POST CSI INDABA ROUND-TABLE DISCUSSION

Corporate Strategy & GBVF

From awareness to prevention,
protection and corporate accountability.

DIGITAL CONVERSATION | 28 OCTOBER 2026

OUTCOME & ACTION REPORT



Antonia Oakes
Discussion lead

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WELCOME / THE CONVENOR

Welcome to a conversation that must continue.

A CSI South Africa discussion, brought to you by CSI Indaba.



Simphiwe Mtetwa

Convenor & moderator | CSI Indaba

01

WHY WE CAME TOGETHER

Thank you for joining a conversation about what responsibility means when women and children remain unsafe, and how corporate social investment can help change that reality.

02

WHAT YOU WILL FIND

This report connects the dialogue with historical cost research, prevention priorities, workplace protection and practical directions for partnerships. The reading guide explains how to navigate it and open the sources.

03

WHAT HAPPENS NEXT

As we launch the Women, Children and Gender Office, I invite corporate South Africa to help turn these ideas into sustained action. What can our organisation do differently, and what will that change in someone's life?

FOREWORD / ANTONIA OAKES' PERSPECTIVE

Beyond awareness: a responsibility to act.

An editorial reflection drawn from Antonia Oakes' contributions to the round-table.



Antonia Oakes

Discussion lead

01 RECOGNISE THE REALITY

Antonia placed leadership at the centre of the response. Coercive control can affect a person's daily routines, relationships, wellbeing and work. Its warning signs can be overlooked when distress is treated only as a performance concern.

02 CONNECT AWARENESS WITH PROTECTION

Her challenge was to look beyond the existence of a wellness programme. Leaders need understanding and empathy to recognise when support is needed, respond safely and connect people with specialist services.

03 WORK TOGETHER FOR LASTING CHANGE

CSI investment must listen to communities and sustain the organisations delivering care. Antonia called for collective leadership and progress judged by meaningful changes in people's safety, support and the systems around them. [1]

01 / PREAMBLE

Responsibility must become visible in people's lives.

01 A SHARED RESPONSIBILITY

GBVF challenges the society we are prepared to build. Corporate responsibility reaches into workplaces, investment decisions, leadership practices and the conditions in which families and children live.

02 A PRACTICAL RESPONSE

The round-table called for sustained prevention, stronger care systems and leadership willing to examine everyday power. Campaigns and donations must connect with practical, continuing support.

03 A HUMAN PURPOSE

Economic losses strengthen the business case; human dignity remains the reason to act. Progress must mean safer lives and more accessible support.

4 PRIORITIES FOR CORPORATE ACTION

1. **PREVENT**
   Invest earlier in children, caregivers and safer norms.
2. **PROTECT**
   Recognise abuse and connect people with specialist support.
3. **PARTNER**
   Sustain the organisations closest to communities.
4. **MEASURE**
   Track access, service quality and safety-related outcomes.

02 / READER'S GUIDE

How to read this report

A CSI South Africa discussion, brought to you by CSI Indaba. CSI Indaba will lead and coordinate all follow-up actions set out in this report.

01 START WITH THE DIALOGUE

Pages 6–7 summarise the contributions and the strategic shifts emerging from the conversation.

GO TO THE DIALOGUE >

02 DISTINGUISH EVIDENCE FROM SCENARIOS

Pages 8–10 present historical research. Pages 11–12 explain an illustrative calculation and an international methodological comparison.

GO TO THE EVIDENCE >

03 FOLLOW THE ACTION AGENDA

Pages 13–17 explore prevention and corporate practice. Pages 18–21 set out the office, proposed pledge, roadmap and next conversations.

GO TO THE ACTION AGENDA >

04 CLICK THROUGH TO THE SOURCES

Click [2], [3] or [4] to open an external publication. The final-page source cards have labelled buttons; UK comparison links are on page 12. [1] opens the dialogue summary.

GO TO THE SOURCES >

Top bar: select a section name to jump there. The house returns to this guide; straight arrows move to the previous or next page.
The bent arrow returns to your last view in compatible PDF readers. If unavailable, use the house or your viewer's Back command.
External sources open separately; return using your browser or PDF viewer. The mathematical scenario is illustrative, not a measured cost.

03 / VOICES FROM THE DIALOGUE

Expertise across corporate and community life

A thematic summary of contributions to the digital round-table. [1]

Contributor	Perspective recorded	Implication for CSI
Antonia Oakes	Coercive control, workplace response and leadership responsibility.	Equip managers; strengthen referrals and shared prevention investment.
Dr. Geraldine Fraser-Moleketi	Whole-of-society coordination, prevention and sustained implementation.	Coordinate across sectors and invest beyond campaign cycles.
Brigitte	Economic costs and the gap between awareness and prevention.	Connect the business case to human outcomes.
Zianda Mxaso & Wendy Lessing	Child safeguarding, grief, trauma and community organisation capacity.	Fund early support, professional skills and continuity of care.
Civil society participants	Impact measurement, funding intermediaries and everyday gender norms.	Improve evidence, reduce delivery burdens and challenge harmful socialisation.

04 / STRATEGIC FINDINGS

Six shifts the dialogue asks of corporate South Africa

Themes from the dialogue, with recommendations for corporate action.

Awareness to prevention

Fund work that changes harmful norms and strengthens safety, alongside communication.

Wellness to protection

Treat signs of abuse seriously; equip leaders to respond and refer safely.

Projects to continuity

Back capable community organisations with realistic operating support and longer horizons.

Adults to early support

Include child safeguarding, grief care and supportive caregiving in prevention investment.

Silos to coordination

Connect CSI, HR, governance, government and specialist civil society services.

Activity to outcomes

Track access, service quality and safety-related outcomes, with ethical data practices.

05 / THE ECONOMIC CASE

The numbers discussed: significant, but historical

Research estimates provide context. They are not a 2026 cost estimate or a complete accounting of GBVF.

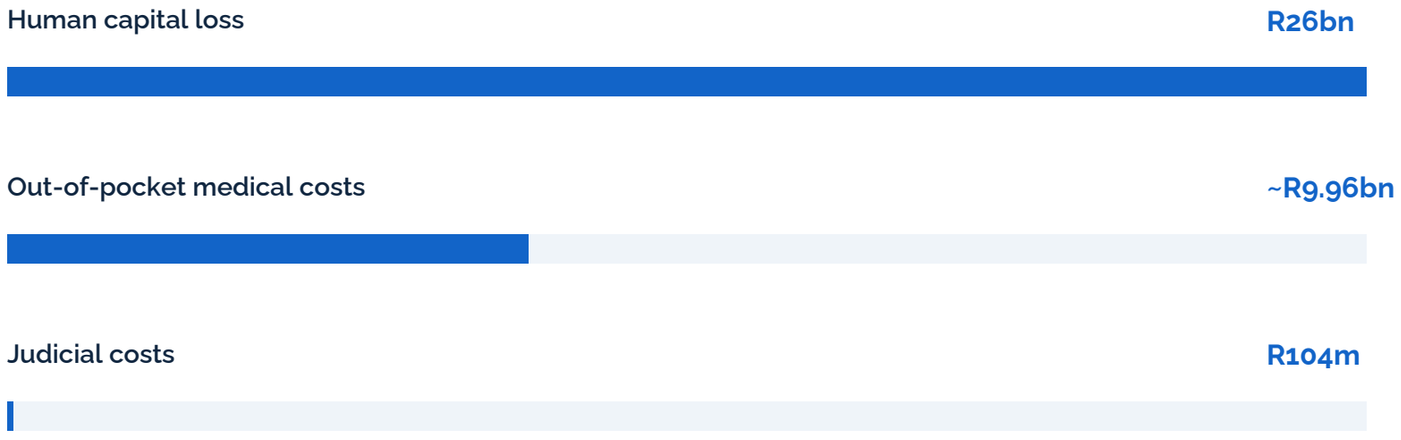
MORE THAN

R36bn

Estimated national economic loss attributed to GBV in 2019 in the 2022 research report. [2]

National estimate, including costs beyond the corporate sector.

Selected components reported in the source [2]

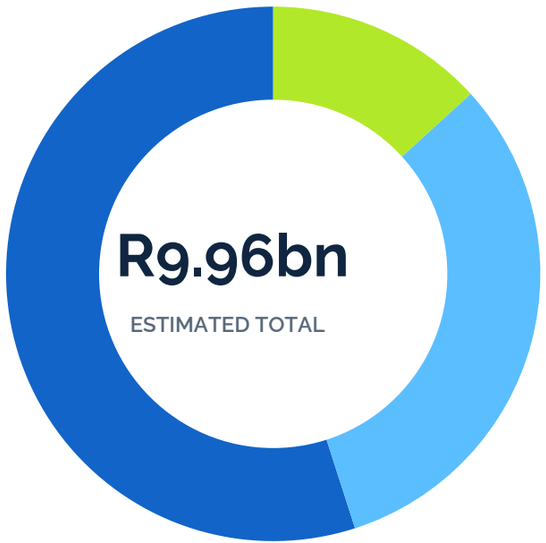


Bars show historical estimates from different reference years. Medical costs use 2021 data; human capital and judicial estimates refer to 2019. The source describes a total above R36bn for 2019. These components are presented separately and have not been recalculated.

06 / COST OF CARE

The cost of seeking help extends beyond treatment

A breakdown of estimated out-of-pocket medical expenditure, based on 2021 data in the 2022 research. [2]



Physicians / healthcare facilities

R5.48bn — 55.0% of estimated total

Prescription medicines

R3.17bn — 31.8% of estimated total

Other costs, e.g. travel

R1.32bn — 13.2% of estimated total

CSI implication: assess the full cost of accessing care, including transport and service continuity. These are modelled national estimates, not audited patient bills or a proposed funding allocation.

Source: [2], Table 1, printed p.27. Values and percentages rounded for display.

07 / UNDERSTANDING THE EVIDENCE

Read the numbers in context

Historical estimates illuminate the scale of the challenge; they are not a current-year corporate cost assessment.

01

NATIONAL SCOPE

The 2022 report estimates a national economic loss above R36bn for 2019. This is not the amount lost by corporate South Africa alone. [2]

02

DIFFERENT REFERENCE YEARS

Human capital loss of R26bn and judicial costs of R104m refer to 2019. The medical-cost estimate of R9.96bn is based on 2021 data. [2]

03

MODELLED ESTIMATES

The research uses secondary data and acknowledges limits in access to actual records and out-of-pocket expenditure. Values are approximate. [2]

04

USE WITH CARE

Historical components are not added or repriced here. Page 11 separately shows an illustrative scenario, with a declared rounded anchor and assumed annual rate. The scenario does not establish the actual cost of GBVF.

ECONOMIC SCENARIO / ILLUSTRATIVE ONLY

What would a 10% annual assumption imply?

A transparent mathematical exercise using a rounded R36bn anchor. This is not a new estimate of the actual cost of GBVF.

10% PER YEAR

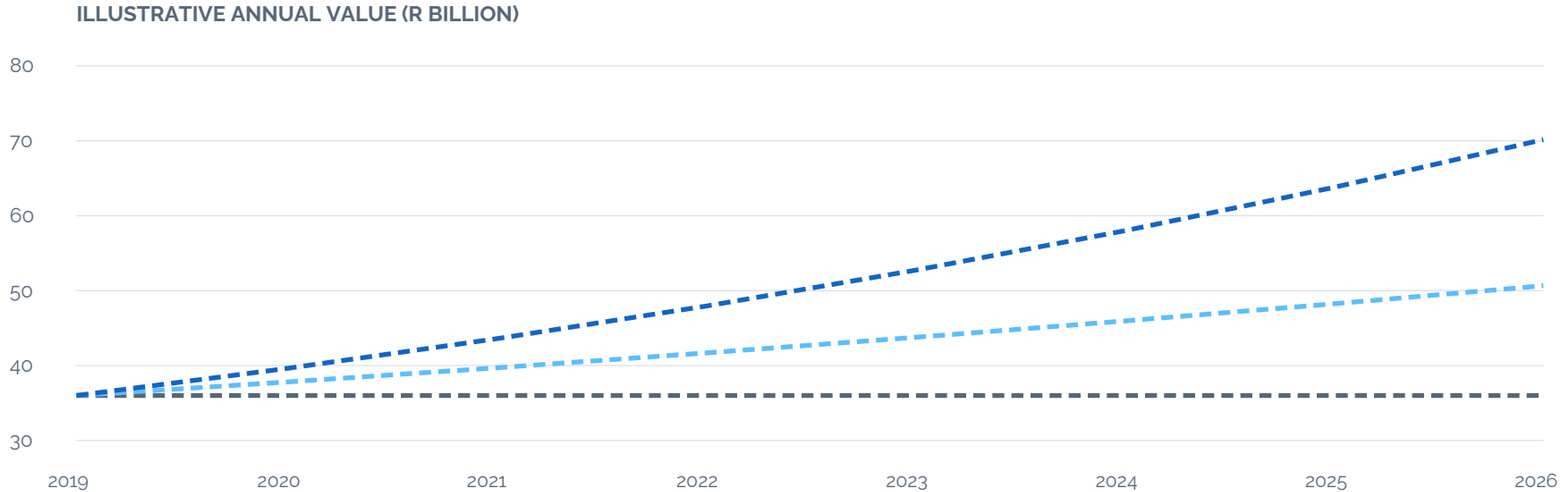
R70.15bn

ILLUSTRATIVE 2026 VALUE

R36bn x (1.10)^7 = R70.15bn

Seven compounding periods: 2019 to 2026. The 10% rate is an assumption selected for this scenario, not a measured South African trend or an inflation rate.

The source says more than R36bn. Using exactly R36bn is a rounded modelling choice. Its scope and mixed-year limitations still apply. [2]



0% assumption
R36.00bn

5% assumption
R50.66bn

10% assumption
R70.15bn

INTERNATIONAL COMPARISON / METHOD, NOT A TRANSFERRED RATE

What the UK example can teach us

England and Wales: a demonstration of transparent repricing, not a growth rate for South African GBVF.

£66bn TO **£74bn**

The Home Office's 2016/17 domestic-abuse estimate was repriced to 2021/22 prices. [5,6]

ABOUT 12.1%

Cumulative price uplift; about 2.3% a year over five price years, calculated from rounded published values. This is not measured growth in violence.

01 WHAT THE UPDATE DOES

It adjusts an older estimate for inflation. The UK explicitly states it does not account for changes in prevalence or other unit-cost changes. [6]

02 WHAT IT CANNOT JUSTIFY

Different definitions, populations, cost categories and price conditions prevent direct transfer of this rate to South Africa. It does not validate the 10% scenario.

03 THE SOUTH AFRICAN IMPLICATION

A credible updated estimate needs locally grounded prices, prevalence, service costs and methodology. The scenario on page 11 supports discussion while showing its assumptions openly.

OPEN UK BASELINE [5] >
OPEN UK REPRICING METHOD [6] >
READ THE SCENARIO >

08 / UNDERSTANDING PREVENTION

Look at interacting conditions, not a single cause

Editorial synthesis informed by the dialogue and the WHO / CDC risk-and-protection frameworks. [1,3,4]

SOCIETY

Gender inequality, norms that excuse violence and weak accountability.

COMMUNITY

Service access, economic conditions, safe spaces and trusted support.

RELATIONSHIPS

Control, household power, caregiving, conflict and social isolation.

INDIVIDUAL

Experiences of violence, wellbeing, beliefs and access to care.

Build protection at every level

Supportive relationships. Accessible care. Gender equality. Economic security. Institutions that respond.

These are connected opportunities for CSI investment, not a causal diagnosis of any individual or household.

Risk factors are not destiny. Responsibility for violence remains with the person who uses it.

09 / PRIORITY NEXT DIALOGUE

Family relationships, power and the prevention of GBVF

Suggested dialogue: Where safety begins - families, caregiving and the beliefs children inherit.

01 POWER & RESPECT

Who makes decisions, controls money and sets the rules?

02 CAREGIVING & CONFLICT

How do adults model care and handle disagreement?



Explore relationships across all family forms.

03 WHAT CHILDREN LEARN

What messages teach consent, equality and authority?

04 ACCESS TO HELP

Can caregivers reach trusted support before harm escalates?

Who contributes: child-protection specialists, parenting practitioners, family researchers, fatherhood programmes, youth and frontline organisations.

Practical output: a prevention pilot brief with target group, caregiver support, safeguarding, referral partners, costs and evaluation.

10 / PRIORITY NEXT DIALOGUE

Mental health, grief and trauma: support that prevents harm

Suggested dialogue: Healing and accountability - connecting mental health care with GBVF prevention.

01

SURVIVOR CARE

Trauma-informed counselling, practical support and referral follow-through, guided by the survivor's needs.

How does violence affect mental health?

02

CHILDREN'S WELLBEING

Grief support, safe relationships and trained practitioners working with schools and caregivers.

What helps children and adults recover?

03

BEHAVIOUR & ACCOUNTABILITY

Specialist assessment and evaluated interventions for people using violence, alongside survivor protection.

Which interventions change harmful behaviour?

Care, protection and accountability belong together. Trauma is not destiny; a diagnosis alone cannot explain or excuse violence. [1,4]

11 / INSIDE THE COMPANY

Make workplace protection part of corporate strategy

Proposed practice agenda for HR, CSI, leadership and specialist partners; adapt with qualified practitioners.

Situation or gap	Practical response	Accountable function
An employee appears distressed or their work changes.	Offer a private, supportive conversation. Avoid assumptions, diagnosis or demands for disclosure.	Trained line manager / HR
An employee discloses abuse or controlling behaviour.	Ask what support is wanted; discuss safe contact and specialist referral. Explain confidentiality limits.	HR + safeguarding lead
Employee wellness is the only response.	Review referral quality, access and follow-through. Agree safe workplace accommodations case by case.	HR + service provider
Risk affects the work environment.	Develop a tailored workplace safety plan with the employee and qualified services.	HR + security + specialist
A board sees only campaign attendance.	Report readiness, referral performance and anonymised service-quality measures alongside investment.	Executive sponsor + board committee

Safeguard choice and confidentiality; build procedures around applicable law and professional safeguarding duties.

12 / FUNDING FOR CONTINUITY

Fund the capacity that makes protection possible

The dialogue challenged short grants and operating-cost restrictions. The options below are proposed responses.

Funding challenge	Suggested design response	Evidence to request
Short project cycles interrupt care.	Offer multi-year agreements with proportionate reviews and transition plans.	Continuity plan, service capacity and beneficiary feedback.
Operating costs are treated as peripheral.	Assess full delivery costs: staff, supervision, safeguarding, systems and transport.	Transparent cost model; explain overheads in context.
Small organisations carry heavy reporting burdens.	Use shared reporting templates or a capable intermediary by agreement.	Clear fees, roles, controls and community accountability.
Corporate scorecards dominate the proposal.	Start with community need and credible outcomes; assess relevant transformation alignment separately.	Specialist confirmation of any scorecard treatment.

A practical test: does the grant strengthen the service people need, or only produce a report the funder can count?

13 / PROGRAMME FOCUS

Women, Children and Gender Office

An initial three-programme framework led by CSI Indaba: immediate family response, psychosocial aftercare and prevention.

01

IMMEDIATE RESPONSE

Practical help when a family needs it most.

Burial essentials: a basic coffin or funeral service, burial fees and essential transport, according to assessed need and family wishes. Urgent food and toiletries, with safe-accommodation and specialist referrals where needed.

02

AFTERCARE & HEALING

Psychosocial support for affected families.

Grief counselling and trauma-informed support for bereaved families and survivors through qualified partners. Include children and caregivers, with needs-led follow-up and support to reconnect with school, work and daily life.

03

PREVENTION & FAMILY WELLBEING

Act earlier to help reduce future harm.

Support caregivers, schools and workplaces to recognise abuse and coercive control, challenge harmful gender norms and strengthen safe relationships. Fund evidence-informed programmes and clear routes to specialist help.

Corporate pledges start at ZAR50,000. Contributions support the programme response; they are not a fixed payment per family. CSI Indaba coordinates assessed support with specialist and community partners.

Suggested measures: response time and essentials funded; access to psychosocial care and follow-up; prevention delivery and evaluated learning. Family choice, dignity and confidentiality guide the response.

14 / PROPOSED CORPORATE PLEDGE

The CSI Indaba GBVF Action Pledge

For corporate participation through the CSI Indaba Round-Table Discussions.

CORPORATE PLEDGES FROM ZAR50,000 UPWARDS

Our first response is to help affected families meet immediate needs, including the basics of a dignified burial. We also commit to sustained family aftercare and prevention through CSI Indaba's Women, Children and Gender Office.

01 RESPOND FIRST Support burial essentials and urgent family needs: a basic coffin or funeral service, burial fees, essential transport, food and toiletries, based on assessed need.

02 SUPPORT HEALING Enable qualified psychosocial and grief support for affected families, including children and caregivers, with needs-led follow-up.

03 PREVENT HARM Invest in evidence-informed programmes that strengthen safe family relationships, challenge harmful norms and improve early access to help.

04 SUSTAIN CARE Back capable frontline partners and the capacity needed to deliver consistent, dignified support.

05 PARTNER Appoint an executive sponsor and work with CSI Indaba to turn the pledge into a resourced, coordinated response.

06 ACCOUNT Track commitments, funds received, support delivered and programme learning; report progress without identifying affected families.

Organisation: _____ Authorised representative: _____ Pledge (ZAR): _____ Date: _____

15 / TURNING INTENT INTO DELIVERY

A proposed 90-day start, followed by accountable learning

Indicative timetable from programme approval; delivery is shaped by partner readiness, available funding and assessed need.

01 DAYS 1–30 / PREPARE

CSI Indaba: establish the office lead, assess partner capacity, agree referral and family-support arrangements, cost burial essentials and invite corporate pledges from ZAR50,000.

02 DAYS 31–60 / ACTIVATE

Office + partners: confirm resources received; assess referred families; arrange practical assistance and psychosocial referrals; agree budgets and the prevention programme design.

03 DAYS 61–90 / REVIEW

CSI Indaba + partners: review response times, assistance delivered and access to aftercare; follow up with families safely; begin agreed prevention activities and report aggregate progress.

Three programme measures, with funding accountability across all three

IMMEDIATE RESPONSE

Time from referral to agreed support; essential costs funded; families assisted.

AFTERCARE & HEALING

Access to qualified support; follow-up completed; safe, voluntary family feedback.

PREVENTION

Programme delivery; referral readiness; learning and outcomes assessed appropriately.

Funding record: distinguish pledges from funds received; track allocations, provider payments and the support delivered. No fixed per-family benefit or guaranteed outcome is implied.

16 / SUGGESTED NEXT CONVERSATIONS

Build a sequence that leads to investable action

A proposed editorial programme, beginning with family relationships and mental health.

Sequence / topic	Central question	Useful output
01 Families, caregiving & power	How do everyday relationships teach respect, consent and control?	Family-focused prevention brief and pilot design.
02 Mental health, grief & trauma	How can care support recovery and strengthen prevention without stigma?	Specialist referral and service-investment framework.
03 Men, boys & harmful norms	Which programmes change beliefs and behaviour, and how is progress assessed?	Evidence criteria for prevention funding.
04 Coercive control & the workplace	Can managers recognise warning signs and respond safely?	Corporate response protocol and training brief.
05 Funding the frontline	What does continuity of care cost, and how can partners fund it together?	Multi-year funding model with realistic operating costs.
06 From pledge to accountability	What have signatories implemented, and what remains unresolved?	Partner progress review and public learning summary.

Suggested format: digital dialogue; practical working brief; partner action; progress review.

17 / SOURCES & FURTHER READING

Four foundations for informed action

Select a labelled button to open the supporting source. UK comparison sources [5–6] are linked on page 12.

01

THE CONVERSATION

[1] CSI INDABA ROUND-TABLE

Corporate Strategy & GBVF, 28 October 2026. The meeting record grounds the themes and follow-up agenda in this report.

READ THE DIALOGUE SUMMARY >

02

THE ECONOMIC EVIDENCE

[2] THE COSTLY IMPACT OF GBV

SVAI, University of Johannesburg & Mid Sweden University (2022), supported by KPMG South Africa. Private Sector Perceptions & Realities, printed pp.27–29.

OPEN THE RESEARCH PDF >

03

THE PUBLIC-HEALTH FRAMEWORK

[3] WORLD HEALTH ORGANIZATION

Violence against women, 18 June 2026. A framework connecting gender inequality, relationships, social conditions and health consequences.

OPEN THE WHO FACT SHEET >

04

RISK & PROTECTION

[4] CENTERS FOR DISEASE CONTROL

Risk and Protective Factors: Intimate Partner Violence Prevention, 8 February 2024. Risk factors affect likelihood; they are not necessarily direct causes.

OPEN THE CDC FRAMEWORK >

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