

"Zarina"

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## CHAPTER 5

# Gender Based Violence

### Articles 20-25



Women demand an end to gender-based violence at a march organised by the Women's Affairs Department in Gaborone in November 2011.  
Photo: Gender Links gallery

#### KEY POINTS

- Citizens scored their government 70% in this sector.
- Botswana is one of six SADC countries to have conducted a Violence Against Women Baseline Study.
- Parliament passed the Domestic Violence Act in 2008 and developed regulations for implementation and a budget in 2013.
- Two in three women in Botswana have experienced GBV at some point in their lifetime. Although criminal investigations have resulted in some arrests, the majority of these crimes remain unsolved.
- Eleven percent of women reported that they had been raped in their lifetime.
- Botswana does not, as yet, have a specific law that deals with sexual offences.
- Botswana has not yet criminalised marital rape.

**Table 5.1: CSC scores on gender based violence**

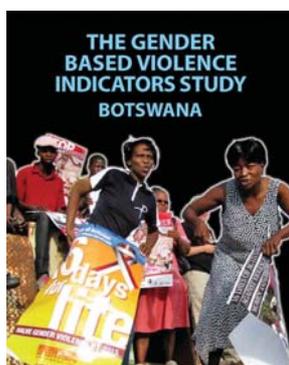
	SGDI	CSC
Scores	N/A	66%
Ranks	N/A	11

Table 5.1 shows that Botswana ranks 11th in the SADC region on gender-based violence (GBV) based on citizen's perceptions.

GBV is a human rights issue that affects both women and men; a serious scourge that presents challenges to realising women's rights as citizens and realising their agency to participate fully in public and private life. There is a strong legislative framework for GBV in most countries across the Southern African region. To date, Botswana has implemented a domestic violence Act. Despite the set target of 2015, there has not been any progress in passing legislation on sexual assault.

Provision of Post-Exposure Prophylaxis (PEP) continues to improve across SADC countries. Botswana, Namibia, Seychelles and Tanzania still lag behind in creating the necessary regulatory framework for the provision of PEP.

Progress also remains slow in passing sexual harassment legislation. There is strong resistance in recognising sexual harassment



as a crime. In July 2014, Botswana passed a human trafficking law to provide for prohibition, prevention and combating human trafficking.

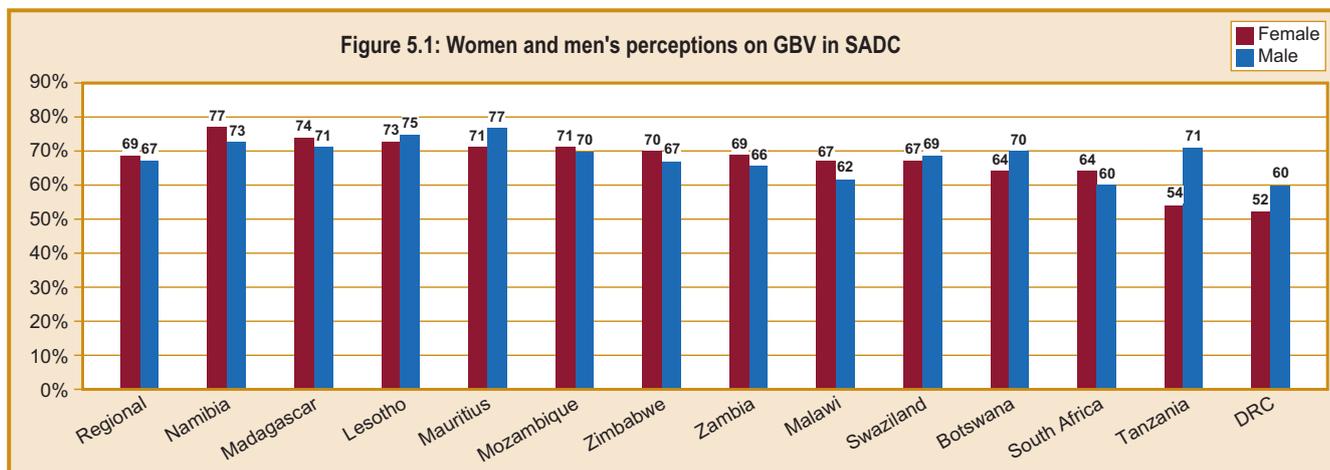
Botswana exhibits a consistent pattern of high policy priority and robust policy formulation, but weak models of implementation. This has resulted in inadequate knowledge, and use, of health and social services. Botswana legislators have also lagged behind in implementing the provisions of the GBV laws. Service providers remain under-resourced and with limited capacity to deliver on their mandates.

Despite some significant strides towards providing shelters for survivors of GBV, the resources available also remain outnumbered by the ever-increasing number of survivors and the cyclical nature of violence. There is also a lack of alternative placement for GBV survivors.

Government continues to rely on civil society organisations to provide shelter for GBV survivors. The reliance on NGOs is not a sustainable solution.

Botswana recently completed a VAW baseline study and adopted a composite index to measure GBV. The findings from this research will guide GBV strategies and budgeting processes. Stakeholders should also use this index to develop monitoring and evaluation frameworks to assess the efficacy of GBV-related services.

**Figure 5.1: Women and men's perceptions on GBV in SADC**



Source: Gender Links 2014.

Figure 5.1 illustrates that, on average, women and men in SADC give their governments a score of 68% in this sector. In Botswana, women ranked their governments at 64% and men at 70%. This overall score is the same as 2013, implying there has not been a change in perceptions on gender-based violence in SADC.

Despite significant progress, Botswana needs to increase efforts to prevent GBV and to put in place more effective strategies to deal with the situation. Politicians need to continue to take a stand to combat GBV and speak out against it.

## Legislator accused of breaking his wife's kneecap during a fight



The embattled wife of Letlhakeng/Takatokwane Member of Parliament Ngaka Ngaka has turned to her Facebook friends for support in her bitter war to have her politician husband prosecuted for domestic violence related issue. A District

Commissioner in Kweneng, Dineo Ngaka, posted pictures of herself recuperating at Gaborone Private Hospital after knee surgery. She posted: "Lying in a hospital bed putting my trust in the Lord o sekeng a pallwa ke sepe. Everybody shall see someday rewards from heaven for all of us."

Boingotlo Dineo Ngaka (44) who last year together with her husband treated onlookers to a street fight (*Exposed: The Voice February 10, 2014*) said she felt Ngaka is being given preferential treatment by the police because he is a Member of Parliament. She said: "I reported this incident last year, after my husband beat and kicked me while I lay helpless on the floor, but investigations have dragged on."

Molepolole Police Station Commander Tawana Tawana confirmed to *The Voice* that they were indeed investi-

gating MP Ngaka for assault. Tawana only confirmed the issue but was not willing to give further details. Meanwhile, Ngaka's wife said the delay will not stop her from pursuing the matter to ensure that justice is done. "He has been begging me to withdraw the case promising me that he will leave his mistress and come back home. However, I know that it is a lie. He just hates that he has this case hanging over his head and wants it to go away. He has not shown any remorse and did not even visit me while I lay in the hospital. He broke my knee when I confronted him about his infidelity, and he was not ashamed to tell the whole world that he is divorcing me. What kind of man does that and still expects you to forgive him?"

Reached for comment MP Ngaka said he was not aware that his wife is getting support from Facebook before flatly refusing to make any further comments. Meanwhile, the couple is expected to appear in court soon where their divorce and marriage wrecking case will be heard.

*Source: The Voice, 18 April 2014*

## The GBV indicators project

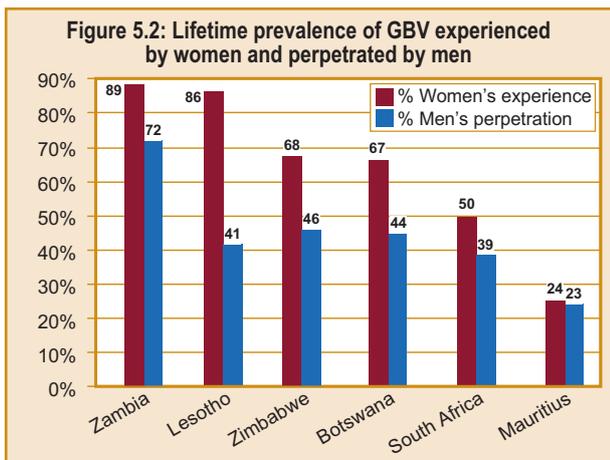


Women hold up posters during a 16 Days of Activism campaign march in Gaborone. *Photo: Vincent Galatlhwe*

The GBV indicators project aims to establish comprehensive indicators on the extent, response, support, and prevention initiatives. The SADC Protocol on Gender and Development inspired the project, which aimed to cut GBV levels in half by 2015. Gender Links, in partnership with government and civil society partners, conducted a study in Botswana, Lesotho, Mauritius, Zimbabwe and the South African Provinces of Gauteng, Western Cape KwaZulu-Natal and Limpopo, as well as

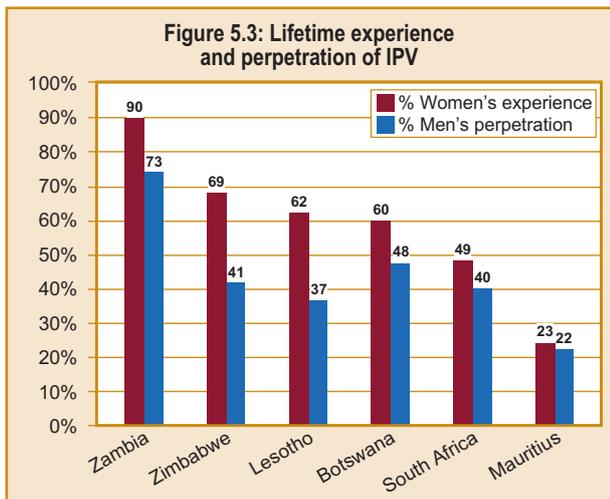
the Zambian districts of Kasama, Kitwe, Mansa and Mazabuka. The study points to the strengthening of National Action Plans to End Gender Violence (NAP) in the six countries. As GL cascades the indicators to other countries, the plan is to gather enough information at provincial level to strengthen the local action plans for ending gender-based violence through Centre's of Excellence (COE's) for Gender in Local Government.

The study uses a prevalence and attitudes household survey; analysis of administrative data gathered from the criminal justice system (police, courts), health services, and shelters; qualitative study of first-hand accounts of women's and men's experiences of intimate partner violence, or "I" Stories; media monitoring; and political content analysis. The "I" Stories give a human face to all aspects of the study. Overall, researchers interviewed 21 225 participants in the six countries: 1229 in Botswana; 3367 in Lesotho; 1357 in Mauritius; 1297 in Zambia; 5621 in South Africa; and 6600 in Zimbabwe. The flagship tool is the household prevalence and attitude survey, justified because researchers view statistics obtained from administrative data as inadequate because survivors do not report most incidents to police or service providers. Statistics from service providers also often cover physical and sexual assault, but may not disaggregate GBV into other forms such as intimate partner homicide, marital rape, emotional and economic violence.



Source: 2014 SADC Gender Protocol Barometer.

Figure 5.2 shows that 67% of women in Botswana have experienced GBV, while 44% of men admitted to perpetrating it.



Source: 2014 SADC Gender Protocol Barometer.

Figure 5.3 shows that 60% of women in Botswana also experienced some form of IPV at least once in their lifetime, while 48% of men admitted to perpetrating IPV. IPV is the most predominant form of GBV experienced by women and perpetrated by men. The most common form of IPV is emotional abuse, a form of violence rarely discussed in police statistics.

Emotional abuse can take the form of stalking, verbal abuse, or damage to property. The Penal Code does not recognise "emotional abuse."

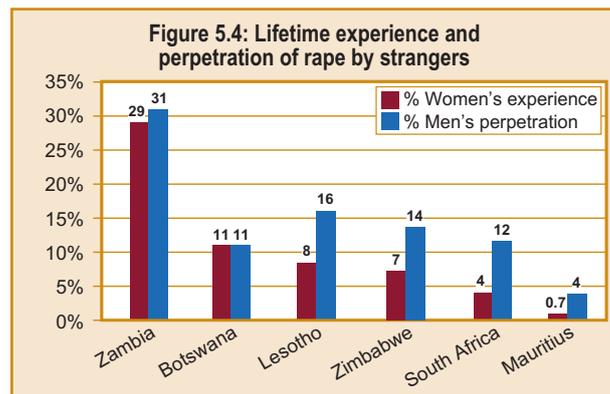
IPV can result in intimate femicide: Though there is a vast and growing body of knowledge on violence against women, the most severe form of violence, the killing of women by their male partners, has received little attention. Almost all cases of males killing females occur in the context of an ongoing intimate relationship.

Intimate femicide is a subcategory of domestic homicide, referring specifically to homicides where a woman is killed by someone with whom she has been intimately involved. Most of the IPV cases go unreported, as many women cannot afford to put their husbands, the primary breadwinners, in prison.

GL has recently embarked on a project that seeks to empower survivors of violence by creating an enabling environment through the Local Economic Development programme spearheaded by local governments across the SADC region.

### Violence in the public domain

Violence does not only occur within domestic spheres: research and media coverage throughout the region reveal that women remain unsafe in public spaces.



Source: 2014 SADC Gender Protocol Barometer.

Figure 5.4 presents rape prevalence rates experienced by women and perpetrated by men in six countries in the SADC region. Eleven percent of women in Botswana reported experiencing non-partner rape in their lifetime. Some 62% of women in this study experienced some form of IPV at least once in their lifetime, while 48% of men interviewed admitted perpetrating IPV at least once in their lifetime.

Reports from the Botswana Police Service (BPS) show that women in Botswana experience increasingly varied manifestations of GBV. Exact figures on rape and related offences are often unavailable or unreliable as most cases go unreported. The BPS also states that due to the patriarchal nature of the criminal justice system and its agents, with laws rooted in traditional attitudes on the roles of men and women, most women would find it difficult to report domestic violence. In some cases, the perpetrator sat in the same room as the victim whilst the victim reported the crime. Moreover, officers often have negative attitudes towards victims, and female officers do not attend all cases due to constraints in a number of female police officers (BPS 2008). The BPS concluded that police officers need more training in GBV case management. Although parliament passed

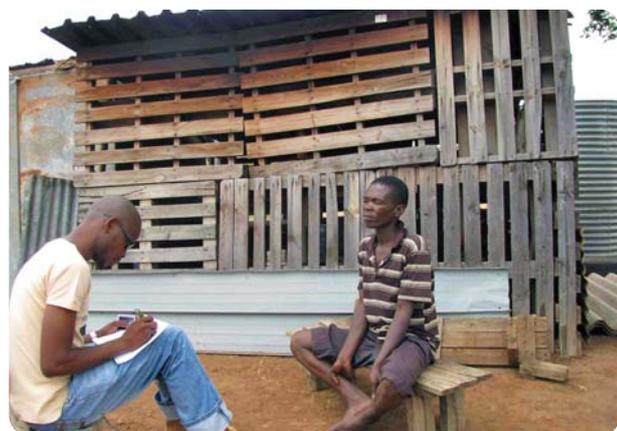
the Domestic Violence Act in 2008, many do not consider domestic violence a serious crime and the response of the legal system to GBV remains inadequate (BPS, 2008).

**Table 5.2: Reported cases of sexual offences and murder: 2007-2014**

Offences	2007	2008	2009	2010	2011	2012	2013	2014
Rape	1596	1875	1754	1865	1800	2073	2060	
Defilement of girls under 16 years	391	428	487	518	529	534	530	
Defilement of imbeciles	17	29	38	34	34	35	49	
Indecent assault of females	98	138	130	212	187	141	168	
Indecent assault of boys under 14 years	5	4	2	0	0	2	4	
Incest	0	7	6	8	6	7	7	
Murder and attempts	280	281	287	302	248	273	261	
Assault common	11899	14520	15133	17457	16098	16022	16669	
Assault occasioning and actual bodily harm	6018	6959	7279	8984	7906	8080	8539	
Grievous harm	229	203	281	295	259	267	283	
Threat to kill	1111	1302	1174	1166	1013	861	735	

Source: Botswana Police, 2013.

Table 5.2 shows that in most cases, more people have reported GBV over time. The number of sex offenses, (such as rape, defilement of girls younger than 16, indecent assault of females) have consistently increased over the period covered.



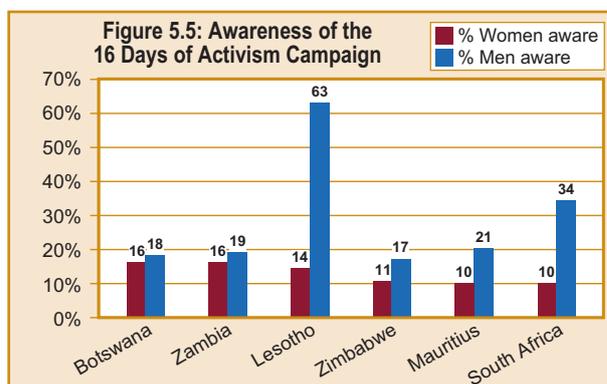
Interview in Tlokweng village for the Botswana GBV Indicators Project. Photo: Roos van Dorp

However, many victims do not report due to family and social pressure (MDG Report 2010, UN 2009). The 2012 GBV Indicators Study found that only one out of nine women reported rape to the police. Women's rights organisations highlight that convictions for rape remain relatively rare due to the requirement for corroboration, which makes it difficult to prosecute perpetrators, as witnesses do not exist in most cases.

The proportion of men reporting rape perpetration in the six countries is significantly higher than the proportion of women reporting experience. There is a need to explore why more men confirm they have raped

before, compared to the proportions of women who report being rape survivors.

The Domestic Violence Act does not protect married women who experience rape. A woman has no grounds to refuse sex with her husband, even when she knows he is HIV positive (UN 2009). A recent court case challenged this assumption. A married woman took her husband to court and won the case, a milestone achievement for women's rights. Sexual harassment is another type of GBV. Of all the women interviewed, 23% had experienced some form of sexual harassment at least once in their lifetime.



Source: 2014 SADC Gender Protocol Barometer.

Figure 5.5 shows that in Botswana, 16% of women know of the 16 Days of Activism campaign compared to 18% of men.

**Patriarchal societal norms and unequal power relations drive GBV:** Patriarchal norms of wife ownership, sexual entitlement in marriage, and the

legitimacy of violence as a means of controlling female partners tend to drive GBV. In all six countries, both men and women expressed a high level of general support for “equal treatment.” These attitudes, however, did not extend to the domestic domain. Lack of institutional programmes targeting behaviour change and patriarchal mind-sets contribute to high incidences of GBV cases.

In order to address GBV, there is a need to engage all relevant stakeholders from the community to national government level. There is a recent recognition of involving traditional and religious leaders in the efforts to combat GBV, as these people serve as custodians of culture and religion. For many women, community-based, customary justice mechanisms remain the only available method of redress. While traditional practices continue to be used to justify violence, culture is dynamic and can change through training, public education, and access to new information.<sup>1</sup>

**Different factors contribute to GBV perpetration:**

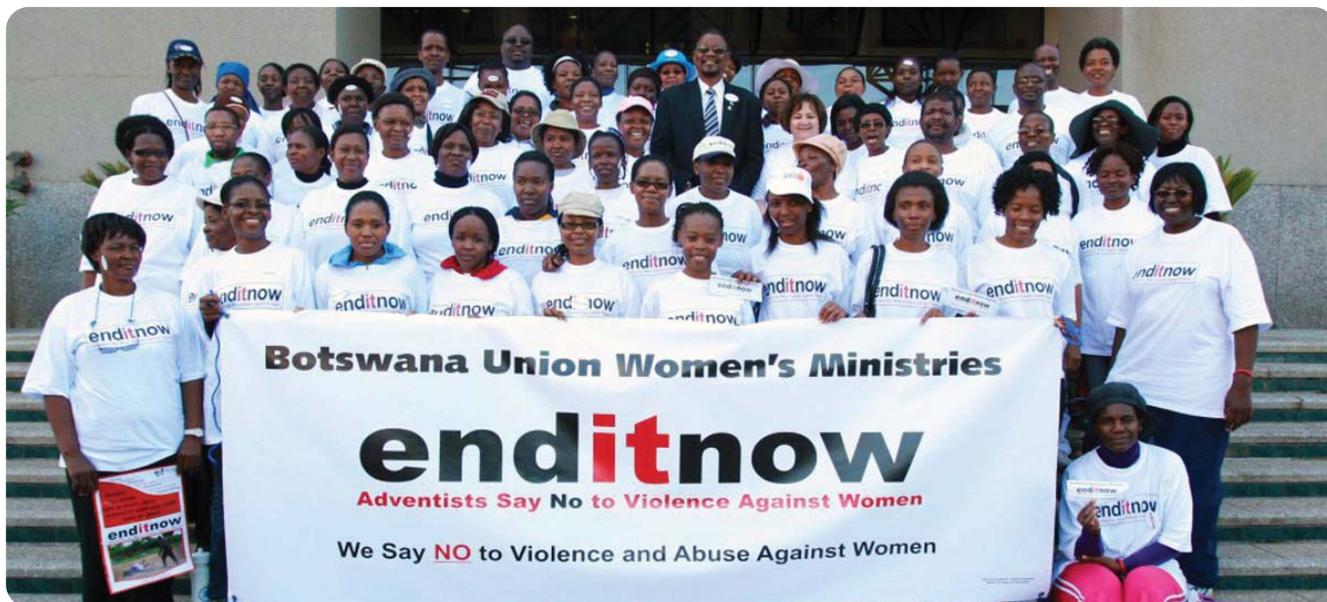
A complex set of factors such as alcohol use, drug use, and child abuse exacerbate GBV perpetration. The VAW baseline studies found that men who suffered abuse in childhood are more likely to be violent to their partners and more likely to have done so more than once. Prevention campaigns should thus address these factors. Studies have demonstrated that women who have experienced sexual assault in their childhood or adolescence are more likely to engage in behaviors that put them at risk for HIV, such as prostitution, sex with unfamiliar partners, low rates of condom use, and alcohol and drug use. Exposure to IPV is distressing to children

and is associated with a host of mental health symptoms both in childhood and later life.

**The costs of GBV**

GBV comes with several social, time, physical and mental health costs. Furthermore, GBV has quantifiable economic costs, although these are not an accurate reflection of the extent since many of the cases go unreported. Research in Africa has shown that response to GBV costs countries<sup>2</sup> significant amounts of money that stakeholders could use for development. Researchers see the costs borne by the survivors and their families, which more often than not compete with the vital expenditure needs of food and education, as equally important. GBV impedes economic development at personal, family, community and macro levels.

GBV increases women's risk of adverse health effects: Globally, the range and magnitude of VAW has tremendous negative impact for both individual and the society as a whole. The consequences of VAW within various settings have been well documented. These include increased rates of injuries, morbidity, mortality, sexually transmitted diseases, including HIV, as well as health risks associated with unwanted pregnancies (Krug et al 2002, Terry and Hoare, 2007). Exposure to VAW significantly increases other health risk factors for survivors including increased likelihood of early sexual debut, forced sex, transactional sex and unprotected sex (Population Council, 2008). If left unchecked VAW tend to have intergenerational consequences (Lesotho VAW Baseline, 2014).

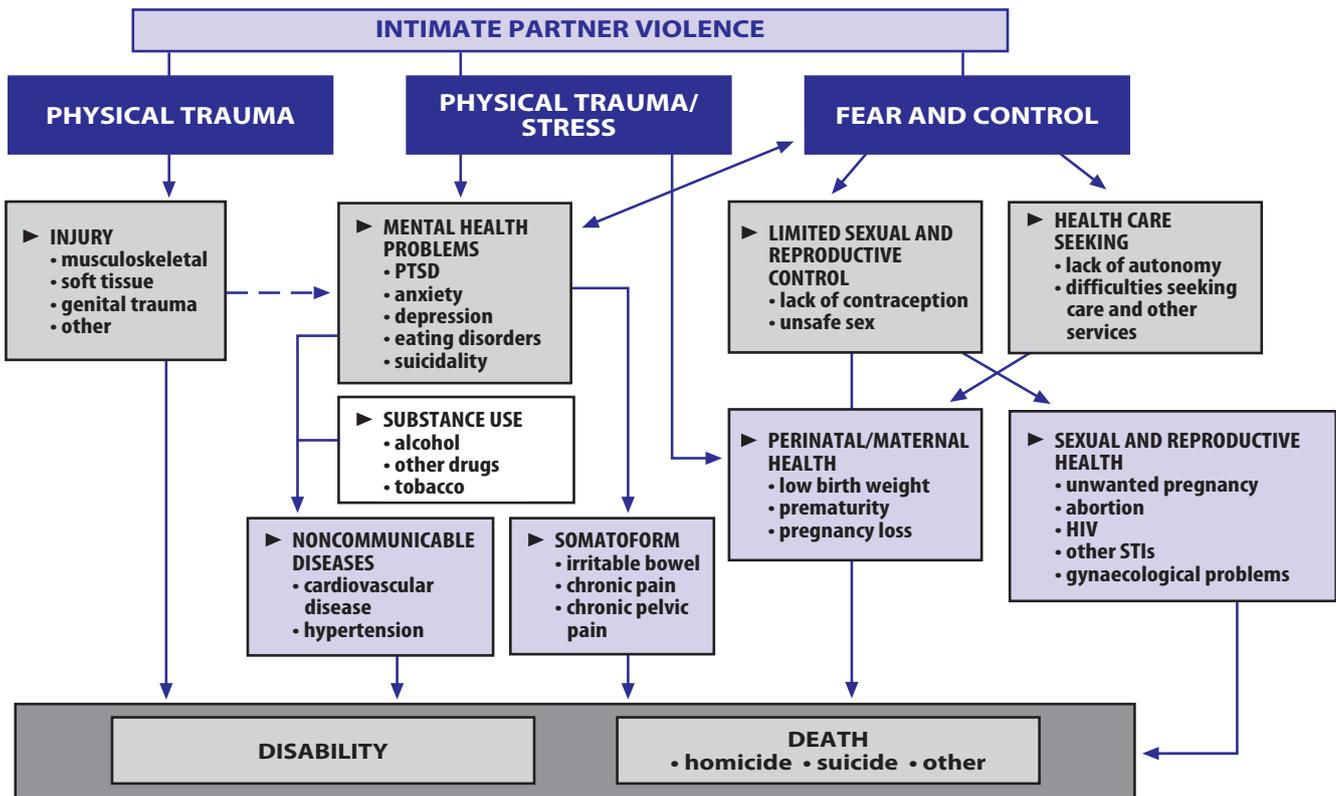


Botswana Women's Ministry take a stand against GBV.

Photo: Mboy Maswabi

<sup>1</sup> Role of traditional leaders and customary justice: <http://www.endvawnow.org/en/articles/1684-role-of-traditional-leaders-and-customary-justice-mechanisms.html>  
<sup>2</sup> Burns 2010.

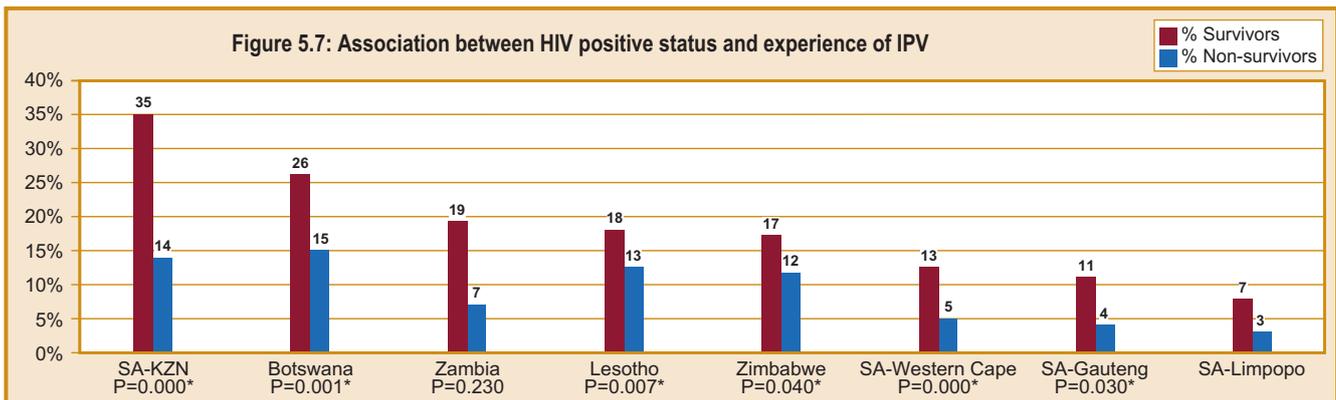
Figure 5.6: Pathways and health effects on IPV



Source: WHO (2013) Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence.

Figure 5.6 illustrates the pathways that IPV can influence adverse health outcomes and consequently lead to death or disability. The different pathways show how IPV can operate through intermediary factors resulting

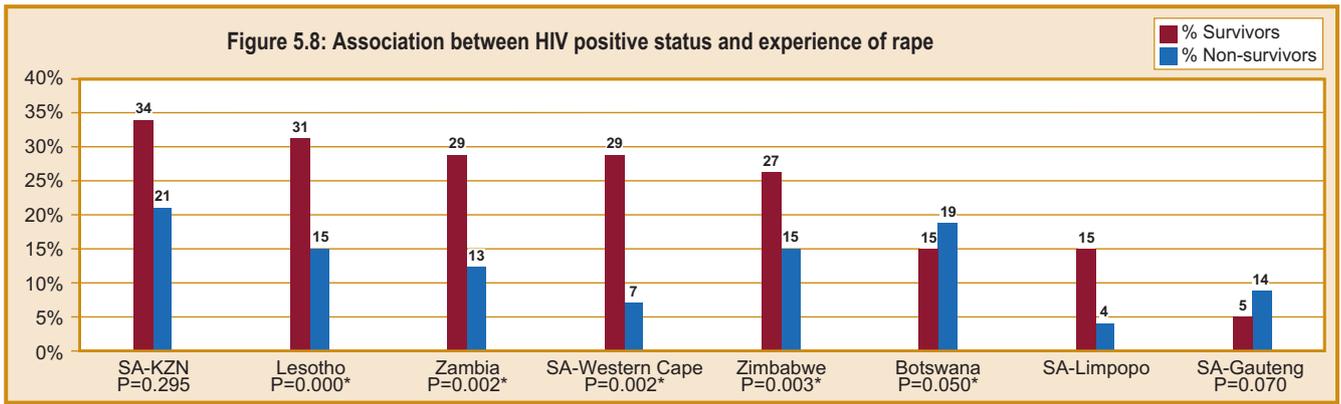
in death or disability. The death can be homicide or suicide. According to the framework, IPV directly links to physical trauma, psychological trauma, fear, and control.



Source: 2014 SADC Gender Protocol Barometer.

Figure 5.7 shows that, overall, significantly higher proportions of IPV survivors reported an HIV-positive status compared to non-survivors, as evidenced in

Botswana, Lesotho, South Africa, Zambia and Zimbabwe. In Botswana, 26% of IPV survivors reported an HIV-positive status compared to non-survivors (15%).

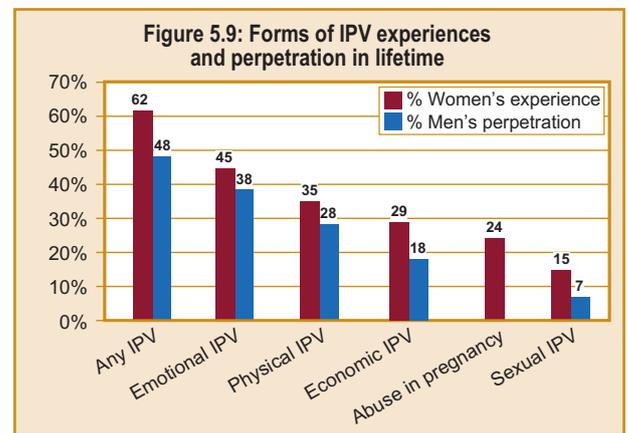


Source: 2014 SADC Gender Protocol Barometer.

Figure 5.7 illustrates that significantly higher proportions of survivors of non-partner rape have HIV compared to non-survivors. This is the case in all countries except KwaZulu-Natal and Gauteng provinces in South Africa ( $p > 0.05$ ). Various worldwide studies have shown a significant association between rape and HIV infection (Meel, 2005). During rape, the risk of HIV transmission is amplified due to physical trauma and infrequent use of condoms, which protect from HIV infection. It is evident from these findings that VAW is interlinked with HIV and thus stakeholders should take concerted efforts to detect VAW early in order to prevent its perpetuation and progression into HIV infection.<sup>3</sup>

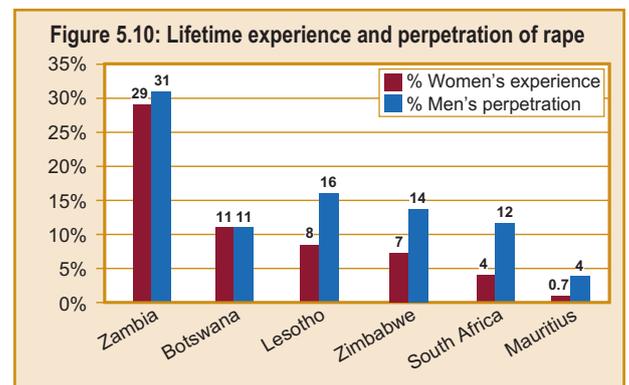
**Mental health as a result of GBV is widely unrecognised:** Mental health is an essential foundation for the attainment of emotional, intellectual, economic, social and educational well-being. Accordingly, mental disorders are an important contributor to the worldwide burden of disease (WHO 2001). Emotional abuse has been associated with adverse mental health outcomes such as depression, PTSD symptoms, and other adverse psychological outcomes. The VAW baseline studies established that experience of GBV is significantly associated with mental health problems such as depression and suicidal tendencies. Exposure to potentially traumatic events seems to cluster in this population, for example, the high correlations between child abuse, adult abuse, and PV indicate some potentially shared vulnerability. To the extent that researchers can reliably identify the common factor(s), they could develop individual, dyadic, group, or community-level interventions. For example, it may be true that poverty is the strongest and most reliable predictor of abuse. If so, instrumental interventions might be most useful, such as increasing the availability of low-cost housing options and job training or vocational rehabilitation programmes.

<sup>3</sup> VAW Baseline Studies.



Source: Gender Based Violence Indicators Study Botswana 2012.

Figure 5.9 shows that emotional violence is the most common form of IPV experienced and perpetrated in Botswana.



Source: 2014 SADC Gender Protocol Barometer.

Figure 5.10 shows that 11% of women in Botswana have experienced rape and a similar percentage of men admitted to perpetrating rape.

**IPV amongst the elderly is common:** A study by Georinah Muchado (2014) on respondents aged 50 and older in the Northeast District in Botswana found that a lifetime prevalence of partner abuse to be 19% and 61% of these had experienced IPV over the 12 months prior to the study. Eighty-seven percent of the respondents never called the police to stop their partners from hurting them, while 89% had never gone to court for protections from abuse. Researchers found emotional abuse to be the most common form at 83.3%, with sexual abuse the lowest at 1.9%.

**Marital rape continues to be underreported in most SADC countries:** Marital rape is widespread and either condoned or ignored by law. In recent years, however, countries have taken interest in renouncing and criminalising rape in the context of marriage, with South Africa being the first in SADC to take this stance. Despite this shift, marital rape either remains legal or is illegal, but widely tolerated, with the laws against it rarely enforced. The Convention on the Elimination of All Forms of Discrimination against Women recognised it as a form of gender-based violence in 1980.

**Table 5.3: Legal status of rape in the SADC region**

Legal status of marital rape	Country
Marital rape is a criminal offence	Angola Lesotho Mauritius Namibia Seychelles South Africa Swaziland Zimbabwe
An offence only when the couple is separated	Tanzania
Not a criminal offence	Botswana DRC Malawi Zambia

Source: Database on VAW, 2013.

Table 5.3 illustrates laws pertaining to marital rape in SADC. Only four countries - Botswana, DRC, Malawi and Zambia - do not have legislation to criminalise it. Prosecuting perpetrators of marital rape has faced significant resistance. Traditional views on marriage, which dictate that a woman must be (sexually) submissive to her husband, continue to be common in many parts

of the world. In order for any law to be successfully enforced, society must view the acts that it prohibits as abusive. As such, even if a jurisdiction enacts adequate laws against marital rape, in practice, legislators, courts and citizens ignore these laws if the majority of citizens do not consider the act a crime.<sup>4</sup>

## Legal aspects



*The Protocol requires that state parties shall, by 2015, enact and enforce legislation prohibiting all forms of gender-based violence. Linked to this is the obligation that all laws on gender-based violence provide for the comprehensive testing, treatment and care of survivors of sexual offences which shall include: emergency contraception, ready access to post-exposure prophylaxis at all health facilities to reduce the risk of contracting HIV and preventing the onset of sexually transmitted infections.*

<sup>4</sup> <http://www.voanews.com/content/in-africa-criminalizing-marital-rape-remains-ontroversial/1786061.html>

### North East District Council

As a COE and government-based institute, the North East District Council plays a vital role in eradicating GBV in the Bakalanga region. From its analysis, the Social and Community Development (SNCD) office recognised that high levels of GBV occur mostly amongst children. Reserachers believe this is as a result of high levels of unemployment in the area, which force parents to migrate to cities to find employment and leave their children with grandparents or other guardians unable to provide adequate care and protection. Children can thus become prone to sexual abuse and exploitation. Additionally, researchers have also identified the high levels of under-privileged individuals, high numbers of people registered under safety nets and the norms and culture that marginalise women as contributing to increasing GBV in the area.

To fight GBV, the North East District Council has established programmes centered on women and children empowerment, the creation of platforms used in advocating for women and children rights, and ensuring that the victims of GBV get the necessary support and justice. It does this with preventative measures such as the economic empowerment initiative to give women the necessary aid to help themselves. Additionally, the SNCD is also involved in community mobilisation projects, for example it disseminates information on issues relating to GBV and HIV and AIDS to the public and also has a representative at the



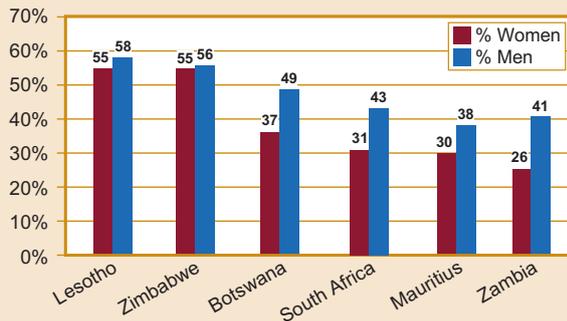
Boys hold a banner against rape for the 16 Days in Nata, Botswana. Photo: Gender Links

National Children's Forum. Lastly, in terms of psychosocial support, the SNCD has an excellent referral system between itself, the police, magistrate court and hospitals that is highly equipped to provide counselling at village level.

To date, the council has managed to implement several projects as a way of reducing GBV. These include the Early Childhood Care Programme, provision of shelter to the vulnerable, and the provision of street lighting in the community in order to enhance the level of security.

Figure 5.11: Personal attitudes about sexual entitlement in marriage and legitimacy of violence by women and men -

A woman can not refuse to have sex with her husband



Source: Gender Links 2014 SADC Gender Protocol.

Figure 5.11 shows that across the region both women and men hold conservative perceptions regarding sexual entitlement in marriage. More than half of both women and men in Lesotho and Zimbabwe, followed by Botswana, South Africa and Mauritius believe that a woman cannot refuse to have sex with her husband.

### Human trafficking

Child trafficking is not a major problem in Botswana, the head of Child Protection Programme at UNICEF has said. Instead, Joshua Immanuel said the country faces the problem of internal movement of children for labour purposes. "We have a situation where children are moved from one location to another within the country," he explained. The internal movement of children is mainly to provide labour. "Children are taken to cattle posts where they provide labour," he said. However, legislators do not know the magnitude of the problem of child labour in Botswana since there has not been a thorough study on the issue.

Several instruments of international law exist that have set the course for how to define, prevent, and prosecute human trafficking. These include the United Nations Convention against Transnational Organized Crime and its two related protocols: the United Nations Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children, and the United Nations Protocol against the Smuggling of Migrants by Land,

Sea, and Air, which entered into force in 2003-2004. The United Nations Office on Drugs and Crime (UNODC) created these conventions, which have supported international law's ability to combat human trafficking. In support of enforcing these instruments, the UNODC established the United Nations Global Initiative to fight Human Trafficking (UN.GIFT) in 2007.<sup>5</sup>

**Botswana has a law on human trafficking.** In July 2014, Botswana passed a human trafficking law to provide for prohibition, prevention and combating human trafficking. It will be important to monitor these developments and evaluate the gendered impacts.



School students attending GBV workshop.

Photo: Mboy Maswabi

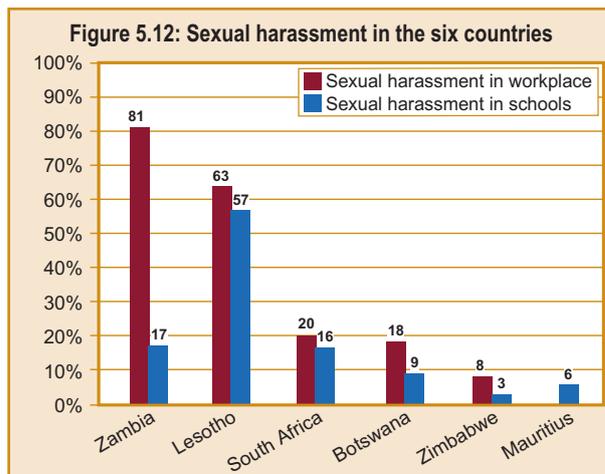
## Sexual harassment



*The Protocol calls upon state parties to ensure that, by 2015, they enact legislative provisions adopt and implement policies, strategies and programmes that define and prohibit sexual harassment in all spheres, and provide a deterrent.*

The SADC Protocol on Gender and Development defines sexual harassment as any unwelcome sexual advance, request for sexual favour, verbal or physical conduct or gesture of a sexual nature. It is also any other behaviour of a sexual nature that might reasonably be expected or be perceived to cause offence or humiliation to another whether or not such sexual advance or request arises out of unequal power relations.

Figure 5.12 shows that 18% of respondents had experienced sexual harassment in the workplace while 9% had experienced it in Botswana's school system.



Source: Gender Links 2014.

<sup>5</sup> International Law and Human Trafficking By Lindsey King.

## Support services



The Protocol calls on member states to ensure justice and fairness are accorded to survivors of gender-based violence in a manner that ensures dignity, protection and respect by 2015. It further calls upon states to put in place mechanisms for the social and psychological rehabilitation of perpetrators of gender-based violence and establish individual counselling services, legal and police units to provide dedicated and sensitive services to survivors of gender-based violence. The Protocol says governments shall provide accessible information on services available to survivors of gender-based violence. It also provides for accessible,

effective and responsive police, prosecutorial, health, social welfare and other services. Governments are required to provide accessible, affordable and specialised legal services, including legal aid, to survivors of gender-based violence. Other provisions include specialised facilities; adequate rehabilitation and re-integration programmes for perpetrators of gender-based violence. The Protocol also calls on member states to take measures including legislation, where appropriate, to discourage traditional norms, including social, economic, cultural and political practices that legitimise and exacerbate the persistence and tolerance of gender violence. This is with a view to eliminating them and in all sectors of society. The Protocol also calls on Member States to introduce and support gender sensitisation and public awareness programmes aimed at changing behaviour and eradicating gender-based violence.

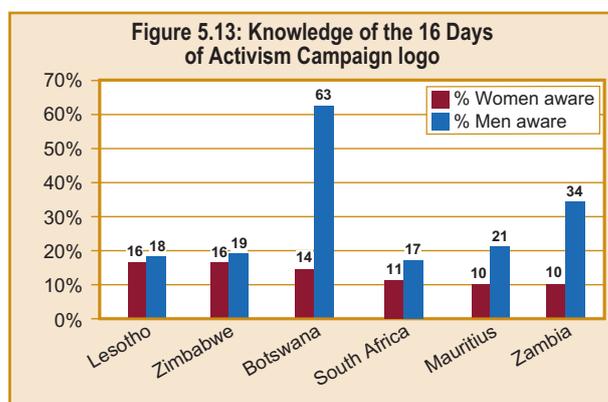


GL is working with several SADC countries, including Botswana, on updating national gender policies, aligning these to the SADC Protocol, and integrating the 28 targets into costed National Gender Action Plans. These interventions must include budget allocations and provisions for places of safety.

All SADC countries have implemented prevention strategies to raise awareness and advocate for GBV prevention. The strategies include involving men, public awareness and coordinated campaigns by various stakeholders, including faith-based organisations.

The 16 Days of Activism Against Gender Violence is one of the most important awareness raising campaigns. The annual international event runs from 25 November until 10 December, beginning with the International Day for the Elimination of Violence against Women and ending with International Human Rights Day on 10 December. Each year Gender Links joins dozens of organisations across SADC to raise awareness about GBV through community events, cyber dialogues and

another advocacy that empowers women to stand up for their rights. SADC citizens know the annual campaign for its new information and media technologies that provide opportunities for mass dissemination of information. As the post-2015 era begins, it is important to scale up such activities and stretch them to 365 days of the year.



Source: Gender Links 2014 SADC Gender Protocol.

Figure 5.13 shows that 16% women know of the 16 Days of Activism logo. Across all the countries, fewer women have knowledge of this logo.

### North East District Council working to end GBV

The North East District has faced challenges of low economic growth and migration of economically viable residents. These challenges have brought many social ills such as physical abuse of women and children, alcohol abuse, juvenile delinquency, high crime rates and child neglect. The Council, working with other stakeholders, has been encouraged to develop initiatives and implement programmes through the various departments in order to counteract the above social ills to help the communities sustain themselves.

It understands that women comprise the majority of those facing poverty, GBV and HIV and AIDS. In many instances, these women serve as the breadwinners in single parent families or child-headed households. It is the mandate of the Council to ensure that the marginalised and poor community members get equal opportunities as per the regulations and statutes of the government. The majority of this group includes women, young girls and young boys. Through education, provision of social safety nets, educational opportunities, funding and mentoring, the Council has managed to make headway.

Among other activities the local authority seeks:

- To empower women and children to influence decisions that affects them;
- To advocate men's involvement in creating awareness and education on GBV issues;
- To create information to advocate around the issues of child survival, development, protection and participation in Botswana;

Economic empowerment of survivors of GBV is key: GL, in partnership with local councils in 10 countries, is in the process working with GBV survivors in local communities to provide applied entrepreneurship



Sindie Thekiso Relationship Manager from BancABC adding how they can help the entrepreneurs with free Business Accounts.  
Photo: Mboy Maswabi

- To provide meaningful opportunities for women and children to influence key processes affecting them; and
- To work with children and encourage them to voice their opinion regarding issues that affect them.

The council became a centre of excellence in 2012 and to date it has participated in the commemorations of the International Women's Day and the 16 Days of Activism. In 2013, facilitators trained the gender focal person to become a trainer using Botswana National Gender Mainstreaming and Training Curriculum. Through this training, stakeholders developed the North East District GBV training, which they used in 2014/2015 to train officers and the community to eradicate GBV.

The Council is currently implementing the poverty eradication programme, which has already assisted 104 beneficiaries, including 96 women. The goal of the programme is to empower individuals with skills, funding for the desired project, and confidence to become economically independent.

training and life skills. GL will test the hypothesis that increased economic activity can lead to a decrease in GBV. The GBV survivors will link with local economic development opportunities in the local council.

### Economic empowerment programme

The Gender Links entrepreneurship programme for survivors of GBV has only been running since 2013, but it has already seen positive results. To date the programme has trained 1027 women in 10 SADC countries. The elements of change that the programme seeks to identify include:

- Personal growth and agency to make positive life choices;
- Self-sufficiency in business and family;
- Enhanced financial and business management skills;
- Networking confidence to enhance business opportunities; and

- Business diversity to break the stereotyping of poor women in business.

In the short term, stakeholders have already seen the impact as demonstrated by the stories of the remarkable women involved. Susan Swart, a South African woman, had been reticent about participating in the GL programme, as she was not sure that she would be comfortable sharing her "I" Story at a workshop. She overcame her concerns and joined in the process that she found both painful and exciting. She indicated that she had experienced some healing and hope for the future.

## Integrated approaches, monitoring and evaluation



*The Protocol obliges member states to adopt integrated approaches, including institutional cross-sector structures, with the aim of reducing current levels of gender-based violence, by half by 2015.*

The successful launch of the Botswana VAW Baseline study gave the Botswana government an impetus to develop a new costed NAP. Working with GL, the government intends to cascade the baseline study to

district level to broaden the sample and find indicators at district level. Botswana's experience helped inform research design that all started with larger samples.

## SGP Post 2015



### GBV and post-2015

**Table 5.4: Proposed revised targets and indicators for GBV**

Thematic Area/TARGET	Proposed post-2015 targets	Proposed post-2015 indicators	Priority indicators
<b>EXTENT</b>			
	1. End all forms GBV by 2030, including sexual harassment, FGM and discrimination against persons of diverse gender identities in accordance with draft SDG 10.1 (eliminate discriminatory laws, policies and practices) and draft SDG 5.3 (eliminate all harmful practices, such as child, early and forced marriage and female genital mutilations)	1. Percentages of women experiencing and men perpetrating emotional IPV in lifetime/past 12 months 2. Percentages of women experiencing and men perpetrating physical IPV in lifetime/ past 12 months 3. Percentages of women experiencing and men perpetrating sexual IPV in lifetime/ past 12 months 4. Percentages of women experiencing and men perpetrating economical IPV in lifetime/ past 12 months 5. Percentages of women experiencing and men perpetrating all forms of IPV in lifetime/past 12 months 6. Percentages of women experiencing and men perpetrating non-partner rape in life time/ past 12 months	1. Percentages of women experiencing and men perpetrating any forms of IPV in lifetime/past 12 months 2. Percentage of women who disclosed the cause of their injuries to the medical practitioner 3. Percentages of women experiencing and men perpetrating physical IPV in lifetime/ past 12 months 4. Percentage of women and men experiencing child any form of abuse emotional, physical, sexual abuse 5. Number of sexual offenders in the sexual offenders register 6. Number of prosecutions and convictions of sexual offenders

Thematic Area/TARGET	Proposed post-2015 targets	Proposed post-2015 indicators	Priority indicators
		7. Percentages of women experiencing and men perpetrating attempted rape- in lifetime/past 12 months	
		8. Percentages of women experiencing and men perpetrating gang rape	
		9. Percentages of women experiencing and men perpetrating rape under the influence of drugs or alcohol	
		10. Percentage of women experiencing and men perpetrating abuse in pregnancy	
		11. Percentages of women and men in same sex relationships experiencing abuse from non-partner	
		12. Percentage of women/men who agree that sex relationships should be legalised	
		13. Number of female murders by intimate partners reported to police services per annum	
		14. Percentage of women experiencing sexual harassment at work, school, public transport, traditional healer	
		15. Percentage of men who say that if a woman is wearing a short skirt she is asking to be raped	
<b>DRIVERS</b>			
	2. End all forms of child abuse by 2030	16. Percentage of women and men experiencing child neglect	
		17. Percentage of women and men witnessing IPV in childhood	
		18. Percentage of women and men experiencing child any form of abuse emotional, physical, sexual abuse	
		19. Percentage of men experiencing any form of abuse and perpetrating IPV	
		20. Percentage of men experiencing any form of abuse and perpetrating non-partner rape	
		21. Percentage of men experiencing sexual abuse and perpetrating non-partner rape	
	3. End all forms of substance abuse by 2030	22. Percentages of women and men who drank alcohol or used drugs in the past 12 months- frequency	
		23. Percentage of women who drank alcohol in the past 12 months- frequency and experienced IPV	
		24. Percentage of women who drank alcohol in the past 12 months- frequency and experienced rape	
		25. Percentage of men who drank alcohol or used drugs in the past 12 months - frequency	

Thematic Area/TARGET	Proposed post-2015 targets	Proposed post-2015 indicators	Priority indicators
		26. Percentage of men who drink alcohol in the past 12 months- frequency and perpetrated IPV	
		27. Percentage of men who drank alcohol in the past 12 months- frequency and perpetrated rape	
<b>EFFECTS</b>			
	4. End all the painful effects of GBV through ending GBV by 2030	28. Percentage of physically abused women who sustained injuries	
		29. Percentage of physically injured women who spend days in bed because of injuries	
		30. Percentage of physically injured women who missed work as a result of injuries	
		31. Percentage of women who were sexually abused by intimate partners and diagnosed with STI	
		32. Percentage of women who were physically abused by intimate partners and diagnosed with STI	
		33. Percentage of women raped by non-partners and diagnosed of STI	
		34. Percentage of women sexually abused by intimate partners and tested HIV-positive	
		35. Percentage of women physically abused by intimate partners and tested HIV-positive	
		36. Percentage of women raped by non-partners and tested HIV-positive	
		37. Percentage of women having miscarriage/ premature labour due to abuse	
		38. Percentage of women who were abused by intimate partners and attempted suicide	
		39. Percentage of women who were raped by non-partners and attempted suicide	
		40. Amount of money paid for transport to the health service or police	
		41. Percentage of women paying for counselling services	
		42. Amount of money paid for counselling after rape	
		43. Percentage of women spending money on medication after rape	
<b>RESPONSE</b>			
By 2030, enact and enforce legislation prohibiting all forms of gender-based violence	5. By 2020, enact and enforce legislation prohibiting all forms of gender-based violence	44. Existence of legislation on violence against women and its enforcement <sup>6</sup>	
		45. Number of sexual offenders in the sexual offenders register	
		46. Number of prosecutions and convictions of sexual offenders	

<sup>6</sup> 1325 Indicators, WHO, UNHR World Bank Gender Statistics Database.

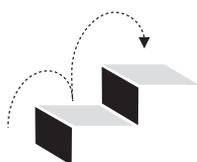
Thematic Area/TARGET	Proposed post-2015 targets	Proposed post-2015 indicators	Priority indicators
Enact and adopt specific legislative provisions to prevent human trafficking and provide holistic services to the victims, with the aim of re-integrating them into society	6. Enact and adopt specific legislative provisions to prevent human trafficking and provide holistic services to the victims, with the aim of re-integrating them into society	47. Number of countries with laws on trafficking and extent to which these are enforced	
Review and reform their criminal laws and procedures applicable to cases of sexual offences and gender based violence	7. By 2030 provide equal access for all to independent, effective, and responsive justice systems that respect due-process rights, and equal access to legal aid (SDG: 16.12)	48. Percentage of women who reported rape to the police	
Enact legislative provisions, and adopt and implement policies, strategies and programmes which define and prohibit sexual harassment in all spheres, and provide deterrent sanctions for perpetrators of sexual harassment		49. Percentage of women who reported any abuse to the police	
		50. Response from the police	
		51. Reason for not reporting to the police	
		52. Percentage of women reporting that the perpetrator was arrested	
		53. Percentage of women reporting that the perpetrator was convicted	
		54. Percentages of women and men aware of the Domestic Violence Act	
		55. Percentages of women and men aware of protection orders	
		56. Percentages of women and men aware of GBV legislation	
		57. Percentages of women and men who know about the GBV Toll free lines	
		58. Percentage of women who sought and received legal aid	
	59. Percentage of women who sought medical attention after sustaining injuries		
<b>SUPPORT</b>			
Ensure that laws on gender based violence provide for the comprehensive testing, treatment and care of survivors of sexual assault	8. Guarantee access to comprehensive testing, treatment and care of survivors of sexual assault by 2030	60. Availability of continuum of care services <sup>7</sup>	
		61. Percentage of women who disclosed the cause of their injuries to the medical practitioner	
		62. Percentage of women receiving counselling after rape	
		63. Percentage of women who reported rape to a health practitioner	
		64. Percentage of women who received PEP after rape	
		65. Percentage of women who received medication for STI after rape	
		66. Percentage of women who received treatment for preventing pregnancy after rape	
		67. Percentage of women who went to a shelter	
		68. Percentage of women who told any family member of their abuse	
		69. Number of survivors assisted at shelters	

<sup>7</sup> 1325 Indicators, WHO, UNHR World Bank Gender Statistics Database.

Thematic Area/TARGET	Proposed post-2015 targets	Proposed post-2015 indicators	Priority indicators
		70. Provision of shelters per head population <sup>8</sup>	
<b>PREVENTION</b>			
Adopt integrated approaches, including institutional cross sector structures, with the aim of reducing current levels of gender based violence half by 2015	9. Launch concerted campaigns 365 Day campaigns to end gender violence at national and local level, led at the highest political level, to change behaviour and end gender violence	71. Percentage of women who have heard or seen anything on the 16 Days campaigns in the past 12 months	
		72. Percentage of women who have heard or seen anything on the 365 Days campaigns in the past 12 months	
		73. Percentage of women agreeing/disagree that Campaigns to end violence against women make people more aware that this is a violation of women's right	
		74. Percentage of women agreeing/disagree that Campaigns to end violence against women have made women more aware of where to go for help	
		75. Percentages of women agreeing/disagree that Campaigns to end violence against women have made politicians take action to end gender violence	
		76. Percentage of women agreeing/disagree that Campaigns to end violence against women have helped to change the attitudes of men	
		77. Percentage of women agreeing/disagree that Campaigns to end violence against women only happen once a year therefore they are of little value	
		78. Percentage of speeches by politicians that mention GBV	
		79. Percentage speeches by politicians that focus on GBV	
	10. By 2030, change attitudes towards gender equality through the achievement of at least an 80% score in the Gender Progress Score (GPS) among women and men in the region	80. Percentage of gender aware GBV stories	
		81. Percentage Gender Progress Score (GPS) for men	
		82. Percentage GPS for women	
		83. Percentage GPS for young men	
	11. By 2030 mount concerted campaigns to address issues of socialisation	84. Percentage GPS for young women	
		85. Percentage of women who say women are equal to men	
		86. Percentage of men who say women are equal to men	
		87. Percentage women who say that a woman must obey her husband	
		88. Percentage of men who say that a woman must obey her husband	

<sup>8</sup> 1325 Indicators, WHO ,UNHR World Bank Gender Statistics Database.

Thematic Area/TARGET	Proposed post-2015 targets	Proposed post-2015 indicators	Priority indicators
		89. Percentage of women who say that if a man pays lobola for his wife he may have sex with her at any time	
	12. By 2030, ensure that all public officials addressing GBV have received gender training	90. Percentage of police and health workers who have received gender training	
	13. By 2030, combat new forms of violence taking place due to technological advances such as internet and mobile phone technology	91. Percentage women reporting experiencing violence relating to new media devices	
<b>INTEGRATED APPROACHES</b>			
	14. Review and re-launch the 365 National Action to end Gender Based Violence using the findings of the VAW Baseline studies to set targets, indicators and benchmarks for achieving gender justice in accordance with the Sustainable Development Goals (Draft SGP 5.9: Provide dedicated resources to integrated approaches including research, justice, health, education, housing and community development)	92. Existence of multi-sector action plans to end GBV	
		93. Existence of a dedicated, effective, multi-sector structure to address GBV	
		94. Proportion on budget specifically earmarked for ending GBV and its adequacy relative to the need	
		95. Proportion of women and men aware of multi-sector costed coordinating bodies to ensure cross sectors are in operation	
		96. Proportion of women and men who believe the National Action Plan is effective	
		15. Cascade 365 Day National Action Plans to local level, in accordance with the Sustainable Development Goals (Draft SDG 11.5 ensure that by 2030, ensure universal access to safe, inclusive and accessible public spaces, particularly for women and children and people with disabilities)	97. Proportion of councils in each country that develop local action plans to end GBV
	98. Number of councils that earmark specific resources for ending gender violence in localities		
	99. Percentage women who believe local efforts to end GBV are effective		
	100. Percentage men who believe that local efforts to end GBV are effective		



## Next steps

- Make screening and counselling services readily available in schools for children exposed to violence.
- Development actions informed by human rights framework.
- Improve the collection of sex-disaggregated data.

- Step up sensitisation campaigns, especially on less understood forms of GBV, like sexual harassment and GBV against sexual minorities.
- Strengthen work with community action groups.
- Facilitate women's leadership and political participation.
- Encourage a concerted effort to increase political will and buy-in from governments to allocate more resources for addressing GBV.