

CHAPTER 1

BACKGROUND AND CONTEXT OF VIOLENCE AGAINST WOMEN



Women participating in the 4Ps Campaign that promotes zero tolerance to violence against women.

Photo courtesy of MWAGCD

This chapter outlines the background and rationale to the VAW Baseline Study in Zimbabwe, unique features, context and previous related research.

Regional context

Gender based violence, particularly violence against women, is one of the most serious human rights violations in the SADC region. The commitment to ending violence against women is evidenced by the fact that a year after Heads of State signed the SADC Declaration on Gender and Development; they adopted the 1998 Addendum on the Prevention and Eradication of Violence against Women and Children. The Declaration and the Addendum paved way for the adoption of a more legally binding document after the realisation that political will required to attain the provisions of the two documents was lacking. SADC Heads of State and Government then adopted the SADC Protocol on Gender and Development in August 2008.

The Protocol is a unique sub-regional instrument that brings together all regional and international commitments to gender equality (including the Convention for the Elimination of All Forms of Discrimination Against Women - CEDAW - and the Beijing Platform for Action). It enhances these commitments by setting 28 targets to be achieved by 2015, in line with the deadline for the achievement of the MDGs. The SADC Gender Protocol is also a comprehensive roadmap for the attainment of MDG three on gender equality. The MDGs are also set to expire in 2015.

Two key targets of the SADC Gender Protocol include halving gender violence, and achieving gender parity in decision-making by 2015.

Articles 20-25 of the SADC Gender Protocol make provision for the implementation of various strategies that include enacting, reviewing, reforming and enforcing laws aimed at eliminating all forms of

gender based violence. The articles have concrete specifications for the provision of a comprehensive package of treatment and care services for survivors of GBV, including access to Post Exposure Prophylaxis (PEP) and the establishment of special courts. In addition, the Protocol calls for the enactment of legislative provisions and adoption and implementation of policies, strategies and programmes that define and prohibit sexual harassment in all spheres and provide deterrent sanctions for perpetrators of sexual harassment. Other provisions made include those relating to human trafficking.

The articles have a section that sets targets and indicators for reducing GBV levels by half by 2015². The question that arises is how governments will monitor and evaluate whether levels of GBV have decreased without baseline data. Imminent from most of the countries is the unavailability of baseline data to allow measurement of the efficacy of both government and civil society programmes responding to VAW. Currently member states rely on administrative data to inform programmes.

A key strategic challenge faced by Zimbabwe and all SADC countries is that there is no accurate measure of the true levels of VAW. Due to social pressure and stigma, a small proportion of VAW cases are reported to the police and victims or survivors withdraw some of the cases from the courts. Only a fraction of VAW cases are successfully prosecuted. Many forms of VAW, such as emotional, verbal, psychological and economic abuse do not even have police categories so they go unrecorded. As a result, psychosocial support is sadly lacking in most national action plans to end violence.

In all the SADC countries there are barriers that inhibit women's access to available services and the lack of good referral systems. Therefore there is need for other data collection methods particularly regular and repeated household surveys to give a more representative picture of the extent of the problem.

² <http://www.ipsnews.net/publications/Using%20the%20SADC%20Protocol%20on%20Gender.pdf>

This was also reaffirmed at the Commission on the Status of Women (CSW 57), 2013, that focused on VAW.

Some countries do not have the recording systems on any aspect of VAW. Laws in the different countries do not regard certain acts of VAW as punitive violations, thus making it difficult for countries to have the same message on VAW. This is taking place despite the unanimous agreement that VAW is a gross violation of human dignity based on gender that is affirmed by states that have signed and ratified such instruments as the SADC Gender Protocol.

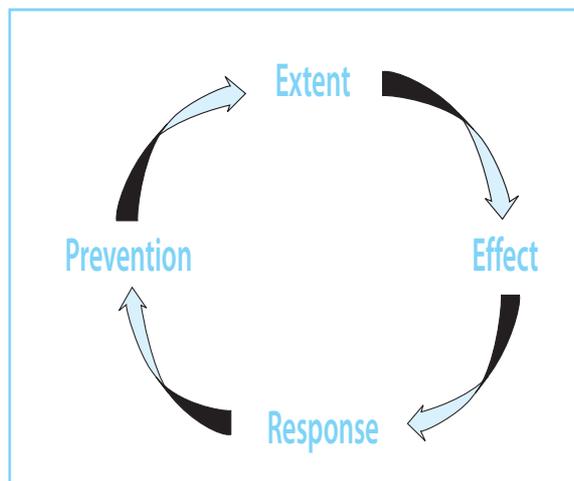
Inspired by the SADC Protocol on Gender and Development that aims to halve gender violence by 2015, MWAGCD, GL and Musasa conducted the VAW Baseline Study in Zimbabwe in 2012. Zimbabwe is the fourth Southern African country to conduct the GBV research using the same methodology administered in four provinces of South Africa; in Botswana and Mauritius. Research is on-going in Lesotho and Zambia.

“We the SADC Ministers responsible for Gender/Women’s Affairs commend those Member States that have developed comprehensive indicators for measuring the extent, causes, effects and responses to VAW/G and encourage remaining member states to strengthen data collection and management systems, with a view to monitor progress towards the elimination of VAW/G.”
- SADC Outcome Document on the 57th Session of the UN Commission on the Status of Women.

The research complements and deepens previous research on domestic violence in intimate relationships and fill critical information gaps such as the extent of violence in non-marital intimate relationships or violence outside intimate relationships. In addition to research based solely on a women sample, the research also includes a men's sample. Comparing what women say they experience to what men say they do brings a fresh dimension to understanding

VAW from the male perpetrators' perspective and adds credibility to the findings.

Developing indicators



Indicators on VAW may be divided into two main categories: indicators to measure the scope, incidence and prevalence of violence against women; and indicators to measure the effectiveness of measures undertaken to address violence against women (WHO)³.

Drawing on the 2007 UN Expert Group Report on developing indicators for measuring VAW, some preliminary work began in earnest in Southern Africa through an initiative supported by the UN Trust Fund and spearheaded by GL. In July 2008, GL convened a reference group meeting comprising 16 representatives from government, research organisations and regional NGOs focusing on gender violence.

The meeting sought conceptual clarity on what is required as well as get buy in from key stakeholders on developing a composite set of indicators to measure gender violence that is methodologically solid, pre-tested and can eventually be applied across the region. The meeting resulted in key conceptual decisions that have since informed the design of this research.

³ <http://www.un.org/womenwatch/daw/vaw/v-issues-focus.htm>

Key agreed conceptual decisions

Importance of a stand-alone dedicated survey not linked to existing surveys: While there are cost and logistic arguments for a VAW prevalence survey attached to another broad population survey (such as Demographic Health Survey; HIV and AIDS), this dilutes the focus and poses potential ethical dilemmas. VAW is a complex, specialised area requiring dedicated attention. By conducting a stand-alone VAW prevalence survey (the first of its kind), GL and the MRC hoped to establish the principle that such studies and analysis must be routinely conducted.

Focus on violence against women perpetrated by men: Unlike previous studies that recruited either men or women, this study made use of two separate questionnaires: for women (focusing on their experiences of VAW) and men (focusing on perpetration) of violence against women. The focus on violence against women is justified by overwhelming evidence (the routinely collected police data) that shows that the majority of gender violence cases consist of violence against women. Comparing women's reports of experience and men's reports of perpetration makes this study different from any other VAW study conducted in Zimbabwe.

Combining a prevalence and gender attitudes study: Separate prevalence or attitudes studies require similar sampling techniques. Combining the

two proved to be more cost effective, and allows correlations to be drawn between experiences, attitudes and behaviour when the data is drawn from the same sources.

Using prevalence studies to determine the extent of under-reporting and rarely reported types of violence such as emotional and economic abuse: This gap is critical in understanding the effectiveness of response mechanisms, and informing policies and actions needed to improve them.

Interrogation of existing administrative data: While administrative data - that is information collected from health services, police, courts and other VAW service providers - is not adequate in giving a full picture on the extent of VAW, it is important in understanding the use of services by survivors. There are several ways in which this data collection can be improved to provide information that is more meaningful. For example, many police services in the region do not have specific categories for gathering VAW data and this is not analysed in annual crime reports. Countries also do not have centralised VAW surveillance systems that capture data on reported cases and referrals. The study has sought from the outset to work with the police and justice systems with the aim of improving collection, analysis and presentation of administrative data.

Overall, the team emphasised the need to test a draft set of indicators in a pilot project at local level before these are cascaded nationally and regionally. This study would gradually build support and buy-in for a comprehensive set of indicators that provides meaningful and nuanced measures of progress or regression.

Context Analysis

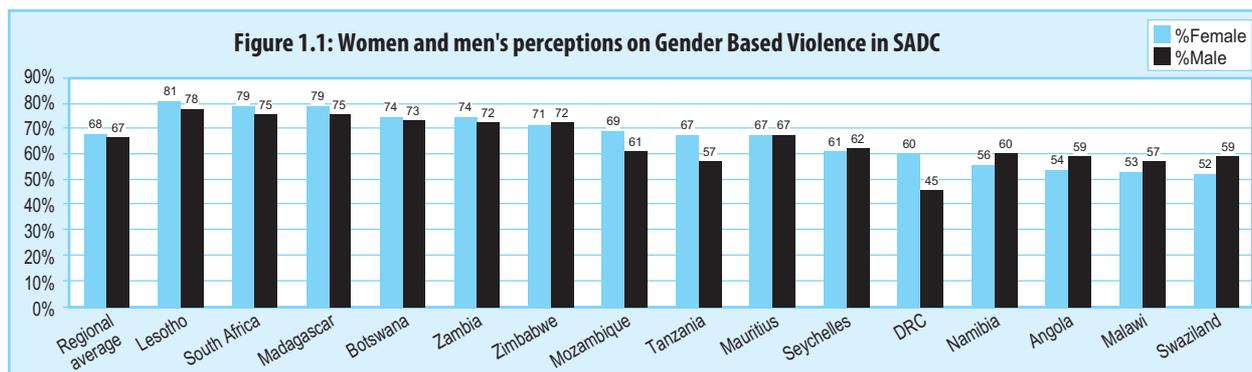
The SADC Gender Protocol 2013 Barometer notes that reliable and comprehensive quantitative data on GBV is difficult to obtain. Police statistics are highly contested because of underreporting of GBV and

inadequate data collection tools. For this reason, there is no SADC Gender and Development Index (SGDI) score for GBV. The SADC Gender and Development Index (SGDI) is a composite measure that utilises 23 indicators to determine a country's development on the status of women. The indicators are grouped into six categories namely, governance (3 indicators), education (3), sexual and reproductive health (3), HIV and AIDS (3), and Media (6). For more information on the SGDI, see <http://www.genderlinks.org.za/page/sadc-sgdi>.

The only measure in the GBV sector is citizen perceptions, as measured through the Citizen

Score Card (CSC). The tracking table shows that over the years, the CSC in the region has increased from 47% in 2009 to 68%. This reflects the fact that GBV is

now firmly on the political agenda, even though much remains to be done with regard to implementation.



Source: Gender Links 2013.

Figure 1.1 illustrates that on average women and men in SADC give their governments a score of 68%. Women ranked their governments at 68% and men at 67%. This overall score is 10 percentage points higher than 2012 (58%). Citizens in the sample seem to feel their governments have improved in responding to GBV. In Zimbabwe, like most countries, women and men scored their country's performance higher than in 2012 where women scored the country 63% compared to men who gave a rating of 71%. In 2013 women and men scored 71% and 72% respectively. This can be attributed to the new Constitution, increased coverage of GBV in the media and the 4Ps campaign.

Governments have increased advocacy and awareness-raising activities across SADC, which could account for the change in citizens' perceptions. In future it will be important to track if governments combine these advocacy efforts with effective strategies and budgeting to address GBV.

Men in Swaziland, Malawi, Angola, Namibia, Seychelles, Mauritius and Zimbabwe scored their government's performance on GBV higher than women. This may be attributed to the fact that fewer men access government's response and support strategies for GBV.



MWAGCD Minister, Hon Oppah Muchinguri (left) at a SADC Gender Protocol Alliance meeting, Zimbabwe. Photo: Trevor Davies

Political accountability to gender equality and women's human rights

- The country has a relatively strong normative framework for gender equality and women's rights and the government has signed and ratified the international and sub-regional instruments on gender equality and women's rights.
- These instruments have not been fully domesticated, and implementation of many of the country's laws and policies is slow due to the lack of up-to-

date sex disaggregated data and information to inform programmes coupled with inadequate financial and human resources.

- Less than 1% of the allocations in the 2012 National Budget were put aside for advancing gender equality and women's rights. Women continue to face discrimination in the administration of laws and policies.
- Gender balance has increasingly become a fundamental issue in governance. The new 2013 Zimbabwe constitution include provisions for the full and equal participation of women in all spheres of society; for legislative measures to ensure equal representation in all institutions and government agencies and equal rights in the custody and guardianship of children.
- Women's participation in politics and decision-making in the public sphere date with is still far below the 30% required in the 1995 Beijing Platform for Action. A special measure was introduced in the new constitution to address this issue, but any measures adopted need to be accompanied by actions to remove the further political, cultural and financial barriers to women's representation in politics and decision-making in governance structures. Women make up 34% of the 8th Parliament of Zimbabwe, with 32% in the National Assembly and 48% of Senate. Although the quota for women in parliament led to the dramatic increase from 19% in 2008 to 34% in the recently sworn in parliament, the number of women who actually won, fell from 34 to 26. Women's representation in the new cabinet stands at 11.5%, down from 16% in the 2008 cabinet.

Education and training

- The country has achieved more than 50% or more girls in primary education. Gender disparities are still evident at secondary and tertiary education levels. Affirmative action, combined with scholarships, funding and programmes to increase enrolment and retention of girls at these levels are some of the actions needed.
- There has been a declining investment in education and a gender-budget analysis of the education budget shows little investment in increasing girls' access to education.

Health and HIV and AIDS

- Women's health status is of critical concern with rising maternal mortality rates recorded. Maternal mortality now stands at 960 deaths per 100,000 live births. User fees, accessible health services and the low numbers of trained mid-wives and birth attendants are some of the factors that contribute to the increase.
- The gender dimensions of HIV are still evident with women comprising more than 50% of those living with HIV and young women are three times more likely to be infected with HIV than young men. Women continue to shoulder the burden of care.
- By recognising sexual and reproductive health rights, the constitution also addresses a key challenge that has seen most women having no power to negotiate the start and frequency of child bearing. This better enables women to assert their rights and reduces vulnerability to HIV and AIDS.

Economic empowerment and access to productive resources

- The Government of Zimbabwe's Medium Term Plan (2011-2015) sets a target of 50% participation of women in the key economic sectors (agriculture, mining, manufacturing and tourism) by 2015. The majority of the women are still concentrated in the agricultural sector often in subsistence agriculture, or employed in the sector as seasonal workers receiving low pay.
- Women's access to and control of productive resources is a major thrust of a new policy framework launched in 2012 by the national machinery for women's economic empowerment.
- However, the economic empowerment of women and girls is still closely linked to education and skills levels, geographic location (urban, rural), access to information, credit and financing, and their ability to make decisions about the use of resources and decisions about their lives.

Peace building and conflict resolution

- Zimbabwe's security service legislation contains no special provisions for gender equality or the use of affirmative action for the recruitment of women, and women's representation in the security sector remains below 30%.

- In the police service, there are 25% women compared to 75% men.
- The Zimbabwean police continue to exceed the United Nations Department of Peacekeeping Operations recommendation of at least 20% deployment of women police peacekeepers by 2014 and 10% female representation for troops.
- Of the 1063 officers of Zimbabwe's police who have taken part in eight peacekeeping missions worldwide a total of 189 of them (18%) have been women.⁴

Literature Review of Violence Against Women in Zimbabwe

Laws and Policy

The Government of Zimbabwe enacted the Domestic Violence Act (DVA) in 2007. In addition there are other laws to regulate gender-based violence such as the Criminal Code and the Labour Act that prohibits sexual harassment.

The Anti-Domestic Violence Council (ADVC) was appointed in terms of Section 16 of the DVA with a mandate to oversee the operationalisation of the DVA. Harmonisation has also taken place between the National VAW strategy and the Anti-Domestic Violence Council Strategic Plan. Challenges around implementation include lack of funding in spite of

receiving a VAW specific allocation from the national budget. The amount allocated is not enough and complementary support comes from UN agencies.

The 4Ps campaign on zero tolerance to domestic violence is a concept that was developed by government in 2010 to popularise the DVA. It focuses on Prevention, Protection, Programmes, and Participation to end domestic violence. This came after the realisation that while the DVA has provisions that protect women and men, there is widespread ignorance. This renders the implementation of the Act ineffective.

MWAGCD developed and launched a National GBV Strategy and revised its work plan to take into account developments such as the United Nations Secretary General's Campaign on Violence against Women (UNiTE campaign) as well as the Africa UNiTE Campaign).

Previous Research

Three previous national household surveys conducted between 2005 and 2011 provide some of the most comprehensive data to date on the extent of VAW in Zimbabwe - the 2005-2006 Zimbabwe Demographic and Health Survey (ZDHS), the 2010-2011 ZDHS and the National Baseline Survey on Life Experiences of Adolescents Preliminary Report 2011. The current data indicates high levels of physical and sexual violence against women and girls.

Zimbabwe Demographic and Health Surveys (ZDHS)

ZDHS surveys form part of a series of surveys that provide updated estimates of basic demographic and health indicators at five-year intervals. The objective is to enable policy makers, planners, interviewers, and programme managers, access current information on fertility levels, nuptiality, sexual activity, fertility preferences, family planning methods, nutritional status of mothers and young



Participants at the 4Ps Campaign against Gender Based Violence, Zimbabwe. Photo courtesy of MWAGCD

⁴ Adapted from the SADC Gender Protocol 2013 Barometer.

children, maternal and child mortality, maternal and child health, malaria prevention and treatment, HIV and sexually transmitted infections, and domestic violence.

According to the 2005-6 ZDHS, over 36% of women interviewed during the 2005-6 survey reported that they had experienced physical violence since age 15. Of these women, 47% reported that their current or former husbands or partner were the perpetrators, while 18% reported that the perpetrators were their stepmother or mother.

The findings from the 2010-2011 ZDHS include that women from all socio-economic and cultural backgrounds in Zimbabwe are subject to violence, with 30% of women between the ages of 15-49 reporting physical violence since age 15 and 27% of women in the same age group experiencing sexual violence. Over a quarter (27%), of women experienced sexual violence⁵. Most of these women reported that their current or former husband/partner or boyfriend committed these acts of sexual violence.

Twenty two percent of women who have ever had sex had their first sexual intercourse against their will. The variations in women's experience of sexual violence is similar in terms of background characteristics to physical violence except the percentage of women who have experienced sexual violence varies little by education or even wealth⁶. Young women's experience of sexual violence in Zimbabwe starts prior to age 18 with a third of the female respondents (32.5%) aged 18-24 reporting that they experienced sexual violence before age 18, while only one out of 10 (9%) males in the same age group reported sexual violence before age 18⁷.

The study also reported a complex interplay of patriarchal values, poverty, tradition, and culture that fuel domestic violence. At least 40% of women,

compared to 34% men, believe that a husband is justified in beating his wife for at least one of the following five reasons - burns the food (8%); argues with him (16%); goes out without telling him (22%); neglects the children (21%); refuses to have sexual intercourse with him (17%)⁸.

The findings from the 2010-2011 ZDHS show that limited availability of information; cultural factors; and geographical location of the services to those who need them increases incidences of VAW. This leads to VAW survivors seeking help from their own family (57%) and in-laws (37%). Only 15% go to the police and 2% report seeking help from a social service organisation⁹.

During the five-year interval between ZDHS 2005-2006 and ZDHS 2010-2011, there was a decrease in reported cases of spousal physical violence from 36% to 30% respectively. There was also a decline in women's recent experience of spousal physical violence from 25% in ZDHS 2005-2006 to 22% in ZDHS 2010-2011. On the other hand, women who have never also reported an increase in physical violence perpetrated by other relatives from 14% in ZDHS 2005-2006, to about 26% in ZDHS 2010-2011.

There was an increase in the prevalence of spousal sexual violence between the two ZDHS studies. A quarter (25%) reported that they ever experienced sexual violence in ZDHS 2005-2006 while in the ZDHS 2010-2011, 27% of women reported that they experienced sexual violence at some point in their lives.

The National Baseline Survey on the life experiences of adolescents (NBSLEA)

The NBSLEA surveyed adolescents aged 13 to 24 on their experiences of sexual, physical, and emotional abuse. The study aimed to establish baseline data on sexual abuse and violence against children and young

⁵ 2010-2011 Zimbabwe Demographic and Health Survey.

⁶ 2010-2011 Zimbabwe Demographic and Health Survey.

⁷ National Baseline Survey on Life Experiences of Adolescents Preliminary Report 2011; Sexual violence in the survey was defined as :unwanted sexual touching, kissing or grabbing or fondling; attempted sex without consent; physically forced sex; and pressured sex which includes threats, harassment, luring or tricking.

⁸ 2010-2011 Zimbabwe Demographic and Health Survey.

⁹ 2010-2011 Zimbabwe Demographic and Health Survey.

people so as to inform policy makers and programme managers.

The results from the study showed that a third (33%) of females and about one in every ten (9%) of males reported experiencing sexual violence prior to age 18. A fifth (20%) of females and 6% of males experienced unwanted sexual touching. Fifteen percent of female adolescents and 4% of males experienced unwanted attempted sex prior to age 18. One in seven (14%) of female and 2% of male adolescents reported experiencing unwanted completed sex. Over a third of male adolescents and 29% of female adolescents reported sexual violence by an older perpetrator perceived to be ten or more years older than the respondent. Among those who experienced sexual violence, about 63% and 42% of females and males respectively experienced sexual violence on more than one occasion.

These results show that girls are more vulnerable to unwanted sex compared to boys. Generally females were more likely to experience all forms of sexual violence in the past year compared to males. These findings also indicate a high prevalence of sexual violence in Zimbabwe coupled with limited access to legal, medical, care and support services for adolescents.

Costs of Gender Based Violence in Zimbabwe Study

A study commissioned by SIDA in 2009 sought to establish the human, social and economic costs of gender based violence in Zimbabwe. In addition, it unveiled the socio-economic consequences of VAW and its impact on health care, medical services, criminal justice systems, women's shelter and support centres, social services, social insurance systems, and costs of VAW to survivors and dependants.

The study included both quantitative and qualitative methods of data collection across five randomly

selected provinces of the country, namely Harare; Mashonaland East; Manicaland; Matebeleland; and Masvingo. Interviewers conducted in-depth interviews, focus group discussions, case studies, and key informant interviews. The key informants included service providers, survivors and guardians of survivors of VAW. A unique feature of the questionnaires administered to service providers was the inclusion of questions on operational budgets of service providers; number of VAW cases attended by service providers; and services provided for VAW cases and the average cost of each of the type of services offered.

Respondents revealed that because of VAW, they suffer both direct and indirect costs such as money, time, fear, emotional torture, and loss of property. Health costs included costs associated with accessing women's reproductive, physical, and mental healthcare. Some of the economic costs included personal insecurity, loss of income and productivity to the survivor and loss of income and productivity to the abuser due to incarceration. Urban women incur more costs compared to women in peri-urban areas and in rural areas. The study estimated costs of VAW at US\$2 billion annually. About 14% of VAW costs (US\$270 million) occurred at the macro-level, mainly government service providers.



Sida evaluation in Chegutu, Zimbabwe, October 2013.

Photo by Gender Links

Value add of the VAW Baseline Study

The VAW Baseline Study is the first stand-alone national survey that complements previous research including the ZDHS in the following ways:

- This study included women aged 18 years and above. This implies that all women even those past the reproductive age of 49 were included to give a more robust picture of violence occurring in a lifetime.
- The study involved corroborating data collected from women as survivors and men as perpetrators. Collecting data from men as perpetrators gives additional credibility to the reports of abuse by women. Most research has centred on collecting data from women.
- The study collected data on response, support and prevention programmes. In this way, the VAW baseline study provides an opportunity for actors in the VAW sector to gauge awareness of legislation and campaigns. This provides reliable information that can assist in putting in place systems to begin to monitor effectively national efforts in raising

public awareness and prevention campaigns, something that the country needs to do at a national scale. Questions include awareness of the DVA, protection orders, support organisations, sixteen days campaign, 4Ps campaign as well as the participants' sources of the information.

- This study covers the prevalence of non-partner rape more broadly. In addition, women who experienced forced sexual initiation were asked whether they reported or sought help after experiences of abuse. This by implication means the research provides invaluable evidence on help-seeking behaviour of rape survivors.
- In addition to spousal physical, sexual and emotional violence, the VAW Baseline Study explored additional parameters including the economic dimensions of VAW, lifetime experience of violence in the public sphere including sexual harassment in the workplace and at schools.
- This study combines qualitative and quantitative data analysis. The qualitative aspects give a human face to the problem and assists in understanding the problem more holistically beyond the statistics.

