

# THE GENDER BASED VIOLENCE INDICATORS STUDY BOTSWANA



The Women's Affairs Department (WAD) is a department within the Ministry of Labour and Home Affairs. The mandate of WAD includes facilitating the process of creating positive change through sensitisation of development agents on gender and development issues. In line with this, the Department provides guidance and leadership on gender and development to partners including Government Ministries and Departments, Parastatal organisations, the Private Sector and Non-governmental Organisations. WAD exists to create a gender sensitive environment, conducive for the promotion of equality between women and men in Botswana.

Gender Links (GL) is a Southern African NGO that is committed to a region in which women and men are able to participate equally in all aspects of public and private life in accordance with the provisions of the Southern African Development Community (SADC) Protocol on Gender and Development. GL achieves its vision by coordinating the work of the Southern African Gender Protocol Alliance formed around the sub-regional instrument that brings together all key African and global commitments for achieving gender equality. Working with partners at local, national, regional and international level, GL aims to:

- Promote gender equality in and through the media and in all areas of governance.
- Develop policies and conduct effective campaigns for ending gender violence, HIV and AIDS.
- Build the capacity of women and men to engage critically in democratic processes that advance equality and justice

Gender Based Violence Indicators Study

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ISBN: 978-0-9869880-3-5

GL Botswana

Plot 1277, Old Lobatse Road, Gaborone Botswana

Email: [gbvindicators@genderlinks.org.za](mailto:gbvindicators@genderlinks.org.za)

Website: [www.genderlinks.org.za](http://www.genderlinks.org.za)

Ministry of Labour and Home Affairs, Women's Affairs Department

Plot 1268, Thusanyo House, Old Lobatse Road

Private Bag 00107, Gaborone Botswana

Tel.: +267 3912290

Email: [mlha-pro@gov.bw](mailto:mlha-pro@gov.bw)

Website: [www.gov.bw](http://www.gov.bw)

Authors: Mercy Machisa and Roos van Dorp

Editors: Colleen Lowe Morna and Kubi Rama

Cover photo: Women participating in Sixteen Days March against GBV in Nata in 2010.

Photo by: Vincent Galatlhwe

Design and layout: Debi Lucas

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# Foreword



Botswana's Vision 2016, through its pillar "A Safe and Secure Nation" commits to the elimination of the violation of physical well-being and human rights of individuals. The country's Constitution guarantees everyone equality before the law (Sections 3 and 15).

Botswana subscribes to the Millennium Development Goals, which for this particular context include the Promotion of Gender Equality and the Empowerment of Women (Goal 3), and to the Southern African Development Community (SADC) goal of halving gender violence by 2015.

The Gender Based Violence (GBV) Indicators Botswana study provides shocking statistics on the prevalence of gender based violence in the country. Almost 70% of the women interviewed had experienced GBV at least once in their lifetime. Nearly 30% experienced violence over the last year. We can extrapolate that more than 200 000 women had their rights violated at the very moment that we are working towards attaining human rights for all.

I would like to commend the Botswana Police Service for the sterling job being undertaken by Gender Focal Points to improve GBV data collection, cited in this report as an international best practice. Equally worthy of accolades is progressive work in the area of administration of justice regarding successful prosecution of reported and upheld cases.

However, one of the most shocking statistics in this report is that the prevalence rate, as established through the first ever GBV prevalence and attitude survey, is 24 times higher than the number of cases

reported to the Police over the last year! Successful conviction rate of GBV cases viewed against this overall figure is less than one percent (1%) of GBV experienced.

Clearly, there is a crisis of confidence. Women are not engaging and so not enjoying the full benefit of the very systems that are supposed to offer them redress.

As the former Police Commissioner and Acting Minister of Defence, Justice and Security, I am deeply saddened by these findings. Through these government structures and in collaboration with other equally committed development focussed partners, the Government of Botswana continues to work tirelessly to ensure that citizens and residents of Botswana are safe and secure. These research findings are a wakeup call for all to realise that the GBV challenge looms much larger than individual and isolated stand alone efforts of conventional institutions with custodial responsibility for safety from GBV. It takes a community to root out GBV.

This report is unique in its multi-sector and multi-dimension approach. The attitude part of the survey shows that GBV in Botswana is deeply rooted in patriarchal ideologies that at best ignore, and at worst condone violence against women. The media monitoring and political content analysis show that leaders have not been making their voices heard strongly enough on this national scourge; the most serious violation of human rights in the country at the present time and the biggest threat to our achievement of Vision 2016.

The GBV Indicators Botswana Study provides a set of comprehensive data on all forms of GBV, both intimate partner violence and non-partner violence. We must use this data to inform the envisioned National Action Plan to End Gender Violence. We also need to put in

place a holistic plan and budget for effective implementation. This is consistent with the UN Secretary General's UNite to End Violence Campaign, and with various initiatives within the African Union and SADC to see real progress towards ending gender based violence by 2015.

Botswana has many pillars of strength to draw on. Apart from a democratic and responsive government, we have the experience of our bold HIV and AIDS campaign that is starting to bear fruit in reduced levels of new infections. We realised in this case that prevention should be placed at the centre of all our strategies, and not at the tail end of reactive response and support strategies. Pursuant to the national commitment to reduce the spread of HIV, successive Presidents have tasked Government Ministers with championing this campaign at every turn.

I am convinced that the enormity of the situation particularly regarding the prevalence GBV in Botswana has somewhat been obscured by lack of baseline data. Now we have a good indication, crude as it may be. We also know that among others, there is a direct correlation between GBV and the spread of HIV. So we can safely conclude that with such an alarmingly high GBV prevalence level, the spread of HIV through heterosexual relationships will remain the principal mode of transmission until the prevalence rate of GBV is arrested. In order to win the HIV and AIDS battle once and for all, deliberate and decisive measures

should be taken to wage an equally fierce battle against GBV - with equal zeal and earnestness.

The political content analysis shows that only 6% of political speeches centred on GBV over the last year, with an additional 9% mentioning this human rights violation in some way. *We can do better than that! We must make it known, from every platform, pulpit, and kgotla, that we, the leaders of Botswana say no to gender violence!*

I thank Gender Links Botswana, UNDP, UNFPA and other UN agencies, plus other donors, as well as all our national partners who joined the Women's Affairs Department to bring us this report, a wakeup call indeed! The report is but the start of a longer journey we must walk together. *Bagaetsho, Bo sele bo sena mahube!* With the unflinching commitment of every individual, family, community and the nation at large, we can exterminate GBV.

*Vision 2016 beckons and yes, we must position ourselves for positive results now!*



**Honourable Edwin Jenamiso Batshu**  
Minister of Labour and Home Affairs



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# Acknowledgements

The *Gender Based Violence Indicators Study* is a Southern African research project aimed at measuring and monitoring the extent, effect, cost of, and efforts to end violence against women. The study, piloted in South Africa, Mauritius, and Botswana, takes place against the backdrop of the Southern African Development Community (SADC) Protocol on Gender and Development that aims to halve levels of gender violence by 2015.

The Women's Affairs Department (WAD) in the Ministry of Labour and Home Affairs partnered with Gender Links (GL) to conduct the study in Botswana in 2011. WAD managed and provided resources for the logistic aspects of the prevalence and attitudes survey and for the research assistants. GL provided the study methodology; training for the research assistants, the personal digital assistants (PDAs); data analysis and quality assurance as well as the overall coordination of different aspects of the study. The partnership between a government department and NGO in conducting this study is a best practice that GL hopes to replicate in other SADC countries.

GL and WAD express their sincere appreciation to the 1229 women and men who participated in this study. We are especially indebted to the 25 women and 10 men who shared their personal testimonies or "I" stories and agreed to have them published in this research. To protect their identity and to avoid any further suffering, the editors have referred to those who gave first hand accounts using pseudonyms that they chose. Special thanks to Women Against Rape, Selebi Phikwe Town Council and Chobe District Council for their assistance in collecting the "I" Stories. The voices of those most affected give this study power and urgency.

We also wish to thank Statistics Botswana for their guidance and assistance with the sampling for this study especially Phetogo Zambezi who assisted with the sampling frame and accessing of maps. Carl Fourie and Quintin Spies from Jembi Health Systems provided

invaluable technical support and including training of the researchers on the use of the PDAs.

The Ministry of Health assisted in securing the required research permit and ethical clearance for the study. Women in Law Southern Africa (WLSA) Botswana gathered and analysed the administrative data for this report. Godisang Mookodi, Senior Lecturer and former Head of the Department of Sociology at the University of Botswana coordinated the political content analysis data.

We would like to thank all stakeholders in this research for their guidance and assistance with accessing and contributing valuable information and statistics. These include the Botswana Police Service, Ministry of Health, Courts, Department of Social Services, the Attorney General's Chambers, Department of Public Prosecutions, Kagisano Society Women's Shelter (KSWSP), Molepolole Drop-In Centre, Stepping Stones International, Women Against Rape, Lifeline and the local councils.

WAD Director Valencia Mogegeh and GL CEO Colleen Lowe Morna provided the overall strategic management and oversight of the study. GL Chief of Operations Kubi Rama, GL GBV Indicators Research Manager Mercilene Machisa and WAD Coordinator for UN funded programmes Kelly Dambuzza managed the research project in Botswana. Marinda Weideman, on behalf of GL, co-managed the prevalence and attitudes survey with Dambuzza. Game Makondo Principal Gender Officer and Head of the Research Division, together with Shepherd Monyeki and Dorcas Sefudi Babini (both gender officers at WAD) and Kabelo Mompoti Tsiang, an Intern Officer in WAD, assisted in the implementation of the project.

Keabonye Ntsabane, GL Botswana Office Coordinator managed partnerships and stakeholder relationships for the project. She also conducted the "I" Stories research.

Tichakunda Tsedu, GL research intern, analysed the political discourse data and wrote the media case studies for his report. Oarabile Monggae, intern at the GL Botswana office, collected case studies for this report.

Ninety-three research assistants visited households, recruited participants and administered survey questionnaires in the nine districts of Botswana over three weeks. These included: Kealeboga Setlhotlhane, Kelebogile Joshua, Gaolatlhelelwe Gaolatlhwe, Ketlhobogile Yatwe, Thandi Oageng, Eric Lobopo Marumoagae, Letebele Sosome, Albert Makhwaje, Tshenolo Lotshawo, Phillip Oabona, Boineelo Chelenyane, Tefo Mmereki, Onkabetse Kitso, Paul Rammala, Mbabi Bapabi, Pretty Kgotso Kelebetseng, Golekanye Bunnert Ranthoyakgale, Boitumelo Disang, Meleko Sekhungu, Kebone Mothibakgomo, Maipelo Semmee, Omphile Toto, Abel Makondo, Kemmony Mbwe, Mothusi Chabaya, Ofentse Raseipone, Aaron Seipato, Oduetse Morebodi, Thatayotlhe Fanabe, Ndiko Motshusi, Lulu Ngakane, Molefi Juta, Emmanuel Lesope, Letlhogonolo Bolokwe, Onalenna Dichaba, Lindie Bogosi, Refilwe Kehupetse, Veronica Mbaha, Michael Ramakatane, Olefhile Rantalajwe, Thabiso Ookame, Precious Kula, Tebogo Mangole, Mokganedi Mosimanewamotho, Cyril Mbeha Nzamo, Lebole Dikgang, Bokamoso Diseko, Kutlo Lesetedi, Mmabatho Dikgang, Etisani Nganunu, Abednico Matobo, Boingotlo Sedigeng, Gaamangwe Nfila, Keamogetswe Yvonne Modise, Alex M. Moepedi, Nancy Motekwane, Thatayaone Molemoeng, Gosiamo Joseph, Boitumelo Gabontshwe, Gosegojang Olekantse, Matshelo Ramolapong, Tshepiso Britz, Lydia Ramatu, Boago Sibanda, Tshiamo Ngake, Joyce Labobedi, Tshepiso Precious Mothudi, Baboloki Lopang, Atlogeleng Motsumi, Kamogelo Dube, Zwelani Timothy, Chengetani Batlegang, Otsetse Maphakwane, Kabo Gaonewe, Kelebogile Marumo, Keemenao France, Letlhogonolo Dinonyane, Keletso Makhala, Maipelo Madikwe, Gotaatweng Ketlhogile, Tshenolo Nelson Molapi, David Marenga, Tampiwa Pilato, Temogo Keosentse (WAD Intern), Joseph T Pipadibe, Maipelo Molefe (WAD Intern), Babaki Sokwa, Oratile Omphile Macheng, Edward Morwe, Oarabile Monggae, Brenda Kgakgamatso (WAD Intern), Keabetswe Motswakhumo and Oreeditse Segokgo.

Machisa and Botswana Programme Officer, Roos van Dorp drafted the report. GL CEO Colleen Lowe Morna and GL Chief of Operations Kubi Rama edited the report

with input from a reference group that reviewed the final draft. The reference group comprised: Anouk Malboef from the Botswana Network of People Living with HIV and AIDS (BONEPWA); Doreen Mooketsi from the Botswana Network on Ethics, Law and HIV and AIDS (BONELA); Olive D'Melho from Positive Community Impact Botswana; Tirelo Modie-Moroka from University of Botswana Social Work Department; Tumelo Molelekwa-Tebelopele ; Edwin Tumisang Pheko from Botswana Council of Churches, Gwen N Lesetedi from Women and Law Southern Africa Botswana and University of Botswana; Moemedi Tsimanyane from the Botswana Association of Local Authorities (BALA); Patricia Kole from the Botswana Media Women's Association (BOMWA); Lorato Moalosi Sakofiwa from Kagisano Women's Shelter Project; Anastacia Ramotshabi from Botswana Prisons Service; Joanna Shaddeton from Stepping Stones International; Joseph Pitso from the United Nations Population Fund (UNFPA); S. Samuel Moepeng from the Botswana Police Service; S Madikwe from Gamodubu Child Care Trust, K.Mogano from Faith Gospel After Christ; T.P Motlhagodi from the Organisation of African Instituted Churches (OAIC); G.Kesupile from Statistics Botswana; M Ramaretlwa from Statistics Botswana; Mpho Gilika from the African Women Leadership Academy (TAWLA); S.I Gabathusi from Botswana Police Service; Maude Dikobe from the University of Botswana; Obenne Phokwe from OAIC; I Mfila and V Galatlhwe.

GL worked with the South African Medical Research Council (MRC) in developing the research tools first tested in the Gauteng province of South Africa. Professor Rachel Jewkes, Director of the MRC Gender & Health Research Unit and Nicola Christofides, initially with the MRC and later a Senior Lecturer at the University of the Witwatersrand School of Public Health, advised on and developed the survey research methodology and instruments. Nwabisa Jama Shai, former GL GBV Indicators Research Manager contributed to the development of research tools during her tenure.

We are deeply indebted to the United Nations Trust Fund (UNTF) for supporting the conceptual phase of this project; the Norwegian Council for Africa; UKAID through the Department for International Development (DFID); the United Nations Fund for Population (UNFPA) and United Nations Development Programme (UNDP) through WAD for funding the research and report.



# The Management and Research Team



**Valencia Mogegeh** is the Director of the Women's Affairs Department (WAD) in the Ministry of Labour and Home Affairs, Botswana. She is a teacher, master trainer, researcher, copy editor, curriculum specialist, gender and development advocate and youth worker who is passionate about creating and/or engaging in opportunities for continuous improvement of quality of service. She headed the Commonwealth Gender Programme spanning 53 countries from 2000 to 2002. She served as the UNDP National Gender Advisor for Botswana from 2002 to 2003 then became an independent International Gender and Development consultant from 2008 to 2010. Her qualifications include a Bachelor of Education degree from University of Exeter, UK and a Master of Education from Bristol University, UK.



**Colleen Lowe Morna** is the GL Chief Executive Officer (CEO). She began her career as a journalist specialising in gender and development, coordinating the Africa office of Inter Press Service in Harare and serving as correspondent for South Magazine, as well as Africa Editor of the New Delhi-based Women's Feature Service. She served as a senior researcher on the Commonwealth Secretariat Africa desk and later as Chief Programme Officer of the Commonwealth Observer Mission to South Africa. As an advisor on gender and institutional development for the Commonwealth Fund for Technical Assistance special programme for South Africa, Lowe Morna advised on gender structures for the new South Africa and served as founding CEO of the South African Commission on Gender Equality. She holds an MA in Communications from Columbia University; BA in

International Affairs from the Woodrow Wilson School of International Relations, Princeton University; and a certificate in executive management from the London Business School.



**Kubi Rama** is GL Chief of Operations. She is the former CEO of the Gender and Media Southern Africa (GEMSA) Network where she was responsible for the programme, financial and institutional development of GEMSA. In her earlier time as Deputy Director and Network Manager of Gender Links she was responsible for managing a new audience research project, coordinating the regional network, setting up a virtual resource centre for media trainers, coordination and sustaining the Sixteen Days of Activism, organising a regional media summit and mainstreaming gender as part of training curricula. Prior to joining Gender Links, Rama served at the Department of Journalism (Durban Institute of Technology) as a senior lecturer.



**Kealeboga Kelly Dambuza** is the Coordinator of UN funded projects under the Women's Affairs Department in the Ministry of Labour and Home Affairs in Botswana. Her role involves coordination of donor support. Dambuza has spearheaded the implementation of a various projects including GBV capacity building, implementation of GBV strategies aimed to reduce HIV and AIDS, facilitation of the establishment of gender focal points in the Botswana Police Service and facilitation of a GBV referral system aimed at coordinating GBV service providers in Botswana. Dambuza co-managed the training of researchers and survey fieldwork in this

study. Currently, she is coordinating the implementation of a project on women in informal cross border trade in Botswana. Previously Dambuza worked for Safe Blood for Africa Foundation as a technical advisor to the Botswana Blood Donor Programme within the National Blood Transfusion Service and to NGOs. Her role was to provide technical assistance on the involvement of young people in blood donation and HIV prevention activities. Kelly holds a Bachelor of Arts degree in Social Sciences with majors in Population Studies and Economics from the University of Botswana and is currently pursuing a Masters Degree in Public Health with the University of South Africa.



**Game Makondo** is the Principal Gender Officer and head of the Research Division at the Women's Affairs Department. She is currently managing the domestication of the African Gender and Development Index and is a focal person for the

reporting and domestication of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) at the Women's Affairs Department. In her previous responsibility with Population Services International Botswana, she served as Head of the Research Department. She holds a Bachelor of Arts in Social Sciences (demography) from the University of Botswana and is currently studying towards a Masters degree in Population Studies with the University of Botswana.



**Mercilene Tanyaradzwa Machisa** is the GBV Indicators Research Manager. She managed the data on the GBV Indicators Gauteng Project and analysed the household prevalence and attitudes survey. She also contributed in implementation

of the other research components and writing of this report. Prior to joining Gender Links, Machisa worked for the National Institute of Health Research in Zimbabwe as a Medical Research Officer. Her main research interest is sexual and reproductive health. She holds a BSC (Hons) degree in Biological Sciences from the Midlands State University and is currently

studying towards an MSc (Med) in Epidemiology and Biostatistics degree with the University of Witwatersrand.



**Keabonye Ntsabane** is the Gender Links Botswana Country Manager. Her first encounter with Gender Links was in the 1990s through her work as Information Officer for the Women's NGO Coalition in Botswana. She holds vast experience in

lobbying and advocacy work aimed at empowering women, including coordinating and scheduling programmes with media houses. Ntsabane is a seasoned events coordinator, and has strong networks and connections in Botswana. She is trained in Media Monitoring, which has resulted in her involvement in the Gender and Media Baseline study and the 2005 Global Media Monitoring Project. She holds a High National Diploma in Media Journalism.



**Godisang Mookodi** is a Senior Lecturer and former Head of the Department of Sociology at the University of Botswana. She holds a PhD in Sociology from the University of Toronto. Her experience in gender equality and women's

empowerment spans over thirty years. She started her career in the then Women's Affairs Unit in the Government of Botswana. Since joining the University in 1990 she has been active in advancing gender equality at the institution through active participation in the Gender Policy and Programme Committee (GPPC), through teaching and research. She also places gender equality in the forefront of her participation in regional and local organisations such as the Organisation of Social Science Research in Southern and Eastern Africa (OSSREA) Botswana Chapter and the Botswana Network on Ethics Law and HIV and AIDS and the Young Women's Leadership Project at the University of Botswana.

**Gwen N. Lesetedi**, is a senior lecturer in the Department of Sociology, University of Botswana where she teaches research methods and urban sociology. Lesetedi has a PhD in Sociology from the



University of Cape Town, South Africa. She also holds a Masters degree in Demography, and a Bachelor of Arts Degree in Sociology and Public Administration. Her research experience is mainly on gender issues and HIV and AIDS. She has more than ten years of experience in this field. Lesetedi has been a part time research associate with Women and the Law in Southern Africa (WLSA) since 1994 and has been involved in various studies most of which have culminated in publications.



**Roos van Dorp** is the Programme Officer at Gender Links' satellite office in Botswana. Since 2008, van Dorp has provided support to the national programme implementation in the areas of Gender and Media, Governance, and Justice and the SADC Protocol Alliance Barometer. She assisted during the prevalence study with technical assistance to the data collection and contributed to writing of this report. Prior to joining Gender Links van Dorp studied International Development Studies at the University of Amsterdam and completed an internship in Gaborone at the SADC-Development Finance Resource Centre. She holds a BA degree in Communications from the Amsterdam University of Applied Sciences.



**Shepherd Monyeki** is a sociologist working as a WAD Gender Officer with a focus on gender and development research. He began his career as a research assistant at the University Of Botswana, then at Lakisama Consultancy Company before joining WAD as an Assistant Gender Officer.



**Dorcas Sefudi Babini** is a Gender Officer in the Projects Division, WAD, assisting in the coordination of the Women in Informal Cross Border Trade Project and the Women in Poverty and Economic Empowerment Programme. She joined the Women's Affairs Department in 2008 where she worked as an Assistant Gender Officer, responsible for disseminating information on gender and development issues according to the National Gender Programme Framework.



**Kabelo Mompoti Tsiang** is an Intern Officer in WAD, UN Projects Section. He provides assistance in research projects for the department. He joined WAD in 2010 as a research assistant playing an instrumental role in the planning and coordination of a study on the Gender Based Violence Referral System.



**Tichakunda Tsedu** is research intern at Gender Links. He analysed the political discourse and compiled media case studies for this report. Interested in the ways in which the media can help create social change, he joined GL in 2011 and briefly worked in the Gender and Media Diversity Centre.



**Oarabile Monggae** is a Botswana Government intern deployed to the GL Botswana Office. He monitored Yarona FM, The Guardian and Mmegi Daily. Monggae was a research supervisor in the prevalence and attitudes survey. He also collected institutional case studies for this report.

# Acronyms

AIDS	- Acquired Immune Deficiency Syndrome
ARV	- Anti-retroviral drugs
BALA	- Botswana Association for Local Government
BNYC	- Botswana National Youth Council
BPS	- Botswana Police Service
CS	- Court Services
CBO	- Community Based Organisation
DV	- Domestic violence
DVA	- Domestic violence Act
EFB	- Evangelical Fellowship of Botswana
GBH	- Grievous Body Harm
GBV	- Gender based violence
GL	- Gender Links
GMPS	- Gender and Media Progress Study
HIV	- Human Immuno Deficiency Virus
IOM	- International Organisation for migration
IPV	- Intimate partner violence
KSWSP	- Kagisano Society Women's Shelter
MRC	- South African Medical Research Council
NGO	- Non Governmental Organisation
PDA	- Personal Digital Assistant
PEP	- Post Exposure Prophylaxis
PSU	- Primary Sampling Unit
NAP	- National Action Plan to end violence against women and children
SADC	- Southern African Development Community
STI	- Sexually transmitted infections
SSI	- Stepping Stones International
UN	- United Nations
UNECA/AGS	- United Nations Economic Commission Africa Gender Centre
UNIFEM	- United Nations Development Fund for Women
UNFPA	- United Nations Population Fund
VAM	- Violence against men
VAW	- Violence against women
VCT	- Voluntary Counselling and testing
WAD	- Women's Affairs Department
WAR	- Women Against Rape
WHO	- World Health Organisation

# Executive Summary

Over two thirds of women in Botswana (67%) have experienced some form of gender violence in their lifetime including partner and non-partner violence. A smaller, but still high, proportion of men (44%) admit to perpetrating violence against women.

Nearly one third of women (29%) experienced Intimate Partner Violence (IPV) in the 12 months to the prevalence survey that formed the flagship research tool in this study. In contrast, only 1.2% of Botswana women reported cases of GBV to the police in the same period. *Thus the prevalence of GBV reported in the survey is 24 times higher than that reported to the police.*

This suggests that levels of GBV are far higher than those recorded in official statistics and that women have lost faith in the very systems that should protect them as well as offer redress.

Most of the violence reported occurs within intimate relationships. About three in every five women (62%) experienced violence in an intimate relationship while about half of the men (48%) admitted to perpetrating intimate partner violence. About 30% of women experienced while 22.4% of men perpetrated GBV in the 12 months before the survey. Emotional partner violence is the most common form of IPV experienced by women (45%) and perpetrated by men (37%) in the sample in their lifetime.

Similar proportions of women (11.4%) and men (10.7%) reported experiencing or perpetrating non-partner rape respectively. Despite the high levels of rape, only one in nine women report rape to the police and only one in seven women seek medical attention.



Botswana Police Services marching to promote community policing.

Photo: Vincent Galatlhwe

Patriarchal attitudes are a significant underlying factor driving the incidence of GBV in Botswana. While women and men affirm gender equality in the public domain this has not translated in their private lives particularly in their intimate relationships.

The findings from the survey and police data show that *GBV is the most flagrant violation of human rights in Botswana at the present time*, yet only 6% of the 188 speeches by politicians over the last year focused on GBV while 9% made some mention of the scourge. Only 5% of monitored news articles from Botswana covered GBV and in these perpetrators were three times more likely to be heard than survivors. The media still reports on GBV in sensational ways that trivialise the experiences of women.

These are among the key findings of the GBV Indicators Research project in Botswana undertaken by Gender Links (GL) and the Women's Affairs Department (WAD). These findings, which are significantly higher than those reported in a study using similar methods in

South Africa's metropolitan Gauteng province show that GBV has reached pandemic proportions in Botswana and needs to be treated with the same urgency as HIV and AIDS. As a key building block in the achievement of Vision 2016, GBV needs to be placed high on the political agenda.

Inspired by the Commonwealth Plan of Action on Gender and Development (2005-2015) and Southern African Development Community (SADC) Protocol on Gender and Development target of halving GBV by 2015, the research project provides the first comprehensive and comparative baseline assessment of the extent, effects and response to GBV in Botswana. Following similar methods to those employed in studies three provinces of South Africa (Gauteng, Western Cape and KwaZulu Natal) and Mauritius, this study employed five methods with a nationwide prevalence and attitudes survey as its flagship.

A representative sample of 639 women and 590 men across Botswana completed questionnaires in their preferred local language on behaviour and experiences related to GBV. Researchers asked women about their

experience of violence perpetrated by men while men were asked about their perpetration of violence against women.

The focus on violence against women is justified by overwhelming evidence that the majority of gender violence cases consists of violence against women and these cases result in extensive and well-documented adverse health consequences (Krug et al 2002). Comparing what women say they experience to what men say they do adds credibility to the findings. The study explored both intimate partner and non-partner violence. Forms of IPV include physical, emotional, economic, and sexual.

In addition to the prevalence survey, tools used include the interrogation of administrative data from police, courts and shelters; collection of first-hand accounts of women's and men's experiences of GBV, media monitoring and political discourse analysis. Forms of non-partner violence include sexual harassment and rape.

Some of the main findings from the study are:

## Extent of GBV

**Table one: Extent of GBV**

Criteria	Prevalence of GBV survey				Extent of reporting to police	
	Women's experience in a lifetime %	Men's perpetration in a lifetime %	Women's experience in the past year %	Men's perpetration in the past year %	Reporting in a lifetime %	Reporting in past 12 months %
Prevalence of GBV	67.3	44.4	29.0	22.4	-	-
Prevalence of intimate partner violence	62.3	47.7	28.9	22.4	-	-
Prevalence of emotional intimate partner violence	44.7	37.9	19.6	16.5	-	-
Prevalence of physical intimate partner violence	35.2	27.6	13.3	8.4	7.1	4.0
Prevalence of economic intimate partner violence	28.6	18.2	16.3	10	-	-
Prevalence of sexual intimate partner violence	14.6	7.3	5.1	5.4	-	-
Prevalence of emotional, economic, physical and sexual violence	6.1	4.4	1.8	2.7	-	-
Prevalence of non- intimate partner rape	11.4	10.7	2.0	3.2	1.3	0.5
Prevalence of attempted rape	16.0	7.7	3.6	6.2	-	-
Prevalence of sexual harassment	23.3	-	-	-	-	-
Prevalence of sexual harassment in schools	9.2	-	-	-	-	-
Prevalence of sexual harassment at work	17.5	-	-	-	-	-

Table one shows that:

- Of all women interviewed in the study 67% had experienced some form of GBV in their lifetime, while 44 % of all men said they perpetrated some form of violence.
- The most common form of GBV experienced by women is IPV with 62% women reporting lifetime experience and 47% of men disclosing perpetration.
- The most common form of IPV is emotional followed by physical, economic, and sexual violence.

- Almost equal proportions of women (11%) reported experiencing and men (10.7%) reported perpetrating rape in their lifetime.
- Of all the women interviewed, 16% experienced attempted rape while 8% of the men in the sample disclosed attempted rape of a non-partner.
- Almost a quarter of women who were ever pregnant (24%) experienced abuse during their pregnancy.
- Almost a quarter (23%) of all the women interviewed said they had experienced sexual harassment at school, work, in public transport or at the healers.

## Patterns and drivers of GBV

### Individual factors

**Table two: Socio-demographic factors associated with experience and perpetration of IPV**

Factors	Ever IPV		Past 12 months IPV	
	% women survivors	% men perpetrating	% women survivors	% men perpetrating
<b>Age</b>				
18-29	65.7	52.8	39.4	28.5
30-44	65.7	48.6	30.8	26.0
45+	54.3	38.5	9.2	8.1
<b>Level of education</b>				
High school incomplete and lower	60.7	42.3	24.4	17.5
High school complete and over	65.8	54.7	35.8	29.2
<b>Worked in past 12 months</b>				
No	59.4	40.5	25.6	15.6
Yes	67.6	53.7	33.6	28.1

Table two shows that:

- Women between the ages of 18-44 experienced the same level (66%) of IPV in their lifetime. There was a relatively small difference between the levels of perpetration of IPV by men in the 18-29 (53%) and 30-44 (49%) age groups.
- Women aged 45 and over experienced lower levels (54%) of IPV in their lifetime compared to younger women.
- Men aged 45 and over perpetrated lower levels (39%) of IPV in their lifetime compared to the younger men.
- Women who were educated beyond high school experienced higher levels (66%) of IPV than women with lower levels (61%) of education.

- Similarly, men with higher levels of education perpetrated higher levels (55%) of IPV than men with lower levels (42%) of education.
- In the 12 months prior the survey a third of the women in the sample who were employed as opposed to a quarter of the sample who were unemployed experienced violence.
- In the same period, 28% of men in the sample who were employed perpetrated violence as opposed to 16% of those unemployed.

### Childhood experiences of violence

- Eighty eight of women and 66% of men reported being abused as children; most of this physical abuse.

**Table three: Child sexual abuse as a risk factor to experience or perpetration of GBV in adulthood**

	Any sexual IPV		Any physical IPV		Any rape	
	% women survivors	% men perpetrating	% women survivors	% men perpetrating	% women survivors	% men perpetrating
Experience of child sexual abuse	19.6	18.7	45.7	39.3	22.6	24.8
No experience of child sexual abuse	12.9	4.3	31.7	24.5	7.7	7.0
	p=0.06	p=0.000	p=0.02	p=0.02	p=0.000	p=0.000

- Child sexual abuse was associated with the experience and perpetration of IPV and non-partner rape.
- High proportions of women (56%) and men (26%) witnessed their mothers being abused.
- About a quarter (24%) of men who perpetrated IPV in the 12 months prior to the survey also consumed alcohol in the same period.
- Over a fifth of the men (22.4%) who admitted to perpetrating IPV during the 12 months prior to the survey also admitted to using drugs.

These findings concur with the ecological model of IPV, which posits that individual childhood and interpersonal experiences affect attitudes and behaviour in adulthood.

#### *Alcohol and drug use*

- A significantly greater proportion of men who drank alcohol in the 12 months to the survey were more likely to perpetrate IPV than men who did not drink alcohol.
- Thirty two percent of women and 60% of men in the study drank alcohol in the 12 months to the survey.
- Nineteen percent of men who drank alcohol perpetrated IPV in the 12 months to the survey.
- Fourteen percent of men drinkers perpetrated emotional IPV in the 12 months prior the survey.
- Five percent of men drinkers perpetrated sexual IPV in the 12 months to the survey.
- Thirteen percent of women whose partners drank alcohol experienced emotional IPV in the 12 months to the survey.
- Twelve percent of women whose partners drank alcohol experienced economic IPV in the 12 months to the survey.

- A tenth of women whose partners drank alcohol experienced physical IPV in the 12 months to the survey.
- Thirty three percent of men drug users perpetrated emotional IPV in the 12 months to the survey. Twenty one percent of men drug users perpetrated economic IPV.
- Sixteen percent of men drug users perpetrated physical IPV in the 12 months to the survey. Twelve percent of men drug users perpetrated sexual IPV in the 12 months to the survey.

#### *Relationship factors*

- More than half of the women (53.3%) who experienced IPV in the last 12 months suspected that their partners were having sex with someone else.

#### *Community factors*

Table four alongside shows that:

- Almost similar proportions of women (83.1%) and men (81.9%) agree that men and women should be treated equally.
- Over three quarters (78.5%) of women and almost nine out of ten (88.9%) men agreed that a woman should obey her husband.
- Twenty one percent of women and 38% of men agree that if a man has paid lobola for his wife, she must have sex when he wants it.
- Seven percent of women and 18.3% of men agreed that if a woman is raped she is usually to blame for putting herself in that situation.
- These findings show that although gender equality in the public domain is widely accepted this is not the case in the private sphere.



**Table four: Gender attitudes**

	Women strongly agree/agree %	Men strongly agree/agree %
I think people should be treated the same whether they are male or female	83.1	81.9
I think a woman should obey her husband	78.5	88.9
I think this a man should have the final say in all family matters	28.4	54.3
I think a woman needs her husband's permission to do paid work.	43.6	54.0
I think it is possible for a woman to be raped by her husband	54.3	48.8
I think that a woman cannot refuse to have sex with her husband.	36.7	48.5
I think that if a man has paid Lobola for his wife, she must have sex when he wants it	20.5	37.7
I think that if a man has paid Lobola for his wife, he owns her	22.7	44.7
I think that if a wife does something wrong her husband has the right to punish her	23.1	37.1
I think that in any rape case one would have to question whether the victim is promiscuous	18.2	30.4
I think in some rape cases women actually want it to happen	11.7	29.3
I think if a woman doesn't physically fight back, it's not rape.	12.5	21.2
I think that when a woman is raped, she is usually to blame for putting herself in that situation	7.3	18.3
I think that in any rape case one would have to question whether the victim is promiscuous	18.2	30.4

## Societal factors

### Political environment

**Table five: Political leadership**

Criteria	%
Percentage of GBV speeches by politicians which mention GBV	15
Percentage of GBV speeches by politicians which refer to GBV as main topic	6
Percentage of GBV speeches by politicians which refer to emotional abuse	1.1
Percentage of GBV speeches by politicians which refer to physical abuse	2.3
Percentage of GBV speeches by politicians which refer to sexual abuse	11.9
Percentage of GBV speeches by politicians which refer to economic abuse	1.1
Percentage of GBV speeches by politicians which refer to domestic violence	7.4
Percentage of GBV speeches by politicians which refer to femicide	8
Percentage of GBV speeches by politicians which refer to the link between GBV and HIV	10.4

Table five shows that:

- Of the 188 speeches analysed, 15% referred to GBV but only six percent had GBV as the main topic.
- Most of the GBV speeches (11.9%) referred to sexual abuse.
- Eight percent of speeches addressed the issue of femicide or passion killings.
- A tenth of the GBV speeches referred to the link between GBV and HIV.

## Media

The results of the Gender and Media Progress Study (GMPS) to examine amongst others the proportion of GBV coverage, GBV topics, who speaks, and who reports on GBV in Botswana show that:

- Only 5% of all news articles monitored in Botswana covered GBV.
- Women constitute 26% of sources on GBV in Botswana.
- Domestic violence, and legislative and political issues received the most coverage in Botswana.

- Topics that received little coverage include rape, child abuse and non-physical violence.
- The alleged perpetrators are more than three times more likely to be heard in the media than the victims and survivors of GBV.
- The media in Botswana often reports GBV in sensational ways that trivialise the experiences of women for example the reference to femicide as “passion killings”.

## Effects of GBV

<b>Criteria</b>	<b>% Women</b>
<i>Physical injury</i>	
Percentage of physically abused women who sustained injuries	18.1
Percentage of physically injured women who spend days in bed because of injuries	53.8
Percentage of physically injured women who missed work as a result of injuries	33.3
<i>Sexual and reproductive health</i>	
Percentage of women who were sexually abused by intimate partners and diagnosed with STI	34.1
Percentage of women who were physically abused by intimate partners and diagnosed with STI	34.2
Percentage of women who were raped by non-partners and diagnosed of STI	43.5
Percentage of women who were sexually abused by intimate partners and tested HIV positive	20.3
Percentage of women who were physically abused by intimate partners and tested HIV positive	26.1
Percentage of women who were raped by non-partners and tested HIV positive	15
<i>Poor mental health</i>	
Percentage of women who were abused by intimate partners and attempted suicide	9
Percentage of women who were raped by non-partners and attempted suicide	15

Table six shows that:

- Almost one in every five women (18%) physically abused sustained injuries. Over half of the injured women had to stay in bed for an average number of nine days.
- A quarter of all the women interviewed had been diagnosed with a sexually transmitted infection (STI) in their lifetime.
- A greater proportion of women who experienced IPV or rape were diagnosed with STIs compared to the proportion of women who had not experienced IPV or rape.
- A tenth of women and above a fifth of men interviewed in this study had never tested for HIV.
- About a quarter (26.1%) of the women who experienced physical IPV in their lifetime were HIV positive.
- A fifth (20.3%) of the women who experienced sexual IPV in their lifetime were HIV positive.
- Fifteen percent of the women who were raped in their lifetime were HIV positive.
- Of the women who experienced IPV in their lifetime, 8.7% attempted suicide.
- Of the women who were raped in their lifetime, 15% attempted suicide.
- Of the women who experienced IPV in the last 12 months, 11.6% attempted suicide.
- Of the women who were raped in the last 12 months, 30.8% attempted suicide.

## Response and support

**Table seven: Response and support indicators**

Criteria	% Women	% Men
<b>Awareness of legislation</b>		
Proportion of participants aware of the Domestic Violence Act	46.2	42.5
Proportion of participants aware of the Penal code sections 14 and 143	19.6	24.4
Proportion of participants aware of protection orders	33.9	31.4
Proportion of participants who know about the Ministry of Labour and Home Affairs Toll free line	25.3	31
<b>Botswana Police Services</b>		
<i>Number of reported cases</i>		
Number of rape cases recorded by Botswana Police Services Public Relations Unit in 2010	1865	
Number of rape cases reported to Botswana Police Services Public Relations Unit in January to June 2011	893	
Number of female murders by intimate partners reported to Botswana Police Services Public Relations Unit in January to June 2011	45	
Number of GBV registered cases with female victims above the age of 18 reported to BPS GBV focal points in 2011	8165	
Number of IPV registered cases with female victims above the age of 18 reported to BPS GBV focal points in 2011	4499	
Number of physical GBV registered cases with female victims above the age of 18 reported to BPS GBV focal points in 2011	5167	
Number of sexual GBV registered cases with female victims above the age of 18 reported to BPS GBV focal points in 2011	914	
Number of emotional GBV registered cases with female victims above the age of 18 reported to BPS GBV focal points in 2011	898	
Number of economic GBV registered cases with female victims above the age of 18 reported to BPS GBV focal points in 2011	178	
Number of femicide cases with female victims above the age of 18 reported to BPS GBV focal points in 2011	57	
Number of rape cases with female victims above the age of 18 reported to BPS GBV focal points in 2011	836	
Proportion of GBV cases reported to BPS GBV focal points with victims above 18 perpetrated by intimate partners	60.9	
Proportion of GBV cases reported to BPS GBV focal points with victims above 18 perpetrated by intimate partners	39.1	
<i>Population prevalence</i>		
Prevalence of GBV based on police statistics	1.2	
Prevalence of form of IPV based on police statistics	0.66	
Prevalence of form of physical IPV based on police statistics	0.44	
Prevalence of form of psychological IPV based on police statistics	0.17	
Prevalence of form of economic IPV based on police statistics	0.03	
Prevalence of form of sexual IPV based on police statistics	0.02	
Prevalence of form of non partner sexual violence based on police statistics	0.12	
<i>Case withdrawal</i>		
Number of GBV cases withdrawn in 2011	777	
Number of physical GBV cases withdrawn from BPS in 2011	554	
Number of emotional GBV cases withdrawn from BPS in 2011	70	
Number of cases sexual GBV withdrawn from BPS in 2011	65	
Number of cases economic GBV withdrawn from BPS in 2011	64	

Criteria	
<i>Courts</i>	
Number of GBV cases before courts in 2011	5584
Number of physical GBV cases before courts in 2011	2785
Number of emotional GBV cases before courts in 2011	592
Number of cases sexual GBV before courts in 2011	1537
Number of cases verbal GBV before courts in 2011	399
Number of cases economic GBV before courts in 2011	271
Percentage of GBV cases prosecuted by courts in 2011	36.3
Percentage of GBV cases convicted by courts in 2011	31
Percentage of GBV cases acquitted by courts in 2011	5.5
Number of GBV cases recorded at Broadhurst customary court in 2011	316
<i>Shelters and counselling services</i>	
Number of survivors counselled at Kagisano Women's Shelter in Gaborone in 2010	396
Number of survivors counselled at Molepolole DIC in 2011	147
Number of GBV cases recorded at Lifeline from 2009-2010	144
Percentage of speeches by politicians referring to support services	9.1

Vision 2016 is Botswana's strategy to propel its socio-economic and political development into a competitive, winning and prosperous nation. Botswana laws that relate to GBV include the Domestic Violence Act, the Penal Code, the Criminal Procedure and Evidence Act, the Employment Act and the Deeds Registry Act.

Table seven shows:

#### *Awareness of laws*

- Of those interviewed, 46.2% of women and 42.5% of men said they had heard about the Domestic Violence Act.
- Relatively low proportions of those interviewed in the sample, 19.6% of women and 24.4% of men, heard about the Penal code sections 141-143.
- Approximately a third of women and men in sample, 33.9% of women and 31.4% of men, were aware of protection orders.

#### *Botswana Police Services*

- BPS Public Relations Unit recorded 45 cases of female murder by an intimate (ex-) partner from January to June 2011.
- BPS GBV focal points recorded 8165 GBV registered cases with female victims above the age of 18 in 2011.

- The most commonly reported form of GBV was physical followed by verbal, thirdly sexual, then emotional and lastly economic.
- BPS GBV focal points recorded 4499 IPV registered cases with female victims above the age of 18 in 2011.
- The most commonly reported form of IPV to BPS was physical, followed by emotional, verbal, economic and lastly sexual.
- Only 7 % of all women ever partnered in the survey were physically abused and who reported abuse or threats to police in lifetime.
- One in nine women raped in the survey reported it to the police.
- BPS is currently collecting data for the different GBV forms in more comprehensive ways than the South African Police (SAPS). This is an example of international good practice.
- The prevalence of GBV reported in the survey is 24 times higher than that reported to the police.
- The prevalence of IPV in the survey is 44 times that reported to police in 2011.
- The prevalence of non-partner sexual violence in the survey is 17 times more than that reported to police.
- GBV victims withdrew 777 case from BPS in 2011.

### Courts

- The courts dealt with 5584 GBV cases in 2011.
- The courts prosecuted thirty six percent of GBV cases received in 2011.
- Thirty one percent of GBV cases before the courts resulted in convictions.
- The courts acquitted six percent of GBV cases.
- Broadhurst customary courts dealt with 316 GBV cases in 2011.

### Shelters and counselling services

- In 2010, 396 clients accessed counselling services at the Kagisano Women's Shelter in Gaborone.
- In 2011, 147 survivors accessed counselling services at the Molepolole DIC.
- Lifeline Botswana attended to 144 GBV cases in 2009-2010
- Only 9.1% of speeches made by key political speakers referred to social welfare services as the proposed support system for survivors of GBV.

### Health sector

- Only 4.7% of women who experienced physical abuse and sustained injuries through an intimate partner sought medical attention in a lifetime.
- Only 1.6% of all women participating in the survey were raped and sought medical attention in a lifetime.
- One in seven women who were physically abused in the survey sought medical help for the injuries in a lifetime.
- The Botswana government through the Ministry of Health has put in place a National Sexual and Reproductive Health Programme (NSRHP) and Policy guidelines and Service Standards for Sexual and Reproductive Health which provide guidelines for the management of GBV survivors.

### WAD

- The Women's Affairs Department has initiated a process of establishing a Gender Based Violence Referral System among key service providers for GBV victims and survivors.

## Prevention

**Table eight: Prevention indicators**

Criteria	% Women	% Men
Proportion of participants who heard of the Sixteen Days campaign in the 12 months prior to the survey	16.1	18.3
Proportion of participants who heard of the 365 Days campaign in the 12 months prior to the survey	8	9
Proportion of participants who access information on GBV from radio	54.2	55.7
Proportion of participants who access information on GBV from TV	23.2	10.7
Proportion of participants who access information on GBV from newspapers	10.9	20.2
Proportion of political speeches referring to prevention	12	

Table eight shows that:

- Less than half of the sample, 47.9% of women and 48.6% of men, knew of events or prevention campaigns to end GBV.
- Less than a fifth of the sample (16.1% of women, and 18.3% men) had heard about the Sixteen Days of No Violence Against Women campaign.
- Very few people in the sample (8% of women and 10% men) had heard about the 365 Days Campaign to End Gender Violence.
- Of the sample, 7.2% women and 8.6% men participated in a march or event to protest against GBV.

- Women (62.8%) and men (51.3%) who were aware of GBV campaigns found them empowering.
- Of the 188 the public speeches analysed, only 12% mentioned methods to prevent GBV.

Other findings include:

- WAD co-ordinates the commemorations the annual national commemoration of the Sixteen Days with a civil society stakeholders.
- Civil society stakeholder involvement in the Sixteen Days activities has increased over the years.

- GL has worked with 10 local councils to develop localised action plans for preventing gender violence.
- Women Against Rape, Stepping Stones International, Faith Based Organisations, and local councils conducted GBV prevention initiatives and events in 2011.
- Print media should improve on coverage of GBV.

### Integrated approaches

- Botswana has a draft National Action Plan to End Gender Violence developed in 2007.
- Government has not formally adopted the plan, last reviewed in 2010.
- Government has not made budgetary allocations for the implementation of the plan.
- There are, however, notable achievements by government and civil society implementing some of the actions in the NAP, for example:
  - The commencement of a process to develop a GBV referral system.
  - Development of the Ministry of Health's Framework for the Health Sector's Response to GBV.

- Development of the Sexual Abuse Strategy by the Department of Social Services.
- Establishment of Gender Committees at district level which mobilise communities and raise awareness of GBV.
- Community policing programmes.
- GBV sensitisation and awareness raising.
- Increased stakeholder participation in the Sixteen Days campaign.
- Botswana has made significant progress in addressing HIV and AIDS. The prevalence of HIV in Botswana is levelling out at approximately 17%<sup>1</sup>. In 2009, Botswana had an estimated 350 557 living with HIV compared to an estimated 5.6 million [5.4 million-5.8 million] HIV-positive people in South Africa that continues to have the world's largest HIV epidemic.<sup>2</sup> The integrated strategy to address HIV and AIDS in Botswana provides important lessons to address the high levels of GBV.

### Conclusions and recommendations

The table summarises the main conclusions and recommendations of the study:

**Table nine: Conclusions and recommendations**

Conclusions	Recommendations	Who responsible
<b>Extent</b>		
Botswana has high levels of GBV. Emotional partner violence, a form not usually addressed is most common.	Publicise and disseminate findings of this report widely.	WAD, GL and all stakeholders involved in the study
	Use the findings to lobby government and political leaders to place GBV as a key priority on the political agenda and allocate resources for periodic GBV surveys using the same methods.	
	Use the indicators research to strengthen local level efforts to end violence through establishing baselines; monitoring and evaluating progress towards reducing GBV in the Centres of Excellence for Mainstreaming Gender in Local Government.	WAD, GL, BALA, Ministry of Local Government and Local councils
The survey gives more account of the extent of GBV than police or other administrative data.	Conduct further research to ascertain why women do not report GBV to the police or to health services.	Researchers, Academia
<b>Drivers and patterns</b>		
A complex set of factors drive the perpetration of GBV in Botswana. Alcohol use, drug use, child abuse, multiple sexual relationships, conservative community beliefs and values, and patriarchal gender attitudes are major drivers of the GBV pandemic in Botswana.	Step up campaigns to wipe out substance abuse.	Department of Social Services
	Develop workplace and school based GBV prevention initiatives.	Ministry of Education, all Government departments and private sector

<sup>1</sup> Progress report of the national response the 2001 Declaration of Commitment on HIV and AIDS, Botswana country report 2010, Reporting period: 2008-2009.  
<sup>2</sup> [http://www.unaids.org/documents/20101123\\_FS\\_SSA\\_em\\_en.pdf](http://www.unaids.org/documents/20101123_FS_SSA_em_en.pdf)

<b>Conclusions</b>	<b>Recommendations</b>	<b>Who responsible</b>
GBV experiences are cyclical occurring more than once.	Develop GBV programmes with targeted messages to youth.	WAD and GBV stakeholders
	Prioritise child rehabilitation programmes.	Department of Social Services
	Place behavioural change and changing gender attitudes at the centre of all prevention campaigns.	WAD and GBV stakeholders
	Further research is required into impact of each of the identified factors and how they interact in models for risk factor analysis.	Researchers, Academia
<b>Effects</b>		
Women who experience GBV in Botswana are at increased risk of STIs, HIV and psychological effects.	Prioritise the provision of sexual assault, mental health and counselling services as a means of responding to GBV.	Ministry of Health, Civil society
<b>Response and support</b>		
Botswana police Services have made significant progress in terms of GBV data collection and management but data archived at national headquarters lacks detail.	Move from paper registers to an automated data entry and management system that is accessible to focal points from all police stations.	Botswana Police Services
	Publicise the annual GBV statistics widely for the purposes of informing the public and decision makers on extent of violence reported.	
Shortage of GBV focal points to be on call on an around the clock basis in police stations. Challenges identified by GBV focal points include shortage of vehicles and office space were victims can be attended to in private.	Train more police officers on handling GBV cases.	WAD
	Allocate more financial resources for vehicles and office space for GBV focal points.	Ministry of Finance
GBV service providers for example the Health sector, district commissioners, social services, magistrates' courts, and other NGO GBV service providers need to improve on the documentation of GBV cases dealt with.	Develop and institutionalise a referral system.	WAD
	Develop a decentralised and automated surveillance system for monitoring the effectiveness of the referral system.	
There are only two shelters for abused women in Botswana. These are inadequate for the high levels of GBV reported in this study.	Government should provide for facilities of protection as specified in the Domestic Violence Act.	Ministry of Finance
<b>Prevention</b>		
Prevention campaigns and protective laws are still relatively unknown to the public.	Prevention needs to be placed at the centre of campaigns to end GBV in the same way that HIV and AIDS.	Office of the president, all national government ministries; chiefs and traditional authorities; Local government and civil society
The findings in this research point to conservative and patriarchal value systems for women and men as a contributing factor to the incidence of GBV.	Awareness raising and community dialogues on GBV and other gender issues should be prioritised.	GL, BALA, Ministry of Local Government, NGOs and CBOs working at the local level

<b>Conclusions</b>	<b>Recommendations</b>	<b>Who responsible</b>
Political leaders are not addressing GBV as a key social problem. This is shown by the limited reference to GBV in speeches.	Declare a national emergency be declared based on this study's findings followed by a call for more efforts to address GBV.	Presidency, Cabinet, Parliamentarians, Mayors, Chiefs, Councillors, Political party representatives
<b>Integrated Approaches</b>		
Botswana has not yet formally adopted the draft NAP.	Use the indicators research to review and strengthen the NAP by adding baseline information, targets and indicators.	WAD and all GBV stakeholders
	Ensure the adoption, costing and implementation of the NAP.	WAD and all GBV stakeholders
	Fund and conduct follow up and periodic GBV surveys using the same methods. Follow up surveys will be useful in gauging the reduction of GBV and the effectiveness of efforts to address GBV	Ministry of Finance, WAD
	Develop and maintain a national GBV database.	Statistics Botswana