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Exploring the lived experiences of those who attended gender-based violence prevention community theatre in Delft.

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I, Themba Nqinileyo, declare that this thesis, submitted as part of completion of the degree MA in Social Development, is utterly my own work, and all sources used have been accredited in the text and references.

Signed:

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Date : 30 November 2023

Abstract

The year 2023 marks the 29th year since South Africa's first democratic elections in 1994. Close to three decades into democracy, violence persists in our society at an unimaginable scale. This research study explores the lived experiences of those who attended a gender-based violence (GBV) prevention community theatre in Delft. The study presents lived experiences and the meanings attached to those experiences from the perspectives of audience members. Supplementarily, the study explored audience members' definition of GBV and GBV prevention and looks at the contribution of community theatre to GBV prevention. The study used a qualitative approach and a phenomenological design. Data were collected through in-depth, face-to-face interviews of 19 participants (ages 18–47 years, mean age = 26) selected from two different recruitment groups; 15 participants were audience members from the Delft community and four were social service providers in the Delft community working in victim empowerment programs. Data were analysed using interpretive phenomenological analysis (IPA). Data analysis revealed five areas of interest: audience experiences; community theatre as GBV prevention tool; understanding GBV and GBV prevention; challenges faced by victims of GBV; and GBV victim support

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Chapter 1: Research Background

1. Introduction

South Africa has been battling its gender-based violence (GBV) pandemic for a very long time. The vision of a non-violent society and South Africa's mission and commitment to attain Sustainable Development Goal 5 (SDG 5), which focuses on promoting gender equity, is a pipe dream to some (United Nations Sustainable Development 2016). Existing research reflects South Africa's high number of GBV-related crimes, the challenges to GBV prevention and the disconnect between GBV prevention programmes and implementation of GBV-related policies and laws at a community level. The role of the community in the fight against GBV has not been adequately researched and addressed. This study explores the lived experiences of attendees at a community theatre GBV prevention production and the contribution of community theatre to GBV prevention in Delft.

This dissertation is comprised of five chapters. This first chapter presents the research problem, rationale, significance of the study, research topic, main research questions, research objectives, research assumptions and clarifies important terms. Lastly, the researcher addresses voluntary participation, informed consent, and avoidance of harm as the ethical consideration in the study.

1.1 Statement of problem

This study explored the use of community theatre to prevent GBV in Delft. GBV is a global challenge, and South Africa is engulfed by high levels of GBV. The conceptual definition of GBV has changed over time and has in the past been used interchangeably with "violence against women" (VAW) (Raab and Rocha, 2011). GBV is the general term used to describe violence that occurs because of the normative role expectations associated with gender, as well as the unequal power relationships between genders within the context of a specific society (Bloom in Centre for the Study of Violence and Reconciliation (CSVR 2016). GBV is "all acts perpetuated against women, men, boys and girls on the basis of their sex which causes or could cause them physical, sexual, psychological, emotional or economic harm, including the threat to take such acts, or to undertake the imposition of arbitrary restrictions on or deprivation of fundamental freedoms in private or public life in peace time and during situations of armed or other forms of conflict (Southern African Development Community 2016).

Multiple factors continue to perpetuate GBV in South Africa, ranging across gender inequalities between men and women, social constructions of hegemonic masculinities, social perceptions of masculinity, the normalisation of violence and cultural practices such as *lobola* and *ukuthwala* (CSVR 2016). GBV should not be seen as an isolated problem, and social structural issues such as culture also hinder the prevention of GBV. Many South African communities deal with violent crime, and the community of Delft is no exception.

1.2 Gender-based violence in Delft, Western Cape

Delft is the number one hotspot for GBV in South Africa (Simpson 2022). In 2019/20 the Inanda police station recorded the highest number of sexual offences (351 cases), followed by Umlazi (335) and Delft (291 cases) (SAPS STATS 2020).

Key stakeholders recognise the need to shift from responsive programming to a preventative approach that addresses the root and underlying causes of violence against women and children in a holistic and co-ordinated manner (Department of Women, Youth and Persons with Disabilities (DWYPD, 2020). The national strategic plan (NSP) highlights preventative measures to address GBV, noting that “effective prevention means addressing the range of risk factors that drive gender-based violence” (DWYPD, 2020: p44). These risk factors perpetuate the culture of toxic masculinity and the mentality of women’s servitude to men. Other scholars suggest that the lack of a comprehensive national strategy of co-ordination, funding issues and organisational isolation obstruct the South African government’s efforts to combat VAW (Nobanda. Nkosi & Sibanyoni, 2021).

The NSP on GBV and femicide (GBVF) builds on the Emergency Response Action Plan (ERAP) and takes forward key medium-term systemic interventions outlined in it (DWYPD, 2020). However, there is a lack of written academic information about GBV prevention programmes in Delft. According to Waseem Noordien (GBV social worker in Delft) “Many organisations are doing GBV prevention work in Delft and one of the strategies they use, is to educate relevant contributors, such as the police, neighbourhood watch, community leaders, etc. through training and workshops about the dangers of GBV”. Research exploring the relevance of GBV prevention programmes using community theatre in marginalised South African communities is limited. This study seeks to address that gap and to advance a discourse of alternative strategies to address GBV prevention at the community level. By focusing on the lived experiences of attendees of a community theatre

in Delft. This approach can provide rich insights into the cultural, social, and emotional significance of the community.

This study explores community theatre as a GBV prevention programme. Drama interacts with society more than any other art form (Thavachchelvi & Sharma 2021). Theatre can be used as a tool to make people aware of the oppressions they are subjected to and offers a platform for people to express their concerns, making them aware of their potential to resist oppression. It can also be a community-centred forum through which people work on an action plan to provide therapy to victims (Thavachchelvi & Sharma 2021).

Community theatre implies the attempt to bring artefact and public closer together and has been in use for a very long time (Gooch in Reading, 2021). Community theatre has always been about connecting with and working alongside different groups of people (Reading, 2021). Community theatre is concerned with addressing an entire society's way of life (Diang'a, Kebaya, & Mwai, 2015). From its origins, theatre has been used to reflect society. The book "Theatre of the Oppressed" describes theatrical forms that the Brazilian theatre practitioner Augusto Boal first elaborated on in the 1960s, initially in Brazil and later in Europe, and provides a good example of how theatre can be used to build developmental consciousness among community members on social issues that affect them (Boal 1979). Societies have been oppressed throughout human history, and these repressive tendencies persist in different shapes and forms, especially affecting women and children (Boal 1979). Non-governmental organisations, the private sector and government bodies around the world have adopted programmes to counter the plague of GBV.

The One Billion Campaign is a globally recognised campaign designed to fight the rising number of rapes and GBV in the world, the "billion" referring to the UN statistic that one in three women will be raped or beaten in their lifetime – approximately one billion women and girls (Matchett & Cloete 2015). The campaign relies heavily on a combination of performance activities (theatre, art, and dance) and political activism (Matchett & Cloete 2015) and has resulted in global defiance against rape and GBV.

1.2 Rationale

GBV is strongly associated with unequal power relations and societal gender norms and is one of the biggest challenges facing South Africa today. Such violence attacks the very core of South African society (DWYPD, 2020), but efforts to curb this scourge have been unsuccessful. This study explores whether community theatre can be utilised as an effective and sustainable GBV

prevention tool. I advocate for the use of community theatre as a GBV prevention strategy to advance the discourse of GBV in a strategic and co-ordinated manner. There is currently duplication of violence prevention programmes, marches, workshops, imbizo's and trainings. This is the researcher's view and this view is informed by the observations of GBV prevention work that is taking place in the community of Delft. A lack of creativity and innovation in GBV prevention programmes calls for alternative strategic prevention tools to broaden the discourse and find solutions to the problem.

The purpose of this study is to contribute new knowledge to the field of GBV prevention in Delft through community theatre. The study is about exploring the lived experiences of attendees at a community theatre play in Delft and involves delving into the personal and subjective dimensions of their time spent during the play. The play has explored attendees' sensory and emotional experiences during the play itself. The GBV prevention programme was implemented and managed under the Trauma Centre's violence-prevention programmes, which created a theatre piece and developed an intense training programme to equip youth with drama and theatre skills. The intention was to contribute to a non-violent society by changing attitudes and behaviour, using creative means as a method of GBV intervention. The program has been implemented previously but there is no scientific evidence to prove its efficacy in the community of Delft. This study does not seek to evaluate the program, it seeks to explore the experiences of the attendees of the community theatre play. Young people from Delft were taught theatre skills and later produced a play for the community with a focus on GBV and its prevention. The course was organised and run by a qualified theatre performer, social worker and community worker who has been working in the community for over a decade. The training explored dramatological approaches and focused on physical theatre, dance, movement, visual arts, and music.

1.4 Significance of the study

The research contributes new knowledge to social workers working with communities and GBV prevention. The study adds to research into GBV prevention and policies, as called for in the NSP for GBVF. The study involved all interested parties at the community level and is the only qualitative study based in Delft to use community theatre. The study supports the use of theatre as an alternative educational and GBV prevention tool in marginalised communities such as Delft. Gender participation in this study indicates that community theatre can attract both men and women, as highlighted by the participation of nine men in the 19 participants.

1.5 Research topic

The primary research topic is an exploration of the lived experiences of attendees at a GBV prevention community theatre in Delft.

1.5.1 Main research objectives

- To explore the lived experiences of audience members who attended a GBV prevention community theatre in Delft.
- To explore audience members' understanding of GBV and GBV prevention in Delft.
- To explore how community theatre can contribute to GBV prevention in the Delft community.

1.5.2 Main research questions

- What are the lived experiences of audience members who attended the GBV prevention community theatre?
- What do GBV and GBV prevention mean for audience members who attended the GBV prevention community theatre in Delft?
- How does community theatre contribute to GBV prevention in Delft?

1.6 Main research assumptions

The main research assumption is that violence is a product of the patriarchal nature of our society and that GBV is more likely to be perpetrated against women and girls. Messner, Greenberg and Peretz (2015) observed that while men are perpetrators of violence against women, most men do not perpetrate GBV. It is assumed that community theatre can be used to educate the community about GBV and its prevention. NSP suggests that new adaptive prevention strategies should be developed over time by investing in high-quality pilots, conducting further research into promising approaches already being used by communities and by innovating with local structures (DWYPD, 2020). The face-to-face interviews used in this research support that assumption, and the participants answered questions freely based on their perspectives and personal experiences.

1.7 Clarification of terms

Gender-based violence:

GBV is “all acts perpetuated against women, men, boys and girls on the basis of their sex which causes or could cause them physical, sexual, psychological, emotional or economic harm,

including the threat to take such acts, or to undertake the imposition of arbitrary restrictions on or deprivation of fundamental freedoms in private or public life in peace time and during situations of armed or other forms of conflict (SADC 2016)

Community theatre:

Community theatre uses highly participatory methodologies to develop and educate in each community (Diang'a et al. 2015).

Prevention:

Effective prevention addresses the range of risk factors that drive GBV, such as toxic masculinity (DWYPD, 2020).

1.8 Ethical considerations

This study was cleared by an ethics review committee of the faculty of humanities at the University of Cape Town, with reference number SWK-REC-2022-SR024 (the relevant document is attached as appendix A). In addition, the researcher received written consent from the organisation producing the community theatre to use the play to perform the research. When undertaking research with human subjects, the researcher must consider any ethical issues that might arise. Hence, the researcher did not begin data collection until all required documentation had been received. The Belmont report establishes three ethical principles for research participants: beneficence, respect for people (autonomy) and justice (Maree, 2019). In line with this, the fundamental ethical principles and the benefits of the research outweigh any risk, as it will contribute to the broader topic of GBV prevention on a community level and thus mitigate harm to the community. Respect and a fight for justice for marginalised people are at the centre of the study.

GBV and ethics

Gender-based violence in South Africa is today one of the most sensitive topics and most spoken-about social ills. When working with GBV and related stories, one must be very careful not to cause more harm to the affected communities. The ethical practice of social research with human participants is complex and demanding (King et al. 2019). Edwards and Mauthner (in King et al. 2019) write that “ethics” concern the morality of human conduct and in social science refer to the moral deliberation, choice, and accountability of researchers throughout the research process. In this study, the researcher sought ethical approval from the involved institutions and received signed

consent forms from the participants. Participants were made aware that they were not obligated to participate in or sign anything.

The researcher regularly checked on the ethical compliance of the research and research process. There is always a risk of unpredictable psychological harm in qualitative research, such as distress during an interview, especially with sensitive issues such as GBV. For example, a participant became distressed and cried during the interview process, at which point the researcher offered a breathing exercise to help the participant emotionally calm down. The participant had been a victim of rape by someone she knew and had opened a case of rape at the police station, but she had never attended counselling for her trauma. The incident took place about a month before the research interview, so I referred her for counselling. After two weeks I followed up with the Trauma Centre for Survivors of Violence and Torture and was informed by the social worker, who works at the police station in Delft, that they had received a (verbal) referral from the participant and were providing her with psychosocial support.

It was important in this study to uphold and protect the ethical principle of the research and to adhere to the stated processes. Hence, in the case of the member who chose to withdraw from the study, the researcher went above and beyond to assist her, calming her and later referring her for help. While I had explained the purpose of the interviews and the type of information that would be required before the interview, the participant became overwhelmed nonetheless, and so I took the steps I said I would take should the need arise.

1.8.1 Voluntary participation

With voluntary participation, a participant can choose to withdraw from the study without offering any explanation to the researcher for their decision – participants are free to opt in or out of the study at any time (Bhandari 2021). From initial contact till the interview process itself, participants are reminded they can withdraw from the study. When the invitation to participate was made at the community hall after the play, about 50 people showed interest in the research. Ultimately, however, only 25 people contacted the researcher about the interviews. Of those, 20 showed up for interviews, of whom only one chose to withdraw from the study. Withdrawal or loss of interest are part of the voluntary process. According to the Nuremberg Code, voluntary consent requires the subject to have the legal capacity to give consent and the personal situation to exercise “free power of choice” (Kirchhoffer & Richards 2019). Interested people voluntarily contacted the researcher by WhatsApp

and were sent a consent form with more information about the study. All the participants in the study were older than 18 years old.

1.8.2 Informed consent

Informed consent is “a norm in which subjects base their voluntary participation in research projects on a full understanding of the possible risks involved” (Babbie 2011: 69). A gatekeeper assisted the researcher to advertise the research after an information session about the study and how best to advertise it to interested parties to preserve confidentiality and privacy. The community theatre play was funded, so attendance was free for everyone. There were no ticket sales, as people were recruited to watch the production by the gatekeeper and the performers themselves.

The gatekeeper approached attendees at the show, and those who were interested were given information pamphlets that included the researcher’s contact details. Interested parties could volunteer to take part in the research by contacting the researcher directly via telephone or WhatsApp messages to schedule interview appointments. They received consent forms two days before the interviews to ensure they had time to understand everything before signing the forms. See appendix B for consent form.

1.8.3 Avoidance of harm

Research can cause mild to severe harm to participants, though the harm is not always easily identified, especially in social science research. Bhandari (2021) suggests that harm can occur “physically, socially, psychologically, and all other types of harm are kept to an absolute minimum”. While no physical harm took place in this study, there was a small possibility of psychological harm due to the nature of the topic being researched. That harm can manifest through remembered traumatic memories or incidents of GBV.

The participant who withdrew from the study stood up in the middle of the interview and walked away crying. When the female social worker interviewing her called her back, she sat down again. This participant had recently been a victim of GBV, and the questions had provoked her emotions. She chose to withdraw from the study, and we referred her to victim empowerment social workers at Delft police station (there every Tuesday and Thursday from 8 a.m. until 4 p.m.). The research interviews were conducted at Delft police station area in a soundproof victim-empowerment container. The interview was not in the police station itself but in a private and quiet office space separate from the police station on the grounds of the police station. Psychosocial support was

available for participants who wanted such assistance, and debriefing was provided for those who wanted it. Only one participant asked to be referred for professional help.

1.8.4 POPI act

The main objective of the act is to enforce the protection of personal information processed by public and private institutions. The potential participants received the researcher's details through a gatekeeper, and they contacted the researcher. The identities of the participants are protected. The venue that was used during the interview was protected from the public population during the interviews. No one except the researcher had access to participants' details and all information was deidentified and saved on a password-protected laptop and stored in a locker after the interviews were complete.

1.8.5 Confidentiality

All the information that was provided during the interviews has been kept confidential. A research project guarantees confidentiality when the researcher can identify a given person's responses but promises not to do so publicly" (Babbie,2011:71). Confidentiality is itself a form of secrecy: it involves controlling rather than publicising information (Hammersley & Traianou,2012). The researcher recorded the information using a smartphone device that has enough storage space for the recording of the data. Only the researcher has access to the smartphone, and it is protected with a password. Immediately after the interview, the researcher transferred the information to an external hard drive for safe installation. The external drive is kept in a locked cabinet in the researcher's home, which only the researcher has access to. This external drive is password protected and only the researcher knows the password.

1.8.6 Privacy

Sieber (1982:145) defines privacy as "that which normally is not intended for others to observe or analyse". Privacy in this study has been maintained and prioritised by making sure that participants use a separate entrance when they enter the container at the back of the police station. The interview was not in the police station itself but in a private and quiet office space separate from the police station on the grounds of the police station. The researcher placed a "please do not disturb" sign on the door.

1.8.7 Anonymity

According to Bhandari (2021), anonymity is when "you don't know the identities of the participants. I have maintained anonymity, by using codes to refer to participants e.g., participants one, two, three, etc, during the data analysis process I also made sure that sensitive information about the participants is kept in a safe hard drive. I encrypted computer-based files and removed any sensitive information about my participants, I created pseudo names for them and locked the originals in a safe file storage external hard drive. Anonymisation is a strategy used to maintain privacy, though it may also serve to protect people from harm – such as public embarrassment, or financial or physical threats (Hammersley & Traianou,2012).

1.9 Conclusion

The researcher has detailed the purpose of the study and the research topic, which is the core of why the study took place. The main research questions were stated in this section, while the research objectives focused attention on the type of data to be collected. The researcher's research assumptions were listed, and important terms were defined. The research used voluntary participation, informed consent, and a consent form to ensure participants were not forced to join, and harm was avoided, and measures were put in place through debriefing and psychosocial support.

Chapter 2: Literature

2. Introduction

This section addresses the existing literature on GBV prevention that uses community theatre as an intervention method. A literature review should provide an overview of current or relevant research appropriate to the research topic (Maree 2019). Various sources were consulted in this section, such as journal articles, UCT library online resources, Google scholar, books, reports, government publications, etc.

The ecological model was used as the theoretical framework in this study. As children and women are more likely to be victims of GBV, it is important to use a theoretical perspective that focuses on the wholeness of the picture, rather than focus on limited aspects of GBV. After the framework, the study included one of South Africa's progressive policies, the National Strategic Plan on Gender-Based Violence and Femicide (2020–2030).

2.1 Gender-based violence

2.1.1 Global problem

According to the United Nations Population Fund, one in three women have experienced physical or sexual violence in their lifetime (Ott 2017). This statistic worsens if one includes other forms of GBV, such as emotional and psychological abuse. GBV is not a uniquely South African problem. A survey done in partnership by Johns Hopkins University, Somalian ministries, World Bank, UNICEF, and the United Nations Population Fund (Glass et al. 2019) found that GBV – including intimate partner, non-partner, and childhood violence – are common experiences for Somali women and girls across their lifetimes (Wirtz et al. 2018). The survey focused on the typology and scope of GBV perpetration and victimisation to improve understanding of GBV prevalence, attitudes, social norms, and services (Glass et al. 2019). The present study reflects GBV in South Africa, and its impact on women and girls.

2.1.2 South African context

GBV has a devastating impact, not only on the victims, but also to society at large. Ott (2017) highlights this, arguing that “gender-based violence can have serious physical, mental, economic, and social repercussions”. HIV, teenage pregnancy, and other sexually related diseases are some of the possible consequences of GBV. Across all forms of violence and abuse, women are most at risk from men they know (Enaifoghe, 2019). The drivers of GBV are a complex interplay of factors that act at an individual, relationship, community, and societal level, driven by social and political forces

(DWYPD 2020). Changing social norms and behaviour through high-level awareness-raising and prevention campaigns is one of the most critical outcomes a prevention programme should aim to achieve (DWYPD 2020).

2.2 GBV prevention approaches

Despite a divergence of approaches, there is consensus that working to prevent violence before it starts should be a priority (Michau et al. 2015). Programmes have begun to incorporate primary prevention strategies alongside secondary and tertiary prevention measures (Michau et al. 2015). The best prevention strategies for GBV are multi-layered and address the issue from individual to societal levels. However, as GBV is more likely to happen to women and be perpetrated by men, GBV prevention programmes should also be aimed at men. A comprehensive approach to ending men's violence against women requires a prevention perspective as well as a multi-strategy focus (Tolman et al. 2019).

Many GBV prevention models engage on multiple levels of human ecology (Tolman et al. 2019). Cohen and Swift (in Renzetti, Follingstad & Coker. 2017) identify six levels for strategy development and multiple levels of intervention in one of the most comprehensive conceptual models, the spectrum of prevention. This model was developed because its authors perceived that prevention practice was too often trivialised as simple re-education, when effective prevention of complex problems such as IPV/GBV in fact require an array of collaborative initiatives at multiple levels of social life: individual, community and society (Renzetti et al. 2017).

2.3 Criticism of current GBV prevention methods

Based on my observations from community interventions in Delft, it is my belief that prevention programs targeting gender-based violence (GBV) tend to concentrate solely on particular events throughout the year, rather than addressing the persistent prevalence of GBV. These programs usually only take place during the 16 days of activism campaign and in August during Women's Month. But GBV is deeply rooted in the fabric of society and must be addressed throughout the year. The duplication of workshops, marches and imbizos to mobilise the community against GBV seems to have little impact in its prevention. Another challenge in the South African context is that programme developers often impose intervention methods without consulting the community and without scientific evidence of their effectiveness.

This study focuses on community mobilisation as the start of GBV prevention, because “research states that individual-level interventions are less effective than those combined with community-level interventions in achieving lasting transformative change” (Sommer et al. 2018).

2.4 Theoretical and ecological frameworks for GBV

2.4.1 Violence

“South Africa is a deeply violent society and continues to wrestle with the impact of decades of institutionalised racism, sexism, exclusion, structural violence and other factors that have continued to undermine human development and positive social cohesion” (DWYPD,2020, :p23).

There are many theories that seek to explain violence from different perspectives. For example a social disorganization theory, which posits that physical factors in the neighbourhood environment cause social conditions that create criminal behaviour, including violence (Levin & Rabrenovic, 2007) in (Lawson 2012). Benefit theory, which proposes that violence occurs when social costs are low and, therefore, the benefits of violence outweigh the costs (Levin & Rabrenovic, 2007) in (Lawson 2012). Feminist theory sees intimate partner violence as an expression of gender-based domination of women by men (Lawson 2012). Theories of violence particularly the sociological theories of intimate partner violence seek to explain violent behaviour as a function of social structures rather than individual pathology (Lawson 2012). Even though in most cases violence especially GBV happens on the micro level the sociological theories of intimate partner violence view it as functions of social structures.

2.4.2 Theoretical approaches to GBV

Three waves of theoretical approaches best explain violence such as GBV. The first constellation of approaches locates the problem of violence with the individual, and with men’s psychopathology and biology in particular; the responsibility lies with men (to stop) and with women (to leave) (Abrahams *et al.* 2009; Holtzworth-Munroe & Stuart 1994). This approach blames one person for being toxic (man) and the other for enabling the toxicity (woman). It has drawn criticism from theoretical approaches such as feminism, which highlights that this approach is reductionist and open to misuse, as it fails to consider the social and economic contexts that contribute to violence (Bowman & Schneider 1998; Hooks 2000).

The second wave focuses more on families and relationships within the family structure, viewing the family system as the social locus in which violence takes place and in which violence can be addressed. Dysfunctional families or dysfunctional relationships are identified within this system, and the possibility for change rests with the individual and the relationship (Kimmel 2002). Critics suggest that this approach ignores societal norms and the underlying structures that reinforce patriarchal dominance in these relationships and systems (Bograd 1999; Sokoloff & Dupont 2005).

Finally, the third wave does not consider GBV from the individual and family perspective at all. This theoretical approach proposes that violence is not a private matter but a public issue that draws in state and community institutions, which prioritise certain gender norms over others (Bowman & Schneider 1998). This thesis has leaned towards structuralist theories (third wave) to explore GBV in terms of societal structures in communities. Here GBV is viewed as a societal problem that is influenced by issues that include political, economic, cultural and social forces. This approach is in line with the views of many participants who suggested that GBV is a societal issue that requires a multi-layered approach and different stakeholders. From this perspective, the blame can be removed from seeing victims as individuals who lack the courage and power to remove themselves from toxic relationships. From viewing perpetrators as bad individuals who need to be sent to jail for their crimes, it views them as strategic partners that are needed to prevent GBV in communities.

2.4.3 Ecological framework

Ecological systems theory originates from Urie Bronfenbrenner's work on children's development within the system of relationships that form their environment (Paquette & Ryan, 2001). Though this theory is centred on the child, it can be applied to community as the environment that shapes individuals and families. Bronfenbrenner's theory defines complex "layers" of environment, each influencing a child's development (Paquette & Ryan 2001). The idea that people are the product of their biological make-up, and their behaviour has nothing to do with their environment was challenged by Bronfenbrenner. Bronfenbrenner highlighted the significance of the environment in the makeup of individuals in families. Bronfenbrenner suggested that to assist those who are less fortunate we must also change their environment. Bronfenbrenner's theory suggests that those who are born and grow up in a negative microsystem will struggle to succeed in life because of their environment. Linking this theory to the children or individuals who grow up in an environment that has a high number of GBV and crimes such as Delft, it would be difficult for them not to commit these crimes themselves when they grow older unless the environment can be changed.

GBV prevention intervention attempts to change the environment by influencing how individuals in society behave. Bronfenbrenner's theory forces individuals and communities to look at different types of influences on human behaviour, it emphasises the environment as a key factor that has an impact on individual behaviour. From the perspective of ecological systems theory, many factors shape a child's development and should be looked at holistically. It is important in this study because it views the community's interaction as an important starting point that shapes individuals' behaviours and actions.

Bronfenbrenner's theory suggests that five layers affect a child's development. The first layer, the microsystem, is closest to the child and contains the structures with which the child has direct contact (Paquette & Ryan 2001). The microsystem encompasses the relationships and interactions a child has with their immediate surroundings (Berk 2000) and includes family, school, neighbourhood, and the closest resources for the child's development needs. At this level, relationships have impact in two directions – both away from the child and towards the child (Paquette & Ryan 2001). This theory is relevant because it considers the relationship a person has with their community, which goes both away from and towards the individual in the community. Community is the product of the individuals who live in it: individuals affect the community, and the community affects individuals.

The second layer in Bronfenbrenner's ecological systems theory is the mesosystem, which connects the structures of the child's microsystem (Berk 2000). Examples of this are the connection between a child's teacher and parents or between their church and their neighbourhood (Paquette & Ryan 2001). In this study, the focus is on the connection individuals have with their community.

The third layer in Bronfenbrenner's ecological systems theory is the exosystem. This defines the larger social system, in which the child does not function directly (Paquette & Ryan 2001). The components of this layer affect the child's development by interacting with some structures in their microsystem (Berk 2000), such as parent workplace schedules and community-based family resources (Paquette & Ryan 2001).

The fourth layer in Bronfenbrenner's ecological systems theory is the macrosystem, the outermost layer in the child's environment (Paquette & Ryan 2001). While not a specific framework, this layer is comprised of cultural values, customs, and laws (Berk 2000). The effects of larger principles defined by the macrosystem have a cascading influence throughout the interactions of all other layers (Paquette & Ryan 2001).

The fifth layer is the chronosystem, the dimension of time as it relates to a child's environments (Paquette & Ryan 2001). Elements within this system can be external, such as the timing of a parent's death, or internal, such as the physiological changes that occur with the ageing of the child (Paquette & Ryan 2001).

Most of the research in the field of GBV focuses on the risk factors associated with the scourge rather than reflecting a holistic picture about experiences of GBV and how it can be prevented (Muluneh et al. 2020). This study takes a holistic focus on GBV and its prevention, using community theatre as a method for intervention rather than focusing only on risk factors or determinants of GBV. This study tackles GBV from community perspectives, so it is important to understand that the community is full of individuals and families with different belief systems. The ecological framework is appropriate for this research because it highlights relevant facts about both the community and the person without necessarily implicating one more than the other. It understands the individual as the product of their environment, but also sees the environment as the product of individual collectivism or non-collectivism.

The ecological systems model considers the complex interplay between the individual, relationships, community, and societal factors that may lead to GBV (Heise 2012). In a systematic review and meta-analysis, Muluneh et al. (2020) applied the ecological framework as an exploratory tool to explore factors associated with GBV. They found that a community harbouring tolerant attitudes to violence was positively associated with higher levels of women experiencing GBV (Muluneh et al. 2020). Communities that harboured adverse attitudes to violence were less likely to experience GBV and more likely to support gender equity (Muluneh et al. 2020).

The Delft community has one of the highest GBV and sexual crime rates in the country, suggesting that the community intentionally or unintentionally has a high tolerance for violent crimes. The ecological systems model is thus relevant to understand the underlying issues that perpetuate GBV and hinder GBV prevention interventions in Delft.

Ecological theory as a framework made up of four stages of analysis, or four interactive, concentric circles referred to as systems of interactions, with each system dependent on the environment of a particular person (Wells et al. 2018). It is useful for understanding the intricacies of GBV, as it conceptualises violence as a multi-faceted phenomenon affected by various factors (Lazarus et al. 2009).

2.5 GBV policy

National Strategic Plan 2020–2030 for Gender-Based Violence and Femicide

This policy is relevant to the study because it considers cardinal pillars to prevent GBV and femicide. South Africa has one of the best policies to eradicate GBV and to prevent its spread, but there seems to be a disconnect between policymakers and policy implementers, and implementation remains a problem. The current National Strategic Plan 2020–2030 for GBVF is centred on six pillars:

- (1) Accountability, coordination, and leadership.
- (2) Prevention and rebuilding social cohesion.
- (3) Justice, safety, and protection.
- (4) Response, care, support, and healing.
- (5) Economic power.
- (6) Research and information management (DWYPD 2020).

However, for this study the researcher has focused only on the pillar of prevention and rebuilding social cohesion, which speaks directly to the research question and research objectives.

Prevention and rebuilding social cohesion (NSP 2020–2030 for GBVF)

GBVF prevention and the rebuilding of social cohesion are the second pillar of the NSP. The outcomes listed below flow directly from the overarching high-level strategies that will be used to drive the GBVF national agenda in the country over the next 10 years (DWYPD 2020). GBVF prevention and rebuilding social cohesion are centred around seven strategic points of intervention in the NSP policy document and are described below.

2.5.1 Strengthened delivery capacity in South Africa to roll out evidence-based prevention programmes.

This pillar aims to strengthen delivery capacity and evidence-based prevention, which aligns with the aim of this research to expand on the available literature so that problems such as GBV can be prevented at community level using an evidence-based approach.

GBV is one of the biggest problems South Africa is battling to solve, and evidence-based programmes need to be prioritised to address the possible disconnect between the intervention that took place and the prevention programmes that need to be implemented.

2.5.2 Changed behaviour and social norms within key groups because of the rollout of evidence-based prevention interventions.

This point speaks to the change that individuals in the community must take for prevention to be successful. Any attempt to reduce or eradicate GBV in society should pay particular attention to the communities' norms, behaviour, and attitudes, which are deeply rooted in the social fabric of our communities and how communities interact with one another. Social norms are conceptualised as beliefs of two types:

- (1) an individual's beliefs about what others typically do in each situation (descriptive norm); and
- (2) an individual's beliefs about what others expect them to do in a given situation (injunctive norm) (Glass et al. 2019).

Social norms theory suggests that for harmful behaviours to be replaced in a community, the collective social expectations or norms that underpin those behaviours within the community must shift (Glass et al. 2019). It is also necessary to understand the human being on an individual level, as they collectively have an impact at community level.

Social cognitive theory (SCT) defines human behaviour as a triadic, dynamic, and reciprocal interaction of personal factors, behaviour and the environment (Bandura, 1977). According to this theory, an individual's behaviour is uniquely determined by these three factors.

2.5.3 Shifts away from toxic masculinities towards embracing positive alternative approaches for expressing masculinities and other sexual and gender identities within specific communities/groups.

One of the stumbling blocks in the fight against GBV is toxic masculinity, which can be loosely translated as the misuse of power by men to suppress women. This research is important because it has used community theatre to understand the impact of toxic masculinity in communities, families, and one-on-one relationships. Shifting this form of thinking is critical for GBV prevention intervention to be successful.

2.5.4 Optimally harnessed violence against children (VAC) programmes that contribute to the eradication of GBV.

Research suggests that children are the most vulnerable group when it comes to GBV. Global estimates suggest that more than half (1 billion) of the world's children aged 2–17 experienced physical, sexual and/or emotional abuse during the past year (Hillis, Mercy, Amobi & Kress 2016). The community theatre intervention focuses on how children can be protected against such crime, and how they can be protected from the people who are meant to support them. While the overall research focus is prevention intervention at community level, the community theatre approach engaged with different forms of abuse and highlighted the most at-risk population. The

implementation of existing legislation and laws can be used to protect the most vulnerable group in communities. GBV is a complex and multi-faceted problem that cannot be understood through linear thinking, but a leading factor that perpetuate GBV is the lack of radical action to deal swiftly with GBV.

The Domestic Violence Act of 1998 (DVA) is a ground-breaking piece of legislation that widened the opportunity for victims of abuse to use the law to protect themselves (Gender Links 2017). The act became the Domestic Violence Amendment Act in 2021 to expand the scope of domestic violence law.

2.5.5 Increased cross-fertilisation and integration of prevention interventions on violence against LGBTQIA+ persons with broader GBVF prevention and violence prevention interventions.

The LGBTQIA+ community is marginalised in the GBV prevention discourse, and this research emphasises that all members of the community must be involved. The community theatre has called everyone under one roof, regardless of their beliefs and culture, to embrace a holistic approach to GBV prevention methods so that communities are safe for everyone.

2.5.6 Strengthened programming that addresses the restoration of human dignity, builds caring communities, and responds to historic and collective trauma.

The overall aim of the research using community theatre is to rebuild a community as more understanding and tolerant of each other in a violence-free society that treats individuals equally. Community programmes must address these fundamental issues in our society and help change gender attitudes and stereotypes in the broader society (Chauke 2021). Feminist theory sees intimate partner violence (IPV), the most common form of GBV, as an expression of gender-based domination of women by men (Lawson 2012).

2.5.7 Public spaces are made safe and violence-free for all, particularly for women and children.

Crime statistics suggest that victims of GBV are more likely to be victimised by people they know in places they are familiar with, such as in their own home or the home of the perpetrator or friends. Across all forms of violence and abuse, women are most at risk from men they know (Enaifoghe, 2019). The rate at which women are abused, violated and some killed in South Africa remains worrying and unacceptable; many are killed by the people they know, people they love and trust (SAPS STATS, 2020). However public spaces remain unsafe and are often used for criminal activities.

These seven points are important for an effective prevention programme to be successful, but they cannot all be achieved by one organisation or government department; multiple stakeholders must play their part. The next section provides additional detailed information about GBV and its prevention and sheds light on the existing literature about drama and theatre and their use to prevent GBV.

2.6 Research context

Delft

The Cape Flats is a region of City of Cape Town (CoCT) metropolitan municipality that is home to a large proportion of the historically displaced population (Mills et al. 2015). It consists of six sub-places: Delft South; Delft SP; Eindhoven; Roosendal; The Hague; and Voorbrug (Le Roux, 2016). Delft is in the eastern district of the City of Tygerberg Local Authority Approximately 34 km northeast of Cape Town and 7.15 km from Bellville, it lies between the N2 in the south, the R300 in the east and Stellenbosch arterial in the north (Waggie 2008). It was established in 1989 as an Integrated Service Land Project (ISLP) for "coloured" and "black" people in the urban Western Cape with low or no income (Waggie 2008). Delft's population is 52 per cent Coloured persons and 46 per cent Black Africans (City of Cape Town 2011). The population of Delft is 152 030 with a total of 39 576 households (Le Roux, 2016), based on Stats SA census 2011 data).

Social services providers in Delft

Many organisations do GBV-preventative work in Delft, most sponsored by local and international donors, while others are sponsored by South Africa's Department of Social Development and other government departments. According to Mbuyisi Sithole, a social worker from the Trauma Centre, "these organisations sometimes work in isolation". Waseem Noordien a victim empowerment manager at the Trauma Centre, echoed this sentiment: "The Delft area is struggling with GBV-related issues, because different organisations are not united when it comes GBV prevention programmes." Michau (2007) argues that the prevention of GBV cannot be achieved by one institution, sector or group working in isolation; instead, cross-sectoral co-ordination is essential, as mutual reinforcement of programming helps increase overall effectiveness and optimise resources.

2.7 GBV prevention

Prevention encompasses a wide range of activities – known as "interventions" – aimed at reducing risks or threats to health and wellbeing. These are grouped into the three categories of primary, secondary, and tertiary prevention (Daruwalla et al. 2015). Primary prevention refers to

interventions that work with individuals or communities irrespective of their history of violence (Ellsberg 2015). Secondary prevention refers to interventions that specifically target either women who have experienced some form of violence or the male perpetrators, with the aim of reducing revictimisation or recidivism (Ellsberg 2015). Tertiary prevention targets specific causes and risk factors for GBV and aims to promote healthy behaviours, increase awareness of rights and entitlements, improve women's capacity to counter violence, and foster safe environments that reduce the risk of violence – for example, by creating a network that offers support to women (Daruwalla et al. 2015).

Two broad types of campaigns to end VAW can be distinguished: (1) campaigns aiming for institutional and policy change, i.e. for effective laws, policies and institutions that prevent VAW and support VAW survivors, and (2) campaigns aiming for change in individual behaviour and social norms and attitudes (Coffman, 2003) in (Raab and Rocha ,2011). ‘In behaviour change campaigns, a baseline would typically collect data on knowledge, attitudes and practice (KAP) of the target audience with respect to the campaign issue’ (Raab and Rocha, 2011 : p54).

Any intervention should involve a cross-section of society across different stakeholders, inter-governmental departments, and multi-sectoral programmes. Campaigns over the past decades have contributed significantly to heightening awareness of violence against women and girls (VAWG) as a violation of human rights (Raab & Rocha 2011). There is a greater research focus in low-income and middle-income countries on violence prevention, with promising evidence on the effect of group training for women and men, community mobilisation interventions and combined livelihood and training interventions for women (Ellsberg 2015)

Donors are targeting the prevention of violence against women and girls (VAWG) in low-middle income countries (LMIC) by implementing prevention-focused programs and adding VAWG-prevention to other interventions (Ferrari et al. 2019). GBV prevention led by NGOs and other stakeholders has taken place in different communities around the world, as in a programme run by the Society for Nutrition, Education and Health Action (SNEHA) in India.

SNEHA, a non-profit organisation, implements its Prevention of Violence against Women and Children programme in the informal urban settlements of Mumbai (Daruwalla et al. 2015). SNEHA aims to develop high-impact strategies for primary prevention, ensure survivors' access to protection and justice, empower women to claim their rights, mobilise communities around ‘zero tolerance for violence’ and respond to the needs and rights of excluded and neglected groups (Daruwalla et al.

2015). The three main components of the initiative are counselling and crisis intervention services for survivors of GBV; community mobilisation; and institutional response to GBV (Daruwalla et al. 2015). This covers prevention at different levels and utilises community mobilisation as the prevention tool, which aligns with this study's focus on alternative methods. Across different forms of violence, effective prevention programmes are commonly participatory, engage multiple stakeholders, support critical discussion about gender relationships and the acceptability of violence, and support greater communication and shared decision-making among family members, as well as non-violent behaviour (Ellsberg 2015).

2.8 Community theatre as a GBV prevention method

Community theatre is participatory theatre in which everyone who desires change can join in (Lees et al. 2019). It generates participation, which in turn produces self-expression (Lees et al. 2019). Community participation in local issues is at the centre of community theatre. Bessette (2004) suggests that participatory communication is a process by which people become leading actors in their development. Community theatre on its own does not seek to answer any questions or solve any problems, but it does seek to stimulate discourse around the issues at hand. As a GBV prevention method, community theatre has the potential for discursive engagements around representation that can challenge GBV (Mtshali 2019). Community theatre can be used to intervene in several areas of community education and has proven itself to be more effective than many other forms of communication (Lees et al. 2019). Its material and aesthetic form always emerge directly (if not exclusively) from the community whose interests it seeks to express (Erven 2001). The power of community-based theatre is in its ability to speak to individuals' consciousness and mobilise the community to a common goal. In this study, community theatre was used to educate and raise community awareness about GBV-related issues and prevention in Delft.

Critics of community theatre suggest that it is the adoption of a particular kind of artform for a particular 'community of people' that may homogenise that group (Reading 2021).

'Theatre requires that an audience gathers to share an experience. For the time of the performance, we make a community of shared meaning. We are not required to think the same or to respond in the same way, but at the end of the evening we feel that we have experienced something together, across all our differences'. (Kershaw 2019: 55) quoted by (Reading 2021).

2.9 Use of theatre

Theatre is known to reflect on and represent the world (Reading 2021). It has been used in South Africa for a variety of reasons, such as entertainment, awareness, and development, but little academic research explores this method as a prevention tool. Theatre is a community activity of connecting, communicating and expressing with each other (Thavachchelvi & Sharma 2021). It is increasingly becoming a tool for the sensitisation and mobilisation of local communities (Inyang 2016) and can be used to explore sensitive issues (Asante & Yirenkyi 2018). Theatre can bring community together, building community cohesiveness, raising important issues and creating a forum for discussion and stimulating group action (Freire 2000).

‘The future of theatre is here. It’s in our empty buildings, our streets, our parks, and our houses. It’s about things that matter to us, the stories that represent us and the things we want to talk about – on our terms’. (White 2020) quoted by (Reading 2021).

2.10 Similar studies

Creative therapies provide an alternative method of processing difficult experiences, such as trauma and violence, that transcend traditional methods of communication (Dix 2015).

Jarman (2014) conducted a study in England exploring drama therapy with a group of young boys that had experienced domestic violence within their family. She found that by utilising drama techniques participants were able to reflect on their difficult experiences while challenging their problematic internalised attitudes about domestic violence. Researchers have also found that drama can help participants understand the impacts of their internalised assumptions and beliefs about social problems and move towards improving their knowledge and attitudes (Brigell 2010).

Crozier (2018) explored the transformative potential of drama and performance art through the narratives of three survivors of GBV who engaged with drama and performance art in a variety of settings, such as community theatre, educational institutions, and online forums like YouTube. The three GBV survivors watched theatre about GBV and reflected on their experiences, and the study found that theatre has a positive influence on victims of GBV. The influence of theatre on the victims serves as a transformative tool for victims, offering avenues for healing, empowerment, and personal growth (Crozier 2018).

Crozier interviewed the actual survivors of GBV not members of the audience. Although Crozier’s methods were slightly different from this study’s methods, the findings are similar. This method

allowed survivors, perpetrators, and witnesses of GBV to share a space and witness the impact of GBV prevention through community theatre.

Saeed (2015) used theatre to address and initiate social change around GBV in Afghanistan. The study highlights the significance of race, culture, and religion on GBV, and how drama techniques can be used to instil both short- and long-term social changes. The project was implemented in five provinces, engaging 5000 women through participatory theatre. This allowed everyday women to move beyond their individual stories and connect their experiences to the wider society (Saeed 2015). Conversely, the current study has focused on the empowerment of the whole community and not only of women – women do not abuse themselves, therefore an effective intervention should include all members of the community. Although GBV affects women more than men, it is a societal problem and should not be confined to women. GBV interventions should not isolate survivors when they seek to address the issue.

“Theatre can help us build our future, rather than just waiting for it.”

- Augusto Boal

2.11 Conclusion

This section of the research chapter provided a comprehensive overview of gender-based violence (GBV) from a global perspective while also integrating insights from the South African context. By including GBV prevention approaches and a critical analysis of the existing prevention methods. This section has presented methodological similar studies that had occurred in different settings. An in-depth analysis of the ecological and theoretical framework surrounding GBV is provided. This included conceptualizing theory and policy related to GBV in the South African context, which helps to contextualize the study within existing literature and frameworks. The research chapter highlights the use of community theatre as a method for GBV prevention. This approach involves utilizing theatre as a means of raising awareness, promoting dialogue, and fostering community engagement around issues of GBV. This section incorporates relevant policies and literature related to GBV prevention, community theatre, and awareness-raising efforts. This ensures that the study is grounded in existing knowledge and aligns with current practices and initiatives in the field. This section concluded with an in-depth analysis of the conceptual and theoretical framework of the study. This involves synthesizing key insights from the literature and theoretical perspectives discussed earlier in the chapter. The whole section of the research chapter provided a comprehensive

overview of GBV prevention efforts, theoretical frameworks, and methodological considerations, with a focus on the South African context and the use of community theatre as a prevention method.

Chapter 3: Research methodology

3. Introduction

This section presents the methodology of this study by first introducing the qualitative research approach and design. Supplementary to that this section focused on research setting, sampling and population and the breakdown of sample characteristics. There is a discussion of population and sampling and how participants were included or excluded according to specific criteria in line with the research objectives. This section also focuses on data collection, which took place through in-depth interviews collected with a tape recorder. The collected data were analysed using interpretative phenomenological analysis (IPA). At the end of this section data verification, trustworthiness, limitation and reflexivity of the study were discussed.

3.1 Research approach

Qualitative research aims to discover and explore new hypotheses or theories based on a deep understanding of the meaning of a specific phenomenon (Pyo et al. 2023). Qualitative research encourages thorough consideration of the research subjects to understand them deeply, while also emphasising the need for researchers to take an intersubjective view based on a mutual understanding (Pyo et al. 2023). As my research question seeks to explore the experiences of the audience and participants of community theatre in Delft, the researcher has deemed this approach appropriate to obtain the required scientific results. Clough and Nutbrown (2012: 25) describe methods as the “ingredients of research” and methodology as the reason for using a particular “research recipe”.

3.2 Research design

Phenomenological studies focus on the meaning that certain lived experiences hold for participants, determine the significance of those experiences, and provide a comprehensive description of them (Maree 2019). Phenomenological insights are then used to better understand the experiential structures that potentially underline and support the contextualised and lived experiences in focus. In this study, in-depth information and lived experiences were collected from the community theatre audience.

Phenomenology analyses the lived experience of people within a distinct context and is focused on a person's experience of a phenomenon by exploring the essence of their experience (Preston & Redgrift 2017). It is thus suited to an exploration of the lived experiences of those who attended gender-based violence (GBV) prevention community theatre. Phenomenology is well placed to explore questions that this research set out to answer, such as "To explore the lived experiences of audience members who attended GBV prevention community theatre in Delft." Phenomenology is not simply that which is perceived or lived through, but addresses its meaning, which often lies beyond people's immediate comprehension (Larsen & Adu 2021). In this study, participants reflected on their experiences after watching a play.

3.3 The research setting

The production was created as part of a GBV-prevention programme with the Trauma Centre for survivors of violence and torture in the community of Delft. The aim of the production was to create awareness and change attitudes and behaviour using the primary prevention method. The target audience was the community of Delft and community stakeholders such as NGOs, SAPS and other interested parties. Community theatre was chosen because of the unique characteristics it offered beyond existing prevention interventions in the community, such as workshops and training sessions. The research participants did not take part as actors or directly engage in the production.

Summary of the theatre production

Title: The Paradox of Hope (Workshop play: written by the cast)

Subtitle: The fundamental disconnects of gender-based violence

Type of production: Community theatre

The production highlighted failures by individuals, families, and communities to address GBV, which is more likely to happen at home than anywhere else. The production highlighted what happens behind closed doors. In the play, the community intervened by inviting the authorities to account for what was happening in the community and behind the walls of their homes. The production did this by

telling stories of GBV in community meetings. Victims of GBV are often described as numbers, and we sometimes forget their individuality. Those faces and names had dreams and aspirations until GBV derailed their lives. The play highlights how toxic masculinity and the misuse of power perpetuate a culture of violence in our society. It shows that GBV is not limited to emotional, physical, and psychological factors but includes factors such as the violation of human rights. The production questioned institutional failures to address GBV. Hope keeps communities going forward but hope alone is not enough.

The play is based on people's lived experiences and moves towards building social cohesion and a non-violent society. The overall aim of the production was to educate the community about GBV prevention and the misuse of power and to empower them to mobilise and seek solutions rather than wait for the government, NGOs or private sector to assist them.

For a full view of the script please see Appendix C.

3.4 Population and sampling

Bryman (2008) defines the population as the universe of units from which a sample is selected. Babbie and Mouton (2013) describe the population as “the theoretically specified aggregation of the elements in a study”. Two sample groups were interviewed, and these samples were drawn from the population of all adult individuals (aged 18 and older) who attended a production. This sampling method aims to gather insights or data from individuals who share a common characteristic, in this case, attending the specific production.

- The first group was comprised of fifteen Delft community members (audience) who attended the production.
- The second group was comprised of the four professional social service providers in Delft (audience) who attended the production.

Participants were selected based on their shared experience as part of the community theatre audience from two different selection recruitment groups. A total of 20 participants signed consent forms and volunteered to take part in the research. One withdrew from the study, leaving a total of 19 participants,

of which 10 were women and nine were men. GBV is often viewed primarily as a woman's problem, so women may be more willing to participate than their male counterparts.

3.5 Sample characteristics

The audience from Delft

The 15 participants in the first sample group were residents of the Delft community and had lived in Delft for at least two years, with two born in the community. All participants had watched the community theatre production within five months of the interviews – enough time to make sense of the production but soon enough that their experiences were still fresh.

The professionals working in Delft.

The second population group consisted of the four professionals working with GBV in the Delft community, who also attended the community theatre play. Two were social auxiliary workers and two were social workers, but they had all been working in victim empowerment programmes in Delft for more than four years. As those who live in the community might have different experiences from those who work with the victims of GBV in the community, it was important to get different perspectives for comparative purposes.

Sampling procedure

The audience was approached through an announcement made after the play, thus ensuring that they had watched the play. Those interested in knowing more about the research stayed behind, and the researcher explained the purpose of the study and how they could get involved. Thereafter, the community gatekeeper distributed pamphlets, and those interested were invited to contact the researcher. People showed an immediate interest in participating after the announcement of the research. Qhamisa Jama served as a gatekeeper for the study, facilitating access to the participants by sharing information about the study at the Delft Civic Centre. Mr Jama is the chairperson of the youth crime prevention desk in Delft, and he played a key role in connecting the researcher with potential participants and helping with an advertisement of the study within the community. Mr Jama was instrumental in research conducted within a specific community of Delft, he provided valuable insights and established trust with potential participants.

The researcher was responsible for recruiting the social service professionals who attended the play, who he approached and gave pamphlets to explaining the research and its purposes. Though the researcher approached professionals from different organisations, only Trauma Centre staff responded. Voluntary participation was a priority in the research process, as no one was coerced into participating. Despite the involvement of a significant number of social workers and social auxiliary workers (a total of 22) in the planning, implementation, and evaluation of the play, only four of them were willing to participate in the study. This low number of participants from the organization suggests that individuals were not pressured or coerced into taking part in the research. Some professionals showed an interest in the research, but only a few availed themselves for interviews.

Participants who came for interviews received information about the research from the gatekeeper, who also lives in the community and was mainly responsible for advertisement of the study to the community members. Before the interview starts, the researcher read and explained the consent forms to those who wanted to opt into the study. By reading and explaining the consent forms to those who wanted to opt into the study at the beginning of the interviews, the researcher ensured that participants had a full understanding of what their participation entailed before proceeding with the research. This helps to protect participants' autonomy and ensures that they can make an informed decision about whether or not to participate.

Sampling technique and sample size

This study used a purposive sampling technique, as participants were purposefully chosen to represent a particular phenomenon. Babbie (2011) suggests that purposive sampling is a type of non-probability sampling in which the units to be observed are selected based on the researcher's judgment about which ones will be the most useful or representative. This study used interpretative phenomenological analysis (IPA) and thematic analysis. The IPA methodology values purposive and small samples, as it has a strong idiographic approach and commitment to in-depth data analysis (Smith 2011). There is no consensus on the most effective number of sample sizes in qualitative research, but Bertaux (in Maree 2019) argues that 15 is the smallest acceptable sample size. I interviewed 20 participants, of

whom one withdrew, leaving the study with 19 participants in total. The participants were between 18 and 47 years old.

3.6 Data collection

Data were collected through in-depth, semi-structured, face-to-face interviews. Semi-structured interviews are especially suitable when one is particularly interested in complexity or process, or where an issue is controversial or personal (De Vos et al. 2005).

The interview schedule.

In semi-structured interviews, a set of predetermined questions is guided – rather than dictated – by an interview schedule (De Vos et al. 2005). Some of the predetermined questions in this study were: “What are the lived experiences of audience members who attended the GBV prevention community theatre?” and “What is the contribution of community theatre to GBV prevention in Delft?”

In this study, semi-structured interviews were used to gather information. The advantage of using semi-structured, in-depth interviews is that participants reflect on their experiences with little restriction on how they answer a research question. This gives participants guided freedom to share their narratives, making it appropriate for this study. See Appendix D for the interview schedule formulated in line with this approach.

The semi-structured interviews

In semi-structured interviews, participants describe and reflect on their experience (De Vos et al. 2005). In the first section of the interview demographic information was collected to gain an understanding of how participants self-identified in terms of sexuality, gender, years of staying or working in Delft, and age. The second section of the interview was in-depth and was used in the data analysis and discussion phase. Questions were open-ended and exploratory, addressing topics about GBV prevention and community theatre. Babbie and Mouton (2013) define an interview as “a data-collection encounter in which one person (an interviewer) asks questions of another (a respondent)”. Face-to-face interviews are a preferred data collection method in qualitative research because they offer an emotional component and more information than quantitative answers – every word people

use in telling their stories is a microcosm of their consciousness (De Vos et al. 2005). The researcher can clarify issues face-to-face and to develop a rapport with the interviewee, which is difficult to achieve through telephonic or online interviews.

Female fieldworker

Because the research topic is very sensitive in South African society and ethical issues are always at the centre of such studies, a female social worker studying towards her MA degree at UCT interviewed the female participants. The female participants were interviewed by the female social worker and the male participants were interviewed by the male social worker. Interviews based on gender were used in this study as a methodological and gender-sensitive choice to create a more comfortable environment for participants. The male participants were interviewed by the researcher, who is male. A digital audio recording device was used in all the interviews to collect data, and participants gave their consent to be recorded. Information can be recorded through interviews, handwritten notes, or audio and/or video records (Cresswell 2014), allowing the researcher to be in tune with the participant rather than trying to memorise everything said in the interviews. Once the researcher had transcribed the interviews, the data were analysed.

3.7 Data analysis

De Vos (2005) suggests that data analysis is the process of bringing order, structure and meaning to a mass of collected data. Due to the nature of the research question and research method in this study, IPA was used as a data analysis tool. Van Manen (in Maree 2019) suggests that phenomenology is focused on “sober reflection” on the lived experience of human existence. Manual data analysis methods are preferred for data analysis for phenomenological studies, and Maree (2019) notes that “We can also deduce that the use of computer assisted data analysis is less desirable in phenomenological analysis.” For an example of the coding process used in the data analysis see Appendix E. The coding process in qualitative data analysis involves systematically organizing and categorizing data to identify themes, patterns, and relationships.

According to Smith, Flowers & Larkin. (2009), IPA is a qualitative approach concerned with the personal lived experience and meanings attributed by participants, insofar as they can be interpreted by the researcher. It aims to identify the common meaning individuals give to their lived experience of a phenomenon (Preston & Redgrift, 2017) and offers an in-depth exploration of the participants' life worlds (Bacon et al. 2018). It is well-suited to complex and emotionally charged topics such as GBV, as it is dependent on what a participant chooses to disclose about an experience (Smith et al. 2009). Interpretive phenomenology assumes that people are actively engaging and interpreting events throughout their lives (Creswell & Poth 2018).

The interviews were transcribed and analysed following the distinctive, systematic, and flexible process recommended by Smith et al. (2010) and Smith (2011), namely: an initial encounter with the text, case-by-case analysis, identification of themes, clustering of themes, refinement of clustered themes, cross-case analysis identifying superordinate themes, labelling super-ordinate themes, and writing a narrative report (Bacon et al. 2018). For an example of the transcript see Appendix E.

3.8 Data verification and trustworthiness

According to Lincoln and Guba (in De Vos et al. 2005), data verification addresses issues of applicability, consistency, and neutrality, which are fundamental to research because they give clarity on how the research was conducted. It also raises questions about whether the findings of the research are applicable to other contexts. To avoid ethical dilemmas in this study, the researcher made sure to report what was said during the data collection phase. Babbie and Mouton (2013) suggest four criteria to verify the trustworthiness and neutrality of the data: credibility, transferability, dependability, and confirmability.

3.8.1 Credibility

Credibility ensures participants have been “accurately identified and described” (De Vos 2005) and assesses how congruent findings are with reality (Maree 2019). Credibility is enhanced by an early familiarity with participants and through a well-defined purposive sampling, detailed data collection methods and triangulations (Lincoln & Guba 1985 in Maree 2019).

To achieve this in this study, only participants that fit the inclusion criteria were included, and those that do not fit the criteria were excluded. The inclusion criteria have two different category groups that were interviewed, and these samples were drawn from the population of all adult individuals (aged 18 and older) who attended a production. Furthermore, I reported exactly what had transpired in the interview process without being swayed by pre-conceived notions.

3.8.2 Transferability

Unlike generalisability, however, transferability does not allow for generalised claims but invites readers of the research to make a connection between elements of the study and their own experiences or research (Maree 2019). In simple terms, transferability means that the study can be transferred to different settings and groups. While theatre has been in South Africa for many decades and has been used to address some of the social ills of the country, the impact of those programmes has not been properly studied. This study can be transferred to other settings, such as communities with a high incidence of GBV.

3.8.3 Dependability

According to Babbie and Mouton (2013), dependability means that if the study “were to be repeated with the same or similar respondents ... in the same (or a similar context), its findings would be similar”. Dependability is demonstrated through the research design and its implementation; the operational details of data gathering; and the reflective appraisal of the project (Maree 2019). This critical aspect of the research speaks to the stability of the research in different conditions over time. The research achieved this by following by following a phenomenological research process. By making sure that I reduce biasness and not using my own imagination, instead I focused on the data that was collected through the interview process for data analysis. Research is the process of being sure to tick every box during data collection and analysis. This in turn will make the process easier for those who wish to visit the study in the future.

3.8.4 Confirmability

Confirmability can be ensured through “the examination of the raw data, data reduction and analysis, process notes, material relating to intentions and instrument developments” (Babbie & Mouton 2013). Lincoln and Guba (in Maree 2019) describe confirmability as the degree of neutrality or extent to which the findings of a study are shaped by the participants and not by researcher bias, motivation, or

interest. The data must represent the information given by the participants, not imagined by the researcher. I ensured confirmability by storing all the raw data that was collected during the interview process.

3.9 Limitations

A limitation of this study is that its findings cannot be generalised to the wider population because they explore the experiences and meanings of individuals in a particular community. Another limitation is that it is very hard to find updated, reliable government statistics on GBV in South Africa. Furthermore, GBV is a prosecutable offence in South Africa, so some people might be hesitant to take part in the research. Because community theatre involves the local community and has many audience members, and the researcher assumed many people would be willing to participate, but in the end only 19 participants took part.

3.10 Reflexivity

Reflexivity is the gold standard for determining trustworthiness and ensuring rigour and quality in qualitative research (Teh & Lek 2018). It is a fundamental aspect of IPA research (Langdridge 2007; Finlay 2008) and has been practised for over a century (Mitchell et al. 2018).

Researchers need to increasingly focus on self-knowledge and sensitivity; better understand the role of the self in the creation of knowledge; carefully self-monitor the impact of their biases, beliefs, and personal experiences on their research; and maintain the balance between the personal and the universal.” (Berger 2015: 220)

As men are most often the perpetrators of GBV, my being male may have made potential participants reluctant to share, viewing me as a person with “male privilege” and not directly affected by GBV. I addressed this by recruiting a female social worker to conduct interviews with all but one of the female participants. GBV is a very sensitive issue and must be tackled with empathy and sensitivity, especially as a man. I have been confronted with GBV-related issues throughout my professional career as a social worker, but I believe that a violence-free society is possible by working together. However, my

role here was that of the researcher, so my beliefs and my role should be balanced by the processes of scientific inquiry.

3.11 Conclusion

This section of the study outlined the methodology employed in the section, covering several key aspects. These aspects include qualitative research approach and design this section begins by introducing the qualitative research approach and design chosen for the study. Then followed by the research setting, this provided details about the research setting, which is crucial for understanding the context in which the study was conducted. This includes information about where data collection took place. Sampling and Population was included in this section, and it discusses the sampling strategy employed and provides insights into the population under study. in this section, the research also provided details of how participants were selected and, inclusion and exclusion criteria. Sample characteristics, data collection and data analysis have been presented in this section. Lastly, the section has included data verification, trustworthiness, limitations, and reflexivity.

Chapter 4: Findings and discussions

4. Introduction

This chapter focuses on presenting the research findings and engaging in a discussion based on those findings. This section of the research entails demographic information about the participants, providing details such as age, gender, number of years staying or working in the community of Delft, and any other relevant characteristics of the sample. The chapter then delves into the main themes and categories that emerged from the data analysis. The following themes are included in the study, audience experiences, community theatre as a GBV-prevention tool, understanding GBV and its prevention, challenges faced by victims of GBV and GBV victim support. These themes represent the key findings of the study and are supported by quotes or excerpts from the participants' responses. The findings are substantiated or supported using relevant theoretical integration. The chapter discusses how the identified themes and categories align with existing theoretical perspectives, providing theoretical explanations for the observed phenomenon. The findings discuss the objectives of the research outlined in earlier sections of the study analysed using interpretative phenomenological analysis (IPA).

4.1 Demographic information

Table 4.1.1 lays out some of the demographic information of the participants.

The following key is used to denote the participants' gender, race and language. The researcher used the following categories because no one identified as any other gender, race category other than the ones stated below.

Gender:

M = male

F = Female

Race:

A = African

C = Coloured

Language:

X = isiXhosa

A = Afrikaans

E = English

S = Sotho

Table 4.1.1 Participant demographics

Participant	Age	Gender	Race	Language	No. of years in Delft
1	25	M	A	X	10
2	26	M	A	X	10
3	27	F	C	A	27
4	23	F	A	X	7
5	18	F	A	X	2
6	18	F	A	X	18
7	26	F	A	X	3 (working)
8	29	M	C	E	4 (working)
9	47	M	C	A	20
10	42	F	A	X	5 (working)
11	27	M	C and A	A	10
12	21	M	C and A	X	14
13	25	M	A	X	12
14	25	M	A	X	20
15	23	M	A	X	15
16	18	F	A	S	11
17	18	F	A	X	10
18	40	F	A	X	5 (working)
19	23	F	A	X	4

Of the four social services-provider participants, two were social workers and two were social auxiliary workers, while the other 15 participants were community members who watched the production. Of 19 participants, 14 described themselves as African (73%) when asked about their race, three identified as coloured and two described themselves as coloured and African, having both a coloured and an African parent. There may have been more African respondents because the person who advertised the research was African, and it was easy for him to reach out to other Africans. Of 19 participants, 14

were Xhosa speakers, three were Afrikaans speakers, one was a Sotho speaker and one an English speaker.

This section below presents a description, discussion, and analysis of the participants' demographic information. Important aspects of data are summarised.

4.1.2 Language of the participants

The data related to the participants' first language are presented in the table below.

Language	No. of participants
IsiXhosa	14
Afrikaans	3
English	1
Sotho	1
Total	19

Fourteen of the participant's said isiXhosa was their first language and five said other languages were their home language. However, only four participants opted to do their interview in isiXhosa during the interview when they struggled to express themselves in English. I did those interviews in isiXhosa, then translated them into English. While the population of Delft is predominantly Coloured (52%), Black African (46%) and other (2%) the participants did not reflect the population dynamics of the community (City of Cape Town 2011).

4.1.3 Gender of the participants

The participants identified as male or female, being almost 50% male participants and slightly above 50% female participants. Most GBV-related interventions are targeted specifically at men, women or children but seldom address all genders or groups.

Gender	No. of participants
Male	9
Female	10
Total	19

Most GBV prevention programmes separate victims and perpetrators. Statistically, most perpetrators are men and victims are women. Some interventions are victim-centred, some are perpetrator-focused, and some are school-based prevention interventions (Ellsberg et al. 2015). These prevention programmes use a wide range of approaches, including group training, social communication, community mobilisation and livelihood strategies (Ellsberg et al. 2015). More recent programmes are shifting their focus from effecting change in groups or individuals to effecting change at a community level (Heise 2012). This community theatre intervention is unique because it includes all members of the community and is tailored for everyone, not just a particular group of individuals. Gender participation in this study indicates that community theatre can attract both men and women, as highlighted by the participation of nine men in the 19 participants.

4.1.4 Age of the participants

The data related to the age of the participants are presented below. The study targeted people 18 and older.

Age	No. of participants
18–20 years old	4
21–29 years old	12
40–47 years old	3
Total	19

Participants between the ages of 21 and 29 participated more than any other age group in the study, indicating that this group was more willing to participate in the study about GBV prevention than any other group. This might have been fuelled by their understanding of the impact of GBV in their community. Participants between the ages of 40 and 47 years participated least in the study. The participation of the 30-39-year-old age group was zero in the study because the actors of the play were primarily teenagers, and they mainly invited friends, family, and relatives to attend the production. This demographic pattern suggests that the audience for the play may have been skewed towards younger individuals due to the involvement of teenage actors and their social networks.

4.1.5 Audience backgrounds

This study focused on different groups of individuals to achieve a comprehensive view of the issue.

Audience	No. of participants
Community members	15
Social workers	2
Social auxiliary workers	2
Total	19

Community members constitute more than 75% of the study participants. Community members understand the issues their community faces because the issues occur in their environment, and they understand the dynamics at play. Less than 25% of the population were social service professionals working in the Delft community.

4.2 Findings and discussion

Themes	Categories
Audience experiences	1 Awareness-raising for audience 2 Affective responses 3 Personal memories of GBV
Community theatre as GBV-prevention tool	1 Observational learning 2 Alternative-education tool
Understanding GBV and its prevention	1 Definitions of GBV and GBV prevention 2 Engaging men 3 Culture of dependency
Challenges faced by victims of GBV	1 Normalisation of abuse 2 Low self-esteem and transposed identity 3 Discord in the community 4 Systemic issues 5 Trauma
GBV victim support	1 Police station and one-stop centre

	2 Community forums and skills development programmes
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The following section uses quotes from the participant interviews to explore the themes and categories set out above. Social workers are indicated as e.g., “SW 1” and community participants as e.g., “Participant 01”.

4.2.1 Theme 1: Audience experiences

When audience members were asked about their experience of watching the production, most responded that it had depicted what was happening in their communities and that they related to the stories that were shared. The community theatre took the audience on a journey that led them to reflect on their experiences of GBV.

Category 1: Awareness-raising for audience

Raising participant awareness was one of the primary purposes of the community theatre. Seventeen participants said the play opened their eyes to the extent of GBV in communities and to the difficulties in preventing the problem.

“Experiencing the play was very eye-opening for me, I didn't know that GBV was taken to that extent in the communities where I work. The play has opened my eyes to different types and forms of GBV and different types of abuse that are taking place and it has shown me the kind of help that is out there for the victims of GBV. I think it was a very good idea to start a GBV play in the Delft community.”
(SW 2)

“The play has highlighted the taken-for-granted issues of GBV prevention and the places that victims can go to when they seek help.” (SW 1)

Participant (SW 2) stated that the community theatre was “eye-opening”, indicating that it had increased their awareness about GBV. This was echoed by (SW 1), who highlighted that community theatre had brought attention to the taken-for-granted issues of GBV.

Victims of GBV often do not know where to go and who to speak to when they are abused. The community theatre raised audience awareness about GBV and where victims can seek help. Community theatre can increase people's awareness and critically engage them in their own local culture and history (Van Erven 2001). Community-based theatre uses community members as performers or storytellers, making it relatable and easy to learn from for other members of the community. It is socio-political theatre that takes a critical position on social issues, aims to raise awareness, and works to alleviate social frustrations and conflict (Boehm & Boehm 2003).

Category 2: Affective responses

The affective responses of the participants indicated that they identified with the scenarios in the community theatre. Participants identified with the mood, feelings and attitudes portrayed in the production, indicating that audience members were not just passive spectators but were also active spectators. They also empathised with and imagined how victims of GBV struggle daily, putting themselves in the shoes of victims.

“My experience with the play was emotional – fun at the same time, because everything that was displayed to us was the things that we go through in our daily lives.” (Participant 04).

“I was kind of sad to the point that I even cried because nobody should be going through GBV. Every person should be safe, and every person should be doing what they want to do with whoever they want.” (Participant 17)

The audience related to the play, and it made some of the participants more sensitive and empathetic to victims of GBV.

“The play was very nice; it was wonderful to watch and very informative as well. It covered all bases about GBV, and it was able to shine a light on what it is.” (Participant 01)

This shows the knowledge contribution and impact the community theatre was able to have on audience members. Theatre is a community activity of connecting, communicating, and expressing with each other (Thavachchelvi & Sharma, 2021) and is increasingly being used to sensitise and mobilise local communities (Inyang 2016).

Category 3: Personal memories of GBV

The participants shared personal memories of GBV with the researchers. These memories were not limited to what had happened to the participants in the past but included what the participants had witnessed.

“I experienced abuse from my father, and I have experienced abuse from my ex-partner, you know, so while I was watching it, I had mixed emotions. Because come to think of it, I was once in a position where I did not know how to get out of an abusive relationship.” (SW 1)

“The things that I went through... I was once in an abusive relationship, the show showed me that what I thought back then was my fault, wasn't my fault. I used to blame myself for being beaten up, but it was not my fault.” (Participant 04)

“When I was abused by my ex-partner – the person I was in a relationship with – I was afraid because of his reputation, I was afraid that when I come out people are going to think that I am trying to ruin his life. And another thing is that we share a child, and I was afraid if I say anything I would be seen as someone who is depriving him an opportunity of having a relationship with his child.” (SW 1)

“On a personal level, this also showed me that some of the abuse that I am going through I didn't know was abuse or a form of abuse when it comes to GBV, so it's quite a lot.” (SW 2)

The play provoked personal memories of GBV for some participants, but also brought a sense of relief and understanding of how far they have come. Community theatre's material and aesthetic form emerges directly (if not exclusively) from the community whose interests it tries to express (Van Erven 2001). The power of community-based theatre is in its ability to speak to individuals' consciences and to mobilise a community towards a common goal. As audiences watched the play, they had a sense of conquering abuse and rising above the circumstance of victimhood.

One participant reflected on one of his cousins being a victim of GBV:

“The reason why I am saying this is that I had a cousin who was raped, she was raped by a guy who was living on the same street as ours. The guy was arrested, and after serving two years in prison, he

came back to the community. When she sees him, she experiences flashbacks and memories. Can you see that the trauma comes back, because you can't be in the same place with the person who has violated you?" (Participant 15).

The play reflected personal encounters of GBV, with some audience members acknowledging that they had not realised they were being abused. Participant (SW 1) highlighted that she was afraid to notify people and her family about the abuse that she endured, because she shares a child with the perpetrator. Research has found that many women who suffer GBV do not seek help, because they fear their environment will blame them, support the aggressor, or have negative effects for the victim's supporters (Aubert & Flecha,2021).Community theatre gives audiences an opportunity to revisit personal memories. Creative therapies provide an alternative method for processing difficult experiences such as trauma and violence, transcending traditional methods of communication (Dix 2015).

4.2.2 Theme 2: Community theatre as GBV-prevention tool

As a GBV-prevention tool, community theatre highlights the power of narratives and visual images to tell a story. The findings show that participants learned more through demonstration than any other form of learning. Learnings can reach more people when they are shown rather than told, because demonstration uses narrative and visuals to tell a story and minimises the communication gap.

Category 1: Observational learning

Most participants revealed that they benefitted from observing the behaviour of the characters in the play.

"I think it is the best education tool, because it demonstrates things, and people relate more to demonstration than reading a book or being told." (Participant 13)

"When things are shown, people can easily relate and say 'Hang on, I have seen this before' or 'I am also going through it myself.' Showing gives more details than telling." (Participant 13)

"After the show, my friends and I had a conversation that not everything needs to be fixed using violence, you must communicate and understand each other." (Participant 15)

“Before I watched the play, I used to think that it was okay for a woman to swear at a man, because she was just swearing. But then after watching the play, I realised that it’s not okay for women to be swearing at the man.” (SW 2)

Participant 13 highlighted that community theatre showed the audience how GBV can be prevented in the community. Most GBV prevention programmes tell more than they show, which runs the risk of people forgetting what they are told; language barriers can also prevent people from benefitting from the information being shared.

Citizens with a variety of social identities may come together to be heard and to influence their communities through community-based theatre (Boon & Plastow 2004), which can also be used to change behaviours and attitudes.

Using creative and innovative methods such as community theatre may encourage alternative solutions to GBV prevention, as indicated by participant 13 above. Community theatre can be moving, pertinent, powerful and effective in strengthening the group of people it caters to (Van Erven 2001). Participant 11 used the following analogy to express the power of demonstration:

“For example, if you say to a person give me 25 thousand rands, I will give you a car – but the car is not there – if the person doesn't see the car, they won't give you the money. The nice thing about the play is that it is there for everyone to see, and it provides information and it's happening in front of you.” (Participant 11)

Category 2: Alternative educational tool

An alternative educational tool for GBV prevention is needed and must be supported by evidence. In light of the high prevalence of GBV in South Africa, it is surprising that there is little conclusive evidence of violence-prevention programmes’ effectiveness in communities.

Common approaches include the Duluth Model, a feminist approach that engages men in discussions around power and control, and cognitive behavioural therapy and anger management, both of which focus on the use of violence itself rather than on underlying beliefs. (Ellsberg et al. 2015). More recent approaches have combined these interventions with substance abuse programmes, couples therapy or

culturally adapted programmes for specific populations (Ellsberg et al. 2015). Findings from these studies have been inconclusive, however (Ellsberg et al. 2015). Prevention intervention in communities has generally targeted a particular group, such as school-based interventions, interventions for victims or interventions for perpetrators. As the interventions effectively happen in silos, this may contribute more confusion than solution. Community theatre can include all members of a community to find solutions to their daily problems. The following reflections indicate how participants started to rethink GBV after viewing the community theatre.

“I think it can play a huge role in GBV prevention because it can educate. Not to speak badly about the community, but a lot of people in the Delft community are not aware of the different types of abuses. They don’t know about GBV, and I think the play highlights what GBV is very beautifully, and it goes even further to show different types of GBV that these women are exposed to.” (SW 2)

“If it was up to me, I would like for the play to continue on an annual basis so that we can see how to handle GBV, especially as black people.” (SW 3)

“That thing of forcing women to sleep with you because you have paid lobola doesn’t work anymore. I have realised that we don’t have to do things the same way that the older generation used to do them. Things have changed.” (Participant 02)

Chiweshe (2016) writes that cultural practices such as paying lobola (bridal price) place men in a powerful position over women, often leaving women with little power in a marriage. The statement by Participant 02 shows that community theatre can be used to address GBV prevention by changing toxic social norms, a key component in effective violence prevention.

Gqola (2007) argues that GBV is omnipresent in South Africa and has been normalised through the dominant public discourse and fed by cultural norms that dictate that men are aggressive, controlling, and dominant and women are docile, subservient, and reliant on men as providers.

Even within the context of high levels of violence, there are differences in the use of violence among different groups of men (Gibbs et al. 2020). In a South African population-based study, Jewkes and Morrell (2017) identified three groups of men who used violence in different ways: 24.7% of the men

“were notably violent and anti-social, a hyper-masculine position”, while “29.6% were very violent against women, but much less engaged in anti-social and sexually risky practices and [were] considered the hegemonic masculinity”. The largest group (45.7%) perpetrated less violence and rarely engaged in other anti-social or sexually risky behaviours (Jewkes & Morrell 2018).

Past violence-prevention programmes, such as Stepping Stones and Creating Futures, have had some impact on reducing violence. “The combined economic strengthening and gender transformative intervention of Stepping Stones and Creating Futures had a differential impact on men’s perpetration of IPV and non-partner sexual violence, based on men’s masculinity class” (Gibbs et al. 2020). The study, which was done in Durban, found that these programmes had the greatest impact among the most violent men.

4.2.3 Theme 3: Understanding GBV and its prevention

Community members struggled to define GBV and GBV prevention when asked. The social workers were more comfortable with the question, defining GBV as a form of violence that affects everyone in communities. The following category highlights some of the definitions provided by the participants.

Category 1: Definitions of GBV and GBV prevention

In this research, half the participants struggled to define GBV.

“I define GBV as anyone abusing – or rather, let me say anyone violating – the right of another through violence.” (Participant 01)

“GBV is a form of violence not only against women, but against men as well, against the LGBTQ+ community and against all people – against anyone based on who they are.” (SW 2)

“I would define it as abuse, I would define it as control. I am just going to put word by word and try to elaborate – what do I mean when I define GBV as abuse? I am talking about different types of abuse that people face: the emotional abuse, physical abuse, financial abuse that is also part of GBV, and the control.” (SW 1)

For the Delft community to prevent GBV, they must understand what prevention is and why it is important. The study identified that one of the problems of prevention intervention is the lack of information about GBV in communities, as most community member participants had a limited understanding of GBV prevention.

“In my opinion, GBV prevention is a method used to prevent it from happening in the future. I think GBV prevention is also preventing what is already happening, so tackling the issues. The play was a nice example of GBV prevention, people could be equipped with knowledge of what GBV is and the help that they can get.” (SW 2)

“GBV prevention is a method that is being used to solve a certain situation, which in this case means the gender-based violence committed against men, women and children.” (Participant 01)

“I would define it as something that is fighting against GBV, that is trying to bring about change concerning GBV, and trying to prevent GBV from escalating. Prevention is like preventing it from spreading and stopping it from happening.” (SW 1)

Berkowitz (2004) summarises the characteristics of effective prevention programmes as having to be comprehensive, intensive (addressing cognitive, affective, and behavioural domains) and offering positive messages to the community. The comprehensive characteristic is most applicable here, as it means that prevention programmes must include all affected role players to be successful. When audience members were asked about GBV prevention and their understanding, some participants gave a descriptive explanation of GBV prevention. However, Participant 02 included another dimension of GBV prevention by highlighting the misuse of power, mostly by men, and men’s exclusion or reluctance to take part in GBV-related conversations, as a stumbling block to its prevention. Individuals in positions of power often use their power to oppress the marginalised.

“People who are in a position of power tend to use that power to abuse, especially men who are in a position of power. That is why I say I related with the play, because it was highlighting things that are happening in communities.” (Participant 02)

Violence is often justified as means to control women when they do not conform to prescribed roles (Yoshihama & Tolman 2015). People with power may use it to oppress those they deem inferior to them, so GBV is a way of exercising power one has over another person. The next category addresses the engagement of men in the GBV-prevention discourse.

Category 2: Engaging men

Some participants in the interview suggested that a strategy for GBV prevention should be to listen to men when they report being abused.

“For me, if we can listen to a man when a man brings grievances about his wife, those grievances must not be treated as jokes, because sometimes it's serious.” (Participant 02)

“I feel like there should be shelters for men who are victims of GBV.” (SW 2)

“The play has shown me that everyone can be abused regardless of their gender. If you listen to our government, they say woman abuse must stop, which means that man is the abuser.” (Participant 11)

Tolman et al. (2019) suggest that engaging men in GBV prevention depends on effective strategies for reaching them and getting them involved. In this study, almost all the male participants felt they were not listened to when they reported abuse. Prevention of GBV will thus require equal treatment of all genders. The research highlights the need to involve men in GBV issues and that miscommunication about GBV-related topics can exclude men. Men may choose to keep everything to themselves because they are viewed as perpetrators of GBV. Much of sub-Saharan Africa is characterised by a “culture of silence” regarding taboo topics, including gender violence (LeClerc 2000)

Category 3: Culture of dependency

At the centre of abuse such as GBV is the control of one person over another, using resources to ensure dependency. Many victims of abuse depend on their partners for one thing or another.

“First when we experience violence or abuse at home, such as financial abuse, the man doesn't realise that the abuse is not only affecting me as his partner and wife, but he abuses children as well, because when the father of the household doesn't give me money, everyone will be affected at home.” (SW 3)

“They don't want to put the perpetrators in jail because they are dependent on him, because if they put them behind bars who is going to look after them, who is going to look after the kids and who is going to take care of the household?” (SW 2)

The culture of dependency is a stumbling block to GBV prevention. People who are abused may rely on perpetrators for financial and material needs. Addressing this by creating employment opportunities for women might be an effective GBV-prevention mechanism. South Africa is one of the most unequal countries in the world, with high unemployment rate.

Nobanda et al. (2021) explore possible explanations of violence against women during the COVID-19 lockdown in South Africa. The authors propose that successful VAW-prevention measures should prioritise women's socioeconomic realities, such as education, income, and employment. Such measures should also prioritise broader structural factors, such as patriarchal structures and social and economic policies, that shape women's lives and experiences (Nobanda et al. 2021).

4.2.4 Theme 4: Challenges faced by victims of GBV

Victims of serious crimes such as GBV and rape face a myriad of challenges to get the resources and support they need to live a normal life. When participants were asked about the challenges faced by victims, most highlighted a personal, community and systemic failure to address GBV. Category one discusses the normalisation of abuse by individuals, families, and communities.

Category 1: Normalisation of abuse

Two participants highlighted how GBV is normalised by victims.

“It reminded me of everything that I faced when I was growing up, because my father used to beat my mother, and we didn't see it as abuse then.” (SW 4)

“I think another challenge that is faced by GBV victims is that they normalise being abused by their partners, they think it's okay, and sometimes they blame themselves for the abuse they are receiving from their husbands.” (SW 2)

The normalisation and stereotyping of unacceptable behaviours have their roots in toxic relationships and enable abuse. Gqola (2007) argues that GBV is omnipresent in South Africa and has been normalised. The abuse of women is normalised in some communities, used as a form of punishment to discipline a wife or woman for doing something their partner perceives as wrong. GBV prevention in Delft must address these toxic and oppressive mentalities. The next category discusses how GBV victims tend to have low self-esteem, and how their identity sometimes changes to victim or survivor.

Category 2: Low self-esteem and transposed identity

Another challenge that victims of GBV may face is their own low self-esteem, seeing themselves through the eyes of the abuser.

“I was afraid to be judged by my family, my friends, and people I knew, some of them that make it difficult to come out. People are afraid to be judged, they are afraid to seek help.” (SW 1)

“The perpetrator would make it difficult for you to come out by manipulating you to a point where you believe that you deserve this, you deserve the abuse you are getting from him.” (SW 1)

“One of the challenges is that they change who they are, they forget everything that they have learned in their upbringing, and they became a different person, they start not to care about the things they used to care about.” (Participant 11)

“The second challenge is that when your partner abuses you emotionally, you see yourself as nothing. Even if a person is complimenting you, you don't even pay attention to that because you already have this negative self-image.” (SW 3)

One participant suggested that victims lose a sense of who they are because of the obstacles imposed on them by society. Victims of abuse not only suffer from low self-esteem, but their identity also changes as a result of being abused. Some victims will become violent themselves, while others will

accept the violence as part of everyday life. The next category looks at the importance of community unity to prevent GBV.

Category 3: Discord in the community

Research findings suggest that a lack of unity amongst community members is a perpetuating factor for abuse in the community.

“If the community can stand together when someone is being abused, the next person won't even try to do it, because he would know that the community is united against the abuse.” (Participant 11)

“The problem in our community is that people will see someone being abused; one or two will stand up, while the rest will just ignore.” (Participant 11)

GBV is a societal issue, and communities need to be united against it. Participant 11 suggested the community should stand together to prevent GBV. Community members may choose not to interfere when they see someone being abused because victims sometimes withdraw their case at the police station, but minding one's own business in public issues such as GBV only leads to more abuse. By working closely with stakeholders such as the South African Police Services, communities can bring more clarity to how victims should report cases of abuse and other crimes. The next category focuses on systemic issues faced by victims of GBV.

Category 4: Systemic issues

The research findings show that systemic challenges such as the under-reporting of GBV issues perpetuate the increase of GBV in communities.

“Many challenges are faced by GBV victims. For example, let's say we have a person who wants to report that they were raped, and they go to the police station. The way the police station is set up is a very busy place, with many members of the community using it for other things as well. Victims of GBV will be left to stand in a very long queue in the police station, and no one bothers to ask people who are standing in the line what they are there for. Police just assume that most of them are there to certify their documentation or open a case. After standing in the queue for so long, the victim finally gets to the front. When they report that they are reporting rape to the police officer, most of them are

not trained to have empathy, and victims will be told to come back tomorrow because the Family and Child Protection Services is not always at the police station.” (SW 1)

“I think also when it comes to court, another challenge that these victims face is that sometimes they don't have transport money to go and seek the help they need, such as going to court and getting a protection order – because they are being supported by the perpetrators, they don't have any skill.” (SW 2)

Systemic gender imbalances generally disempower women, stifle their voices and prevent their stories from being told (Enaifoghe 2019). The under-reporting of sexual crimes is not a South African phenomenon; it is a global challenge. In a study conducted in the community of Ruwa in Zimbabwe, the authors explored barriers to reporting sexual abuse. “Results revealed that 69% of the respondents were abused, yet only 2% of the total respondents reported the abuse to authorities, while 67% did not report incidences of abuse” (Chibango & Chibango 2022). Their results also show that barriers to reporting sexual abuses are comprised of cultural and economic factors, most characterised by shame, embarrassment, and fear, as well as a desire to protect male breadwinners (Chibango & Chibango 2022). These findings are consistent with the existing literature about the under-reporting of sexual crimes in particular.

The decline in reported sexual offences and rapes in recent years is not necessarily something to celebrate (Sonke 17). The unreliability of statistics when it comes to GBV reporting is confusing, and the over-reliance on victims to report the crime is problematic. Society should be concerned about what prevents victims from coming forward, which include shame, guilt, distance to a police station, humiliation, and stigma (Sonke 2017). A 2017 Gauteng study found that only one in 23 women who experienced sexual abuse reported it to the police, reflective of gross under-reporting of sexual offences (Madumise-Pajibo & Shisana 2020).

A study conducted in the Netherlands found that 80% of victims of sexual violence did not report it to the police, chiefly because of shame and guilt (Ceelen et al. 2019). Luyt (2008) conducted a survey in Camdeboo, South Africa, and found that 76.7% of women who experienced sexual abuse did not report

it to law enforcement. Victim blaming and financial status are considered strong barriers to reporting cases of sexual violence (Mapiko & Chinyoka 2017).

Participant SW 2 explained the impact of poverty as a contributing factor to the under-reporting of GBV:

“Another challenge is that poverty plays a huge role in GBV. I have mentioned there is a high unemployment rate in South Africa – a lot of people are unemployed, and they sometimes rely on others for food and other necessities, and most victims are depending on the perpetrator for their basic human needs to be met.” (SW 2)

Levels of poverty in marginalised communities, especially among women in South Africa, are very high, which can discourage people from reporting abuse if they are reliant on the perpetrator for financial support.

Category 5: Trauma

Victims of GBV continue to be subjected to daily trauma, regardless of the country’s progressive policies and laws to fight GBV.

“Another challenge is that GBV traumatises victims. They go through a lot of trauma responses, and one of the trauma responses is that they feel guilty, and they blame themselves, and that is the challenge. And also, people don't have access to mental health services in Delft, they are not aware that the trauma responses they are going through are normal for victims to go through such.” (SW 2)

“I believe that is also a challenge to other victims, because they are being moulded to believe that it's their fault.” (SW 1)

Victims are made to believe they are being abused because of their misbehaviour, and that they deserve to be abused and mistreated. Women in South Africa and other parts of the world are subject to patriarchal gender stereotypes.

4.2.5 Theme 5: GBV victim support

Stakeholders support survivors of GBV through different mechanisms, such as counselling, but these support structures are not sufficient to reduce GBV-related crimes. Participants provided information about what support structures are needed, including an increase in the number of police stations.

Category 1: Police station and one-stop centre

Victims of sexual crimes are sent to many different places, such as the hospital, court, police station, etc., and almost all the participants recommended a one-stop centre. Findings of the research suggest that a one-stop centre would help victims and encourage reporting.

“We need another police station at least – we need about not less than three police stations in the community, we need social development within the community, not just one social development. You see, Delft is very big – you need services that are closer to the people of Delft.” (SW 1)

“For example, when you have been raped you have to go to the police station, and at the police station they will be sent to the clinic to fill in forms that the doctor needs to check and all of that.” (SW 1)

“If that process can be made a little bit easy for the victim – at least everything must be sorted in one place, so that you don't have to run around like a headless chicken.” (SW 1)

The participants shared a common view about increasing the number of police stations to address GBV. Delft's population continues to grow rapidly, but services such as the number of police stations have not kept up. The community is expanding far from the resources that people need.

The participants suggested a centre to accommodate all the needs of a GBV victim. Currently, victims of sexual crimes in Delft such as rape are sent to many different places when they seek help. It may be difficult for victims to travel to these different places, and consequently some victims go to none of them. Participants highlighted the difficulties associated with victims having to move around for support.

“I think there is a lack of community resources in our communities for GBV victims, and secondly, I feel like GBV victims do not get enough support at the police station. I feel like the police are not helping these victims, they don't open a case, dockets get missing, they laugh.” (SW 2)

Another issue is the approach adopted by police stations and courts to assist victims. Most participants in the research said that police do not consider GBV a serious violation of human rights. Some officers believe that GBV should be resolved within the family without involving law enforcement agencies. This mentality is problematic, however, as it affects the trust the community has in the police services and their ability to assist victims.

Most participants also suggested that the community perceives police as doing the absolute minimum to assist victims of GBV and that they do not do enough to assist victims of GBV.

While most participants highlighted the need for more police stations, SW 2 indicated the challenges that existing police stations face. This shows that increasing the number of police stations will address certain systemic issues in the police services but may not reduce GBV.

Category 2: Community forums and skills development programmes

This category discusses community forums and skills development programmes as the strategic GBV prevention mechanism suggested by some participants in the study.

“Yes, as I said there could be more forums for men and women who are victims, and who are the perpetrators, to teach them, because we cannot say that we must arrest these people. What we can do is to put them under some kind of a rehabilitation program which teaches them about GBV, so that not only do they get punished for what they do but also are rehabilitated so that they don't do again. Arresting them only is not enough, because they will go to jail and come back after a certain time not being rehabilitated on what they did, and they will continue doing what they used to do.” (Participant 01)

“I feel like one of the ways that government could prevent GBV is to have some skills programmes in the community and educate women so that they can earn an income for themselves that they don't depend on the perpetrator.” (SW 2)

The finding of the research suggests that the community needs a forum that addresses issues such as GBV so that all the members of the community know what is going on. Forums are usually community-led and -driven, so they give the community a platform for fundamental discourse and education about GBV and how it can be prevented.

In *Pedagogy of the Oppressed*, Freire (2013) writes about ‘conscientisation’ and ‘praxis’. He defines conscientisation as critical consciousness and praxis as engaging a community in critical reflection and taking action to change oppressive situations. Freire’s work was done on farms in Brazil but is relevant to GBV prevention, as victims in both are oppressed by systems or individuals. Conscientising victims and engaging them in GBV prevention discourse in a co-ordinated manner, using tools such as community theatre, will increase awareness amongst the community.

Another proposed support structure was for government to actively ensure that employment opportunities are created for women. The primary targets of GBV are women and girls, who are not only at high risk of GBV but also suffer greater consequences than men. Understanding the complexities of GBV would result in better and more co-ordinated GBV prevention programme implementation.

4.3 Conclusion

This chapter provides a detailed presentation and discussion of the research findings, supported by demographic information, thematic approach, theoretical frameworks, alignment with research objectives, and the use of interpretative phenomenological analysis (IPA) as the data analysis approach. Data were collected from in-depth face-to-face interviews with Delft community participants and quotes were extracted from the transcripts.

Chapter 5: Conclusion and recommendations

5. Introduction

This chapter includes the conclusion of the study and contributions of the study to the field of GBV prevention. These recommendations are providing actionable direction for future research, and engagement with Delft community stakeholders, and policymakers. This section includes insights into effective prevention strategies used for GBV and the identification of gaps in current approaches. It has highlighted the importance of engaging with local community stakeholders, such as grassroots organisations and the whole community of Delft.

5.1 Conclusions

The conclusions emanate from the three research objectives. The rationale of the study was to explore community theatre as a GBV prevention method in the community of Delft, Cape Town. The objective of the study was to explore the lived experiences of audience members who attended community theatre about GBV prevention. The study sought to understand the meaning audience members attached to the experience of watching the show. It also sought to understand audience members' interpretations of GBV and GBV prevention and to explore how community theatre can contribute to GBV prevention in the community of Delft.

5.1.1. What are the lived experiences of audience members who attended the GBV prevention community theatre?

5.1.1.1 Increasing knowledge and awareness

There is limited knowledge about studies that explore GBV prevention using community theatre, and I found no studies about GBV-prevention community theatre in the Delft community. This study gave first-hand experience to participants, who later had an opportunity to talk critically about the production, sharing their experiences and interpretations of GBV prevention and community theatre.

The production triggered some audience members' personal experiences of GBV. Almost all the research participants said that the play had opened their eyes, indicating that it had created awareness

about GBV prevention in Delft, which is necessary to reduce or prevent GBV in the community. It can be concluded that community theatre was an effective awareness-raising tool in the Delft community. It can positively affect audience members' views and increase their knowledge about a problem. The researcher suggests that community theatre can be used as a primary intervention tool.

5.1.1.2 Emotional responses

The play had a significant impact on its audience. Daruwalla et al. (2015) state that "theatre not only connects people with emotions and promotes awareness, but it also raises communal knowledge to ward off discriminatory practices arising from prevailing norms." An important aspect of the play was its ability to tap into the different emotions of audience members. Participants were able to connect with the emotions of the actors and go on an emotional journey. They discovered the hidden emotions that participants shared through reflections and memories of their past. The audience also learned about the definition of GBV and how it can be prevented.

5.1.1.3 Past reminders

In this study, community theatre invited the audience to revisit the past. GBV is a very sensitive topic and is taboo to talk about in the community of Delft. Community theatre can encourage the audience to develop a positive relationship with their past by remembering their experiences of GBV through the stories performed by the actors. Community theatre allows audience members to confront their past and heal from it through active participation and involvement using reflection, narrative and imagination. The audience saw the play and started to imagine the pain and the constant struggle that many communities face every day.

5.1.2. What do GBV and GBV prevention mean for audience members who attended GBV-prevention community theatre in Delft?

GBV is a social ill that cuts deep into the fabric of society, a violation of human rights that affects everyone. The misuse of power to control another person is at the centre of GBV. This study found that the community of Delft has different understandings of the meaning of GBV. Social services professionals have a good understanding of GBV, because they are exposed to more GBV-related cases

than other community members. At the same time, awareness was raised for them. Raising awareness for alternative prevention methods can be a crucial aspect of addressing various issues, such as social challenges. Alternative prevention methods often offer innovative and sustainable solutions that complement traditional approaches. Different stakeholders must educate the community about GBV so that the community has a deeper understanding of the problem and can seek solutions relevant to their context.

There are three different types of GBV prevention: primary, secondary and tertiary prevention. This study was a primary intervention, because the play focused on changing attitudes and behaviour and increasing community knowledge about GBV prevention.

GBV-prevention interventions sometimes target a particular group of people, such as perpetrators, victims or children, but this community theatre included everyone in the community, regardless of their gender, race, age or sexual orientation. For effective GBV prevention, the community must work together to achieve a non-violent society, and community theatre was very effective in involving everyone. As perpetrators of GBV are more likely to be men, they must be involved in the discourse about how to prevent it.

5.1.3. What is the contribution of community theatre to GBV prevention in Delft?

In this research, community theatre provided observational learning on GBV prevention. Many participants stated that community theatre is a powerful way of communicating sensitive messages because of its ability to demonstrate. A demonstration can reach more people, because it is not limited to the spoken word. The research findings suggest that for community-based intervention solutions to work, the whole community must be involved. In study titled *a space to speak* by (Arias et al ,2020) they have suggested that audiences may learn, become inspired, or find connection with others through educational or social justice-oriented performances.

Based on my informed expertise and perspective, which extends beyond the specific findings of the study, I recommend that community-based theatre views the community as expert and capable members who have agency to solve their own issues. Community members are in a better position to understand the depth and complexities of their daily challenges, and community-based theatre provides

an opportunity for constructive discourse about the issues that affect them. This type of intervention should happen every year, not just once, so that the community can regularly engage with the issues and be reminded of the lessons.

Community theatre has been viewed by many participants as a tool for observational learning. It has been highlighted that the audience enjoyed the demonstration more than any other type of intervention prevention such as marches, workshops or information sessions. Participants learned a lot through watching the play unfold in front of them. In most GBV-prevention interventions, an expert tells the community what to do, whereas community theatre shows the problem to the community and makes it relatable, seeing the community as the expert.

Community theatre can also challenge toxic social norms, which must be addressed for gender behavioural change. Behaviour is the manifestation of thoughts, and in this research community theatre influences thoughts through observational learning and can motivate individuals to change their behaviour. Community theatre serve as a vehicle to inform and educate community about GBV and its prevention. Changing social norms and behavior through high-level awareness-raising and prevention campaigns is one of the most critical products that the prevention program should achieve (DWYPD,2020).

An important conclusion of the research is that community should stand together to fight GBV. Currently, the Delft community prefers not to interfere in other people's business. But GBV is a problem that affects everyone, and the community cannot afford to ignore it.

5.2 Contribution of study

The research contributions add much-needed value to the existing knowledge about GBV prevention, using creative arts, specifically community theatre, as an intervention tool. It explored the lived experiences and meaning attached to those experiences of watching the play from the perspective of those who attended community theatre in the Delft community.

5.3 Recommendations

Recommendations based on the findings of the study encompass the viewpoints of the participants, who include the Delft community, stakeholders and policy makers.

5.3.1 Research

Despite a rich research base on GBV overall, relative to other countries, there remains a poor information base, to inform a more effective response to GBV (DWYPD,2020). ‘The fragmented and inadequate response to this scourge as evidenced by the lack of adequate funding, failure to prioritise and integrate the issue into the wider human development agenda, lack of capacity and support for those responsible for programme and service delivery, all of which contributes towards an experience that further exposes survivors to secondary trauma and also resulting in an overall inadequate focus on preventing GBV’ (DWYPD,2020, :p36).

More research using community theatre as a GBV-prevention programme is needed to expand alternative GBV-prevention solutions using evidence-based research in communities. Limited existing research uses or investigates the effectiveness of community theatre as a GBV-prevention intervention. This lack of conclusive scientific study may be why GBV is misunderstood in many communities.

More research will also bring clarity to the challenges communities face in dealing with GBV. GBV is a societal problem that affects individuals and families, so research at the community level must be prioritised.

5.3.2 Delft community and stakeholders

Make GBV a public issue, and highlight the fact that it is a public concern that affects all segments of society. Challenge and influence change in individual and society-wide attitudes and behaviours that condone and tolerate GBV (DWYPD 2020). Develop leadership skills among campaign organizers and supporters, and empower women and men, girls and boys to become individual agents of change, and advocates of gender relations that are free of violence and based on equality (DWYPD 2020).

Most of the research participants questioned the role of the police in the fight against GBV. Currently, one police station caters for the whole Delft community. With the community growing rapidly and its population expanding, many people live far away from the resources they need, and all the participants suggested another police station. Victims of rape are sent to different places, such as hospitals, police stations and courts, and most participants also suggested the idea of a one-stop centre to make the process of reporting sexual and GBV-related crimes less daunting for victims. This research found it to be very important to make resources and information easily accessible.

Another recommendation is that government, NGOs and the private sector employ individuals who are passionate about the communities they work in and who have a vested interest in seeing the community progress. Human capital is one of the most critical elements for social development and social cohesion.

5.3.3 Policymakers

The spectrum of prevention focus on strengthening individual knowledge and skills, promoting community education ,fostering coalitions and networks and to Influencing policy and legislation by amending existing policies, creating new policies, and improving how policies are enforced these are some of the pillars that the spectrum of prevention by Cohen & Swift (1999) quoted by (Renzetti,2017).

We often talk about GBV and the impact of violence on communities when we see such incidents in current affairs. Communities most often discuss GBV when an incident has already happened. It is important to talk about GBV and its prevention throughout the year so that policymakers formulate policies that speak directly to people's issues. As a GBV intervention tool, community theatre brings in community members as invested participants to address issues from within. The research findings suggest there is a lack of information and a disconnect between what policies say and what is happening on the ground. Build critical mass for change by bringing together people from different backgrounds to create opportunities to learn from each other's experience, form networks and grow wider and more powerful movements. "Moreover, an effective community programme that can change gender attitudes and stereotypes are needed in the broader society" (Chauke, 2021: 177).

5.4 Closing remarks

The study explored community theatre as an alternative GBV-prevention method in the Delft community in Cape Town. The research addressed three fundamental questions and explored audience members' experience of a play staged in the local hall and delved into the meaning participants attached to the play. The study concluded that community theatre can be used to educate and raise community awareness about issues such as GBV.

The research further concluded that community theatre can be an effective educational tool because it makes use of demonstration and performance to bridge the communication gap. Community theatre allowed the audience to reflect on their personal stories and experiences of GBV and its prevention. The audience also had fun and were entertained as they watched the play. The importance of addressing GBV at the community level cannot be ignored, and the study highlighted an innovative and creative way to address the problem of GBV.

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Appendices

Appendix A

Ethical Clearance

UNIVERSITY OF CAPE TOWN



Department of Social Development

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Phone: +27-21-650-3483

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10 November 2022

Student: **Themba Nqinileyo (NQNTHE003)**

Outcome: **ACCEPTED**

I am pleased to inform you that ethical clearance has been given by an Ethics Review Committee of the Faculty of Humanities for your study, *Exploring the lived experiences of those who attended a gender- based violence prevention community theatre in Delft*. The reference number is SWK-REC-2022- SR024.

I wish you all the best for your study.

Leon
Holtzhausen,
PhD Head of
Department

Appendix B

Consent form

Below is a sample consent form⁹ that you can adapt to suit your particular research project.¹



University of Cape Town Faculty of Humanities Sample Consent Form

Title of research project:

Exploring the lived experience of those who attended a gender-based violence prevention community theatre in Delft

Name of principal researchers:

Themba Nqinileyo

Department/research group address:

Department of Social Development

Telephone:

0725249007

Email:

nqnthe003@myuct.ac.za

Name of participant:

Nature of the research:

Qualitative , phenomenological study

¹ Based on the standard consent form of the British Patient database for research and training, www.patsy.ac.uk/www/Consent.doc.

<i>What's involved:</i>	Participants will be involved by being interviewed once and it is expected that the interviews will last no longer than one hour. Preferably the interviews will take place at Delft civic centre but I can undertake the interviews at a time and place that is convenient for you ,and I would want to record and transcribe the interview.
<i>Risks:</i>	There is a risk of psychological distress, due to the nature of the research topic.
<i>Benefits:</i>	Participant's awareness about GBV increases.
<i>Costs:</i>	There is no cost involved.

Participant's involvement

- I agree to participate in this research project.
- I have read this consent form and the information it contains and had the opportunity to ask questions about them.
- I agree to my responses being used for education and research on condition my privacy is respected, subject to the following:
 - I understand that my personal details may be included in the research / will be used in aggregate form only, so that I will not be personally identifiable (*delete as applicable.*)
 - I understand that I am under no obligation to take part in this project.
 - I understand I have the right to withdraw from this project at any stage.
 - I understand that this research might be published in a research journal or book. In the case of dissertation research, the document will be available to readers in a university library in printed form, and possibly in electronic form as well.

Signature of Participant / Guardian (if under 18): _____

Name of Participant / Guardian: _____

Signature of person who sought consent: _____

Name of person who sought consent:

Signatures of principal researchers: a) Themba Nginileyo (name)

Appendix C

Script

Title: The paradox of hope (Workshop play :written by the cast)

Subtitle: The fundamental disconnects of GBV

SCENE 1

The setting is a community meeting in a community hall. Many people from different villages have come to listen to the MEC of social development. The poet makes her/his performance first. The dance does his/her spiritual dance for the opening of the meeting. After the dance, the dance signals for the community members to start entering the hall.

The MEC walks in, prepares to take the to the stand. He/she greets all the community members. “Ndiyabulisa kuni bantu base Dellft. Kuluvuyo kum ukuba lapha. Ndiyabulela x2 ngokundipha eli thuba lokuma phambi kwenu. Ndive izikhalo zenu ngalomba.

Oko ndathi ndonyulwa njengo MEC we social development I offisi yam isebenzisana kakuhle nabantu base Dellft. Siyanicela bantu masisebenzisane sonke sibe yi mbumba siyisuse kunye neengcambu zayo I GBV”. Before he can talk further, he is disrupted by Khanyi, who cuts him short with questions,

KHANYI: "MEC, how are you going to address the issue of the backlog in the GBV cases? Because clearly, your labs are understaffed with fewer resources. What we are saying here is that we want a specialized lab that will only deal with and focus on the issues of GBV. Separate the forensic laboratory for GBV cases so that the speed and the rate of the results can be faster. That way the courts can reach decisions quicker. Survivors of GBV need to find closure as fast as possible, how are they going to find closure knowing very well that their results could take a year or longer to be finalized"?

MEC: “we are on top of things....

MICHELIN: stands up right after Khanyi, giving no chance for the MEC to respond.

On top of things MEC, for real. I mean now you are on top of things (sarcastically) laughing). My friend Ntombi, MEC as we speak suffered third-degree burns from her partner who set her alight while she was still alive. Her partner went to the garage store and bought 10 liters of petrol, two boxes of matches, a lighter, a locker, and a chain. Wie dink hy is h yen het geen vra gevra nie, and her two children were playing inside the house, chained the mother and poured petrol all over her, her entire body was covered by 95 unleaded petrol. Yes, I still remember seeing that 10 liters straight to the bottle written 95 unleaded and he went straight to the burglar door and locked it. He lit the whole box of match sticks, and he threw them inside. At that point, she was crying and so were the children inside the house. She was asking for forgiveness even though I knew she had done nothing wrong to this man. She continued to ask for forgiveness and her house was burning. Kom ek se jou wat? Everyone in the community was not surprised by what this man did to his partner, but everyone was shocked because they didn't think one day this man would take it too far the way he did.

At that point and time, I realized that we as the community failed this poor woman, the system failed this poor woman. Ek weet dat dar baie vrou mense deer gegaan het. I shouted and shouted for help, everyone came with their buckets of water, and luckily, we managed to save their lives. None of them died including the children, but this woman was burned and is now almost unrecognizable. The perpetrator is amongst the top ten wanted men in Delft police station and since that day we saw that man again. He ran and ran, and he never came back. Wat ek probeer om te se is moet nie wag om leman se liwe te ret nie doen tets nou woor dit te laart is doen lets now as gouas moonlik. Abuse will never get better it can only get worse if there is no proper intervention in place.

MAN-DEE: *(adds to Micaylin's statement)*. "If we take GBV a step further, one will observe that one thousand three hundred and twelve transgender people were killed in 62 countries between 2008-2014, the number could be more than this. These are just documented numbers, and it is no secret that transgender people were killed because of their sexual orientation. What kind of society hates and kills others for being themselves? These killings must be stopped now, whether you think and feel that others"

Kaylin: "Gender-based violence is a direct violation of human rights, and it happens mostly to women. It manifests itself in different forms and kinds. More than 35% of girls and women have experienced either physical or sexual abuse. 75% of all human trafficking victims are women or girls. More than 200 million girls and women alive today have been married before the age of 18. Gender-based violence is not always about the husband beating the wife. These are its different forms and some of them have been accepted as the norm by some societies and cultures".

YIBANATHI: "How can we transform the democracy and the rule of law, so that anyone can feel like they belong? How can deconstruct the patriarchal nature of society so that we can achieve gender equality? How can we use our collective power to build a better society? GBV is a very serious crime because it threatens the peace and the freedom of those who are being abused. This freedom is a product of sweat and blood by many who fought for it. It can never be accepted that some must be oppressed and violated because of who they are".

NONKU: "Gestags Gebaseerde weld gebeur al vir baie jare tot en met vindag maar tot nou toe het ons geen oplossing gevind nie. Ons sit jou daar omdat jy een van ons was maar jy het verander ek kan sien dat krag jou verander het jy kom altyd na ons toe met stories wat nie best aan het nie blah, blah, blah, blah begegrooting blah, blah, blah pyplin projek. Nee man wat gan jy ooit reg doen vir jou gemeenskap"

WHITNEY: Ek was getromitseer by die police. I reported a case of rape, and I was told by the police to go back and come back the next day without having to bathe my body. In this case, the police were the second perpetrator. In my geval was ek verkraaq. Ek kon nie die person sien wat my verkrag het nie. Dit was donker. I was coming from work around past 6. T started at work at 8 am and finished at 6 pm every day. My baas Mevrouw Juries wil nie her ek moet vroeq huis toe opan nie. My boss is very a very stubborn person and I have been asked to leave work, especially during winter seasons, but she said to me "Errin I finished work at 5, when I get there, I feel comfortable and safe that someone is waiting.

Ek het my mond gehou, want sy is my bass. But Mevrouw Julies lives in a very safe neighborhood. Ek het net een keer n police motor gesien en daai policeman het n ou vrou gehelp wat haar kat veloor het. That was not even a crime-related incident. When Mevrouw Juries soeaks of unsafe I am not sure she truly understands the meaning of that.

SINOXOLO: "Yes, we have untold stories, my husband abused me for years and he has never stopped. He always blames alcohol, stress at work, my attitude, and how I respond to him. He would say "I was drunk", and he would say "I was stressed because of your attitude towards me". I was in love and naïve. I believed him and I thought maybe if I can change the way I talk to him, he would stop beating me. I thought, that maybe if I can assist him in reducing the intake of alcohol, he will stop beating me. I blamed myself for every beating, clap, and punch used to get. See, it was always my fault never his, I thought I was the one who was making him do all those things to me.

I was naïve and young, and my partner took advantage of that, I was naïve, and I thought he was beating me because I had wronged him, I blamed myself for everything that went wrong. At some point I believed that I deserved it, yes, I believe that I deserved to be beaten, clapped, embarrassed, insulted, and belittled and now I have realized that I was naïve, young, and in love. I was with a man who made me feel useless and unworthy.

Now I know there was absolutely nothing wrong with me. my partner abused me because he was an abuser and that was his problem that had absolutely nothing to do with me. he drank alcohol because he has an alcohol problem, and that was his problem that had absolutely nothing to do with me. my partner abused me continuously because I allowed him to do so, yes, I did allow him to abuse me by forgiving him repeatedly.

Women need to understand that by forgiving more than once you permit them to abuse you for a lifetime. I am not saying you must not forgive a person, however, remember to forgive and walk away. Even today I still see myself through the reflection of my past because I stayed in an abusive relationship for too long. When I look at myself in the mirror, I see a victim of abuse because I stayed there for too long. It is important to know when to walk away from a toxic relationship.

ELAM: "South Africa belongs to everyone who lives in it women, men, rich, poor, child, adult, black and white

The right to live.

Gender equality

Prohibition of discrimination against groups of sex

Protection of physical integrity

The right to health

Forms part of human rights

All these rights are being violated daily it is correct to say that South Africa is a scene of gender-based violence.

Our country has become a gallery of violence of an unimaginable scale.

How can we change this narrative, how can we change this violent picture of our country?

How can we change this reality that is being felt by many on daily basis?"

IVAKELE: "If the police, social workers, lawyers, and investigators could have an inter-professional working relationship some of the cases can be solved successfully. South Africa prides itself as one of the most progressive constitutions, they always say the problem is the implementations, they are correct because the problem is the implementation." 83

FAITH: "Greetings MEC, Mr on top of things (sarcastic hand gesture) if I may ask when you are talking about stakeholders, who are those people and what do they represent, how do they contribute to the development of this community except holding a stake" (sarcastically)"

SIHLE: "What measures do you have in place to support the victims of gender-based violence? Because many women stay in abusive relationships because their partners support them financially. Women need a proper support structure when they are going through a process of rebuilding themselves, the department of social development and the government, in general, need to provide shelter and skills development programs for the victims of abuse to sustain themselves. The impact of abuse on victims leaves them in a state of despair physically, emotionally, and psychologically. Post-Traumatic Stress Disorder (PTSD), depression, anxiety, substance misuse, self-harm, and suicidal behavior are just a few psychological manifestations of gender-based violence".

The crowd is chaotic when the security comes to fetch the MEC to leave the hall for safety. The crowd starts chanting "we want justice; we want justice".

SCENE 2

The smoke machine is set off. After that, the chairs are set up. The members come running and end-up freezing to their positions. Sinxolo and the security arrive late running to whisper to faith.

After everyone freezes, Iviwe arrives with the dustbin and delivers his monologue. "

IVIWE: "She can go to the police station and tell that policeman that she's sleeping around, that I will beat her up until her parents don't recognize her anymore. That pretty face of hers, I will rearrange it and make it the absolute shadow painting of her former self. I don't play I beat women; she can ask all my exes they know me, and they will tell her. each one of them has got permanent scars on their bodies and I can see that she's also looking for one now".

MICHELIN: “Love doesn’t hurt, but humans do

Blue oe en krap merke rond om my ligaam is nie deur liefde ne. maar dit is duer mense. Psychological chains around my soul trace the existence of toxic souls in my life. Huma beings necklaced my existence and swallowed my pride, but I stand in front of you with pride and a smile.

Gievoelings kan nie veel nie maar mense kan, ek het dan amdat ek ham meer lief het dan myself. Ek kiss vit my kiesse. In my worl love doesn’t bit, insult and shout but humans do.

My anger knocks at the door of hope and my willingness to move on is destroyed by these traumatic memories I have.

Ek was belojuwer respect en liefed en kuik wat het ek gekry, net wat ek gekry is die respect and liefed dit kan nie wee nie.

Love doesn’t hurt but humans do

Gender-based violence is gender bias just because they are vulnerable it doesn't mean you should take advantage".

Man-Dee and AMILA with Anathi: “

AMILA: “Siyalingana kodwa siya kwizikolo ezahlukeneyo, ezibucala nezika wonke-wonke Ewe siyalingana kodwa rhoqo ndizizbona ndisebenzisa izixhobo zika wonke-wonke kwaye kwelinye icala soko ndibucala, imoto ebucala, isithuba esibucala, izikolo ezibucala noluntu olunucala.

Ndinamnqweno wohlahlula ubulinganiswa nokuphathwa njengomntu kuba ngoku andiziboni ndingumntu. Ndinamnqweno wokukhululeka kukuxhatshazwa kwibala elinyanzelisa mna. Futhi kukho nalama-apile abolileyo, abolisa oku ndikwenzileyo nendikufumeneyo”.

MAN-DEE & ANATHI: "We are equal, but we go to different schools, yes we are all equal, but we go to different hospitals, private and public. Yes, we are equal, but I always find myself using public resources, but on the other side, you are always private, private cars, private space, private colleges, private communities, and private life, everything about you is private. I wish one day I can afford the things that people have the means to afford, I wish to afford to be treated and feel like a human being because I don't feel like one now. None of these things cost money, but for some reason, we need money to gain access to all of them, yes, we need money to gain access to all of them. Justice and respect are not for sale, they can try but they will never privatize my soul and identity. And I don't care if I will be judged for saying the truth, I will say it anyway. No amount of money will ever silence me I will speak, ndizothetha, ek val praat, there's no space for gender-based violence in our society, I will speak, I will speak I will never keep quiet until GBV is over".

SINOXOLO: "Women and children are being raped, killed, and abused not by lions but by men. And guys we need to take collective responsibility to address and solve the problem that our society is faced with today. Society is us, there is no us without a society. Judgment day will come, and the rifts of the earth will swallow. You and you must answer the question; how you stopped the violence that has been happening in front of your eyes. To whom and when?"

SIHLE: "The killing of females and children destroys gender balance, economic progress, and harmony in our land. It must stop, the unspoken abuse of a boy child by men and women needs to stop. Konke okuhlukumezeka kumele kuphele. Even if it means society must go back to the origin of humankind and find a solution for this abuse. And I suggest we do so quickly. Many perpetuating factors need to be unpacked for us as the community to stop the scourge, and one of them is the violent nature of our past. History has been unkind to South Africans. Maybe we need to unpack that even more, and ask ourselves questions like, how did we end up here? And why is the status quo of abuse going freely without any interventions that change the mindset of our people? And these are serious questions that we need to ask ourselves. Some would argue that time for talking is long over, let us go of all the hatred and the anger because the time for constructive dialogues with our people will never be over until GBV is over".

The community chants again” MAYIPHELE I GBV, MAYIPHELE!!! Grab their broads and start protesting.

LATHITHA: "We watch them on television wearing expensive suits, driving expensive cars going to the most expensive restaurants. Probably even forgetting that we put them there, 1st November has come, and you'll never see them again. But the doors of hope will be open, we hope for an abuse-free society. This generation of ours will never accept abuse as the norm in our community. We will fight right until the end and the trauma center will provide what others have promised. Thanks to you, I mean you and you, for giving us what you have not promised and obliged. But out of your kindness and open hearts may God bless you and give you more. So that you may also get and give to the most deserving people in our society, and remember our society is us".

KHANYI:” I was on duty that day, the day Vivian stormed into the police station looking disorientated. She was walking slowly and screaming I have been raped. We were outside the gates, waiting to be briefed by the minister. I approached her to listen to her story.

As soon as she finished narrating her story, I was in tears. I cried because nobody deserved what Vivian experienced, I cried because even though she remembered everything I still couldn't promise her justice. Because the reality is with cases like Vivian very few make it to court, making it hard to get a guilty verdict. I could see the little bit of hope she had fading away. Even the DNA found in her body wouldn't help if they don't find a match.

Suddenly I felt so useless, nothing I could say would erase her sorrow and pain. And then I realized prevention is better than cure, dear men do not rape".

BUKHO: “ukuba amapolisa, onontlalo-ntle, namagqwetha angasoloko esebenzisana kakuhle. Kungaphela konke okukuxhatshazwa, sibe sibulawa. Sisoloko sivela koo mabonakude nakoo nomathotholo, kodwa aside oku kuxhatshazwa akude kuphele”.

FAITH: “I have lost faith in the justice system, listening to the story of Ntombi brings back horrible memories to me. My husband and I used to fight a lot you know. I would go to the police stations to open a case about abuse, little did I know that the police officer was a mediator, he told me to go back home and fix things with my husband. The worst part was not what he said, but in front of who, he said all those things to him. It was as if the statement gave him the power to abuse me even more, he would even brag about it.

From the way I see the life of the victim it's like sand through the hourglass, the longer the government and the community delay, so are the chances of the victims getting a normal life. I was made to feel like I was there lying about the things I said were happening at home. I went back knowing that I might never have an opportunity to tell my story again. I prayed to his mercy not to make me a statistic”.

SINOXOLO: "Masculinity at the expense of women and children is inhuman, the wrong use of power to suppress other groups is inhuman and barbaric. To women, girls, mothers, grannies, iimbokodo. I stand here to say enough is enough. It has been enough for centuries, but this enough has never been enough, when is this enough going to be enough? Are you grateful now? It is a shame to be a man these days, you're all guilty by association. Don't deny and say you don't abuse, take a collective responsibility to address and solve the problem that was

NONKIE: “Duisende knees plekke deur'n ginarassie van geweld. Vrou en kind is bang om dit aantemeld all wat boere doen is gewaar en luister nie mand help maar almal vluister. Vrou'e en kinders word weer vermoor as die gemeenskap kon verhoed om hul t e verloor volgend keer moet ons song dat dit nie weer gebeur nie”.

ANATHI: “Isililo sabantwana, satsho kabuhlungu esosingqala

Itsho kalusizi loo ncwadi, senzentoni na bazali bethu?

Senze ntoni na zizalwana zethu, kwabangasa siyabulawa

Kwabangasa siyadlwengulwa, sibulawa okwentaka ngabantu, sinqunyulwa okwebhokhwe

Bambi bathi benza ngathi amayeza, bambi bathi siliyeza lika gawulayo

Zonke ezo zinto zibubuvuvu, konke oko ngama mpunge

Siyakhala siyanicenga sikhuseleli, siyagoba siyaguqa sikhathaleleni

Ikamva lethu siizntsana lidukile”.

IVIWE: “I don’t know what happened to me, I used to be a very kind and loving man. I have now turned into something I never thought I would be. Beating you and killing you is not gonna solve the problem, abuse is the only language I know. My father used to beat my mother in front of me and that's all I have learned at home. Society gets angry at me; you get angry at me as well for practicing something my father had taught me. after going to counseling and listening to community members I have now known that my father was not a real man because a real man does not abuse.

I planned to kill her and put her in this dustbin but then I realized that this dustbin is for trash, not you. I should be the one ongena apha, I am the trash, not you. Please put me inside here because this is where I belong. Ndifakeni kulapho ndi belong’a khona. You can judge me and call me all the names you want to call me, but remember none of you know my past, none of you know my story. You never wore my shoes, you never saw what I saw, you never heard what I heard. I was once a sweet, cute, little boy like you all, but something went wrong with that, I was raised by a wrong man x2”.

FAITH: ““Okwenzekileyo kuyafana nokudaliweyo, kodwa wena you can still change your mind. Mna, I forgave you a long time ago. As I ran around like a headless chicken looking for help because of you, kodwa mna ndakuxolela. But the question is will you be able to forgive yourself? Will you be able to forgive your father? What you are doing to me, is it a lesson you want your child to learn? If you don't love me, it's okay, but I dare you to love your child. I dare you to be a good example and I dare you to stop the cycle of abuse and I dare you to be a man enough who is not controlled by the mistake of another man such as your father. I dare you "(crying)

EVERYONE CHANTS "I DARE YOU TO LOVE ME AS WHO I AM, I DARE YOU LOVE ME AS WHO I AM, I DARE YOU TO LOVE ME AS WHO I AM". Sihle comes out to pay tribute to the late victims of GBV.

SIHLE: "No one is safe until all of us are safe. Your spirits will never fade. Amahle Quku, from Philippi, was raped and killed, her body was found on 15 June 2020. Annen Booysen was found by a security guard laying a short distance from her house. Ansiyah Keha is a 3-year-old whose lifeless body is stuffed in a plastic bin. Bianca Parsons was shot by assailants in presence of her daughter. Carli Isaack's stabbed to death in Westridge. Uyinene Mrwetyana was killed by a postal worker. Fezekile Khuzwayo aka khwezi, Nosicelo Mtebeni a fort hare law student's body stuffed in a suitcase. May your souls continue resting in piece".

With members moving back towards the stage with their boards in their hands, they chant I DARE YOU LOVE ME AS WHO I AM, I DARE YOU LOVE ME AS WHO IAM!

They get to the front and take a bow in turns.

Appendix D

Interview schedule

Exploring the lived experiences of those who attended a gender-based violence prevention community theatre in Delft

Main research objectives

To explore the lived experiences of audience members who attended community theatre on GBV prevention in Delft.

To understand audience members' meanings of GBV and GBV prevention in Delft.

To explore how community theatre can contribute to GBV prevention in the community of Delft.'

Demographic information

1. What is your age?
2. What gender do you identify with?
3. What racial / population group do you identify with?
4. What is your first language?
5. How long have you been staying in Delft?

Research questions

Can you please describe how did you experience the play

What does that experience mean to you?

How do you define GBV and GBV prevention?

What are the challenges faced by GBV victims?

How can community theatre play contribute to GBV prevention

How did community theatre play helped you to challenge stereotypes about GBV?

Do you think community theatre play can educate the community about GBV prevention?

What support structure do you think the government could put in place for GBV prevention in Delft?

Appendix E

Manual coding example

An interview transcript in which a participant describes his experiences of watching the community theatre play. The researcher has used category outcomes that best fit the participants described experience. Please note that some codes are taken directly from what the participant said, and some codes are summarised version of what the participants says.

Question	Response	Category
<p>Researcher: can you please describe how did you experience the play?</p>	<p>Participant 1: Am the play was a very nice play it was wonderful to watch and very informative as well it covered all, I think all bases on GBV and it was able to shine a light on what it is Am that people are complaining about yah so it informative and it was really nice to watch and nice see so yah that's my experience</p>	<p>Wonderful to watch and informative.</p>
<p>Researcher: Okay you say it was informative can please elaborate on that.</p>	<p>Participant 1: It spoke about GBV and it made type of example about it , not only did it made example but you showed through script playing and we heard in the message that was been preached during the play and it even showed the emotions behind it ,what effect it does and what are the problems that are faces when we report such things it was ,it</p>	<p>Types of GBV, emotions and enlightening</p>

	was very am raw it very enlightening everything was well articulated I could say yah so	
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Appendix F

Transcript

Researcher: Okay, welcome my name is Themba Nqinileyo I am a second-year master's student at UCT and today I am going to be interviewing you. Can you please introduce yourself?

Participant: My name is JS, and I live in Delft

Researcher: Okay so are you fine with us recording the interview

Participant: Yes I am fine

Researcher: The interview will be recorded and is going to be used for a master's thesis and nothing else, are you are you fine with that?

Participant: Yes, I am fine

Researcher: OK so whatever information we say in this interview is going stay between me and you. It is confidential unless it has the potential to harm someone else who is not here. are you also comfortable with that?

Participant: I am comfortable yes.

Researcher: Okay so the participation is voluntary so it means that you can withdraw whenever you feel like you no longer want to participate or take part in the research, or if you feel like maybe the topic is too sensitive for you. There would be no consequences for you.

Participant: Yes, I understand

Researcher: I assume that you also received the pamphlets.

Participant: Yes, I did

Researcher: Okay did you read and understand the pamphlets?

Participant: Yes, I read and understand

Researcher: Okay so you saw the consent form?

Participant: Yes

Researcher: Okay and then you also read it and you understand it?

Participant: Yes, I read it and understood it

Researcher: Okay so you will be able to sign it now, can you please sign the consent form.

Participant: Okay

Researcher: Okay, thank you. let me quickly read the objectives and goals of the interviews you have read the pamphlets, the pamphlets consist of information about the research and the researcher and then there objective of the interview to sort like to just summarize everything. The main objectives and the purpose of the research

To explore community theatre as a method of GBV prevention.

To explore the lived experiences of audience members who attended community theatre on GBV prevention in Delft.

To understand audience members' meanings of GBV and GBV prevention in Delft.

To explore how community theatre can contribute to GBV prevention in the community of Delft.

So do you understand that is that clear to you? So we going to start with the demographics then after that we go straight to the interviews. So can you please tell me your age?

Participant: I am 25

Researcher: what gender do you identify yourself with?

Participant: I am a male

Researcher: what racial/population group do you identify yourself with

Participant: Black

Researcher: what is your first language?

Participant: Xhosa

Researcher: how long have you been staying in Delft?

Participant: I have been staying in Delft I think its 10 years

Researcher: okay we are just going to go straight to the research questions. Thank you so much for the information. can you please describe how you experienced the play?

Participant: The play was a very nice play it was wonderful to watch and very informative as well it covered all, I think all bases on GBV and it was able to shine a light on what it is Am that people are complaining about yah so it informative and it was nice to watch and nice see so yah that's my experience

Researcher: you say it was informative, can please elaborate on that?

Participant: It spoke about GBV and it made a type of example about it, not only did it make an example but you showed through script playing and we heard in the message that was been preached during the play and it even showed the emotions behind it, what effect it does and what are the problems that are faced when we report such things it was, it was very am raw it very enlightening everything was well articulated I could say yah so

Researcher: I want you to focus deeply on the experiences, I know you have just explained some of them, but can you please go a little bit deeper and terms of you and the experience of a play that you attended at Delft Civic Center

Participant: Yes I am, the show reminded me of a very close person that I know that used to be beaten rather say abused by her husband so in the show, the showed something that ah, the show showed me something that ah more or fewer correlates or it brought memory and it was describing exactly what I was seeing because the lady was with a jealousy man and the man the way he was so jealousy he couldn't handle how he reacted about his jealousy and he would beat his wife that took me aback and showed me really what is gender-based violence and those are the kind of experiences just showed us also what we see on a day to day bases because that example that was being portrayed there or rather let me say the skit that was been portrayed there showed everything that we see with our eyes it was not something that was just for the sake of going but it was something that spoke, that showed reality so yah

Researcher: What an experience and then the second question what does the experience mean to you?

Participant: Well it's for me I would say it meant a lot in terms am it made me reassure myself, especially as the man because those experiences most speak to men because gender-based violence is mostly committed by men though it is not only mainly by man it's for women as well so for me what it meant was like it meant that I must reassure a statement that I will never lay a hand on a women so that what it meant am we shouldn't abuse others no matter what gender yes

Researcher: can you please add more in terms of that experience and the meaning it has I know that you have touched, it sort of like means you not touching any women in future going forward so can you please explain that to me?

Participant: Yes what it means is difficult to explain by not touching any women that is something /promise that I made to myself when I was in grade 8 because this experience, the experience I told you before is when I was still in primary school. That is what the meaning to me was what I told myself, this how things are this what we shouldn't do and this reassured it yah

Researcher: how do you define GBV and GBV prevention, you can start with GBV

Participant: How do I define GBV how I define GBV is anyone abusing or rather let me say anyone violating the rights of another using violence so that's what GBV means to me means it means anyone abusing the rights of others using violence or it could be using, what do you say, what do you say, oh using verbal violence so that's what GBV means to me

Researcher: you are saying verbal what about physical and emotional

Participant: Oh well I would say the moment you touch someone violent I describe it as violent; verbal just mean by the word of mouth that's what I mean when I say physical is violent

Researcher: how do you define GBV prevention

Participant: GBV prevention is methods that are being used to solve a certain situation which in this case means the gender-based violence committed against men, women and children that is how I define GBV prevention means to me that is how I see it, that what comes to mind when I think about gender-based violence GBV

Researcher: And the prevention?

Participant: Prevention is a method to, to ways that you can find to avoid having people experiences such experiences being abused hay which is being abused by another

Researcher: what are the challenges faced by GBV victims?

Participant: First of all, the biggest of the challenge would be the police, police are not doing enough in terms of assisting the victims and then our communities, we don't have enough community forum that deals with this situation so those are the biggest challenges faced by the victims of GBV

Researcher: is police and not having enough community forums what about the stigma

Participant: I could say the third one would be social awareness to encounter the stigma, social awareness program that does teach people about these things they are a lack of it, there is lack of it and there is a lack of muscle to carry out these programs

Researcher: you say social awareness, can you please explain and elaborate on what can be done to achieve that

Participant: Yes as I said they could be forums, there could be more forums for men and women who are the victims and also who are the perpetrates to teach them because we cannot say that we must arrest these people, what we can do is to put them under certain rehabilitation program which teachers them about GBV so that not only do they get punishment for what they do but also are rehabilitated so that they don't do again because to just arrest them they will go to jail and come back after a certain time not being rehabilitated on what they did, they continue to do what they use to do that's what I mean by that

Researcher: in summary you mean the justice system fails the victims by arresting perpetrators today and releasing them tomorrow?

Participant: Yes, without giving them proper counselling and psychological support

Researcher: Are you saying counselling is needed for the victims and perpetrators? I want us to focus more on victims. what type of counselling do they need?

Participant: The Trauma Centre Trauma has been doing a very good job in Delft, they need trauma counselling where they will be able to express themselves, they also need psychological support that's what we need to focus on here in Delft

Researcher: how can community theatre play contribute to GBV prevention in Delft? The production that happened at Delft Civic Centre you saw you were there, how can it contribute to GBV prevention?

Participant: Well the play was, the play was, the play was portraying self-awareness it was showing self-awareness through acting and showing people sometimes when you talk people don't listen it's better to show them, the play educated people made people aware, it showed people what it is to violate someone rights and what are the dangers of that, also how in our society we don't take that serious. The play went into depth about that and showed what we go through daily in our communities when it comes to gender-based violence

Researcher: How can the play be used to prevent or address gender-based violence?

Participant: Well as I said before if we can have enough forums then we can call everyone, it can be used in men's forums and women's forums they can watch and discuss and bring solutions about how we can solve GBV so for me. What I am saying is we can use it in the play and show it all over to other places to bring awareness

Researcher: Do you think that can prevent GBV from happening in our communities to such an extent I know it's not going to eradicate it, but it can help reduce the scourge

Participant: Yes, because the play speaks to you individually because of the way the play is portrayed and the emotions that actors go through it's hard for you not to listen whether you are a perpetrator or victim because it was crafted well, portrayed well and articulated well and well executed

Researcher: how did the community theatre play help challenge the stereotype about GBV?

Participant: As I have going on and about it, it has really helped a lot, it has really helped a lot even psychologically I have told myself that I will use social media platforms to tackle these stereotypes about GBV and drive the message and advance it forward and spend some of my time posting about it. Yeah, that's how well the show was that's how informative it was, it spoke to a person directly.

Researcher: do you think challenging the stereotype is important for GBV prevention?

Participant: Yes, important because these stereotypes are what create this, these stereotypes are what men and women grew up with, they end up now to find a way to live, where people end up practising them so it's very important yes.

Researcher: do you think community theatre can educate the community about GBV and GBV prevention?

Participant: Yes a lot it can because some people are not good at listening they don't like to listen but when you show it to them it makes them see it especially when you execute well the way you portrayed it and the community theatre bridges the communication gap, we find ourselves speaking different languages what the play does it nullifies that by sometimes using the body language to show what's happening in our community. People can understand more when you show than when you tell.

Researcher: Can you please explain that to me.

Participant: What I mean is that some of us are not educated some are elderly, some are drop out you know so communication can be something that handicapper you especially when you are telling the message because someone does not understand English and does not understand Afrikaans. What the show had was three different languages, which was English, Afrikaans and isiXhosa spoken on the show but more than that it also portrayed it so that even if you had someone who was deaf they would see what was going on because of how it was being portrayed by the actors and also using the body language, they can understand what you are doing, body language is another language itself but it's a universal language

Researcher: If I am hearing you correctly you saying that community theatre has the potential to reach out to more audiences because of its ability to send out a strong message that is not limited to language. Do you think it can educate?

Participant: Well it is educating the community it is educating the community in terms of showing about these stereotypes and what these stereotypes are causing in our society and what the feelings of those who are affected by GBV are experiencing. During the show, people were very teary after they watched because they understood it, if someone can feel it and be emotional and start showing tears that show that person understands what's going on there and they are educated even when you see. During the show some members will nod their heads showing that the play was educating people and making them aware of these stereotypes

Researcher: Do you think the production has educated you in any way?

Participant: Yeah, it has, especially on how to report these incidences and how to address the victims that was one thing and handling someone who is a victim

Researcher: what support structure do you think the government could put in place for GBV prevention in Delft?

Participant: We could have forums that deal with men and women separately and maybe have one where we get together where men and women consolidate with one another, where victims of GBV interact with one another and tell their stories. Support groups are another one. More policing focused on these issues more police that do not take time to respond and resolve these issues. Another is to organize the community and train them so that when we hear such cases someone close by can do something about it before something bad happens to the victim

Researcher: Like what?

Participant: Maybe have these hotlines where people can call, police forum or rather community security that will get there quicker.

Researcher: How do you see that happening?

Participant: Well, the government will have to sponsor a certain organization that will help the community of Delft with these issues.

Researcher: do you think community theatre is the tool to fight GBV

Participant: Is one of the tools, it's one of the tools. For me that is what has been missing in the GBV fight because there have been a lot of marches there have been lot of things, there have been a lot of things, but these things don't seem to be touching where they supposed to be touching but when you show it to someone then it's hard for you to ignore

Researcher: do have any points to share before we finish?

Participant: GBV should be tackled because it is not only traumatizing the victims but also the people who witness it and we should as a society stand up and we should have proper government.