REPUBLIC OF BOTSWANA

Botswana National Relationship Study

The Ministry of Nationality, Immigration and Gender Affairs (MNIG) is responsible for coordinating implementation of the National Policy on Gender and Development. The Policy mainly focuses on mainstreaming of gender in all sectors of development in Botswana.

In addition, the Ministry provides guidance on improving the policy and legislative environment for promoting gender equality. e.g. Constitution of Botswana Section 15 which includes sex in the definition of discrimination, Mines and Quarries Act, which allows women to work underground, Public Service Act which recognises sexual harassment as an offence and the Children's Act which allows children to assume citizenship of either parent where one is a foreigner.

MNIG accounts at four (4) levels:

a) **National** (Efforts made to promote gender equality and empower women and girls);
b) **Southern African Development Community** (SADC Protocol on Gender and Development);
c) **Africa Region** (African Union Agenda 2063 and the African Charter on Human and Peoples' Rights on the Rights of Women in Africa); and
d) The **United Nations** (1995 Beijing Declaration and Platform for Action, Convention on the Elimination of all forms of Discrimination Against Women and Sustainable Development Goals).

MNIG commissioned Gender Links (GL) to conduct this study. 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 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.

The Botswana Relationship Study

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Cover photo: Women and men, boys and girls participate in a march during the Sixteen Days launch in Goshwe.
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GENDER LINKS
FOR EQUALITY AND JUSTICE

PULA
Republic of Botswana

UNFPA

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MNIG Director Thapelo Phuthego and GL Chief Executive Officer Colleen Lowe Morna oversaw the study. Principal Gender Officer Research, Elizabeth Lebelelang Motshubi coordinated the project. Naledi Modise, Kabelo Mompati Tsiang *(Gender Officer Research)*, Malebogo Abesai and Kgomotso Simon both Interns at MNIG assisted in the implementation of the project. GL Gender Justice Manager Kevin Chiramba coordinated technical aspects of the project, including drafting of the report, with the help of GL Botswana Country Manager Gomolemo Rasesigo who coordinated the technical aspects of the project, and drafting of the report, with the assistance of Linda Musariri and GL Botswana Finance Officer Keletso Metsing who managed the research finances for GL.

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BALA	Botswana Association for Local Government
BPS	Botswana Police Service
CSAE	Child Sexual Abuse and Exploitation
CBO	Community Based Organisation
DV	Domestic violence
DVA	Domestic Violence Act
DVAS	Domestic Violence Scale
EA	Enumeration Area
ESSTP	Education and Training Sector Plan
GBV	Gender based violence
GL	Gender Links
GMPS	Gender and Media Progress Study
HIV	Human Immuno Deficiency Virus
IPV	Intimate Partner Violence
MNIG	Ministry of Nationality, Immigration and Gender Affairs
NGO	Non Governmental Organisation
PDAs	Personal Digital Assistants
PEP	Post Exposure Prophylaxis
PSU	Primary Sampling Unit
SADC	Southern African Development Community
STIs	Sexually transmitted infections
SSI	Stepping Stones International
UNDP	United Nations Development Programme
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
VAC	Violence against Children
WAR	Women Against Rape
WHO	World Health Organisation

Foreword

Botswana subscribes to the Sustainable Development Goals, and to the Post 2015 Southern African Development Community (SADC) goal of ending Gender Based Violence by 2030. The Country's Constitution guarantees every citizen equality before the law. Botswana's Vision 2036 aspires to achieve prosperity for all. The Vision's social and human development pillar envisages a moral, tolerant and inclusive society.

The National Strategy Towards Ending Gender Based Violence in Botswana by 2020, *Breaking the Cycle of Gender-Based Violence*, maps a comprehensive course for bringing an end to this scourge: the most flagrant and persistent violation of human rights in our country.

I am proud that Botswana is the first SADC country to conduct a follow up study to the initial 2012 baseline study (Gender Based Violence Indicators Study). Moreover, this follow up study breaks new ground by increasing the 2012 baseline study's sample size by ten times, including all districts, thereby allowing disaggregation of results by district. Botswana has also expanded the original scope to cover the experience of, and perpetration of violence by, both women and men. The disaggregation of GBV by districts and localities in our country shows GBV is highest in urban areas and mining towns. This important reflection helps to guide prevention approaches and allows for targeted interventions.

The current study shows that GBV remains high in Botswana. Thirty seven (37%) of the women interviewed reported experiencing GBV at least once in their lifetime (emotional, physical and sexual) including partner and non-partner violence. Nearly 30% of women reported experiencing violence over the last year. The study places Botswana within the World Health Organisation (WHO) global GBV estimates which indicate that about 1 in 3 (35%) of women worldwide have experienced some form of violence. The study also reveals that a third (30%) of men reported perpetrating GBV in their lifetime.

Likewise, 21% of men interviewed reported experiencing some form violence in their lifetime (mostly emotional), while 12% of women reported having perpetrated violence at least once in their lifetime. This shows that both women and men are at risk of having their human rights violated. However, rates of violence for women - both reported experiences by women and perpetration by men - remain significantly higher than for men.

One of the most shocking statistics in this report is the prevalence of child physical abuse, with men reporting higher rates of abuse at childhood compared to women. The report finds a strong correlation between experience of child abuse and perpetration of violence later in life. The conclusion is obvious: Peace Begins at Home! If we end child abuse, we stand a better chance of ending GBV!

The study also reveals that reported GBV cases are still withdrawn with more women withdrawing cases than men. Focus group discussions with men revealed that many do not report cases of

violence they may be experiencing for fear of being labelled as weak. We need to interrogate our system and eliminate any challenges and barriers to ensure that justice prevails.

I would like to commend the Botswana Police Services for the work by gender focal points to improve GBV data collection, cited in this report as an international best practice. I urge all government departments and other institutions to follow suit and ensure that disaggregated data on GBV is readily available. This will go a long way in strengthening our monitoring and evaluation efforts as well as contribute to a robust Gender Based Violence information management system in the country.

Another unique dimension brought to the fore by this report is the fact that people with disabilities are at higher risk of experiencing intimate partner violence. There can be no stronger message than that we must "leave no one behind" in the fight to end GBV.

The attitude section 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 'I' Stories or personal accounts cast an important spotlight on the experiences of GBV by men.

The Botswana National Relationship Study provides a set of comprehensive data on all forms of GBV, both intimate partner violence and non-partner violence. We will use this data to review all key national GBV frameworks hence aligning with the UN Secretary General's UNite to End Violence Campaign, Agenda 2030, CEDAW, and various initiatives within SADC to see real movement towards ending gender violence by 2030.

This report has shown the link between GBV and HIV. As a country, we can draw many lessons from our bold HIV and AIDS campaign that has had a huge impact on raised levels of awareness and increased access to HIV/AIDS services. Prevention should thus be placed at the core of all our strategies, and not at the tail end of reactive response and support strategies.

The media monitoring and political content analysis show that we as leaders have not been making our voices heard strongly enough on this national scourge as only 11% of political speeches centred on GBV or mentioned GBV over the last year. As we have learned from Botswana's fight against HIV and AIDS, the most important prevention strategy is to put GBV high on the political agenda thus ensuring commitment at all levels.

I thank the Reference and Technical Working Groups, Gender Links Botswana, and the dozens of partners who joined MNIG to bring us this report. Let us unite to end gender based violence by 2030, so that we can realise our cherished Vision 2036 - Prosperity for All!

Hon. Magang Ngaka Ngaka
Minister of Nationality, Immigration and Gender Affairs

Executive Summary

Chobe team on their way to field work, Parakarungu. *Photo: Raymond Daniel*

Slightly over a third of women in Botswana (37%) reported experiencing some form of GBV in their lifetime including partner and non-partner violence. Slightly less than a third (30%) of men reported perpetrating GBV. Likewise, 21% of men interviewed reported experiencing some form violence, while 12% of women reported ever perpetrating violence in their lifetime.

Most of the violence reported occurs within intimate relationships - Intimate Partner Violence (IPV). Over a third of women (36%) reported experiencing violence in an intimate relationship in their lifetime while over a quarter of men (26%) reported perpetrating intimate partner violence. Men also suffer violence at the hands of their intimate partners. The study shows that 18% of men reported experiencing intimate partner violence while 18% of women reported perpetrating violence against an intimate partner in their lifetime.

Emotional intimate partner violence was the most common form of IPV experienced by women (31%) and perpetrated by men (17%) in their lifetime. Meanwhile 14% of men and an equal proportion (14%) of women perpetrated emotional violence within intimate relationships. Fifteen percent of women reported experiencing abuse in pregnancy.

Relatively low levels of non-partner rape were reported by women (5%) and men (1%). Reported rape statistics recorded by the Botswana Police Service and the shelters are also low. Forms of non-partner violence include sexual harassment and rape.

Twenty-eight percent of women reported experiencing GBV, while 17% of men reported perpetrating GBV in the past 12 months before the survey. Over a quarter (26.2%) of women and 15% of men reported experiencing GBV in the past 12 months before the prevalence survey.

These are some of the findings of the Botswana Relationship Study (BNRS) conducted by MNIG to measure GBV experience and perpetration, gender attitudes, selected health-related behaviour and exposure to prevention campaigns among women and men in Botswana.

These findings place Botswana within the WHO global GBV estimates which indicate that about one in three (35%) of women worldwide have experienced some form of violence. The findings are also comparable to those reported in a study using similar methods in Seychelles in 2016.

Botswana is the second country in the Southern African Development Community (SADC) region after Seychelles to undertake a comprehensive GBV study that encompasses both Violence Against Women (VAW) and Violence Against Men (VAM). The initial baseline study conducted in 2012 only covered women's experience and men's perpetration of violence. The findings of this study come at an opportune time for Botswana following the signing of the SADC Protocol on Gender and Development in May 2017. As a key building block in the achievement of Botswana's Vision 2036, GBV needs to be placed high on the political agenda.

A nationally representative sample of 4224 women and 3696 men across Botswana completed questionnaires in English and Setswana on behaviour and experiences related to GBV. Researchers asked women and men about their experiences and perpetration of violence.

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 in all the 16 districts of Botswana, media monitoring and public pronouncements analysis. The following are the main findings of the study:

Table 1: Extent of GBV

Criteria	Ever in lifetime				Past 12 months			
	Women's experience (%)	Men's perpetration (%)	Men's experience (%)	Women's perpetration (%)	Women's experience (%)	Men's perpetration (%)	Men's experience (%)	Women's perpetration (%)
Prevalence of GBV	37.1	30.1	20.8	12.3	28.1	17.4	9.6	6.1
Prevalence of IPV	36.5	26.7	17.6	18.3	26.2	17.1	15.4	14.4
Prevalence of emotional IPV	30.8	16.8	13.7	13.6	21.2	10.0	10.8	9.9
Prevalence of physical IPV	20.5	16.9	4.7	7.8	14.0	9.5	3.5	4.9
Prevalence of economic IPV	11.4	4.4	6.3	4.3	7.7	2.9	3.2	2.4
Prevalence of sexual IPV	5.4	2.7	2.2	1.8	2.9	1.6	1.5	1.2
Prevalence of non-partner rape	4.7	7.8	1.2	1.1	2.3	2.9	0.5	0.3
Prevalence of abuse in pregnancy	15.3	8.5	-	-	7.4	-	-	-
Prevalence of sexual harassment	10.9	-	8.9	-	3.1	-	5.3	-
Prevalence of sexual harassment at school	4.5	-	2.2	-	1.1	-	2.3	-
Prevalence of sexual harassment at work	6.0	-	5.1	-	0.2	-	1.8	-
Prevalence of sexual harassment in public	3.3	-	0.9	-	-	-	-	-

Source: Botswana Relationship Survey Statistics 2017.

Table 1 shows that:

- Of all the respondents interviewed in the study 37% of women and 21% of men reported experiencing some form of GBV in their lifetime, while 18% of all men and 12% of women said they perpetrated some form of violence.
- The most common form of GBV experienced is IPV with 37% women and 18% of men reporting lifetime experience. Twenty-seven percent of men and 18% women reported perpetrating IPV respectively.
- Like in the Botswana 2012 VAW baseline study, the most common form of IPV is emotional followed by physical, economic, and sexual intimate partner violence.

- Of all the women interviewed, 5% reported experiencing attempted rape while almost 8% of the men in the sample disclosed attempted rape of a non-partner. Only 1% of men reported experiencing forced sex by their non-partners and also 1% of women disclosed ever forcing to have sex with a non-partner.
- Fifteen percent of women who were ever pregnant reported experiencing abuse at some point during their pregnancy.
- Five percent of all the women interviewed reported experiencing sexual harassment at school, and 6% reported sexual harassment at work.

Patterns and drivers of GBV

Researchers used the ecological framework (Heise, 1998) to illustrate risk factors of experience and perpetration of IPV. The study explored individual, community and societal factors associated with experience and perpetration of GBV.

Individual factors

Socio-demographic factors associated with experience and perpetration of IPV

Table 2: Socio-demographic factors associated with experience and perpetration of IPV in lifetime

Factors	Ever IPV			
	% women's experience	% men perpetrating	% men's experience	% women perpetrating
Age	P=0.002	P=0.000	P=0.000	P=0.052
18-24	8.0	4.6	3.1	4.7
25-29	7.6	5.1	3.6	3.9
30-34	6.4	4.8	3.3	3.3
35-39	5.7	4.0	2.9	2.6
40-44	2.6	2.8	1.9	1.3
45-49	2.4	1.9	1.3	0.9
50-54	1.8	1.0	0.6	0.6
55-59	0.9	0.8	0.5	0.3
60-64	0.6	0.5	0.3	0.2
65+	0.9	1.1	0.6	0.3
Level of education				
No education or primary incomplete	3.6	3.2	2.1	1.5
Primary	6.8	2.5	1.4	2.6
Secondary	20.0	13.2	8.8	10.3
More than secondary	6.5	7.7	5.8	3.8
Worked in past 12 months				
Yes	14.8	17.1	11.9	7.1
No	22.1	9.5	6.1	11.1

Source: Botswana Relationship Survey Statistics 2017.

Table 2 shows that:

- Experience of IPV in women decreased with increase in age.
- Age was significantly associated with both experience and perpetration of IPV except in perpetration by women ($p>0.05$).
- Although not statistically significant it is worth noting that most (59%) of the IPV perpetration was recorded by women aged 29 years and below. (This could point to increased assertiveness).
- Men aged between 18-39 years recorded the highest levels of both IPV perpetration and experience while in women these were observed among women aged 18-29 years.
- Women between the ages of 18-29 reported experiencing more violence (8%) than any other women aged 30 and above. There are more men (5%) than women perpetrating IPV below the age of 34.
- Women and men aged 40 and over reported experiencing lower levels of IPV in their lifetime compared to younger women and men.
- Men aged 45 and over reported perpetrating lower levels (3%) of IPV in their lifetime compared to the younger men.
- Women with a secondary education reported experiencing higher levels (20%) of IPV than women with lower levels (4%) of education.
- Similarly, men with higher levels of education reported perpetrating higher levels (13%) of IPV than men with lower levels (3%) of education.
- In the 12 months prior to the survey, 15% of the women in the sample were employed as compared to a fifth of the sample who were unemployed but reported experiencing violence.
- In the same period, 17% of men and 7% of women in the sample who were employed reported perpetrating violence compared to 10% and 11% of men and women respectively who were unemployed.

Childhood experiences of violence

The study analysed associations between experience of abuse in childhood and experience and perpetration of violence.

Child abuse and violence among women

Associations between child abuse and violence, either perpetration or victimisation were highly significant ($p=0.000$). Of those who experienced GBV, 92% had experienced some form of abuse in childhood and of those who experienced IPV, 94% were abused in childhood.

The same trend was noted with perpetration estimates which were also highly significant. Of those who perpetrated GBV among women 93% had experienced abuse in childhood. Among those who perpetrated IPV 94% were abused in childhood.

Child abuse and violence among men

Equal proportions (97%) of men who experienced IPV and GBV were abused in childhood. Similar proportions (97%) of men who perpetrated IPV also had experienced abuse before they reached 18 years of age.

Alcohol and drug abuse

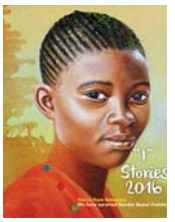
The study looked at the relationship between alcohol and substance abuse and GBV. Having a partner who drank alcohol was associated with experience of IPV among women and men.

Table 3: Experience of IPV after partner alcohol intake

	Emotional abuse		Physical abuse		Sexual abuse	
Partner took alcohol	Men	Women	Men	Women	Men	Women
At least once	37	46.9	41.9	53.9	45.4	44.5
Never	63	53.1	58.1	46.1	54.6	55.5

Source: Botswana Relationship Survey Statistics 2017.

Table 3 shows that perpetration of IPV is influenced by partners' intake of alcohol. The majority of women tend to experience more intimate partner violence, with physical violence being the most (54%) common form of IPV reported. Forty-five percent of men women reported experiencing sexual abuse when the partner is drunk.



Relationship factors

Personal experiences revealed in the "I" stories by women show that male infidelity is common in Botswana and women are often abused for questioning the husband's behaviour. Several "I" stories by men revealed violent behaviour from their female counterparts after alcohol intake.

Community factors

The study covered experiences and perpetration of GBV, by women and men, as well as the attitudes that drive such behaviours. Comparing these findings with the gender attitudes analysed in the 2012 GBV Indicators Study it is apparent that not much has changed.

Table 4: Gender attitudes

	Women strongly agree/agree	Men strongly agree/agree
I think people should be treated the same whether they are male or female.	83.7	82.3
I think that a woman should obey her husband even if she disagrees with him.	42.9	55.4
I think that if a woman works she should give her money to her husband.	31.0	52.4
I think that a man should have the final say in all family matters.	36.3	58.8
I think that a woman needs her husband's permission to do paid work.	35.7	52.5
I think that a woman cannot refuse to have sex with her husband.	40.9	42.8
I think that if a man has paid lobola for his wife, he owns her.	24.0	44.9
I think that if a man has paid lobola for his wife, he must have sex when he wants it.	23.9	31.4
It is important for a man to show his wife/partner who is the boss.	38.2	47.8

Source: Botswana Relationship Survey Statistics 2017.

Table 4 shows some of the gender attitudes and beliefs held by women and men that drive domestic violence within communities. Men generally held less gender equitable views than women. For example:

Entrepreneurs selling their merchandise during Botswana National summit, Gaborone, Botswana. *Photo: Innocent Letsholathebe - Sunday Standard*

- More than half of the men and only 43% of women think that a woman should obey her husband.
- Fifty-two percent of men and a third of women agreed that if a woman works she should give her money to her husband.
- Fifty-nine percent of men and 36% of women believe that a man should have the final say in all family matters.
- Fifty-three percent of men and 36% of women professed that a woman needs permission from her husband to do paid work.
- Almost equal proportions of men (41%) and women (43%) expressed that a woman cannot refuse to have sex with her husband.
- Forty-five percent of men and 24% of women equate paying of lobola to wife ownership.

Table 5: Gender attitudes around rape		
	Women strongly agree/agree	Men strongly agree/agree
I think that in any rape case one would have to question whether the victim is promiscuous.	16.2	41.3
I think in some rape cases women actually want it to happen.	19.1	33.7
I think if a woman does not physically fight back, it is not rape.	16.5	40.9
I think that when a woman is raped, she is usually to blame for putting herself in that situation.	8.9	21.2

Source: Botswana Relationship Survey Statistics 2017.

Table 5 shows that men exhibited more gender inequitable attitudes towards rape survivors.

- Forty-one percent of men compared to only 16% of women expressed that in any rape case there is need to ask if the victim was not promiscuous.
- Thirty-four percent of men and 19% of women affirmed that in some rape cases women want it to happen.
- Forty-one percent of men and 17% of women believe that if a woman does not fight back it is not rape. A fifth of men and 9% women blame the rape victim for putting themselves into the situation.

Societal factors

Table 6: Political leadership	
Criteria	% speeches
GBV speeches by politicians which refer to emotional abuse	15.6
GBV speeches by politicians which refer to physical abuse	9.4
GBV speeches by politicians which refer to sexual abuse	15.6
GBV speeches by politicians which refer to sexual abuse/rape	6.3
GBV speeches by politicians which refer to economic abuse	9.4
GBV speeches by politicians which refer to domestic violence	9.4
GBV speeches by politicians which refer to the link between GBV and HIV	18.8
GBV speeches by politicians which refer to child abuse	3.1
GBV speeches by politicians which refer to support for those affected	6.3
GBV speeches by politicians which refer to advocacy and campaigns on ending GBV	6.3

Source: Botswana Relationship Survey Statistics 2017.

Table 6 shows that:

- Only 11% of the political pronouncements measured over one year leading up to the study referred to GBV.
- Politicians refer to different forms of GBV in the speeches with the link between GBV and HIV, emotional abuse, and sexual abuse featuring in most speeches.
- Of the 96 speeches analysed, 18.8% referred to the link between GBV and HIV.
- Equal proportions (16%) of the GBV speeches referred to emotional abuse and sexual abuse.
- Only three percent of speeches referred to child abuse.

Effects of GBV

Abuse has profound effects on women and men with the former being more vulnerable as evidenced by higher proportions of the injured and bed ridden.

Principal researcher Kevin Charamba interviews the UNFPA's Kelly Dambuza for the research. *Photo: Keletso Metsing*

- Almost half (48%) of the women who stayed in bed as a result of injuries were economically active. Similarly more than half (66%) of men who stayed in bed due to injuries reported that they had a job that gave them income.
- 102 women experienced physical abuse from their partners when they were pregnant. Thirty six women were hurt in the stomach when they were pregnant.
- Eighteen women reported that they had a miscarriage at some point in their lives as a result of being beaten.
- Nineteen women reported that they went into premature labour which was induced by abuse.
- Two percent of women who were interviewed fell pregnant after being raped. One percent had an abortion or unwanted pregnancy as a result of rape.
- Of those who had an abortion around half had an illegal abortion which is usually unsafe and detrimental to the mother.
- There was a significant relationship between being infected with an STI and experience of IPV.
- Adverse mental health is significantly associated with experience of IPV in a lifetime among women and women who were interviewed.
- Eight percent of women and seven percent of men started drinking alcohol after experiencing abuse.

Response and support

Vision 2036 running under the theme - *Achieving prosperity for all* is Botswana's strategy to propel its socio-economic and political development into a competitive, winning and prosperous nation. The Vision came about after an extensive country consultation by the Presidential Task Force. In May 2017, Botswana took a huge step forward through the signing of the updated SADC Protocol on Gender and Development. The country's laws that relate to GBV include the Domestic Violence Act, the Penal Code, the Criminal Procedure and Evidence Act, the Public Service Act and the Deeds Registry Act.

Botswana has a Gender Commission in place which among other things is mandated to ensure access to justice, protection of human rights and freedom from all forms of violence. The Government has a National policy on gender and development which became operational in 2015. One of the key strategic information and knowledge management task is to develop a gender research agenda. This has since been developed and is at finalisation stages. The Ministry of Nationality, Immigration and Gender Affairs has piloted a Gender Based Violence Referral System in four districts of the country among key service providers for GBV survivors.

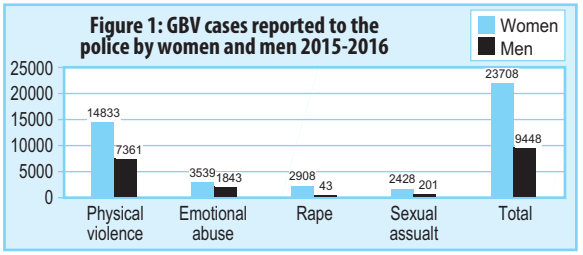
Table 7: Awareness of laws

Criteria	% women	% men
Awareness of legislation		
Proportion of participants aware of the Domestic Violence Act	54.5	45.3
Proportion of participants aware of the Penal code	55.5	54.9
Proportion of participants aware of protection orders	46.9	40.6

Source: Botswana Relationship Survey Statistics 2017.

Table 7 shows:

- Of those interviewed, 55% of women and 45% of men said they had heard about the Domestic Violence Act.
- Almost equal proportions (55%) the women and men sampled, heard about the Penal code.
- Forty seven percent of women and 41% of men were aware of protection orders.



Source: Botswana Police Gender Reference Committee (GRC 2017).

Figure 1 shows the number of cases and type of GBV reported by women and men to the BPS for period 2015 to 2016. Women reported a total of 23,708 cases and men 9,448 cases of GBV between 2015 and 2016. The highest form of GBV reported in Botswana is physical violence and sexual assault is the least reported. More women than men constitute the bulk number of survivors who report cases of abuse to police. Police recorded 14,833 physical violence cases; 3,539 emotional cases; 2,908 cases of rape, and 2,428 sexual assault cases from women. The police noted that the majority of emotional violence cases reported involved threats to kill and refusal to see children.

Shelters and counselling services

- Between January 2016 and March 2017, Kagisano women's shelter attended to more (1325) clients with emotional violence cases compared to other forms of GBV.
- There were more returning clients (541) to Kagisano women's shelter.
- Ninety-eight clients were assisted with legal drafts at the Kagisano women's shelter between January 2016 and March 2017.
- The Women against Rape in Maun counselled 1031, and 194 clients with relationship and domestic violence cases between June 2012 and July 2017.
- Clients spent an average of 20 days at the Women against rape shelter in Maun.

Table 8: Prevention indicators

Criteria	% women	% men
Proportion of participants who heard of the Sixteen Days campaign in the 12 months prior to the survey	46.9	40.9
Proportion of participants who heard of the 365 Days campaign in the 12 months prior to the survey	37.4	27.9
Proportion of participants who access information on GBV from radio	43.7	38.7
Proportion of participants who access information on GBV from TV	31.5	26.1
Proportion of participants who access information on GBV from newspapers	28.0	24.9

Source: Botswana Relationship Survey Statistics 2017.

Table 8 shows that:

- Less than half of the sample (47% of women and 41% of men) had heard about the Sixteen Days of No Violence against Women campaign.
- Over a third (37%) of women, and 28% of men had heard about the 365 Days Campaign to End Gender Violence.
- Radio is the main source of information on the GBV followed by TV and newspapers
- Women (72%) and men (64%) feel that of GBV campaigns have made people more aware that GBV is a violation of human rights.

Young men make a statement during the Sixteen Days march in Maun. *Photo: Gender Links*

- Despite bearing a disproportionate burden of GBV women comprise just 25% of news sources in stories on GBV. Women's experiences are often trivialised or told from a court perspective in which the cards are heavily stacked against them.

Conclusions and recommendations

The findings in this report show that:

- GBV in Botswana is relatively high with both women and men at risk of experiencing violence.
- Emotional partner violence and physical violence are the most common forms of GBV respectively.
- More women compared to men reported experiencing all forms of violence. The main form of violence experienced by men is emotional violence.
- Men are less likely to report their experiences of violence to the police.
- Age is significantly associated with experience and perpetration of violence.
- GBV disproportionately affects women as injuries have a negative impact on the economic production of individuals, families and the nation at large.
- Alcohol consumption increases the risk of IPV experience and perpetration.
- Patriarchal attitudes play a huge role in driving GBV both for women and men. Such attitudes perpetuate rape culture and encourage the culture of silence as survivors fear secondary victimisation.
- The populace in Botswana is relatively aware of the existing legislation on domestic violence and protection orders.
- Shelter services in Botswana are not proportionate to the needs of GBV survivors.

Key recommendations include:

- A study of this nature be undertaken every five years to benchmark progress. Botswana has already set a standard in the SADC region by repeating the original study. Making it routine will play critical role in enhancing accountability. The study should also inform a more robust Monitoring and Evaluation Framework that sets baselines, targets and indicators on every parameter, in every district.
- Place prevention at the centre of the GBV management model instead of as an afterthought.
- A cabinet directive to ensure that every Ministry has a Zero Tolerance for GBV Action plan and that this features prominently in political pronouncements, including in the coming elections.
- A comprehensive prevention strategy that includes primary, secondary and tertiary interventions at all the levels of the ecological model: individual, relationship, and community and societal.
- Invest in long term, sustainable solutions such as economic empowerment of women so that they do not experience secondary victimisation.
- Provision of psycho-social support should be made a priority in responding to GBV.
- GBV campaigns should empower women and men to speak out and seek help especially in the mining areas.
- MNIG in collaboration with the Ministries of Education and Health should initiate primary prevention programmes that focus on child abuse, especially for the boy child to stop the vicious cycle of violence resulting from child abuse.
- A dedicated study that assesses the costs of GBV from individual level to national level, looking into all the relevant ministerial and national budgets and expenditure reports. This will enable a comprehensive understanding of the impact of GBV at the micro and macro level.
- An intensive engagement with men and boys to challenge gender inequitable attitudes and norms which promote GBV and increases the risk of HIV transmission.
- A centralised database to enable easy access to data and speeches from all government departments including court data.

CHAPTER 1
INTRODUCTION

Girls and boys join the launch of the 2017 Sixteen Days against GBV at the Goshwe Kgotla. *Photo: Photo: Keletso Metsing*

Key facts

- Gender Based Violence (GBV) is one of the most common human rights violations in the Southern African Development Community (SADC) region, including in Botswana.
- On 10 May 2017, Botswana signed the SADC Protocol on Gender and Development, which aims to end GBV by 2030.
- Botswana is the first SADC country to conduct a follow up to the initial 2012 Gender Based Violence Indicators Study. Following the precedent set by Seychelles in its 2016 GBV Baseline Study, Botswana is the second country in the region to conduct a comprehensive GBV study now incorporating Violence Against Men (VAM).
- The Study seeks to document the extent and perpetration of GBV using a nationally representative sample from all the 16 districts of Botswana.
- With a much bigger sample and wider scope, the Botswana Relationship Study (BRS) seeks to provide additional and reliable data, targets and indicators for measuring the progress in eliminating GBV in an environment where under-reporting of violence is common.

This chapter presents the background of the Botswana Relationship Study (BRS), conducted by the Ministry of Nationality, Immigration and Gender Affairs (MNIG) with the technical assistance of Gender Links (GL). The chapter outlines the regional background and rationale for the study in Botswana, its unique features, the model used for understanding Gender Based Violence (GBV) and Intimate Partner Violence (IPV). The chapter explores the Country context and related previous research.

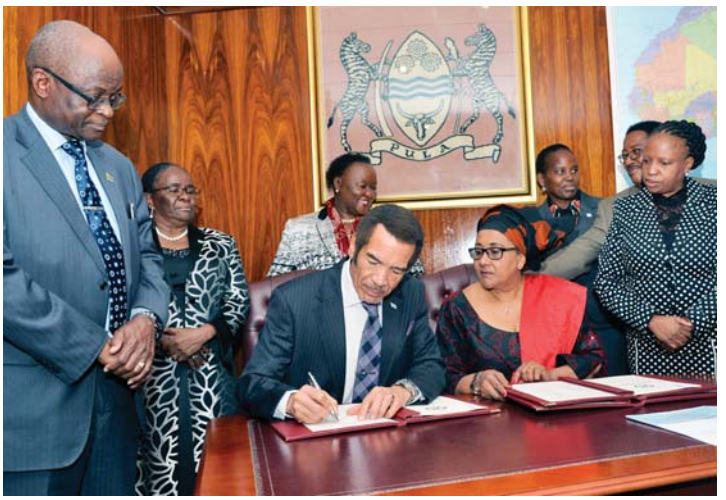
Background and rationale

Gender based violence continues to be one of the most common and serious human rights violations in the SADC region. In response to the high levels of violence, and the 2006 call by the UN Secretary General to all Member States to develop plans for ending such human rights violation, many Southern African countries have shifted from campaign mode to a more integrated programmatic approach in addressing GBV.

The process of developing action plans underscored the need for reliable baseline data, targets and indicators for measuring progress in a context in which most violence is under-reported or not reported at all. Thus, administrative data on its own is not adequate to provide useful insights on gender violence.

SADC Heads of State have continued to evaluate and strengthen their efforts to contain the GBV scourge. The 2008 SADC Protocol on Gender and Development aligned to the Millennium Development Goals aimed at halving gender violence by 2015. In 2016, SADC Heads of State adopted an updated Protocol aligned to the 2030 Sustainable Development Goals (SDGs). SADC states now aim to end GBV by 2030. Botswana signed the Protocol in May 2017, and is therefore working towards this target that also resonates with its Vision 2036 - Prosperity for All.

Having a target allows government and civil society to measure the efficacy of their programmes. It also means that countries must have baseline data on the extent and effects of GBV, as well as the manner in which governments and Civil Support Organisations respond to it, in order to measure progress. This underpins the innovative GBV indicators project conducted in South Africa (four provinces i.e. Gauteng, Limpopo, Western Cape, KwaZulu Natal), Botswana, Mauritius, Zimbabwe, Lesotho, Zambia and Seychelles by GL, in partnership with various local stakeholders, over the last decade.



Former President, Lt Gen. Dr Seretse Khama Ian Khama signing the SADC Protocol on Gender and Development with SADC Executive Secretary, Dr Stergomena Tax. *Photo courtesy of BOPA*

Drawing on the 2007 UN Expert Group Report on developing indicators for measuring GBV, preliminary work began in Southern Africa through an initiative supported by UN Trust Fund and spearheaded by GL. The key players included representatives of government (i.e. gender, justice, health, police, and prosecuting authority), research institutes and NGOs working on gender justice issues.

The UN Economic Commission for Africa Gender Centre (UNECA/AGC) commissioned desktop research for the rest of Africa following similar methods used by GL and partners for the pilot project. The South African Centre for the Study of Violence and Reconciliation (CSVR) found gaps in the data collected by many

[1] http://www.dailynews.gov.bw/mobile/news-details.php?nid=36021

different countries on GBV using administrative methods[1]. Some countries do not even have the recording systems on any aspect of GBV. Laws in the different countries do not regard certain acts of GBV as punitive violations, thus making it difficult for countries to speak the same messages on GBV.

The work of developing a set of indicators to measure GBV included a United Nations Development Fund for Women (UNIFEM)-funded expert group think tank meeting from 10-11 July 2008. Sixteen representatives from government, research organisations and Southern African regional NGOs focusing on gender and GBV participated. The meeting sought to get conceptual clarity on what is required, as well as get buy-in from key stakeholders on developing a composite set of indicators to measure gender violence that is methodologically solid, pre-tested, and can eventually be applied across the region.

The think tank meeting aimed to determine indicators that stakeholders can use to measure the extent of the problem (what uniform administrative and survey data they can obtain across all countries). In addition, they looked for indicators to assess the effect of GBV in social and economic terms as well as the response and support interventions as measured by the multi stakeholder National Action Plans to End Gender Violence. They also debated indicators on prevention interventions that underscore the importance of a paradigm shift towards prevention rather than simply response mechanisms.

Key conceptual decisions taken at the meeting included the need for a stand-alone survey, as opposed to tagging this onto an existing survey given the large number of questions to be asked, as well as the sensitivity of the issue. The expert group also agreed to the initial focus on women's experience, and men's perpetration of GBV, as administrative data shows that the vast majority of GBV is in fact VAW.

Stakeholders also agreed to closely interrogate existing administrative data and use prevalence studies to determine the extent of underreporting as well as engage with rarely reported types of violence, such as emotional and economic abuse. The group also agreed to combine prevalence and attitude studies and to facilitate more in-depth interrogation of data, for example on whether links exist between being a survivor/perpetrator and various kinds of attitudes and behaviours.

Chair of the National Gender Commission Kgosi Mosadi Seboko addressing commissioners at the launch. *Photo: Kabelo Tsiang*

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

Since inception, the GBV Indicators Study has evolved. In 2014, after recommendations by the Botswana government and Seychelles to also look at violence against men, GL coordinated a critical thinking forum with the aim of refining the questionnaire. In attendance were representatives from the academia, NGO, statistics offices and research practitioners. This meeting brought forth the violence against men module which has since been administered in Seychelles and Botswana: the first countries to conduct a composite GBV study that also looks at violence against men by women. This concept is further explored in the methodology section.

Unique features of the project

Unlike previous prevalence surveys that focused on VAW and a few aspects of GBV, the indicators in this study sought to measure:

- The extent of violence against women as perpetrated by men and vice versa.
- The social and economic effects of GBV for women and men;
- Response and support interventions as measured by the multi stakeholder National Action Plans to End Gender Violence based on the SADC Protocol on Gender and Development; and
- Prevention interventions that underscore the importance of a paradigm shift towards prevention rather than focus primarily on response.

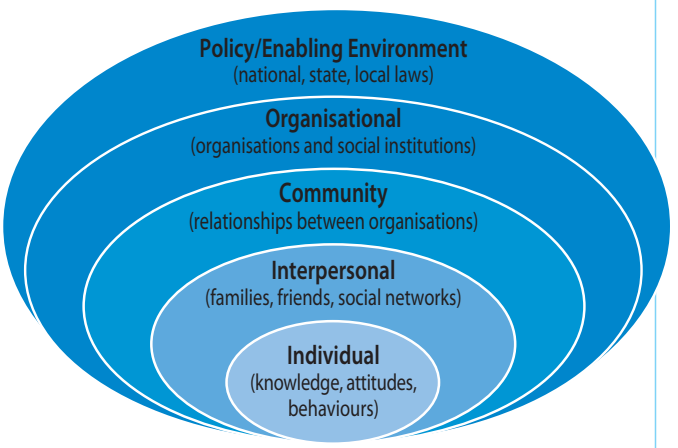
Social Ecological-Life Course Model

This study draws on a Social Ecological-Life Course Model in testing relationships between individual, family, and community characteristics and the likelihood of perpetrating and/ or experiencing violence in Botswana. This section explores the various factors that are associated with GBV, including IPV that may act as triggers. The study adopted these frameworks of analysis to help in the understanding of the correlates of GBV, including IPV. The section will, therefore, give an overview, assumptions and application of the theories above respectively. Several studies which have looked at the correlates of GBV, including IPV have employed the ecological model which posits that violence results from a combination of several factors that increase the risk of both victimisation and perpetration of violence by individuals.

The literature on GBV proposes a diverse assortment of factors that are associated with GBV (Dutton & Corvo, 2006, 2007; Heise, 1998; Gondolf, 2007). The study of violence fits within the context of a social ecological-life course analytical framework because it allows for the consideration of multiple, interdependent related factors, such as the correlates, potential factors, and maintenance of violence perpetration at the personal, situational, social-structural, and sociocultural levels of the ecology (Belsky, 1980; Bronfenbrenner, 1979; Carlson, 1984; Carlson, 1984; Ellsberg, Peña, Herrera, Liljestrand, & Winkvist, 2000; Harway & O'Neil, 1999; Heise, 1998; Stith et al., 2004). Ecological systems theory was formulated in 1949, by a biologist, Ludwig Von Bertalanffy. The theory assumes that a human being (as a system) does not exist as an isolated entity, but rather in constant interaction with other systems such as the individual, family, community, society and the global world. Individual behaviour is therefore analyzed within the context of the environment.

The model was refined by Bronfenbrenner in the 1970s's (Bertalanffy, 1949; Bronfenbrenner, 1977, 1994; Bronfenbrenner & Morris, 1998) to take into consideration the social-environmental factors. The theory suggests that a human being (as a system) does not exist as an isolated entity, but instead, in constant interaction with other systems. These systems include the individual, family, community, society and the global world. Individual behaviour is therefore analyzed within the context of the immediate environment, which is shaped by social, cultural, and historical factors. Bronfenbrenner (1977) argued that one must consider the entire ecological system in which growth occurs (Bronfenbrenner, 1994). Bronfenbrenner's (1977) original labels for each level of contextual analysis were replaced with the language proposed by Carlson (1984) and Heise (1998). The model states that individuals develop within "nested" levels of the environment or the ecology, that interact with one another and shape attitudes, beliefs, and behaviours.

Figure 1.1: The Social Ecological Model



Source: Adapted from: Bronfenbrenner, U. (1994). Ecological models of human development.

Figure 1.1 shows that these levels are the **Microsystem, Chronosystem, Mesosystem, Exosystem, and Macrosystem**, viewed from the innermost to outermost[2]. The nested levels of the ecology affect each level and progress toward interactions of the individual with their immediate environment. The following is a presentation of the levels of the ecology:

a) ***The Microsystem*** incorporates the interactions that the person engages indirectly with other people, objects, and symbols in that environment such as family members, siblings, teachers and caregivers. Through these sophisticated, reciprocal enduring interactions, called "proximal processes," the individual 's attitudes, beliefs, and behaviours are shaped over time. How these groups or individuals interact with the person will affect how the person develops and interacts. Similarly, how the person reacts to people in their microsystem will also influence how they treat the person in return. More nurturing and more supportive interactions and relationships will understandably foster the person's improved development. Inter-relationships are represented by the next level in the ecological framework, the mesosystem, indirectly influencing the developing individual. Individual-level factors are biological and personal history factors that increase the risk of violence. This study looks at a few factors; age, level of education, nationality, employment history, the experience of abuse in childhood and alcohol abuse. Brofenbrenner recognised that changes in the environmental context are significant turning points in the development of a child, hence the the Chronosystem.

b) ***The Chronosystem*** adds the useful dimension of time, which demonstrates the influence of both environmental events, sociohistorical events, transitions, change and constancy throughout a person's life, in the person's environment. The Chronosystem echoes the life course approach which examines an individual's life history and sees how early life events and cumulative pathways in the family of origin (such as violence and abuse marriage and divorce, timing of the death of a loved one, alcohol abuse, engagement in crime), may influence future developmental trajectories and turning points (Sampson & Laub, 2003). Life Course is a theory or perspective that seeks to understand, explain, and improve health across population groups. It is an approach that was developed for analyzing people's lives within social, structural and cultural contexts. It examines an individual's life history and sees how early events influence future decisions and events. The perspective emphasizes how chronological age, relationships, shared life transitions, and social change shape people's lives from birth to death.

The family is the primary site for experiencing and interpreting the broader social world over time, and across multiple generations. People's problems are connected with their past life events, and events affect the current situation. Developmental risks and protections are a complex interplay of biological, behavioural, psychological, socially protective and risk-enhancing factors that

[2] Bronfenbrenner, U. (1994). Ecological models of human development. In T. Husen & T. N. Postlethwaite (Eds.), International Encyclopedia of Education (2nd ed.) (Vol. 3, pp. 1643-1647). Oxford, England: Pergamon Press/Elsevier Science.

contribute to health outcomes across the span of a person's life. Throughout life and at all stages, risk factors can be reduced and protective factors enhanced, to improve current and subsequent health and well-being individual's developmental path is built in and altered by conditions and events during the historical period within a geographical location. Transitions refer to change in roles and statuses that represent a departure from prior roles and the status. Life events are significant occurrence involving a relatively abrupt change that may produce long-lasting effects depending on the individual's cumulative developmental risks and protection.

There is diversity in life journeys. Despite life events, humans are capable of making choices and constructing their life journeys within systems of opportunities and constraints. When significant changes occur in the life course trajectory, they are referred to as a turning point.

c) ***The Messosystem:*** Individuals tend to participate in "multiple microsystems" concurrently and what happens in one microsystem influences interactions in other systems. The messo system involves linkages between home and school, between peer group and family, or between family and church.

d) ***The Exosystem*** represents interactions that have an eventual impact on the individual's immediate situation. The exosystem includes parents' workplaces, the larger neighbourhood, and extended family members, which are linkages that may exist between two or more settings, one of which may not contain the developing person but affects them indirectly nonetheless.

e) ***The Macrosystem*** represents higher level cultural components that operate through their influence on factors that exist within the lower levels of analysis. The Macrosystem involves laws, cultural values, national customs, economic situation, social circumstances and foreign guidelines or policies. As indicated in the Figure 1, the Social-Ecological Model identifies four levels: individual, the relationship, the community and the structural level which increase the likelihood of occurrence of violence. The macro system is the most extensive and most distant collection of people and places to the person that still exercises significant influence on the person. It is composed of the person's cultural patterns and values, precisely the person's beliefs and values, as well as political and economic systems. Personren in war-torn areas, for example, will experience a different kind of development than personren in communities where peace reigns.

To study individuals within families and other relationships, one needs to examine intimate connections regarding the social structure, history, communication and refine the concepts, methods, and theories to explain change over time. By studying the different systems that simultaneously influence a person, one can demonstrate the diversity of inter-related influences on the person's development. Awareness of contexts can sensitize us to variations in the way a person may act in different settings. The following tables and figures present some of the findings from the study. There are multiple, varied factors associated with violence perpetration that interact and overlap with each other in complex ways. Violence perpetration is a result of various contextual, situational, cultural, historical, and individual characteristics. There is no one theoretical model that explains all occurrences of violence perpetration across all situations (Carlson, 1984; Cunningham, Jaffe, Baker, Dick, Malla, Mazaheri, & Poisson, 1998; Dutton & Corvo, 2006; Gondolf, 2002; Harway & O'Neil, 1999; Heise, 1998).

Table 1.1 summarises the focus of the theory and the structural components for Perpetration of GBV.

Table 1.1: The Social Ecological-Life Course Model and the Structural Components for Perpetration of GBV		
Level	**The focus of the Theory**	**Structural Components for Perpetration of GBV**
Individual/ Ontogenic Level- Intrapersonal	Micro - Personal History- Chronosystem • Knowledge • Attitudes • Behaviour • Self-Efficacy • Developmental History • Gender • Age • Religious Identity • Racial/Ethnic Identity • Sexual Orientation • Socio-Economic Status • Financial Resources • Values, Goals and Expectations • Literacy, • Stigma, etc	• Demographic characteristics (age, education, income age, race, culture, wealth and geography) • Exposure to family-of-origin violence • Family background • Personality • Impulsive and aggressive behaviour • Alcohol and illicit drug use • Intergenerational transmission of violence and destructive effects of witnessing and experiencing violence in childhood • A history of violence in the family • Experiencing corporal punishment • psychological violence from a parent • Absent or rejecting father • Moral perceptions of right and wrong • Punishment +reward reduces or increases the likelihood of violence respectively) • Gender role socialization and how the processes of masculine socialization influence how men express their emotions during times of distress • Being abused oneself as a child • Mental disorder or illness • Physiological abnormalities (e.g., head injury). • World View -Societal undervaluing of women • Personality disorder • Highly emotional, anxious, and depressed temperament • Antisocial and narcissistic personality disorders personality disorder • Borderline or schizoid personality characteristics • Development of fearful attachment styles during childhood/ rejected by their mothers and abused by their fathers • Personality characteristics and accompanying patterns of behaviour • Passive-dependent personality disorder • Insecurity • Low emotional intelligence • Poor self-control/impulse control • Rationalization

Level	The focus of the Theory	Structural Components for Perpetration of GBV
		• Masculine-socialization and views on vulnerability and emotionality, weakness • Hyper-masculinity • The desire for Power and control • The desire to own all decision making • Gender role conflict and dysfunctional gender role expectations such as emotional inexpressiveness, aggression, authoritativeness, and restricted affectionate behaviour • Restriction in one's range of coping mechanisms • Employment and financial problems • hostile attitudes toward women
Microsystem	• Relationship with Family • Formal (and informal) social networks • Social support systems that can influence individual behaviours • Family • Friends • Peers • Co-workers • Religious networks • Customs or traditions	• Male and female gender role dynamics within the family • Male dominance and financial control in the family • Gender role conflict and stereotypical Western conceptualisations of "the ideal family" "the ideal man" and "the ideal woman" "The breadwinner" and "the children." • Resistance to female employment outside of the home • Resistance to financial independence of women • Women's lack of employment and financial dependence on men • Alcohol use • Quality of spousal relationship • Connectedness Relationship dissatisfaction • Relational inequality
	Relationship with Dyad/Intimate Partner Relationship	• Sexual aggression and abusive partner behaviour perpetrated by friends and peers and one's endorsement of violent actions • Perceived pressure from friends to engage in abusive behaviour • Peers' patriarchal attitudes and support • Past physical or sexual violence in relationships • Association with aggressive peers • Low socioeconomic status • Unemployment history • Isolation of woman and family • Delinquent/gang peer associates • Family environment that is emotionally unsupportive and violent • Unequal power sharing in the family

Level	The focus of the Theory	Structural Components for Perpetration of GBV
		• Violations of civil or criminal court orders • Friction over women's empowerment • Attitudes supporting domestic violence • Engagement in other criminality

Micro-Social-structural/ Exosystem	Relationship with Peers	• Blended partnerships
		• Marital conflict and verbal arguments over the following
		  • Children
		  • The division of household labour
		  • Money
		  • Discrepancies in partners' educational attainment

Messosystem	• Relationship with Organizational/Institutional • Relationships among organizations, institutions • Informational networks within defined boundaries, including the built environment • Village associations • Community leaders • Businesses • Transportation systems	• Men's employment (unemployed or underemployed) • Informal social control (e.g., income, a social network, recognition, and status) increase one's stake in conformity
		• Traditions, norms, processes, structures, and policies which together create environmental conditions • Unequal distribution of resources, stress, and deprivation • The degree of social and economic deprivation at the community or neighbourhood level • Community-level rates of unemployment and poverty • Community-level rates of poverty • Community attitudes regarding partner abuse and violence • Lack or low support from the police or judicial system - local norms, laws, and rules • Economic realities - Lack of employment opportunities • Weak community sanctions against perpetrators of violence. • Poverty • The existence of a local drug /alcohol trade • Exposure to violence • Gender-sensitive law enforcement agencies

Level	The focus of the Theory	Structural Components for Perpetration of GBV
		• Failure to arrest the perpetrator • Mistaking the victim as the primary aggressor • Trivializing the situation • Persecuting the victim because of socioeconomic status • Ethnicity • Immigrant status • Lack of appropriate victim resources in the community • Advocacy, victim support, and criminal justice resources • Normative use of violence to settle all types of dispute • Neighbourhood characteristics and norms • Law enforcement practices
Sociocultural/ Macrosystem	• Relationship with Macro-Societal/public policy/legal • Person's cultural patterns and values • Dominant beliefs and ideas • Local, state, national and global laws and policies • Policies regarding the allocation of resources for GBV • Access to healthcare services • Restrictive policies (e.g., taxes for health services) • Laws affecting to Gender and GBV	• Culturally idealized masculinity • Individual attitudes and beliefs regarding masculinity and masculine gender role expectations and their effects • expectations for the masculine gender role that are linked to dominance, power, toughness, honour, and superiority of men • Inequalities based on gender, race, religious or cultural beliefs • Economic and social policies that sustain gaps and tension between groups • Exposure to violence in mass media Male entitlement • Masculinity as aggression and dominance • Rigid gender roles and sex-role stereotyping and norms about family life • High levels of community violence and crime • Lack of criminal sanctions against perpetrators of GBV • availability of weapons in the community • Social-cultural norms that justify violence against women • Acceptance of interpersonal violence and physical discipline

Botswana map. *Picture courtesy of emapsworld.com*

Botswana is a landlocked Southern African country bound by Zambia to the north, Zimbabwe to the northeast, Namibia to the north and west, and South Africa to the south and south east. The country occupies a total area of 587,730 km^2.

The 2011 census report shows that the Country had a population of 2,024,904 million people. The latest projections for 2017 puts the population at 2,266,857. The population is projected to increase by 1.9% to 2,410,338 when the next census is due in 2021[3]. Women constitute 51.2% and men 48.8% of the population showing that the number of females outnumber males in Botswana based on a sex ratio of 92 males for every 100 females[4].

Status of women

The 2017 SADC Gender Protocol Barometer rates Botswana at 60% on the SADC Gender and Development Index (SGDI). The country is ranked eighth after, South Africa, Mauritius, Zimbabwe, Seychelles, Namibia, Lesotho, and Zambia. The SGDI on the status of women consists of 36 performance indicators. The indicators are grouped into nine categories, namely constitutional and legal rights, governance, education, economy, sexual and reproductive health and rights (SRHR), HIV and AIDS, GBV, media, and climate change. The SGDI ranks Botswana third in education and in HIV/AIDS; seventh in sexual and reproductive health; three in the media and fourteenth in governance.

Education

Education remains a priority area for Botswana. The National Development Plan (NDP) 11 cites education as key to human capital development[5]. To improve efficiency and effectiveness of the education system, the government separated the educational ministerial portfolios into two that is the Ministry of Education and Skills Development and the Ministry of Tertiary Education, Research, Science and Technology. Provision of basic education is guided through the implementation of the 2015 Education and Training Sector Plan (ESSTP) while tertiary education focuses on ensuring skills development relevant to the needs of the domestic job market.

The government allocated 17.2% of its recurrent budget in 2017/18 to education and training needs. This is a relatively significant proportion of the national budget, which will ensure that access and equity at all levels of the education system is increased as well as maintaining gender parity that has already been achieved in primary and secondary education. However, despite the education expenditure being among the highest in the world (at about 9% of GDP), it has yet to produce a skilled workforce needed to grow the economy.

[3] http://www.statsbots.org.bw/sites/default/files/documents/1966sept%20selected%20indicators.pdf
[4] Progress report of the national response to the 2001 Declaration of Commitment on HIV and AIDS, Botswana country report 2010, period 2008-2010
[5] Botswana National Development Plan 11, April 2017-March 2023. Ministry of Finance and Development Planning.

Key education indicators include:

- Ninety percent of women and men aged 15-65 are literate in Botswana[6].
- Almost 80% of girls and boys are enrolled in primary and secondary schools[7].
- The Botswana Youth Risk Behaviour Surveillance Survey collects important data that can be used to investigate GBV in schools.

Economy

Aerial view of Jwaneng Diamond Mine, Botswana.
Picture courtesy of Google maps

From being one of the poorest countries at independence in 1966, Botswana rapidly transformed into one of the world's development success stories. The World Bank classifies the country as an upper middle income. The economy is dominated by significant mineral wealth, with the production and export of diamonds, good governance and sound economic management leading to high rates of economic growth (averaging 5% per annum) and per capita incomes in the past decade[8].

Due to a good fiscal position and balance of payments, the government has managed to invest the revenue (40%) from the mining industry into social development areas, such as education and health, social services, water and sanitation.[9] This has significantly contributed to an improvement in the status of women and men. However, the global economic recession has drastically reduced revenue from the mineral sector, especially, diamonds, impacting negatively on economic growth and investment in key social development areas, such as, the education and health.

Botswana has made relative progress towards achieving gender equality. The proportion of women in public and private sector decision-making has improved remarkably. Fifty five percent of decision-makers in the public sector and about 40% of decision makers in the private sector are women. The 2017 SADC Gender Protocol Barometer also notes that Botswana has the lowest pay differential between women and men (13 percentage points) compared to other countries in the region like Mauritius which has the highest pay differentials (57 percentage points)[10].

Other economic indicators include:

- Total unemployment for women and men remains high at 17.8%.
- Eighty two percent of men and 73% of women participate in the labour force[11].
- Women make up 54% while men make up 46% of employees in central government[12].
- Women make up 64% while men make up 36% of employees at local government[13].
- Women make up 42% while men make up 58% of employees at private and parastatal[14].

6 National Literacy Survey 2014.
7 Ministry of Education and Skills Development 2011.
8 http://www.worldbank.org/en/country/botswana/overview
9 http://www.worldbank.org/en/country/botswana/overview
10 SADC Gender Protocol 2017 Barometer.
11 http://www.theglobaleconomy.com/Botswana/Male_labor_force_participation/
12 http://www.statsbots.org.bw/sites/default/files/Formal%20Sector%20Employment%20Survey%20June%202017.pdf
13 http://www.statsbots.org.bw/sites/default/files/Formal%20Sector%20Employment%20Survey%20June%202017.pdf
14 http://www.statsbots.org.bw/sites/default/files/Formal%20Sector%20Employment%20Survey%20June%202017.pdf

Governance

Botswana has experienced multiparty democracy and good governance since independence. The country holds scheduled elections after every five years and is ranked as one of the most stable countries in the SADC region. Positive indicators include people's ability to access basic rights, such as health and education services.

While women form a significant proportion of the electorate, they hold very few political positions: 8% of members of parliament and 18% of local councillors[15]. While the parliament is overly male dominated, Botswana, however, has a high level of women in management and has a number of women in prominent, senior positions, for example, the Speaker of Parliament position has been occupied by women successively that is Margret Nasha (2009-2014) and Gladys K. T Kokorwe since the last general election in 2014.

Media

The *Gender and Media Progress Study (GMPS)* conducted by Gender Links and the Media Institute of Southern Africa in 2015 as a follow up to the 2010 GMPS, and the 2003 Gender and Media Baseline Study (GMBS) found that in Botswana:

- "There is a significant increase in the proportion of women sources from 16% in 2003, to 20% in 2010 to 28% this report. This is slightly higher than the regional average of 20%, but lower than the GMMP average of 24%. At 72% of all news sources, men in Botswana still prevail in the news.
- Television has the highest proportion of women as sources at 25%, followed by print at 20%. Radio - a non-visual medium - has the lowest proportion of female sources at 18%.

Women constitute 34% of all images in newspapers in Botswana, compared to 20% of news sources in print media."[16]

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

[15] Francoeur, RT and Noonan, RJ. "Botswana." International Encyclopedia of Sexuality. Kinsey Institute, 2004. Accessed from http://www.kinseyinstitute.org/ccies/bw.php on March 27, 2009.
[16] Gender and Media Progress Study, 2015. Gender Links.

Sexual and Reproductive Health and Rights (SRHR)

The Second Botswana Youth Risk Behavioural and Biological Surveillance Report (BYRBBSS II) conducted by the Ministry of Basic Education (MOBE) in 2016 aimed to monitor priority health risk behaviours and estimates HIV prevalence and associated risk factors among government public and private secondary school students in Botswana. The study targets 13-19 year students attending school in the 10 MOBE regions. The questionnaire administered to 7205 respondents covers, drug abuse, sexual history, transactional and non-transactional sex, STIs, knowledge and attitudes towards HIV and AIDS, exposure to HIV prevention, dietary behaviours, mental health, as well as crime and violence.

Key SRHR findings[17] include:

- 41.4% of males and 22.1% of females had sexual debut before the age of 13 years.
- 72.6% of females reported their first sexual partner being 5years younger or older.
- 69.7% of males reported their first sexual partner being 5years younger or older.
- A higher proportion of males 16.9% reported exchanging sex for money, drugs or gifts.
- 29.6% of females and 26% males reported to have been emotionally abused by a family member.
- 28.4% of males and 22% females reported emotional abuse by a teacher.
- 25% of males and almost 16% of females reported ever being threated or injured by a weapon.

A focus on youth is key to ending GBV: Goshwe Junior School Students during the Launch of the 2017 Sixteen Days of Activism. *Photo: Keletso Metsing*

The findings illustrate the vulnerability of school going children to violence and associated risk factors that expose them to HIV and AIDS. These findings also show that violence is not only confined to homes or public spaces but also occurs within school settings and often perpetrated by teachers. The current study explored physical, emotional, and sexual violence emanating from school settings. The results are presented in Chapter 3 on the extent of violence.

HIV and AIDS

Botswana has the third highest level of HIV and AIDS in the world after eSwathini and Lesotho. The prevalence indicators for HIV include that:

- Twenty two percent of the population aged 15-49 are living with HIV[18].
- Fifty five percent of people living with HIV are women[19].
- Forty seven percent of women aged 15-24 have comprehensive knowledge on HIV and AIDS[20].

[17] Ministry of Basic Education. (2016). Second Botswana Youth Risk Behavioural and Biological Surveillance Report (BYRBBSS II).
[18] UNAIDS 2016.
[19] UNAIDS 2010.
[20] http://www.unaids.org/en/regionscountries/countries/botswana/

Key facts HIV[21]

- Botswana is still one of the countries most affected by HIV in the world, despite its provision of universal free antiretroviral treatment to all people living with HIV.
- Botswana's successful ART coverage is compromised by a low testing rate and low levels of HIV knowledge - this has kept HIV prevalence rates high.
- Botswana has a one-size-fits all approach to HIV prevention, but its lack of targeted services has meant that prevention programmes are reaching less than half of those most at risk.
- There are many barriers to HIV prevention in Botswana including the withdrawal of programme funding in recent years by international donors, punitive laws against marginalised groups and gender inequality.

Analysts have observed that gender inequality in Botswana is a major barrier to HIV prevention efforts in the country. New HIV infections among women aged between 15 and 49, have in fact risen from 4,500 in 2013 to 5,200 in 2016, and a number of factors remain that increase women's vulnerability to HIV[22]. Early sexual debut, forced marriage and gender-based violence have all been found to increase the risk of HIV transmission. This suggests that strengthening the integration of GBV prevention and HIV prevention programs could lead to positive results in containing the twin scourges.

Political and social context of GBV

GBV occurs as a result of unequal power relations between women and men. Botswana like all SADC countries has strong patriarchal roots. Men continue to dominate political decision-making within traditional political forums, such as the "Kgotla," the House of Chiefs and parliament. However, evidence from this study show that men also experience violence at the hands of their female counterparts.

The government has enacted several laws which protect women and men from abuse. The main law against violence in the domestic set up is the Domestic Violence Act passed in 2008. The Act provides for support and protection from domestic violence. In the Botswana context "domestic violence" is any controlling or abusive behaviour that harms an individual's health or safety including physical abuse or threat; sexual abuse or threat; emotional, verbal or psychological abuse; economic abuse; intimidation; harassment, stalking and damage to property in the scope of a domestic relationship (Domestic Violence Act, 2008). Some key GBV related issues that are currently on the social and political agenda in Botswana are:

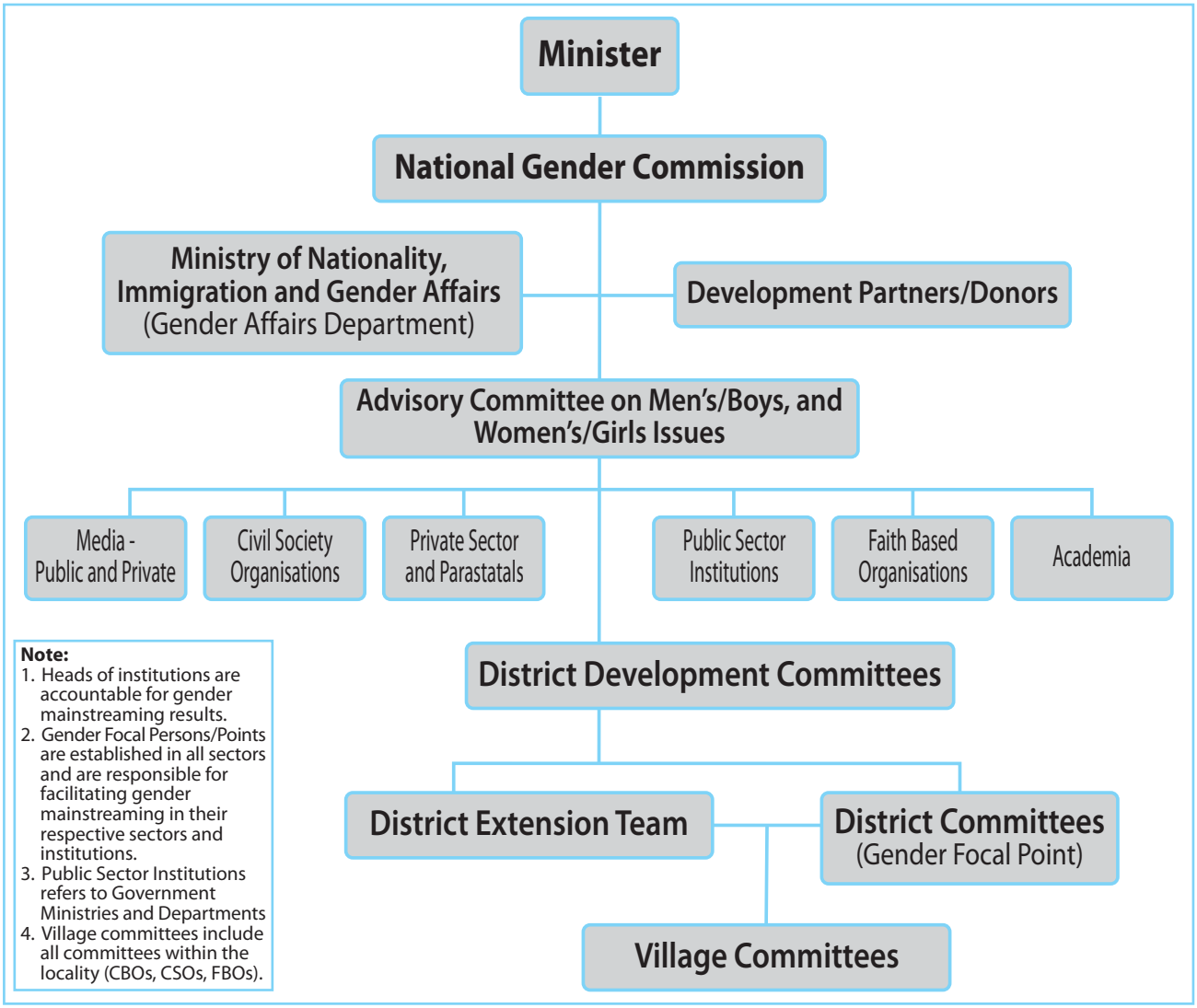
Botswana's Parliament passed a motion to create a mandatory ***sex offenders' registry*** and ban ***sex offenders*** from working in institutions that deal with children. This is in line with the practice in most developed countries where the offenders are eventually named and shamed. The register will also make it easy for research on sex offenders.

GBV Coordination in Botswana

The National Strategy Towards Ending GBV in Botswana (2016-2020) highlights that coordination of GBV response remains fragmented. Fragmentation has resulted in inadequate reporting by the stakeholders thereby resulting in weak strategic management of GBV in the country. However the Government has put in place a multi-sectoral mechanism to enhance the coordination of GBV at national, district, community and sector levels.

[21] https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/botswana
[22] https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/botswana

Figure 1.2: GBV Coordination framework



Source: National Strategy Towards Ending Gender Based Violence in Botswana 2016-2020.

As illustrated in Figure 1.2, there are various linkages with each level but ultimately these synergies feed into the National Gender Commission. The commission reports to the respective Minister biannually. The following is a summary of the core functions of the National Gender Commission.

National Gender Commission (NGC)

The Government of Botswana has established the National Gender Commission to ensure the effective and efficient coordination of its National Policy on Gender and Development. The NGC comprises 16 commissioners drawn from government, parastatals, private sector and civil society organisations. The NGC

is mandated to provide strategic policy and programmatic leadership, and governance of the national gender response through the following functions:

- Advise government on gender issues and in particular policy development and service delivery.
- Monitor the implementation of the National Policy on Gender and Development.
- Liaise with MNIG to provide guidance and support within Government and externally, on the promotion of gender equality and gender justice.
- Liaise with MNIG and other stakeholders in parastatal organisations, the private sector and civil society organisations to develop appropriate programmes, strategies and mechanisms for enhancing gender equity.

Ministry of Nationality, Immigration and Gender Affairs (MNIG)

MNIG is responsible for guiding the national GBV response in the country. This is done through:

- Overall coordination of the GBV strategy
- Programming of GBV response
- Providing technical expertise
- Monitoring GBV response in the country

Successes

MNIG has worked with different government sectors to respond to and prevent GBV. The Ministry strengthened partnerships with:

- The Ministry of Health and Wellness in developing protocols and service standards for prevention and management of gender based violence for health care providers.
- The Botswana Police Service in developing a handbook and training curriculum on Effective Police Responses to Violence against Women.

Challenges

Key informant interviews with MNIG highlighted several challenges that are pertinent to achieving the outcomes of the GBV strategy these include:

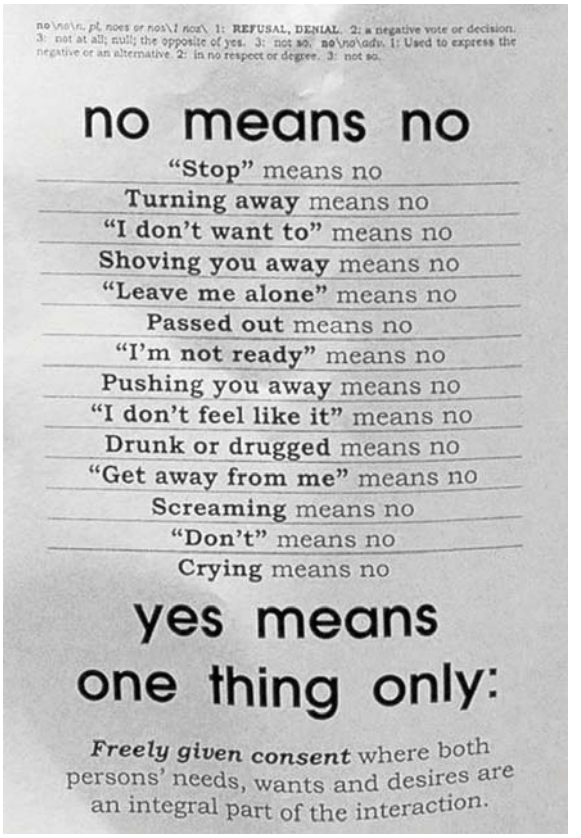
- Fragmented response by NGO coalition in Botswana.
- Currently no programmes for men except through Civil Society.
- Inadequate coordination for monitoring and evaluation system for GBV in the Country.
- Implementation and enforcement of the Domestic Violence Act not adequately done.

Opportunities

There are opportunities that MNIG can utilise to strengthen and intensify interventions against GBV in the country. These include:

- Political commitment to ending GBV.
- Increase in the vote for women's empowerment in the budget.
- Prioritisation of gender in the Vision 2036.
- Findings from this study to strengthen the National GBV strategy.

The coordination of services for management of violence cases and violence prevention by multisectoral networks at the community level is essential



for influencing a real change in a community on the issue of GBV. MNIG has therefore initiated a process of establishing a Gender Based Violence Referral System among key service providers for GBV victims and survivors.

This is done as a component of the integrated approach to combating GBV and aims to improve co-ordination and collaboration among different stakeholders to enhance efficiency and adequacy in delivering of GBV services. A study was conducted to establish the GBV referral networks that exist in Botswana, their adequacy and gaps. This was followed by the ongoing stakeholder consultations that have also been key in this process. These consultations facilitate ownership and contribute to the development of an implementable system.

Conclusion

GBV remains a public health challenge, and a barrier to civic, social, political, and economic participation for both women and men, but primarily for women. It has devastating short and long-term consequences at both individual and societal levels. Furthermore, its broader social implications compromise the social development of children, the unity of the family, the social fabric of affected communities, as well as the wellbeing of society as a whole.

However, the full magnitude of GBV remains unknown in many places, as there is no precise data or adequate reporting mechanisms. The study is a major contribution to evidence-based action plans to end GBV.

Getting ready for action: Researchers going out to the field. *Photo: Keletso Metsing*

CHAPTER 2
METHODOLOGY

Map reading exercise during the field worker training in Gaborone. *Photo: Keletso Metsing*

Key facts

- The study measured GBV experience and perpetration, gender attitudes, selected health-related behaviour and exposure to prevention campaigns among women and men.
- The study used a mixed method approach that includes both qualitative and quantitative methodologies.
- A cross sectional household survey measured GBV prevalence, HIV risk behaviour, pregnancy history, mental health, and help seeking behaviour after experiences of GBV.
- Researchers analysed administrative data from the police, shelters, health, and courts to triangulate survey data.

This chapter outlines the project aim, key research questions and methods employed to measure the different forms of GBV, including rape. The use of quantitative and qualitative tools reflects the complexity of the subject and the need for more than one tool to triangulate, interrogate, and interpret the data in ways that strengthen policymaking and action planning.

Why this research?

In 2012, MNIG and GL conducted a baseline survey aimed at developing a comprehensive baseline assessment of the extent, effects and response to Violence Against Women (VAW) in Botswana. It covered women's experiences, and men's perpetration of violence.

This study builds on the 2012 study. *The research includes for the first time men's reported experiences of violence (not just their perpetration of GBV) and women's reported perpetration of GBV.* The Botswana Government Cabinet requested an increase of the sample size to a more representative national sample, that could be disaggregated by districts. The Study measured the extent, risk factors, determinants, and effects of GBV. Current GBV responses with implications for prevention, treatment, care, support and recovery interventions were also explored. The study covered all the 16 districts of Botswana. The findings from the research will inform and strengthen national, district and local level strategies to end GBV.

Working Definition

Gender-based violence (GBV) and VAW are terms that are often used interchangeably as most gender-based violence is inflicted by men on women and girls. Even if this equivalence between VAW and GBV is widely accepted, it is important to differentiate between these two terms. Most studies on GBV have focused on the victimisation of women rather than their male counterparts due to the fact that a greater proportion of women report experiencing GBV.

The 1993 UN Declaration on the Elimination of Violence against Women describes VAW as:

"Any act that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life. This definition encompasses, but is not limited to:

- Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;
- Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;
- Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs. Acts of violence against women also include forced sterilisation and forced abortion, coercive/ forced use of contraceptives, female infanticide and prenatal sex selection."[1]

[1] 1993 UN Declaration on the Elimination of Violence against Women.

In recent years, researchers have begun to extend this body of research to examine female perpetration of violence in intimate relationships. There is increasing evidence to suggest that women commit as much or more IPV as men (Archer, 2000; Melton & Belknap (2003)). Thus this Study seeks to contribute to this body of knowledge by focusing on GBV with both women and men as victims and perpetrators.

For the purposes of this study, GBV includes:

- Physical, sexual, psychological and economic intimate partner violence;
- Rape and sexual assault by a partner, stranger, acquaintance or family member, experienced by adults and in childhood; and
- Sexual harassment.

Objectives

This Study sought to measure the current levels of GBV in Botswana through a comprehensive assessment of the extent, effects, response and prevention to GBV. This work is expected to contribute to generation of empirical evidence that will inform policy changes, interventions, and programmes. It is also aimed at strengthening the Country's National Strategy Towards Ending Gender Based Violence by 2020.

Specifically the project aimed to:

- Determine the prevalence of GBV in the 16 districts;
- Determine the manifestations (psychological, physical, verbal, or sexual abuse, etc.) of GBV in the 16 districts.
- Determine the severity of GBV in the 16 districts;
- Determine the effects of different types of GBV in the 16 districts.
- Identify vulnerable groups that are at risk of experiencing GBV;
- Determine the extent to which men/women perpetrate violence against non-violent partners.
- Determine the degree to which men/women's perpetration reflect mutual violence or self-defence.
- Determine the extent to which perpetration behaviours occur within one or multiple relationships.
- Measure the economic, social and psychological costs of gender-based violence to individuals, families, communities, and society;
- Gather information on attitudes and beliefs about gender-based violence in the 16 districts;
- Determine the prevention, treatment, care, support, recovery, and intervention strategies to address GBV.
- Assess the effectiveness of the response to GBV within the criminal justice system, health, and other social services, from respondents in their districts.

Key elements of the Study

This study used a combination of quantitative and qualitative research methods to test a comprehensive set of variables and establish the levels of GBV in Botswana.

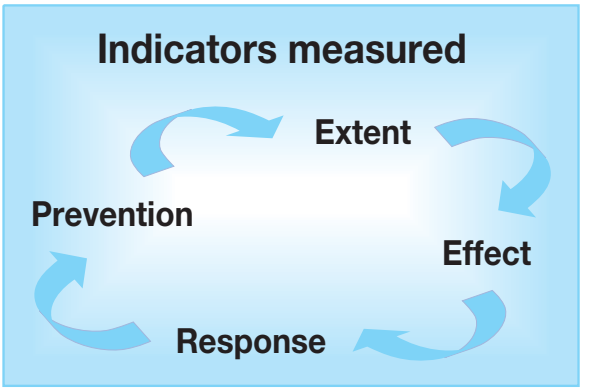


Table 2.1: Study Components and Tools Used To Gather Data					
RESEARCH TOOL/ INDICATORS	**Prevalence and attitudes survey**	**Admini-strative data**	**"I" stories**	**Media monitoring**	**Public pronounce-ments analysis**
Extent	✗	✗	✗		
Drivers	✗		✗		
Effect	✗		✗		
Response	✗	✗	✗	✗	✗
Support	✗	✗	✗	✗	✗
Prevention	✗		✗	✗	✗

Source: Gender Links.

Table 2.1 above shows which tools were used to answer key questions relating to extent, effect, response, support, and prevention. The study components included:

- ***Prevalence and Attitudes Survey:*** This flagship tool is justified on the basis that statistics obtained from administrative data do not cover many forms of gender violence, and even those that are covered are under-reported.
- ***Analysis of administrative data*** gathered from the criminal justice system (police, courts), health services, and government-run shelters.
- ***First-hand accounts or "I" Stories analysis*** of women's and men's experiences of intimate partner violence. The statistics are given a human face through the first-hand accounts or "I" stories that illuminate what is meant by the different forms of violence, and ways in which they intersect.
- ***Media monitoring and Public Pronouncements Analysis:*** The data on response, support, and prevention is amplified by media monitoring and public pronouncement analysis which reflect how society views and is responding to this scourge.

Quantitative Measures

Indicators on GBV may be divided into two broad categories:

a) Indicators to measure the scope, incidence, and prevalence of violence against women and men.
b) Indicators to assess the effectiveness of measures undertaken to address gender-based violence.

A set of indicators (see ***Annex E***) were developed to measure the extent of the problem (the prevalence of different forms of GBV), the effect of the problem in physical, social and economic terms; the response and support interventions, as well as the prevention interventions.

Prevalence and attitudes survey

The purpose of a prevalence and attitudes survey is to investigate the extent and individual effects of GBV, the underlying factors that influence GBV and to find ways to use this data to improve prevention messages and interventions. Researchers conducted the Botswana survey from June to September 2017. The researchers covered the 16 districts of Botswana.

Research Design

Researchers used a cross-sectional and community-based survey targeting adult women and men 18 years and above. The women's questionnaire aimed at describing the prevalence and patterns of women's experience and perpetration of gender-based violence, HIV risk behaviour, pregnancy history, mental health, help-seeking behaviour after experiences of GBV, gender attitudes and exposure to media and prevention campaigns. The men's questionnaire aimed at describing men's experience and perpetration of gender-based violence, gender attitudes, HIV risk behaviour, fathering, and exposure to prevention campaigns.

Scope and coverage

The survey was conducted at household level, and considered only private dwellings. This conforms to the set standard for carrying out of household surveys. Therefore institutional dwellings (prisons, hospitals, army barracks, hotels, etc), and Enumeration Areas (EAs) with completely industrial area were excluded from the scope of the survey. The coverage was nationwide using administrative district and sub-districts that are used by Statistics Botswana in most surveys and censuses.

Participants locating an Enumeration Area (EA) from a district map during training. *Photo: Keletso Metsing*

Setting and Sample

Men and women were eligible for the study if they were aged 18 years or older, normally resident in the sampled household and mentally competent to complete the questionnaire. Where there was more than one potentially eligible respondent in a household, the potentially eligible respondents were enumerated, names written on a paper and one respondent for the interview randomly drawn from among the eligible respondents. Men and women were not selected from the same household or the same Enumeration Areas (EAs).

Sampling frame

The Sampling Frame and sample selection was based on the Population and Housing Census which was undertaken in 2011. The census result gives information on population, some households at the locality, EA, village and district/town levels. Also given for each EA is information on ecological zones in rural areas. The Sampling frame was defined and constituted by all EAs found in three geographical regions, otherwise known as domains and these are (i) Cities & Towns (ii) Urban Villages, and (iii) Rural Districts as defined by the 2011 Population and Housing Census.

Stratification

Since national level estimates are required in this survey, stratification sampling was used to reduce sampling error. The country has been categorized into geographic stratification, being rural, urban villages and cities and towns. These domains have a direct bearing on the sample design especially in determining the required sample size for the survey. It is worth noting that heterogeneity is expected across the strata more so that the stratification was done distinctly depending upon the domains above. However, the procedure will reduce sampling error to the extent that the strata which are set up are internally homogeneous on the variables of interest. Stratification further ensures that the sample is well spread out among its significant strata.

Stratification when appropriately employed and used together with systematic probability proportional to size (pps) sampling automatically distributes the sample proportionately into each of the nation's administrative subdivisions, as well as the domains. The fundamental reason for creation of strata is to:

i) Provide estimates for each major region of the country.
ii) Increase precision of the confidence intervals.

Sample size allocation of sample (Households) to Strata

The determining of the sample size forms the most important part of the sample design because it affects the precision, the cost and duration of the survey more than any other factor. Other equally important statistical determinants entail specifying the margin of error, design effect, household size, which the survey requires. See ***Annex D*** for detailed sample size allocation computations.

Questionnaire development

The questionnaire was in English and translated into Setswana. The translations were back-translated into English and checked by multilingual speakers and researchers during training to verify consistent translations before finalization. All of the tools except the "I" stories yield quantitative data that is analyzed on the key indicators (see ***Annex E***); the bulk of this from the household survey, which is 100% quantitative. The "I" stories, on the other hand, are wholly qualitative. The administrative data is augmented by semi-structured interviews with the principal informants that are of a qualitative nature. The media monitoring and public pronouncements, based on monitoring, mostly yield quantitative information. However, they are accompanied by qualitative case studies that help to illuminate the findings made.

Description of the Questionnaire

Two questionnaires were used, one for women and the other for men. The women and men's questionnaire describe the prevalence and patterns of the individuals' experience with gender-based violence, HIV risk behaviour, pregnancy history, mental health, help-seeking behaviour after experiences of GBV, gender attitudes and exposure to media and prevention campaigns.

The questionnaires were designed to provide information about, but not limited to, the following areas:

- Gender attitudes, attitudes towards rape and relationship control among women and men, disaggregated by region and district;
- Prevalence and patterns of childhood trauma among women and men;
- Witnessing and intervening with domestic violence among women and men;
- Risk/protective factors for experiencing GBV among women including socio-demographic characteristics, attitudes, partner characteristics, substance use;
- Prevalence and patterns of gender-based violence, and associated health risks, including HIV risk factors, condom use, concurrent partners, number of sexual partners and transactional sex, unwanted/unplanned pregnancy, substance use, depression and post-traumatic stress disorder among women;
- Prevalence and patterns of women's and men's perpetration of gender-based violence in all districts, and associated risk factors and health risks;
- Association between gender attitudes, relationship control and perpetration of gender-based violence;
- Association between perpetration of gender-based violence and HIV risk factors including condom use, concurrent partners, number of sexual partners, substance use and transactional sex;
- Awareness of campaigns against gender-based violence and relevant legislation (including Domestic Violence acts and Penal Code offenses against morality);
- An exploration of men's experience of intimate partner violence;
- An exploration and description of the role of economic abuse on women's lives and its impact on violence against women.

Use of international instruments

Using instruments that have been validated makes it easier to compare the findings in one study with other national and international studies. The current questionnaire is a combination of different standard and globally accepted and tested measurement tools including;

- World Health Organisation (WHO) Multi-country Study on Women's Health and Domestic Violence: Core Questionnaire and WHO Instrument - Version 9(69). The tool was designed for use in developing countries.
- Gender attitudes and attitudes towards rape- Gender Equitable Men Scale.
- Relationship control among women and men - The South African adaptation (77) of the Relationship Control Subscale from the Sexual Relationship Power Scale SRPS (78).
- Childhood trauma Scale.
- Harvard Trauma Scale - PTSD measures.
- CESD Scale- Depression measures.
- Audit Scale - Alcohol abuse.
- Resilience Scale.
- Domestic Violence Scale(DVAS).
- Social Support Scale.
- Practical Support Scale.

Revisiting and refining the methodology

As part of the Sixteen Days of Activism, Gender Links and UNICEF convened a one and half day Critical Thinking Forum on measuring GBV 2 - 3 December 2014. The forum brought together a broad range of experts to review methodologies for measuring GBV in the SADC region, and the underlying drivers, including childhood experiences of violence. The meeting revisited the methodologies used in conducting VAW Baseline studies in six SADC countries. The meeting took place against the backdrop of a regional campaign to strengthen indicators in the post 2015 global agenda and in the SADC Protocol on Gender and Development. The meeting led to a technical meeting to refine the questionnaire to include VAM. Following these workshops, GL expanded the research to include men's experiences of violence.

However, given that VAM is a new phenomenon there was need to conduct some formative research to identify areas of inquiry and to refine issues of language so as to learn more about this parameter before it could be included in the survey. This was accomplished by conducting consultative meetings and focus group discussion with relevant stakeholders with the aim of getting a clear picture of what constitutes VAM and how it is different to VAW.

Etsha field monitoring visit. *Photo: Keletso Metsing*

Why VAM

Violence against men is generally hidden and not recognised in many countries. In order to effectively tackle it, policy makers require more and better quality information, to guide legislative and policy reforms; to ensure adequate provision of targeted and effective services.

Getting data on VAM poses challenges due to traditional gender roles in society and the stigma of the perceived weakness of any man who admits to falling victim to a woman. In most cases VAM is foreshadowed by actions that may not seem like domestic violence on the surface, but do, in fact, represent a series of abuses against the men.

Recruitment and training

MNIG recruited and GL trained researchers prior to the survey. The researcher training conducted in May 2017 covered the purpose of the study, interviewing techniques, the sampling approach, the content of the questionnaires, and a comprehensive training on the use of tablets for data collection, a form of CAPI (Computer Assisted Personal Interviewing Technologies). The trainers carefully explained the ethics and consent processes to the researchers. Statistics Botswana also trained the researchers on map reading. Trainers observed researchers during the pre-test and gave detailed feedback on their approach and skills.

Community mobilisation

To ensure success of the study, buy-in from the community was sought in various ways. Access to the study sites was organized through a process of community mobilization which targeted all the districts and areas where the research would take place. Researchers contacted traditional leaders - through the Ntlo ya Dikgosi, members of parliament, local councils - through their gender focal persons. For farming areas, permission was sought from land owners before proceeding with the filed work.

Data collection

The participants self-administered the questionnaire and chose the language of preference. A skip button allowed respondents to skip over any question they did not wish to answer. Researchers assisted participants to complete the questionnaire. In a particular PSU researchers either interviewed women or men and not both. Researchers conducted the interviews in private with no other person present. The researchers also assured the respondents of confidentiality.

Researchers at work in Lobatse. *Photo: Keletso Metsing*

Quantitative Analysis

Data preparation, management, and analysis

The 2012 study relied on Personal Digital Assistants (PDAs). This technology is now obsolete. The present study utilised Android based tablets to administer the questionnaire either in offline or online mode. As soon as the researcher was done with the interviews, the data was immediately uploaded to the GL servers where it was merged into a complete data set. This allowed also for real time monitoring and trouble-shooting of data collection across the 16 districts.

The resulting dataset provides a self-weighting representative sample of Botswana. The analytic methods using Stata version 12 took into account the two-stage sample design. Statistics Botswana provided weights for the data to account for the study design and non-responses. Researchers did not attempt to replace missing data. They used standardised formulae to calculate response, refusal, eligibility, and contact rates.

Descriptive statistics are presented in this report for the relevant variables and constructs. The report also compares the proportions or means for the different variables using appropriate tests of statistical significance.

For analyses investigating health consequences of GBV, bi-variate analyses were used for the association between exposures and outcomes. Multi-variate analysis was used for analysis of risk and protective factors for exposure to forms of gender-based violence. The precise statistical model used, depended on the variables whose relationship was being explored, but all took into account the sample structure.

Strengths of the methodology

This sampling method has several merits, including:

- It ensured that each member of the population had an equal chance of being selected;
- It ensured random selection of the sample, a characteristic which gives the possibility of carrying out further inferences such as standard errors, confidence intervals and hypothesis testing;
- The stratification ensured representativeness of the sample over the districts and thus improved precision compared to a simple random sample.

Table 2.2: Description of study respondents				
	Women		Men	
Category	%	N	%	N
Age group				
18-24	22.4	941	22.5	829
25-29	16.8	707	16.9	622
30-34	14.6	613	14.2	524
35-39	12.7	533	11.3	417
40-44	8	336	9.5	351
45-49	5.9	249	6.7	249
50-54	5.1	213	4.7	174
55-59	4.2	176	3.9	142
60-64	3.6	153	3.3	123
65+	6.7	287	7	258
***Total**	100	4208	100	3689
Level of education				
No education or primary incomplete	15.2	641	18.4	679
Primary	20.9	883	10.3	382
Secondary	46.3	1950	47.5	1755
More than secondary	17.6	742	23.8	879
***Total**	100	4216	100	3695
Disability				
Visual	30.8	66	31.2	93
Auditory	9.4	20	8.4	25
Speech	1.9	4	4.7	14
Functional mobility	35.5	76	29.9	89
Intellectual	4.2	9	1	3
Other	18.2	39	24.8	74
***Total**	100	214	100	298
Nationality				
Motswana	96.7	4077	97.3	3595
Southern African	3	126	2.3	83
African outside SADC	0.2	9	0.2	8
Other	0.1	4	0.2	9
***Total**	100	4216	100	3695
Have you worked to earn money in the last 12 months				
Yes	35	1472	53.8	1987
No	65	2737	46.2	1706
***Total**	100	4206	100	3693
How much did you earn before tax and including benefits				
Do not receive cash payments	7.25	100	8.16	157
P1- P500	14.6	201	7.48	144
P501 - P1000	26.22	361	16.62	320
P1001 - P2000	24.91	343	24.1	464
P2001 - P5000	15.47	213	24	462
P5001 - P10000	7.12	98	11.95	230
P10001 - P20000	3.85	53	6.39	123
P20000 or more	0.58	8	1.3	25
***Total**	100	1377	100	1925
Ever in an intimate relationship				
No	5.9	247	0.3	12
Yes	94.1	3964	99.7	3684
***Total**	100	4224	100	3696

Source: Botswana Relationship Study 2017.

Note: *Total excludes missing values for which the age variable has 16 for women and 7 for men; Education = 8 women and 1 man; Nationality = 8 women and 1 man; earnings = 18 women and 3 men; Ever partnered = 13 women.

The total sample analysed for this study, as illustrated in Table 2.2:

- Comprised 4224 women (53.3%) and 3696 men (46.7%): 7920 in total. As shown, the study sample is generally young with 74% of both females and male aged 44 and younger.
- Almost equal proportions (22%) of women and men were aged 18-24 years.
- Fifteen percent women and men (18%) had no education or did not complete primary education.
- The men in the study have higher education: 24% of men compared to 18% of women had more than secondary education.
- The majority of women (65%) had not worked in the 12 months to the survey while more than half of the men (54%) had worked in a similar period. The majority of women and men that worked in the 12 months to the survey earned less than P5000 including benefits. Eighty one percent of women and 72% of men earned less than P5000.
- Generally more men are employed than their female counterparts with 54% men and 35% of women and having worked in the 12 months prior the interview. Findings on employment closely tally with the Botswana Multi Topic Household Survey[2] 2015/16 which found that 50.7% of men and 49.3% of women aged 18 and above are employed.
- People living with disability comprised 6.4% of the total. More women (35%) than men (29%) have functional mobility impairments. The table shows that equal proportions (31% each) of men and women are visually impaired. Nine percent of men and 8% men have auditory impairments. More men (5%) have a speech disability compared to women (2%) and more women (4%) have intellectual disability compared to their male counterpart (1%).
- The sample is largely composed of Batswana with almost equal proportions (3% each) of foreign women and men.

Relationship status and sex history

The majority of participants had been intimately involved or were currently involved in relationships. Ninety four percent of women and almost all the men surveyed had been in an intimate relationship. Almost similar proportions of women (90%) and men (91%) had sexual intercourse in their lifetime.

Administrative data

It is widely accepted that administrative data does not accurately provide information on the extent of GBV, especially intimate partner violence, mainly due to the high levels of underreporting. However, this data provides useful information on the use of services by survivors and the areas in need of improvement. This data can also assist in assessing the rate of under-reporting of GBV.

The study gathered administrative data to document the extent of GBV as recorded by public services. This tool particularly contributes to the last two objectives of the study which seek to analyze the intervention strategies for prevention and response to GBV as well as assess the effectiveness of the response to GBV of the criminal justice system, health, and other social services.

Researchers collected and analysed administrative data to complement the results of the prevalence and attitudes survey data. Collection and analysis of routinely collected data from police, health, courts, shelter, psychosocial services and organizations dealing with persons with disabilities (PWD) included:

- Number of survivors accessing services.
- Socio-demographics of survivors accessing services.
- Types and functionality of specialized services.
- Program evaluation reports-Outputs against targets.
- Compliance with GBV policy or framework standards.
- Collection of information on the functionality of coordinating mechanisms.

Data was collected through:

- Requests for actual statistics from departments & organizations.
- Key informant interviews with personnel from relevant departments (the judiciary, health, social development, MNIG, and civil society organizations etc.)

[2] Botswana Multi-Topic Household Survey 2015/16: Economic Activity STATS BRIEF pg6.

- Conducting focus group discussions with PWD as well as survivors of GBV.
- Desktop reviews, departmental annual reports, and performance evaluations reports.

Qualitative measures

"I" Stories

With the aim of providing a human face to the statistics as well as to provide an in-depth description of the nature and patterns of GBV, the study used the GL "I" Stories methodology to gather the experiences and perpetration of violence against men and women. The study gathered women's and men's experiences of physical, sexual, psychological and economic abuse. Support organizations assisted in the identification of survivors and perpetrators of violence. During the writing workshops, facilitators shared examples of published "I" Stories with participants so that they understood what the final product would look like. The stories from GBV survivors aim to provide a qualitative aspect to the drivers, attitudes, and effects of GBV as narrated by survivors and perpetrators. All the "I" stories used in this report are anonymous and use this symbol * to identify the pseudonyms used.The stories particularly address the following key research questions:

- Are women and men able to identify the various forms of abuse (physical, sexual, psychological or economic)?
- How many women and men interviewed experience the various forms of abuse?
- What are the contributing factors of GBV?
- What are the effects of GBV (physical, psychological, economic or social)?
- What support has been available for survivors of abuse?

As several "I" Stories have been collected in Botswana over the course of time, GL focused on the following target groups, that also resonate with the Post 2015 theme - leave no one behind.

- Men's experiences of violence, as this is new to the study.
- The disabled.
- HIV and AIDS and GBV.

Mabutsane Men's "I" story workshop. *Photo: Keletso Metsing*

Qualitative analysis - Public Pronouncements

Public pronouncements by political leaders including the cabinet and parliamentarians form an essential part of social behaviour, influencing the way citizens interact with peers and superiors by what society expects of them and what they believe is possible and acceptable. They also serve as an indicator of political will in ending GBV. Public pronouncements and discourse also contribute to the "creation and transformation of the society and culture through rearticulating three domains of social life: a) representations of the world, b) the social relations between people and c) the individual and social identities of individuals."[3]

The messages passed on by politicians in their pronouncements have an impact on the way their constituencies access knowledge and shape their opinions on GBV. Political discourse remains useful as a strategic public awareness and accountability tool. Analysing the speeches and pronouncements of key political figures assists in framing and triangulating the findings of other study components.

Researchers used the analysis of available speeches, statements, and pronouncements to help establish the prevalence, consistency, and commitment to addressing GBV by key senior political figures. To measure the prevailing GBV pronouncements, the BRS analysed 96 speeches for the period from 2016-2017 to assess the extent, understanding and commit-

[3] Botswana Relationship Study inception report, 2017. Gender Links.

ment to GBV. The study only analysed official written speeches, records of Parliament debates or press releases.

The analysis inluded:
- Mention of GBV as a health, economic, social or development problem.
- Level of conceptual clarity on the structural causes of GBV.
- Extent of the holistic alternatives offered to survivors.
- Level of commitment to address the issue in the framework of state accountability, among other issues.

Media monitoring

The media plays a critical role in not only raising awareness of GBV but also in counteracting myths and negative attitudes that may perpetuate violence. Drawing attention to positive stories of empowerment and resilience, for example, can assist in illustrating how survivors often act as advocates and agents of change. The media monitoring combined both quantitative and qualitative research methods. It entails monitoring the main television news bulletin, radio and assessing print and electronic media with the objective to:
- Assess how media is reporting GBV issues;
- Establish how the political leaders mention, and when they mention, GBV issues in the media;
- Assess the way media covers GBV, how this is perceived by audiences through asking participants on their perception of the media and the extent to which the media is playing a role in helping to end or perpetuate GBV;
- Assess the level of political commitment to address GBV through analyzing speeches made on GBV and budgets allocated.

Ethical considerations

In this study, permission to conduct the research was obtained from the Ministry of Health's Research and Development Committee.

For 'I' stories, the researchers were to:
- Inform participants how their stories will be used and distributed;
- Seek permission from the participants to use their photographs and reveal their identities;
- Give participants the option of using a pseudonym and not reveal their identities;
- Require participants to sign off the final versions of their stories and approve any changes or revisions.

For the prevalence and attitude surveys, researchers were required to:
- Find a private space to conduct the interview and where possible to ensure auditory privacy.
- Explain the purpose of the study to the respondent.
- Go through the consent process with the respondent and seek their consent
- Allow the participant to ask questions about the study
- Sign the consent form.

Limitations of the study

- Some questions applied to only some respondents, for example survivors or perpetrators. The result is that only a small proportion of the sample responded to these.
- The sampling method did not allow substitution of non-respondents and so researchers made three follow-up visits in an attempt to contact a potential participant.
- Given the sensitive nature of the GBV topic, there were several questions that were not answered resulting in numerous missing variables in the data.
- This report presents the results of bivariate analyses for the chi-squared tests or fishers exact tests of association between exposures and outcomes. The associations presented here thus do not take into account the effect of confounders and effect modifiers. Further multivariable analysis is recommended for true associations.
- Given that this is a cross sectional study causality cannot be inferred.

CHAPTER 3
EXTENT OF VIOLENCE

Discussions with some members of the Botswana Police Service Gender Reference committee. *Photo: Keletso Metsing*

Key facts

- Thirty seven percent of women reported experiencing some form of GBV at least once while 30% men conceded to perpetrating GBV in their lifetime.
- Twenty one percent men reported experiencing some form of GBV at least once while 12% women conceded to perpetrating GBV in their lifetime.
- Thirty seven percent of ever-partnered women and 18% of ever partnered men experienced some form of intimate partner violence.
- Eleven percent of women and 9% of men experienced sexual harassment either in school or at work or in public places.
- Five percent of women and 2% of men reported experiencing rape at the hands of a non-partner.
- The most commonly experienced form of IPV is emotional IPV followed by physical, economic, and sexual IPV.
- Fourteen percent of women and 17% of men reported perpetrating some form of abuse against their partner in the past 12 months.
- Fifteen percent of women who had ever been pregnant reported experiencing abuse at some point during their pregnancy.

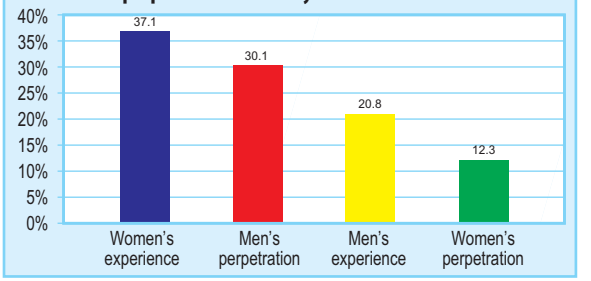
This chapter analyses the extent of the forms of violence reportedly experienced and perpetrated by women and men within and outside intimate relationships as reported in the Prevalence and Attitudes survey. It analyses GBV and IPV for both lifetime and in the past 12 months. The chapter includes short excerpts of personal experiences of violence by men and women from the "I" stories that provide human insights into the different forms of violence.

The increase in sample size from 1229 (639 women and 590 men) in 9 districts in 2012 to 7920 (4224 women and 3696 men) in all the 16 districts in 2017, provides a much larger sample and therefore more accurate data. It also makes it possible to disaggregate data by district and to make more distinct comparisons.

GBV in lifetime

Several studies indicate that women and girls face a higher risk of experiencing violence compared with men and boys. According to estimates by the United Nations[1] one in three women worldwide has experienced physical or sexual violence. The most common form of violence against women is Intimate Partner Violence[2]. However, it is now globally acknowledged that both men and women can be victims and perpetrators of violence in the home. Considerable progress has also been made in the area of research over the past decade to document violence against men. This study contributes to this body of knowledge by showing the variations in experience and perpetration of violence by both women and men. Researchers employed two separate questionnaires in the survey to determine lifetime experiences and the most perpetration of GBV by women and men aged 18 and older.

Figure 3.1: Lifetime experience and perpetration of GBV by women and men



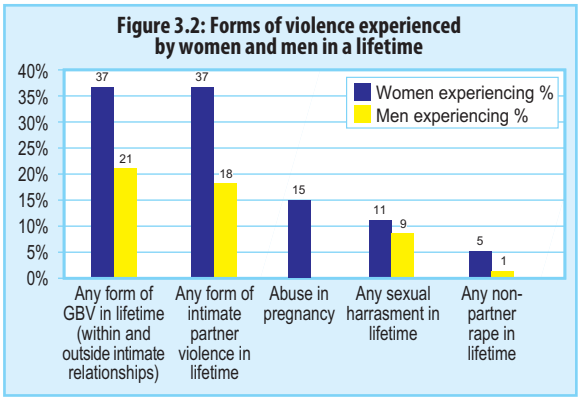
Source: Botswana Relationship Study 2017.

Figure 3.1 shows that 37.1% women reported experiencing and 30.1% men reported perpetrating GBV at least once in their lifetime. The high degree of corroboration is evidence that more than one in three Batswana women have experienced violence in their lifetime.

It also shows that 20.8% of men reported experiencing some form of GBV in their lifetime, with a lower degree of corroboration by women (12.3%). This shows that men also experience gender violence, but slightly less. The excerpt from the "I" story that follows shows how men's experience of violence is also surrounded with their sense of entitlement, for example to have their clothes washed:

> "She started scolding me calling me different names such as irresponsible husband and she even left our marital bed. She also refused to do daily duties like washing my clothes, and cleaning the yard. She even reach an extent of coming home late and when I asked her, she would call her son who is not my biological son and they assaulted me to the extent that I sustained a broken arm." - Chisa*

[1] http://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures
[2] WHO (2005) multi-country study on women's health and domestic violence against women.



Source: Botswana Relationship Study 2017.

Figure 3.2 breaks down the types of GBV reportedly experienced by women and men in a lifetime. Women reported experiencing higher levels of violence in all areas. Thirty seven percent of ever-partnered women and 18% of ever partnered men reported experiencing some form of intimate partner violence (physical, sexual, emotional or economical) by their partner. Eleven percent of women and 9% of men reported experiencing sexual harassment either in school, at work or in public places. Five percent of women and only 1% of men reported having experienced rape at the hands of a non-partner. Fifteen percent of women who had ever been pregnant reported experiencing abuse at some point during their pregnancy.

The findings on rape show that more women than men reported experiencing rape by non-partners. This study has shown that 33% of men believe that in some rape cases women actually want it to happen, and 40% of men think that if a woman does not physically fight back, it is not rape. These are deep rooted beliefs which often lead men to view women as objects for their sexual gratification.

Lifetime IPV experience and perpetration

The term "intimate partner violence" describes physical, sexual, or psychological harm by a current or former partner or spouse. This section includes both spouses and dating partners, in current and former relationships, in the definition of intimate partner violence. Currently or previously-partnered women and men were asked a series of questions about whether they had ever experienced specific violent acts and if so, whether this had happened in the 12 months preceding the survey. There are four main types of intimate partner violence[3]. This study focused on certain acts of abuse which are categorised below.

> "He used the kitchen utensils and even went for the spade in an attempt to kill me but I fought him off and he wasn't able to use the spade. He however proceeded to use his fists on me and tore the clothes I was wearing including my underwear and left me naked. He then turned to beat up my first born daughter and my sister, both of whom found a way to climb out the window and escape leaving me behind. I screamed so loud, that they came back for me and helped a very naked me out the window. I wrapped myself with a "chitenge" cloth that my daughter had taken for me earlier as I was stripped naked and we fled." Thuso*

Emotional IPV

Researchers assessed emotional IPV using six questions that asked about a series of different acts classed as controlling, frightening, and intimidating, or those that undermined the participant's self-esteem. Researchers asked participants if a partner had ever insulted them or made them feel bad; belittled or humiliated them in front of other people; threatened to hurt them; stopped them from seeing friends; done things to scare or intimidate them; or boasted about or brought home girl/boyfriends. To assess perpetration of violence, researchers asked them if they in turn had done any of these things to their partners.

[3] https://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html

Economic IPV

Acts of economic IPV in this study include withholding money for household use, prohibiting a partner from earning an income, taking a partner's earnings or forcing a partner and children to leave the house in which they live.

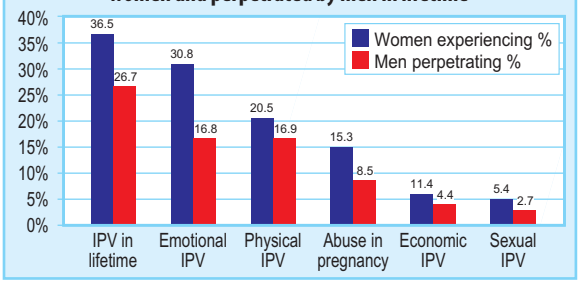
Physical IPV

Researchers assessed physical IPV by asking five questions about whether participants had been slapped, had something thrown at them, had been pushed or shoved, kicked, hit, dragged, choked, beaten, burnt or threatened with a weapon. Similarly, researchers asked them if they had perpetrated any of these acts.

Sexual IPV

The study assessed sexual IPV experienced using three questions. These covered: if their current or previous partner had ever physically forced them to have sex when they did not want to; if they had had sex with him or her because they feared what he or she might do; and whether they had been forced to do something sexual that they found degrading or humiliating.

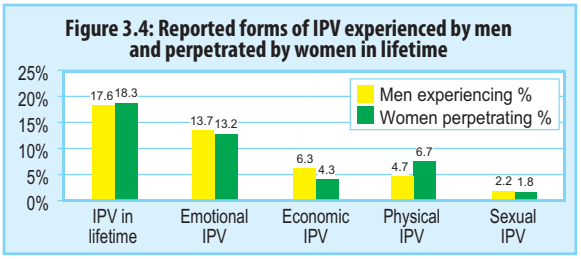
Figure 3.3: Reported forms of IPV experienced by women and perpetrated by men in lifetime



Source: Botswana Relationship Study 2017.

Figure 3.3 shows that the most common form of IPV experienced by women is emotional followed by physical, economic and sexual IPV. There is a relatively high degree of corroboration between women's reported experience, and men's reported perpetration in all categories. Thirty one percent of women reported experiencing and 16.8% of men reported perpetrating emotional IPV in their lifetime. Over a fifth of women (20.5%) reported experiencing and 16.9% of men reported perpetrating physical IPV. Eleven percent of women reported experiencing and 4.4% of men reported perpetrating economic abuse at least once in their lifetime. Five percent of women reported experiencing and 2.7% of men reported perpetrating sexual IPV. Fifteen percent of women reported experiencing abuse at some point during their pregnancy; 8.5% of men reported perpetrating abuse of pregnant partners.

Figure 3.4: Reported forms of IPV experienced by men and perpetrated by women in lifetime

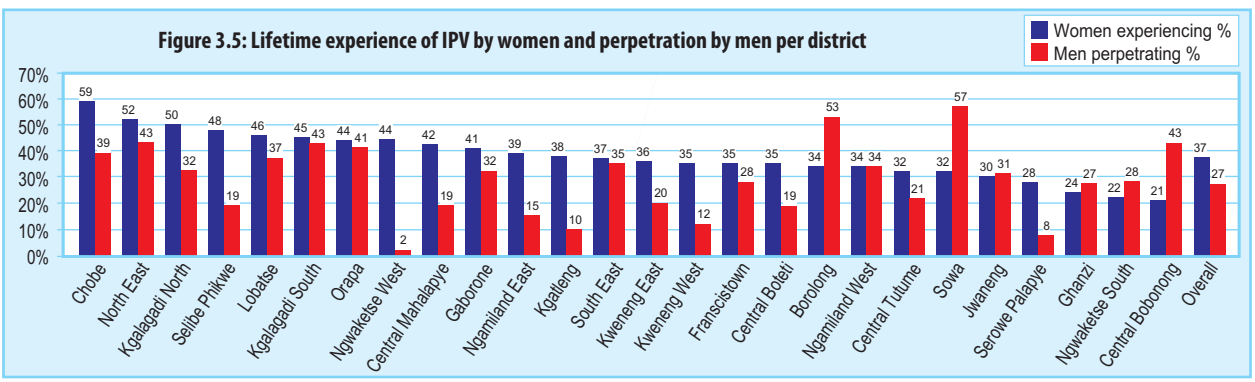


Source: Botswana Relationship Study 2017.

Figure 3.4 shows that the predominant form of IPV experienced by men and perpetrated by women is emotional IPV. The extent of corroboration is high with women reporting higher levels of physical perpetration than men's experience. Fourteen percent of men reported experiencing emotional IPV, compared to 13.2% women reporting perpetration. Five percent men reported experiencing physical IPV, with 6.7% women saying they perpetrate physical IPV. Six percent men reported experiencing and 4.3% women reported perpetrating economic IPV. Just over two percent men reported experiencing and 1.8% women reported perpetrating sexual IPV at least once in their lifetime.

When man face violence within intimate relationships, they often face difficulties in opening up because of the stigma attached. When outsiders try to help, they are often shut out as reflected in the "I" story excerpt below:

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



Source: Botswana Relationship Study 2017.

Figure 3.5 shows the overall lifetime experience by women and perpetration by men of IPV per district ranging from 21% to 59%. The following is a brief summary of the findings in descending order:

With almost two thirds (59%) of women reporting that they have experienced violence and 39% of men reporting perpetration, Chobe had the highest lifetime IPV for women.

Over half the women in North East (52%) reported experiencing IPV at least once in their lifetime compared to 43% men reporting ever perpetrating IPV at least once in their lifetime.

Kgalagadi North had the third highest reported IPV experience for women. Fifty percent of women and 32% of the men reported experience and perpetration respectively.

Selibe Phikwe, a mining town, came fourth: 48% women reported experiencing violence and 19% of men reported perpetration. In Lobatse, 46% women and 37% of men reported experience and perpetration respectively.

Kgalagadi South came sixth: 45% women and 43% of men reported experience and perpetration respectively. Like in the North East, the proportion of men disclosing perpetration was high in Kgalagadi South and corroborates closely with women's experience.

Orapa, another mining town, came seventh: 44% women experiencing, compared to 41% of men perpetrating.

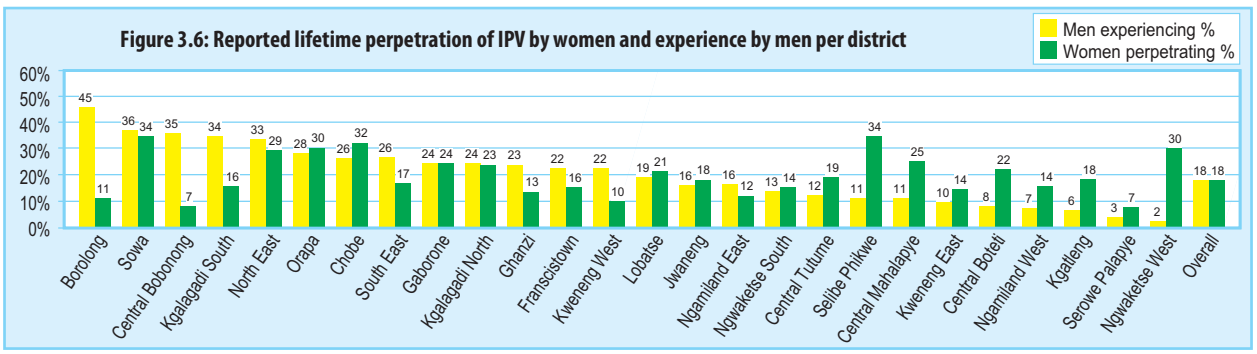
Ngwaketse West had the highest divergence between women's reported experience (44%) percent of women and men's reported perpetration (2%).

Central Mahalapye came ninth in reported IPV experience: 42% women and 19% men reported experience and perpetration respectively.

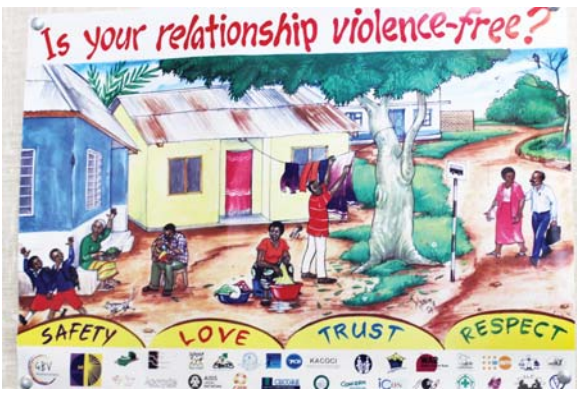
Gaborone, the capital of Botswana, came tenth 41% women and 32% men reported experience and perpetration respectively.

Central Bobonong had the lowest reported lifetime IPV experience. Over one in five of the women (21%) reported experiencing IPV at least once in their lifetime. However a higher proportion of men (43%) disclosed perpetration. A similar pattern emerged in Sowa and Borolong, where men reported high perpetration compared to the reported experiences of IPV by the women.

There is need for further exploration into the disparity between the reported experience and perpetration prevalence.



Source: Botswana Relationship Study 2017.



Anti GBV images at Women against Rape - Maun. *Photo: Kevin Chiramba*

Figure 3.6 shows the overall lifetime experience of IPV by men and perpetration by women and in the different districts. The reported IPV experience prevalence by district ranges from 2% to 45% while the perpetration prevalence ranges from 7% to 34%. Borolong has the highest lifetime IPV experience for men (45%) compared to 11% of women reporting perpetration.

Sowa had the second highest reported lifetime experience prevalence for men (36%) with 34% women reporting ever perpetrating IPV at least once in their lifetime.

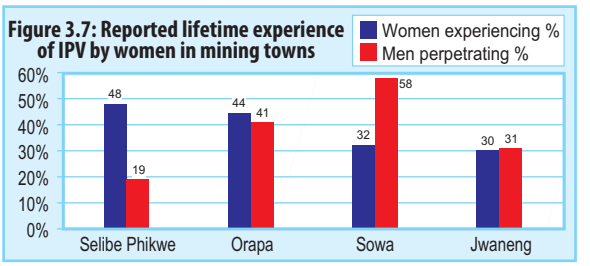
Central Bobonong had the third highest reported IPV experience by men (35%) and the lowest reported perpetration by women (7%). Kgalagadi South was the fourth highest in reported IPV experience. Thirty-four percent of men and 16% of women reported experience and perpetration respectively.

North East district was the fifth highest in reported IPV experience by men: 35% men and 29% of women reported experience and perpetration respectively. Orapa and Chobe districts share similar patterns in reported IPV experience by men. Twenty-eight percent and 26% of men in Orapa and Chobe respectively reported ever experiencing IPV at least once in their lifetime.

Gaborone, Kgalagadi South, Jwaneng, Ngwaketse South, had similar proportions of men reporting IPV experience and women reporting ever perpetrating IPV.

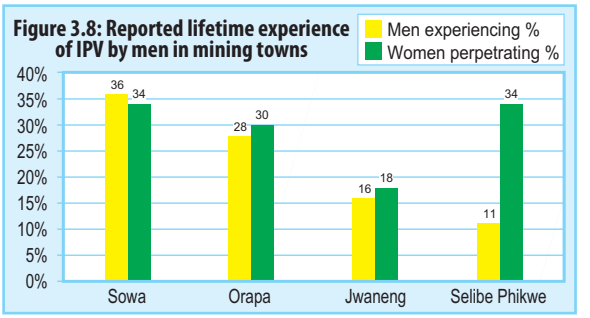
In Selibe Phikwe, Central Mahalapye, Ngwaketse West, Central Boteti, Kgatleng, Ngamiland West and Kweneng East districts, women report perpetrating much higher levels of violence than men say they are experiencing. Other districts had almost equal proportions of men experiencing and women perpetrating IPV. This study did not explore why the women in these districts were more likely to disclose perpetration of IPV.

Mining communities are a peculiar feature in Botswana's economic landscape. The majority of men work in mines. Figure 3.7 shows that experience of IPV is generally high across all the mining areas with more than 1 in 3 women reporting ever experiencing IPV. Reported experience of IPV is highest in Selibe Phikwe (48%), followed by Orapa (44%), Sowa (32%), and Jwaneng (30%). A high proportion (58%) of men in Sowa disclosed ever perpetrating IPV more than their counterparts in Orapa (41%), Jwaneng (31%).



Source: Botswana Relationship Study 2017.

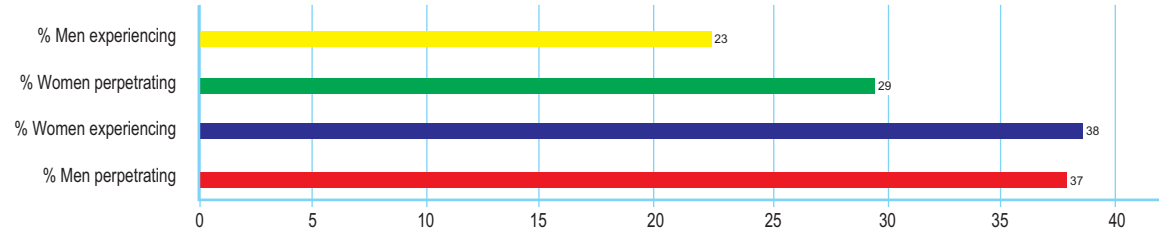
Reported perpetration of IPV in lifetime was very low in Selibe Phikwe compared to other mining towns. A further analysis of experience and perpetration of violence in Selibe Phikwe basing on the ecological model and the background context of Selibe Phikwe mine closure would be helpful to understand the high experience prevalence.



Source: Botswana Relationship Study 2017.

Figure 3.8 shows that the reported experience by men and perpetration of IPV by women are almost similar in Sowa, Orapa, and Jwaneng. Selibe Phikwe is unique in that women reported a much higher level of perpetration (34%) than men's experience (11%).

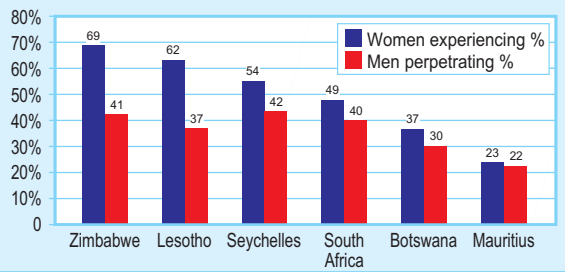
Figure 3.9: Comparison of average reported lifetime experience and perpetration of IPV by women and men in mining towns



Source: Botswana Relationship Study 2017.

Figure 3.9 shows that the average experience of IPV by women in mining towns is 38%, closely corroborated by 37% men. This is in line with the overall findings of the study on women's experience of violence. Mining towns differ from the norm in the higher proportion of men experiencing violence (23%) and the higher proportion of women (29%) reporting that they perpetrate violence. This points to the need to target mining towns in prevention campaigns, and to pay particular attention to VAM.

Figure 3.10: Lifetime IPV experience by women in six countries



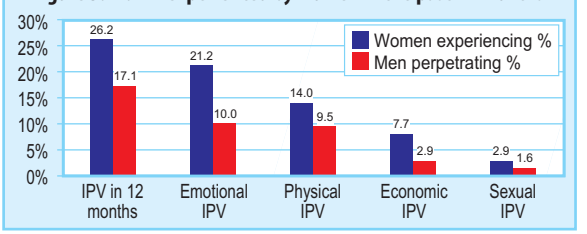
Source: Botswana Relationship Study 2017.

Figure 3.10 compares the IPV prevalence experienced by women and perpetrated by men in six[4] countries where GL conducted GBV Baseline research. Zimbabwe has the highest experience prevalence rates at 69%, followed by, Lesotho (62%), Seychelles (54%), four provinces in South Africa (49%), Botswana 37%, and Mauritius (23%). Similarly, in terms of perpetration, at 42% Seychelles records the highest followed by Zimbabwe (41%), South Africa (40%), Lesotho (37%), Botswana (27%) and Mauritius at 22%.

Past Twelve months violence

Women and men were asked about their experience and perpetration of various forms of violence in the year prior to the study.

Figure 3.11: IPV experienced by women in the past 12 months



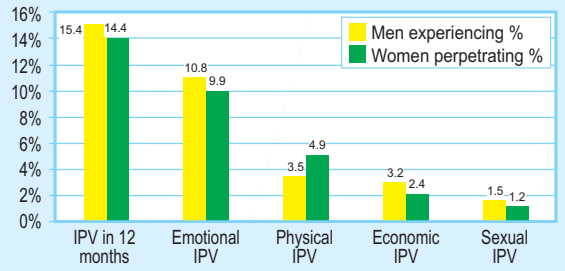
Source: Botswana Relationship Study 2017.

The Figure 3.11 shows that violence in the year prior to the study follows the same pattern as the lifetime prevalence of IPV. Twenty-one percent of ever partnered women reported experiencing emotional violence, while ten percent men reported perpetrating it. Fourteen-percent women reported experiencing and 9.5% men reported perpetrating physical IPV. Eight-percent women reported experiencing economic abuse compared to 2.9% men who said they perpetrated such violence. Three-percent women and 1.6% men reported experiencing and perpetrating sexual abuse respectively in the past 12 months before the study.

[4] Zambia is excluded as the study is not yet published.

"I started tormenting her by calling her all the time and I also started stalking her. Whenever I saw her with a man I would beat her up. Her parents advised her to report me to the police and she warned me that if I continued with my behaviour she would report me. I became an alcoholic and did not care even about my work."
- Vickie*

Figure 3.12: Types of IPV experienced by men in the past 12 months



Source: Botswana Relationship Study 2017.

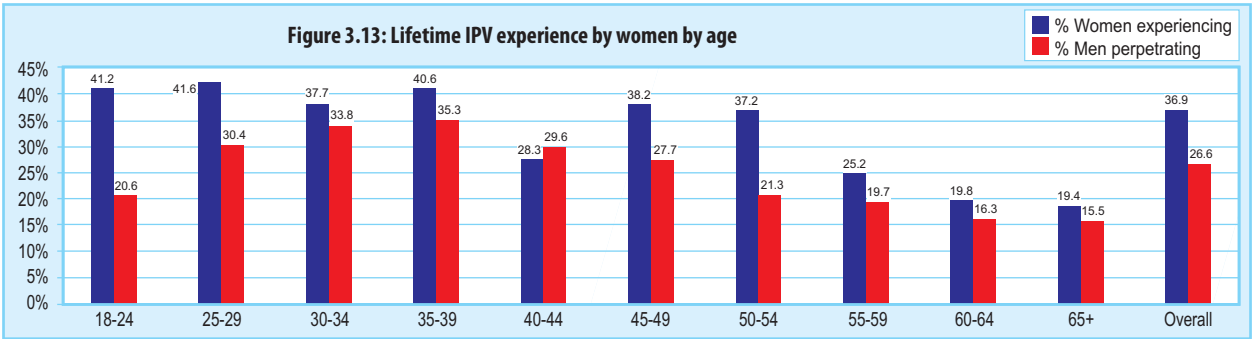
Figure 3.12 shows that emotional violence is the highest form of violence experienced by men and perpetrated by women in relationships. There is a high degree of corroboration on emotional violence between what men reported experiencing (11%) versus what women reported perpetrating (9.9%) in the past 12 months. Four percent men reported experiencing physical IPV and 4.9% women reported perpetrating physical IPV. There are almost equal proportions of women who reported perpetrating and men experiencing economic and sexual IPV in the past 12 months. The findings suggest that women in Botswana resort to perpetrating emotional violence more than any other type of IPV. These findings point to the vulnerability of men to emotional violence. Police statistics analysed in Chapter 6, show that men and women do not report their experiences of emotional violence as much as they report physical violence.

"She would insult me calling me all sort of names and when I leave to visit my friends she would think I was going to see other women. Neo would beat and kick me after visiting my friends. She would leave me bleeding and tell me that I should not report this to the police. One afternoon she followed me in the streets and started to abuse me physically to the extent of trying to use a knife but fortunately our neighbour intervened and stopped her from that action. I started to live in fear as she kept the knife under her clothes." - Tumalano*

Analysis of IPV by selected demographic variables

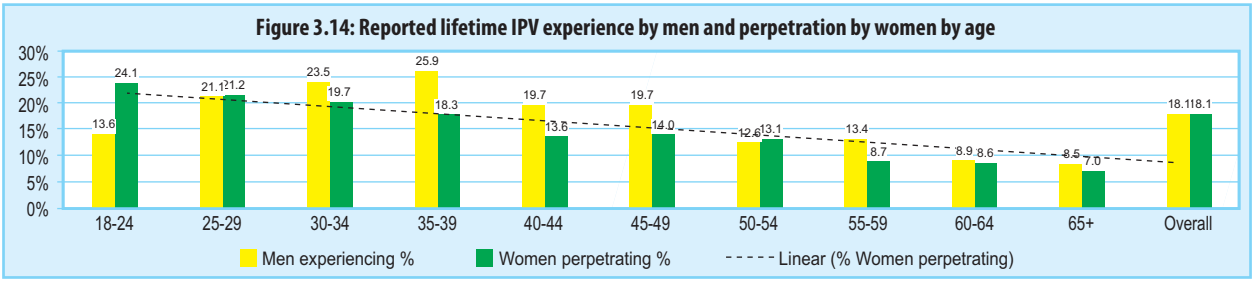
To understand the experience and perpetration of intimate partner violence, this study analysed reported experience and perpetration of IPV by age, type of violence by age as well as experience and perpetration of IPV among people living with disabilities.

Figure 3.13: Lifetime IPV experience by women by age



Source: Botswana Relationship Study 2017.

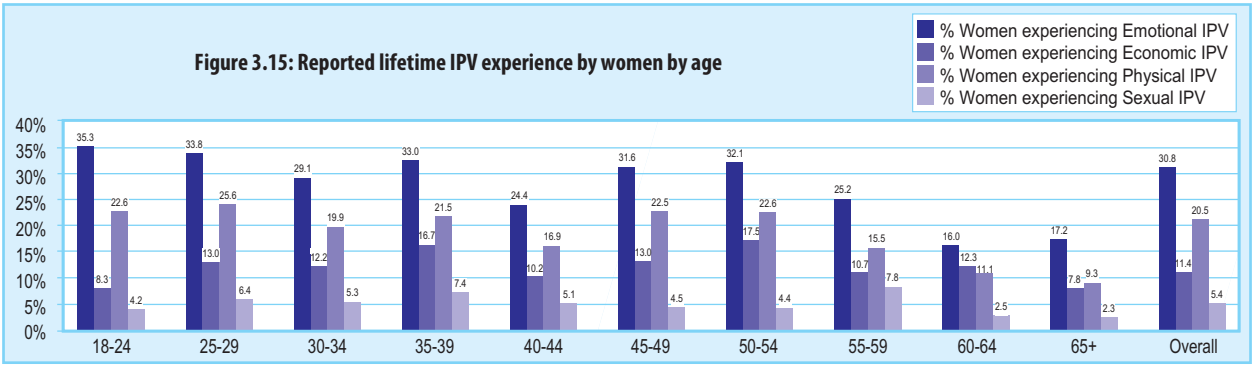
Figure 3.13 shows that experience of IPV cuts across all age categories for women, but with young women experiencing the highest levels of violence. Men in all the age categories reported perpetrating IPV. Experience of violence is very high for women aged 18-24 (41%) and 25-29 years (42%). Men aged 30-34 and 35-39 reported the highest levels of perpetration. About 1 in 3 men aged 50-54 reported perpetrating IPV.



Source: Botswana Relationship Study 2017.

Figure 3.14 shows that men's reported experiences of violence increase sharply from age 18-24 to age 35-39 but gradually drop at age 65 and above except for age 55-59. Women in all age categories report perpetrating higher levels of intimate partner violence than their male counterparts. However it is worth noting that women's perpetration of violence decreases with increasing age.

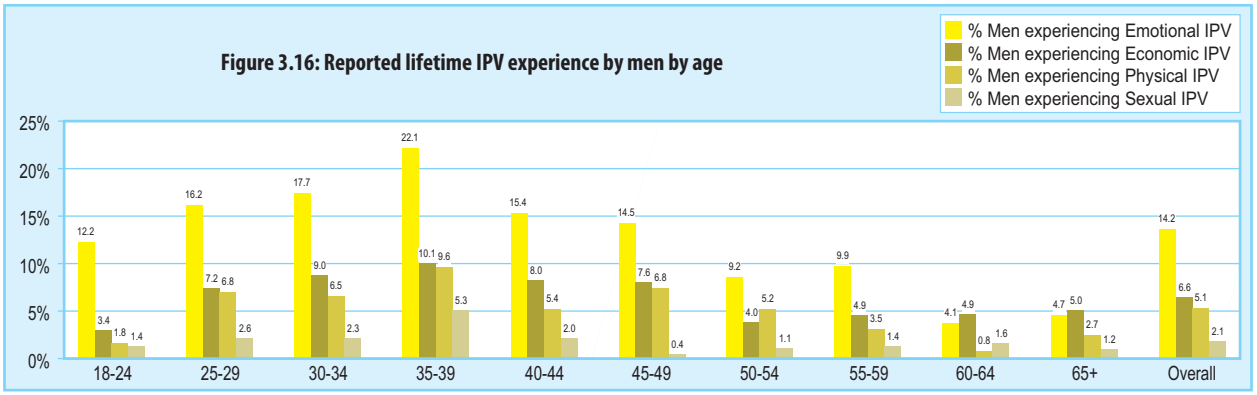
The findings on the experiences of IPV by age point to the need for age-specific prevention interventions for Botswana specifically targeting the younger age cohorts who are predominantly the economically productive age group.



Source: Botswana Relationship Study 2017.

Figure 3.15 analyses the types of intimate partner violence reported by women across all age categories in the study. Emotional violence constituted the highest level of violence for women in all age groups. Emotional IPV is more pronounced among women aged 18-24, 25-29, and those aged 35-39. Women aged 25-29 reported high levels (26%) of physical violence. Women aged 18-24, 35-39, 45-49, and 50-54 reported experiencing similar levels (23%) of physical violence. Whilst there are variations in the experience of economic violence across all age groups, women aged 35-39 and 50-54 reported experiencing

more (17% and 18% respectively) economic violence. Eight percent of women aged 55-59 reported experiencing sexual IPV than any women in the age categories. This finding helps to account for the experience of violence by women aged 55-59 analysed in Figure 3.13. Other women aged 35-39, 25-29 also reported considerably high levels of sexual IPV.

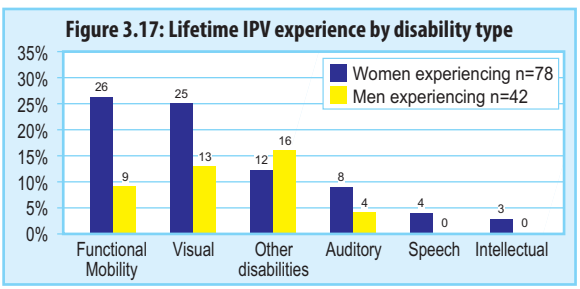


Source: Botswana Relationship Study 2017.

Men's "I" Story workshop. *Photo: Keletso Metsing*

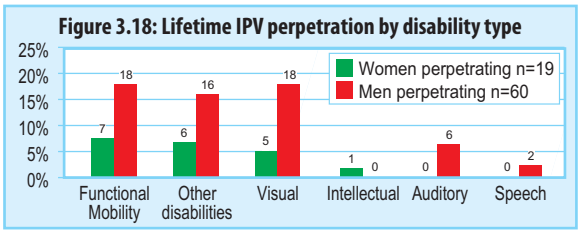
Figure 3.16 analyses the types of intimate partner violence reported by men across all age categories in the study. Reported experiences of all types of IPV is greatest among men aged 35-39. The graph clearly shows that experience of emotional violence gradually builds from ages 18-24 and is greatest among ages 35-39. This is probably the age in which most Batswana marry and issues of decision making and relationship control take centre stage.

The experience of economic violence largely follows a similar pattern to that of emotional violence. Ten percent of men aged 35-39 reported experiencing more economic violence compared to other age categories. Like wise men aged 35-39 reported experiencing more (5.3%) sexual IPV than any other age categories. Overall, response and support programmes for survivors of gender based violence targeting men should also be tailor made for men in the 35-39 age groups.



Source: Botswana Relationship Study 2017.

The study interviewed people with disabilities to find out their experiences. Figures 3.17 and 3.18 graphs illustrate the findings based on absolute figures. As reflected in Figure 3.17 women with all types of disabilities experience higher levels of GBV than men. This is highest for women with functional mobility who experience almost three times the level of violence as men with functional mobility. Women with visual impairments are almost twice as likely to experience violence as men with visual impairments.

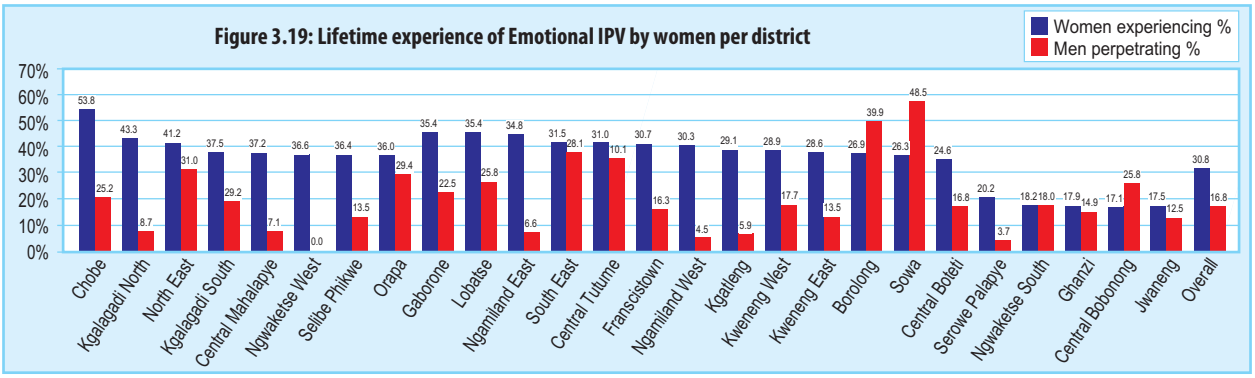


Source: Botswana Relationship Study 2017.

Figure 3.18 shows that generally there is less perpetration of IPV by women with disabilities: men with visual, functional and other disabilities are almost twice as likely to perpetrate violence as women.

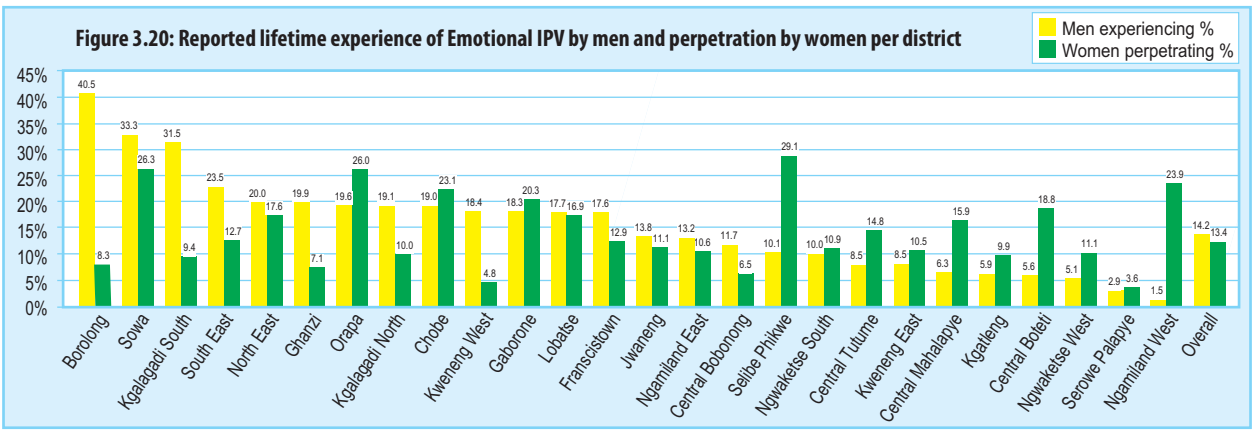
Analysis of Intimate Partner Violence by district

The following section analyses the prevalence of IPV by district.



Source: Botswana Relationship Study 2017.

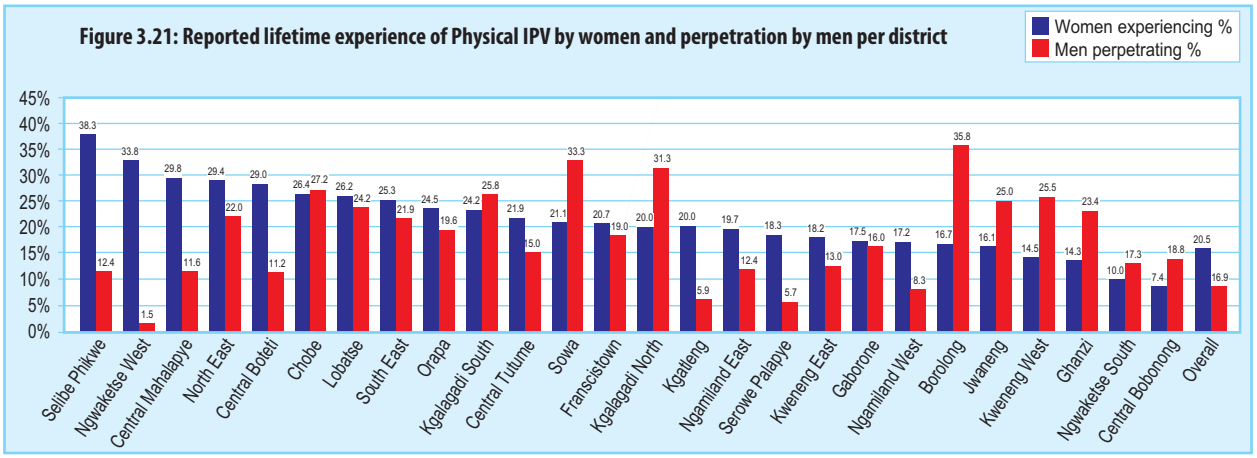
Figure 3.19 shows the reported experience of emotional violence by women and perpetration by men in lifetime. The experience prevalence ranges from 54% in Chobe district to 18% in Jwaneng. A significant proportion of women (43%) in Kgalagadi North and North East districts (42%) reported experiencing emotional violence. Reported perpetration by men ranges from 49% in Sowa to almost nil in Ngwaketse West. Forty percent of men in Borolong reported perpetrating violence at least once in their lifetime.



Source: Botswana Relationship Study 2017.

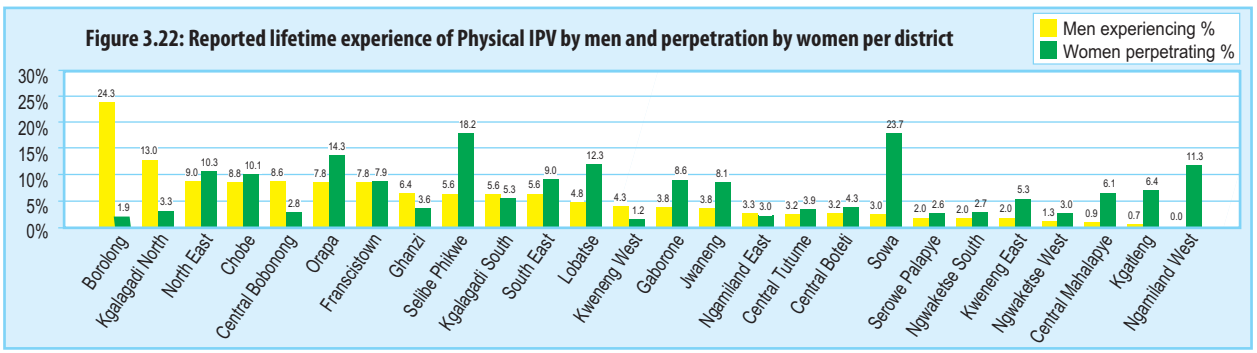
Figure 3.20 shows the reported experience by women and perpetration by men in lifetime by district. The experience prevalence reported by men ranges from 41% in Borolong to 2% in Ngwaketse West. Women in the mining towns of Selibe Phikwe (29%), Orapa (26%), Sowa (26%), and those from Ngwaketse West were the highest in reporting perpetration of emotional intimate partner violence while Kweneng West had the least (5%) women reporting perpetration of emotional violence.

Physical intimate partner violence



Source: Botswana Relationship Study 2017.

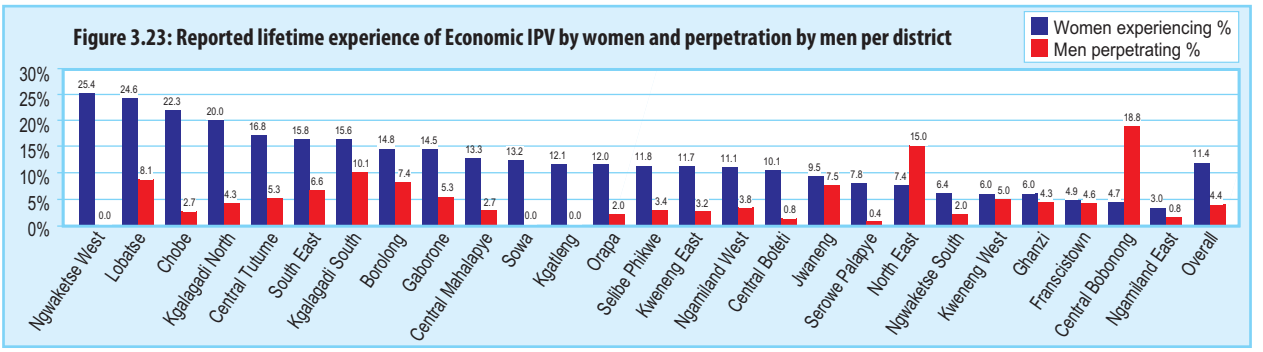
Figure 3.21 shows the reported experience of physical violence by women and perpetration by men in lifetime. The experience prevalence ranges from 38% in Selibe Phikwe to 7% in Central Bobonong. The perpetration prevalence by men ranges from 36% in Borolong to 2% in Ngwaketse West.



Source: Botswana Relationship Study 2017.

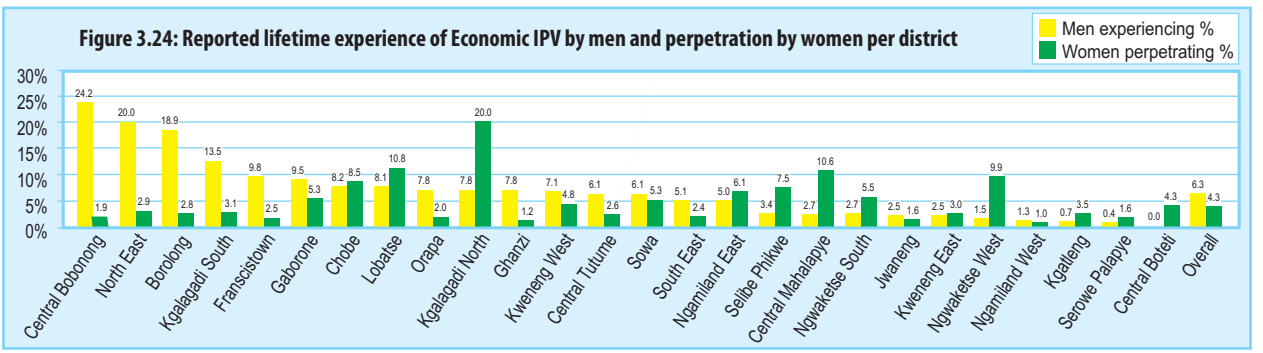
Figure 3.22 shows the reported experience by men and perpetration by women in a lifetime. Twenty four percent of men in Borolong reported ever experiencing physical IPV. Unlike emotional violence where most districts show relatively even levels of perpetration, the perpetration prevalence ranges from 1% in Kweneng West to 24% in Sowa.

Economic intimate partner violence



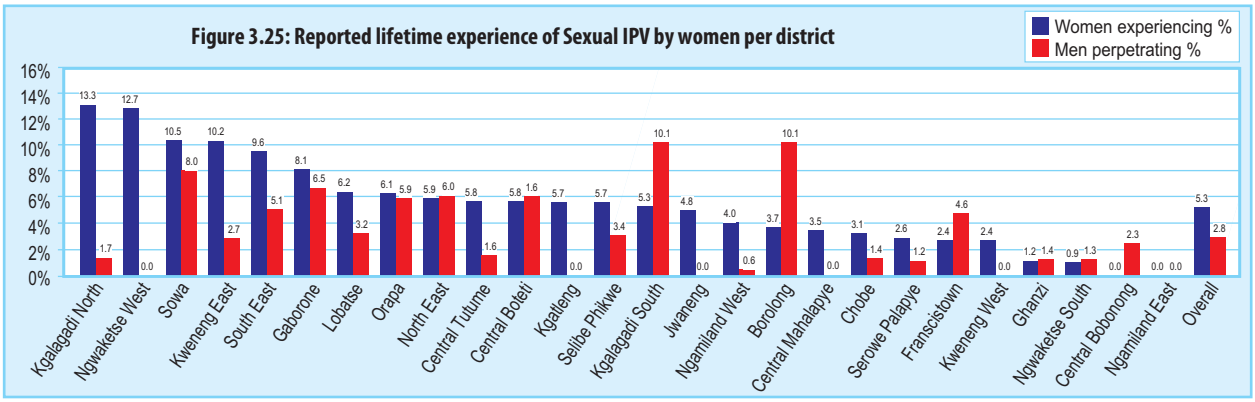
Source: Botswana Relationship Study 2017.

Figure 3.23 shows the prevalence of economic IPV. The experience prevalence ranges from 25% in Ngwaketse West to 3% in Ngamiland East. The perpetration prevalence ranges from 19% in Central Bobonong to less than 1% in Serowe Palapye, Sowa, Ngaketswe West, Ngamiland East, and Kgatleng.



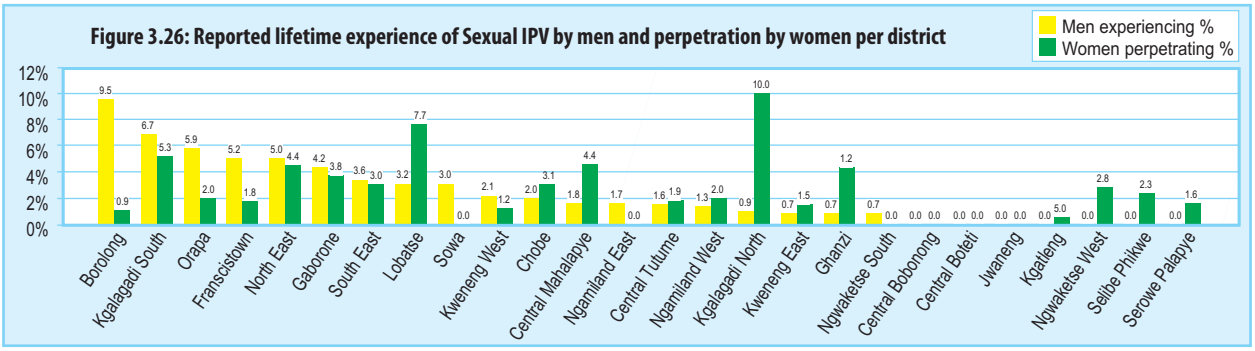
Source: Botswana Relationship Study 2017.

Figure 3.24 shows the reported perpetration of physical violence by women and experience by men in a lifetime by district. The experience of economic IPV by men ranges from 24.2% in Central Bobonong to less than 1% in Serowe Palapye, Central Boteti and Kweneng West.



Source: Botswana Relationship Study 2017.

Figure 3.25 shows that the reported experience of sexual IPV in lifetime for women ranged from 13% in Kgalagadi North to less than 1% in Central Bobonong and Ngamiland East. Kgalagadi South and Borolong had the highest reported perpetration (10% each), considerably higher than what women reported experiencing.

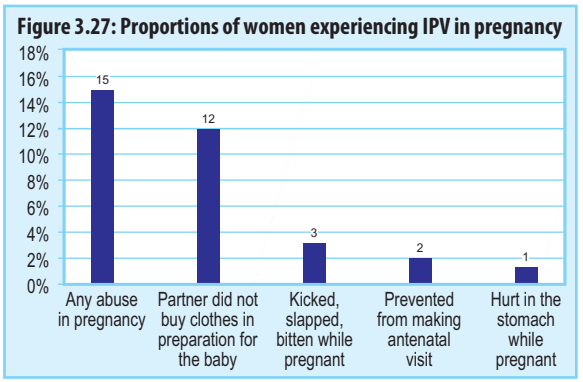


Source: Botswana Relationship Study 2017.

Figure 3.26 shows the reported experience by men in lifetime and perpetration by women of sexual intimate partner violence per district. The experience of sexual IPV by men ranges from 10% in Borolong to less than 1% in Kweneng East, Ghanzi, and Ngwaketse South. Ten percent of women in Kgalagadi North reported ever perpetrating sexual IPV. There were no reported perpetration by women in Sowa, and Ngamiland East. The same is true for both perpetration and experience of sexual IPV by women and men respectively for Central Bobonong, Central Boteti and Jwaneng.

Abuse in pregnancy

Abuse in pregnancy is a wide reaching problem affecting women globally. It is associated with adverse new born outcomes, including low birth weight and preterm birth. IPV impact on birth includes direct health, mental health, and behavioural effects.[5]



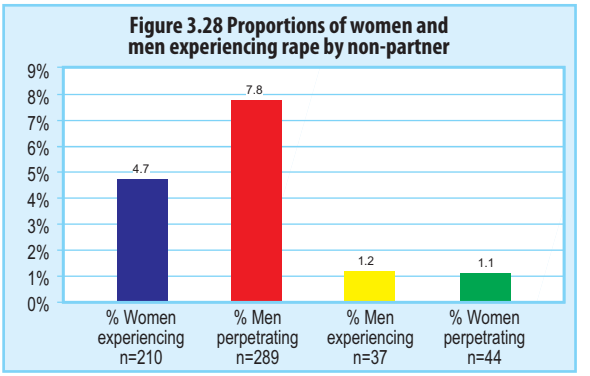
Source: Botswana Relationship Study 2017.

Figure 3.27 shows that 15% of women who had ever been pregnant reported experiencing abuse during pregnancy. Researchers found that economic abuse during pregnancy is the most common form as 12% of women reported experiencing this form of violence. This is followed by physical abuse (3%) and emotional abuse (2%). The latter included women being denied antenatal visits. Only one percent of women reported physical abuse that led to injuries in the stomach.

Rape by non-partner in lifetime

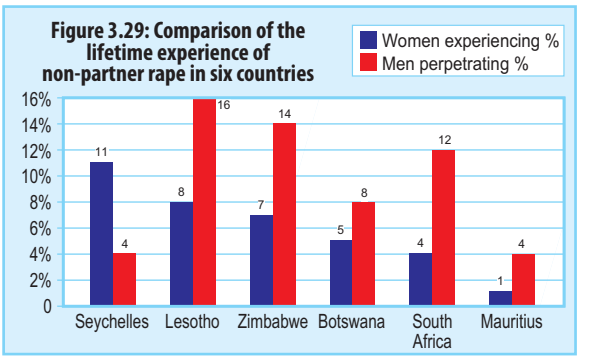
Both women and men were asked if they had been forced or persuaded to have sex when they were not willing by someone who was not their partner. They were also asked if they were forced to have sexual intercourse when they were drunk.

[4] Bailey 2010, Partner violence during pregnancy: prevalence, effects, screening, and management.



Source: Botswana Relationship Study 2017.

Figure 3.28 shows that a higher proportion of women (5%) than men (1%) reported experiencing rape by someone who was not their partner at least once in their lifetime. The rates are relatively high especially considering that Botswana has a small population. On the other hand only one percent of women and 8% of men reported that they had perpetrated rape to a non-partner at least once in their lifetime.



Source: Botswana Relationship Study 2017.

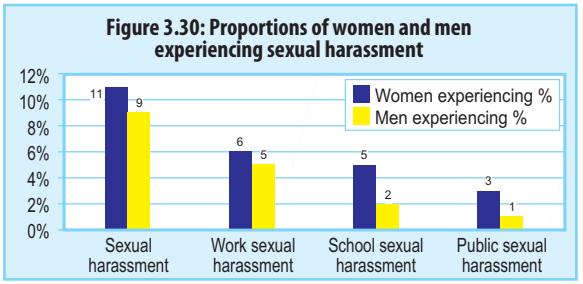
Figure 3.29 shows that Seychelles recorded the highest rape experience (11%) but lowest perpetration rate (4%) of non-partner rape. In all the other countries men reported higher perpetration rates than experience. Lesotho had an 8% experience of rape (compared to 16% perpetration); Zimbabwe 7% experience (compared to 14% perpetration); Botswana 5% experience (compared to 8% perpetration); four provinces of South Africa 4% experience (compared to 12% perpetration) and Mauritius 1% experience (compared to 4% perpetration).

Table 3.1 Women and men experiencing a non-partner rape in prior year				
	Experience - Women	Perpetration - Men	Experience - Men	Perpetration - Women
Attempted rape	60	101	18	6
Rape	38	108	1	15

Source: Botswana Relationship Study 2017.

Table 3.1 shows that in the year prior to the study, 60 women reported experiencing attempted rape by someone not their partner, while 101 men conceded to such behaviour. During the same period 38 women reported being raped while 108 (almost three times the number of men) reported perpetrating rape. The table shows that 18 men said they had an attempted rape, while only one reported being raped in the past year. Fewer women reported perpetration on attempted rape (6) while more (15) reported actual rape.

Sexual harassment



Source: Botswana Relationship Study 2017.

Figure 3.30 illustrates that 11% of women and 9% men reported experiencing some form of sexual harassment in their lifetime. Six percent of women and 5% of men reported experiencing sexual harassment at work. Five percent of women and 2% of men reported experiencing sexual harassment at school. These findings show that GBV is everywhere, even in the public sphere both women and men are not safe, more so for the women.

Conclusion

This chapter records relatively high levels of GBV in Botswana particularly lifetime rates. Significantly higher percentages of women than men reported experiencing different forms of violence in lifetime and in the twelve months prior to the study. On the contrary higher proportions of men disclosed perpetration in lifetime. But in the past 12 months fewer men compared to women disclosed perpetration. The relatively low levels violence of reported perpetration of violence in past 12 months for men could be an indicator of the culture of silence and stigma associated with reporting.

Equally important is violence among people with disabilities. The study established that women with disabilities are two to three times more vulnerable to GBV than men, and are also less likely to perpetrate GBV than men.

While this study established that most violence occurs within the domestic sphere, it is also apparent that workplaces and schools remain unsafe. For both women and men, experience and perpetration is highest among the young population. This is a clear indicator of the need to target youth in all GBV initiatives, and to attempt to "stop violence before it starts."

While men continue to perpetrate into their later years, perpetration for women declines significantly in the later years. This is consistent with the basic patriarchal tenets of society, which will be explored in greater depth in the next chapter on the key drivers of GBV.

Understanding violence against men

Violence against men (VAM) is a controversial area of research with data generally hidden or not recognised in many countries. To tackle it, policy makers require more and better quality information, to guide legislative and policy reforms, to ensure adequate provision of targeted and effective services.

Getting data on VAM poses challenges due to traditional gender roles in society and the stigma of the perceived weakness of any man who admits to falling victim to a woman. In most cases VAM is foreshadowed by actions that may not seem like domestic violence on the surface, but do, in fact, represent a series of abuses against the men.[5]

Some argue that more attention is given to VAW at the expense of VAM. "One explanation for this difference in focus is the physical power that men hold over women making people more likely to condemn violence with this gender configuration. The concept of male survivors of violence go against social perceptions of the male gender role, leading to low recognition and few legal provisions.[6]

Richard Felson argues that same motives play a role in almost all violence, regardless of gender: to gain control or retribution and to promote or defend self-image.[7]

In this study, men report experiencing various forms of violence: physical, emotional, economic and emotional abuse. This study can affirm that men generally do not report experience of violence to the police for fear of stigmatisation. This is a strong indicator that men like women suffer silently. But in this anonymous survey the gap between women's reported rate of experience and men's perpetration; versus men's reported rate of experience and women's perpetration raises some questions as to whether the rate is really as high as one in five men experiencing some form of GBV in their lifetime.

There are also important differences between VAW and VAM. Although for both women and men in this study emotional violence is the highest form of violence experienced, for men experience of physical, sexual and economic violence is proportionately much lower than for women. This reflects the power imbalances between women and men in society, even when both experience violence.

What prompts emotional violence in the case of men? Is it, at least in part (as suggested in one of the "I" Stories) men's sense of entitlement ("she even stopped washing my clothes?"). To what extent is emotional violence of women against men a response to emotional violence they are experiencing?

Age is also an important factor. Younger men experience higher levels of violence, and younger women perpetrate higher levels of violence. To what extent is this a reflection of the new generation of liberated young women who are refusing to accept social norms - the *#IWearWhatILike* generation, or in the case of South Africa the *#MenAreTrash* movement? How does the violent way of mediating conflict on TV and social media - staple diets of the youth - fuel this violent way of dealing with relationship challenges?

Regrettably, the weakest link in the service provision chain is psychosocial support, particularly for men, since domestic violence is assumed to be a woman's problem. Interventions that target the home, schools, youth, and building healthy relationships could potentially play a crucial role in breaking the cycle of violence.

[5] Lupri, Eugene; Grandin, Elaine (2004). "Intimate partner abuse against men" (PDF). National Clearinghouse on Family Violence. Archived from the original (PDF) on January 4, 2009. Retrieved June 21, 2014.
[6] https://en.wikipedia.org/wiki/Violence_against_men, accessed 29 March, 2018
[7] https://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.160.9.1711, accessed 29 March, 2018

CHAPTER 4
PATTERNS AND DRIVERS OF GBV

School children campaign against child abuse which is one of the drivers of GBV. *Photo courtesy of UNFPA Botswana*

Key facts

- The BNRS found that age is a significant factor in both experience and perpetrating GBV in lifetime by women and men: for women the highest incidence is 18 to 24; for men, 25 to 34.
- Abuse in childhood was a significant determinant of both GBV experience and perpetration by women and men ($p<0.05$). Both men and women who were abused in childhood were three times more likely to experience non-partner rape. Men who were abused in child hood were three times more likely to perpetrate non-partner rape.
- Education was significantly associated with both GBV and Intimate Partner Violence (IPV) experience and perpetration by women and men ($p<0.05$).
- Having worked in the last year was significantly associated with experience and perpetration of GBV in men only ($p<0.05$) but not in women ($p>0.05$).
- Nationality was not significantly associated with either experience or perpetration of IPV and GBV in both women and men ($p>0.05$).
- For both women and men, having a partner who did not drink alcohol reduced the odds of experiencing IPV.
- Having more than one sexual partner increased the risk of experiencing IPV.
- Quarrelling within intimate relationships was significantly associated with perpetration of IPV.

This chapter explores the various factors that are associated with GBV icluding IPV. Several studies which have looked at the causes of violence have employed the ecological model by Heise (1998), which posits that violence results from a combination of several factors that increase the risk of both victimisation and perpetratiton of violence by individuals. The ecological model identifies four levels; individual, the relationship, the community and the structural level which increase the likelihood of occurrence of violence.

Individual-level factors are biological and personal history factors that increase the risk of violence. This study looks at a few factors: age, level of education, nationality, employment history, experience of abuse in childhood and alcohol abuse.

Table 4.1: Socio demographic factors and lifetime IPV and GBV women

	GBV experience	P value	GBV perpetration	P value	IPV experience	P value	IPV perpetration	P value
Age								
18-24	22.5 (351)		25.1 (135)		29.2 (226)		25.8 (132)	
25-29	19.9 (311)		21.8 (117)		23.9 (127)		21.5 (110)	
30-34	16.5 (257)		18.3 (98)		17.9 (95)		18.4 (94)	
35-39	14.6 (228)		13.6 (73)		12.6 (67)		14.1 (72)	
40-44	7.6 (118)	0.000	7.1 (38)	0.000	6.4 (34)	0.024	6.9 (35)	0.052
45-49	5.8 (90)		5.0 (27)		4.9 (26)		4.9 (25)	
50-54	4.6 (71)		3.5 (19)		2.5 (13)		3.5 (18)	
55-59	3.3 (52)		1.9 (10)		1.1 (6)		1.8 (9)	
60-64	2.1 (32)		1.7 (9)		0.6 (3)		1.4 (7)	
65+	3.3 (52)		2.1 (11)		0.9 (5)		1.8 (9)	
Education								
Never went to school/ incomplete primary	10.5 (164)		9.2 (50)		9.7 (102)		8.1 (42)	
Primary	18.8 (294)	0.000	14.3 (77)	0.000	18.5 (193)	0.000	14.2 (73)	0.000
Secondary	51.8 (811)		55.4 (299)		54.3 (567)		56.6 (291)	
Post -secondary	19.0 (298)		21.1 (114)		17.5 (183)		21.0(108)	
Worked in last year								
Yes	38.4 (602)	0.000	39.6 (214)	0.015	40.1 (419)	0.061	38.9 (200)	0.601
No	61.6 (964)		60.4 (326)		59.9 (625)		61.1 (314)	
Nationality								
Motswana	96.3 (1509)	0.157	95.4(515)	0.163	95.6 (999)	0.121	95.5 (491)	0.174
Other	3.7(58)		4.6 (25)		4.4(45)		4.5 (23)	

Source: Botswana Relationship Survey Statistics 2017.

P value less than 0.05 shows statistical significance of association.

Age is significantly associated with both experience and perpetration of GBV in a lifetime by women ($p<0.05$). The percentage of perpetrators and victims of GBV decreased with an increase in age. The 18 to 24-year olds had the highest rate. Close to half (43%) of the women who reported experiencing GBV in their lifetime were aged below 30. Similarly, almost half (47%) of the female perpetrators of GBV were aged 30 years and under.

The same pattern emerged in IPV findings. More than half of the victims of violence in a lifetime were less than 30 years of age. Forty eight percent of those who reported perpetrating IPV were below 30 years of age. These findings show the necessity of engaging the younger generations in gender violence programming. The 2013 BAIS IV Study revealed that adolescent girls and young women are more vulnerable to GBV especially sexual abuse[1].

Education is significantly associated with both GBV and IPV experience and perpetration by women ($p<0.05$).Of those who reported perpetrating GBV in their life almost three quarters (71%) had at least completed secondary education. More than three quarters (77%) of the women who reported perpetrating GBV in their lifetime had attained at least a secondary qualification. Nineteen percent of these had pursued further education in the form of a university degree or vocational training.

Similar trends were observed with IPV experience and perpetration. Seventy two percent of those who reported experiencing IPV had at least completed secondary education. Seventy eight percent of those who reported perpetrating IPV had at least finished secondary school. Twenty one percent of these had a tertiary qualification.

Work: Not working in the last year is significantly associated with experience and perpetration of GBV ($p>0.05$). The observation shows that those who did not work were likely to experience or perpetrate violence compared to those who worked.

Nationality is insignificantly associated with either experience or perpetration of violence ($P>0.05$). Being a Motswana or a non-local did not influence experience or perpetration of violence.

Table 4.2 overleaf shows ***Age*** is significantly associated with both experience and perpetration of GBV in a lifetime by men ($p<0.05$). The highest proportions of those who reported experiencing both GBV and IPV were recorded among the 25 to 34-year olds; both were 38%.Of the men who reported perpetrating GBV, 39% were aged between 25 and 35 years.

With the highest proportions recorded among the 25 to 29-year olds, the proportions began to decrease with an increase in age. However, there were some notably increased proportions among 50 years and above, which is not unusual since the estimates measure lifetime prevalence.

Education is also significantly associated with both GBV and IPV experience and perpetration by men ($p<0.05$).Of those who reported experiencing GBV in their lifetime more than three quarters (82%) had at least completed secondary education; more than a third (33%) of these had a tertiary education in the form of a trade certificate or university degree. More than three quarters (79%) of the men who reported perpetrating GBV in their lifetime had attained at least a secondary qualification; 30% of these had pursued further education in the form of a university degree or vocational training. Of those who reported experiencing IPV, 81% had at least completed secondary education. Of those who reported perpetrating IPV, 79% had at least completed secondary school.

Work: Not working in the last year was significantly associated with experience and perpetration of both GBV and IPV ($p<0.05$). Higher proportions of those

[1] Government of Botswana (GOB). (2013). Botswana AIDS impact survey IV (BAIS IV 2013): Summary results. Gaborone: Statistics Botswana, GOB. Retrieved from: http://www.cso.gov.bw/images/aids_summary.pdf/

who had worked compared to those who had not worked reported experiencing and perpetrating violence.

Nationality was not significantly associated with experience and perpetration of violence (P>0.05).

Experience of childhood abuse

Past experiences of violence play a role in influencing both perpetration and experience of violence. Exposure to sexual abuse and intra-parental violence during childhood increases the likelihood of violence in future relationships[2]. This study asked men and women if they had experienced or witnessed abuse before the age of 18.

Table 4.2: Socio demographic factors and lifetime IPV and GBV men

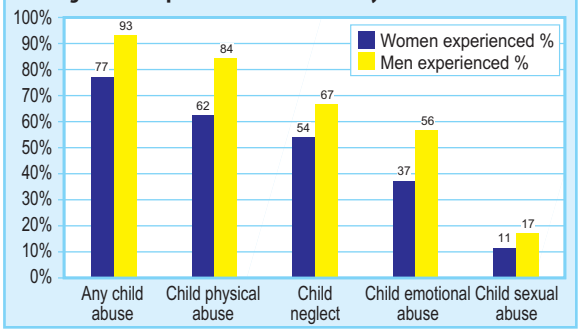
	GBV experience	P value	GBV perpetration	P value	IPV experience	P value	IPV perpetration	P value
Age group								
18-24	18.3 (143)		17.9 (199)		16.9 (113)		17.4 (171)	
25-29	19.4 (152)		19.7 (219)		19.6 (131)		19.3 (189)	
30-34	19.4 (152)		18.7 (208)		18.4 (123)		18.0 (177)	
35-39	15.0 (117)		14.2 (158)		16.2 (108)		15.0 (147)	
40-44	10.5 (82)	0.000	10.4 (116)	0.000	10.3 (69)	0.000	10.6 (104)	0.000
45-49	7.0 (55)		6.7 (75)		7.4 (49)		7.0 (69)	
50-54	3.1 (24)		3.9 (43)		3.3 (22)		3.8 (37)	
55-59	2.7 (21)		3.0 (33)		2.9 (19)		2.9 (28)	
60-64	1.5 (12)		1.9 (21)		1.7 (11)		2.0 (20)	
65+	3.1 (24)		3.7 (41)		3.3 (22)		4.1 (40)	
Education								
No education/ primary incomplete	11.0 (86)		11.9 (133)		11.1 (74)		12.0 (118)	
Primary	7.7 (60)	0.000	9.4 (105)	0.000	8.0 (53)	0.000	9.3 (91)	0.000
Secondary	48.5 (379)		49.0 (546)		48.6 (324)		49.8 (489)	
Post-secondary	32.9 (257)		29.6 (330)		32.4 (216)		28.99 (285)	
Worked in the last 12 months								
Yes	64.6 (505)	0.000	62.9 (701)	0.000	66.0 (440)	0.000	64.3 (632)	0.000
No	35.4 (277)		37.1 (413)		34.0 (227)		35.7 (351)	
Nationality								
Motswana	96.4 (754)	0.090	96.7 (1077)	0.130	96.9 (646)	0.437	97.0 (953)	0.436
Other	3.6 (28)		3.3 (37)		3.2 (21)		3.0 (30)	

Source: Botswana Relationship Survey Statistics 2017.

P value less than 0.05 shows statistical significance of association.

[2] Dunkle, K. L., Jewkes, R., Nduna, M., Jama, N., Levin, J., Sikweyiya, Y., & Koss, M. P. (2007). Transactional sex and economic exchange with partners among young South African men in the rural Eastern Cape: prevalence, predictors, and associations with gender-based violence. Social Science & Medicine (1982), 65(6), 1235-1248. http://doi.org/10.1016/j.socscimed.2007.04.029

Figure 4.1: Experience of child abuse by women and men



Source: Botswana Relationship Survey Statistics 2017.

Figure 4.1 shows that 77% of women and 93% of men reported that they experienced some form of child abuse before the age of 18. Both women (62%) and men (84%) cited physical violence as the predominant form of violence experienced in childhood, followed by child neglect (54% of women and 67% of men), child emotional abuse (37% women and 56% men) and child sexual abuse (11% women and 17% men). Men recorded higher levels of child abuse compared to women.

Table 4.3: Experience of abuse in childhood and perpetration of violence

Women	**GBV experience**		**GBV perpetration**		**GBV experience**		**GBV perpetration**	
Any form child abuse	% (n)	P value	% (n)	P value	% (n)	P value	% (n)	P value
No	7.6 (96)	0.000	6.6 (20)	0.000	6.2 (33)	0.000	5.7 (15)	0.000
Yes	92.4 (1164)		93.4 (281)		93.8 (501)		94.3 (265)	
Men	**GBV experience**		**GBV perpetration**		**GBV experience**		**GBV perpetration**	
Any form child abuse	% (n)		% (n)		% (n)		% (n)	
No	3.0 (23)	0.000	2.9 (32)	0.000	2.9 (19)	0.000	2.6 (25)	0.000
Yes	97.0 (757)		97.1 (1077)		97.1 (646)		97.4 (953)	

Source: Botswana Relationship Survey Statistics 2017.

P value less than 0.05 shows statistical significance of association.

Child abuse and violence among women

Table 4.3 shows that the associations between child abuse and violence, either perpetration or victimisation were highly significant (p=0.000). Of the total women who reported experience of GBV, 92% had experienced some form of abuse in childhood and of those who reported experience of IPV, 94% were abused in childhood. The same trend was noted with perpetration estimates which were also highly significant (p=0.000). Of the women who reported perpetration of GBV, 93% had experienced abuse in childhood. Among those who reported perpetration of IPV, 94% were abused in childhood.

Child abuse and violence among men

The findings for the male popualtion in Table 4.3 show that an equal percentage (97%) of men who reported experiencing IPV and GBV were abused in childhood. A similar percentage (97%) of men who reported perpetrating IPV had also experienced abuse before they reached 18 years of age.

Table 4.4: Association between child sexual abuse and rape in adulthood among women and men

	Women experience		**Women perpetration**		**Men experience**		**Men perpetration**	
	% (n)	P value	% (n)	P value	% (n)	P value	% (n)	P value
Child sexual abuse								
No	75.2 (158)	0.000	68.2 (30)	0.000	58.3 (21)	0.000	66.6 (185)	0.000
Yes	24.8 (52)		31.8 (14)		41.7 (15)		33.5 (93)	

Source: Botswana Relationship Survey Statistics 2017.

P value less than 0.05 shows statistical significance of association.

Table 4.4 shows that the associations between child sexual abuse and rape were highly significant in both men and women. A quarter of women and 42% of men who reported experiencing non-partner rape were sexually abused before they reached 18 years of age. Thirty two percent of women and 34% of men who reported perpetrating non-partner rape were sexually abused in childhood.

Logistic regression tests were further run to determine the direction of the association between child sexual abuse and rape. The results show that men who were abused in childhood were three times most likely to report experience of non-partner rape (OR:2.9, p=0.013). Again, men who were abused as children were three times more likely to report perpetration of non-partner rape (OR:3.0, p=0.000).

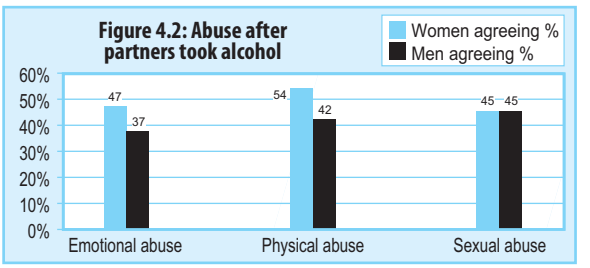
For women, those sexually abused in childhood were 3.4 times more likely to report being raped in adulthood (p=0.000). Regarding perpetration, those who were sexually abused were 4.8 times more likely to report perpetration of non-partner rape (p=0.000).

Alcohol consumption and violence

> "My parents continued to drink a lot and did not take good care of us. After their drinking sprees they exchanged harsh words in front of me and my siblings. My father beat my mother with fists and anything he could lay his hands on. This affected us emotionally and our education suffered. My mother was hospitalised after my father beat her up very bad. My mother did not report the matter to the police, she was a very soft person. Our neighbours tried to convince her to press charges but she refused. Because of the situation at home I ended up being registered as a needy student and was helped with school uniform and toiletries."
>
> - Joseph Denis*

Botswana is well known for its campaigns against alcohol abuse.
Photo courtesy of G News

The link between alcohol and/or substance abuse has been established in various studies. A study by Phorano[3] on the link between, alcohol, GBV and HIV in Botswana established a significant link between alcohol consumption and experience of GBV. This study asked women and men if abuse happened after their partners had taken alcohol. The "I"stories also made mention of partners becoming violent after taking alcohol.



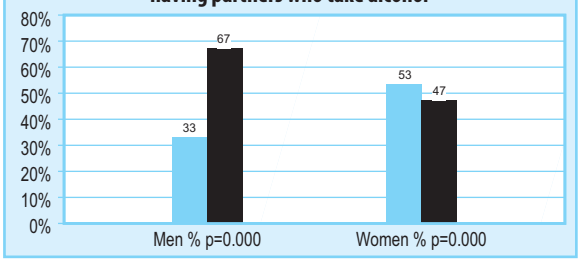
Source: Botswana Relationship Survey Statistics 2017.

Figure 4.2 shows the proportions of women and men who testified that they experienced different forms of abuse after their partners had taken alcohol. Fifty four percent of women and 42% of men reported

[3] Phorano, O., Nthomang, K. and. Ntseane, D. (2005) Alcohol abuse, gender-based violence and HIV/AIDS in Botswana: establishing the link based on empirical evidence, SAHARA-J: Journal of Social Aspects of HIV/AIDS, 2:1, 188-202, DOI: 10.1080/17290376.2005.9724842

experiencing physical abuse after their partners had taken alcohol. Forty seven percent of women and 37% of men reported experiencing emotional abuse after their partners had taken alcohol. Equal proportions (45%) of men and that of women reported experiencing sexual abuse after their partners had taken alcohol. Chi square tests were run to further test the association between experience of IPV and having partners who take alcohol. The findings are presented below.

Figure 4.3: Experience of IPV and having partners who take alcohol



P value less than 0.05 shows statistical significance of association.
Source: Botswana Relationship Survey Statistics 2017.

Figure 4.3 shows that of the men who reported experiencing IPV in their lifetime, 33% affirmed that their partners took alcohol and the association was statistically significant (p=0.000). Fifty-three percent of the women who reported experiencing IPV affirmed that their partners took alcohol (p=0.000).

Logistic regression tests were run to determine further the relationship between having a partner who takes alcohol and the experience of IPV. For men having a partner who did not drink alcohol reduced the odds of experiencing IPV by 80% (OR 0.2, p=0.000). Similarly, for women, having a partner who does not drink alcohol reduced the odds of experiencing IPV by 60% (OR 0.4 P=0.000).

Relationship-level factors

According to the ecological model, relationship factors contribute to the risk of GBV. The levels may include relationships with peers, intimate partners and family members. For instance, this study looks at the effects of having multiple partners and poor communication skills between partners. Several women and men who participated in the "I" stories cited that the problems in their relationships were triggered or worsened by the failure to talk issues through. This also contributed to violent interactions.

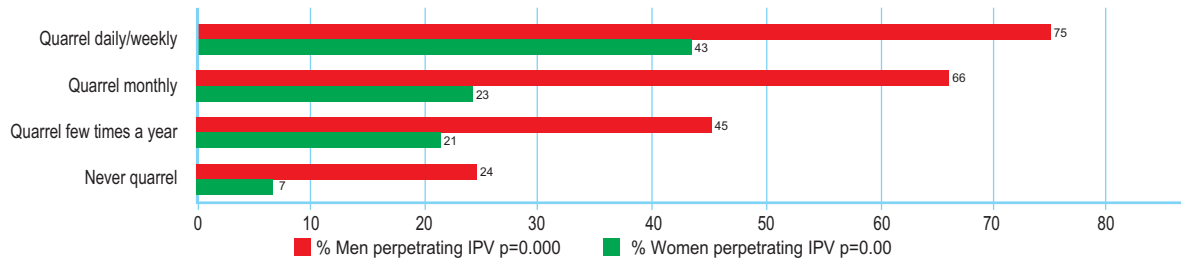
Table 4.5: Quarrelling in the last 12 months

	Women	Men
Never	34.2 (954)	30.4 (736)
Few times a year	38.7 (1136)	56.0 (1324)
Monthly	20.4 (565)	9.1 (212)
Daily/weekly	6.7 (184)	4.5 (95)

Source: Botswana Relationship Survey Statistics 2017.

Table 4.5 shows the responses given by men and women indicating how often they quarrelled with their partners. Thirty four percent of women and 30% of men indicated that they never quarrelled. Thirty nine percent of women and 56% of men said they quarrelled a few times a year. Twenty percent of women and 9% of men indicated they quarrelled monthly. Seven percent of women and 5% of men reported that they quarrelled either daily or weekly. Further tests were run to assess the association between quarrelling and perpetration of IPV. The figure below shows the results.

Figure 4.4: Frequency of quarrelling and perpetration of IPV by women and men



Source: Botswana Relationship Survey Statistics 2017.

P value less than 0.05 shows statistical significance of association.

Figure 4.4 shows a significant association between the frequency of quarrelling and perpetration of IPV (p=0.000) in both women and men. The proportion of women and men perpetrating IPV increased with the increase in the frequency of quarrelling. This association was further confirmed by the logistic regression test which showed the odds ratio of perpetrating IPV increasing as the frequency of quarrelling increased.

Having concurrent partners as a trigger of violence in intimate relationships

Participants were asked if they had concurrent partners. Of the participants who responded to the question, 17% (273) of women and 16% (293) of men disclosed that they had another sexual partner apart from their primary partner or spouse. Below is an example from one of the "I" Stories:

> "While she was in confinement she used to jokingly tell me that once she was out, she was going to make me cry, I honestly did not understand what she meant by that. At one point she accused me of being in love with her cousin, which was not true. As soon as she was out of the confinement, she started having affairs with different men when I confronted her about the matter she said she was doing like me. She told me that she had had different men at the same time since junior school and that I had taken her from someone else and should not expect her to be faithful to me. This hurt me."
>
> - Motsethebe*

Almost half (45%) of the women having extramarital affairs were aged 34 years and below. On the other hand, the highest proportion (31%) of men having extramarital affairs were aged 50 years and above. "I" stories by both women and men highlighted that some men started having other sexual partners during the period of confinement or postpartum sexual abstinence. Studies have shown that this practice is emphasised more in women than in men.[4] It is important to examine how such cultural practices fuel GBV particularly in this case where qualitative data shows us it is quite common.

Among men who reported having another sexual partner, 34% reported experiencing IPV while 66% did not. Among women who reported having another sexual partner, more than half (52%) reported experiencing IPV while 48% did not experience any violence. These findings show that having extramarital affairs may increase the chance of experiencing violence: more so in women. The majority of the women having concurrent partners were young, compared to older men being more likely to have extramarital affairs.

Participants were further asked if they thought their partner was having an extramarital affair. The responses were used to assess the level of suspicion in intimate relationships that should be anchored in trust and faithfulness.

Table 4.6: Current partner sleeping with someone else?

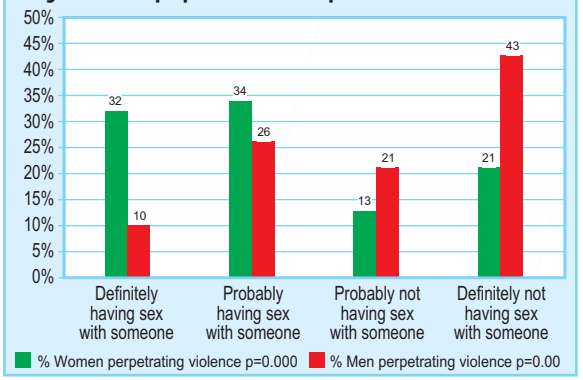
	Women % (n)	Men % (n)
Having sex with someone	28.7 (298)	8.4 (85)
Probably having sex with someone	25.3 (290)	14.1 (138)
Probably not having sex with someone	14.3 (149)	17.1 (158)
Definitely not having sex with someone	31.7 (347)	60.5 (567)

Source: Botswana Relationship Survey Statistics 2017.

[4] Mbekenga, C. K., Pembe, A. B., Darj, E., Christensson, K., & Olsson, P. (2013). Prolonged sexual abstinence after childbirth: gendered norms and perceived family health risks. Focus group discussions in a Tanzanian suburb.BMC International Health and Human Rights, 13, 4.http://doi.org/10.1186/1472-698X-13-4

According to table 4.6 more than half of the women (54%) and only 23% of men suspected that their partners were sleeping with someone else. Only 32% of women and 61% of men were confident that their partners were not sleeping with anyone else. Further tests were done to assess the association between suspecting infidelity by one's partner and perpetration of IPV.

Figure 4.5: IPV perpetration and suspicion of extra-marital sex



P value less than 0.05 shows statistical significance of association.
Source: Botswana Relationship Survey Statistics 2017.

Figure 4.5 shows that 66% of women who suspected or knew that their partner was having sex with someone else reported perpetration of violence. On the contrary, 43% of men who reported perpetration of IPV were definite that their partners were not having sex with someone. An excerpt from an "I" story below shows how suspicion of infidelity can trigger or exacerbate violence between partners.

"Upon finding this message my husband became so furious that he beat me up, all while demanding to know how I knew and related to this male person. Moreover, since this man was only just a friend from my social circle, I could not give my husband the explanation he was looking for, and this infuriated him even further. Things became so bad that, at night, he forced sexual relations on me in a very rough manner, causing me immense pain and unavoidable tears. During these rough nights, I would plead with him to be gentle, and he would reply to me by saying I am so nice when I am crying. The following morning I would be in pain and not even be able to walk properly, and he would still be unremorseful. One evening after being forced into intercourse after begging for mercy but to no avail, I finally told him if he carried on I would report him to the police." - Kebone*

Sixteen Days of Activism march in Tsabong, Botswana. *Photo: Gender Links*

[5] http://www.health-genderviolence.org/guidance-for-health-care-professionals-in-strengthening-health-system-responses-to-gender-based-vi-0

Community-level factors refer to several factors such as the extent of tolerance towards GBV in contexts which social relationships are embedded, such as schools, workplace or the neighbourhood. Research elsewhere found that societies that had community sanctions against violence, including moral pressure for neighbours to intervene in place and where women had access to shelter or family support had the lowest levels of intimate partner and sexual violence.[5] To assess the level of violence tolerance in societies, this study asked several questions about how people in the community are prepared to respond to violence.

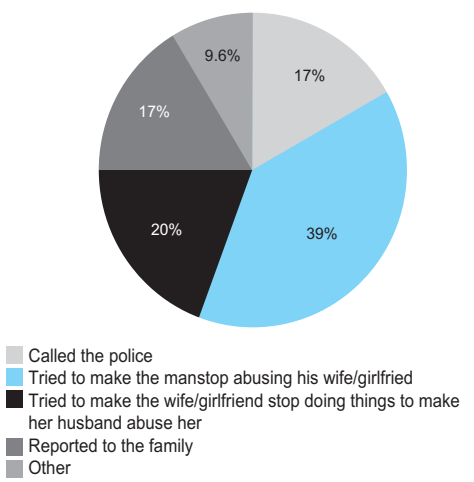
Table 4.7: Community preparedness to respond to violence

	Women % (n)	Men % (n)
If there were a street fight in your community would people generally do something to stop it?	78.8% (3387)	86.6% (3192)
If there were a family fight in your community would people generally do something to stop it?	79.4% (3402)	87.4% (3229)
If someone in your family suddenly fell ill or had an accident, would your neighbors offer to help?	80.3 (3451)	89.4% (3294)
Do you know of anyone that has been abused by her husband/boyfriend in your community?	32.5 (1398)	33.3% (1252)
Talked about domestic violence at least once	50 (2134)	48.5% (1816)
Personally intervened in a domestic violence issue	23.6 (1008)	28.9% (1088)

Source: Botswana Relationship Survey Statistics 2017.

Table 4.7 shows that high proportions of both men and women felt that their community is readily prepared to intervene in a violent situation. Seventy nine percent of women and 87% of men affirmed that if there were a street or family fight in the community people would do something to stop it. Higher proportions (80% of women and 89% of men) attested that neighbours are more likely to help in case of emergency. However, when it comes to the agency at a personal level there seem to be a decrease in proportions. Only half of both women and men have talked about domestic violence at least once. Less than a quarter (24%) of women and 29% of men say they have personally intervened in a domestic violence issue. Of the few women and men who personally intervened in a domestic violence issue, further questions were asked about what exactly they did. The charts below show the responses of both women and men.

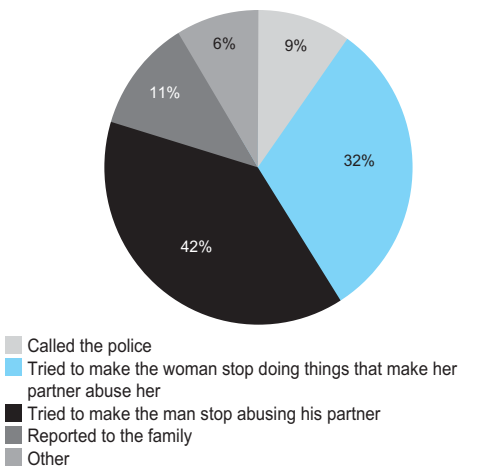
Figure 4.6: Action taken in domestic violence intervention by women



Source: Botswana Relationship Survey Statistics 2017.

According to Figure 4.6 the majority (39%) of the women tried to make the man stop abusing his partner. Twenty percent attempted to stop a woman from actions that make her partner abuse her. Seventeen percent reported to the family and another 17% called the police. Less than 10% took other actions.

Figure 4.7: Action taken in domestic violence intervention by men



Source: Botswana Relationship Survey Statistics 2017.

Figure 4.7 shows that the highest proportion (42%) of men tried to stop the man from abusing his partner. A third (32%) attempted to make the woman stop taking action that make her partner abuse her. Just over a tenth (11%) reported to the family. Nine percent called the police, and 6% did other things including giving both of them advice, calling an ambulance, providing financial help.

Of concern is that significant proportions of both women and men would further victimise the survivor of violence by "trying to make the woman stop doing things that make her partner abuse her". This stance insinuates that the woman deserved to be abused because she did something wrong. It is interesting to note that reporting to the police was not a priority for both women and men. Further research is needed to understand why both women and men do not see police services as priority especially given that domestic violence is a criminal issue.

Society-level factors include the cultural and social norms that influence gender roles and the unequal power relations between women and men. Intimate partner violence occurs more often in societies where men have economic and decision-making powers in the household and where women do not have easy access to resources and where adults routinely resort to violence to resolve their conflicts[6]. This study examined the attitudes of women and men towards certain gender roles and norms.

Table 4.8: Gender attitudes

	Women strongly agree/agree	Men strongly agree/agree
I think people should be treated the same whether they are male or female.	83.7	82.3
I think that a woman should obey her husband even if she disagrees with him.	42.9	55.4
I think that if a woman works she should give her money to her husband.	31.0	52.4
I think that a man should have the final say in all family matters.	36.3	58.8
I think that a woman needs her husband's permission to do paid work.	35.7	52.5
I think that a woman cannot refuse to have sex with her husband.	40.9	42.8
I think that if a man has paid lobola for his wife, he owns her.	24.0	44.9
I think that if a man has paid lobola for his wife, he must have sex when he wants it.	23.9	31.4
It is important for a man to show his wife/partner who is the boss.	38.2	47.8

Source: Botswana Relationship Survey Statistics 2017.

[6] http://www.health-genderviolence.org/guidance-for-health-care-professionals-in-strengthening-health-system-responses-to-gender-based-vi-0

Table 4.8 shows some of the gender attitudes and beliefs held by women and men who participated in the study. Some of these attitudes explain why domestic violence is rife. High proportions of women (83.7%) and men (82.3%) agreed or strongly agreed that women and men should be treated the same. Yet 55.4% of men and 43% of women believe that a woman should obey her husband.

Fifty two percent of men and a third of women agreed that if a woman works, she should give her money to her husband. Fifty nine percent of men and 36% of men believe that a man should have the final say in all family matters. Fifty three percent of men and 36% of women professed that a woman needs permission from her husband to do paid work. Almost equal proportions of men (41%) and women (43%) expressed that a woman cannot refuse to have sex with her husband. Forty five percent of men and 24% of women equate paying of bride price to wife ownership.

A third of men and 24% of women believe that if a man has paid bride price for his wife, he can have sex whenever he wants to. Lastly, almost half 48% of men and 38% of women affirmed that a man should show his partner who the boss is. Comparing the attitudes with the 2012 GBV Indicators Study, it is apparent that not much has changed in terms of the proportions. People still uphold inequitable gender attitudes. Despite people professing that women and men should be treated equally when it comes down to specific actions people still exhibit unequal power relations. The same pattern was observed in the 2012 study. Such attitudes provide a fertile breeding ground for gender based violence, for instance when one feels that they own the women, they can do whatever they want at whatever time. An excerpt from an "I" story below shows how one woman stood up to the misogynistic attitudes and behaviour from her partner who objectified her.

"I kept on attending counselling until I came to a point where I stood up for myself and my rights and declared that my husband makes a choice that either he treats me like his wife or as an object that he uses at his discretion. I made it clear I would not stand for his behaviour no longer, and that him paying bride price did not mean that my parents sold me to him to use as he pleases and that he should act as he promised in his vows".

- Relebile

Table 4.9: Gender attitudes around rape

	Women strongly agree/agree	Men strongly agree/agree
I think that in any rape case one would have to question whether the victim is promiscuous.	16.2	41.3
I think in some rape cases women actually want it to happen.	19.1	33.7
I think if a woman does not physically fight back, it is not rape.	16.5	40.9
I think that when a woman is raped, she is usually to blame for putting herself in that situation.	8.9	21.2

Source: Botswana Relationship Survey Statistics 2017.

Sixteen Days Against Violence on Women and Children Launch message in Goshwe. *Photo: Keletso Metsing*

Men exhibited more gender discriminatory attitudes towards rape. Forty one percent of men compared to 16% of women expressed that in any rape case there is need to ask if the victim was not promiscuous. Thirty four percent of men and 19% of women affirmed that in some rape cases women want it to happen. Forty one percent of men and 17% of women believe that if a woman does not fight back, it is not rape. A fifth of men and 9% women blame the rape victim for putting themselves into the situation.

These findings underscore the need to engage with communities more especially men to challenge the existing gender norms which stigmatise rape survivors. Such attitudes perpetuate rape culture and encourage the culture of silence as survivors fear secondary victimisation.

Multivariate analyses

Drawing from the ecological framework that occurrence of violence is triggered by various factors, further statistical tests were run at multivariate level using logistic regression with all the variables that were significant at a bivariate level to determine the factors that triggered violence.

For women age groups 40-44 and 50+ were the only significant ($p<0.05$) and reduced the odds of perpetrating IPV compared to age group 18-24. Having completed at least primary education decreased the odds of perpetrating violence compared to those who had no education. Child abuse was highly significant and having experienced child abuse in childhood increased the odds of perpetrating IPV by 12 times. Having one sexual partner reduced the odds of perpetrating IPV compared to having multiple partners. Alcohol was not statistically significant ($p>0.05$).

For men, only two variables were significant ($p<0.05$). Falling within the age groups 45 and above reduced the odds of one being a perpetrator of violence compared to being 24 years and below. Having one sexual partner reduced the odds of being a perpetrator of IPV by half.

Conclusion

GBV messages at WAR Maun. *Photo: Kevin Chiramba*

The results from this study show patterns of GBV and call for further in-depth analysis of various factors and how they interact with each other. The bivariate analysis demonstrates that age is a significant factor in influencing both perpetration and experience with younger age groups exhibiting higher proportions of violence.

The multivariate analysis further confirmed this, showing older age as a protective factor against the perpetration of IPV. The multivariate study also revealed that higher education reduces the odds of becoming a perpetrator of IPV.

When all elements were brought together child abuse was the most influential determinant of GBV perpetration. The study shows that child abuse is rampant in Botswana, especially for boy children. Several programmes have focused on the girl child; it is also important to focus on the boy child. The Gender Affairs Department needs to upscale and strengthen programmes that work with men and challenge harmful notions of masculinity as well as facilitate rehabilitation in case of child abuse.

Having multiple sexual partners also triggered intimate partner violence. Many of the "I" stories refer to a partner cheating or having suspicions of infidelity. Not only does this trigger violence in intimate relationships, it also increases the risk of HIV infection. The "I" stories reveal some rooted underlying cultural norms that perpetuate GBV, for example, the post-partum sexual abstinence which is expected for women and not men. It is important to engage relevant stakeholders such as the Dikgosi and the Council of Churches on culture and religion specifically post-partum sexual abstinence. These two sectors can assist in mobilising communities to address family and relationships issues such as infidelity, gender attitudes and norms.

While the association between gender attitudes and perpetration of GBV was not tested, the results show inequitable gender norms, especially among men. This study recommends that Statistics Botswana and MNIG commission further mining of data on attitudes to determine age and geographic distribution and other factors not analysed in this chapter, to develop age and location-specific programming.

CHAPTER 5
EFFECTS OF GBV

Violence affects the reproductive health of women. *Photo: Pathfinder Botswana*

Key facts

- Abuse disproportionately affects women and men with the former being more vulnerable as evidenced by higher proportions of those injured and bed ridden as a result of GBV.
- Almost half (48.7%) of the women who stayed in bed as a result of injuries were economically active. Similarly more than half (66.7%) of men who stayed in bed due to injuries reported that they had a job that gave them income.
- Two percent of women fell pregnant after being raped. One percent had an abortion or unwanted pregnancy as a result of rape. Of those who had an abortion around half had an illegal abortion which is usually unsafe.
- There was a significant relationship between being infected with an STI and experience of IPV.
- Women showed a greater association between experience of sexual IPV and testing HIV positive.
- Adverse mental health is significantly associated with experience of IPV in a lifetime among women.
- Eight percent of women and 7% of men started drinking alcohol after experiencing abuse.

This chapter explores some of the negative effects of GBV on both women and men. Studies across the globe have shown that GBV is not only a gross violation of human rights but also impedes the economic and social development of both women and men and the society at large[1]. According to the World Bank (1993) and UNFPA (2006) rape and physical violence recorded the highest contribution to women's deaths compared to other deterministic factors such as cancer, motor vehicle accidents, war and malaria.[2] In sub-Saharan Africa, GBV has been identified as a major determinant of HIV and AIDS infections among women. GBV also has negative financial implications at individual, community and national level.

Effects of physical abuse

Physical violence often results in physical injuries that can either be internal or external, temporary or permanent as highlighted in the excerpt from Dithapelo's story. In some instance the injuries can lead to permanent disabilities or even death. This study asked both women and men who had experienced physical IPV if they sustained any injuries.

> "I forgave John for a lot of the things he did to me in the past but it seems he will never change. Just the other day he found me talking on the phone with a friend and he tried to kill me. My injuries are so serious that one of the veins on my hand is completely damaged. I went and reported him to the police and social workers. They're the ones who calmed me down and helped me see that I could have a better life without John. His case is still waiting to go before the courts."
>
> - Dithapelo[3]

Table 5.1: Physical injuries after abuse

	Women	Men
Proportion experiencing physical abuse	295 (20.5%)	189 (4.7%)
Proportion injured after physical abuse	183 (62%)	85 (45%)
Stay in bed due to injuries	115 (62%)	33 (38.8%)
Took days off from work	65 (22%)	44 (23.2%)
Average days off	4	2

Source: Botswana Relationship Survey Statistics 2017.

Table 5.1 shows that one fifth of women who were ever partnered (295) experienced physical abuse at least once in their lifetime. Of these women 62% (183) sustained injuries after the abuse. Of the women who sustained injuries, over half (62%) became bed ridden. Around one fifth of women ended up taking days off from work as a result of physical abuse.

The table also shows that 5% of ever partnered men experienced physical abuse. Almost half (45%) of these men sustained injuries. Of those who sustained injuries 39% were bed ridden for an average of two days.

1 UNAIDS. Global Report Fact Sheet: Sub-Saharan Africa. Geneva: UNAIDS, 2010
2 World Bank and UNFPA quoted in Mukanangana, F., Moyo, S., Zvoushe, A. and. Rusinga, O. (2014). Gender Based Violence and its Effects on Women's Reproductive Health: The Case of Hatcliffe, Harare, Zimbabwe. African Journal of Reproductive Health. 18[1]: 110-122
3 I stories collected by GL available at https://www.dropbox.com/home/2015_I%20stories%20for%20Women/Boteti%20Sub/INDICATORS/Physical%20violence?preview=Lebogang+Siti.docx

"In 1995 he broke my leg again, while beating me with a molamu (knobkerrie). I reported the incident to the police and a charge was laid against him. My husband begged me to have the charge dropped and even promised to take me to a private doctor for my leg and I gave in. However nothing changed, he never took me to the doctor as promised and at present my leg is weak and because of that I am not able to do odd jobs to support my kids." - Gladys (51)

The findings show that abuse disproportionately affects women and men with the former being more vulnerable as evidenced by higher proportions of the injured and bed ridden. According to the WHO global report of 2013, 42% of women who have experienced physical or sexual violence at the hands of a partner sustained injuries.[4]

Almost half (48.7%) of the women who stayed in bed as a result of injuries were economically active. Similarly more than half (66.7%) of men who stayed in bed due to injuries reported that they had a job that gave them income. Staying in bed has negative impact on the economic productivity of individuals, families and the nation at large.

Table 5.2: Incomes of the individuals who stayed in bed due to injuries.

Amount earned	No. of women	No. of men
P0	1	1
P1 - P500	4	0
P501 - P1000	9	4
P1001 - P2000	24	6
P2001 - P5000	8	6
P5001 - P10,000	6	2
P10,001 - P20,000	2	1
P20,000 or more	1	1

Source: Botswana Relationship Survey Statistics 2017.

Photo courtesy of Pinterest

Table 5.2 shows the number of people who stayed in bed and their salary ranges. The bulk of those who stayed in bed as a result of injuries earned between P500 to P10,000 with the highest number earning P1000-P2000. Close to half of both women and men reported that they are self-employed either in agriculture or non-agriculture. Missing work would have direct implications on their income. A 2014 study by KPMG on the cost of violence against women in South Africa revealed that GBV costs the South African government R28.4 to 42.4 billion per year. This includes the costs at individual and national level.

Physical abuse and reproductive health

Apart from physical injuries, physical abuse can have negative reproductive health outcomes such as miscarriages, excessive bleeding or still births. This study asked women who were ever pregnant if they experienced any physical abuses during pregnancy. Further questions included whether they experienced any complications as a result of abuse. The table below shows the responses.

[4] WHO, the London School of Hygiene & Tropical Medicine and the South African Medical Research Council. 2013. Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence,

[5] KPMG, 2014. Too costly to ignore the economic impact of gender based violence in South Africa available at https://assets.kpmg.com/content/dam/kpmg/za/pdf/2017/01/za-Too-costly-to-ignore.pdf

Table 5.3: Physical abuse during pregnancy	
Type of abuse	**Women experiencing**
Experienced physical abuse (kick, bite, slap) when pregnant	102 (3.1%)
Hurt in the stomach during pregnancy	36 (1.2%)
Miscarriage as a result of being beaten	18 (0.8%)
Premature labour induced by abuse	19 (0.5%0

Source: Botswana Relationship Survey Statistics 2017.

Table 5.3 shows that 102 women experienced physical abuse from their partners when they were pregnant. Thirty six women were hurt in the stomach when they were pregnant. Eighteen women reported that they had a miscarriage at some point in their lives as a result of being beaten. Nineteen women reported that they went into premature labour which was induced by abuse. In extreme cases these complications can lead to death.

Effects of sexual abuse

> "Soon after we got married, he started beating me again. Everything I did set him off. I couldn't go to church, speak on the phone, have friends and he wouldn't even let me have a job. Every time we have sex he refuses to use a condom even though he knows he could infect me with HIV." - Dithapelo*

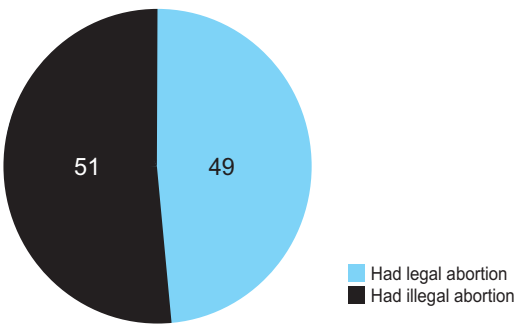
The "I" stories show that sexual abuse is usually accompanied by physical abuse. In this study, 5% of the women and 3% of men experienced sexual abuse by their intimate partners. Five percent of women and 8% of men experienced sexual abuse by a non-partner. The study asked if women had unwanted pregnancies after sexual abuse and if they terminated the pregnancies.

Table 5.4: Pregnancy after rape	
Effects after sexual abuse	**Women experiencing**
Fell pregnant after rape	42 (1.6%)
Abortion or unwanted pregnancy as a result of rape	34 (1%)

Source: Botswana Relationship Survey Statistics 2017.

Table 5.4 shows that 2% of women who were interviewed fell pregnant after being raped. One percent had an abortion or unwanted pregnancy as a result of rape.

Figure 5.1: Proportion of legal and illegal abortions performed by survey respondents



Source: Botswana Relationship Survey Statistics 2017.

Figure 5.1 shows that of those who had an abortion around half had an illegal abortion which is usually unsafe and detrimental to the woman. Studies have shown that globally 13% of maternal deaths are as a result of unsafe and largely illegal abortions.[6] According to the Botswana Penal Code (Amendment) Act of 1991, abortion is permitted to preserve physical health, mental health, and in cases of rape, incest, and foetal impairment and to save the life of the pregnant person[7].

[6] Mukanangana, F., Moyo, S., Zvoushe, A. and. Rusinga, O. (2014). Gender Based Violence and its Effects on Women's Reproductive Health: The Case of Hatcliffe, Harare, Zimbabwe. African Journal of Reproductive Health. 18[1]: 110-122

[7] Penal Code Act, 1991. http://srhr.org/abortion-policies/documents/countries/02-Botswana-Penal-Code.pdf

Sexual abuse and sexually transmitted infections

Several studies in Southern Africa have shown the link between sexual abuse and the transmission of STIs including HIV and AIDS (Dunkle et al, 2004). This study asked the women and men if they had given their partner an STI or if they got infected by their partner.

Table 5.5: STI transmission in intimate and non-intimate relationships

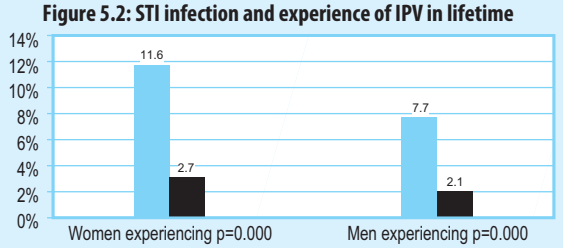
	Women	Men
Given partner STI	73 (2.7%)	65 (2.7%)
Given partner STI in the past 12 months	43 (58.9%)	24 (36.9%)
Got STI from partner	174 (6.2%)	87 (3.7%)
Got STI from partner in the past 12 months	97 (55.7%)	26 (29.9%)
Given a non-partner STI	29 (0.7%)	55 (1.7%)

Source: Botswana Relationship Survey Statistics 2017.

Table 5.5 shows that equal proportions (3%) of both women and men reported that they infected their partner with an STI at some point in their lifetime. More than half (59%) of the women gave their partner an STI within 12 months prior the interview. More than a third (37%) of men confirmed that they infected their partner in the past 12 months before the interview.

Around 6% (174) of women said that they got an STI from their partner. Of these more than half (56%) were infected 12 months prior to the interview. Eighty seven men (4%) reported that they were infected with an STI by their partners. Of these 87, a third got infected in the 12 months prior the interview. Higher proportions of both men and women reported that their partners infected them compared to lower proportions admitting that they infected their partners with STI.

Figure 5.2: STI infection and experience of IPV in lifetime



P value less than 0.05 shows statistical significance of association.
Source: Botswana Relationship Survey Statistics 2017.

Figure 5.2 shows that there was a significant relationship between being infected with an STI and experience of IPV. Among the women who had an STI, 12% experienced IPV at least once in their lifetime while 3% did not experience any violence. Similarly for men the association was significant (p=0.000). Among the men who had an STI from their partner, 8% experienced IPV while 2% did not. The findings support existing literature that there is a significant association between abuse in intimate relations and the transmission of STIs. Usually during abuse, there is limited negotiation of condom use hence increasing the risk of contracting an infection.

Sexual abuse and HIV

This study asked participants if they had tested for HIV and their HIV status. Chi square tests were then conducted to assess the association between being HIV positive and experience of abuse.

Table 5.6: HIV testing and prevalence among women and men

	Women %	Men %
Last HIV test		
Never tested	10.4%	13.5%
Last 12 months	66.7%	64.7%
2-5 Years ago	13.2%	16.0%
More than 5 years ago	8.9%	5.8%
HIV positive	22%	12.4%

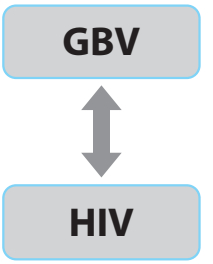
Source: Botswana Relationship Survey Statistics 2017.

Table 5.6 shows that 10.4% of women and 13.5% of men had never tested for HIV. 66.7% of women and 64.7% of men tested for HIV in the last 12 months prior the interview. Sixteen percent of men and 13.2% of women tested for HIV two to five years prior to the interview. Almost one tenth (8.9%) of women and 5.8% of men did an HIV test more than five years before the interview.

Findings show that 22% of women and 12.4% tested HIV positive. The findings tally with the UNAIDS statistics showing that women are disproportionately infected with HIV compared to their male counterparts. At 18.5%, Botswana has the third highest HIV prevalence in the world, after Lesotho and Swaziland[8]. The findings in this study closely mirror those of similar studies in Botswana.

GBV after HIV positive status

The relationship between GBV and HIV has been proven to be bidirectional, i.e. the two influence each other. Experience of violence particularly sexual abuse either by an intimate partner or stranger increases the risk of contracting HIV.



Similarly being HIV positive increases the risk of experiencing violence such as emotional or physical violence. In this study both women and men were asked if they experienced any form of abuse after disclosing their HIV positive status.

Table 5.7: Abuse after HIV status

	Women experiencing	Men experiencing
Experiencing abuse after disclosing HIV status	13.4%	17.7%

Source: Botswana Relationship Survey Statistics 2017.

Table 5.7 shows that 13.4% of women and 17.7% of men experienced some form of abuse after disclosing their HIV status. Emotional and physical abuse predominated for both women and men.

Table 5.8: Association between HIV positive status and experience of sexual abuse

	Women %			Men %		
	Experiencing	No experience	P value	Experiencing	No experience	P value
Sexual IPV						
HIV positive	32.9	20.5	0.013	11.8	12.6	0.843
Non partner rape						
HIV positive	27.9	21.5	0.031	12.9	12.6	0.953

Source: Botswana Relationship Survey Statistics 2017.

P value less than 0.05 shows statistical significance of association.

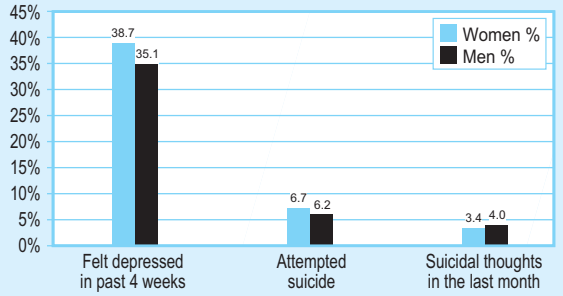
Table 5.8 shows a significant association between experience of sexual IPV and being HIV positive for women ($p<0.05$) but not men ($p>0.05$). Among those who were HIV positive, the proportion of women who had experienced sexual IPV (32.9%) was higher than the proportion of women who had not experienced sexual IPV (20.5%). The proportion of those who experienced non-partner rape (27.9%) was significantly higher than those who were not raped (21.5%) among those HIV positive. In contrast, there was no significant association between HIV positive status and experience of sexual abuse whether by an intimate partner or non-partner in the case of men.

[8] UNAIDS (2017), 'Ending AIDS: Progress towards 90-90-90 targets' [pdf] available at http://www.unaids.org/sites/default/files/media_asset/Global_AIDS_update_2017_en.pdf

Violence and mental health

This study looked at depression, attempted suicide and having suicidal thoughts a month before the interview. A review of studies in sub-Saharan Africa by Anderson et al (2008) has shown that GBV is associated with mental health challenges, including depression[9].

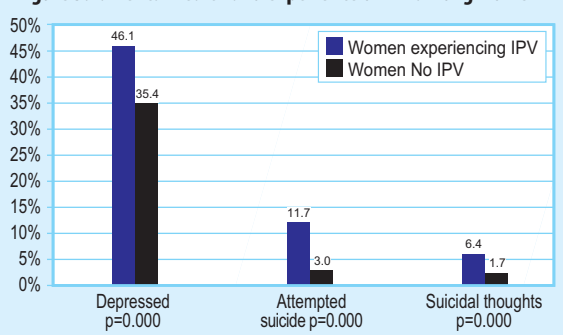
Figure 5.3: Prevalence of mental illness among men and women



Source: Botswana Relationship Survey Statistics 2017.

Figure 5.3 shows that 38.7% of women and 35.1% of men felt depressed one week prior the interview. Seven percent of women and 6.2% of men attempted suicide at some point in their lifetime. Equal proportions (4%) of women and men experienced suicidal thoughts one month prior the interview.

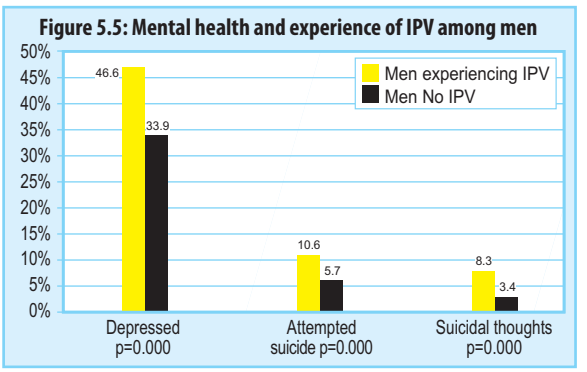
Figure 5.4: Mental health and experience of IPV among women



P value less than 0.05 shows statistical significance of association.
Source: Botswana Relationship Survey Statistics 2017.

Figure 5.4 shows that adverse mental health is significantly associated with experience of IPV in a lifetime among women interviewed ($p<0.05$). Almost half (46.1%) of the women who experienced IPV compared 35.4% who did not experience any IPV felt depressed in the four weeks before the interview. Twelve percent of women who experienced IPV compared to only 3% who did not experience any IPV attempted suicide at some point in their lifetime. Six percent of women who experienced IPV compared to 1.7% who did not experience any IPV had suicidal thoughts four weeks before the interview.

Figure 5.5: Mental health and experience of IPV among men

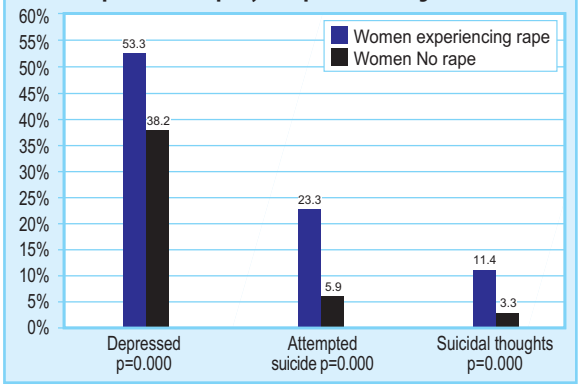


P value less than 0.05 shows statistical significance of association.
Source: Botswana Relationship Survey Statistics 2017.

The figure shows that adverse mental health is significantly associated with experience of IPV in a lifetime among men interviewed ($p=0.000$). Forty seven percent of men who experienced IPV compared 33.9% who did not experience any IPV felt depressed in the one week before the interview. Eleven percent of men who experienced IPV and 5.7% of men who did not experience IPV attempted suicide at some point in their lives. Eight percent of men who experienced IPV and 3% who did not experience IPV had suicidal thoughts four weeks before the interview.

[9] Anderson, N., Cockroft, A. and. Shea, B. (2008). Gender-based violence and HIV: Relevance for HIV prevention in hyper-endemic countries of Southern Africa. AIDS, 22 (suppl. 4), S73- S86.

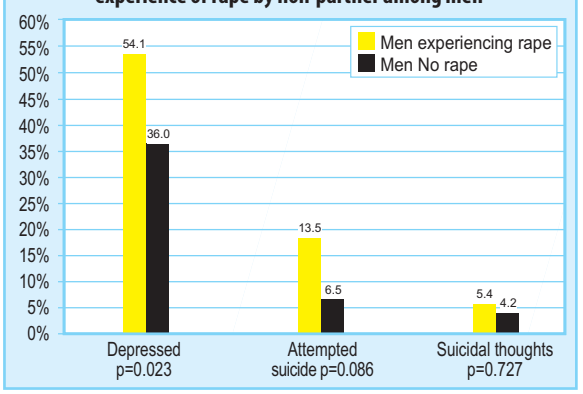
Figure 5.6: Association between mental health and experience of rape by non-partner among women



P value less than 0.05 shows statistical significance of association.
Source: Botswana Relationship Survey Statistics 2017.

The findings show a significant association between adverse mental health and experience of rape by a non-partner. More than half (53.3%) of women raped by a non-partner experienced depressive thoughts one week before the interview. Almost a quarter of women raped by a non-partner compared to 5.9% not raped attempted suicide at some point in their lives. More than a tenth (11.4%) of women raped by a non-partner compared to 3.3% not raped had suicidal thoughts four weeks before the interview.

Figure 5.7: Association between mental health and experience of rape by non-partner among men



P value less than 0.05 shows statistical significance of association.
Source: Botswana Relationship Survey Statistics 2017.

Figure 5.7 shows a significant association between having depressive thoughts and experience of rape by non-partner ($p<0.05$). More than half (54.1%) of men raped by a non-partner compared to 36% of those not raped experienced depressive thoughts one week before the interview. Attempted suicide and having suicidal thoughts were not significantly associated with experience of non-partner rape ($p>0.05$). According to the Common-wealth Health Online, the most commonly diagnosed mental illness in Botswana is depression, with HIV often cited as a leading cause for depression.[10]

Mental health response in Botswana

Speaking at the commemoration of the International Men's Day 18 November 2016 at Manyana, Assistant Minister of Youth Empowerment, Sport and Culture Development, Kefentse Mzwinila noted:

> As suicide is a global concern, and closely linked to mental health, the 66th World Health Assembly consisting of Ministers of Health of one hundred and ninety four (194) Member States, including Botswana, adopted the World Health Organisation's Comprehensive Mental Health Action Plan 2013-2020 in May 2013.The Action Plan recognises the essential role of mental health in achieving health for all people. It is based on a life-course approach, aims to achieve equity through universal health coverage and stresses the importance of prevention.[11]

[10] http://www.commonwealthhealth.org/africa/botswana/mental_health_in_botswana/

[11] Speech by Assistant Minister Of Youth Empowerment, Sport And Culture Development, Kefentse Mzwinila at the commemoration of the International Men's Day 18 November 2016 at Manyana https://www.dropbox.com/preview/Political%20Discourse%20Analysis/GBV%20Speeches/IMD%202016%20Minister%20speech%20FINAL.doc?role=personal

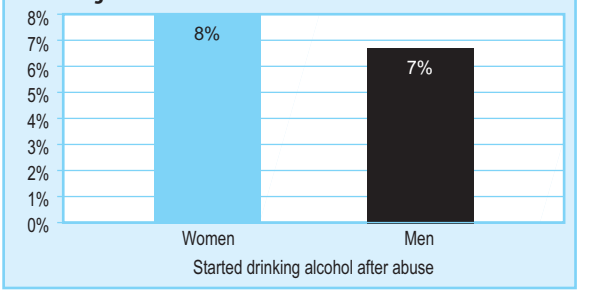
He cited several drivers of suicide in Botswana: "substance and alcohol abuse, social challenges related to breakdown of relationships and conflict with family and friends, health such as mental difficulties including depression and chronic long standing illness like HIV/AIDS as well as financial challenges emanating from unemployment and retrenchment".[12]

For many years the World Health Organization (WHO) has advocated for the integration of mental healthcare within the primary healthcare system. Botswana is one of the few countries in Africa that has managed to decentralise mental health service provision into community based- care, reflecting a philosophy of citizen involvement and collaboration.[13] At the moment there is one mental hospital in the country. However, psychiatric outpatient clinics run by psychiatric nurses have been placed in the district hospitals. A psychiatrist conducts monthly visits to these clinics. Mental health services are under-utilised due to the stigma associated with the illness.[14] Many patients with mental illness consult traditional healers.

Mental illness is associated with alcohol abuse especially among men. During the State of the Nation address of 2016, President Khama noted: "Both domestic and global statistics show that young people, more especially males between the ages of 15 and 35, are most vulnerable to alcohol abuse. Locally, on average, males annually consume over two and a half times the amount of alcohol than females..."

The Ministry of Health through its Male Involvement Initiative is using the Movember Campaign to address mental health issues. Movember stands for moustache + November=Movember. The month-long global campaign aims to raise awareness of men's health.[15]

Figure 5.8: Abuse and alcohol and substance abuse



Source: Botswana Relationship Survey Statistics 2017.

Figure 5.8 shows that 8% of women and 7% of men started drinking alcohol after experiencing abuse. Alcohol is also known to increase the risk of perpetrating and experiencing abuse. Thus it is both a trigger and an effect, contributing to the vicious circle of violence.

Table 5.9 overleaf shows that alcohol use is detrimental to health. For example, 31% of women and 38% of men admitted that in the past year they got addicted to alcohol to the extent that once they started drinking it would be difficult to stop. 27% of women and 35% men failed to do what was expected of them because they were too drunk. 24% of women and 33% men were unable to remember what happened after taking alcohol. Further tests were run to assess association between these negative effects and having start taking alcohol after abuse. The association was significant ($p<0.05$) implying that experiencing abuse was somehow linked to alcohol abuse and the negative consequences.

[12] https://www.dropbox.com/home/Political%20Discourse%20Analysis/GBV%20Speeches?preview=IMD+2016+Minister+speech+FINAL.doc
[13] Seloilwe, E & Thupayagale-Tshweneagae, G. (2007). Community mental health care in Botswana: Approaches and opportunities: Original Article. International nursing review. 54. 173-8.
[14] Global Engagement Institute available at http://www.global-engagement.org/disciplines/mental-health/mental-health-botswana/
[15] Speech made by the Ministry of Health Permanent secretary El Halabi November 2015 at Ministry of Health Wellness Week available at https://www.dropbox.com/home/Political%20Discourse%20Analysis/GBV%20Speeches?preview=Welcome+Remarks++Mo-ve.docx

Table 5.9: Effects of alcohol on women and men		
	Women %	Men %
Failing to stop drinking alcohol once started		
Never	69.1	62.4
Less than monthly	11.5	11.5
Monthly	13.7	15.2
Weekly	3.8	7.5
Daily or almost daily	1.8	3.5
Failed to do what was expected due to alcohol		
Never	73.0	64.5
Less than monthly	9.5	12.7
Monthly	9.8	13.9
Weekly	5.0	5.6
Daily or almost daily	2.7	3.0
Unable to remember what happened after taking alcohol		
Never	76.0	66.7
Less than monthly	8.0	13.9
Monthly	8.9	12.0
Weekly	4.5	5.9
Daily or almost daily	2.7	1.5

Source: Botswana Relationship Survey Statistics 2017.

In a bid to reduce excessive consumption of alcohol, in 2008 the President proposed to impose a 70% levy on alcohol products. This was later reduced to 30% after the industry responded by threatening to go to court claiming that the levy would result in serious economic losses due to reduced consumption of their products[16]. According to the 2016 State of the Nation Address, since the inception of the levy, its proceeds have funded 15 NGOs to offer free rehabilitation services to the public. In his speech, the President further reported that by the end of September 2016, the alcohol levy had collected a cumulative total of over P2 Billion. The 2012 evaluation of the levy showed that there has been a reduction in alcohol consumption.[17]

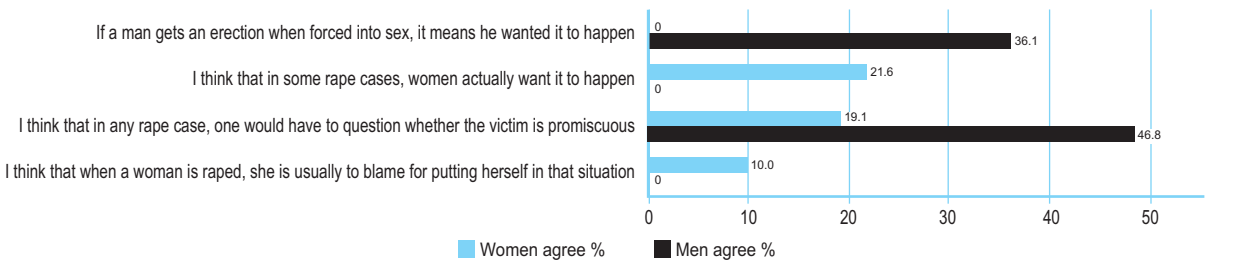
A study by Odireleng et al (2005) in Botswana focuses on the relationship between alcohol abuse, GBV, and HIV. This nexus is illustrated in the following excerpt from one of the "I" Stories:

> "At times he would go drinking, return in the middle of the night to insult me, whip me and slap me around and even demand that I make him something to eat. After eating, he usually left me alone in the house and went to sleep elsewhere. This was the life that I led and when I tried to return back home, my family would not welcome me back. At home the rest of my family mistreated my other children and there was nothing I could do. I felt helpless. I gave birth to my sixth child and I found out that I was HIV positive. This broke my heart but thankfully I received support and advice from the police, social workers and nurses." - Lesego

Abuse and stigma

The BNRS sought to assess the level of stigma towards survivors of sexual abuse.

Figure 5.9: Attitudes towards rape



Source: Botswana Relationship Survey Statistics 2017.

[16] Pitso, J,M. and Obit, I,S. (2011). Botswana alcohol policy and the presidential levy controversy. Addiction. 106(5):898-905. doi: 10.1111/j.1360-0443.2011.03365.x.
[17] State of the Nation Address by President Seretse Khama, 5 December 2016 https://www.dropbox.com/preview/Political%20Discourse%20Analysis/GBV%20Speeches/State%20of%20the%20nation%20address%202016.pdf?role=personal

Figure 5.9 shows that more than a third (36.1%) of men believe that if a man gets an erection during rape it means he wanted to be raped. 21.6% of women believe that in some rape cases women actually want it to happen. Nineteen percent of women and 46.8% men said that in any rape case one would have to question if the victim was promiscuous. A tenth of women believe that when a woman is raped she should be blamed for putting herself in that situation.

Lifetime effects of abuse

Previous studies by Gender Links in the seven SADC countries as well as the previous chapter show that the effects of child abuse last into adulthood and throughout one's life. Experience of abuse in childhood not only affects one's social development, it also contributes to adverse health outcomes in adulthood including repeat abuse. The excerpt from an "I" Story that follows shows abuse from childhood through adulthood:

"When I got there he wasn't the man I knew anymore. He started touching me inappropriately, making my skin crawl. When I tried to scream he clasped my mouth shut and threatened to stab me with the knife he had pulled out. He undressed me and raped me. After the act he told me to go to sleep over, because I was going to school. I was too scared to do anything else… One of the neighbours said that since he was about to become a married man, if this was reported, it would ruin his relationship. The matter didn't go any further than that. It didn't end for me though; the whole thing affected my school attendance. I ended up failing my Form 2 exams. After that I went to live with my grandmother in Tswapong. I went through a similar ordeal again when I was at my uncle's funeral and met my other uncle. I told him I was no longer in school and he said I was too young to be out of school. After that he took me to Jwaneng under the pretence that he would find me admittance somewhere. He also eventually showed his true nature and forced me to have sex with him".[18] - Radibatabata

Conclusion

Christine Kaseba-Sata, former first lady of Zambia and Goodwill Ambassador against GBV declared in 2014 that "almost all gender-based violence victims fall on the doorstep of the health sector."[19]

This Chapter shows that GBV can have far reaching health effects that result in hospitalisation, permanent disability or even death. The findings have shown that while both women and men are affected by GBV, the former are more vulnerable for example sustaining injuries after abuse. The chapter touched on the economic implications of GBV. Staying in bed as a result of injuries has negative impact on the economic production of individuals, families and the nation at large.

To have a comprehensive understanding of the impact of GBV on the economy there is need for a dedicated study that assesses the costs of GBV from individual to national level, looking into all the relevant ministerial and national budgets and expenditure reports.

[18] "I" stories collected by GL available at https://www.dropbox.com/home/2015_I%20stories%20for%20Women/Boteti%20Sub/INDICATORS/Sexual%20violence?preview=Onalenna+Nyatsanang-+Letlhakane.docx

[19] Christine Sata, WHO Goodwill Ambassador against gender-based violence at the 67th World Health Assembly 2014 available at http://www.who.int/life-course/news/update/update-2014/en/index2.html

Coming to grips with GBV in Botswana: GL Country Manager Gomolemp Rasesigo facilitating a community dialogue during the Sixteen Days of Activism in Segoditshane. *Photo: Keletso Metsing*

This study confirms the link between GBV and HIV reflected in other studies. Both epidemics disproportionately affect women as both are rooted in gender inequality. The solution to both rests in power imbalances that perpetuate the repressive patriarchal system which subordinates women.

The rape attitudes and gender attitudes in the previous chapter show that men objectify women. The study recommends an intensive engagement with men and boys to challenge gender inequitable attitudes and norms which promote GBV and increase the risk of HIV transmission. A look through speeches given on the World AIDS Day shows that most of them did not touch on the link between HIV and GBV.

This study recommends the Ministry of Health and Wellness and the Gender Affairs to develop ways to synergise their work and address the twin epidemics concurrently.

The study has established that GBV contributes to mental illness especially towards depression. Botswana has dedicated legislation and policies on mental illness as well several provisions in other laws. The country has also managed to integrate mental health provision within the primary health care system. Despite the provisions of mental health care people still prefer traditional medicine or just staying at home. As such there is need to destigmatise mental illness. There is also need for traditional healers to work with the health department to ensure all cases of mental illness are documented. The Dikgosi and the Ministry need to work together to destigmatise mental illness and develop a referral system between the two sectors.

Linked to mental illness and GBV is the use of alcohol. Qualitative evidence shows that some women and some men start drinking alcohol, taking drugs or gambling after experiencing abuse. Similarly some women and men reported experience of violence or alcohol abuse after contracting HIV. As such there is need for more programmes that highlight the multidirectional link between alcohol abuse, GBV and HIV/AIDS as well as mental illness.

CHAPTER 6
RESPONSE AND SUPPORT

The Botswana Police Service is a vital link in the GBV service delivery chain. *Photo: MNIG*

Key facts

- Sixty-nine percent of women and 43% of men were aware of laws that protect women and children against abuse.
- Fifty-five percent of women and 45% of men said they had heard about the Domestic Violence Act.
- Fifty percent of women and 55% of men had heard about the Penal code.
- Forty seven percent of women and 40.6% of men were aware of protection orders.
- Radio is the main source of information on the Domestic Violence Act and the Penal Code
- There are only two places of safety for women; these are run by NGOs.
- Although leaders acknowledge that support for survivors of violence is a state responsibility, there is still a gap between the services available and the need.
- The prevalence of GBV reported in the survey is seven times higher than that reported to the police. In the survey, only about one in nine women raped said they reported this to the police. This suggests that women still have little faith in the criminal justice system.

Goal five of the Sustainable Development Goals (SDGs) adopted in 2015 calls for the elimination of all forms of violence against women and girls, the end of all forms of gender-based discrimination, and the elimination of harmful practices such as child marriage and female genital mutilation (FGM) by 2030. It also calls for ensuring universal access to Sexual and Reproductive Health and Reproductive rights.

This chapter highlights the government commitment to supporting specific activities to prevent GBV and intimate partner violence, and protect GBV survivors. It analyses the gaps in services especially to women and girls. A number of reasons contribute to this gap. These range from lack of awareness of, and inaccessibility of services for potential beneficiaries as well as weak health, community and social protection systems necessary to support equitable, effective and efficient service delivery mechanisms.

Vision 2036

Source: Botswana Vision 2036.

Following the expiry of *Vision 2016*, the Government of Botswana adopted Vision 2036, a follow up strategy to propel its socio-economic and political development into a competitive, winning and prosperous nation. The vision came about after an extensive countrywide consultation by the Presidential Task Force.

The Vision is that by the end of 2036, Botswana will have achieved prosperity for all. A number of challenges in Botswana's long-term goals for development will have been met. This 20-year vision has four strategic pillars compared to the previous seven.

Under the second pillar (Human and Social Development) Botswana envisages a society that is moral, tolerant and inclusive. All members of the society will contribute to the upliftment of family, community and the nation at large. In the spirit of inclusiveness, each person will get equal access to opportunities and these include material, political and cultural wellbeing. The pillar envisages a Botswana in which everyone tolerates each other irrespective of sex, gender, location, ethnic origin, language, religion or creed and disability. It envisions a nation in which everyone has a right to worship and in which there is respect and recognition of one's culture as a form of identity. The pillar is premised on strong family structures, which play a primary role in the upbringing of children and ensuring that their rights and responsibilities are practised.

Batswana are to live healthy, long lives and reduce HIV significantly. Social inclusion and equality for the poor and marginalised groups including the elderly and people living with disabilities is a central tenet. Education and skills development with an emphasis on technical, vocational and lifelong learning is part of the Vision. Under the section on Gender Equality, Vision 2036 states that there will be equal opportunity for men and women in all areas of the society with special emphasis on women's political participation, domestication of all human rights treaties to end GBV, gender discrimination and empowerment of women.

The National GBV Response

In 2016, Botswana adopted the National Strategy Towards Ending Gender-Based Violence (NGBVS 2015-2020). This is a five-year policy document intended

to guide the national multi-sectoral, decentralised and multilevel response to Gender Based Violence (GBV) in Botswana. The GBV response involves many and diverse stakeholders (individuals or institutions), based on their individual mandates and comparative advantage. Stakeholders drawn from the public and private sectors, civil society organisations or from the communities met in an attempt to ensure that everyone plays a role in ending violence.

The purpose of the National GBV Strategy is to provide stakeholders with policy and programmatic guidance that will inform individual sectors, organisations and communities in developing effective and high impact GBV interventions. Priorities for the multi-sectoral GBV response include:

- ***Prevention of new GBV incidents:*** The national primary priority is to prevent GBV from occurring in the first place or re-occurring thereafter. Effective prevention strategies will contribute to the elimination of GBV by 2020.
- ***Comprehensive Protection, Care and Support of GBV survivors:*** Safety and security of women, girls, men and boys exposed to GBV must come first and hence the need for effective social, legal and judicial protection of GBV survivors. Service providers must ensure that perpetrators are prosecuted and if found guilty, that they are convicted, and afterwards re-habilitated and re-integrated with the society. The strategy also prioritises comprehensive care and support for GBV survivors.
- ***Strengthening National Capacity to Address GBV:*** Efficient and effective service delivery is dependent on availability of appropriate institutional capacity, skilled and experienced human resources, strong and functional health, community and social protection systems.
- ***Improving the efficiency and effectiveness of the coordination and management of the National GBV response:*** The complexity of the GBV response demands an effective and efficient coordination system. This is necessary not only to ensure equitable distribution of services, but also that the right services are accessible to those who need them most.
- ***Strategic Information and Knowledge management:*** To manage GBV effectively, the Government will generate and manage empirical GBV data and strategic information. This will be necessary to inform decision-making, policy formulation, resource allocation and support programming in the future.

Legislative framework

An effective legal framework is a precondition for ending violence against women and men. It indicates a government's commitment to ensure an approach to solving the problem. Measuring legislative response to GBV includes ensuring that, international, statutory as well as traditional laws and policies protect women and men's rights.

Botswana has made considerable progress in acceding to regional and international policies and laws that aim at the eradication of discrimination against women and men. These include commitments to CEDAW, and the recent signing of the SADC Protocol on Gender and Development.

Table 6.1: Botswana's progress against different instruments		
Instrument	**State responsibility**	**Progress made**
CEDAW	Provide support services for all survivors of GBV, including refugees, specially trained health workers, rehabilitation and counselling services.[1]	Health sector response to GBV policy framework developed.
		Gvt piloted a GBV referral system in 4 districts of the country.
	Use "due diligence" to prevent, prosecute and punish perpetrators who commit violence against women.	National Strategy Towards Ending Gender Based Violence (2016 – 2020) provides a comprehensive response to all forms of GBV.
	Collect data on violence against women.	2017 comprehensive study on GBV.
	Sensitise members of the criminal justice system.	The Botswana Police Service provides training to station commanders and gender focal persons to address issues of GBV violence.
Beijing Declaration and Platform For Action - (1995)	Enact legislation on preventing and addressing issues of violence against women and girls.	a) Domestic Violence Act 2008; b) 1998 Amendment to the Penal Code 141-143; c) Criminal Procedure and Evidence Act; d) Abolition of Marital Power Act, 2008; e) Public Service Act; f) Deeds Registry Act (Amendment) Act of 1996.
	Put in place strategies to address survivors of violence, as well as strategies with punitive measures against perpetrators of violence against women.	National Strategy Towards Ending Gender Based Violence (2016 – 2020).
SADC Gender and Development Protocol 2015	Enacting and enforcing prohibitive legislation.	Domestic Violence Act 2008.
	Eradicating social, economic, cultural and political practices and religious beliefs that legitimise and exacerbate the persistence and tolerance of GBV.	National Strategy Towards Ending Gender Based Violence (2016 – 2020).
	Adopting integrated approaches, including institutional cross-sector structures, with the aim of ending violence by 2030	
Sustainable Development Goals 2015	Eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation."	2017 comprehensive study on GBV

[1] http://www.health-genderviolence.org/training-programme-for-health-care-providers/facts-on-gbv/forms-of-gbv/24

Legal instruments that address GBV include the Domestic Violence Act, the Penal Code, the Criminal Procedure and Evidence Act, the Employment Act, Public Service Act and the Deeds Registry Act. This study analysed the adequacy of the existing legal instruments in responding to GBV in Botswana. The article below is an expert analysis of the laws.

Combating Gender Based Violence in Botswana: An Appraisal of The Laws

The significance of a country to have legislation that is geared towards empowering and protecting women in so far as gender based violence is concerned can never be overstated. It is through its laws that a country's commitment to combating gender based violence is reflected. The summative intent of this paper is to offer an assessment of the laws in Botswana in gauging their adequacy to combating Gender Based Violence. The paper highlights shortfalls that exist in our laws and as well makes recommendations on the modifications that ought to be made in order to strengthen the laws and adequately combat Gender Based Violence. The Constitution of Botswana provides equality and prohibits discrimination on the basis of sex or gender, amongst other things. It guarantees all persons equality before the law.

The laws that are primarily relevant to Gender Based Violence in Botswana are, the Domestic Violence Act, the Penal Code, Abolition of Marital Power Act and the Criminal Procedure & Evidence Act. Over the years, Parliament has passed and amended a number of laws in an effort to combat gender based violence, empower women and confer them with equality to their male counterparts. One such piece of the legislation is the **Abolition of Marital Power Act**. The Act abolished the marital power of the husband over the wife; guaranteed spousal equality in so far as matrimonial property is concerned and conferred the wife with independent domicile and legal capacity. Moreover, it introduced a requirement of spousal consent, moving away from the position that the husband was the head of the family and entitled to unilaterally deal with matrimonial property without consulting his wife, let alone obtaining her consent.

Despite all the benefits of the Act as indicated above, the said Act does not apply to customary law marriages.

Furthermore, the **Deeds Registry Act** was amended to allow women who are married in community of property to register properties in their own names, as opposed to the old position in terms of which such properties could only be registered in the names of the husband. The successful prosecution of perpetrators of gender based violence and a criminal justice system where the victims can be assisted in a conducive environment is crucial. In order to create an environment in which victims of sexual violence are comfortable and able to give their evidence freely, the **Criminal Procedure and Evidence Act** mandates that hearings for sexual offences must be held in camera. Moreover, for the protection of the integrity and dignity of the victims, newspapers are prohibited from publishing their names.

For its part, the **Penal Code** has provisions that criminalise violence generally as well as sexual offences. Over the years there have been amendments to the Penal Code in order to prescribe stiffer mandatory minimum sentences for sexual offences such as rape and defilement. In relation to rape, the mandatory minimum sentence is 10 years imprisonment and, if the rape is accompanied by violence resulting in injury to the victim, the minimum sentence is 15 year.[2] It was as well that there was a need to protect women primarily from abuse and sexual exploitation in the work place. **The Public Service Act** therefore emphatically prohibits sexual harassment in the workplace and prescribes stern punishment for perpetrators.

[2] Penal Code Section 142(2).

Another crucial piece of legislation is the **Domestic Violence Act** passed in 2008. The Act is aimed at protecting women in domestic relationships. It defines domestic violence as "any controlling or abusive behaviour that harms the health or safety of the applicant". The Act lists a number of acts that constitute domestic violence and provides remedies available to victims including restraining orders and interdicts. Moreover, the Act confers jurisdiction upon Customary Courts. This is greatly beneficial considering the fact that Customary Courts are found in virtually every part of the country. To this end, victims of domestic violence are assured easier access to a remedy without having to travel long distances to get to the modern courts. A commendable piece of legislation as it is, the Domestic Violence Act excludes marital rape from its list of offences. This is a critical omission, and a missed opportunity.

As far back as 1736, Sir Matthews Hale made the following observation as relates to marital rape:

"The husband cannot be guilty of rape committed by himself upon his lawful wife, for by their mutual matrimonial consent and contract, the wife hath given up herself in this kind into her husband which she cannot retract."[3]

Rather unfortunately, our laws relating to marital rape remain frozen in this archaic state that fails to protect women in marriages from rape. It is to be emphasized that the inadequacy of our laws as relates to Marital Rape is something that our legislatures are fully aware of. Regrettably, no concrete resolution has been taken to address the issue. In 2005, a Bill was tabled before Parliament aimed at criminalising marital rape. However, it was struck off and did not see the light of day primarily due to cultural and traditional factors.[4] Such cultural connotations include the misconceptions attached to bogadi (Bride Price) in terms of which husbands view bogadi as a prepaid entitlement to sex.

AMENDMENT OF THE PENAL CODE CAP 08:01 RAISING THE AGE OF CONSENT

The Honourable Minister of Defence Justice and Security will be tabling before Parliament the Penal Code Amendment Bill, 2018.The Bill will amend the Penal Code to align with the Children's Act by raising the legal age of maturity from 16 to 18 years. The objective is to address incidences of defilement and abuse of children abduction, indecent assault, and kidnapping of children.

The Bill was made available to the public for their appreciation on 23 February 2017 when it was published in the Government Gazette.

There is an outcry from the members of the public that sentences provided in the Penal Code for offences under Sections 176 to 191 (common nuisance; trafficking in obscene publications; idle and disorderly persons; use of insulting language; nuisance by a drunken person etc.) are not deterrent enough and that there is therefore a need to enhance the penalties.

The Bill will also address general concerns of the public that laws are not deterrent enough by introducing stiffer fines and penalties particularly for the offences of murder, rape and manslaughter, and encourage uniformity in sentencing by introducing minimum mandatory sentences.

The offences of hostage-taking, possession of human flesh or remains and cannibalism have also been introduced.

Source: Minister of Defence Justice and Security (MDJS) Public Notice (II) - Botswana Government Official Facebook page https://www.facebook.com/BotswanaGovernment/ Accessed on 26/03/18

[3] Mathew Hale's statement cited in Maria Pracher, The Marital Rape Exemption: A Violation of a Woman's Right of Privacy, 11 Golden Gate U. L. Rev. (1981) http://digitalcommons.law.ggu.edu/ggulrev/vol11/iss3/1

[4] Mmegi, 12th October 2006. http://www.mmegi.bw/2006/October/Thursday12/813571123278.html

Parliament had a second bite at the cherry in 2007 when marital rape was included in the initial Domestic Violence Bill. Once again, this turned out to be another missed opportunity because marital rape was subsequently omitted from the Domestic Violence Act. One can only hope that sooner, rather than later, this opportunity will arise before Parliament and the matter will be sufficiently laid to rest once and for all. Failure to criminalize marital rape has resulted in legal impunity for marital rape. Its criminalisation will mean that in taking their marriage vows, women are not deemed to have ceded control of their bodies to their husbands and they are able to maintain their dignity and are guaranteed their physical safety.

It is also hoped that when the opportunity arises, our courts will as well rise to the occasion and draw inspiration from judgments from other jurisdictions in. For example in the case of Regina v R[5] the English Court unequivocally stated that it can no longer be law that a wife is deemed to have consented irrevocably to sexual intercourse with her husband. As relates to the shortfalls of customary laws in conferring gender equality and combating gender based violence, it is worthy to mention and credit the judicial activism adopted in the landmark case of **Mmusi and Others v Ramantele & Another** in terms of which the court made it clear that any customary law or rule that unfairly discriminates against women on the basis of sex or gender would not be in accordance with humanity, morality or natural justice.

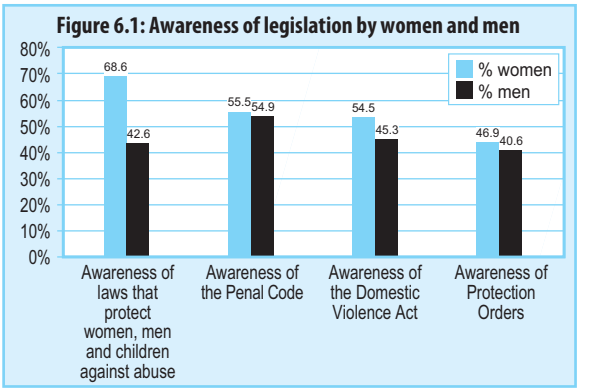
Source: Baboki Jonathan Dambe[6] and Godsglory Ifezue[7] (May 2017).

The government needs to constantly review the existing laws in order to respond to current and new challenges that expose gaps. Recent incidents of femicide, rape, murder and defilement give an impetus to the Ministry of Defence Justice and Security (MDJS) to review current legislation which is envisaged to give deterrent sentences to perpetrators and also criminalises acts such as hostage taking and related heinous crimes.

Awareness of legislation

Laws are only as good and effective as the legal knowledge and access to justice. The survey asked if respondents knew of laws in Botswana that protect women, men and children against abuse, the Domestic Violence Act, Protection Orders and of the Penal Code.

Figure 6.1: Awareness of legislation by women and men



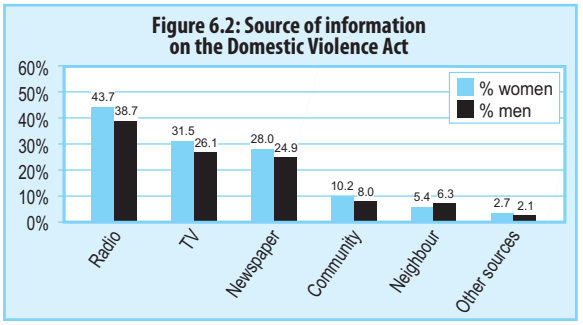
Source: Botswana Relationship Survey Statistics 2017.

Figure 6.1 shows that almost 69% of women and 43% of men know of laws that protect women and children against abuse. More than half of the women (55.5%) and 45.3% of men said they had heard about the Domestic Violence Act. Forty-seven percent women and 40.6% men reported being aware of protection orders. An almost equal number of men and women knew about the Penal Code (55.5% women and 54.9% men).

These findings show that women are generally more knowledgeable about laws that protect women, men

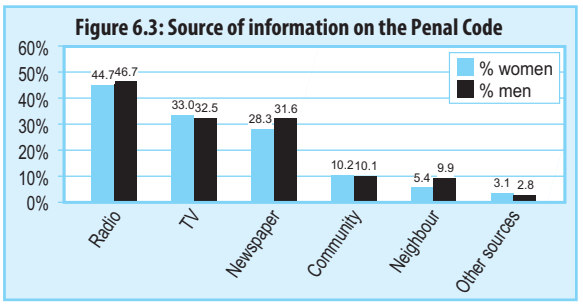
5 The History of the Pleas of the Crown, Vol 1, p269.
6 LLB (UB) LLM (Edinburgh)
7 LLB (UB) LLM (Cantab)

and children than their male counterparts. While there is a general awareness about laws, there is a lack of specific knowledge of the Domestic Violence Act and protection orders. There is need to raise awareness about these laws for the men and women to understand and exercise their rights. Women and men know the Penal Code more than the Domestic Violence Act, which is known to women compared to men. Government and civil society organisations need to continue to raise awareness of laws to improve the reporting of cases and access to justice by women and men.



Source: Botswana Relationship Survey Statistics 2017.

Figure 6.2 shows that 43.7% women and 38.7% men learned about the Domestic Violence Act through the radio, followed by TV and newspapers. Consistent with findings in the 2011 baseline report, radio continues to have the widest reach ahead of all media in Botswana. Women have access to more mediums on domestic violence than men. The information is consistent with that on Figure 6.1, which shows that women are more knowledgeable about laws than men are.



Source: Botswana Relationship Survey Statistics 2017.

Figure 6.3 shows a similar trend on the source of information on the Penal Code. Radio is most prominent, followed by television and newspapers. More men than women had heard about the sections on radio, newspapers and neighbours, while more women than men obtained information from television. This is consistent with other audience research surveys that show that men generally access the print media more than women do.

Public services

This section presents results from administrative statistics on GBV collected from various stakeholders including Government and non-governmental organisations. Government departments interviewed include the:

- Botswana Police Service - Public Relations and Operations Unit.
- Department of Social Protection in the Ministry of Local Government and Rural Development.
- Tribal Administration in the Ministry of Local Government and Rural Development.
- Broadhurst Magistrate's Court.
- Ministry of Health and Wellness: SRH Department.
- Ministry of Nationality, Immigration and Gender Affairs.

Legal Aid Botswana

Legal Aid Botswana is a parastatal that started as a pilot project in 2011 with the objective of providing legal assistance to Batswana who cannot afford to pay for their own legal fees. Botswana is one of the few countries in the SADC region that recognises the impediments to accessing justice that nullify Constitutional guarantees to a fair trial and access to the rule of law.

The clients are women, men and children but women come in regularly and in large numbers to the legal aid office. There are five legal aid centres in Botswana: Gaborone, Francistown, Kasane, Maun and Tsabong. Legal Aid evolved from being an entity under the Attorney General Chambers until January 2016, when parliament established Legal Aid as a parastatal fully funded by government.

Services provided include family law (uncontested divorce, custody, maintenance, domestic violence and anything family related). Contract services is another unit. Legal Aid Botswana provides limited assistance on criminal matters including assisting juveniles charged with criminal offence. The agency does not handle cases at the customary court and those related to character defamation and adultery.

Legal Aid established the Family Unit in January 2017 as the organisation realised that almost 40% of their cases were divorce cases and they needed to improve the turnaround for their family related cases. On average, the Unit handles about 10 divorce cases every week. Issues of child maintenance and inheritance come to them as well. When a man or woman walks in, their first point of entry is the Legal Officer who determines if the person qualifies for assistance through a means test. Where Legal Aid does not have capacity, clients are referred accordingly.

There are four officers who deal with family issues in Gaborone alone: all are female. The majority of the lawyers are women, with no special training in dealing with emotional issues. As one of them pointed out: "As lawyers we are taught to be aloof but when we are dealing with someone who is drowning and often times we forget that we will get wet in the process we need continuous training to deal with sensitive cases such as those that are GBV related."

Key achievement include making sure that every Motswana has access to legal services especially women who are hardest hit by poverty. Success rates are relatively high despite the fact that they have mostly young lawyers. Issues of domestic violence are treated as a matter of urgency in accordance with the Domestic Violence Act. Legal Aid works closely with organisations such as the Botswana Network on Ethics, Law and HIV and AIDS (BONELA) and Kagisano Society Women's shelter.

Legal Aid continues to educate people on its role through various media ensuring that Batswana have improved access to justice and legal advice. They experience budgetary constraints and high staff turnover. The organisation sees the Domestic Violence Act as very adequate addressing all forms of violence but the question remains: are people able to benefit from the provisions of the Act.

Botswana Police Service (BPS)

Women now play a prominent role in the Botswana Police Service.
Photo: Keletso Metsing

The history of policing dates back to the Bechuanaland Mounted Police in 1885 headed by Lieutenant Colonel Frederick Carrington, with strength of 500 men. A year later the name changed to Bechuanaland Border Police and then to Bechuanaland Protectorate Police in 1902. In 1966 Bechuanaland Protectorate Police became Botswana Police Force after the country attained independence from the British rule.

In 1971 Botswana announced the first batch of eight women cadets (Cynthia Keakantswe, Sylvia Muzila, Ednah Gilika, Kgomotso Mosimanyana, Didimalang Koronomio, Vivian Mhaladi, Audry Busang and Annah Matshego). Since then, women numbers have been increasing with each police recruitment. Now women constitute 26% of the Botswana Police Service.[8]

Currently there are 79 police stations within 16 districts in Botswana. In 2006, the Botswana Police formed a Gender Reference Committee (GRC) headed by a Senior Assistant Commissioner of Police with representation from different departments. The role of the committee is to promote gender equality in the BPS, develop gender sensitive strategies to address issues of GBV, build capacity of officers in gender work, facilitate and participate in commemorations such as Sixteen Days of activism against gender violence.

The Botswana Police College regularly conducts training on GBV for police officers. In 2010, BPS trained gender focal points (GFPs) using a training manual produced with the assistance of University of Botswana and MNIG. The officers were subsequently appointed as gender focal points across the police stations and districts to help in the mainstreaming of gender in the BPS.

The gender focal points in police stations compile their station statistics and submit them to the district and then to police headquarters through the Gender Reference Committee. The gender focal points in police stations compile their station statistics and submit them to the district and then to police headquarters through the Gender Reference Committee.

Table 6.2: Police Senior Officers who received gender GBV training 2014-2015

Year	No. of trainings	Super-intendent	ASP	Total (trained police officers)
2014	3	33	31	64
2015	2	7	28	35
2016	1	14	6	20
Total	**6**	**54**	**65**	**119**

Source: Botswana Police Gender Reference Committee (GRC 2017).

[8] SADC Gender Protocol Barometer 2017, Gender Links.

Table 6.2 shows that from 2014 to 2016, BPS conducted six gender training sessions for 119 police senior officers. This has enhanced implementation of GBV programmes and the collection of data on GBV. In response to community complaints about the way some police handle GBV cases, the BPS has invested in building capacity of officers on handling GBV cases. Each police station and each district office has a gender focal person. BPS trains the District Gender focal points to coordinate GBV work and collect statistics on GBV cases at district level. From 2014 to 2017, BPS trained 157 station commanders and their deputies (86 men and 71 women).

The main task of the BPS is to maintain peace and tranquility as per the provisions of the laws of Botswana, as demonstrated in this "I" Story account:

> "Then he would beat me and sometimes in front of the kids and if they cried, he would beat them as well. I reported this incident to the police and he was arrested, charged and sentenced to three months in prison." - Baboloki*

Over the years, the mandate of the BPS has expanded beyond just arresting wrong doers. Through community policing, the police assist communities in coming up with strategies to address GBV locally. In areas where a particular crime is on the rise, they conduct educational campaigns through the Crime Prevention Unit. A unit responsible for public education and information dissemination. The unit is very instrumental and works closely with the Public Relations Unit to disseminate GBV information. The Gender reference committee is responsible for the coordination of GBV related initiatives in the Botswana police service utilising district and station gender focal persons.

Key achievements include:

- A gender and GBV Strategy still at draft stage.
- Conducted a GBV trainer of trainers in 2013.
- Part of the government piloting of the GBV Referral System.

- The BPS developed Standard Operating Procedures (SOPs) to respond to GBV with the assistance of MNIG. This has helped them in ensuring that they align their response efforts to those stipulated in the Domestic Violence Act of 2008.
- The BPS continues to take the lead in Sixteen Days annually through the Women's Network and collaborating with stakeholders in different areas to sensitise people on GBV.

Challenges include:

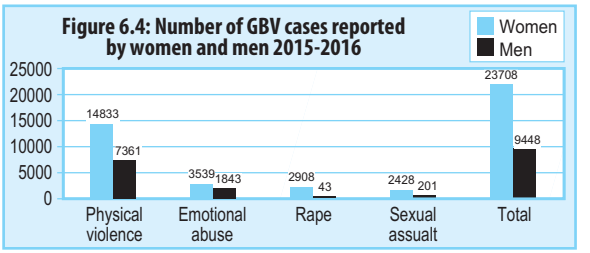
- A culture of silence within households that discourages people from reporting cases of GBV.
- Withdrawal of cases especially where one is dependent on the perpetrator.
- Men are still not coming forth to report especially when they have experienced physical violence at the hands of women.
- Absence of specialised units within the BPS to deal with GBV cases.
- Barriers in communication when attending to people with various disabilities for example the visually, hearing, speech and mentally impaired.
- Variation in operating hours among stakeholders dealing with GBV issues.
- The lengthy justice process.

GBV Data collection by the BPS

BPS has developed GBV - specific reporting tools (currently on trial) for use by stations and districts on a monthly, quarterly and annual basis. The form (template) though not yet officially adopted has over the years enabled the BPS to produce sex disaggregated GBV data.

BPS categorises cases into physical, sexual, emotional, defilement, rape and child rape. Data in this form is useful in making multi-country comparisons on the extent of routinely reported GBV. Physical cases reported to police include cases of common assault, unlawful wounding, murder, attempted murder, grievous harm, Assault Occasioning Actual Bodily Harm (AOABH) and affray. Statistical information from the police is as defined by the Penal Code.

The police have gone further in designing a tool that defines the various forms of abuse which includes using insulting language or common nuisance. Sexual abuse includes rape, attempted rape, defilement, incest, indecent assault on females and indecent assault on imbeciles. Emotional includes intimidation, threats to kill, malicious damage, stalking, arson and obtaining by false pretences. Economic violence includes failure to supply necessities, failure to comply as defined in the Domestic Violence Act and obtaining by false pretences.



Source: Botswana Police Gender Reference Committee (GRC 2017).

Figure 6.4 shows that between 2015 and 2016, 23,708 women and 9448 men reported cases of GBV. Women (71.5%) reported almost twice as high a proportion of GBV than men (28.5%). This mirrors the findings in the household survey. The prevalence of GBV reported in the survey is seven times higher than that reported to the police. In the survey, only about one in nine women raped said they reported this to the police. This suggests that women still have little faith in the criminal justice system.

> "Sometimes I don't sleep at home in fear of being physically abused, because I know that once he starts beating me no one can stop him as most people in the village are afraid of him and he knows it." - Chock*

The highest form of GBV reported in Botswana is physical violence and sexual assault is the least reported. Police recorded 14,833 cases of physical violence; 3,539 cases of emotional violence; 2,908 cases of rape, and 2,428 cases of sexual assault from

women. The police noted that the majority of emotional violence cases reported involved threats to kill and refusal to see children.

In contrast to the police data, the survey reports a higher prevalence of emotional violence followed by physical violence. This shows that both women and men are more ready to report physical violence than they are to report emotional violence to the police. The reason for this may be that physical violence is more tangible and easier to prove. This could also underscore the differences in perceptions and definitions of emotional violence among women and men and how the police interprets and records this type of abuse. Further research is needed on the underlying factors.

Extent of reporting GBV in lifetime

One way of looking at under-reporting of GBV is through responses in the prevalence survey to questions on whether or not women reported their experiences to the police. The survey asked men and women who reported experience of physical IPV and rape in their lifetime whether they reported the incidents to the police or health facility.

Table 6.3: Extent of reporting GBV in lifetime

Criteria	% Women	% Men
Proportion of ever partnered GBV survivors who were physically abused, injured and who sought medical attention in lifetime	25.9%	11.5%
Proportion of ever partnered GBV survivors who were physically abused and who reported abuse or threats to police in lifetime	27.4%	8.4%
Proportion of GBV survivors who were raped and reported incident to police in lifetime	3.4%	0.5%
Proportion of GBV survivors, who were raped and who sought medical attention in lifetime	3.8%	1.4%

Source: Botswana Relationship Survey Statistics 2017.

Table 6.3 shows that 26% of women and 12% of men physically abused and injured by an intimate partner sought medical attention because of the injuries. Twenty-seven percent of women physically injured reported the abuse to the police while only 8% of men reported. Three percent of women reported rape to the police compared to less than one percent of men. The extent of reporting of rape to the police was even lower than that of physical IPV implying that women and men do not report rape cases more often than they do physical abuse cases. A slightly higher proportion (4%) of women compared to 2% men sought medical attention after rape.

Different stakeholders interviewed including the police cited the following potential reasons why women and men do not report:

- The response and support services do not deal with women experiencing violence in a sensitive manner and worse for men who often face ridicule when they come to report.
- Culturally it is a taboo for women to expose their husbands. Women who experience violence do not want to jeopardise their relationships.
- Women view men as weak if they report abuse by a woman.
- Women do not want to lose their homes and support.
- Communities and families often handle relationship matters and few women and men report cases.

Extent of reporting GBV in past 12 months

The survey asked women and men who reported experience of physical IPV and rape in the 12 months before the survey whether they reported the incidents to the police or health facility.

Table 6.4: Extent of reporting GBV in past 12 months		
Criteria	**% Women**	**% Men**
Proportion of ever partnered GBV survivors who were physically abused, injured and who sought medical attention in past 12 months	17.6%	5.3%
Proportion of ever partnered GBV survivors who were physically abused and who reported abuse or threats to police in past 12 months	18.6%	5.8%
Proportion of GBV survivors who were raped and reported incident to police in past 12 months	1.8%	0.5%
Proportion of GBV survivors, who were raped and who sought medical attention in past 12 months	0.5%	0.2%

Source: Botswana Relationship Survey Statistics 2017.

Table 6.4 shows reported rape and physical abuse cases in the 12 months before the survey. Generally, women and men reported rape less than they reported physical IPV. This could point to the stigma attached to rape in the community. One in six of the women reported experiencing physical IPV injuries and reported this to the police, compared with 5% men. Nineteen-percent of women reported physical abuse or threats to the police while 6% men reported the same to the police. As is in the lifetime experience of violence, few women (2%) and (1%) of men reported rape to the police. Less than one percent women and men sought medical attention in the past 12 months for rape related problems.

Withdrawal of cases

The withdrawal of cases by survivors of violence either with the police or in the courts is a global phenomenon: Botswana is no exception.

Table 6.5: Number of GBV cases withdrawn from police 2015-2016								
	Women				**Men**			
Offence	**Reported**	**Withdrawn**	**Remainder**	**% Withdrawn**	**Reported**	**Withdrawn**	**Remainder**	**% Withdrawn**
Physical	14833	3384	11449	22.8	7361	1775	5586	24.1
Emotional	3539	948	2591	26.8	1843	308	1535	16.7
Rape	2908	707	2201	24.3	43	5	38	11.6
Sexual assault	2428	407	2021	16.8	201	4	197	2.0
Total	**23708**	**5446**	**18262**	**23.0**	**9448**	**2092**	**7356**	**22.1**

Source: Botswana Police GBV statistics.

Table 6.5 shows that between 2015 and 2016, 5446 women and 2092 men withdrew cases of GBV that they had lodged with the police. Significantly, the number of cases withdrawn by women survivors is about twice as high as that for men. For both women and men, physical abuse constituted the highest number of cases withdrawn. A significant number of rape cases are also withdrawn. There are several push factors that compel survivors of abuse to withdraw cases at the Police, as illustrated in this except from an "I" Story:

> "When he was released from prison, he came back to me and begged for forgiveness and I forgave and we lived in peace. This however only lasted a short while, because he went back to his drinking behaviour and beating us up and I once more, reported him and he was arrested and sentenced to jail time." – Chock*

During interviews, the Botswana Police cited the following reasons for withdrawal of cases:

- Insufficient evidence because cases are reported too late and without medical proof.
- Some withdraw cases when they feel they have been dragging for too long before the courts.
- Reconciliation between victim and perpetrators within intimate relationships.
- Some perpetrators show remorse and others promise to give victims compensation for withdrawing the case.
- Some victims prefer out of court resolutions. This may include dealing with the matter at home or before the Headman of Arbitration. Most parties have been reconciled at the Customary Courts.
- Fear of victimisation by the alleged perpetrator.

Registered GBV cases before courts 2015-2016

By the end of data collection, the BNRS had only managed to access court statistics from the Broadhurst Magistrate courts.

Table 6.6: GBV cases handled at Broadhurst Magistrate Court in 2015-2017

	2015	2016	2017	Total
CRIMINAL CASES				
Rape	29	25	19	**73**
Threat to kill	34	34	21	**89**
CIVIL CASES				
Domestic violence	27	27	37	**91**
Total	**90**	**86**	**77**	**253**

Source: BroadHurst Magistrate Court.

Table 6.6 shows that from 2015 to August 2017, the Broadhurst Court dealt with 253 cases of GBV. In 2017, over half the cases concerned domestic violence, followed by "threat to kill" and rape.

Department of Social Protection (DSP)

The mandate of the Department of Social Protection in the Ministry of Local Government and Rural Development is mostly policy formulation, policy legislation and programme formulation. The Department deals with social policy targeting the vulnerable in society. The policies protect all community. In most instances, the Department deals with the poor, elderly women as well as orphans and vulnerable children. In line with its mandate, the Department does not provide direct services to individuals including GBV survivors but works through Social Workers within the respective local authorities.

"My husband would often physically and emotionally abuse me. On one occasion he expressed that he couldn't stay in a hospital ward where there are fits every day referring to the situation of our children and then stormed out of the house and never came back. I then sought the help of the social workers to help me with food baskets, toiletries and school fees for the children. My husband came back home after about two years and continued with his abusive behaviour towards the children and me. He would beat the children and when I complained, he beat me too. On one instance, he hit me on the head with a log and I was hospitalised. As punishment, he received six strokes at the kgotla. There was also an occasion where he poured paraffin all over me and attempted to lit me up. Luckily, his friend came knocking at the door just as he was about to burn me up. For that incident, he also received some lashes at the kgotla." - Mercy*

The Department collects and compiles statistics from the districts, grouping those affected by GBV separately on a monthly basis. This includes the recent study on Violence Against Children (VAC). The compiled statistics are currently for internal use and there are no published records. Detailed data on victims such as gender and age are available at respective district offices and kept in confidential case files.

Services offered to survivors include counselling. Social workers help in the writing of reports and placement of survivors of GBV in safe shelters. Social workers handle many other social issues besides GBV and at times are overwhelmed when dealing with diverse cases. There are drop-in centres for the Department in Gaborone and surrounding areas. Here, victims get counselling from Social Workers.

To protect children against abuse, the Department has Village Child Protection Committees. The Committees ensure that children are free to participate and are encouraged to report cases of abuse. The committees work with local NGOs and CBOs though not all are functional. Common GBV cases reported are of intimate partner violence. Some of the clients coming are those already registered with the Department under various programs such as destitution. The Social Worker works with the police among others when dealing with cases of abuse. Women are empowered through inclusion in poverty eradication projects. Women get food baskets so they are not over reliant on men.

Tribal Administration

Traditionally, the Customary Courts have been crucial in addressing cases of violence at the community level. Customary Courts, under the Ministry of Local Government and Rural Development, are widely viewed as the first places of contact for access to justice. The Headmen of Arbitration and the village chiefs who are responsible for counselling and reconciliation handle the cases.

Case record books are used to capture complaints reported at local level Customary Courts around the Country. Like most law enforcing departments in government, the Customary Courts focus more on the perpetrator than the victim hence, there is more detailed information on the perpetrator compared to the victim. The case record book is the main tool that details the name of the offender, the type of offense and how the court handles the case.

The major types of violence dealt with include common assault, common nuisance; assault occasioning actual bodily harm and use of insulting language. The information is summarised and the returns submitted to headquarters on a monthly basis. The summarised information then feeds into the national level reports. However, despite the fact that customary courts collect primary data on various GBV cases, the data still does not include the relationship between the complainant or survivor and his or her perpetrator so it is difficult to establish if the cases involve intimate partners or not. This is an area that needs strengthening.

Places of safety

There are only two places of safety for women in Botswana. The ***Kagisano Society Women's Shelter (KSWS)*** is a Gaborone-based NGO founded in 1989 to provide shelter and counselling for victims of Gender Based Violence. With a compliment of 31 staff members, it was the first shelter of its kind in Botswana and has been providing services to the people in the catchment area for over a decade. The project provides temporary accommodation, legal, medical assistance and counselling to women and children. The project operates a drop in centre and a shelter in Gaborone as well as centres in Molepolole, Thamaga, Goodhope, Kanye, Ghanzi, Selibe Phikwe, Mahalapye, Serowe, Kasane, Charleshill and Sebina. The organisation compiles information on the victims from the cases attended to by individual counsellors. In 19 years of service, KSWS has learned that community involvement remains key to the success of a community intervention.

KSWS offers prevention and response services including counselling to individuals, couples and

families. The organisation also provides group counselling. The clientele is mostly young women aged between 24 to 39 years, unemployed or from low-income households. The cases vary from individual to individual but include GBV, child maintenance, and refusal of access to child, restraining orders, and divorce cases.

Kagisano combines a holistic approach that involves the family of the client, working closely with the police, social workers, lawyers and health professionals to bring lasting solutions to the issues affecting women and children. KSWS has a referral system in place that ensures that the client is not lost in complex systems.

To instil GBV education to the young children the organisation has a Memorandum of Understanding (MOU) with different schools in Gaborone. They have a school outreach prog-ramme where they teach children about GBV. The community outreach and mobilisation program is done through the Community Gender Committees. The findings in this survey show that people get most information from the media. KSWS has also tapped into that and use media to sensitize communities about GBV and the role KSWS plays in the prevention and support to GBV.

The table at ***Annex C*** shows the number of clients who accessed services at the shelter. From January 2016 to April 2017, Kagisano attended to 2048 GBV cases. About 65% of clients who visit the centre report psychological or emotional abuse followed by physical and sexual violence. These statistics resonate with the findings of the survey, which show that emotional violence is the most common form of violence in Botswana. By the end of 2016, 174 clients had received telephone counselling, 459 were returning clients and 97 received assistance.

Women against Rape (WAR) is based in Maun, in the north-west of Botswana. Started by a group of women in 1992, in response to the rape of local women by white hunters coming to the district, the NGO supports abused women and children and addresses the issues that contribute to their abuse, including rehabilitation for men who perpetrate the abuse. The organisation officially registered in 1995. With a strong activist and volunteer background the organisation continues to colour its identity, management, and activities through this principle. WAR offers support to survivors of gender-based violence through the following programmes:

Women Against Rape Service Bill Board. *Photo: Kevin Chiramba*

- ***Counselling (trauma counselling, Couple Counselling, parent, children counselling, suicidal, and depression counselling):*** WAR counsels the survivors, their families, and perpetrators of gender-based violence to provide a holistic approach; complete healing and prevent further abuse.
- ***Legal and Medical Aid:*** After an incidence of gender-based violence, the victim must get proper treatment at the hospital, report what happened to the police, see a social worker, and possibly go to court. WAR appoints an officer to accompany the client and provide support as they go to various offices seeking assistance this is to ensure that the client gets necessary assistance. WAR has a referral system in place. The organisation also played a critical role in the GBV Referral System Pilot led by MNIG.

- ***Psychosocial support:*** WAR offers home support to all survivors of gender-based violence by making follow up visits to survivors in their respective homes.
- ***Awareness raising:*** As a strategy to prevent GBV in the Ngamiland area, WAR conducts GBV awareness raising campaigns in the districts targeting various stakeholders including the Safari Camps, schools and workplaces. They utilise the Start, Awareness, Support, Action (SASA[9]) model in their interventions and have trained staff on it. WAR in recent years noticed a rise not only of violence in its area of operation but also its severity.
- ***Emergency Accommodation:*** WAR operates a safe house in Maun, which provides shelter, and a place for survivors of gender based violence to rebuild their lives. They work with the social workers, police and magistrate courts before placing the women in the shelter.

Table 6.7: WAR GBV statistics July to June each year

Type of problem	2015/16	2016/17	Total
Marriage	127	89	**216**
Cohabitation	14	19	**33**
Relationship	220	145	**365**
Trauma	53	37	**90**
Child abuse	36	82	**118**
Rape	13	5	**18**
Maintenance	14	29	**43**
Defilement	18	11	**29**
Miscellaneous	82	70	**152**
Domestic Violence	23	85	**108**
Alcohol related	11	7	**18**
Total	**611**	**579**	**1190**

Source: WAR Shelter statistics 2017.

Table 6.7 reflects the range of issues that the NGO deals with. The largest number of cases has to do with relationships, followed by marriage, child abuse and domestic violence.

Apart from attending to GBV related problems, WAR offers accommodation to women and children.

Table 6.8: WAR Shelter Clients 2012 - 2017

Category	2015/16	2016/17	Total
Women	6	20	**26**
Children	35	70	**105**
Bed days	769	1886	**2655**
Average stay per client	19	21	**20**
(days)			
Total clients	**41**	**90**	**131**

Source: WAR Shelter statistics 2017.

Table 6.8 shows that the number of women staying at the shelter was greater in 2014-2015 compared to the period up to 2017. Seventy children stayed at the shelter from 2016 to 2017. The average stay per client is 20 days and the greatest number of bed days spent by clients was 1886 from 2016-2017. For women in the productive age group and employed, staying at the shelter affects productivity and may lead to loss of economic opportunities.

Conclusion

Botswana has made considerable progress in acceding to regional and international instruments that aim to eradicate discrimination against women and men. These include commitments to CEDAW, and the recent signing of the SADC Protocol on Gender and Development.

The Country has made great strides in localising the instruments through enacting laws such as the Domestic Violence Act, the Penal Code, the Criminal Procedure and Evidence Act, the Employment Act and the Deeds Registry Act. This can give an impetus to achieving the Vision 2036.

Despite the presence of laws and policies on VAW, several setbacks affect the Country's progress towards achieving the SADC Protocol target of ending GBV by 2030. First, this survey was unable to adequately report on data from the courts. Another gap identified in this section is that data from customary courts does not show the relationship between the complainant or survivor and his or her perpetrator. As such, it is

[9] http://raisingvoices.org/sasa/

difficult to make inferences on the use of services by non-partner and intimate partner violence survivors.

The Botswana Police Services and KSWS acknowledge the many faces of GBV. Data on GBV is being categorised in ways that are useful in understanding the services for GBV survivors. They also disaggregate data by sex and it is possible to ascertain the actual cases of violence against women.

One in five cases get withdrawn before they even get to court. These push factors require further research to ensure that survivors of violence are not denied justice.

Government legal aid assistance through the Legal Aid Botswana is limited to Gaborone, Francistown, Kasane, Maun and Tsabong. A significant proportion of survivors outside these areas who may be in need of such services are not accessing them.

Legal drafting, assistance in completing protection orders, counselling and psychosocial support and advocacy are some of the services provided by the NGOs in the country. The current situation is that the safe shelters are inadequate and those provided by NGOs are overwhelmed with clients needing help. They cater for less than one third of the reported cases of violence, let alone the many that go unreported.

BNRS researchers in front of a service delivery sign. *Photo: Kabelo Tsiang*

CHAPTER 7
PREVENTION

Batswana women participating in the #IWearWhatIWant campaign- after a woman was harassed for wearing a mini skirt at a taxi rank. *Photo courtesy of NewsDeeply*

Key facts

- Of the 96 speeches assessed during the period under review only 11% focused on GBV.
- Forty seven percent of the women and 41% of men had heard about the Sixteen Days of Activism Campaign in the one year prior the interview.
- Nine percent of women and 11% men participated in a social media event that focused on GBV.
- Ninety two percent of women and 90% of men think that the campaigns have made women and men more aware of where to go for help.
- Ninety percent of women and 89% of men believe that campaigns have helped to change the attitudes of women and men. 85% of women and 89% of men agreed that campaigns have to make people more aware that GBV is violation of human rights.
- A tenth of women and 12% of men participated in a GBV march in the 12 months prior the interview.
- Participating in a march or social media event was significantly associated with intervening in a domestic violence incident ($p<0.05$). Given that only a few women and men (around 10%) participated in marches or social media events, it is imperative to upscale interventions that encourage women and men to be actively involved in such activities.

Chapter 5 of this report shows that the whole of society pays for the costs of not addressing Gender Based Violence (GBV). It is up to the whole society, starting with the government, to include civil society organizations as well as private businesses and individuals in actively responding to GBV with the aim of preventing and eradicating this scourge.

This chapter presents the GBV prevention Model which was commissioned by UNICEF South Africa[1] and has been adapted into a generic model for this analysis. The model brings all sectors together in GBV prevention efforts. It is premised on the observation that GBV interventions have been more reactive than pro-active. It covers what is meant by prevention and the relationship between prevention; response and support; the need for an overarching framework; the arenas for action as well as short, medium and long term actions to be taken; communication for social change theories that should underpin any action as well as measuring progress to advance from information to behaviour change.

This chapter focuses on the prevention aspect of the model. GBV prevention entails efforts to reduce the incidence of violence before it occurs (primary prevention or after it occurs (secondary prevention). The Centre for Disease Control (2004) identified three levels through which prevention of GBV can be approached: before it occurs (primary), soon after it occurs (secondary), and long after it has occurred (tertiary).[2]

The chapter presents case studies on the areas of action proposed by the prevention model as well as the Ecological Model presented in Chapter 4:

- Society at large - political leadership and media.
- Community - awareness campaigns, traditional leadership, and religion.
- Home/indvidual - work with men, children and women's empowerment.

Prevention, response and support

The GBV prevention model (alongside) recommends that GBV prevention should focus on primary prevention, as well as on good response and support mechanisms which in turn can be preventive. For example tough laws and their implementation should serve as a deterrent to GBV. Shelters should not only provide temporary refuge but empower women to leave abusive relationships, thus preventing secondary victimisation. Working in unison, prevention, response and support strategies can both reduce GBV and ensure redress for those affected.[3] Prevention takes place within the circular prevention-response-support framework. This therefore forms the "outer rim" of the model. An important starting point is to understand what is meant by prevention; as well as how this relates to response and support.

There are three categories of prevention intervention that can be adopted[4], namely:

- ***Primary prevention***, interventions aimed at addressing GBV before it occurs, to prevent initial perpetration or victimisation, targeted action aimed at behavioral issues and risk producing environments.[5]
- ***Secondary prevention***, that happens immediately after the violence has occurred to deal with the short term consequences, e.g. treatment, counseling.
- ***Tertiary prevention*** focuses on long term interventions after the violence has occurred, to address lasting consequences, including perpetrator counseling interventions.

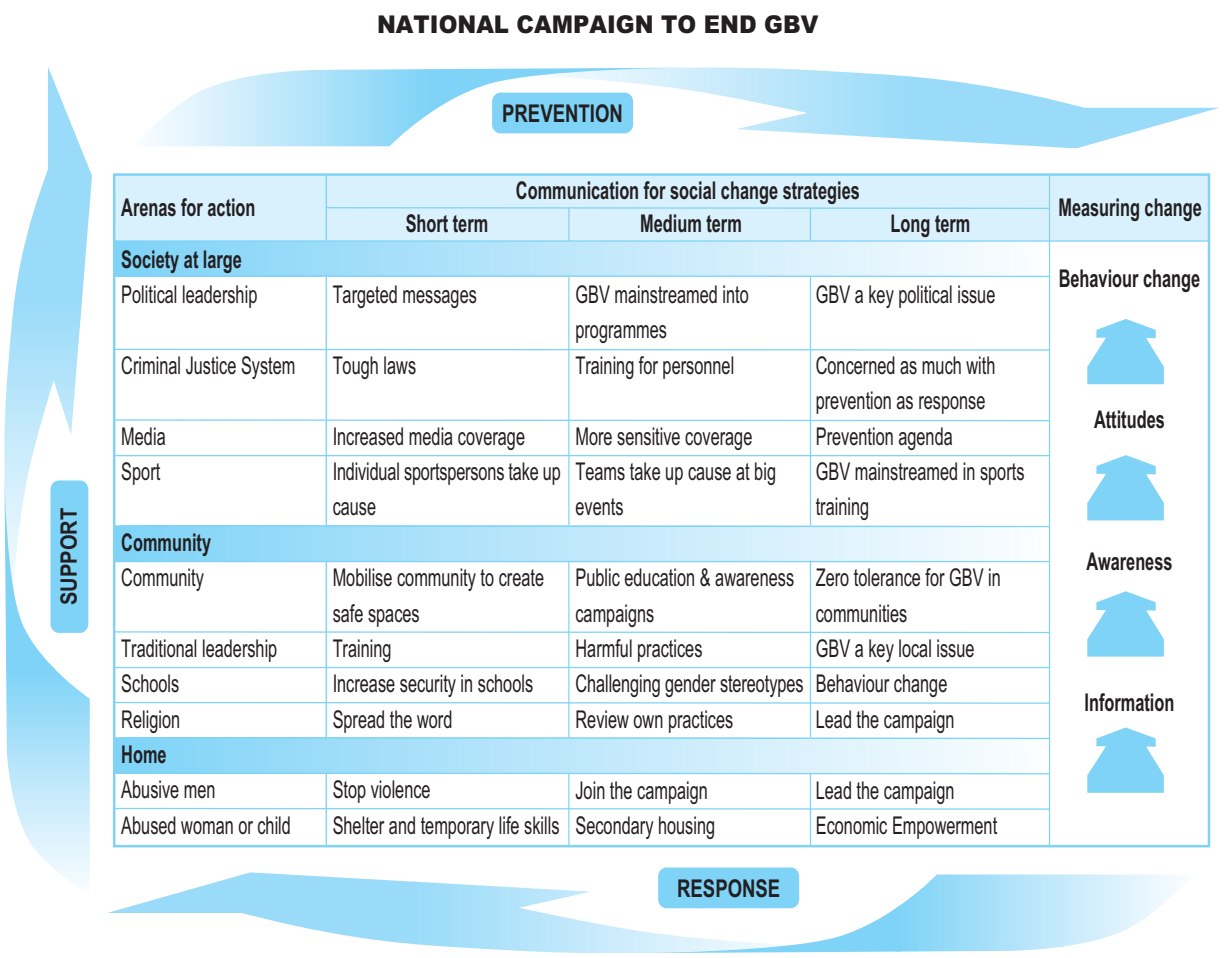
Arenas for action

The ecological model referenced earlier in this study provides the key arenas for action. These are:

- *Individual:* The first level identifies biological and personal history factors that increase the likelihood of becoming a victim or perpetrator of violence.

1 South Africa Violence Prevention Model and Action Plan developed by Gender Links, UNICEF 2008.
2 Centre for Disease Control and Prevention. Sexual Violence Prevention: Beginning the Dialogue. Atlanta, GA (2004).
3 https://www.unicef.org/southafrica/SAF_resources_violenceprevmodel.pdf
4 Centres for Disease Control and Prevention. Sexual Violence Prevention: Beginning the Dialogue. Atlanta, GA (2004).
5 Ibid.

Figure 7.1: GBV Prevention Model



Arenas for action	Communication for social change strategies			Measuring change
	Short term	Medium term	Long term	
Society at large				
Political leadership	Targeted messages	GBV mainstreamed into programmes	GBV a key political issue	
Criminal Justice System	Tough laws	Training for personnel	Concerned as much with prevention as response	
Media	Increased media coverage	More sensitive coverage	Prevention agenda	
Sport	Individual sportspersons take up cause	Teams take up cause at big events	GBV mainstreamed in sports training	
Community				
Community	Mobilise community to create safe spaces	Public education & awareness campaigns	Zero tolerance for GBV in communities	
Traditional leadership	Training	Harmful practices	GBV a key local issue	
Schools	Increase security in schools	Challenging gender stereotypes	Behaviour change	
Religion	Spread the word	Review own practices	Lead the campaign	
Home				
Abusive men	Stop violence	Join the campaign	Lead the campaign	
Abused woman or child	Shelter and temporary life skills	Secondary housing	Economic Empowerment	

Some of these factors are age, education, income, substance use, or history of abuse.

- *Relationship:* The second level includes factors that increase risk because of relationships with peers, intimate partners, and family members. A person's closest social circle-peers, partners and family members-influences their behavior and contributes to their range of experience.
- *Community:* The third level explores the settings, such as schools, workplaces, and neighborhoods, in which social relationships occur and seeks to identify the characteristics of these settings that are associated with becoming victims or perpetrators of violence.
- *Societal:* The fourth level looks at the broad societal factors that help create a climate in which violence is encouraged or inhibited. These factors include social and cultural norms. Other large societal factors include the health, economic, educational and social policies that help to maintain economic or social inequalities between groups in society.

Society at large

The Botswana government is well known the world over for its success in responding to the HIV epidemic. Since inception in 1999 the Treatment and Prevention of Mother to Child Transmission programmes have

surpassed national and universal targets[6]. The Botswana government response to the HIV epidemic provides a lesson on the importance of political will in addressing large social challenges that have reached epidemic levels such as HIV or GBV. The funding for HIV and AIDS between 2003 to 2015 was estimated to be around P17 billion, with over 60% coming from the government coffers[7]. Under societal influence this section looks at political leadership and the role of media.

Political commitment

This study measures political commitment at three levels; short term which looks at targeted messages made by the government officials ; medium term including policy (re) formulation and (re)programming to mainstream GBV; long term commitments include budget readjustment towards financial commitment for GBV policies and programming.

Short term- targeted messages

One leg of this study assessed the public speeches made by politicians that focused on GBV. The table below shows the number of speeches and those focusing on GBV.

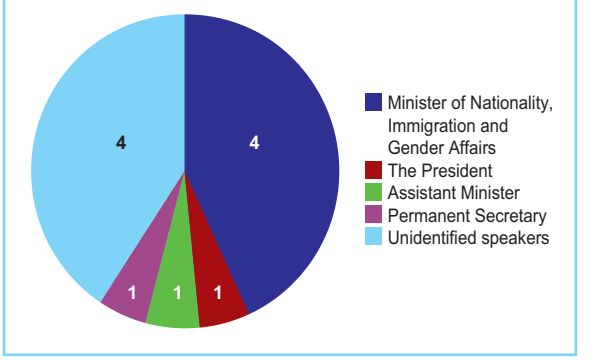
Table 7.1: Number of speeches collected 2016/17

	Number of speeches
Number of speeches collected	96
Speeches focusing on GBV	11

Source: Botswana Relationship Survey Statistics 2017.

From January 2016 to March 2017, researchers collected 96 speeches made by public figures from various ministries with the highest proportion having come from the Ministry of Health and Wellness (26 speeches), Ministry of Nationality, Immigration and Gender Affairs (22 speeches) Local Government and Rural Development (11 speeches). Of the 96 speeches[8] assessed during the period under review only 11 (11%) focused on GBV. In the 2012 study of the 192 speeches given by cabinet ministers, the president, mayors and council chairs in 2011, 6% focused on GBV and another 9% mentioned GBV in passing. This shows that GBV is still not a central focus of the political agenda.

Figure 7.2: Speakers who made GBV speeches



Source: Botswana Relationship Survey Statistics 2017.

Figure 7.2 shows that of these 11 speeches four were given by the Minister of Nationality, Immigration and Gender Affairs, one by the President, one by Assistant Minister, one by the Permanent Secretary and the rest by unidentified others. Six of the speeches talked about the link between HIV and GBV. Only one mentioned child abuse, despite this being identified in the study as a major driver of GBV. The speeches covered various aspects pertaining to support, prevention, response to GBV. An example is this excerpt from the 2016 State of the Nation Address by President Lt. Gen. Dr Seretse Khama Ian Khama.

> "We further recognise the need to be proactive in eliminating Gender Based Violence. To this end, we have piloted a Gender Based Violence Referral System, which allows referrals to be made electronically, relieving survivors the ordeal of

[6] Key Note Address delivered by his Excellency the President of Botswana Lieutenant General Seretse Khama Ian Khama To Mark The Commemoration of the 2015 World Aids Day 1 December 2015.
[7] Minister of Health And Wellness Hon. Dorcus Makgato at the Commemoration of the 2016 World AIDS Day 01 December 2016: Gaborone.
[8] The researchers faced major challenges in gathering copies of speeches.
[9] State of the Nation Address by President Seretse Ian Khama 5 December 2016 Gaborone.

having to repeat their story to each and every service provider assisting them."[9]

Some speeches emphasised the need to have integrated approaches in responding to GBV. An example is this excerpt from a speech made by the former Minister of Nationality, Immigration And Gender Affairs Hon. Edwin Batshu at the closing of the 2016 Sixteen Days of Activism Campaign:

"Let me assure you that Government will continue to seek better ways to effectively eliminate and prevent GBV. Efforts currently being explored include amongst others, strengthening systems and institutions that deal with GBV. It is therefore critical that we adopt a multi-sectoral and multi-pronged approach, which calls for deployment of concerted effort of all stakeholders comprising policy makers, law enforcement agencies, the Judiciary, Dikgosi, social protection authorities, health service providers and civil society organisations."[10]

Medium term- Policy (re) formulation and programming

As highlighted in the previous chapters, Botswana has made great strides towards showing commitment in eradicating GBV, the most recent being signing of the SADC Gender Protocol in May 2017. Botswana is also the first country to adopt the GBV Indicators Study as a monitoring and evaluation tool to strengthen programming. The first study was conducted in 2012, followed by this current one. The findings from both studies provide valuable information to inform policies at both national and district levels. In 2015 the government adopted the National Policy on Gender and Development followed by the establishment of the National Gender Commission in September 2016, to monitor implementation of the Policy. The Government has also established a dedicated Social Protection department which formulates policies, legislation and programmes.

Department of Social Protection

The Department of Social Protection deals with social policy particularly targeting the vulnerable in the community. The policies are protective and preventative in nature. The department seeks to prevent those who are not vulnerable from falling into vulnerability. The targeted population include the poor, elderly, women and orphans and vulnerable children and children in general as espoused in the Children's Act of 2009. Although the department does not provide direct services to individuals such as GBV survivors, it works through social workers who are placed in drop-in centres in and around Gaborone. The social workers provide counselling make referrals for further support where necessary. They also help in writing reports to place survivors of GBV into places of safety. Social workers handle a lot of other social issues besides GBV and therefore tend to be overwhelmed.

The department collects statistics from the districts for compilation grouping cases of GBV separately on a monthly basis. The compiled statistics are currently used to inform organisational policies. Detailed data on the victims such as gender and age are available at respective district offices and kept in confidential case files. The department is currently undertaking a study on Violence against Children (VACs). In order to protect children against abuse the department has Village Child Protection Committees which ensure that there is children participation in the communities and that all cases of abuse are reported. The committees work with local NGOs and CBOs, to empower women through poverty eradication projects. Women in need are occasionally given food baskets so they are not over reliant on their male partners.

[10] Remarks made by Hon. Edwin J. Batshu the Minister Of Nationality, Immigration And Gender Affairs at the Closing of the Sixteen Days Of Activism Against Violence On Women And Children Campaign 16th December 2016 Avani Hotel Gaborone

Long term- financial commitment

Political will can also be measured through financial commitment. Because GBV covers so many departments and functions, it would take a separate costing exercise to determine what is currently being spent on GBV and its adequacy. In particular, it would be important to determine what proportion of this is being spent on prevention as opposed to response and support strategies. An important message of this study is that *prevention is better than cure*. A costing exercise would help to place this in perspective.

According to the Update Report on *Implementation of 27 September 2015 Commitments to eliminate gaps in Gender Equality and Empowerment of Women and Girls* published in February 2017, the Botswana Government has committed additional resources to its Women Economic Empowerment Programme in 2017/2018 by increasing its budget from P23 million to P52 million.[11] Economic empowerment of women is preventive of GBV, especially intimate partner violence. The Sunrise Campaign presented later in this chapter touches on this. The Government has spent more than P10 million on both the 2012 GBV Indicators Study and 2017 Botswana Relationship Study. Botswana is the only SADC government to have sponsored a follow up study to the original baseline study. The studies have gathered a vast amount of information on the various drivers of GBV, the effects and prevalence down to district level. This information is crucial in informing evidence-based action plans at both national level and district level.

The Media

The media can either be part of the problem or part of the solution on GBV. Article 29.7 of the SADC Protocol on Gender and Development states that "State Parties shall take appropriate measures to encourage the media to play a constructive role in the eradication of gender based violence by adopting guidelines which ensure gender sensitive coverage." The Protocol urges the media to ensure gender equality in and through the media and to challenge gender stereotypes. The Protocol also discourages media from promoting pornography and violence against all persons especially women and children[12].

The Voice is one of the few newspapers in Botswana owned by a woman.
Photo: Keletso Metsing

As opinion shapers and agenda setters, the media potentially has a pivotal role to play in reducing the levels of GBV by covering stories that promote awareness and prevention, thus ensuring that people who experience violence receive effective care and support. More often than not, the media is part of the problem rather than of the solution through sensationalising and trivialising GBV stories or even through "reverse criminalisation" of women involved in GBV cases. Often the media fails to move beyond the tragic headlines and into the reality of what gender violence is and how to address it in daily life to give context and more information for the betterment of their stories.

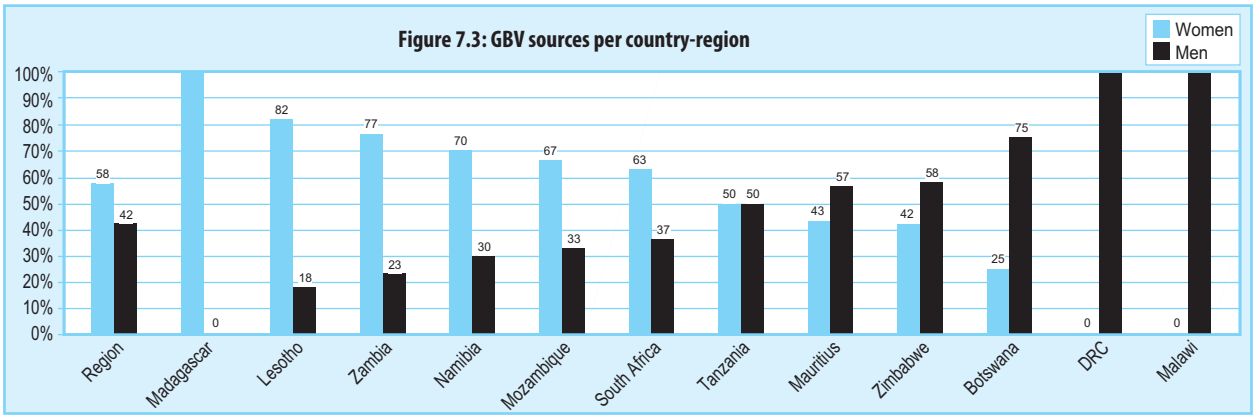
Coverage of gender violence has been monitored in regional and global studies. The Global Media Monitoring Project (GMMP) 2015 conducted by World Association of Christian Communicators (WACC), found that "Overall, women remain more than twice as likely as men to be portrayed as victims than they were a decade ago, at 16 and 8 per cent, respectively.[13]

[11] Update Report Botswana Implementation of September 2015 Commitments available at http://www.unwomen.org/en/get-involved/step-it-up/commitments/botswana
[12] SADC Protocol on Gender and Development Article 29 (1-7).
[13] http://www.unwomen.org/en/news/stories/2015/11/press-release-gmmp#sthash.E8TuFzbf.dpuf

The 2010 Gender and Media Progress Study (GMPS) showed that gender based violence stories constituted 4% of stories covered. In the few instances that GBV cases were reported, they turned out to be sensational, exploitative and lacking critical analysis to provoke constructive dialogue and consequently action (Lowe-Morna et al, 2017)[14]. Media reportage on GBV has improved overtime. Bird (2014) notes, that it was a common place for reports of gender-based violence to be trivialised - cases of severe domestic violence were reported as lovers' spats or lovers tiff. Such reports are now the exception and are quickly addressed even in the tabloid media.[15]

Short term- awareness raising

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



Source: Gender and Media Progress Study 2015 .


PASTOR MOGOMOTSI'S WIFE'S MURDER SUSPECT

THUSO MOTSHEGWE

Residents of Mochudi and the Pentecostal Churches community are reeling in shock following allegations that Mochudi Apostolic Faith Mission Church Pastor Mookotsi Mogomotsi may have been involved in the murder of his wife early this year.

Source: Echo newspaper, 6-12 April 2017.

Figure 7.3 shows that overall in the SADC region women constituted 58% of sources on GBV stories. But in Botswana women constituted just 25% of sources on GBV. This means that despite the fact that women are those most affected by GBV, their voices are not heard. An example is the story "Pastor Mogomotsi is wife murder suspect" in the Echo newspaper 6-12 April 2017. The two people interviewed in this story are a male policeman and a priest. There are no women sources.

A general finding on coverage of GBV is that it invariably relies on court reporting, which has a heavy male bias. Another common short fall of media coverage

[14] Lowe Morna, C., Dube, S,. and Makamure, L. (eds) SADC Gender Protocol 2017 Barometer. SADC Gender Protocol Alliance available at http://genderlinks.org.za/wp-content/uploads/2016/01/Baro-2017-Executive-Summary.pdf

[15] William, B (2014) Media Landscape 2014. Celebrating 20 years of South Africa s Media in Department of Commuication (eds).

of GBV is failing to give information on where survivors can go for help. The example below from the *Voice Newspaper* (5 May 2017) with advice from Kagisano on helping children through a divorce, including a help line number, shows how the media can play a positive role.

KAGISANO SOCIETY
WOMEN'S SHELTER
Hope . Peace . Home

If you need assistance, SMS HELP to 16510 and we'll call you back.

WHAT DO I SAY TO MY KIDS?

DIVORCE has a lot of strain and one might be overwhelmed by having to go through the process.

This has been a challenge that Valerie Tendani has been facing. She recalls how her husband belittled her and restricted her movements. He would yell at her for coming home late from work and accuse her of cheating. Sometimes when she complained about

to him.

He drank a lot, would come home late and insult her in front of their two children when he bothered to come home at all. Valerie came to Kagisano after she filed for divorce and her husband had moved out of their matrimonial home. She is 33 years old and they have a 13 year old daugh-

her husband moved out and he had not made any effort to see the children and he had not been providing for their needs as well. Despite witnessing the volatile relationship between their parents, the children admired and loved their father and had started to ask Valerie where their father is and why he left?

Source: Voice newspaper, 5 May 2017.

Media monitored during the data collection also surfaced some interesting cases of "gender benders" such as the story in the Voice newspaper 21 April 2017 of a man taking his girlfriend to court for failing to pay child maintenance. The story is unusual as it is invariably women who take men to court for failing to pay maintenance. This is an interesting case of a man taking responsibility for his child. Unfortunately, however, the perspective of the woman is not heard, as a judgement is issued in absentia, and she is not interviewed (something an investigative reporter should do).

WOMAN IN CHILD MAINTENANCE ROW

BY SHINGIRAI MADONDO

A Francistown City Council (FCC) driver has dragged his ex-girlfriend to court demanding maintenance for their one child after accusing the woman of deserting and failing to provide for the young girl.

Kagiso Letsholathebe, whose age and addresses were not given, told a Francistown magistrates court that his ex-girlfriend, Kagisano Royal, does not provide child support for their child.

When demanding a monthly

that he wants to be granted full custody of the child as Royal was too negligent to be granted custody.

Giving reasons as to why he does not want Royal to be granted access to the child, Letsholathebe said: "She (Royal) does not have the love for children. On a number of occasions, she has left the child alone."

According to Letsholathebe, Royal had a child from a previous relationship. "When we met, she moved in to stay with me. She brought along a child she had from her previous relationship," said Letsholathebe, adding that

against this backdrop that I am staying with the child," said Letsholathebe.

Royal, a hairdresser at a local salon in Francistown, has allegedly been failing to provide any financial assistance and parental maintenance towards the upkeep of their child, the court heard.

Letsholathebe's expectation is that his ex-girlfriend pay anything between P350 and P400 towards the maintenance of their child. He said the maintenance fee that he expected from his ex-girlfriend would cater for the child's school fees, clothing and food.

Source: Voice newspaper, 21 April 2017.

Social media tools such as Facebook, You Tube, Twitter and blogging sites have become part of the daily lives of millions of people across the globe. The last few years have seen the social media rise into a powerful vehicle to advance news and uncensored information providing platforms for debate, reflection, influencing and mobilising people. This is helping to amplify ordinary citizens' voices, especially women.[16] According to Internet World Statistics, Botswana has 923,528 internet users as of June 2017: 39.4% of the population. A third of the population are Facebook subscribers.[17]

Activists and campaigners can thus take advantage of this space to mobilise against GBV.[18] While there are several campaigns on various social media platforms, below are some of the few examples on Facebook.

- The "I wear what I want"[19] campaign emerged in late 2017 following an incident in which a young woman was stripped naked and assaulted in the Gaborone bus-terminus for wearing a 'skimpy skirt'. In reaction to this incident several activists including civil society organisations called for a nationwide campaign in protest. Through the use of social media to engage masses the campaign has immensely grown to command a large following having over 26 000 followers on Facebook alone. The Facebook page is available at The defiant attitude of the campaigners has invoked much debate online with some conservative groups condemning it for

[16] Gender and Media Progress Study 2015 as quoted in Lowe Morna, C., Dube, S,. and Makamure, L. (eds) SADC Gender Protocol 2017 Barometer. SADC Gender Protocol Alliance available at http://genderlinks.org.za/wp-content/uploads/2016/01/Baro-2017-Executive-Summary.pdf
[17] http://www.internetworldstats.com/africa.htm#bw
[18] http://downloads.bbc.co.uk/worldservice/trust/pdf/AMDI/botswana/ amdi_botswana3_media_health.pdf
[19] https://www.facebook.com/iwillwearwhatiwant/

being too obscene. The activists argue that they are making a statement about their right to wear whatever they wish.

- Stand Against Abuse is another online campaign that seeks to raise awareness on GBV in Botswana. The page has a following of around 2,200 people and covers domestic violence.
- HeforShe Botswana[21] is part of the bigger HeforShe online campaign initiated by UNWomen in an effort to engage men in gender equality initiatives. The global campaign has relied heavily on social media. HeforShe Botswana Facebook has over 9000 followers. Several issues are discussed on this page including GBV, child abuse and gender issues in general.

The intersection between social media and mainstream media is important. Mainstream media often picks and augments its story ideas from social media. For example the article #Men are Trash in the The Voice Newspaper of 26 May 2017 is an opinion piece by a young woman on what has given rise to the #MenAreTrash campaign in South Africa (also illustrating the cross border nature of social media). The campaign started in South Africa following a spate of femicides (the killing of women by their intimate partners). This sparked a response by progressive men - #NotInMyName.

THE MUSINGS OF A MILLENIAL

BY NOBAH MATENGE

THIS has been the topic on many people's lips since the beginning of the year.

By all means it is not a new phenomenon for men to be degraded in conversation like this. "Men are dogs" is what I grew up hearing in the salons, taxi rides from school to home and any other gathering where women can be found in abundance in the absence of men.

There is no smoke without fire, if these sayings are not entirely true as the men on social media claim, then what is the cause of all this uproar?

A beautiful South African young woman was murdered and burnt to ashes by her boyfriend who confessed to the heinous crime some days after.

He had the audacity to spend days with her family searching in the search for her body. We have had a number of "passion killings" in our own country but this struck a nerve with many people young and old alike.

A friend of mine made the following statement on social media, which I found insightful because it is a stated from a male perspective;

"Men are trash is not a question, don't try and answer it. "Are men trash?" now that is the question that concerned individuals should try to answer. Men are trash is an observation that qualifies this statement until what is being observed changes.

'Men' are trash is plural not singular, therefore it's an aggregated evaluation of the behavior of our kind. It means what I do affects you and what you do affects me.

If you don't like being painted by the sum of my actions, then your actions must outweigh mine or you must find a way to influence me.

Men are trash should not be seen as an insult my brother but rather, a cry for helps. So, if you are touched, then you know what you must do.

I thought I should just share this since you and I know that nobody really cares about what women have to say. So it would be better if trash spoke to trash.

We shall speak again when the next body is discovered, trash-to-trash, and dust-to-

#MEN ARE TRASH

Source: Voice newspaper, 26 May 2017.

Medium term- more sensitive coverage

The medium term goal proposed by the GBV Prevention Model is for the media to be more sensitive in the way they cover GBV. The Botswana Press Council Code of Ethics 2004 stipulates that media institutions must not identify victims of gender violence or publish material likely to contribute to such identification unless the victims have consented to such publcations or law has authorized them to do this. In cases where consent is given subject to certain conditions, then such conditions must be respected.[22] Despite having such codes in place, GBV is still covered in insensitive ways in the media. Women and men in this study were asked what they thought about GBV coverage in the media.

Table 7.2: Perceptions around GBV coverage in the media

Statement	% women agree	% men agree
It is fair and balanced; the media gives the facts as they are	37.3	32.3
It is biased against women; the voices of those most affected is seldom heard	21.1	12.0
It is biased against men; they are always treated as though they are to blame	12.7	38.7
It fuels such violence even more by naming victims and showing little sensitivity towards them	12.9	6.5
None of the above	15.9	10.5

Source: Botswana Relationship Survey Statistics 2017.

[20] https://www.facebook.com/STAND-against-domestic-abuse-1625244357716854/
[21] https://www.facebook.com/HeforShe-Botswana-
[22] Lowe Morna, C., Dube, S,. and Makamure, L. (eds) SADC Gender Protocol 2017 Barometer. SADC Gender Protocol Alliance available at http://genderlinks.org.za/wp-content/uploads/2016/01/Baro-2017-Executive-Summary.pdf

Table 7.2 shows that only 37% of women and 32% of men perceive that GBV coverage in the media is fair and balanced. 21% of women and 12% of men expressed the view that the coverage is biased against women and the voices of those most affected are seldom heard. 13% of women and 39% men said that coverage is biased against men who are treated as though they are to blame. 13% of women and 7% of men believe that the coverage fuels violence even more by naming victims. The contrast between the responses given by men and those given by women shows that both parties feel the media is biased against them. Clearly the media cannot satisfy everyone nor should it seek to do so. However, ethical standards should be adhered to.

Long term- prevention agenda

The aim of reporting GBV cases in the media should be to raise awareness and instil a zero tolerance mind sets within the public. This can only be achieved if media practitioners are trained on how to report sensitively on GBV cases. According to the 2017 SADC Gender Protocol Barometer, the Code of Practice developed by the Botswana Press Council in 2011 outlines basic principles that should guide media practitioners in disseminating information:

- Media coverage should be balanced, fair and inclusive of both sexes.
- Media houses must ensure a balance of women and men as sources, experts, authorities and commentators on a wide range of issues debated in the media.
- Media houses should have policies that encourage reporting on gender issues.
- Members should use non-sexist, gender-sensitive language.
- Media Practitioners are not permitted to report stories that advocate hatred based on gender, and which constitutes incitement to cause harm (Lowe Morna et al 2017).[23]

[23] Lowe Morna, C., Dube, S,. and Makamure, L. (eds) SADC Gender Protocol 2017 Barometer. SADC Gender Protocol Alliance available at http://genderlinks.org.za/wp-content/uploads/2016/01/Baro-2017-Executive-Summary.pdf

[24] Dudfield, O and M Dingwall-Smith (2015), Sport for Development and Peace in the 2030 Agenda for Sustainable Development: Commonwealth Analysis,. Commonwealth Secretariat, London.

Sport

In May 2018 Botswana hosted the seventh International Working Group (IWG) on Women and Sport Conference in Gaborone where it show-cased a cross sector Gender and Sport Strategy - Score a Goal for Gender Equality by 2036. Employing sport based approaches to promote gender equality and empowerment has the potential to contribute to[24]:

- Promote female leadership, female role models and access to resources.
- Raise awareness on gender related issues including sexual reproductive health and gender based violence.
- Positive impact on health and reduces the risk of chronic diseases later in life.
- Foster mental health, self-esteem and well-being among women and girls.
- Foster community cohesion and inclusion of marginalised groups.
- Engage men and boys on gender issues.
- Address discrimination and gender stereotypes of women and girls in the media.

Community

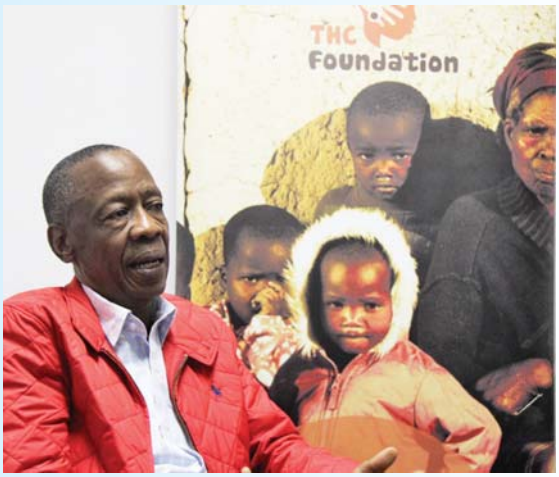
This study and several other studies have established that GBV is embedded in the unequal power relations between women and men. GBV prevention must therefore start with changing attitudes and mind sets especially within communities. Community mobilisation campaigns have been proven to be effective in engaging individuals and communities in a critical manner to foster change.

Short term- Mobilise communities to create safe spaces

Chapter 4 of this report has established that generally people feel safe in their communities. Seventy nine percent of women and 87% of men affirmed that if

there were a street or family fight in the community people would do something to stop it. Eighty percent of women and 89% of men indicated that their neighbours are more likely to help in case of emergency. These findings imply that both women and men feel they can get the needed help in their communities.

THC foundation mobilises communities



Interview with Tebogo Horatious Carter Masire of the THC Foundation. *Photo: Gender Links*

Founded in 2012 by former Botswana Chief of Defense, Lieutenant General Masire, it takes its name from the founder's initials Tebogo Horatious Carter (Masire). The centre's vision is a Botswana in which women and children live in violent-free homes. Its mission is to provide support, advocacy, training and education for organisations doing work around GBV.

Lt. Gen Masire started the organisation as a result of the cases reported to him by the 10 000 plus army officers who reported to him. While interacting with various networks including the Botswana Student Network, the work extended to students who now conduct dialogues with their peers. They are trained to stand up for themselves and report cases of abuse, since it emerged that most cases go unreported because the students are scared to report and do not know where to go.

Lt Gen. Masire believes that targeting children will help in building gender equitable norms. The organisation has run GBV prevention training in primary, secondary and tertiary schools around the country. Students, including young men, now freely discuss GBV and share their experiences on abuse.

Medium term- Public education & awareness campaigns

Botswana has localised several global and regional campigns including the Sixteen Days of Activism against Women Campaign, One Billion Rising campaign, the 365 days campaign among others.

The **Sixteen Days Campaign** runs from the 25th of November to 10th of December. Key dates include:

- 25 November: International Day of No Violence Against Women and Children and the start of Sixteen Days of Activism Campaign.
- 1 December: World Aids Day.
- 10 December: Human Rights Day.


Looking to the future. *Photo: MNIG*

In 2017 the former Minister of Nationality, Immigration and Gender Affairs, Hon Edwin Batshu officiated at the commencement of the campaign on November 24 in Goshwe village, Tutume Sub-district where a number of stakeholders took part in the launch. The theme which built on the momentum of the preceding campaigns ran under the theme "From Peace in the Home to Peace in the World: Make Education Safe for All".

The **One Billion Rising** campaign began as a call to action based on the statistic that one in three women is raped or beaten in her lifetime. With the world population at seven billion, this adds up to more than one billion women and girls facing the risk. Botswana has localised the campaign, giving rise to the #botswanarises campaign which is popular among activists. Chobe District has been on the forefront of leading the campaign in Botswana conducting several activities to raise awareness on GBV using the hashtag #Choberises. The Facebook page has a following of more than 3200 people.

While the Sixteen Days has gained momentum in Botswana, there has been a call by government and civil society to turn the campaign into a **365 Day Campaign**. In his speech on ending the Sixteen Days Campaign in 2016, the former Minister of Nationality, Immigration and Gender Affairs Edwin Batshu called on Batswana to extend the campaign:

> "Let me challenge all of you that we adopt the 365 Days approach to addressing GBV as this may significantly contribute to reducing GBV. It is my deep desire that in 2017 our Campaign should be more vigorous, and that we should register a noteworthy decline on GBV including reduced complaints by those seeking service from us."[25]

In this study women and men were asked if they had heard about Sixteen Days or 365 Days campaigns in the 12 months before the interview. They were also asked if they had participated in a march or social media event 12 months prior the interview.

Table 7.3: Awareness of GBV campaigns

	Women		Men	
	2012 Study	2017 Study	2012 Study	2017 Study
Heard about Sixteen Days	16%	47%	18%	41%
Heard about 365 Days	8%	37%	9%	28%
Participated in a march	-	10%	-	12%
Participated in a social media event	-	9%	-	11%

Source: Botswana Relationship Survey Statistics 2017.

Table 7.3 shows that close to half (47%) of the women and 41% of men had heard about the Sixteen Days Campaign in the year prior the interview. There has been a significant rise in the proportions from the previous study in which 16% of women and 18% of men had heard about the same campaign.

Thirty seven percent of women and 28% of men heard about the 365 Days Campaign in the 12 months before the interview. Similarly there is a significant increase in the proportions of both women and men aware of this campaign. In the 2012 Study, less than a tenth of both women (8%) and men (9%) expressed awareness of the 365 Days Campaign.

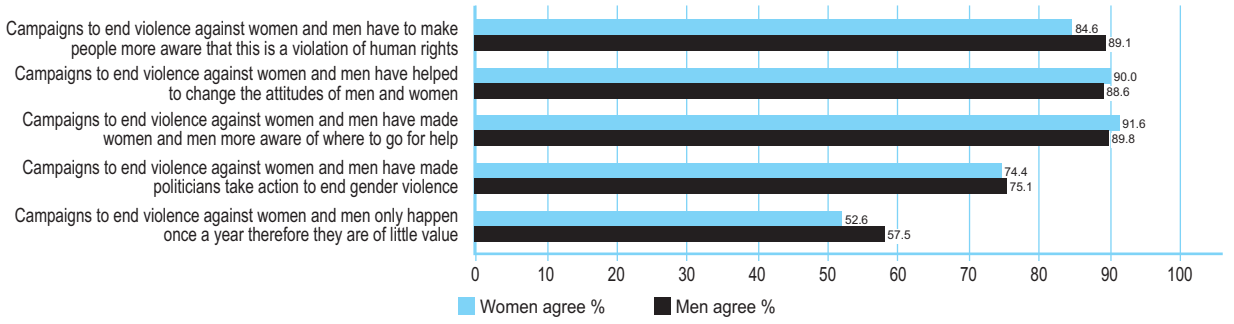
This significant increase in awareness attests to success of awareness raising campaigns by both civil society and government. In the previous study men were

[25] Closing Statement by Minister of Nationality, Immigration and gender Affairs, Hon Edwin Batshu https://www.dropbox.com/home/Political%20Discourse%20Analysis/GBV%20Speeches?preview=16+Days+Closing+Speech+Minister+Dec+2016++FINAL.docx

more knowledgeable of the campaigns compared to women. However, in the current study higher proportions of women are knowledgeable of the campaigns compared to men.

A tenth of women and 12% of men participated in GBV march in the 12 months prior the interview. Nine percent of women and 11% participated in a social media event that focused on GBV.

Figure 7.4: Perceptions around campaigns by men and women



Source: Botswana Relationship Survey Statistics 2017.

Figure 7.4 shows that generally both women and men perceive that the campaigns are effective in raising awareness. Ninety two percent of women and 90% of men think that the campaigns have made women and men more aware of where to go for help. Ninety percent of women and 89% of men believe that campaigns have helped to change the attitudes of women and men. Eighty five percent of women and 89% of men agreed that campaigns have to make people more aware that GBV is violation of human rights. Around three quarters of both women and men agreed that campaigns have made politicians to take action to end gender violence. Fifty three percent of women and 58% of men think that since campaigns only happen once a year during the Sixteen Days they are of little value.

Table 7.4: Association between awareness of campaigns and taking action

	Women			Men		
	Intervene in DV case	Did not intervene	P value	Intervene in DV case	Did not intervene	P value
Aware of Sixteen Days	30.3	28.6	0.480	40.0	34.4	0.023
Aware of 365 Days	31.2	28.2	0.249	37.3	36.6	0.791
Participated in a march	34.7	22.5	0.000	44.6	27.2	0.000
Participated in a social media event	31.6	23.1	0.000	41.3	27.9	0.000

Source: Botswana Relationship Survey Statistics 2017.

Being aware of the Sixteen Days or the 365 Days Campaign was not significantly associated with intervening in a domestic violence incident among women ($p>0.05$). However, participating in a march or social media event was significantly associated with intervening in a domestic violence incident ($p<0.05$). Of the women who participated in a march 35% intervened in a domestic violence case while 23% did not. Similarly a higher proportion (32%) of women who participated in a social event intervened in domestic violence case than those who did not (23%).

Among men, being aware of the Sixteen Days campaign was significantly associated with taking action during a domestic violence incident ($p<0.05$). A higher proportion (40%) of men exposed to Sixteen Days campaigns intervened compared to those who did not intervene (34%). Being aware of the 365 Days campaign was not significantly associated with intervening in a domestic violence incident. Participation in a march or social media event was significantly associated with intervening in a domestic violence incident.

Logistic regression tests were run to identify the odds ratio of taking action following awareness of, or participation in, a campaign. For both women and men participating in a march was the only significant factor associated with intervening in a domestic violence incident. In men participating in a march increased the odds of one intervening in a domestic violence by 1.8 ($p=0.000$) and in women the odds of one acting were 1.5 ($p=0.012$).

Given that only a few women and men (around 10%) participated in marches or social media events, it is imperative to upscale interventions that encourage women and men to be actively involved in such activities. These findings show that awareness alone is not enough to propel one to act. It can be argued that awareness does not translate to in-depth knowledge whereas events like marches or online conversations are more engaging and lead to increased knowledge.

Long term- Zero tolerance for GBV in communities

Despite the roll out of campaigns aimed at preventing GBV and responding to GBV survivors there still is a paucity of evidence on the impact of these interventions. It is important to know if the campaigns contribute to zero tolerance for GBV in communities. The need to for long term strategies to change communities for good underpins the ***Centres of Excellence for Gender in Local Government*** championed by GL Botswana and the Botswana Association of Local Authorities (BALA). All of Botswana's 32 councils have joined the programme that comprises a ten stage process to mainstream gender into the work of the councils. All councils have developed gender and GBV action plans aligned to the updated SADC Protocol on Gender and Development.

Lobatse Town council receiving a certificate as winner in the category of best COE at the District Level Summit in Mahalapye, Botswana.
Photo: Gender Links

Councillors were trained on Gender and GBV to equip them with the necessary information to advocate for gender equality and for effective response to GBV at local and national levels. The councillors were specifically appraised on the status of GBV in their areas, including on the available GBV services, laws and the needs of victims and survivors of GBV using the 2012 study. As leaders, the councillors were sensitised on their role in assisting survivors of GBV who come to them for help, including how they should refer survivors of GBV to existing local facilities and organisations for further psychosocial support. In total 53 councillors *(31 females & 22 males)* from across the country were mobilised as GBV champions. Each year councils share good practices under the banner: *"Community by community, we can end gender violence!"*

Working with the Dikgosi (Traditional leaders) to end GBV

The institution of the Dikgosi has a critical role in addressing gender equality and GBV within communities. This study established that Batswana depend mostly on the Kgotla (traditional courts system) and family members as their first port of call for restoration of justice before reporting the cases

to the police or courts. Findings show that 84% of women and 79% of men believe that if a man mistreats his wife, others outside the home should intervene, as reflected in this excerpt from one of the "I" Stories:

> "I went to report him to the elders of his family but nothing changed. They were all on his side. Some even reminded me that he's a hard-working man. There was no reprimand from the elders so he continued using money as and when he pleased." - Laone

The Dikgosi are the custodians of culture, customs and values and are important in promoting positive values within the communities. They are well placed to address socio-cultural norms and beliefs that fuel gender inequalities and gender based violence. During interviews Kgosi Mosadi Seboko who is also chairperson of the National Gender Commission remarked that: *"Batswana have a culture of solving things at family level and not much of reporting."*

The next example comes from the report on piloting of the Gender Based Violence Referral System.

Almost universally, participants named family and the Kgotla as appropriate places for victims of GBV to seek initial help. This exchange between two young women in an urban area in Kgatleng was illustrative of what most participants said when asked where they thought women and girls should report gender based violence:

Respondent 1: *They should report at the Kgotla.*
Respondent 2: *No, I think they should tell a relative first they are the ones who will then report to the Kgotla. If they fail to resolve this issue, then the police should be involved.*

After discussing the family or Kgotla as points of help for survivors of GBV, accessing care at the police, hospital/clinic, or from a social worker were the next most cited available services.

Source: Botswana GBV Referral System Operations Research: Initial Report

MNIG collaborates with the Dikgosi in raising awareness on GBV. During the launch of the Kasane Gender Pitso (a knowledge sharing platform across the country to address issues of gender inequality and gender justice in Botswana) MNIG worked with the Dikgosi to raise awareness on the commitment of government to achieving gender justice.

The Three Dikgosi Monument. *Photo courtesy of wikimedia.org*

During the Sixteen Days of Activism, MNIG held a Bogosi Gender Pitso in Chobe District to engage Dikgosi on the commitment of government to achieving gender justice. Speaking at the launch of the pitso in Kasane recently, Chobe District officer, Ms Kushata Tsokedi explained that the Bogosi institution was vital in addressing inequality and gender based violence (GBV) within communities. "Dikgosi are custodians and protectors of culture, customs and values hence carry the responsibility to promote positive values within the community and advocate for respect of men, women and children," she said. She added that influence of dikgosi prevailed despite forces of modernity, changing operational structures and procedures and urbanisation. Ms Tsokedi said the pitso was a key intervention in government's efforts to bridge the gap in gender knowledge so that gender justice issues were addressed effectively. "Where traditions and customs are positive and empowering, respectful and inspiring, they must be treasured and passed on to the younger generation. However, where certain traditional practices and customs hurt or disempower, they must be rejected or altered," she said.

Source: Botswana Daily News (http://www.dailynews.gov.bw/news-details.php?nid=16682)

Religion

Faith based organisations play a similar role to the Kgotla. The "I" stories show that many survivors of GBV seek help from their churches. This underscores the need to involve them in the fight against GBV. In a speech in 2016 former Minister Batshu acknowledged the role played by the church and appealed for strong engagement with this sector.

"Ladies and gentlemen, moral decay has taken its toll in the society. It is evident in the excessive alcohol consumption, rape, domestic violence and other social ills. I wish to appeal to you that the church is highly placed to tackle moral decay as the religious community is the van guard of peace and justice in the society. It is also a good contribution to building the moral fibre of the society. On this note, the church must join forces with Government to bring good moral values to the society. The Church must rise and be exemplary to the community members as to create role models and inspire confidence in the institution."[26]

The following case studies show how faith based organisations in Botswana are involved in the fight to end gender based violence.

The Botswana Council of Churches through the Social Concerns Department has been working on Gender and Development including GBV. The Health and Wellness department addresses GBV and HIV and AIDS cases.

The work of the Council is rooted on the theological tenets of oneness in God. "We are all created in God's image. We are one body made up of different part and each part is important. When one part is injured the whole body suffers hence why they use the one body concept to promote gender equality. Each part of the body should look out for each other."

Through the Youth Department, the Council runs a GBV program known as the **Tamar campaign** inspired by a story in the Bible of Tamar, a young girl raped by her stepbrother. The campaign reaches out to women, especially mothers to speak out against abuse unlike Tamar's mother who remained silent. The Men's Ministry focuses on the roles played by Tamar's father and the brother in the story and try to apply them to the real life cases they meet every day. Using drama on this story the Council has raised awareness in other churches especially during the Sixteen Days of Activism campaign.

[26] Remarks made by Hon. Edwin J. Batshu, MP Minister Of Labour And Home Affairs On The Occasion Of Handing Over Of A House By UCCSA Church Held On 9th July 2016 In Shashemooke available at https://www.dropbox.com/home/Political%20Discourse%20Analysis/Non%20GBV%20Speeches/Passion%20killing?preview=UCCSA+builds+a+house+Minister+donates+for+HE-1.docx

The Organisation of African Instituted Churches coordinates African spiritual churches in Botswana. OAIC acknowledges that GBV exists within the churches. The organisation has been empowering its members to embrace women empowerment and assign equal responsibilities in the church. The members are encouraged to have gender balanced constitutions even though there are some who are still resistant. The organisation has marriage officers within the churches that conduct marriage counselling and also bring families together if there are issues of abuse.

In the incidences where church members are sexually abused by church leaders, it is the role of the organisation to take disciplinary action against the perpetrator including suspension or expulsion from the church. They have formed partnerships with the Ministry of Health and Wellness to educate members on issues of GBV. Their achievement so far has been holding annual women conferences for their members where different forms of abuse such as GBV are discussed. One of their major challenges is lack of the needed resources to help them collect statistics of GBV cases they handle; for example they do not have an adequately equipped office. Another impediment to their work is the culture of silence when it comes to GBV issues. Some victims of violence within the church do not report cases.

Household interventions

While community mobilization interventions are an effective means for mobilising social change and raising awareness, they tend to be once-off or periodical. Thus there is need for continuation of such dialogues through the home. The "I" stories have shown that most of the challenges faced by couples start during pregnancy and soon after child delivery when the couple are supposed to abstain from sexual intercourse.

Several women have shared that during this period their spouses would engage in extra marital affairs which further trigger various forms of GBV such as physical and or economic IPV. Quite interesting in the stories is that women felt more pressured to observe post-partum abstinence, while their spouses look for other sexual partners. Some stories show that suspicion between couples results in physical or sexual violence. These stories underscore the need to engage with couples to encourage better communication skills and healthy dialogues. During the commemoration of the World AIDS Day in 2016, the President highlighted the BAIS study which revealed the rise in concurrent partners and the risk it poses to HIV transmission: "HIV transmission continues to be exacerbated by increasing multiple and concurrent sexual partnerships (MCP) which increased from 11.2% in 2008 to 15.8% in 2013 among the sexually active population, 15-49 year olds."[27]

Closing the Sixteen Days of Activism in 2016, Minister Batshu called for family approach in dealing with GBV: "The theme also calls on all critical stakeholders particularly parents and guardians to ensure that children are raised in a stable and peaceful environment to reduce chances of them learning violent behaviours which they tend to emulate when they are grown."[28] Studies have shown that childhood exposure to GBV is associated with increased risk of victimisation or perpetration later in life.[29] According to the GBV Prevention Model programmes that target young children and their families (for example home visitation services and parent training show greater potential for preventing GBV than those directed at adolescents and adults). Early childhood intervention can shape the attitudes, knowledge and behaviour of children while they are developmentally more open to positive influences.

[27] Commemoration of World AIDS Day by the President Seretse Ian Khama 1 December 2015
[28] Closing Statement by Minister of Nationality, Immigration and gender Affairs, https://www.dropbox.com/home/Political%20Discourse%20Analysis/GBV%20Speeches?preview=16+Days+Closing+Speech+Minister+Dec+2016++FINAL.docx
[29] GBV Prevention Model https://www.unicef.org/southafrica/SAF_resources_violenceprevmodel.pdf

Stepping Stones International

Stepping Stones International (SSI) is an NGO started in 2006 to work with youth especially orphans and vulnerable children, those in school and out of school. They raise awareness about GBV and child sexual abuse, spark conversation and empower people with the language to challenge negative social behaviour. Some of their activities include:

- Tutoring on English literacy program in partnership with the University of Utah.
- Life skills comprising goal setting and decision making with focus on HIV and GBV prevention.
- Psychosocial support team conducts home visits as their way of utilising the family approach model.
- Work with OVCs to ensure that in 7 months they are either back in school or at least ready for work.
- Research and advocacy on child protection. Currently they are doing a study on how chiefs handle child abuse cases. They have also done a research on how service providers handle child abuse cases.
- Coordinating the GBV Referral System in Kgatleng. They assist survivors of GBV by referring them to essential services of police, health care specialists, govern-ment social workers, community support persons, counselling or psycho-social support.
- Granny's club.
- The Red Card Campaign, which encourages people to blow the whistle when they see abuse happening. They have produced pocket-sized Red Cards that detail information and tips on preventing GBV and promote positive peer pressure to make GBV and sexual harassment socially unacceptable.

To date SSI has helped in identifying cases of GBV in the Kgatleng area therefore increasing case reporting. Through their campaigns they have increased awareness of GBV in the area. The organisation works closely with the police personnel to curb GBV in the villages. They have implemented edutainment interventions in clinics making people appreciate the different forms of GBV. They have also managed to reach areas outside Kgatleng. Each week they have a minimum of four sexual abuse cases. Legal Aid visits Stepping Stones each week to help clients. The "Gaining Traction by action" research they did on service providers has been a success and it is being quoted by different stakeholders.

Next steps include:

- Advocate for the formation of children's courts.
- Continue to roll-out awareness campaigns in multiple communities.
- Work closely with MNIG to assist in technical guidance as well as facilitate the setting up and monitoring and evaluation of the pilot referral system.
- Improve internal monitoring, evaluation and documentation of GBV cases at SSI.
- Leverage more financial, political and international support.
- Capacity build/train at all levels of the system (i.e. - police working with children in ways in which they prevent secondary victimisation).
- On-going capacity building and support for human resources.

Source: Stepping Stones International 2017.

Individual

This section focuses on interventions that seek to empower women as well as programmes that target individual behavioural change particularly among men. While community mobilisation provides a conducive environment for challenging inequitable gender norms that promote GBV, at the end of the day it boils down to an individual either to change behaviour or to take positive action. According to the GBV Prevention Model, interventions that work with individuals should be able to stop abuse, encourage women and men to participate in campaigns and eventually lead the campaigns.

IWD march at Ditshegwane. *Photo: Kabelo Tsiang*

Women's empowerment

> "He stopped bringing money home; he would buy and sell our cars without consulting me; anything to do with money he decided by himself. Whenever I confronted him, he would get very angry. Sometimes I wondered what kind of marriage we had where we didn't make decisions together. He lost interest in me and stopped caring about what happened to me. It was so bad that when I had an operation and was hospitalized for 7 days, he never once came to see me. Even after I was discharged, he showed no regard for me at all. I had to go for checkups by foot even though we have a car. He beat me when I brought it up. He told me in no uncertain terms that the car was his and his alone." - Laone

Poverty particularly among women has been identified as a significant factor fuelling GBV in communities. Government statistics reveal that poverty characterizes a lot of female headed households and by extension majority of women in Botswana. Of the Batswana enrolled in the poverty eradication programmes majority are women, as they are the ones who are mostly unemployed. Also women businesses are still finding it hard to exist and progress due to competition for a small market with big established companies.[30] The "I" stories have shown that several women stay in abusive relationships because they are financially depended on their partners who also happen to be the perpetrators of violence.

The evaluation of the Economic and Social Empowerment programme being implemented by International Rescue Committee in Burundi found a decrease in IPV and physical harm among participating households and an increased role for women in decision-making through economic empowerment.[31] The IMAGE project in South Africa show similar findings. The project offers rural women access to microfinance so that they can set up businesses and become economically self-sufficient, as well as gender and HIV education, to help them negotiate sexual relationships and challenge negative attitudes within their community. Among women participating in the intervention, their experience of physical and/or sexual violence reduced by half compared to a control group of women from villages that were not recipients of the intervention.[32] In Botswana Gender Links is implementing a similar project - the Sunrise Campaign.

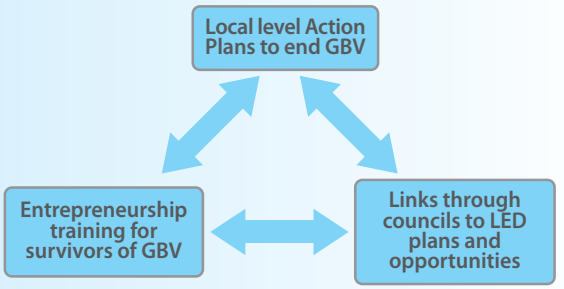
[30] Strategy document by GL available at http://genderlinks.org.za/wp-content/uploads/2016/03/BOTSWANA Strategy2016to2020_ahgrmf_271015.pdf
[31] Holmes, R and Bhuvanedra, D (2014). Preventing and responding to gender-based violence in Humanitarian crises.https://assets.publishing.service.gov.uk/media/57a089b2ed915d3cfd0003a8/GBV_in_emergencies_NP_77_web.pdf
[32] Holmes, R and Bhuvanedra, D (2014). Preventing and responding to gender-based violence in Humanitarian crises.https://assets.publishing.service.gov.uk/media/57a089b2ed915d3cfd0003a8/GBV_in_emergencies_NP_77_web.pdf

SUNRISE CAMPAIGN

The Sunrise Campaign which is being implemented in 10 Southern African countries in partnership with 101 councils has to date reached over 1350 survivors of GBV in 101 councils training them as entrepreneurs.

The programme focuses on an integrated approach of life skills and entrepreneurship training including confidence building; decision making, business management, use of IT, networking and addressing the underlying structural inequalities between women and men. Informed by the Ecological Theory of Change, the project aims at addressing power relations at an individual, personal relationship, community and societal levels.

Key partners in the project included 10 councils in each of ten Southern African countries (Botswana, Lesotho, Madagascar, Mauritius, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe) that form part of the Centres of Excellence for Gender in Local Government. The councils helped to identify participants, improve access to markets, infrastructure, finance and mentorship.



One hundred and nine survivors of gender based violence (GBV) in 10 councils in Botswana trained as entrepreneurs. Average monthly income among participants in Botswana increased by P401. Fifty nine percent added new products and 54% found new markets; 48% indicated starting a new business and 29% increased the size of their business; 41% opened a bank account and 35% increased E mail usage. 96% of participants said they now experience less or much less GBV. The average Botswana score of 82% for relationship control is the highest in the region.

GL Monitoring and Evaluation Manager Fanuel Hadzizi buying from a start-up Entrepreneur, Sense Mokoti. *Photo: Mboy Maswabi*

Some important outcomes in Botswana are demonstrated in the personal accounts of participants through "I" stories and interviews: "I have realised that there is a link between gender based violence and economic empowerment because when you are financially independent you do not annoy anyone by asking for this and that. You buy

what you want when you want it with your own money and within your means. Women in my community love to associate with me. They heard about me on radio. They also want to meet with GL officers as they too want the same lessons as given to me by GL." ***Sense Mokoti*** *from Chobe Council*

Many of the women have expressed having **more self-confidence** because they have learned more about GBV and running a business which has given them more status in their homes and the community. "My challenge was that I was living with a man who was very abusive and because I loved him I didn't see his abusive behaviour as anything violent to me. I ended up deciding to break up with this man as I feared for my life. I reported the matter to the relevant authorities. I am no longer abused; I had to stand up for myself to be a winner. My family and friends are happy for the decision that I have made. My knowledge of women's empowerment has helped me to reduce abuse. I am not scared to share or talk about how I managed to go through all the abuse in my life. Most of the people in our country are scared to come forward and seek help when they are being abused." *Shally Bridget Gontho from Lobatse*

In some cases survivors have been able to **provide jobs** for others in their community. "Before Gender Links I had experienced violence from my husband and family members even from some members in my community. They called me names because I was a beggar, a shebeen queen and when times were very tough I also resorted to selling dagga. But since I met Gender Links I am my own boss. I do not experience physical abuse nor do I experience emotional abuse. There is change in my life, I own my own private company and I am the sole owner and I create jobs for Batswana men and women. I also encourage other people to go green and have their own back yard gardens and nurseries to generate income." ***Gladys Simon*** *- Chobe*

Before the project started some of the women were already running small businesses and have said they have been able to **improve how they run the businesses**. "Before the training I was dependent on my family and I ran the business at a loss but after going through the training there was a difference. I can now pay school fees for my son and be able to give him all the support he needs. The courses have given me ideas about market research and market gaps which I apply in my business today. I want to see my business growing. In the near future I would like to have a chain of stores." *Gontle Motang from Goodhope*

One of the main aims of the project was to **increase survivor's personal agency** and many have indicated positive changes in their relationships. "I did not give up in life despite all he put me through. Rather I showed him that I can do just fine without him by my side. All this education helped me reduce the abuse in my life and helped me become the person I am today. I managed to change because now I do not depend on a man for anything; rather I am now able to support my children with the little I get. At times people I live with ask me how I manage without working and without a man by my side but I always tell them; it's because I have accepted the situation." *Boineelo M. Bareng - Kanye*

Gladys Simon now runs a flower business and arranged flowers for the National Summit in Gaborone 2014. *Photo: Gender Links*

Engaging men to end GBV in Botswana

Launch of Sixteen Days in Mochudi, fromer Minister of Nationality,Immigration and Gender Affairs Edwin Batshu with Desmond Lunga Team leader of Men and Boys for Gender Equality during stall visits.
Photo: Keletso Metsing

The last few decades have seen a rise in organisations that work with men both perpetrators and non-perpetrators towards ending GBV. These organisations have met with varied responses with some feminists questioning their credibility and efficacy. To date several studies have shown that to make much progress towards gender equality there is need for involving men. Men being part of the problem they are part of the solution.[33]

In Botswana the Men Sector was established in 2000 to advocate for men and mobilize them to be actively involved in the fight against HIV and AIDS, as they were highly affected. Initially it targeted those ministries with more men like Botswana Defense Force, Botswana Prison Services, and Botswana Police Services etc. There are District Men Sector Committees across the country to ensure that all parts of the country are covered and men are engaged from their localities. The Sector has an executive committee made up by high level government officials and the leader of the Ntlo Ya Dikgosi.

The Men Sector have launched a programme dubbed *Men in the Kitchen* in Shakawe in the Okavango Sub-district. The programme targets boys aged 15 to 20 years. Adopted from their development partners in Mozambique, the aim of the programme is to change young boy's lives as well as impact their upbringing by teaching them their culture and domestic chores that involve cooking, washing and others.

The Ministry of Health is working with men through the Men Involvement (MI) project designed in 2004 to integrate male involvement in health including Sexual Reproductive Health (SRH), prevention and management of sexually transmitted infections (STIs), HIV and AIDS and GBV. Through the MI project, the Ministry of Health launched the **Movember Campaign** on the 13 of November 2013. This global campaign uses the month of November to raise awareness on issues that affect men's health. The Ministry of Health expressed concern that men and boys who are victims of GBV are at risk of contracting diseases including STIs but do not access equal attention and services like their female counterparts[34]. The MI project covers a wide spectrum of health including the neglected communicable and non-communicable diseases affecting men, mental illness, alcohol and substance abuse, physical fitness and GBV.[35] Several projects that work with men have been criticised for overly emphasising HIV and GBV neglecting other health issues.

[33] Engaging men on gender equality website available at https://www.dca.org.au/research/project/engaging-men-gender-equality
[34] The Ministry of Health Permanent Secretary Mrs S. El Halabi at the Ministry of Health Wellness Week 3rd November 2015.
[35] Ibid.

Men and Boys for Gender Equality

Men and Boys for gender equality (MBGE) is the secretariat of Men Engage Botswana. Men engage is a global network of organisations that target and work with men and boys. MBGE's mission is to engage men in reducing gender inequalities, preventing HIV, promoting healthy life styles for men, women and children and fighting GBV. The organisation has been in existence since 2013 and is in Botswana targeting primarily men and boys.

The organisation seeks to break the stereotype that children especially the boys who grow up in abusive families are most likely to perpetrate violence in their adulthood. They challenge this assertion by introducing positive role modelling to the boy child and enhancing communication between men and women and reduce the absenteeism of fathers in the lives of their children.

Men Care is a global programme that encourages the involvement of men in their children's life from the beginning i.e. pregnancy, at birth and throughout the child's life. It also encourages men to be active in the household even assisting with chores.

One man can is community mobilisation tool that calls for men to take action in ending GBV, as a solution to ending violence. It talks to community interventions that men can engage in to reduce GBV in their communities. It also talks to how men can be able to support other men and shun negative behaviour in an effort to help men change the negative behaviour. It shows that men have the power and can take the lead in ending violence.

Love to live is a youth-oriented programme that targets youth who have challenges around socialisation, drug and alcohol abuse and peer pressure. Through peer education they try to help them to focus on their future and also on issues of gender equality. They link them up with organisations that can support them to start-up businesses or go back to school and also engage them through provision of counselling and gender transformative programming and other issues that affect them daily.

Direct Engagement with men who have perpetrated violence and those with relationship problems are supported through provision of counselling services to themselves and where possible also with their partners. Majority of the men who come in to seek counselling are those who have perpetrated abuse.

Media wing reaches out to communities through TV and Radio talk shows. The intention of these is to create platforms to start dialogues around gender issues so that people can hear the messages over and over to start the transformation.

The organisation targets children between 13 to 25 and men who are fathers and those with pregnant partners. To identify the men they have referrals from the clinic, media and community outreach. MBGE targets locals and use them in their GBV prevention strategy in order to ensure that interventions are localised. They have sites in Mahalapye, Shoshong and Otse.

Men and Boys is funded by the government through the Drugs and Alcohol Levy and by some external donors. The organisation acknowledges that while there are men experiencing violence women are the ones mostly affected. The recommendation from the organisation is to have a place where men who have perpetrated abuse or experienced abuse are removed from the home as it is unfair on women only to be displaced.

Interviewing Men and Boys for Gender Equality. *Photo: Keletso Metsing*

Conclusion

GBV calls for multidimensional prevention approaches. Prevention should be mainstreamed within the various levels of the Ecological Model: individual, relationship, community and societal. The GBV Prevention Model presented in this chapter illustrates how these factors can be effectively woven together to target GBV before it occurs, when it occurs and after it has occurred.

At all levels political commitment is imperative. To date the Botswana government has shown political will, being the first country to adopt the GBV Indicators Study for monitoring its efforts. Awareness in both the Sixteen Days and 365 Day campaigns by both women and men has increased. Since the 2012 Study, there has been a significant rise in the proportion of women and men participating in the GBV campaigns.

This study recommends that the Government, particularly MNIG, use the findings to develop and update action plans at both national and district level to respond to GBV. Another recommendation is for the Government to have an explicit budget on GBV to facilitate the implementation of these action plans. Lessons on how to effectively support a cause should be taken from the Government's response to HIV.

GBV exists in a cultural context that includes unequal gender relations that subordinate women and put pressure on men to be tough (manly). Prevention should focus on challenging these norms and empowering women and men to stand against abuse. Still lacking within Botswana society are family interventions that challenge gender inequitable norms. The "I" stories show that extra marital affairs or suspicion of them are common.

Several women cited the culture of post-partum abstinence as a significant trigger of cheating and abuse. There is need to look into this practice and find solutions.

The government has done a commendable job in involving traditional leadership and faith based institutions who are the custodians of traditional culture and religion. There is need to follow up on the Joint Advisory Committee comprising the Botswana Council of Churches and those from the Ntlo ya Dikgosi commissioned by the President in 2008 to investigate the cause of the decay in moral values in the Country. This study recommends that the National Action Plan developed by the Dikgosi takes into account some of the GBV issues that have been raised in this report.

This chapter has highlighted the work by Stepping Stones as a good case study of primary prevention as they work with the youth challenging harmful attitudes and norms. They also employ a family oriented approach by engaging families in dialogues. There is need to invest secondary and tertiary prevention strategies. Gender Links' Sunrise Campaign, like the IMAGE project, has proven to be an effective intervention that economically empowers survivors of GBV so that they do not experience secondary victimisation.

Tertiary prevention involves working with women and men for long term outcomes, for example engaging men who are perpetrators of violence. Men and Boys for Gender Equality and the MenEngage Network have been engaging men and boys to promote gender equality. The major challenge facing most NGOs is lack of funding. Government needs to allocate more resources to prevention initiatives.

Not all men are perpetrators: some also experience GBV at the hands of women. However, because of societal expectations, it is even more difficult for men than for women to speak out about abuse. There is need to create a conducive environment for both women and men to speak freely about abuse. This can be done by publicising the findings from this Study showing that GBV is not only a woman's issue. However, caution needs to be taken not to equate VAW to VAM since the women remain disadvantaged in many ways.

CHAPTER 8
CONCLUSIONS AND RECOMMENDATIONS

The 2012 GBV Indicators Study paved the way for forward looking strategies that are inspiring the younger generation. *Photo: Vincent Galatlhwe*

The Botswana Relationship Study (BNRS) broke new ground with its larger, more inclusive and diverse sample, and by bringing in Violence Against Men (VAM) for the first time. This Chapter brings together the key conclusions and recommendations from the study.

An overarching recommendation is that a *study of this nature be undertaken every five years to benchmark progress*. Botswana has already set a standard in the SADC region by carrying out a follow-up study. Making it routine will play critical role in enhancing accountability. The study should also inform a more robust Monitoring and Evaluation Framework that sets baselines, targets and indicators on every parameter, in every district.

This will help to ensure that progress can be measured in small steps, from community level all the way through to the national level. A key message from the report is that just as Botswana has taken great leaps in reversing HIV and AIDS, *community by commu-nity, the fight against gender violence can be won! Botswana is determined to score a goal for gender equality by ending gender violence as part of its Vision 2036!*

Extent

Conclusions

- One in three women in Botswana and one in five men have experienced some form of GBV in their lifetime, with the highest form in both cases (emotional violence) being the least likely to be reported to police.
- Men's reported perpetration strongly corroborates women's reported experiences. Although men's reported experiences are less strongly corroborated by women's reported perpetration, evidence gathered through first-hand accounts or "I" stories show that men also experience emotional and some physical GBV.
- Specific areas such as mining towns and tourist resort areas such as Chobe are especially at risk of experiencing GBV.
- Women in towns are at greater risk of experiencing IPV than their male counterparts.
- Women with disabilities are three times as likely to experience GBV as men, and half as likely to perpetrate IPV.

Recommendations

- Provision of psycho-social support should be made a priority in responding to GBV. More resources should be allocated towards a health sector response that places mental health services at the centre.
- Further research is needed into the similarities and differences between VAW and VAM to assist in appropriate targeting of responses. A more in-depth analysis of the "I" stories gathered for this research would be a useful starting point.
- District statistics from this report should be used to benchmark the levels of GBV across the country and inform programmes.
- Priority focus should be placed on hotspots like Chobe and the mining towns which show consistently higher levels of violence.
- Priority focus should be placed on the most vulnerable, especially disabled women.
- Further research is necessary to understand the underreporting of GBV in Botswana. Service providers including police and health facilities need to improve on victim-friendly service delivery.
- GBV campaigns need to empower women and men to speak out and seek help especially in the mining areas.

Drivers

Conclusions

- Child abuse emerged as the strongest determinant of GBV perpetration.
- Age is a significant factor in influencing both perpetration and experience of violence with younger age groups exhibiting higher levels of violence. Older age groups act as protective factors against perpetration of IPV.
- Higher education reduces the odds of becoming a perpetrator of IPV.
- Having multiple sexual partners not only triggers intimate partner violence but also increases the risk of HIV infection. This finding was augmented by the "I" stories many of which made reference to a partner cheating or having suspicions of cheating.
- The "I" stories have revealed some deep underlying cultural norms that perpetuate GBV for example the post-partum sexual abstinence which is expected for women and not men.
- While the association between gender attitudes and perpetration of GBV was not tested, the attitudes themselves revealed that people in Botswana, especially men, uphold gender inequitable norms.

Recommendations

- To stop the vicious cycle of violence resulting from child abuse, MNIG in collaboration with the Ministries of Basic Education, Health and Welfare and Local Government and Rural Development should initiate primary prevention programmes that focus on child abuse, especially for the boy child.
- The Ministry of Basic Education should develop school based programmes that enhance the capacity of pupils to develop social, emotional and behavioural skills needed to build positive relationships.
- The Department of Social Protection should strengthen early surveillance of child abuse.

- Programmes that work with men for example the Men Sector at district level should be upscaled to challenge harmful notions of masculinity and facilitate rehabilitation in case of child abuse.
- Ministry of Nationality, Immigration and Gender Affairs and Ministry of Health and Wellness need to synergise GBV and HIV prevention programmes.
- Ministry of Nationality, Immigration and Gender Affairs should collaborate with the Dikgosi and the Council of Churches on culture and religion specifically in mobilising communities to address family and relationships issues such as infidelity, gender attitudes and norms.
- Statistics Botswana and Ministry of Nationality, Immigration and Gender Affairs should commission further data mining on attitudes to determine age and geographic distribution and other factors not analysed in this Study.
- Ministry of Nationality, Immigration and Gender Affairs should develop age and location-specific interventions.

Effects

Conclusions

- GBV can have far-reaching health complications that can result in hospitalisation, permanent disability or even death.
- While women and men are affected by GBV, the effects on women are more profound and far reaching.
- Economic consequences of GBV such as staying in bed as a result of injuries has a negative impact on the economic productivity of individuals, families and the nation at large.
- This and other studies show the link between GBV and HIV. Both epidemics disproportionately affect women; both are rooted in gender inequality.
- GBV contributes to mental illness especially depression. Botswana has dedicated legislation and policies on mental illness as well several provisions in other laws.
- Botswana has wisely integrated mental health within the primary health care system. However people still prefer to consult traditional healers or not to seek help.

Recommendations

- A dedicated study that assesses the costs of GBV from individual level to national level, looking into all the relevant ministerial and national budgets and expenditure reports. This will enable a comprehensive understanding of the impact of GBV at the micro and macro level.
- Address the power imbalances that perpetuate the repressive patriarchal system which subordinates women. For example the rape attitudes and gender attitudes analysed show that men still objectify women.
- An intensive engagement with men and boys to challenge gender inequitable attitudes and norms which promote GBV and increases the risk of HIV transmission.
- Destigmatisation of mental illness.
- Working with traditional healers to ensure all cases of mental illness are documented.
- Programmes that highlight the multidirectional link between alcohol abuse, GBV and HIV and AIDS as well as mental illness.

Response and support

Conclusions

- Botswana has acceded to numerous regional and international instruments to end discrimination against women and end GBV. These include CEDAW, and the SADC Protocol on Gender and Development.
- Botswana's Vision 2036 articulates a clear path for achieving gender equality.
- The Country has made great strides in localising the instruments through enacting and reviewing laws such as the Domestic Violence Act, the Penal Code, the Criminal Procedure and Evidence Act, the Employment Act and the Deeds Registry Act.
- The prevalence of GBV reported in the survey is seven times higher than that reported to the police. In the survey, only about one in nine women raped said they reported this to the police.
- About one quarter of all cases filed with the police are withdrawn.
- The study could not obtain comprehensive court data to assess further levels of withdrawal within the criminal justice system.

- Data from customary courts does not expand to show the relationship between the complainant or survivor and his or her perpetrator. As such, it is difficult to make inferences on the use of services by non-partner and intimate partner violence survivors.
- There are currently only two places of safety for survivors of GBV, both run by NGOs.
- There are no perpetrator rehabilitation programmes in Botswana except for correctional programmes.

Recommendations

- A centralised database to enable easy access to data and speeches from all government deparments including data from the courts.
- Perpetrator rehabilitation programmes to prevent repeat cases of GBV.
- Further research into the push factors that lead to withdrawal of reported cases at police stations.
- State support for places of safety that are sufficiently decentralised to ensure that all who need such facilities have access.

Prevention

Conclusions

- The Botswana government has shown great political will being the first SADC country to adopt the GBV Indicators Study and follow up for monitoring its efforts.
- GBV only featured in 11% of the public pronouncements made by politicians in the year leading up to the study.
- There is increased awareness in both the Sixteen Days and 365 days campaigns by both women and men.
- Since the 2012 Study there has been a significant increase in the proportions of women and men participating in the GBV campaigns, especially social media. There is a strong correlation between participating in a march or social media campaign and taking action to end GBV.
- Several case studies attest to innovative initiatives under way to raise awareness and change behaviour. These include Stepping Stones work with the youth; GL's Sunrise Campaign - economic empowerment for survivors of GBV; and the work with men and boys.
- Not all men are perpetrators; in fact there are some men who have also experienced GBV at the hands of women. However, because of the societal expectations of gender relations, it is difficult for them to come out and speak out about abuse.

Recommendations

- Place prevention at the centre of the GBV management model instead of as an afterthought.
- A Cabinet Directive to ensure that every Ministry has a Zero Tolerance for GBV Action plan and that this features prominently in political pronouncements, including in the coming elections.
- Develop a comprehensive prevention strategy that includes primary, secondary and tertiary interventions at all the levels of the ecological model: individual, relationship, community and societal.
- Intensify economic empowerment of women so that they do not experience secondary victimisation.
- Work with the media and sports fraternity to ensure that they become part of the solution.
- Create safe spaces for both women and men to freely speak out about abuse such as setting aside offices for GBV clients in police stations that do not have such and development of one stop shops for GBV.
- Strengthen the work of Centres of Excellence for Gender in Local Government in ending gender violence, community by community.
- Highlight what works during the Sixteen Days of Activism campaign each year.
- Intensify awareness campaigns the Sixteen Days campaign to a 365 day a year campaign of Zero Tolerance to GBV.

Annex A

List of Stakeholders

Name	Position	Organisation
Gender Affairs		
Kebonye Kgabele Moepeng	Permanent Secretary	Ministry of Nationality, Immigration and Gender Affairs
Thapelo Phuthego	Director	Ministry of Nationality, Immigration and Gender Affairs
Phemelo Maiketso	Deputy Director	Ministry of Nationality, Immigration and Gender Affairs
Vuyelwa P. Segokgo	Chief Gender Officer	Ministry of Nationality, Immigration and Gender Affairs
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Malebogo Abesai	Intern	Ministry of Nationality, Immigration and Gender Affairs
Kgomotso Josephine Simon	Intern	Ministry of Nationality, Immigration and Gender Affairs
Reference Group members		
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Valenciah K.D. Mogegeh	Director	Gender Perspectives
Prof Tirelo Modie-Moroka	Lecturer-Social Work Department	University of Botswana
Dr Lesego Gabaitiri	Lecturer	University of Botswana
Kealeboga K. Dambuza	Gender Specialist	UNFPA
Grace Mphetolang	Manager Census and Demography	Statistics Botswana
Lorato Moalusi	Director	Kagisano Society Women's Shelter
Irene Ramatlala	Gender and Youth Program Specialist	USAID
Technical Working Group members		
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Moemedi Tsimamanyane	Programs Manager	BALA
Kelebogile Motlhanka	Health Sector Sexual and Gender-Based Violence Programme Coordinator	Ministry of Health and Wellness
Daniel Motsatsing	Violence Against Children Survey Coodinator	Department of Social Protection
Chawapiwa Mahlaya	Gender & Grants Coordinator/ Response Manager	Peace Corps
Thatatsotlhe Nwokoro	Senior Superintendent	Botswana Police Service
Boikhutso Kelediyakgotla	Senior Superintendent	Prisons
Lydia Mafoko-Ditsa	Director	Gender Dynamics
Tshenolo Madigele	Lecture	University of Botswana
Gontse Luza	Councillor	Kagisano Society Women's Shelter
Botswana Police - Focus group discussion members		
Catherine Rauwe	Assistant Commissioner	Botswana Police Service
Elizabeth Mamapilo	Senior Superintendent	Botswana Police Service
Thatatatsothle Nwokoro	Senior Superintendent	Botswana Police Service
Charles Mbengwa	Superintendent	Botswana Police Service
Jane Chanungwa	Assistant Superintendent	Botswana Police Service
Arthur Maetso	Sub Inspector	Botswana Police Service
Onkemetse Mokgalagadi	Sub Inspector	Botswana Police Service

Name	Position	Organisation
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Kealeboga K. Dambuza	Gender specialist	UNFPA
Judith Shongwe	M & E Specialist	UNFPA
Government		
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Ruth Radibe	Director	Department of Social Protection
Kelebogile Motlhanka	Health Sector Sexual and Gender-Based Violence Programme Coordinator	Ministry of Health (SRH) Unit
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National Gender Commission		
Kgosi Kgolo Mosadi Seboko of Balete	Chairperson	
Civil Society		
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Desmond Lunga	Team Leader	Men and Boys for Gender Equality
Sekgabo Ramsey	Secretary General	Botswana Council for the Disabled
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Lieutenant General Tebogo Masire	Founder and Director	THC Foundation
Ludo Matshameko	Secretary General	Botswana Association of Local Authorities (BALA)
Game Mothibi	Secretary General	International Working for Women in Sports
Moweu Simane	Director	Botswana Council of Churches
Tebogo Motlhagodi	Botswana Chapter President	Organization of African Instituted Churches (OAIC)
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Peggy Ramaphane	Director	Women Against Rape
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Academia		
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Tswelelo Mogotsi	Executive Editor	Gabz FM
Bonnie Aron	Producer	Gabz FM
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Legal		
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Faith Dumsile Dlamini Ng'andu	Chief Magistrate	Broadhurst Migastrate

Annex B

List of Research Assistants

Supervisors:

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Kagisano Society Women's shelter statistics

Year	Month	Number of GBV cases attended								Counselling sessions conducted		
		Physical	Psychological/ Emotional	Economic	Sexual (other than rape)	Defilement	Rape	Inheritance	Total	Telephone	Number of returning Clients	Number of Legal Drafts
2016	Jan	11	43	1	1	0	1	1	58	25	10	6
	Feb	19	26	12	4	0	0	0	61	9	52	8
	Mar	28	86	86	1	0	0	0	201	73	35	23
	April	21	53	15	5	0	1	0	95	9	15	17
	May	40	144	31	4	0	0	3	222	5	54	18
	June	29	135	29	25	0	0	0	218	2	95	4
	July	8	24	0	0	0	0	0	32	29	47	0
	August	6	37	-	2	2	0	0	47	20	37	0
	Sept	40	289	23	11	0	0	0	363	0	47	0
	October	15	77	15	9	0	0	0	116	0	13	6
	Nov	35	129	36	7	0	0	0	207	0	36	11
	Dec	13	62	12	1	0	0	0	88	2	18	4
	Total	**265**	**1105**	**260**	**70**	**2**	**2**	**4**	**1708**	**174**	**459**	**97**
2017	Jan	24	79	15	3	0	0	0	121		0	1
	Feb	31	93	21	2	0	0	0	147		32	0
	Mar	14	48	12	2	0	0	0	76		18	0
	Total	**69**	**220**	**48**	**7**	**0**	**0**	**0**	**344**		**50**	**1**

Source: The Kagisano Society Women's Shelter 2017.

Annex D

Sample Size Allocation of Sample (Households) to Strata

The following assumptions were taken into consideration in the calculation of the sample size of this survey.

i. **Design effect:** It is the ratio of sample variances from the survey to that of a Simple Random Sample of the same size has been carefully considered. It has also an effect in the determining the sample size, the acceptable range which normally between 1.5 to 2.0 and the decision to use *DEFF* of 2 was reached.

ii. **The cluster size:** In a complex designs involve clustering and stratification, the clustering effect has been controlled by fixing the number of households to be interviewed in each EA. For this survey twenty (20) household per each selected EA were visited and enumerated, this made m = 20. Due to homogeneity factor, it is assumed that the cluster size of 20 will serve the optimum purpose and increasing it will have a tendency of increasing the standard errors, hence the inter-correlation coefficient (ICC). ICC = (DEFF - 1) / (m - 1) = (2-1)/ (20-1) = 0.0526= 5 percent. The implication of this procedure at a design stage, help in ensuring that there are no correlation of errors in the survey.

iii. **Household size:** According to the PHC 2011, the estimated household was 3.68. It is factored in so that total household in the sample are not under estimated. Omission of the estimate will result in unreliable estimates at household level which has some peculiarity for this particular survey.

iv. **The Domain factor sample size adjustment:** Domains are merely the sub-national geographical strata which have been established within the country such that the estimates produced will be able to guide policy formulation purposes. It is common practice to increase the national sample size, n, by a factor close to the number of estimation domains, thus selecting n cases in each domain. Having justified the rationale behind the computation, Botswana has been divided into three (3) of such domains; which are; Cities/towns, Urban Villages and Rural Villages, and Vijay Verma and Turner G A (2000) suggested ways to increase the national sample size by a factor of $D^{0.65}$, where D is the number of domains. By using these Domain Factor to increase the sample size, will yield reliable estimates at both sub-national and national levels.

v. The survey require precision of 95 percent confidence level and 5 percent point was used for adjusting the sample size upward to account for non-response.

All these parameters were factored in the following formula;

$$n = D\frac{Z_{a/2}^{\ 2}P(1-P)g}{e^2 * h * r}$$

Where;

- $Z_{a/2}$ is value of z which provides $a/2$ in each tail of normal curve if a 2-tailed test is used or a in one tail if a 1-tailed test is used. If a, the type-I error, is .10 then the 2-tailed Z is 1.645, a specifies the probability of declaring a difference to be statistically significant when no real difference exists in the population.

- e is the margin of error or allowable error, 1% was used.
- h = the average household size of 3.68 (PHC 2011)
- g is the factor necessary to raise the sample size ***n*** with a specific percentage for non-response (for example g=1/0.9 =1.11 to raise the sample size by 10 percent).

This survey had its on peculiarity in the design to separate men and women samples. Therefore the final sample size for men yielded **236** Enumeration Areas and **4711** households, whereas for women was **277** Enumeration Areas and **5542** households.

vi. **Sampling procedure at both EA at household level**
Sampling procedure for selecting EAs in each stratum:

a) Calculating the sampling interval for each stratum

$I = \frac{\sum M_i}{n}$, where $\sum M_i$ is the size of the stratum (total number of HHLDS) and is the number of EAs to be selected in the stratum.

b) Calculating the cumulated size for each EA.

c) Calculating the sampling numbers

$$R, R+I, R+2I, \ldots, R+(n-1)I$$

where R is the random start number between 1 and I.

d) Comparing sampling number with the cumulated size to determine the selected EAs.

e) Second stage sampling.

- 2420 HHLDS were drawn systematically from the selected EAs.

Systematic selection of HHLDS were done as follows:

Calculating the sampling interval

$I = \frac{M}{m}$, where M the total number of occupied HHLDS listed in the stratum and m is the number of HHLDS to be selected in the stratum.

Calculating the sampling numbers

$R, R+I, R+2I, \ldots, R+(m-1)I$ where R is the random number between 1 and I.

vii. **Sampling Weights**

There are three components of weighting used:

First Stage weighting (From EA to Stratum Level) - account for varying probability of EA selection. For the EA in the stratum, the first stage weight is determined by:

$$W_{1hi} = \frac{\sum_i M_{hi}}{n_h M_{hi}}$$

Where

W_{1hi} = The first stage weight for i^{th} EA in h^{th} stratum

n_h = The number of EA's selected in h^{th} stratum

M_{hi} = The size of the i^{th} EA in h^{th} stratum

$\sum_i M_{hi}$ = The total size of h^{th} stratum

Second stage weighting (From HHLDS to EA level): obtained by dividing the total occupied HHLDS by the number of selected HHLDS in the EA

$$W_{2hi} = \frac{M^o_{hi}}{m_{hi}}$$

Where

W_{2hi} = second stage weight for i^{th} EA in h^{th} stratum

M^o_{hi} = Total number of listed HHLDS in i^{th} EA in h^{th} stratum

m_{hi} = The number of occupied HHLDS selected for the i^{th} EA in h^{th} stratum

Non Response Adjustment: The non-response adjustment for the i^{th} EA in h^{th} stratum

$$R_{hi} = 1 + \frac{m_{2hi} + m_{4hi}}{m_{1hi} + m_{5hi}}$$

Where

m_{jhi} = Number of occupied Households falling under j^{th} result code in i^{th} EA in i^{th} stratum

Note: $j = \begin{cases} 1.Completed \\ 2.Partiallycompleted \\ 3.\text{Re } fused \end{cases}$

Both the **completed and the partially completed** status constituted the responses and analysed as such so that no data is lost.

Thus,

The **final weight** for the i^{th} EA in h^{th} stratum is:

$$W_{hi} = W_{hi} * W_{2hi} * R_{hi}$$

Annex E

Botswana Matrix of Gender Based Violence Indicators

Name of indicator	Definition	Disaggregation (to assess vulnerability)	Source	Use of data
EXTENT OF THE PROBLEM				
Rate of violence	*Calculate:* number of women/men 18 years and above who are survivors of violence (physical, sexual, psychological) by current or former partner in the last year, and over lifetime, divided by the total number of women in the survey, multiplied by 100	**Sex** Women Men **Age** Rate of violence according to the various age groups **Geographical** District Urban/rural **Economic** Rate of violence in households living in poverty Rate of violence in households not living in poverty **Employment Status** Rate of violence against women in paid employment Rate of violence against women in unpaid domestic work **Education Level** No education, primary education, secondary education, higher education **Disability Status** Rate of violence among people with disabilities **Migration status** Rate of violence among migrants and non-migrants **Pregnancy** Rate of violence against pregnant women Rate of violence against women who are not pregnant **Marital status** Rate of violence against married women Rate of violence against single	Prevalence and attitudes survey Police data	The data can be used to understand the extent of the problem and form based for prevention and response mechanisms
Rate of sexual violence	*Calculate:* number of women/men 18 years and above who are survivors of sexual violence by a current or former intimate partner in the last year, and over lifetime divided by the total number of women in the survey, multiplied by 100		Prevalence and attitudes survey Police data	To determine extent of the problem. Used to inform the roll out of hotspots for sexual violence such as rape
Rate of physical violence	*Calculate:* number of women/men 18 years and above who are survivors of physical violence by a current or former intimate partner in the last year, and over lifetime, divided by the total number of women in this age group in the survey, multiplied by 100; Confirm with information from shelters		Prevalence and attitudes survey Police data Shelters data	Used to determine extent of the problem; which groups are most affected and what response and prevention mechanisms can be put in place
Rate of psychological and economic violence	*Calculate:* number of women/men 18 years and above who are survivors of psychological violence by a current or former intimate partner in the last year, divided by the total number of women in this age group, multiplied by 100		Prevalence and attitudes survey Department of Social Development, Shelters	Used to determine women economic empowerment and life skills programmes
Rate of femicide	*Calculate:* number of women between 15 and 65 years of age who are survivors of femicide by a current or former intimate partner in the last year, divided by the total number of women in this age group, multiplied by 100		Police data	Used to understand the problem and inform policy makers on how to stem the problem
Profile of female/ male survivors of violence. The number of female/ male survivors of domestic violence (all numbers should appear as both total amounts and as % of the whole female population). Background information on the female/male survivors (all numbers should appear as both total amounts and as %	- *Calculate:* the number of survivors according to the criminal statistics; - *Calculate:* the number of survivors according to surveys; - *Identify:* any other statistical data concerning female survivors e.g., the number of women seeking assistance in the health system, the number of survivors seeking refuge at crisis centres. - Relation to the perpetrator - Age - Marital status - Citizenship - Any other relevant background information e.g., educational background, labour status		Prevalence and attitudes survey Qualitative research Shelters	Data used to determine extent of the problem and use the information to build places of safety including half way houses as a response Determine extent of the problem and resources that need to be budgeted towards addressing the scourge

Name of indicator	Definition	Disaggregation (to assess vulnerability)	Source	Use of data
of the whole female population)		women who live with a partner		
Profile of male perpetrators The number of perpetrators involved (all numbers should appear as both total amounts and as of the whole male population)	- *Calculate:* number of perpetrators seeking assistance at crisis centre - Calculate: the number of perpetrators according to surveys - Identify: any other statistical data concerning male perpetrators e.g., the number of women seeking assistance in the health system, the number of survivors seeking refuge at crisis centres.	Rate of violence against women who are separated **Where violence took place** Perpetrators home Survivor home Public place School	Prevalence and attitudes survey and Qualitative research	Inform rehabilitation programmes
DRIVERS OF GBV				
Attitudes towards GBV	Questions that measure attitudes Individual attitudes Relationship control scale Attitudes towards rape	Link between attitudes; experience of violence; perpetration of violence	Prevalence, attitudes and costing survey	Inform public education and awareness programmes to help change mind sets and ultimately the behaviour
Demographic information on the perpetrator/ survivors	- Associations between experience and perpetration of violence with different categories of age - Age - Marital status - Citizenship - Disability status - Any other relevant background information e.g., educational background, labour status	- Categories - Age - Marital status - Level of education - Employment status	Prevalence, attitudes and costing survey Administration data and Qualitative research	Inform rehabilitation programmes and programmes to address root causes of GBV
Abuse in child	Associations between experience of various forms of abuse and the odds of being a victim/perpetrator of various forms of abuse	**Experience and perpetration** **Women and men** Child neglect Child sexual abuse Child physical abuse	Prevalence and attitudes survey Qualitative research	To inform programmes to address root causes of GBV
Witnessing domestic violence in childhood	Association between witnessing domestic violence and experience/perpetration of GBV *Calculate:* Proportion of women and men who witnessed domestic violence in childhood and now experiencing/perpetrating IPV or rape		Prevalence and attitudes survey Qualitative research	
Alcohol and drug consumption	Association between alcohol/drug use and experience/perpetration of GBV *Calculate:* Proportion of women and men experiencing/perpetrating IPV or rape after drug/alcohol use		Prevalence and attitudes survey	
EFFECT OF THE PROBLEM				
Cost at macro level	Cost to police, health services	Case studies per district	Administrative data for Police; health	Inform national gender budgeting processes
Loss of work time; health; permanent injury; psychological costs	Number of survivors of physical violence sustaining injuries Number of survivors of physical violence bedridden and missing work/average number of days of missing work Proportion of survivors of violence contemplating suicide/feeling depressed/attempted suicide	Case studies per district	Prevalence and attitudes survey Qualitative Research	Inform local level budgeting processes

Name of indicator	Definition	Disaggregation (to assess vulnerability)	Source	Use of data
Reproductive health implications	Associations between experience of sexual abuse and having diagnosed of STIs including HIV *Calculate:* Proportion of women/men with HIV positive status who experienced IPV/rape *Calculate:* Proportion of women/men had an STI who experienced IPV/rape	**Link with HIV and AIDS - sexual assault** • Aware- PEP • Not aware • Sought took PEP • PEP unavailable • Sexual assault resulted in HIV and AIDS	Prevalence and attitudes survey Qualitative Research	Used to inform administration of PEP
RESPONSE				
Survivors accessing legal help after abuse	Proportion of women and men survivors reporting abuse (IPV and rape) to the police	Case studies per district Response of the police	Prevalence and attitudes survey	To assess the effectiveness of the response to GBV of the criminal justice system, health and other social services
ADMINISTRATIVE DATA				
Integrated approach	Existence of a National Action Plan with clear targets, timeframes; coordinating structure; no of different stakeholders involved	Existence of local action plans per district	Gender ministry and related institutions	For coordination of programmes and budgets to ensure multiplier effects and maximum impact
Political commitment	No of times GBV is mentioned in speeches of key political figures (President; deputy president; minister of safety/security) in one year as % of overall no of speeches Legal framework and effectiveness of the criminal justice system	Mentioned during Sixteen Days and others women's events; mentioned in mainstream speeches	Political Discourse Analysis	To gauge level of political will to end gender violence
LEGAL FRAMEWORK AND EFFECTIVENESS OF THE CRIMINAL JUSTICE SYSTEM				
Constitutional	• Gender equality provided for in Constitution		Constitution, laws	To assess the effectiveness of the response to GBV of the criminal justice system, health and other social services
Legal	• Specific laws for domestic violence; sexual assault; sexual harassment; trafficking			
Knowledge and awareness of laws	• Proportion of women and men aware of Domestic and Sexual Violence legislation	Knowledge according to: Sex District Rural urban	Prevalence and attitudes survey	
Existence of specialised facilities	One stop centres: No served compared to no. of reported cases. Sexual offences courts: No served compared to no. of reported cases.	Case studies per district	Attorney General	
Training of personnel	% police, magistrates etc. who have received gender training	Case studies per district	Police; Dept. of Justice ; Department of Health	
Knowledge of legal rights	% women in survey aware of laws and rights	Knowledge according to: Sex District Rural urban Source of information	Prevalence and attitudes survey	To inform advocacy campaigns

Name of indicator	Definition	Disaggregation (to assess vulnerability)	Source	Use of data
Extent of under reporting	*Calculate:* % cases in survey divided by % cases reported to police; compare with % cases reported to hospitals; confirm with no who reported experiencing violence but did not report	Sexual violence Physical violence	Prevalence and attitudes survey Administrative data	To understand the causes of under reporting and inform interventions
% of cases withdrawn	No of cases withdrawn divided by no of cases reported in one year X 100	Sexual violence Physical violence	Police and courts data; analysis of case dockets	Determine level of access to justice
% cases that lead to conviction	No of cases that lead to conviction divided by no of cases reported x 100	Sexual violence Physical violence	Courts data; analysis of case dockets	
SUPPORT				
Comprehensive treatment and care	Availability of Emergency contraception Access to PEP Prevention STD	Case studies per district	Health statistics	Use the information for peer review
Shelters	No of clients serviced by shelters compared to prevalence	Case studies per district	Shelters; Social Services	Determine level of services needed
	% state support for shelters		Shelters; Social Services	Determine Gvt support
Secondary housing	% women who go to shelters who are assisted with secondary housing	Case studies per district	Shelters; Social Services	Determine level of state commitment to providing secondary housing, used for peer review
PREVENTION				
Overarching campaign				
National campaign against GBV	How cross cutting What messages How well resourced How well known From what source	Sixteen Days/ beyond Sixteen Days	Government information services Prevalence, attitudes and costing survey	Improve GBV campaigns and prevention programmes
Perpetrators				
Rehabilitation of perpetrators	Existence of programme	Case studies per district	Social services	Determine needs for perpetrators
Effectiveness - No. of repeat offenders	No of perpetrators in jail who have a previous record	Case studies per district	Offences against morality register; Prison services; Prevalence, attitudes and costing survey	Determine quality of service and review if repeat offenders are many
Survivor empowerment	Speaking out Economic empowerment	Case studies per district	Prevalence, attitudes and costing survey	Determine how effective empowerment of programmes are
Segmentation				
Programmes that target men	Messages Outputs Outreach Outcomes	Case studies per district	Social Services	Inventory of prevention programmes; determine effectiveness of the interventions
Engagement with traditional authorities	Messages Outputs Outreach Outcomes	Case studies per district	Ministry of Local Government	
Media				
Quantity of coverage	% GBV as % overall coverage		Media monitoring	Informs training needs of media practitioners
Quality	Who speaks; what are stories about; stereotypes.		Media monitoring	

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GBV AND THE SADC PROTOCOL ON GENDER AND DEVELOPMENT

Articles 20 to 25 of the revised Post 2015 SADC Protocol focus on GBV emphasising the review and formulation of laws to combat GBV, service provision and prevention strategies. The Protocol requires that by 2030 State Parties shall:

Legal

- Enact and enforce legislation prohibiting all forms of gender-based violence;
- Ensure that laws on gender-based violence provide for the comprehensive testing, treatment and care of survivors of sexual offences;
- Review and reform their criminal laws and procedures applicable to cases of sexual offences and gender-based violence;
- Enact and adopt specific legislative provisions to prevent trafficking in persons and provide holistic services to the victims with the aim of reintegrating them into society.

Sexual harassment

- 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.

Prevention

- Take measures, including legislation, to discourage traditional norms, including social, economic, cultural, and political practises which legitimise and exacerbate the persistence and tolerance of GBV with a view to eliminating them.

Integrated approaches

- Adopt integrated approaches, including institutional cross sector structures.

The ultimate goal....

- To eliminate all forms of gender-based violence by 2030.

The Botswana Relationship Study 2018 is a follow up to the GBV Indicators Study conducted in 2012. Vastly expanded in scope, the study covered all sixteen districts of the country, interviewing nearly 10,000 women and men on their relationships. The first study focused on women's experiences, and men's perpetration of violence, based on the evidence that a high proportion of gender violence is in fact Violence Against Women (VAW). The latest study breaks new ground by including men's experience, and women perpetration of Violence Against Men (VAM). The study finds that more than one in three women and just over one in five men have experienced some form of GBV in their lifetime. The research is a call to action to score a goal for gender equality and end all forms of GBV as part of Botswana's Vision 2036.

http://www.gov.bw