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ABSTRACT

This article considers how the prevention of violence against women and girls (VAWG) is inadvertently being caught up in broader economic policies aimed at the cut-back of services, with the basis for this argument provided by a detailed case study of funding to organisations providing post-rape care services in South Africa. To contextualise current circumstances, this analysis is introduced with a brief history of funding to social care services. Decisions made at the global level are then highlighted in order to explore their impact at the local level. Given these effects, it is crucial that conversations be opened around how democratic practice and process can be better observed in the translation from the global to the local – especially in relation to preserving the complementarity of prevention to services.

A partir de un detallado estudio de caso relativo al financiamiento de organizaciones que brindan servicios de atención a las víctimas de violación en Sudáfrica, el presente artículo examina cómo la prevención de la violencia contra mujeres y niñas (VCMN) se ha visto inmersa inadvertidamente en políticas económicas más amplias orientadas a reducir los servicios sociales. Para contextualizar las circunstancias actuales, este análisis es precedido por una breve semblanza sobre el financiamiento que reciben los servicios de atención social. En este sentido, se resaltan las decisiones tomadas a nivel global para analizar su impacto a nivel local. A la luz de estos efectos resulta crucial comenzar un diálogo en torno a cómo el proceso y la práctica democráticos pueden implementarse mejor a la hora de trasladar lo global a lo local, particularmente cuando se trata de la conservación del aspecto complementario de prevención en el ámbito de servicios de atención social.

Cet article examine la manière dont la prévention de la violence à l'égard des femmes et des filles (VEFF) est coincée, par inadvertance, dans des politiques économiques plus larges visant à réduire les services, la base de cet argument étant fournie par une étude de cas détaillée du financement octroyé à des organisations qui proposent des services de soins post-viol en Afrique du Sud. Pour contextualiser les circonstances actuelles, cette analyse est introduite avec un bref historique du financement des services sociaux. Les décisions prises à l'échelle mondiale sont ensuite mises en relief pour en explorer l'impact au niveau local. Étant donné ces effets, il est crucial que les conversations soient ouvertes autour de la manière dont les pratiques et le processus

KEYWORDS

Post-rape services; care work; South Africa; prevention of violence against women and girls/gender-based violence (VAW/GBV); Thuthuzela Care Centre; funding of services

démocratiques peuvent être mieux observés au moment de passer du niveau mondial au niveau local — en particulier pour ce qui est de préserver la complémentarité de la prévention et des services.

Introduction

Feminist arguments dealing with the impact on economic development of violence against women are not new, and may be dated to at least 1991 (Bunch and Carillo 1991). But in 2012, something new crystallised which began redefining the terms in which violence against women is problematised and its politics organised. This was both the increasing emphasis on prevention, as well as the way this focus was justified in the language and logic of particular economic systems. Locating violence against women within economic frameworks is, of course, strategically useful – yet these frameworks also hold the potential to translate feminist goals concerning women’s human rights, public goods, and social justice into neo-liberal objectives and strategies. And when they do so, one set of women’s rights may be advanced while others are simultaneously weakened. In this article, I trace how such unintended consequences may be accomplished through a case study of South African non-government organisations (NGOs) providing post-rape care from the premises of the Thuthuzela Care Centres (TCCs).

The TCCs represent the South African state’s most comprehensive response to the needs of rape survivors and, as at December 2014, there were 51 such centres nationally (Fulp *et al.* 2015, 6).¹ They combine policing, health, and prosecutorial services provided by the state and, increasingly, counselling and other emotional support services provided by NGOs. These arrangements provide considerable insight into the funding of ‘outsourced’ services, as well as illustrating the ways in which NGO services are influenced and shaped by the international and national agendas on violence against women.

The article begins with a short history of post-rape care in South Africa before tracking the emergence at the global level of prevention as a priority between 2011 and 2015. It then returns focus to South Africa to examine how non-profit organisations providing post-rape care fared during this same period. This section draws on 40 interviews conducted with 27 non-profit organisations between May 2014 and April 2015. In each instance, either the Director or the programme manager overseeing rape services was interviewed. On occasion, up to three different people in the organisation were questioned to ensure that information about the service was complete. Research questions focused on three broad areas. These were: each NGO’s work overall; its post-rape services, which might be offered both within the TCC and at other sites; and factors shaping the provision of post-rape services, including the resources available to the organisation.

A dimension of participant observation was added to the study when the author was contracted by the Networking HIV, AIDS Community of South Africa (NACOSA)² to run three workshops between May and December 2014. Their aims were to map current practice within TCC settings, and to develop a set of guidelines for the provision of post-rape services in the acute stage of trauma (that is, the cluster of emotional reactions which typically develops within the first few days after a rape).

Post-rape care in South Africa: the history

Post-rape care barely figured in South Africa's apartheid-era welfare services until 1976, when Rape Crisis Cape Town was established. By 1991, a further eight feminist non-profit organisations challenging violence against women had come into being. In addition, four other rape crisis agencies had also been established, informed by a welfare-oriented understanding of care, and a focus on meeting the needs of individuals (van Zyl 1991). Feminist services, by contrast, understood violence against women as a political issue and so combined both collective strategies of change with helping services to women (*ibid.*).

These welfare-oriented organisations looked to the state for funding, unlike feminist organisations, which were affiliated to the anti-apartheid movement and, as a matter of principle, did not seek funds from the state due to the restrictive nature of the services allowed for (such as counsellors only being permitted to provide services to people of the same racial group). Instead, their funding largely came from international donors and, to a far lesser extent, small, local businesses and local chapters of Rotary International (Vetten 2013). Organisations were structured non-hierarchically, and depended heavily on volunteers to provide services, which largely took the form of telephone and face-to-face counselling.

South Africa's transition to democracy in 1994 significantly reconfigured these arrangements. Feminist organisations professionalised and replaced their non-hierarchical structures with paid, full-time staff, organised within management structures headed by a director (*ibid.*). They also turned to the new state for funding where they encountered the legacy of the previous welfare regime first-hand. This was an environment where 'social welfare programmes were not considered to be critical social investment priorities and were under-resourced' (Department of Welfare 1997, 7). Consequently, 'salaries are extremely low, and working conditions and service conditions are poor for all welfare personnel' (*ibid.*, 33). Volunteering was also transformed; it was now being reinvented as a kind of livelihood, offering an ambiguous and precarious entry point into employment of sorts for the many black women left disadvantaged by apartheid (Lund 2010).

Democratisation also saw the state experiment with its own specialised services to rape survivors. The Wynberg sexual offences court³ was established in the Western Cape in 1992 (Hansson 1993), and further developed in 2000 by the addition of the first TCC. The latter was established to fulfil three aims: the reduction of secondary victimisation;⁴ an increase in conviction rates; and a reduction in the length of time taken to finalise cases. The TCC model is designed around two sets of services provided at different sites: the care centre located at a public health facility which functions as a one-stop site for a range of policing, health, and prosecutorial services in the immediate aftermath of a rape; and (ideally) a sexual offences court dedicated to the prosecution of rape cases.

The weak link in the TCC model was (and is) its counselling component. Two evaluations of the TCCs noted variability in the quality and availability of both after-hours and follow-up emotional care services to rape survivors (Braam and Makgalo 2009; Research

Triangle Institute 2007). Following this, from 2008 onward, NGO post-rape care services began being incorporated into the TCCs.

The same year also marked the start of the long-term reconfiguration of the women's sector, by shifts in funding patterns and practices. The global economy went into recession during this period, and South Africa was designated a middle-income country, in less need of aid than lower-income countries. In addition, according to many of those interviewed for this study, donors no longer wished to subsidise services such as counselling, sheltering, and other supportive care which they considered the responsibility of the South African government. For a sector whose existence had been predicated on donor funding, these decisions were to have profound consequences, as the later discussion on the present-day provision of post-rape care will show.

These were not the only global shifts to entail repercussions for South Africa's NGO sector.

The global turn to prevention

Stopping men's violence towards women was a goal of the women's movement from the outset, and various strategies aimed at accomplishing this goal have been attempted over the decades. Currently, this agenda is driven at the global level by the United Nations (UN) and its entities, the World Health Organization, the World Bank, the UK's Department for International Development (DfID), and various research institutions and experts. An influential departure point for much of this global agenda around prevention was the 2011 report on preventing intimate partner violence, produced by the STRIVE Consortium.⁵

Guided by the vision of a world in which violence against women and girls (VAWG) had been considerably reduced, the STRIVE report was intended to provide guidance to DfID around maximising the impact of future programmes, as well as ensuring the best use of scarce resources (Heise 2011). When the World Bank announced its increasing involvement in programmes addressing violence against women in 2012, the STRIVE report was noted as having convinced the World Bank to focus on prevention, rather than response (Willman and Corman 2013). Also taking place in 2012 was the Expert Group meeting on preventing VAWG, convened by the UN and its associated entities. Here, too, the STRIVE report was referenced in the record of this meeting (Commission on the Status of Women (CSW) 2013).

The 2012 UN Expert Group meeting informed the 57th session of the CSW in 2013 whose priority theme was 'the elimination and prevention of all forms of violence against women and girls' (CSW 2013). In 2014, DfID launched 'What Works to Prevent Violence Against Women and Girls',⁶ a programme aiming to invest £25 million over a five-year period in the primary prevention of violence against women and girls in Africa, Asia, and the Middle East (What Works 2014). To coincide with the announcement of the first 'What Works' grants, the *Lancet* issued a special series on violence against women in November 2014. This not only announced prevention as a new chapter in the struggle to end violence, but also recommended creating:

a new health and sustainable development movement for 2015 and beyond, one that involves women and girls, men and boys, health-care workers, researchers, teachers, religious leaders, the judiciary, police and politicians, and one that can eventually eliminate violence against women and girls. (Samarasekera and Horton 2014, 2)

In this vision, the role of the women's movement was reduced to advocacy targeting the state. Finally, in October 2015, the World Bank Group and the Sexual Violence Research Initiative issued a call for proposals around projects preventing violence in low- and middle-income countries, with \$1.2 million made available for distribution (World Bank 2015).

What is particularly striking about these initiatives is their emergence at a time of deteriorating economic circumstances globally (CSW 2013). According to the 2012 UN Expert Group meeting on preventing VAWG, these difficult conditions were driven in no small way by a model of economic growth which largely dispensed with notions of equality and the redistributive policies required to accomplish this. In the wake of such policies, which included economic pressures to cut funding to social services and programmes, the Expert Group foresaw a situation in which state investment in, and response to, violence against women was significantly constrained (*ibid.*).

The Expert Group's solution to this potential crisis was to promote the prevention of VAWG as central to the economic development of developed and developing countries alike. If prevention was made central, they argued, this would address the massive costs of such violence and its dragging effect on all attempts at social and economic development (CSW 2013). The costs referred to include health care and lost economic opportunities for victims and survivors of violence, along with the costs of policing, prosecuting, and punishment of perpetrators, together with therapeutic and other support to rehabilitate them and prevent re-offending.

Neo-liberalism and 'value for money' in a context of VAWG

While the Expert Group's analysis showed how neo-liberal development processes are implicated in VAWG, their framing of such violence as a cost to economic development is itself in line with neo-liberal economic thinking. This is because neo-liberalism is not only a set of economic policies,⁷ but a way of thinking which attempts to rewrite all aspects of existence in economic terms (Brown 2015). So when the Expert Group justified prevention as good for economic growth, they were thinking in neo-liberal terms. Instead, they could have justified prevention in terms of women's right to be free from all forms of violence, in line with international human rights conventions including the 1979 Convention on the Elimination of All Forms of Discrimination Against Women. Further, by presenting prevention as contributing to economic development, while remaining silent on the value and necessity of responses to support and protect survivors of VAWG, the Expert Group ultimately offered no real challenge to the roll-back of social services, including health services – which has been a key hallmark of neo-liberal economic policy in countries throughout the world since structural adjustment in the 1980s. Yet for feminists, the provision of these services to survivors is essential, and a matter of social justice.

VAWG requires both prevention and responses – these are not choices or an ‘either–or’. While VAWG prevention programmes more correctly need to be seen as complementary to services for survivors of VAWG, the latter are under fire in an atmosphere of cost-cutting and a pressure to demonstrate ‘value for money’.

This emphasis on evidence for what works and its value for money,⁸ or particular interventions’ return on investment, represents another facet of neo-liberalism’s ‘instrumental rationality’.⁹ Not only does this approach once again treat the economic as the measure of all things, but it also suggests that cost-effectiveness should be the most important consideration driving programme implementation. Yet women and girls are individuals, with differing needs and requirements, some of which may be more ‘costly’ than others. Women or girls with particularly complex needs may be deemed overly ‘expensive’, and hence may well be side-lined in favour of ‘cost-effective’ programming. By itself, cost-effectiveness cannot provide a sufficient basis for ethical decision-making around programming.

VAWG services to survivors of violence involve care work, offered to people who require a range of interventions from health care to counselling to rehousing and economic benefits so that they can escape their abusers. Feminist economists have critiqued macro-economic policies which promote growth first and redistribution later, while taking care work for granted, even though it is essential for the running of the economy (Bidegain Ponte and Rodriguez Enriquez 2016; Esquivel 2016). The notion that the state should shoulder its burden of care provision and that citizens should be able to claim it is a challenge to the neo-liberal economic thinking which has informed global development for decades.

It seems that this thinking is set to continue in the post-2015 era. The decoupling of development goals and targets from the realisation of rights is also evident in the recently agreed Sustainable Development Goals (Esquivel 2016). Neo-liberal policies also sit in tension with the more aspirational elements of the 2030 Agenda for Sustainable Development. These include expanded corporate-sector influence, as well as the promotion of public–private partnerships (PPP) as a way forward for development – yet with no mandatory rules or accountability mechanisms established to ensure the private sector’s compliance with human rights. PPPs have also shown themselves to be very expensive and to place pressure on public expenditure in the medium and long term (Bidegain Ponte and Rodriguez Enriquez 2016, 91).

Against this background, I now return to South Africa and the key findings emerging from the interviews.

Present-day provision of post-rape care

At the time of the research, post-rape services were provided from a variety of sites, including police stations, state health facilities, court buildings, and organisations’ offices. The combined reach of the 27 organisations focused on was significant, accounting for at least 183 different service points to rape survivors, 39 of which were TCCs. Services to rape survivors and their families included support in the immediate aftermath of rape;

assistance with adhering to post-exposure prophylaxis to prevent HIV infection; individual, group, or family counselling and support in the short, medium and long term; preparation for testifying in court, as well as accompaniment to court; and writing reports for court, as well as providing expert testimony. In addition to attending to recent survivors of rape, non-profit organisations with office-based services were also seeing women seeking help with historical experiences of rape, who had typically not reported the attack at the time it occurred. Other activities included training about rape for a range of community structures, often coupled with programmes and campaigns intended to raise awareness around the problem.

Although the provision of post-rape care is largely the preserve of non-profit organisations (and in many communities the only source of help to rape survivors and their families), state facilities also offer particular forms of assistance, largely in relation to criminal justice system procedures. These include statement-taking at police stations; the clinical forensic examination at health facilities, as well as the provision of health care (including the prevention and treatment of HIV); and the prosecution of rape complaints. Court preparation is also available at some courts, as well as special measures to assist survivors while they testify (such as court-appointed intermediaries for children and closed-circuit television facilities). In the main, state services attend to comparatively large numbers of survivors who have reported rape.

Funding patterns for services

When organisations first began entering TCCs in 2008, this was largely due to funding provided by the US Agency for International Development (USAID) and channelled through Research Triangle Institute International. When the Institute's contract with the National Prosecuting Authority ended in September 2012, so did the funding associated with it, leading some organisations to withdraw from the TCCs. When a new five-year contract was signed between the National Prosecuting Authority and USAID in 2013, no funding was allocated towards existing NGO counselling services (although R33 million, over a five-year period, was made available for activities publicising the TCCs).¹⁰ In late 2013, with a R29.6 million grant from the Global Fund to Fight AIDS, TB [tuberculosis] and Malaria, the national network NACOSA, mentioned earlier, stepped in to support and expand the number of NGOs based in the TCCs.¹¹ This funding was due to come to an end in March 2016 however.

While all of the organisations based in the TCCs were obviously receiving NACOSA funding, only 13 of the 27 non-profit organisations were also receiving state funds from the Department of Social Development (DSD) at the time of the study, to support their TCC service. This funding was necessary because the NACOSA funding was calculated by the number of victims seen at the TCC and therefore did not support the full cost of services. As a consequence, amounts paid to counsellors varied considerably, while some counsellors might go without pay altogether if no rape survivors were seen during their shifts.

One of the reasons why organisations did not receive funds from the DSD had to do with the location of the TCC service. To the DSD, the fact that these organisations were located within a health setting made their funding a Department of Health responsibility (with the same logic being applied to organisations offering services at police stations). In turn, the Department of Health argued that counselling is a DSD competence, making it the DSD's responsibility to fund non-profit organisations based within health facilities.

When it was awarded, funding from DSD was both parsimonious and unreliable. Because it is not policy to subsidise non-profit organisations' services fully, DSD seldom contributes to the running costs of organisations, and pays only a percentage of organisations' salary costs (generally set at 75 per cent). Organisations are expected to fund the balance. Very few are able to do so in the current straitened environment, and, as a result, the salaries offered are well below the market standard. Posts may either remain empty for months, or are filled by inexperienced staff (Patel 2014).

For example, the DSD contribution towards TCC counsellors ranged from R500 per month,¹² to R2,500 per month, with only one of the 13 organisations awarded DSD funds receiving more than R3,000 per month. If organisations could not find additional funds, this meant that counsellors earned less than the R2,606.68 minimum wage prescribed for farm workers by law (as at 1 March 2015), and when DSD contributed R1,500 or less, this resulted in counsellors being paid below the Ministerial determination for Expanded Public Works Programme (EPWP) wages, set at R71 per day in 2013.

Impact on staff and services

The research revealed anecdotal accounts of serious impact on staff and services. Such low payments were justified by some provincial offices of the DSD on the grounds that the counsellors were 'volunteers', who thus only required stipends. However, all these volunteers were either working the traditional eight-hour working day, or working a series of 12-hour shifts, frequently amounting to more than 40 hours per week. Further, as the group which dealt with rape survivors in the immediate aftermath of the attack, they were arguably also undertaking some of the most emotionally demanding aspects of post-rape care.

The organisations interviewed reported that DSD routinely paid organisations their funding tranches late. Typically delayed by three months, this could extend to nine months. This not only stressed already fragile organisations, but forced a vulnerable category of worker into even more precarious living circumstances. Given their low wages, few counsellors had savings and often could not afford transport to work. At its most extreme, this resulted in the counsellors sleeping at the TCC to ensure the service continued, while the organisation supported their families with food parcels from their HIV programme (Director, Organisation F, interview February 2015).

Overall, the research showed personnel in the non-profit sector working under far less advantageous circumstances than their government counterparts. This was contributing to a high turnover of staff who migrated from the non-profit sector in search of the higher salaries and benefits paid by government and the private sector (Lund 2010).

Fragile organisations, precarious services

Generally fragile, some one in five of the organisations studied had been pushed to the brink between 2012 and 2014. This, of course, affected staff as outlined above, making their employment increasingly precarious. Rape Crisis Cape Town had made all but one member of staff redundant in 2012. Every former staff member stayed on to maintain services. A second organisation discontinued its services at two hospitals and three police stations, when further funding for these services could not be obtained. A third organisation was recovering from the worst financial year in its 26-year history, having laid off 22 members of staff, while the entire staff complement of a fourth organisation worked for two-thirds of their salaries for seven months. The fifth organisation had had to approach a donor for emergency funding, when it became apparent that much of the TCC and its allied services were not going to continue. Three organisations had withdrawn from the TCC altogether, due to lack of funding (and were thus treated as additional to the 27 organisations forming the study sample).

As the research was being designed, one organisation's services were terminated by the National Prosecuting Authority, following a strike by its counsellors over the R500 per month stipend they were paid for their work. The organisation's staff informed me that it was still in a precarious position when interviewed again a year later. All staff had been informed that they would not be paid that month, and perhaps for some months to come, unless a donor provided bridging finance. A second organisation ceased operating altogether, while a third, which had been funding the TCC service from its reserves and the EPWP, could no longer sustain this arrangement, and handed the TCC service over to another organisation (personal communication, February 2016).

While post-rape care was being cut dramatically (as was the non-profit social care sector generally), review of provincial budgets for social welfare services between 2010/11 and 2016/17 showed an increasing share of the budget being allocated towards the compensation of DSD employees, due both to an increase in staff numbers, as well as departmental salaries having increased faster than inflation. Compensation of government employees was thus increasing over this period, while transfers to non-profit organisations were decreasing (with the exception of two provinces) (Budlender and Francis 2014). Moreover, the additional funds allocated to non-profit organisations by the National Treasury through the 2013/4 medium-term expenditure framework's equitable share were used by some provincial offices of the DSD for institutional support over this period, rather than the funding of NGOs (*ibid.*).

Comparing funding for non-profit services and private partnerships

While non-profit organisations faced these funding challenges, the research pointed to the emergence of PPPs, which attracted comparatively generous funding.

During the 2013/14 financial year, the DSD entered into a partnership with the private sector to establish the Gender-based Violence Command Centre. The Command Centre is one illustration of the two-tier structure of social care services, which sees a state service

being very much better-resourced than the similar non-profit service, and the for-profit private sector paid in full for its services, unlike the non-profit sector. In marked contrast to the scant funding available to the non-profit organisations, the Command Centre was allocated a budget of R13 million in its first year of operation, much of which was to go towards its running by Advance Call – a private-sector ‘boutique contact centre company’ (Department of Social Development and Vodacom Foundation *not dated*). This budget allocation represented a 1,140 per cent increase in the use of consultants over the previous year, with expenditure jumping from R1.1 million to R13.9 million between 2013/14 and 2014/15 (Vetten 2014a, 5).

In contrast, a second helpline was being funded by both the national and local government (Gauteng) offices of DSD. This was the national Stop Gender Violence Helpline established in 1999 and managed by the non-profit organisation Lifeline. The Lifeline Helpline cost R1.2 million per year and was run by a staff of 23 (versus the 75 employed by the Command Centre) (Parliamentary Monitoring Group 2014). Yet despite costing a fraction of the money used by the Command Centre, the Stop Gender Violence Helpline was assisting about 18,000 callers annually (*ibid.*), while the Command Centre claimed 10,000 callers annually¹³ (Parliamentary Monitoring Group 2015).

Dependency on the state and its impact on advocacy

Another insight from the research was that as non-profit organisations grew increasingly dependent upon the state due to diminishing aid funding, so they became more cautious of appearing critical of it, not wanting to jeopardise the little they were receiving. Advocacy activities challenging the state to review or develop its policy approaches to rape, sexual violence, and post-rape service provision dwindled, not only out of fear of ruffling feathers, but because there was often no-one left in the organisation to take up this work. My perception is that organisations were being transformed from activist organisations into the degraded welfare arm of the state, and the link between activism and survivors’ insights and priorities was being broken.

Funding was continuing to flow into South Africa for work addressing violence against women. But spending priorities were being shaped by the dynamics of austerity and short-termism, and a desire for the new, fed by a perception amongst donors that work with women had proved ineffective: ‘they all say that a lot of work has been done with women and it’s obviously not working’ (Director, Organisation D, interview November 2014). According to this particular respondent, preventing violence had become the new focus and with it, an emphasis on changing men’s behaviour. Thus, Organisation D was finding that their men’s programme attracted the greatest interest from donors, as well as the most funding.

Donors and the prioritisation of prevention in South Africa

In 2012, the networks forming at the global level around violence against women began to work with the South African state, through the three-year Safer South Africa

programme.¹⁴ This programme effectively entrenches the prevention of violence against women as the new and favoured approach supported by government, at the expense of services protecting and supporting survivors. The Safer South Africa programme has been developed by the UN Population Fund and UNICEF in partnership with Save the Children, South Africa and DfID. A project paper outlining the rationale for the programme states that it is informed by the fact that ‘There is increasing recognition across the international community that there has been insufficient focus on prevention and tackling root causes and risk factors in GBV [gender-based violence] programming’ (Ntanyiya *et al.* 2012, 17). The programme has elected to focus on primary prevention because, ‘primary prevention to stop violence from occurring in the first place is the most beneficial and cost-effective in the long-term’ (*ibid.*, 19).

Two outcomes of the Safer South Africa programme were focused specifically on actual interventions intended to prevent violence against women and children. Amounting to \$340,909, these consumed the bulk of the \$5,629,186 budget, with the remainder of the budget dedicated to the development of surveillance, monitoring, and evaluation systems for evidence-based prevention of violence against women and children and the strengthening of state institutions and strategies preventing violence against women (Southern Hemisphere 2015).

The founding programme document had no focus on actual services, but did allocate a small portion of the budget to building a TCC in 2013 (Southern Hemisphere 2015). In 2014, some funds were also allocated towards the development of a plan to further the re-establishment of the sexual offences courts, increasing expenditure on these activities to just under R1.2 million (*ibid.*). But, underlining just how firmly the boundaries were being drawn between response and prevention, work on response was stopped in early 2015 and the focus trained on prevention activities alone (*ibid.*).

It appears that the focus of the Safer South Africa programme has not been supportive of feminist activism or empowerment of women (which, if it had, would clearly lead to a feminist element in work on prevention, as well as supporting responses and support for survivors). Of the 11 agencies contracted to undertake Safer South Africa’s preventive interventions, only one was a women’s organisation (which was not involved in the provision of post-rape care). Only one other organisation, through its work with men, had a background in gender equality issues and a feminist analysis. The remaining organisations comprised children’s agencies, a consultancy, and media structures, as well as bodies concerned with violence generally, HIV, and community work (Southern Hemisphere 2015). Not unsurprisingly, most first had to be trained around violence against women and the provision of supportive interventions before they could, in turn, provide appropriate community-based training. Again, not unsurprisingly, these implementing agencies struggled to assist and refer women (and children) who revealed experiences of victimisation during the course of their community-based interventions, pointing to how intertwined, rather than neatly separable, prevention and response are in practice (*ibid.*).

Safer South Africa also contributed to the drafting of the *South African Integrated Programme of Action (IPoA) Addressing Violence Against Women and Children (2013–2018)* developed by the Inter-Ministerial Committee on Violence chaired by DSD. While two of

its objectives relate to the provision of services, the IPoA nonetheless notes the need ‘to shift national programming approaches away from crisis response to prevention and early intervention’ (Department of Social Development 2014, 5). Despite being approved by Cabinet in 2013, the IPoA had not been implemented by the end of 2015.

The gap between prevention and services was also being widened through the funding support provided to initiatives aimed at gathering evidence for what worked to prevent violence. While two grants were awarded to South Africa in 2014 as part of DfID’s ‘What Works’ programme, there appears to be no parallel support for investigations into what makes social care services effective. Outside of research exploring how to support survivors to adhere to post-exposure prophylaxis to prevent HIV infection, there is almost no scholarly attention to social care services in South Africa (Vetten 2014b). There is, by contrast, a comparative abundance of literature on preventive programmes (e.g. Jewkes *et al.* 2008; Kalichman *et al.* 2009; Pronyk *et al.* 2006), in addition to more studies currently under way. In neo-liberal logic, the less the evidence, the less the incentive to support the essential care work that post-rape support represents. And the less funding organisations receive, the less effective their services will become – so guaranteeing a downward spiral of neglect and devaluation.

Women’s organisations have a particular need to respond and adapt to donors. This makes for a challenging juggling act, balancing the needs and views of their constituencies at the grassroots, and the imposed requirements of funders (Wendoh and Wallace 2005). The organisations in the study were no different. Rape Crisis Cape Town, which had faced closure in 2012, spent some 18 months working on its turnaround strategy with a business consultant, whose time was supported by a local corporate donor. By the close of 2014, the organisation had been able to re-employ its complement of staff. Reflecting on the process, the Director stated:

I think that changing one’s strategy to become more businesslike is essential to stay in the game. Non-profit organisations have to position themselves to show what they can offer in the market place. (Trialogue 2014, 119)

Her comments point to how, in neo-liberal times, social injustices like violence against women become reinvented as one of many products in a market place, where organisations compete to outdo each other.

Conclusions

Post-rape care services in South Africa began life reliant upon local and international donors. Even though democratisation enabled a subsequent turn to the state, the dependence upon donors remained. While some specialised services were also introduced by the state post-1994, post-rape care nonetheless remained largely the responsibility of women’s organisations in the non-profit sector. Shifts in donor priorities, coupled with the global economic recession, and parsimonious, erratic funding practices on the part of South Africa’s DSD converged in 2012 to place post-rape services in a highly precarious position. While the emphasis on prevention cannot be assigned sole responsibility for this situation,

its introduction contributed to sharpening the harsh working conditions experienced by this sector. The result is a care economy marked both by low-wage, high-turnover labour strategies, as well as unstable services. This not only compromises the quality of care to rape survivors, but also encourages care workers to exploit their own labour.

Further, when prevention is couched in ways that oppose it to services, it reinforces the notion that is widespread in most human societies, that care work is of secondary value to other kinds of work. The work of post-rape response with women becomes progressively more devalued and precarious as funding for this work diminishes. This may even be contributing to the reproduction of a gendered division of labour within a field of endeavour that began as a strong feminist challenge to gender inequality. In South Africa, those who provide post-rape care are overwhelmingly female, poorly paid and their job security tenuous, whether they be professional or lay staff. Most precariously positioned are the counsellors/volunteers, who are overwhelmingly comprised of black women. In this respect, the prioritisation of prevention also contributes to deepening existing gender, race, and class inequalities between women, women and men, and organisations.

This case study shows how drawing distinctions between prevention and response has political effects. These reconfigure global funding flows and encourage states to shape and prioritise their policies differently, with local populations, rather than global decision-makers, bearing the brunt of these decisions. Local contexts must be more carefully scrutinised and understood before there is blanket application of decisions taken at the global level. International NGOs and global agencies are also challenged to consider how democratic practices and processes can be deepened and better observed at the local level. Finally, there is a need to open a global conversation around how the complementarity of prevention and responses can be preserved. Failing to challenge the exploitation experienced in the post-rape care sector only allows for the entrenchment of gender inequality.

Notes

1. By April 2015 another four TCCs had been opened, bringing the total to 55. These were managed by the Foundation for Professional Development on behalf of the National Prosecuting Authority (personal communication, Foundation for Professional Development, May 2016).
2. The NACOSA is a national civil society network of more than 1,500 organisations working in the HIV, AIDS, tuberculosis, and related social development fields. For more information, see www.nacosa.org.za/about.aspx (last checked by the author 25 April 2016).
3. A sexual offences court is not a separate, stand-alone court building but a court room set aside specifically to hear sexual offences matters. Victim-friendly waiting rooms are situated close by and staffed by court preparation officers. Ideally, two prosecutors should be assigned to each court to ensure that when one prosecutor is in the court another is available to consult with witnesses and prepare for trial. For more information, see www.justice.gov.za/reportfiles/other/2013-sxo-courts-report-aug2013.pdf (last checked by the author 23 May 2016).
4. Secondary victimisation refers to the blaming and discriminatory treatment of rape survivors by family members, friends, community members, as well as members of the health and criminal justice systems. It emerges most frequently in those cases where survivors are held responsible for the rape.
5. This is a six-year research consortium focused on generating evidence of the social and economic forces creating vulnerability to HIV and hindering the effectiveness of prevention and treatment.

- Comprising six research agencies internationally, it also includes the UN Development Programme and a series of projects based in sub-Saharan Africa. For more information, see <http://strive.lshtm.ac.uk/> (last checked by the author 29 April 2016).
6. 'What Works' is a flagship programme of DfID. Its three programmes consist of the global programme, violence against women and girls in conflict and humanitarian crises, and the social and economic costs of violence against women and girls. For more information, see <http://www.whatworks.co.za/about/the-what-works-global-programme> (last checked by the author 27 April 2016).
 7. These typically include the privatisation and outsourcing of state services; the relaxation of currency flows and shifts from progressive to regressive taxation schemes; dramatic reductions in the provision of services to vulnerable populations; and attempts to convert every human need into a profitable enterprise. Critics of neo-liberal economic policies point to how they deepen inequalities, commodify aspects of human existence which should not be commercialised, create over-close relationships between state and business, and introduce volatile economic conditions.
 8. See, for example, the discussion and projects on cost-effectiveness included on the 'What Works' website: www.whatworks.co.za/about/what-works-components/what-works-economic-and-social-costs-of-vawg (last checked by the author 27 April 2016).
 9. An instrumental rationality is one which typically relies on logical calculation to relate the means and ends of actions. It is different from a values-based rationality where the decision-maker justifies the means and ends of actions by reference to their values.
 10. Personal communication, Gender-based violence programme specialist, NACOSA, March 2014. Information also contained in the NACOSA portion of a funding application in the author's possession by the South African National Aids Council to the Global Fund to Fight AIDS, TB and Malaria.
 11. Personal communication, Gender-based violence programme specialist, NACOSA, February 2016.
 12. One US dollar is currently worth around R14.18 (last checked by the author 29 April 2016).
 13. The Command Centre also offers its services to school-goers concerned about their very final school-leaving examinations so not all these callers require assistance with problems of violence.
 14. For more information on the programme, see <http://southafrica.unfpa.org/news/building-safer-south-africa-women-and-children-and-improve-security-and-justice-women-girls-and> (last checked by the author 25 April 2016).

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