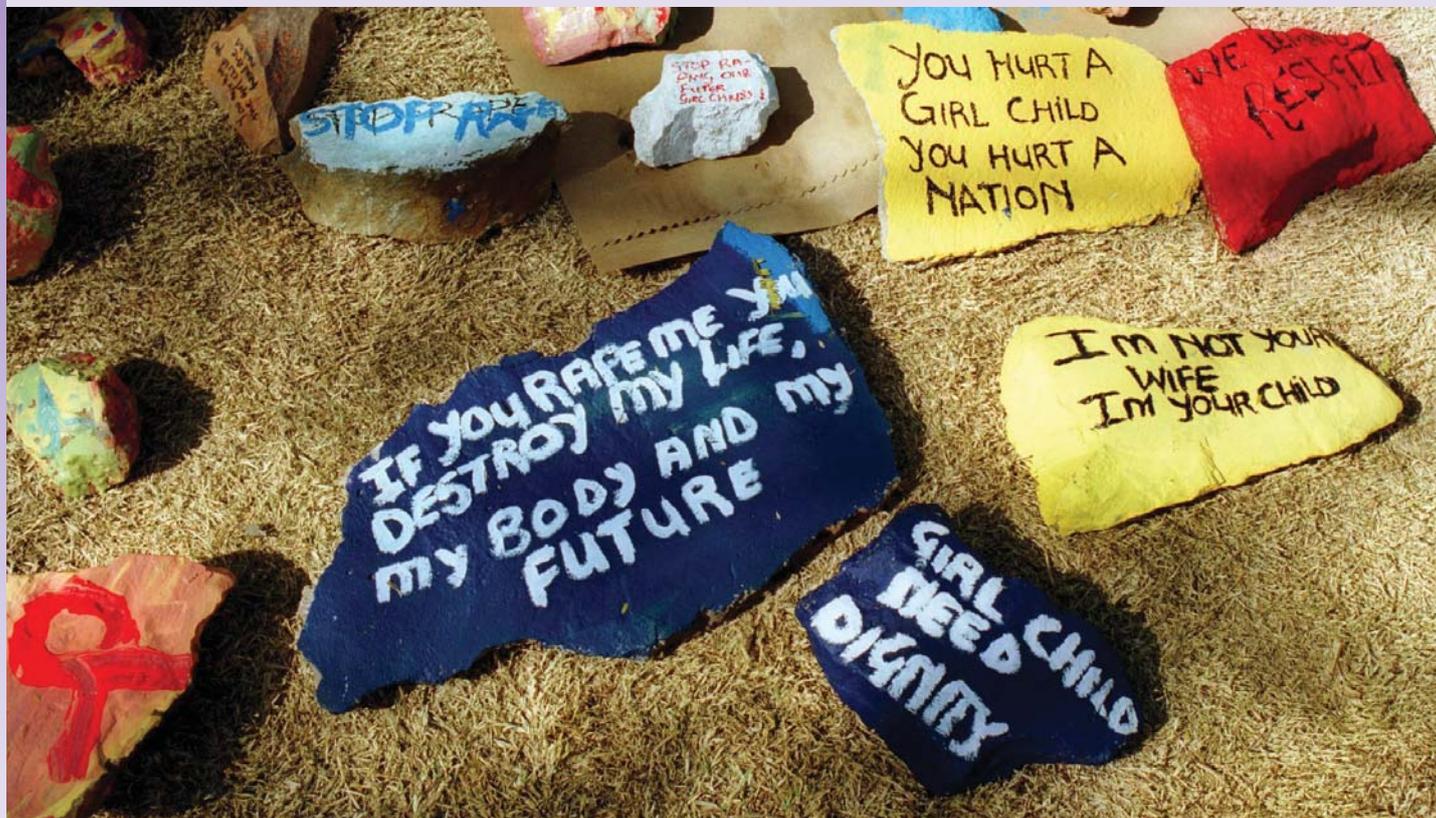


The war @ home

Findings of the GBV Indicators Research Project in four Provinces of South Africa, Botswana and Mauritius



"The findings of this research are shocking (and indeed shocking!). Rather than be defensive and find ways of distancing our society from the depicted reality, it is wiser to pick the lessons and get to work. In many ways the results of this study are a wakeup call to everyone." Botswana

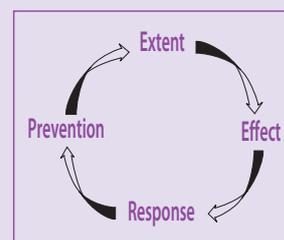
Minister of Labour and Home Affairs Honourable Edwin Batshu at the launch of the Botswana GBV Indicators report on 29 March 2012.

GBV is one of the most common yet unacknowledged and serious human rights violations in the Southern African Development Community (SADC) region.¹ The SADC Protocol on Gender and Development, which aims to halve current levels of GBV by 2015, inspired the GBV indicator project, that aims to establish comprehensive indicators on the extent, response, support and prevention initiatives. Gender Links (GL) in partnership with government and local civil society partners conducted this research in Botswana, Mauritius and South African Provinces of Gauteng, Western Cape KwaZulu Natal and Limpopo. Research is on-going in Zimbabwe and Zambia. The research has provided evidence for the adoption and strengthening of National Action Plans to End Gender Violence (NAP) in the three countries. As GL cascades the indicators to other countries,

the plan is to conduct the research at local level with the Centre's of Excellence (COE's) that we are working with and to aggregate these results into a national survey.

Process

The research uses inter-related tools to answer key questions relating to extent, effect, response, support, and prevention. These tools are a prevalence and attitudes household survey; analysis of administrative data gathered from the criminal justice system (police, courts), health services, and government-run shelter; qualitative research of men's experiences of intimate partner violence as well as first-hand accounts of women's and men's experiences, 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 femicide, marital rape, emotional and economic violence. The "I" Stories, give a human face to all aspects of the research.



¹ SADC Gender Protocol Alliance Barometer, 2010

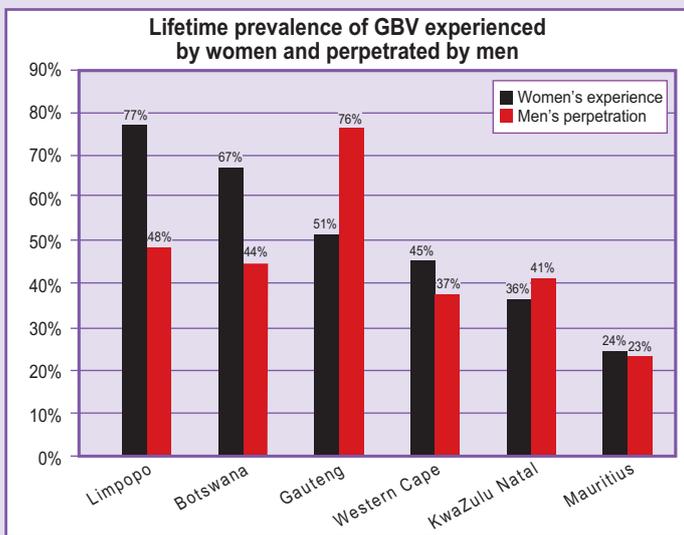
Table one: Breakdown of respondents in the household survey by project site

	Female	Male	Total
Botswana	639	590	1229
Mauritius	679	678	1357
Gauteng province (SA)	511	487	998
KwaZulu Natal province (SA)	698	593	1291
Western Cape province (SA)	750	741	1491
Limpopo (SA)	841	1000	1841
Total	4118	4089	8207

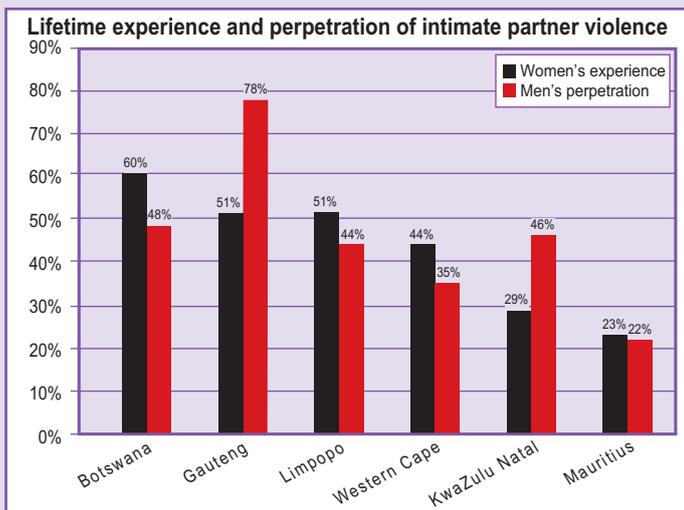
8207 respondents were part of the study in the three countries. Table one shows the breakdown by site. The highest number of participants (5621) was recruited from the four South African provinces.

Key findings

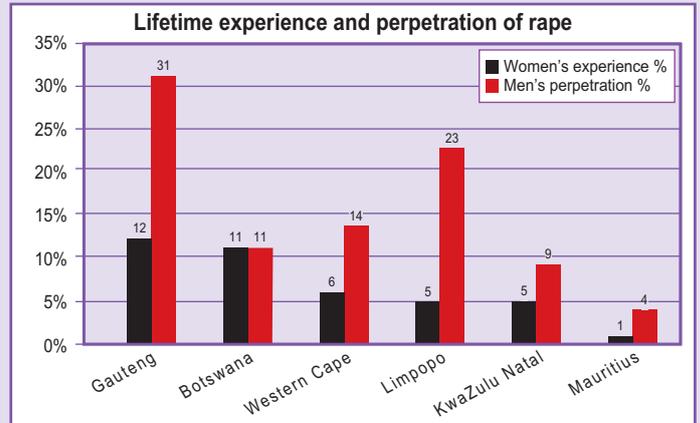
High levels of underreporting of GBV to police in three countries



The studies found that 77% of women in Limpopo province, 67% of women in Botswana; 51% of women in Gauteng; 45% of women in Western Cape; 36% of women in KwaZulu Natal and 24% of women in Mauritius have experienced GBV. A higher proportion of men in Gauteng (76%) and KwaZulu Natal (41%) admitted to perpetrating violence against women in their lifetime. A lower proportion of men, compared to the proportion of women reporting GBV said they perpetrated GBV in Limpopo (48%); Botswana (44%); Western Cape (35%); and Mauritius (23%).



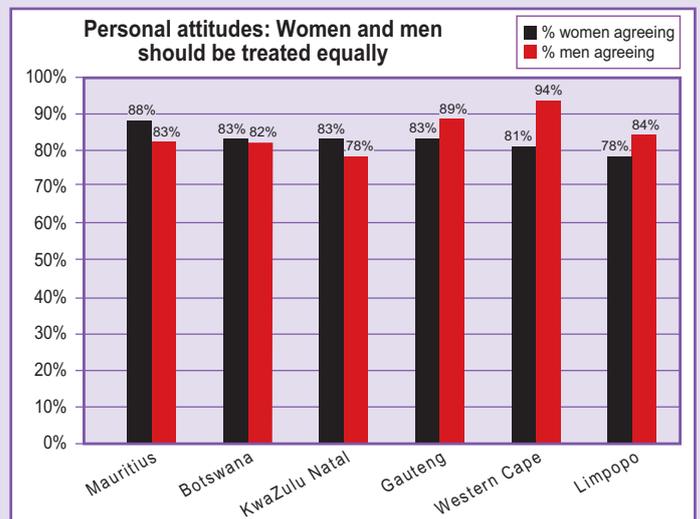
The most predominant form of GBV experienced by women and perpetrated by men in the three countries occurs within intimate partnerships. Sixty percent of women in Botswana, 51% of women in Gauteng, 51% of women in Limpopo, 44% of women in Western Cape, 29% of women in KwaZulu Natal and 23% of women in Mauritius reported experiencing intimate partner violence (IPV) in their lifetime.



Interestingly, the most common form of IPV in the three countries is emotional violence - a form usually not addressed in police statistics. Of the women that were ever in intimate relationships, 45% of women in Botswana, 44% of women in Gauteng; 39% of women in Western Cape; 31% of 23% of women in KwaZulu Natal and 16% of women in Mauritius experienced emotional IPV in their lifetime.

Women also suffer from GBV perpetrated by strangers. Twelve percent of women in Gauteng; 11% of women in Botswana; 6% of women in Western Cape; 5% of women in Limpopo; 5% of women in KwaZulu Natal and 0.7% of women in Mauritius reported experiencing non partner rape in their lifetime. Eight percent of women in Gauteng; 2% of women in Botswana; 1% of women in Western Cape; 1% of women in KwaZulu Natal and less than 1% of women in Mauritius reported experiencing non-partner rape in the 12 months before the survey. The proportion of men reporting rape perpetration in the three countries is significantly higher than the proportion of women reporting experience.

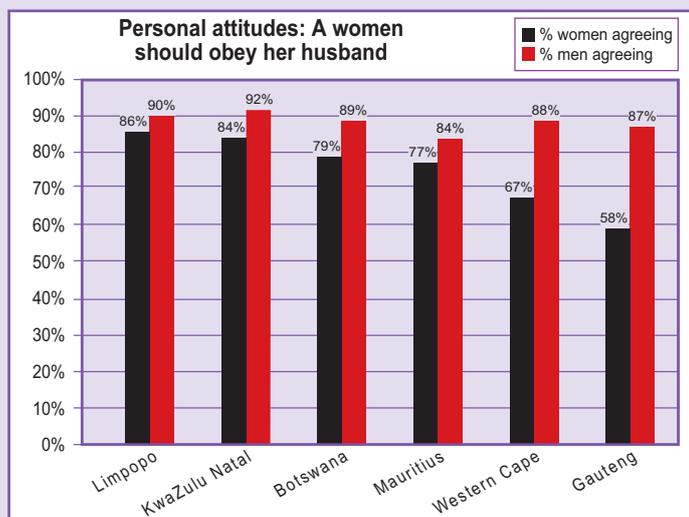
Patriarchal societal norms and unequal power relations drive GBV



Patriarchal norms of wife ownership, sexual entitlement following marriage, and the legitimacy of violence as a

means of controlling wives drives GBV in all three countries. In all three countries, both men and women expressed a high level of general support for “equal treatment”.

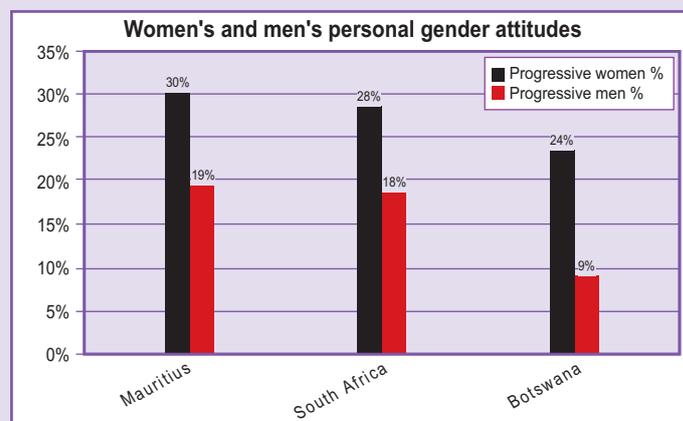
The graph shows that over 80% of women and men in all sites affirmed the notion of equality of women and men. However, these attitudes did not extend to the domestic domain.



Higher proportions of women and men agreed that a woman should obey her husband. However, the proportion of women agreeing to the notion of wife obedience in each of the sites is lower than men's showing that women are slightly more progressive than men.

GL grouped the attitude responses into progressive and conservative. In all three countries, women had more progressive views than men. Mauritian women (30%) and men (19%) were most progressive followed by South African

women (28%) and men (18%). Botswana women (24%) and men (9%) were least progressive. The gaps between the attitudes of women and men is especially pronounced in Botswana (which also has the highest levels of IPV in the three countries). This goes a long way in explaining the extent of GBV in these countries. However the prevalence of progressive attitudes among some men indicates that messages about equality are starting to get through to men.



Individual factors are associated with GBV perpetration: A complex set of individual factors such as alcohol use, drug use and child abuse exacerbate GBV perpetration. Men who were abused in childhood were more likely to be violent to their partners and were also more likely to have done so more than once. Prevention campaigns should address these factors.

GBV increases women's risk to adverse health effects. GBV places women at increased risk of sexually transmitted infections (STIs), HIV and poor mental health effects. Sixty seven percent of physically abused women in Mauritius, 25% of physically abused women in Gauteng; 27% of

Table two: Comparative analysis of police data collection in the three countries

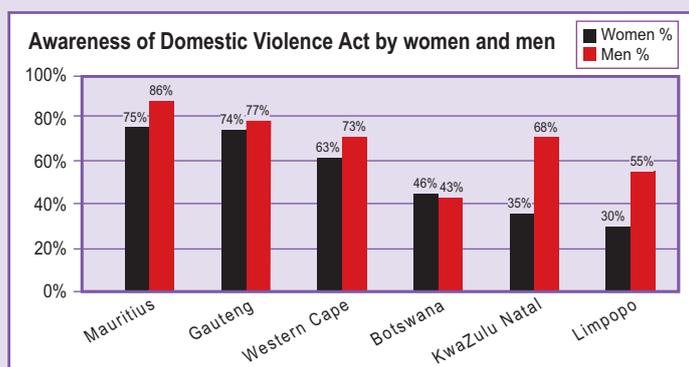
General GBV data concern	Botswana Police Service (BPS)	South Africa Police Services (SAPS)	Mauritius Police Services (MPS)	Comments
Police statistics often do not capture the many forms of GBV, especially the less obvious emotional and psychological forms.	BPS data is categorised into physical, sexual, economic and emotional GBV. BPS has an added category - spiritual violence.	SAPS recently introduced a category for domestic violence. But this needs to be accompanied by information on relationship to make sense of the data.	Mauritius police Service collects data on sexual offences but provides no information on relationship between survivor and perpetrator.	SAPS promised to add relationship to the checkbox following the Gauteng GBV indicator study. BPS categorisation into physical, sexual, economic and emotional categories is a progressive move. GL will make a recommendation for the Mauritian police to introduce a domestic violence category and include the relationship tick box.
Most police services have no specific category for femicide (the murder of a woman by her intimate partner). Gender disaggregated data on murder does not give conclusive information on femicide; researchers have to do docket analysis to determine if the murder of women is indeed femicide.	BPS includes murder as a GBV crime. Because BPS also has relationship categories it is possible to ascertain if an intimate partner murdered a woman; therefore whether this constitutes femicide.	SAPS have no category for femicide, although SAPS promised to introduce this category after the launching of the Gauteng GBV indicators study.	Mauritian police have no category for femicide.	SAPS has gender disaggregated data on murders and agrees it would be easy enough to include femicide. GL will recommend that Mauritian police create a separate category for domestic related murders and include a relationship tick box.
Police data often excludes marital rape.	No category for marital rape.	SAPS have a category for rape of wife by own husband and attempted rape by own husband. This helps to ascertain marital rape from the domestic violence data.	Mauritian police has a category "rape" under sexual offences. However it is impossible to decipher between partner or non-partner rape.	BPS does not register rape in marriage because marital rape is not recognised as a crime. GL will make a recommendation for the Mauritian police to introduce a domestic violence category and include the relationship tick box for the domestic violence and the sexual offences categories.
Police data often does not disaggregate intimate from non-intimate partner rape	BPS registers rape by intimate partners outside the marriage context for example an ex-partner, a dating partner and cohabiting partner. In this way it is possible to ascertain rape by non-partners as opposed to partners.	No category for sexual violence by partners outside the marriage		Although SAPS has a rape category under domestic violence, this cannot be disaggregated into partner and non-partner rape because of the absence of relationship information between victim and perpetrator.

Source: Gender Links, BPS, SAPS, Mauritian Police.

physically abused women in Western Cape and 18 % of physically abused women in Botswana sustained injuries. Thirty five percent of women who were raped in Gauteng, 44% of women who were raped in Botswana and 67% of women who were raped in Mauritius were clinically diagnosed of STIs. Twenty six percent of women in Botswana and 11% of women in Gauteng who were abused by their intimate partners also tested positive for HIV. Fifteen percent of women in Botswana and five percent of women in Gauteng who were raped also tested positive for HIV.

Police data fails to disaggregate into specific forms of violence, femicide and marital rape. Table two shows a comparison of GBV data collection by the police in the three countries. While Botswana police services (BPS) categorises reported cases into physical, sexual, economic and emotional GBV this is not the case with South African Police services (SAPS) and Mauritius Police Services (MPS).

The table shows that BPS has made the most progress in categorising GBV data into physical, sexual, economic and emotional GBV. BPS has an added category - spiritual violence. BPS also aggregates data in a manner that enables determination of femicide. SAPs and MPS have no specific category for femicide. BPS captures the relationship between GBV survivor and perpetrator when cases are reported. Using BPS data it is possible to separate intimate from non-intimate partner rape. SAPS and MPS do not account for the relationship between survivor and perpetrator. BPS data however falls short in that it does not account for marital rape based on the country's constitution which does not recognise marital rape. Although MPS has a category "rape" under sexual offences the lack of the relationship information makes it impossible to decipher between marital or intimate partner and non-partner rape. Similarly although SAPS has a rape category under domestic violence, one cannot separate marital or intimate partner and non-partner rape because of the absence of relationship information between victim and perpetrator. This shows there is room for improvement in data collection and management by police.



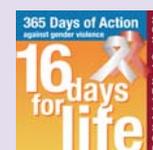
Women and men are relatively aware of Domestic Violence Acts in their countries. Except for Botswana, men are more aware of the Domestic Violence Acts in their country than women. Three quarters (75%) of women in Mauritius, 74% of women in Gauteng, 63% of women in Western Cape, 46% of women in Botswana, 35% of women in KwaZulu Natal, 30% of women in Limpopo were aware of the Domestic Violence Act.

Most survivors do not use available services. While services are available in the three countries GBV survivors frequently avoid using them. This is shown by the lower extent of reporting of GBV to service providers such as health, counselling services and shelters. The failure to use services is often a result of limited awareness of available services. For example only 46% percent of women in Mauritius, 45% of women in Gauteng and 25% of women in Botswana knew about the GBV helplines. A lower proportion of these women had actually used the helplines. Governments should prioritise further research into why women do not use services.

Shelter services are disproportionate to the need. While the Domestic violence Acts of the three countries make provisions for places of shelter, Botswana and Mauritius governments have to allocate more resources for new and existing facilities. Botswana has only two shelters that are run by civil society. Mauritius has three shelters of which the government only funds one. Although the Gauteng provincial government are funding 21 registered shelters managed by civil society, the shelters only service 13% of the potential (reported) needs. Governments need to allocate more financial, infrastructural and human resources for provision of shelters and secondary housing.

Lack of clear referral systems for GBV survivors: Research in all three countries showed a lack of co-ordination and functional referral system for GBV survivors. The result is that survivors fail to benefit from the full spectrum of services. The Women's Affairs Department in Botswana has made strides in developing a GBV referral system. South Africa and Mauritius are yet to set up systems for tracking survivors between the different services. However South Africa has one stop centres in the name of Thuthuzela Care Centres (TCCs) for sexual assault survivors. The TCCs function in a way that the survivor can get a spectrum of services under one roof.

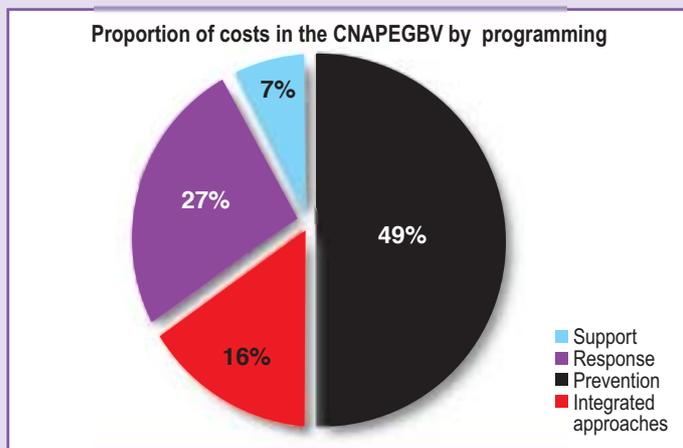
Lack of budgetary allocations and human resources for implementation NAPs: GL has worked with the three countries to develop National Action Plans (NAPs) to end gender violence. The main challenge in the implementation of the Botswana NAP is that the government has not adopted it nor made budgetary allocations. Departments and organisations implement most of the actions within the national vision 2016 frame work. The Botswana Ministry of Labour and Home Affairs plans to engage stakeholders in the review and adoption of the 365-Day National Action Plan to Combat GBV.



Four years since the official launch of the South African NAP, implementation, monitoring and evaluation remain weak. The South African Department of Women, Children and People with Disability (DWCPD) will launch the National GBV Council in 2012. The Council's terms of reference include reviewing and evaluating the implementation of the revised South African NAP.

Mauritius successfully implemented the National Action Plan to Combat Domestic Violence from 2008-2011. As of December 2011, Mauritius had implemented 92 % of the

recommended actions. The remaining 8% of the Plan relate to its impact assessment or monitoring and evaluation with a view to gauging strengths, weaknesses, and new opportunities. The Ministry of Gender Equality, Child Development and Family Welfare launched the new fully costed National Action Plan to End GBV for 2012-2015 (CNAPEGBV) and the National Platform to End Gender Based Violence (NPEGBV) in 2011. The implementation of the costed activities in the CNAPEGBV amounts to Rs23,485million.

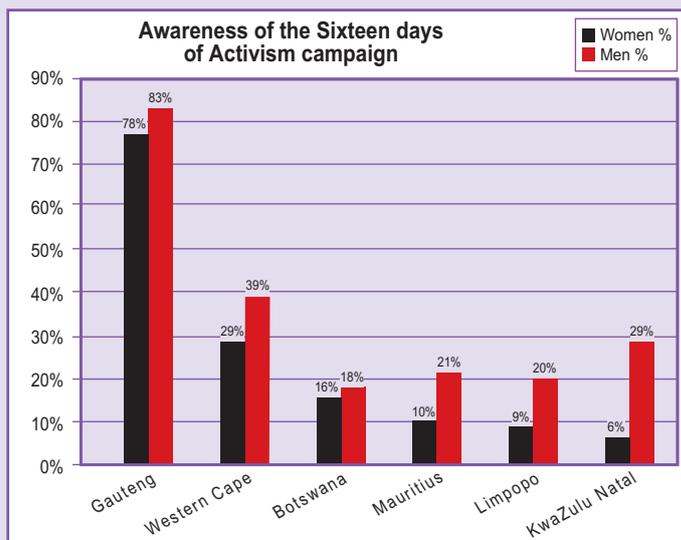


For purposes of this research, the Mauritian CNAPEGBV was analysed according to four main functional areas identified in the study - response, support, prevention and integrated approaches. The greatest allocation (49%) is towards the prevention components of the CNAPEGBV while the lowest is towards support (7.5%). After prevention, response has the second highest allocations and budgetary priority. Responding to GBV accounts for Rs6,455 million which is 28% of total costs. The high proportion of state funding for prevention is rare and commendable. However, a gap in the costing of the CNAPEGBV is that there are no allocated resources for the Coordinating Advisory Committee (CAC) for the National Platform to End GBV and proposed technical committees intended to provide technical advice for the implementation of the Action Plan. Also lacking are funds to ensure the objective of establishing an effective referral system mapping the services that are available for survivors of GBV in each specific location.

Capacity building is required to improve on GBV programme monitoring and evaluation. Currently GBV service providers in the three countries are not effectively evaluating their programmes as evidenced by failure to provide administrative data on service provision. This problem extends across the region. Country representatives called on the SADC GU to support capacity building on Monitoring and Evaluation as part of the regional GBV strategy.

Need for more concerted efforts to raise public awareness and prevent GBV. Less than half of the women and men in all the sites except Gauteng knew of the Sixteen Days of Activism Campaign. Politicians also do not adequately address GBV in their public speeches. Of the total public speeches delivered by political leaders, only 5% of speeches in Gauteng, 9% of speeches in Mauritius and 15% of speeches in Botswana referred to GBV. Most

of these speeches lack depth and are usually a passing reference to GBV.



Impact

In Gauteng, GL has disseminated the findings:

- At provincial round table meetings attended by the provincial leadership which includes the Premier's Office and MECs. Key provincial departments tasked with addressing GBV such as Community Safety; Health and Social Development; SAPS, National Prosecuting Authority (NPA) have formed part of the engagements. One result of these engagements is that the provincial government has used the findings to motivate the launch of the GBV provincial prevention platform. The GBV prevention platform was launched in August 2011.
- To the Provincial Gender Machinery, a multi-sectoral structure for coordinating gender issues. Culminating from this engagement the findings have informed the provincial VAWAC strategy.
- To the SALGA Gauteng Commission which is comprised of local councillors from across the province.
- At provincial events to commemorate International Women's Day, Women's Month and Sixteen Days of Activism.



Police support the campaign but lack credible data.

Photo: Colleen Lowe Morna

In Botswana, GL has:

- Publicly launched the research report at an event officiated by the Minister of Labour and Home Affairs.
- Obtained buy in from the Women's Affairs Department, the Ministry of Local Government and Botswana Association from Local Government (BALA) to cascade the research to local level.
- Shared the findings at the Gender Justice and Local Government Summit which was attended by local councils across the country.

In Mauritius, GL has

- Shared the draft research report with the Prime Minister and other stakeholders. There has been high political buy in from the PM to the extent that he has endorsed the participation of all relevant ministers in the process of validating the report and taking forward the tabled recommendations.

Overall the findings are useful as evidence to hold governments accountable to address

GBV as a scourge through allocating resources. GL has called on political leaders and key decision-makers to:

- Address GBV holistically in their public discourse.
- Allocate budgetary allocations for the implementation of NAPs.
- Support capacity building for GBV service providers.
- Ensure the establishment of centralised country GBV databases to allow for reporting on instruments such as the CEDAW and the SADC protocol on Gender and Development.

Next steps

Strengthening the NAPs

- Validation and adoption of the draft "365 Day National Action Plan to end GBV" in Botswana, using the evidence from the research. The Government pledged to adopt the plan in 2012/2013. GL will subsequently participate in the validation and review processes.
- The DWCPD appointed GL to sit on the steering committee of the South African GBV council. GL will use the evidence from the research to make recommendations informing the NAP review.

"I welcome the publication of the Gender-Based Violence Indicators commissioned by Gender Links. Gender-based violence is human rights violations and reflects inequality between women and men. Such violence has profound implications on the health, dignity, security and autonomy of those affected not only the victims but also the entire family. Unfortunately this is often ignored. My Government is fully committed to continue working towards an inclusive, harmonious and peaceful society. Creating the appropriate legislative and institutional framework for gender equality and family welfare, will remain high on our agenda."

Dr the Hon Navinchandra Ramgoolam, GCSK, FRCP - Mauritius

- GL as a member of the Mauritian NPEGBV will lobby for the use the research findings as baselines for national monitoring and evaluation of GBV programmes.

Police data

GL will:

- Follow up SAPS on the commitment to add relationship to the checkbox and collect data on femicide following the Gauteng GBV indicator study.
 - Engage BPS and MPS on how to improve data collection and management.
- Make a recommendation for the Mauritian police to introduce a domestic violence category, include the relationship tick box and a separate category for domestic related murders.

Lobbying other SADC governments to adopt the indicators

GL will continue to lobby governments to adopt the indicator methodology and finance the research using the "GL and Government of Botswana model" in which the government provided staff and logistic support while GL provided the methodology, analysed the data, gathered first hand accounts and assisted in compiling the reports.

Lobbying SADC GU and development partners to support GBV research and implementation:

GL and country representatives attending a regional GBV meeting held in March 2012 in Johannesburg called for the SADC GU to support governments by facilitating windows of funding for GBV research by government from the development partners. GL will lobby that these actions be included as part of the broader regional GBV strategy.

Cascading the GBV Indicators methodology to local level:

Learning from the research in the three countries, a new approach is being taken to the cascading of the the GBV indicators research in Zimbabwe and Zambia. With a sample of 8,400, research field work completed in Zimbabwe in November 2012 will make it possible to draw provincial as well as national results. The councils that form part of GL's Centres of Excellence for Gender in Local Government anchored the qualitative research. The findings will be used to strengthen local and national advocacy work for ending GBV. In Zambia, the research is being piloted in three districts before being cascaded across the country, with strong involvement by local councils.



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