible newspapers and magazines, official government publications, as well as earlier research done by researchers.
According to Cronje and Chenga (2009: 213), “the reliability of the research can be improved by the following four elements:

- neutrality (the degree to which the findings are a conditions of research and function solely of the informants and no other biases);
- truth value (the context in which the study was undertaken and assurance in the accuracy of the results);
- applicability (the settings or to other groups and the degree to which the results can be applied to other contexts); and
- consistency (whether the results would be reliable if the analysis were replicated in a similar context or with the same subjects”).

The study aims to guide the research according to these four elements. Dialogues with key public officials were continuously held in order to clarify the research setting as well as ensure consistency in the interpretation of findings.

1.7.4 Data analysis

Within qualitative data analysis, the procedure entails the recording and transcribing of interviews. Within this study, the data was collected, analysed and interpreted and the results are provided in chapter four. According to Mouton (2001: 108) “analysis comprises of breaking up the data into manageable themes, patterns, trends and relationships and aims to understand the various constitutive elements of one’s data through an inspection of the relationships between concepts, constructs or variables, and to see whether there are any patterns or trends that can be identified or isolated or to establish themes in the data”. Data analysis as a process allowed the researcher to analyse data obtained from respondents sampled, in relation to their experiences and challenges pertaining to issues surrounding the effective integration and coordination of services to GBV victims as well as the overall functioning at the TCC and Crisis Centre. Stringer and Genat (2004: online) further state, “Data analysis reveals how people make sense of their experiences and utilized these understandings to enact positive change in their lives”. The researcher processed the data collected during the unstructured interviews and addressed each obstacle one at a time, as suggested by De Vos, et al., (2005: 214). The researcher deliberated the themes, sub-themes and categories, which emerged from the qualitative data, each
of which is discussed in detail in chapter four of the study. Once the data collection was concluded, the researcher reviewed the notes and tape recordings in order to establish a structure to analyse and reduce the large chunks of data, which were transcribed by the researcher, to ensure that only the most relevant information was used in the study. Schurink (1998: 11, cited in Mahapa, 2004: 10) states that “the analysis of qualitative data is a creative process, which is managed in different ways by different researchers and because of this, it is impossible to provide a recipe for analysis of data”.

1.7.5 Ethical considerations

Each research participant indicated voluntary participation by signing a letter of consent (Annexure B). Whenever research includes humans within the study, the researcher needs to be concerned about any activity that may not protect and respect the rights of all participants. Furthermore, attention should be given to the circumstances within the research setting and that a just and fair process is utilised. Anything that could potentially harm the participant needs to be specified and informed consent must be obtained. ‘Harm’ implies embarrassing, frightening, or any action which may negatively affect the participants (Thomas & Nelson, 2001: 70).

The key ethical issues which apply to this study relates to the respondents’ rights to be informed about the need for confidentiality; the purpose of the research; the need for objectivity in reporting data; the need for honesty in gathering of data; and the need to clarify the nature and advantages of the study (Solomon, 2008: 56). An overview to the study was provided to every prospective respondent, which was followed by an information and consent letter. Overall consent was provided to the researcher by the office of the CEO of the Potchefstroom Hospital (Annexure C). It was made clear to the respondents that they may withdraw their participation in the study at any stage, without any consequences to themselves. While the purpose of the study is not to identify any one respondent, interviewees consented to being named as respondents in the discussion of the results, as presented in chapter four.

1.8 SIGNIFICANCE OF THE STUDY

GBV and its legislation, policies and programmes are complex and diverse by their very nature. GBV has various dimensions within society, embedded in the social,
economic, and political spheres of the country. The study has contributed to the current body of knowledge since there has not been much research conducted regarding the development of an IGR approach to addressing GBV in local communities such as Promosa and Ikageng. By conducting the research, new information which may prove beneficial to the Public Service, the TCC and Crisis Centre, other GBV research institutes, the DOH, SAPS, DSD and DOJCD (through the NPA), has emerged. The investigation proposed solutions and the means to implement these possible solutions, specific to the current dilemma of an increase in GBV. Apart from the progressive legislation and policies put in place (as described in chapter three), the levels of GBV have not decreased. The situation now calls for an IGR approach, which will ensure administrative integration and coordination among the DOH, SAPS, DSD and DOJCD (through the NPA) through multi-sectoral initiatives such as TCCs and Crisis Centres.

1.9 PROVISIONAL CHAPTER LAYOUT

Chapter one functions as an introductory and background chapter, as it summaries and provides a broad point of reference regarding the extent of GBV in South Africa, as well as how GBV is integrated and coordinated by the TCC and Crisis Centre, including the respective departments involved in addressing GBV namely: DOH, SAPS, DSD and DOJCD (through the NPA). The focus is on the rationale for the study: the challenges experienced by the TCC and Crisis Centre; the respective departments involved in comprehensively addressing GBV in the local suburbs of Ikageng and Promosa; the nature and extent of GBV in these areas and finally, the extent to which an IGR approach will address GBV in the Promosa and Ikageng areas of the Tlokwe Local Municipality. The chapter provides a discussion of the methodology, the research design, the methods of data collection and the ethical considerations.

Chapter two contains a theoretical substructure framework and extensive literature concerning the concepts of gender and GBV. The following is discussed: The challenges which have been faced surrounding the elimination of GBV; as well as the social, psychological and economic influence GBV has had on the lives of those directly and indirectly affected and the nature and extent of GBV.
Chapter three contains theoretical analyses and extensive literature about IGR. The various legislation and policy mandates enabling IGR are described. The chapter provides a context regarding the relevance and purpose of literature reviews from various authors, as well as the constitutional framework on IGR and co-operative government. The relationship and definitions between IGR and co-operative governance are discussed. The chapter further highlights the principles of co-operative government. From the discussion in chapter three, it can be seen that IGR coordination and cooperation is critical for addressing GBV in an IGR manner. The chapter discusses the roles played by the distinct spheres of government in improving the culture of co-operative governance and IGR. This chapter contextualises public administration by defining and explaining the generic functions of public administration, primarily focusing on the role of human resources in terms of IGR. Finally, chapter three also expands on future trends related to the development of public administration and the conceptualisation of governance, emphasising the future role and place of the state in the social system.

Chapter four generates a greater understanding of GBV legislation, policies, strategies and IGR, with a primary focus on the TCC and Crisis Centre in Potchefstroom, as well as the respective departments involved in both centres namely: DOH, SAPS, DSD and NPA. The empirical findings of the study emerging from the unstructured interviews held at the TCC and Crisis Centre in Potchefstroom, as well as the respective departments involved in both centres namely: DOH, SAPS, NPA and DSD in relation to Promosa and Ikageng, are provided and discussed in this chapter. Through analysing the findings, the study was able to present, discuss and analyse the challenges experienced with regard to the establishment of an IGR approach to GBV.

Chapter five discusses the proposed IGR approach for addressing GBV. This chapter covers a comparative analysis of current integration and coordination with regard to GBV at the TCC and Crisis Centre in Potchefstroom and among the DOH, SAPS, NPA and DSD. The chapter also covers the development of an IGR approach to contribute towards effectively improving the relationships, as well as the overall functioning, in relation to the integration and coordination among the respective departments involved in addressing GBV at the TCC and Crisis Centre in Potchefstroom.
Chapter six contains concluding remarks surrounding GBV and an IGR approach between the TCC and Crisis Centre in Potchefstroom, as well as the respective departments involved in addressing GBV namely: DOH, SAPS, NPA and DSD. This chapter provided the ground for replication on the study and recommendations of similar, prospective projects. This could perhaps be of advantage, whether indirectly or directly, as the study has contributed to the existing body of knowledge and could further assist other related departments, TCC and Crisis Centres facing the same challenges as the proposed study.

1.10 CONCLUSION

In this chapter an introduction and orientation is given and the problem statement is discussed and established. The research questions and research objectives were identified. In addition, the chapter provided the description of the research methodology, which was utilised in the study. The significance of the study was discussed within this chapter. The chapter concludes by providing an outline of all five chapters following this chapter.

The next chapter contains extensive literary and theoretical substructure framework concerning the concepts of gender and GBV, with specific reference to the feminist perspective on GBV and the Gender and Power theory; the challenges that have been encountered surrounding the elimination of GBV and the social, psychological and economic influence it has had on the lives of those directly and indirectly affected by GBV in South Africa.
CHAPTER 2

LITERATURE REVIEW ON GENDER-BASED VIOLENCE

“I am living in hell from one day to the next, but there is nothing I can do to escape; I don't know where I would go if I did. I feel utterly powerless, and that feeling is my prison. I entered of my own free will, I locked the door, and I threw away the key”
(Haruki Murakami, 1984: online)

2.1 INTRODUCTION

South Africa, in both international and regional terms, is a country that has one of the highest levels of gender violence, with girl children and women as the main casualties and men as the main culprits (POWA, 2010: online). Gender violence cuts across class, race, religion, ethnicity, and geographical location. Violence against women remains a social and moral obstacle to the achievement of development, equality and peace. State, cultural and religious mediators have regularly failed to condemn violence against women and often use tradition and custom to enable and justify conditions that aggravate the violations of women’s rights (POWA, 2010: online).

The purpose of the literature review (and of this chapter) is threefold. Firstly, by reviewing research studies, which are in close relation to the present study, the study gained new understandings and learnt of new approaches that informed and supported the study and its research design. Secondly and most importantly, in this critical review of related studies, the study aimed to identify and indicate the gap that other researchers in the field have not focused on. Thirdly, the review was used to help place the study in an appropriate theoretical context. In order to fulfil these three purposes, this chapter is organised in such a way that the problem of power, culture and GBV has been approached by presenting definitions and providing an overview on the prevalence of GBV in South Africa.

One of the fundamental themes of the study is GBV – violence which is based on the very assumptions about gender. In order to grasp a deeper understanding of what GBV is empirically, for those directly or indirectly affected by the violence, it is paramount to plunge into the written sources and research done on GBV. GBV can be
a major task to conceptualise as it can be categorised as a very wide concept that seeks to cover all violence committed, based on someone’s gender or on their biology. GBV requires a deeper understanding of the problem and clarity of the diverse complexity and real contexts of the global phenomenon.

Violence against women is subject to different disciplines, with multiple theoretical approaches and definitions and a preference towards multidimensional theories (Barnett & Laviolette, 2011: 5; Jasinski, 2001: 13). Violence takes multiple forms and is rooted in patriarchal social structures and cultural roles of women and men. The psychological, social and behavioural effects of violence on women, men, families and society are widespread and lifelong (Russo & Pirlott, 2006: 194). There is no common definition or comprehensible agreement as to what actually constitutes violence against women (DeKeseredy & Schwartz, 2011: 17; Jasinski, 2001: 7). The purpose of this chapter is to address the first objective of the study, which is to describe the theoretical framework for IGR and GBV. Therefore, the study will conceptualise various concepts and approaches derived from feminist theoretical perspectives and practice relevant to GBV, in order to illustrate the complexity of the phenomena of violence against women.

2.2 FEMINIST PERSPECTIVES ON GENDER-BASED VIOLENCE

There has been a significant shift from observing different forms of male violence against women as separate entities, toward observing violence as a unitary phenomenon with various manifestations that differ depending on context (Koss, Heise, & Russo, 1994: 513). Gender-based entitlements, power, objectification and status were documented as playing serious roles in the dynamics of GBV. Major institutions, which include the criminal justice, health, academic, scientific, military, athletic and religious institutions, are seen as supporting patriarchal values that inspire and maintain those entitlements, foster GBV and encourage stigmatisation of voices that challenge the status quo (Koss et al., 1994: 519; Marin & Russo, 1999: 29).

Although gender, power and structural dimensions of violence are documented as powerful forces in the dynamics of GBV, the developing picture is recognised as progressively complex (Frieze, 2005: 230; McHugh & Frieze, 2005: 6; McHugh, 2005: 720; Marin & Russo, 1999: 23). Theorising about the relations of gender, power and
violence has gone far beyond a simplistic focus on direct effects of patriarchal values or sex role beliefs rated on specific acts perpetrated by women and men. As theory has advanced, research, treatment, intervention and public policy responses to theoretical advances have significantly lagged behind (Dutton & Corvo, 2006: 475). New knowledge based on new, integrative methods that integrate interdisciplinary perspectives is needed (Dutton, Green, Kaltman, Roesch, Zeffiro & Krause, 2006: 960).

Over time feminist perspectives regarding GBV have significantly developed, greater insight into this phenomenon has been viewed through the lens of feminist and other social science researchers and has contributed significantly in this regard. Yet, for the purpose of the study, it is imperative to pay particular attention to the power and gender theory as this has had a great impact on how social scientist have interpreted GBV.

2.2.1 Power and gender theory

Power is defined as the ability to act or influence change in an anticipated way at individual, interpersonal, institutional and community levels (DiClemente & Wingood 2000: 543). If one person has power over another, it means that the “other” will be powerless. Powerlessness is described by Wallerstein (1992: 197-205) as referring to alienation, victim-blaming, learned helplessness, internalised oppression or hidden injuries and power, thus, becomes essential to control human relationships, particularly in marital relations. Wamue-Nagare and Njoroge (2011: 13) mentions that “marital power is two dimensional”. Firstly, it is associated with conflict and is well known in decision-making, which impacts strategies. With regard to the above-mentioned lack of decision-making, influence strategies or conflict are the results of one partner complying and anticipating with the position of the other. This may result from the less powerful partner believing that they are not capable of influencing or dreading undesirable punishment. Secondly, “invisible power refers to an unconscious process in which social and psychological systems of inequality result in one partner being incapable to even comprehend the possibility of having input in decision-making, engaging in conflict, or using power strategies” (Wamue-Nagare and Njoroge, 2011: 13).

Regarding violence against women in Africa, Kimani (2007: 57-64) states that men’s notion of using violence to get what they want from women is preserved by the culture.
She argues that this violence against women is deeply rooted in norms and culture, which privilege men and devalue women. Violence against women is influenced by values and social attitudes, which see men as naturally superior to women and make it a man’s right to have power over and responsibility to control women’s behaviour. ‘Acceptable behaviour’ is determined by the society and man, and failure by the woman to conform the socially acceptable behaviour leads to violence (Osei, 2011: 29). According to Gros (1990: 20) the very power exercised by a man in an intimate relationship is influenced by the social institution of patriarchy which makes men the dominant sex. Power works hand-in-hand with control and is often viewed as a mechanism or means through which power is restrained, directed, controlled, or preserved. Control depends upon innumerable means such as the threat or the actual use of coercion and force, which can be indirect or direct use of force to achieve its end. Men utilise a variety of techniques to control female partners and /or children including physical force, threatening to take on another wife, refusing to provide household money, and withholding school fees, to name a few (Osei, 2011: 29).

Women’s absence of power in heterosexual relationships frequently translates into constraints on their sexual behaviour (Wingood & DiClemente, 1995: 592). Most feminists believe that sexual coercion is inspired by a desire to exert control over women and not out of lust. Rape, according to feminists, is not essentially a sexual act, but a blatant act of violence. Violence declares power and men use this to further dominate women. The power and gender theory views rape as developing from a social framework that stresses group conflict, as subsequently males have fabricated a patriarchal society in which men are receptacles of wealth and power, and they participate in behaviours that maintain this control, whether consciously or unconsciously. Physically, men are stronger and have the sexual anatomy that makes rape possible. Men have learned that women can be controlled and traumatised by dominating them using sex (Malamuth, 1996: 17-26; Brownmiller, 1975: 9). This very power struggle is inherent in the manner by which the sexes are socialised. Women are taught to be submissive and passive, while men are instructed to be dominant and active. Tenderness, empathy and sensitivity are encouraged for women and discouraged in men; because of this very reason, men are socialised to develop masculine self-concepts and devalue women. Additionally, males develop aggression towards women and even learn to find sexual arousal from domination. This power
structure occurs to preserve a hierarchical structure where violence is accessible and even necessary (Osei, 2011: 29).

The Feminist theoretical perspective further declares that any woman may well be a victim of rape, despite her appearance, age or status. This brands any woman a natural target for a rapist, merely because she is a female. Most victims are of the same age as, or younger than, their attacker and are particularly at risk between the ages of 10 and 29. The victim is typically smaller than her attacker in weight and height, and this is both a physical and psychological disadvantage (Brownmiller, 1975: 15).

Women should be taught to express their desires clearly, keep themselves safe and be alert in risky situations. Men’s self-esteem must not be grounded on domination of women or refusal of feminist qualities in favour of masculine strength – a system that disheartens competition and instead encourages a sharing of resources and cooperation (Malamuth, 1996: 17-26).

Studies (Kim & Motsei, 2002: 1243-1254; Wood, 2004: 555-576) have found that men who abuse their wives identify with the accepted cultural norms, which ultimately promote men’s dominance and control. Violence is presented as one of the small number of ways, which certain men use to declare their masculinity (Madlala, 1997: 363-380). Violence is frequently, although not always, a part of dominant constructions of masculinity in various societies, when there are social expectations that men ought to control women - then physical and sexual force are often perceived as ‘legitimate’ ways to exert this kind of control (Jewkes, Flood & Lang, 2014: 2-3). Dobash and Dobash (1979: 22) also propose that the fundamental cause of violence against wives is viewed as being the outcome of an imbalance of power between women and men. Feminists have emphasised that throughout time, women have been subdued by the greater patriarchal society that has placed restrictions on their opportunities and left them vulnerable to a number of abuses. Sexual violence against women is regarded as ingrained in power inequalities linked to hierarchal gender relations (Jewkes, 2002b: 1092). Men, whether they rape or not, are subject to the political, social and economic benefits of a patriarchal society. Men benefit from the preservation of a power structure, which confines the rights of women and consequently may neglect to take the crime of sexual coercion seriously or to fight on women’s behalf (Brownmiller, 1975: 22). According to the study “Why Do Some Men Use Violence against Women and How Can We Prevent It?” conducted by Fulu, Warner, Miedema, Jewkes, Roselli
and Lang (2013: 16) the study’s findings reiterate that violence against women is a manifestation of women’s inequality and subordination within both the public and private spheres. The issues found to be linked with violence in the study furthermore reflected influential narratives of masculinity which celebrate and justify domination, strength, aggression and a capacity for violence as well as men’s heterosexual performance and men’s control over women.

The power and gender theory has had a great influence on how GBV is viewed through societies and more prominently men's eyes, with regard to how women are treated and subjected to domination, control and forceful acts, which in turn strip most women of their sense of self-worth, dignity and honour. Gender and power are a two edged sword which has dire consequences for women finding themselves within these relationships. These accepted cultural norms, which ultimately promote men’s dominance and control, need to be understood in an integrated manner, as this preservation of power structures violates women’s rights and may paint a picture that sexual coercion is by no means a serious offence. Yet in the same breath, patriarchy is also deeply embedded in GBV as will be described in the following section.

2.2.2 Patriarchy

Radical feminism is a perspective highlighting the patriarchal roots of inequality between men and women, or more precisely, social dominance of women by men. Radical feminism views patriarchy as dividing privileges, rights, and power primarily by gender and as an outcome privileges men and oppresses women (Lewis, n.d.: online). Radical Feminists were at the forefront of opposing traditional gender stereotypes. The focus of the feminists was that women should collectively stand up against the patriarchal system (dominated by men), as oppressive and unequal to women, which further enhances the very influence of the capitalist system on women specifically (Holst, 2011: 49-54). There is no precise definition of patriarchy and Connell (1987: 49) notes that, “it [patriarchy] appears in several logically different forms of theory and takes on different meanings according to its context”. Scholars (Aina, 1998: 8, Stacey, 1993: 12, Kramarae, 1992: 6; Lerner 1986: 2) have defined patriarchy as a set of social relations with material base, which allow men to dominate women. Aina (1998: 6) further contends that patriarchy is a system of differentiation based on sex and social stratification, which affords material benefits to males, and at
the same time introducing severe constraints on the activities and roles of females, with numerous taboos to ensure conformity in specified gender roles. Feminist theorists have expanded the basic definition of patriarchal society in order to describe a systematic bias against women. Patriarchal society entails a male-dominated power structure through organised society and in individual relationships (Napikoski, 2014: online).

The term was originally utilised to describe the position of the father as a household head, yet it has increasingly been used to refer to the systemic organisation of male supremacy and female subordination as indicated by Cobett (1998: 11) who states that patriarchy is “the rule of fathers”. According to Wamue-Nagare and Njoroge (2011: 14) patriarchal culture is established through a rigorous socialisation process in which every single member of the community is well aware of what responsibilities, duties, and roles are expected from them, which is perceived as the precise order fundamental for communal and family harmony. From the above scholars it becomes clear that in order to understand patriarchy, it would require to give men the right and power to judge behaviour, especially of the non-masculine and would ultimately lead to discipline and punishment of the non-masculine (Dobash & Dobash, 1980: 27).

The study argues that GBV strengthens and is maintained by gender inequalities where patriarchy operates, to uphold and reinforce women’s subordination. Household productions and households are fundamental sites of women’s subordination, which infiltrate the public sphere. The structure of patriarchy varies in forms - workplace (institutional) and households utilise various tactics to preserve the subordination of women and gender inequality. “The household strategy is exclusionary while the public structures strategy is segregationist” (Golombok & Fivush, 1995: 45). The male patriarch in the household is both the recipient of women’s subordination and the oppressor. Public institutions and individual patriarchs utilise their authority in a way which exposes the linkages between public domains and the structures of patriarchal operation in the domestic. Public institutions do not have authority to exclude them directly from public structures or oppress individual women; this is executed at the household level. Rather authority at the institutional level is utilised collectively within the public arena to preserve the marginalisation and exclusion of women from positions of decision-making and authority (Igbelina-Igboke, 2013: 3). The authority of the patriarch is proclaimed in symphony at both the public and private levels to
preserve, reinforce, and sustain itself, irrespective of the dominant social and economic environment in South Africa. Patriarchy also hosts numerous forms of GBV (Igbelina-Igbokwe, 2013: 4). At the household level, opposition to patriarchal control especially within marital relationships, manifests in physical forms such as wife battering, marital rape, acid baths, harmful traditional practices such as female genital cutting (FGC), widowhood rites/disinheritance and deprivation of material and economic resources, which encourage continued reliance on the male spouse for material and financial needs (Igbelina-Igbokwe, 2013: 4). In addition, Collins (2015: online) maintains that people have normalised GBV as legitimate part of relationships.

GBV is cultivated by the misapprehension and oversimplification of the cultural ideology of the male head of household as the chief authority in decision-making at communal, family, and public levels. This is reinforced and shaped through the radicalisation and expression of such behaviour by men that marginalise, control, and decapitate the spirit of humanness in girls and women. Religious and cultural explanations of suitable attributes and behaviour of women and men within marital institutions are also sometimes misunderstood, to offer more quasi-legitimate basis of men’s control over women in marital relationships. This contributes to the tendency of the male spouse to confine by all means the supposed ‘erring wife’ and the violation of the rights of women, with the instruments of subordination and oppression and that culture miss-interprets and misapplies to religious beliefs afforded (Igbelina-Igbokwe, 2013: 5). When addressing GBV, it becomes imperative to know the degrees of societal and cultural expectations in order to take appropriate measures to intervene in GBV. Only by changing societal expectations will it become possible to enable people to start thinking differently (Bent-Goodley, 2005: 202).

Simpson and Kraak (1998: 1-10) pronounce that patriarchal gender constructions contribute to GBV. They claim that not only does it have its roots in economic and political inequality, but also stems from gender identification in terms of femininity and masculinity. This is the type of manifestation of identity and reconstructed by society and the way in which identity is created. Additionally, a study (Jewkes, 2002: 1423-1429) based in South Africa further acquaintances GBV to women’s challenge of gender roles within patriarchal systems. The outcomes of the study demonstrate “that violence is strongly influenced by community norms regarding the use of violence to resolve conflict, women’s challenge of traditional gender roles and sexist attitudes
among men” (Jewkes, 2002: 1423-1429). Likewise, Hiese et al., (1998: 262-290) suggest that GBV is prevailing in societies with rigid gender roles and is culturally patterned or within patriarchal communities in which male dominance is imbedded in a masculine identity.

Thus, the study recognises that patriarchy plays a paramount role in the analysing of GBV. Culture and male domination are reflected through violence against women and society is one of the contributors in this case. The study argues that it is imperative to take into account the complexity surrounding GBV. It is for this very reason that masculinity plays a crucial role in the study.

2.2.3 Masculinity

Over the last three decades, gender studies have been enriched with the development of an individual focus on men and masculinity. The starting point, of which it is of utmost importance to take note, is that not all men are the same. The concept provides a way of understanding the evident fact that not all men have the same amount or type of authority, the same opportunities and consequently, the same life trajectories (Morrell & Ouzgane, 2005: 4). According to Frosh, Phoenix and Pattman (2003: 84-87) masculinities are not purely naturally occurring. Instead, they are constructed in social interactions and achieved through using the cultural resources available to particular boys and men. Literature proposes that there are diverse kinds of masculinities accessible to boys and men, but generally finds that there is a dominant form of masculinity that influences their understanding of how they have to act in order to be ‘acceptably’ male (Frosh, et al., 2003: 84-87). Levant and Richmond (2007: 135) defined traditional masculinity as consisting of the male role norms of avoiding all things feminine, achieving status, restricting one’s emotional life, being tough and aggressive, having non-relational attitudes towards sexuality, being self-reliant and fearing and hating homosexuals.

‘Hegemonic masculinity’ as a concept was a welcome addition to the social science literature in the late 1980s and early 1990s and emerged from critiques of the male sex role, which argued that roles reified essentialist, individualised, ahistorical notions of men while negating power relations (Connell & Messerschmidt, 2005: 829-859; Messner, 1998: 255-276). Hegemonic masculinity refers to the most dominant form of masculinity in a given era and time and it is hierarchically defined in relation to
marginalised and subordinated masculinities and in relation to women (Connell, 1995: 29; Connell, 1987: 12). Connell (1995: 27) defines hegemonic masculinity as a culturally exalted form of masculinity. The patterns of conduct associated with hegemonic masculinity are usually authoritative, aggressive, heterosexual, physically brave, sporty and competitive. This hegemonic masculinity is celebrated, presented as an ideal and invested with power. Hegemonic masculinity is used in a wide variety of contexts in order to explain the persistence of male dominance within a context of multiple and dynamic masculinities (Messerschmidt, 2012: 56-76). Within social science literature, there is solid acknowledgment of hegemonic masculinity and even while only a minority of men might enact its norms and practices, this idealised version of masculinity helps to shape configurations of practice, beliefs and social action among hegemonic, marginalised and subordinated men (Connell & Messerschmidt, 2005: 829-859; Morrell, Jewkes & Lindegger, 2012: 12-13). Hegemonic masculinity during the apartheid era in South Africa was personified by the white, heterosexual and militarised Afrikaner, to whom all other masculinities and femininities were required to be subordinate (Swart, 2001: 8). Since the beginning of democracy, the masculinity hierarchy in South Africa has questionably become much more pluralistic (Morrell et al., 2012: 12-13). However, what unites the masculinities in contemporary South Africa is their violent character (Cock, 2001: 45).

The underlying concept of masculinity is flawed and has been argued from two different points of view. To Collinson and Hearn (1994: 18), Hearn (1996: 5) and Hearn (2004: 60) the concept of masculinity is unclear, is uncertain in its meaning and tends to deemphasise issues of power and domination. This is ultimately pointless with regard to understanding and contesting the power of men. The concept of multiple masculinities tends to produce a static typology. To Petersen (2003: 56-69; 1998: 10), Collier (1998: 3), and MacInnes (1998: 8) the concept masculinity is flawed because it essentialises the character of men or imposes a false unity on a fluid and contradictory reality.

For the mere fact that the concept of hegemonic masculinity is founded on practice which permits men's collective dominance over women to carry on, it is not astonishing that in certain contexts, hegemonic masculinity in fact does refer to men's engaging in toxic practices which include physical violence, which stabilise gender dominance in a particular setting. Nonetheless, violence and other harmful practices are not always
the defining characteristics, since hegemony has numerous formations (Connell & Meesserschmidt, 2005: 840). Indeed, as Wetherell and Edley (1999: 336) witness, one of the most effective ways of “being a man” in certain local contexts may be to demonstrate one’s distance from a regional hegemonic masculinity.

The concept of hegemonic masculinity has been documented many a time to refer to dominant “acceptability norms” (Blackbeard & Lindegger, 2007: 29) of gendered behaviour for men or boys. In this sense, hegemonic masculinity is used to refer to expected norms of masculine behaviour and self-presentation, conventions (Mfecane, 2008: 47) or ideal standards of masculinity (Joseph & Lindegger, 2007). These standards or norms of masculinity or masculine behaviour are often culturally informed or culturally bound (Morrell et al., 2012: 24). These predictable norms lead to pressure to conform to these standards or ideals by some boys on others (Lindegger & Maxwell, 2007: 79), or by boys or young men on themselves. At times, hegemonic masculinity is simply used to describe “conventional and stereotypic” forms of masculinity (Davies & Eagle, 2007: 66).

As such, violence against women can be the “result of masculinity... as a cultural ideal”, because men can sometimes “use violence or the very threat of violence as an affirmative way of proving individual or collective masculinity” (Harris, 2000: 781). Harris (2000: 785) points out that “men achieve masculinity at the expense of women... at best, by being ‘not a woman’, at worst excluding, hurting, denigrating, exploiting, or otherwise abusing actual women”. This belief that men should exert such power and control over women as an affirmation of their masculinity will inevitably lead to violence. This in turn places women in the direct line of fire, all just because men want to achieve masculinity. Violence against women cannot be challenged unless the dominant notions of masculinities are addressed.

Theoretical perspectives on masculinities also fail to account for the significant impact of poverty on the construction and perpetration of violent masculinities. The connection between poverty and violent masculinities is well established in literature (Jewkes, 2002: 1425; Wood & Jewkes, 2001: 320). Although GBV is found in all social classes, it is more severe and regular in the context of material deprivation (Jewkes, 2002: 1425). For example, Gelles and Straus (1998:43) argue that intimate partner violence is connected to men’s experience of ‘stress’ and since material deprivation is
essentially stressful, it contributes to men’s violent behaviour. The socio-economic structure of contemporary South Africa is not only branded by extensive poverty amongst the black majority but also by extreme wealth inequalities (Morrell et al., 2012: 25). The widespread material deprivation in South Africa, joined with rising expectations triggered by all-pervading displays of wealth, have “proved a tragic mixture for fostering the growth of violent masculinities” (Morrell, 2001: 19). For many young black men successful masculinity is now personified by the likes of President Jacob Zuma who associates success with wealth and sexual prowess (Morrell et al., 2012:12-13). In the context of poverty, where the accoutrements of wealth are unachievable, successful masculinity is thus “constructed through the young men’s ability to access and control women” (Wood & Jewkes, 2001: 327). Importantly, the context of material deprivation does not cause GBV. It rather worsens GBV by linking misogyny and sexism with “male vulnerability” (Morrell et al., 2012: 23).

Although feminist perspective analysis is not the focal point of this dissertation, it is of importance to mention the present debate in order to comprehend the significance of ‘gender’ as a concept and the significance of culture as an influencing factor on the constructions and perceptions of gender. The use of the concept ‘gender’ is informed, in this dissertation, by the case of GBV and the data, which has been collected in this regard. Inspired by the work of Hoogensen and Rottem (2004: 162), Hoogensen and Stuvoy (2006: 218), Shepard (2008: 20), Holst (2011: 16), and West and as well as the feminists who have made gender an essential issue during the past century, the next section will focus on defining gender in relation to the case of GBV. The theoretical perspectives become, in this respect, connected to the data.

2.3 DEFINING GENDER

Gender shapes the meaning of violent acts differently for women and men and that meaning differs significantly, depending on the situational and cultural context. For example, historically, the severity of specific physical acts will be rated in a different way depending on whether or not the perpetrator of the act is male or female (Marshall, 1992a: 103-121; Marshall, 1992b: 189-203). A full understanding of GBV calls for going further than a focus on sex differences in rates and ratings of specific acts, to observe how numerous aspects of gender shape the predictors, dynamics, and outcomes of violence for both women and men.
Understanding violence from the perspective of gender makes it easier to see and appreciate the magnitude of the phenomenon and to adapt methods of intervening (Shepherd, 2008: 50). Apart from the definitions provided in chapter one, defining gender is by no means an easy task, but it can be understood “…as a form of identity for the ordering of society, one that is culturally specific but globally recognized” (Shepherd, 2008: 50). This definition is quite general and challenges the restrictions of gender, not only because it openly refers to gender as part of identity and thus opens up for many gender categories, but because it has no specific mentions of ‘woman’ or ‘man’. Most significantly, it points to the context of local culture as an important factor in shaping gender and gender identities. Gender is understood as being entrenched with meaning both from within the individual and from an outer social context (community or state) (Shepherd, 2008: 50).

Thorne (1993: 25) in a ground-breaking study of primary school children, explained gender as a dynamic process, varying from situation to situation. She writes, “As individuals, we always display or ‘do’ gender, but this dichotomous difference…may be more or less relevant and relevant in different ways, from one social context to another” (Thorne, 1993: 29). Similarly, Connell (2002: 7) describes masculinity and femininity as “projects” that are accomplished differently in different social contexts. “Gender is, above all, a matter of social relations within which individuals and groups act. Gender relations do contain difference and dichotomy, but also embrace many other patterns… It is neither a manifestation of biology, nor a permanent dichotomy in human life or character. It is an array in our social arrangements and in the everyday activities or practices which those arrangements govern” (Connell, 2002: 9).

Gender plays a role in the manifestation of GBV against women and in the hopelessness experienced by women. The study recognises that gender refers to more than simply the biological sex differences between males and females, but to the wide-ranging differences that exist between men and women in their day-to-day life experiences. Alston (2013: 96) writes that “Gender refers to the different ways women and men operate within socially fabricated, sanctioned roles that subsequently shape the ways individuals respond to circumstances and events”. Gender and its consequences also shape communities, cultures and countries, and is a ‘cultured’ way of being. Violence is an illustration of how societal relationships are formed where
power and authority are historically determined based on inequality between men and women (WHO, 2002: online). Therefore, violence against women is knowingly enabled by gender inequality and equally GBV is seen as a main contributor to gender inequality. Moreover, gender is closely linked to attitudes to women and to violence against women. “Violence against women [...] is deeply rooted in cultures all over the world, so much so that millions of women see it as a way of life” (Johnson, 1997: 18). Meyering (2011:11) concludes that attitudes to gender equality are the key forecaster of attitudes to domestic violence. Therefore, people who do not hold gender equality as a key value or aim within their community, tend to understand domestic violence as largely irrelevant, unusual and equally committed by men and women.

Another imperative definition, which fundamentally connects gender identity to sexuality and power, is derived from Hoogensen and Rottem (2004: 164) who state, “Gender is the way that sex and sexuality becomes power relations in society”. They have additionally argued that “gender pertains to the construction of relationships between male and female and the associated power dynamics found within these relationships” (Hoogensen & Rottem, 2004: 163). Hoogensen and Stuvøy (2006: 207-212) see gender as also connected to the empowerment of the individual and further that “gender analysis attempts to expose one of the most basic and pervasive inequalities that exists both across and within other inequalities”.

The concept of gender, both one’s own gender and one’s views on gender roles and sexual norms, is closely connected to attitudes related to violence against women. Men are more likely than women to hold constricted definitions of behaviours that constitute violence against women, more tolerant of justifications for different types of violence and to hold traditional attitudes towards and accept myths about GBV against women (AIC, SRC and VicHealth, 2009:1-5; Flood & Pease, 2009: 125-142).

Thus, by using gender as a lens for analysis, it permits the study to look at why and how threats affect people differently and how threats are perceived subjectively, due to the ascribed gender identity. Gender can therefore be understood as the fulfilment or performance of a normative notion of what is masculine and what is feminine in a society, through an “ongoing activity entrenched in everyday interaction” (West & Zimmerman, 1987: 127, 130). By using gender as a lens for investigation, it becomes
conceivable to discover the power structures that are oppressive and the influence on and challenges of GBV.

The conceptualising of gender has allowed the study to develop beyond the point of just taking the basic 'sex' and 'gender' terminology into account. The concept of gender has been implemented in this study, which allowed the study to uncover the underlying complexity and dimensions of the very concept of gender. These complexities and dimensions are that violence against women is enabled by gender inequality and even more so, is deeply entrenched in cultures all over this world. Only once these complexities and dimensions are dealt with head on will progress be made to successfully eliminate GBV. Gender in every essence is imperative for understanding GBV in a comprehensive manner.

2.4 DEFINING GENDER-BASED VIOLENCE

In the previous chapter, GBV was defined according to The United Nations (UN) Declaration on Violence against Women (1993: online). As comprehensive as this definition is, it requires of the study to give additional definitions in order to validate the need for an IGR approach with regard to the elimination of all forms of GBV. Violence against women is a human rights violation that causes shattering consequences on the health of women as well as on their right to equality, development, security and peace (Bortei-Doku, 1999: 28). Manfrin-Ledet and Porche (2003: 57) recognise GBV as a major public health problem, affecting women, irrespective of age, culture or socio-economic status. In line with Manfrin-Ledet and Porche (2003: 60) the study argues that GBV is a global epidemic that affects the health and economic stability of women, their families and their communities. GBV invades every aspect of women’s lives – from their personal health and safety and the safety of their families, to their ability to earn a living.

The terms ‘violence against women’ and ‘GBV’ are used to refer to a variety of abuses committed against women, that stem from gender inequality and women’s subordinate status in society relative to men. The idea of GBV calls up the image of physical violence against women, despite the fact that it was planned as a gender-neutral term to consist of the all-pervasive scourge of violence committed against both males and females. Heise, Pitanguy and Germain (1994: 5) admit that in the devastating majority
of incidents of violence, women are the victims (Namibia Ministry of Health and Social Services 2004: xi). According to the United Nations (2006: online) there is no single or universal definition of GBV. Understandings differ according to country/culture, community and legal context.

According to the United Nations Population Fund (UNFPA) GBV is defined as a phenomenon that, “...reflects and reinforces inequities between men and women and compromises the health, dignity, security and autonomy of its victims. It includes a wide range of human rights violations, including sexual abuse of children, rape, domestic violence, sexual assault and harassment, trafficking of women and girls and several harmful traditional practices” (UNFPA, 2013: online).

The aforementioned is apparent here in that UNFPA connects GBV to men and women, as well as to an array of specific issues. The definition is suitable for setting some boundaries around the concept, but more information is certainly needed in order for their definition to be operational in relation to the study of developing an IGR approach for GBV. The UNFPA (2013: online) does nonetheless further elaborate their definition by adding, “GBV also serves – by intention or effect – to maintain male power and control. GBV is sustained by a culture of silence and denial of the seriousness of the health consequences of abuse. In addition to the harm they exact on the individual level, these consequences also exact a social toll and place a dense and excessive burden on health services” (UNFPA, 2013: online). UNFPA (2013: online) defines GBV in a way that identifies structures (culture) that maintain male power over women, which is in accord with most research on GBV and relates this to the insecurity of women.

The United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) states in a summary report that they consider GBV to include “…physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty” (UN Women, 2011: online). This organisation overwhelmingly and comprehensibly focuses mostly on women, as is their goal.

Several of these UN agencies also refer to the Beijing Declaration Platform for Action, 1995, the Convention on Elimination of All Forms of Discrimination against Women, 1979, and the Declaration on the Elimination of Violence against Women, 1993, as decisive for their work on GBV. Violence against women is a human rights issue (True,
Violence against women is also a development issue since there is a link between poverty, human insecurity and violence (True, 2015: online). Even though it occurs across strata, there are clear links between violence, poverty and social status (True, 2015: online). The Beijing Platform for Action identifies gender violence as a life-threatening area of concern and states, “Violence against women both intrudes upon and damages or nullifies the enjoyment by women of their human rights and fundamental freedoms” (United Nations, 1996: 73). The deduction is that GBV is something that mainly concerns women and that violence against women should be the focus of the work of UN member states as well as the UN agencies.

This study emphasises that what all the above-mentioned definitions have in common, is that the focus of GBV mostly relates to women and that gender is a socially fabricated concept to which people attach certain positive or negative traits. This study applies a wide perception of GBV to this dissertation, based on the information given in this section and the study understands GBV as structural and physical harm to a person, due to socially constructed norms and ideas. The concept GBV is further based on the two concepts of 'gender' and 'violence' and to completely understand the concept and its content in the South African context, it is vital that the theoretical perspectives in relation to power, gender, culture and domination are theorised and operationalised. The above-mentioned theoretical perspectives and the defining of gender form an integral part of the study, as they laid the foundations upon which the study commenced. From the above-mentioned theoretical perspectives, it became clear that GBV cannot be defined according to clear-cut outlines and that GBV is both complex and multi-dimensional. For the purpose of this study, these complexities and dimensions will be dismantled and a comprehensive overview of GBV in South Africa will be presented through literature.

2.5 GENDER-BASED VIOLENCE IN SOUTH AFRICA

Global empirical evidence (Watts & Zimmerman, 2002: 10; Tjaden & Thoennes, 2000: online) shows that GBV is committed around the world by men against women and children. South African research (Abrahams, Mathews, Martin, Lombard & Jewkes, 2013: online; Jewkes, Sikweyiya, Morrell & Dunkle, 2009: 3655; Mathews et al., 2008: 520) spanning more than two decades has revealed that the occurrence of GBV, including the abuse, rape, or murder of women and children, is alarmingly high. The
continued use of various forms of violence throughout society often feeds the overall tolerance and acceptance of violence, including GBV (Collins, 2013: 30; Faull, 2013: 44). Attitudes of this kind feed a false legitimacy of the use of violence, which increases the possibility of it happening in public and private spheres. The tolerance of intimate partner violence as a private matter (as suggested by high prevalence and high levels of non-reporting) and prevalent culture of silence needs to be sharply and relentlessly challenged beyond the short-term media attention on individual cases (Gevers, et al., 2013: 17). Public awareness and discussion are by no means enough to prevent GBV effectively, particularly if the discourse is not even translated into actions, which are guided by an evidence-based, integrated strategy that addresses primary prevention at all levels of society (Gevers, et al., 2013: 17).

The attention on “extreme” forms of violence and extremely “brutal” violence is possibly being mobilised in ways that deflect attention away from the normalisation of gender violence and the everyday violence, which creates and preserves the conditions, which enable more brutal manifestations. In doing so, these everyday violations, which occur in multiple manifestations, are concealed from sight (Shefer, 2013: 4). As Judge (2013: online) suggests: “[t]he shock and awe response that often follows reports of violence against women discloses a kind of ‘performance of surprise’ – an astonishment which acts to mask just how very ‘normal’, how every day, violence is. The daily conditions make violence possible and probable. As a social practice, violence is made acceptable through normalised, everyday discriminations, such as misogynist and homophobic practices, which are institutionalised. These discourses of prejudice – often legitimised through cultural and religious narratives – make material acts of violence imaginable and explicable”.

According to BusinessTech (2016: online) South Africa is considered the third-most dangerous country in the world – with four South African cities listed in the top 10. South Africa has a reputation for being one of the most dangerous countries in the world due to its high levels of violent crime. In South Africa, “death-related statistics indicated that women aged 14 years and older accounted for almost 50 % of all women murdered in a single year, the highest recorded rate in the World” (Mathews, Abrahams, Martin, Vetten, Van der Merwe, & Jewkes, 2004: 2-4). In a 2009 mortality survey, intimate partner violence (IPV) was the primary cause of death of women homicide victims, with 56% of female homicides being committed by an intimate
partner (Abrahams, Mathews, Jewkes, Martin, & Lombard, 2012: online) and one woman being murdered every eight hours [with the reduction probably due to firearm legislative reforms (Jaynes, 2013:140)].

Davis (2013: online) states, “Violence against women is certainly the most pressing, life-threatening and shocking danger women face in South Africa and it came to the fore of the national conversation in a much-needed way in the year 2013, largely due to the high profile murders of Anene Booysen and Reeva Steenkamp. Anene Booysen, a 17-year-old girl was gang-raped and mutilated at a construction site at Bredasdorp in the Western Cape on 2 February 2013. She survived the ordeal, but died later in the day. Reeva Steenkamp was shot by her boyfriend, Oscar Pretorius, on Valentine’s Day 2013. Violence is also one of the most challenging social ills to tackle without looking at deep structural roots and causes, which are an understandably complex and vague element often missing in discussions placing the emphasis on condemning horrifying sexual violence statistics” (Davis, 2013: online). In the same mood Lancaster (2013: online) argues, “All cultures have one thing in common – male domination”. Lancaster (2013: online) says that men need to understand their role as protectors of the family, but that women should be allowed to have freedom and equality, as provided for in the Constitution of the Republic of South Africa, 1996, and for this very reason a balance between democracy and traditional values needs to be sought (Lancaster, 2013: online). Gender violence and voicelessness in South Africa remain serious ethical concerns, along with the struggle for gender equality. Regardless of the enshrinement of gender equality in section 9 of the Constitution of the Republic of South Africa, 1996, this issue continues to be a distressing case in process. Gender violence was always an integral part of South African society and remains an alarming part of the social fabric of post-apartheid South African society (Slater, 2013: 1). GBV, which renders women voiceless, happens in communities where cultural norms and gender roles and beliefs are authorised as a way of life and often legitimated by culture and religion. “This is exactly the situation in South Africa: since the reality of gender rights has not yet infiltrated the domestic scene, and since men and women’s shared state of mind is not instilled with the ethos of human rights, physical violence in all its forms remains pervasive” (Slater, 2013: 7).
Flaming and Kruger (2013: 112) identify a “communal complicity of silence” around sexual violence and explain the “powerful gender discourses” that they argue, “determine that women should be the silent and passive carriers of shame, while men can be active in the world and do not have to carry shame”. Research on violence against women (Barnett & LaViolette, 2003: 5; Cavanagh, 2003: 229-249; Wood, 2001: 239-261) has noted that women who consent to traditional gender discourses and who link their value to having a husband, are at risk of believing that they are responsible for nourishing their marriage, even if the husband is violent. This above-mentioned statement significantly contributes to the silence surrounding sexual violence and is then shown to be linked to the imperative on women to protect their men and their community (Sherfer, 2013: 12). When addressing GBV, it is imperative to know the nuances of cultural and societal expectations in order to take appropriate measures to intervene in GBV. Only once societal expectations are changed can people be empowered to think differently (Bent-Goodley, 2005a: 200).

Gordon and Collins (2013: 20) refer to “the ingrained silence surrounding GBV”, exemplifying how their participants “spoke about the silence surrounding GBV and how it is not okay to speak about such violence”. This places emphasis on the argument raised by Graham (2013: 100) about the way in which public responses to sexual violence crimes reproduce the silence (and lack of reporting) of sexual violence. This study argues that social nullification of sexual violence disclosure facilitates further silencing: The tension between the woman’s desire to articulate her traumatic experience and the social nullification she feels when she does, is indicative of a culture, which systematically normalises and tolerates GBV. The social nullification, which women receive when they disclose their experiences of GBV, generates a cycle of underreporting and sends the message that women’s experiences and identities are not valued (Graham, 2013: 102). These authors emphasise the importance of moving beyond holding those at risk of GBV as responsible and rather shifting the attention to challenging the social relationships and inequalities of power, which allow such violence to occur in the South African society.

South Africa has among the highest rates of inequality in the world. The widespread violation of people’s rights, predominantly linked to their gender and sexuality, runs along with an attempt in policy to respond to GBV. South Africa has implemented a raft of progressive and comprehensive laws, policies and support systems. Observing
the implementation of policy, numerous integrated approaches, which involve both
government and civil society in dealing with the prevalence of GBV at national,
provincial and local spheres, exist. Yet, despite these efforts, legal responsibilities on
GBV are not adequately met (Mills, Shahrokh, Wheeler, Black, Cornelius, & Van den
Heever, 2015: 6). The South African government has developed numerous pieces of
legislation, yet for the purpose of the study the focus will only be on the Domestic
Violence Act 116 of 1998 and the Criminal Law (Sexual Offences and Related Matters)
Amendment Act 32 of 2007, which was established to address GBV in the country.
South Africa has effective policies to address GBV, but the limitation is in the
implementation (Centre for the Study of Violence and Reconciliation, 2016: 6). These
limitations to the basic implementation of GBV legislation were affirmed by the UN
special rapporteur on violence against women, Šimonović (2015: online) where she
urged the South African government to reinforce the fight against GBV, which may be
achieved through awareness and education at all levels of society. She asserted that
in spite of a collection of progressive laws and policies put in place to deal with GBV,
there remains little implementation of these legislations and policies. The impact of
GBV therefore continues to persist at the level of systematic women’s human rights
violation. She further states that she has heard on many occasions that violence
against women is normalised in South Africa. According to the Department of Women
(2016: online), the Minister in the Presidency is responsible for the Women’s Budget
Speech and stated that during the past year, more than 53 000 women were victims
of abuse or rape. This amounts to approximately 147 cases per day in the past year.
Van der Merwe (2016: online) further asserts that it remains an appalling state of
affairs that each year Parliamentary members come to the podium to debate the
budget, without being able to report on any progress in the fight against GBV. She
believes that it is time to admit that Government’s approach to this crisis is completely
ineffective (Van der Merwe, 2016: online).

The Domestic Violence Act 116 of 1998 deals with the increasing problem of domestic
violence in South Africa. The focal aim of the Act is responsible for supreme protection
to victims of domestic violence, through ensuring that the SAPS offer the required
support to these GBV victims, by means of assisting the victims to open cases, apply
for protection orders and referring the victims to shelters or other places of help, such
as TCC and Crisis Centres (Vetten, Le, Leisegang, & Haken, 2010: 5). It is also
imperative for the SAPS to arrest the perpetrators of domestic violence. The Act has attracted attention as a ground breaking piece of legislation in trying to deal with the ever-increasing prevalence of domestic violence in South Africa (Vetten, et al., 2010: 5). The Domestic Violence Act 116 of 1998 experiences the following weaknesses in comprehensively addressing GBV: the basic implementation of the Act has been raised as a key weakness (Mathews & Abrahams 2003: 10; Parenzee, et al., 2001: 8); failure of certain SAPS officers to protect the needs and rights of GBV victims as stipulated in the Act (Centre for the Study of Violence and Reconciliation, 2016: 7-8); a lack of sufficient training for officials who ought to implement the Act (Vetten et al. 2010: 12); the criminal justice system fails to deal with cases of domestic violence as specified in the Act; a lack of cooperation and integration amongst various government departments to actually meet the needs of victims of domestic violence (Centre for the Study of Violence and Reconciliation, 2016: 8); and a lack of funding for programmes aimed at eliminating domestic violence (Goldman & Budlender 1999: 10; Vetten 2005: 277-295).

The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 was primarily developed in order to address the problem of sexual offences in the country, which were estimated to be increasing (Jewkes & Abrahams, 2002: 1231-1244; Vetten et al., 2008: 3). The main contribution of the Criminal Law (Sexual Offences and Related Matters) Amendment Act 6 of 2012 was the redefinition of rape, which is defined as intentionally committing an act of sexual penetration without consent, irrespective of gender. This new definition has been “hailed as ground breaking as it recognises that rape is not only committed against heterosexual women, but can also be committed against men, other women and transgendered people, whether straight, lesbian, gay, bisexual or asexual” (Nduna & Nene, 2014: 9). The new definition is extensive and comprehensively covers several characteristics of rape (Centre for the Study of Violence and Reconciliation, 2016: 8).

From the above, the argument is made that the power and gender theory revealed that the uneven power dynamic between man and woman has had a primary influence on GBV in society. A patriarchal society is one of the founding reasons for why GBV is so difficult to address comprehensively in South Africa, as this is maintained by gender equality. Even though the South African government has legislations and policies in place to address this, there are still underlying issues such as culture roles,
which first need to be addressed. It is for this very reason that the study reiterates that GBV is complex and calls for an integrated approach to address GBV.

2.6 CONCLUSION

This chapter contains extensive literature and theoretical frameworks, which were utilised by the study in order to form the foundation of the study, which was to comprehensively address GBV. The concepts of gender and GBV approaches, derived from feminist theoretical perspectives and practice relevant to GBV, were discussed; in order to illustrate the complexity of the phenomena of violence against women. The above literature paints a clear picture of GBV in South Africa. The theoretical perspectives have guided the study to realise that GBV, in most cases, is only viewed as power and gender imbalance. Yet, an important revelation emerged as the study developed, which is that in the context of South Africa, it is imperative to not forget that culture and traditions influence perceptions and definitions of gender. What has also become so abundantly clear throughout the chapter, is that GBV has always been viewed or researched in isolation. What is meant by isolation is that GBV has been researched either from a health, safety and security-, or from a psychological point of view, to mention but a few. Yet, GBV in South Africa has become an epidemic and has even been identified as a life-threatening area of concern (Leburu & Phetlho-Thekisho, 2015: 1). It is for this very reason that the study calls for a multidisciplinary approach, where the most appropriate disciplines surrounding GBV will collectively integrate knowledge, to develop an IGR approach to eliminate GBV. The next chapter will provide an extensive literature review on IGR.
CHAPTER 3

LITERATURE REVIEW ON INTERGOVERNMENTAL RELATIONS

“Having rejected the organic conception of the State and also the idea of class domination, we are left with a purely individualist conception of collectivity. Collective action is viewed as the action of individuals when they choose to accomplish purposes collectively rather than individually, and the government is seen as nothing more than the set of processes, the machine, which allows such collective action to take place”.

(Buchanan & Tullock, 1962: online)

3.1 INTRODUCTION

The Constitution of the Republic of South Africa, 1996, is premised on the spirit of cooperative-government (Dlanjwa, 2013: 18). For this very reason, the South African government endeavours to abide by the principles of co-operative government and IGR, as asserted in chapter three in the Constitution of the Republic of South Africa, 1996. The three spheres of government in South Africa also make every effort to cooperate and encourage friendly relations by assisting and supporting one another in mutual trust and good faith, as is prescribed in section 41 of chapter three of the Constitution of the Republic of South Africa, 1996. The national, provincial and local spheres of government intend to coordinate actions, interactions, relations and legislation with one another and to adhere to agreed procedures and avoid legal disputes against one another (Edwards, 2008: 82). IGR refers to the “involvement and participation of political officers and administration officers within the three spheres of government, also considering the decisions of other departments within its sphere of government” (Hattingh, 1998: 57). Thus, it is imperative that three spheres of government duly consider the DOH, SAPS, DJOCD, DSD, NPA, and the JCPS and SPCHD clusters with regard to decisions, which affect them, in terms of coordinating and integrating their programmes and projects, to successfully combat GBV.

According to Rhodes (1999: online) there is a significant lack of research and development on theory pertaining to IGR, which is able to deal with the actual complexities of IGR. Currently, much of the work is based on theoretical and ideal-
type assumptions, which are not always close enough to the actual policy practices. These frameworks, which depict real life more closely, need to originate in – or at least take more into account – the real practice (Leuven, 2005: 6). For this very reason, the research surrounding IGR is threefold. Firstly, the theoretical relevance of IGR would require an exploratory literature review, which is sound in nature and which will need to paint a clear picture of IGR as a sub-field within the study of Public Administration, with the aim of illustrating its exploratory and even perhaps predictive capacity. Secondly, the research would be relevant on an analytical level, as the study seeks to develop and improve IGR policies and instruments, which are relatively complex. Thirdly, with regard to empirical relevance, this study would require empirical data, which is supported by its theoretical arguments as will be presented in Chapter four.

The purpose of this chapter is to address the second objective of the study, which is to describe the legislative and policy environment promoting IGR. Therefore, in this chapter, perspectives, pertinent literature and theoretical frameworks describing IGR will be extensively discussed, including conceptualising IGR within Public Administration, as the function of public administration plays a paramount role in managing intergovernmental relationships and activities within the State. The chapter will also discuss the conceptualisation of both IGR and co-operative government, as this is the foundation upon which the study is based. In describing the current status of IGR, attention will also be given to its evolution. Finally, a comprehensive conclusion will be drawn, identifying specific theoretical themes as emanating from the literature review.

3.2 CONCEPTUALISING INTERGOVERNMENTAL RELATIONS WITHIN PUBLIC ADMINISTRATION

One of the earliest definitions of Public Administration is by Woodrow Wilson (in Gildenuys, 1988: 12) who stated, "The field of administration is a field of business... The object of administrative studies is to rescue executive methods from the confusion and costliness of empirical experiment and set them upon foundations laid deep in stable principle. Public administration is the detailed and systematic execution of public law. Every particular application of general law is an act of administration". Thus, according to Goodnow (in Shafritz & Hyde, 1997: 2) politics is the manifestation of the will of the government and administration is the very implementation of that will.
Gladden (1966: 12) then refers to administration as a process with three stages, namely the stage of decision, the stage of administration and the stage of fulfilment. Pauw (1995: 28) further defines public administration as the organised non-political executive state function, while Gildenhuys (1988: 14) describes public administration as the thorough and systematic execution of public law.

Public administration has also been defined in terms of its generic functions, as described by Cloete (1967: 58) namely policy-making, organising, financing, staffing, determining work methods and procedures, and controlling. Within the South African context, the Constitution of South Africa (South Africa, 1996: Section 197) stipulates that within public administration there is a Public Service for the Republic, which needs to function and be structured, in terms of national legislation and which must loyally execute the lawful policies of the government of the day. The function of public administration can be defined as a number of related activities, which need to be performed in public institutions. The normative values of public administration include accountability to the voters, the body politic playing a role, the importance of community values and service delivery. Finally, public administration may be defined as the management of scarce resources in order to accomplish the goals set by public policy (Jordan, 2013: 31).

Public administration assists government to accomplish its mandate by providing capacity, which is vital in order to ensure that the prospects and mandates of government and society are achieved. These government activities across numerous levels or spheres, as is the case in South Africa, have significant consequences for the government system in general. The complexity of IGR may be represented by the organisation of public administration (Ile, 2007: 80). The study thus argues that the function of public administration manifests itself within IGR structures and processes, which in turn contribute to the complexity of IGR. Therefore, according to Nnoli (2000: 45) public administration is prearranged in two ways: laterally and vertically. Laterally, the government forms departments or ministries by means of using functional activities. This advocates the need to establish a new forum, where ministries may share information, monitor and get feedback from officials who are personally dealing with the implementation and can shed light on implementation issues. Vertically, certain state functions are synchronised in nature, which suggests that there is also a dire need for coordination across spheres or levels of government, which in turn will
make coordination a critical task from an IGR perspective. Furthermore, Nnoli (2000: 49) asserts that “effective coordination of various arms of public administration is the wheel around which its efficiency and effectiveness revolve”.

Until the 1980s, public administration in different parts of the world was dominated and influenced by the three theoretical approaches, namely the managerial, political and legal approaches. In certain countries, such as the United States, the emphasis of public administration was on developing management and professional capability, and then applying organisational approaches, which emphasise rationality and efficiency in management. The influence of elite bureaucrats and professionals and the usage of organisational knowledge in policy-making were high (Caiden, 1982: 35). Nevertheless, with the rapid developments in information and communication technologies, globalisation of world economy and subsequent difficulties in public service delivery for the duration of the past few decades, the traditional functions of public administration proved to be rather outdated, unresponsive and ineffective in resolving societal problems (Roosenbloom & Kravchuk, 2002: 129).

Government and its public institutions being the central organiser and provider of public services produced undesirable consequences, such as inefficiency, corruption and people’s dissatisfaction with service delivery (Nel, 2014: 35). Dissatisfaction with traditional bureaucratic administration has led to the emergence of new paradigms, namely New Public Management and Public Governance, which dominate the reform debate in Public Administration. The need for a paradigm shift from traditional views of Public Administration to New Public Management and Public Governance was due to the benefits and pressures of globalisation. Globally, nation states were incapable of addressing key social issues within traditional public administration paradigms, because of the increasing complexity of policy issues and solutions, which is accompanied by a dramatic increase in expectations as a result of successful development outcomes and huge accompanying cost increases in service delivery and facilities of the desired quality for increasing citizenship (Nel, 2014: 35). Today, there is a far greater need for the state to improve capacity as a necessary condition in order to apply the benefits of globalisation and to ultimately play a critical role in alleviating poverty, protecting the environment, promoting human equity, gender and security rights and ensuring the improvement of governance (Rondinelli & Cheema, 2003: 8). Public Governance theory places emphasis on the practical appearance of
state, in adaptation to its external environment in the 21st century and its capability in addressing key social issues (Pierre, 2000: online).

Fukuyama (2013: 4) pronounces governance as “the performance of agents in carrying out the wishes of principals and not about the goals that principles set”. Additionally, Public Governance increases conceptual and theoretical interrogations, which relate to the role of the state and the way in which it governs systems within a country (Flinders, 2002: 8). Not only does Public Governance aim to address key issues in contemporary society, it also aims to analyse the practice of government. There is no collective definition of what constitutes Governance, due to its spontaneous appeal (Lynn; Heinrich & Hill, 2000: 234) yet it is used in both the public and private sectors. Thus, according to Lynn et al. (2000: 234–235) “authors identify governance as important to achieving policy or organisational objectives, it may be unclear whether the reference is to organisational structures, administrative processes, managerial judgement, systems of incentives and rules, administrative philosophies, or combinations of these elements”.

Lynn, Heinrich and Hill (2000: 235) stress that, in spite of the complexity of defining governance, governance largely denotes “the means for achieving direction, control and coordination of wholly or partially autonomous individuals or organisations on behalf of interests to which they jointly contribute”. Public governance refutes the mobilisation of public managers to produce advantages for stakeholders and includes public management (Hill & Lynn, 2004: 4). Likewise, Hill and Lynn (2004: 4) acknowledge, “Most scholars, however, recognise a need to include a broader range of concerns in a concept of public governance”. Public Governance is a set of theories concerning how the government manages public tasks (Lane, 2000: 4). Governance is not a substitute for government; it focuses more on the issues of implementation, control, accountability and consequences of governmental activities (Flinders, 2002: 53). Therefore, Public Governance is a paradigm related to studying how government conducts itself and its services and does not replace the function of government. It is generally seen as the style of interaction between government and its society (World Bank, 1994).

Fundamentally, governance as a process highlights the institutional design of government (Flinders, 2002: 53). “Structures within a governance system are
decentralised units. Institutional units normally include representative and impartial functions, such as judicial, legislative and executive functions. From a network perspective, governance would include other formal and informal private sector and civil society institutions and processes, which link government to that particular society. Good and bad governance rest upon the foundations of democratic and legitimate institutional structures and links the style of governmental interaction with society, to a normative assessment of the outcomes of that interaction” (Nel, 2014: 41).

The King Committee on Governance (2009: 12) defines good governance as “essentially about effective leadership... Leaders need to define strategy, provide direction and establish the ethics and values that will influence and guide practices and behaviour towards sustainable performance”. Thus, the outcomes of good governance include best management practices, both relating to the processes and consequences of the style of interaction between government and society. Good governance is a vital condition to accomplish developmental goals (Rondinelli & Cheema 2003: 9).

Good governance aims to ensure a co-operative and participatory relationship within and between civil societies, the public and private sectors and to guide the interaction between and within these sectors. The participation of all types of organisations in joint decision-making has led to the hope of co-operation (Teisman & Klijn, 2002: 197). Edwards (2002: 59) lists the following primary goals which participants need to endorse towards a successful governance framework: “a joint language and set of principles to guide how the relationship of participation is to work; mutual understanding and recognition of the value of frameworks of each sector; a clear statement of respective roles and responsibilities through the policy processes; agreement on what outcomes are to be evaluated and early agreement on dispute-resolution processes”. The study acknowledges the importance of these principles in developing an IGR approach to addressing GBV.

Teisman and Klijn (2002: 197) mention that “this search for co-operation can be seen in all domains of societal decision-making, between government organisations and private sector organisations”. Concurrently, co-operation takes place due to the increased network society and government has to ensure structures and
arrangements to govern the interactions in a network society. Rondinelli and Cheema (2003: 8) endorse that “the need to improve governance and public administration and to enhance the state’s capacity to carry out new functions and roles is now widely recognised”. Therefore, the role of public administration is expected to extend beyond service delivery. The arrangements and the management within the Public Service have changed and governments are now adopting more integrative approaches to public administration (Nel, 2014: 41). Based on the above, it can be deduced that just as the Public Governance paradigm in Public Administration calls for the coordinated function between society and state, IGR also calls for the coordination function between society and the state. This is imperative for a comprehensive method to addressing GBV through an IGR approach. The debate about reform has been scrutinised beyond the new public managerialism, with a view of the government as one of many social actors whose influence determines the means and ends of public policies (Pollitt, 2003: 38). This study thus analyses GBV within the perspective of developing an IGR approach in South Africa, acknowledging the influence of public governance on the ability and responsibility of the state to function. The normative guidelines of IGR will be discussed now.

3.3 CATEGORIES OF GOVERNMENTAL RELATIONS

IGR is regarded as a vital collaboration between government units of all spheres of government (Mphasane, 2012: 7). IGR can be understood as a universal phenomenon. If perceived in this light, then IGR is to be found wherever two or more governments or government departments work together in the development and execution of public policies and programmes (Elazar, 1987: 16).

“Governmental Relations” as a concept has been defined as “... the regulations governing the orderly relations between individuals in power, government institutions and departments, as well as between governments at several levels with the objective to facilitate co-operation, co-ordination and decision-making” (Van Niekerk, van der Waldt, & Jonker, 2002: 69). Therefore, according to Hattingh (1998: 19) there are three categories of governmental relations which occur within the geographic boundaries of a state, namely, IGR (the specific focus of the study), intragovernmental and extragovernmental relations. These will be outlined in the following section.
3.3.1 Intergovernmental relations

According to Botha (1996: 67) “the concept of IGR assumes importance where there is division of power between both administrative and legislative levels among different tiers of government. Put in another way, it is an innovative mechanism put in place to maintain co-operative relationships and co-ordination among and between vertical and horizontal sites”. IGR is relations, which exist between two or more institutions of government. The Constitution of the Republic of South Africa, 1996, prescribes the legislative framework for such relations and offers a precise set of principles for IGR co-operation (co-operative government). The state constitutes national, provincial and local spheres of government, which are distinct, interdependent, and interrelated (Hattingh, 1998: 23; South Africa, 1996: 8). Tulloch et al. (1993: 796) have said the following about IGR “the concept of IGR has many applications in the body of public administration and public knowledge”.

This concept contains two key words, namely “IGR” and “relations”, where “IGR” is an adjective meaning ‘which concerns or is conducted between two or more governments’; “relations” is a noun which means ‘the manner in which a person, thing, or entity is associated, connected and linked to another’ (The Free Dictionary, 2016: online). From the above dictionary explanation, IGR may be viewed as interaction of different spheres (as is the case of South Africa), tiers or levels of government. Observed from other sources, IGR is defined in the following manner: the IGR Framework Relations Act 13 of 2005 “Relationships which arise between different governments or between organs of state from different governments in the conduct of their affairs” (South Africa, 2005: Section 8). For the White Paper on Local Government, 1998, IGR is “The set of formal and informal processes as well as institutional arrangements and structures for bilateral and multilateral co-operation within and between the three spheres of government: national, provincial and local” (South Africa, 1998: Section 38).

IGR can therefore be conceptualised as the “glue” which holds the spheres together (Ile, 2010: 53). In other words, “this is the interactions, relationships and the conduct between officials facilitating governmental activities, which seek to achieve common goals through mutual relationships, between and across vertical and horizontal governmental arrangements, as well as through alignment and cohesion across all
spheres of government. The objective of IGR is thus to facilitate governmental activities (primarily service delivery), through synergy, efficiency and effectiveness in delivering services, to sustain democracy and strengthen delivery capacity across all spheres of government for the common good” (Ile, 2010: 53). Horizontal and vertical IGR form an essential part of IGR as will now be discussed.

3.3.1.1 **Horizontal intergovernmental relations**

Relations at the horizontal IGR level vary from vertical relations in three respects: firstly, there is no official concept of authority, even though authority may still be a feature in relations between a larger and smaller body, even if it is professed in terms of size; secondly, there is no significant difference in the negotiating capabilities and authorities of governmental organisations on the same sphere of government; thirdly, on the horizontal level there is interdependence, which differs slightly in terms of resources that will be required. In vertical relations, resources such as finances and policy are significantly relevant, while at horizontal level resources such as physical and information assistance are more valid (Kalema, 2000: 12). Horizontal IGR play a vital role in the study with regard to the fact that on a horizontal level, resources such as information and physical assistance are shared. Yet, the question may be asked: whether the information, which is supplied to the various departments, is even remotely relevant to addressing GBV and whether the officials even understand the information they have received? When physical assistance is mentioned as a valid resource, the question asked with regard to collectively addressing GBV is: “Who is required to provide this physical assistance and what level of knowledge should the provider have with regard to collectively addressing GBV through IGR?” The study argues that government organisations within the same sphere of government, such as national departments, should be enabled to cooperate on issues such as GBV, but that issues pertaining to resource allocations often cause public organisations to work in isolation as opposed to working together.

3.3.1.2 **Vertical intergovernmental relations**

Vertical IGR are relations, which exist between and among governmental institutions in different spheres of government. In South Africa, vertical IGR refers to the relations, which occur among national, provincial and local spheres of government (Sesele, 2012: 16). Thus, “Power in a unitary state is a defining feature of these relations, since
the national sphere holds more power than the lower authorities and the lower authorities depend on the higher authorities. This kind of dependence is apparent with resources which are required in order to accomplish the set goals” (Kalema, 2000: 12). Hattingh (1998: 23) contends that lower organs of state also have the necessary power to bargain or negotiate on their own behalf (i.e. municipalities exercising their legislative authority), even though they are still dependent on higher organs of state (i.e. dependent on financial resources to deliver infrastructural development). The problem, which arises from the above mentioned, is that a perceived distinction has been made between the national sphere, which holds the most power (specifically in terms of financial capacity) and provincial and local spheres, which hold significantly less power. This is in direct contradiction to the Constitution of the Republic of South Africa, 1996, which states that all spheres are distinctive, which means that there should be no hierarchy (no higher or lower organs of state). The moment one sphere occupies more power than the rest there is already an imbalance in the state (Hattingh 1998: 23). The question now remains: “How can GBV be effectively addressed when the national sphere of government, which creates and establishes institutions, systems and policies, expect the provincial and local spheres, who have to execute these systems and policies, do so when their access to resources that would enable them to address GBV are limited”? The study argues that structures have been created to address GBV through vertical IGR, including the clusters, but that these structures are in themselves unable to facilitate an approach to GBV because of the resource imbalances between the spheres of government.

While IGR is the focus of the study, brief attention will also be given to defining intragovernmental and extra-governmental relations as categories of governmental relations.

3.3.2 Intragovernmental relations

Intragovernmental relations refer to the relations, which have been established officially within a public organisation. They are those relations, which function only within that specific public organisation. The prefix ‘intra’ appears to identify the official relations within the sections of a public organisation and that there still have to be relations which need to improve the smooth flow of activities of that very same public organisation (Sesele, 2012: 16). According to Kalema (2000: 13) ‘intragovernmental
relations’ often refer to internal relations within public organisations. These organisations originate from an idea, which was formulated and then identified as a need. The need may later transform into an organisation forming a department, a division, or a section. All formal organisations have been established according to a specific plan or structure, which is known as the organisational structure (Kalema, 2000: 13). The very purpose of such developments is to accomplish the objectives of the organisation.

Vertical intragovernmental relations and their associated structures are imperative for three reasons. Firstly, they are essential for establishing accountability and authority and establishing a hierarchy of authority. Secondly, they permit the far-reaching delegation of authorities, which takes place in most governmental organisations. Thirdly, they allow control over the decision making and policy of higher authority, which has to be accomplished, and the provision of resources, which have to be successfully applied, in order to achieve the identified objectives of the organisation (Sesele, 2012: 16). Kalema (2000: 14) argues that: “Within government bodies, there is a horizontal relationship between the various executive departments which are on the same hierarchic level.” The official position of horizontal intragovernmental relations between national departments will be the cabinet and cabinet ministers

3.3.3 Extra-governmental relations

“Extra-governmental relations refer to relations between government institutions and members of the public. Government institutions are involved in promoting the general welfare of the community and relations of various kinds do exist between government and the public” (Hattingh, 1998: 30). This would imply that the public also plays a role in influencing government policy and has the privilege of holding government accountable. Extra-governmental relations exist on the basis that the main objective of government is to promote the general welfare of a given society (Sesele, 2012: 17). “…even more importantly, although citizens want service delivery, they also want their views to be heard and their values and preferences to be respected” (Kalema, 2000: 15). The implication in this regard would be that the external parties now may also influence the actions of governmental organisations and IGR as the notion “relations” implies a reciprocal relationship.
The basic summary of stumbling blocks to effective governmental relations is what Steytler (2005: 12) laments as “the lack of a coherent set of guidelines on the meaning of the functional areas of provincial and local governmental means”. Due to this, discrepancies are likely to occur. Furthermore, Malan (2009: 14) adds “that failure to keep the constitutional goal of the IGR process in mind may composite complications as co-operation becomes regarded as the end, rather than a means to an end”. The purpose of the Intergovernmental Relations Framework Act 13 of 2005, is to enable co-operation among all spheres of government. Nevertheless, the basic implementation of the Act has modelled challenges because provincial government departments waver in implementing the letter and spirit of this Act, as well as the principles relating to co-operative government, because of distorted and undefined guidelines (Sesele, 2013: 1-4). An understanding of IGR is essential for every public administrator, because this very area defines the scope and territory of the administrative world in which he or she operates.

3.4 NORMATIVE GUIDELINES IN THE STUDY OF INTERGOVERNMENTAL RELATIONS

The fact that IGR is practised within a public administration environment means that there are norms and values to which they should subscribe (Mathebula, 2004: 131). The normative principles of public administration provide the cornerstone for the foundation of IGR. These will be the values, which a society holds very close and which invariably affect the business of government (Ile, 2007: 81). According to Du Toit, Knipe, Van Niekerk, Van der Waldt and Doyle (2002: 102) these normative principles of Public Administration usually emanate from:

- The body politic: These would consist of the principles contained within a Constitution of the Republic of South Africa, 1996, as well as those concerning the authority of the legislature. The legislature is the law-making branch of the government; the executive branch will be the implementing agency and the judiciary branch will monitor and enforce the application of the numerous legal frameworks, which are enshrined in the country’s laws. These guide the collaborations of officials and politicians alike in the IGR framework. The supremacy of a constitution is relevant to democratic governments only (Decalo, 1985: 209-237). Apart from the conditions set by the Constitution of the Republic
of South Africa, 1996, Mathebula (2004: 132) states that the influence of the Presidency on IGR is an inevitable feature in the South African IGR landscape. The author yields that this is mainly so given the passing of the Intergovernmental Relations Framework Act 13 of 2005, which establishes the President’s Co-ordinating Council at the peak of all IGR structures, who has to formally report on the implementation of national policy and programmes (South Africa, 2005: sections 7 & 8).

- Legal framework of the nation: This controls acceptable and unacceptable behaviour between public officials in the carrying out of their roles, by promoting that roles need to be executed in a manner, which reveals the fact that ample thought has been given to the ultra vires modes (Ile, 2007: 82). Administrative law includes “the authoritative rules governing the organisation of the public sector, interactions between government and citizens and between the public authorities” (Kickert, 1997: 199). This would imply inter alia that the actions of public officials involved in IGR should be legal and lawful, which then implies that legislation and regulations should be obeyed. The criteria guiding the behaviour and actions of government institutions and organs of state within the framework of the judicial administrative functions are as follows: “actions need to be authorised; behaviour needs to be lawful and subject to relevant legal requirements; actions need to comply with required legal procedures; the misconception of justice should be avoided; discretion should not be used unfairly or unjustly; actions should only take place after all important information and facts have been considered; the behaviour of officials should be reasonable and impeccable” (Griffith & Street, 1963 in Hattingh, 1998: 104).

- Social value systems: This system is derived from society and requires that governmental business will be conducted in an adequate fashion in relation to what is socially tolerable and what is defined as good. IGR is fundamentally a human interactionist activity, so the values that are considered acceptable in that specific society are expected to be integral in the behaviour of the country’s officials. These values may have developed over a period of time in that specific society and are context related, including political, historical and cultural values. (Ile, 2007: 82).
Since the normative guidelines governing public administration apply to all three spheres of government, public enterprises and organs of state, it is expected of officials and political office bearers to preserve high ethical standards in the performance of their duties, i.e. to be fair in their dealings and honest, not discriminate against people on the grounds of personal consideration, to be helpful, not be guilty of corruption (Roux et al., 2000: 179). In order to legalise the norms and standards required, all three spheres of government pass regulations and laws which control the conduct of officials within their respective spheres of constitutional competency. Section 195 of the Constitution of the Republic of South Africa, 1996, states that public administration needs to be administered by democratic principles and values, which include maintaining a high standard of professional ethics, efficiency, effectiveness, transparency and accountability that national legislation needs to ensure the promotion of these principles and values. With regard to ethical values, Vocino and Rabin (1981: 399) agree, by stating that ethical values assume that there are improper and suitable practices in the conduct of public officials. These normative guidelines and ethical principles applicable to the public administration function should characterise IGR and offer the framework through which the public administration functions are carried out. The next section will discuss the origin and development of IGR.

3.5 ORIGIN AND DEVELOPMENT OF INTERGOVERNMENTAL RELATIONS

The origin of IGR can be traced back to American Federalism, which emerged in the 19th century when there were various problems amongst the various levels of government that required co-operation (Ojo, 2014: 45). IGR embraces togetherness in policy and programme management within different levels (or spheres) of government (Ojo, 2014: 45). IGR needs to be viewed as a medium of interaction among the political and administrative units in a country (Ojo, 2014: 45). Abdullahi, (2009: 75) suggested that the origin as well as the specific definition of IGR has remained quite elusive. However, the fullest characterisation of IGR, which is still acknowledged today, is credited to Wright (1972).

According to Wright (1972: 7) the concept of IGR has been described by one of its originators, William F. Anderson as, indigenous to the United States (Wright, 1972: 9). Wright (1975: 4-6) takes note that IGR may be categorised into having five distinctive
features. Firstly, it may occur within a federal system; secondly, it has a policy section; thirdly, vital aspects of IGR is derived from the considerable attention which is paid to the activities, interactions and working relations amongst the institutions or persons engaging in IGR; fourthly, IGR is in essence occurring not at one time, but considered to be continuous, day-to-day patterns of contacts; and lastly, IGR respects the supremacy of public officials acting in an inter-jurisdictional context and is relatively concerned with informal working relationships in institutional context (Wright, 1975: 4-6). Wright (1972: 9) argues that there is fundamentally no IGR but a relationship between human relations and human behaviours (Wright, 1972: 9). IGR “alerts us to the multiple, behavioural, continuous and dynamic exchanges occurring between various officials in our political system” (Wright, 1975: 6).

IGR may thus be defined as the relationship between multi-level governments for the accomplishment of common goals (Ojo, 2014: 45). According to Opeskin (1998: 11) the term “IGR” is most frequently utilised to speak of the relations between central, regional and local governments, which facilitate the accomplishment of common goals through co-operation. When used in this sense, mechanisms for IGR may be understood as employing consensual tools for the mutual advantage of the fundamental units of the state, namely its organisations (Ademolekun, 1986: 89; Van der Waldt & Du Toit, 1997: 162; Thornhill, 2002: 8). Vital to this relation amidst spheres of government are statutory bodies (legislative backing) and non-statutory bodies (constituted by government for a specific task), as these are in a position to promote IGR in the form of committees, boards or a range of other bodies (Kuye, Thornhill & Fourie, 2002: 45). According to the former Department of Provincial and Local Government now known as the Department of Co-operative Governance and Traditional Affairs (2007: 3), IGR is envisioned to promote and also to facilitate co-operative decision making and to ensure that the policies and activities across all three spheres of government encourage service delivery and equally meet the needs of the citizens in an effective and efficient way.

The very purpose of government will not be accomplished in isolation; it will require political and economic interaction among the spheres of government. There will need to be a mutual relationship in order to foster and promote governmental policies and programmes for sustaining good governance (Ojo, 2014: 46). The study argues thus,
that an IGR system entails the facilitative systems and relationships, which permit the units of government (organisations) to partake effectively and carry out mandates, in order for governmental goals to be achieved. This would ultimately include executive mechanisms, coordinating mechanisms, co-operative agreements, judiciary and legislative mechanisms, which all facilitate delivery by government machinery.

Although significant progress has been made since the adoption of the Constitution of the Republic of South Africa, 1996, in structuring IGR, specific shortcomings and capacity challenges need to be overcome. Yet it is important to remember that IGR in South Africa is still in its evolutionary phase (Mphasane, 2012: 17). Nevertheless, already the machinery is facing several challenges, which urgently need to be addressed. Firstly, there is absence of commitment by the spheres with regard to information sharing, due to a lack of skilled IGR specialists (Mphasane, 2012: 17). Secondly, IGR is far more focused on process than on policy content, service delivery and development. The tenacity of relations between the provincial and local spheres of governments – apart from monitoring, support and regulation – must coordinate and facilitate the configuration and implementation of provincial development plans and strategies within the local sphere of government (Edwards, 2008: 82).

IGR is envisioned to promote and facilitate co-operative government and decision making, by ensuring that policies and activities across all spheres inspire service delivery to meet the needs of citizens in an effective way. Ineffective IGR and lack of coordination are often caused by a lack of capacity and management, rather than by a lack of structures and procedures. The very ability to manage the implementation of IGR is a mutual challenge across all spheres (Edwards, 2008: 83). This very core challenge of co-operative government finds strategic expression in the work of the IGR forums. IGR forums should strive to promote relationships with an extensive range of stakeholders through multi-sphere dialogue – this would include liaison with local government, provinces, sector departments and other state and non-state actors in order to promote service delivery, economic growth and social development (Edwards, 2008: 83). The rest of the challenges experienced by IGR will be discussed in greater detail in chapter four. IGR is imperative in the South African context as the Constitution of the Republic of South Africa, 1996, describes the exclusive functions of the national government, the concurrent national and provincial functions, as well as exclusive provincial and municipal functions as set out in Schedule 4 and 5 (South Africa, 1996).
This allocation, “who does what and with what resources”, according to Shafritz, Russell and Borick (2009: 141) is the core of IGR. The study, therefore, argues that IGR structures, processes and functions intend to facilitate the integrated delivery of mandates, such as addressing GBV in an integrated manner. There is, however, also a conceptual difference between co-operative government and IGR, as will be discussed below.

3.6 CONCEPTUALISATION OF CO-OPERATIVE GOVERNMENT

Mathebula (2011: 840) states that the roots of co-operative government may be traced back to the German “bundestreue” concept, which involves a set of unwritten principles, upon which relationships between national and regional governments are based. The “bunderstreue” concept places sub-national and national jurisdiction under a political and legal obligation to assist and mutually support each other, to confirm and consult on matters of common concern, to co-operate and co-ordinate joint projects and finally to maintain friendly relationships (De Villiers, 1995: 4).

Co-operative government is a major viewpoint of government (constitutional norm), which administers every aspect and activity of government and comprises of deconcentrating authority to other spheres of government and incorporates the structures of government, as well as the administration and exercising of political authority (Department of Constitutional Development, 1999: 21). Co-operative government is precisely concerned with the institutional, financial and political provisions for collaboration amongst the three spheres of government. “Co-operative government is therefore about partnership government as well as the values associated with it, which may well include national unity, peace, proper co-operation and coordination, effective communication and avoidance of conflict. IGR is one of the means through which the values of co-operative government can be given both institutional and statutory expression and may even include executive or legislative functions of government” (Department of Provincial and Local Government, 1999: 12). Chapter three of the Constitution of the Republic of South Africa, 1996, specifies that co-operative government has to be a theoretical framework through which the objective of encouraging a development-orientated state is accomplished (Malan, 2005: 230).
Co-operative government denotes the basic standards of the government of South Africa, as specified in Section 41(1) of the Constitution of the Republic of South Africa, 1996, which also includes the implementation of these standards through the establishment of structures and organisations. Co-operative government is the basic partnership amongst all spheres of government, demanding that each government accomplish an exact role. Co-operative government by no means ignores differences of viewpoint and approach amongst the three spheres of government, yet inspires debates in order to address the necessities of the people they represent, by utilising the resources available to government (Malan, 2012: 117). The present government of South Africa is currently expanding the meaning of the word government as it relates to co-operation (where co-operative government denotes strictly to the organs of state in the three spheres and the intergovernmental relationship between them) – and stresses the use of the concept co-operative governance – as this adds another active dimension where social partnerships are forged with society, in order to deliver on national priorities (Draft Green Paper on Co-operative Governance, 2011: 5).

In practising co-operative government, each of three spheres of government retains its own very unique character, yet it can by no means be over emphasised that the three spheres cannot function totally independently of one another, since the three spheres participate and co-operate in mutual and reciprocal relationships. The mere fact that there is ‘shared-rule’ and the division of ‘environment’ as a well-designed area shared between the national government and provincial governments, serves as a good example (Mdliva, 2012: 29).

The sharing of (concurrent) legislative competencies indicates that specific gender issues such as GBV are better dealt with by the national government (e.g. the uniform norms, standards), while other social issues which are unique to the provincial spheres of government, indicate a more ‘horizontal’ status and relationship: that is, one without a distinct hierarchy in which the ‘lower’ or ‘smaller’ levels are subject to the ‘higher’ or ‘central’ levels of government (Bray, 1999: 3). Through co-operative government, equilibrium is struck between the principles of ‘self-rule’ or even ‘local’ character (Bray, 1999: 4). “Another defining feature of co-operative government is capacity development. This applies in particular to the traditionally smaller or weaker spheres of government and empowers them to govern effectively within their own spheres and participate and co-operate on their own terms (as equals) in IGR” (Mdliva, 2012: 30).
Co-operative government offers many opportunities for the sharing of expertise in order to deliver a better service and improve government. Modern governments face multifaceted issues, which demand better coordination and greater co-operation, sharing of resources and joint planning. Within this context co-operation actually means strength, not weakness. Nevertheless, if the provincial and local government sphere are not significantly developed and their individual capacities increased, they will by no means be able to take their rightful place in co-operative governmental and intergovernmental relationships. This may result in relationship being skewed and unbalanced in which the traditional stronger sphere (e.g. national government with its existing expertise and resources) would once again dominate government relations (Bray, 1999: 5).

As already stated the Republic of South Africa is constituted of three spheres of government, namely: national, provincial and local government. Section 40 (1) of the Constitution of the Republic of South Africa, 1996, stipulates the provision for constitutional independence and interaction of the spheres, on condition that they are “distinctive, yet interdependent and interrelated”. The three key adjectives (distinctive, interdependent and interrelated) which describe the South African co-operative model of IGR are briefly reflected on.

### 3.6.1 Distinctive

The Constitution of the Republic of South Africa, 1996, Section 41(1) (e), decrees that there needs to be respect for the constitutional status of organisations and the powers and functions of government in other spheres of government. Therefore, Section 41(f) adds that the three spheres must “not assume any power or function except those that are conferred on them in terms of the Constitution” (South Africa, 1996). Section 41(e) further notes that the three spheres “must exercise their powers and functions in a manner that does not encroach on the geographical, functional or institutional integrity of government in another sphere” and finally section 41(g) makes mention of the manner in which it ought to be accomplished, which is “co-operate with one another in mutual trust and good faith ...” (South Africa, 1996).

Distinctiveness would therefore suggest specificity or particularities, which will ensure that roles are best executed at a selected sphere of government. According to Levy (1999: 7) “each sphere has distinctive legislative and executive competencies”.
“Although this is in line with the present understanding of the concept, it is vital to add that these competencies have been allocated on the basis that the particular interest is best served by a particular sphere, given their unique location, characteristics and peculiarities” (Ile, 2010: 54).

The study by no means refutes that the spheres of government are distinct in their very nature, yet this may support the argument that the three spheres are all contributing to organisations functioning within silos. The study argues that the spheres will not interfere in each other’s business if the same level of respect is offered them, but that they will operate in good faith and mutual trust toward one another.

3.6.2 Interdependent

The Constitution of Republic of South Africa, 1996, Section 41(h) demands that the three spheres need to cooperate with each other if the goals of the country are to be accomplished. This could be accomplished through communication, consultation and coordination, as well as assisting and supporting each other in various ways. Powell (2001) in Levy and Tapscott (2001: 258) makes a statement that the “interdependence of the spheres is the degree to which one sphere depends on another for the proper fulfilment of its constitutional functions”.

The term “interdependent” “means that no sphere can operate in isolation. All spheres are inter-reliant, mutually dependent and supportive of each other, more so in terms of capacity support for provincial and local government. They should always be closely supervised and monitored, in order to ensure that national objectives are attained, through effective oversight by appropriate institutions” (Ile, 2010: 54).

Even though it is a constitutional requirement that the three spheres cooperate with each other in order to address the needs of the country, the study intends to highlight that this is not currently the case in South Africa, especially when GBV is handled by various departments (DOH, SAPS, DSD, and NPA), without a sense of integration taking place among the departments and clusters, to collectively eliminate GBV. It is for this very reason that the study calls for an integrated IGR approach for GBV.
3.6.3 Interrelated

The Constitution of Republic of South African, 1996, Section 49(a) affirms that each of the three spheres need to “preserve the peace, national unity and the indivisibility of the Republic” through the provision of “effective, transparent, accountable and coherent government for the Republic as a whole” (South Africa, 1996). This above statement would imply that all three spheres are essential parts that collectively form the government of the country and if they are parts of a whole then, for the whole to function effectively and efficiently as necessary, the parts must relate harmoniously. “This term (interrelated) therefore means that spheres are parts of a system of government and that through these interrelated spheres, a solid and unified government system may be developed” (Ile, 2010: 55). The activities of each of the three spheres of government are in a way interlinked to the next sphere of government therefore, the three spheres of government are intertwined in a collaborative network, which aims to promote public goods (Haurovi, 2012: 68).

As deduced from the above section it can be seen that a collaborative network is certainly not going happen on its own - it will require that the three spheres not only fully commit themselves to actually building these networks with each other for the greater good of the country, but that these networks are maintained and sustained in the long run. A solid and unified government system will only be developed once the collaborative networks have been established successfully. It is for this very reason that the study seeks to determine exactly what networks have been established among the DOH, SAPS, DSD and NPA, in order to collectively address GBV through an integrated IGR approach.

With the three spheres of government being distinctive, interdependent and interrelated, critics such as Watts (Klaaren, 1995: 5) argue that co-operative government may very well also have a darker side. Excessive emphasis on harmony and co-operation may mean that IGR agreements are the lowest common denominator, or are too watered down to be effective or even efficient. Such arrangements may very well lead to excessive delays as government works towards an effective agreement.

After having discussed the significant elements in which the South African co-operative government is entrenched, it can therefore be stated that co-operative
government calls for mutual respect and the building of a relationship between all spheres of government, for the primary objective of achieving government’s agenda; this would essentially also include improving the speed of service delivery. For this very reason, the relationship among the three spheres is vital for the system of multi-sphere government. Therefore, governments should in no way exercise their distinctive powers and functions in isolation of one another, or in competition with each other (Steytler & De Visser, 2007).

The above mentioned has revealed that more needs to be done to guarantee integration and co-operation among the three spheres of government. Yes, there is significant legislation stating exactly what is expected from the three spheres, yet this is still not manifested after all these years. The study intends to prove that spheres still operate in silos, which is detrimental for an integrated approach to addressing GBV. For this reason, the study calls for an integrated IGR approach, which in turn will contribute to the existing body of knowledge of public administration. The following section describes the legislation that enables IGR to be realised.

3.7 LEGISLATION AND REGULATIONS ENABLING INTERGOVERNMENTAL RELATIONS

The following set of legislation and policy guidelines are examined in terms of the contribution to co-operative government and IGR.

3.7.1 The Constitution of the Republic of South Africa, 1996

Chapter three of the Constitution outlines the principles according to which co-operative government and IGR must be conducted. In this regard, section 41(h) of the Constitution instructs that co-operation of the three spheres of government needs to be implemented with a view to coordinating their activities and supporting one another. Section 41(2) of the Constitution in addition states that an act of Parliament needs to be established or provided for structures and institutions in order to promote and facilitate IGR. A perspective provided by Friedman (1999: 3) is that even though the Constitution of the Republic of South Africa, 1996, provides a general framework with regard to co-operative government and IGR, it by no means provides a precise direction on how the national and provincial departments need to coordinate and integrate their activities. Kahn, Madue and Kalema (2011: 65) agree with this
statement and state that an enabling, rather than prescriptive, framework for co-operative government and IGR, is provided for.

In the light of the above mentioned, it may be argued that chapter three of the Constitution reflects the broad guidelines and principles, yet lacks the details pertaining to implementation regarding co-operative government and IGR issues. The study further concludes that it is for this very reason that section 41(2) of the Constitution envisaged the development of legislation, which establishes or provides for structures, appropriate mechanisms and procedures to facilitate co-operative government and IGR (Motingoe, 2012: 52). The study would require that details pertaining to implementation of specifically GBV, which incorporates IGR, be developed, as chapter three only provides broad guidelines and principles, which are in essence not enough to totally eradicate GBV.


The White Paper on Local Government, 1998, specifies that all the spheres of government are obliged to observe the principles of co-operative government, put forward in the Constitution of the Republic of South Africa, 1996. The White Paper on Local Government (South Africa, 1998: 5) further shows that governments can effectively and efficiently meet the developmental challenges when their components function as a cohesive whole. It further determined that this would involve collectively harnessing all public resources behind common goals and within a framework of mutual support, as well as synchronising their activities in order to avoid wasteful competition and costly duplication. The White Paper on Local Government (South Africa, 1998: 14) identified the integrated development plans (IDPs) as tools for municipalities in order to accomplish greater coordination and integration. The integrated development plans are the management and planning instrument to attain the developmental goals and objectives of municipalities (Theron, 2007: 80). It may, therefore, be concluded, that co-operative government is certainly key for the realisation of the developmental goals (Motingoe, 2012: 54).

3.7.3 Intergovernmental Fiscal Relations Act 97 of 1997

The preamble to the Intergovernmental Fiscal Relations Act 13 of 1997 provides that the Act was promulgated to promote co-operation between the national, provincial and
local spheres of government on fiscal, budgetary and financial matters. Therefore, for GBV to be eliminated in an integrated manner by the DOH, SAPS, DSD and NPA, it not only requires well-written policies and great strategic planning with regard to the above-mentioned departments, but also requires funding in order for the projects and programmes to be successfully implemented.

### 3.7.4 Local Government: Municipal Finance Management Act 56 of 2003

Section 35 of the Local Government: Municipal Finance Management Act 56 of 2003 specifies that the national and provincial departments and public entities must in their fiscal and financial relations with the local sphere of government, encourage co-operative government in accordance with chapter three of the Constitution of the Republic of South Africa, 1996. Fourie and Opperman (2007: 9) also approve that chapter five on co-operative government in the Municipal Finance Management Act 56 of 2003 strives to promote a co-operative approach to fiscal and financial management within sectors, as well as to forge links with the other spheres of government and organs of state. This fosters a greater level of co-operation across the different spheres of government, mainly based on systems of mutual support, information sharing and communication as well as coordination of activities. Its purpose is to add value to the constitutional responsibilities of the other spheres with a vision to improving outcomes for all (Motingoe, 2012: 54).

### 3.7.5 The Intergovernmental Relations Framework Act 13 of 2005

The preamble to the Intergovernmental Relations Framework Act, 2005 calls for the co-operation and integration of actions in government. The former Department of Provincial and Local Government (2007: 36) states that the Act offers a framework to facilitate coordination in the implementation of policy and legislation, including the effective provision of services. Mohale (2005: 20) agrees and expresses that the main objective of the Intergovernmental Relations Framework Act 13 of 2005, is to facilitate coordination between the three spheres of government, with an explicit focus on the implementation of policy and legislation, which in turn will ensure a coherent government and effective provision of services. Sigidi (2006: 43) points to the fact that the Act offers an institutional framework for national, provincial and local governments and all other organs of state within them, to facilitate sound government.
According to Kahn et al. (2011: 111) the Act gives effect to the principles of cooperative
government as enshrined in chapter three of the Constitution of the Republic of South
Africa, 1996, by establishing mechanisms for their enactment. Further, the Act opens
up lines of communication between and among the three spheres of government.
Kahn et al. (2011: 111) then further proposes that probably the most important feature
of the Act is the fact that it formalises the array of IGR instruments, such as the
President’s Coordinating Council (as will be discussed in the following chapter). The
purpose of these structures includes facilitating coordination between the three
spheres of government. A perspective provided by Mufamadi (2005: 1) is that the Act
is a departure from IGR, which has been in the main informal and resulted in
discretionary and ineffectively coordinated relations between and among the three
spheres of government. Therefore, it may be argued that the ultimate goal of the South
African government is to develop a statutory framework for co-operative government,
in order to establish an integrated government that will be capable of achieving the
objectives of the state (Motingoe, 2012: 56). For the purpose of the study, this Act will
be of great value for addressing GBV in a collective manner, as it enables the three
spheres of government to work together and allows structures to be established, in
order to facilitate the coordination among the DOH, SAPS, and DOJCD with regard to
collectively addressing GBV.

3.7.6 Programme of Action

The elimination and prevention of all forms of violence against women and children
(VAWC) has already been recognised as a national priority by the South African
government. Though the country has been highly praised for its robust legislative
framework in order to address the plague of violence, there remains a critical need for
multi-sectoral interventions to prevent, protect against and respond to this scourge
(DSD, 2014: 4). Yet, the Government echoes that VAWC is neither justified nor
tolerable. With the essential determination and means, it is possible that VAWC be
radically reduced and eventually eliminated (United Nations General Assembly, 2006:
online). For this very reason, the South African government established a Cabinet level
Inter Ministerial Committee (IMC) on Violence during May 2012, chaired by the
Minister of Social Development and comprising a number of government ministers,
namely the Ministers of Women, Justice and Constitutional Development; Health;
Home Affairs; SAPS; Telecommunications and Postal Services and Basic Education.
The IMC recognised that “a more cohesive and strategic approach is vital, to address the root and underlying causes of violence and to strengthen the systems which respond to it” (DSD, 2014: 4). The proposed Integrated Programme of Action Addressing Violence against Women and Children (POA: VAWC) provides comprehensive, multi-sectoral and long-term strategic interventions, emphasising government accountability for ending violence (DSD, 2014: 4). The Integrated POA: VAWC highlights the “need to work together across government and with all sectors of our society, in order to prevent and respond to VAWC”. Emphasis is placed on coordinating and systematising activities, while evaluating and building on initiatives in order for approaches to remain adaptive and responsive. The POA: VAWC outlines actions designed in order to prevent VAWC, which will in turn significantly improve the implementation of existing laws and services, aimed at victims of violence and to provide adequate support services. The proposed interventions and programmes in the POA outline an extensive range of existing and new measures, which are aimed at complementing existing initiatives such as the TCCs, Sexual Offences Courts and other victim empowerment initiatives. One initiative, which is aimed at improving services to women and children who experience violence and abuse, is the establishment of the Gender-Based Violence Command Centre by the DSD with a 24-hour call centre aimed at providing support and counselling to GBV victims (DSD, 2014: 2).

The proposed POA: VAWC was the product of extensive research supported by stakeholder consultations and relevant reports detailing current initiatives and the issues surrounding them. Through the Programme the DSD aims to provide a framework for a comprehensive and systemic approach in order to address VAWC (DSD, 2014: 21). Even though significant work has been undertaken in terms of the development of the Victim Empowerment Programme (VEP); “the introduction of the Victims’ Charter for promoting justice for victims of crime; the establishment of specialised Family Violence, Child Protection and Sexual Offences (FCS) investigation units; the planned reinstatement of Sexual Offences Courts (SOCs); and the Khuseleka One Stop Centres, many of the current efforts and approaches which have been established to address VAWC, tend to be fragmented and uncoordinated, which then results in insufficient accountability by all stakeholders involved” (DSD, 2014: 23).
The National Council on Gender-Based Violence (NCGBV) (2011: online) identifies, for example, the “need for strong political leadership and the meaningful participation of all sectors of civil society, in the multi-sectoral national response to gender-based violence”. The Council is tasked with providing a fully coordinated response, involving government and civil society in addressing and preventing GBV in the country. The proposed POA: VAWC offers a way of moving beyond a reactive approach and provides a framework for a comprehensive and systematic approach, which in turn aims to achieve substantial and lasting change. The POA stresses that putting a stop to the serious, prevalent and deeply entrenched pandemic of VAWC will require strong political will, clear accountability and the allocation of adequate resources and funding, together with the involvement and practical action of all segments and levels of society (DSD, 2014: 23).

This framework of the POA: VAWC is also supported by “three pillars, namely (i) Prevention and Protection; (ii) Response; and (iii) Care and Support, as well as by a foundational base: (iv) System Components”. The foundational base relates to aspects such as legislation and policies, addressing issues around governance and accountability, ensuring inter-sectoral collaboration and coordination, while focusing on capacity building, human resources and finances, monitoring and evaluation, and research. (DSD, 2014: 26). The POA: VAWC also has a set of expected outcomes and indicators which need to be achieved by the end of 2018, yet the first review process will only take place in 2016.

The study also intends to gain significant data regarding key interventions which have already been implemented, where the DOH, SAPS, DSD and NPA play a significant role in the execution of these activities. The proposed study will establish whether or not these key interventions have been implemented, what has been accomplished thus far and finally, to determine the current challenges the DOH, SAPS, DSD and NPA have been experiencing in terms of these selected key interventions.

The preceding outline through which the South African IGR system evolved, is quiet noticeable and this is affirmed by the various legislation and policy documents, which have been established since 1994. The IGR policies and laws regulate different aspects of the system of co-operative government with no comprehensive policy or law governing all aspects of the system. The study will analyse these gaps and
inconsistencies in the system, which at times have constrained co-operative government and IGR. This will in turn contribute significantly towards developing an IGR approach for GBV, where the gaps and inconsistencies in the system have already been analysed, to contribute to the overall efficient and effective functioning of IGR in South Africa.

3.8 CONCLUSION

IGR is one of the critical blocks for government to achieve efficiency and effectiveness. This chapter concentrated on the literature review, which is significant to the study of IGR and cooperative government. The chapter provided a context regarding purpose and the significance of literature review from numerous authors, the constitutional framework on IGR and finally co-operative government. The relationship and definitions between IGR and co-operative governance were discussed. The chapter further highlighted the principles of co-operative government. From the discussion in this chapter, it can be seen that IGR coordination and cooperation is critical for addressing GBV in an IGR manner.

Besides the Constitution of the Republic of South Africa, 1996, other policy legislation and documents of IGR and Cooperative governance were reviewed and discussed in this chapter. The chapter discussed the various roles played by the distinct spheres of government, in improving the culture of co-operative governance and IGR. The study also revealed that the state has delegated considerable power to the provincial and municipal spheres yet retains ultimate authority at the national sphere. The idea of co-operative government, which is summarised in chapter three of the Constitution of the Republic of South Africa, 1996, represents an ideal, which the new government is still struggling to realise. The time has now come for the national and provincial spheres of government to really join the framework of co-operative government. No single sphere of government can deal with the GBV challenge in isolation. Support, both in terms of resources and capacity development, is necessary.

This chapter contextualised public administration. An attempt was made to define public administration and explain the generic functions of public administration, primarily focusing on the role of human resources in terms of IGR. The study established that public administration is indeed a composition of activities guided by the generic functions of public administration; that these generic functions need to be
viewed as a whole and should never be isolated, as it is impossible to deal with policy-making without considering issues related, management, human resources or any of the other generic functions. The study also expanded on the future trends related to the development of public administration and the conceptualisation of governance, emphasising the future role and place of the state in the social system. Governance in contemporary society has created a need to reconsider the implications of poor performance and specifically, inefficient and ineffective government action.

The next chapter will generate a greater understanding of GBV legislation, policies, strategies and IGR, with a primary focus on the TCC and Crisis Centre and including the respective departments involved namely, the DOH, SAPS, DSD and NPA. Through analysing of the findings, the study will be able to discuss the challenges experienced in relation to the establishment of an IGR approach to GBV. The empirical findings of the study will be collected and investigated of the findings from the unstructured interviews emerging from the TCC, Crisis Centre, DOH, SAPS, DSD and NPA in relation to Promosa and Ikageng, will be provided and discussed in this chapter.
CHAPTER 4

AN ANALYSIS OF IGR CHALLENGES IN ADDRESSING GENDER-BASED VIOLENCE: THE CASE OF POTCHEFSTROOM THUTHUZELA CARE CENTRE.

“Rape is a man’s right. If a woman doesn’t want to give it, the man should take it. Women have no right to say no. Women are made to have sex. It’s all they are good for. Some women would rather take a beating, but they always give in; it’s what they are for.”

(Scully & Moralla’s, 1993: 42).

4.1 INTRODUCTION

Violence infiltrates the lives of many people around the world and touches all of us in some way. For numerous individuals, staying out of harm’s way is a matter of locking windows and doors avoiding unsafe places. For others, escape is not possible. The threat of violence is behind those doors – well hidden from public view (World Health Organization, 2002: online). According to Watson (2015: 6) – while the South African Government has largely failed to address violence against women in both public and private spaces, when in fact intimate partner violence and violence in the home, is what generates the social context within which violence in public spaces takes place. This failure on the part of the government can be confirmed by the various acts of GBV which have taken place in South Africa and even more so in Ikageng and Promosa. The Herald Newspaper (2016: online) reported that four women were raped within three days, in separate instances, in Ikageng. Furthermore, a 57-year-old woman was allegedly raped in her home (Herald Newspaper, 2016: online). A 28-year-old mentally disabled woman was raped at knifepoint in the Baipei Extension 3 suburb of Promosa (Herald Newspaper, 2016: online). According to the Herald Newspaper (2016: online) rape is spiralling out of control in Ikageng. As from the beginning of the year 2016, more than 24 incidences of rape were reported, but the exact number of incidences in the townships could possibly be double or more, as many of the acts of GBV go unreported. Even though the above are only few of the acts of GBV which have occurred in Ikageng and Promosa, it is already a few too many for a country like South Africa, which has the most progressive GBV legislation in place (Mills, Shahrokh,
The main purpose of this chapter is to address the third objective of the study, which is to comprehensively analyse the challenges experienced by the TCC and Crisis Centre, as well as the respective departments involved in comprehensively addressing GBV in the local suburbs of Ikageng and Promosa. The focus of this study is to investigate and analyse the role of the South African Government, specifically the DOH, SAPS, NPA and DSD, in addressing GBV collectively. This chapter is focused on the analysis and presentation of themes as derived from the theoretical chapters two and three. Mouton (2001: 108) states, “Analysis involves breaking up the data into manageable themes, patterns, trends and relationship”. The presentation of themes is divided into these main categories as interpreted below:

- Background to the Thuthuzela Care Centre
- Conceptualising gender-based violence
- Challenges in ensuring co-operative government and intergovernmental relations
- Participation in national and provincial structures

The results are presented in a descriptive and exploratory form, quoting verbatim what the research participants said during the unstructured interviews. Stringer and Genat (2004: 102) add, “As we engage in data analysis, it is particularly important to use the terms and concepts from the participants’ own labelling of concepts and categories”. The authors further indicate that “the temptation to characterise people’s experience in terms that seem to make more sense, or clarify the issue from the researcher’s perspective, or to translate it into language fitted to professional discourse, should be clearly resisted” (Stringer and Genat, 2004: 102). The study also integrates literature, where themes discussed were validated by the available literature.

4.2 Background to the Thuthuzela Care Centre

The TCC and Crisis Centre are both situated adjacent to the Potchefstroom Provincial Hospital. The TCC comprises the DOH with two forensic nurses, one social worker from DSD – who always remains on standby if not personally at the TCC – and finally by the NPA, with the site coordinator and victim assistant officer who only work from Monday to Friday, from 8 am until 4 pm (Villaflores, 2016). Currently, the NPA still has no case manager within the TCC and even though there is an office for SAPS, there
is currently no designated police official assigned permanently to the office within the TCC (Lebona, 2016). This already illustrates the fragmented operation of the TCC in relation to SAPS, especially when one considers that the Crisis Centre is directly opposite to the TCC, and remains open 24/7. This Centre comprises the Dr Kenneth Kaunda District DSD’s social worker supervisors and the Crisis Centre’s managers, as well as some volunteers who assist the Crisis Centre Manager with the counselling or debriefing of GBV victims (Lebona, 2016). Within the TCC at present, the NPA reports nationally and receives funding nationally from the DOJCD for the overall operation of the TCC (Mokgalabone, 2016); while the DOH forensic nurses report to the Potchefstroom Provincial Hospital (Villaflorres, 201). At the Crisis Centre, the manager reports to the Dr Kenneth Kaunda District DSD, as well as Life Line (an NGO), and currently Dr Kenneth Kaunda District DSD provides funding for the overall operation of the Crisis Centre. The current relationship between the TCC and Crisis Centre exists only in terms of referring GBV victims to the right officials within both centres and also in attending the Victim Empowerment Forum (discussed later in this chapter) (Lebona, 2016). The relationship between the two centres is currently constrained, yet more information on the stance of the two centres’ relationship will be described as the chapter proceeds.

The TCCs are one of the inter-sectoral responses to address GBV in South Africa. According to the Shukunmisa TCC Report (Vetten, 2015: online), the TCCs offers a one-stop, integrated response for victims of sexual violence, headed by the NPA Sexual Offences and Community Affairs Unit (SOCA); this is in collaboration with various donors and non-profit organisations. The research participants working at the TCC at Potchefstroom affirmed this, yet there was no mention made of SOCA. This illustrates that the SOCA clearly plays no role in the overall functioning of the TCC in Potchefstroom, even though they formed part of the original blueprint.

The TCCs play a critical part in the anti-rape strategy, which aims to reduce secondary trauma, to increase conviction rates and reduce the length of time taken to finalise cases (Vetten, 2015: online). Mokgalabone (2016) states that “even though the above statement contains the objectives to which the TCC strives, the NPA is striving daily to ensure that GBV cases within the area reach the court and that the NPA has capable prosecutors in place to ensure that GBV cases receive a fair trial; and that convictions are reached”, yet during the process of the interview he stated that he isn’t in the
position to reveal how many GBV cases were actually successfully convicted in favour of the victim.

Langeveld (2016) stated that the length of time it takes to finalise GBV cases rests entirely on the DOJCD and the victim; that in most cases there are still cases which are pending from 10 years back and even further; this is largely due to a backlog in cases, evidence not properly collected, case dockets and statements which are inconsistent, and victims eventually withdrawing their cases due to a lack of confidence in the criminal justice system. Mokgalabone (2016) further states that GBV cases drag on due to waiting on DNA results, investigations and laboratory work, all of which take time, especially in the public sector, as there are numerous GBV cases being investigated. Langeveld (2016) and Villaflores (2016) further state that in terms of reducing secondary victimisation, even though this is one of the objectives of the TCC, this is still a very crucial aspect which needs special attention. Victims of GBV need to tell their ordeal to a police official in order for a case to be opened, this same ordeal needs to be told to the NPA official, then retold by the victim to the social worker and then to the prosecutor who has to defend the victim in court; and finally the victim has to relive this ordeal again in court. Even though this is a one-stop centre, at the end of the day, the victim still endures secondary victimisation by having to relive the violence countless times in the process of finally getting the case to court. Langeveld (2016) and Morosele (2016) also mention that in most cases victims do not have taxi fare to get to the TCC and back home again; this requires that the SAPS officials have to drive the victims to and from the TCC. This kind of negative attention caused by police vehicles in the communities directly links to secondary victimisation.

The above statement was further affirmed by the Lebona (2016), who mentioned that they have trauma counselling for the victims of crime at the Crisis Centre. According to Lebona(2016) “every person affected by GBV starts at the Crisis Centre, when all the important aspects (such as rape kits being completed and debriefing of victims) have been dealt with in relation to the GBV victims, at both the Crisis Centre and the TCC, these cases are then referred to court. The Crisis Centre officials only see the GBV victims when it is time for their follow-up counselling appointments”. Lebona (2016) states that “if the link is broken between the Crisis Centre, TCC and DOJCD, the victims don’t receive all the crucial information in terms of the court case; and if DOJCD are not doing their job, the GBV victims come back to Crisis Centre and
demand answers in relation to the case. The Crisis Centre officials don’t have the information which the GBV victims are requesting at that moment, in terms of the progress or stagnation of their court cases”. This statement by Lebona affirms just how vital communication is between all the respective departments involved in addressing GBV. The lack – or inadequate channels – of communication, leads to negative perceptions on the overall functioning of all the respective departments, as well as the TCC and Crisis Centre. Lebona (2016) states that this kind of feedback to the GBV victims, reflects negatively upon the entire Crisis Centre, TCC and the criminal justice system. Lebona (2016) believes this is an important challenge, which urgently needs to be dealt with. The lack of communication between the GBV victim and the DOJCD, and the lack of communication between the Crisis Centre and the TCC, need to be better managed.

Another challenge which was mentioned, is that the “TCC and Crisis Centre officials are not informed by DOJCD when an investigating officer withdraws GBV cases. This is when GBV victims come to the Crisis Centre and TCC, and demand answers pertaining to their court cases, and why their cases were withdrawn from the TCC and the Crisis Centre officials” (Lebona, 2016). Lebona (2016) feels that “Crisis Centre officials are failing the GBV victims, as the Crisis Centre officials have no knowledge of why the case was withdrawn by the investigating officer”. This is also one of the primary reasons why the victims do not come back for counselling, because they feel let down by the system. Lebona (2016) also mentions, “Because most GBV victims come from poverty-stricken backgrounds, most don’t come back, because in most cases these GBV victims don’t have transport money. For this very reason, the Crisis Centre is not in the position to monitor the process of support”. This above-mentioned challenge was affirmed by scholars (Matthews & Abrahams, 2001: 10; the joint monitoring committee on the improvement of quality of life and status of women’s, 2002: online; Vetten, 2005: 12) stating that female victims of men’s violence, living in rural and semi-rural areas, often need to travel far distances in order to access the nearest police station, courtroom and hospitals, which is problematic as they often cannot afford the required taxi fare. The reason behind this challenge is that rural and semi-rural areas continue to be under-resourced in contemporary South Africa. Women living in such areas are faced with expensive yet poor telecommunication,
which often excludes them from making distress calls to police stations (Matthews & Abrahams, 2001: 11; Njezula, 2006: 15; Vetten, 2005: 8).

These TCCs operate from public hospitals, in communities where the incidence of rape is predominantly high (Vetten, 2015: online). According to Mokgalabone (2016) the high incidence of GBV in Ikageng and Promosa (as was described in chapter one) was the primary reason for the establishment of the TCC in Potchefstroom. According to Vetten (2015: online) these TCCs are also connected to sexual offences courts, if these exist within that specific area. Rugter (2016) states that the above statement is true in the case of Potchefstroom, as there is a newly established sexual offence court, which is directly linked to the TCC. These TCCs empower GBV victims to open a case with the SAPS and receive counselling and medical care within one place (Vetten, 2015: online). According to Villaflor (2016) "even though the TCC strives to provide GBV victims with collective services in one place, this isn’t always possible as in most instances, the first place to which victims of GBV go, is the police station. Here the victims first sit in the normal queue of complaints and only once they have spoken to a charge officer on duty, are they referred to the domestic violence officials which then transport or refer them to the TCC, where the rest of the services are provided collectively". Victims may report directly to the TCC, but in most instances, they are unaware of the existence of the TCC.

According to the Vetten (2015: online), by the end of 2015, 55 TCCs were operational. The quality of care delivered at these centres however, was said to be irregular and that in most instances these TCCs lack psycho-sociological services. Most of their funding comes from private donors, DSD and the NPA. According to the Watson (2014: 18) agrees and argues that there is a lack of inter-sectoral budgeting, which has resulted in the duplication of work (mainly in urban centres), uncoordinated service provision and the inefficient use of available resources. The study acknowledges that the fragmented budgeting experienced in financing the activities between all the departments within the TCC has resulted in shortages and the Centre being unable to fulfil its mandate.

According to the Thematic Report on Violence against Women and LGBTI persons in South Africa (2016: 12) the national DSD appears to have inconsistent funding practices; this not only differs from province to province, but also within provinces and
between organisations. In four of the provinces, the DSD has chosen not to fund NGOs, which provide psychosocial care to TCCs, despite these centres being state facilities. In provinces where DSD does provide a subsidy to organisations, almost all of the subsidies are below the monthly minimum wage paid to farm workers in 2015. Yet, it seems that where funding is provided, the DSD often pays organisations late, while counselling staff need to continue to counsel victims without remuneration, for extended periods of time, sometimes up to three months. Lebona (2016) confirms that the money to sustain the daily maintenance of the organisation is not enough. Furthermore, the money DSD pays as a stipend to the volunteers who are working at the Centre is also not enough, which is really a challenge. Lebona (2016) further states that the Crisis Centre is currently short-staffed and for this very reason, the Centre cannot reach the community. Lebona (2016) states that the “Crisis Centre also has no money for awareness campaigns, and funding is also strained in terms of the fact that the Centre isn’t in a financial place to employ extra staff to assist with the work load. Currently, the Crisis Centre has volunteers to assist who receive no remuneration in return”. This is a financial challenge, which the TCC and Crisis Centre in Potchefstroom face. For any organisation to achieve its overall mandate, one of the requirements is resources – whether this is human or financial. GBV is a challenge in South Africa and even though the government established these TCC inter-sectoral responses to address GBV, this TCC blueprint will all be in vain without the proper funding in place. According to the Thematic Report on Violence against Women and LGBTI persons in South Africa (2016: 12) the NPA, who is in control of the overall management of TCCs, also do not seem to be spending any of its allocated financial resources on the TCCs. This in all essence is worrisome and unsustainable.

Derived from the above description of the TCC and the One Stop Crisis Centre, there are clearly challenges which both the Centres and the GBV victims face. In theory, these two centres were established in order to dismantle the uncoordinated and disjointed services provided to victims of GBV. The next section intends to discuss the various challenges, starting with a fragmented understanding of GBV, which hinder co-operative government and IGR within the TCC.
4.3 CONCEPTUALISING GENDER-BASED VIOLENCE

GBV is endemic in South Africa and considered a relatively ‘new’ term. Traditionally, GBV is expressed as violence against women and girl children because it has been understood as a form of social control over women, which is implicit in the political and social structure of patriarchy (Brownmiller, 1975). Women and girl children have been, and still are the primary victims and targets of GBV; and men continue to be the primary perpetrators of violence (Chitiga-Mabugu, Karuaihe, Reddy, Motala, Morrison, Botsis and Ntuli, 2014: 16). GBV as a human right violation which infringes upon the bodily integrity, dignity and the safety of persons. This act of violence may be physical, sexual, economical, verbal, sociocultural and psychological (Rico, 1997: 10; Wilson, 2008: 8). At the very same time, “it is vital to note that individuals, who do not conform to the mainstream definition of masculinity and femininity in society, such as lesbians, gays, bisexuals, transgendered and intersexed people, may also be victims of GBV” (Hwemha, 2014: 6).

When probed on the understanding of the term ‘GBV’, Morosele (2016) says that “most of the time women and children are the victims of abuse, specifically physical assault, rape and through human trafficking”. Villafores (2016) further elaborates that “GBV involves males and females, it involves any type of abuse and one can differentiate between various types of abuse such as physical, emotional, economical abuse, neglect, or sexual abuse”. The above-mentioned conceptualisation of GBV by the respondents is mostly in line with how scholars in this chapter, but also in chapter two, have conceptualised GBV. Yet the majority of the respondents failed to acknowledge lesbians, gays, bisexuals, transgendered and intersexed people as also falling prey to GBV.

The domestic violence co-ordinator at the Ikageng police station conceptualised GBV as “an act or law imposed by government to help people dealing with domestic violence” (Motladiile, 2016). The study argues that due to the nature of her work, she associates GBV with the legal system, yet this is not the case and indicates a lack of knowledge and understanding surrounding the concept GBV. This is in accordance with the Gender-Based Violence Indictors Report (Draft) (2011: 99) which states that the conceptualisation of GBV by functionaries is raising concern. Seldom is GBV considered holistically, instead, it is often covered superficially within a constricted
framework, which identifies men as perpetrators, and women and children as victims. Functionaries need to start actively engaging with issues around GBV, including less promoted aspects like same sex violence and hate crimes against homosexuals, as well as more often addressing GBV topics, such as non-physical and economic forms of abuse and violence.

GBV has been globally recognised to stem from patriarchy, which is also based on the ideology and the exercise of power. The inordinate levels of GBV in South Africa, while highly complex and dynamic, have to a great extent, been explained in terms of the patriarchal nature of South African society (Njezula, 2006: 5; Vogelman & Eagle, 1991: 8). Even though there has been a noteworthy transformation in the gender climate in South Africa (e.g., more women in South Africa being allowed to earn salaries which are equal to those of men), a vast number of women, consistent with hegemonic femininity, are still positioned and represented as being inferior to men – treated as their possessions, and taught to be a nurturing and selfless caregiver (Abrahams et al., 2006: 751-756; Boonzaier, 2005: 100; Boonzaier & De la Rey, 2003: 1020; Collins, 2003: 10). GBV is further cultivated by misapprehension and oversimplification of the cultural beliefs that the male is the head of the household and as such is the dominant authority in decision-making at household, communal and public levels. Religious and cultural explanation of suitable behaviour, and characteristics of men and women within marital institutions, is also sometimes misunderstood to offer a more quasi-legitimate basis of men’s control over women within marital relationships (Igbelina-Igbokwe, 2013: 5).

Mokgalabone (2016) affirms this when he mentions, “In terms of culture, when you say you are a man or a woman, there are responsibilities attached to that title. If you say you are a woman, you are expected to be pregnant, married, bake. But a man, you must father children, be the head, provide, be muscular”. He further elaborates that “as an African man, or Christians, because most people follow Christianity, and in the Bible the man is the head”. He states, “The responsibility and expectation placed on him as a man is all consuming because if he can’t provide, how will society see him? This kind of cultural and religious burden leads man to resort to violence. Even if the woman is working, the man will hold the bankcard. There will be violence and abuse in that relationship”. This is in line with Villafores (2016) who state that “their culture reinforces that women should stay at home and look after the children, cook and clean,
while the man goes out to work”. These statements by the respondents reaffirm how culture and religion can in no way be detached from each other, especially in terms of the holistic or integrated addressing of GBV in South Africa. Derived from the above statements, it is clear that cultural and religious norms are still ingrained in society. This clearly shows that legislation, as progressive as it may be, is not going to be enough to curb society of a social ill such as GBV.

According to Monshu (2016) in the “rural culture, namely Zulu, Xhosa culture – the man will always be the head of the house, no matter what. They use ‘ukuthwala’, which means they kidnap the young ones and give them to someone to be their wife, the age gap doesn’t matter, as ‘labola’ is paid to the family of the daughter”. According to SIDA (2015: 13) early child marriage, a formal or informal union, before the age of 18, is a form of GBV as this practice robs girls of their childhood, health, education and security. Consequences of early child marriage include domestic violence, rape, undesired pregnancies, and illegal abortions, just to name a few. This is also an issue which the South African government is currently battling to address, and was confirmed by the Commission for Gender Equality (2016: online) in their 3rd quarter performance reports; that the Commission for Gender Equality committee might wish to find out how the issue of early child marriage is being dealt with, as well as what the provincial commissioner was doing to engage local SAPS, as many of these cases never even see the light of day. What becomes important to realise is that it is so culturally bound, that the government would need to utilise a different approach to gain insight as to how far ‘ukuthwala’ has escalated, and through extensive research come up with solutions to address this social crime. Monshu (2016) further continues that the “man uses the ‘knop-kierie’ to reprimand the wife, he will always beat the wife, it’s their culture, and they must beat the wife”. This statement by Monshu goes hand-in-hand with the literature which was presented in chapter two regarding how men justify beating their wives and exerting all their power and control over them, all in the name of culture.

Although GBV is not confined to a specific race, class or ethnicity, individuals from low socio-economic backgrounds are more vulnerable to violence (Jewkes, 2002: 1425-1429; Moffett, 2006: 12). The lack of economic power places women in a vulnerable environment of potential exposure to violence, as they are not in a financial position to leave the relationship should the need arise (Bassuk, Dawson & Huntingon, 2006:
Lebona (2016) states that the “TCC in Potchefstroom receives cases from different backgrounds, the only thing the statistics show is that in most cases it's the poor people who report their cases”. Lebona (2016) also says that “most of the people doing crimes, poverty causes it, these offenders are angry, they want to show that they have power, and also their status in the community”. She also mentions, “These offenders are most of the time from abusive families, others it is part of their culture”. What is clear from the above statements made by the respondents is that men use their economic status to affirm their roles as the head of the household and in turn to control the very nature and being of a woman. This kind of behaviour strips women of their identity, as woman become lesser, in order to ensure that the abuser remains superior in all aspects of life. The study argues that cultural and socio-economic status plays a contributing role in hindering the successful elimination of GBV. Even though it is not part of this study’s objective to personally address cultural and socio-economic status, the study acknowledges that both contribute towards GBV.

The respondents affirmed the link between poverty and GBV, which is supported by the literature provided in chapter two. Poverty linkage to GBV is much deeper than afforded at first glance. If victims leave, they risk losing their children and their own lives; they also risk diving deeper into poverty and being condemned by the community (Rugter, 2016). These are some of important aspects abuse victims take into consideration when deciding to leave the abuser; sometimes they convince themselves that staying in the violent environment is far better than the idea of having to start over (Rugter, 2016). Government institutions responsible for addressing GBV, civil society, NGO's, traditional leaders and religious bodies, already have their jobs cut out for them considering addressing GBV, yet it becomes imperative for an approach to be developed that addresses this perceived and accepted ‘abuse mentality’ within society.

What became abundantly clear through the analysing of the data relating to GBV by the various respondents is that GBV may not be viewed in isolation. The very term GBV has various dimensions and layers which are interlinked and connected to factors such as poverty, culture, patriarchy and inequality. What is important to notice is that GBV in South Africa will in no way be able to be eliminated if government continuously omits to address factors directly and indirectly linked to GBV. The next section will
discuss and analyse all the challenges experienced by the TCC and Crisis Centre, as well the respective departments involved in addressing GBV in ensuring cooperative government and IGR.

4.4 CHALLENGES IN ENSURING CO-OPERATIVE GOVERNMENT AND INTERGOVERNMENTAL RELATIONS

The purpose of the following section is to discuss the various challenges one would face in order to ensure that GBV is addressed in an integrated and comprehensive manner. The first part that the study intends to discuss is the understanding of legislation by officials, from DOH, SAPS, DSD and NPA, involved in addressing GBV.

4.4.1 Understanding legislation

The manner in which the state responds to GBV is determined by laws, policies, programmes and services, which state institutions implement and prioritise. The South African government is known to have the most progressive legislation in the world with regard to addressing GBV, yet the problem lies with the implementation of these laws and policies (Bornman, et al., 2013: 39; Chames, et al., 2015: ii). Chapter one and two provide a clear overview of the Domestic Violence Act 116 of 1998 and the Sexual Offence Act 32 of 2007, including challenges, which have been encountered thus far. Against this backdrop, it became imperative to gain a clearer understanding on whether the officials who play a crucial role on ground level had any knowledge and understanding of the legislation, which has been set in place to assist in addressing GBV. Only six of the officials who were interviewed had any knowledge of the legislations in place to address GBV, while the rest were unable to answer any questions pertaining to legislation. The study argues that understanding the enabling legislation is necessary, specifically for those officials working at the Ikageng Police Station, Crisis Centre and at the TCC. Their inability to interpret and use legislation to strengthen their response to GBV, results in cases not being successfully prosecuted and victims losing faith in the criminal justice system.

The above was affirmed by Langeveld (2016) who indicated that there is a challenge experienced in terms of the understanding and interpreting of some of these policies. He states that policies are created, yet these policies are not explained to the respective departments by national government. This then leaves the respective
departments to establish the best way forward to implement the established policies using their discretion and past experience.

Lebona (2016) argues that acts change continuously and that in most cases they do not have funding to continuously send members for training especially if acts have been amended. Vetten (2012) affirms that there is a lack of human and financial resources, which influences the effective implementation of acts, specifically the Domestic Violence Act 116 of 1998 and the Sexual Offence Act 32 of 2007. Mokgalabone (2016) states that “no official is a master of all” and even though certain aspects within the legislations and policies are not clearly understood, he believes that research should be conducted around these aspects. He further states that the health officials should have the skills and abilities to understand the GBV legislation and policies as they have university degrees. Mtshatsheni (2016) who is a forensic nurse, mentions that she does not know the legislation governing GBV, but knows how to collect evidence in order to compile a report when GBV occurs. She believes that the healthcare officials do not have the skills and the abilities to fully understand the various legislation developed to address GBV, and that this challenge would require training. She further mentions that the North West DOH does not prioritise funding for this type of training (Mtshatsheni, 2016). Shakung (2016) also had no knowledge of legislation or specific policies, which govern GBV; he does understand however, what needs to be done as a medical doctor. The lack of knowledge of the legal framework, which has been established to address GBV, is evident in the responses from those who are responsible for implementing the GBV legislation, or at least ensuring that services provided are in line with the requirements set forth in legislation. According to Parenzee (2014: 6) this may lead to secondary victimisation. In most cases, police and health officials are the first respondents who encounter GBV victims. These officials bear a huge responsibility to provide accurate information to the GBV victims and in a manner, which the victims can understand, yet this becomes a tedious task if the officials have a lack of knowledge to fully comprehend the information themselves. According to Langeveld (2016) dedicated officials provide training on GBV to respective police officials. There is great scrutiny surrounding training provided to police officials in relation to knowledge of the criminal justice system and the police officials’ responses to GBV victims. Even though great emphasis is placed on the number of police officials who have received training, as well as the number of training
sessions, according to the annual report of the Department of Justice and South African Police Service (2015: online) there is very little information available on the content, quality and impact of such training on officials themselves. The above is further supported by Motladiile (2016) who mentions that SAPS officials have a lack of knowledge, capacity and resources, which lead to policies not being implemented, as they ought to be. According to Mpani and Nsibande (2015: 35) one of the major challenges encountered in relation to the effective implementation of the acts, is the limited understanding of its provisions amongst the various stakeholders. Gibbs, Mpani and Pretorius (2015: online) argue that there is also a lack of coordination amongst public officials working directly with GBV victims, given the role that each plays in the chain of justice. This ultimately contributes towards certain sexual offence cases falling through the cracks of the justice system. This clearly illustrates that it is a collective effort by all role players, namely SAPS, DSD, DOH and NPA to address GBV, and the lack of integration and coordination amongst these crucial role players leads to GBV victims receiving no justice from the criminal justice system.

Dichabe (2016) who works in the Crisis Centre, says that even though he is aware of the Domestic Violence Act 116 of 1998, the DOH does not work personally with it; instead, they would rather refer victims to the TCC or social workers. This affirms the argument made in chapter one that despite the fact that many women suffer injuries as a result of domestic violence, the Domestic Violence Act 116 of 1998 did not specify a clear role for the DOH. Doctors and health practitioners are not required or obliged to compile a report on the signs that indicate that the case was related to domestic violence (Parliamentary Monitoring Group, 2009: online). The study deduces that when officials are unaware of the requirements placed on their services to GBV victims through legislation, they would also not be aware of any challenges related to the implementation of legislation.

According to the Portfolio Committee on Police during the 2014/2015 financial year (Parliamentary Monitoring Group 2015: online) the Police had particular concerns regarding the implementation of the Domestic Violence Act 116 of 1998, stating that during their oversight visits to police stations, the Domestic Violence Act 116 of 1998 and other pieces of legislation are not fully and correctly implemented by SAPS officials. According to Mpani and Nsibande (2015: 35) it is acknowledgeable that in order to address GBV a multi-disciplinary approach is required, yet the Domestic
Violence Act 116 of 1998 places no integration or coordination obligations on the DSD, DOH and NPA in relation to the provision of care and support services. The Tshwaranang Study (Vetten, 2012:online) focused on the implementation of the Domestic Violence Act 116 of 1998, and found that there were a substantial amount of police officials who had limited knowledge of legislative provisions and more specifically, their responsibilities. Dyer (2016: online) further confirms the above-mentioned challenge by stating that while it is commendable that the South African government has attempted to address GBV by drafting legislation, as well as establishing several coordination structures, these efforts have been marred by poor implementation, limited collaboration and lack of adequate provision of financial resources. For this very reason, it becomes so crucial that the gap between the law and the practice be addressed, yet this can only occur once the mechanisms such as training, which have been put in place by government, are actually followed up and evaluated.

Furthermore, it should be noted that none of the officials who were interviewed had any knowledge whatsoever, regarding the various legislations in place to facilitate IGR. This in itself is problematic as it is the very legislations and policies, as discussed in chapter one and chapter three, which are the core of the TCC. Yet officials are not even aware of the IGR legislation and policies which have been developed to assist them in their quest to address GBV comprehensively.

Derived from the above discussion on the understanding of GBV legislation, the officials directly involved with addressing GBV lacked comprehensive knowledge and understanding of various legislation when addressing GBV. Police, social workers and healthcare officials battle with the implementation of GBV legislation, largely due to a lack of understanding of what is expected of them in terms of the actual implementation of the legislation. Even though training is provided to the officials on the basic content of acts and policies, the quality and impact of training is yet to be proven. What has become clear is that, with regard to the training being offered to the officials, there is currently no monitoring and evaluation process in place to ensure the overall quality of the training sessions being offered to the officials, and funding for this training has also been highlighted by respondents as being a challenge. The study argues that the above challenges require urgent attention in order to ensure that GBV is addressed comprehensively. Communication is vital for any organisation to ensure that the
objectives are achieved and that good services are delivered to society. The next section will elaborate on the challenges experienced in terms of communication in order to successfully address GBV.

4.4.2 Communication

This next section will discuss the data pertaining to information sharing, where information comes from, who gets it and what the challenges are. Firstly, the results from respondents, pertaining to information sharing, will be discussed.

In terms of all the respondents’ understanding and knowledge regarding the term ‘horizontal IGR’ – they indicated that they understand that they work with officials from different departments in addressing GBV. As an imperative part of IGR, respondents were asked questions to gain a clearer understanding of who provides their specific department with the information and physical assistance to comprehensively address GBV. According to Shakung (2016) the National DOH provides no physical assistance in terms of addressing GBV. Monshu (2016) states that the SAPS Family Violence, Child Protection and Sexual Offence Unit is supplied with information from courts and social workers, and that the information assists the Family Violence, Child Protection and Sexual Offence Unit in addressing GBV. According to Langeveld (2016) the Ikageng Police Station is supplied with GBV information to be distributed from SAPS, as well as from DSD, especially in relation to awareness campaigns. He states that even though the information is relevant, in most cases the GBV information that is handed out to the community is in English, Afrikaans and only a few African languages, which is a major challenge for them. Morosele (2016) and Matshepo (2016) both state that the DSD provides them with the information and physical assistance to address GBV and that even though it is relevant, the information is not always easy to understand in terms of the language used. The study deduces that information to various officials working with GBV originates from their departments, and there does not seem to be much sharing of information between officials working within the same geographical area, or even office, i.e. within the same TCC.

According to Mokgalabone (2016) government does not always ensure that public officials have a clear understanding of the information that is distributed to them. He believes that the time has come for government officials to stop expecting the government to explain everything and those officials take the initiative to actually
research aspects that are not clear. Mokgalabone (2016) states that the “NPA gives them information which presently is relevant yet it is not enough”. He further mentions, “Because GBV is a chain of abuse and violence, that this is where most of these departments actually need to come together to act, yet each department helps themselves in isolation”. The lack of sharing information is thus further exacerbated by the lack of understanding regarding the intent of information. The study argues that it is imperative to note that even though the DSD, SAPS, NPA and DOH share the same working space, this in no way means that the respective departments share information about the GBV victims or their follow-ups. The respective departments do not actively cooperate to improve the overall services provided by both the TCC and the Crisis Centre. Working in departmental silos is the one of the reasons why GBV has not been able to be comprehensively addressed; each department is only concerned with achieving their own mandates and achieving their own departmental performance targets. The study deduces that there is a lack of communication amongst the respective departments involved in the TCC and Crisis Centre, which means that they also do not share their achievements or challenges with each other. For this reason, the study argues that cooperative government and IGR are not promoted and this results in negative consequences in addressing GBV comprehensively.

Derived from the above discussion concerning communication amongst the respective departments involved in the successful eradication of GBV, there are clearly significant challenges that have been highlighted, for example, lack of information sharing amongst the relevant departments: SAPS, DSD, NPA and DOH. Even though the government intended an inter-sectoral response through the TCCs and Crisis Centres to address GBV, services to victims remain fragmented.

What hampers communication further is the apparent power struggle amongst the respective departments involved in the TCC and Crisis Centre. Respondents indicated that the NPA is responsible for the TCC, and DSD is responsible for the Crisis Centre, while DOH and SAPS are only expected to play a supportive role. Although all departments are equally necessary to address GBV comprehensively, this kind of power struggle further fragments the communication amongst the respective departments. Dichabe (2016) also believes that there is currently a power struggle interdepartmentally between the DOH and NPA. The reason is that TCC is a NPA
initiative and now the DOH wants to start a new blueprint called ‘Kgomotso Care Centre’ which will play the same role and function as the TCC, yet it will be located in the rural areas and established in community centres. The proposed new centre, in his view, is interfering and duplicating an already established structure, namely the TCC. He believes that it was already a struggle to get the TCC to where it is today. He believes that the DOH should just fully commit to supporting the TCC, that all expertise should be brought in, and that the various departments involved in the TCC should all work towards a common goal (Dichabe, 2016). Effective and efficient coordination amongst respective departments are vital in ensuring that the GBV is comprehensively addressed. The next section will discuss the challenges in relation to coordination.

4.4.3 Coordination

The following section will provide a comprehensive discussion on the coordination amongst the respective departments, namely DSD, SAPS, NPA and DOH, in order to ensure cooperative government and to promote IGR. Throughout the following discussion on coordination, the various challenges to ensure coordination to successfully address GBV will also be discussed. Firstly, the results from respondents, pertaining to financial coordination between departments, will be discussed.

According to Langeveld (2016) the “national department of SAPS provides the budget within which GBV has to be addressed, causing local police officials to feel left out of the budgeting while being made responsible for the function”. Yet, he believes that “national department has now started to realise that the communication from them isn’t always getting through to provincial and local departments, and this is confirmed by the continuous failure of policies, programmes and projects”. Specific programmes that have failed include the Integrated POA for 2013-2018, as described in the previous chapter; and the 365 Day National Action Plan to end Gender Violence, which according to the Thematic Report on Violence against Women and LGBTI Persons in South Africa (2016: 13), was envisioned to ensure coordination in the programmes and plans of all government departments and civil society organisations; thus avoiding duplication and ensuring maximum efficacy. Yet, in 2013, the National Action Plan was reviewed by the Commission for Gender Equality and independent consultants who established that to date the National Action Plan, in spite of its seven year implantation period, still had not accomplished its aims and objectives (Thematic Report on
Violence against Women and LGBTI Persons in South Africa, 2016: 13). The Thematic Report on Violence against Women and LGBTI Persons in South Africa (2016: 13) further mentions that the POA has to date, not been costed, nor has it been discussed with civil society, provincial government or local government. These kinds of systematic failures by government further prolong the end goal of the South African government in relation to ending all forms of violence against women and children.

Even though coordination seems to be a priority reflected in most of these policies and programmes to address GBV in the country, coordination cannot happen on its own; it also requires effective communication between the three spheres, as well as with the respective departments involved in addressing GBV. It is required of national, provincial and local government to work together to ensure the effective and efficient delivery of services to society, yet according to Langeveld (2016) this is currently not happening. The study acknowledges that there does not seem to be an integrated budget from which the various departments are able to implement their activities. This clearly highlights the problem of a lack of integrated planning among the departments responsible for addressing GBV. Again, the sharing of a single space, as is provided in the TCC, does not mean that planning or budgeting responsibilities are shared. The deduction is that, once again, functioning within silos is promoted through departmental specific planning and budgeting. The IGR system is characterised by a lack of a window for coordination across government. There is also lack of monitoring and evaluation mechanisms across the three spheres of government (Hughes, 2011: 26), and more importantly for the study, there does not seem to be any monitoring and evaluation in a horizontal manner either. The majority of the respondents stated that there is currently no monitoring and evaluation system in place, specifically at the TCC.

The major reason behind this is that all the respective departments who work at the TCC and Crisis Centre report to their own departments regarding information needed by that department. As such, the DOH is only interested in the specific statistics of the victims and not the actual case files, while the NPA only reports on how many cases went to court and on the finalisation of these cases. The manager of the Crisis Centre reports on all the cases they received to the Dr Kenneth Kaunda District DSD and Lifeline in Klerksdorp. This was confirmed by the Dichabe (2016) who agreed that the NPA coordinator reports to the National NPA, while the DOH officials report to the Dr Kenneth Kaunda District Municipality’s Department of Health, and then the statistics are reported to the provincial DOH. According to Mokgalabone (2016) officials working
hard within the local structures are faced with all the challenges and achieve all the accomplishments, yet when reporting is done to Parliament on the success of the TCC, the NPA receives all the credit. Mokgalabone (2016) expresses frustration with the fact that instructions are received from national government, yet support in terms of resources and capacity is not prioritised to assist in realising these instructions.

Villaflores (2016) echoes the frustration and states the following, “I feel that the… all national departments have more power, that GBV is not being handled properly by national government that perfect policies and legislations, advertising and talking about it in Parliament is not enough”. Villaflores (2016) expresses concern for the fact that decisions are made affecting their ability to deliver services within the TCC, yet she has never seen any officials from national departments visit the TCC. Lebona (2016) confirms the above-mentioned statement saying, she believes that if national and provincial government actually took the time to visit the TCC and Crisis Centre, and hear the challenges which the two centres are currently experiencing, that the overall functioning in terms of the integration and coordination of services provided to the GBV victims – not forgetting communication between the two centres and SAPS – will improve. Lebona (2016) states that the two centres have meetings where they discuss their challenges, but they are unable to find solutions to these challenges since they are reliant on resources to be made available by national and provincial government. She feels that the challenges which they are currently experiencing is not getting through to provincial and national departments of the DSD, SAPS, NPA and the DOH as local government only has a limited amount of power to actually do anything constructive. Lebona (2016) was specifically frustrated by a recent incident where a GBV awareness campaign was arranged, but had to be called off because the correct signatures and approvals from provincial and national DSD were not in place. Apart from the apparent lack of coordination between departments working within the same location, the apparent lack of coordination between spheres of government was again made evident. The public officials at the TCC hear the issue, yet they do not have the capacity to do anything about it. This has affected the TCC negatively as the NPA and DSD provide them with a budget which is believed should sustain the TCC and Crisis Centre, yet both national departments have no clue of how much it actually costs to sustain the TCC and Crisis Centre. Lebona (2016) argues that the NPA and National DSD should personally make the effort to monitor, evaluate
and assess the overall maintenance costs involved in ensuring that the TCC and Crisis Centre operate effectively. As Lebona (2016) states, “we have had to cut on awareness campaigns as the North West province is large and they don’t have the finances. Yet, it is expected of us to spread the message of awareness”.

This dependence on national government by provincial and local government is affirmed by Kalema (2000: 12) that “Power in a unitary state is a defining feature of these relations since the national sphere holds more power than the lower authorities, and the lower authorities depend on the higher authorities. This kind of dependence is apparent with resources which are required in order to accomplish the set out goals”. Woolman, Roux and Bekink (2004: 5) also state that even though the Constitution of the Republic of South Africa recognises the three spheres as equally autonomous governments, there is a clear hierarchy that runs from national government down to provincial government and further down to local government. The former DPLG (2007: 63) states that mutual consultation and co-ordination of policy, legislation and implementation are key values of the co-operative government. If the executives of the three spheres of government meet at regular intervals, it can go a long way in living up to these values. For this very reason, the study calls for an integrated approach to address GBV.

As was also indicated in the previous section on communication, with regard to reporting, Lebona (2016) indicates that she as DSD official reports to the Dr Kenneth Kaunda District DSD, while police officials working in the Ikageng Police Station report to the Provincial Department at Wespol in Potchefstroom, from where the information is consolidated by the Provincial Department and sent to the National SAPS. The Dr Kenneth Kaunda District DSD reports to the provincial DSD. According to Dichabe (2016), the problem comes in with each of the two centres having their own sets of files, while the Police also have a separate set of files. So when cases are reported in the local newspaper, such as the Herald, questions are then asked as to who leaked the stories, which he considers one of the primary reasons GBV victims don’t want to come to the TCC. This illustrates an obvious fragmentation and that even though operations are situated in one place, the problem of reporting to different departments with different sets of information, just exacerbates the situation. Apart from issues pertaining to funding and reporting, the coordination in ensuring capacity is also problematic.
According to the Dichabe (2016) at the Potchefstroom Provincial Hospital, there is also currently a power battle between the provincial DOH and the Dr Kenneth Kaunda District Municipality DOH in terms of the appointment of the forensic nurses currently working after hours at the TCC. These nurses are appointed to work within the Hospital, falling within the jurisdiction of the Province, as well as the TCC who reports to the District Municipality DOH. The District Municipality DOH expects the forensic nurses to report to them directly, while the Provincial DOH disagrees. Mtshatsheni (2016) says that it is draining when expected to be in two places at the same time – referring to working at the TCC and the Casualty Department of the Hospital. Yet this is caused by a lack of knowledge by management, as they have no idea what is happening at the TCC at all. The above challenge is affirmed by DPLG (2008: online) that implementation may only be effectively achieved if communication and coordinated expressions are translated into action through IGR programmes. Failure to coordinate and cooperate may result in a number of duplications, wasteful expenditures and delay in the delivery of services, which impedes the process of development.

Derived from the above discussion on the coordination challenges which the TCC and the Crisis Centre face, the study argues that aspects such as planning, budgeting, reporting, monitoring and evaluation need to be in place to ensure that resource constraints are effectively addressed. Clearly, GBV can’t be effectively eliminated when the national sphere of government which creates and establishes institutions, systems and policies, expect the provincial and local spheres who have to actually execute these systems and policies, to do so, when in fact they have almost no authority and depend significantly on the national sphere of government for, amongst other things, resources, physical assistance and information. The next section will discuss integration as a crucial part of ensuring that GBV is addressed in a comprehensive manner.

### 4.4.4 Integration

Integration in government refers to the coordination of working arrangements where various departments are involved in delivering a public service programme, policy and projects (Morse, 2013: 1). Poor integration can prevent effective delivery of existing services or programmes. Instances where government has integrated services like the
TCC and Crisis Centre, whose benefits have not been truly realised because of the basic difficulties experienced by the various departments involved, in ensuring that GBV victims receive collective services at one place. The following section will provide a comprehensive discussion on the integration amongst the respective departments, namely DSD, SAPS, NPA and DOH, in order to ensure that inconsistencies in the provision of services to the victims of GBV at the TCC and Crisis Centre are avoided and furthermore, to promote IGR.

According to Axelsson and Axelsson (2006: 76) to integrate the activities of different departments within an organisation is a difficult task for the management of that particular organisation, yet it is even more challenging to integrate the activities of different organisations. This is the very reason that the study argues that the TCC and Crisis Centre require skilled IGR specialists in place to assist with the integration challenges experienced in the TCC and Crisis Centre. A challenge which was experienced by the DOH, SAPS, DSD and NPA at the TCC in Potchefstroom, is that they currently have no skilled IGR specialist in place and they are convinced that for this very reason, the challenges faced by the two centres never reach the correct people at the national sphere. Villaflores (2016) says she feels like “national government have their own little meetings and that no one communicates the information through to them”. Mphasane (2012: 17) affirmed that there is an absence of commitment from the spheres with regard to integration of services by various role players; this is largely due to a lack of a skilled IGR specialist.

According to Hughes (2011: 42) “organs of state in South Africa have been known for their lack of effective and accessible knowledge management practices. This culture of holding on to information results in a lot of duplication and a waste of resources. There is no sharing of databases between sectors, which is evident by a number of information requests by both provincial and national government departments to local government”. “Internationally, the South African government is often not perceived as working co-operatively, due to duplication of policies, programmes and projects surrounding GBV by different spheres and government institutions. At a community level, visits by members of the national and provincial executives to local municipalities are often not communicated, while projects are even committed to at times, without prior consultation” (Hughes 2011: 42). Against this backdrop, the respondents stated that there is currently no integrated information management system and data sharing
portal in place, for effective reporting, programming, monitoring and evaluation within their respective departments. This is a challenge, which ought to be addressed with all urgency as this leads to fragmentation within the TCC and Crisis Centre with regard to the information provided upon request to provincial and national spheres.

In chapter three cooperative government was conceptualised as promoting good faith cooperation and integration between departments and spheres. This is illustrated through the way in which the TCC in Potchefstroom functions and operates. All respondents continuously stated that they have a good relationship with the relevant stakeholders who play a crucial role at the TCC and Crisis Centre. These respondents are co-operating with each other in good faith, in order to ensure that victims receive the required services. The emphasis being placed on promoting integrated treatment to GBV victims is acknowledged, but the study argues that good faith intent needs to be evident in processes and procedures as well. The study argues that even though the TCC is a national initiative by the NPA, the TCC is locally based in a community, which means that national and provincial government are not perceived to be the spheres delivering the actual service. The only time the national and provincial spheres of government play any role in the TCC, is when the officials report their statistics and cases through to Parliamentary committees. The study argues that this again confirms that the three spheres of government are operating in silos, as the local perception exists that the respective national and provincial departments display a lack of commitment and willingness to assist the TCC to reach its full potential. This is also confirmed by Dichabe (2016) who states that the current challenge experienced between the Dr Kenneth Kaunda District Municipal DOH and the Potchefstroom Provincial Hospital, in the placement of the forensic nurses at the TCC, is a good example. The situation prevails because none of the spheres of government wants to interfere in each other’s business, and they feel the same level of respect should be awarded to them. The study argues that these types of structural problems evident within the Dr Kenneth Kaunda District Municipal DOH and Potchefstroom Provincial Hospital, has led to the fragmentation of services and relationships within the DOH and the TCC, as well as the Crisis Centre. These inconsistencies and gaps need to be addressed, as IGR requires effective and efficient integration and strong commitment from management at all three spheres in order for GBV to be addressed comprehensively.
Langeveld (2016) states that SAPS is committed to making the TCC work, yet in his words “everything boils down to my department, my department must do everything, my department must take initiative, my department must also organise”. He says this is not the way it ought to be as it is a combined initiative. Mtshatsheni (2016) mentions that there was a lack of interest from the DOH to become more involved in addressing GBV, as the DOH feels they have a minimal role in addressing GBV. This too was confirmed by Shakung (2016) who states that DOH only has a supportive role to play. He also states that it is not the DOH mandate to address GBV but that the DOH is always present. Therefore, regardless of the fact that all respondents indicated their good faith intention towards working in an integrated manner, the reality, as described above, is that departments do not seem to take equal responsibility for addressing GBV within a shared space as created by the TCC and Crisis Centre.

According to Ile, (2010: 54), the term “interdependent” means that “no sphere can operate in isolation. All spheres are inter-reliant, mutually dependent and supportive of each other, more so in terms of capacity support for provincial and local government”. As has become evident in the above discussions, there is clearly a lack of communication, consultation and coordination between the departments within the different spheres affecting the overall functioning of the TCC.

The respondents concurred that they do not currently have any collaborative networks in place to collectively address GBV. The study also argues that because the TCC is a collaborative initiative by government with various departments involved, it requires a single data portal to be established in order to ensure that the fragmentation of information shared between departments is dealt with. The final section of this chapter will discuss the various challenges experienced in terms of the participation of the TCC and Crisis Centre in national and provincial structures.

4.4.5 Participation in national and provincial structures

Effective and efficient IGR initiatives depend on accurately formulated and well-constituted structures. IGR need to be concretised and institutionalised between the three spheres of government. Through these structures, co-ordination, communication and support, as well as IGR conflicts, can be resolved (Tsatsire, 2008: 90). Throughout the following discussion on participation in national and provincial structures, the various challenges to ensure this kind of participation to successfully address GBV will
be discussed. According to the former DPLG’s Understanding IGR (2007: online) “the challenge for all spheres of government, is to put the objective of the Intergovernmental Relations Framework Act 13 of 2005 into practice and to warrant a co-ordinated and integrated approach to service delivery. Consultative forums are envisioned to facilitate IGR dialogue. Issues discussed strategically at IGR forum meetings usually consist of matters such as the implementation and impact of legislation and policies, or the coordination and alignment of provincial and local performance plans”.

Mdlive (2012: 69) argues that the forums give “an opportunity for those at work in government, to co-ordinate and stream their various programmes. Clear and proactive channels of communication and the efficient implementation of government programmes are vital for good IGR. Meetings are also beneficial in ensuring the timely distribution of information to relevant stakeholders, thereby assisting in service delivery”. Against this backdrop, the TCC has developed a formal structure named the Victim Empowerment Programme and Implementation Forum. According to Mokgalabone (2016) these are two programmes, but they felt that it dealt with the same aspects, which is the reason they were combined. According to Villaflores (2016) the Forum meeting occurs monthly. These Forum meetings have allowed for all the challenges which the TCC and Crisis Centre have encountered, to be tabled and discussed in order for the Forum members namely DOH, SAPS, DSD, NPA and NGO’s to develop solutions for the experienced problems. According to Mokgalabone (2016) everybody works in isolation; they don’t work together so the Forum links the respective departments involved within the TCC, as well as the Crisis Centre. These implementation meetings allow the relevant stakeholders involved in the TCC, to evaluate themselves in relation to, for instance, the awareness campaigns, which have been held, in order to establish the success or failure of the campaigns. The Forum also requests of the relevant stakeholders to hand in quarterly reports in order to evaluate the services provided to the victims at the TCC, as well as their overall performance.

According to all the respondents, the current challenge, which has been encountered in these Forum meetings, is that there seems to be a lack of commitment and interest from stakeholders involved. There is an attendance dilemma, as one person will be sent for a meeting and at the following meeting, another person who does not know
what was previously discussed, is sent. Mokgalabone (2016) says that even though minutes are provided, the problem then comes in that the minutes do not reflect the discussions, which happened during Forum meetings. Minutes given to their respective supervisors, just contain the statistics in point form. Yet, the supervisors will not know that there was, for instance, a long weekend with drinking which is why there were 70 cases of domestic violence reported (Mokgalabone, 2016). Lebona (2016) states that the representative from SAPS does not work with the GBV victims, which means that the discussions taking place during the meeting is not communicated back to those who do work with the GBV victims. Yet, all the respondents confirm that the reason behind this attendance dilemma could possibly be attached to the fact that these meetings are held during work hours and members may have work to do. According to Shakung (2016) those who do attend may agree on certain aspects and a decision is reached on how to address the problem, but they may not have the authority to actually implement the decision. Another challenge, which was experienced by the TCC with regard to these Forum meetings, is that there is a lack of resources to budget for them, as the TCC cannot accommodate all representatives and alternative venues need to be found. From the above, the study acknowledges a number of challenges related to participation in IGR structures, including inconsistent membership, lack of understanding of authority within which structure operates, and a lack of resources to ensure structural processes such as holding meetings.

The Intergovernmental Relations Framework Act 13 of 2005 makes provision for the specific structures to coordinate IGR in South Africa, which will be described in the following section.

4.4.5.1 The President’s Coordinating Council (PCC)

The Presidents Coordinating Council (PCC) is the advice-giving forum for the President and is attended by senior representatives from all spheres of government (Montigoe, 2012: 60). The mission of the PCC is to facilitate the coordination of national, provincial and local strategic planning; to serve as a vehicle for the development of joint programmes of action; monitor the implementation of national policy in provinces and municipalities, and do consultation to ensure coherent legislation and policies. The President convenes the meetings of the PCC, which takes place twice a year (Tsatsire, 2008: 91).
Against this backdrop, all of the respondents stated that they have never heard nor even come into contact with Council. The PCC plays a vital role in the overall integration of joint programmes of action; the monitoring and implementation of various national policies in provinces; as well as consultation in order to ensure coherent legislation and policies with regard to addressing GBV in an all-inclusive manner, within the DOH, SAPS, DSD, NPA and the DOJCD. Even though the Council is represented by senior officials from all spheres, and the TCC is a national initiative to provide collective services to victims of GBV in one place, none of the respondents is aware of the Council or who their senior representation on the Council is. The argument can be made that since reporting is done to national departments, the necessary information will be available, but what this lack of knowledge within local structures confirms, is that there seems to be little emphasis placed on integration between spheres of government.

4.4.5.2 Cabinet clusters

The original six Cabinet clusters were reduced to five Cabinet clusters by President Jacob Zuma during 2014, with the reason for this change to improve coordination and service delivery (The South African Government, 2014: online). “Clusters foster an integrated approach to governance, which is aimed at improving government planning, decision-making and service delivery. The main objective is to ensure proper coordination of all government programmes at national and provincial spheres. The key functions of the clusters are to guarantee the alignment of government-wide priorities, facilitate and monitor the implementation of priority programmes and to provide a consultative platform on cross-cutting priorities and matters being taken to Cabinet” including GBV (The South African Government, 2014: online). The five clusters are as follows:

- “Economic Sectors, Employment and Infrastructure Development Cluster;
- Social Protection, Community and Human Development (SPCHD) Cluster;
- International Cooperation, Trade and Security Cluster;
- Governance and Administration Cluster; and
- Justice, Crime Prevention and Security (JCPS) Cluster”.

For the purpose of the study, specific attention was given to the two clusters involved directly in addressing GBV, namely the JCPS Cluster, and the SPCHD Cluster. The
JCPS Cluster comprises the DOJCD, SAPS, NPA, Department of Correctional Services, Department of Home Affairs and Legal Aid South Africa. The JCPS Cluster aims to reduce crime, particularly serious and violent crime, to specifically address crimes against women and children and to promote a proactive crime prevention approach, which is in line with the Crime Prevention Strategy, within communities. This includes the establishment of community safety forums, street and ward committees, and volunteer programmes (Parliamentary Monitoring Group, 2014: online). The criminal justice system – whose main aim is to bring together primarily the SAPS, DOJCD and the Department of Correctional Services (DCS), in order to accomplish government’s outcome 3: “All people in South Africa are, and feel safe”, (Medium-term Strategic Framework (2014 to 2019), 2014:19) – must become more effective and efficient in bringing offenders to justice through improved coordination and management of the system as a whole (Parliamentary Monitoring Group, 2014: online). The SPCHD Cluster deals with social development and social justice, as well as macro-social issues, including social cohesion. Various government departments are included in this cluster, namely the DOH, Department of Agriculture, Department of Transport, DSD, Department of Housing, Department of Education, Department of Labour, Department of Environmental Affairs and Tourism, Department of Public Works, Department of Sports and Recreation, and Department of Public Service and Administration (Parliamentary Monitoring Group, 2014: online). The study argues that GBV cannot be addressed in an appropriate manner if the major role players involved do not have coordinated structures in place to facilitate such integration. “The main objective is to ensure proper coordination of all government programmes at national and provincial levels,” the Presidency stated (Parliamentary Monitoring Group, 2014: online) which is unrealistic if the role players involved are not in a position to coordinate their activities.

According to the Department of Communication (2014: online) in their Social Protection and Vulnerable Groups media briefing statement, the SPCHD Cluster, in partnership with the DSD, provides comprehensive social protection services against vulnerability and poverty within the constitutional and legislative framework, and has created an enabling environment for sustainable development. The DSD’s Victim Empowerment Programme (VEP) forms an integral part of government’s goal of
protecting the rights of women and children. The VEP aims to make the criminal justice process more victim-friendly and effective in addressing the needs of all victims of crime and violence – with special focus on vulnerable groups such as women and children, people with disabilities, older persons, as well as victims of human trafficking. Yet, in order to successfully achieve this above-mentioned aim, it will require collaboration between, for instance, the SAPS and DOJCD, which currently do not form part of the same cluster. For the purpose of the study, emphasis is placed on promoting IGR cooperation, integration and coherence between DOH, DSD, NPA, SAPS and DOJCD, in addressing GBV.

According to Abrahams, (2012: online) there is an absence of a national, unified, coordinated GBV scientifically informed policy and strategy. This, in all respects, still promotes silo mentalities amongst the respective clusters, and will not be accomplished in terms of addressing a phenomenon such as GBV. As already established in chapter two, a crosscutting priority such as GBV receives little if any collective support from these Cabinet Clusters. The JCPS Cluster only incorporates the DOJCD, NPA and SAPS, and excludes the DOH or DSD, which plays a paramount role in eliminating GBV in a holistic manner. In the same vein, the SPCHD cluster includes the DOH, DSD and excludes the DOJCD and SAPS. Abrahams (2012: 8) quotes Parenzee, Arts and Moul (2001: 82) who state, “Abused women frequently interact with the healthcare system for routine or emergency care before turning to the criminal justice system … and therefore healthcare workers are in a unique position to identify abuse and intervene early on”. This research by Parenzee et al. (2001: 82) in Abrahams (2012: 8) also found that: “…criminal justice services have little or no interaction with health services, which underscores the importance of inter-sectoral interventions …” The study argues that GBV cannot be addressed in an appropriate manner if the major role players involved do not form part of the same cluster. Only once an single IGR data sharing portal is developed within the TCC can GBV be addressed in an integrated manner, which in turn will ensure that, even though the various departments who are involved in addressing GBV do not form part of the same clusters, the information which is holistically complied reaches the various clusters and dismantles the fragmented nature of reporting GBV information through to provincial and national government. “The main objective is to ensure proper coordination of all government programmes at national and provincial levels,” the Presidency (2014:
stated, which is unrealistic if the role players involved are not in a position to coordinate their activities. When probed on the mentioned clusters, none of the respondents had ever heard of any of the clusters. Again, the problem comes in that too much focus is placed on national and provincial departments and how they ought to ensure proper coordination. The question remains: “what about locally situated structures who actually have to ensure the successful implementation of these programmes?” To a certain extent, the local situated structures are excluded from being part of the processes by national and provincial departments, which is also one of the major reasons so many programmes fail to be implemented effectively.

4.4.5.3 The Minister and Members of the Executive Councils (MinMecs)

These are sector-committees that consist of the respective minister and members of provincial executive councils. The responsible minister for the specific sector is the chairperson of the committee and specialists may attend sittings of the forum by invitation if required. MinMecs are fundamentally sectoral forums where representatives discuss policy and strategic matters, gain clarity on complex aspects of legislation, inform policy and exchange experiences (Motinge, 2012: 60). MinMecs are by no means constitutionally prescribed and are therefore informal entities of IGR, primarily based on mutual trust and cooperation. The MinMecs have since 1994 materialised as vital institutions for IGR cooperation (Haurovi, 2012: 83).

Again, MinMecs are unknown to respondents. According to Lebona (2016) Minister Bathibele from DSD did visit the TCC and Crisis Centre once, to hear challenges that are experienced by the centres. The Minister’s visit to the Centre happened around the same time as the local elections, and Lebona (2016) is of the opinion that the visit was purely for political reasons, which explains why challenges discussed have never been addressed. While MinMecs support integrated sectoral planning, the study recognises that sectoral planning will not be sufficient in addressing a transversal issue such as GBV. MinMecs do need to play a role in relation to their sectoral planning and strategic thinking in order to strengthen the various departments involved in addressing GBV within a local context in an integrated manner.

4.4.5.4 The Forum of South African Directors-General (FOSAD)

This is a technical support structure consisting of national and provincial directors-general. The Chairpersons of the Forum at national and provincial spheres are the
Directors-General in the Offices of the President and Premiers respectively. This structure is a non-statutory organ, fundamentally an advisory administrative body that provides regular opportunity for directors-general to share experiences around policy and implementation, exchange ideas and assist each other in the professional development, and management of their respective Departments (Motingoe, 2012: 60). Its role in IGR includes fostering a dynamic interface between the political structures and the administration at national and provincial spheres, improving horizontal and vertical coordination of national policies and sharing of best practices in public management (Haurovi, 2012: 89). When the horizontal and vertical coordination of national policies and sharing of best practices can be improved in relation to the DOH, SAPS, DSD, NPA and the DOJCD, the overall addressing of GBV in an integrated manner, will be able to be accomplished. Against this backdrop, the respondents have again never heard of this Forum. The biggest challenge regarding the Forum is that it only involves national and provincial representatives, regardless of the fact that it is actually locally based structures that does the work and is expected to implement various policies, programmes and projects. Respondents indicate that while they are persistent in identifying the challenges in their reports to their respective departments, the message just seems to get lost along the way, as they never hear any feedback from provincial or national government. Respondents argue that this was the very reason for establishing their own forum.

The IGR forums considered above, play an imperative role in coordinating and streamlining activities of the three spheres of government and various government departments. Even more so to address GBV in an integrated manner, which will only be able to be accomplished once the DOH, SAPS, DOJCD (through the NPA) and DSD, have coordinated and streamlined all relevant activities to collectively address a social ill such as GBV. Levy and Tapscott (2001: 88) specify that, in general, the other function of IGR structures would consist of improving the synergy among leaders at national, provincial and local government spheres, and to identify common areas of concern among provincial departments and their linkages with the local structures. Levy and Tapscott (2001: 85) further show that the structures also encourage cooperation on matters of mutual concern to all three spheres of government. However, Malan (2009: 145) warns that it is not the mere existence of structures that is required, as it is their effective functioning and total commitment, which are the keys
to developing the mind set of cooperation, as well as promoting sound IGR. The main purpose is to strengthen the coordination across government and encourage cross-sectoral integration.

4.5 CONCLUSION

This chapter provided some background to the functioning of the TCC and Crisis Centre, as well as the current challenges that the centres are experiencing in terms of comprehensively addressing GBV. The chapter provided a critical discussion on the five main themes that emerged from chapter two and three namely: challenges in ensuring cooperative government and IGR; understanding legislation, communication, coordination, integration and finally, participation in national and provincial structures. Each of the above-mentioned themes exposed its own set of challenges that SAPS, the TCC and the Crisis Centre experience in terms of addressing GBV. In light of the above-mentioned challenges that were discussed in this chapter, there are solutions available and it is for this very reason that the next chapter will be focused on developing an IGR approach to address GBV.
CHAPTER 5
PROPOSED IGR APPROACH TO ADDRESS GENDER-BASED VIOLENCE

“Violence against women is a complex issue which requires a multi-faceted approach which is based on practical action across the relevant areas of government, with each playing a very specific role”

(DSD, 2014: 24)

5.1 INTRODUCTION

GBV activities are usually the responsibility of a multitude of government ministries, departments, commissions and other, which creates difficulties for coordinated action (Vetten, 2015: 10-45). As was described in the previous chapter, GBV is a complex matter and requires not only interdisciplinary effort, but also the development of a proper institutional framework, enabling legislation and the clear allocation of jurisdiction, as well as financial and human resources towards the respective departments involved in local settings.

The previous chapter focused on all the challenges that are experienced by the TCC, Crisis Centre and SAPS in comprehensively addressing GBV. The purpose of the following section is to give a description of the concepts approach, integrated approach and IGR approach. The purpose of this chapter is to address the final objective of this study, which is to develop a proposal towards an IGR approach in addressing GBV in Promosa and Ikageng, by primarily addressing the challenges analysed in chapter four. These challenges include, firstly, the lack of knowledge and understanding of GBV and IGR legislation by officials involved in addressing GBV; as well as the lack of communication between the TCC and Crisis Centre, including all the respective departments involved in both centers, as well as between the three spheres of government. Secondly, the preceding chapter also provided a context for specific coordination challenges between the TCC and Crisis Centre, the power struggles occurring between the respective departments involved in addressing GBV, the fragmentation in the current reporting system by all the major role players who address GBV at both centers and the lack of financial and human resources provided to both the TCC and Crisis Centre by national government.
Lastly, integration challenges between the TCC and Crisis Centre in terms of the fact that there is currently no single data portal available to deal with the fragmented information sharing between departments; there is also no IGR specialist who forms part of the TCC and Crisis Centre and the inherent challenges faced within the DOH, in relation to the permanent employment of the forensic nurses at the TCC. Yet, before the IGR approach can be presented to address the above, the study conceptualises what it means by ‘approach’.

5.2 CONCEPTUALISATION OF APPROACH, INTEGRATED APPROACH AND IGR APPROACH

According to Your Dictionary (2016: online) an approach is the process of going towards something, which is used to facilitate a solution to a problem. According to the Urban Dictionary (2016: online) an integrated approach is looking at a complex system as a whole and to see if the component systems fulfil the main objectives of an organisation or a system, in the manner which results in interaction of many different functions and different disciplinary fields, for collective optimal performance at minimum cost, to address the objective in a comprehensive manner. Strong emergence of collective behaviour should be the cornerstone of an integrated approach. The above definition of an integrated approach is in line with the study, as the TCC and Crisis Centre are both inter-sectoral responses to address GBV, collectively placed together to deliver a service. The TCC and Crisis Centre become the complex system from where challenges experienced by its components systems (or respective departments in this study), now have to work as a single system of operation.

These respective departments working at the TCC and Crisis Centre are not only responsible to achieve the objectives of their respective departments, but also the objectives of the TCC and Crisis Centre, which may lead to strain and pressure on the officials. In proposing an integrated approach, emphasis is placed on achieving departmental objectives, by ensuring that the TCC and Crisis Centre objectives strengthen collaboration and do not lead to competing actions or activities. An integrated approach requires of all the respective departments involved in addressing GBV at the TCC and Crisis Centre, to ensure that the overall functioning and operation
at both centres occurs in a comprehensive manner. The various departments need to integrate and coordinate their plans, activities, case files, reports and resources.

An integrated approach thus requires a sustained cooperation of a variety of stakeholders involved in addressing GBV. The term ‘integrated’ creates the atmosphere of high aspirations; it promises quite clearly new approaches in relation to the previous practice and finally raises the expectation of better decisions and a more comprehensive manner of addressing GBV (Mars, 2016: 16-20). The term ‘integrated,’ when used in association with GBV, places emphasis on interdepartmental, multi-sectoral and multi-disciplinary processes (Mars, 2016: 16-20). Therefore, the basic validation of adding the word ‘integrated’ to addressing GBV, is not only due to the fact that the problem is studied in its multi-sectoral context, but rather that decisions made in addressing GBV have been accomplished by systematically integrating the competing objectives of different decision makers, along with the presence of multiple institutions into the process.

There is no doubt that substantial measures of optimism have been bestowed on IGR as a driver of development in South Africa (Senoamadi, 2014: 37). According to Watts (2001: 22) the reason IGR is so important in a multi-sphere political system is because “it is impossible to distribute administrative or legislative jurisdictions among governments within a single policy, into watertight compartments, or to avoid overlaps of functions. Interdependence and interpenetrating between spheres of government within a multi-sphere regime are unavoidable”. South Africa has an IGR system that is based on the principle of cooperation between the three spheres of government – local, provincial and national. While responsibility for certain functions is allocated to a specific sphere, many other functions are shared among the three spheres. The main purpose of this study is to develop an IGR approach to addressing GBV. This would require of all three spheres and respective departments involved in addressing GBV to work together in an integrative and coordinated manner - this is a requirement of the Constitution of the Republic of South Africa 1996 in chapter three, as well as the Intergovernmental Relations Act 13 of 2005. Yet even though there are legislative and IGR structures in place, to facilitate this kind of integration and coordination amongst the respective departments and the three spheres of government in relation to address GBV, there is no additional legislative framework or monitoring and
5.3 PROPOSED IGR APPROACH TO ADDRESS GBV

In the light of the challenges identified in the previous chapter, as well as the conceptualisation on approach, integrated approach and IGR approach described in the section above, the research suggests an IGR approach to address GBV within the TCC and Crisis Centre. This IGR approach will integrate and coordinate the overall functioning and operation of the TCC and Crisis Centre, by providing solutions to the challenges, namely: understanding legislation, communication, coordination, integration and participation in national and provincial structures, in ensuring cooperative government and IGR (as discussed in chapter four). Proposing an approach implies a systematic solution to be provided in addressing the challenges identified. The study acknowledges that the TCC and Crisis Centre are appropriate inter-sectoral spaces within which an integrated IGR approach could be facilitated. However, the mere fact that two centres are competing for resources and are resourced by two different departments, leads to tension, misunderstandings and competing roles or power struggles. As such, through national initiative, the TCCs were proposed to be the appropriate multi- and inter-sectoral solution to addressing GBV (Vetten, 2016: 12). Furthermore, seeing that those working within these centres were not aware of any of the national or provincial programmes and structures in place and rather created their own IGR structure to facilitate communication, the study proposes that the point of departure for proposing an integrated IGR approach should be the local setting where services are delivered, namely the TCC.

5.3.1 Establishing the Thuthuzela Care Centre

The mandate of the TCC is to provide collective services to victims of GBV under one roof (Vetten, 2015: 10) and it is for this very reason that understanding legislation is vital, if departments want to achieve their objectives and provide effective and efficient services to the population. Yet, none of the officials who were interviewed had any knowledge regarding the various legislations in place to facilitate IGR. This in itself is problematic, as it is the legislations and policies as discussed in chapter one and
chapter three that form the core of the TCC and exist to realise the mandate of the TCC. During the process of conducting the interviews, it became clear that the majority of the officials, who work directly with victims of GBV within the TCC and Crisis Centre, as well as SAPS, lack the understanding of the legislation and policies in place to address GBV. GBV can by no means be successfully eliminated when the legislation, which has been established to address GBV, is not understood or even known by the officials who ought to implement them.

The study argues that for the TCC to operate effectively, all officials involved need to understand the legislation enabling them to function, as well as understanding the mandate and authority through which they operate. However, in proposing a newly established structure, the study concedes that ministerial support from the respective departments needs to be evident for the proposed TCC to succeed. The State Service Commission (2008: 11) argues that leadership commitment and ministerial and stakeholder buy-in is crucial if cooperation is to be achieved. When looking at leadership commitment, the study argues that a lack of leadership commitment from provincial and national government in terms of support offered to the TCC and Crisis Centre, were evident. According to the Treasury Board of Canada Secretariat (2002: online), the support of senior management can also raise the profile of an initiative and motivate those involved. Thus, the following recommendations are proposed:

- **Recommendation 1:** Buy-in from current departments, structures and political office-bearers needs to be obtained for a single integrated IGR structure aimed at addressing GBV comprehensively. When political leadership for comprehensively addressing GBV through an IGR structure is evident, the establishment of such a structure will be achievable.

- **Recommendation 2:** The current TCC should be redesigned as the only inter-sectoral GBV structure. The study argues that there should be a single point of entry for GBV victims, which in turn will require a single structure (namely the TCC) whose mandate will be to collectively integrate the responses and services to victims of GBV, as well as achieving individual departmental GBV objectives through joint planning (as will be described in following section). The study calls for the TCC and Crisis Centre to be merged into a single structure. The study proposes that proper organisational planning, involving all departments with the authority to address GBV, should be done. As part of the
planning, the legislative context should be made clear, as well as authority be
delegated to the TCC to operate as a structure that integrates multiple
departments. Without understanding the proper legislative context, the TCC will
be unable to develop integrated strategic plans, as well as properly resourced
implementation strategies to address GBV. Equal recognition should be given
to all departments involved in the TCC, since none of the departments can be
considered more or less important than the other.

5.3.2 Organisational design and planning within the Thuthuzela Care Centre

The study proposes that the structure of the TCC should consist of the manager of the
TCC, as well as deputy managers from each of the respective departments involved
in addressing GBV, namely SAPS, DSD, NPA and DOH. The manager of the TCC
and deputy managers of the TCC will comprise the management committee of the
TCC. This will in turn ensure that the respective officials from the various departments
involved in addressing GBV within the TCC will report directly to the appointed deputy
managers within their departments, which will in turn dismantle the current fragmented
reporting system. So social workers will report to the deputy manager of DSD; forensic
nurses will report to deputy manager of DOH; case managers, victim assistant officers
and site coordinators will report to the deputy manager of NPA and the domestic
violence coordinator and domestic violence officer report to the deputy manager of
SAPS. The management committee will be responsible to ensure joint decision
making in setting principles to guide the relationship of cooperation within the TCC.
The management committee will be responsible to ensure that all officials involved in
addressing GBV have a mutual understanding and recognition of the organisational
and planning framework utilised within the TCC. The management committee is
responsible so that a clear statement of respective roles and responsibilities for the
officials are established through collective planning, decision-making and policy
processes. Finally, the management committee will be responsible for communicating
to respective officials involved within the TCC the outcomes to be achieved as well as
how outcomes will be evaluated within the TCC. In delineating roles and
responsibilities within the TCC, the perceived power struggle between departments
should be addressed ensuring a coherent and integrated service being offered to GBV
victims.
The State Service Commission (2008: 11) identifies clearly defined and agreed joint outcomes; sufficient and appropriate resources; right representation, skills and team leadership; organisational culture, which supports coordination; and shared culture and values; as factors that are instrumental in achieving a coordinated activity. Clearly defined and agreed joint outcomes, according to the Comptroller and Auditor General (2001: 47) place emphasis on the importance of working towards clearly defined and mutually agreed joint outcomes. If objectives are unclear or not shared, participants may work towards different, incompatible goals and fail to achieve desired outcomes.

As described in chapter four, each respective department working at the current two centres only work towards achieving the objectives and performance targets as set out by their respective departments. In defining collectively achieved outcomes, the proposed TCC structure and management will be able to integrate departmental objectives within TCC outcomes, thereby ensuring both the realisation of TCC outcomes, as well as addressing respective departmental objectives. Valuable understanding of respective departmental objectives within the context of TCC’s mandate will be gained through the joint setting of outcomes.

The study argues that the TCC should be properly resourced with, for instance, permanently appointed forensic nurses. Forensic nurses were specifically trained to assist doctors when dealing with GBV victims and as such, victims should not have to wait for hours in order for a nurse to be available. It is a requirement of the TCC to have either a doctor or a forensic nurse at the Centre when a victim comes to the Centre. The study also argues that a domestic violence coordinator and a domestic violence officer from SAPS be placed at the TCC permanently, in order to fully ensure an integrated service to GBV victims. The permanent placement of the officials within the TCC will ensure that the mandate of the TCC be accomplished, as services will provided to the victims of GBV in an integrated and timeous manner.

Ensuring sufficient and appropriate resources, according to Comptroller and Auditor General (2001: 49), are crucial if coordinated initiatives are to be realised. Within the proposed TCC structure, the management committee should take responsibility for ensuring that collectively set outcomes are properly resourced, thereby ensuring efficiency and effectiveness in the integrated service delivered to GBV victims and respective departments.
Achieving the right representation, skills and team leadership and having the right skills and competencies on the team, is crucial to the overall success of any coordinated initiative (Hughes & Weiss, 2007: 127). The study argues that officials appointed to the proposed TCC, need to display a positive attitude to work well as a team and develop a sense of shared commitment towards the realisation of collectively set outcomes. Through the example set by the management committee, officials need to establish working relationships based on mutual support and trust, acknowledging their differences and sharing information openly. The study argues that currently information is shared with respective departments, but not with each other. By appointing the different members on the management committee representing the different departments, information will be openly shared and the opportunity exists to build trust among the departments, since they strive to achieve collectively decided upon outcomes. Thus, information should be shared with the respective deputy managers within the TCC, in the consultation sessions. The officials working at the TCC also need access to the right advice for informed decision-making and only by sharing information between departments, will officials be in a position to address GBV comprehensively.

Establishing an organisational culture that supports coordination is imperative for the proposed TCC to function effectively and efficiently. Interviewees stated that the officials forming part of the current TCC and Crisis Centre find it difficult to balance the outcomes and priorities of both centres as well as their own respective departments. By proposing a newly formed TCC characterised by joint planning, decision making and joint setting of outcomes, the opportunity exists for officials to adopt a new supportive role and enabling an organisational culture, which, according to Gratton and Erickson (2007: 18) manifests in a shared culture, which is vital if members are to develop any sense of joint ownership of the way the group works and of the results it will produce. Yet this becomes problematic if the departments currently working together have no previously shared history, possibly causing some competition between the respective departments. This was affirmed in the previous chapter, in relation to the power struggles occurring between the respective departments involved in addressing GBV. Thus, the following recommendations are proposed:

- Recommendation 3: That the single structure which will be the TCC be staffed with a manager and deputy managers from NPA, SAPS, DSD and DOH
comprising the management committee. Further organisational design should include the appointment of officials from respective departments within the TCC, reporting to deputy managers. Attention should be given to ensuring that critical posts such as those in nursing, social work, police services and an IGR specialist are appropriately resourced.

- **Recommendation 4**: The management committee should organise a planning session in which the officials collectively discuss and develop clearly defined and mutually agreed joint outcomes, which are in line with the vision, mission and objectives of the TCC. The development of a jointly agreed upon strategic plan will give the officials a sense of ownership and will motivate them to work together towards achieving the outcomes that they participated in developing.

- **Recommendation 5**: The management committee should cost the jointly agreed upon strategic plan and obtain funding from a transversal fund, specifically created for addressing GBV. This transversal fund for GBV would assist the TCC in accessing funds required for projects, programmes and any other activities surrounding the successful addressing of GBV, as well as the daily operation of the proposed TCC.

The study recognises that if the above organisational design and planning is not carried out, coordination between activities and departments cannot be realised. This, in turn, will have a negative effect on management’s ability to inculcate a supportive and enabling organisational culture, aimed at providing comprehensive care to GBV victims, as well as realising respective departmental objectives and the proposed TCC’s jointly agreed upon outcomes.

### 5.3.3 Managing roles and responsibilities

Once strategic planning for the proposed TCC has been completed, the management committee will be responsible for ensuring the integration and coordination of activities, roles and responsibilities, specifically through communication. Communication is vital because every administrative function and activity involves some form of direct or indirect communication (Lunenburg, 2010: 1). Effective communication within any organisation is crucial to achieving the overall vision of that organisation. According to Mdlive (2016: 69) clear and proactive channels of communication are vital for good IGR and the efficient implementation of programmes.
What became clear during the interviews at the TCC, Crisis Centre and SAPS, is that there is currently a lack of communication and information sharing occurring between both centres and SAPS. This was affirmed by Mokgalabone (2016) stating that the manner in which GBV victims are treated reinforces the chain of abuse and violence, because where most of these departments actually need to come together to act, each department operates in isolation. The study argues that it is imperative to note that even though the DSD, SAPS, NPA and DOH share the same working space, this in no way means that the respective departments share information about the GBV victims, or their follow-ups. These respective departments do not actively cooperate to improve the overall services provided at either the TCC or the Crisis Centre. Thus, the study recommends:

- **Recommendation 6:** The management committee of the proposed TCC should facilitate the integration and coordination of services, by establishing communication mechanisms promoting the sharing of information. Such communication mechanisms may take the form of weekly meetings, where officials share information pertaining to their areas of responsibility, as identified in the strategic plan. Sharing information on collectively decided upon outcomes will facilitate a mutual understanding between officials, and of the role played by respective departments in ensuring an integrated and comprehensive service to GBV victims. Over and above the benefits for GBV victims, officials will gain an enhanced perspective of the need to collaborate in achieving individual departmental objectives, as well as TCC outcomes. In realising their interdependency, departments and their officials will also come to comprehend that no one department is more important than the other in comprehensively addressing GBV.

Several challenges were identified by interviewees within the TCC and Crisis Centre, with respect to the coordination of plans, activities and the overall functioning of both centres. The evidence revealed that, in practice, coordination remains ineffective, since departments focus on realising their departmental objectives and not on providing an integrated comprehensive service to GBV victims. The primary reason behind this, according to the respondents, is that the practical implementation seems to be problematic. The study recommends:
• Recommendation 7: The TCC management committee establishes coordination mechanisms to ensure proper integration between departmental officials. The coordination mechanisms may be facilitated through the realisation of outcomes as specified in the strategic plan. With the creation of a strategic plan, reflective of joint decision making and resulting in joint setting of outcomes, the departmental objectives will be included. Officials will no longer have the need to promote departmental objectives, since the realisation of TCC outcomes will also ensure the attainment of departmental objectives. The result of such coordination will benefit not only relations within the TCC, but IGR between spheres of government as well.

In ensuring the management of roles and responsibilities through communication and coordination, the study recognises the strategic role that the management committee has; concerning facilitating an integrated and comprehensive IGR approach to address GBV. The study focuses its integration in the local setting, but realises that support and resources will be needed from all departments involved in the local structure, for the TCC to function effectively and efficiently. Thus, the importance of ensuring that all spheres of government remain informed should be promoted. The next section describes how, through monitoring, reporting and evaluation, this is to be achieved.

5.3.4 Monitoring, reporting and evaluation

In ensuring that coordinated activities are monitored, reported and evaluated, the study found that there is currently no integrated information management system or data sharing portal in place. This is a challenge that leads to fragmentation within the TCC and Crisis Centre, with regard to the information shared with provincial and national spheres. According to Hughes (2011: 42) organs of state in South Africa have been known for their lack of effective and accessible knowledge management practices, which in this case exacerbates the isolation within which current departments within the two centres operate. Thus, the following recommendation is made:

• Recommendation 8: That an integrated information management system and data-sharing portal be developed for the TCC. In terms of the integrated information management system for the TCC, it is vital that the system be
developed in such a manner that it links each of the respective departmental information requirements pertaining to reporting on GBV cases. Each respective department’s information needs should be grouped separately, within the integrated information system, as each department focuses on separate aspects of GBV. Thus, the integrated information management system should allow specific departments to obtain the information they require in realising their objectives, while also allowing the TCC management committee to integrate information for a more holistic perspective on activities. The integrated information management system will ensure that duplication of information is eliminated and will allow for the manager of the TCC to actively manage the system, instead of just using it as an administrative system. This integrated information management system will only be successful with joint cooperation by the respective departments. In this way, all officials from the various departments, working at the TCC, would need to capture their GBV information on the integrated information management system, which will in turn enhance effective, accurate and accessible information sharing between the respective departments and across the three spheres of government.

The study further argues that such an integrated information management system would allow provincial and national oversight through the IGR structures created, in which GBV issues are discussed. The reporting to and oversight function of provincial and national structures are described in the following section.

5.3.5 Reporting to provincial and national structures

As was indicated in the first recommendation, the study recognises the importance of provincial and national commitment towards the creation of a locally situated IGR structure. The study found that sharing information between spheres of government is greatly lacking. The study also argues that the current fragmentation in the reporting system, by all the major role players who are involved in the TCC and Crisis Centre, needs to be addressed, as each department working at the TCC and Crisis Centre and SAPS, reports in isolation to their respective departments and these respective departments then present this GBV information to, for example, cabinet clusters.

The cabinet clusters were discussed in chapter four. None of the respondents have any knowledge of the functioning of the clusters. The study argued that cabinet
clusters have their own respective coordinating ministers and in essence, would not be able to guarantee the alignment of the broad priorities of government, facilitate or even monitor the implementation of government priority programmes, when in the case of GBV, the departments that need to cooperate form part of separate clusters, namely the SPCHD and JCPS clusters. However, if an integrated information management system is able to produce accurate and integrated information to the respective clusters, information sharing between clusters should also benefit. While an argument can be made towards ensuring that all departments responsible for addressing GBV be grouped within the same cluster, practically, GBV is one of the transversal priorities of government and it would be impractical to create clusters for each transversal government priority. This is the reason a locally situated, integrated IGR structure is proposed, with an integrated information management system, which will ensure that reporting to provincial and national structures is done in a holistic manner.

In order for GBV to be addressed comprehensively, it requires collective integration and coordination of activities, not only interdepartmentally, but also across the three spheres through an integrated management information system. Thus, the following recommendation is made:

- **Recommendation 9:** That reporting to provincial and national IGR structures be facilitated through the integrated information management system. As argued in the previous section, departments would be in a position to obtain the relevant information from the system, while comprehensive reporting to national structures, such as cabinet clusters, could also be done.

The study found that in terms of establishing IGR structures, the current departments have come together and formed the Victim Empowerment Programme and Implementation Forum. The Forum was specifically created to discuss operational challenges, but if the proposed TCC is created, this Forum could be used to facilitate IGR between respective departments and spheres of government. However, as with all IGR structures created, those who represent departments and spheres of government, need to be the correct persons, if the Forum is to fulfil any purpose. Thus, the study recommends:
• Recommendation 10: The current Victim Empowerment Programme and Implementation Forum be designated as an IGR structure, to facilitate broader local, provincial and national departmental participation. The TCC would be able to use such a Forum as a structure through which information is shared with all role-players involved in addressing GBV. Local, provincial and national departments would be able to use such a Forum as an arena where specific government priorities are communicated, to ensure that strategic planning within the TCC is aligned to programmes of action proposed by various spheres of government.

All of the above is, however, dependent on the correct representation within the Forum. It is therefore imperative that in this case, deputy managers from the various departments consult the relevant officials directly involved in addressing GBV within their spheres of government, regarding their importance, significance and active participation in Forum meetings. The opportunity also exists that by ensuring integration between spheres, the Forum becomes a valuable platform from which local, provincial and national officials involved in GBV are able to express their plans, as well as report on progress to further stimulate cooperation and collaboration.

The study proposes the above IGR approach in addressing GBV comprehensively. A locally context-specific IGR structure, representing all the important departments involved in addressing GBV is the only way to ensure that GBV victims receive holistic care and that challenges related to GBV are addressed appropriately. The above approach focuses on establishing a structure with an appropriate and representative management committee, responsible for strategic planning and resource allocation, to ensure the effective and efficient functioning of the structure. Within the structure, roles and responsibilities will be delineated while integration between activities is ensured, through integrated reporting and the creation of an information management system.

The study recognises the importance of political leadership and all spheres of government’s commitment towards the establishment of such a structure, but argues that if such a structure is created and integration achieved, all departments involved and spheres of government invested in addressing GBV will benefit from shared information and coordinated, integrated services.
5.4 CONCLUSION

In addressing the final research objective of this study, the main purpose of this chapter was to propose the development of an IGR approach to addressing GBV through the TCC that specifically serves the Ikageng and Promosa areas in Potchefstroom. This chapter offered a critical discussion on the concepts approach, integrated approach and IGR approach. The approach was presented in the form of a structure created to facilitate IGR and to ensure a comprehensive address to GBV. One of the greatest challenges in this study, was the lack of integration and coordination across the three spheres of government and inter-departmentally, in relation to addressing GBV in a comprehensive manner. Thus, in proposing the TCC as an IGR structure with a representative management committee, responsible for strategic planning and resource allocation, the study argued for a comprehensive solution in addressing GBV. The chapter proposed specific recommendations pertaining to the organisational design, planning, management, monitoring and reporting of the structure, to facilitate IGR between departments, as well as between spheres of government. Chapter six, as the concluding chapter, will provide summaries of arguments posed throughout the study, as well as recommendations made in relation to comprehensively addressing GBV.
CHAPTER 6
CONCLUSION AND RECOMMENDATIONS

“No one agency or organisation can do it alone. It takes a village. It takes all of us together to work that out.”

(Special Taskforce on Domestic and Family Violence in Queensland, 2015: 208)

6.1 INTRODUCTION

This chapter will be the concluding chapter in this dissertation. The chapter will begin with a summary of the study, linking the research objectives to specific chapters. In addition, recommendations are made focusing on the TCC as an IGR structure, in relation to addressing GBV in a comprehensive manner. These recommendations are grouped under the five main themes, namely: establishing the TCC; organisation, design and planning within the TCC; managing the TCC roles and responsibilities; monitoring, reporting and evaluating the TCC and reporting to provincial and national structures which emerged throughout the course of analysing the findings in chapter four.

6.2 SUMMARY

Chapter one of this dissertation functioned as an introductory and background chapter. The chapter outlined and provided a broad point of reference regarding the extent of GBV in South Africa, as well as lack of integration and coordination between those responsible for addressing GBV, namely the DOH, SAPS, DSD and DOJCD. In addition, research objectives, research questions and theoretical statements were introduced. The focus was on the rationale for the study, as well as the research problem concerning the extent to which an intergovernmental approach in addressing GBV in the Promosa and Ikageng areas would assist in comprehensively addressing GBV. The objectives of the study were as follows:

- to describe the theoretical framework for IGR and GBV;
- to describe the legislative and policy environment promoting IGR;
- to comprehensively analyse the challenges experienced by the TCC and Crisis Centre, as well as the respective departments involved in comprehensively addressing GBV in the local suburbs of Ikageng and Promosa;
- to develop an IGR approach in addressing GBV.
Moreover, the research methodology followed in this study was discussed in detail. The study used a qualitative approach, with unstructured interviews supported through a literature review. The chapter concluded by providing a chapter layout for the study.

Chapter two contained extensive literature and theoretical frameworks underpinning GBV as phenomenon. Concepts such as gender and GBV, as well as the approaches derived from feminist theoretical perspectives and practices relevant to GBV, were discussed in order to illustrate the complexity of violence against women as phenomenon. The first objective, to describe the theoretical framework for IGR and GBV, was addressed. The feminist perspectives on GBV were presented, as they had developed a significantly greater insight into the phenomenon. The power and gender theory was viewed as a theoretical departure point for the way GBV is viewed by society, and more specifically by men, who subject women to domination, control and forceful acts, which in turn strip most women of their sense of self-worth, dignity and honour. The theory described gender and power as a two edged sword, which has dire consequences for women and revealed that accepted cultural norms, which ultimately promote men’s dominance and control, needed to be addressed in an integrated manner. The chapter specifically discussed patriarchy and the role it plays in analysing GBV.

The purpose of the chapter was to reveal that the concept ‘GBV’ is based on the two concepts of ‘gender’ and ‘violence’ and that to completely understand the concepts and their content in the South African context, it was vital that the theoretical perspectives, in relation to power, gender, culture and domination, were theorised and argued. The theoretical perspectives, and the defining of gender, formed an integral part of the study and laid the foundations upon which the study was built. The chapter also focused on the legislations that have been developed to address GBV in South Africa.

Chapter three contained extensive literature and theoretical analyses, concerning the concept of IGR and its location and relationship with Public Administration. The first objective, to describe the theoretical framework for IGR and GBV, was addressed. This chapter also addressed the second objective of the study, which was to describe the legislative and policy environment promoting IGR. This chapter focused on the literature review, which was relevant to the study of IGR and cooperative government and provided a context regarding the constitutional framework on IGR and co-operative government. The various legislation and policy mandates enabling IGR were described. The chapter discussed the varying roles played by the distinct spheres of government in improving the
culture of co-operative government and IGR. From the discussion in this chapter, it can be seen that IGR coordination and cooperation is critical for addressing GBV in an integrated manner. The chapter also revealed that no single sphere of government can deal with the GBV challenge in isolation. Support, both in terms of resources and capacity development, is necessary.

Chapter four provided a critical discussion of the current inter-sectoral initiatives addressing GBV, namely the TCC and Crisis Centre, as well as the current challenges that the centres are experiencing, in terms of comprehensively addressing GBV. This chapter correlates with the third objective, described in chapter one, which is to establish and determine the exact challenges faced in ensuring an IGR approach to addressing GBV in the Promosa and Ikageng areas of the Tlokwe Local Municipality. The chapter presented a critical discussion on IGR challenges as manifesting within the five main themes, which emerged from chapter two and three, namely: challenges in ensuring cooperative government and IGR; understanding legislation; communication; coordination; integration and finally, participation in national and provincial structures. The chapter revealed that the main challenge was the lack of integration and coordination across the three spheres of government, as well as interdepartmentally within the structures created to address GBV.

Chapter five offered a description on the concepts approach, integrated approach and IGR approach as precursor to recommending an integrated approach in addressing GBV. The chapter also addressed the last objective of the study, which was to propose an IGR approach to addressing GBV in Promosa and Ikageng, by primarily offering solutions to the challenges analysed in chapter four. The proposed approach was detailed through five main sections, namely: establishing the TCC; organisational design and planning within the TCC; managing the TCC roles and responsibilities; monitoring, reporting and evaluating the TCC and reporting to provincial and national structures.

As such, the chapter proposed ten recommendations to ensuring an integrated IGR approach in addressing GBV. In addressing the secondary objectives of the study, the main objective, namely to determine the nature and extent of an intergovernmental approach to GBV in the Promosa and Ikageng areas, was ultimately addressed. In the next section, the recommendations that emanated from the research will be made.
6.3 RECOMMENDATIONS

Various recommendations are made to the TCC, Crisis Centre and SAPS, based on deductions from this study and will be grouped under the five sections, namely: establishing the TCC; organisational design and planning within the TCC; managing the TCC roles and responsibilities; monitoring, reporting and evaluating the TCC and reporting to provincial and national structures.

Regarding the establishment of the TCC, the following is recommended:

- Recommendation 1: Buy-in from current departments, structures and political office-bearers needs to be obtained for a single integrated IGR structure, aimed at addressing GBV comprehensively.
- Recommendation 2: The current TCC should be redesigned as the only inter-sectoral GBV initiative. The single structure will be responsible for organisational planning, involving all departments with the authority to address GBV. Equal recognition should be given to all departments involved in the TCC, since none of the departments can be considered more, or less, important than the other.

Regarding the organisational design and planning within the TCC it is recommended that:

- Recommendation 3: The single structure that will be the TCC be staffed with a manager and deputy managers from NPA, SAPS, DSD and DOH, comprising the management committee. Further organisational design should include the appointment of officials from respective departments within the TCC, reporting to deputy managers. Attention should be given to ensuring that critical posts such as those in nursing, social work, police services and an IGR specialist are appropriately sourced.
- Recommendation 4: The management committee should organise a planning session, in which the officials collectively discuss and develop clearly defined and mutually agreed joint outcomes, which are in line with the vision, mission and objectives of the TCC.
- Recommendation 5: The management committee should cost the jointly agreed upon strategic plan and obtain funding from a transversal fund, specifically created for addressing GBV.
Regarding managing roles and responsibilities it is recommended that:

- Recommendation 6: The management committee of the proposed TCC should facilitate the integration and coordination of services, by establishing communication mechanisms promoting the sharing of information. Such communication mechanisms may take the form of weekly meetings, where officials share information pertaining to their areas of responsibility, as identified in the strategic plan.
- Recommendation 7: The TCC management committee establishes coordination mechanisms to ensure proper integration between departmental officials. The coordination mechanisms may be facilitated through the realisation of outcomes, as specified in the strategic plan. With the creation of a strategic plan, reflective of joint decision making and resulting in the proposal of joint outcomes, the departmental objectives will be included and officials will no longer have the need to promote departmental objectives.

Regarding monitoring, reporting and evaluating it is recommended that:

- Recommendation 8: An integrated information management system and data-sharing portal be developed for the TCC. In terms of the integrated management system for the TCC, it is vital that the system be developed in such a manner that it links each of the respective departmental information requirements pertaining to reporting on GBV cases. Each respective department’s information needs to be grouped separately, within the integrated information system, as each department focuses on separate aspects of GBV. Thus, the integrated information management system should allow specific departments to obtain the information they require in realising their objectives, while also allowing the TCC management committee to integrate information for a more holistic perspective on activities.

Regarding reporting to provincial and national structures, it is recommended that:

- Recommendation 9: Reporting to provincial and national IGR structures be facilitated through the integrated management information system.
- Recommendation 10: The current Victim Empowerment Programme and Implementation Forum be designated as an IGR structure, to facilitate broader local, provincial and national departmental participation.
6.4 CONCLUSION

During this study several challenges experienced by the TCC, Crisis Centre and SAPS became evident, which focused on their understanding of GBV and concomitant IGR legislation, the lack of communication, integration and coordination, both inter departmentally and between the three spheres of government, which hinders the officials’ abilities to comprehensively address GBV. Finally, there was a lack of participation in national and provincial structures. The research objectives set out in chapter one were addressed.

The study also revealed that although the TCC and Crisis Centre collectively provide services to GBV victims, there is a lack of integration and coordination with regard to the overall functioning of both centres, which leads to a wide variety of inconsistencies and gaps in both centres. Further study in this area would be possible by interviewing provincial and national officials directly involved in addressing GBV. The information gathered in this research echoes the importance of addressing GBV through an intergovernmental approach. Government may have various plans, programmes and policies in place to address GBV, yet all of the above mentioned require effective and efficient integration, coordination and alignment between the three spheres of government, as well as interdepartmentally. If the government continuously operates within their silos, all the plans, policies and programmes will be in vain. Women deserve to be freed from the shackles, which oppress them through the abuse that they still experience in their daily lives. On a daily basis, communities are ruined, because violence is allowed to continue unchecked and is addressed in a very fragmented manner, causing victims to relive their abuses again and again. The South African government is in a position to restore the dignity and self-worth of women and comprehensively address GBV in the country, but only through the collective effort from all stakeholders involved.
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Interview Guide for interviewing public officials

Theme 1

Conceptualising ‘GBV’

Questions

<table>
<thead>
<tr>
<th>What is your understanding of the concept ‘GBV’?</th>
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<tbody>
<tr>
<td>What is your understanding of the concept ‘gender’?</td>
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<tr>
<td>What is the relationship between gender and inequality?</td>
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<tr>
<td>• If no, why</td>
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<tr>
<td>• If yes, yes</td>
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<tr>
<td>What is the relationship between GBV and patriarchy?</td>
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<tr>
<td>Is there a link to poverty and GBV?</td>
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<td>Is the relationship between culture and GBV?</td>
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<td>• If no, why</td>
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<tr>
<td>• If yes, why</td>
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<td>What can be done about the ingrained silence surrounding GBV?</td>
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<tr>
<td>• Which render women voiceless</td>
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<tr>
<td>• Leads to underreporting of sexual violence</td>
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<tr>
<td>• Leads to secondary victimization</td>
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<td>• Leads to stigmatizing the victim</td>
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</tbody>
</table>

Theme 2

The role and relationship among the departments (namely DOH, SAPS and DOJCD) & clusters (namely JCPS & SPCHD) in comprehensively addressing GBV

Subtheme

Conceptualisation of IGR & Co-operative government

Questions

<table>
<thead>
<tr>
<th>How would you define IGR?</th>
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<tbody>
<tr>
<td>What do you understand when you hear the term ‘horizontal intergovernmental relations’?</td>
</tr>
<tr>
<td>Who provides your department with the resources such as information and physical assistance with regards to comprehensively addressing GBV?</td>
</tr>
<tr>
<td>• Is the information which is provided relevant to addressing GBV</td>
</tr>
<tr>
<td>• The physical assistance which is provided do they have the capacity and knowledge to assist in the fight against GBV</td>
</tr>
<tr>
<td>What do you understand when you hear the term ‘vertical intergovernmental relations’</td>
</tr>
</tbody>
</table>
- What is the current state of power dynamics among the three spheres of government, in comprehensively addressing GBV?
- How has this affected your department response to actually addressing GBV effectively and efficiently?

Does your department currently have skilled IGR specialist in place to assist with information sharing among the three spheres with regard to addressing GBV?

What are the current IGR shortcomings and capacity challenges which needs to be overcome by your department in comprehensively addressing GBV?

How would you define Co-operative Government?

What does it mean one when says that a sphere of government is distinctive?
- How has your department exercised this function and power in terms of addressing GBV?
- Has this distinctive nature of each sphere of government in anyway effected the manner in which your department is able to address GBV?
- What are the challenges which your department has been experiencing with the distinctive nature of each sphere in comprehensively addressing GBV?

What does it mean one when says that a sphere of government is Interdependent?
- How has your department abided by the constitutional requirement that the three spheres will co-operate with each other to address a social issues such as ‘GBV’?
- With which departments and clusters is your department working with to comprehensively address GBV?
- What has been the current challenges in accounted by your department in ensuring integration and co-operation to effectively address GBV with in your department?

What does it mean one when says that a sphere of government is Interrelated?
- What networks have been set up by your department to collectively address GBV?
- Which departments and cluster form part of these established networks within your department?
- How can your department ensure integration and co-operation among the three spheres of government to comprehensively address GBV?

Subtheme

Evolution of IGR system

Question

How has GBV intergovernmental structures evolved since 1994 in South Africa?

Subtheme

Legislation and regulations related to IGR

Questions

Mention the legislation and policies in place to address GBV within your department
- With regard to the mentioned legislation and policies is there any aspects which is not clearly understood by your departments’ officials?
- Does the health care, police and justice officials have the skills and abilities to understand the policies and legislation in place to address GBV?
- If not, what has your department done to address this current issue?
What challenges have your department experienced in terms of the practical implementation of these mentioned GBV legislation and policies?

Mention the legislation and policies which facilitate IGR within your department?

With regard to the mentioned legislation and policies is there any aspects which is not clearly understood by your department?

What challenges have your department experienced in terms of the practical implementation of these mentioned IGR legislation and policies?

Has your department utilized any of the above mentioned IGR legislation and policies to comprehensively address GBV?

If yes, which ones and how has it assisted your department in comprehensively addressing GBV?

Has the legislation and policies assisted your department in practical co-ordination and integration with other departments with regard to addressing GBV?

Which departments are involved?

Does your department receive any kind of assistance or information for other spheres?

If no, what is the underlying reason for this?

Does your department have the necessary capacity and infrastructure to effectively and efficiently implement the GBV and IGR legislation and policies?

If no, what is the current challenges?

Subtheme

Structures of IGR (such as forums and other bodies)

Questions

What type of formal structures does your department have in place to address GBV?

What type of informal structures does your department have in place to address GBV?

What has the overall functioning been like for these formal and informal structures used to address GBV?

What have been the main challenges experienced by your department with regards to the overall functioning and operation of these formal and informal structures used to address GBV?

Does your department utilize any of the IGR structures to address GBV?

If yes, which ones?

What has the outcome been with the usage of IGR structures to address GBV?

If no, why?

Have your department received any physical assistance and information from these IGR structures with regard to comprehensively addressing GBV?

What role has national and local government structured played in helping your department address GBV?

Has these forums assisted your department to co-ordinate and stream your various plans, programmes and project to comprehensively address GBV?

If yes, how was this achieved?

If no, what is the underlying reason for this?

As a senior manager how will you be able to assist your department in providing strategic guidance and leadership in order to address GBV?

What are the current monitoring and evaluating processes in place within your department to ensure the overall successful functioning of these IGR structure both formal and informal?
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
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<tbody>
<tr>
<td>Has the Presidents Coordinating Council (PCC) played any role in ensuring the overall integration of joint programmes of action, surrounding GBV in your department?</td>
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<tr>
<td>- If not, what is the reason for this?</td>
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<tr>
<td>- If yes, how has it been accomplished</td>
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<tr>
<td>Has the PCC assisted your department in any way with the implementation of various national policies surrounding GBV and IGR in your department?</td>
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<tr>
<td>Has the PCC consulted your department with regard to the effective and efficient usages of legislation and policies surrounding GBV and IGR?</td>
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<tr>
<td>What have been the challenges experienced by your department with regards to the PCC in adequately addressing GBV?</td>
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<tr>
<td>Has MinMecs presented your department with the opportunity to share your departments’ positive and negative experiences and current challenges in successfully eliminating GBV?</td>
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<tr>
<td>How has MinMecs planning to eliminate GBV affected your department?</td>
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<tr>
<td>- Does your department get consulted when the planning process in motion?</td>
<td></td>
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<tr>
<td>How has the communication and integration been like for your department with MinMecs to address GBV?</td>
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<tr>
<td>What is the current challenges experienced by your department with regards to MinMecs in comprehensively addressing GBV?</td>
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<tr>
<td>What leading role is the NCOP playing in overseeing the relationship among the department involved in eliminating GBV?</td>
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<tr>
<td>How is your relationship with the NCOP?</td>
<td></td>
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<tr>
<td>Do you feel enough is being done to ensure that the selected departments addressing GBV, in reality practically work together to address GBV</td>
<td></td>
</tr>
<tr>
<td>What is the current challenges experienced by your department with regards to the overseeing of the NCOP in comprehensively addressing GBV?</td>
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<tr>
<td>Forum of South African Directors-General how has this technical support forum assist your department in address?</td>
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<td>How effective have these technical structures been functioning within your department in order to address GBV?</td>
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<td>Has these technical structures offered your department total commitment in order to address GBV?</td>
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<tr>
<td>With regards to the formal and informal structures utilized by your department to address GBV, How many times a year is meetings held?</td>
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<tr>
<td>- What have the outcomes of these meetings been?</td>
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<tr>
<td>- Have any changes taken place in accordance to decisions taken at these meetings?</td>
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<tr>
<td>- What is your overall view of these meetings?</td>
<td></td>
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<tr>
<td>- What are the challenges experienced surrounding these meetings which are held to address GBV in an integrated manner?</td>
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<tr>
<td>What is the procedure a victim of GBV follows at your department?</td>
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<tr>
<td>- Is it only your department which is involved in this procedure?</td>
<td></td>
</tr>
<tr>
<td>- Does the officials who are play a crucial role in this procedure have the knowledge and capacity to do so effectively and efficiently?</td>
<td></td>
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<tr>
<td>- If yes, why do you say so</td>
<td></td>
</tr>
</tbody>
</table>
• If no, what is the reason for this and what has your department done to equip your officials with these knowledge and skills?
• Has this procedure been effective or not?
• What is the underlying reason for this?
• What challenges has your department experienced in this regard?

How is GBV case currently been handled by your department?

• Are these case been handled weekly, monthly, quarterly, or annually?
• What is the reason behind the GBV case been handle in this manner, and how effective has this manner been for your department?
• What are the challenges your department has experience with regard to how your GBV cases are handled?

How can your department play a leading role in linking and strengthening the existing services among the police stations, health care facilities and legal interventions?

**Subtheme**

**Various programmes and projects in place to address GBV**

**Questions**

**Which GBV programmes, projects and awareness campaigns is your department currently engaged in in order to address GBV?**

- What is the current stance of these programmes, projects and awareness campaigns?
- Are these programmes, projects and awareness campaigns aligned to the strategic objectives of your department?
- If yes, how did your department go about ensuring this strategic alignment?
- What challenges has your department experienced since the commencement of these programmes, projects and awareness campaigns?
- Is your department working with other departments in terms of successful implementation of these programmes, projects and awareness campaigns?
- If Yes, are you able to mention these departments
- If not, what is the reason for this?
- How has the relationship between your department and the other departments since the commencement of the mentioned programmes, projects and awareness campaigns?
- Can you name the challenges which your department has experienced in terms of the cooperation and integration of these programmes, projects and awareness campaigns with the other departments?
- What are the possible remedies which you as a senior manager could propose to address the mentioned challenges?

**What kind of support is your department currently receiving from National and local government in relation to these mentioned programmes, projects and awareness campaigns to address GBV within the local community of Promosa and Ikageng?**

**Is there currently an integrated information management system and data sharing portals for effective reporting, programming, monitoring & evaluation in place within your department?**

- If yes, what is the current stance of this system and portal, how effective and efficient is the system and portal, and what has the challenges been with regard to the system and the portal?
- If no, why? And then how does your department ensure effective reporting, pro programming, monitoring & evaluation within your department?

**Is there currently a single integrated model in place to provide expert services to survivors of GBV and to provide a more effective response from the health care facilities, police stations and the criminal justice system?**
Does your department currently have a relationship with any of the 6 clusters in terms of successfully addressing GBV?

| If not, why? |
| If yes, with which clusters? |
| What role has the clusters played in terms of assisting your department to address GBV? |
| How has the relationship been with your department and the respective clusters? |
| Have you experienced any challenges thus far? |
| If yes, what have they been? |
| Is there any suggestions from your side as a senior manager as to how to address these mentioned challenges? |


| If yes, what is your current stance on this programme? |
| What role has your department played in ensuring the programme is a success? |
| What are the current programmes, projects and awareness campaigns that your department forms a part of in relation to the POA? |
| What is the current stance (implementation) of the above mentioned? |
| Of the mentioned programmes, project and awareness campaigns what has been accomplished thus far? |
| Which other departments are aligned to the above mentioned programmes, projects and awareness campaigns? |
| What is the current state of the relationship with these departments? |
| What forms of communication is utilized between your department and the other department? |
| What challenges has your department experience since the commencement of the above mentioned? |
Informed consent for participation in an academic research study

Title of the study
Developing an intergovernmental approach in addressing gender-based violence: A focus on the Ikageng and Promosa suburbs of the Tlokwe Local Municipality

Research supervised by:
Prof HG van Dijk
North-West University
0182852214

Dear Respondent

You are invited to participate in an academic research study conducted by the North West University. The purpose of the interview is to gather information regarding the structures, programmes, policies and/or projects aimed at developing an intergovernmental approach to address gender-based violence by departments within the local community of Ikageng and Promosa.

Please note the following:
• This study involves your participation in an in-depth interview.
• Your participation in this study is very important to me as the researcher, as an intergovernmental approach to address gender-based violence could radically improve the overall functioning of processes in comprehensively addressing gender-based violence by SAPS, DOH and DOJCD. You may, however, choose not to participate and you may also stop participating at any time without any negative consequences.
• The results of the study may be made available to all stakeholders in this research study and may be published in an academic journal and/or presented at an academic conference.

Please sign the form provided to indicate that:
• You have read and understand the information provided above.
• You agree to participate in the study on a voluntary basis.

____________________  ______________________
Respondent’s signature  Date
To: Ms O Paulsen

From: Dr M Shakung
Clinical Manager

Date: 04 May 2016

Subject: REQUEST TO CONDUCT RESEARCH ON DEVELOPING AN INTERGOVERNMENTAL APPROACH ADDRESSING GENDERED BASED VIOLENCE

This communique serves to inform you that the request submitted for a Study regarding the development of an intergovernmental approach in addressing gender based violence in has been approved.

The study is approved to commerce from 05 May 2016, Potchefstroom Hospital, Thuthuzela Crisis Centre.

Sincerely

Dr M Shakung
Clinical Manager
Potchefstroom Hospital