



National Integrated Strategy on the **PREVENTION OF FEMICIDE** in South Africa

An evidence and practice informed approach to preventing femicide

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the doj & cd

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EXECUTIVE SUMMARY

Femicide, the killing of women and girls is the most extreme and severe form of Gender-Based Violence (GBV). It violates the most fundamental human right – that of the right to life, as enshrined in the South African Bill of Rights (1, 2). Gender inequality has been identified as the primary driver of GBV and is therefore directly linked to femicide.

In South Africa, three women are killed per day by an intimate partner, equating to 5.6/100 000, which is almost five times the global rate. Despite these high levels of femicide nationally, it remains an undercount as police information is not always available on all women murdered in the country. A country that does not count the number of femicides will not know the scale of the problem, and responses will be inadequate. Similarly, the absence of evidence-informed and practice-based information will impede progress in preventing femicide.

The purpose of this National Strategy on the Prevention of Femicide is to spotlight femicide as a critical, distinct, and extreme form of GBV that requires a dedicated prevention strategy. It outlines the known drivers of femicide and requisite approaches to effectively prevent and respond to a woman, girl or gender diverse person from being killed, thereby expanding the proposed solutions for the prevention and response to [GBVF in the National Strategic Plan of 2020](#).

The strategy aims to achieve this by adopting an evidence and practice informed, multi-sectoral collaborative approach by the various government departments, criminal justice system, traditional authorities, civil society, academic institutions, faith-based organisations, the private sector, development partners and the community at large, to effect a sustained reduction in the number of femicides.

The strategy is informed by a desktop review of national and international literature on femicide, consultation with a multi-sectoral group of stakeholders working to prevent/respond to GBVF, an evidence-based socio-ecological model of the drivers of femicide, and a robust theory of change.

As part of the strategy, the following country-level definition of femicide was developed through a consultative process: *Femicide is the killing of a female person regardless of the person's age, gender identity, or sexual orientation, whether committed directly or indirectly by another person.*

A socio-ecological model was developed for femicide prevention in South Africa and overlaps with the GBVF-NSP were identified. The drivers identified through the socio-ecological model were used to identify femicide specific prevention and response intervention areas.

Finally, a robust theory of change was developed and key strategic objectives for the National Femicide Prevention strategy emanated from the TOC. The TOC outlines the priority areas that are critical as an initial coordinated South African response to prevent femicide in the country, and outlines how change can occur.

The strategic objectives are:

- Strengthen Legislation and Develop Femicide Specific Policy and Guidelines to Prevent and Respond to Femicide;
- Provide Political Leadership & Accountability and Dedicated Resources for Femicide Prevention;
- Prioritise Femicide Surveillance & Build Knowledge of What Works to Prevent Femicide;
- Implement a Targeted, Context Specific Femicide Prevention Programme; and
- Strengthen Institutional Capacity to Prevent and Respond to Femicide.

ACRONYMS

CBO	Community Based Organisation
CEDAW	Committee on the Elimination of Discrimination Against Women
CGE	Commission on Gender Equality
DBE	Department of Basic Education
DOJ&CD	Department of Justice and Constitutional Development
DPME	Department of Planning, Monitoring and Evaluation
DSD	Department of Social Development
DVA	Domestic Violence Act
ERAP	Emergency Response Action Plan
FCA	Firearms Control Act
FCS	Family Violence, Child Protection and Sexual Offences
GBV	Gender-Based Violence
GBVF	Gender-based Violence and Femicide
GDX	Gender Diverse Persons
GHRU	Gender and Health Research Unit
GiZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GNCP	Gender Non-conforming Persons
IPF	Intimate Partner Femicide
ISS	Institute for Security Studies
LGBTQIA+	Lesbian, gay, bi-sexual, transgender, queer, intersex, asexual +
NGO	Non-governmental organisation
NIPF	Non-intimate Partner Femicide
NIPSF	National Integrated Prevention Strategy on Femicide
NPA	National Prosecuting Authority
NSP	National Strategic Plan
NSP-GBVF	National Strategic Plan on Gender Based Violence and Femicide
PPP	Public-Private-Partnerships
SAMRC	South African Medical Research Council
SOCA	Sexual Offences and Community Affairs
UCT	University of Cape Town
UN	United Nations
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization
WLCE	Women's Legal Centre

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BACKGROUND

Femicide, the killing of women and girls, is the most extreme and severe expression of Gender-Based Violence (GBV). It violates the most fundamental human right – that of the right to life, as enshrined in the South African Bill of Rights (1). Gender inequality has been identified as the primary driver of GBV and is therefore directly linked to femicide. Gender-based violence is prevalent across all countries, cultures, and economic groups and comes at a huge cost to society. Although GBV was recognised by the UN Committee on the Elimination of Discrimination Against Women (CEDAW) at its Eleventh Session in 1992 as ‘*violence that is directed against a woman because she is a woman or that affects women disproportionately*’ⁱⁱ, femicide was not specifically mentioned or mainstreamed in GBV discussions, and consequently did not receive the same attention. Only in 2013 did the UN General Assembly adopt a resolution to act against femicide (gender-related killings) (resolution 68/191)ⁱⁱⁱ. The first global review on intimate femicide across 66 countries reported **more than a third of women were killed (38.6%) by an intimate partner** (3). Six years later, a UNODC global report found that **30% of all female murders across the globe were perpetrated by an intimate partner** (4). When family member perpetrators were included, this proportion increased to 58%. This equated to an intimate partner/ family-related femicide rate of 3.1 per 100 000 female population (4).

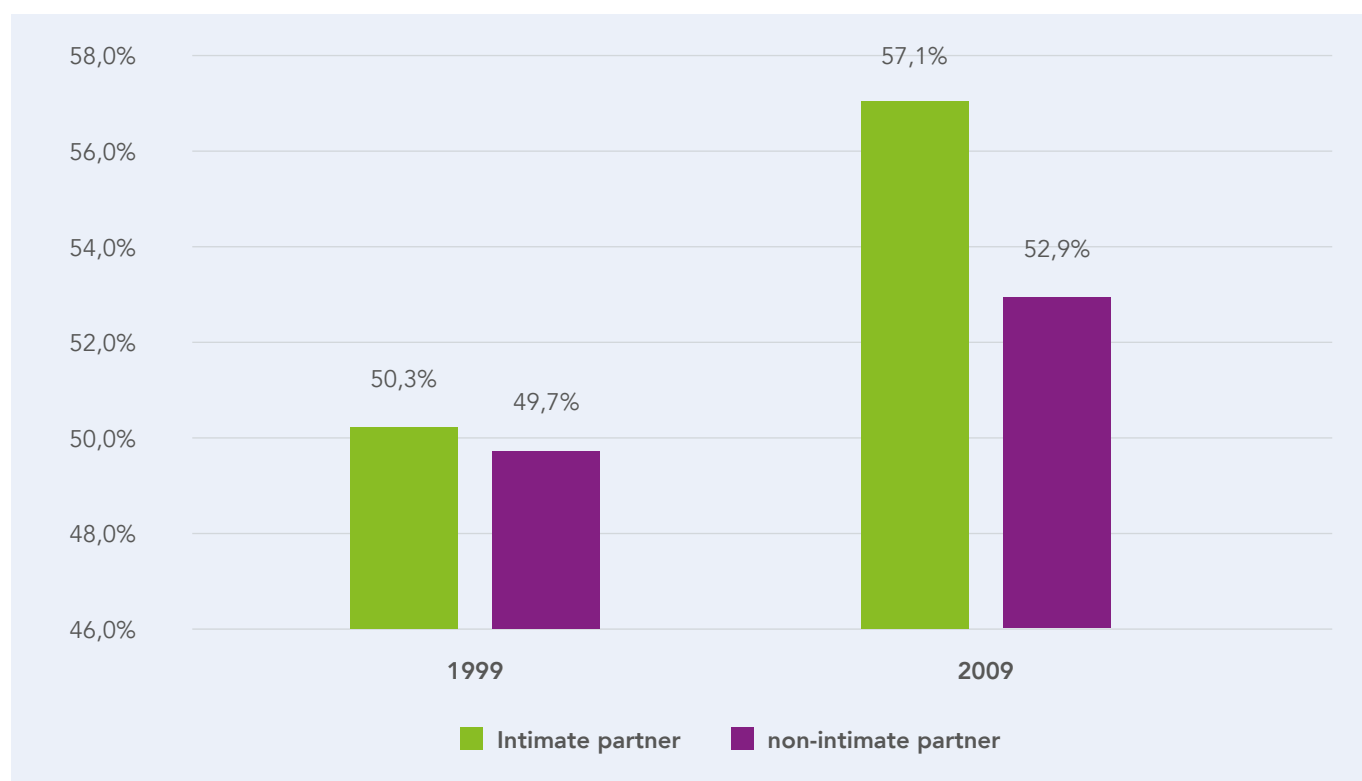
Global literature on femicide emerged in the last five to seven years and most countries are still grappling with developing systems to capture data on the scope of the problem in their countries (5). Some countries have progressed, and have monitoring systems, such as death review bodies and femicide observatories in place (6-8). More recently, the UN called for Femicide Watches, where countries were advised to assimilate and produce regularly updated country level disaggregated femicide information (statistics), and share it through an online platform (9). However, this would imply that countries have reasonable information systems that can be easily assimilated i.e. integration of administrative data between medico- legal, police, social, justice, but this is not always the case, and for many poorly resourced countries, Femicide Watches are not easily implementable.

Femicide in South Africa

The first femicide research study in South Africa was conducted by Vetten in 1996, documenting cases from the Johannesburg magistrate’s court and media reports, where she concluded that **in Gauteng a woman is killed every six days during the study period (1994-1996)** (10). The study also reported that **half of the women were killed by someone they knew** (10). The need to describe femicide nationally prompted the SAMRC’s dedicated national surveys, using combined medico-legal (mortuaries) with police (investigation) data for 1999, repeated ten years later in 2009 (11, 12). The South African femicide studies focus on the most common forms of femicide, i.e., **intimate, and non-intimate** partner femicide (see description below). This is considered a starting point for a country with limited recording and sharing capabilities of disaggregated data between administrative systems. Also, given the problem of many murdered women not having their crimes resolved and perpetrators remaining unknown, these surveys ensure that every murdered woman is accounted for.

The two SAMRC femicide studies showed a decrease of femicide over the 10 years with **1349** women aged 14 years and older killed by an intimate partner in **1999** compared to **1024** in **2009**. Despite the overall female murders decreasing in South Africa, the proportion of **intimate partner femicide** amongst the cases where perpetrators were identified **increased** from **50.3% in 1999 to 57.1% in 2009** (see Figure 1).

Figure 1: Proportion of intimate partner and non-intimate partners femicide among all female murders in South Africa: 1999-2009



The decrease in 2009 however still translates to **three women killed per day by an intimate partner**. In comparison, the UN report estimated 137 women are killed daily globally by a current or former intimate partner, and for many Northern based countries (and Australia) their weekly number of femicides equates to one femicide a week (4). The only other country with similar daily femicide numbers to South Africa, is Brazil, where it is estimated between 3-4 women, are killed per day by an intimate partner (13).

Population rates are the best comparisons across countries. Using country homicide statistics, the most recent global rate of intimate partner femicide was reported as 1.3/100 000 female population in 2017 (4). The **South African intimate partner femicide rate in 2009 was 5.6/100 000, which is almost 5 times the global rate** (12).

Although South Africa has high levels of femicide, it remains an undercount as police information is not available on all women murdered in the country. In 2009, a perpetrator was never identified in nearly **1 in 4 of the women murdered** (that is, 23% of 533 murdered women), and these women could not be allocated to a femicide sub-group (10). There is also limited disaggregated data to indicate the gender identities and sexual orientations of victims of femicide, as such data is mostly dependent on self-identification or confirmation by those known to victims, and less likely to be detected in forensic investigations. A study of the media coverage of femicide in South Africa during 2012/2013, found that media reports were not representative of femicide in the country, less than 20% of femicides were reported in the media. Additionally, it found that femicide is often inaccurately constructed in the media, i.e. there is more coverage of certain victims (elderly and white victims), more reports of non-intimate partner femicide vs intimate partner femicide; and an over-emphasis of crime with higher newsworthiness (sensational news) (14). This study pointed to the important role of media in influencing audiences, as it is often the primary source of information on femicide for many South Africans and misrepresents the reality of who should be feared as a perpetrator, and who is at risk of becoming a victim of femicide (15) and (14).

Legislation

The Constitution of South Africa is the legislative foundation of, and provides the guiding principles for an 'effective response' to GBV (16). Currently, the [NSP-GBVF](#) provides the most comprehensive strategic policy and programming framework to respond to GBVF, but the document lacks detail on how these laws and policies respond specifically to femicide. Five laws and one strategy were identified as specific to GBV in the NSP-GBVF, and three of these laws have been fast-tracked for review immediately after the 2018 Presidential Summit to strengthen the response to GBV.

On 3rd June 2021, the National Assembly passed the amendment of three bills:

- Criminal and Related Matters Amendment Bill
- Domestic Violence Amendment Bill
- Criminal Law (Sexual Offences and Related Matters) Amendment Bill.

However, in the amendment process of the above three Bills, femicide was again largely neglected, and minimal references are made to femicide. It is noteworthy that the proposed amendments to the [Criminal and Related Matters Amendment Bill](#) include the strengthening of regulations for the granting and cancelling of bail for femicide perpetrators. The bill also expands offences for which minimum sentences must be imposed, but it does not mention that femicide should be named as a specific type of murder for which these sentences must be applied. Instead, femicide is subsumed under the umbrella of murder. Importantly for femicide cases however, it sets out new parole conditions for GBV and femicide perpetrators. i.e., a complainant or a relative of a deceased victim will be allowed to make representation to the parole board. Although the above laws have been through a process of review, all future reviews of legislation must have a femicide-specific lens, including all policies and guidelines related to the criminal justice sector.

Femicide Definitions

Globally, femicide remains a contested term and has evolved since it was first used by the feminist activist and writer, Diana Russell, at the International Tribunal on Crimes Against Women in Brussels, Belgium in 1976. In 2001 she finally adopted the definition of femicide as “*the killing of females by males because they are female*” (15). In Latin America, the Spanish term *feminicidio* is used to include the impunity with which the female killings are treated (17). The term ‘feminicidio’ has however been criticised for conflating the crime of femicide with the response by the state, i.e., impunity by state as part of the femicide crime. Femicide therefore, remains largely a socio-political term to describe the gendered context of the killing of women.

To date, most countries have opted to refer to the killing of all women as femicide with most countries focusing on femicide perpetrated by intimate partners, i.e., **intimate partner femicide or intimate femicide**. In South Africa, the two national femicide studies also focused on describing and quantifying the two broad categories of femicide, based on the perpetrator i.e. intimate partner femicide and non-intimate partner femicide (11). The studies also described sexual femicides but did not describe other categories of femicide because the subtypes of femicides are based on evidence gained and knowledge of the motive for the homicide, which is not always available or identified during the investigation.

UK-based social scientists have categorised femicide into four distinct types: **partner femicide, familial femicide, other known perpetrator femicide, and stranger femicide** (15). The United Nations in their 2018 report opted to combine *intimate partner* and *familial femicide* and refer to this as ‘**gender-related killings**’ (16). This combination however excludes many other subtypes of femicide that have distinct gender contexts such as sexual femicides, which are very common in South Africa, though not well described in other settings. Although femicide occurs in all countries, the social, cultural, and political levels of interpersonal violence and justice context impact on the types and scale of femicide overall, and the subtypes of femicide specifically.

The femicide definition presented in the [National Strategic plan on Gender-Based-Violence and Femicide](#) (GBVF) refer to:

“Femicide also known as female homicide, is generally understood to involve intentional murder of women because they are women, but broader definitions include any killing of women or girls. In South Africa, it is defined as the killing of a female person, or perceived as a female person on the basis of gender identity, whether committed within the domestic relationship, interpersonal relationship or by any other person, or whether perpetrated or tolerated by the State or its agents, and private intimate femicide is defined as the murder of women by intimate partners, i.e. “a current or former husband or boyfriend, same-sex partner, or a rejected would-be lover”. Intimate femicide is defined as the murder of women by intimate partners, i.e. “a current or former husband or boyfriend, same-sex partner, or a rejected would-be lover” (14).

A country-level definition of Femicide

The process of developing a country-level definition of femicide started with a review of the above [NSP-GBVF](#) definition. A multi-disciplinary working group of legal, social, and judicial experts accounting for global and local contexts and experiences met on several occasions, and through a consultative process agreed on a revised definition, inclusive of all forms of femicide. This working group agreed that the purpose of a broad country-level definition should exist solely for *administrative, monitoring, and research purposes* and not for legal purposes, and it must therefore be understood in that context.

Henceforth, the term killing will be used since it allows the inclusion of murder, culpable homicide, and killings where investigations are incomplete. This definition will therefore include killings irrespective of whether a court of law has convicted a perpetrator. In addition, the definition does not require femicide to be a separate legal crime, as it is already considered to be murder or culpable homicide depending on whether the killing was intentional or negligent.

The agreed country-level definition of femicide is:

Femicide is the killing of a female person regardless of the person's age, gender identity, or sexual orientation, whether committed directly or indirectly by another person.

This agreed definition of femicide will enable data collection from the current South African administration data systems namely; female killings reported by the South African Police Services (SAPS), which will enable continuous monitoring of femicide as part of the key outcomes identified in the NSP-GBVF. Specialized systems such as the Femicide Watch may be of value in identifying sub-types of femicides.

The definition includes female killings of all ages, as intimate relations commonly start early, and children are often sexually groomed from a young age. Sexual femicide is also increasingly reported among younger children, as indicated by child death reviews in Western Cape and Durban and shown in the South African Medical Research Council study of sexual homicide among adult women and children (18). It should be acknowledged, however, that not much is known about child murders, and if the gender of the child is of relevance in the killings of infants (infanticide and neonaticide) in South Africa, as is shown in cultures in other regions (19, 20).

Femicide is further divided into two main types: **intimate partner femicide** and **non-intimate partner femicide** and the multiple subtypes of femicide identified in South Africa and globally are also included (see below):

- **Intimate partner femicide:** femicide perpetrated by a current or previous intimate partner, whether they are of the same or opposite gender, and where intimate relationships include marriage according to any law, custom, or religion; dating or customary relationship; live or lived together in a relationship like marriage; are or were engaged; proposal for intimate relationship was rejected; are or were in an actual or perceived romantic relationship, or any other intimate or sexual relationship of any duration.
- **Non-intimate partner femicide:** defined as the killing perpetrated by a person other than an intimate partner including a stranger, family member, relative or, any acquaintance.

Many subtypes of femicide exist and forcing femicide into a single category can be problematic because femicide can fit into more than one femicide category. Globally the best practice is to categorise femicides based on the perpetrator, i.e., intimate partner femicide or non-intimate partner femicide and familial femicide. Sometimes femicides are grouped based on the motive, e.g., honour-based femicide or according to the victim, e.g., femicide of a gender diverse person, femicide of a sex worker, or femicide of a trafficked person.

The complex relationship between the perpetrator and the motive has been shown in many South African femicide cases. For example, a transgender person could be killed and raped by a stranger and this femicide can fit into three types of femicide: *non-intimate partner femicide*, *femicide of a transgender person*, and *sexual femicide*. Similarly, a sex worker killed by a 'pimp' who is also her partner can be categorised as an *intimate partner femicide* and as a *femicide of a sex worker*. The above examples also highlight the multiple identity and characteristics of sexual identities of femicide victims, which cannot be captured in a single femicide type. These complexities should be recognised in the prevention and response to femicide in the country.

Sexual femicide (femicide with evidence of a sexual theme attached to the killing, meaning that sexual assault or penetration is *not* needed and can be based on a victim being found naked or semen found on or near the body) is seldom reported globally. However, it is notable that South African research reports a very high rate of sexual femicides i.e. 1 in 5 femicides where a sexual component was identified. This translated to 494 sexual femicides for the year 2009 (21). It is thus critical that sexual femicide is recognised as an important femicide subtype to be documented and monitored in South Africa.

Given the complex nature of femicide in South Africa, and the known large proportion of femicides committed by intimate partners, the two broad categories based on whether the perpetrator is an intimate partner or not, is best suited for the South African context. This does not prevent the identification and quantification of other types of femicides; indeed, it is encouraged. Raising awareness and training all sectors and services providers is critical to ensure all femicide types are recognised i.e. a transgender woman whose identity documents still classify her as a man may be excluded from being counted as femicide. Based on collective experience, review of literature, and research conducted in South Africa, a non-exhaustive list of subtypes of femicides is presented in Table 1.

Table 1: Femicide sub types

Sexual femicide	Femicide with a sexual theme to the killing
Femicides related to discrimination as prescribed in the <i>Promotion of Equality and Prevention of Unfair Discrimination ACT 4 of 2000</i>	
Femicide of a person identifying as bi-sexual	Femicide of a person identifying as bi-sexual
Femicide of a person identified as a lesbian	Femicide of a person identifying as a lesbian
Femicide of a person identified as transgender	Femicide of a person whose identity does not match their sex assigned at birth. They can be trans-men, trans- women, and also non- binary i.e. they do not identify as men or women. This include transgender persons whose gender marker have not yet legally been changed.
Femicide of a person identified as intersex	Femicide of a person born with either some combination of both biological sex characteristics (genital organs, hormones, chromosomes) or certain genital variations that do not align with either biological sex.
Femicide of gender diverse persons	Non-binary: a person who does not identify clearly or exclusively as male or a female. Genderqueer: - persons who identify as neither woman nor man, both woman and man, or a combination of these genders. Gender-fluid: - someone who prefers to express either or both maleness or femaleness, and that can vary, perhaps from day to day. Gender expansive: - term to use that allows creativity and freedom to not fit into a societal norm. Agender: - persons who do not identify with any gender. Gendervoid - refers to not only a lack of gender identity, but also a sense of loss or a void in not feeling that gender identity
Femicide of disabled person	Femicide of a disabled person
Femicide of person with albinism	Feminism of a person with albinism
Femicide linked to racism	Femicide linked to racial discrimination
Femicide linked xenophobia	Femicide linked to xenophobia
Femicide linked to ethnicity	Femicide linked to ethnicity
Femicide linked to HIV	femicide linked to HIV status
Femicide linked to cultural and religious practices	
Femicide linked to witchcraft	Femicide linked to accusation of witchcraft as prescribed in Witchcraft Suppression Act 3 of 1957 and the Promotion of Equality and Prevention of Unfair Discrimination ACT 4 OF 2000.
Femicide linked to witchcraft practices	Femicide linked to witchcraft practices, including female persons killed for body parts for "muti" (traditional healing practice) related use, for albinism, or for being perceived as virgin or as HIV negative
Femicide related to Honour-related killings	Femicide linked to killing perpetrated by a family member/s to protect male and family honour
Femicide related to dowry related killings	Femicide linked to (non/partial) dowry payment by victim and family
Femicide linked to specific victim identities	
Femicide of sex workers	Femicide of a female sex worker.
Femicide related to gang-related crime	Femicide linked to gang activity, drug related crimes or other organized crimes.
Femicide of human trafficked person	Femicide of a human-trafficked victim as prescribed in Prevention and Combating of Trafficking in Persons Act, 2013 (Act No. 7 of 2013);
Femicide related to revenge	Femicide linked to revenge killings, including where the victim is targeted because of links to person to whom the revenge is sought. This could be linked to gender-based violence with revenge directed at the mother.
Other Femicide	
Femicide suicide	Femicide where the perpetrator commits suicide within seven days of committing the femicide.
Extended femicide Familial femicide	Femicide of an intimate partner including the killing of other family members i.e. children/ parents/siblings etc
Serial femicides	Femicide of more than two victims by same perpetrator on different occasions.

Purpose and Goals of the Strategy

The purpose of this National Strategy on the Prevention of Femicide strategy is to spotlight femicide as a *critical, distinct* and extreme form of GBV that requires its own dedicated prevention strategy and outlines the approaches needed to effectively prevent a woman, girl or gender diverse person from being killed. It is an expansion of the proposed solutions for the prevention and response to GBVF outlined in the [National Strategic Plan of 2020](#) (47).

The strategy aims to prevent femicide by adopting an evidence and practice informed, multi-sectoral collaborative approach by the various government departments, law enforcement agencies, traditional authorities, civil society, academic institutions, faith-based organisations, the private sector, development partners, and the community at large, to effect a sustained reduction in the number of femicides.

Specific objectives are:

- to provide a clear definition and understanding of femicide as a distinct form of GBV based on a socio-ecological model that outlines the factors influencing victimisation for, and perpetration of femicide;
- to guide GBVF policymakers, practitioners and, other allied stakeholders on what measures, programmes, and services they can employ to prevent a woman, girl, or gender diverse person from being killed, even if they are already exposed to violence; and
- to inform the strengthening of the information and management systems used to measure, prevent, and respond to femicide in South Africa.

Understanding the Drivers of Femicide

Multiple drivers determine the occurrence of femicide, and any effort to prevent it must begin with an understanding of these drivers. However, the literature review on drivers of femicide has highlighted the limited body of knowledge globally, and the critical need to *prioritise research* in this area to inform prevention efforts. The socio-ecological framework, which emerged in the 1970s has been the dominant approach to identifying the drivers of intimate partner violence (antecedent to femicide), and interventions to prevent it (21-23). It has since been extended to understand the drivers of femicide (20) and will be applied here.

The Socio-ecological Model of Femicide

The socio-ecological model hypothesises that the drivers of IPV and femicide exist at multiple levels, i.e., **individual, relationship, community, and societal levels** (23). Although this document makes reference to the use of an ecological model for prevention of femicide (5), we have not identified a femicide-specific model, and therefore adapted a model for use in the South African context. We have included the **institutional level** as many drivers identified in the literature, interviews with South African experts, and our knowledge of the South African context made this a critical addition.

The review of the femicide literature confirms limited knowledge on risk factors for femicide, and in particular non-intimate partner femicide, and reflects femicide's low priority and state of knowledge globally. While the literature on risk and danger assessments for femicide contribute to our knowledge, it focuses largely on individual and relationship levels (24). Combining our own knowledge, those from other South African experts, and the local and global literature, we build an understanding of risk factors for femicide in South Africa (5, 25-32).

It is noteworthy that it is a **cluster of risk factors** and not individual risk factors that increase risk for femicide, as has been discussed in the work by UK researchers. However, the adapted socio-ecological model provides a useful approach to both identifying multi-level drivers of femicide, and planning prevention efforts at these different levels (see figure 2).

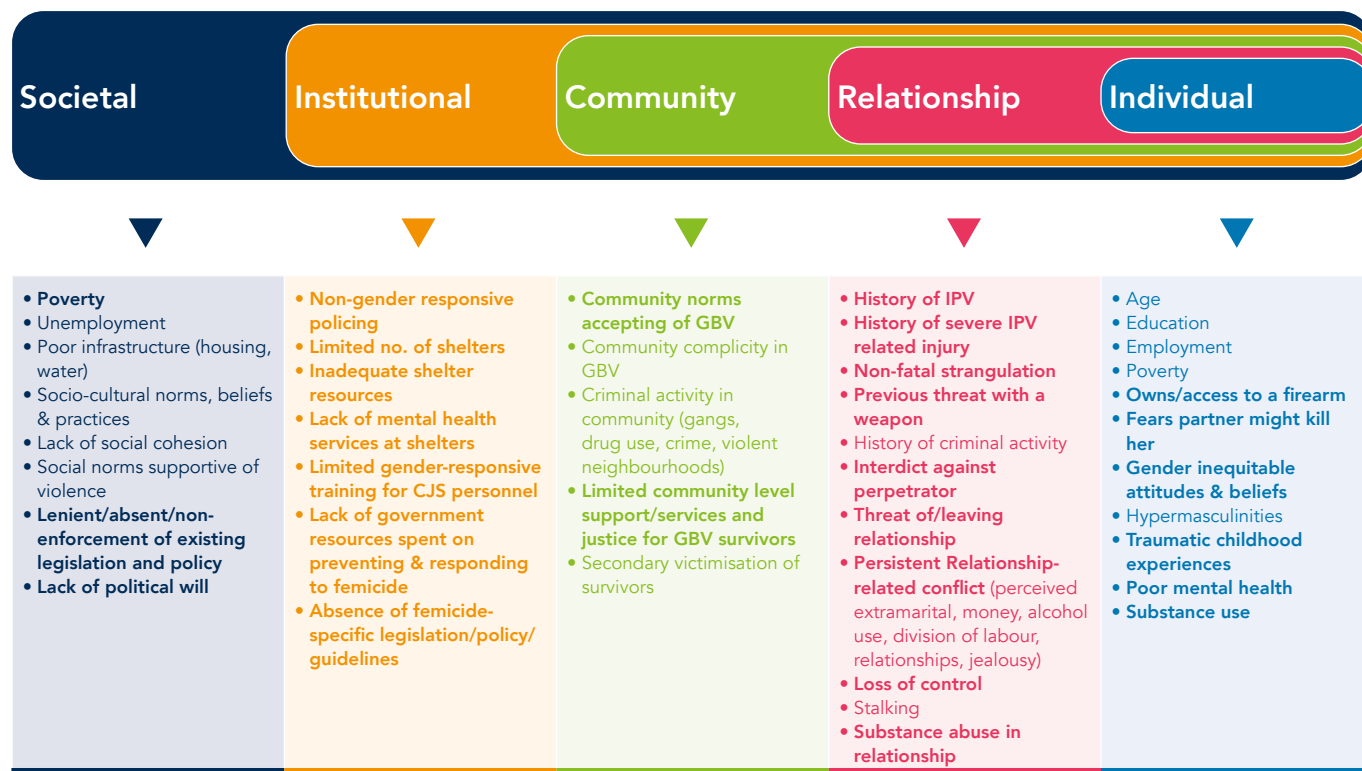


Figure 2: Socio-ecological model of femicide developed for South Africa

Individual level

Available evidence points to the salient role of individual-level factors for both the perpetrator and the victim in driving femicide. These include socio-demographic factors (age, limited education, unemployment, individual level poverty); owning or having access to a firearm; poor mental health; gender inequitable attitudes and beliefs; substance use; childhood violence experience, childhood trauma, and witnessing a mother being abused. Prior research indicates that some of the strongest socio-demographic risk factors for intimate partner femicide are the perpetrators lack of employment, education, and low levels of income (25). In addition, the perpetrator's access to a firearm, (5, 25, 28, 32), and alcohol and other substance use problems, place women at risk for femicide (5, 33). Specifically, when the perpetrator has access to a firearm, the risk for femicide increases substantially, particularly if they live together (25). Gender inequality in the form of patriarchal privilege, lack of women's empowerment, acceptance of violence in social relationships, and hyper-masculinities have also emerged as risk factors (5, 29, 30). Owing to notions of heteronormative gender identities and sexual orientations upheld by patriarchy in South Africa, there is a lack gender recognition for trans and gender diverse individuals. This influences mental health and their vulnerability to gender based violence, and vice versa (34).

While much remains to be understood about the role of mental health on femicide, available qualitative data from men who commit femicide shows that their experiences of depression, post-traumatic stress disorder, and other mental health problems may affect their intimate relationships and have a potential role in the femicide perpetration (5, 28, 29, 35). Poor mental health often emanates from both childhood and adult experiences (childhood violence, witnessing abuse, institutional violence, and impoverished social circumstances). Specifically, men who have experienced or witnessed violence in childhood are more likely to perpetrate IPV (36, 37). Although the literature on its effect on femicide is limited, research conducted with femicide perpetrators found that witnessing traumatic events in childhood is a dominant theme in their narratives (28-30). For the victim, fear of being killed by her partner is a key signal that she is at risk of being killed (38, 39).

Relationship Level

Relationship-level factors also function to increase the risk for particularly, intimate partner femicide. The literature on relationship-level risk factors are based largely on studies of intimate femicide. These include a history of IPV, history of severe-IPV related injury; the victim's threats to leave relationship, or actually leaving the relationship (through obtaining an interdict against a perpetrator, separation, divorce); types of violence (notably non-fatal strangulation, that is, choking); previous threat with a weapon by the abuser; perpetrators' loss of control; and triggers of violence such as frequent quarrelling, persistent relationship problems related to, money, alcohol use, and perceived extramarital relationships and jealousy (25, 26, 29, 32, 40). Though an understanding of the factors driving exposure of trans and gender diverse persons to intimate partner violence and femicide, remains limited, some of the associated risk factors for cis-women's exposure to IPV may be similar to those of trans and gender diverse persons.

A person's risk for femicide also increases if their partner had previously threatened to kill them and/or threatened them with a weapon (25). This may be linked to controlling behaviour, particularly when men feel a loss of control over their partner (29). Previous studies found that when a woman threatened to leave a highly controlling partner, this substantially increased the odds of her being killed (41). Similarly, when a highly controlling partner was left in a separation or divorce, this triggered femicide (29, 32). Co-habiting with a partner also appears to place women at risk of femicide (25, 41). Data from the 1999 Femicide study in South Africa found that among the intimate partner femicides, 52% of women were killed by cohabiting boyfriends, 27% by husbands, 18.5% by dating boyfriends (12).

Community Level

Community level factors are those that are further from the act of intimate and non-intimate partner femicide, but which influence what occurs at the relationship and individual levels. These include community norms that are accepting of GBV (e.g., patriarchal privilege, women disempowerment; lack of gender recognition for persons whose gender identities and sexual orientations are 'outside the norm'; general acceptance of violence in social relationships; and impunity among violence perpetrators); generalised criminal activity in community (gangs, drug use, crime, violent neighbourhood), limited community level support or services and justice for GBV survivors and secondary victimisation of GBV survivors. Prior research on the effect of community level factors on femicide has been limited because studies have focussed on individual and relationship level risks (26). However, available data show that communities that uphold patriarchal views, do not value women's empowerment and legitimise the use of violence against women, can become the breeding grounds for men who kill (5). Limited gender recognition of trans, gender diverse and intersex people is also influenced by negative community attitudes aligned to patriarchal gender notions (34). In addition, high rates of both community-level poverty and unemployment, which characterise many South African communities, limit men's ability to provide for their families and attain a sense of "manhood" (42). Research conducted with men who killed found that men's inability to provide for their families led to many emotional insecurities (29), while other research found that these insecurities often became triggers for arguments related to money, and provision, sometimes escalating into IPV and femicide (28). Gang membership and criminal activity (stealing, drug trade) become both accessible and seemingly lucrative opportunities for income generation, and by their very nature, are risk factors for IPV and femicide (16). Jewkes' work on risk factors for IPV found that "masculinity" and a "culture of violence" operate with poverty as structural drivers of GBV (43) and this may extend to femicide. The NSP-GBVE refers to "systemic failures to protect, support and attain justice for survivors and victims of GBV and Femicide"(16), and this entrenched impunity prevents accountability of the state and the criminal justice system. The result of limited services for survivors of GBV results in secondary victimisation of GBV survivors. Timely healthcare, access to justice (including community-level police response), legal assistance and other rights-related information, safe accommodation and non-placement in a suitable alternative shelter, poor investigation of IPV and femicide are some examples of limited services that function to re-victimize women, and importantly place them at risk of remaining in a situation that could escalate into femicide.

Institutional Level

Several factors exist at the institutional level which places women at risk of femicide. These include: a non-gender responsive criminal justice system; limited training of police and the judiciary in the identification, investigation, case management and prosecution of femicide cases throughout the criminal justice process; lack of adequately resourced shelters to meet the needs of survivors of GBV (44); a lack of mental health services to meet the needs of sheltered women; and poor enforcement of existing GBVF-related legislation. In addition, the absence of effectively functioning data systems to link and monitor femicide impedes institutional responses. A country that does not count the number of femicides will not know the scale of the problem and responses will be inadequate. Similarly, the absence of research will impede development of evidence-based interventions to prevent and respond to femicide. Barriers to gender recognition of trans, gender diverse and intersex persons also influence such persons' exposure to structural violence by the state, particularly lack of comprehensive policy on the legal recognition of self-identification as trans, gender diverse and intersex, and the cumbersome nature of existing on gender marker and sex name change processes (45).

The UN handbook on gender-responsive police services for women and girls subjected to violence points to the need for **“gender-responsive, trauma-informed and perpetrator focused”** policing (46). However, reports from experts and stakeholders working to prevent and respond to GBVF in South Africa largely reveal that police are inadequately trained in responding to gender-based violence and femicide in a gender-responsive manner (e.g., lack of understanding of femicide, lack of institutional level champions for GBVF, untimely and inaccurate recording of reports, victim-unfriendly police stations, missing dockets). In addition, police training specifically on identifying and investigating femicide (DNA, fingerprinting, forensic analysis) is lacking.

Policy, legislative and regulatory environments can help or hinder the prevention and response to femicide. Globally, and in South Africa research and surveillance on femicide are limited, and GBV legislation, where it exists, is often not effectively enforced. This limits a person's ability to access services, support, and justice, placing them at risk of femicide. Despite strides in policy and legislative processes in preventing GBVF (16, 47-50) there is an absence of femicide trained police officers in police stations in the country. As mentioned, legislative efforts through the passage of the amendment of the Criminal and Related Matters Amendment Bill, Domestic Violence Amendment Bill, and the Criminal (Sexual Offences and Related Matters) Amendment Bill are limited on the issue of femicide-specific legislation.

Societal Level

Societal level factors are those that operate at a higher level, but which function to influence and are influenced by factors in the institutional, community, relationship, and individual levels. These include structural drivers (poverty, unemployment, poor infrastructure) societal attitudes regarding male violence against women, cultural beliefs (perceived witchcraft), homophobia and transphobia and limited activism for trans, gender diverse and intersex persons, public policies, laws and regulation, lack of political will, and limited public resources spent on measures required for femicide prevention.

The literature on femicide shows that, while not all people who grow up in adverse conditions become violent, the low socio-economic status of both perpetrators and victims of femicide, and insecure employment or unemployment are associated with an increased risk of femicide (51). In an 11-city intimate partner femicide study Campbell and colleagues found that unemployment was the single demographic risk factor for increasing the risk of intimate partner femicide (25), while evidence from research with men who kill in South Africa reveals that poverty and unemployment were recurring themes in their lives. This points to the need to address *structural drivers* that perpetuate these adverse conditions. Patriarchal norms that influence the disempowerment of women, homophobia, and transphobia along with the normalisation of violence against women, operate at the societal level and permeate communities, relationships, and individuals. There is a poor understanding of the nature, extent and factors driving homophobia and transphobia in South Africa which supports the limited activism and stalled uptake of the research currently

being done in social policy (52). Kouta and colleagues argue that socio-cultural factors that influence femicide must be considered to prevent it. They found that certain cultural norms and practices support subordination of, and violence against women (20).

One such cultural practice related to femicide is highlighted by Brodie, who notes from her work on femicide in the media that in South Africa perceived 'unnatural' events that resulted in the untimely death of especially young people in rural areas are attributed to witchcraft, leading adult community members to seek the identification of witch(es) from 'approved' witchdoctors, upon which identified witches were severely punished by burning (to destroy the evil surrounding them)(53). Historians and researchers argued that such events led to mass killings of suspected witches, both male and female. However, elderly women with ailments such as blindness or dementia dominated those accused and punished, often signalled by possessing artefacts linked to traditional medicine, or perceived mysticism surrounding their household or activities. (54). Research also suggests that witchcraft accusations against women worsened at the beginning of the HIV/AIDS epidemic in South Africa, as the manifestations of the HIV disease were unfamiliar, extraordinarily debilitating and incurable through both traditional and modern medicine. In this context, women who did not display gender socially sanctioned attributes and behaviour, weakened their already oppressed social positions, making them prone to being demonised and accused of witchcraft (55, 56). Gender analysis of witchcraft accusations from South Africa shows that when women build social and/or economic power, an exception to the gender order, accusations of witchcraft may surface, followed by the killing of those women (57). Similar gender analyses of witch killings in Ghana also associates femicide with stereotypical notions about witchcraft (58). The literature base on this phenomenon is limited in South Africa, but media reports of older women killings mostly in the Eastern Cape have had consistent linkages to perceived witchcraft (59, 60).

In Figure 2 we used the above information to summarise the drivers into a schema of the socio-ecological model developed for femicide in South Africa. We further provide a detailed account of evidence-based drivers of femicide in Table 2 showing the multiple levels of the socio-ecological model and added proposed interventions, time frames and cross- references (where applicable) to the NSP-GBVF. In addition, we identify the areas that the NSP-GBVF does not cover, and which are specific to femicide prevention and responses.

Table 2: Evidence and practiced informed socio-ecological model of femicide

Risk Factor	Intervention	Time frame	Covered in NSP
Individual level			
Age	Targeting school-based programmes that focus on gender equality, relationships and violence prevention	Long term	Pillar Two: Prevention and Rebuilding of Social Cohesion
Education	Keeping girls in school, school completion leading to higher education levels being attained	Long term	Pillar Two: Prevention and Rebuilding of Social Cohesion
Employment	Modifiable through job creation, economic empowerment programmes that include income generating activities	Long term	Pillar Five: Economic Power
Poverty	Modifiable through job creation, economic empowerment programmes that include income generating activities Basic income grant for ultra-poor	Long term	Pillar Two: Prevention and Rebuilding of Social Cohesion Pillar Five: Economic Power
Owns/access to a firearm	Effective enforcement of the FCA to: Exclude individuals "at risk" from applying for a firearm. Shift from police 'authority to obligation ' to remove guns in home environment, particularly if there is a protection order, reported history of abuse, other violence by perpetrator Improving training of prosecutors, magistrates and judges regarding firearms and firearm licences in suspected femicide cases	Short term	Not covered in the NSP
Fears partner might kill her	Modifiable by a large public campaign on risk and available services (police services and shelters), and through a risk assessment tool and safety plans	Medium term	Not covered in the NSP
Gender inequitable attitudes & beliefs	Women and men access to gender transformative programmes plus economic empowerment opportunities	Long term	Pillar Two: Prevention and Rebuilding of Social Cohesion

Risk Factor	Intervention	Time frame	Covered in NSP
Hyper/toxic masculinities	Recognising and planning specialised gender transformative programmes, coupled with services for mental health, substance needs	Long term	Pillar Two: Prevention and Rebuilding of Social Cohesion
Traumatic childhood experiences as both perpetrators and victims	Modifiable through school/public child and adult mental health care services for childhood trauma and poor mental health	Long term	Pillar Two: Prevention and Rebuilding of Social Cohesion
Poor mental health	Modifiable through accessible and evidence-based mental health care services poor mental health	Long term	Pillar Six: Research and Information Management Systems Pillar 2: Prevention and Restoration of Social Fabric
Substance use	Modifiable through substance abuse combined with gender transformative and couples programmes to address alcohol use as a trigger/escalation to violence. Also, through alcohol screening and brief interventions, and Treatment and self-help support systems	Medium term	Pillar 2: Prevention and Restoration of Social Fabric
Relationship level			
History of IPV	Individual level: Woman recognise and report IPV Relationship: Modifiable through couples' programmes Institutional: Reporting IPV, case opened, investigation by police, including protection order or imprisonment, risk assessment tool and safety plans, seeking shelter	Short term	Not covered in NSP
		Medium term	Not covered in NSP
		Short term	Pillar Three: Justice, Safety and Protection
History of severe IPV related injury	Individual level: Woman recognise and report IPV Relationship: Modifiable through couples' programmes Institutional: Reporting IPV, case opened, investigation by police, including protection order or imprisonment, risk assessment tool and safety plans, seeking shelter	Short term	Not covered in NSP
		Medium term	Not covered in NSP
		Short term	Pillar Three: Justice, Safety and Protection (in part)
History of non-fatal strangulation (choking)	Individual level: Woman recognise and report strangulation as a risk for femicide Institutional : Reporting IPV, case opened, investigation by police, including protection order, police recognition of a near fatal femicide, risk assessment tool and safety plans, seeking shelter	Short term	Not covered in NSP
		Medium term	Pillar Three: Justice, Safety and Protection (in part)
Previous threat with a weapon	Individual level: Woman recognise and report threat with a weapon Institutional level: Safe reporting case management and police investigation, including protection order; police recognition of threat with a weapon, risk assessment tool and safety plans, seeking shelter Removal of weapon/firearm from perpetrator, the home and/or relationship environment	Short term	Not covered in NSP
			Pillar Three: Justice, Safety and Protection (in part)
			Not covered in NSP
Protection order against perpetrator	Individual: Accessing social support through family, friends, neighbours, community Institutional: Modifiable through police, magistrate's office instituting safety plans, referral to shelters	Short term	Not covered in the NSP Pillar Three: Justice, Safety and Protection (in part)
Threat of /leaving relationship	Individual: Recognition of heightened risk through education and awareness raising. Modifiable through obtaining a protection order against the perpetrator, implementing safety plans, seeking shelter/services.	Short term	Not covered in NSP Pillar Three: Justice, Safety and Protection (in part)
Stalking (physical and virtual)	Individual: Recognition of heightened risk through education and awareness raising. Reporting to police, obtaining a protection order against perpetrator	Short term	Not covered in NSP
			Pillar Three: Justice, Safety and Protection (in part)
Perpetrator loss of control	Individual: Women and GNCP recognise heightened risk when partner loses control Institutional: Risk assessment tool, referral to support services Referral to gender transformative/ couples programmes targeting impulse control	Short term	Not covered in NSP
		Short term	Not covered in NSP
		Long term	Not covered in NSP
History of criminal activity	Reporting to police, obtaining a protection order against perpetrator, investigation of previous convictions	Short term	Not covered in NSP

Risk Factor	Intervention	Time frame	Covered in NSP
Community level			
Community norms accepting of GBV	Community level norm change that support gender equity, through gender transformative, social cohesion & anti-violence programmes campaigns	Long term	Pillar 2: Prevention and Rebuilding Social Cohesion
Community complicity in GBV	Community norms change through an information, education, and communication campaign that encourage reporting of GBV, consequences for the perpetrator and protection and justice for survivors/victims	Long term	Not covered in the NSP
Criminal activity in community (gangs, drug use, crime, violent neighbourhoods)	Promotion of anti-crime activity, community policing forums, community level surveillance of crime, reporting	Long term	Pillar 2: Prevention and Restoration of Social Fabric
Limited community level support/services and justice for GBV survivors	Increased local/community level GBV prevention and support services, shelters, and justice for GBV survivors CBO level support services	Long term	Pillar 2: Prevention and Restoration of Social Fabric Pillar 4: Response, Care Support and Healing
Institutional			
Non-gender responsive policing	Identify champions of gender-responsive policing District, provincial and national level sensitisation of police, and service providers of gender-responsive responses to survivors Training police in gender responsive policing with measurable outcomes		Not covered in NSP Pillar 3: Protection, Safety and Justice Pillar 3: Protection, Safety and Justice (in part)
Absence of femicide-specific prevention policy and guidelines	Development of Femicide-specific guidelines on identification, investigation, case management, prosecution, sentencing and parole considerations for femicide	Medium term	Not covered in the NSP
Absence of a dedicated specialised Femicide investigation unit	Identify champions of femicide-responsive investigation Dedicate government resources for operation of femicide-responsive investigation Develop femicide-specific guidelines on identification, investigation, case management and prosecution, sentencing and parole for femicide	Medium term	Not covered in the NSP
Limited surveillance data on femicide in South Africa	Functional Femicide Watch	Short term	Pillar 3: Protection, Safety and Justice
Limited no. of shelters	Increase number of shelters and resource allocation to ensure comprehensive quality care relative to needs of communities	Medium term	Pillar 5: Economic Empowerment Pillar 4: Pillar Four: Response, Care, Support and Healing
Lack of mental health services at shelters	Develop evidence-based survivor-focused and trauma informed mental health care programmes for short- long- term shelters Scale up evidence-based survivor-focused and trauma informed mental health care programmes for short-long- term shelters	Medium term Short-term	Pillar Four: Response, Care, Support and Healing (in part)
Limited gender-responsive training for prosecution, judicial and correctional services personnel	Institutionalise gender-responsive training of prosecution, judicial and correctional services personnel in, prosecution, sentencing and parole of femicide perpetrators Apply of the Amended Criminal and Related Matters Bill, especially with regard to parole	Short-term Medium term	Pillar Three: Justice, Safety and Protection Not covered in the NSP, but amendment in progress
Lack of government resources spent on preventing & responding to femicide	Increase state resources for optimal prevention and response to femicide, and measurement of femicide, GBV and VAC	Short-term	Pillar One: Accountability, Coordination and Leadership

Risk Factor	Intervention	Time frame	Covered in NSP
Societal			
Poverty and Unemployment	Basic income grant for the ultra-poor	Long term	Pillar 5: Economic Empowerment
	Job creation	Long term	Pillar 5: Economic Empowerment
	Gender transformative and economic empowerment programmes for women	Long term	Pillar 5: Economic Empowerment and Pillar 2: Prevention and Restoration of Social Fabric
	Legislative review of the Maintenance act to alleviate economic dependence on abusive partners	Medium term	Pillar 5: Economic Empowerment
Poor infrastructure (housing, water)	Promotion of safer housing and community infrastructure	Long term	Pillar 5: Economic Empowerment
	Gender-responsive municipal planning	Long term	Pillar 2: Prevention and Rebuilding Social Cohesion
Harmful socio-cultural norms beliefs, & practices	Public campaigns and awareness raising on Femicide	Medium term	Pillar 2: Prevention and Rebuilding Social Cohesion
	Social norms change through an information, education, and communication campaign that encourage reporting of GBV, consequences for the perpetrator and protection and justice for survivors/victims	Long term	Pillar 2: Prevention and Rebuilding Social Cohesion
	Partnerships between govt, civil society, private sector, researchers focusing on violence prevention	Medium term	Pillar 2: Prevention and Rebuilding Social Cohesion (in part)
Non-enforcement of existing legislation and policy for femicide prevention and response	Strengthen implementation of GBVF prevention and response	Long term	Pillar 5: Economic Empowerment (in part)
	Institute a national level M&E system specific to femicide-related legislation/policies and guidelines across sectors	Medium term	Pillar One: Accountability, Coordination And Leadership
Lack of political will for femicide prevention and response	Build political will across all sectors by: providing evidence of the magnitude, drivers, and potential interventions to address femicide, Civil society action National media coverage Public campaigning	Medium term	Not covered in NSP



Methodology and Approach

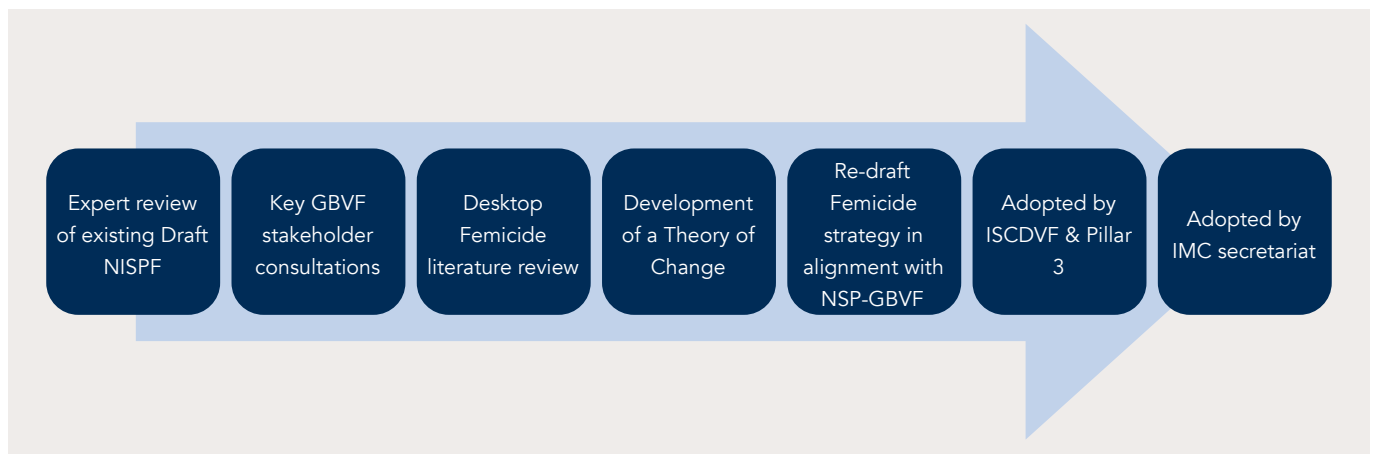


Figure 3: Strategy development process

This strategy was developed in a phased approach and followed research principles including; an **expert review** of the existing draft National Integrated Prevention Strategy on Femicide (NIPSF); **consultations** with key multi-sectoral stakeholders and structures working to prevent and/or respond to GBVF in South Africa; a **desktop review** of national and international literature on femicide; and the development of an evidence-based and practice informed **socio-ecological framework** and **Theory of Change (ToC)** for femicide prevention, culminating in a re-draft of the existing NISPF strategy. The strategy aligns to the Presidential Emergency Response Action Plan (ERAP) on GBVF (47), and the National Strategic Plan on GBVF (16), and the broader national and international policy and legislative agenda to eradicate femicide;

Expert review of existing draft NIPSF

Upon receiving the existing draft NIPSF from the DoJ&CD, expert researchers from the SAMRC undertook an internal review of the document with a view to a.) appraising the current draft's central approach to the prevention of femicide, b.) identifying research and implementation gaps in the prevention of femicide and, c.) identifying additional approaches to consider in femicide prevention and effective response.

Key stakeholder consultation

We consulted with 18 key stakeholders working in relevant capacities to prevent or respond to GBVF in South Africa. The stakeholders included; identified femicide content experts, researchers, academics, NSP-GBVF technical task team representatives, relevant government departments, representatives of the NSP-GBVF pillars (Prevention and rebuilding social cohesion and Justice safety and Protection pillars), NGO representatives, and public office bearers.

Desktop review

We conducted a desktop review of national and international literature on femicide, using Google Scholar, PubMed, websites of bilateral and multilateral organisations involved in GBV and femicide work. In addition, we purposively reached out to content experts at national and international levels for guidance on femicide-specific evidence. Drawing on results of this desktop review, which described the (a) global scope of femicide, (b) globally recognised risk factors for femicide and (c) femicide prevention strategies, and with additional input from content experts, we developed an evidence-based socio-ecological model of the drivers of GBV and femicide (see figure 2) and a Theory of Change for femicide prevention and response (see Table 3).

Theory of Change (ToC)

Based on the identified processes above and applying a femicide-specific lens, we developed a **theory of change** for femicide prevention. Early on we realised that we lacked **local level** information on best practices for both drivers, and prevention of femicide. This was due largely to a dearth of studies on the prevention of femicide in South Africa. However, reviewing existing literature and speaking to key stakeholders enabled us to generate a set of hypothesized pathways from risk factors and recognised drivers of femicide to a set of inputs and activities that would be required at multi-stakeholder levels to effect change. This resulted in a set of possible outputs that will address femicide prevention in South Africa. The TOC is based on several critical assumptions at the legislative, political, organisational, community, and individual levels about how change will occur. It is intended to be read from the bottom up, outlining the barriers to femicide prevention, through to a set of measurable outcomes that will result in impact (see Table 2)



Table 3: Theory of change for Femicide Prevention in South Africa

Responses	Individual level responses	Relationship level responses	Community-level responses	Institutional level responses	Societal level responses	ASSUMPTIONS
Impact	Fewer women, girls & gender diverse persons in South Africa die from femicide					- Evidence- based policy & practice is necessary for femicide reduction - Decision-makers use research evidence to inform their decision making - There is a conducive national framework for inter-sectoral collaboration to prevent & respond to femicide. - Strengthening individual, community & institutional capacity will result in a reduction in femicide - All sectors recognise the need to address structural factors (poverty, unemployment etc.) as foundational in preventing femicide.
Outcomes	- Measurable progress in building the evidence base on what works to prevent femicide in South Africa - Measurable evidence of effectiveness of femicide prevention & response interventions at multiple levels - South Africa has made considerable progress in implementing 5-year targets of Pillar 2: Prevention & Rebuilding Social Cohesion	- Healthier & more positive relationships between couples - Decreased escalation of GBV into risk for femicide - Increased protection for survivors of GBV from femicide	- Dominant community norms changed to protect women, girls, & gender diverse persons from femicide - Women, girls, & gender diverse persons have access to adequate & appropriate community-based support services - Decrease in community-level crime, including access to firearms	- Strengthened individual & institutional capacity to effectively prevent & respond to femicide. - Decisive & increased accountability across government & societal institutions to prevent femicide with adequate technical & financial resources - Femicide-specific policies are guidelines that are effectively implemented & monitored across all institutions - A cadre of well-trained CJS personnel to deliver effective & technically efficient response services to survivors of GBV & families of femicide victims.	- Sustained political will to end femicide in South Africa, supported by adequate resources - Femicide-specific laws, policies & guidelines are effectively enforced, & accountability is ensured. - Decrease in poverty & unemployment - Increase in educational attainment & economic independence for women, girls & gender non-confirming persons - General public is aware of & knowledgeable about femicide, its drivers & responses	

Responses	Individual level responses	Relationship level responses	Community-level responses	Institutional level responses	Societal level responses	ASSUMPTIONS
Outputs	- Improved understanding, interest, & concerted action among key multi-sectoral stakeholders of femicide & efforts to prevent it - Robust implementation of NSP-GBVF Pillar 2: Prevention & Rebuilding Social Cohesion - Decreased fire-arm related femicides - Increased number of women, girls & gender diverse persons recognising femicide risk & linkages to support services - Increased number of women, girls & gender diverse persons report IPV - Increased availability & use of survivor-focused & trauma informed mental health care services - Increased availability & use of substance abuse programmes	- Decreased fire-arm related femicides in relationships - Increased availability &/or implementation of effective couples' programmes - Increased education, awareness & skills among survivors of IPV to detect danger "flags" for femicide (non-fatal strangulation)	- Increased community practices promoting & modelling non-violent & gender-equitable norms - Increased community-level sensitisation & effective response to GBV, linked to integrated care & support services - Increased community-level accountability & resources to respond to the needs of GBV survivors - Socially cohesive communities that hold perpetrators to account, protect, & ensure justice for survivors of GBV - A robustly implemented community-level anti-crime strategy & programmes integrated into GBVF prevention. - A suite of community-based services; including safe spaces, mental health care & justice for GBV survivors & relatives of femicide victims - Decreased access & availability to firearms in the community, resulting in decreased fire-arm related violence, including femicide.	Strong evidence base on the: - Magnitude, drivers, & types of Femicide in SA - A suite of evidence-based interventions to effectively prevent & response to femicide - Institutionalised national femicide surveillance system - Increased state resources for optimal prevention & response to femicide across all sectors - Safe & efficient reporting & issuing of protection orders, resulting in decreased violence against women, girls & gender non-forming groups. - Implemented femicide-specific guidelines on identification, investigation, case management & prosecution, sentencing & parole for femicide - Application of parole conditions for femicide by considering, perpetrator risk profile, & requests made by a victim's relatives (as per Amended Criminal & Related Matters Bill) - Fewer women, girls & gender non-forming groups experience violence & femicide as a result of economic dependence on an abusive partner - Gender sensitive response by CJS to GBV survivors & victims of femicide on the continuum from reporting to care/parole - Decreased secondary victimisation of survivors GBV violence - Increased number of trained judges & magistrates on firearm control in femicide case sentencing - Adequate number of well-funded shelters enabling comprehensive care & support - GBV survivors ensured better mental health outcomes & overall well-being - Risk assessment tool developed & routinely used to detect femicide risk in relevant institutions - Expanded number of champions across the political, research, NGO, media sectors to advocate & ensure accountability for effective prevention & response to femicide - Increased number of evidence-based, gender transformative programmes implemented among women, girls, couples & Gender diverse persons - Nationally adopted & efficiently implemented femicide-specific policies - Effective enforcement of the DVA, CRMA & Criminal law (Sexual Offences & Related Matters) with femicide-specific lens	- Increased political will & support for action by all sectors for prioritising femicide prevention - A suite of aligned legislation, policies, & guidelines to prevent & respond to femicide in South Africa - Few people living on the poverty line - Increased job opportunities, especially for marginalised women, gender diverse persons & men - Safer housing for the general population, & specifically for women & men seeking housing post shelter care - More women, girls & gender diverse persons are educated & economically independent. - Safer & more gender-responsive communities, housing, & infrastructure [as per Annual Performance Plans (APPs) & Integrated Development Plans (IDPs)] - Increased societal action promoting & modelling non-violent & gender-equitable norms - Increased public awareness of the prevention of femicide - Co-ordinated action by multi-level stakeholders to prevent & respond to femicide - National level M&E system to track enforcement of femicide-specific legislation/policies & guidelines across all sectors - Increased number of effective public-private partnerships to prevent & respond femicide	- Evidence-based policy & practice is necessary for femicide reduction - Decision-makers use research evidence to inform their decision making - There is a conducive national framework for inter-sectoral collaboration to prevent & respond to femicide. - Strengthening individual, community & institutional capacity will result in a reduction in femicide - All sectors recognise the need to address structural factors (poverty, unemployment etc.) as foundational in preventing femicide.

Responses	Individual level responses	Relationship level responses	Community-level responses	Institutional level responses	Societal level responses	ASSUMPTIONS
Inputs	- Education & awareness raising of key stakeholders in understanding femicide, its drivers & prevention interventions. - Implementing the National prevention strategy on Gender-Based Violence & Femicide (as per Pillar 2: Prevention, Restoration of Social Fabric). - Effective education & awareness programmes for women, girls, GNCP to recognise IPV & escalation of violence for risk of femicide (e.g. non-fatal strangulation, threats with a weapon) - Efficient & timely IPV reporting by GBV survivors (as per Pillar 3: Protection, Safety & Justice). - Survivor-focused & trauma-informed mental health care services at the individual, relationship, & family level (as per Pillar 3: Protection, Safety & Justice). - Individual substance abuse programmes to address alcohol use as a trigger for violence/femicide	- Education, awareness raising & skills building - Adaptation, development or scale up of couples' programmes - Removal of weapon/firearm from perpetrator as per FCA	- Sustained community-level norms change - programmes that support survivors of violence in preventing femicide (as per Pillar 3: Protection, Safety & Justice) - Sustained community commitment through "Hearts & Minds" type campaigns to ensure protection of, & justice for survivors of IPV & families of femicide victims - Mainstreaming gender into wider violence & anti-crime prevention strategies - Increased community-based support services, e.g. safe spaces, mental health care & justice for GBV survivors & family of femicide victims - Implementing all aspects of the FCA to prevent easy access to firearms in the community	- Prioritised multi-sectoral research programme on what works to prevent & respond to femicide - Implement national surveillance program to measure magnitude & types of femicide. - Develop & monitor femicide-specific guidelines on identification, investigating, case management, prosecution, sentencing & parole for femicide - Enforcement of the Amended Criminal & Related Matters Bill -parole (as per Pillar 3: Protection, Safety & Justice) - Amendment of the Maintenance Act (as per Pillar 5 Economic Empower) - Effective implementation of all aspects of the FCA. - Regular & timely training & assessment of police in gender-responsive policing, using reviewed & evolving curricula with measurable outcomes - Comprehensive institutional-level knowledge, skills, & capacity development to effectively prevent & respond to femicide - Improving training for entire CJS on legal requirements for firearms & licensing in prosecution of femicide cases. - Set up femicide specialized unit/s for management, investigation, prosecution & sentencing of femicide cases - Increase state resources for optimal prevention & effective response to femicide - Increase number of & resource allocation for shelters, relative to needs of communities (as per NSP GBVF Pillar 4: Response, Care Support & Healing) - Implementation of evidence-based survivor-focused & trauma-informed mental health care programmes for short & long-term shelters (as per NSP GBVF Pillar 4: Response, Care Support & Healing) - Adapt/develop a femicide risk assessment tool & safety plans for the South African context - Effectively implement risk assessment tools & safety plans at institutional level (police, shelter, mental health & helpline services) - Identify & support institutional champions for femicide prevention - Build a portfolio of evidence-based gender transformative programmes for women, girls, couples & gender diverse persons (as per NSP-GBV Pillar 2 Prevention & Rebuilding Social Cohesion)	- Building political will, civil society & media advocacy for femicide prevention across all sectors - Basic income grant for the ultra-poor - Job creation - Educational & economic empowerment for women & girls & GBVF pillar 2 & 5). - Promotion of safe & gender-responsive municipalities & communities; including housing, transport, spatial planning (as per Pillar 3: Protection, Safety & Justice) - Social norms change through a "Hearts & Minds" type campaigns that challenge pervasive patriarchal & gender identity norms & normalisation of violence - Femicide-specific public campaigns & awareness raising - Strengthen implementation of GBVF legislation, policy & guidelines across all sectors - Institute a national level M&E system specific to femicide-related legislation/policies & guidelines across sectors (as per Pillar 1: Accountability, Coordination & Leadership) - Government, civil society, private sector, and research partnerships to prevent femicide	- Evidence-based policy & practice is necessary for femicide reduction - Decision-makers use research evidence to inform their decision making - There is a conducive national framework for inter-sectoral collaboration to prevent & respond to femicide. - Strengthening individual, community & institutional capacity will result in a reduction in femicide - All sectors recognise the need to address structural factors (poverty, unemployment etc.) as foundational in preventing femicide.

Responses	Individual level responses	Relationship level responses	Community-level responses	Institutional level responses	Societal level responses	ASSUMPTIONS
Barriers	- Limited understanding of what works to prevent & effectively respond to femicide - Limited knowledge of the different types & magnitude of femicide - Constrained interest & action among key stakeholders, due to limited understanding of prevalence & drivers of GBV & femicide, & widely held patriarchal views that deny male responsibility for GBV - Gender & economic inequalities - Poor recognition of femicide risk & help-seeking behaviour - Gun ownership - Substance abuse	- Limited conflict resolution & trust building skills in intimate relationships - Lack of awareness of danger signs for potential escalation of violence into femicide (e.g., previous threats to kill, non-fatal strangulation) - Economic gender inequalities fostering economic dependency on male partners - Firearms or weapons within the home	- Community norms accepting of GBV - Community norms intolerant of gender diverse identities - Community complicity in GBVF by protecting perpetrators & upholding impunity - Criminal activity in community (gangs, drug use, crime, violent neighbourhoods) - Limited community understanding of how to intervene to prevent violence from escalating into femicide - Poor community-level recognition of femicide risk & referral to support services - Easy access to firearms or weapons in communities	- Absence of femicide-specific policies & guidelines - Lack of a national level femicide surveillance system - Absence of a specialised unit for management, investigation, & prosecution of femicide - Non-gender responsive policing - Secondary victimization of GBV survivors - Poor national level firearm control - Limited government resources spent on femicide prevention & response - Limited numbers of, & funding for shelters - Limited community-level support services for GBV survivors - Absence of a South African risk assessment tool to detect "flags" for escalation of violence into femicide, & development of safety plans - Limited research on what works to prevent femicide - Limited capacity & resources in South Africa to implement evidence-based femicide prevention interventions - Limited policy champions to advocate for evidence-based femicide prevention	- Lack of political will to prioritise femicide prevention at global, national, & local government levels - Pervasive poverty, unemployment & low education for women & girls - Poor infrastructure (housing, water, transport) - Harmful socio-cultural norms, beliefs, & practices related to gender relations & identities - Normalisation of violence - Lack of social cohesion - Poor enforcement of existing femicide-related policies	- Evidence-based policy & practice is necessary for femicide reduction - Decision-makers use research evidence to inform their decision making - There is a conducive national framework for inter-sectoral collaboration to prevent & respond to femicide. - Strengthening individual, community & institutional capacity will result in a reduction in femicide - All sectors recognise the need to address structural factors (poverty, unemployment etc.) as foundational in preventing femicide.
Problem statement	Femicide is the most extreme & severe form of GBV globally & is highly prevalent in South Africa. Most perpetrators of femicide are not convicted & incarcerated. Although there have been national efforts to address GBV through civil, legislative (NSP-GBVF), & financial resources, femicide-specific prevention & response strategies remain extremely limited. There is a lack of consensus on definitions of femicide & limited surveillance. There is limited evidence-based femicide prevention programming & specialised technical training for femicide response personnel. Poor enforcement of existing legislation, & the absence of femicide-specific policy & guidelines, including the absence of specialized division for the management & investigation of femicides in SAPS, undermine efforts to effectively prevent & respond to femicide nationally & eliminate impunity for perpetrators.					

¹ The term women & girls are all-inclusive & refer to women & girls, who may be marginalized by poverty, race, age, disability, sexual orientation, gender identity, & nationality

Potential Femicide Risk Assessment Tools

During consultations with key stakeholders, we were informed of two tools developed by the DOJ&CD namely a [risk assessment](#) tool and a [safety plan](#). Both tools have been identified in the literature review as tools used to prevent femicide. Although the impact of the tools has not been studied, it is currently being used in many countries as a best practice. The Risk assessment tool has received more research attention in terms of validating it for use in multiple settings, but its impact on preventing femicide is not yet clear. The South African Risk Assessment tool is modelled on the Danger assessment tool. However, its main purpose was not explicitly developed for femicide prevention. Nonetheless, its primary function is for use by abused women to assess their risk of further harm if they remain with the abuser. It was developed in response to the large number of abused women who withdraw their cases, and it was envisaged as a tool that will assist women to continue to finalise their protection orders. It is however uncertain if the tool has this impact in the current context, and research should be prioritized to firstly *review its feasibility* for the South African context and then to *determine its effectiveness* in decreasing withdrawals and ultimately decreasing femicide. Both the risk assessment and safety plan are distributed at the domestic violence courts where it is hoped that women read it, to assist them in making decisions. The safety plan is also used in educational campaigns in courts across the country.

Strategic Objectives for the National Femicide Prevention Strategy

Key strategic objectives for the National Femicide Prevention strategy have been developed in alignment with the ERAP and NSP- GBVF. Key activities have been developed with indicators and time frames (short-2022-2024 and medium time- 2025-2026 frames). Lead Government Departments have also been identified and this will ensure the Strategic Plan is effectively operationalised and assimilated into the ERAP and GBVF-NSP within a stipulated time frame. These are listed below, (see also Table 4).

- 1. Strengthen Legislation and Develop Femicide Specific Policy and Guidelines to Prevent and Respond to Femicide.**
 - a. Review and develop femicide-prevention national policy framework with implementation plans.
 - b. Review, enforce and monitor existing legislation to ensure that it is responsive to femicide prevention.
- 2. Provide Political Leadership, Dedicated Resources & Accountability for Femicide Prevention**
 - a. Provide political oversight on implementation of the Femicide prevention strategy
 - b. Incorporate leadership of femicide prevention strategy into current GBVF National Leadership structure (National GBVF Council)
 - c. Develop a costed plan of action for the implementation of the National Femicide Prevention Strategy
 - d. Dedicate financial resources for the implementation and monitoring of the National Femicide Prevention Strategy through public-private funding partnerships (PPP).
- 3. Prioritise Femicide Surveillance & Build Knowledge of What Works to Prevent Femicide**
 - a. Set up surveillance systems using integrated administrative data from relevant departments (Femicide Watch)
 - b. Set up a rapid response tracking mechanism to track and monitor femicide cases using unique identifiers from police reporting through to the end of criminal justice system (Femicide Watch feeding into the IJS Transversal Hub)
- 4. Implement a Targeted, Context-specific Femicide Prevention Programme**

In alignment with the [Prevention Pillar of the NSP-GBVF](#), we recommend:

 - a. Prioritise & implement a research agenda on what works to prevent femicide
 - b. Review the current IPV Risk Assessment tool and Safety Plan for femicide prevention and adapt it for SA context drawing on global best practice.
 - c. Implement the adapted Risk Assessment tool and Safety Plan for femicide prevention as an emergency measure within the sectors
 - d. Implement a femicide-specific public awareness raising campaign

5. Strengthen Institutional Capacity to Prevent and Respond to Femicide

- Provide specialised training to the CJS on gender-responsive and femicide-specific guidelines.
- Set up a dedicated and specialized femicide-specific unit for management, investigation, prosecution & sentencing of femicide cases.

Table: 4 Strategic Objectives for the National Femicide Prevention Strategy

*Short term = 2022-2024; Medium term = 2025-2026

KEY INTERVENTION	KEY ACTIVITIES	INDICATORS	TARGET*	ACCOUNTABILITY & KEY STAKEHOLDERS
STRATEGIC OBJECTIVE ONE: STRENGTHEN LEGISLATION AND DEVELOP FEMICIDE- SPECIFIC POLICY AND GUIDELINES TO PREVENT AND RESPOND TO FEMICIDE				
	Review, and develop femicide-prevention national policy framework with implementation plans.	1. Femicide-specific policy framework developed	Short-Medium term	Lead: National Council on GBVF Main support: DOJ&CD, Parliament, National, Provincial and Local governments, CSOs
	Review, enforce and monitor existing legislation to ensure that it is responsive to femicide prevention.	1. Expedite Firearms Control Amendment Bill 2. Review the Maintenance Act 99 of 1998 3. Enforce and monitor Criminal & Related Matters Amendment Bill (B17-2020), (2020); Domestic Violence Amendment Bill (B20-2020), and Criminal Law (Sexual Offences and Related Matters) Amendment Bill, (2020) 4. Review relevant legislation related to marriage through femicide-specific lens, such as Amendment of Customary Marriages Act – registration of marriages, recognition of cross-national marriages; same sex marriages	Short-Medium term	Lead: DOJ&CD Main Support: National Council on GBVF, Parliament, National, Provincial & Local government, CSO, Civilian Secretariat for Police Services
STRATEGIC OBJECTIVE TWO: PROVIDE LEADERSHIP & ACCOUNTABILITY FOR FEMICIDE PREVENTION				
Provide political leadership, dedicated resources & accountability through sustainable, multi-sectoral collaboration and action to prevent & respond to femicide	Provide political oversight on implementation of the Femicide prevention strategy	1. Adoption of femicide prevention strategy into relevant departmental Annual Performance Plans (APPs) by GBVF-IMC by target date *	Short-term	Lead: Council on GBVF, DWYPD Main support: DOJ&CD, DPME, National Treasury
	Incorporate leadership of femicide prevention strategy into current GBVF national leadership structure (National GBVF Council)	2. Femicide prevention strategy is adopted by NSP-GBVF leadership structure (National GBVF Council)		Intersectoral support: National, provincial and local government, SAPS, National Council on GBVF, and private sector partnerships & CSOs
	Develop a costed plan of action for the implementation of the National Femicide Prevention Strategy	Evidence for a budget allocated for all actions matching relevant department and their APPs		
	Dedicate financial resources for the implementation and monitoring of the National Femicide Prevention Strategy through public-private funding partnerships (PPP).	Evidence of dedicated budget allocation for femicide prevention		

KEY INTERVENTION	KEY ACTIVITIES	INDICATORS	TARGET*	ACCOUNTABILITY & KEY STAKEHOLDERS
STRATEGIC OBJECTIVE THREE: PRIORITISE FEMICIDE SURVEILLANCE & BUILD KNOWLEDGE OF WHAT WORKS TO PREVENT FEMICIDE				
Prioritisation of the Development and Co-ordination of an integrated Information System to monitor femicide in SA				Lead: DOJ&CD Main Support: Integrated Justice System (IJS), SAPS, NPA, Stats SA, DOH, DSD, Media
	Set up surveillance system using integrated administrative data from relevant departments (Femicide Watch)	1. Femicide integrated information system developed and surveillance reporting done on number and types of femicide by province per month	Short-term	Lead: DOJ&CD Main support: National, Provincial and Local government, National House of Traditional Leaders/ COGTA, Integrated Justice System (IJS), SAPS, NPA, Stats NPA, Stats SA, DOH, DSD, DWYPD, National Council on GBVF, CSOs Support: Multi-sectoral actors , GBVF practitioners, Shelters,
STRATEGIC OBJECTIVE FOUR: IMPLEMENT A TARGETED, CONTEXT-SPECIFIC FEMICIDE PREVENTION PROGRAMME				
	Prioritise & implement a research agenda on what works to prevent femicide	1. Research agenda developed and priority research funded	Short-Medium term	Lead: National Council on GBVF Main Support: Research Institutions, CSOs DOJ&CD, SAPS, GBVF practitioners, Shelters, DSD, Economic cluster, EPWP.
		2. Tools reviewed, adapted and SOPs developed for use of tools with relevant institutions		
	Review the current IPV Risk Assessment tool and Safety Plan for femicide prevention and adapt it for SA context drawing on global best practice.	1. Evidence of implementation of contextualised risk assessment and safety plan tools for femicide prevention	Short-Medium-term	Lead: DOJ&CD Main Support: Research institutions, SAPS, DSD, GBVF practitioners, CSOs, Shelters, DOH, DOH, DOLabour, Business, DBE, DHET, COGTA Support: National, Provincial, Local government
	Implement the adapted risk assessment tool and safety plan for femicide prevention as an emergency measure within the sectors	2. Evidence of rollout of risk assessment and safety plan tools nationally		Lead: National Council on GBVF Main Support: Research Institutions, CSOs DOJ&CD, SAPS, GBVF practitioners, Shelters, DSD, Economic cluster, EPWP.: Research Institutions, CSOs DOJ&CD, SAPS, GBVF practitioners, Shelters, DSD, Economic cluster, EPWP.

KEY INTERVENTION	KEY ACTIVITIES	INDICATORS	TARGET*	ACCOUNTABILITY & KEY STAKEHOLDERS
	Implement a femicide-specific public awareness raising campaign	1. Femicide-specific public awareness raising campaign developed and piloted as part of 365 days campaign 2. Public campaigns implemented and monitored nationally (365 days campaign)	Short-term	Lead: GCIS Main Support: DOJ&CD, Media, National, Provincial, Local government departments
STRATEGIC OBJECTIVE FIVE: STRENGTHEN INSTITUTIONAL CAPACITY TO PREVENT FEMICIDE				
Strengthen the Criminal Justice System to deliver effective and efficient services to survivors of GBV and families of femicide victims, in alignment with Pillar 3: Protection, Safety, and Justice	Provide specialised training to the CJS on gender-responsive and femicide-specific guidelines.	1. Training manual/s developed/adapted	Medium-term	Lead: DOJ&CD, GBVF practitioners, research institutions, CSOs
		2. Modular training implemented with 100% of new entries of police, court personnel, magistrates, judges trained, and 75% of existing personnel in police, court personnel, magistrates, judges trained.	Medium-term	Lead: National GBVF Council Main Support: DOJ&CD, SAPS, NPA, DOH Support: National, Provincial, Local Government, CSOs, Training Institutions,
	Set up a dedicated and specialized femicide-specific unit for management, investigation, prosecution & sentencing of femicide cases.	A dedicated and specialized femicide-specific unit is set up, with ear-marked financial, human, and infrastructural resources	Medium-term	Lead: SAPS Main Support: Family Violence, Child Protection and Sexual Offences (FCS) Unit, SAPS, NPA



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- i The term women & girls are all-inclusive & refer to women & girls, who may be marginalized by poverty, race, age, disability, sexual orientation, gender identity, & nationality.
 - ii 1 Gender-based violence was defined by the U.N. Convention for the Elimination of All Forms of Discrimination against Women (1992) as “violence that is directed against a woman because she is a woman, or violence that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty” (General Recommendation No. 19)
 - iii United Nations Resolution 68/191, on ‘Taking action against gender-related killing of women and girls’, fn. 1., adopted by the General Assembly at its 70th plenary meeting on 18 December 2013.

APPENDIX A: NATIONAL AND INTERNATIONAL POLICY FRAMEWORK

Femicide prevention must be guided by existing international, regional and national laws, policies, frameworks and strategies. A non-exhaustive list of these are found below:

- The Bill of Rights under the South African Constitution;
- Emergency Response Action Plan on Gender-Based Violence and Femicide, 2019
- The National Strategic Plan on Gender-Based Violence and Femicide, 2020
- CEDAW, 1995;
- Convention on the Rights of the Child that ensures the recognition of children's rights;
- Beijing Declaration and Platform for Action, 1995;
- Protocol to Prevent, Suppress and Punish Trafficking in Persons, 2000;
- Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography, 2002;
- Convention on the Rights of Persons with Disabilities, 2007;
- UN Declaration of Basic Principles of Justice for Victims of Crime, 1985;
- Criminal and Related Matters Amendment Bill (B17-2020);
- the Criminal Procedure Second Amendment Act 85 of 1997;
- the Protection from Harassment Act of 2011;
- the Domestic Violence Act of 118 of 1998;
- Sexual Offences Act (previously Immorality Act) 23 of 1957
- the Children's Act 38 of 2005;
- the White Paper on Safety and Security 2016;
- The Older Persons Act No 13 of 2006;
- The Child Justice Act No 75 of 2008;
- Criminal Law (Sexual Offences and Related Matters) Amendment Act 6 of 2012;
- Criminal Law (Sexual Offences and Related Matters) Amendment Act 5 of 2015;
- Domestic Violence Amendment Bill (B20-2020)
- Criminal Law (Sexual Offences and Related Matters) Amendment Bill.
- the Criminal Law Amendment Act, no 105 of 1997);
- Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007
- Prevention and Combating of Trafficking in Persons Act 7 of 2013;
- Promotion of Equality and Prevention of Unfair Discrimination Act 4 of 2000;
- the Integrated Social Crime Strategy;
- GBV policy and strategy framework for higher education university and college campuses;
- Life Orientation Strategy for Basic Education and higher education;
- Higher Education GBV Policy and Strategy Framework to develop an integrated model for managing sexual and gender-based violence;
- The Plan of Action on Violence against Women and Children;
- 365 Days Strategy of No Violence Against Women and Children;
- National Guidelines, Medical Management of Rape.
- Global: Guidelines for Medico-Legal Care for Victims of Sexual Violence, WHO, 2004;
- The Center for Disease Control - Sexual Assault or Abuse of Children, 2015;
- Prevention and Combating of Trafficking in Persons Act 7 of 2013
- Maintenance Act 99 of 1998
- Firearms Control Act, 2000

APPENDIX B: A MODEL FOR THE MANAGEMENT OF FEMICIDE IN SOUTH AFRICA

Guidelines for the management of femicide investigation and prosecution in South Africa

South Africa has amongst the highest rates of femicide (female murder) in the world. The most common type of femicide in South Africa is intimate partner femicide where the perpetrator had a very close and intimate relationship with the victim. Femicide should be recognised as a priority crime and a specialized femicide unit with specialised skilled and trained investigative teams should be set up. This may be located within the Family Violence, Child Protection and Sexual Offences (FCS) Unit. The SAPS 2020-25 strategy lists key operational strategies including an integrated sexual offence and GBV strategy but femicide is not mentioned in this strategy. These must be reviewed.

A specialized femicide unit will include:

- Development of clear femicide investigative strategy which includes procedures and guidelines for femicide responsive policing and prosecution to ensure monitoring and quality control of investigation and prosecution.
- Setting up of femicide specialized units coordinated at a provincial level, with task teams operationalized within police clusters with the size of task team dependent on the number of femicide cases per cluster.
- Specialized Units will respond and take over the investigation from the moment a female murder crime is reported.
- A team member will be involved from the time of the crime being reported, which will include attending the crime scene and autopsy.
- Femicide investigation coordinators within clusters will provide support to the teams and monitor the progress of the investigation with regular reporting.
- Femicide specialisation units proceed to feed information into Femicide Watch
- Each team to include a senior prosecutor to guide investigation. A social worker to support and maintain contact with the family and review the risk within the family
- All femicides should be escalated to the high court.

Training for all sectors and specialized staff:

- Develop comprehensive training course for all sectors in the criminal justice sector on femicide responsive policing and prosecution which moves beyond the knowledge of law and procedures to solve a crime. This will include training on
 - danger assessment/threat assessment for all those involved in the protection order application process including magistrates to ensure women with high risk for violence (and femicide) are identified and referred to appropriate support and services
 - addressing biases, assumptions, and stereotypes about GBV survivors and femicide victims and motives
 - types of femicides and the most common modus operandi of sub-types of femicides
 - recognition of forensic evidence during autopsies specific for feminicide i.e. rape kits used for all those with evidence of strangulation.
- Specialized training (advance training) will include
 - Specialized investigative training for teams/staff allocated to the femicide specialized units with special training in femicide and psychologically motivated crimes.
 - Specialized crime scene management training including forensic exhibits, preparing for trial and expert witnesses during prosecution and sentencing among others.
 - Specialised training on court and trial preparation and appearances, including typical defences raised by accused i.e. 'temporary insanity'.