International Journal of Humanities and Social Science Invention (IJHSSI)
ISSN (Online): 2319 – 7722, ISSN (Print): 2319 – 7714
www.ijhssi.org ||Volume 10 Issue 9 Ser. III || September 2021 || PP 06-14

The extent of reporting Gender-Based violence cases in Gauteng Province

Azwihangwisi Negota
Gauteng Department of Community Safety
Street Address: 25 Pixley Seme Street, Johannesburg, 2000
Corresponding Author: Azwihangwisi Negota

ABSTRACT: *Until recently Gender-based violence (GBV) was viewed as a private or family matter. However, there has been a shift in thinking in the last few years about this topic and it is now viewed as both a public health problem and a human rights violation. Numerous studies have been published that document the prevalence of GBV and its serious effects on women. From these studies, we know that one out of every three women have experienced GBV. Women's groups have spoken out about GBV and have advocated for viewing GBV as a societal problem rather than a private matter. Data mining and analysis was done to determine the extent of reporting Gender-based violence in Gauteng province. The motivation of this analysis was to compare the number of Gender-based violence cases recorded in the hospital against the ones that are reported in the police station. Based on the results the researcher can assume that victims of gender-based violence are comfortable with the treatment of the abuse rather than reporting a case to the police station.* ***Method:*** *The method usedfor this analysis was quantitative. Data was collected from the seven selected hospitals and police stations of Gauteng province.*

KEYWORDS:*Gender-based Violence, Cases, police stations and hospitals*

Date of Submission: 10-09-2021 Date of Acceptance: 25-09-2021

I. INTRODUCTION

South Africans especially women experience high levels of Gender-Based Violence (GBV) (Abrahams, Mathews, Martin, Lombard, &Jewkes, 2013; Mathews 2010; Nduna& Nene 2014; Vetten 2005), although there are no official statistics that regularly provide information in this regard. The information on trends and patterns of GBV is based on community self-reporting surveys conducted with limited samples to make generalised national conclusions about the extent of the problem. These self-reporting surveys use different research methods, making it difficult for any comparative analysis to be made about the changing trends and patterns of GBV in South Africa (Abrahams et al. 2013). One of the major limitations of self-reporting surveys is underreporting (Jewkes, Watts, Abrahams, Penn-Kekana & Garcia-Moreno, 2000). The main sources of information on GBV in South Africa are studies conducted by the Medical Research Council, under the leadership of Rachel Jewkes and colleagues. Despite certain limitations, their work provides rich data about the changing trends and patterns of GBV in South Africa (Jewkes et.al. 2000). Their studies are a reliable source of information that we have in South Africa (Jewkes, Watts, Abrahams, Penn-Kekana & Garcia-Moreno, 2000).

Crime statistics released annually by the South African Police Service (SAPS) do not provide much information about GBV. They provide some information about sexual offences, but questions have been raised about their reliability and whether they are overestimating or underestimating the problem (Vetten, 2005). Furthermore, many victims of GBV are unlikely to go to police stations to report their cases due to the patriarchal attitudes of some police officials (Vetten, 2005).This was also realised on the GBV trend analysis that was conducted by the Gauteng Department of Community Safety where more GBV cases were recorded in the hospital for treatment than reported at the police stations (DCS, 2019).

1.1 Aim of the study

The main aim of the article is to present the analysis of Gender-Based Violence crime trends of Gauteng province hospitals and the police precincts surrounding them.

1.2 Objectives of the study

The objectives of this study were to:

- Analyse and compare the GBV data from different institutions (hospitals and police stations within the policing precincts) in Gauteng province

- To assess the level of GBV during the Covid-19 lockdown
- To find ways to encourage reporting of GBV in the province
- To identify more implementable interventions to curb GBV in the province

II. LITERATURE REVIEW

The section will provide a review of other studies and information on GBV globally, including South African data. The statistics on GBV, causes and factors that contributed to the high numbers of GBV will be highlighted in this section. This will assist Government Departments, relevant stakeholders and the LEAs in getting more insight into Gender-Based Violence.

2.1Historical Statistics on Gender-Based Violence

The Institute for Security Studies (2011) found that more than 50% of women in Gauteng have experienced Intimate Partner Violence (IPV), while 80% of men admitted having transgressed against intimate partners. Married women experienced the most IPV (53%); it is unclear whether the violence started before or after marriage. Twenty-two percent of unmarried women who have had an intimate relationship reported IPV, 21% have experienced violence from a family member and 83% of women who have experienced violence had children living with them at the time (ISS, 2011).

In 2012, a study conducted by Gender Links found that 77% of women in Limpopo, 51% in Gauteng, 45% in the Western Cape and 36% in KwaZulu-Natal had experienced some form of GBV (Gender Links 2012). Men were the main perpetrators of this violence. For example, 76% of men in Gauteng, 48% in Limpopo and 41% in KwaZulu-Natal admitted to perpetrating GBV (Gender Links, 2012). Non-partner sexual violence was also found to be common. Twelve percent of women in Gauteng, 6% in the Western Cape, 5% in Limpopo and 5% in KwaZulu-Natal reported having experienced non-partner rape in their lifetime (Bhana, &Pattman, 2011). Fifty-nine percent of women in Limpopo, 5% in KwaZulu-Natal, 5% in the Western Cape and 2.7% in Gauteng also reported sexual harassment in the workplace (Bloom, 2008). This was characterised by male superiors either insinuating or threatening that the women would not get a job or that their employment would be terminated if they did not have sex with them (Bloom, 2008).

2.2 Understanding Gender-Based Violence

GBV is defined in various ways by different researchers and organisations. It is the general term used to capture violence that occurs as a result of the normative role expectations associated with each gender, as well as the unequal power relationships between the genders within the context of a specific society (Bloom 2008: 14). Statistically, females are more likely to be victims than males (Anderson &Umberson 2001; Bloom 2008; Jewkes et al. 2010). According to the UN Population Fund, the primary targets of GBV as victims are women and adolescent girls, but not only are they at high risk of GBV, they also suffer exacerbated consequences as compared with what men endure. As a result of gender discrimination and their lower socio-economic status, women have fewer options and fewer resources at their disposal to avoid or escape abusive situations and to seek justice (Jewkes et al. 2010). They also suffer consequences on their sexual and reproductive health, including forced and unwanted pregnancies, unsafe abortions and resulting deaths, traumatic fistula, and higher risks of sexually transmitted infections (STIs) and HIV (Anderson &Umberson, 2001).

In defining GBV, the most common definition is that of the UN Declaration on the Elimination of Violence against Women: any act of gender-based violence that results in, or islikely to result in, physical, sexual, or psychological harmor suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whetheroccurring in public or private life (UN, 1993). Violence against womenshall be understood to encompass, but not be limited to,the following: physical, sexual and psychological violenceoccurring in the family and in the community, includingbattery, sexual abuse of female children, dowry-relatedviolence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution and violence perpetrated or condoned by the state (UN, 1993).

South Africa has ratified the Beijing Platform For Action (BPFA), the SADC Declaration on Gender and Development, the UN Convention on the Elimination of All Forms of Discrimination against Women and other international instruments (Commission for Gender Equality, 2010). The development of various pieces of legislation, such as the Domestic Violence Act (No. 116 of 1998), the Criminal Law (Sexual Offences and Related Matters) Amendment Act (No. 6 of 2012), the Maintenance Act (No.99 of 1998), the Protection from Harassment Act (No. 17 of 2011) and many others have been influenced by various international instruments to deal with GBV (CGE, 2010). It is well known that South Africa has effective policies to address GBV, but the limitation is in the implementation (CGE, 2010).

2.3 Factors of Gender-Based Violence

2.3.1 Social factors and gender-based violence

Many studies have shown that violence is a learned behaviour for both men and women (Holt, Buckley & Whelan, 2008; Krug, Dahlberg, Mercy, Zwi& Lozano, 2015). These studies argue that young people who grow up in households characterised by violence are more likely to normalise violence in their relationships later in life (Holt, Buckley & Whelan, 2008; Krug, Dahlberg, Mercy, Zwi& Lozano, 2015). However, it is not always the case that children who observe parents fighting will automatically become violent (Holt, Buckley & Whelan, 2008; Krug, Dahlberg, Mercy, Zwi& Lozano, 2015).

Sometimes there are mediating protective factors that result in these children not becoming violent or staying in violent relationships (Gass, Stein, Williams & Seedat, 2010). However, many studies still confirm this link (Gass et al. 2010). For example, it has been reported that men who commit domestic violence in intimate relationships are 3.5 times as likely to have experienced physical abuse in their homes and 4 times as likely to have witnessed violence between their parents than men who do not commit domestic violence (Gass et al. 2010). Women who reported perpetrating violence were three times as likely to have been exposed to childhood physical abuse and to have witnessed violence between their parents or primary caregivers (Gass et al. 2010). We learn from these findings that women are also vulnerable to risk factors such as exposure to violence in childhood (Gass et al. 2010).

Other studies show that children raised by abusive fathers are likely to become violent towards their partners (Boonzaier& De la Rey 2004; Gass et al. 2010; Gupta et al. 2010). This is because these fathers were also abusive towards their wives (Boonzaier& De la Rey 2004). The child's anger towards the father may be displaced onto their partner when they become adults (Target &Fonagy 2002). Furthermore, some young men who use violence against their partners have grown up without a father (Wood &Jewkes 2001). It is estimated that between 20% and 30% of children in South Africa grow up without fathers (Eddy, Thomson-de Boor & Mphaka. 2013). This negatively affects children, especially boy children, some of whom become violent and aggressive later in life (Gupta, Reed, Kelly, Stein & Williams, 2010; Target &Fonagy 2002). However, it is important to note that not all young men who grow up without fathers or who witness their fathers hitting their mothers become violent (Gupta et.al. 2010). Despite their upbringing in violent homes, some boys dis-identify with violent notions of masculinity and embrace identities that are non-violent and gender-sensitive (Langa 2010). These alternative voices of masculinity must be nourished and celebrated in public spaces (Langa, 2010).

2.3.2 Economic factors and gender-based violence

Lack of economic independence among women is a key driver of GBV (Jewkes, 2002). It is hard for women who are economically dependent on their male partners to leave such abusive relationships (Gass et al. 2010; Jewkes 2002; Ludsin&Vetten 2005). The studies cited above confirm that there is a strong link between poverty and GBV (Gass et al. 2010; Jewkes 2002; Ludsin&Vetten 2005). However, other studies by Heise, Ellsberg, &Gottmoeller, 2002 argue that poverty is not the single factor driving GBV. The relationship between poverty and GBV is not linear and there are multiple other factors (discussed later) that also significantly contribute to GBV (Heise, Ellsberg, &Gottmoeller, 2002). Changes in the economic status of women may help to reduce GBV, but in some instances may increase it (Kiss, Schraiber, Heise, Zimmerman, Gouveia & Watts, 2012). Studies have found that educated, economically independent women are less likely to be abused (Kiss et.al. 2012). This is because they are more confident about leaving such relationships or reporting the abuse to relevant authorities (Kiss et al., 2012).

As noted, women's economic empowerment may be an abuse risk factor for women in relationships (Hunter, 2006). For example, since 1994, many South African women have become educated and have entered the labour market (Hunter, 2006). For some men, this represents a loss of power and authority (Hunter, 2006). Culturally, men have generally been ascribed the roles of head of household, protector and provider (Hunter, 2006). The current South African social and economic conditions, including the impact of the global financial crisis, make it difficult for many men to achieve 'complete' masculinity, such as securing jobs, marrying, fathering children or establishing their households (Hunter 2006; Niehaus 2005).

Unemployment in South Africa is high, many young men do not work, and some are wholly dependent on women for survival (Sigsworth, 2009). Some men feel that women have usurped the roles that were previously allocated to men, resulting in uncertainty, insecurity and anxiety (Reid & Walker 2005; Sigsworth 2009). In this context, GBV becomes a prominent mechanism through which to reinforce male power and authority (Abrahams et al. 2009). In the crisis of male identity, violence is sometimes used as a tool to try to maintain patriarchal power (Dolan, 2001). Some men become frustrated and angry when they can no longer live up to traditional forms of masculinity, such as providing materially and financially, which often leads to them reacting violently to their economically independent female partners (Dolan 2001; Sigsworth 2009). Men must be engaged in various interventions to deal with the problem of GBV (Dolan, 2001). Evidence shows that effectively engaging men in gender-equality work can have benefits for women, children and the men themselves (Sathiparsad, 2008).

2.3.3 Substance abuse and gender-based violence

Alcohol abuse is linked with an increased risk of all forms of interpersonal violence, including GBV (Abrahams et al. 2009). Substance abuse has been positively linked to GBV in many studies (Abrahams et al. 2009; Jewkes 2002; Jewkes et al. 2002; McDonald 1994; Peralta et al. 2010; Rao 1997). For example, Abrahams et al. (2009) found that 67% of men had consumed alcohol before abusing their partners. Rigid gender norms encourage men to equate the use of violence with manhood and to engage in risk-taking behaviours such as heavy alcohol use (Abrahams et al., 2009). This results in men behaving violently towards their partners. Men often use alcohol as an excuse – 'I was drunk' – not to be held accountable for their abusive behaviour (Boonzaier& De la Rey 2004; Peralta et al. 2010). Women find themselves trapped in the cycle of violence and even justify their partners' violent behaviours – 'he was drunk, but he is generally sweet when he is not drunk' (Ludsin&Vetten, 2005). The cycle of violence continues as a result (Ludsin&Vetten, 2005). Evidence shows that women who live with men who drink heavily are five times more likely to be assaulted by their partners than those who live with non-drinking partners (Johnson, 1996). Men who have been drinking inflict more serious violence at the time of an assault (Johnson, 1996).

The level of violence increases if both partners are drinking (Jewkes, 2002). Alcohol abuse also impacts negatively on communication between partners and increases the occurrence of arguments (Jewkes, 2002). In relationships like these, men are more likely to accuse their partner of disrespect or infidelity, depending on the circumstances in which the woman is drinking (Jewkes, 2002). The violence meted out against her may escalate if she tries to respond, challenges her partner's authority or fights back while she is drunk (Abrahams et al. 1999; Jewkes, 2002). These findings confirm that alcohol abuse is a risk factor for GBV (Abrahams et al. 1999; Jewkes, 2002).

2.4 Barriers to reporting or talkingabout Gender-Based Violence

Many factors have contributed to the silence that has long surrounded GBV (Friedman, Samet, Roberts, Hudlin& Hans, 1992). According to (Friedman et al., 1992), many health care providers believe GBV is a "private" matter, one that should not be discussed publicly. It has certainly been seen as improper for outsiders to intervene in or even question violence perpetrated against women. GBV has even been rationalised as something acceptable, under certain conditions, for men to do to women (Friedman et al., 1992). Victims of GBV themselves have been silenced, not only by the perpetrators of the violence but also by society (Friedman et al., 1992). They are told by society that, for instance, the violence is their fault, that they must have done something to deserve it, that no one will believe them if they do tell or else, they are frightened into silence by threats of more harm (Friedman et al., 1992).

2.4.1 Effects on the Survivor

The analysis was done by the United Nations (2000) on how the perpetrator'sabuse can affect victims' beliefs aboutthemselves and others, thereby makingit difficult for them to initiate adiscussion. Despite all these pressures not to tell, victims do want to break the silence about the violence in their lives (United Nations, 2000). A few women might be able to speak out on their own but most need to be asked about it (United Nations, 2000). But, unfortunately, providers, even when aware that GBV is occurring, rarely ask their clients about it (United Nation, 2000). The common scenario is an impasse where two people remain silent about GBV, one person afraid to tell and the other person afraid to ask (United Nations, 2000).

2.4.2 Attitudes about GBV

According to Heise, Ellsberg, &Gottemoeller (1999), there are some common attitudes that people have about GBV. These can inhibit them from addressing the GBV and that canalso stop them from assisting women who are victims of GBV (Heise et al., 1999). Sensitisation and training play an important part in gaining the skills needed to get past these barriers to feel a level of comfort about addressing GBV (Heise, Ellsberg, & Gottemoeller,1999). Breaking down the barriers that stop providers like social workers and psychologists from talking about GBV is crucial (Heise et al., 1999). Knowing what these barriers are and overcoming them is key to successfully intervening with GBV victims (Heise et al., 1999). Because of their role as healers, Psychosocial personnel are one of the few people in the survivor's life who are in the position to identify, assess and treat GBV (Heise et al., 1999).Psychosocial personnelhave the opportunity to heal with their words and attitude. Studies show that victims of GBV are capable of healing from the trauma, and one of the most important parts of this healing is having another person name and validate their experience in a concerned, knowledgeable manner (Heise et al., 1999). There are many kinds of help that a survivor may need, such as counselling groups, shelter, legal help, etc (Heise et al., 1999). But being heard and believed, possibly for the first time, is the crucialbeginning of this process (Heise et al., 1999). Without this, she may not be able to take those next help-seeking steps (Heise etal., 1999).

2.4.3Denial

According to UNPF (2001) denial is a common response to GBV. Gender-Based Vioence is an upsetting topic and can bring up feelings in providers that can make them feel powerless (UNPF, 2001). One way that people react to experiencing these emotions is to distance themselves by acting as if it were not occurring (UNPF, 2001). Denial on the provider's part can cause a survivor to feel that she is the only person this is happening to or she is making it up. If staff have not been educated, they often do not know any other way to handle these emotions(UNPF, 2001). But with the training, they can better understand the dynamics of GBV and their appropriate roles with victims (UNPF, 2001).

Also, research in the United States has shown that approximately 40% of health care providers report having experienced physical and/or sexual abuse at some point in their lives (deLahunta&Tulsky, 1996). If providers who have been victims of GBV have not disclosed this and have not gotten the support and help they need, it may make it more difficult for them to then address this topic with their clients (deLahunta&Tulsky, 1996).

2.4.4Rationalisation

Rationalisation occurs because the staff does not yet know how to intervene with victims (UNPF, 2001). .Health care providers often do not know how to respond to hearing traumatic stories about violence(UNPF, 2001). Although they may be competent in giving the necessary medical treatment to a woman who has obvious bruises on her body, they are uncomfortable looking at and acknowledging the context of her injuries (UNPF, 2001). Health care providers can find reasons for not addressing the violence in her life by stating that this is not something they deal with in their roles (UNPF, 2001). This response cannot only leave clients feeling hopeless about ever getting any help, but it also serves to normalise the abuse to her(UNPF, 2001). Although Health care providers may have to spend a longer amount of time with a client, asking about and assessing GBV may ultimately save time because this woman may not need to repeatedly make visits to a provider because of symptoms related to the GBV(UNPF, 2001). Taking the time to ask about GBV may in the end also save her life (UNPF, 2001).

2.4.5Identification

Identification happens when people feel a connection to another person because of something they have in common, such as a shared ethnicity, class background, gender, sibling order or some other characteristic UNPF, 2001). It can cause people to feel an immediate bond (UNPF, 2001). But in some circumstances, the identification can feel uncomfortablem (UNPF, 2001). So for instance, if this bond occurs between a staff member and a client and then the staff member hears from this client a story about a threatening and frightening experience, such as rape or having been sexually abused as a child, it can have a powerful effect on the staff member (UNPF, 2001). In response to hearing this, the provider may find that s/he then distances her/himself from the victim (UNPF, 2001). This response is an attempt to feel safe when listening to stories about GBV, stories that cause feelings of vulnerability(UNPF, 2001). Female providers, in particular, may experience this identification (although male providers may experience identification regarding their partners, daughters, mother, etc) (UNPF, 2001). It is frightening to realise that all women are vulnerable to violence (UNPF, 2001). When this occurs, providers may attempt to find ways to distance themselves from this feeling by, for example, blaming the survivor and finding reasons why the survivor deserved to experience this trauma (UNPF, 2001). This response on the provider's part can cause the victim to feel very isolated and guilty (UNPF, 2001). Staff members too may find they are identifying with the perpetrator and need to be aware of this break in their empathy toward the client (UNPF, 2001). If this break were to occur the client might feel traumatised, which is also called a second injury, as she is again experiencing an abusive situation (UNPF, 2001).

2.4.6 Intellectualisation

Intellectualisation is a defence used when the staff feels uncomfortable because the situation seems out of control to her/him(UNDF, 2001). The health care provider (trained in the medical model and taught to "fix" or cure others) then takes on the role of the "expert" who diagnoses what is going on and tells this woman what she should do (UNDF, 2001).This behaviour leaves little room for listening to the victim's experience and what she can and cannot do now regarding the violence (and what may in actuality be dangerous for her to do now) (UNDF, 2001). If this occurs, the client may feel more to blame for the GBV after such an encounter (UNDF, 2001).

III. METHODOLOGY

This data mining consists of descriptive statistics;therefore, the quantitative method was used.The researcher used the data provided by different institutions for identifying issues with Gender-based violence in Gauteng province.

3.1 Sampling

Out of the 142 police stations in Gauteng province, 10% (15) of the police stationswith Gender-Based Violence cases reported during the period in question were selected. The police station that had a high number of GBV cases between quarter 4 of 2019/20 and quarter 1 of 2020/21 financial year were selected. These quarters were selected because it is believed that Covid-19 started during this period. These quarters were compared to quarter 4 of 2018/19. The selection of the high number of reported GBV cases at the police stations also guided the selection of the hospitals within those policing precincts. Therefore, purposive sampling was used to select these police stations.

3.2 Data collection

Data on violence against women and children was obtained from different sources, including from administrative institutions dealing with reported cases of violence against women such as the SAPS and health services. A fraction of the actual prevalence and incidents of violence against women and children is usually compiled and produced by SAPS crime statistics, they are also recorded by the hospital before the treatment.

IV. DATA ANALYSIS

The collected data was analysed using excel. The purpose of the research was to discover answers to questions through the application of scientific procedures. The researcher used the available data to determine the extent of GBV in the Gauteng province. For this study, the recorded GBV cases were presented according to the various types of related crimes (e.g sexual offences, rape, common assault, assault GBH, murder and attempted murder). The secondary data available was presented utilising numbers for a quick understanding. Each data presentation provides numerical scores according to related categories to give an overview of the grouping of data. Additionally, the visual presentation of data will be in a number of cases enable the researcher to offer an analytical description and interpretation of data through descriptive statistical procedures.

V. FINDINGS OF THE STUDY

There were a number of cases that were reported at the police stations [1]and recorded in the hospitals[2]. There were seven police stations and six hospitals that were considered for this data-mining study. The department was seeking to get answers on the crimes against women and children. These findings will be discussed according to the recorded type of crimes against women and children in the selectedprovincial police stations and hospitals.

5.1 Reported crimes against women in Gauteng police stations and Hospitals

Assault common: The high numbers of assaults common in different areas identified in the province. When comparing hospitals and the police stations in the West Rand district, two police precincts are serviced by one hospital. Based on that background, the two police stations will be compared with the hospital. The selected hospital in West Rand has the most assault common cases as compared to other selected hospitals in the province. There were a high number of cases that were reported in August 2019 (338 cases) as compared to July 2019 (260 cases). The increase of cases in the hospital was also discovered from September 2019 (320 cases) to December 2019 (377 cases). Even though the numbers were still high in 2020 they were better as compared to 2019. They were high and low but not less than 100 cases a month. The numbers were only down during the National lockdown and trended upward in June 2020. It is important to note that the two police precincts combined recorded lower numbers as compared to the hospital in question.

The assault common crime affected most selected police stations and hospitals not only in the West Rand. Sedibeng District municipality also recorded a number of assault common cases at the police stations and in the hospital. More cases were recorded in the selected hospital in the district than at the police stations. There were a number of cases that were reported at the police station and those cases were more than 10 cases from July 2019 to March 2020. The trend decreased from April 2020 (40 cases) to May 2020 (33 cases) but increased by 10 cases in June 2020 but that was during level 5 of the national lockdown. Still, in Sedibeng District Municipality, the selected hospital recorded more assault common crimes as compared to cases reported at the selected police station.

The City of Tshwane Metropolitan Municipality also recorded a number of cases of this crime in the municipality. There were more cases reported at the selected police station around the City of Tshwane Metropolitan than inthe selectedhospital. There was not much difference in terms of cases that were recorded in the hospital and the police station in question. Community members seem to be comfortable reporting cases at the police station. There were a few domestic violence cases recorded at the hospital as compared to the ones

[1] Police stations names were not mentioned due to confidentiality
[2]Hospitals names were not mentioned due to confidentiality

recorded in the police stations. There were three hospitals with a very low number of cases whereas most of the cases were reported at the police stations. It is the hospital in Sedibeng District Municipalitythat had the most domestic violence cases recorded. The trend in that hospital has been moving upwards from July 2019 to October 2019 and trended down from 30 cases in October 2019 to 4 cases in December 2019 which was a huge change in case reporting. There was no huge difference in terms of reported cases in the selected police station and the hospital.

Sexual assaults common: Sexual assault was recorded in different police stations and hospitals of Gauteng province. In the West Rand, the hospital is seen trending higher than the police stations around the area. At one of the selected police stations, there were no sexual offences reported at all. The hospital was also seen trending upwards as the second hospital where the highest number of cases were recorded in December 2019. The data from the hospital in the South of Gauteng also revealed that sexual assaults from November 2019 to July 2020 have been trending downwards. The hospital was also trending more than the police station. There were more cases recorded in the hospital than in the police station, there were only 5 cases recorded in 12 months in the police station and a total of 69 cases were recorded in the hospital during the same period.

Rape: The high number of rape cases from the two hospitals in West Rand. The trend of the cases in the hospital has been going up and down with the highest number of 76 in September 2019. From March 2020 to May 2020 the trend has been going down in the hospital, in March there were 41 cases recorded, 27 cases in April and 19 cases in May 2020. As a hospital in the West Rand services two police precincts, there were very low cases recorded in the two police stations. Compared to other police stations that were sampled for this study, the police station in Pretoria West reported more (75) rape cases. It is, unfortunate, the hospital around that area indicated that they do not keep such records of the patients. It would have been of great benefit if the department had received the number of cases from the hospital in the City of Tshwane Metropolitan Municipality.

A police station in Sedibeng District Municipality depicts the number of cases that were recorded with the highest rape cases (12). Although these numbers are high, they are not as high as what was recorded in one of thehospitals in Sedibeng DistrictMunicipality (199). The selected hospital has been trending downwards from July 2019 with 18 rape cases, August 15 cases and September 2019 with 14 rape cases. The number of cases then trended upwards from October 2019 to December 2019.

5.2 Reported Crimes against Children in the Police stations and Hospitals of Gauteng province

Below are the crimes that are recorded against children within the 12 months from July 2019 to June 2020. Not all the crimes will be considered as other police stations and hospitals recorded zero cases.

Assaults common: There were no assault common cases against children in the City of Tshwane Metropolitan Municipality under the selected police station in Pretoria, but there were a few cases that were recorded at a selected hospital within 12 months. There were eight assault common cases that were recorded in the hospital i.e 2 in September 2019, 2 in December 2019, 1 in April 2020 and 3 in May 2020. The concern is that all these cases that were recorded in the hospital were not reported at the police station in question. In the Sedibeng area, the selected hospital recorded more numbers of assaults common as compared to the police station selected. In West Rand, two police stations reported a number of casesbut no assault common cases were recorded at the selected hospital. This shows a positive result when community members are able to report cases at the police station then just going to the hospital.

Rape: The rape against children was not recorded in most of the selected hospitals. It was only in the selected hospital where the numbers were recorded. According to the SAPS data more cases were recorded at the police station than other selected police stations in the province. The trend of rape against children cases was up and down in the hospital but there were many cases recorded in the year of 2019 rather than 2020. The rape cases in the hospital started to trend downwards from January 2020 to June 2020. It was only in May 2020 where the two police station recorded the same number of rape cases, that is, 2 cases.

Sexual Assault: The City of Tshwane recorded 5 cases in a period of 12months, 1 case was reported in March 2020 and 4 cases were reported in April 2020. As compared to the selected hospital in Tshwane there were no cases recorded. Police stations combined in the West Rand had one case reported but the hospital recorded many cases. Just like the rape cases, the trends of sexual assault against children were up and down in the hospital but numerous cases were recorded in the year 2019 rather than 2020. The sexual assault cases in the hospital started to trend downwards from January 2020 to June 2020.

Child neglect: There were few cases reported at the police stations under this crime category. There were only three crimes reported at the police station around Pretoria but the hospital that is servicing the police station recorded more cases. For the first three months of the period in question,the hospital was trending downwards, this was also noticed during April 2020 (10 cases), May 2020 (7 cases) and June 2020 (5 cases).

VI. CONCLUSION AND RECOMMENDATIONS

Drawing from the data analysis, there are discrepancies in terms of the crimes that were recorded at the hospital and the police stations. The data analysed shows that there were more assault common crimes cases against women recorded at the hospital than at the police stations. It is only the assault common and the assault GBH that were reported in the police stations. Since sexual offences are sensitive crimes, the assumption is that victims prefer to be treated at the hospital rather than reporting such matters at the police stations.

Based on the baseline study that was conducted in the previous financial year, 2019/20, , it was indicated that it would be of great interest to know the reason behind not reporting these crimes at the police station. A mini customer satisfaction survey is very important in data mining like this. We need to know from the victims themselves as to why are there not reporting cases at the police station.

It would still be relevant to have a SAPS desk in the hospital where victims can report sexual offences instead of going to the police stations. This will encourage victims to report these cases right there at the police stations. The discrepancy in numbers between Hospitals and the police stations provides further credence to the much spoken about dark figure of crime. It may be necessary to access more data from hospitals and police stations in the province to determine the extent of these crimes in Gauteng (GDCS, 2020).

There was an indication that there were lots of crimes that were not happening during the COVID-19 lockdown of the year 2020 and these crimes were murder, attempted murder among others. During these 12 months or prior to that, these crimes were happening but after levels 5 and 4 of COVID-19 lockdown, they were not as prevalent as before lockdown. The assumption was that when people are spending more time together in their houses there is more violence happening. Looking at the data that we have, most crimes trended downwards starting from April 2020 to July 2020. The assumption is that more people are exposed to drinking in the province and alcohol might be the problem in GBV. There should be limit of hours of opening shebeens and taverns in the province to reduce Gender-Based Violence (GDCS, 2020).

It was also alarming to see many child neglect cases recorded in April 2020 by some of the hospitals whereas the country was on level 5 lockdown. The assumption is that parents were not adhering to the lockdown regulations of staying at home with their children. It is therefore recommended that children from careless parents or carers should be taken away from them and be placed in a place of safety. From the data, it was also realised that some hospitals together with police stations around where the hospital is situated, always had the number of cases reported. The example is of crimes against women such as Assault common -one of the hospitals recorded the highest numbers of such cases. There should be more interventions on GBV around the area to reduce these crimes against women and children (GDCS, 2020).

The findings of the studies show that there are many cases that are recorded in the Gauteng hospitals instead of the police stations. There is not much that the hospitals can do about these cases if the victims do not want to report them to the police stations where justice can be served. As indicated, there should be interventions that will motivate victims of gender-based violence to report these cases at the police station rather than hospitals.

The findings of this study also concur with the literature review on the barrier of talking about GBV. Women do not believe in talking about the GBV as they consider it a private matter. That also results in them not reporting these GBV cases as they want to avoid being embarrassed. Literature also revealed that there is a situation where health care providersare unable to advise the victims of GBV when they are in hospital. Victims of GBV also need the help of health care workers for them to report these cases.

REFERENCE

[1]. Abrahams, N., Jewkes, R. &Laubsher, R. (1999) 'I Do Not Believe in Democracy in the Home: Men'sRelationships with and Abuse of Women,' MRC Technical Report (Cape Town: Medical Research Council).

[2]. Bhana, B. &Pattman, R. (2011) 'Girls Want Money, Boys Want Virgins: The Materiality of Love amongst South African Township Youth in the Context of HIV and AIDS,' Culture, Health and Sexuality: An International Journal for Research, Intervention and Care 13(18): 961–997.

[3]. Bloom, S. (2008) Violence against Women and Girls: A Compendium of Monitoring and Evaluation Indicators (Chapel Hill, NC: MEASURE Evaluation).

[4]. deLahunta, E., &Tulsky, A. (1996). Personal Exposure of Faculty and Medical Students to Family Violence. *Journal of the American Medical Association, 275*, 24:1903-1906.

[5]. Gauteng Department of Community Safety (2019). The data mining of the Gender-based violence,Johannesburg, South Africa. Unpublished.

[6]. Gauteng Department of Community Safety (2020). The data mining of the Gender-based violence,Joha nnesburg, South Africa. Unpublished.

[7]. Friedman, L., Samet, J., Roberts, M., Hudlin, M., & Hans, P. (1992). Inquiry about Victimization Experiences: A Survey of Patient Preferences and Physician Practices. *Archives of Internal Medicine, 152*, 1186-1190.

[8]. Heise, L., Ellsberg, M., &Gottemoeller, M. (1999*). Ending Violence Against Women. Population Reports. Series L, No. 11*. Baltimore, MD: Johns Hopkins University School ofPublic Health, Population Information Program.

[9]. Jewkes, R. (2002) 'Intimate Partner Violence: Causes and Prevention,' Lancet 359(50): 1423–1429

[10]. Jewkes, R., Watts, C., Abrahams, N., Penn-Kekana, L. & Garcia-Moreno, C. (2000) 'Ethical and Methodological Issues in Conducting Research on Gender-Based Violence in Southern Africa,' Reproductive Health Matters 5(15): 93–103.

[11]. Langa, M. (2010) 'Adolescent Boys' Talk about Absent Fathers,' Journal of Psychology in Africa 20(4): 519–529.

[12]. Ludsin, H. &Vetten, L. (2005) Spiral of Entrapment: Abused Women in Conflict with the Law (Johannesburg: Jacana).
[13]. Mathews, S. (2010) 'Understanding Intimate Femicide in South Africa' (Ph.D. diss., University of the Witwatersrand, Johannesburg).
[14]. Mathews, S., Abrahams, N., Jewkes, R., Martin, L., Lombard, C. &Vetten, L. (2008) 'Intimate Femicide-Suicide in South Africa: A Cross-Sectional Study,' Bulletin of the World Health Organisation 86(7): 552–558.
[15]. Nduna, M. & Nene, N. (2014). Review and Analysis of South Africa's Implementation of 365 days National Action Plan. Department of Psychology, University of Witwatersrand; and Ifalezwe Learning Express: Johannesburg, South Africa.
[16]. Niehaus, I. (2005) 'Masculine Dominance in Sexual Violence: Interpreting Accounts of Three Cases of Rape in the South African Lowveld,' in Men Behaving Differently, ed. G. Reid & L. Walker (Cape Town: Juta).
[17]. United Nation Population Fund (2001). A Practical Approach to Gender-Based Violence. A Programme Guide for Health Care Providers and Managers. *Piot edition, NYC.*
[18]. Vetten, L. (2005) '"Show Me the Money": A Review of Budgets Allocated towards the Implementation of South Africa's Domestic Violence Act,' Politikon: South African Journal of Political Studies 32(2): 277–295.
[19]. Vetten, L. (2007) 'Violence against Women in South Africa,' in State of the Nation: South Africa 2007, ed. S. Buhlungu, J. Daniel, R. Southall & J. Lutchman (Cape Town: HSRC Press).
[20]. World Health Organization. (1997). *Violence and Injury Prevention: Violence against women: A Priority Health Issue. WHO Information Kit on Violence and Health*. Geneva:<www.who.int/violence_injury_prevention/vaw/infopack.htm>

Azwihangwisi Negota. "The extent of reporting Gender-Based violence cases in Gauteng Province." *International Journal of Humanities and Social Science Invention (IJHSSI),* vol. 10(09), 2021, pp 06-14. Journal DOI- 10.35629/7722