



Community-based social support groups and GBV – Do they work?

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Introduction and background

- GBV is a phenomenon that consistently receives research and policy attention in SA
- GBV manifests in multiple forms, some of which is sexual or physical IPV
- Research indicates that SSG's are effective mechanisms for reducing risk of GBV as well as aggression associated with substance abuse
- RDSP a service provider in the field of SSG's in Namaqualand, at time of research little objective knowledge existed regarding RDSP's 10 year extensive community based intervention
- RDSP trains CBO's that in turn initiate and sustain SSG's in the target community.

Guidance from Literature

- Substance induced violence (Aggression with substance usage) Environmental violence (defending the turf) and acquisition violence (To get drugs)
- Aggression a form of self-injurious behavior rather than outcome of substance abuse
- Correlation amongst violent behavior, aggression, substance abuse and sexual abuse phenomenon. Causality uncertain.
- Substance-abuse not necessarily causes violence and abuse
- Multiple background factors such as childhood development, harsh discipline, lack of parental supervision, exposure to violence all considered factors.
- Prevalence of intimate partner violence (IPV) 15 - 20% of population
- Social Support groups (SSG's) found to be most effective for intervening in GBV/IPV - includes psychological support, physical and financial support and most important, empowerment of victims
- Outcome = better ability to cope, increased self-esteem, feeling of belonging to, being competent at, and able to exchange ideas and plans.
- SS associated with empowerment as mechanism for restoring power that was removed by abuse.
- Empowerment a process rather than an end-state - knowing what to do to ensure own safety and taking action.
- GBV and IPV more serious in rural contexts where there are few resources.

Social Support Interventions

- Provided by one's social network
- Involves physical social and psychological support
- Outcome is improved self-esteem, better ability to cope, feeling of belonging to, being competent at and able to exchange ideas and plans
- Difference between actual and perceived social support
- SSG's - Acting as a buffer between stressful life events and symptoms
- An exchange of resources between at least two individuals
- Enhancing the well-being of the recipient
- Perceived or actual provisions supplied by the community, social networks and confiding partners
- Empowerment and enhancement of functioning of recipients

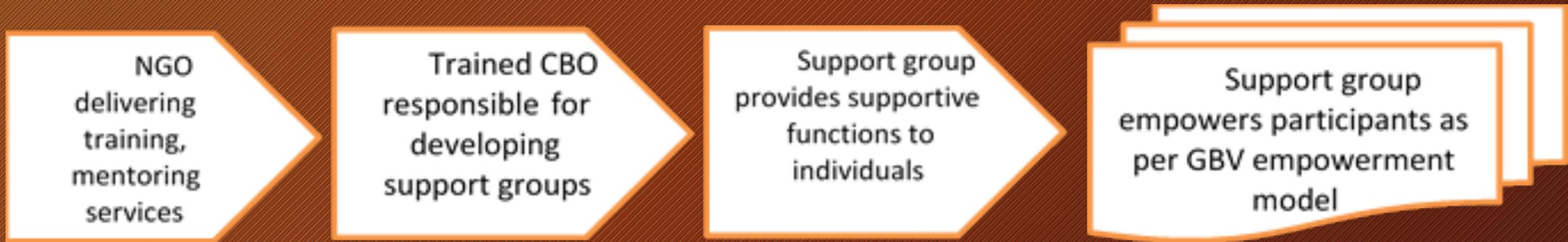
Empowerment

- Defined as “a meaningful shift in the experience of power attained through interaction in the social world” (Cattaneo & Goodman, 2015)
- A mechanism for restoring the removal of power, a view that recognizes the dis-empowering effect of abuse
- Abuse is about taking away power from someone
- Empowerment is not an end-state, but a process
- Being empowered relative to one’s situation describes the term as dynamic and not static,
- Empowerment a multi-dimensional concept, varying over time and context specific
- Having positive plans and ideas alone does not constitute empowerment , it has to be connected to actions and outcomes before it is recognized as empowerment
- Having a plan is not all, it has to get some form of action to demonstrate change
- Plans could be: finding ways to ensure own safety; gain financial independence, get treatment for mental health, find a job
- Action levels depend on: Level of self-efficacy - one’s perceived ability, agency, personal control and mastery to achieve these goals

Rural Development Support Programme (RDSP)

- NGO that has worked in Namqualand since 1992 and specifically with victims of GBV/IPV on the one hand and Chemical dependent people on the other.
- Collaborates with SA National Council on Alcohol and Drug abuse (SANCA)
- The services tackle substance abuse and Intimate Partner Violence together by offering dual services

RDSP Intervention approach in Namaqualand



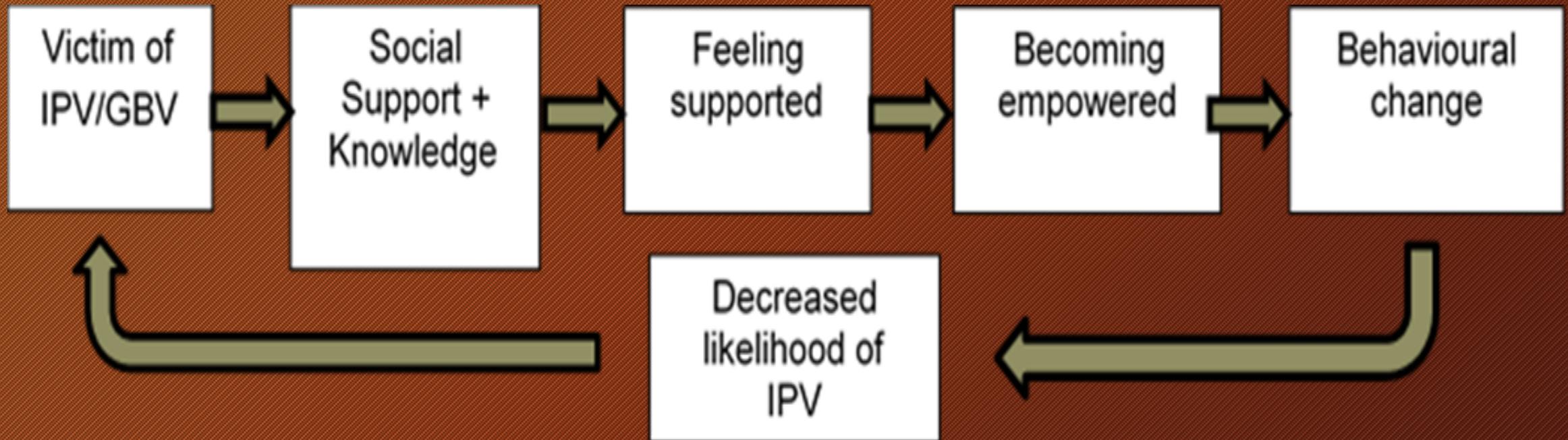
Examples of CBO training sessions



More examples of interventions



SSG change logic (RDSP)



The Namaqualand research project

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Research questions

- To what extent do community support groups in the target communities of Namaqualand provide effective support to their members?
- To what extent are community support groups in Namaqualand promoting self-empowerment in victims of GBV that are members of such groups?
- Are different community support groups in Namaqualand able to render supportive services that lead to empowerment, to both victims and perpetrators of GBV?

Study design and methods

Approach: Qualitative, Quantitative mixed-method sequential design

Quasi-experimental post-test only design with a comparison group for quantitative study, + a qualitative in-depth descriptive design.

Exp group = participants in community-based social support groups (SSG'S) identified purposively by CBO's working in target area. Members of SSG's for substance abusers were similarly included in the study as experimental group.

Comparison group - identified known people with GBV/ substance abuse problems who do not belong to a SSG.

Only members of SSG's were included in qualitative in-depth interviews

Measures

- **Empowerment and Safety Scale (MOVERS)** (Goodman et al., 2015) three constructs: Internal tools, Trade-offs and expectations of social support. 13 items, construct 1 and 3 measure positive attributes, two has to be reverse scored. Reliability/Alpha = .7, Validity/factor structure communalities >.2. Five point Likert scale
- **Multi-dimensional scale of perceived social support (MSPSS)** (Zimet et al., 1988) Subjective aspects of social support adequacy in family, friends and significant others. Alpha = .85 - .90. Five point Likert scale
- **Stages of Change Readiness and Treatment Eagerness scale (Socrates 8)** Miller & Tonigan, 1996. Three constructs: Recognition (REC), Ambivalence (AM) and Taking Steps (TS). Alpha = .60 - .90. Five point Likert Scale
- All Instruments carry interpretation guidelines and scoring rules
- All instruments were translated into Afrikaans using focus groups of local CBO members and back-translation techniques.
- Alphas for instruments in **this study**: .65 - .96
- All scales correlated positively and strongly, except for Trade-offs that correlated negatively with other scales according to expectations.

Data collection

- Data collected during May - August 2016
- Plan executed by RDSP facilitators and qualitative interviews by a trained fieldworker
- Collected at community centres using scheduled appointments.
- Paper-based questionnaires and semi-structured interview schedule for qualitative study and digital recordings were made and later transcribed.
- Data was collected at Port Nolloth, Nababeep, Bergsig, Steinkopf, Spoegrivier and O’Kiep, (Concordia and Carolusberg)
- Total of 50 experimental group and 42 Comparison group

Data Analysis

- Due to small sample size we opted for non-parametric statistical techniques as it would not be feasible to interpret the mean or other central tendency statistics. None of the data was normally distributed.
- Questions: To what extent are SSG's effective in providing Social Support? To what extent do SSG's promote empowerment in members? Are these services provided to both victims and perpetrators of GBV/IPV?
- We divided the sample into exp and comparison groupings to facilitate group comparisons
- We used Mann-Whitney, Kruskal Wallis, Wilcoxon sign rank and Shapiro Wilk
- We report only on significant findings - $P \leq .05$
- The results of the study cannot be generalized to the population, only the target groups as identified

Results - Quantitative

- From demographic data we could ascertain that the exp- and comparison group were largely similar.
- We were able to determine geographical trends regarding where Empowerment SSG's and substance abuse SSG's had most impact. These findings were later correlated to qualitative accounts that in some instances confirmed our hypotheses regarding geographical trends.
- In a number of instances we confirmed that SSG's played a significant role in empowering members and providing Social support. We saw this not in high scores for the experimental group but rather in the low scores for the comparison group.

Specific findings re IPV/GBV rates

- GBV/IPV rate across groups 20.7% and in within EXP group 24%
- Both EXP and COMP group had the same risk for exposure
- Sexual IPV rate is 4.3% overall across groups, participants had an equal chance of being exposed to sexual IPV.
- IPV witness rate is 40.2% (26% in EXP group had witnessed IPV and 14% in COMP group)
- Overall 55% of respondents are concerned about a family member's substance abuse, EXP group 70% and COMP group 32%

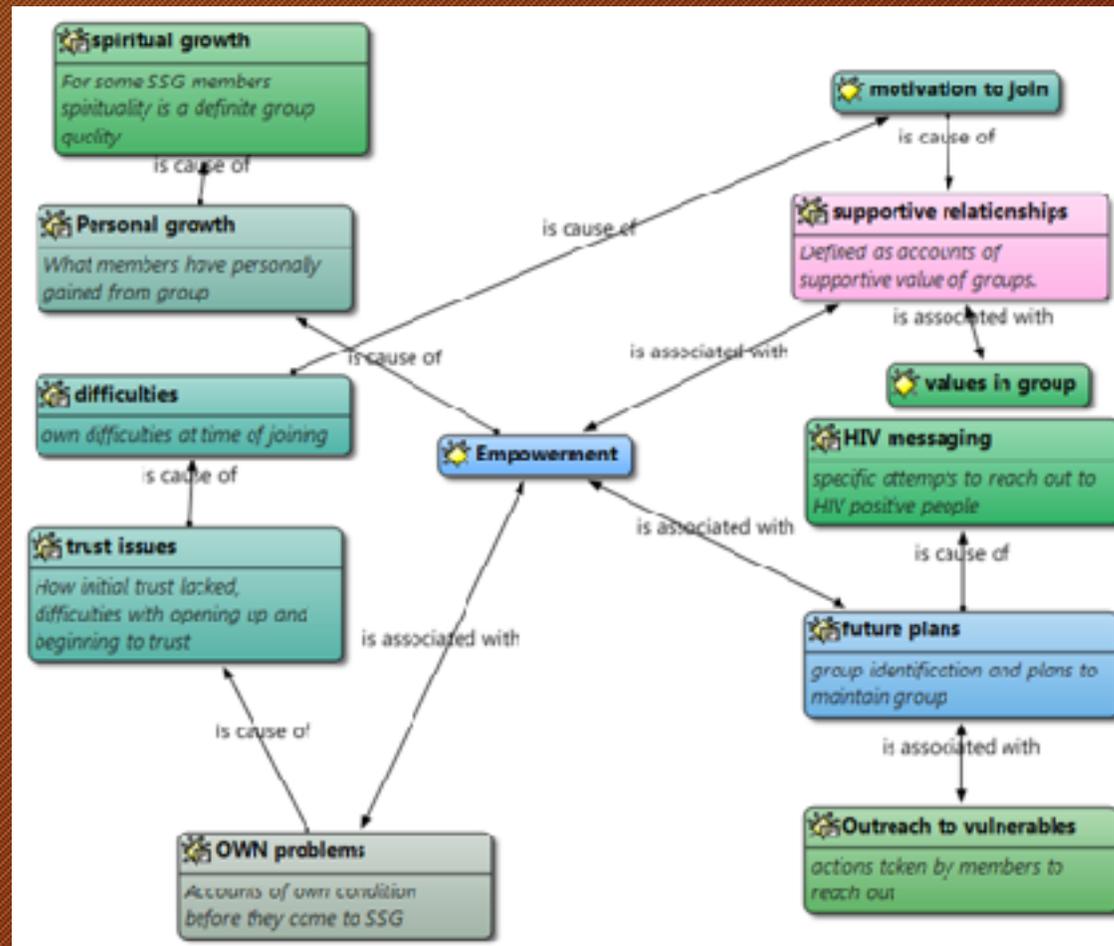
Do SSG's make a difference?

- Non-SSG respondents have significantly more Trade-offs (interactional compromises) to make than SSG members, showing more empowerment for SSG members
- Gender - Male substance abusers are worst off in the COMP group as they are unsupported by friends due to substance abusing behavior. Female victims in SSG of substance abuse receive significantly more Social support. Male substance abusers in SSG gain significantly more from SSG's than females or non-members
- Males in COMP group are more concerned about their substance abuse than males or females in SSG's. Recognition levels of substance abuse are significantly higher in EXP group showing that SSG's support is effective for abusers to recognize their problem
- Older participants gain more from SSG's than younger ones regarding Substance abuse awareness and actions.
- Victims of Physical IPV in COMP group are significantly more in need of SSG's than EXP group - Showing the value of SSG intervention. They are less empowered and have less family and friend support
- Having witnessed IPV - Shows COMP group is significantly less empowered and received less support from friends, family and others.
- Those with family members abusing substances in the COMP group are significantly less empowered and supported than those in EXP group.

Results - Qualitative

- Subjective reports from participants overwhelmingly indicate a positive valuation of SSG's. There is evidence of cognitive changes in thinking about themselves and their circumstances
- A Model of change and motivation towards change emerged from the data:
- Stage 1: Pre-participation contemplation - thinking about joining, being invited but not responding
- Stage 2: Transition from non-membership to membership of a SSG
- Stage 3: Active participation and benefit
- Stage 4: Empowerment - On becoming a member the effects of social support immediately kick in and members begin to feel personal growth, more self-control and concrete options being implemented.
- Stage 5: Out-reach: Prolonged involvement leads to an increased interest in other victims and a need for helping them.

Illustration of thematic analysis



Green= low density
Grey = medium low density
Blue= medium density
Pink= high density

Conclusion

- The study has clearly shown that community members who participate in SSG's are significantly "better-off" than those not participating in SSG's. Generally the EXP is more empowered, has less trade-offs to make and experience more support from friends, family and significant others than people who do not participate in these groups.
- It is not clear exactly what component in the initial RDSP intervention "product offering" produces the change. All we know is that the groups on grass roots level definitely succeed in providing support and make a significant difference
- We also know that people who attend substance abuse SSG's are more motivated to stop than non-attending people, demonstrating the benefit of SSG's in this regard
- Participation in the study contributed to increased motivation for participants

Recommendations

- This study should be replicated in other districts or contexts
- The study has shed light on the complex relationship between GBV/IPV and substance abuse, but not on the order of causality
- The study could not be executed in (Randomized Control Trial) RCT format. More longitudinal studies needed
- Participation in the research itself an empowering experience - ongoing studies may contribute to increased motivation
- Need for ongoing studies in rural conditions