



CHAPTER 5

Gender Based Violence

Articles 20-25



Campaigners in Botswana call for an end to gender violence during the 16 Days of Activism. *Photo: Gender Links*

KEY POINTS

- Member States are vying for a regional approach to meet the goal of “eliminating” gender-based violence by 2030.
- Despite the fact that 12 out of the 15 countries now have Domestic Violence Legislation and 13 have Sexual Assault Legislation, criminal justice system responses to GBV remain weak throughout the region.
- Fourteen countries now have Legislation on sexual harassment.
- All countries have laws on human trafficking, but many lack the data to track victims.
- All countries offer some form of services to survivors of GBV, however under-resourced NGOs continue to do most of the work.
- All countries offer comprehensive treatment, including PEP, to survivors of violence.
- Seven countries have undertaken Violence Against Women (VAW) Baseline studies.
- Botswana and Seychelles studied both violence against women (VAW) and violence against men (VAM), allowing for an informed and gender-specific response to GBV.
- Throughout the region, social media has emerged as a strong tool for social mobilisation as well as for increasing the visibility of various forms of GBV.
- Member States acknowledge the urgent need for a comprehensive, reliable and coordinated instrument to collect data on GBV. There is need for all SADC countries to conduct GBV prevalence studies to track progress towards eliminating GBV.
- The European Union and the United Nations have invested 500 million euros towards the Spotlight Initiative, a global movement aimed at achieving significant improvements in the lives of women and girls. In Africa, the initiative targets harmful practices.

Criminal
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the region

The region has made significant strides on GBV laws

Table 5.1: Trends in GBV since 2009

	Baseline 2009	Progress 2018	Variance (Progress minus 2030 target)
LEGISLATION			
Laws on domestic violence in 15 countries	9 (Botswana, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Zimbabwe)	12 (Angola, Botswana, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, eSwatini, Zambia, Zimbabwe)	-3 (DRC, Lesotho, Tanzania)
Laws on sexual assault in 15 countries	7 (DRC, Lesotho, Madagascar, Mozambique, Namibia, South Africa, eSwatini)	13 (DRC, Lesotho, Madagascar, Mozambique, Namibia, South Africa, eSwatini, Mauritius, Zambia, Tanzania, Zimbabwe Botswana, Malawi)	-2 (Angola, Seychelles)
Human trafficking laws in 15 countries	3 (Madagascar, Mozambique, Zambia)	15 (Angola, DRC, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, South Africa, eSwatini, Tanzania, Botswana, Zambia, Zimbabwe, Seychelles)	0
Sexual harassment laws in 15 countries	2 (DRC, Madagascar)	14 (DRC, Lesotho, Madagascar, Malawi, Mauritius, South Africa, Zambia, Zimbabwe, Namibia, Seychelles, Botswana, Mozambique, eSwatini, Tanzania)	-1 (Angola)
GBV SERVICES			
Accessible, affordable and specialised services, including legal aid, to survivors of GBV in 15 countries	9 (Angola, Lesotho, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Zambia, Zimbabwe)	12 (Angola, DRC, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Tanzania, Zambia, Zimbabwe)	0
Specialised facilities including places of shelter and safety in 15 countries	3 (Mauritius, South Africa, Botswana)	14 (Angola, DRC, Lesotho, Madagascar, Malawi, Mauritius, South Africa, Tanzania, Zimbabwe, Namibia, Zambia, Botswana, eSwatini, Mozambique)	-1 (Seychelles)
Comprehensive treatment, including post exposure prophylaxis (PEP) in 15 countries	2 (South Africa- Sexual Offences Act, Mozambique- HIV AIDS Act) Botswana since 2008(HIV Policy 2008)	15 (DRC, Lesotho, Madagascar, Malawi, South Africa, Zimbabwe, Tanzania, Seychelles, Botswana Namibia, Mauritius, eSwatini, Zambia, Angola, Mozambique)	0
COORDINATION, MONITORING AND EVALUATION			
Integrated Approaches: National Action Plans in 15 countries	7 (DRC, Mauritius, Namibia, Seychelles, South Africa, eSwatini, Tanzania)	15 (Angola, DRC, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, eSwatini, Tanzania, Zambia, Zimbabwe, Botswana)	0
By 2030 construct a composite index for measuring GBV in 15 countries	None	9 (Botswana, DRC, Lesotho Mauritius, South Africa, Zambia, Zimbabwe, Angola, Seychelles)	6 (Malawi, Namibia, Mozambique, Madagascar, eSwatini)
By 2030 provide baseline data on GBV in 15 countries	None	7 (Botswana, Mauritius, four provinces of South Africa, four/ provinces of Zambia, Lesotho Zimbabwe, Tanzania)	8 (Angola, DRC, Malawi, Namibia, Mozambique, Madagascar, Tanzania, eSwatini)

Source: Gender Links, 2018.

Table 5.1 shows that 12 SADC countries (up from nine in 2009) have implemented Domestic Violence Legislation and 13 have Sexual Assault Legislation. Three countries (DRC, Lesotho and Tanzania) have yet to enact specific domestic violence laws. In 2009, two countries had laws on Sexual Harassment and three had legislation on human trafficking. Fourteen countries now have legislation on Sexual Harassment and all countries have laws on Human

Trafficking. Despite the existence of relevant laws, enforcement remains a challenge due to limited resources as well as existing clashes between civil and traditional law in some settings, especially Lesotho and eSwatini (Musariri et al, 2015).¹

The region has made significant strides on raising awareness around GBV laws and GBV in general. The growing use of social media as a campaign

¹ Musariri, L., Machisa M, T., Nyambo, V. and Chiramba, K. (2014) The Gender based violence Indicators Study: Lesotho. Gender Links available at <http://genderlinks.org.za/programme-web-menu/publications/gender-based-violence-indicators-study-lesotho-2015-02-27/>

tool accounts for much of this progress. Botswana provides a good case study: a comparison between the 2012 study and 2018 study show a notable increase in awareness of both GBV laws and campaigns in that country (Chiramba et al, 2018).²



Police officer Morongoe Makaliana addresses participants during a 2017 community dialogue on GBV in Mochales Hoek Lesotho.
Photo: Ntolo Lekau

Regarding GBV services, in 2009, nine countries offered accessible, affordable and specialised services, including legal aid, to survivors of GBV. Now all 15 countries offer some form of services to survivors of GBV. As previous Barometers highlighted, NGOs continue to carry the larger burden as service providers. Yet given funding for GBV services is increasingly limited, under-resourced NGOs struggle to deliver on their mandates. Services remain unevenly distributed, with rural areas largely disadvantaged. The number of countries that offer places of safety for GBV survivors has risen from only two countries in 2009 to 14 in 2018. However, the number and quality of services and resources available to survivors of GBV remains sub-standard. Again, small NGOs run most of the services (Lowe Morna et al, 2017).³

In 2009, only two countries provided PEP to survivors of sexual violence under statutory obligation.⁴ Today, all 15 countries offer comprehensive treatment, including PEP, to survivors of violence. Having reached the quantitative target, there is need to devise new ways of measuring progress that focus on the quality of services rendered as well as the actual impact in the lives of ordinary people.

On coordination of GBV programmes, since the last reporting, only seven countries have undertaken GBV Baseline Studies (Botswana, Lesotho, Mauritius, Seychells, South Africa, Zambia and Zimbabwe) from a baseline of zero in 2009. Botswana has just finished its follow-up study, which is more comprehensive regarding sample and geographical coverage as well as scope.

Meanwhile, attitudes that fuel gender violence (used in 2017 as proxy indicators for gender violence) vary in the region. For example, 86% of women and men in Lesotho said that “if a woman works, she should give her money to her husband,” compared to 23% in Namibia. While 15% of those interviewed in Mauritius said that “if a woman wears a short skirt she is asking to be raped,” 75% of respondents in Tanzania agreed or strongly agreed with this statement.

Background

While notable efforts to address GBV have occurred across the region since the publication of the 2017 Barometer, at times progress seems invisible and unquantifiable. Globally, GBV awareness raising campaigns such as the 16 Days of Activism and One Billion Rising continue to draw attention to the scourge. Simultaneously, the NGO sector, government, academia and international development partners continue to emphasise the need for evidence-based and theoretically-grounded interventions.

“Violence against women and girls has nowhere to hide. We’re coming for it, in all its forms and manifestations, and around the world.”

Amina J. Mohammed, Deputy Secretary General of the United Nations

With the aim to direct focused attention to GBV, the European Union and the United Nations have invested more than US \$500 million towards the Spotlight Initiative to eliminate violence against women and girls, with its mantra to “leave no one behind.” The initiative targets those people that other programmes have not reached - women and girls in rural areas and conflict zones, the displaced and disabled, indigenous and minority populations, and especially the young and the old. If the global community is to make any progress in achieving gender equality or women’s empowerment, as stipulated in the 2030 Agenda for Sustainable Development, it must address GBV.⁵ In recent years, the UK government also contributed around £25 million to What Works to Prevent Violence, an evidence-generating global programme that has been engaging experts from across the globe to produce rigorous evidence on the most effective interventions to reduce rates of violence against women and girls (VAWG).

² Chiramba, K, Musariri, L. and Rasesigo, G. (unpublished). Botswana Relationship Study. Gender Links

³ Lowe-Morna, C., Dube, S. Makamure, L. (2017) SADC Gender Protocol Barometer (online) available at <http://genderlinks.org.za/shop/sadc-gender-protocol-barometer-2017/> (accessed 20 May 2018)

⁴ Lowe-Morna, C and Walter, D. (2009). SADC Gender Protocol Barometer, Gender Links website, available at <http://genderlinks.org.za/shop/sadc-gender-protocol-baseline-barometer-2009/> (accessed 12 June 2016)

⁵ United Nations website available at <http://www.un.org/en/spotlight-initiative/index.shtml> (accessed 23 May 2018)

Only
7
countries
have
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GBV
Baseline
Studies

9
SADC
countries
have
adopted
the
domestic
violence
module
in DHS
Surveys

At regional level, some SADC countries have made progress in addressing GBV by implementing multisectoral approaches that include legislative and criminal justice responses, measuring incidence and costing of GBV, awareness-raising, women's empowerment programmes, community-based social norm programmes and health-based interventions (Lowe Morna et al, 2017). From 7-9 July 2017, United Nations Office on Drugs and Crime (UNODC) and SADC held a two-day workshop aimed at strengthening regional cooperation in addressing GBV from a criminal justice perspective.⁶ Later, in March 2018, SADC representatives convened another two-day workshop to devise a harmonised way of collecting data on various forms of GBV across the region.



Women in Botswana take a stand against abuse as part of a local campaign, saying loudly and proudly: "I wear what I want!"
Photo courtesy of I wear what I want Facebook

is a broader recognition that men can also be victims, which contributes to their role as perpetrators.

Measuring GBV

Often referred to as the "silent epidemic," GBV has proven difficult to address because of a scarcity of reliable and adequate data. Serious under-reporting and the lack of universal indicators hinder effective collection of data. Socio-cultural factors such as fear of social stigma, attitudes and social pressures, prevent victims of violence from

The immense recognition and intense debate that GBV has generated through online platforms over the past year is perhaps the most notable recent advancement in this area. This has occurred in the form of campaigns such as the #MeToo, Not In My Name and Not Our Leaders, to name but a few. The momentum towards a change in thinking, from response to prevention, is intensifying as more voices speak out at different levels and platforms. The need to include men in the fight against GBV and gender inequality has been well communicated, as evidenced by a continued increase in initiatives that engage men and boys as allies (Aguayo et al., 2016).⁷ Currently lacking, though,

reporting cases of violence, particularly to institutional structures (such as police and health services), which are inherently patriarchal (Lowe Morna et al, 2017). This contributes to underreporting of violence, which is common across the region. However, several stakeholders, particularly gender ministries, have been making efforts to measure GBV in its various forms.

In some countries, researchers specifically design dedicated surveys with a module to measure GBV in all its different forms. These tend to be more in depth than other DHS modules, which fall into existing larger surveys measuring various health indicators.⁸

Table 5.2: Status of DHS Surveys in SADC countries

Domestic violence module (most recent survey)		No Domestic violence Module		No DHS
Country	Year	Country	Year	
Angola	2015	Botswana	1988	Mauritius
DRC	2013-14	Lesotho	2014	Seychelles
Malawi	2015-16	Madagascar	2008-09	
Mozambique	2011	eSwatini	2006-07 FGM and child labour	
Namibia	2013			
South Africa	2016			
Tanzania	2015-16			
Zambia	2013-14			
Zimbabwe	2015			

Source: DHS Programme Website⁹ in Regional Barometer 2016.

Table 5.2 shows that only nine SADC countries have adopted the domestic violence module; four countries have yet to adopt it. Mauritius and Seychelles have never conducted a DHS survey.¹⁰ The fact that not all SADC countries have a DHS is a key reason that researchers could not use this as a measure in the SADC Gender and Development Index (SGDI).

⁶ UNODC Website at <http://www.unodc.org/southernafrica/en/stories/unodc-continues-to-combat-gender-based-violence--meets-sadc-to-strengthen-cooperation-on-criminal-justice.html> (accessed 1 June 2018).

⁷ Aguayo, F., Kimelman, P., Saavedra, J., Kato-Wallace. (2016). Engaging Men in Public Policies for the Prevention of Violence Against Women and Girls. Santiago: EME/CulturaSalud. Washington, D.C.: Promundo-US. Panama City: UN Women and UNFPA.

⁸ UN Expert Group (2007) available at http://www.un.org/womenwatch/daw/egm/IndicatorsVAW/IndicatorsVAW_EGM_report.pdf (accessed 10 June 2018).

⁹ DHS website available at http://dhsprogram.com/Where-We-Work/Country-Main.cfm?ctry_id=39&c=Tanzania&r=1 (cited in SADC Barometer 2017).

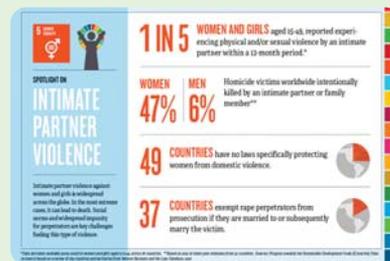
¹⁰ <http://dhsprogram.com/topics/gender-Corner/index.cfm> (cited in SADC Barometer 2017).

“What is not counted does not count:” harmonising statistics in Southern Africa

Uncoordinated data collection and lack of common indicators is making it difficult to measure progress to tackle GBV in the region, a group of stakeholders representing civil society and government noted at a recent workshop.

From 7-9 March 2018, the United Nations Economic Commission for Africa (UNECA) convened a group of regional stakeholders to discuss the harmonisation of GBV and Violence against Children (VAC) statistics. The workshop, which took place in Johannesburg, brought together SADC stakeholders working in institutions dealing with GBV statistics. Participants reviewed existing GBV data collection tools used in the different countries to devise a harmonised and standardised regional tool.

Representatives from Ministries of Gender and National Statistical Offices from several Southern African countries (Botswana, Lesotho, Malawi, Mauritius, Mozambique, Namibia, South Africa, eSwatini, Zambia, and Zimbabwe) attended. Gender links and the Zimbabwe Women Resource Centre Network (ZWRCN) represented civil society. UN agencies United Nations Population Fund (UNFPA) and UN Women also attended, while SADC and Common Market for Eastern and Southern Africa (COMESA) represented the regional economic communities. Organizers appointed these representatives to form a core team to spearhead the process, with UNECA as the Secretariat. Following country updates, the participants came up with recommendations to improve data collection.



Statistics play an integral role in putting a spotlight on GBV.

Photo courtesy of Google images

Recommendations from the workshop

Participants made recommendations in the following areas: harmonisation of data collection; resourcing GBV and VAC Machinery; cultural issues and GBV and VAC policies; strengthening GBV and VAC surveys; coordination of GBV and VAC issues at national and regional levels; creation of learning platforms on GBV and VAC; and the role of national statistical offices (NSOs) in GBV statistics.

There was a general consensus that there is a lack of comparable definitions, indicators and instruments, especially on the prevalence of different forms of violence. This makes it difficult to make comparisons across the region. The workshop participants, therefore, agreed that countries should continue using Demographic and Health Survey (DHS) data for comparability purposes but they urged each government to invest in dedicated and comprehensive GBV surveys. Participants also noted a need for a harmonised analytical methodology based on data and supported by evidence on the prevalence and incidence of GBV across the region.

Meanwhile, representatives of NSOs raised concerns about the problem of establishing a coherent and systematic system of data collection on GBV, including in analysing GBV data from administrative records. Stakeholders have little or no access to administrative data across many countries in the region. Participants agreed that, even for administrative data, there is a need to develop standardised indicators that can measure the scope, prevalence, causes and consequences of the problem as well as the efforts undertaken to eradicate GBV.

The workshop highlighted that national statistical systems play a crucial role in providing and improving data. They can develop and maintain a sustainable statistical system able to produce and disseminate proper data on GBV in its various forms, on a regular basis. In addition to compiling and disseminating data from administrative sources, national statistical systems can also be involved with population-based surveys aimed at collecting more in-depth information on GBV and VAC.

The meeting came at an opportune time, during which stakeholders have been intensifying efforts to bring GBV into the spotlight. It is imperative for actors to harmonise and build from already existing instruments, such as the GBV Indicators project. In 2008, UNECA initiated a similar process that saw the development of the GBV Indicators project, which GL has spearheaded and implemented in seven countries. In these countries, GL has collaborated with national statistics offices and gender ministries, a key point that stakeholders raised in the meeting. In 2014, researchers revised the same data collection instrument following a critical thinking forum attended by representatives from several countries.

Source: Adapted from the workshop report¹¹

¹¹ https://www.dropbox.com/home/Harmonizing%20on%20GBV%20statistics_workshop?preview=GBV+Workshop+Outcome+Statement+-+09+March+2018.pdf

Table 5.3: Difference between the DHS and VAW Baseline Studies

DHS	GBV Indicators
Scope	
30 questions	More than 150 indicators that seek to measure the prevalence, effects and drivers of violence.
Source	
	Several standard, globally accepted and tested measurement tools, including the WHO Multi-country Study on Women's Health and Domestic Violence, Gender Equitable Men (GEM) scale and the Harvard Trauma Questionnaire.
Measures	
Physical, emotional and sexual abuse in intimate relationships	Physical, sexual, psychological and economic intimate partner violence.
Physical abuse by stranger	The VAW/GBV Indicators only looked at physical abuse within intimate relationships not by strangers DHS has specific questions on physical abuse by someone who is not a partner.
Physical abuse in pregnancy	Physical, sexual, psychological and economic intimate partner violence in pregnancy.
Physical violence perpetration and alcohol	GBV violence perpetration and alcohol, child abuse, attitudes, demographic factors.
Rape by non-partner	
	Rape and sexual assault by a partner, stranger, acquaintance or family member, experienced by adults and in childhood.
Help seeking behaviour	Help seeking behaviour (medical, legal, police, shelter and family) and reporting and conviction patterns.
Witnessing domestic violence of parents	Witnessing domestic violence in the home and community.
	Sexual harassment in schools, workplace and public places.
	The study also has output indicators focusing on the response mechanisms and some of prevention strategies, such as campaigns.
	Effects, reproductive health (HIV, sexually-transmitted infections) mental (Post-traumatic stress disorder and Centre for Epidemiological Studies-Depression scales), physical and economic.

Source: GBV Indicators Questionnaire and DHS Domestic Violence Module

Table 5.3 compares the DHS studies with the GL GBV/VAW Baseline Studies, illustrating that the latter are far more comprehensive. The gaps in the DHS prompted the creation of the GL GBV/VAW Baseline Studies (2010-2016). The GL research uses a prevalence and attitude household survey; analysis of administrative data gathered from the criminal justice system (police, courts), health services, and shelters; qualitative research of first-hand accounts of women's and men's experiences of intimate partner violence, or "I" Stories; media monitoring; and political content analysis.

The flagship tool is the household prevalence and attitude survey, justified on the basis that statistics obtained from administrative data fall short as survivors do not report most incidents to police or service providers. Statistics from service providers also often cover physical and sexual assault but do not disaggregate GBV into other forms, such as marital rape, emotional and economic violence (Lowe Morna et al, 2017). In February 2013, SADC gender ministers, at a meeting in Maputo, urged all SADC member states to undertake GBV/VAW baseline studies to inform their action planning.¹²

Although they are costly, dedicated surveys provide the most reliable and comprehensive statistics on violence against women.¹³ This is evident in the GBV/VAW Baseline studies undertaken in four provinces of South Africa; Botswana, Lesotho, Mauritius, Zambia and Zimbabwe. These pilot studies focused on women's experiences and men's perpetration of violence (Lowe Morna et al, 2017).

Adding Violence Against Men (VAM)

Following a plea from the governments of Botswana and Seychelles to include violence against men (VAM), GL convened a meeting in 2014 that brought together experts from various fields to strengthen the methodology. In 2016 the Ministry of Health and Social Affairs and Sports, the National Bureau of Statistics and GL piloted the new methodology in the Seychelles.

The revised questionnaire includes a module on VAM. Researchers administered the same questionnaire in Botswana in a follow-up study currently awaiting publication. It reached more than 7000 participants. The two questionnaires provide convincing evidence of the extent, causes, effects,

¹² Lowe-Morna, C., Dube, S. Makamure, L., Robinson, K. (2014) SADC Gender Protocol Barometer (online) available at <http://genderlinks.org.za/shop/sadc-gender-protocol-barometer-2016/> (accessed 12 July 2017).

¹³ United Nations. (2007). Indicators to measure violence against women: Expert Group Meeting Report, United Nations, available at http://www.un.org/womenwatch/daw/egm/IndicatorsVAW/IndicatorsVAW_EGM_report.pdf (accessed June 2016).

response, support and prevention mechanisms in place in the countries where researchers have carried it out. Violence against men is not well recognised in many countries but evidence shows it cannot be ignored if the aim is to eradicate all violence (Ratele 2013), especially if we are operating in the spirit of “leaving no one behind.”

Overall, as noted in Table 5.4, researchers interviewed 37 856 participants in seven countries: 1229 in Botswana; 3367 in Lesotho; 1357 in Mauritius; 1297 in the Zambia pilot study and 7602 in the Dimensions of Violence against Women in selected parts of Zambia study; 5621 in the South African provinces of Gauteng, Western Cape, KwaZulu-Natal and Limpopo; 8354 in Zimbabwe; 1109 in Seychelles; and most recently 7920 in the Botswana follow-up study. The sample breaks down into 52% women and 48% men.

Country	Females	Males	Total
Botswana	639	590	1229
Lesotho	1777	1590	3367
Mauritius	679	678	1357
Zambia pilot study	578	719	1297
Zambia follow up study	3963	3639	7602
Four provinces of South Africa	2800	2821	5621
Zimbabwe	4507	3847	8354
Seychelles	578	531	1109
Botswana follow up study	4224	3696	7920
Total	19745	18111	37856

Source: VAW/GBV Baseline Studies 2010-2017, Gender Links.

Prevalence of GBV and intimate partner violence (IPV) in seven countries

Country	Lifetime GBV		Country	Lifetime IPV	
	Women experiencing	Men perpetrating		Women experiencing	Men perpetrating
Lesotho	86%	41%	Selected provinces Zambia	79%	74%
Selected provinces Zambia	77%	66%	Zimbabwe	69%	41%
Zimbabwe	68%	46%	Lesotho	62%	37%
Seychelles	58%	43%	Seychelles	54%	42%
South Africa (4 provinces)	50%	39%	South Africa (4 provinces)	49%	40%
Botswana	37%	30%	Botswana	37%	28%
Mauritius	24%	23%	Mauritius	23%	22%

Source: GBV/VAW Baseline Studies, Gender Links.

Table 5.5 shows that lifetime experience of GBV among women ranges from a high of 86% in Lesotho to 24% in Mauritius. A higher proportion of women reported experiencing violence than the proportion of men that admitted to perpetrating violence in all seven countries. However, the extent to which men admit to such behaviour is high in all the countries and is almost equal in Mauritius.

The most predominant form of GBV experienced by women and perpetrated by men in the seven countries occurs within intimate partnerships. This ranges from 79% in Zambia to 23% in Mauritius. In all seven countries, the most common form of IPV is emotional violence - a form of violence usually not addressed in police statistics. Again, in all seven countries, a lower proportion of men admitted to perpetrating IPV.



IPV is the predominant form of GBV experienced by



and perpetrated by



Leaving no one behind: Botswana Relationship Study 2018



Young men make a statement during the 16 Days of Activism march in Maun, Botswana. Photo: Gender Links

Following the well-received 2012 National Baseline Study on GBV, in 2017 the Botswana's Gender Affairs Department (GeAD) commissioned GL to conduct a follow-up study: the Botswana Relationship Study. Building on the 2012 study, the Relationship Study adds VAM, which Seychelles successfully piloted in its GBV National Baseline Study in 2016. This study increased the sample size from 1229 (639 women and 590 men) in nine districts in 2012 to 7920 (4224 women and 3696 men) in all 16 districts in 2017, providing a much larger sample and therefore more accurate data.

Violence against men

In the spirit of “leaving no one behind,” the study included findings from district level, such as vulnerable populations, including the disabled, and “hotspot” areas such the mining towns. It also explored men's experience of violence, a narrative that is critical in eradicating the scourge. The findings show that many men experience violence, though still fewer than women.

Table 5.6: Lifetime IPV experience and perpetration rates by women and men

Country	Women experiencing	Men experiencing	Women experiencing	Men experiencing
IPV in lifetime	37%	18%	18%	27%
Emotional IPV	31%	14%	13%	17%
Physical IPV	21%	5%	7%	17%
Economic IPV	11%	6%	4%	4%
Sexual IPV	5%	2%	2%	3%
Abuse in pregnancy	15%	-	-	9%

Source: Botswana Relationship Study.

Table 5.6 shows that the most common form of IPV experienced by both women and men is emotional, followed by physical, economic and sexual. Basing on the experience rates, higher proportions of women reported experiencing IPV. Meanwhile, higher proportions of men reported perpetrating IPV. Among women, experience of IPV ranges from 31% of women experiencing emotional IPV to 5% of women experiencing sexual IPV. For men, rates range from 17% of men perpetrating emotional IPV to 3% of men perpetrating sexual IPV. Experience rates for men follow a similar trend, with 14% of men experiencing emotional IPV to 2% experiencing sexual IPV.

The study found men struggle to open up about IPV because of the stigma attached to the issue. When outsiders try to help, abused men often shut them out, as reflected in the “I” Story¹⁴ excerpt. When interventions targeting men do not acknowledge this violence, they run the risk of receiving resistance from the men that they target. A qualitative study on masculinities and violence in South Africa by Musariri (2018, unpublished)¹⁵ reveals that men feel that their lived experiences of violence tend to be watered down and their voices silenced. This contributes to the ambivalent attitude exhibited by some men towards gender equality initiatives, particularly those that target them with behavioural change projects. Thus, this study brings to light the complex position of both men and women as both victim and perpetrator. The study, therefore, provides significant insights and will strengthen efforts towards eradicating GBV.

“My housemate's wife was very abusive to the man. Every month end the woman would demand the man's bank cards. She then withdraws all money from the account and spends most of the money on her relatives without buying food for the family. When the man tries to ask her why she does what she does, she beats the man up and insults him in front of their children. When this happens the children run away from home. I have tried on several occasions to intervene but the woman does not listen and she ends up hurling insults at me as well. I have tried to advise him to report the matter because of the emotional, physical and economic abuse but he refused, saying he is afraid of his wife. He also is not sure how the police will respond.”

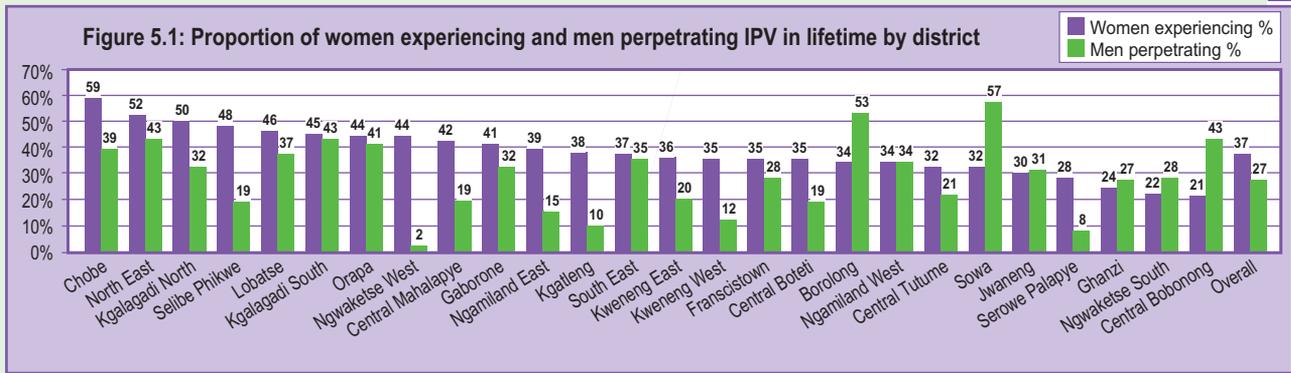
- an excerpt from an “I” Story by Thabo*

¹⁴ * pseudonym used in the “I” story collected by GL as part of the GBV Relationship Study.

¹⁵ Musariri, L (2018) Fieldnotes: Masculinities and violence research project, Johannesburg. (Unpublished)

Cascading to district level

Increasing the sample made it possible to disaggregate data by district, allowing for more nuanced comparisons. GL has already been working at district level with the local government, developing local action plans to end GBV. The findings from this study will thus go a long way in strengthening these plans.



Source: Botswana Relationship Study.

Figure 5.1 shows that Chobe recorded the highest IPV experience rates by women at 59%, while Central Bobonong recorded the lowest (21%). Regarding perpetration rates by men, Sowa recorded the highest rate at 58% and Ngwaketse West recorded the lowest at 2%. This information is crucial as it allows stakeholders to develop localised action plans to address GBV. Edwin Jenamiso Batshu, minister of nationality, immigration and gender affairs, recommended that relevant stakeholders use these findings to review the National Strategy to End Gender Violence.

Source: Botswana Relationship Study, 2018

Different forms of violence

Femicide

Reports show that femicide and/or gender-related killings are on the rise across the globe.¹⁶ Reasons include IPV, honour killings and witchcraft, to mention a few. The UNFPA estimates that, each year, 5000 women die at the hands of family members across the globe in honour killings.¹⁷ According to the UNODC Global Study on Homicide (2013), an intimate partner or family member kills one of every two women victims of homicide.¹⁸ Many countries have committed to respond to the high rates of femicide, for example South Africa held an anti-femicide imbizo (forum) in June 2017 in Soweto. Speaking at the event, Minister of Arts and Culture Nathi Mthethwa proposed introducing a “femicide watch” to enable detailed and accurate collection of data on the number of women murdered (South African Government Website).¹⁹

Hate crimes

Hate crimes include violence related to race, ethnicity, religion, gender or sexual orientation. Reports in the media have highlighted regular violence against Lesbian, Gay, Bisexual, Transgender and Intersex people (LGBTI). Yet many cases of violence against LGBTI people go unreported due to fear of secondary victimisation, which results in most survivors avoiding or delaying accessing healthcare, criminal justice services and psychosocial support (SIDA, 2015).²⁰ In 2018, South Africa became the first country in SADC to draft a Bill that seeks to provide protection for groups vulnerable to targeted crimes because of their race, sexual orientation or gender, national origin, occupation and disability. Legislators passed the Prevention and Combating of Hate Crimes and Hate Speech Bill in March 2018.²¹

¹⁶ Laurent, C. (2013), The Killing of Women and Girls Around the World. Academic Council on the United Nations System (ACUNS) Vienna Liaison Office. Available at <http://acuns.org/wp-content/uploads/2013/05/Claire-Laurent.pdf> (accessed 3 August 2017)

¹⁷ Laurent, C. (2013), The Killing of Women and Girls Around the World. Academic Council on the United Nations System (ACUNS) Vienna Liaison Office. Available at <http://acuns.org/wp-content/uploads/2013/05/Claire-Laurent.pdf> (accessed 3 August 2017)

¹⁸ UNODC Global Study available at <https://www.unodc.org/gsh/> (accessed 3 June 2018)

¹⁹ South African Government website www.dac.gov.za/content/mrm-arts-and-culture-hosts-imbizo-anti-femicide-soweto (accessed 21 May 2018)

²⁰ Sida (2015). Preventing and Responding to Gender-Based Violence: Expressions and Strategies available at <http://www.sida.se/contentassets/3a820dbd152f4fca98bacde8a8101e15/preventing-and-responding-to-gender-based-violence.pdf> (accessed 3 July 2017)

²¹ <https://www.parliament.gov.za/storage/app/media/Docs/bill/9febb155-8582-4a15-bf12-5961db2828c2.pdf>

5000

 die
 at the
 hands of
 family
 members
 across the
 globe in
 honour
 killings



Women's rights groups protest against state-sponsored abuse against women in Zimbabwe. Photo courtesy of Above Whispers

Violence against women in politics

"While the influx of women into parliament is beneficial for representative democracy, it has tended to disrupt the established order, provoking some resistance," noted the Inter-Parliamentary Union in 2016.²² Another study conducted in the UK in 2017 shows that more than half of British female MPs report having received physical threats.²³ In Zimbabwe, the think tank Research

Table 5.7: Key baseline indicators on GBV against

Targets	Angola	Botswana	DRC	Lesotho	Madagascar	Malawi	Mauritius
LEGISLATION							
Laws on domestic violence	Domestic violence Act- July 2011	Domestic Violence Act 2008	VAW is covered in the Constitution	Domestic Violence Bill in progress. Covered by Legal Capacity of Married Persons Act 9 of 2006	Covered by Penal Code	Prevention of Domestic Violence Act 2006	Protection from Domestic Violence Act 2004
Laws on sexual assault	No	Sexual Offences Bill 2010, currently covered in the Penal code addresses defilement, incest, rape	Law Sexual Violence 2006	Sexual Offences Act 2003	Sexual Offences Act, 2000	Penal code, Gender Equality Act 2013 covers sexual harassment, no specific stand-alone act/law	Sex Discrimination Act, Sexual Offences Bill
Comprehensive treatment, including PEP	Yes	Only policy	Yes	Yes	Yes	Yes	Only in policy
Specific legislative provisions to prevent human trafficking	1886 Penal Code was amended February 2014 to prohibit all forms of trafficking	Anti-Human Trafficking Act, 2014 (Act No. 32 of 2014)	Law on Human Trafficking especially women and girls 2008	Human Trafficking Act of 2011	Law on the fight Against Human Trafficking and Sex Tourism, 2007	Trafficking in Persons Act 2015	Combating of Trafficking in Persons Act of 2009

²² Inter-Parliamentary Union (2016). Sexism, harassment and violence against women parliamentarians.

²³ <http://blogs.lse.ac.uk/europpblog/2017/08/12/violence-against-women-in-politics-is-rising-and-its-a-clear-threat-to-democracy/> (accessed 2 June 2018).

and Advocacy Unit and its various partner have been raising awareness around politically-motivated VAW even before the 2008 elections. In 2016, Musasa, in collaboration with the Royal Netherlands Embassy, HIVOS, and UN Women, organised the Women and Peace Conference, which brought forth strong commitments by government ministers, UN agencies, international NGOs and local women's organisations to stop political violence and other

forms of VAW (RAU website).²⁴ While there are several recorded incidences of women in politics being attacked, the recent case of Thokozani Khupe, the Deputy President of the MDC-T, Zimbabwe's biggest opposition party, made the news following her rejection of Co-Vice President Nelson Chamisa as the party's interim leader. Khupe faced a number of attacks from members of her own party (All Africa website).²⁵

the SADC Protocol on Gender and Development							
Mozambique	Namibia	Seychelles	South Africa	eSwatini	Tanzania	Zambia	Zimbabwe
Law on Domestic Violence Against Women 2009	Combating of Domestic Violence Act (No. 4, 2003)	(Family Violence Act)	Domestic Violence Act 2006	Sexual Offences and Domestic Violence Act	Partly covered by Law Marriage Act 1976	Anti- Gender-Based Violence Act 2011	Domestic Violence Act 2006, Criminal codification and Reform Act, chapter nine
Penal code	Combating Rape Act 2000	No	Sexual Offences Act of 2009	The Crimes Act/1889, the Girls and Women's Protection Act/1920, the Criminal Procedure and Evidence Act No 67/1938 and common law crimes covering rape, incest, indecent assault	Included Penal code. Miscellaneous Act 2002 section 130 of penal code	Anti- Gender-Based Violence Act 2011	Included in Criminal codification and Reform Act. moved from Sexual Offences Act
Yes	Only in policy	The Ministry of Health has developed procedures on standardised response to GBV including sexual assault	Yes	There is provision within the national guidelines for antiretroviral treatment and Post Exposure Prophylaxis (PEP)	Gender Based Violence Policy and Management Guidelines, Ministry of Health	National guidelines for the multi-disciplinary Management of survivors of GBV in Zambia- 2011	In Zimbabwe National HIV and AIDS Strategic Plan 2011 -2015
Law Against Human Trafficking particularly Women and Children, 2008	Trafficking in Person bill 14 of 2017	Prohibition of Trafficking in Persons Act 2014	Prevention and Combating of Trafficking in Persons Act 2013	People Trafficking and People Smuggling (Prohibition) Act, 2009 Human Trafficking Task Force and Human Trafficking Unit	Anti-Trafficking in Persons Act of 2008	Anti-Human Trafficking Act of 2008	Trafficking in Persons act 2014 previously Criminal Codification and Reform Act, Section 83

²⁴ Research and Advocacy Unit available at <http://researchandadvocacyunit.org/blog/2017/07/07/politically-motivated-violence-against-women-zimbabwe> (accessed 2 June 2018).

²⁵ All Africa News (18 February 2018) available <http://allafrica.com/stories/201802210524.html> (accessed 9 June 2018).

Targets	Angola	Botswana	DRC	Lesotho	Madagascar	Malawi	Mauritius
Sexual harassment	No	Legislation recommended as part of Employment Act, Public Service Act 2000	Sexual Offences Act	Sexual Offences Act	Penal Code amended by Acts	The Malawi Constitution (sect. 24 (2) (a). Gender Equality Act	Labour act; Sex Discrimination Act
SERVICES							
Accessible, affordable and specialised legal services, including legal aid, to survivors of GBV	Yes	None; NGOs provide this. Legal Aid Pilot Project under the Attorney General's Chambers	Yes, done with support of UN agencies	Ministry of Justice legal aid service stretched; NGOs step in	Yes	Through Legal Aid Dept. with limited funds and human resource. Few NGOs also try to provide this	Yes, 6 Family support bureaux's are in operation at the Ministry of Gender. Psychological counselling and legal advice are provided to survivors of GBV
Specialised facilities including places of shelter and safety	Yes	Minimal state support; mostly NGOs	Yes, but very limited because of funds	Yes, there are police specialised units, but only one state shelter in Maseru	Yes	Minimal state support; Victim Support Units under Malawi Police Service provide this few NGOs	The National Children's Council operating under the aegis of the Ministry runs one shelter. Two shelters run by an NGO and a Trust aid partly funded by the Ministry
COORDINATION, MONITORING AND EVALUATION							
Integrated approaches: National Action Plans	Presidential Decree 26/13 of May Executive Plan of Fight against Domestic Violence	National Strategy 2016 - 2020 on the elimination of GBV and action plan	National Strategy on Combating Gender Based Violence being updated (2018) ²⁶	To be updated	Action Plan to end GBV and Strategy	National Plan of Action to Combat Gender-Based Violence in Malawi 2014-2020	National Action Plan to end gender based Violence 2012-15
Construct a composite index for measuring gender based violence	Yes, Integrated Gender Indicators system	Yes, GBV Indicators	Yes, involved at African level to provide indicator	Yes, GBV Indicators	No	No	Yes, GBV Indicators
Provide baseline data on gender based violence	DHS 2015/16	GBV Indicators study	DHS 2013/14	GBV Indicators study	No	DHS 2015/2016	GBV Indicators study

²⁶ <http://documents.worldbank.org/curated/en/481341525730456994/pdf/Project-Information-Document-Integrated-Safeguards-Data-Sheet-DRC-Gender-Based-Violence-Prevention-and-Response-Project-P166763.pdf>

Mozambique	Namibia	Seychelles	South Africa	eSwatini	Tanzania	Zambia	Zimbabwe
Brief mention in labour law; Article 66 (2)	Labour Act 11 of 2007, partly addressed in the Combating of Domestic Violence Act 4 of 2003 and Combating of Rape Act 8 of 2000	Public Officers' Ethics Act of 2008 Section 16 Ministry of Education policy; Ombudsperson	Protection from Harassment Act, 2011	Crimes Act of 1889- "inappropriate sexual behaviour"; outdated! New progressive proposed provision in the sexual offences and domestic violence bill	Penal Code; The Sexual Offences Special Provisions Act 1998; Employment and Labour Relations Act, 2004	The Anti-Gender- Based-Violence Act, 2011, Amendment in Penal Section 137 (a)	Labour Relations Amendment Act, under "unfair labour practice"
Limited government support but services from Association of Women Lawyers	Yes and Legal Resources Centre	Yes	Yes, through the Legal Aid Board, plus NGO support, and Thuthuzelas- but not affordable to run	There is no specialised or affordable legal aid service to survivors of GBV. The limited services offered by NGOs are compromised by a lack of funds	Ministry of Home Affairs is in the process of establishing Gender and Children's desks - guidelines are being developed	The National guidelines for the Multi-disciplinary Management of Survivors of gender Based Violence in Zambia- 2011	Ministry of Justice Legal Aid, Musasa Project and WLSA
NGOs main provider of services but face resource constraint	Mainly NGOs	None	Yes, but mainly NGOs that depend on foreign funding	The amendment of the Criminal Procedure and Evidence Act (section 223) facilitated the formation of a children's court eSwatini launched a first of its kind, a one-stop centre in Mbabane	No places of safety - only police stations	The National guidelines for the Multi-disciplinary Management of Survivors of gender Based Violence in Zambia- 2011	Minimal state support; NGOs main provider of services but face resource constraints
Multi-sectoral plan and plan to end GBV	Expired in 2016 National Action Plan to End Gender Violence	Yes, but strategy only focuses on Domestic Violence	Shadow report National Strategic Plan (NSP) to end GBV	National Strategy to End Violence 2017 -2022	National Plan of Action to End Violence Against Women and Children (NPA-VAWC 2017/18 - 2021/22)	National Action Plans National Action Plan to End Gender Violence in place	Zero Tolerance 365: National Programme On GBV Prevention And Response 2016-2020
No	No	Yes, GBV Indicators		Surveillance System on Violence 2009	No	Gender Based Violence Information Management System (GBVIMS)	National GBV Information System
DHS 2015	DHS 2013 2003 Multi-country Study on Women's Health and Domestic Violence against Women	GBV Indicators study	GBV Indicators study in four provinces	No	DHS 2015 2003 Multi-country Study on Women's Health and Domestic Violence against Women	Provide baseline data on gender based violence GBV Indicators study	GBV Indicators study

12
out of
the
15
countries
have
laws
on
domestic
violence

Table 5.7 shows that:

- Twelve out of the 15 countries have laws on domestic violence;
- Thirteen have sexual assault legislation;
- All SADC countries offer comprehensive treatment, including PEP, to survivors of violence, although no legislation exists;
- Fourteen countries have legislation on sexual harassment;
- All SADC countries have laws on human trafficking;
- All countries offer some form of accessible, affordable and specialised legal services, including legal aid, to survivors of GBV although a lot of this is offered by NGOs; and
- All but one country offer specialised facilities including places of shelter and safety.

While all countries have had NAP to end GBV, most of the NAPs have expired. Seven countries have updated NAPs. Meanwhile, as noted earlier, seven countries have undertaken the GBV Baseline Studies (Botswana, Lesotho, Mauritius, Seychelles, South Africa, Zambia and Zimbabwe) and six have conducted DHS studies with the GBV module (Angola, DRC, Malawi, Mozambique, Namibia and Tanzania). However, Madagascar and Tanzania still do not have any baseline data.

Response



Article 20.1: States parties shall:

- enact and enforce legislation prohibiting all forms of gender-based violence;
- develop strategies to prevent and eliminate all harmful social and cultural practices, such as child marriage, forced marriage, teenage pregnancies, slavery and female genital mutilation;

violence, including domestic violence, rape, femicide, sexual harassment, female genital mutilation and all other forms of gender-based violence are tried by a court of competent jurisdiction.

Article 20.3: States parties shall, review, reform and strengthen their laws and procedures applicable to cases of sexual offences and gender-based violence to:

- eliminate gender bias; and
- ensure justice and fairness are accorded to survivors of gender-based violence in a manner that ensures dignity, protection and respect.

In line with Article 20.1(a), which calls for state parties to enact legislation prohibiting all forms of violence, 12 countries now have laws on domestic violence. However, DRC, Lesotho, and Tanzania have yet to enact Laws on Domestic Violence.

Further, 13 countries also now have laws on sexual assault including rape. This is commendable. The region is doing well regarding legally dealing with GBV, either through specific pieces of legislation or penal codes. However, a disjuncture between constitutional and customary law remains a problem across the region. The customary law is relevant in the African context and, while it has managed to coexist with competing systems of domestic consti-

tutional law, statutory law, common law and international human rights treaties, in some cases it created a hindrance to the enforcement of the latter (Diala, 2018).²⁷ For instance, most countries have legislation criminalising rape, but countries like Botswana, DRC and Zambia do not address marital rape in their legislation. Even in the settings where legislation exists, some men remain opposed to this concept as they believe that there can be no rape between spouses (eSwatini Civil Society Report, 2017).²⁸ This is made worse in scenarios in which a man feels entitled to have sexual intercourse with his wife if and when he so desires, particularly in cases where paying of bride price equates to purchasing a wife (Musariri et al 2015).

²⁷ Diala, A, (2018), "Legal integration of state laws and customary laws is inevitable" available at <http://nai.uu.se/news/articles/2018/04/18/162652/index.xml> (accessed 22 May 2018).

²⁸ Swaziland Joint Civil Society. (2017). Civil Society report on the Implementation of the Covenant on Civil and Political Rights 120th session of the Human Rights Committee -

Clashing legal systems perpetuate inequality in Lesotho and eSwatini*

eSwatini and Lesotho represent two of the four countries in SADC that do not have specific laws on domestic violence despite having adopted the SADC Protocol on Gender and Development in August 2016. Both countries also remain the only two monarchies in the SADC region. According to UNAIDS, the two also have the highest HIV prevalence rates in the world: eSwatini at 27% and Lesotho at 25%.²⁹ Women account for 56% of adults living with HIV in the region.³⁰ The link between HIV and GBV is well documented (Jewkes et al 2010).³¹ The twin epidemics are rooted in gendered power inequalities embedded in the patriarchal society. Both countries, like many other African countries, have a dual legal system in which the Roman Dutch laws and customary laws operate side by side.

In eSwatini, the Swazi customary Law has an upper hand over the civil law. Through the Swazi law and custom the King has powers over the three organs of the government: judiciary, legislature and executive. At present, King Mswati III holds supreme executive power and controls the judiciary.³² This has seen the King making decisions that many see as detrimental to the well-being of women, exposing them to considerable risk of experiencing violence and contracting HIV.

The eSwatini civil society report on the implementation of the Covenant on Civil and Political Rights, presented to the 120th session of the Human Rights Committee in July 2017, sheds some light on how customary law may clash with human rights treaties. According to the report, eSwatini has seen delays in passing the Sexual Offences and Domestic Violence Bill of 2015 into law because of the King's perceptions that, if passed into law, the provisions might encroach on some Swazi laws and customs. The report lists four clauses that are apparently a cause for concern to the King and the traditional authorities. These pertain to provisions on stalking, flashing, marital rape and child marriage:

- a) Stalking - in terms of custom, a woman may be pursued for a relationship endlessly no matter how many times she may refuse the advances;
- b) Flashing - the nature of traditional attire is such that there is much display of flesh, for example, during the reed dance, young maidens go around bare-chested and with short beaded skirts that show off their buttocks;
- c) Marital rape - generally, there is lack of understanding on marital rape, with society struggling with the concept. This also includes women, who have been conditioned to the fact that they have no rights over their sexual reproductive functions and activities;
- d) Child marriage - the Bill seeks to outlaw child marriages, whereas in terms of Swazi law and custom, the marriageable age is determined by puberty, regardless at what age a young girl may reach this milestone. For these reasons the bill is has not passed into a law.³³

Meanwhile, Lesotho customary law, which exists side by side with civil law, contains the customs of the Basotho, written and codified in the Laws of Lerotholi (Musariri et al, 2015).³⁴ The customary law plays a significant role in regulating the Basotho people. GBV levels are high in Lesotho, with nine in ten women having experienced some form of abuse in their lifetime (Musariri et al 2015). Since 2000, legislators have failed to pass the Domestic Violence Bill into law. The absence of domestic violence legislation has created a major gap in addressing GBV in Lesotho. Despite having national legislation that criminalises some forms of abuse, notable gaps persist that pertain to discriminatory traditional and cultural laws and practices of early child marriage, inheritance and succession to chieftainship (Mabetha, 2018).

In May 2018, reports noted that Lesotho lawmakers had drafted a Domestic Violence Bill of 2018. Relevant stakeholders have discussed this bill, including the Ministry of Gender, representatives of police from the Child and Gender protection Unit (CGPU) and NGOs, including Gender Links (Mabetha, 2018 Gender Links Website³⁵). If passed, the Bill will close the existing gap in the legislation as it will address some traditional and cultural laws that continue to promote the minority status of women and increase their vulnerability to GBV.

**Case study written prior to law being passed*

²⁹ Avert website available at <https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/Swaziland>

³⁰ UNAIDS/UNICEF (2016) 'All in to end adolescent AIDS: A progress report'[pdf]

³¹ Jewkes, R., Dunkle, K., Nduna, M., Shai, N. 2010. Intimate partner violence, relationship power inequity, and incidence of HIV infection in young women in South Africa: a cohort study. *Lancet* 376(9734):41-8.

³² Human Rights Watch, 2018, https://www.hrw.org/sites/default/files/Swaziland_1.pdf

³³ Swaziland Joint Civil Society. (2017). Civil Society report on the Implementation of the Covenant on Civil and Political Rights 120th session of the Human Rights Committee -

³⁴ Musariri, L. Nyambo, V. Machisa, MT, and Chiramba, K. (2014) Lesotho GGBV Baseline Study. Gender Links.

³⁵ Mabetha (2018) GL News Service <http://genderlinks.org.za/news/lesotho-domestic-violence-bill-2018-beacon-hope-ending-gbv/> (accessed 25 May 2018).

In
June
2018,
eSwatini
passed
the
Sexual
Offences
and
Domestic
Violence
Bill



Article 20.1b calls for states to develop strategies to prevent and eliminate all harmful social and cultural practices, such as child marriage, forced marriage, teenage pregnancies, slavery and female genital mutilation. To achieve this, it is imperative to engage the traditional leadership, who serve as the custodians of some of the social and cultural practices.

The 2017 Barometer highlighted some of the progress towards eliminating child marriages and forced marriages. Some of the efforts to address child marriage in the region include the four-year African Union Campaign to End Child Marriage, which started in 2014. It saw member states adopting the African Common Position on Ending Child Marriage, resulting in countries developing national strategies and action plans to address the issue. Nineteen African countries have launched the campaign to date. Of these, only three are from the SADC: DRC, Madagascar and Zimbabwe³⁶ (Girls Not Brides Website). Following a regional dialogue on child marriages convened in February 2015 in Johannesburg, SADC leaders committed to develop a SADC Model Law on Child Marriage. Subsequently, in June 2016, the 39th Plenary Assembly Session of the SADC Parliamentary Forum adopted the Model Law on eradicating child marriage and protecting those already in marriage.³⁷



“End child marriage,” shout campaigners in Zimbabwe at a 2016 march against child marriages.

Photo courtesy of ROOTS Africa Mutambadarius

The African Law Service provides an update on law reform in the SADC region:

- In January 2016, the Zimbabwe Constitutional Court struck down section 22(1) of the Marriage Act, which allowed children under the age of 18 to marry.

- In July 2016, the Tanzanian Constitutional Court ruled that marriage under the age of 18 is illegal and stated that sections 13 and 17 of the Marriage Act are unconstitutional.³⁸
- In South Africa, the South African Law Reform Commission (SALRC) released publication of its *Revised Discussion Paper on Project 138: The Practice of Ukuthwala*. The paper contains a draft bill, tentatively titled the *Prohibition of Forced Marriages and Child Marriages Bill*.
- The Government of Zambia on 8 April 2016 adopted a national strategy to end child marriage.
- Mozambique adopted the National Strategy to Prevent and Combat Child Marriage.
- In 2015, Malawi's Parliament removed from its constitution a provision allowing children between the ages of 15 and 18 to marry with parental consent. It also increased the legal age for marriage to 18 years from 15 years (Marriage, Divorce and Family Relations Bill, 2015).
- One of the traditional rulers in Malawi, Chief Inkosi Kachindamoto, annulled more than 330 customary marriages in June 2015 - of which 175 comprised girl wives and 155 comprised boy fathers in the Central Region of Malawi.³⁹
- In June 2018, senators and MPs in eSwatini passed the Sexual Offences and Domestic Violence Bill, which aligns with Section 151 of the Constitution.

While female genital mutilation (FGM) is not especially prevalent in the SADC region, it occurs in some parts of the DRC and Tanzania. In Tanzania, the Sexual Offences Special Provisions Act, a 1998 amendment to the Penal Code, prohibits FGM (Gender Links, 2011).⁴⁰ Similarly, DRC passed a law in 2006, introducing amendments to provisions on sexual violence in the Penal Code, including one against FGM (Lowe Morna et al, 2017).⁴¹

³⁶ Girls not Brides website available at <https://www.girlsnotbrides.org/kenya-becomes-19th-country-launch-african-union-campaign-end-child-marriage/> (accessed 10 June 2018)

³⁷ <http://www.riatt-esa.org/blog/2016/6/16/child-marriage-and-early-pregnancy> (cited in SADC Barometer 2017)

³⁸ <https://www.girlsnotbrides.org/child-marriage/tanzania/> (accessed 10 June 2018)

³⁹ <https://www.girlsnotbrides.org/kenya-becomes-19th-country-launch-african-union-campaign-end-child-marriage/>

⁴⁰ Gender Links, (2011). Zero tolerance to female genital mutilation (FGM). Available at <http://genderlinks.org.za/barometer-newsletter/zero-tolerance-to-female-genital-mutilation-fgm-2011-02-01/> (accessed 30 July 2017)

⁴¹ Lowe-Morna, C., Dube, S. Makamure, L., (2017) SADC Gender Protocol Barometer (online) available at <http://genderlinks.org.za/shop/sadc-gender-protocol-barometer-2017/>



Article 20.2: State parties shall ensure that laws on gender-based violence provide for the comprehensive testing, treatment and care of survivors of sexual offences, which shall include:

- (a) emergency contraception;
- (b) ready access to post exposure prophylaxis at all health facilities to reduce the risk of contracting HIV; and
- (c) preventing the onset of sexually transmitted infections.

Despite lack of laws, the region has seen a huge improvement in the provision of PEP over the past several years. All countries now offer comprehensive treatment, including PEP, to survivors of violence. However, since PEP is not a statutory obligation in

many countries and is often aid-dependent, its provision across the region varies depending on funding and level of government prioritisation (Lowe Morna et al, 2017).⁴²

Trafficking in persons (TIP)



Article 20.5: State parties shall:

- (a) Enact and adopt specific legislative provisions to prevent trafficking in persons and provide holistic services to the victims, with the aim of re-integrating them into society;
- (b) Put in place mechanisms by which all relevant law enforcement authorities and institutions should eradicate national, regional and international trafficking in persons' syndicates;
- (c) Put in place harmonised data collection mechanisms to improve research and reporting on the types and modes of trafficking to ensure effective programming and monitoring.
- (d) Establish bilateral and multilateral agreements to run joint actions against trafficking in persons among origin, transit and destination countries; and
- (e) Ensure capacity building, awareness raising and sensitisation campaigns on trafficking in persons are put in place for law enforcement officials.

Trafficking in persons continues to be a political priority. All SADC Member States have enacted laws against it. The 10 Year SADC Strategic Plan of Action on Combating Trafficking in Persons Especially Women and Children (2009-2019), which SADC Gender Ministers adopted in Gaborone in June 2016, remains in effect. Tracking and monitoring of victims of trafficking remains a challenge, however, making it an invisible crime. There is a need for nuanced research to further understand the scope of this crime.



Human trafficking: *the invisible crime.* Photo: Gender Links

PEP
is
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countries

⁴² Lowe-Morna, C., Dube, S. Makamure, L., (2017) SADC Gender Protocol Barometer (online) available at <http://genderlinks.org.za/shop/sadc-gender-protocol-barometer-2017/>

Zimbabwe
repatriated
120
trafficked
to Kuwait

Zimbabwe gets tough on human traffickers



Zimbabwe struggles with the scourge of human trafficking, especially because of the serious economic challenges facing the country. Many Zimbabweans have been trafficked under the false promise of getting a better life in other countries; the dire economic situation makes them easy prey for traffickers.

Thankfully, Zimbabwe recently recorded its first successful prosecution and conviction in a high profile human trafficking case since it enacted the 2014 Trafficking in Persons Act: Chapter 9:25. In March 2018, the courts sentenced 31-year-old Norest Maruma to a combined 50 years' imprisonment for five counts of human trafficking. The case involved the trafficking of women to Kuwait by Maruma, the ringleader in a syndicate that involved a network of people in Zimbabwe and Kuwait. The case also involved allegations against some employees of the Embassy of the State of Kuwait in Zimbabwe, accused of involvement in the trafficking case. Zimbabwe repatriated about 120 women from Kuwait after the case came to light, whilst reports indicated that dozens more women may remain stuck in the Gulf country.

The successful prosecution, conviction and deterrent sentencing of the accused in this case is thanks to the government's enacting the Trafficking in Persons Act. This provides encouragement for other SADC governments looking to do the same. The justice system used to handle similar trafficking cases under Section 83 of the Criminal Law Codification and Reform Act, which merely prohibits leaving the country with another person with the intention of leading them into prostitution. As a result, although such a scenario would clearly present a case of human trafficking, the sentences handed down were often short and not a deterrent for traffickers because the legislation did not make specific reference to human trafficking.



Zimbabwean Ministers and Senior Government Officials, as well as officials from international organisations, launch the the National Plan of Action (NAPLAC) to operationalise the Trafficking in Persons Act in August 2016. *Photo courtesy of zimbabwe.iom.int/news/*

Article 20 (5) of the SADC Gender Protocol enjoins state parties to put in place measures to address the scourge of human trafficking. The envisaged measures include enacting relevant legislation, support for victims of human trafficking and education and awareness on human trafficking. The successful prosecution of cases like the Maruma example will act as a deterrent to other would-be traffickers and thus reduce cases of human trafficking.

The United States Department of State annually prepares a Global Tracking Report on Human Trafficking using information from various sources in all countries across the globe. In the report, the department places each country into one of four tiers, as mandated by the United States Congress Trafficking Victims Protection Act of 2000 (TVPA), which stipulates that governments should make serious efforts to prohibit and eliminate various

forms of trafficking in persons and punish acts of such trafficking. Therefore, it bases the analyses on the extent of governments' efforts to reach compliance with the TVPA's minimum standards for the elimination of human trafficking, consistent with the Palermo Protocol (Department of State, 2016).⁴³ The report classified SADC countries as follows:

⁴³ Department of State, USA. (2016). Trafficking in persons 2016 report. (Online) available at <https://www.state.gov/documents/organization/258876.pdf> (accessed 14 July 2017).

Table 5.8: Compliance of SADC States with Minimum Standards for Trafficking⁴⁴

Tier	Characteristics	SADC countries 2015	SADC countries 2016	SADC countries 2017	Comment
1	Countries whose governments fully comply with the TVPA minimum standards.	None	None		
2	Countries whose governments do not fully comply with the TVPA's minimum standards, but are making significant efforts to bring themselves into compliance with those standards.	Angola, Malawi, Mozambique, Seychelles, South Africa and Zambia	Angola, Botswana, Lesotho, Madagascar Malawi, Mauritius, Namibia, South Africa and Zambia	Angola, Botswana, Lesotho, Madagascar, Malawi, Mauritius, Namibia, Seychelles, South Africa, Tanzania	Seychelles and Tanzania moved from tier 2 watch list to tier 2
2 - Watch list	Countries whose governments do not fully comply with the TVPA's minimum standards, but are making significant efforts to bring themselves into compliance with those standards and: The absolute number of victims of severe forms of trafficking is very significant or is significantly increasing; There is a failure to provide evidence of increasing efforts to combat severe forms of trafficking in persons from the previous year; or the determination that a country is making significant effort to bring itself into compliance with minimum standards was based on commitments by the country to take additional future steps over the next year.	Botswana, DRC, Lesotho, Mauritius and Namibia	DRC, Mozambique, Seychelles, eSwatini, Tanzania Zimbabwe	DRC, Mozambique, eSwatini, Zambia, Zimbabwe	Zambia downgraded from tier 2 to tier 2 watch list. Zimbabwe upgraded from tier 3 to tier 2 watch list.
3	Countries whose governments do not fully comply with the minimum standards and are not making significant efforts to do so.	Zimbabwe ⁴⁵			No SADC country in tier 3.

Source: Department of State, USA. *Trafficking in persons 2017 Report*.

Table 5.8 shows that since 2015, no SADC country has ever sat in tier 1. However, SADC countries have been moving in the right direction: in 2016, nine countries ranked in tier 2 and in 2017 that number rose to ten countries with Seychelles and Tanzania moving from tier 2 watch list to tier 2.

In the past year, the Seychelles government initiated its first investigation and prosecution under the anti-trafficking law and allocated a budget for the national anti-trafficking committee. Meanwhile, the Zimbabwean government has made some progress by working with Kuwait to repatriate and refer to care 121 female trafficking victims. It also repatriated five victims from Sudan.⁴⁶



Article 20.6: State parties shall ensure that cases of gender-based violence are conducted in a gender sensitive environment.

Article 20.7: State parties shall establish special counselling services, legal and police units to provide dedicated and sensitive services to survivors of gender violence.

Article 23.2: State parties shall ensure accessible, effective and responsive police, prosecutorial, health, social welfare and other services to redress cases of gender-based violence.

⁴⁴ Ibid.

⁴⁵ Department of State, USA. *Trafficking in persons 2017 report*.

⁴⁶ Department of State, USA. *Trafficking in persons 2017 report*. Available at <https://www.state.gov/documents/organization/271345.pdf> (accessed 25 May 2018).

The police and health care providers often serve as the first point of contact for victims of GBV, thus underscoring the need for specialised training for those working in both sectors. Police departments in all SADC countries have created specialised units that aim to address domestic violence cases in sensitive ways.



As of 2015, the **Angolan** government had 27 domestic violence counselling centres, seven other shelters and various treatment centres throughout the country.⁴⁷ The ministry in charge maintained a program with the Angolan Bar Association to give free legal assistance to

abused women and established counselling centres to help families cope with domestic abuse.

In **Zambia**, the police have been trained to provide pregnancy prevention and HIV prevention services to victims, as well as to refer them to health providers for further care.⁴⁸ As noted in the 2016 Barometer, almost all governments have made efforts to address GBV cases in gender sensitive ways by establishing specialised courts and one stop centres (Lowe Morna et al 2016).⁴⁹ The 2017 Barometer also outlined some of the countries that have victim support centres within police stations (Lowe Morna et al, 2017).⁵⁰



Sexual harassment



Article 22.1: State parties shall enact legislative provisions and adopt and implement policies, strategies and programmes which define and prohibit sexual harassment in all spheres, and provide deterrent sanctions for perpetrators of sexual harassment.

Article 22.2: State parties shall ensure equal representation of women and men in adjudicating bodies hearing sexual harassment cases.

Fourteen countries now have sexual harassment legislation: Of these, only a few have stand-alone sexual harassment laws; in most countries this is covered in the labour laws and penal codes (Lowe Morna et al, 2016). Despite having far-reaching impacts on victims, sexual harassment is rarely acknowledged, let alone reported. Sexual harassment has often been hidden and normalised. In many settings, people in positions of power trivialise sexual harassment, sadly this includes the victims themselves (Hinde, 2017).⁵¹ Thus, having legislation is only one step towards eradicating harassment. Activists and legislators must place more emphasis on raising an alarm around its abnormality. Following the Harvey Weinstein sexual

harassment saga in the United States, the #MeToo campaign has created a platform for women across the globe to share their experiences of sexual abuse in all its forms (Hinde, 2017).⁵²

Prevention

To meet the goal of eliminating all forms of GBV by 2030, there is need for collaborative, integrated and coordinated approaches that aim at both responding to and preventing GBV. These approaches should operate at all levels, including individual, relationship, community and societal. The prevention model illustrates how a multisectoral approach would work.

⁴⁷ Angola Human Rights Report 2017 <https://www.state.gov/documents/organization/265434.pdf>

⁴⁸ <https://www.sida.se/English/press/current-topics-archive/2016/african-network-uses-information-to-fight-gender-based-violence/>

⁴⁹ Lowe Morna, C. Makamure, L, Dube S. (2016). SADC Gender Protocol Barometer 2016. SADC Gender Protocol Alliance (cited in SADC Barometer 2017).

⁵⁰ Lowe Morna, C. Dube S and Makamure, L (2017). SADC Gender Protocol Barometer 2017. SADC Gender Protocol Alliance.

⁵¹ Hinde, 2017. #MeToo: All Sexual Harassment Experiences Are Worth Reporting, But Don't Feel Pressured To Share Opinion piece https://www.huffingtonpost.co.uk/entry/sexual-harassment-experiences-me-too-hashtag-pressure-to-share_stories_uk_59e5dbf1e4b0a2324d1d825e (accessed 1 June 2018).

⁵² *ibid.*

Figure 5.2: Multisectoral GBV Prevention Model

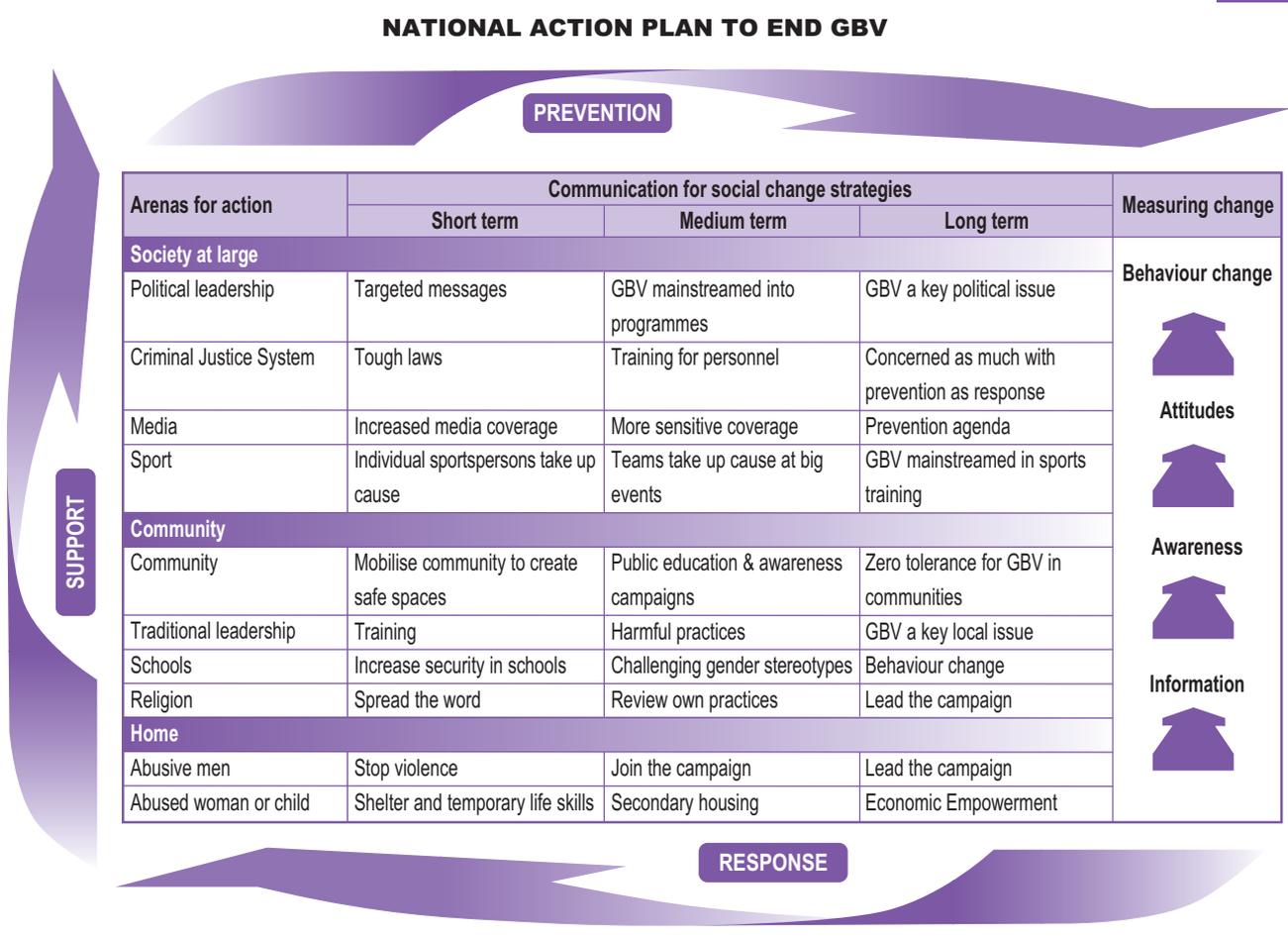


Figure 5.2 presents the GBV Prevention Model, which UNICEF South Africa commissioned in the hope that stakeholders can adapt it for any context. The model brings all sectors together in GBV prevention efforts and is premised on the observation that GBV interventions have been more reactive than proactive. It covers what is meant by prevention and the relationship between prevention; response and support; the need for an overarching framework; the arenas for action as well as short, medium and long-term actions to be taken; communication for social change theories that should underpin any action as well as measuring progress to advance from information to behaviour change (Gender Links, et 2008).⁵³

Often there is a fine line between prevention and response. Each can enhance the effectiveness of the other. For example, strong laws and sanctions against GBV can have a preventive effect. Strong

rehabilitation programmes for perpetrators of GBV can help to ensure that they do not become repeat offenders. Programmes of support for women that include economic empowerment can help to ensure that women do not become repeat victims. To date, stakeholders have mostly addressed GBV through reactive strategies. Prevention efforts, to the extent they have existed, have largely been driven by the women's movement. These have focused on changing social norms, building individual empowerment and addressing underlying structures that perpetuate VAW. The primary focus, however, has been at the level of response (Lowe Morna et al 2017).⁵⁴ Response efforts focus on developing crisis services, law enforcement interventions, and judicial sanctions. In contrast, primary prevention focuses on education and includes efforts to change individual attitudes and social norms - what a community regards as acceptable behaviour from its citizens.⁵⁵

Fine
line
between
prevention
and
response

⁵³ South Africa Violence Prevention Model and Action Plan developed by Gender Links, UNICEF (2008). Available at https://www.unicef.org/southafrica/SAF_resources_violenceprevmodel.pdf

⁵⁴ Lowe Morna, C. Dube S and Makamure, L (2017). SADC Gender Protocol Barometer 2017 Southern Africa. SADC Gender Protocol Alliance.

⁵⁵ Oregon Violence Against Women Prevention Plan; Oregon Department of Human Services; Office of Disease Prevention Epidemiology.

South African universities forced to address GBV following national outcry

South African universities have been grappling with the scourge of GBV on campus for some time. A 2017 research paper by Youth and Policy concluded that South African universities lacked policy frameworks to effectively address the issue, which some worried could derail efforts in the country to improve female university enrolment. This fear is not far-fetched given that students at some of the major universities in the country have previously reported that they left school because they felt unsafe and unprotected from GBV on campus.



Over the past several years, several rapes of students occurred at the University of Cape Town. Additionally, in November 2016, a student was raped at the University of the Witwatersrand's Junction Residence and the university indicated that it



Rhodes University students take part in the anti-rape protests in April 2016.
Photo courtesy of Mail & Guardian

planned to assist the student in line with its sexual harassment, sexual assault and rape policy. In April 2016, students at Rhodes University held protests following what they called the university's failure to adequately deal with cases of rape at the university. At the time of the protests, the Student Representative Council reported that at least 21 students had been raped since the beginning of the year. University of the Witwatersrand students held protests in solidarity with their peers at Rhodes university following these reports.

Given that GBV is one of the most gendered human rights violations, it is critical that leaders tackle the scourge with the seriousness that it deserves. Thus, a crucial step occurred in April 2018, when the Department of Higher Education and Training announced that the South African government would come up with a standardised framework to address GBV at universities, which universities across the country must implement.

This is a major step given that the issue became a national crisis that required the intervention of government as opposed to leaving individual universities to come up with their own frameworks. The national framework will soon guide universities across the country in coming up with their own institutional frameworks. The standardised approach will also assist those universities that do not currently have frameworks or those that have weak or difficult to implement frameworks. Other SADC governments should consider a similar approach to guide universities in creating policies to protect students from GBV.

Stakeholders can adopt three categories of prevention intervention,⁵⁶ namely:

- **Primary prevention:** interventions aimed at addressing GBV before it occurs, to prevent initial perpetration or victimisation, targeted action aimed at behavioural issues and risk producing environments.
- **Secondary prevention,** which happens immediately after the violence has occurred to deal with the short-term consequences, e.g. treatment and counselling.

- **Tertiary prevention** focuses on long term interventions after the violence has occurred to address lasting consequences, including perpetrator counselling interventions.

The DRC Gender-based Violence Initiative (GBVI) provides a good case study of synergising response and prevention mechanisms, with the effort to eradicate GBV. The project operated at all the three levels of prevention identified above.

⁵⁶ Centres for Disease Control and Prevention. (2004). Sexual Violence Prevention: Beginning the Dialogue. Atlanta, GA p.3.

Creating “space” to address GBV in Mozambique

In 2011, the US President's Emergency Plan for AIDS Relief (PEPFAR) launched the US\$55 million, three-year, interagency Gender-Based Violence Initiative (GBVI) in three SADC countries: the DRC, Mozambique and Tanzania. The GBVI aimed to integrate GBV prevention and response into existing HIV prevention, care, and treatment programmes at health facility, community and policy levels.



The GBVI report.

Photo courtesy of Google images

In Mozambique, stakeholders designed the US\$21 million, three-year GBVI to prevent cases of GBV by addressing the sociocultural norms that condone it and by offering comprehensive post-GBV care services for survivors. The GBVI was unique in Mozambique because it attempted to address GBV prevention and response using a multisectoral, multilevel approach that involved health and social services and legal and law enforcement at national, institutional/facility, and community levels.

Strategies

At that time, because several Civil Society Organisations (CSOs) were conducting HIV prevention projects across the country, the GBVI saw an opportunity to work through these CSOs. Through the Capable Partners (CAP) project, run by FHI360, GBVI identified six CSOs with which to partner. The CSOs developed activities targeting individuals, communities and leaders for community dialogues, media campaigns and other activities.

Successes

- The GBVI contributed to shaping and operationalising plans and strategies, including a multisectoral plan and the national GBV plan for the health sector. The GBVI supported the Ministry of Health, the Ministry of the Interior, and the Mozambican Armed Forces to develop GBV prevention and response pre-service curricula and modules and conducted mass media campaigns and broader GBV and HIV awareness-raising activities at all levels.
- At institutional level, the GBVI facilitated an integration of GBV prevention and response activities within existing HIV clinical services by building clinical and medico-legal capacity and establishing comprehensive post-GBV care services. Stakeholders designed activities to build the capacity of NGOs and CSOs to include GBV within HIV prevention and behaviour change communication activities.
- Acknowledging the role of media, the GBVI trained journalists, including military journalists, to report responsibly on GBV issues, including child sexual abuse and child protection.
- Building on existing HIV prevention initiatives, the GBVI supported community-level prevention activities. It employed participatory and gender-transformative approaches to conduct information, education, and communication; social and behaviour change; community engagement; and community-clinic linking activities. This entailed developing training manuals, communications packages, and audio-visual materials such as pamphlets, radio and TV spots.

A government representative in Mozambique noted: “Now everyone is on board, they are willing to open up a budget line to address prevention regarding GBV. Even the other day, someone from the Ministry of Culture said they want to do a radio soap opera on GBV. It wasn't like this before. There is space to address GBV now.”

Source: adapted from an FHI360 report⁵⁷ and a PEPFAR report⁵⁸

⁵⁷ FHI 360. Mozambique GBV integration available at <https://www.fhi360.org/sites/default/files/media/documents/resource-spt-cap-mozambique-gbv-integration.pdf> (Accessed 1 June 2018).

⁵⁸ AIDS Free. Lessons from GBVI in DRC. available at https://aidsfree.usaid.gov/sites/default/files/aidsfree.usaid.gov/sites/default/files/events/presentations/gbvi_5.10_gennari_moz_0.pdf (Accessed 1 June 2018).

Social, economic, cultural and political practices



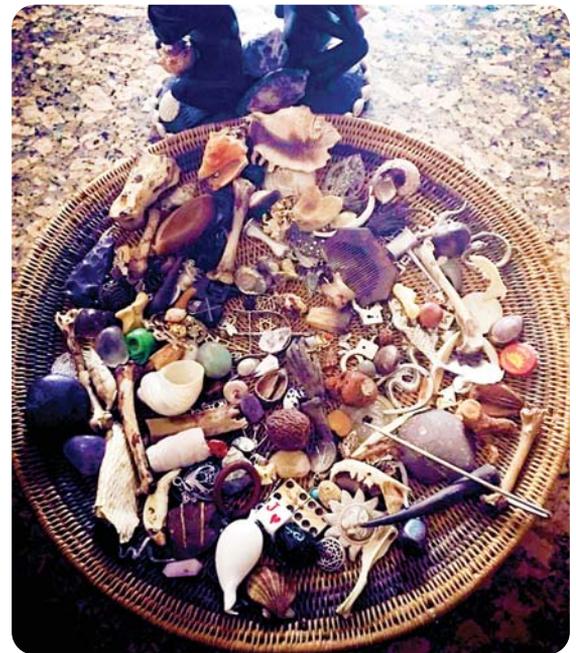
Article 21.1: State parties shall take measures including legislation, where appropriate, to discourage traditional norms, including social, economic, cultural and political practices which legitimate and exacerbate the persistence and tolerance of gender-based violence with a view to eliminate them.

Mellish and Colleagues (2015) did a literature review of harmful traditional practices that perpetuate GBV in Malawi. The review brought forward an extensive list including forced marriage, child marriage, polygamy, paying of bride price, acceptance of extra-marital sex in men, ceremonial dances and rituals, property rights and wife inheritance, among others. However, they did not include practices such as witchcraft allegations in their list. But recent evidence shows that women continue to fall victim to this practice, as noted in the GBV Study in Limpopo, South Africa (Machisa et al 2014).⁵⁹

Highlighting witchcraft allegations as a form of GBV

Witchcraft allegations constitute one of the most common cultural practices in sub-Saharan Africa, where the belief in witchcraft remains widespread. Ghorbani (2015) reports that, on average, 55% of the population believes in witchcraft with the rate varying from 15% in Uganda to 95% in Ivory Coast, with Ghana (77%), Democratic Republic of Congo (76%) and Tanzania (64%) in the top 10 countries with strong personal beliefs in witchcraft. Witchcraft is a criminal offence in all these countries. Women make up most people targeted by accusations of witchcraft, resulting in them experiencing abuse and other harmful practices.⁶⁰ According to the Angola 2016 Report on Human Rights Practices, several women and children faced abuse following accusations of witchcraft by their communities.⁶¹ Similarly in DRC, one NGO reported receiving several

messages highlighting the practice of "witchcraft tests" on women suspected of witchcraft in the South Kivu province. This Province is known for high levels of violence against women. With the aim of bringing GBV to light in all its various forms, it is important to recognise such practices as infringements on women's rights.⁶²



Witchcraft is widespread in sub-Saharan Africa - women are mostly accused, resulting in abuse and other harmful practices.

Photo courtesy of Google images

⁵⁹ Machisa, M, T. and Musariri L. (2013). Peace Begins at Home, the Gender Based Violence Indicators Study, Limpopo Province of South Africa. Gender Links.

⁶⁰ Ghorbani, M. (2015) Witchcraft Accusations Perpetuate Women's Oppression in Sub-Saharan Africa available at <https://www.awid.org/news-and-analysis/witchcraft-accusations-perpetuate-womens-oppression-sub-saharan-africa> (accessed 29 May 2018).

⁶¹ USAID. (2016). Angola Human Rights Practices Report. Available at <https://www.state.gov/documents/organization/265434.pdf> (accessed 29 May 2018).

⁶² <https://www.awid.org/news-and-analysis/witchcraft-accusations-perpetuate-womens-oppression-sub-saharan-africa> (accessed 29 May 2018).

South Africa witchcraft accusations persist even as courts dispense harsh punishments

History is replete with cases of women, and in particular elderly women, being killed, assaulted or harassed on allegations of practising witchcraft. In Western Europe, more than 200 000 “witches” were tortured, hanged or burned between 1484 and 1750. Whilst the killing of “witches” has vanished in Western Europe, the issue persists in Africa, including in Southern Africa, and other regions of the world.



Five members of one family killed Catherine Nkovani in 2016 after accusing her of witchcraft.
Photo courtesy of Daily Sun

South Africa has recorded its fair share of witchcraft murders, violence and harassment, with many women targeted by communities and family members. The courts in the country have played an important role in punishing perpetrators of this violence and in the process protecting women from one of the worst forms of GBV. In 2016, the Limpopo High Court sentenced five members of the same family to between 16 years and life imprisonment for murdering 52-year old Catherine Nkovani, whom they accused of practising witchcraft. Nkovani's 18-year old grandson also died on the same day when the five villagers torched their hut.

In March 2018, the Willowdale Regional Court in the Eastern Cape sentenced a 29-year-old man to four life terms for, amongst other offences, killing an 80-year old grandmother and her two grandchildren after accusing the grandmother of witchcraft. Similarly, in April 2018, the Limpopo High Court sentenced 35-year old William Lebogo to life imprisonment for murdering his grandmother, whom he accused of witchcraft.

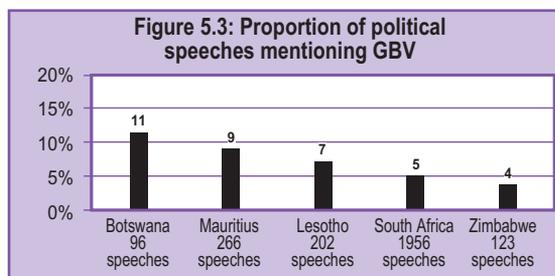
The pattern shows that courts have been handing down life sentences for murders linked to accusations of witchcraft. These sentences should be a deterrent, and they play a vital role in protecting women, and in particular older women, from so-called witchcraft murders. It is important for courts in South Africa and in other SADC countries to continue playing this important role in protecting women from this dangerous form of GBV. The approach taken by the courts also acts as an awareness-raising approach to end the harassment, murder and torture of women on allegations of witchcraft.

Political commitment

The GBV/VAW Baseline studies measure political commitment at three levels:

- Short term, which looks at targeted messages made by the government officials;
- Medium term, including policy (re)formulation and (re)programming to mainstream GBV; and
- Long term commitments that include budget readjustment towards financial commitment for GBV policies and programming.

While it is easy to assess the targeted messages and policy-related progress, financial commitment is more difficult due to lack of explicit budgets ringfenced for GBV programming. Bureaucratic barriers make it even harder to access information on budgets and expenditure related to GBV. For the sake of accountability, as well as for monitoring and evaluation, governments should make this information available.



Source: GBV/VAW Baseline studies, Gender Links.

Figure 5.3 shows the extent to which GBV featured in high level speeches, ranging from 11% in Botswana, to 4% in Zimbabwe. In Botswana, only 6% of speeches featured GBV as the main topic. In South Africa, only 1% specifically focused on GBV, with 91% of these occurring during the 16 Days of Activism and on Women's Day (Lowe Morna et al 2017).⁶³

⁶³ Lowe Morna, C. Dube S and Makamure, L (2017). SADC Gender Protocol Barometer 2017 Southern Africa. SADC Gender Protocol Alliance.

GBV
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4% in
Zimbabwe
to
11% in
Botswana

are more aware of the 16 Days campaign in all countries except Botswana



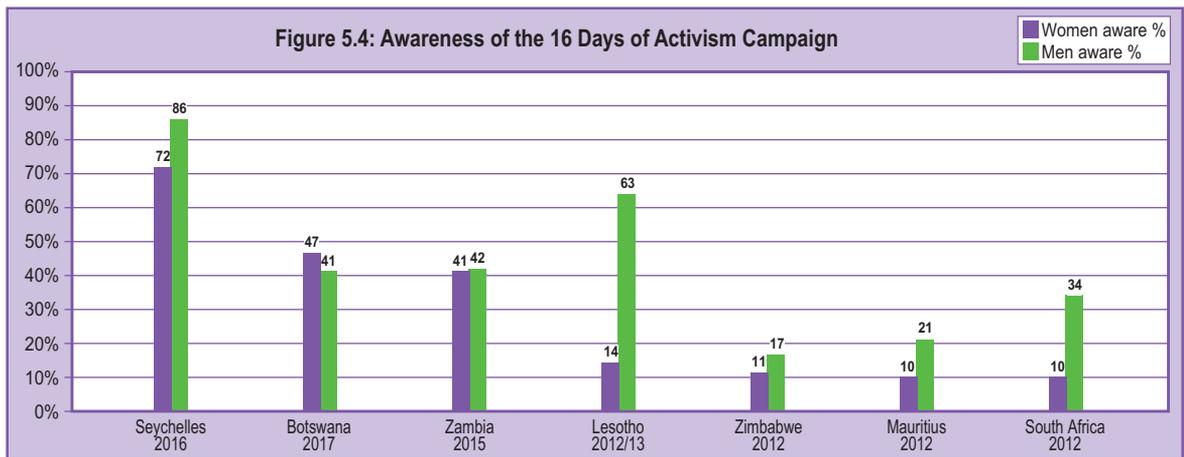
Article 21.2: State parties shall in all sectors of society introduce and support gender sensitisation and public awareness programmes aimed at changing behaviour and eradicating gender-based violence.

Community mobilisation and campaigns

To date, all SADC countries have implemented prevention strategies to raise awareness and advocate for GBV prevention. These include coordinated campaigns, which, based on anecdotal evidence, remain the most common strategy across the region, especially during the 16 Days of Activism. While the 16 Days campaign has gained momentum across the region, many governments and civil society organisations want to turn the campaign into a 365-day campaign. GL has worked with ten countries to develop 365 Days NAPs to end GBV. However, lack of political commitment has resulted in many of these NAPs sitting on shelves.

16 Days of Activism

The 16 Days of Activism on VAW, which runs from 25 November through 10 December each year, continues to be one of the most publicised awareness-raising campaigns. Over the years, this period has occupied a significant place in the calendars of tens of thousands of civil society organisations, women's organisations, governments and activists who come together to raise awareness about VAW. However, the VAW/GBV Baseline Studies in the seven countries show that, on average, most women and men in all seven countries remain relatively unaware of this campaign.



Source: SADC Gender Protocol Barometers, Botswana Relationship Study 2018.

Figure 5.4 shows that women's awareness of the 16 Days campaign ranges from 72% in Seychelles to 10% in Mauritius and South Africa. Men's awareness levels range from 86% in Seychelles to 17% in Zimbabwe. In all countries except Botswana - and most significantly in Lesotho, where 63% of the men interviewed, compared to 14% of women, said they knew about the campaign) - men appear more aware of the campaign. However, in interpreting these findings, it is important to note when researchers conducted the study because there has recently been a notable increase in awareness, as seen in the most recent study from Botswana. The Botswana Relationship Study of 2018 illustrated a distinct increase in the proportions of women and men knowledgeable about 16 Days since the 2012 study.

	Women		Men	
	2012 Study	2017 Study	2012 Study	2017 Study
Heard about 16 Days	16%	47%	18%	41%

Source: Botswana Relationship Study 2018.

As noted in Table 5.9, small numbers of men and women said they had heard about the 16 Days campaign when asked in the 2012 Baseline Study: 16% of women and 18% of men. Yet in the 2018 follow-up study, 47% of women and 41% of men knew of the same campaign. This significant rise in awareness may attest to the success of staying the course with awareness-raising campaigns on the part of both civil society and government.

However, the Executive Director of the Center for Women's Global Leadership (CWGL) notes that there is a need to transition "from Awareness to Eradication" of GBV for the next phase of 16 Days (Thompson 2017) activism.⁶⁴ It is important to also look at the impact of these campaigns. The Seychelles GBV study (2017) and Botswana Relation-

ship Study (2018) assessed if the knowledge and awareness of campaigns translated to action. Both studies show that being knowledgeable about campaigns is significantly associated with intervening in domestic violence cases (Musariri and Chiramba, 2017; Chiramba et al 2018).⁶⁵

Role of the media



Article 29.7: State parties shall take appropriate measures to encourage the media to play a constructive role in the eradication of gender-based violence by adopting guidelines which ensure gender sensitive coverage.

The Protocol urges the media to ensure gender equality in and through the media and to challenge gender stereotypes. The Protocol also discourages media from promoting pornography and violence against all persons, especially women and children.⁶⁶

It is hard to dispute the role of the media as potential opinion-shapers and agenda-setters in the fight against GBV (Chiramba et al, 2018).⁶⁷ The media does this by covering stories that promote awareness and prevention and also counteracting myths and negative attitudes that may perpetuate violence. Drawing attention to positive stories of empowerment and resilience, for example, can assist in illustrating how survivors often act as advocates and agents of change (Lowe Morna et al, 2017).⁶⁸ In South Africa, the femicide case of Karabo Mokoena in March 2017 received extensive coverage, including daily coverage of the trial. The same is true of the 2013 femicide case of Reeva Steenkamp. Thus, it appears that the general news coverage of GBV cases has improved, even though many cases still go unreported.

Coverage

According to the *Gender and Media Progress Study* (GMPS) of 2015, which monitored news content in 14 SADC countries over one month, GBV coverage constituted 1% of the total stories covered: a significant drop from the 4% coverage in the similar study conducted in 2010. The study further reports that women's voices remain underrepresented in

the media, particularly when it comes to reporting GBV (Chiramba et al, 2018).⁶⁹



BTV covering Sixteen Days launch in Goshwe, Botswana.
Photo: Keletso Metsing

GBV
1%
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all
stories
in 14 SADC
countries

⁶⁴ Thompson, C. (2017). A Life of Its Own: An Assessment of the 16 Days of Activism Against Gender-Based Violence Campaign, Center for Women's Global Leadership, New Jersey available at <http://16dayscwgl.rutgers.edu/downloads/16-days-documents-general/1500-16-days-campaign-assessment-report/file> (quoted in Barometer 2017)

⁶⁵ Musariri, L. and Chiramba K, Dimensions of VAW in selected areas of Zambia, unpublished

⁶⁶ SADC Protocol on Gender and Development Article 29 (1-7).

⁶⁷ Chiramba, K. Musariri, L and Rasesigo G, (2018-unpublished). Botswana Relationship Study. Gender Links.

⁶⁸ Lowe Morna, C. Dube S and Makamure, L (2017) . SADC Gender Protocol Barometer 2017 Southern Africa. SADC Gender Protocol Alliance

⁶⁹ Chiramba, K. Musariri, L and Rasesigo G, (2018-unpublished). Botswana Relationship Study. Gender Links.



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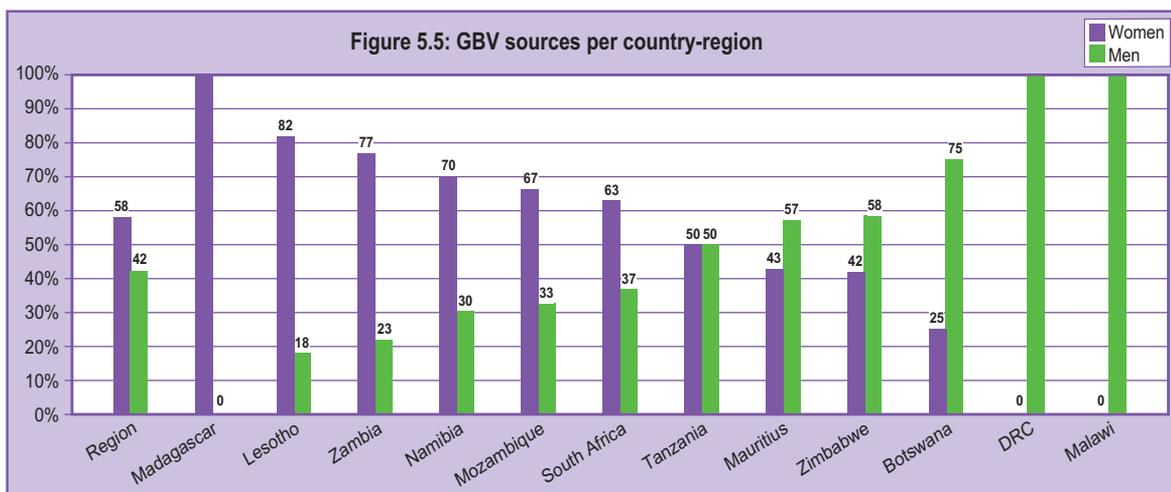
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victims

Figure 5.5: GBV sources per country-region



Source: Gender and Media Progress Study 2015.

Figure 5.5 shows that in some countries, only men speak to the media about GBV - DRC and Malawi, both at 100% - while in others, mostly women speak on the topic. Lesotho (82%), Zambia (77%), Namibia (70%), Mozambique (67%) and South Africa (63%) represent those countries in which more women serve as news sources in stories about GBV: a sign of progress in a region that long looked to men as experts on a subject that mostly affects women.

Sensitivity

The Global Media Monitoring Project (GMMP) 2015 conducted by the World Association of Christian Communicators (WACC), found that "Overall, women remain more than twice as likely as men to be portrayed as victims than they were a decade ago, at 16 and 8%, respectively." The VAW Baseline studies shows that, while GBV is one of the better-covered gender topics in the media, coverage is often gender biased. Men still make up most sources and most stories emanate from court reporting, where the cards remain heavily stacked against women. First-hand accounts of women seldom feature (Lowe Morna, 2017).⁷⁰

Critical engagement

When it comes to covering GBV stories, media houses tend to sensationalise and trivialise the stories, inhibiting critical engagement by the public. "Often the media fails to move beyond the tragic headlines and into the reality of what gender violence is and how to address it in daily life to give context and more information for the betterment of their stories" (Chiramba et al, 2018).⁷¹

Social media

The intersection between social media and mainstream media is important. Mainstream media often picks and augments its story ideas from social media (Chiramba et al, 2018). The last 15 years have seen a growing use of the social media as a platform for discussing and debating GBV, creating opportunities for community mobilisation. Although there is no evidence that social communications alone can prevent violence, some assessments have shown significant changes in knowledge and use of services, attitudes towards gender, and acceptance of VAW as a major issue.⁷² A study by Powell (2015), explores how communication technologies (such as social media campaigns) can be viewed as new mechanisms of informal justice outside of the state for GBV survivors. This is the case in the name and shame campaigns, which in some ways empower the survivors.⁷³

⁷⁰ Lowe Morna, C. Dube S and Makumbe, L (2017). SADC Gender Protocol Barometer 2017 Southern Africa. SADC Gender Protocol Alliance.

⁷¹ Chiramba, K. Musariri, L and Rasesigo G, (2018-unpublished). Botswana Relationship Study. Gender Links.

⁷² Thompson, C. (2017). A Life of Its Own: An Assessment of the 16 Days of Activism Against Gender-Based Violence Campaign, Center for Women's Global Leadership, New Jersey available at <http://16dayscwgl.rutgers.edu/downloads/16-days-documents-general/1500-16-days-campaign-assessment-report/file> (cited in Barometer 2017).

⁷³ Powell, A. (2015). Seeking rape justice: Formal and informal responses to sexual violence through technosocial counter-publics. Theoretical Criminology.

Social media for social activism

Social media tools such as Facebook, YouTube, Twitter and blogging sites have become part of the daily lives of millions of people across the globe (Chiramba et al 2018). Recently, social media has played a critical role in shedding light on some of the less-researched and difficult-to-detect forms of violence. Recent online campaigns have managed to break geographical and socio-economical barriers by collapsing the world and bringing people from diverse backgrounds together to talk about gender issues and share their experiences of GBV, thereby fostering solidarity (Chiramba et al, 2018).⁷⁴



In 2017 in Botswana, protesters took part in a march under the slogan, "I wear what I want."

Photo courtesy of Thalefang Charles (The Monitor)

The #MeToo campaign, which began in the United States in October 2017,⁷⁵ brought a new category of people into the discussion: the elite. The campaign started with one Hollywood actress encouraging women to share their experiences of sexual abuse. Numerous sexual abuse allegations then emerged against film producer Harvey Weinstein. The now global campaign disrupted the Hollywood film industry and other sectors, with many women speaking out to expose the famous, powerful, rich and usually untouched perpetrators of sexual violence. These campaigns underscore that GBV has no social barriers: rich and powerful women share the same risk of experiencing violence at the hands of their male counterparts, possibly even a higher risk.

In South Africa, a group of activists with the mandate of highlighting GBV cases perpetrated by powerful political leaders, launched the #NotOurLeaders campaign during the 16 Days of Activism in 2017. Spearheaded by Women and Democracy Initiative, Lawyers for Human Rights and gender violence specialists, the campaign highlighted 20 cases of political leaders who have faced allegations of sexual misconduct. The nature of the misconduct included demanding sex for jobs or promotions, verbal and physical harassment, sexual assault and rape - including rape of children (Dullah Omar Institute Website).⁷⁶

In 2016, the social media campaign #MenAreTrash emerged as a response to the femicide case of Karabo Mokeana and many other femicide cases in South Africa (Lowe Morna et al, 2017).⁷⁷ It generated much debate in South Africa and the world over, with many responding with a counter campaign #NotAllMenAreTrash. Some activists rejected the counter campaign as a tactic by men to silence women through refusing to take responsibility for their actions. The debate surrounding these campaigns serves as a mirror to reflect societal attitudes surrounding gender equality, particularly the rift between men and women activists.

The Botswana #IWearWhatIWant campaign also made waves recently and invoked much debate. It came in response to a sexual harassment incident in 2017 at a taxi rank in Botswana in which a woman said she faced harassment for wearing a mini skirt. Following this report, activists took to the streets in revealing outfits to send the message that women can dress as they like and feel safe from abuse and harassment. Conservative groups condemned the campaign as obscene. Again, the dialogue surrounding this campaign revealed the general attitudes in many communities (Chiramba et al 2018).⁷⁸

The success of these campaigns provides evidence that activists can use social media as a tool for campaigning. At the opening of the 62nd Session of the Commission on the Status of Women (CSW62), UN Women Executive Director Phumzile Mlambo-Ngcuka applauded the #MeToo movement and women in Hollywood as having energised changes in attitudes about sexual harassment. "We want to continue to forge an alliance with women who are in that [Hollywood] space so that their victory will be everyone's victory."⁷⁹

⁷⁴ Chiramba, K. Musariri, L and Rasesigo G, (2018-unpublished). Botswana Relationship Study. Gender Links.

⁷⁵ Although the MeToo campaign was popularised in 2017 via the hashtag campaign, it is said to have started in 2006.

⁷⁶ Dullah Omar Website available at <https://dullahomarainstitute.org.za/women-and-democracy/notourleaders> accessed 30 May 2018.

⁷⁷ Lowe Morna, C. Dube S and Makamure, L (2017). SADC Gender Protocol Barometer 2017 Southern Africa. SADC Gender Protocol Alliance.

⁷⁸ Chiramba, K. Musariri, L and Rasesigo G, (2018-unpublished). Botswana Relationship Study. Gender Links.

⁷⁹ UN Women website available on <http://www.unwomen.org/en/news/stories/2018/3/press-release---eu-un-spotlight-initiative-urges-action-on-vaw> (accessed 29 May 2018).

Growing
use
of social
media
to
discuss
and
debate
GBV

23%
experience

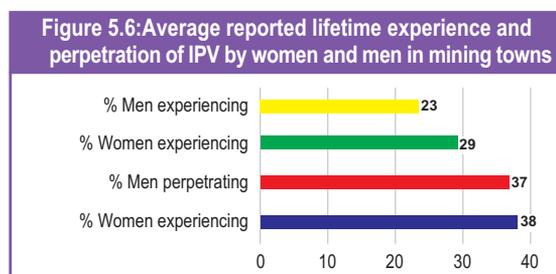
and
29%
perpetrate

IPV
in the
mining
towns of
Botswana

Engaging men and boys in the fight against GBV

If the goal is to eradicate GBV, there is a need to work with men and understand why they perpetrate it. The role of men, not only as aggressors, but also as potential allies, facilitators, and activists in the fight against GBV, has begun to be viewed as an indispensable element that requires specific policies and strategies (MenEngage, 2014 in Aguayo et al., 2016). There is also an emerging recognition of the need to involve male traditional and religious leaders. For many women around the world, community-based, customary justice mechanisms remain the only available method of redress.

As noted earlier, the Seychelles National Baseline Study (2016) and the Botswana Relationship Study 2018 brought key issues to light about violence against men that previously had not received much attention, despite being critical in the fight against GBV.



Source: Botswana Relationship Study 2017.

Figure 5.6 shows that the average experience of IPV by women in mining towns is 38%, closely corroborated by 37% men reporting perpetration. At the same time, 23% of men reported experiencing, and 29% of women reported perpetrating, IPV in the mining towns of Botswana. This points to the need to target mining towns in prevention campaigns, and to pay attention to VAM.

Support

Women victims of GBV often experience life-long emotional distress, mental health problems and poor reproductive health, as well as being at higher risk of acquiring HIV and becoming intensive long-term users of health services.⁸⁰ This underscores

the need for efficient support structures. Studies show that survivors of VAW seek support from formal and informal sources (Coker, 2000). Informal resources include family, friends and faith-based communities where survivors generally seek support before approaching formal support sources. Formal resources include health professionals, the criminal justice system and police services (Musariri et al 2015).⁸¹ The region now has several good examples of support structures to help address and respond to GBV.



Shelter workers in Mauritius file information about GBV into their database.
Photo: Loga Virahawmy

The **South African** Police Service (SAPS) has more than 800 Victim Friendly Rooms (VFR) at police stations across the country. 87 VFRs were placed at other locations such as airports, railway police stations.⁸²



In **Tanzania**, the government established 417 Police Gender and Children Desks (PGCDs) to deal with cases of GBV.⁸³

The **eSwatini** government established the Domestic Violence, Child Protection and Sexual Offences (DCS) Unit in 2002 to provide services to survivors of violence particularly women and children. eSwatini now has child friendly units in 24 police stations⁸⁴.



⁸⁰ Lowe-Morna, C., Makamure, L., Dube, S. (2016) SADC Gender Protocol Barometer (online) available at <http://genderlinks.org.za/shop/sadc-gender-protocol-barometer-2016/> (accessed 12 July 2017).

⁸¹ Musariri L., Nyambo, V., Machisa, M, T., Chiramba, K. (2015). The Gender Based Violence Indicators Study, Lesotho. Gender Links.

⁸² Musariri L., Nyambo, V., Machisa, M, T., Chiramba, K. (2014). The Gender Based Violence Indicators Study, Western Cape. Gender Links. Available at http://genderlinks.org.za/wpcontent/uploads/imported/articles/attachments/19466_chp6_gbv_wc_pg89-pg108lr.pdf#page/10 (accessed 1 August 2017).

⁸³ USAID. 2017. Police Action Planning Report available at https://aidsfree.usaid.gov/sites/default/files/2017.1.4_police-action-planning-report_v2.pdf (accessed 1 August 2017).

⁸⁴ Observer website. Available at <http://www.observer.org.sz/news/74803-cops-trained-on-gbv.html> (accessed 1 August 2017).

As of 2013, **Malawi** had established Victim Support Units in 34 police stations as well as 200 support units in 300 Traditional Authority institutions.⁸⁵



In **Botswana**, each police station has a police officer trained on GBV and other gender-related matters.

The GBV/Baseline Studies by Gender Links established that women prefer informal or traditional support to formal support. The excerpt below from Lerato's "I" Story (from the Botswana "I" Stories) shows how the traditional and civil support structures can work well together, underscoring the need to include informal support systems in the efforts to eradicate GBV.

*"The police then made me a piece of writing to go to the hospital with and we were asked to return to the police station for the matter once my eye had healed. Once my eye healed we were summoned to the police station and in the presence of the Chief, * Phokoje⁸⁶ was informed that his actions were against the law and he could go to jail for assault. Phokoje apologised to me, my family and the Chief for his actions and explained that he had never acted in that manner before. He was reprimanded and warned that if he repeated the offence we would end up in jail. Phokoje has since that occasion never laid a hand on me nor has he raised his voice towards me. We live happily together and my eye is completely healed and has no problems."*

♀
prefer
informal
or
traditional
support
to
formal
support



Article 23.1: State parties shall provide accessible information on services available to survivors of gender-based violence.

Previous sections on awareness-raising touched on the progress of state parties in providing information to the public. The case study below touches specifically on how survivors of GBV receive information from an NGO in DRC.

Women lawyers donate their time to represent survivors in DRC

The DRC does not yet have a specific law to respond to its high levels of domestic violence. Legislators made some amendments in the new Family Code (2016) removing several discriminatory provisions in terms of access to land and resources for women as well as increasing the minimum age of marriage for girls from 15 to 18.⁸⁷ Meanwhile, the sexual offences act addresses some forms of domestic violence.



The DFJ comprises eight women lawyers who donate their time to represent women affected by violence. Photo courtesy of DFJ website

Despite a lack of strong laws to protect GBV survivors, some members of DRC civil society have taken responsibility for tackling this scourge. Dynamique des Femmes Juristes (DFJ) is a human rights organisation of female lawyers that works in eastern DRC to assist survivors of domestic violence. DFJ is dedicated to raising awareness about domestic violence and offering legal recourse to local women affected by GBV. Due to prolonged periods of war in the eastern part of DRC, many members of society have normalised violence, particularly rape. Thus, DFJ raises awareness by engaging communities in questioning the normality of violence. As lawyers, they have framed GBV as a human rights issue that requires legal recourse.

⁸⁵ United Nations. 2013. Statement by Malawi Minister available at <http://www.un.org/womenwatch/daw/csw/csw57/generaldiscussion/memberstates/malawi.pdf> (accessed 1 August 2017).

⁸⁶ Pseudonym used in the "I" Story project conducted by GL.

⁸⁷ <http://documents.worldbank.org/curated/en/481341525730456994/pdf/Project-Information-Documents-Integrated-Safeguards-Data-Sheet-DRC-Gender-Based-Violence-Prevention-and-Response-Project-P166763.pdf>

The eight female attorneys who make up the organisation work hard to let women know that justice is not a luxury that society can choose to bestow upon women: it is a well-deserved right. They advocate for the rights of vulnerable women who cannot afford court costs and represent local women in their court cases. In their Kirumba field office, they help in around eight cases of rape and domestic violence each month.

In 2017, the organisation says it reached more than 100 000 people with campaigns about protecting women's rights. During the same period, they helped resolve around 24 cases, with perpetrators facing arrest or incarceration for abusing women. Apart from working directly with victimised women and the community at large, DFJ has also formed strategic partnerships with human rights defenders, men and local authorities. They also assist human rights defenders who have been threatened or who have proceedings initiated against them because of their work.

By witnessing perpetrators being arrested, communities can see that violence is wrong and the authorities will punish perpetrators. Simultaneously, it may encourage survivors to speak out and report cases of violence to the police if they feel assured of legal recourse. Despite being run by attorneys whose main role is to provide legal services, the DFJ also provides medical, psychological and financial services. The organisation also builds women's skills so they can take part in decision-making bodies in both the public and private sectors, developing the potential of women so that they engage in the promotion, protection and defence of their rights.⁸⁸

Adapted from the Global Press Journal



Article 23.3: State parties shall provide accessible, affordable and specialised legal services, including legal aid to survivors of gender-based violence.

All SADC countries now have accessible, affordable and specialised services for survivors of GBV. However, legal aid is still a challenge in most countries. The 2016 Global Study on Legal Aid by UNDOC shows that one third of 153 countries have not yet enacted specific legislation on legal aid and only half offered legal aid to GBV survivors. The study

covered five countries from the SADC region: Angola, DRC, Mauritius, Seychelles and South Africa.⁸⁹ The VAW Baseline studies in the seven countries also showed that legal aid to survivors of violence remains limited. In most countries, NGOs provide these services, with many struggling due to inadequate funding.



Article 23.4: State parties shall provide specialised facilities including support mechanisms for survivors of gender-based violence.

Specialised units for survivors of violence, known as one-stop centres, are now widespread in the region. Every SADC country has at least one form of these, including one-stop centres, rape crisis centres, victim support units and sexual offences courts. One stop centres provide multi-sectoral case



The Mauwa community one-stop centre in Malawi helps families deal with physical and sexual violence.

Photo: UNFPA Malawi / Henry Chimballi

⁸⁸ Adopted from Global press Journal available at <https://globalpressjournal.com/africa/democratic-republic-of-congo/drc-female-lawyers-take-domestic-violence/> and DFJ website <http://www.dfj-rdc.org/forum-sur-le-leadership-feminin-en-action-au-nord-kivu/>

⁸⁹ UNODC Report (2016) available https://www.unodc.org/documents/justice-and-prison-reform/LegalAid/Global_Study_on_Legal_Aid_-_FINAL.pdf

management for survivors, including health, welfare, counselling and legal services in one location. Most countries link them to the police through referral pathway, usually locating crisis centres in health facilities, including the emergency departments of hospitals, or as stand-alone facilities

near a collaborating hospital.⁹⁰ Many countries have rape crisis centres, which NGOs usually run, providing support to victims (e.g., counselling, telephone helpline) and information about the legal system.

Perpetrators of GBV



Article 20.4: States parties shall put in place mechanisms for the social and psychological rehabilitation of perpetrators of gender-based violence.

Article 23.5: State parties shall provide effective rehabilitation and re-integration programmes for perpetrators of gender-based violence.

“Filling up prisons and detention centres is not the solution. The solution is education, structural inclusion and ending poverty and marginalisation.”⁹¹ (Tarcila Rivera, Indigenous Rights Activist from Peru)

Although not well documented, most countries provide some psychological rehabilitation to perpetrators of GBV. The departments of correctional services in most countries in the region also offer rehabilitation and re-integration services for perpetrators of GBV. To engage perpetrators of violence, South Africa has been employing a

restorative justice approach that seeks to address the hurts and the needs of both victim and offender in a way that brings healing to both parties, including their families and or communities.⁹² However, some have contested this approach because they believe it encourages a culture of impunity as it ignores the need for punishment (ISS Africa Website).⁹³ Organisations that work with men to end GBV have played a significant role in engaging perpetrators of GBV, including the MenEngage network, which has a presence in most SADC countries.⁹⁴ One example is Sonke Gender Justice, a member of MenEngage.

Training of service providers



Article 24: State parties shall introduce, promote and provide:

- (a) Gender education and training to service providers involved in gender-based violence, including the police, the judiciary, health and social workers;
- (b) Community sensitisation programmes regarding available services and resources for survivors of gender-based violence; and
- (c) Training of all service providers to enable them to offer services to people with special needs.

⁹⁰ End VAW Now website <http://www.endvawnow.org/en/articles/1564-one-stop-centres-osc.html> accessed 2 June 2018)

⁹¹ Quote by Tarcila Rivera, Indigenous Rights Activist from Peru, Spotlight Initiative CSW 2018 <http://www.unwomen.org/en/news/stories/2018/3/news-coverage-csw62-side-event-on-the-eu-un-spotlight-initiative> (accessed 2 June 2018).

⁹² South Africa Department of Justice available at <http://www.justice.gov.za/rj/rj.html> (accessed 27 May 2018).

⁹³ Batley M, Restorative Justice In The South African Context <https://oldsite.issafrica.org/uploads/111CHAP2.PDF>

⁹⁴ Minerson, Todd, H. Carolo, T. Dinner, C. Jones. (2011). Issue Brief: Engaging Men and Boys to Reduce and Prevent Gender-Based Violence. Status of Women Canada. Available at http://whiteribbon.ca/wp-content/uploads/2012/12/wrc_sw_c_issuebrief.pdf (accessed 29 July 2017).

The
solution

education,
structural
inclusion
and ending
poverty



Seeng Manko and Matumelo Seboko take part in a GBV training workshop at Mmelesi Lodge in Lesotho in 2018. Photo: Ntolo Lekau

The VAW Baseline studies show that the attitude of police officers toward GBV survivors discourage women from reporting such violence. The establishment of victim support units within police stations has resulted in increased training of police officers throughout the region (Lowe Morna, 2017).⁹⁵

To date, all countries in SADC have conducted some form of training with GBV service providers, especially police officers. Most countries refer to the number of people trained rather than the impact of the training. There is a need to assess the quality of training to ensure it is effective, as well as to develop indicators for measuring the outcome of training.

Integrated approaches



Article 25: State parties shall adopt integrated approaches including institutional cross sector structures, with the aim of **eliminating** gender based violence.

At some point over the past decade, all SADC countries have created NAPs to end GBV. In some instances, stakeholders did not formally adopt the draft NAPs until they expired, although they implemented some of the actions. Implementing agencies cite resource constraints as a key limitation. This has led to the drive for stakeholders to financially cost all NAPs. Lesotho, Mauritius, Seychelles, eSwatini and Zimbabwe have developed fully-costed NAPs.

Another challenge in the implementation of NAPs links to the coordination of implementation and data management. Some countries have developed multi-sector structures with a mandate to track and evaluate implementation. Examples include the Mauritian Platform against GBV, Zambia Anti-GBV National Committee, the Zimbabwean Anti-Domestic Violence Council and the now-defunct SA GBV Council. These structures have also had limited impact because of a lack of funding for their operations.

Countries
have
conducted
training
with GBV
service
providers,
especially
police

Table 5.10: Trends Table - Number of National Action Plans to end GBV

Angola	Botswana	DRC	Malawi	eSwatini	Tanzania	Zimbabwe	Expired/status unknown
Presidential Decree 26/13 of May Executive Plan of Fight against Domestic Violence	National Strategy 2016 - 2020 on the elimination of GBV and action plan	National Strategy on Combating Gender Based Violence being updated (2018)	National Plan of Action to Combat Gender-Based Violence in Malawi 2014-20	National Strategy to End Violence 2017 -2022	National Plan of Action to End Violence Against Women and Children (NPA-VAWC 2017/18 - 2021/22	Zero Tolerance 365: National Programme On GBV Prevention And Response 2016-2020	Seychelles (2011) Lesotho Madagascar Mauritius (2015) Mozambique Namibia (2016) Seychelles South Africa Zambia

Source: SADC Barometer (2017).

⁹⁵ Lowe-Morna, C., Makamure, L., Dube, S. (2017) SADC Gender Protocol Barometer (online) available at <http://genderlinks.org.za/shop/sadc-gender-protocol-barometer-2017/>

As illustrated in Table 5.10, only seven countries currently have current NAPs. Nine countries have action plans that expired or that lawmakers need to update. In the countries in which GL conducted GBV baseline studies, GL worked with national and local governments to develop action plans to end GBV. In all these countries, GL has managed to work with local government to review local action plans to end GBV, aligning them to the findings from the study. To date, stakeholders have reviewed more than 50 GBV local action plans in the seven countries. GL is using the results from the GBV Baseline studies to lobby local governments to review and develop action plans that address economic justice at local level.

 The successful launch of the **Botswana** VAW Baseline study gave the Botswana government an impetus to develop a new costed NAP. Having just concluded the follow-up study, the government should be able to strengthen the local action plans using its findings.

Lesotho launched its VAW Baseline Report in April 2015, followed by a two and half day intensive workshop to review the NAP to end GBV and to develop a national strategic communication plan. The workshop resulted in a comprehensive



NAP to end GBV which the Ministry of Gender reviewed, costed and adopted in May 2015.

Similarly, in **Zimbabwe**, GL successfully launched the VAW Baseline study, for which stakeholders then drafted a costed NAP. However, Zimbabwe has not yet fully implemented the NAP.



 **South Africa** has not adopted a NAP since the annulment of the SA GBV Council in 2014. Civil society has been mobilising the public and spear-heading a campaign demanding the government create a national strategy plan (NSP) to end GBV. In the process, activists drafted a shadow NSP that the national government has yet to adopt. GL continues to lobby the government to conduct a national Baseline GBV Study to inform the NSP.

During the launch of the **Mauritius** Baseline Study in 2012, the government also launched a now-expired, costed NAP. The NAP addressed some of the recommendations from the VAW Baseline study. Since inception, GL has been engaging the government on strengthening the updated NAP using findings from the baseline study.



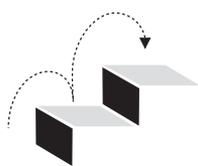
Only
7
countries
have
current
NAPs



GL Botswana staff displaying play cards on GBV.

Photo: Keletso Metsing

Prioritise GBV data



Next steps

- **Prioritise GBV data:** If the goal is to eliminate GBV, there is a need to understand the root causes (through comprehensive and reliable data) and to assess what is working in effectively addressing various forms of GBV across the region (through standardised monitoring and evaluation). The GBV/VAW Baseline studies, which researchers have so far conducted in seven countries, provide this comprehensive information. Botswana is the first country to undertake a follow-up GBV study, which is more comprehensive and covers violence against women and men. GL will continue lobbying other countries in the region to undertake GBV Baseline Studies and follow up studies in the six pilot countries.
- **Spotlight GBV:** There is a need to ride on the current wave of various campaigns, especially those targeting leadership e.g. #NotOurLeaders. A lack of political commitment has been hindering GBV response as some of these leaders are perpetrators themselves hide behind money and power. Once society holds these leaders accountable, the effects can trickle down to the whole society.
- **Prevention** needs to sit at the centre rather than at the end of the continuum for ending GBV. This entails addressing those factors that make individuals victims or perpetrators.
- **Legal:** There is a need for a comprehensive mapping exercise on the content of various laws.

Such an analysis will ensure that stakeholders can outline and address the current gaps and concerns in GBV-specific laws. This is particularly important in the context of conflicting customary law or norms. The customary law and traditional practices in general may hinder the enactment, enforcement or the general acceptance of civil law by the society. The region can achieve these through strengthening, adopting and reforming of laws; increased efforts to raise awareness on, implement, and enforce laws; improved women's access to justice; and continued efforts to adopt and improve national action plans.

- **Support:** Overall, many countries provide services to survivors and perpetrators of GBV. However, some of the services are of low quality. Indicators should cover quantity and quality. It is also important to consider including informal structures of support, such as faith leaders and communities at large, to ensure they provide proper, human rights-based support.
- **Integrated approaches:** Addressing the different forms GBV requires strengthening the multi-sectoral approach. This includes the justice and legal, security, health (including sexual and reproductive health), education, economic, social services, humanitarian, and development sectors. These approaches must work at the individual, family, community, local, national, and global levels.