Peace begins @ Home

Violence Against Women (VAW) Baseline Study

ZIMBABWE



The Ministry of Women Affairs, Gender and Community Development's (MWAGCD) mandate in Zimbabwe is to spearhead women's empowerment, gender equality and equity for community development. The MWAGCD's vision is a "prosperous and empowered women and communities who enjoy gender equality and equity."

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

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

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The views expressed herein are reflective of feedback from the field and stakeholder consultations therefore in no way reflect the official opinion of sponsors.













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Acknowledgements

The Violence Against Women (VAW) Baseline Study is a Southern African research project aimed at measuring the extent, drivers, effect, cost, prevention, protection and programmes to end the scourge. The study, piloted in South Africa , Mauritius, Botswana, Zimbabwe and Zambia, takes place against the backdrop of the Southern African Development Community (SADC) Protocol on Gender and Development that aims to halve current levels of gender violence by 2015.

The Ministry of Women Affairs, Gender and Community Development (MWAGCD) partnered with Gender Links (GL) and Musasa to conduct the study in Zimbabwe in 2012. MWAGCD managed and supported logistic costs of the prevalence and attitudes survey. The ministry staff participated in data collection of the same survey. GL provided the study methodology; training of the research assistants, the Personal Digital Assistants (PDAs); data analysis; and quality assurance as well as the overall coordination of different aspects of the study. Musasa collected the first-hand accounts or "I" stories that give this study its power and agency.

MWAGCD Director of Gender Caroline Matizha, GL Chief Executive Officer (CEO) Colleen Lowe Morna, and Musasa Executive Director Netty Musanhu led the respective inputs into the project. GL GBV Indicators Manager Mercilene Machisa trained the researchers, analysed the data and is the principal author of the report. Kevin Chiramba gathered and analysed the administrative data for this study and contributed to sections of the report. Shaudzirai Mudekunye conducted the political discourse analysis. GL Zimbabwe Country Manager Priscilla Maposa coordinated the reference group and stakeholder relations.

The following reviewed and commented on the first draft of the report: Caroline Matizha (MWAGCD); Tinashe Mwadiwa (ZimSTATS); Magdalane Chavunduka (MWAGCD); Obert Chigodora (Padare); Cleopatra Phiri (MWAGCD); Josie Gumbo (Ministry of Justice and Legal Affairs - MJLA); Lorraine Mbodza (MWAGCD); Agnes Nhengo (MWAGCD); Nyasha Mazango (Musasa); Netty Musanhu (Musasa); Edinah Masiyiwa (Women's Action Group - WAG); Sylvia Chirawu (Women in Law Southern Africa - WLSA: Zimbabwe Chapter); and Opper Musunhi (Anti Domestic Violence Council). Saeanna Chingamuka and GL CEO Colleen Lowe Morna edited the final report.

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The Management and Research Team



Caroline Matizha is the MWAGCD Director of Gender. She is a gender expert with over 15 years of extensive experience in designing gender sensitive programmes and policies. Among other things she has coordinated the development of the National Gender Based Violence Strategy, the Family Laws handbook, handbook on VAW prevention and protection. She coordinated the production of the CEDAW country report and she led various advocacy efforts including advocating for the ratification of the SADC protocol on Gender and Development in 2009. She played a key role in the overall coordination and administration of the VAW baseline study including facilitation during the training of research assistants. Matizha holds a Masters in Women's Law and a Bachelor of Science Honours in Politics and Administration, both from the University of Zimbabwe. She is also a qualified Gender Trainer, and has a certificate in monitoring and evaluation for gender mainstreaming. Matizha is a board member of the Anti-Domestic Violence Council and sits on the advisory council of the Zimbabwe Women's Resource Centre and Network.



Colleen Lowe Morna is the GL CEO. She began her career as a journalist specialising in gender and development, coordinating the Africa office of Inter Press Service in Harare. She later served as a correspondent for South Magazine, and as Africa Editor of the New Delhi-based Women's Feature Service. In 1990, Lowe Morna served as a senior researcher on the Commonwealth Secretariat Africa desk and later as Chief Programme Officer of the Commonwealth Observer Mission to South Africa. As an advisor on gender and institutional development for the Commonwealth Fund for Technical Assistance (CFTC) special programme of assistance to South Africa, Lowe Morna advised on gender structures for the new South Africa and served as founding CEO of the South African Commission on Gender Equality. She founded Gender Links (GL) in 2001. Lowe Morna holds an MSc in Communications from Columbia University; BA in International Affairs from the Woodrow Wilson School of International Relations, Princeton University; and a certificate in executive management from the London Business School.



Netty Musanhu is the Executive Director of Musasa, an organisation which has been implementing VAW programs in Zimbabwe since 1988. She has 12 years experience in project implementation and management. She worked for the Zimbabwe Women Lawyers Association as a Programmes Manager before moving to the Child Protection Society as an Advocacy Coordinator. From 2003 to date, Musanhu has managed programmes and projects both within local non-governmental organisations and in international agencies. Musanhu joined Musasa in 2009. She is also a board member of various private and voluntary organisations as well as the Anti-Domestic Violence Council. Musanhu coordinated and facilitated the "I" Stories

collection for this report. She holds a Bachelor of Laws Degree and a Masters in Women's Law from the University of Zimbabwe.



Mercilene Tanyaradzwa Machisa is the GBV Indicators Research Manager. Machisa joined GL in 2010 and has managed and analysed the data from the household prevalence and attitudes surveys in South Africa, Botswana, Mauritius, Zambia, Lesotho and Zimbabwe. She also co-ordinated the implementation of the other research components, subsequent data analysis and drafted the research reports including the Zimbabwe report. Prior to joining GL, Machisa worked for the National Institute of Health Research in Zimbabwe as a Medical Research Officer. Machisa provides voluntary statistical consultations and co-supervision of postgraduate students in the Faculty of Health Sciences at the University of Witwatersrand. She holds a Master of Science in Medicine degree specialising in Epidemiology and Biostatistics from the University of Witwatersrand and a first class Bachelor of Science Honours degree in Biological Sciences from the Midlands State University in Zimbabwe.



Priscilla Maposa is the GL Country Manager for Zimbabwe. She holds a Master's Degree in Social Policy and Development Studies from the University of Fort Hare in South Africa. Maposa managed partnerships and stakeholder relations for the project. Her work experience includes working in the areas of HIV and AIDS, gender and developmental work. Current experience with GL includes gender and governance, gender justice and work on the SADC Protocol on Gender and Development.



Kevin Chiramba served as the VAW Baseline Study Project Researcher. He coordinated the household prevalence and attitudes survey; collected and analysed administrative data from various government ministries and civil society organisations. Prior to joining GL, Chiramba worked for the University of Zimbabwe as a Graduate Research Assistant in the Psychology Department and at ZimSTATS as a Researcher. He holds a Master of Science degree in Population Studies and a Bachelor of Science Honours in Psychology from the University of Zimbabwe.



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Nyasha Mazango is a Gender and Peace building Specialist working with vulnerable women to reduce VAW in Zimbabwe. Her work at Musasa focuses on reduction of VAW and strengthening women's response strategies to all forms of violence. She coordinated the collection of 'I' stories for this study. With more than 15 years of experience in project management, she is passionate about supporting women to participate in decision-making and policy development.

Acronyms

ADVC	- Anti Domestic Violence Council
AIDS	- Acquired Immune Deficiency Syndrome
ARC	- Adult Rape Clinic
ARDC	- Association of Rural District Councils
ARV	- Anti-Retro Viral
CBO	- Community Based Organisation
CEDAW	- Convention for the Elimination of Discrimination Against Women
CEO	- Chief Executive Officer
CSC	- Citizen Score Card
CSW	- Commission on the Status of Women
DV	- Domestic Violence
EA	- Enumeration Area
GBH	- Grievous Bodily Harm
GBV	- Gender Based Violence
GBVIS	- Gender Based Violence Information Systems
GL	- Gender Links
GMBS	- Gender and Media Baseline Study
GMPS	- Gender and Media Progress Study
HIV	- Human Immuno-Deficiency Virus
IPV	- Intimate Partner Violence
LAD	- Legal Aid Directorate
MDGs	- Millennium Development Goals
MJLA	- Ministry of Justice and Legal Affairs
MOHCW	- Ministry of Health and Child Welfare
MLGURD	- Ministry of Local Government, Urban and Rural Development
MWAGCD	- Ministry of Women Affairs, Gender and Community Development
NBSLEA	- National Baseline Survey on the Life Experiences of Adolescents
NAP	- National Action Plan
NGO	- Non-Governmental Organisation
PDA	- Personal Digital Assistant
DVA	- Domestic Violence Act
PEP	- Post Exposure Prophylaxis
PLHIV	- People Living with HIV and AIDS
PSU	- Primary Sampling Unit
SADC	- Southern African Development Community

SGDI	-	SADC Gender Development Index
SIDA	-	Swedish International Development Agency
SRH	-	Sexual and Reproductive Health
STI	-	Sexually Transmitted Infections
UCAZ	-	Urban Councils Association of Zimbabwe
UN	-	United Nations
UNFPA	-	United Nations Population Fund
UNECA	-	United Nations Economic Commission for Africa
UNIFEM	-	United Nations Development Fund for Women
UNWOMEN	-	United Nations Entity for Gender Equity and the Empowerment of Women
VAM	-	Violence against Men
VAW	-	Violence against Women
VCT	-	Voluntary Counselling and Testing
VFU	-	Victim Friendly Unit
WHO	-	World Health Organization
WIPSU	-	Women in Politics Support Unit
WLSA	-	Women and Law in Southern Africa
ZDHS	-	Zimbabwe Demographic and Health Survey
ZiLGA	-	Zimbabwe Local Government Association
ZimSTATS	-	Zimbabwe National Statistics Agency
ZNASP	-	Zimbabwe National HIV and AIDS Strategic Plan
ZRP	-	Zimbabwe Republic Police
ZWLA	-	Zimbabwe Women Lawyers Association

Foreword



Hon Oppah Muchinguri, Minister of Women Affairs Gender and Community Development.
Photo courtesy Google Images

The VAW Baseline Study conducted by the MWAGCD, GL, Musasa and other partners is a strong reminder of Zimbabwe's need to accelerate current efforts to halve gender violence by 2015 in line with the SADC Protocol on Gender and Development.

Our country, like others in the SADC region, has high levels of VAW that cannot be ignored. Two in every three (68%) women reported experiencing some form of gender violence during their lifetime: over a quarter (26%) within the last 12 months before the survey. Striking from these findings is the fact that women are most vulnerable in their homes and private life hence the need for driving home the point that "Peace should begin at home."

The study acknowledges the country's strong frameworks for addressing VAW including the Domestic Violence Act (DVA), related laws and policy. The MWAGCD, the Anti-Domestic Violence Council (ADVC), Zimbabwe Republic Police (ZRP) Victim Friendly Units and various civil society stakeholders have built a strong collaborative network to enhance the effectiveness of current interventions.

As a country, we have made achievements in the work around prevention and the roll-out of the 4Ps programme premised on the four pillars of Protection, Programmes, Participation and Prevention. The 4Ps program has succeeded in mobilising communities towards zero tolerance to VAW.

A success recorded in the study is the decentralisation of our response from national to district and local level. The work of local government in gender mainstreaming and developing action plans to end VAW is critical. The study highlights good practices of local councils and communities tackling VAW head on. Winning the fight against VAW, community by community will lead to the success we seek at national level.

However, much remains to be done in mobilising communities and changing behaviour through tackling societal norms around gender relations. We cannot afford to accommodate societal norms that condone violence. Every community structure and each one of us has a role to play in fighting VAW.

Lack of human and financial resources emanating from low budgetary allocation have also been highlighted as an impediment to the fight against VAW in the country. We will continue to advocate for a dedicated budget for VAW response in particular enabling the ADVC to operate and deliver on its mandate as provided in the DVA.

This research provides vital baseline data for strengthening our National Gender Based Violence (GBV) Strategy and Action Plan. By repeating the study every three to five years, we can benchmark progress towards the ultimate target we seek: ridding our society of this scourge.

I take this opportunity to thank all those who contributed to this ground-breaking study, and to UN Women, SIDA and DFID who co-sponsored this research. Yes we can, and yes we must end GBV!

Hon Oppah Muchinguri
Minister of Women Affairs, Gender and Community Development

Preface



Dr Perpetual Gumbo, Permanent Secretary Ministry of Women Affairs, Gender and Community Development.
Photo: Courtesy MWAGCD

This VAW Baseline Study Report provides powerful insights into violence against women in Zimbabwe through a stand-alone, dedicated study. The study presents a call to action against common social ills limiting the agency of women in our communities.

In addition to the findings on the high levels of violence, the study shows that women are failing to speak out and seek help or justice. This research has shown high underreporting of cases to police, with one in every 14 of physically abused women in the survey reporting violence to police. Four in every 1000 women survivors obtained a protection order against a physically abusive partner. On the other hand, only one in 13 of the interviewed women who were physically abused by intimate partners in their lifetime sought medical attention after injuries.

Only one in every ten women who were raped by non-partners in their lifetime reported to police. Only one in every 18 women who were raped in their lifetime sought medical attention. These findings show an even higher extent of underreporting of non-partner rape compared to physical intimate partner violence (IPV).

Laws, policies and facilities are only as good as women access and use them. The findings demand a reduction of barriers to the use of services by survivors. Key to the reduction of these barriers are broader training interventions for police officers and health practitioners to increase the effectiveness of the specialised units that we have put in place. We cannot ignore the need for capacity building of service providers to reduce secondary victimisation of survivors when they seek help. Training service providers including traditional authorities that also mediate in family disputes will go a long way in eliminating the barriers to survivors' disclosure of their circumstances.

The research also highlights challenges in the implementation of our well-documented policies on sexual assault care, shelter provision, counselling and legal services. This is evident through the low uptake of Post Exposure Prophylaxis (PEP), few shelter services - in fact none in rural areas, poor coverage of counselling services and the LAD which at the time of the research was only available in Harare and Bulawayo. The media still need to improve on how it reports on violence against women and strive to become part of the solution in addressing VAW. Fundamentally, we need to ensure that prevention is at the centre of all our strategies, otherwise we will be winning the battles and losing the war. This is why as a ministry, we are engaging in door-to-door campaigns that involve men, traditional authorities, and religious leaders.

This report is fully in line with the pillar of Reporting, Monitoring and Evaluation and Documentation outlined within the Zimbabwe National GBV Strategy, 2012-2015. It is a further call to action and tool to help us achieve our objective of a society free of violence.



Dr Perpetua Gumbo
MWAGCD Permanent Secretary

Executive Summary

About a quarter (26%) of women in Zimbabwe experienced some form of violence (psychological, emotional, economic, physical or sexual) perpetrated by an intimate partner in the period 2011-2012. Thirteen percent of men in the country admit to perpetrating some form of violence against their intimate partners during the same period. Sixty-nine percent of women experienced while 41% of men admitted to perpetrating intimate partner violence (IPV) in their lifetime.

In the majority of cases, women and men reported multiple intermittent incidents of physical or sexual IPV. This is evidence of the cycle of VAW that is also recurrent. Unique to this study is that of all the forms of IPV, a greater proportion of women report experience compared to the proportion of men that report perpetrating IPV against their female partners.

Seven percent of women reported experiencing non-partner rape while 14% of men admitted perpetrating non-partner rape. In the 12 months before the survey less than two percent (1.6%) of women were raped while 1.8% of men raped non-partners.

The prevalence of the different forms of VAW by province shows that VAW dynamics are not homogenous throughout the country. The study identified some hotspots for the different forms of VAW. Women in Mashonaland Central for example reported the highest overall IPV prevalence and prevalence of all forms of IPV. The difference in prevalence and patterns of VAW across the provinces points to the need for provincial, district and localised approaches to addressing VAW in addition to the well-structured ones at national level.

Key findings of the research include:



Extent of VAW

- Over two thirds (68%) of all women interviewed in the study experienced some form of VAW at least once in their lifetime, while 46% of all men said they perpetrated some form of violence.
- IPV is the most common form of VAW with 69% women reporting lifetime experience and 41% of men disclosing perpetration.
- The most common form of IPV is emotional followed by physical, economic, and sexual violence.

- A third (33%) of women experienced while 21% of men perpetrated physical IPV in their lifetime. Twenty two percent of women experienced and 12% of men perpetrated physical IPV more than once in their lifetime.
- Over a fifth (22%) of women experienced and 9% of men perpetrated sexual IPV in their lifetime. Seventeen percent of women experienced and 5% of men perpetrated sexual IPV more than once in their lifetime
- In all forms of IPV measured by this study, women report higher extent of experience compared to the extent of perpetration reported by men.
- However, men report higher extent of lifetime non-partner rape perpetration (14%) than the extent reported by women (7%).
- One in every six ever-pregnant women was abused during pregnancy.
- Eight percent of women that have ever worked had been sexually harassed in the workplace.

Under-reporting
- Only one in fourteen women who were physically abused reported to the police.
- Only one in seven women rape survivors reported it to the police.

Patterns and drivers of VAW

The levels of VAW in the country are exacerbated by such factors as patriarchal societal norms, male dominance and control, wife ownership, sexual entitlement in marriage, experience of child sexual abuse by boys, and intake of alcohol. The following are some of the factors that came up during the research.

Socio-demographic factors
- Women in the ages of 18-29 were most vulnerable to IPV in the 12 months before the survey.
- Men in the 18-29 and 30-44 years age groups were more likely to perpetrate IPV in the 12 months before the survey.
- Women who were employed or trading in this period were more likely to report lifetime experience of IPV compared to those that were not working or earning.
- Men who were employed or earning in the 12 months before the survey were more likely to report lifetime or past 12 months IPV perpetration compared to those that did not work.
- A significantly higher proportion of women who reported rape in their lifetime were aged 30-44.
- The proportion of men reporting perpetration of rape in their lifetime increased with age.
- The proportion of men reporting perpetration of rape in the 12months before the survey decreased with age.
- Women who completed 'O' level were more likely to disclose a lifetime experience of rape compared to the women that did not complete 'O' level.

Alcohol or drug abuse
- Having a partner who drinks alcohol or used drugs was associated with experience of IPV among women in the 12 months before the survey.
- The frequency of drinking alcohol was associated with IPV perpetration among men in the 12 months before the survey.

Child abuse
- Experience of child abuse by boys is associated with IPV perpetration in lifetime.
- Experience of child sexual violence is associated with rape perpetration in lifetime.
- VAW prevention campaigns need to take into consideration the identified risk groups and target these.

Community factors

Both men and women express acceptance of gender equality in public but do not conform to this equality in the home. Gender attitudes of men and women are predominantly conservative and what is glaring is that not only are men confirming these, women are also strongly reinstating attitudes that are repressive to their rights and freedom.

- Almost similar proportions of women (82%) and men (81%) agree that women and men should be treated equally.
- However, over 90% of women and 96% of men agreed that a woman should obey her husband.



4Ps Campaign banner. *Photo courtesy of MWAGCD*

- Over three quarters (77%) of women and 83% of men agreed that a woman needs permission from her husband to pursue paid work.
- Overall a higher proportion of men subscribe to conservative notions compared to women showing that there is a disparity in terms of acceptance of social norms between women and men. The disparity in perceptions in itself may fuel conflict and further research is necessary to support this.

Organisations working with women and the women's movement in Zimbabwe ought to be more deliberate in empowering women and reversing the negative patriarchal attitudes. Similarly efforts to engage men need to be designed to address negative gender attitudes and effect behavioural change. Another key recommendation is the inclusion of education curriculum from primary level to include the teaching of positive gender attitudes that can promote a culture that does not tolerate violence against women.

Effects of VAW

The effects of VAW to women survivors are broad including physical injury, poor mental health symptoms, unplanned pregnancies, stigmatisation, absence from work for days, STI symptoms, increased risk to HIV, and out-of pocket expenses.

- Nineteen percent of women who were physically abused sustained injuries on about an average of three counts.
- Eleven percent of the injured women had to stay in bed for an average number of 11 days. Seven percent of the women lost about 10 days on average from work because of sustained injuries.
- About 14% of survivors and 6% of non-survivors had a vaginal ulceration while 15% of survivors and 6% of non-survivors had an abnormal discharge.
- Thirteen percent of survivors and 3% of non-survivors were diagnosed with STIs. The vulnerability of women in intimate relationships is compounded by lesser power to negotiate safe sex.
- Seventeen percent of IPV survivors and 12% non-survivors reported that they were HIV positive.
- Twenty seven percent of rape survivors and 15% of non-survivors reported that they were HIV positive.
- Over a fifth (23%) of women, who experienced rape in their lifetime had depressive symptoms, 19% attempted suicide in their lifetime and 10% had recently thought of committing suicide.
- Four percent of survivors reported that they incurred some out of pocket expenses after experiencing physical IPV. Three percent of survivors paid for transport, two percent paid for medical or counselling services and one percent paid fees at the courts.

Response and support

Public services available to survivors include the police, health, courts and shelters. Policies and structures have been put in place, which guide implementation. Efforts have been made to provide victim friendly services.

Table one: Response and support indicators	
Criteria	
Zimbabwe Republic Police	
Number of reported cases	
Number of women rape cases recorded by the ZRP in 2011	1219
Number of women rape cases recorded by the ZRP in 2012	1016
Number of children rape cases recorded by the ZRP in 2011	3003
Number of children rape cases recorded by the ZRP in 2012	2405
Courts	
Number of new DVA cases at court between Jan-Oct 2012	6564
Number of DVA cases disposed by courts between Jan-Oct 2012	6733
Shelters and counselling services	
Number of women in shelter at Mambo safe shelter 2011	19
Number of women in shelter at Mambo safe shelter 2012	2
Number of women sheltered for physical violence at Musasa safe shelter 2011	728
Number of women sheltered for emotional violence at Musasa safe shelter 2011	902
Number of women sheltered for economic violence at Musasa safe shelter 2011	654
Number of women counselled for HIV at Musasa safe shelter 2011	48
Number of women who had property inheritance problems at Musasa safe shelter 2011	61
Number of returning clients at Musasa Safe shelter 2011	74
Number of women who received telephone counselling at Musasa safe shelter 2011	113

Table one shows that:

Zimbabwe Republic Police (ZRP)

- ZRP recorded 1016 women rape cases and 2405 child rape cases in 2012.
- However a high level of under-reporting was recorded through the survey.
- The majority of women survivors do not report to the police or seek help.
- There is huge underreporting of physical IPV both to police and to health care facilities despite the establishment of the specialised Victim Friendly Units within the ZRP.
- There is a low uptake of PEP by survivors of rape.

Courts

- A total of 6564 new DVA cases were lodged with the courts between January and October 2012.
- The courts disposed 6733 cases between January and October 2012.

Shelters and counselling services

- Nineteen women stayed at Mambo shelter in 2011 compared to two women in 2012.
- In 2011, Musasa provided shelter to 728 women (physical violence); 902 women (emotional violence); and 654 women (economic violence).
- Forty-eight women received HIV counselling at Musasa while 113 received telephonic counselling through Musasa in 2011.
- A total of 74 clients returned to Musasa in 2011.

Protection

Normative frameworks for addressing VAW include laws, policies and administrative machinery. Laws include the DVA, The Criminal Code, and the Labour Relations Act. Policies include the Protocol on the Multi Sectorial-Management of Sexual Abuse and Violence in Zimbabwe, which aims to increase access

to health, psychosocial and legal services for both adult and child survivors of VAW. The Zimbabwe National HIV and AIDS Strategic Plan (ZNASP II) 2011-2015 provides guidelines for administration of PEP and prioritises the need for PEP services for survivors of violence.

While Zimbabwe enacted the DVA in 2007, more needs to be done to ensure that the public is aware of its provisions and that it is effectively implemented. Only 50% women and 57% of men are aware of the Act. An even lower proportion of women (44%) and men (52%) are aware of protection orders.

Prevention and participation

GBV prevention campaigns implemented in the Zimbabwean context include the 4Ps campaign, the Sixteen Days of Activism, the 365 Days Campaign and other locally based initiatives.

Knowledge and participation in VAW campaigns

Only 10% of women and men have heard about the Sixteen Days of Activism campaign. Similar proportions have heard about the 4Ps campaign, showing the impact of this relatively new campaign. A lower proportion of women (8%) and men (8%) have heard about the 365 Days Campaign. One in twenty-five (4%) women and men have participated in a march or event to protest against GBV. These findings indicate the need for greater outreach efforts in VAW campaigns.

The majority of women (42%) and men (34%) heard about the campaigns through community meetings. Twenty nine percent of women and 33% of men heard of the campaigns through the radio. Seventeen percent of women and 15% of men heard about campaigns through television. Co-ordinators of campaigns need to develop strategies that are centred on community mobilisation and use the electronic media. The print media needs to improve coverage of campaigns.

Women and men are relatively unaware of VAW campaigns. Those that are aware about campaigns have mostly heard about them from community meetings. There is need to prioritise and expedite the development of community mobilisation resources and capacity building. Further, there is need for greater outreach efforts in VAW campaigns which promote equal access to campaign information between women and men. VAW campaigns need to have messages that empower women and encourage them to speak out and seek help.

The government of Zimbabwe needs to heavily invest in and scale up prevention efforts to end VAW. Prevention efforts at national and provincial level need to be accelerated and particularly provide interventions to curb abuse within intimate relationships. More financial resources and collaborative efforts are urgently needed to seriously engage men if any significant reduction in VAW is to be achieved.

Programmes - integrated approaches

The level of political commitment to ending VAW is evident through strong normative framework of laws, policies and administrative machinery that are aimed at promoting gender justice and equality in the country. These include a fully-fledged MWAGCD as well as the ADVC. MWAGCD in collaboration with different stakeholders developed Zimbabwe National Gender Based Violence Strategy 2012 - 2015 and are co-ordinating its implementation.

Whilst this is the case political leaders are not championing public discourse to end VAW. Reference to VAW is most often in passing and is not through a holistic approach. Only 4% of the 151 speeches analysed made by political leaders mentioned VAW. A grey area in politician discourse is funding and the challenges of addressing VAW in the countries. Based on these findings politicians are encouraged to lead in public discourse and speak about VAW in a manner

that not only raise the public's awareness but that offers practical and structural solution for this societal problem.

Although the multi-sectoral ADVC was inaugurated in 2008 to oversee the operationalisation of the DVA, the council continues to face challenges of implementation because it does not receive direct funding from the Government to execute its mandate. Another funding gap is in the provision of shelter services. The Zimbabwe government has also not invested in shelters and only two shelters are operating across the country. While plans for one-stop centres have been highlighted, few of these are fully operational with the Makoni Centre being the most popular. Government should allocate more resources to existing shelters and for the establishment of new shelters.

The research also shows critical programming gaps such as poor monitoring and evaluation of systems and data collection. There is need for capacity building and the development of indicators for monitoring the different initiatives. MWAGCD is developing the GBVIS to curtail this gap. In addition to the electronic administrative data monitoring there is need to adopt the VAW Indicators and commit to allocating resources for periodic VAW studies and dedicated surveys which give a bigger picture of the status quo regarding VAW.

CHAPTER 1

BACKGROUND AND CONTEXT OF VIOLENCE AGAINST WOMEN



Women participating in the 4Ps Campaign that promotes zero tolerance to violence against women. *Photo courtesy of MWAGCD*

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

Regional context

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

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

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

Articles 20-25 of the SADC Gender Protocol make provision for the implementation of various strategies that include enacting, reviewing, reforming and enforcing laws aimed at eliminating all forms of gender based violence. The articles have concrete specifications for the provision of a comprehensive package of treatment and care services for survivors of GBV, including access to Post Exposure Prophylaxis (PEP) and the establishment of special courts. In addition, the Protocol calls for the enactment of legislative provisions and adoption and implementation of policies, strategies and programmes that define and prohibit sexual harassment in all spheres and provide deterrent sanctions for perpetrators of sexual harassment. Other provisions made include those relating to human trafficking.

The articles have a section that sets targets and indicators for reducing GBV levels by half by 2015[2]. The question that arises is how governments will monitor and evaluate whether levels of GBV have decreased without baseline data. Imminent from most of the countries is the unavailability of baseline data to allow measurement of the efficacy of both government and civil society programmes responding to VAW. Currently member states rely on administrative data to inform programmes.

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

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

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

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

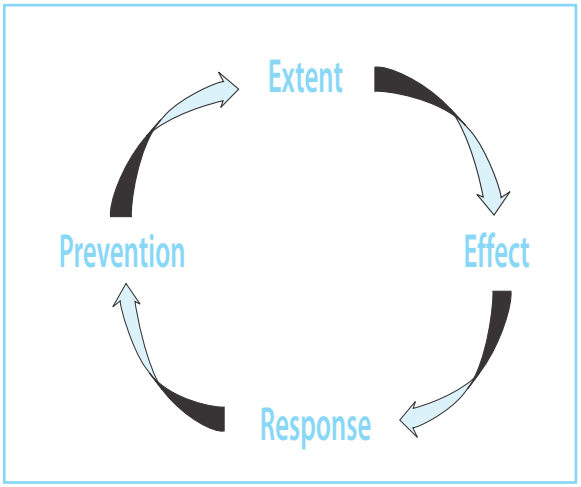
Some countries do not have the recording systems on any aspect of VAW. Laws in the different countries do not regard certain acts of VAW as punitive violations, thus making it difficult for countries to have the same message on VAW. This is taking place despite the unanimous agreement that VAW is a gross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

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

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

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

Developing indicators



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

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

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

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

Key agreed conceptual decisions

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

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

Combining a prevalence and gender attitudes study: Separate prevalence or attitudes studies require similar sampling techniques. Combining the two proved to be more cost effective, and allows correlations to be drawn between experiences, attitudes and behaviour when the data is drawn from the same sources.

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

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

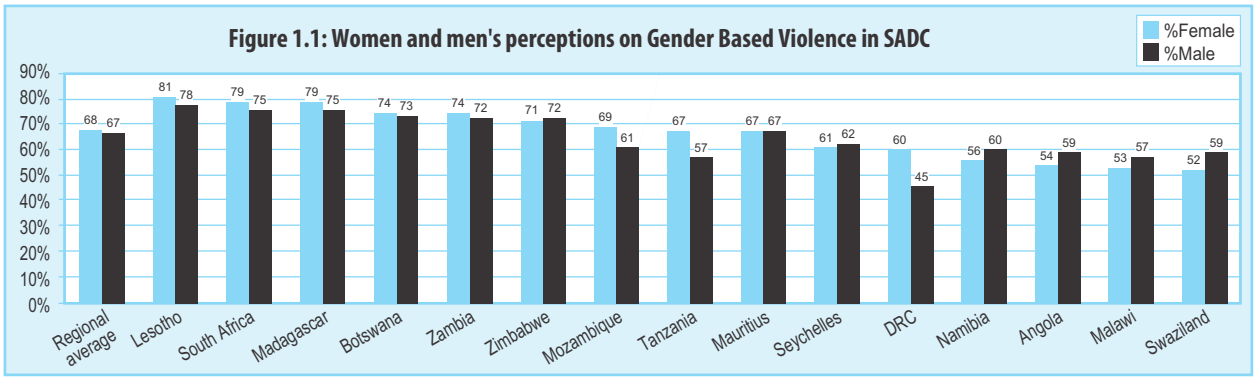
Overall, the team emphasised the need to test a draft set of indicators in a pilot project at local level before these are cascaded nationally and regionally. This study would gradually build support and buy-in for a comprehensive set of indicators that provides meaningful and nuanced measures of progress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

Context Analysis

The SADC Gender Protocol 2013 Barometer notes that reliable and comprehensive quantitative data on GBV is difficult to obtain. Police statistics are highly contested because of underreporting of GBV and inadequate data collection tools. For this reason, there is no SADC Gender and Development Index (SGDI) score for GBV. The SADC Gender and Development Index (SGDI) is a composite measure that utilises 23 indicators to determine a country's development on the status of women. The indicators are grouped into six categories namely, governance (3 indicators), education (3), sexual and reproductive health (3), HIV and AIDS (3), and Media (6). For more information on the SGDI, see http://www.genderlinks.org.za/page/sadc-sgdi.

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

Score Card (CSC). The tracking table shows that over the years, the CSC in the region has increased from 47% in 2009 to 68%. This reflects the fact that GBV is now firmly on the political agenda, even though much remains to be done with regard to implementation.



Source: Gender Links 2013.

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

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

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



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

Political accountability to gender equality and women's human rights

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

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

Education and training

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

Health and HIV and AIDS

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

Economic empowerment and access to productive resources

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

Peace building and conflict resolution

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

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

Literature Review of Violence Against Women in Zimbabwe

Laws and Policy

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

The Anti-Domestic Violence Council (ADVC) was appointed in terms of Section 16 of the DVA with a mandate to oversee the operationalisation of the DVA. Harmonisation has also taken place between the National VAW strategy and the Anti-Domestic Violence Council Strategic Plan. Challenges around implementation include lack of funding in spite of receiving a VAW specific allocation from the national budget. The amount allocated is not enough and complementary support comes from UN agencies.

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

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

Previous Research

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

Zimbabwe Demographic and Health Surveys (ZDHS)

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



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

[4] Adapted from the SADC Gender Protocol 2013 Barometer.

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

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

The findings from the 2010-2011 ZDHS include that women from all socio-economic and cultural backgrounds in Zimbabwe are subject to violence, with 30% of women between the ages of 15-49 reporting physical violence since age 15 and 27% of women in the same age group experiencing sexual violence . Over a quarter (27%), of women experienced sexual violence[5]. Most of these women reported that their current or former husband/partner or boyfriend committed these acts of sexual violence.

Twenty two percent of women who have ever had sex had their first sexual intercourse against their will. The variations in women's experience of sexual violence is similar in terms of background characteristics to physical violence except the percentage of women who have experienced sexual violence varies little by education or even wealth[6]. Young women's experience of sexual violence in Zimbabwe starts prior to age 18 with a third of the female respondents (32.5%) aged 18-24 reporting that they experienced sexual violence before age 18, while only one out of 10 (9%) males in the same age group reported sexual violence before age 18[7].

The study also reported a complex interplay of patriarchal values, poverty, tradition, and culture that fuel domestic violence. At least 40% of women, compared to 34% men, believe that a husband is justified in beating his wife for at least one of the following five reasons - burns the food (8%); argues with him (16%); goes out without telling him (22%); neglects the children (21%); refuses to have sexual intercourse with him (17%)[8].

The findings from the 2010-2011 ZDHS show that limited availability of information; cultural factors; and geographical location of the services to those who need them increases incidences of VAW. This leads to VAW survivors seeking help from their own family (57%) and in-laws (37%). Only 15% go to the police and 2% report seeking help from a social service organisation[9].

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

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

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

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

[5] 2010-2011 Zimbabwe Demographic and Health Survey.
[6] 2010-2011 Zimbabwe Demographic and Health Survey.
[7] National Baseline Survey on Life Experiences of Adolescents Preliminary Report 2011; Sexual violence in the survey was defined as :unwanted sexual touching, kissing or grabbing or fondling; attempted sex without consent; physically forced sex; and pressured sex which includes threats, harassment, luring or tricking.
[8] 2010-2011 Zimbabwe Demographic and Health Survey.
[9] 2010-2011 Zimbabwe Demographic and Health Survey.

people so as to inform policy makers and programme managers.

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

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

Costs of Gender Based Violence in Zimbabwe Study

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

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

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



Sida evaluation in Chegutu, Zimbabwe, October 2013. *Photo by Gender Links*

Value add of the VAW Baseline Study

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

- This study included women aged 18 years and above. This implies that all women even those past the reproductive age of 49 were included to give a more robust picture of violence occurring in a lifetime.
- The study involved corroborating data collected from women as survivors and men as perpetrators. Collecting data from men as perpetrators gives additional credibility to the reports of abuse by women. Most research has centred on collecting data from women.
- The study collected data on response, support and prevention programmes. In this way, the VAW baseline study provides an opportunity for actors in the VAW sector to gauge awareness of legislation and campaigns. This provides reliable information that can assist in putting in place systems to begin to monitor effectively national efforts in raising public awareness and prevention campaigns, something that the country needs to do at a national scale. Questions include awareness of the DVA, protection orders, support organisations, sixteen days campaign, 4Ps campaign as well as the participants' sources of the information.
- This study covers the prevalence of non-partner rape more broadly. In addition, women who experienced forced sexual initiation were asked whether they reported or sought help after experiences of abuse. This by implication means the research provides invaluable evidence on help-seeking behaviour of rape survivors.
- In addition to spousal physical, sexual and emotional violence, the VAW Baseline Study explored additional parameters including the economic dimensions of VAW, lifetime experience of violence in the public sphere including sexual harassment in the workplace and at schools.
- This study combines qualitative and quantitative data analysis. The qualitative aspects give a human face to the problem and assists in understanding the problem more holistically beyond the statistics.

CHAPTER 2
SCOPE AND METHODOLOGY



MWAGCD District Development Officer administering a questionnaire during the stand-alone household survey in Mashonaland Central province.
Photo courtesy of MWAGCD

This chapter outlines the project aim, key research questions and five methods employed in the research. The five methods provide different prisms from which to view VAW. The use of several methods - quantitative and qualitative - 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 policy-making and action planning.

The flagship method is the prevalence and attitudes household survey based on a two-stage cluster random sampling strategy. The survey 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. However, the "I" Stories, or lived experiences, give a human face to all aspects of the research. The administrative data, media monitoring and political content analysis provide key insights in relevant areas.

Working definition

The 1993 UN Declaration on the Elimination of Violence against Women defined 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"[10]. 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; and
- Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.[11]

For the purposes of this study, VAW 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.

Project Aim

The project aimed to:

- Quantify the prevalence of VAW in all its different forms and determine the extent of under-reporting; track and report changes;
- Map the underlying attitudes towards gender equality that fuel VAW;
- Quantify the economic, social and psychological costs of VAW;
- Assess the way VAW is covered by the media, how this is perceived by audiences and the extent to which the media is playing its role in helping to end or perpetuate violence against women;
- Assess the level of political commitment to address VAW;
- Assess the effectiveness of prevention campaigns from the point of view of some of the respondents to the prevalence study;
- Assess the effectiveness of the response by the police; courts; health; social and all related services; and
- Provide pointers for government and civil society in Zimbabwe to strengthen strategies for preventing and responding to VAW.

Key elements of the project

The study used a combination of research methodologies to test a comprehensive set of indicators and establish extensive VAW data in Zimbabwe. The project components are:

[10] Cited in (2008), Population Council, "Sexual and Gender-based Violence in Africa - A literature review", available at: http://www.popcouncil.org/pdfs/AfricaSVAW_LitReview.pdf
[11] ibid.

- Prevalence and attitudes household survey;
- Analysis of administrative data gathered from the criminal justice system (police, courts), health services, and government-run shelter;
- Qualitative research and collection of first-hand accounts of women's experiences and men's perpetration of VAW or "I" Stories;
- Media monitoring; and
- Political content and discourse analysis.

Prevalence and Attitudes Household survey

The purpose of a prevalence and attitudes survey is to investigate the extent and individual effects of VAW, the underlying factors that influence VAW and to find ways to use this data to improve prevention messages and interventions.

Study Design

Interviewers conducted a cross-sectional household survey of women and men. The women's survey described the prevalence and patterns of women's experience of VAW, HIV risk behaviour, pregnancy history, mental health, help seeking behaviour after experiences of VAW, gender attitudes, and exposure to prevention campaigns in Zimbabwe. The men's survey described men's perpetration VAW, gender attitudes, HIV risk behaviour, fathering, and exposure to prevention campaigns.

Unique features of the project

Unlike previous prevalence surveys that have focussed on a few aspects of VAW, the set of indicators seeks to measure:

- The extent of the problem (what uniform administrative and survey data could be obtained across all SADC countries).
- The social and economic effects of VAW.
- Response and support interventions as measured by the multi-stakeholder National Action Plan to End Gender Violence based on the SADC Protocol on Gender and Development.
- Prevention interventions that underscore the importance of a paradigm shift towards prevention rather than focus primarily on response.

Questionnaire development and testing

GL with expert and reference group consultations developed the English questionnaire that was translated into Shona and Ndebele. A project inception and reference group meeting was held in August 2012 in Harare. The objectives of the meeting included, sharing the project overview; brief participants on how the research was going to be conducted; obtain stakeholder buy-in; obtaining recommendations for project implementation; and to finalise the research tools.

Participants at the meeting included representatives from the MWAGCD, MLGURD, MJLA, UN Women, SIDA, ZiLGA, ARDCZ, UCAZ, Musasa, Padare Men's Forum and WIPSU.

Description of the questionnaire

The study employed two questionnaires: one for women as survivors and the other for men as perpe-



Participants at the VAW Baseline Study reference group meeting held in Harare in August 2012. *Photo by Colleen Lowe Morna*

trators. The women's questionnaire aimed to describe the prevalence and patterns of women's experience of VAW, HIV risk behaviour, pregnancy history, mental health, help-seeking behaviour after experiences of VAW, gender attitudes, and exposure to media and prevention campaigns. The men's questionnaire aimed to describe men's perpetration of VAW, gender attitudes, HIV risk behaviour, fathering, and exposure to prevention campaigns.

The questionnaires provide information about the following areas:

- A description of gender attitudes, attitudes towards rape and relationship control among women and men;
- A description of the prevalence and patterns of childhood trauma among women and men;
- A description of the experiences of witnessing and intervening with domestic violence among women and men in all countries;
- A description of the risk/protective factors for experiencing VAW among women including socio-demographic characteristics, attitudes, partner characteristics, substance use;
- A description of the prevalence and patterns of women's experience of VAW, and associated health risks, including HIV risk factors including condom use, concurrent partners, number of sexual partners and transactional sex;
- A description of the health consequences associated with experience of VAW including: self-reported Sexually Transmitted Infections (STI)s, HIV testing, unwanted/unplanned pregnancy, substance use, depression and post-traumatic stress disorder among women;
- A description of the prevalence and patterns of men's perpetration of VAW in all countries, and associated risk factors and health risks;
- Association between gender attitudes, relationship control and perpetration of gender-based violence among men;
- Association between men's perpetration of gender-based violence and HIV risk factors including condom use, concurrent partners, number of sexual partners, substance use and transactional sex;
- A description of the health consequences associated with perpetrating VAW in all countries including STIs, HIV testing, fathering a unplanned pregnancy;
- A description of the awareness of campaigns against VAW and relevant legislation including the Domestic Violence Act;
- An exploration of men's experience of IPV, and
- An exploration of economic abuse and its relationship to violence against women.

Sampling

ZimSTATS used a two-stage proportionate stratified design to identify a representative sample of men aged 18 years and older and women aged 18 years and older living in Zimbabwe. The primary sampling frame was the Zimbabwe Population and Housing 2002 census. The dwelling counts obtained from the 2002 census were the measure of size (MOS). Probability proportional to size (PPS) sampling was employed to ensure that the districts were sampled with probabilities proportional to their sizes based on the number of Enumeration Areas (EAs) and dwelling counts.

The sample size calculation was based on achieving sufficient statistical power to estimate the prevalence of (a) experience of gender-based violence among women and (b) experience of perpetrating gender-based violence among men with acceptable precision. The study assumed all households had an eligible female, but 26% will have no eligible male. Furthermore, assuming a consistent 10% non-response rate, and that cluster sampling (through use of enumeration areas (EAs) as the primary sampling unit) leads to a design effect (deff) of 1.8. This effective sample size allowed for the estimation of the lifetime prevalence of experience/perpetration of VAW with an absolute precision of +/- 5%, which is adequate to address the primary goal of the research. A sample of 419 Enumeration areas (EAs), with either 20 men's households or 20 women's households sampled per EA yielded a target sample of 8354 households to give a target sample of 4507 men and 3847 women.

Table 2.1: Sample breakdown across 10 provinces						
	Enumeration areas			Participants		
Province	Male	Female	Total	Male	Female	Total
Bulawayo	14	12	26	281	240	521
Manicaland	31	26	57	614	524	1138
Mashonaland Central	19	16	35	371	316	687
Mashonaland East	23	19	42	452	386	838
Mashonaland West	23	20	43	468	400	868
Matebeleland North	12	10	22	242	206	448
Matebeleland South	11	10	21	229	196	425
Midlands	26	23	49	527	450	977
Masvingo	24	21	45	486	415	901
Harare	42	36	78	837	714	1551
Grand Total	**225**	**193**	**418**	**4507**	**3847**	**8354**[12]

ZimSTATS provided maps for each EA. The interviewers listed all households/visiting points in a given EA so that a random sample of 20 households/visiting points per EA was obtained. Using a definition of a household as comprising members who regularly eat together, interviewers determined the number of households at each visiting point supplied. If there was more than one household per visiting point, the interviewers only randomly selected one household. In households were there was more than one eligible respondent, interviewers randomly selected one individual to participate in survey.

Strengths of the sampling method

The sampling method employed has several merits including:

- That it ensured each member of the population had an equal chance of being selected.
- That 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 fixed number of sample members within each EA allowed better administration of fieldwork and supervision.
- The stratification at all three stages ensured representativeness of the sample over the whole country and thus improved precision compared to a simple random sample.
- The selection of one person per selected household reduced the risk of contamination of the responses and protection of survivors, which is considered high for such type of surveys involving sensitive questions.

Limitations of the sampling method

The survey sampling methods also presented limitations such as:

- Some questions were applicable to only a part of the respondents for example survivors only or perpetrators only. The result is that only a small proportion of the sample (3%-10%) based on previous research responded to these.
- The sampling method did not allow substitution of non-respondents and so made three follow-up visits in an attempt to contact a potential participant.

Training of Interviewers

Interviewers were trained in September 2012. The training covered the purpose of the study, the sampling approach, the content of the questionnaires, and the use of Personal Digital Assistants (PDAs). The researchers tested the draft questionnaires through mock interviews during the training. This experience

[12] Please take note that the actual number of participants reached differed from the one previously targeted. The actual reached was 8503.This was because the actual physical maps given were more and this was only discovered when fieldwork was already underway.

allowed refinements to the questionnaire before actual fieldwork. The training underscored the ethics of the research, the recruitment and consent process.

Data collection

Data collection took place from 15 October to 10 November 2012 in all the country's ten provinces. Interviewers visited preselected dwellings and randomly selected one household. Within each household, the interviewers recruited only one randomly-selected eligible person (male or female depending on the EA allocation over the age of 18 years). If the sampled household member was not at home at the first visit, the interviewers made three further attempts to interview the sampled participant. The interviewers did not substitute if they could not interview the sampled participant. To ensure safety of respondents, the interviewers did not interview men and women from the same households or EA.

Questionnaires were administered using PDAs. An interviewer read each question and associated answer choices as presented on the PDA screen. Programmers set the PDAs so that questions could be read in English, Shona or Ndebele. The participants chose their language of preference.

Inclusion criteria

Women and men were eligible for the study if they were aged 18 years or older, normally resident in the sampled household and apparently mentally competent to complete the questionnaire.

Ethical considerations

Interviewers emphasized to respondents that participation in the survey was completely voluntary and that all information they provided would be confidential. They told them that non-participation would not affect them in any way and that they could skip any question they chose or withdraw from the interview at any time. Participants received an information sheet about the study, read to them when necessary. After the full briefing, respondents signed a consent form before the interview. To ensure anonymity, interviewers identified all questionnaires using non-consecutive study ID numbers. The study thus cannot link respondents to their questionnaires.

Due to the sensitive nature of the questions that ask about experiences of violence, trainers gave interviewers a session on basic principles of trauma counselling. In addition, interviewers distributed a package of support material that includes contact details for organisations that provide support and counselling to each woman interviewed.

Response rates

The interviewers contacted 8503 households. Among the selected households, 6600 participants: 3326 women and 3274 men consented and completed interviews to give an overall response rate of 78%. There were however differences in the response rates per province as shown in Table 2.2.



MWAGCD Director of Gender Ms Caroline Matizha training the survey researchers. *Photo by Tapiwa Zvaraya*

Table 2.2: Provincial response rates				
Province	**Number of households contacted**	**Refusal or no data collected**	**Number of interviews completed**	**Response rate = number of interviews/ number of households**
Bulawayo	520	148	372	71.5%
Harare	1541	673	868	56.3%
Manicaland	1180	155	1025	86.9%
Mashonaland Central	720	145	575	79.9%
Mashonaland East	860	417	443	51.5%
Mashonaland West	860	78	782	90.9%
Masvingo	921	150	771	83.7%
Matebeleland North	460	52	408	88.7%
Matebeleland South	420	31	389	92.6%
Midlands	1021	54	967	94.7%
Total	**8503**	**1903**	**6600**	**77.6%**

The response rate per province shows rates above 70% for all provinces except Harare and Mashonaland East. Harare had a response rate of 56% and Mashonaland East 52% due to a higher refusal rate by pre-selected participants or non-contact after three attempts. In other recent national surveys (for example the 2011 Labour Force survey) Harare also had the lowest response rate[13]. Considering that "relationships" are considered a private issue within the Zimbabwean socio-cultural context, the response rate overall is satisfactory.

The non-response was also corrected at the analysis stage through the use of weights. In many situations the sample fraction varied by stratum and data was weighted to correctly represent the population. Weighting was also necessary because while households in the survey had equal selection probabilities, one person was interviewed from within each household. This may have resulted in people from large households a smaller chance of being interviewed. This was therefore accounted for using survey weights.

Data management and analysis

The interviewers downloaded data daily from the PDAs and merged it into a complete dataset.



Zimbabwe International Trade Fair exhibition. *Photo by MWAGCD*

[13] http://www.zimstat.co.zw/dmdocuments/Laborforce.pdf

GL conducted data analysis using Stata version 11 taking into account the survey's two stage sample design. To meet the objectives, descriptive statistics are presented in this report for the relevant variables and constructs. Data analysts compared the proportions or means for the different variables using tests of statistical significance. This report presents the results of bi-variate analyses for the chi-squared tests of association between exposures and outcomes.

Qualitative method: Speaking out can set you free - the "I" Stories experience

The qualitative component of the study complements the prevalence and attitude survey and provides information on forms of VAW that are rarely disclosed or understood in society. The qualitative research investigated the existence of VAW; its manifestations in relationships and factors influencing non-disclosure; the extent of economic abuse and its interface with other forms of abuse; and investigated the needs and challenges faced by shelters for survivors of violence. The stories also shed light to the impact of the abuse on women's ability to leave abusive relationships and the support that has been available for women experiencing abuse.

This study used the "I" stories methodology to gather the experiences of VAW. The method involves gathering women's first-hand accounts of physical, sexual, psychological and economic abuse.

Musasa facilitators conducted the "I" stories work-shops in nine provinces in collaboration with the local councils participating in the Centres of Excellence (COE) in gender mainstreaming in local government programme. The stories from women survivors assisted in identifying the following key research questions for VAW:

1. Are women able to identify the various forms of abuse? (physical, sexual, psychological or economic)
2. How many women interviewed are experiencing the various forms of abuse?
3. What are the causes of violence against women?
4. What are the effects of violence against women? (physical, psychological, economic or social)
5. How does abuse impact on ability of women to leave abusive relationships?
6. What support has been available for women experiencing abuse?

Ethical considerations

During the writing workshops, facilitators shared examples of published "I" stories with participants so that they understood what the final product will look like. The facilitators also informed participants how their stories would be used and distributed and sought permission from the participants to use their photographs and reveal their identities. They gave participants the option of using a pseudonym and not revealing their identities and asked them to sign off the final versions of their stories.

Some of the participants who told their stories asked not to be named. The writers chose pseudonyms. At the request of these participants, GL has not used their photographs.

Description of survivors

The workshops collected first-hand accounts from 92 women in nine provinces aged between 18 and 71 years, with an average age of 34 years. The majority of women (66) were married, four were widowed, five were single and two were cohabiting. The remaining women did not reveal their marital status.



Women participants writing their stories at the Norton "I" Story Workshop. *Photo courtesy of Musasa*

Table 2.3 shows the distribution of participants by province. The women were from the nine provinces of Zimbabwe and the majority of stories were collected in the Midlands province.

Table 2.3: Distribution of stories by province

Province	Number of stories
Mashonaland Central	10
Bulawayo	9
Harare	11
Manicaland	9
Masvingo	7
Matebeleland North	10
Mashonaland East	8
Mashonaland West	12
Midlands	16
Total	**92**

Analysis

All "I" stories collected were included in the analysis. Firstly, the stories were coded and categorised into the different forms of violence reported. Socio-demographic characteristics of the survivors and the various acts of violence experienced were captured per story. The stories were also coded according to the type of support sought, the response received and the different forms of effects. Data entry was done in MS Excel and the data was exported into Stata for analysis. The results from the analysis are descriptive and speak to the proportion of stories that contain a specific variable category.

Administrative data

The main purpose of collecting and analysing administrative data was to complement the results of the prevalence and attitudes survey data. It is widely accepted that administrative data does not accurately provide information on the extent of VAW, more especially of intimate partner violence, mainly due to the high levels of underreporting.

In the words of Sylvia Walby: "… it would be most unwise to treat such data as a guide to the actual level of violence in that if it were used as an indicator it might create a perverse incentive to minimise the amount of violence over time in order to suggest improvements"[14].

However, this data provides a basis for assessing the costs of VAW and - most importantly - it can provide information on the use of services by survivors and the areas in need of improvement .

Administrative data on current VAW response was collected from institutions, namely the Zimbabwe Republic Police (ZRP), MJLA, MOHCW, ARC, LAD, Musasa, ZWLA, WLSA and Padare.

Description of data

Data requested from the respective institutions included:

- Numbers and nature of cases relating to the DVA; femicide and other cases reported to the police or justice related VAW service providers for the period 2011-2012.
- Numbers, nature and status of cases relating to the DVA where charges were brought against the alleged perpetrator for the period 2011-2012.
- Number, nature and the treatment required for the VAW cases that health centres dealt with for the period 2011-2012.
- Number, nature and type of support provided by identified shelters for the period 2011-2012.

In this report the administrative data, will be analysed in conjunction with the results of the household survey to provide some indication on the current levels of underreporting of VAW, as well as on the adequacy of public services responses and their compliance with legislation and policies.

[14] Walby, S, op cit.
[15] Ibid.



Hlengiwe Dube, a media monitor with the Media Monitoring project of Zimbabwe (MMPZ) monitors one of Zimbabwe Television's 8pm news bulletins. *Photo by Nhlanhla Ngwenya*

Media monitoring

The research also draws on the findings of the 2010 Gender and Media Progress Study (GMPS) that monitored media over a period of one month. It sought to establish, among other issues, the proportion of VAW coverage in the media, and how much of this related to prevention, the effects on victims and others, support and response. The study also explored the way in which VAW is covered, who speaks on VAW and how messages are conveyed.

Research tools

Monitors gathered quantitative data on the media's coverage of gender, HIV and AIDS and VAW. Team leaders selected articles for further analysis to give more in-depth analysis to the quantitative findings. The quantitative monitoring consisted capturing data on the media's coverage of gender, VAW, and HIV and AIDS using a coding instrument. Data was captured into a database pre-designed for this research. Monitors had to capture a specified set of data from each item.

This included information about the item itself, who generated or presented the story (presenter, anchor, reporter, and writer) and who featured in the item.

The process included filling in standard forms each day for each item monitored with the assistance of a user guide prepared by GL; submitting forms for checking to the team leader who generally monitored at least one medium to better understand any difficulties that the monitors encountered; entering of data into a database; delivery of the database by e-mail to be synthesised into one central database that made possible the production of the GMPS study, as well as country comparisons with regional averages, and data analysis and generation of graphs.

Qualitative media monitoring

For this study, researchers randomly selected 58 articles published in 2012, from five newspapers: *The Chronicle, The Herald, The Sunday Mail, The Standard* and the *Daily News*. The qualitative analysis enhances and strengthens the quantitative findings. These case studies highlight best practices in the coverage of VAW as well as areas that need improvement. The case studies serve to further elaborate and support many of the observations made in the quantitative analysis and answer the following questions:

- How are women and men labelled as sources in the media?

[16] Rudling, A, (2009), La Señora Presidenta. Feminist policy-making by female Latin-American presidents? Quoting Fairclough, Norman (1995). Critical Discourse Analysis. A Critical Study of Language, New York: Longman Publishing Inc., available at: http://hh.diva-portal.org/smash/record.jsf?pid=diva2:239541

- Is there a good balance of men and women sources?
- Do women and men speak on the same topics, or do media reserve specific topics for men only and specific topics for women?
- Does the language promote stereotypes of men and women?
- Are physical attributes used to describe women more than men?
- How are women portrayed in the story? How are men portrayed in the story?
- Are all men and women in a society represented and given a voice in the media?
- What are the missing voices, perspectives in the story?
- What are the missing stories?

Public pronouncements analysis

Public pronouncements by political leaders form an essential part of social behaviour, as it dominates the way persons interact with peers and superiors in accordance to what is expected of them, what they think is possible and who they are.[16] Public pronouncements and discourse also contribute to the "creation and/or 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 people". [17] In this vein, the messages passed on by politicians in their speeches do have an impact on the way their constituencies access knowledge and shape their opinions on VAW and act thereof. Political discourses are useful as a strategic public awareness and accountability tool for civil society. In terms of the overall indicators project, analysing the speeches and pronouncements of key political figures assists in framing and triangulating the findings of other study components.

Aim

The analysis of available speeches, statements and pronouncements is aimed at establishing the prevalence, consistency and commitment to addressing VAW by key senior political figures. More specifically the aim was to assess the level of conceptual clarity on the structural causes of the problem, how holistic the alternatives offered to the survivors are, and the level of commitment to address the issue in the framework of state accountability, among other issues.

Sources of data

To measure the prevailing VAW discourses articulated by political leaders, researchers collected and analysed the content in speeches made by key government functionaries. Researchers undertook desktop research for the purposes of finding speeches online. This included visiting all official ministry websites, which would have any speeches published. Since there were few speeches on ministerial websites, letters were sent to the relevant ministries requesting access to any other published pronouncements.

Table 2.4: Nature of pronouncements collected

Nature of pronouncements	Number of speeches
Budget speech	2
Official funeral/ memorial	4
Departmental budget note	1
Ministerial cluster meeting	1
Political party/ committee meetings	6
Conference	20
UN meeting	3
Official statement	1
Official launch/ opening	41
Other	44
Total	123

What was analysed?

The researchers accessed 123 readily available speeches by key senior politicians made during the period 2011-2012 for analysis. The speeches collected include speeches from the following categories:

[17] Op. Cit quoting Romero, Juan Eduardo (2005). "Usos e interpretaciones de la historia de Venezuela en el pensamiento de Hugo Chávez" in Revista Venezolana de Economia y Ciencias Sociales, Volume 11, Number 2, available at: http://hh.diva-portal.org/smash/record.jsf?pid=diva2:239541

For the purpose of this research, only official written speeches were analysed, as they are official texts and cannot be subject to misinterpretation or debate in terms of their emission. Pronouncements were dissected and analysed in order to assess how often VAW was mentioned, by whom and to what audience. Only the speeches that explicitly address VAW were subject to a more detailed content analysis.

Triangulation

Table 2.5: Project components and tools used to gather data

RESEARCH TOOL/ INDICATORS	Prevalence and attitudes survey	Adminis-trative data	*"I" Stories*	Media monitoring	Political content analysis
Extent	✗	✗	✗		✗
Effect	✗		✗		
Response	✗	✗	✗	✗	✗
Support	✗	✗	✗	✗	✗
Prevention	✗		✗	✗	✗

Table 2.5 shows how the five tools interrelate and how the research uses them to triangulate findings throughout the study to answer the key questions relating to extent, effect, drivers, prevention, protection, programmes and participation.

CHAPTER 3
EXTENT OF VIOLENCE



Participants attending the GBV, Culture, Tradition & Religion Cyber Dialogue during the 2012 Sixteen Days Campaignheld in Gweru, Zimbabwe.

Photo courtesy of Gweru City Council

This chapter presents the extent of the different forms of violence experienced by women and perpetrated by men within and outside intimate relationships as reported mainly from the prevalence and attitudes survey and the qualitative "I" stories. A statistical and qualitative outline of the forms of violence against women is given in order to more fully evaluate the scale of such violence, while identifying gaps for future research.

Characteristics of women and men participating in the survey

The final survey sample included 3326 women and 3274 men aged 18 years and above who were permanently resident in randomly preselected households. A table of actual numbers and proportions describing the sample is presented in Annex One. Some of the characteristics are that:

- Ninety-eight percent of women and 99% of men in the study were Zimbabwean nationals.
- The majority of women, (90%) and men (60%) in the sample uphold Christian beliefs.
- Forty two percent of women and men (52%) completed Ordinary Level. Fewer women, about 5% and 6% of men had a tertiary education qualification. A greater proportion of women (8%) than men (5%) had no schooling.
- The majority of women (77%) and men (59%) were unemployed in the 12 months before the survey.

Relationship status and sex history

The majority of participants had been intimately involved or were currently involved in relationships, had sex and had a sexual debut after their 18th birthday. Ninety two percent of women and 87% of men had been in an intimate relationship. A greater proportion of men (81%) were involved in intimate relationships during the time of the survey compared to women (76%). Almost similar proportions of women (91%) and men (90%) had had sexual intercourse in their lifetime. About a quarter of women (26%) and men (25%) had their sexual debut before the age of 18.

Sexual and reproductive health and HIV

Eleven percent of women were diagnosed with STIs by a health practitioner at least once in their lifetime. Thirteen percent of women reported that they had a discoloured, smelly, itchy or uncomfortable discharge in their lifetime. Twelve percent of women experienced vaginal ulceration. Thirty percent of women in the sample had never tested for HIV. An even higher proportion of men (43%) said they never tested for HIV. For both women and men the majority of participants tested for HIV in the 12 months before the survey. Fifty eight percent of women and 41% of men tested in the 12 months before the survey. About a tenth (9%) of women and 13% of men tested 2-5 years before the survey. Three percent of women and two percent of men tested more than five years before the survey. Based on these findings, there is need for concerted efforts and programmes to encourage women to go for periodic HIV testing.

Alcohol and substance use

Less than a tenth of women (9%) and about half of men (49%) interviewed drank alcohol in the 12 months to the survey. However, the majority of women (42%) were occasional drinkers. One in six women (15%) who drank alcohol were binge drinkers who took more than five drinks per occasion on a weekly basis. Over a quarter (28%), were regular drinkers and drank alcohol at least two times a week. Less than half (43.6%) of the women were in intimate relationships with men who drank alcohol while almost a tenth (10%) of women had partners that used drugs. Over half the men (56%) were regular drinkers and drank alcohol at least two times a week. Over a tenth (11%), were binge drinkers and took more than five drinks on a daily basis.

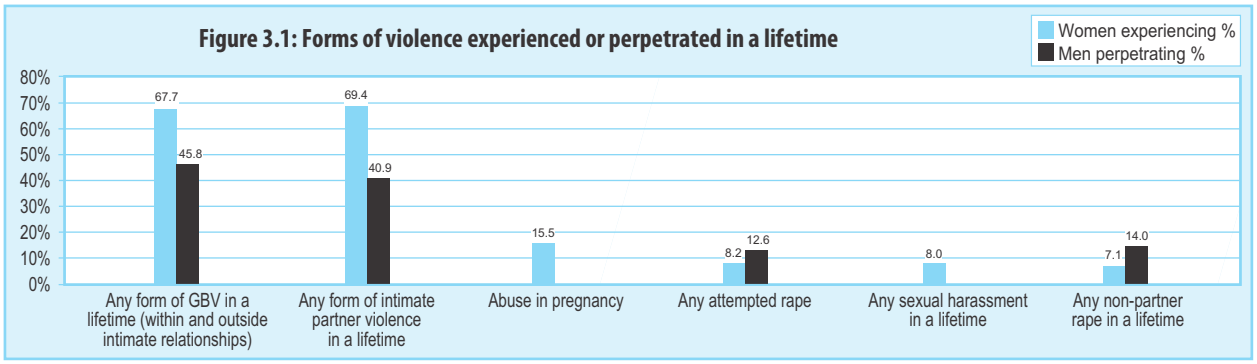


Figure 3.1 shows that 68% of the women interviewed experienced some form of VAW at least once in their lifetime while 46% of interviewed men reported ever perpetrating VAW at least once in their lifetime.

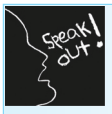
The most commonly reported form of VAW by women and men is IPV and the least reported is non-partner rape. Over two thirds, 69% of women experienced while 41% of men perpetrated IPV in their lifetime.

One in six (16%) of all ever pregnant women were abused during pregnancy. Eight percent of women said someone who was not their partner had attempted to rape them, while 13% of men admitted attempting to rape. Eight percent of women were sexually harassed either at work, school, while taking public transport or by a traditional healer or religious leader. Seven percent of women were raped by a non-partner while 14% of men raped a non-partner.

Intimate Partner Violence (IPV)

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 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 (Saltzman et al. 2002):



*Sarudzai** from Bindura, one of the "I" Story participants, faced a dilemma common to women in abusive marriages. Sarudzai's boyfriend did not accept responsibility for fathering their first child. He physically abused her when she fell pregnant.

"We started to sleep together, though we were not married. I got pregnant, and two months later I went to live with him. He asked me if I really was pregnant, and I said I was not sure," she recounted.

"He began to abuse me, saying he was not responsible for my pregnancy. When he came home from work, he would pinch me, or subject me to some other form of physical abuse. I took an overdose of pills, hoping to die. When this failed, I thought of going back home, but was afraid because we had not told my relatives we were living together.

"When I gave birth he wouldn't hold his baby. I prayed, but nothing changed. I was battered with heavy sticks, and if I was carrying the baby I was ordered to put him down so that I could be 'disciplined'.

"Sometimes he used his fists, and physically abused the baby. No one helped me because everyone was afraid of him. Only his mother tried to stop him, but she would be overpowered."

Physical violence is the intentional use of physical force with the potential for causing death, disability, injury, or harm. Physical violence includes, but is not limited to, scratching; pushing; shoving; throwing; grabbing; biting; choking; shaking; slapping; punching; burning; use of a weapon; and use of restraints or one's body, size, or strength against another person.

Sexual violence includes the use of physical force to compel a person to engage in a sexual act against his or her will, whether or not the act is completed; attempted or completed sex act involving a person who is unable to understand the nature or condition of the act, to decline participation, or to communicate unwillingness to engage in the sexual act, e.g., because of illness, disability, or the influence of alcohol or other drugs, or because of intimidation or pressure; and abusive sexual contact.

Psychological/emotional violence involves trauma to the victim caused by acts, threats of acts, or coercive tactics. Psychological/emotional abuse can include, but is not limited to, humiliating the victim, controlling what the victim can and cannot do, withholding information from the victim, deliberately doing something to make the victim feel diminished or embarrassed, isolating the victim from friends and family.[18]

Economic violence involves denying the victim access to money or other basic resources, controlling the victims' finances to prevent them from accessing resources, working or maintaining control of earnings, achieving self-sufficiency, and gaining financial independence.

Figure 3.2: Forms of IPV experiences and perpetration in lifetime

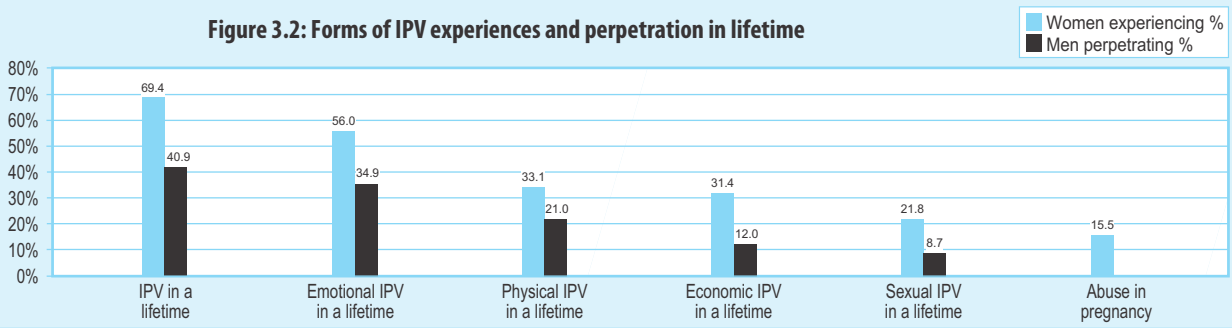


Figure 3.2 shows that the proportion of women reporting experience of all forms of IPV was greater than the proportion of men admitting perpetration. The most commonly experienced and perpetrated form of IPV is emotional IPV followed by physical then economic, sexual and lastly abuse in pregnancy. Over half (56%) of women experienced and 35% of men perpetrated emotional IPV in their lifetime. A third of women (33%) and about a fifth (21%) of men reported physical IPV experience and perpetration respectively. About a third (31%) of women and 12% of men reported economic IPV experience and perpetration respectively. Twenty-two percent of women experienced and 9% of men perpetrated sexual IPV. About one in every six women (16%) who were ever pregnant were abused during at least one of their pregnancies.

[18] Saltzman et al 2002.

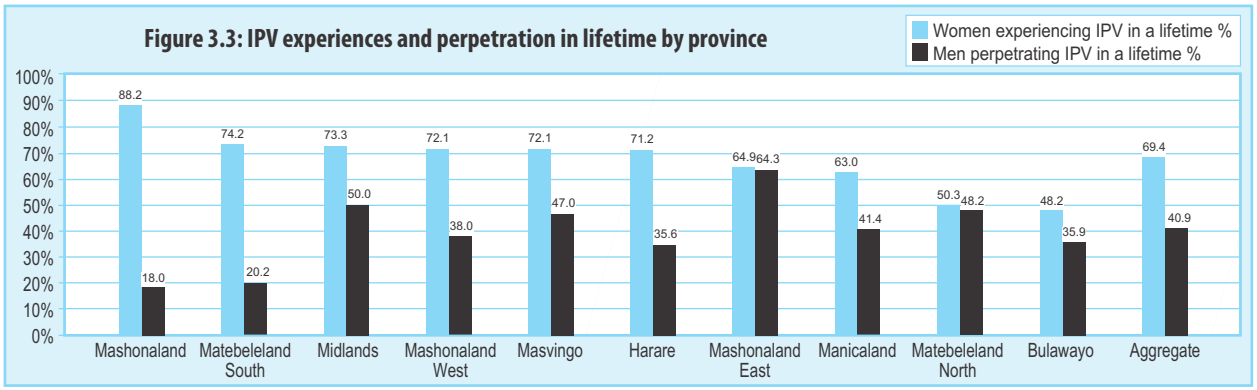


Figure 3.3 disaggregates the lifetime experience and perpetration of IPV by the different provinces. The IPV experience prevalence by province ranges from 48% to 88% while the perpetration prevalence ranges from 18% to 64%. Mashonaland Central province has the highest lifetime IPV experience prevalence with almost nine in every ten (88%) women reporting this.

The province however has the least reported perpetration prevalence, at 18%. There is need for further exploration into the disparity between the reported experience and perpetration prevalence. It appears that while women in Mashonaland Central province more openly disclosed their experience, men were less likely to disclose perpetration. This study did not further probe the reasons of why this could be the case.

Matebeleland South province had the second highest experience prevalence of 74%. This means three in every four women in the province reported experiencing IPV at least once in their lifetime. Similar to the findings for Mashonaland Central, the proportion of men disclosing perpetration is less than the proportion of women reporting IPV experiences. Only one in every five men (20%) admitted to perpetrating IPV at least once in their lifetime.

Midlands province had the third highest IPV experience prevalence. Seventy three percent of women and half of the men (50%) reported experience and perpetration respectively.



*Tendai** from Harare shared how her husband became violent when she enquired about his whereabouts. Her story illustrates the different acts of IPV. She said, "My husband never showed me his salary slip, and on his own would decide about spending. He did not want me to visit his workplace. To ask him for anything invited violence into our home, and sometimes he would beat me severely, and then make me spend the night outside with the second baby.

He would use dangerous weapons to beat me, and I lost a tooth. I spent most of my time crying due to internal pains, and in one incident had five stitches on my forehead from his beatings. I reported the case to the police, but nothing happened. They told me that was how homes were run. I decided to go to my aunt with my two kids for advice.

My husband started coming home around midnight, and for fear of being abused or beaten, I could not ask the reason.

Mashonaland West province was the fourth highest in experience prevalence. Seventy-two percent of women and 38% of men reported experience and perpetration respectively.

Masvingo province was the fifth highest in experience prevalence similar to Mashonaland West. Seventy-

two percent of women and 47% of men reported experience and perpetration respectively.

Harare province was sixth in the experience prevalence. Seventy-one percent of women and 36% of men reported experience and perpetration respectively.

Mashonaland East province was seventh in experience prevalence but had the highest reported perpetration prevalence. Sixty-four percent of men admitted to perpetrating IPV at least once in their lifetime. The prevalence of perpetration in Mashonaland East province was almost similar to the experience prevalence reported by women (65%).

Manicaland province was eighth in the experience prevalence. Sixty-three percent of women and 41% of men reported experience and perpetration respectively.

Matebeleland North province was ninth in the experience prevalence. About a half of women (50%) and men (48%) reported experience and perpetration respectively.

Bulawayo province had the lowest lifetime IPV experience prevalence. About half of the women (48%) experienced IPV at least once in their lifetime. A lower proportion of men (36%) disclosed perpetration.

Analysis of the 92 qualitative "I" stories collected depicts almost similar trends to those of the survey. Of the forms of violence disclosed, the predominant form is intimate partner violence and the most prevalent form is emotional violence.

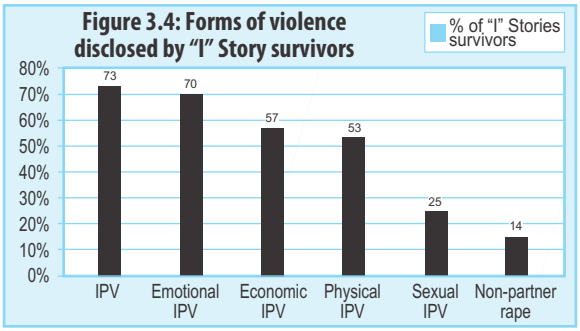


Figure 3.4 shows that similar to the survey, the most commonly reported form of violence during the "I" story workshops was intimate partner violence. Emotional IPV was most common while sexual IPV was the least common. Almost three quarters (73%) of women experienced IPV while 70% disclosed experience of emotional violence. The stories also show that one woman, can experience more than one form of violence.

Past year prevalence

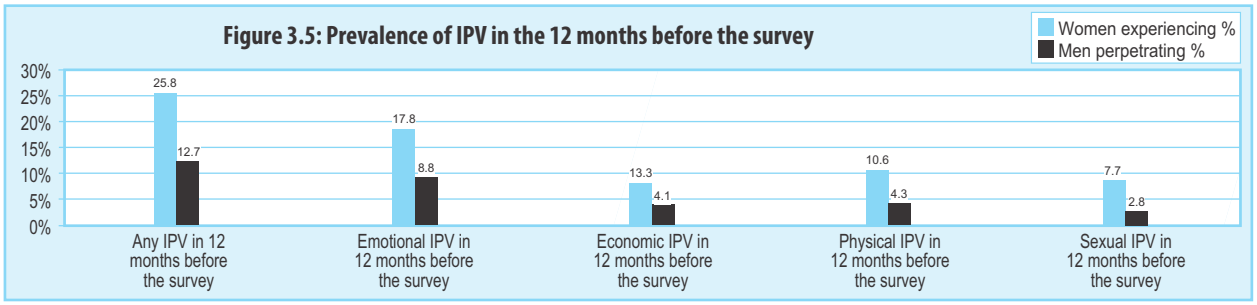


Figure 3.5 shows that over a quarter (26%) of women reported IPV experience while an eighth (13%) of men reported IPV perpetration in the 12 months before the survey. As in the case of lifetime prevalence, emotional IPV (18%) constitutes the highest form of VAW. Economic IPV was the second highest (13%)

form of IPV in the last twelve months, followed by physical IPV (11%), and sexual IPV (8%).

For all the forms of violence, a greater proportion of women report experience compared to the proportion of men that report perpetration. One in 12 men (8%) emotionally abused, 4% economically abused, 4% physically abused and 3% sexually abused their partners in the 12 months before the survey.

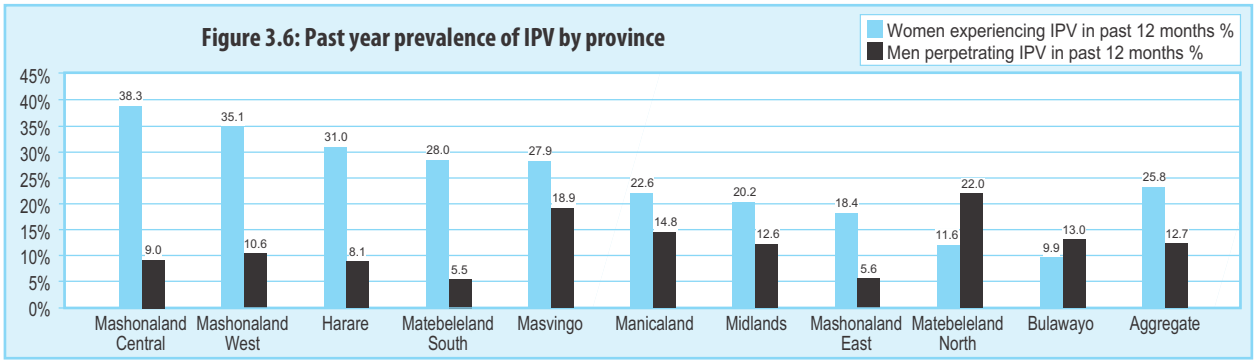


Figure 3.6 shows that the highest experience prevalence in the 12 months before the survey was recorded in Mashonaland Central (38%) and the least was recorded in Bulawayo (10%). The highest perpetration prevalence was recorded in Matebeleland North (22%) and the least was recorded in Matebeleland South and Mashonaland East (6%). Matebeleland North and Bulawayo are the only provinces where the perpetration prevalence reported by men was higher than the experience prevalence reported by women.

Distribution by province

Figure 3.7

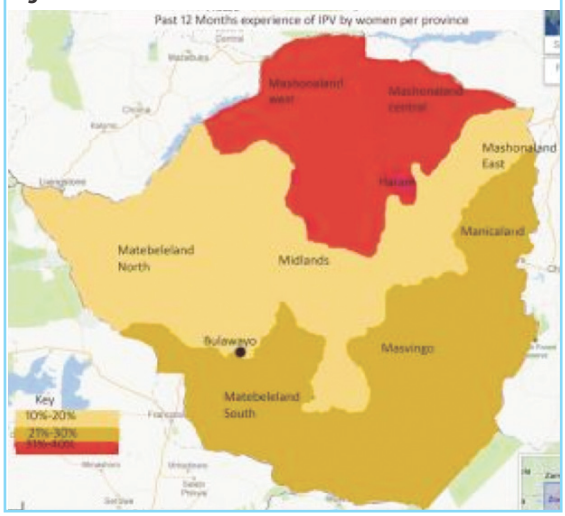


Figure 3.7 shows that the prevalence of IPV experienced by women in the past 12 months by province ranged from 10% in Bulawayo to 38% in Mashonaland Central. A zoning of the prevalence reported by women shows high prevalence in the more northern provinces including Mashonaland Central, Mashonaland West and Harare (shown in red), followed by those in the south and towards the east including Matebeleland South, Masvingo and Manicaland (shown in brown). Matebeleland North, Bulawayo, Midlands and Mashonaland (shown in yellow) have prevalence in the lower extent zone.

Emotional IPV

Emotional IPV was assessed by six questions that asked about a series of different acts that were controlling, frightening, intimidating or undermined women's self-esteem. Female participants were asked if a male 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 girlfriends. Men were asked if they had done any of these things to a female partner.

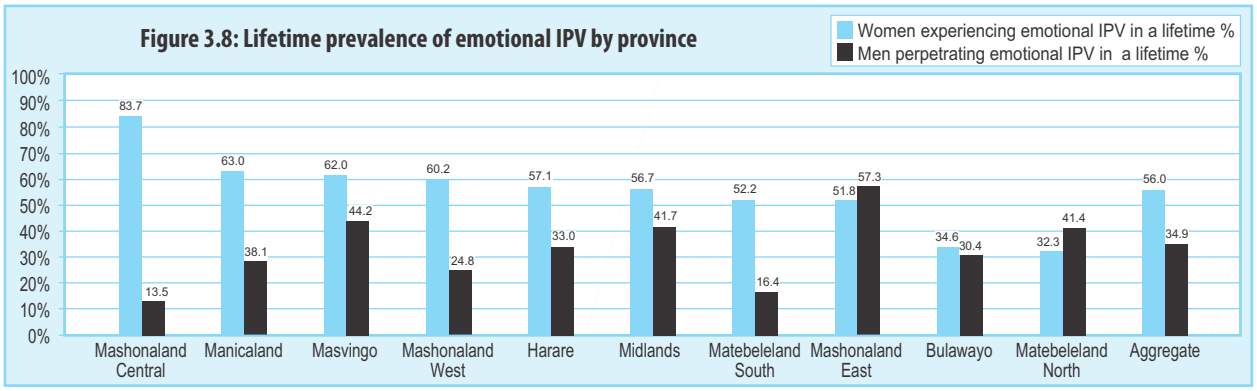


Figure 3.8 shows that, Mashonaland Central (84%) had the highest emotional IPV experience prevalence, followed by Manicaland (63%), Masvingo (62%), Mashonaland West (60%), Harare (57%), Midlands (57%), Matebeleland South (52%), Mashonaland East (52%), Bulawayo (35%) and lastly Matebeleland North (32%). The range of experience prevalence was from 32-84%.

In all provinces except Mashonaland East and Matebeleland North, the experience prevalence reported by women is higher than the perpetration prevalence reported by men. Mashonaland East has the highest perpetration prevalence (57%), while Mashonaland Central has the least (14%).

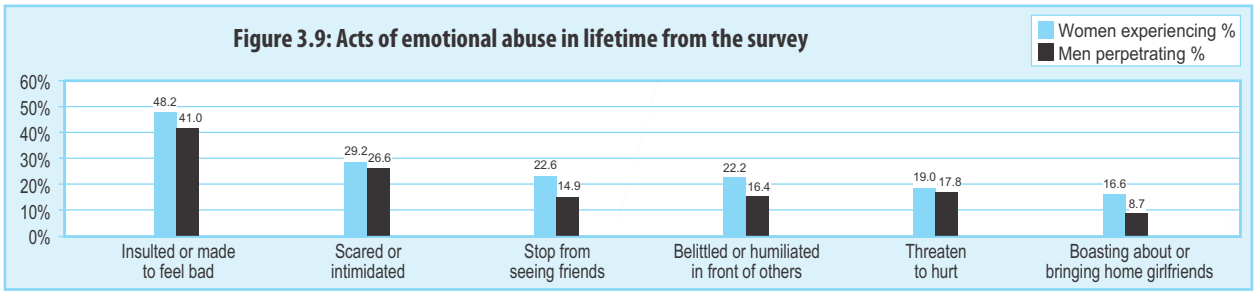


Figure 3.9 shows that the most common act of emotional violence experienced was being insulted or made to feel bad. Almost half (48%), of the women said they were insulted or made to feel bad by their partner. Forty one percent of men disclosed doing this. Twenty nine percent of women were scared or intimidated, 22% were stopped from seeing friends, 22% were belittled, 19% were threatened and 17% said their intimate partners boasted about or brought home girlfriends.

Twenty seven percent of men intimidated, 15% stopped their partners from seeing friends, 16% belittled and 18% threatened to hurt their partners. Less than a tenth (9%) said they boasted or brought home girlfriends.

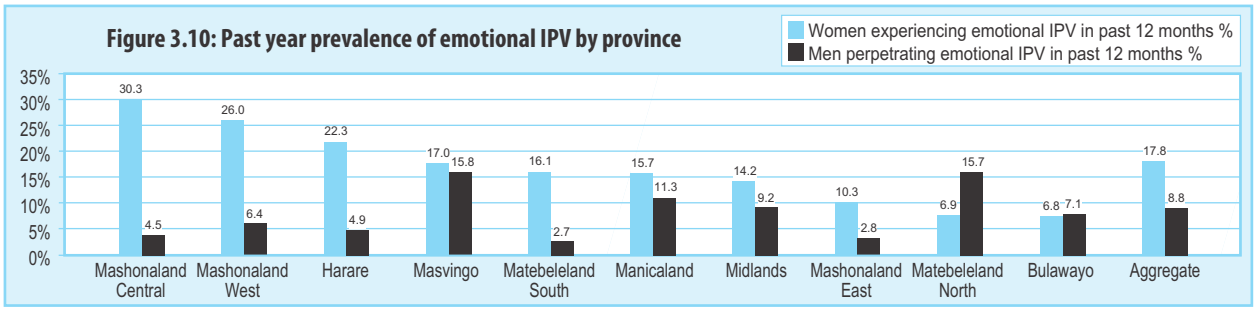


Figure 3.10 shows that Mashonaland Central has the highest past 12 months experience prevalence of emotional IPV (30%) while Bulawayo had the least (7%). However the highest perpetration prevalence was reported by men in Matebeleland North province (16%) and the lowest prevalence was in Matebeleland South (3%). Also unique to Matebeleland North is that the proportion of men disclosing perpetration (16%) is significantly higher compared to the proportion of women reporting experience (7%). The experience and perpetration prevalence in Bulawayo province is almost comparable. In the other eight provinces the proportion of women reporting emotional IPV experience is higher than the proportion of men reporting emotional IPV perpetration.

Acts of emotional violence referred to in the "I" stories include betrayal associated to extra-marital affairs, insults, name-calling, promiscuity of partners, being denied conjugal rights, rejection, being accused of promiscuity leading to questioning of children's paternity, desertion, jealousy and controlling behaviours including being stopped from attending church or meeting friends.

Physical IPV

Physical IPV was assessed in the survey by asking five questions about whether women had been slapped, had something thrown at them, were pushed or shoved, kicked, hit, dragged, choked, beaten, burnt or threatened with a weapon. Similarly men were asked if they had done any of these acts to their intimate partners.



*Kim** shared that her HIV positive husband physically abused her. She sustained injuries and was hospitalised after he assaulted her. Her story illustrates acts of physical abuse. She said, "When he tested positive, life became more difficult, he did not want me to go anywhere or even to talk to anyone, I was forced to stay in the house sleeping. I became a slave and I was left without an option but to stay with him. He threatened to kill me if I ran away."

One day he came back home in the afternoon, threatening me with a knife and beating me up, forcing me to have unprotected sex. This was when I escaped with my kids again and ran to my sister's house. My sister, Memory was very cross to the extent that she forced me to report the case and he was arrested. We went to court and he was sentenced to one month in prison.

One day after serving his prison term, he came where we stayed and destroyed everything in the house. Every night he would come to my sister's house, shouting and banging doors, we had sleepless nights. One day, we bumped into each other and he started beating me. I was left to die. I was taken to hospital and he was arrested for the second time.

The day before he was arrested while I was in hospital, he came to my sister's house. He smeared his faeces all over the doors and the veranda during the night.

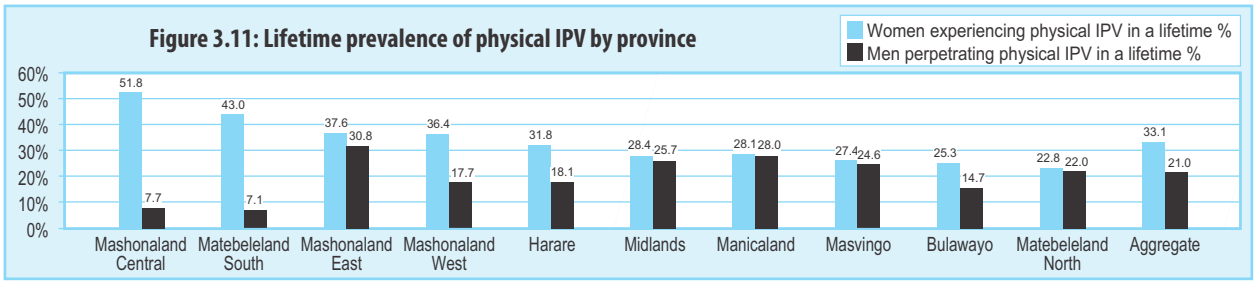


Figure 3.11 shows the prevalence of physical IPV by province. Again, Mashonaland Central has the highest experience prevalence (52%) and low perpetration prevalence (8%). Similarly, Matebeleland South also has high experience prevalence (40%) and the lowest perpetration prevalence (7%). In all provinces, the proportion of women reporting experience is higher than the proportion of men disclosing perpetration.

Only in Manicaland, is the experience and perpetration prevalence reported by women and men similar.

Fifty-three percent of women participating in the "I" stories were physically abused. The predominant act of physical abuse was beating. Other acts include choking, pushing, and destruction of property, threats to kill, slapping, kicking and biting.

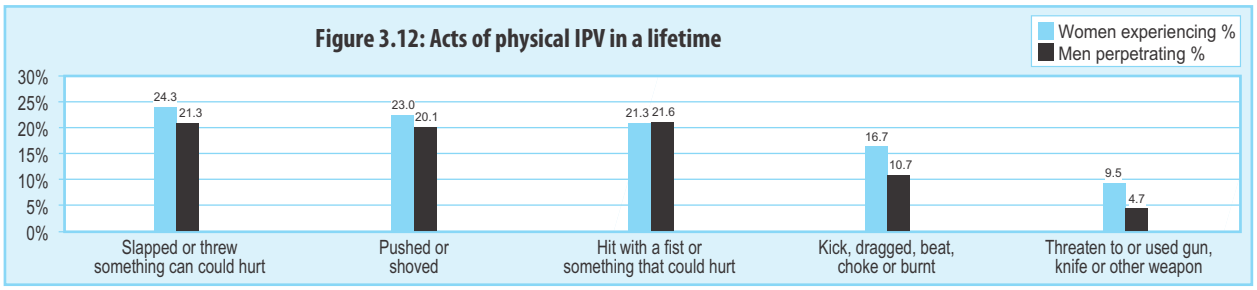


Figure 3.12 shows that the most common act of physical IPV reported by women is being slapped or having something thrown at them that could hurt. A quarter of women (24%) and a fifth (20%) of men reported this. Twenty three percent of women were pushed or shoved; 21% were hit with a fist or dangerous object; 17% were kicked, dragged, chocked or burnt and 10% were threatened with a gun or other weapon.

Twenty percent of men pushed or shoved; 22% hit a partner with a fist or dangerous object, 11% kicked, dragged, chocked or burnt and 5% threatened a partner with a gun or other weapon.

Table 3.1: Frequency of physical IPV

Criteria	Women experiences (%)	Men perpetration (%)
Never	66.9	79.0
Once	10.5	9.5
More than once	22.6	11.5

Table 3.1 shows that the majority of women that experienced physical IPV in fact experienced this on more than one occasion. About one in every four (23%) women participating in the survey experienced physical IPV more than once in their lifetime. Similarly, the majority of men perpetrating sexual or physical

IPV have done so more than once. About one in eight men participating in the survey perpetrated physical violence more than once in their lifetime.

Extent of reporting physical IPV in lifetime

Women who reported experience of physical IPV in their lifetime were asked whether they reported the incidents to the police or health facility.

Table 3.2: Extent of reporting physical IPV in a lifetime

Criteria	%
Proportion of ever partnered women who were physically abused, injured and who sought medical attention in lifetime	2.6
Proportion of ever partnered who were physically abused and who reported abuse or threats to police in lifetime	2.4



*Maidei** from Bindura spoke of how her HIV positive husband sexually abused her and insisted on unprotected sex and became violent when she refused. "One day he was not well and went to the clinic, where he tested HIV-positive. The situation became worse, and I ran away with my kids. He caught me and beat me, pushing my head against a wall. I managed to escape through the help of a friend. This was all because I had refused to have unprotected sex, and he was saying he had spent a lot of money on my expenses.

After seven months Paul changed into a monster, and wanted to fulfil his 'experiment'. All along we had had protected sex, but one day he came home and said we would no longer use condoms. I refused, and several times he beat me. I did not tell anyone. I would sleep outside the house with my kids. When I refused to have sex with him he would throw my things outside, and shout all sorts of names in front of my kids."

Table 3.2 shows that three percent of women were physically abused by intimate partners and sought medical attention as a result of the injuries sustained. Two percent of physically abused women reported their experiences to the police.

Figure 3.13: Comparison of prevalence and reported physical IPV in a lifetime

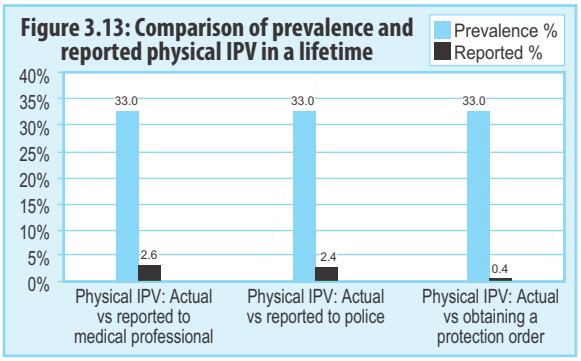


Figure 3.13 shows that there is huge underreporting of physical IPV both to police and to health care facilities. Only one in thirteen women (2.6%) who were physically abused by intimate partners in their lifetime sought medical attention after injuries. A lower proportion of women reported the incident to the police. One in every fourteen (2.4%), of physically abused women in the survey reported the case to the police. An even less proportion (0.4%) obtained a protection order against a physically abusive partner.



Providing counselling and care at the Adult Rape Clinic, Zimbabwe. *Photo courtesy of Adult Rape Clinic*

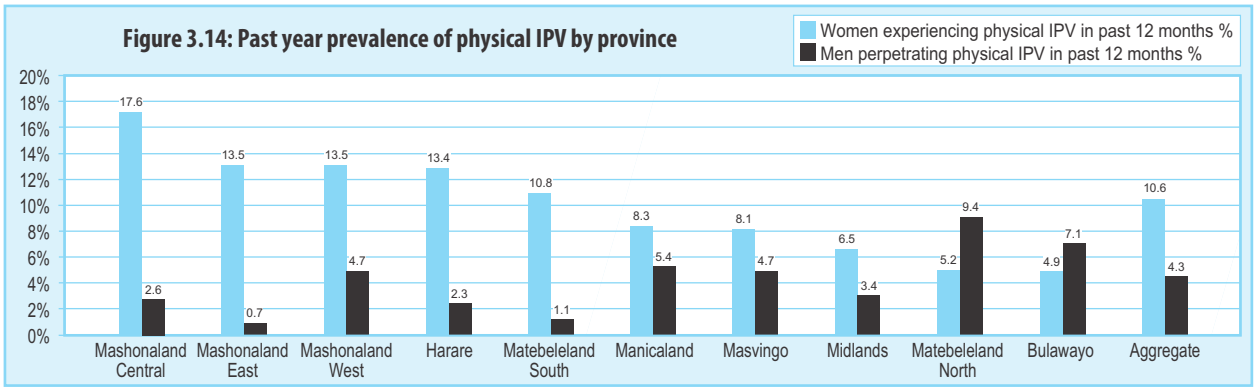


Figure 3.14 shows the prevalence of physical IPV by province in the past 12 months. The experience prevalence ranged from 18% in Mashonaland Central to 5% in Bulawayo. The perpetration prevalence ranged from 9% in Matebeleland North to 0.7% in Mashonaland East province. A greater proportion of men compared to women reported perpetration in Matebeleland North and Bulawayo.

Table 3.3: Extent of reporting physical IPV in past 12 months

Criteria	%
Proportion of women who experienced physical IPV in 12 months before the survey	10.6
Proportion of women who experienced physical IPV in 12 months before the survey and reported incident to police	1.7
Proportion of women, who experienced physical IPV in 12 months before the survey and who sought medical attention	1.5

Table 3.3 shows the significant underreporting of physical IPV to police and to health care facilities in the 12 months before the survey. Only one in every six women (1.7%) who were physically abused by their partners reported to police while only one in seven women that were physically abused sought medical attention after injuries.

Sexual IPV

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

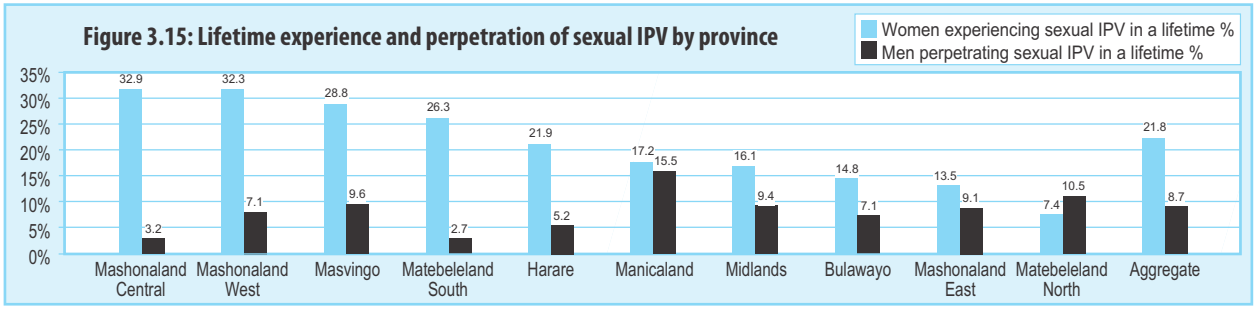


Figure 3.15 shows that, both at national and provincial level, a higher proportion of women than men reported sexual IPV. Above a fifth (22%) of women experienced while less than a tenth (9%) of men disclosed perpetration. Again, the highest prevalence of sexual IPV experience was recorded in Mashonaland Central (33%) and the lowest in Matebeleland North (7%). Only in Matebeleland North did a higher proportion of men (11%) compared to women disclose sexual IPV (7%).

Only in Manicaland, was the perpetration (16%) and experience (17%) prevalence almost comparable. The difference between sexual IPV experience prevalence and perpetration prevalence is somewhat greater than the other forms of IPV and warrants further exploration.

An almost similar proportion of women (25%) participating in the "I" stories workshops were sexually abused by their intimate partners at least once in their lifetime. This included being forced to have sex, demand for sex after beating, forced to have unprotected sex and denied conjugal rights.

Table 3.4: Frequency of sexual IPV

Criteria	Women experiences (%)	Men perpetration (%)
Never	76.2	91.3
Once	4.1	3.8
More than once	17.8	4.9

Table 3.4 shows that as with physical IPV, the majority of women that experienced sexual IPV in fact experienced this on more than one occasion. Seventeen percent of women participating in the survey experienced sexual IPV more than once in their lifetime. Similarly, the majority of men perpetrating sexual or physical IPV have done so more than once. Five percent of men participating in the survey perpetrated sexual IPV more than once in their lifetime.

Figure 3.16: Past year prevalence of sexual IPV by province

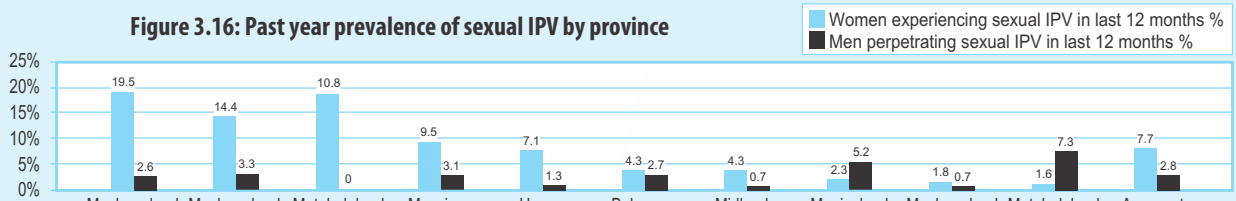


Figure 3.16 shows that the experience prevalence of sexual IPV in the 12 months before the survey ranged from 20% in Mashonaland Central to 2% in Matebeleland North and Mashonaland East. Conversely, Matebeleland North also had the highest prevalence of perpetration (7%). Only in Matebeleland North and Manicaland is the perpetration prevalence reported by men higher than the experience prevalence reported by women.

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 were staying.



Women pound maize in Zimbabwe. *Photo by Trevor Davies*



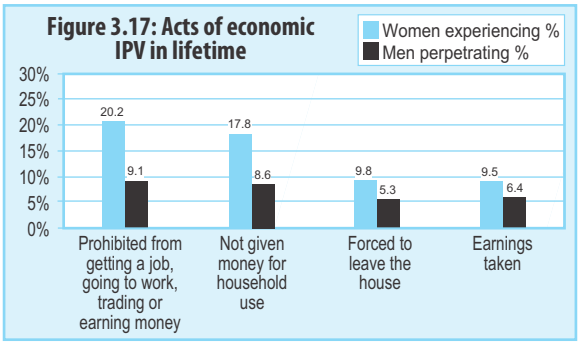
*Sipho** from Ntabazinduna shared how her husband refuses to contribute to the family welfare and she has to take the sole responsibility of providing for the children. Her story illustrates experience of economic IPV.

Sipho said, "After my mother died, I married a man from Maxheleni. I left home as well as my career and stayed with him. He was then unemployed, but is now self- employed as a gold panner. We have two children, but he never contributes financially for their care.

I paid hospital bills and bought them clothes, as he hid his money from me. We went on living like that for two years, until I reported him to his aunt. His family intervened, and the situation got better for a while, then worsened again. My husband does not know the cost of children's clothing, as he has never bought any. My children are clothed by relatives and generous people.

I suffered and regretted leaving my job. I think my husband sees us as birds, born clothed, because he doesn't care about us.

Figure 3.17 shows that the most common act of economic IPV experienced or perpetrated include the prohibition to getting a job or trading and activities associated with generation of income. A fifth (20%) of women reported being prohibited by partners while 9% disclosed prohibiting partners to pursue paid work or trading. The second most common form was refusal of partner to provide money for household use, being evicted from the matrimonial home and being forced to hand over earnings.



Over half (57%) of the women were economically abused. Acts of economic abuse reported include a partner not supporting his children, being prohibited from working or participate in income generating activities, demand for money, gambling away all earnings, a partner stealing wages, being abandoned during pregnancy, being evicted or locked out from the matrimonial home.

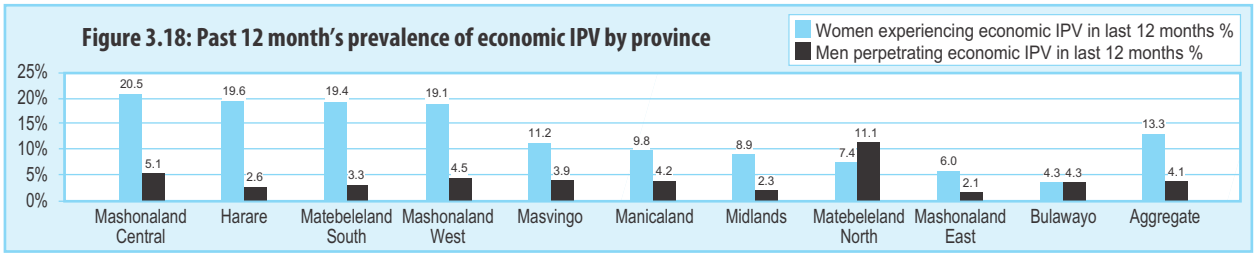


Figure 3.18 shows the prevalence of economic IPV in the 12 months before the survey. The experience prevalence ranges from 21% in Mashonaland Central to 4% in Bulawayo. The perpetration prevalence ranges from 11% in Matebeleland North to 2% in Mashonaland East.

Multiple forms of IPV

The majority of women (72%) that were abused by their partners experienced more than one form of IPV. This finding confirms the notion that when violence occurs, it most often manifests in different forms. Anna's* story illustrates how women can experience different forms of VAW.



Perseverance in an abusive marriage
By Anna* (Harare)

In 1992 I married my loving husband Norest* customarily and our life seemed to be the best of all marriages. Three years down the line in 1995 my life started to change. He started to show his true colours and revealed his jealous behaviour openly to me. He gave me a lot of do's and don'ts of which I felt them more oppressing to me. However to my lover I openly asked him why he was doing all that to me and he told me that I must obey everything he said since I am under him.

That year he asked me to wed him at the magistrate's court. He lied to my parents that he would finish paying lobola after the wedding so they agreed. I knew he was lying since he was not working. He did not want me to socialise with other people and forced me to stay indoors unless we went out together.

My life changed and worsened by being beaten, being accused of doing something I did not do, threatening to kill me with his hammer which he kept in the bedroom. If I tried to defend myself he would threaten to kill me and kill himself since he said our marriage would be broken only by death. If I had wisdom of our future, I would have divorced him in those early years of our marriage. We went to church together and the elders of the church could tell I had problems. If they approached me he would interrupt the discussions until they realised that they should talk to both of us. Counsellors from our church and relatives came and went but nothing changed our situation, only to blame me of the truth I told them. Through all this counselling, he knew people at church knew his character so he stopped going to church and started to drink beer.

Many years passed surviving in that violent relationship and kept praying for better days. I tried to help him that maybe one day the Lord would untie him from the devil's bondage. This hope made me to persevere through this violent life. The abuse affected me up to a point that even now if I see people fighting I get affected. If I see horror movies I see as if the blood is being sucked from my body since he always threatens to suck my blood from my neck. He always chokes me on my neck and bites me until blood comes out. If I see a person drunk I feel unstable and afraid of that person.

I faced all these effects but could not leave this abusive relationship because I trusted that the Lord was going to change him through my prayers. I started to blame myself for not being able to help him since he always blamed me for being a failure. He always undermined me until I felt helpless and worthless thereby causing me to lose confidence in whatever challenge I faced. This lack of confidence destroyed my life such that I could not share my problems with other people and seek help.

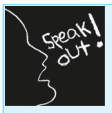
I was abused sexually. He demanded that we have anal sex, threatening to insert objects in my private parts, forcing me to do what is done in pornography and forcing me to have sex even when I didn't feel like. He also abused me emotionally asking me endless questions and accusing me of having boyfriends, threatening to hurt me and the children, tearing and burning my clothes, threatening to burn the house and locking us out of the house. He also abused me economically by not allowing me to go to work and asking me for money which I did not have and disturbing me when I was at my workplace. He also abused me physically, pushing me, pulling my hair, choking my throat until I felt I could not breath, using dangerous weapons like a big knife which he kept in the bedroom.

With all this abuse he did to me, I felt like asking for forgiveness even if I had not done anything wrong to him. Although I was facing these experiences, I was not allowed to ask for help or to watch women's programmes which came out on TV like Musasa adverts. He would ask me to change the channel. All our relatives were now aware of his abusive behaviour. Norest's father is the one who went to Musasa on my behalf to seek help. I was afraid to go to Musasa because I thought Norest would know that I am trying to report the issue. I desperately needed help and peace so I visited Musasa and I asked for a protection order. Now I am staying at peace and can understand all the abuse that I went through. It was an abnormal life.

Abuse in pregnancy

This study explored the prevalence of IPV by pregnant women which may have been prompted or intensified by pregnancy. Abuse in pregnancy may be due to a longstanding abusive relationship that continues when a woman becomes pregnant. It may also commence because of various reasons such as unintended pregnancy or suspicion of birth control sabotage.

Women participating in the survey were asked if they experienced acts of abuse during any of their pregnancies.



*Sarudzai** from Harare shared how she was abused during her first pregnancy. Her story illustrates abuse in pregnancy as a result of conflict about paternity.

She said, "We started having sex before we married. I got pregnant, and two months later I went to live with him. He asked me if I really was pregnant, and I said I was not sure. Later when I confirmed my pregnancy he began to abuse me, saying he was not responsible. When he came home from work he would pinch me, or subject me to some other form of physical abuse. I took an overdose of pills, hoping I would die. When this failed I thought of going back home, but was afraid, because we had not told my relatives we were living together.

We always had sex, but sometimes things were hectic. I started pretending to be asleep when he got back from work. He would ask me what the matter was, and I lied, saying I was not well. He would then prepare his food and leave nothing for me.

When I gave birth he wouldn't hold his baby. I prayed, but nothing changed. I was battered with heavy sticks, and if I was carrying the baby I was ordered to leave him so that I could be 'disciplined'."

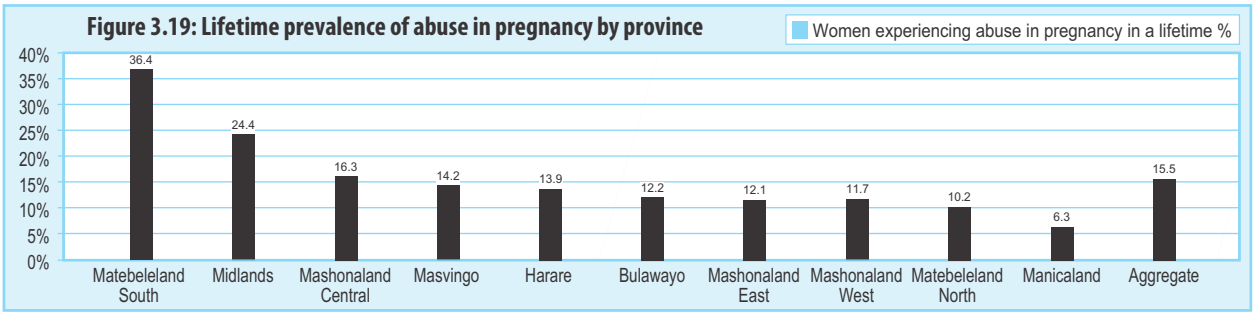


Figure 3.19 shows that over a third (36%) of ever pregnant women in Matebeleland South reported experiencing abuse in pregnancy at least once in their lifetime.The second highest prevalence was in Midlands (24%), followed by Mashonaland Central (16%), Masvingo (14%), Harare (14%), Bulawayo (12%), Mashonaland East (12%), Mashonaland West (12%), Matebeleland North (10%) and lastly Manicaland (6%).

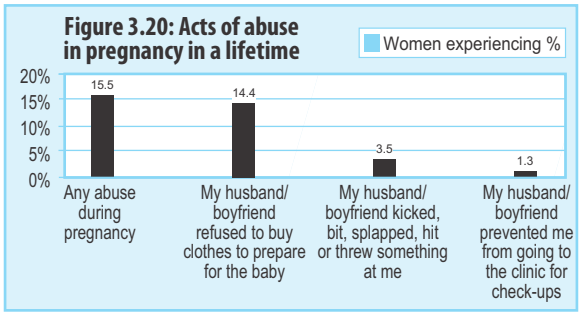


Figure 3.20 shows that one in every six women that were ever pregnant report abuse during pregnancy. The most common form of abuse was economic and involved refusal by partner to contribute to buy clothes to prepare for the baby. Fourteen percent of ever pregnant women reported this. One in twenty five (4%) of women were physically abused during pregnancy and about one percent were prevented from going to the clinic for antenatal care.

Non-partner rape

The definition of rape according to the Zimbabwe Criminal Code is when *"a male person knowingly has sexual intercourse or anal sexual intercourse with a female person and, at the time of the intercourse the female person has not consented to it or there is a real risk or possibility that she may not have consented to it"*. The Code also specifies that rape is not limited to penetration of the male organ but can include the use of an object, or engagement in fellatio or cunnilingus.

The World Report on Violence and Health defines sexual violence against women as (Jewkes, Sen & Garcia-Moreno 2002): *"any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against, women's sexuality, using coercion (i.e. psychological intimidation, physical force, or threats of harm), by any person regardless of relationship to the victim, in any setting, including but not limited to home and work".*

This research dealt with parts of the Criminal Code and the WHO definition. The research uses the term "rape" to refer to the use of force or coercion to obtain sex against a person's will or when they are unable to freely give (or withhold) consent. The study assessed rape of women by men by asking three questions. These covered: whether a man, who is not a husband or boyfriend, forced or coerced a woman to have sex against her will; whether a woman had been forced to have sex with a man when too drunk or drugged to stop him, and whether men forced the women to have sex with more than one man at the same time. The latter is an indicator of gang rape. Men were asked whether they had ever done any of these acts of forced sex.



*Tsitsi** was raped by her cousin but her family was not supportive and forced her not to talk about it. Her story also illustrates the conspiracy to silence that is associated with being a rape victim.

She said,"I narrated the whole story to my aunt (my mother's sister) and later reported the case to the police at Chivi Township. My cousins were arrested but they were released on bail. The family members discussed the matter and they withdrew the report that I had made arguing that it was not proper for me to cause the arrest of a relative. The story was talked about in our district and my grandmother accused me of tarnishing the family name. She ordered me to go and stay with my mother in Chiredzi. I was chased from the house with no bus fare and I walked until my feet were swollen. I thought of committing suicide but I was assisted by some people whom I had met and told my story. They got me a job as a helper.

Lifetime prevalence

Overall 7% of women reported experience while 14% of men reported forced sex with a woman who was not an intimate partner in their lifetime. Over half of women that were raped (3.7%) said they had experienced this more than once and a higher proportion of male rape perpetrators (9%) said they had only done so once in their lifetime.

In all provinces, the prevalence of rape reported by men is higher than that reported by women.

On the other hand 14% of women participating in the "I" stories were raped by non-partners. Of these, the majority could identify the rapists with only a few of the survivors reporting that the men that raped them were strangers

Under reporting of rape

Women that were raped by non-partners were further asked whether they had reported the incidents to the police or if they had sought medical help.

Table 3.5: Extent of reporting rape and accessing services in lifetime	
Criteria	**%**
Proportion of all women who were raped in lifetime	7.1
Proportion of all women who were raped and reported incident to police in lifetime	0.7
Proportion of all women, who were raped and who sought medical attention in lifetime	0.4
Proportion of all women, who were raped and who accessed PEP in lifetime	0.2
Proportion of all women, who were raped and sought professional counselling in lifetime	0.3

Table 3.6 shows that the majority of rape survivors do not report to the police and to health care facilities. Only one in every ten women (0.7%) who were raped by non-partners had reported to the police. Only one in every 18 (0.4%) women who were raped sought medical attention. These findings show an even higher extent of underreporting of non-partner rape compared to physical IPV.

Past year prevalence

In the 12 months before the survey, less than two percent (1.6%) of women were forced into sex by a non-partner while 1.8% of the men had forced sex with non-partners. The highest prevalence of forced sex experience was recorded in Mashonaland West while the least was reported in Matebeleland North. The highest forced sex perpetration prevalence was recorded in Bulawayo province (4%) and the least was recorded in Mashonaland East.

Sexual harassment

Sexual harassment is defined as any unwelcome sexual advance, request for sexual favour, verbal or physical conduct or gesture of a sexual nature, or any other behaviour of a sexual nature that might reasonably be expected or be perceived to cause offence or humiliation to another. Such sexual advance or request arises out of unequal power relations.

Women participating in this study were asked whether they had experienced sexual harassment in the workplace, schools, while using public transport or when seeking help from traditional or religious leaders.

Figure 3.21: Sexual harassment experiences by women in a lifetime

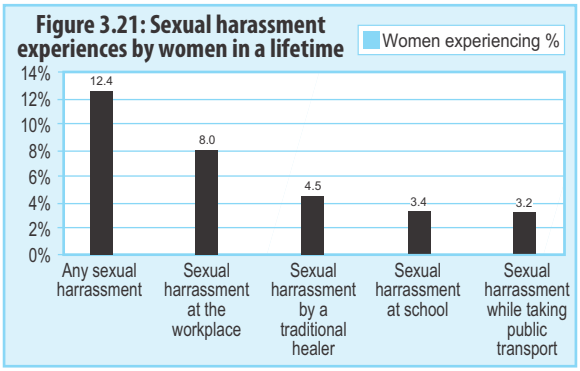
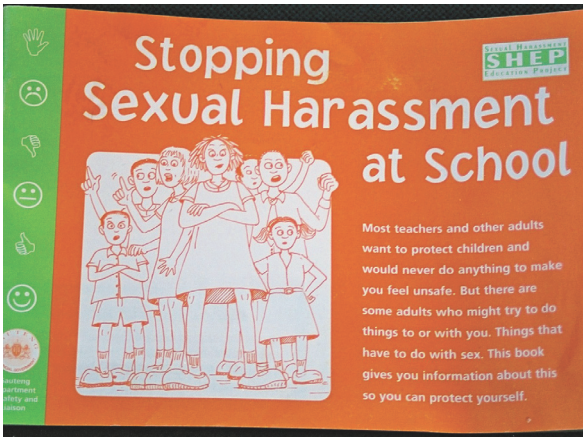


Figure 3.21 shows that overall one in every eight women experienced some form of sexual harassment in their lifetime. The most common form of sexual harassment occurred in the workplace (8%), followed by sexual harassment by traditional healers or religious leaders (5%), then at school (3%) and lastly while using public transport (3%). These findings show that women are vulnerable to abuse even in the public sphere.



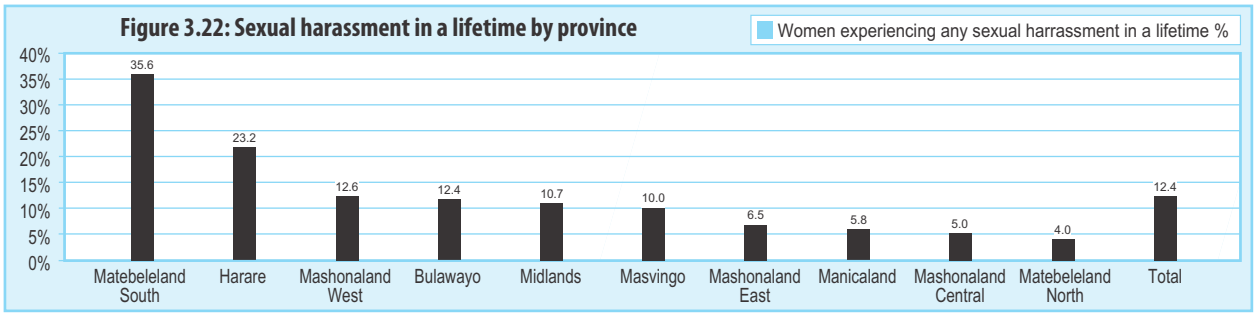


Figure 3.22 shows that the highest prevalence of experience of sexual harassment was recorded in Matebeleland South (36%), followed by Harare (23%), Mashonaland West (13%), Bulawayo (12%), Midlands (11%), Masvingo (10%), Mashonaland East (7%), Manicaland (6%), Mashonaland Central (5%) and lastly Matebeleland North (4%).

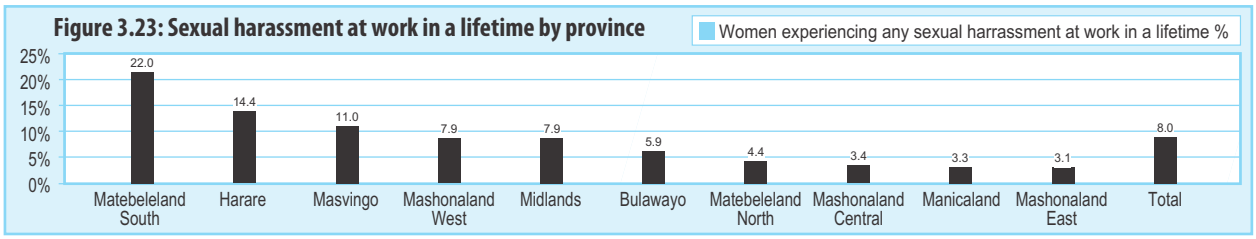


Figure 3.23 shows that the highest prevalence of any experience of sexual harassment in the workplace was recorded in Matebeleland South (22%), followed by Harare (14%), Masvingo (11%), Mashonaland West (8%), Midlands (8%), Bulawayo (6%), Matebeleland North (4%), Mashonaland Central (3%), Manicaland (3%) and lastly Mashonaland East (3%).

Sexual harassment by province

One in every eight women (12%) in Matebeleland South was sexually harassed at school. Seven percent of women in Harare, four percent of women in Masvingo, three percent of women in Mashonaland West, two percent of women in Bulawayo, two percent of women in Mashonaland East, two percent of women in the Midlands province, one percent of women in Manicaland and one percent of women in Mashonaland Central were sexually harassed at schools.

Discussion

The prevalence of IPV in this study is evidence that the home is one of the most unsafe spaces in our society. The violence reported also appeared cyclical in that women reported multiple incidents. The study, like the ZDHS 2010-2011, identifies Mashonaland Central as having the highest overall IPV prevalence and prevalence of all forms of IPV.

Special emphasis should be placed on emotional and economic prevalence. These forms, while being shown to be highly prevalent, are often not addressed.

The findings of this research indicate higher levels of violence in some cases than those reported in the ZDHS 2010-2011, the most recent VAW related survey. The prevalence of emotional IPV reported by women in the VAW Baseline research (56%) was remarkably higher than that reported through the ZDHS 2010-

2011 (27%). The overall prevalence of emotional violence reported in this study is twice that reported in the ZDHS 2010-2011. The prevalence of emotional violence per province is also higher in this study compared to the ZDHS 2010-2011.

In terms of distribution, Matebeleland North is consistently the province with the lowest emotional IPV prevalence reported in both studies. While Manicaland had the highest emotional IPV prevalence in the ZDHS, it is second in the VAW Baseline study.

The results of this study also indicate slightly higher prevalence of physical IPV both at national and in most provinces. Another consistency in the VAW prevalence trends is that in both studies the highest physical IPV prevalence was reported in Mashonaland Central and the lowest in Matebeleland North. Only in Manicaland, is the prevalence in the VAW research lower than that reported in the ZDHS 2010-2011. The greatest difference in prevalence was recorded in Matebeleland South (11%).

The overall prevalence of sexual IPV in this study is lower than that reported in the ZDHS 2010-2011. However, at provincial level the prevalence of sexual IPV from this study was higher in Mashonaland Central, Masvingo, Mashonaland West, and Matebeleland South compared to the ZDHS 2010-2011. In contrast the prevalence of sexual IPV from this study was lower in the Harare, Bulawayo, Manicaland, Midlands, Mashonaland East and Matebeleland North provinces.

These differences can be attributed to the difference in study designs, sampling methods, inclusion criteria and definitions of outcomes.

While this study was a standalone survey targeted at men and women aged 18 and above, the ZDHS only had a single module on domestic violence amongst other modules measuring different parameters. The ZDHS included only women aged 15 to 49 years in the measurement of domestic violence. The ZDHS measured violence perpetrated by a spouse hence reference to "spousal violence" while the VAW Baseline Study measured IPV more broadly to include intimate partners who may be in relationships or cohabiting but are not necessarily married. In this regard, the prevalence in this study could be higher due to the fact that cohabiting or dating couples are included in the analysis.

These findings may also be indicative to the greater sensitivity of dedicated studies to measure sensitive subjects as compared to attaching them onto another broad-based survey.

Another emerging finding of this research is that women are more likely to report IPV experience while men are more likely to report non-partner rape perpetration.

Although the prevalence reported by men is generally lower than the experience reported by women, the high degree of corroboration underscores the high levels of violence.

CHAPTER 4
EFFECTS



HIV and AIDS is both a cause and consequence of VAW.

Photo by Trevor Davies

The consequences of VAW are pervasive, affecting the health and well-being of survivors and their families. Abuse may cause permanent damage to a woman's physical health and have a long-term emotional impact, possibly resulting in depression, anxiety, sleep disturbance, substance abuse and difficulty forming relationships with children[19]. Women experiencing these effects may not be aware they are symptoms linked to abuse.

This chapter reports on the responses on these issues from women participating in this study. Women were asked questions on a range of indicators about their health, including about contraceptive use, condom use, HIV testing and results, sexually transmitted infections, and aspects of their mental health.

Physical Effects

The effects of physical abuse include death; permanent disability such as blindness, deafness, seizures, loss of mobility; hospitalisation for broken bones, concussions, head and spinal injuries; gynaecological problems including losing an unborn baby, or birth defects; infertility; treatment for broken teeth, cuts, headaches; and bruises, pain, trauma.

Injuries

Women who participated in the survey answered questions about the injuries they sustained because of physical abuse.



*Siphelani** from Bindura suffered injuries and was admitted in hospital after her husband physically assaulted her. She recalled: "One day Manyara*, my husband's girlfriend phoned on Jimmy* (my husband's) phone. I answered. She started shouting at me calling me all sorts of names including "dog" just for answering Jimmy's phone. Jimmy turned against me and beat me to pulp accusing me of scolding the mother of his child, Manyara*.

"I was so hurt that I struggled to even walk to the toilet. I felt I had no other choice but commit suicide by taking poison. I woke up later and found myself in hospital. At that moment, I just wanted to die. I later received counselling from the sister-in-charge at the hospital. I cried to my Lord for freedom and Jimmy got counselling before he took me home after I had been discharged."

Table 4.1: Prevalence, frequency and severity of injuries by physically abused women

Criteria	
Percentage of physically abused women who suffered injuries	18.9%
Average number of times injured	3
Percentage of physically abused women who spend days in bed because of injuries	11.2%
Average number of days in bed	11
Percentage of physically abused women who took days off work because of injury	6.9%
Average number of days off work	10
Percentage of physically abused women who could not leave the house because of injury	11.2
Average number of days of not leaving the house	10

Table 4.1 shows that 19% of women who were physically abused sustained injuries on about an average of three counts. In the "I" stories, the women referred to a range of injuries including head injuries, internal pains, wounds, broken bones, sprained ankles, limping from the pain caused by a sexual violence incident, swollen private parts and heavy bleeding.

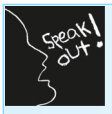
Eleven percent of the injured women had to stay in bed for an average number of 11 days because of the

[19] Fox, S. 2003. Gender Based Violence and HIV/AIDS in South Africa. Centre for AIDS Development, Research and Evaluation.

injuries. Seven percent of the women lost about 10 days on average from work because of sustained injuries. Eleven percent of women could not leave the house for about 10 days because of the injuries.

Sexually transmitted infections

The effects of VAW may include pregnancy, miscarriage, inability to negotiate condom use during sex, sexually transmitted infections including HIV, and pregnancy-related problems. Women were asked about their experiences of sexually transmitted infections in a lifetime. They were questioned whether they had had an ulcer on the vagina, whether they had had a discoloured, smelly, itchy or uncomfortable discharge from the vagina and whether they had ever been told by a health worker that they had an STI.



*Fungisai** from Bulawayo suffered abuse during her pregnancy. She contracted a STI from her husband. She said "Before I got married to him I used to go to the New Start Centre and frequently tested negative, but now when I went back after being married I tested positive for HIV," she said.

"He used to come home late and sometimes he would not come for three weeks. When I asked him, he would respond harshly saying he is not my child if I want to ask questions I should ask the child I'm carrying. He would beat me up for asking.

"I was still pregnant when all this was happening. When I had STIs, he still forced me to have unprotected sex with him and it was so painful because my privates were getting blocked. We went on like that and the STI went untreated until delivery because he was saying he doesn't have money for rubbish. I pushed from the first month of the pregnancy to the ninth month of delivery on and off sick with the STI. I was physically, emotionally and spiritually abused by my husband."

Table 4.2: Sexually transmitted infections associated with IPV in a lifetime

Symptoms	% Women survivors	% Women non-survivors	Chi (p)
Ulcer on vagina			
Never	86.2	93.8	0.00
Once	7.7	4.5	
Twice	2.2	1.0	
Three or more times	3.9	0.6	
Vaginal discharge			
Never	84.9	94.3	0.00
Once	7.2	4.0	
Twice	2.4	0.5	
Three or more times	5.6	1.2	
STI diagnosed by health worker			
Never	86.8	96.6	0.00
Yes	13.2	7.4	

Table 4.2 shows that lifetime experience of IPV was associated with experience of STIs. A greater proportion of women survivors had STI symptoms compared with non-survivors. Fourteen percent of survivors and 6% of non survivors had a vaginal ulceration. Fifteen percent of survivors and 6% of non-survivors had an abnormal discharge. Thirteen percent of survivors and 3% of non survivors were diagnosed with a STI. The vulnerability of women in intimate relationships is compounded by their lesser power to negotiate sex and safe sex.

HIV /AIDS

Previous research in different settings has shown the links between VAW and HIV. This study did not test participants for HIV but they were asked whether they had tested for HIV and what result they obtained. Thirty percent of women in the sample had never tested for HIV. The majority, 58%, tested in the 12 months before the survey. About a tenth (9%) tested 2-5 years before the survey while 3% tested more than five years before the survey. Based on these findings there is need for concerted effort and programmes to encourage women to go for periodic HIV testing.

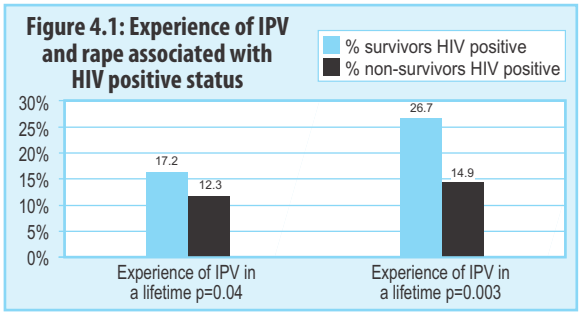
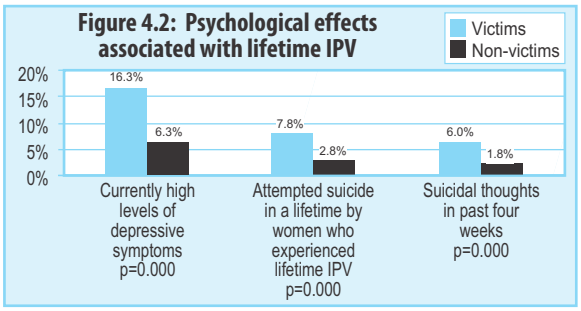


Figure 4.1 shows that experience of IPV and rape in a lifetime is associated with HIV positive status ($p<0.05$). Seventeen percent of IPV survivors and 12% non-survivors reported that they were HIV positive. Twenty seven percent of rape survivors and 15% of non-survivors reported that they were HIV positive.

Psychological effects

Figure 4.2 shows that experience of IPV in a lifetime was associated with depressive symptoms, attempted suicide and recent suicidal thoughts (p=0.00). Depressive symptoms include frequent incidents of the following feelings simultaneously in the seven days before the survey: feeling depressed; having crying spells; feeling lonely; loss of appetite; restlessness; inability to sleep; feeling life is a failure; and failing to cheer up even with the help of family or friends. A greater proportion of women survivors reported symptoms compared to non-survivors. This finding may be compounded by the fact that the most commonly reported form of violence was emotional. Sixteen percent of women who experienced IPV had depressive symptoms, 8% attempted suicide and 6% had recent thoughts of suicide.



Other effects of IPV depicted through the "I" stories include: feeling as though one was going mad; feeling bad and depressed; feelings of betrayal and bitterness; low self-esteem; diminishing confidence; high blood pressure; feeling ashamed; fear; weight loss; feeling stressed; feeling alienated; and self-blame tendencies.

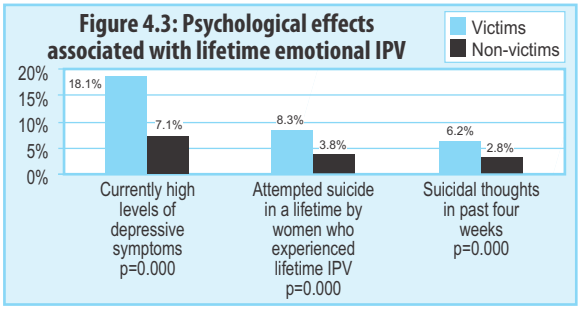


Figure 4.3 shows that experience of emotional IPV in a lifetime was associated with depressive symptoms,

attempted suicide and recent suicidal thoughts (p=0.00). Eighteen percent of women who experienced emotional IPV had depressive symptoms, 8% attempted suicide and 6% had recent thoughts of suicide.

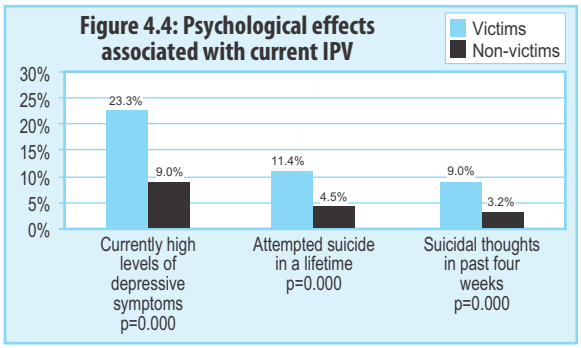


Figure 4.4 shows that experience of IPV in the 12 months before the survey was associated with depressive symptoms, attempted suicide and recent suicidal thoughts (p=0.00). Over a fifth (23%) of women that experienced IPV in the 12 months before the survey had depressive symptoms, 11% attempted suicide in their lifetime and 9% had recent thoughts of suicide.

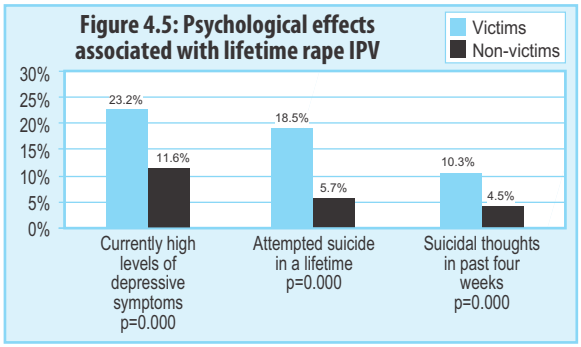


Figure 4.5 shows that experience of rape in lifetime was associated with depressive symptoms, attempted suicide and recent suicidal thoughts (p=0.00). Over a fifth (23%) of women, who experienced rape in their lifetime, had depressive symptoms, 19% attempted suicide in their lifetime and 10% had recent thoughts of suicide.

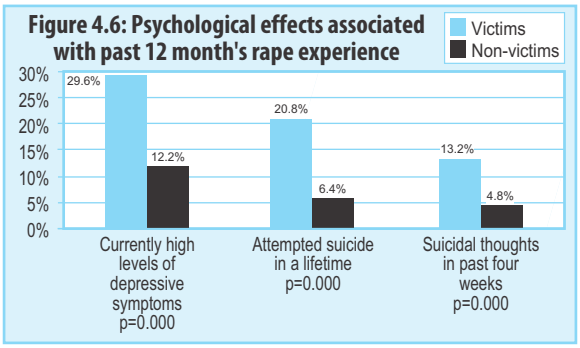


Figure 4.6 shows that experience of rape in 12 months before the survey was associated with depressive symptoms, attempted suicide and recent suicidal thoughts (p<0.05). About three in every ten (30%) women that experienced rape in the 12 months before the survey had depressive symptoms, 21% attempted suicide in their lifetime and 13% had recent thoughts of suicide.

Social Effects

Communities often blame rape survivors for contributing to their unfortunate victimisation by giving reasons such as that survivors are promiscuous or seduce their perpetrators. Women and men participating in the survey responded to questions about their personal views of rape survivors as well as their communities' views.

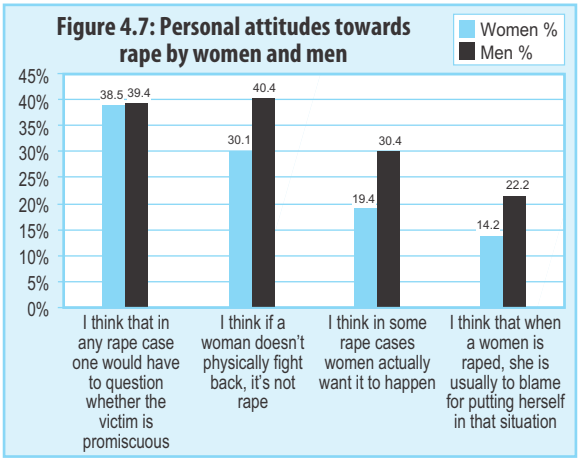


Figure 4.7 shows that, a greater proportion of men than women showed negative attitudes towards rape survivors. About two in every five (39%) of women and men agreed that in any rape case the victim had to be questioned for promiscuity. Forty percent of men and 30% of women agreed that if a woman did not fight back then it is not rape. Thirty percent of men agreed that in some rape cases women wanted it to happen while 19% of women agreed to this. Over a fifth (22%) of men agreed that if a woman is raped, she is to blame for putting herself in that situation, while 14% of women agreed to this.

For women in abusive marriages, there is stigma associated with leaving an abusive marriage as the survivors are deemed to have failed in marriage. Other effects are on the children who are victims of family fragmentation as a result of the abuse.

Economic effects

Women incur costs associated with reporting the incident or seeking care for the effects of abuse. Women in the survey encountered minimal out of pocket expenses because of the abuse they faced.

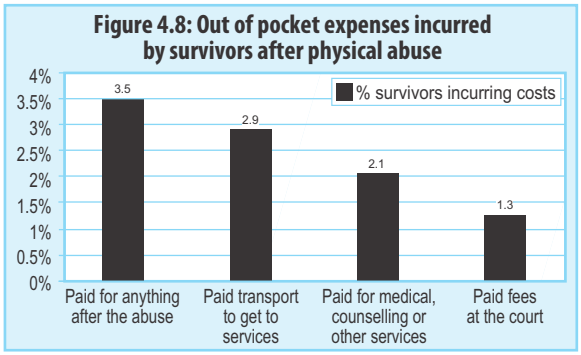
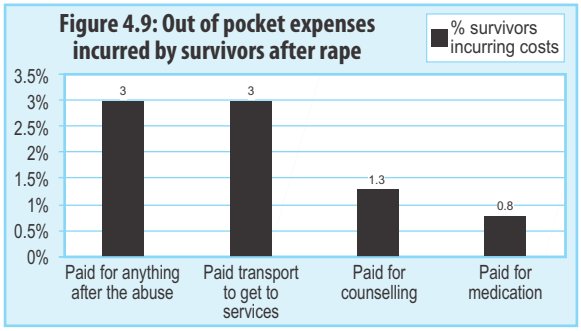


Figure 4.8 shows that four percent of survivors reported incurring some out of pocket expenses after experiencing physical IPV. Three percent of survivors paid for transport, two percent paid for medical or counselling services and one percent paid fees at the courts.

Figure 4.9 shows that three percent of survivors reported incurring some out of pocket expenses after experiencing rape. Three percent of survivors paid for transport, one percent paid for counselling services and less than one percent paid for medication.



At times women suffer loss of their financial or material belongings when they decide to leave an abusive relationship. This fear of loss is also what makes women to stay in abusive relationships.



*Sarah** shared how she and her siblings suffered after the breakup of her parents' marriage. "Within a short period of time my father brought us a stepmother, who treated us so bad just like him. Coming to the discipline of a new family was a little bit tough and when asked to do something by her we were tempted to blurt out. Legitimate complaints erupted every day, with stepmom lamenting that we had to share everything. She suggested that the five of us should share the smallest room as a bedroom. It wasn't easy staying with my stepmom because we had fights and arguments every day and terrible emotional strain. To make it worse, she never allowed my father to give us some cash just like what he did to my other siblings born to my stepmother. I was a little older when my mother packed and went back to her parents."

Conclusion

The findings from this chapter show that survivors of VAW in Zimbabwe suffer a range of effects including physical injury, hospitalisation, missing work for days, STI symptoms, economic hardships, stigmatisation, unplanned pregnancies, out-of pocket expenses and larger societal costs.

CHAPTER 5
DRIVERS OF VAW



Opper Musumhi, Anti Domestic Violence Council Co-ordinator addressing at a 4Ps campaign event. *Photo courtesy of MWAGCD*

Behaviour is mediated by cognitions. What people know and think affects how they act. Individual behaviour is the fundamental unit of group, organisational, community, and national behaviour. The individual behaviour of women and men both shapes, and is shaped by their social environment and its multiple levels of influences, that is, interpersonal, community and public policy (McLeroy et al.,1988).

This chapter explores individual, family/relationship, community and societal factors that impact on adult behaviour as shown by the ecological model framework. The chapter draws on the prevalence and attitude survey, as well as the political content analysis, to draw out the causes or drivers of violence against women in Zimbabwe - both immediate and longer term.

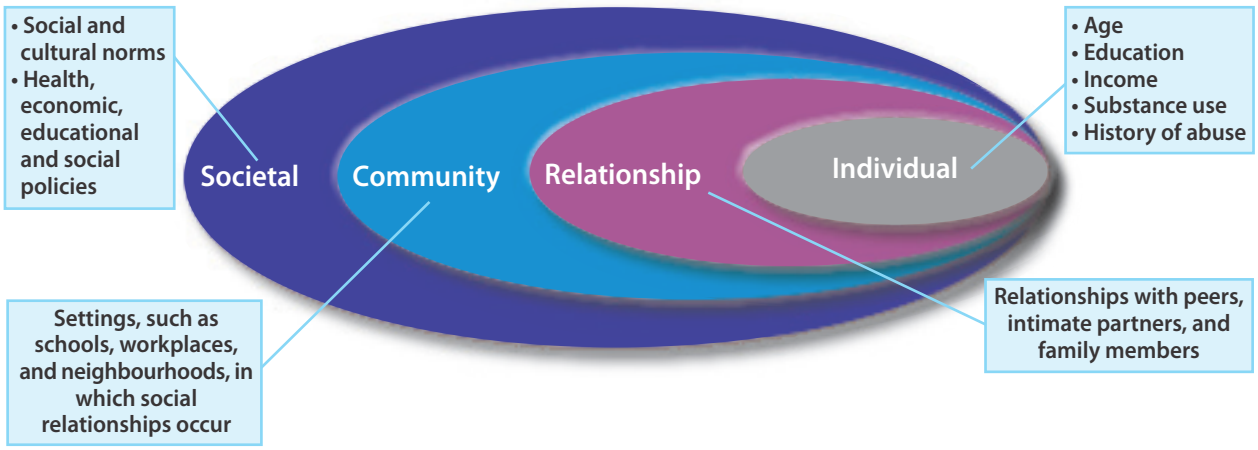
The ecological model of factors associated with VAW

The ecological model illustrates the vicious negative circles that reinforce gender inequality. The model emphasizes the interaction between, and interdependence of, factors within and across all levels of a health problem. It highlights people's interactions with their physical and sociocultural environments. Two key concepts of the ecological perspective are that behaviour both affects, and is affected by, multiple levels of influence; second, individual behaviour both shapes, and is shaped by, the social environment (reciprocal causation)[20].

The first key concept of the ecological perspective is the multiple levels of influence including: (1) intra-personal or individual factors; (2) interpersonal or close relational factors; (3) community factors; and (4) public policy or societal factors. Each one of these layers can equally become a virtuous positive circle challenging these deeply entrenched values, attitudes, systems and norms.

Like an onion, layers of attitudes, customs, culture, traditions, practices and norms that reinforce the inferior status of women wrap around and entrap the individual woman. Each one of these can layers can equally become a virtuous positive circle challenging these deeply entrenched values, attitudes, systems and norms. Unlike sex, a biological given, gender is a social construct that can be deconstructed. The media may be part of the problem, or it can be part of the solution. State policies, laws and structures can be transformed to champion gender equality. Communities can be mobilised to reject negative practices, attitudes and tendencies. Women and girls can be mobilised to claim their rights.

Figure 5.1: The ecological model of factors associated with VAW



[20] U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, National Institutes of Health. Theory at a glance.

The ecological model illustrated in Figure 5.1 is used in this study to explain why some of the violence occurs, why some men are more violent than others are, and why some women are consistently the survivors of abuse. Understanding the reasons for and the factors associated with experience or perpetration of gender violence is a precursor in the design of GBV prevention programmes. The study investigated the association between the experience and perpetration of violence with individual, family, community and societal characteristics of participants. The study also explored social norms around gender relations.

Individual level factors

Individual level influences are personal factors that increase the likelihood of becoming a victim or perpetrator. Examples include socio-demographic factors, attitudes and beliefs that support IPV, isolation, and a family history of violence.

Socio-demographic factors

Socio-demographic characteristics explored include age, education level and employment status.

Table 5.1: Socio-demographic factors associated with experience and perpetration of IPV

Factors	Ever IPV				Past 12 months IPV			
	% women survivors	Chi(p)	% men perpetrating	Chi(p)	% women survivors	Chi(p)	% men perpetrating	Chi(p)
Age								
18-29	67.5	0.2	33.8	0.00	33.4	0.00	13.6	0.02
30-44	70.5		43.5		26.4		13.6	
45+	70.9		47.4		11.6		9.8	
Level of education								
O level incomplete and lower	69.4	0.9	41.1	0.7	25.3	0.1	12.6	0.7
O level complete and over	69.2		39.8%		30.7		13.2	
Worked in past 12 months								
No	68.3	0.03	39.6	0.4	23.2	0.00	6.1	0.001
Yes	73.1		42.6		34.3		6.6	

Age

Table 5.1 shows that there is no statistically significant difference in the proportion of lifetime IPV survivors (p=0.2) by age. This means women of all ages are equally vulnerable to IPV experience. However, there is a significant difference in proportion of survivors by age in the past 12 months. Women in the 18-29 age groups were most vulnerable to IPV in the 12 months before the survey. The proportion of survivors decreased with increasing age.

Age is significantly associated with IPV perpetration among men both in a lifetime and in 12 months before the survey. Lifetime perpetration prevalence increased with age. The highest proportions of perpetrators were in the 45+ age group, and lowest in the 18-29 age groups. However men in the 18-29 and 30-44 years age groups were more likely to perpetrate IPV in the past 12 months.

Education level

Table 5.1 shows that there is no significant difference in the proportion of IPV survivors or perpetrators of IPV in a lifetime or the past 12 months by the level of education.

Employment status

There is no association between employment status and perpetration by men in the 12 months before the survey. In contrast a significantly higher

proportion of women that worked in the 12 months before the survey experienced IPV in the 12 months. This survey implies working women are vulnerable to IPV and reported lifetime experience of IPV compared to those that were not working or earning an income.

Conversely, men who were employed or earning in the 12 months before the survey were more likely to report lifetime or past 12 months IPV perpetration compared to those that did not work.

These findings speak to the need for workplace based VAW prevention interventions that involve men and critically begin to stimulate discourse around VAW. Support mechanisms are also necessary for women who may have experienced trauma and other detrimental effects related to IPV.

Table 5.2: Socio-demographic factors associated with experience and perpetration of rape

Factors	Ever non-partner rape				Past 12 months non-partner rape			
	% women survivors	Chi(p)	% men perpetrating	Chi(p)	% women survivors	Chi(p)	% men perpetrating	Chi(p)
Age								
18-29	6.4	0.03	11.4	0.02	1.9	0.1	2.8	0.003
30-44	8.7		15.6		1.9		1.2	
45+	5.9		16.0		0.8		1.0	
Level of education								
O level incomplete and lower	6.7	0.003	1.7	0.5	1.5	0.2	14.1	0.8
O level complete and over	12.2		2.2		2.5		13.5	
Worked in past 12 months								
No	6.0	0.00	11.9	0.02	1.3	0.004	1.3	0.02
Yes	11.0		16.2		2.9		2.6	

Age

Figure 5.2 shows that age is significantly associated with experience of non-partner rape in lifetime. A significantly higher proportion of women who reported rape in their lifetime were aged 30-44 years. There was no association between age and non-partner rape experience in the 12 months before the survey. This implies that in the 12 months before the survey all women were equally vulnerable to non-partner rape regardless of age.

Age is associated with men's perpetration of non-partner rape both in the 12 months before the survey and in a lifetime. The proportion of men reporting perpetration of rape in their lifetime increased with age. A tenth of men aged 18-29 raped, 15.6% of men aged 30-44 and 16% of men above 45 years raped in their lifetime.

The proportion of men reporting perpetration of rape in the 12 months before the survey decreased with age. A significantly higher proportion of men who raped in the 12 months before the survey were aged 18-29.

Education

Women who completed O' level in this study were more likely to disclose a lifetime experience of rape compared to the women that did not complete O' level. One in eight women that completed O' level was raped while 7% of women that did not complete O' level were raped.

Employment status

Table 5.2 shows that employment status in the 12 months before the survey was associated with increased risk of non-partner rape experience and

perpetration. The proportion of women and men reporting rape was greater among the employed compared to the unemployed.

Alcohol and substance use

This study looked at the links between alcohol and substance abuse and VAW. Questions relating to alcohol and drugs included whether the respondent had taken alcohol in the 12 months to the survey and if the response was yes, then how often. Participants were asked whether their current or most recent partner consumed alcohol and how often they did this. Questions on substance use included whether the respondent or their partner used drugs and how often they did this.

Table 5.3: Association between partner alcohol or substance use and experience of IPV in past 12 months

	% Women survivors in past 12 months	Chi (p)
Partner drank alcohol	34.3	0.00
Partner did not drink alcohol	26.0	
Partner used drugs	40.7	0.00
Partner did not use drugs	28.5	

Table 5.3 shows that having a partner who drank alcohol or used drugs was associated with experience of IPV among women in the 12 months before the survey. Over a third (34%) of women whose partners drank alcohol reported experiencing IPV in the 12 months before the survey while 26% of women whose partners did not drink alcohol reported IPV experience in a similar period.



*Annah**, a survivor whose partner abused alcohol said: "My husband used to drink a lot and he was very abusive. He would beat us the whole night accusing me of allowing Morely*, my daughter to bring boyfriends home."

Forty one percent of women whose partners used drugs reported experiencing IPV in the 12 months before the survey while 29% of women whose partners did not use drugs reported IPV experience in a similar period.

Table 5.4: Partner alcohol or substance use and perpetration of IPV in past year

	% men perpetrators in past 12 months	Chi (p)
Drank alcohol	14.6	0.01
Did not drink alcohol	10.7	
Used drugs	12.7	0.2
Did not use drugs	14.7	

Table 5.4 shows that drinking alcohol was associated with IPV perpetration among men in the 12 months before the survey. One in six men that drank alcohol in the 12 months before the survey also perpetrated IPV in the same period. The use of drugs was not associated with IPV perpetration during the same period.

Figure 5.2: Alcohol frequency and IPV perpetration in year before the survey

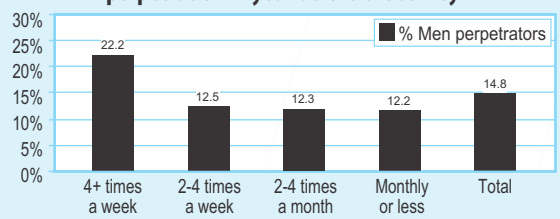


Figure 5.2 shows that the frequency of drinking alcohol was associated with IPV perpetration among men in the 12 months before the survey. Men who drank alcohol four or more times a week were most likely to report IPV perpetration in the 12 months before the survey. Over a fifth of men (22%) who drank alcohol four or more times a week, perpetrated IPV while 12% of men that drank alcohol once a month or less perpetrated IPV in a similar period.

Child abuse

Childhood experiences explored include childhood neglect, sexual and physical abuse. Participants in the study were asked about experiences of childhood neglect and abuse. Child abuse was ascertained through a series of questions about forced sex, unwanted sexual touching, being severely beaten leaving marks and neglect by family, teachers or other community members.

Definition of forms of child abuse

Child physical abuse

Child physical abuse is defined as ever experiencing an incident such as being beaten with a whip and left with a bruise or mark. This could have occurred at home, school or in the community.

Child neglect

Child neglect in this study includes not being given enough food, parents being too drunk to care for their children, or children spending time outside the home without any adults aware where they were.

Child sexual abuse

To ascertain experiences of child sexual abuse participants were asked whether they had ever been touched sexually or forced to touch someone, whether they had sex with someone of the opposite sex who was more than five years older, or whether they had been forced to have sex before they turned 18 years old. Four percent of women and five percent of men experienced child sexual abuse.

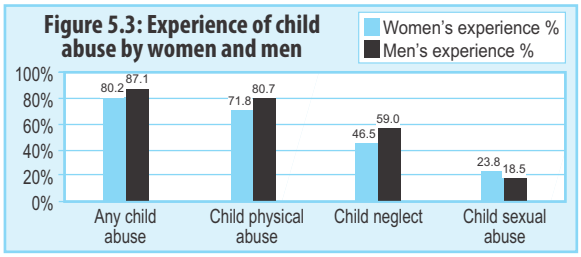


Figure 5.3 shows that 80% of women and 87% of men experienced some form of child abuse in their lifetime. Child physical abuse was most commonly reported. Seventy one percent of women and 81% men were physically abused. Forty seven percent of women and 59% of men were neglected. About a quarter (24%) of women and 19% of men were sexually abused.

Child abuse as a risk factor for IPV perpetration

Experiences of abuse throughout life can influence an individual's inclination to engage in family violence either as a victim or as a perpetrator. We explored the link between child abuse experience by men and perpetration of IPV in lifetime using chi square tests of association.

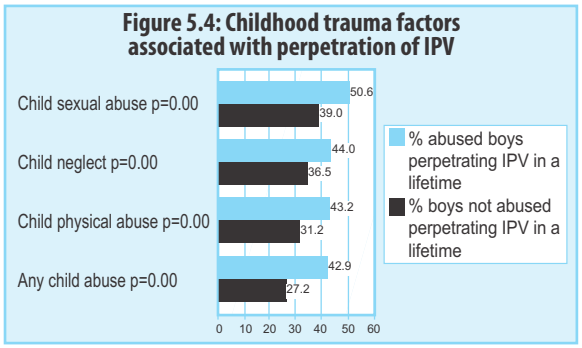


Figure 5.4 shows that child abuse is associated with IPV perpetration in lifetime (p=0.00). A greater proportion of men who were physically, sexually abused or neglected as children disclosed that they perpetrated IPV at least once in their lifetime.

These findings indicate the need for child rehabilitation programs for abused children coupled with campaigns advocating for reduction of child abuse. Prevention of child abuse may ultimately contribute to prevention of IPV perpetration.

Child sexual violence as a risk factor for rape perpetration

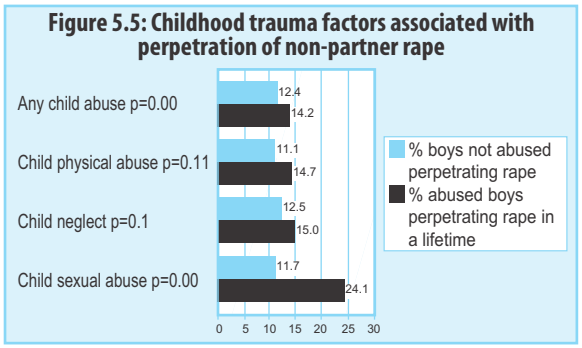


Figure 5.5 shows that experience of child sexual violence is associated with rape perpetration (p=0.00). A quarter of men (24%) that were sexually abused as children reported that they had raped, while 12% of men that never experienced child sexual abuse reported that they had raped.

Relationship influences

Relationship level influences are factors that increase risk due to relationships with peers, intimate partners, and family members. A person's closest social circle, peers, partners and family members can shape an individual's behaviour and range of experiences.

Male infidelity and promiscuity is common in Zimbabwe. In most settings some of the extra-marital affairs resemble marriage and women are violated for questioning the husband's behaviour. Such scenarios spark both emotional and physical IPV. In other cases the husband even stops contributing towards family welfare.

Community factors

Community level influences are factors that increase risk based on individual experiences and relationships with community and social environments such as

schools, workplaces, and neighbourhoods. Social norms - what a community views as acceptable behaviour for its citizens - can profoundly affect efforts to prevent social problems such as VAW.

Attitudes towards gender relations

Previous research has shown that social norms that legitimise male dominance are key drivers of VAW. Research has shown that rates of violence against women are higher in cultures in which manhood is



*Beaula** said, "It was after sometime that he started having a relationship with a young lady. I got to know about the affair by going through the text messages in his phone. I confronted the young lady and she confirmed that she was in a relationship with my husband. When I confronted my husband to explain the relationship he had with the young lady, we started having serious fights such that our neighbours even overheard our fights and our relatives also got to know that all was not well. His sister came to try and resolve the issue but the fighting got worse and he ended up biting my finger off."

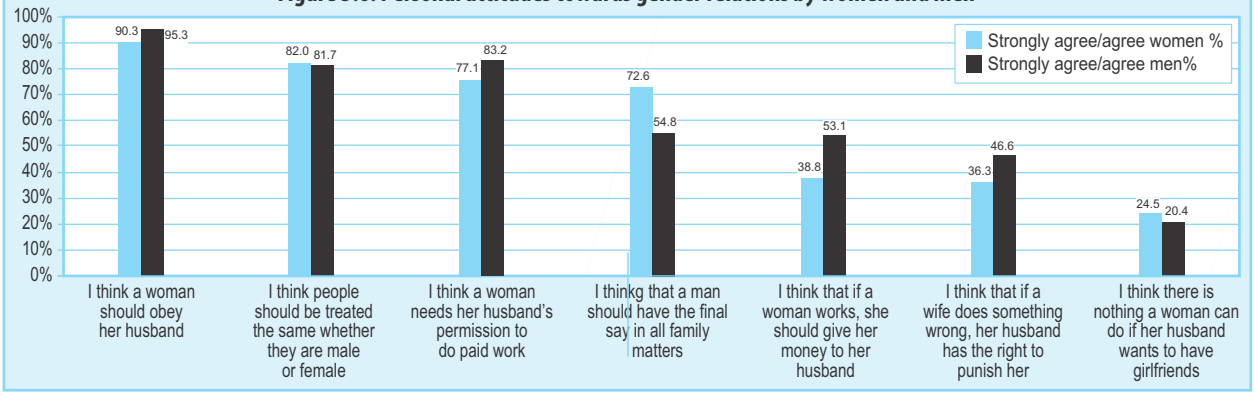
defined in terms of dominance, toughness, entitlement to power or male honour, there are rigid gender roles, and violence is condoned as a means to settle interpersonal disputes (Flood and Pease 2006; Heise 1998).

Male dominance and legitimacy of violence

This study explored the personal attitudes of women and men and their perceptions of their communities' attitudes towards gender relations.

Figure 5.6 shows that generally the majority of women (82%) and men (81%) agreed that women and men should be treated equally. However a majority of women and men also supported some conservative gender attitudes. Over 90% of women and 96% of men agreed that a woman should obey her husband.

Figure 5.6: Personal attitudes towards gender relations by women and men



Over three quarters (77%) of women and 83% of men agreed that a woman needs permission from her husband to pursue paid work. These conflicting attitudes show that while there is acceptance of gender equality in the public, this does not necessarily translate to equality in the home. The general norm at home is therefore that the man is the household head, who is the key decision maker and has the final say in all matters pertaining to the family. The woman still has to submit to and obey her husband. There is also acceptance of the notion that a woman will require permission to pursue paid work. However, there is some extent of progressiveness around other issues mainly regarding to the legitimacy of the use of violence and response to extra-marital affairs. A lower proportion of women (39%) agreed that a woman should give her money to her husband or that the husband had the right to punish a wife (36%) or that there was nothing a woman could do if her husband had extra-marital affairs (25%). While these are low proportions they indicate that much more needs to be done to bring about change in attitudes and perceptions even among women.

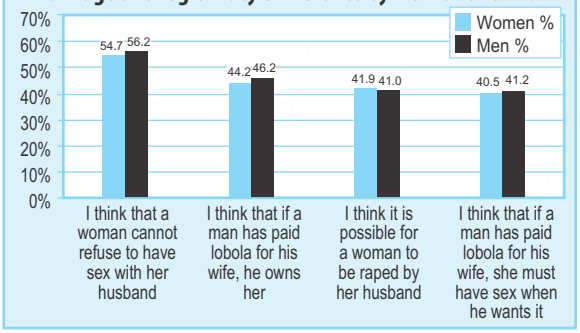
A higher proportion of men subscribe to the conservative notions compared to women showing that there is a disparity in terms of acceptance of social norms between women and men. The disparity in perceptions in itself may fuel conflict and further research is necessary to support this.

Sexual entitlement in marriage and legitimacy of violence

Sexual violence committed by men is rooted in societal norms that promote male sexual entitlement and limit women's options to refuse sexual advances. This is especially true when traditional norms regarding marriage demand women to be sexually available to their husbands. This study explored personal and perceived attitudes around sexual entitlement.

Figure 5.7 shows the widespread acceptance by both women and men of sexual entitlement to follow marriage. Over half of women (55%) and men (57%) agreed that it was unacceptable for a woman to refuse to have sex with her husband. Similarly 41% of women and men agreed that a wife must be ready to have sex whenever her husband wants it. The basis for this seems to be supported by almost similar proportions of women (44%) and men (46%) that a husband owns his wife. Also stark is the fact that over half of women (58%) and men (59%) disagreed that a woman can be raped by her husband. The premises for such beliefs are foregrounded by the belief in wife ownership and sexual entitlement.

Figure 5.7: Personal attitudes about sexual entitlement in marriage and legitimacy of violence by women and men



These attitudes are predominantly conservative and what is glaring is that not only are men confirming these, women are also strongly reinstating attitudes that are repressive to their rights and freedom. Organisations working with women and the women's movement in Zimbabwe ought to be more deliberate in empowering women and reversing negative patriarchal attitudes.

Conclusion

This chapter shows that there are individual and societal factors that exacerbate VAW prevalence in Zimbabwe. Age, education and employment status are socio-demographic factors associated with IPV experience and perpetration. Child abuse experience and alcohol consumption by men increases risk of adult IPV perpetration. VAW is driven by conservative attitudes by women and men towards gender relations. Both women and men express acceptance of gender equality in the public but does not conform to this equality in the home. Gender attitudes of men and women are predominantly conservative and what is glaring is that not only are men confirming these, women are also affirming them.

CHAPTER 6
PREVENTION AND PARTICIPATION



Men leading from the front in the fight against VAW: a gender activist in Chiredzi during the Sixteen Days of Activism campaign.
Photo by Colleen Lowe Morna

A safer environment for women and girls entails the creation of an enabling environment for individual and community behavioural transformation. Strategies include targeted empowerment of women, raising overall community awareness, community mobilisation to discourage patriarchal societal norms, providing support for evidence-based advocacy and conducting mass media campaigns that improve knowledge, attitudes, and practices of community members[21].

This study places emphasis on documenting primary and secondary prevention initiatives in Zimbabwe in the different spheres for action. VAW prevention campaigns implemented in the Zimbabwean context include the 4Ps campaign, the Sixteen Days of Activism, the 365 Days Campaign, and other locally based initiatives.

The chapter outlines a compendium of prevention initiatives implemented in the Zimbabwean context and their effectiveness. The interventions fall into three categories[22], namely:

- ***Primary prevention:*** These are interventions that are aimed at addressing VAW before it occurs, in order to prevent initial perpetration or victimisation. These include targeted actions aimed at changing behaviour and attitudes. Interventions are also aimed at changing risk producing environments.
- ***Secondary prevention:*** These interventions happen immediately after the violence has occurred to deal with the short term consequences for example, treatment, and counselling.
- ***Tertiary prevention:*** These interventions focus on long term interventions after violence has occurred, in order to address lasting consequences. Examples of these are perpetrator-counselling interventions.

Primary prevention

Primary interventions for VAW aim to address the root causes at an individual, relationship, community and societal level. Strategies include:

- Public awareness programmes;
- Local government initiatives to prevent VAW;
- Mass media campaigns and gender sensitive reporting; and
- Political will and commitment to address VAW.

Public awareness campaigns: The 4Ps and Sixteen days of Activism Campaign

Each year the Sixteen Days of Activism campaign has provided a rallying point for governments, NGOs, CBOs and other stakeholders in the region to mount events aimed at raising awareness, influencing behavioural change and securing high level political commitment to end VAW. The campaign takes place annually between 25 November and 10 December.

Key dates include:

- 25 November: International Day of No Violence Against Women
- 1 December: World AIDS Day
- 3 December: International Day for the Disabled
- 10 December: Human Rights Day

The prevalence and attitude survey for this study asked women and men about their knowledge and participation in VAW campaigns.

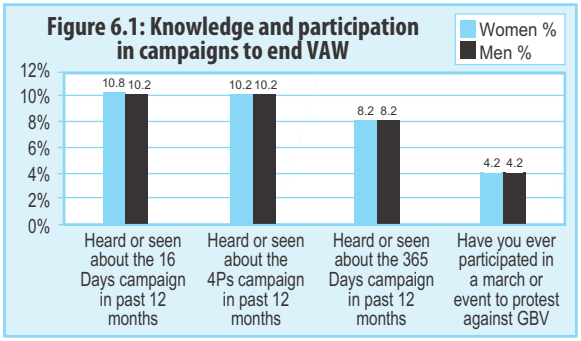


Figure 6.1 shows a general low awareness of campaigns by women and men. One in ten men and women had heard of the 16 days of Activism. Almost similar proportion of women (10%) and men (10%) had heard about the 4Ps campaign. A lower proportion of women (8%) and men (8%) had heard

[21] National VAW strategy.
[22] Centre for Disease Control and Prevention. Sexual Violence Prevention: Beginning the Dialogue. Atlanta, GA (2004) p. 3.

about the 365 Days Campaign. One in twenty-five (4%) women and men (4%) ever participated in a march or event to protest against VAW.

These findings indicate the need for greater outreach efforts in VAW campaigns. They also indicate a somewhat equal access to campaign information between women and men.

Source of information of events or VAW awareness campaigns

Participants who had heard about the campaigns were asked about their source of information.

Figure 6.2: Sources of VAW campaign information

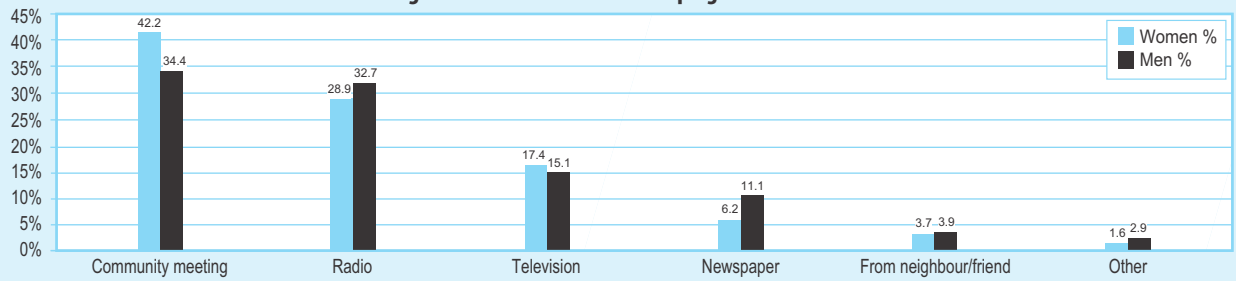


Figure 6.2 shows that the majority of women (42%) and men (34%) heard about the campaigns through community meetings. Twenty nine percent of women and 33% of men heard of the campaigns through the radio. Seventeen percent of women and 15% of men heard about campaigns through television. Co-ordinators of campaigns need to develop strategies that centre on community mobilisation and use of the electronic media. The print media needs to improve its coverage of campaigns.

Participants in the survey were also asked about their feelings about the VAW campaigns.

Figure 6.3: Attitudes towards campaigns to end VAW

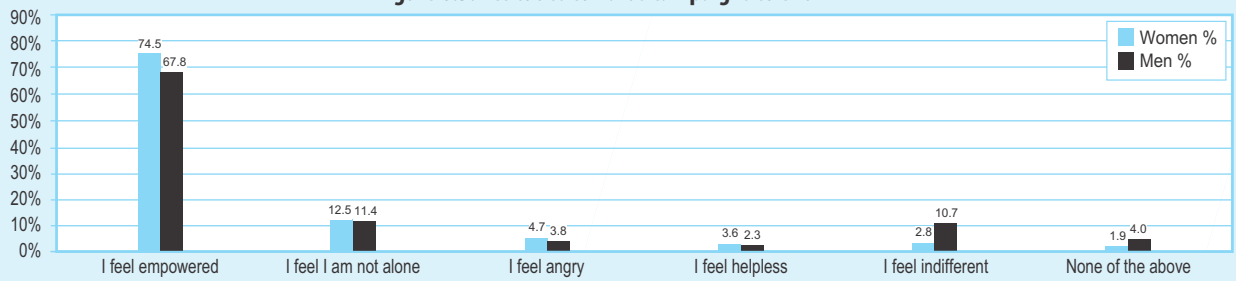


Figure 6.3 shows that the majority of women (75%) and men (68%) found the VAW campaigns empowering. However a greater proportion of men (11%) than women (3%) felt indifferent towards the campaigns. There is need for more concerted effort to change attitudes of men in general but also to make them more receptive of campaigns and campaign messages.

Case study 6.1: MWAGCD champions the national 4Ps campaign



MWAGCD officers facilitate a 4Ps campaign community event. *Photo courtesy of MWAGCD*

The MWAGCD organises awareness campaigns in both rural and urban areas to educate the general public about the Domestic Violence Act and also to promote the reduction of VAW. Such activities are coordinated throughout the year through the 4Ps (Prevention, Protection, Programmes and Participation) campaign on zero tolerance to domestic violence. The implementation of the 4Ps campaign is an ongoing exercise and the activities are integrated into the 16 to 365 days campaign.

The ministry has undertaken several successful activities to publicise the campaign since its inception to the implementation of this research. These include strategic meetings with provincial and district development officers, awareness meetings were held in every ward throughout the country. The MWAGCD also holds targeted meetings across the country with community leaders, social institutions including churches and traditional leaders. The MWAGCD is extensively using the media. This is evident through production and distribution of IEC material on domestic violence in vernacular to all ten provinces, production of radio and television VAW sensitisation programmes. The ministry also launched a musical CD on domestic violence.

While much has been done to roll out the campaign to date, MWAGCD continues to widen its outreach to previously unreached rural and urban centres. The campaign needs to be publicised since this research shows that about a tenth of the population have heard or seen the campaign. The findings also show that the main source of campaign information is community meetings. MWAGCD needs to use the media but also harness the potential of targeted community involvement.

Engaging men

Successful efforts to build gender equality or end violence against women must involve men and address masculinities. This concept is increasingly accepted in violence prevention circles largely because of the premise that it is men who perpetrate this violence against women. While this is not to say all men are violent, according to Berkowitz (2002), "all men can have an influence on the culture and environment that allows other men to be perpetrators." Men thus have an important role to play in assisting to stop violence against women.

Case study 6.2: *Padare*/Enkundleni Men's Forum on Gender

Padare is a men's forum on gender founded in 1995. The organisation works with men and boys for the advancement of a gender just society in Zimbabwe. Through a system of community dialogues, *Padare* seeks to mobilise and inform men to contribute towards the elimination of discrimination against women and girls in society.

Outreach

Since 2005 *Padare* has managed to set up 65 active men networks. A network is formed by more than one chapter of men. A chapter consists of 30 or more men. The men meet regularly, once every month or more for discussion forums. There are men's chapters too in secondary schools, colleges and in workplace settings. *Padare* currently works in Harare, Epworth, Chitungwiza, Mashonaland West, Mutoko, Rusape, Manica Bridge, Dora, and Shamva.

Strategies

Padare promotes gender justice through awareness campaigns and community dialogues. Several methods are used to reach out to communities. These include encouraging dialogue at family level; use of community icons; talk shows; road shows; theatre; and drama. *Padare* also offers counselling services to male survivors of domestic violence. About 5 to 8 men are counselled every week at the centre in Belvedere.

Achievements

Padare has produced print and electronic publications which include:

- Report on knowledge, attitudes beliefs and practises of men on VAW and its interface with HIV and AIDS in Zimbabwe, (2007).
- Short multi-media digital storytelling DVD on Men as Partners programmes (2006).
- A musical CD on *Varume chaivo, Amadoda Oqobo*/ Real Men, VAW (2007).



Padare Men's Forum banner. *Photo courtesy of MWAGCD*

- Men as Partners Training of Trainers Gender Manual (2007).
- Report on Sexuality, and Reproductive Health Rights and its link with VAW, HIV and AIDS in Tertiary Institutions, (2007).

Challenges in engaging men

According to *Padare*, there are several challenges to engaging men in Zimbabwe. Some of these include being despised for championing the women's agenda; being forced to continuously reschedule meetings because of politically related challenges; and scarcity of platforms in the country for men to discuss VAW.

Mobilising communities

Community leaders have an active part to play in combating VAW and creating an environment in which there is non-tolerance of VAW. Such an environment is also conducive for men to be actively involved and women to be economically empowered to protect themselves as well as to deal with the consequences of VAW[23].

Case study 6.3: The Fatherhood Peace Project

The Fatherhood Peace Project (Fatherhood) mobilises, raises awareness, empowers men and build social safety nets for rural girls with the full participation/involvement of women and girls. Fatherhood is promoting a culture of communication between men, women, and children on how to end all forms of violence against women and girls. The Fatherhood Peace Project hosts Village Dialogues Forums on Girls' Rights to mobilise men in churches and communities to accept the responsibility of promoting, protecting and defending women and girls' rights. It also facilitates the establishment of community based intergenerational VAW prevention interventions and social safety nets for those most affected.



Men participating at the GBV fair. *Photo courtesy of MWAGCD*

Activities

The dialogue forums bring together girls, women, men, NGOs, Traditional leadership, churches, the business community, caregivers, clinics, schools and government departments to the negotiating table to develop home-grown practical solutions to challenges being faced by local girls. Girls are groomed to demonstrate capacity to stand up for their rights, defend their rights and negotiate for their rights. Girls share challenges they face and want addressed. Open discussions and debate provide platforms to find collective, practical solutions.

Outputs

Fatherhood identified 15 Village Heads, 40 men, 15 boys, 40 women and 40 girls. They organised training workshops on Child Rights, Gender, Community Facilitation, Community Advocacy and Pressure Groups Management. After the intensive training, 15 Village Defenders of Girls' Rights (VDGR) were established and they operate more as pro-active vocal groups to raise awareness and develop targeted solutions to local problems.

Outcomes

The dialogue forums are a platform for strategic partnership among stakeholders. They also provide an opportunity for sharing good practices and lessons learnt in policy programming. The dialogue forums have also sought to engage men and boys. Some men participating in the project have pledged to stand up and defend girls rights, call for a VAW free generation and lobby for a preventive approach to VAW programming.

[23] National VAW strategy.

Developing local level action plans to end gender violence

The UN Secretary General's report on VAW calls on states to build and sustain strong multi-sectorial strategies, coordinated nationally and locally. The Centres of Excellence (COE) in gender mainstreaming in local government process arose from the realisation that the only way to have real impact at the local level is to work at council level. While policies and strategies at national level are important, these can become rhetoric if they are not translated into action on the ground. Similarly it has become clear that the lofty targets of the SADC Protocol on Gender and Development need to be localised.

GL, in partnership with the Urban Councils Association of Zimbabwe (UCAZ) and, Association of Rural District Councils (ARDC), is working with 23 councils across the country and have chosen to be part of the Centres of Excellence for Gender Mainstreaming in Local Government. These councils have committed to devise and implement local level action plans for attaining the SADC Gender Protocol targets.

The COE concept seeks to ensure that councils mainstream gender in their agenda. Key stages in the process include getting buy-in at decision-making level; conducting a baseline gender mainstreaming situational analysis; gender and action plan workshops that localise national and district gender policies and action plans. After the action planning workshops, council officials and politicians are assisted to apply these new skills through running major campaigns, including the 365 Days to End Gender Violence and the 50/50 campaign.

During the past two years GL extended campaigns beyond urban centres to reach communities that were previously not targeted. This was carried out through supporting local councils that have been part of GL's COE process to undertake Sixteen Days Campaigns. The aim was to include communities within various localities to participate in campaigns. The approach relied on local councils and communities to plan and facilitate the Sixteen Days campaigns whereas the normal approach is to undertake campaigns on behalf of the localities.

Ending GBV in localities: The number of case studies presented during the 2013 SADC Protocol@Work summit showed commitment by councils to reduce GBV prevalence. For example in Gweru, the upgrading of Mtapa flats to family style units is envisaged to reduce overcrowding and subsequently GBV prevalence. Councils are holding education campaigns on GBV through cyber dialogues and marches against GBV.



Community members who attended focus group discussions on Chegutu's council's efforts to adress GBV.
Photo by Tapiwa Zvaraya

Case study 6.4: Gweru housing project empowers women, reduces violence



Better water and sanitation bring smiles to residents of Mtapa township, Gweru.
Photo by Colleen Lowe Morna

Mtapa is the oldest suburb in Gweru, the third largest city in Zimbabwe. Built in the 1930's it comprised overcrowded hostels with up to four families occupying a room. The housing units, water and sewer systems initially designed for a smaller population failed to cope with the increasing demand for services.

Speaking at the Zimbabwe and regional SADC Protocol@Work summits, acting Gweru Director of Housing Unity Jaji described how, in 1981, the Council resolved to upgrade Mtapa and convert the houses to home-ownership. The exercise is now in the final phase. Upgrading of Mtapa suburb has reduced over-crowding, improved hygiene, encouraged families to stay together, and contributed to economic development as individuals are homeowners and can plan with and contribute to the growth of Gweru through self-help projects. They can educate their children, participate in council's service delivery business, and work in the industry.

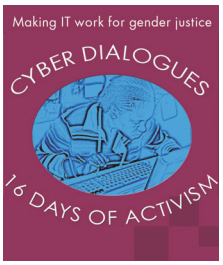
The process directly relates to the national housing, health, economic development, poverty alleviation and gender empowerment goals. There are several gender dimensions. For example, women and girls have different privacy requirements compared with men. The absence of toilets forces them to use bushes on public spaces and they can only do this in the shelter of darkness. Security issues arise as women and girls are more vulnerable to violence, sexual harassment and other types of crime during the night.

The project aimed to decongest the Mtapa suburb and reduce overcrowding through the homeownership scheme and to improve hygiene through the water and sanitation project. Each household would finally have individual water connection and a toilet. A monitoring and evaluation system was put in place to track progress. Signed contracts formed the legal basis of the rights and obligations of the various parties involved. They also formed the control mechanisms and guidelines. The contractors were supervised on the site by the building control officer, who acted as the site manager. Monthly progress payment certificates were agreed upon between council's project management team and the contractors. These certificates were verified and approved by the council's audit department before they were passed on to the director of finance for payment. The evaluation of the project was undertaken by the council's management team to the satisfaction of the officials from the government's national housing fund. When the needed infrastructure was in place, the director of housing and community services was then given a go ahead by council to sell the housing units to the existing tenants.

There is a total face lift of Mtapa suburb, with good houses. The people no longer queue for water, a toilet or for a bath so more time is saved for economic benefits. People are now early for work, children go early to school, and women have more time for vending and flea markets. They also have more time to attend meetings that have to do with development of their community. Improved hygienic conditions mean a reduction in the outbreak of water borne diseases such as cholera, dysentery and malaria.

Making IT work for gender justice

ICTs have the potential to improve the ability of marginalised groups to participate in national and global governance. During the Sixteen Days of Activism, GL hosts and facilitates cyber dialogues - online discussions - designed and intended to mobilise people across the region to participate in online discussions about VAW and gender equality.



Case study 6.5: Bulawayo uses IT for advocacy

Bulawayo City Council is one of the Centres of Excellence that participated in the cyber dialogues that are hosted on the internet annually by GL. Councillors, management, staff and members of the community were involved in the cyber dialogues as a way of increasing awareness about VAW. This was the council's first attempt at cyber dialogues. Bulawayo joined the over 3000 organisations from different countries that have participated in the GL IT for Advocacy campaign since its inception.

Objectives

The main objectives of the campaign included raising awareness about GBV, highlighting the effects of VAW on every intersection of the community and empowering survivors to speak out.

Process

Stakeholders were sensitised about this regional activity which was conducted during weekdays from the 26 November to 10 December 2012. The council participated in the cyber dialogues held on the 3rd December and 4th December.

Emerging issues from the dialogues

Participants were of the view that persons with disabilities suffered VAW which went unreported in most cases. Society is not tolerant to people with disabilities, they are usually discriminated against and stigmatised. However it was noted that government was making inroads in integrating persons with disabilities into society. For example, schools and public buildings are being upgraded and renovated so that they can accommodate persons with disabilities. Lack of campaign materials in formats that can be comprehended by people with disabilities, the blind, dumb and the deaf, means that this group of society does not have access to information about their rights when they have been abused.



Priscilla Maposa and participants cyber dialoguing to raise awareness on VAW.
Photo by Tapiwa Zvaraya

In the case of the role of culture and religion, participants pointed out that women and child abuse takes place in the guise of tradition. Participants suggested that campaigns need to be taken to the custodians of culture that is chiefs and headmen.

Participants expressed that the dialogues brought people together. They appreciated the fact that VAW cuts across all types of people and that they had an opportunity to hear other people's view-

points on VAW. One of the participants said by being in the cyber-dialogues, she became more aware of how rife VAW is in society. Other participants shared that the activity enhanced their computer skills and how to use the internet as an empowering tool. Another participant also said that gender advocacy can be done by just wearing the T-shirt received.

Challenges

Commemoration of the Sixteen Days of Activism against gender violence has usually been spear-headed by the responsible ministry and non-governmental organisations such as Musasa. One of the main problems the council encountered was to do with change, where one council official queried the relationship between VAW activities and service delivery, since the council's core business is service delivery.

Lessons learnt

- The cyber dialogues are a very powerful way of increasing awareness about VAW. They have potential to change people's lives
- Joining the cyber dialogues as part of the Sixteen Days of Activism against gender based violence can be done by anyone who has access to a computer connected to the internet.
- Government departments, local authorities and civil society organisations can set up centres where members of the public can visit during the Sixteen Days of Activism against gender violence to participate and let their voices be heard.

Political commitment to addressing VAW



Hon Dr Olivia Muchena, current Minister of Higher Education Science and Technology, former Minister of Gender & Women Affairs at the VAW Fair and Launch of Zimbabwe 16 Days of Activism, Africa Unity Square, Harare, Zimbabwe. *Photo by Tapiwa Zvaraya*

For a violence prevention strategy to be successful it has to be unified, coordinated, scientifically informed, well-resourced and directed across all sectors of society, government departments and civil society.[24]

Political leadership at its helm should be committed to ending VAW and consistently publicly denounce VAW. Leaders should also facilitate and support necessary changes in community norms that influence VAW-related behaviours of boys and men[25].

Politicians reach wide audiences as they speak to large crowds, their speeches enjoy media attention, and the public takes note of what they say. Most ministries have official websites where the public can access the speeches although some websites are still a work in progress.

Overall, the study accessed 123 speeches through websites and official sources issued between 2011 and 2012. Of these, only 4% of all the speeches made by political leaders mentioned VAW. Forms of VAW addressed include sexual offences, domestic violence, gender violence, child abuse, rape, physical violence, IPV and sexual harassment. Missing from the discourse are the key forms of emotional and economic violence. Given the findings reported in chapter three that

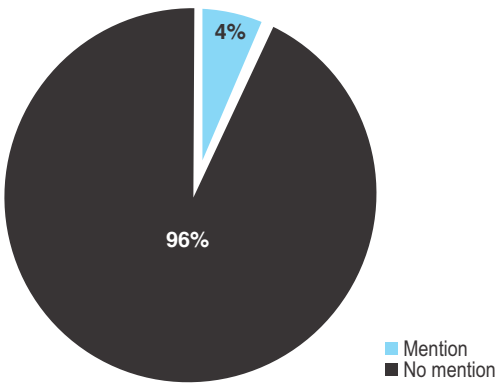
[24] Jewkes, Abrahams, Mathews, Seedat, et al, 2009.
[25] UN General Assembly. 2006b. Rights of the Child: Report of the Independent Expert for the United Nations Study on Violence against Children. New York: UN.

show that emotional and economic IPV were predominant in the past 12 months, politicians ought to address these more in public addresses. There is minimal reference to the effects of VAW on women's health with only four of all speeches making the link between VAW and HIV.

Media: Part of the problem or part of the solution?

The SADC Protocol on Gender and Development calls for SADC member states to halve the prevailing levels of gender-based violence by 2015. The Protocol also acknowledges the specific role that the media must play to halve levels of violence against women.

Figure 6.4: Proportion of speeches mentioning VAW





The Protocol calls on the media to 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.

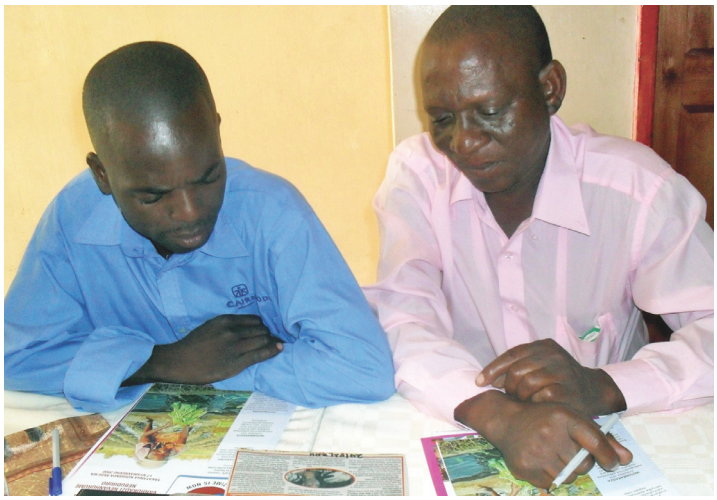
The media has a role to play in changing attitudes, perceptions, and mind-sets where gender violence is concerned. Over the last decade, GL has conducted training workshops with the media in 12 SADC countries and all nine provinces of South Africa. GL and GEMSA have trained gender activists on strategic communications making use of the 16 Days of Activism campaign.

While targets are in place for the reduction of violence against women, indications are that it is escalating in some communities. This research has shown that about a quarter (26%) of women interviewed experienced some form of violence (psychological, emotional, economic, physical or sexual) perpetrated by an intimate partner in the period 2011-2012. Thirteen percent of men in the country admitted to perpetrating some form of violence against their intimate partners during the same period.

Monitoring reveals common patterns: Coverage of gender violence has been monitored in regional and global studies. GL has also worked with GEMSA chapters in conducting periodic monitoring of the 16 Days of Activism campaign. Key findings emerging from these studies include:

- To the extent gender issues are covered, gender violence tends to get more coverage. In the GMPS, GBV constituted 4% of the topics covered;
- However, gender violence is often treated as relatively minor compared to other kinds of crime;
- Certain types of gender violence get much higher coverage, e.g. sexual assault;
- There is very little coverage of where those affected can get help;
- There is very little coverage of those who protest against gender violence;
- Much of the source information is from the courts. This has a heavy male bias;
- The voices of those affected are not heard;
- Experiences of women are often trivialised;
- Coverage is often insensitive, for example in the use of images and names that could lead to secondary victimisation;
- Women are often portrayed as victims rather than survivors;
- Women are often portrayed as temptresses who asked for it to happen;

- Men are portrayed as being unable to control their sexual urges;
- There is a tendency to exonerate the perpetrators;
- There is a tendency to sensationalise; and
- Men/court reporters write most gender violence stories.



Participants analysing media clippings in Kariba, Zimbabwe. *Photo by Priscilla Maposa*

The media must not be part of the problem, but part of the solution in ending violence against women. It has a huge potential in changing attitudes, perceptions, and mindsets where gender violence is concerned. Mass media, especially radio, reaches people across the country. Increasingly social media such as Facebook and Twitter is reaching mass audiences. Social media is available on middle and higher-level mobile devices. These tools should be effectively used by campaign coordinators to ensure that women and men get messages about VAW.

The Gender and Media Progress Study (GMPS)

In 2010, GL conducted the GMPS in Zimbabwe. A total of nine media were sampled for the GMPS, but 11 media houses took part in the research. Seven public media, four print (*Chronicle, Herald, Sunday Mail*, and *Sunday News*), two radio (Radio Zimbabwe and Spot FM) and one television station (ZTV) were monitored. All the public media, except The Sunday News and Sport FM, participated in the GMBS, a baseline on who speaks in the media undertaken in 2003. Three private media (*Financial Gazette, The Standard, Zimbabwe Independent* and *The Zimbabwean*) were also sampled in the GMPS and only *The Standard* and *The Zimbabwean* did not participate in the GMBS. Therefore, the study took stock of the progress made by the government-owned media and private media over the past seven years (2003-2010).

Some of the findings that came out of the media monitoring (2998 news items) and qualitative analysis around gender based violence in the media are:

Stories about gender-based violence and stories that mentioned GBV accounted for 3% of total coverage, compared with 4% in the region. This was despite the fact that there was political instability in Zimbabwe during the monitoring period.

Women make up 28% of sources on GBV. This means that women speak less on GBV, an issue which affects them most.

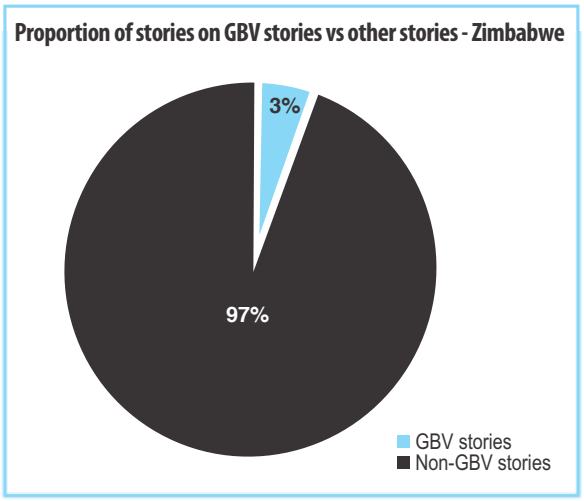
Survivors constitute more than a fifth (22%) of all sources on GBV. The main sources of GBV stories are the police and sources in the legal system (27%) while in the region experts (23%) and NGOs (17%) are the major sources of GBV stories.

Rape and economic abuse received the most coverage in Zimbabwe, each making up 25% of the total number of stories. They were followed by domestic violence at 22%. There were no stories on femicide and about men killed in abusive relationships.

There is no gender parity in the coverage of GBV in Zimbabwe. Men reporters (90%) cover the topic more than women.

GL examined the media's coverage of gender based violence (GBV) compared with other topics. This included GBV sub-topics, considering who speaks on them, their function and who reports on these topics.

Figure 6.5: Proportion of stories on GBV



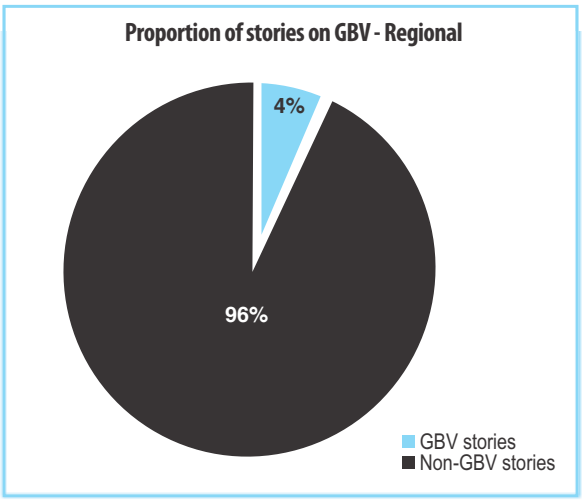


Figure 6.5 shows that GBV stories, and stories that mention GBV, constituted only 3% of total coverage in Zimbabwe, slightly lower than the regional average of 4%. This is despite the high levels of GBV in the country and in the region.

Child abuse (25%), rape (25%) and domestic violence (20%) received the highest proportions of coverage of GBV. The regional coverage of these topics is significantly lower than in Zimbabwe. For example, domestic violence constitutes 13% of stories, followed by legislative/political response at 12%. There was no coverage in Zimbabwe of femicide and men killed in abusive relationships.

The major sources of GBV stories in Zimbabwe originate from the police and/or judges and the legal system (27%), victims/survivors (22%) and relatives (16%). In the region, experts (23%) and NGOs (17%) are also major sources of GBV stories.

Women make up 28% of sources on GBV. This means that women speak less on GBV, an issue which affects them most. Survivors constitute more than a fifth (22%) of all sources on GBV. However the main sources of GBV stories are the police and sources in the legal system (27%) while in the region experts (23%) and NGOs (17%) are the major sources of GBV stories.

Another gap is that there is no gender parity in the coverage of GBV in Zimbabwe. Men reporters (90%) cover the topic more than women.

Media monitoring for the VAW Baseline Study

GL conducted qualitative media monitoring as part of the VAW Baseline study. Newspaper articles published between 1 January and 31 October 2012 were collected and analysed from five newspapers. The newspapers included *Sunday Mail*, the *Herald*, the *Daily News*, *The Chronicle* and *The Standard*. The spot monitoring identified 58 stories in five editions of each newspaper on GBV. The key findings are:

GBV coverage perpetuates negative gender stereotypes

Several of the stories on GBV had headlines and content that trivialise the experiences of GBV survivors. *Why are young girls rushing into marriage?* is a story about child marriages in *The Chronicle* of 22 October 2012. The article addresses the serious issue of child marriages. The headline and indeed the content in the article place the responsibility for marrying early with young girls. There is little or no reference to the adult men who marry the girls, rather it says that "marriage has for some time been the ultimate goal for many young girls which together with lack of basic

skills means that girls take it as an alternative means of survival."

An article titled *Male sexual harassment rampant … Only that they suffer in silence* appeared in the Sunday Mail on 16 December 2012. The headline suggests that male sexual harassment is happening at a massive scale. The article does not include any statistics to support the claim.

Rather it states that "one reason why there has been an increase in male sexual harassment is due to the breaking of the 'glass ceiling' over the past two decades, where a number of females have made it into managerial positions." The uncorroborated statements in the story fuel the argument that women should not occupy positions of power. It does explore the levels of sexual harassment women face in the work place.

GBV survivors' voices largely absent from coverage

There is deafening silence of GBV survivors' in the 58 stories monitored. Most of the sources are officials, UN agencies, civil society organisations and academics. The stories often emanate from meetings, memorial events and launches of reports. A male survivor is quoted in the story titled *Men must report violent women* in the 25 August 2012 edition of *Sunday Mail*.



Media Institute of South Africa Zimbabwe Director, Nhlanhla Ngwenya training media monitors.
Photo by Gender Links

The absence of women's voices means reporters and experts are speaking for them. The most powerful voice is always the person who is the subject of the story. GBV coverage in the five newspapers often lacks depth. This promotes the idea that GBV is a private matter. To address the high levels if GBV it must move into the public space.

Quality of journalism on GBV

Statistics are used in many of the stories on GBV. The statistics are not interpreted or linked to people's lived experience. For example the following article in *The Standard*, 15 August 2012.

The article alongise leaves the reader reeling with a multitude of statistics presented in a way that makes little sense. Some of this data requires interrogation and explanation.

In other articles, there is complete absence of supporting evidence. There are examples in many stories of missed opportunities. The stories raise issues relating to GBV services and responses but fail to provide any information on where survivors can get help. The article entitled *Women lobby groups castigated in the Daily News*, 11 November 2012, focuses on the 16 Days of Activism campaign. The article posits the view that women are ultimately responsible for women's safety and development. GBV is a societal problem that requires the will and power of all its members. It does provide a clear explanation of the Domestic Violence Act but fails to say where people can receive help.

The adoption of gender-responsive editorial and employment policies is an important step towards changing the gender biases, gender stereotypes and sexism that permeate media content and newsrooms. There is need for a stronger gender and media lobby to serve as an external monitoring mechanism focused on the development of a media in Zimbabwe that is accountable to the public's interests in all of its diversity.

The following case study discusses the GL Gender Mainstreaming in Media Centres of Excellence project that aims to integrate gender into all aspects of institutional and editorial practice.

Case study 6.7: GL training journalists on gender sensitive VAW Coverage

Over the past decade, GL has conducted training workshops with the media in 12 SADC countries including Zimbabwe. GL has trained gender activists on strategic communications, making use of the Sixteen Days of Activism campaign which extends from International Day of No Violence Against Women on 25 November to Human Rights Day on 10 December.

The process aims to help media houses mainstream gender equality in policies, programmes and editorial content. Media houses undertake thematic training at stage seven on different topics including gender based violence. The GBV training helps journalists to:

- Understand the different forms of violence.
- Focus on the voices and views of survivors as central to GBV stories.
- Increase the depth in GBV reporting and go beyond court reporting.
- Realise how the media can be part of the solution to ending GBV.

Zimpapers has signed up for the Gender Mainstreaming in Media Centres of Excellence process. The ten stage process involves working directly with the media house to devise a gender policy, action plan and monitor their implementation using a self-monitoring tool. Stage seven of the project involves capacity building for journalists based on the ten thematic areas of the SADC Gender Protocol. In the future, as part of advocacy efforts for this research, GL will work with journalists from the Zimpapers stable on reporting violence against women. This is one way of taking action to reduce levels of gender based violence.



Zimpapers editors at a GL Gender Mainstreaming in the Media workshop. *Photo by Gender Links*

Getting the balance right

Although a lot still needs to be done to end GBV, the media is slowly reporting responsibly. Media houses presented several case studies of gender aware coverage on gender-based violence at the SADC Protocol@Work summit. Out of the 672 case studies submitted for the summit, 590 made reference to the media targets and 510 made reference to the gender based violence targets.

Thandeka Moyo recently graduated from the National University of Science and Technology in Bulawayo with a journalism and media degree. At the SADC Protocol@Work summit, she won the first prize on media content in print for her articles on gender based violence. Moyo's articles on Gender-Based Violence, and especially spousal violence, draw attention to an escalating and underreported problem not only in Zimbabwe, but throughout the region. By giving voice to the voiceless, the powerless - sometimes even the dead - Moyo helps to document the human suffering caused by abusive men. She also shows the role that economic dependence plays in forcing women to remain silent, urging them to report any sort of GBV - unlike Miriam Nyoni, who remained in an abusive relationship until she was chopped into pieces.

Moyo had this to say about her six articles in relation to the SADC Gender Protocol:

Why I write about GBV



Thandeka Moyo, News Reporter, The Chronicle, Zimbabwe. *Photo by Tapiwa Zvaraya*

"The stories mirror the environment that Zimbabwean women survive in, with less than three years before the SADC protocol and MDGs deadline. The soaring statistics of Gender-Based Violence (GBV) show that it might be impossible for Zimbabwe to achieve the target of adopting integrated approaches with the aim of reducing the current levels of GBV by half by 2015.

Cases are increasing of women who are not only assaulted but also murdered in cold blood by their spouses, for example the late Miriam Nyoni, and the increase hinders achieving many targets of the protocol. Victims of GBV are unlikely to strive towards equality, because in experiencing abuse, their health is also compromised. Women are still finding it difficult to report cases of GBV because of economic dependence, indicating that government has also failed to adopt policies and enact laws, which ensure equal access, benefits and opportunities for women in trade and entrepreneurship.

I wanted to empower women with information, and with the experiences of other women. The stories were targeted at women, policy-makers and men as well. After I wrote Nyoni's story, citizens responded by sending messages to *The Chronicle*. They aired their views about the case and thanked me for covering the story and keeping them updated" - *Thandeka Moyo, in her submission to the 2015 SADC Gender Protocol@Work Summit.*

Secondary Prevention

Survivors of VAW require comprehensive care and support from multiple service providers. This includes health, legal, social services, education, economic and social support. Secondary VAW interventions empower those charged with the responsibility of addressing VAW with the skills to promote prevention and the ability to deal sensitively with the issue. Strategies include training key stakeholders: police; health personnel; traditional leaders; prosecutors and faith-based organisations.

In order to address this, and in line with the recommendations of the CEDAW Committee that Zimbabwe should provide mandatory training to service providers, the MWAGCD embarks in continuous capacity building of service providers who include, the police, judiciary, and medical practitioners.

Current initiatives involve training in child abuse, counselling, referrals and case management. In addition the MWAGCD engages key stakeholders like traditional leaders, religious leaders, and parliamentarians in fighting VAW.

Realising the need for uniformity in VAW service provision, MWAGCD is developing a standardised handbook on community mobilisation and social transformation on VAW, targeting different sub-community groups .

[26] www.women.gov.zw

Case Study 6.8: Engaging Traditional Leaders

The Women's Action Group (WAG) took a facilitating role in implementing an inter-agency coordinated response to ending VAW that was funded by UNFPA in 2010. MWAGCD co-ordinated this campaign to help stakeholders establish a common under-standing of VAW and consolidate national efforts. An important element of the campaign was social transformation through involving traditional leaders in VAW prevention programmes and challenging harmful cultural practices embodied in patriarchy.



WAG engaging traditional leaders. *Photo courtesy of WAG*

Outreach

Eight district workshops were conducted in Mashonaland East and Manicaland provinces. The workshops were attended by a total of 382 leaders. The participants were made up of chiefs and their aides, headmen and their aides and village heads. It was noted that the traditional leaders were mostly male except in Mudzi district where there were female court assessors. Some of the participants were representatives from various government ministries such as Local Government who included the District Administrator's office, MWAGCD, the Ministry of Home Affairs (MHA) and the Zimbabwe Defence Forces.

Process

The workshops focused on engaging traditional leaders in responding to VAW using the 4Ps campaign on zero tolerance against domestic violence as the standard approach. More specifically, the workshops aimed to strengthen relationships between traditional leaders and the people in communities with the aim of reducing VAW; strengthen multi-sectoral responses to government's 4Ps Campaign from the local community, and to enhance traditional leaders' capacity to deal with cases of domestic violence using the DVA.

Participatory methodologies were used throughout the workshop. These included group discussions and feedback sessions as well as role playing. Recap sessions were conducted at the beginning of each day to test how much the participants had learnt the previous day. The recap assisted the facilitators to identify the areas that needed further elaboration.

Opportunities

The traditional leaders had an opportunity to role play their court trials and discuss the court verdicts. This provided a platform for the leaders to share the challenges that they meet in attending to the cases reported to their courts.

Challenges

- The traditional leaders raised concerns over the manner in which the judgments passed at their courts were not being respected. They stated that when they take the perpetrator of violence to the police, the police accept bribes from the perpetrators. Consequently the perpetrators get released and the traditional leaders feel betrayed because these perpetrators will then mock them undermining their authority.
- The traditional court is regarded as the lower court hence people do not take seriously the judgments passed by traditional leaders. The fact that the traditional court is the primary court makes it a less important court. There is need to educate the communities on the importance of the traditional court.

- The sessions on religion and culture were not well accepted. Some traditional leaders viewed this discussion as undermining their way of life as a result of the infiltration of the western culture.
- Some traditional leaders expressed negative attitudes towards the DVA. They viewed it as a western concept unknown to them and said that some aspects of the Act had the potential of brewing divisions among the population.

Recommendations and follow-up

- The workshops were a good platform for the traditional leaders to engage on the 4Ps campaign strategy in their communities. A continuous programme for engaging leaders on VAW is necessary beyond the two provinces as opposed to a once off project. If possible, all traditional chiefs should enrol on the programme at least once and get basic training on the Domestic Violence Act.
- Campaigns to change attitudes should also target traditional leaders who often reinforce negative patriarchal attitudes within their communities.
- The traditional leaders should be educated on the laws that protect survivors of VAW. They expressed little knowledge on how these laws function.
- While there are many laws that protect women and girls there is need to translate these to local languages understood by the local people.
- There is need to target traditional leaders when disseminating information on gender and HIV. This will help them to pass judgments taking into consideration HIV issues and gender sensitivity.

Adapted from Women's Action Group 2012 Programme Report

Conclusion

Several campaigns are held throughout the year to educate the public on VAW. The 4Ps campaign, Sixteen and 365 days of activism against violence, International Rural Women's Day, exhibitions at the annual Zimbabwe International Trade Fair, and the VAW service providers fair are some of the efforts by government and non-governmental organisations towards the realisation of women's rights. Sustaining these activities is one way of increasing awareness of the DVA as well as reducing the extent, drivers and effects of VAW in the country.

Women and men are relatively unaware of VAW campaigns that are being implemented. Those that are aware about campaigns have mostly heard about them from community meetings. MWAGCD needs to prioritise and expedite the development of community mobilisation resources and capacity building. Based on these findings government needs to heavily invest in and scale up prevention efforts to end VAW in the same way as preventing HIV and AIDS has been done. More financial resources and collaborative efforts are urgently needed to seriously engage men if any significant reduction in VAW is to be achieved.

There are societal factors that may be associated with the high incidences of VAW. The political leaders need to begin to tackle the subject of VAW in their speeches and put it on the political agenda. Addressing VAW in public discourse should not only be carried out by MWAGVD, but leaders in other portfolios for example, Justice, Home Affairs, Health and Police need to speak more about ending VAW and the services they are providing. Journalists are improving in VAW coverage but more still needs to be done.

Although various initiatives are being implemented there is poor monitoring and evaluation of systems and data collection. There is need for capacity building and the development of indicators for monitoring the different initiatives.

Scaling up of secondary prevention initiatives to sensitise service providers and the media down to district level is necessary in combating VAW and avoiding secondary trauma to survivors.

CHAPTER 7
PROTECTION



Policewomen participating in a 4Ps campaign event.

Photo Courtesy of MWAGCD

Effective response and support give survivors a viable and safe alternative. This chapter explores the enforcement mechanisms in place to respond to VAW and measures that are in place to support VAW survivors in Zimbabwe. The chapter also presents recorded statistics on the use of available protection services by VAW survivors.

Regional and international instruments

One of the indicators to measure political commitment to end VAW is the ratification and adoption of legal instruments and the existence of institutional mechanisms which facilitate the elimination of VAW. Zimbabwe is a signatory to several conventions to combat gender-based violence, including the Convention on the Elimination of All forms of Discrimination against Women (CEDAW); the African Union (AU) Constitutive Act (July 2000);The Solemn Declaration on Gender Equality in Africa, through which the Union and its Member States commit themselves to the promotion of gender equality (July 2004); The Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa in 2008; the Southern African Development Community (SADC) Declaration on Gender and Development of 1997 which commits member states to undertake measures to incorporate gender issues in their programmes (July 2003); and the 2008 SADC Protocol on Gender and Development which has a target of halving VAW by 2015.

Constitutional provisions

The new constitution states that among Zimbabwe's founding values and principles are gender equality - article 3 (1) (g) and good governance which include respect for women's rights - article 3 (2) (h) (iii). These concur with the calls from women's rights activists that gender equality is enshrined as a founding principle.

National Objectives

The new constitution contains a new chapter two (Chapter 2) on "national objectives" The objectives include that the State must take measures for the prevention of domestic violence (article 25 (b) and ensure that no marriage is entered into without the consent of both parties, equality of rights and duties of spouses during the marriage and spouses are given all necessary protection on dissolution of the marriage by death or divorce (article 26). Other objectives related to gender equality include the following:

i. The State must facilitate developmental measures which protect and enhance the rights of women in particular to access equal opportunities in development- article 13 (3).
ii. An obligation on the State to create employment opportunities for all Zimbabweans, especially women - article 14(2).
iii. A duty on the State to promote full gender balance in Zimbabwean society - article 17.
iv. Female children have to be given the same access as male children to educational opportunities - article 27.

All the provisions are framed in peremptory language suggesting that the State and its institutions and agencies can be held accountable for failing to comply.

Declaration of rights

The new constitution declares the rights of people including the Right to personal security Right to equality, labour rights, Right to health care and the elaboration of women's rights. The constitution states that all cultural practices that infringe women's rights are void to the extent of their infringement - article 80; a welcome change from the position set out in article 23 (3) of the current Constitution which insulates customary law from the right to equality.

Establishment of a Gender Commission

Chapter 12 of the constitution pertains the establishment of Independent Commissions supporting democracy. This includes the establishment of a Gender Commission whose members will be chosen on the basis of (inter alia) their knowledge and understanding of gender issues (article 245). The functions of the Gender Commission will include monitoring, investigating, researching, advising on gender issues as well as receiving complaints on such issues - article 246.

National legislation

Apart from the ratification of regional and international frameworks, an effective legal instrument to end violence against women demonstrates a government's commitment to uphold human rights. As such, the government of Zimbabwe has made great strides in uplifting the status of women through legal and administrative reforms. The main laws in place to address VAW in public and private life include the DVA enacted in 2007 and the Criminal Code.

Domestic Violence Act (Chapter 5:16)

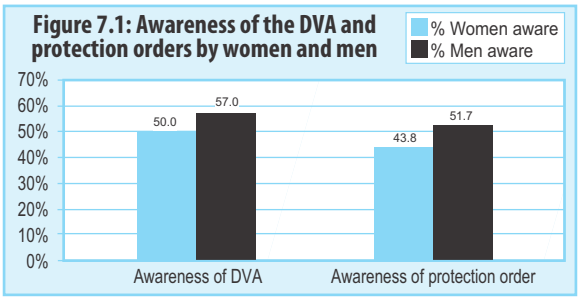
In response to the rising cases of domestic violence and in line with the provisions of the CEDAW committee, the Zimbabwe Parliament enacted the DVA [Chapter 5:16]. The DVA came into being after wide consultations with different stakeholders which include civil society organisations, government departments and communities, (MWAGCD 2012).

According to the DVA, domestic violence can be defined as "Any unlawful act, omission or behaviour which results in death or the direct infliction of physical, sexual or mental injury to any complainant by a respondent" This definition of domestic violence is broad and includes any harmful cultural or customary practices, such as forced virginity testing, female genital mutilation, pledging of women and girls for purposes of appeasing spirits, abduction, child marriages, forced marriages, forced wife inheritance and other similar practices that discriminate against or degrade women.

Awareness of the DVA and protection orders

Laws are only as effective as legal literacy and access to justice. The survey asked if respondents know of laws in Zimbabwe that protect women and children against abuse and the DVA.

Figure 7.1 shows that a considerable proportion of the population; 50% women and 43% men are unaware of the DVA. A lesser proportion of women (44%) and men (52%) were aware of protection orders.



Based on these findings there is need to raise awareness about the DVA and its provisions. People in rural areas are fairly unaware of the DVA due to inadequate awareness and sensitisation activities. It follows that if people are not aware of an empowerment tool such as the DVA, then it is difficult to reduce VAW[27]. Rather, people may continue to be abused in any way. Raising awareness around the Act and its provisions is critical in improving access to justice by women survivors.

Gaps and challenges in the implementation of the Domestic Violence Act

1. *Forms of domestic violence not criminalised*

   While the DVA acknowledges multiple forms of domestic violence, there are certain acts of violence that it does not criminalise. For example, Section 4 stipulates that, acts of emotional, verbal, psychological abuse and economic abuse shall not constitute an offence. By implication, the DVA recognises in principle the existence of emotional, verbal, psychological and economic abuse yet it does not criminalise these forms of abuse.

   This infers that the majority of women in Zimbabwe will continue to experience these forms of violence but will have no legal recourse until amendments to criminalise emotional, verbal, psychological, and economic abuse have been made. In the same vein, statistics on these types of violence do not appear in administrative data from the police or court records. These gaps justify the need for regular household prevalence surveys instead of relying on the available administrative data.

[27] MWAGCD, personal communication.

2. *Cumbersome protection order application process*
   Despite the above provisions granted by law, women in Zimbabwe still face challenges in applying for protection orders. The process is cumbersome and the processing costs may be prohibitive to women without access to financial resources. To the illiterate women, the legal language involved may scare them and result in communication problems unless they get legal assistance in completing the forms.

3. *Socio-cultural context*
   The Domestic Violence Act has not been fully implemented because of challenges such as resistance from traditional leaders, limited access to legal aid and women's socio-economic dependence and cultural status that impedes their ability to use the protective measures of the law out of fear of family castigation .

The Criminal Code

One of the key mechanisms that are vital to eliminate VAW is to have a deterrent penal code. This also demonstrates government's commitment to end violence against women. This report is particularly concerned with the provisions on rape which are contained in the Criminal Code. For this reason, the Criminal Code makes it an offence for a man to have sexual intercourse with a woman without her consent.

Provisions

The definition of rape according to the Zimbabwe Criminal Code is when "a male person knowingly has sexual intercourse or anal sexual intercourse with a female person and, at the time of the intercourse the female person has not consented to it or there is a real risk or possibility that she may not have consented to it". The Code also specifies that rape is not limited to penetration of the male organ but can include the use of an object, or engagement in fellatio or cunnilingus.

The criminal code also criminalises marital rape and wilful transmission of HIV. Deliberate transmission of HIV can attract a penal sentence of up to twenty years imprisonment. The penalty for rape is imprisonment for life or any shorter period" (Criminal Code).

Gaps

The code refers to men as the perpetrators in all circumstances under which rape may occur and does not expand to include the rape of men by women. Zimbabwe's Criminal Code is behind other countries' broader definition of rape. For example, in the South African Sexual Offences Act, the definition of rape is applicable to all forms of sexual penetration without consent, irrespective of gender. This simply means that a woman, a man (or a child) can now be raped by another woman or man, (SA Criminal Law (Sexual Offences and Related Matters) Amendment Act, No. 32 of 2007).

The Labour Act

Women are exposed to VAW both in their private and public spheres including the workplace. As a redress, the Labour Act [Chapter 28:01] was amended in 2002 (Act 17 of 2002) and subsequently in 2005 (Act 7 of 2005) to prohibit the demand for sexual favours in return for recruitment for employment, promotion or any other related activities. The amended Act also extends the prohibition to any form of unwelcome sexual behaviour towards an employee. This protects employees from potential discrimination on the grounds of gender.

In accordance with the law sexual harassment is defined as "unwelcome sexually-determined behaviour towards any employee, whether verbal or otherwise, such as making physical contact or advances, sexually-coloured remarks or displaying pornographic materials in the workplace."

Zimbabwe Republic Police - Victim Friendly Unit

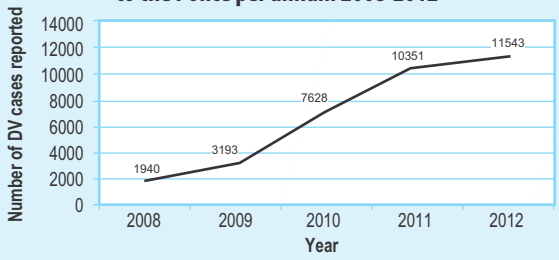
The police victim friendly unit was established in 1995 to the VFU police violence against women and children, sexual and domestic violence offences. Having started as a pilot project, the ZRP reports that every police station in the country has a VFU.

[28] National VAW strategy.

The protocol on the multi-sectorial response to sexual abuse and violence in Zimbabwe outlines several standard guidelines on how VFU service delivery should be conducted. Some of the guidelines include, maintaining privacy, confidentiality and safety of the victim at all times, treating each case of domestic violence or sexual abuse as priority. The protocol also stipulates that any victim of sexual or domestic abuse has a right to report to any police station in the country. Among other duties, it is also the responsibility of the VFU officer to escort the victim for medical examination but the VFU officer has no responsibility to disclose the results of the examination to the victim or the family. In accordance with the protocol, the police VFU investigators are responsible for investigation, arrest of offenders, and docket compilation.

Access to services

Figure 7.2: Number of DV Cases reported to the Police per annum 2008-2012



(Source: Zimbabwe Republic Police Annual Report 2012)

Figure 7.2 shows that there is an increase in reporting of domestic violence. The police annual report indicates significant annual increases of reported DV cases from January 2008 to December 2012.

Care should be taken in interpreting the observed increases as it may be reflective of a true increase in the incidence of VAW or it may just be a result of an increase in reported cases due to increased awareness and impact of the strengthened public campaigns.

Table 7.1 shows that in 2011, the VFU handled 1219 women rape cases, and 3003 children rape cases. In 2012 the number of women rape cases declined by 16% to 1016 and the number of children rape cases also declined by 19% to 2405. The resultant population prevalence of women rape cases is 0.02%. Therefore, the prevalence of rape reported in the survey is 80 times more than that reported to the police in a similar period.



MWAGCD Director, Caroline Matizha, (left) and police officers from the VFU Unit. *Photo courtesy of MWAGCD*

Table 7.1: Number of Sexual offences recorded by the ZRP 2011-2012

Criteria	Statistic
Number of women rape cases recorded by the ZRP in 2011	1219
Number of women rape cases recorded by the ZRP in 2012	1016
Number of children rape cases recorded by the ZRP in 2011	3003
Number of children rape cases recorded by the ZRP in 2012	2405
Population prevalence of rape in 2012 based on police statistics	0.02

Gaps

The available data on cases reported to the police:

- Does not show specific information that relates to the type of domestic violence reported. It is therefore difficult to differentiate and quantify domestic violence cases resulting from physical abuse or sexual abuse.
- Is not further disaggregated to ascertain respective provincial levels of sexual and domestic violence.
- Provides no information to profile either the victims or perpetrators so it is even more difficult to decipher the exact number of cases by female victims above the age of 18 and to understand the

relationship between the victim and survivor.
- Provides no information regarding either withdrawals or referrals.

Recommendations
Data capturing by ZRP indicates the relationship characteristics of the abuser and the victim however when reporting the ZRP is encouraged to categorise these relationship factors so that they can be meaningful to end users of the data. The ZRP needs to categorise VAW data in order to make sense of the data.

Courts

The DVA specifies actions to be taken by the courts in responding to VAW. These include provisions for counselling and issuing of protection orders.

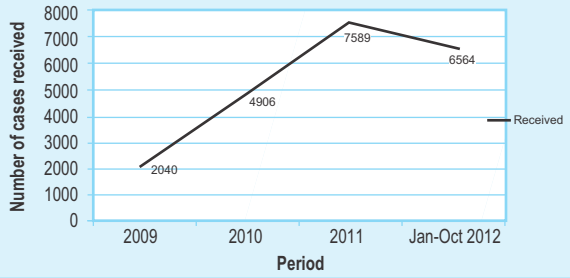
Counselling
To further enhance the intended positive effect of the law on the eradication of domestic violence, Section 11 of the DVA, empowers the court to order the victim, the perpetrator or any member of the family who is affected by violence to undergo counselling.

Protection orders
In the event that a case of domestic violence has been committed, the DVA makes provision for the complainant to make an application for a protection order. Upon receiving an application for a protection order and before issuing one, the court examines among other things, whether or not a protection order was issued before to the parties concerned, medical evidence and any witnesses if available.

Section 11 of the DVA stipulates that a protection order may prohibit the perpetrator[29] from committing further acts of domestic violence; direct the perpetrator to stay away from any premises or place where the complainant resides, works, attends or frequents. A protection order where appropriate may also direct the perpetrator to pay emergency monetary relief in respect of the complainant's needs and those of any child or dependant, including household necessities, medical expenses, school fees and mortgage bond or rent payments.

Other provisions include the temporary awarding of custody of any child or dependant of the perpetrator to any person or institution and regulate rights of access by the respondent to such child or dependant. The complainant or any child or dependant of the complainant's all continue to access to their place of residence while the perpetrator is required to compensate for any personal or physical injury, pain, trauma or loss suffered by the complainant. This includes that the complainant or the perpetrator or both undergo counselling by a counsellor with the perpetrator paying all the necessary expenses.

Figure 7.3: Total DV cases handled by the courts



Source: Ministry of Justice and Legal Affairs Provincial Courts Records 2011 to 2012.

Access to services by survivors

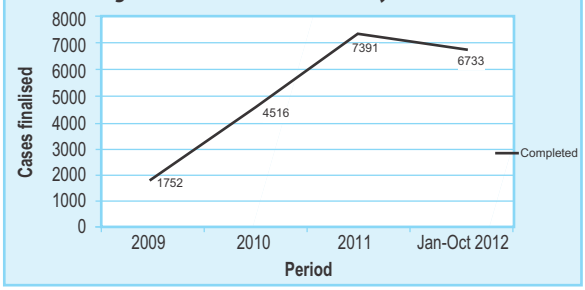
Figure 7.3 shows the overall number of domestic violence cases handled by the courts from January 2009 to October 2012. As shown, the number of cases being handled by the judiciary increased significantly during the defined period. The number of domestic violence cases handled by the courts doubled between 2009 and 2010. The figure also shows that already the period between January and October 2012 recorded 6564 cases. Again the increase in the

[29] Referred to as respondent in the DVA.

number of cases should either be interpreted as a natural increase or an increase in access to court services in the specified period. The increase in the number of court cases at court may also be attributed to the fact that the judiciary appointed personnel who are directly responsible for handling domestic violence cases[30].

Completed cases

Figure 7.4: DV cases finalised by the courts



Source: Ministry of Justice and Legal Affairs Provincial Courts Records 2011 to 2012.

Figure 7.4 shows an increase in the number of cases finalised by the courts from 2009. The number of cases finalised increased by 157% between 2009 and 2010. Also, between 2010 and 2011 the number of cases finalised increased by 63%. The steady increase in number of completed cases over the period is an indicator of increased efficiency by the justice system in dealing with cases.

Gaps

- Data is not disaggregated by sex making it difficult to deduce the number of cases with women victims.
- The relationship of complainant and respondent is difficult to ascertain from available statistics and will require further exploration of individual application forms. This limitation means cases occurring in intimate partnerships cannot be deciphered from those occurring in the broader domestic setup.

Issuing of Protection Orders

Table 7.2: Protection orders handled by the Harare Civil Court since 2011

Criteria	Statistic
Number of applications for protection orders since 2011	3014
Number of protection orders issued since 2011	2931

Source: Harare civil court records.

Table 7.2 shows that 3041 applications for protection orders were received at the Harare Civil Court and 2931 protection orders were successfully issued out. This shows a considerable degree of efficiency in the processing of protection orders by the court. However, for a complete picture of the efficiency it would be more important to understand success rate of all applications and the average time of processing. The data provided was not adequate for this evaluation.

Support

Comprehensive care and support including medical assistance, free legal services, education, social services, economic empowerment, psychosocial support and provision of shelters is necessary to help survivors to regain their self-esteem, self-confidence and to reintegrate into society[31]. Care and support for survivors of sexual violence includes post exposure prophylaxis (PEP), pregnancy prevention, treatment for STIs and HIV testing. Community based support structures are also crucial for survivor re-integration and rehabilitation of the perpetrators of VAW.

The following case illustrates some of the key gaps in government's response in the country as highlighted in the SADC Gender Protocol 2013 Barometer.

[30] (Direct Communication).
[31] National VAW strategy.

Zimbabwe: Rape victim sues government for child's maintenance

A Chegutu rape victim has set a new precedent after she sued government for failing to prevent and terminate her pregnancy, leading to the birth of her "unwanted child."

The woman (name withheld) recently took her case to the Supreme Court seeking an order compelling the government to pay maintenance for her seven-year-old child fathered by armed robbers who sexually abused her at her Chegutu home in 2006.

In her appeal, the woman cited Home Affairs, Health and Child Welfare and Justice and Legal Affairs ministers as respondents. However, state lawyer Advocate Thabani Mpofu dismissed the claims arguing that the ministries cited as respondents in the matter had no obligation to withdraw her assailant's sperm when the woman was raped.

"The police have no obligation to draw sperms or assist in the process of their withdrawal. Applicant purports to talk about negligence where she sets out no legal basis. For instance, police have no obligation to bandage a victim of assault, but their constitutional obligation is to bring perpetrators to book," Mpofu said. In her submission through Harare lawyer Isaiah Mureriwa, the woman said the cited ministries contributed to the negligence that led to the birth of the child after failing to take measures to prevent the pregnancy.

The rape survivor said the police, the doctor and the magistrate who handled her matter when she fell victim to the sexual attack, all acted negligently resulting in the birth of her child. After being raped, the woman reported the matter to police and expected the officers to provide her with necessary documentation to take to hospital for termination of the pregnancy, but that was not done. She later gave birth in December 2006.

"The financial consequences are what the applicant is seeking in this court as the only remedy to the situation," Mureriwa said. The lawyer further challenged the use of the term "terminate" arguing his client sought the "prevention" of pregnancy soon after the offence was committed as opposed to seeking termination. Judgement in the matter has been reserved. *(From NewsDay, Zimbabwe; 29 May 2013; by Charles Laiton)*

Medical assistance

Zimbabwe National HIV and AIDS Strategic Plan (ZNASP II) 2011-2015

The National Health strategy is a five year plan developed by the Ministry of Health and Child Welfare (MOHCW). Guided by the national response towards achieving zero new infections, zero discrimination and zero AIDS related deaths by 2015, the strategy stipulates various health interventions required to sustain and improve the health delivery system in Zimbabwe. Of particular importance is the priority to prevent new adult and children HIV infections. According to the strategy, "Zimbabwe aims to reduce the annual infections by 50% by 2015. Zimbabwe has



Nurses participating at 4Ps campaign activity. *Photo courtesy of MWAGCD*

consistently recorded a decline in HIV incidence from 1.14% in 2006 to 0.85% in 2009".

Guidelines on Post Exposure Prophylaxis (PEP)
Exposure to HIV mostly occurs through accidental contact with contaminated blood. The ZNASP II stipulates that all people who have been raped should be offered HIV testing and counselling and PEP within 36-72 hours for those who are HIV negative, if HIV positive, the client needs to follow Anti-Retroviral (ARV) adherence guidelines[32].

PEP services consist of counselling and risk assessment, HIV testing and counselling provision of short term ARV based on the assessed risk and follow up post PEP service counselling (ZNASP II 2011-2015). All Anti-Retroviral Therapy (ART) sites in Zimbabwe are equipped to provide PEP services. ZNASP II seeks to improve availability and access to PEP services countrywide.

Gaps and Challenges on PEP
The ZNASP II recognises the following as challenges related to access to services:

- Inadequate awareness of PEP services among most people and communities. Subsequently low uptake of PEP services is due to lack of awareness and stigma associated with HIV and rape.
- PEP services are also not available in all health facilities due to lack of qualified personnel to offer PEP.

Priority Strategies on PEP
In accordance with the ZNASP II, the MOHCW is working towards:

- Strengthening the capacity of service providers to provide PEP, including the police and others. PEP training, awareness and education initiatives are being offered to other service professions including police, firemen, construction workers, shop stewards, and foremen.
- Intensifying education and awareness of PEP in the general population and in particular among people who are at most risk of infection by virtue of their work. Communities are being mobilised, sensitised and encouraged to access and utilise PEP services especially survivors of sexual abuse (rape and defilement).
- Strengthening community-based HIV counsellors to provide pre-PEP counselling especially for rape and sexual abuse survivors. This will increase both the uptake of PEP and demand for ARVs.

The national PEP guidelines (2007) will be reviewed periodically to ensure that they remain relevant and take cognisance of emerging issues, new knowledge and technologies.

The Protocol on the Multi-Sectorial Management of Sexual Violence and Abuse in Zimbabwe (2012)



Sister Kurangwa, Adult Rape Clinic Manager, facilitating a sexual assault case management workshop. *Photo by Adult Rape Clinic*

In response to the need to have standardised and coordinated procedures in VAW service provision across all sectors in the country, the government and development partners including UNFPA, UNICEF, and IOM developed guidelines that outline the principles that guide response to sexual abuse.

The objectives of the protocol are to:

- Strengthen the existing services being offered by the health, police and legal personnel. In this regard, the protocol sets out roles and responsibilities of children and adults, professionals, communities and organisations involved.

[32] www.cdc.gov

- Increase access to health, psychosocial and legal services for both adult and child survivors of gender based violence.

In order to achieve the set objectives, development partners including UNFPA, UNICEF and IOM have supported the:

- Training of nurses, doctors, prosecutors, police and social workers to understand survivor centred approaches as well as referral and coordination mechanisms. A survivor-centred approach means that all those who are engaged in violence against women programming, prioritise the rights, needs, and wishes of the survivor[33].
- Refurbishment of selected hospital counselling rooms and police debriefing rooms
- Establishment of one stop centres in Makoni, Mudzi, Marondera and Mberengwa districts. At the one stop centres the survivors can access medical services and legal aid.
- Plans to establish one stop centres in Mashonaland Central, Mashonaland West, Mashonaland East, Masvingo and Matebeleland North where no such services are available.

Case study 7.1: Adult Rape Clinic (ARC)

The Adult Rape Clinic (ARC) is located at Mbuya Nehanda Maternity Hospital Ward C Parirenyatwa Hospital Complex. The clinic was established after realising deficiencies in the care of survivors of sexual assault and rape in the country. The target group are women and men aged 16 and above. Most clients to the ARC are referrals from the police.



ARC Delta Awareness Campaign, Zimbabwe. *Photo courtesy of Adult Rape Clinic*

Objectives of ARC

The ARC aims to incorporate the medical, legal and psycho-social components of the response into a one stop shop for adult rape survivors; establish a replicable model for a comprehensive response for rape survivors in Zimbabwe; be a key resource centre for the multi-disciplinary training in the clinical management of rape survivors; undertake operational research and advocacy for changes in legislation on rape and create public awareness about the problem of rape and educate the public about prevention and management of rape.

Services provided by the ARC

The ARC offers quick access to medical treatment and psychosocial support services to both young and adult rape survivors. It also trains health personnel in the clinical management of rape. This includes counselling to both men and women rape survivors. The counselling sessions normally focus on survivor's worries, concerns, feelings and their prospects. The counselling sessions are crucial as they help the survivors to cope with the situation. Usually some survivors blame themselves for the situation but they need to be helped. The ARC also offers counselling to perpetrators referred from the men's forum.

[33] www.endvawnow.org

Other services provided include Voluntary Counselling and Testing (VCT); provision of PEP, STI Prophylaxis; free emergency contraceptive pill for the prevention of pregnancy; medical examination and documentation of findings on the medical affidavit and collection of forensic evidence that is critical in the arrest of rapists. The ARC also offers continuous training on management of rape to various government departments for example the Police, Justice and Health personnel.

The ARC conducts and participates in awareness campaigns on sexual violence, at schools and tertiary institutions and in communities. This includes educating women on situations most likely to end up in rape and educating men to respect women.

Lessons learnt

According to the clinic manager, the majority of survivors attended to at the ARC are raped by people they know. Very few women presented themselves early for treatment after the incident of rape and this poses as a challenge especially in accessing PEP or terminating a pregnancy from rape. Women that present at the clinic are relatively unaware on what they should do when they are raped and also the importance of presenting early for treatment.

Challenges

The ARC faces challenges in its operations. The clinic manager indicated that all programs depend on availability of funding.

Source: Direct communication with ARC

Legal aid provision

The provision of free legal aid to survivors of VAW is crucial to reduce case withdrawals and to ensure the protection of the rights of VAW survivors. Legal services are expensive making them inaccessible to many VAW survivors, which forces many of them to stay in abusive relationships and to withdraw cases[34]. Access to legal aid in Zimbabwe is offered through the help of either the government or through private organisations such as non-governmental organisations.

The multi-sectorial management of child sexual abuse in Zimbabwe also provides the framework for legal assistance for survivors. This includes state representation through the public prosecutor, support to understand and feel comfortable in the courtroom, (by the probation officer and /or Victim Friendly Intermediary) and through legal advice and representation by civil society organisations (Legal Assistance preliminary strategy 2011).

The Legal Aid Directorate

The Government of Zimbabwe established the Legal Aid provision in 1981 to better respond to the needs of persons who cannot afford legal services. Legal assistance can be in the form of legal advice, legal drafting, and legal representation.

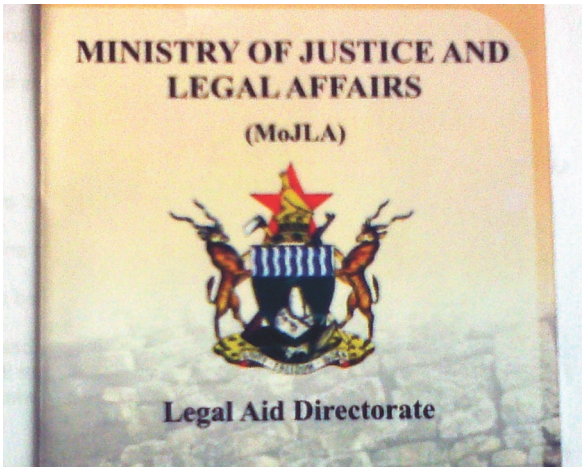


Photo courtesy of LAD

[34] National VAW strategy.

The Legal Aid Directorate (LAD) became a fully-fledged department in 1997 after the enactment of the Legal Aid Act (Chapter 7:16). Currently, the directorate has offices in Harare and Bulawayo only.

Eligibility for assistance
The LAD assists men, women and children in civil, criminal and labour matters. According to the Legal Act, a person shall be eligible for legal aid if, in the director's opinion they have insufficient means to obtain the services of a legal practitioner on his own account; have reasonable grounds for initiating, carrying on, defending or being a party to the proceedings for which he applies for legal aid; and are in need of or would benefit from the services provided in respect of the proceedings for which he/she seeks legal aid.

Service costs
While the LAD does not stipulate any legal fees to its clients, clients are requested to contribute towards a Legal Aid Fund which is used to procure office stationery. The contribution money is also derived from the personal circumstances of each client. One of the factors that determine whether a client is offered free legal assistance is income status. The LAD uses a certain threshold to determine whether a client is gainfully employed. The means test is administered as a way to prevent overwhelming the LAD with people who might otherwise be able to pay for their own legal services thereby disadvantaging the very needy.

Those who are unable to pay the contribution money can still access free legal assistance. This category of people forms the largest number of applicants for legal aid services.

VAW statistics
While the majority of clients are women who come to seek peace orders and protection orders, issues that relate to the various forms of VAW have not yet been streamlined. As such the directorate cannot disaggregate the cases received into the specific forms of VAW. The directorate receives isolated cases of men who seek protection orders.

Referral system
The LAD has a referral system in place. Children who require specialised legal services are referred to Justice for Children Trust, an organisation that deals with children legal issues. Older clients are referred to ZWLA, Musasa and Padare. Likewise, these organisations also send their clients to LAD for assistance. Generally, the LAD refers about 20 child cases per week for matters relating to custody and maintenance.

LAD has also partnered with organisations such as the UNDP which are helping the department to produce IEC materials for dissemination to the public

Challenges
Currently the LAD is not receiving any grants from the government. As a result, no new offices have been opened in other provinces to enable the LAD to have a nationwide reach. The amount of money generated by the contributions to the Legal Aid Fund is not enough to buy office stationery and furniture. In addition, there are no special rooms designed for legal counselling and the LAD does not have vehicles for lawyers to use in executing their duties.

Legal Aid by Non-Governmental Organisations

Zimbabwe Women Lawyers Association (ZWLA)

ZWLA is a non-governmental organisation formed by women lawyers in 1992. ZWLA's vision is to seek justice and equality for all. Its mission is to develop, defend and dialogue on women and children's rights. As an organisation, ZWLA aims for a Zimbabwean society where women are empowered and assert their rights within a justice system that treats men and women equally and that is sensitive to the needs of children.

ZWLA targets indigent women and children from all parts of Zimbabwe who are in need of legal assistance and the organisation provides free legal services for the same.

Processes and activities

ZWLA has three main programmes under its ambit. These are legal education, advocacy, and the children legal services programme. The main focus of the legal education program is to create awareness on women's rights to women and children. ZWLA disseminates legal rights information to women through conducting public education workshops, various media, brochures and pamphlets.

ZWLA's advocacy programme aims to ensure that the national laws and policies in place adequately respond to women's needs in conformity with standards set out in the various international and regional human rights frameworks.

ZWLA's children legal services programme focuses on providing legal aid assistance to children and their representatives, providing legal education on children's rights as well as lobbying and advocating for policy and legal reforms on issues that affect children. The programme also monitors the operations of the victim friendly court which mainly deals with cases of sexual violence against minor children and vulnerable witnesses or complainants who invariably are women.

Case study 7.2: Shortening of Protection Order Forms

The process of applying and completing a protection order form in Zimbabwe has been a cumbersome and prohibitive exercise for most women complainants. According to Zimbabwe Women Lawyers Association (ZWLA), the forms were bulky, repetitive and costly because of their length. This was a challenge to women facing domestic violence because they had to photocopy four sets, (costing money about $5).

Another challenge was that even ordinary women needed assistance from lawyers to complete the form. To mitigate this challenge, ZWLA and other VAW stakeholders advocated for the shortening of the protection order forms to allow for the speedy completion and a reduction of processing costs such as printing and photocopying.

ZWLA, Musasa, MWAGCD, MJLA and other organisations offering legal assistance to women VAW survivors collaborated to effect changes to the format of the protection order forms. ZWLA drafted the shorter version of the protection order form. Although the process took three years, the engagement by the various stakeholders resulted in a government gazette of the shorter version of the protection order form in November 2012 under the Statutory Instrument SI 145 of 2012. The new shortened version now consists of only 5 pages and it does not require applicants to photocopy four sets as previously done. It is hoped that the new version will be simpler to complete and economical to an ordinary woman and children seeking legal assistance.



Zimbabwe Women Lawyers Association conducting a consultation on protection orders.
Photo courtesy ZWLA

Women and Law In Southern Africa Research and Education Trust (WLSA)



WLSA is a non-governmental organisation set up in 1987 but formally registered in 1989. WLSA envisions a society where justice is equitably accessed, claimed and enjoyed by women and girls in all spheres of life. WLSA coordinates and supports evidence based interventions to promote and protect women and girl's rights through legal and policy reform and changes to discriminatory socio-cultural practices. Marginalised women and girls are the direct target group for WLSA.

WLSA programmes

All WLSA programs are implemented within the rights based approach framework. These include:

- ***Legal aid and support services:*** Under this program WLSA offers legal aid and counselling to indigent women and also drafting of court papers and court representation. Cases handled include domestic and gender based violence; maintenance; divorce; property and inheritance; guardianship; custody and access to children; labour.
- ***Action research:*** This involves conducting research on laws and policies affecting women with a view to influencing reform that is based on empirical evidence. This research forms the basis of WLSA action programs. The research takes the form of baseline surveys and three year researches on specific topics.
- ***Legal rights education and training:*** This program aims to raise awareness on laws and policies that affect women to women themselves, men, girls and boys, traditional leaders, CSOs. It also involves development of training manuals and programs for specific targets such as traditional leaders, justice delivery personnel, peer educators and community popular opinion leaders.
- ***Advocacy and communication:*** The aim of the program is to influence law reform on laws and policies that affect women and girls and to enhance information dissemination through development of IEC materials, print and electronic media and website.
- ***Institutional development:*** The aim of this program is to develop the capacity of WLSA and its partners to offer the best services it can and to be more effective in its engagements.

Case study 7.3: Bringing legal aid and services to the people through help desks and mobile legal aid

As part on initiatives to increase access to justice for women, WLSA in 2012 set up help desks at the Harare Civil Court and gradually expanded to the Norton and Chitungwiza courts. This was in realisation of the fact that most women were finding it difficult to travel to WLSA offices for advice. WLSA research on women's access to justice revealed that some women withdraw cases of violence against perpetrators as they lack knowledge of the legal system and also lack of support from family and significant others. WLSA therefore saw it prudent to bring the law to the people.

This initiative involves having WLSA officers manning help desks on specified days at the courts. The initiative was initially targeted at cases of property and inheritance rights but was expanded to include other legal cases due to demand for the service. Currently WLSA is handling cases of domestic violence; property grabbing, will writing; sexual abuse; divorce; custody and guardianship of children and maintenance. WLSA has seen an increase in the number of people who visit the help desks for advice. For domestic violence WLSA officers assist clients in completing the requisite forms.

WLSA Zimbabwe offers mobile legal aid and services to women and men in Harare (Mabvuku/Tafara); Ruwa; Epworth; Norton; Hopley and Chitungwiza on family law related cases and domestic violence. This initiative was developed after the realisation that women do not only face challenges in travelling to offices of organizations that offer legal aid and services but also that some women are hampered by perceived gender roles from seeking advice. Therefore conducting mobile legal aid and services in areas where people live ensures that those who wish to know their legal rights have an opportunity to do so. WLSA also assists women to complete domestic violence applications and demystifying the legal process so that women feel confident to take cases of abuse to the courts.

Provision of shelter services

Standard Operating Procedures (SOPs) for Safe Homes for GBV survivors in Zimbabwe

MWAGCD, Musasa and other civil society organisations developed a set of minimum standards for women's shelters in Zimbabwe. The set of standards are officially referred to as Standard Operating Procedures (SOPs) for Safe Homes for VAW survivors in Zimbabwe.

According to these standards:
"A safe house is defined as a home that provides an alternative shelter to survivors of violence. The main purpose is to keep the victim or survivor away from experiencing further harm from the perpetrator. At the same time the woman will be supported to come to terms with their experience and to initiate the legal process. A safe shelter is therefore viewed as a temporary placement necessary to allow the victims or survivors to safely return home or seek other alternatives".

The set of standards cover the regulations including registration of the shelter, admission into the shelter, service delivery standards, confidentiality, safety and security measures.

While the there is widespread acknowledgement for the need for establishment of shelters, few are in place. Also compounding the situation is the inadequacy of resources and the lack of capacity of service providers to ensure quality care. The Committee on the Convention on the Elimination of Discrimination against Women (CEDAW) recommended the strengthening the capacity of existing shelters and establishing more shelters, especially in rural and remote areas, and enhancing cooperation with NGOs providing shelter and rehabilitation to victims[35].

This research managed to get information from the Musasa Shelter in Harare, and the Mambo Safe Shelter in Gweru.

Case study 7.4: Musasa

Provision of counselling and shelter services

Musasa is a non-governmental organisation formed in May 1988 with the objective of combating VAW in Zimbabwe.

Musasa offers a wide range of services that includes, shelter and counselling to survivors of domestic violence. Musasa also provides life skills training, legal assistance, and access to basic health assistance.



Women tending the vegetable gardens at the Musasa safe shelter. *Photo courtesy of Musasa*

[35] National VAW strategy.

Access to shelter services by survivors

In 2011 alone the Musasa safe shelter handled:

- 728 cases of women who survived physical violence;
- 902 cases of women who experienced psychological or emotional violence;
- 654 cases of women who experienced economic violence;
- 96 HIV positive women were counselled;
- 48 cases of women who were raped;
- 61 cases of women who had property inheritance problems;
- 113 women received telephone counselling on various issues, and
- 74 women who were returning clients.

Challenges in provision of shelter and counselling services include that the shelter is overwhelmed with women coming with their young children fleeing domestic violence. Another challenge is that the shelter can only accommodate the mothers. This means the children have to be separated from their mothers. The limiting of clients at the shelter to just the women is meant to ensure lower cost operations.

Expanding the shelter into a one stop centre

Musasa is currently constructing a one stop centre facility with the aim of giving a comprehensive care to VAW survivors. In addition to providing shelter, legal and medical services, the centre is expected to house a police post to ensure that survivors get all the services they need under one roof.

Case study 7.5: MWAGCD Mambo Safe Shelter, Gweru

MWAGCD operates a safe shelter for women and children, survivors of VAW in Mambo, Gweru. The safe shelter has a capacity to hold 4 to 6 people.



A roadside notice for the Gweru Safe Shelter.
Photo courtesy of MWAGCD

Services provided

Counselling and food is provided by Musasa. Treatment of survivors is funded by NGOs but survivors get medical care through the public health system. Survivors are offered legal assistance by Gweru Legal Projects Centre. For justice survivors are referred to MJLA, VFUs and the courts. Occasionally when there are children who have been abused, they are taken to the Department of Social Services for help.

Statistics

Records provided by the shelter show that from January to December 2011, 19 women and 4 children sought refuge at the safe shelter. In 2012, the shelter accommodated two women and three children. The safe shelter did not accommodate any women and children for the greater part of 2012.

These figures indicate very low access to the shelter. Reasons for the low access may include accessibility and the lack of public awareness of the facility. However there is need for further exploration to barriers of access by women. There is need to raise the communities' awareness about the availability of shelter services.

Challenges

The biggest challenge facing the shelter is the shortage of food and blankets to give to the VAW survivors when they present themselves at the shelter. While the National VAW strategy alludes to provision of shelters the issue of state funding to established structures is critical if ever survivors are to access the minimum package of support.

Women's economic empowerment

The phrase "women's economic empowerment" specifically describes women's power over their own finances and financial well-being-to have a voice in the financial decisions that shape their lives and the lives of their families so that they can live the lives that they choose for themselves[36]. The benefits of financial decision-making power for women are that it puts women in positions where their voice and influence is strengthened as well as their ability to advocate for themselves and the needs of their families. Women have more power to participate together with men, in the shaping of society, and to make decisions that promote their families and their own well-being[37].

While there is limited empirical data on how and to what extent economic empowerment of women, especially in low to middle income countries influences gender-based violence, studies in South Africa[38] and Uganda[39] amongst others have shown that women's economic empowerment may positively affect gender relations and decrease women's risk to intimate partner violence.

The following case study is a local government initiative that is being implemented in Chegutu council and encourages women to participate in farming projects. Besides the advantage of generating women, women participating in the initiative have reported improvement in their relationships.

Case study 7.6: Empowering women through income generating projects in Chegutu Town council

Background

This project was borne out of community dialogue within the councillor's ward. Community members raised concerns around GBV during ward meetings. Discussions around the issues identified the underlying factors to GBV as idleness, poverty, cultural beliefs, polygamous attitudes and behaviours. Proposed solutions included economic empowerment programs to make women less dependent on their partners. The project is therefore aimed to increase women's productivity, resourcefulness and empower them socially and economically.



Women in a vegetable garden, Chegutu. *Photo by Eunice Chahwanda*

Project Activities

Currently this empowerment project involves activities such as formation of support groups with women identified mostly through church visits. The council then facilitates networking of the support groups with support systems such as the Police Public Relations Department, Women Organisations such as Zimbabwe Women Lawyers Association (ZWLA), Musasa, and Justice for Children Trust (JCT). The support

[36] Swedish International Development Cooperation Agency, "Women's Economic Empowerment: Scope for Sida's Engagement," p. 7 (Dec.30, 2009) http://www.sida.se.
[37] http://www.soroptimist.org/whitepapers/WhitePaperDocs/WPWomenAndEconomicEmpowerment.pdf
[38] http://r4d.dfid.gov.uk/Output/176730/Default.aspx
[39] http://www.actionagainsthunger.org/sites/default/files/publications/ACF_Evaluation_Report_GBV_and_Livelihoods_Northern_Uganda_final.pdf

groups are also introduced to neighbouring male and female farmers. The result is that women can get seasonal jobs. Individual women that may be smaller scale farmers are able to partner with successful farmers who then educate them on practical cropping in various crops. In some cases the farmers offer small portions of land so that support group members can plant their domestic vegetable gardens to sustain their families. Apart from the vegetable gardens and the farming contracts, women take turns to manage the groundnuts plot. Women from the support groups formed a cooperative for peanut butter making.

Impact

The results of this project includes that the support groups have enhanced available psychosocial support for survivors and increased women's agency. The project has also alleviated poverty. Women get their own income that is not governed by the traditional family system. Women and children are empowered as children can go to school well clothed. Apart from the farming project, women get independent income from the joint venture ZUVA RABUDA (Sun Has Risen) farm project

Conclusions

- The country has made great strides in localising the instruments through enacting laws such as the Domestic Violence Act, the Criminal Code, Labour Relations Act, and Administration of Estates Act. The new 2013 constitution has several provisions that respond to the advancement of women's rights.
- Despite the presence of laws and policies on VAW, several setbacks affect the country's progress towards achieving the SADC Protocol target of halving VAW by 2015. First, geographical coverage of activities by MWAGCD remain limited due to inadequate funding from the national budget.
- Although the Adult Rape Clinic is offering PEP services to survivors of sexual abuse there is still a shortage of PEP services in public hospitals as well as inadequate awareness of PEP services across the country.
- Another gap identified in this section is that data on VAW from the MOHCW, ZRP, MJLA and the LAD is not disaggregated by age or sex, and by the type of VAW. The data is also not reflective of the number of withdrawn cases by women. As such it is difficult to make inferences on the use of services by VAW survivors.
- The appointment of personnel who are directly responsible for handling domestic violence cases in courts by the judiciary is a commendable effort by government. This has resulted in speedy handling and finalisation of VAW cases by courts. It is hoped that such efforts can be sustained given that the number of domestic violence cases is increasing.
- Government legal aid assistance through the LAD is limited to Harare and Bulawayo. A significant proportion of survivors outside the two major cities who may be in need of such services are not accessing them.
- Due to lack of funding from the government, the Legal Aid Directorate is unable to expand its services to the rest of the country.
- NGOs such as Musasa, ZWLA, WLSA, and Justice for Children trust which offer legal assistance to women and children, are complimenting government efforts.
- A referral system is in place to assist clients with special legal needs to approach any of the NGOs or the LAD for assistance. Legal drafting, assistance in completing protection orders, counselling and psychosocial support and advocacy are some of the services provided by the NGOs.
- The current situation is that the safe shelters are inadequate and those provided by NGOs are overwhelmed with clients needing help.

CHAPTER 8
CO-ORDINATED STRATEGIES

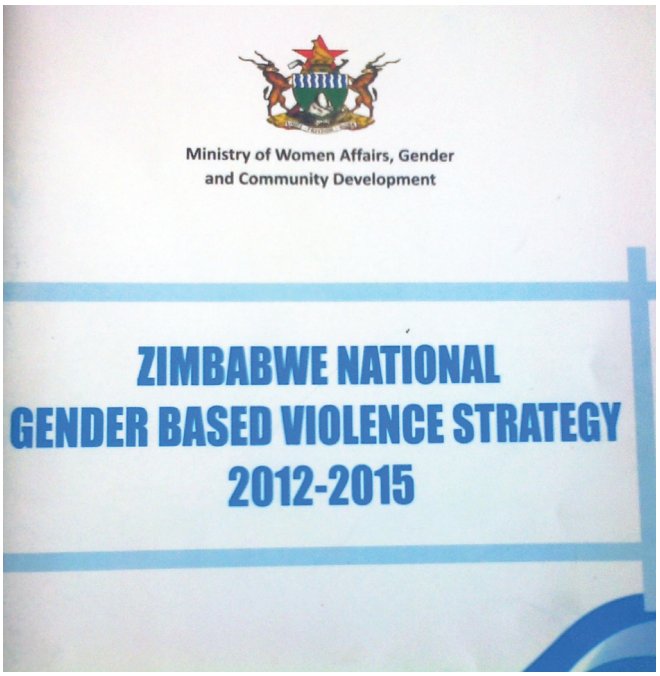


Zimbabwe and Namibia present strategies for ending gender violence at the 57th Session of the Commission on the Status of Women. *Photo by Colleen Lowe Morna*

Zimbabwe has developed a National GBV strategic framework, which forms a basis for the development of multi-sectoral policies, systems, and services, as well as community support mechanisms to prevent and respond to VAW. The multi-sectoral model entrenched in the framework outlines the collaborative and co-ordinated involvement of different VAW stakeholders including health, social services, security, legal and NGOs. A number of coordinating platforms have been initiated and established, including the Anti-Domestic Violence Council, the VAW-Sub Cluster, the Gender Forum and the Victim Friendly Initiative.

This chapter outlines integrated approaches to end VAW in Zimbabwe the National VAW Strategy 2012-2015 framework; the mandate and achievements of the Anti-Domestic Violence Council, and the move towards developing a decentralised VAW Information system.

The Zimbabwe National Gender Based Violence Strategy 2012 - 2015



MWAGCD identified the inconsistent application of service delivery to clients of GBV by service providers as a result of a lack of standardisation in GBV service provision to be a huge gap in GBV response at national level. The result of these inconsistencies was that coordination efforts remained fragmented.

MWAGCD in collaboration with different stakeholders developed Zimbabwe National Gender Based Violence Strategy 2012 - 2015. Officials drawn from government ministries, civil society organizations, donor agencies and UN agencies participated through various consultation meetings including the consultation meeting that produced the draft strategy.

The purpose of the strategy is to provide stakeholders with a framework which outlines where greater effort should be placed in order to address VAW challenges systematically. The overall goal of the strategy is to reduce all forms of VAW in Zimbabwe by 20 percent by 2015.

The strategy provides for the co-ordination of the different multi-sectoral interventions by MWAGCD. This includes:

- MWAGCD GBV Coordination Committees at provincial and district levels
- The Gender Forum which coordinates multi-sectoral stakeholders around broader gender issues including the 16 days of activism against VAW.
- The GBV Cluster which is mainly focused on coordinating the humanitarian response and hence mainly linked to humanitarian coordination structures such as the Protection cluster. It is mainly national with no linkages with lower level structures such as provinces and districts.
- The Victim Friendly Initiative (VFI) which is an initiative led by the MJLA and focuses on providing a safe environment for survivors of child abuse and witnesses. This initiative is reported to be working very well and is almost spread countrywide.

The GBV strategy is anchored around four key result areas which are, prevention; service provision; coordination; research, documentation, monitoring and evaluation.

Table 8.1: The National GBV Strategy Framework

Key Result Area	Outcomes	Output	Strategies
Prevention	Outcome 1: An enabling environment for non-tolerance of GBV through the implementation of primary level prevention interventions aimed to ensure the adoption and implementation of protective laws and policies.	Output 1.1: Increased capacity of leaders at all levels to address GBV including negative cultural and religious practices that fuel violence against women and girls. Output 1.2: Increased community awareness on rights, GBV responsive laws, mechanisms and services. Output 1.3: Increased male involvement in GBV prevention. Output 1.4: Strengthened legal framework that adequately deters perpetration of GBV. Output 1.5: Enhanced capacity for women participation in economic activities .	• Raising overall community awareness, mobilizing community based efforts, providing support for evidence-based advocacy and conducting mass media campaigns that improve knowledge, attitudes, and practices of community members. • Empowering women economically to reduce their dependence on men through income generating projects. • Training in entrepreneurship to enhance women business skills. • Facilitating access to loans and technical assistance to start self-help projects for women. • Credit facilities that increase women's access to resources for economic initiatives must be made available.
Service provision	Outcome 2: Improved utilization of comprehensive quality services for the protection, care and support of GBV survivors.	Output 2.1: Increased availability and accessibility of survivor centred GBV services. Output 2.2: Strengthened capacity of institutions responsible for the care and support of GBV survivors.	• Utilising the three models of community based referral system, coordinated multi-sectoral referral and one stop centre promoted and supported as appropriate. • Provision of PEP services around the country and raising awareness among women and girls on the availability of these services. • Building safe shelters around the country especially in rural areas • Life skills training to GBV survivors. • Providing free legal aid. • Developing sector specific standard guidelines and systems for operation, including referral systems. • Mainstreaming GBV modules into the syllabuses of legal practitioners, health workers, police and social workers.
Research, Documentation, Monitoring and Evaluation	Outcome 3: Evidence based programming and advocacy on GBV.	Output 3.1: Increased availability of evidence for GBV programming and advocacy. Output 3.2: Strengthened capacity for monitoring and evaluation among GBV actors.	• Enhancing the capacity of GBV providers and training the service providers in such areas as child abuse, counselling, referrals and case management. • Developing and conducting training programmes for multi-sectoral groups. • Carry out research on GBV and to use the research findings for advocacy and to inform programme design. • Prioritise GBV monitoring and evaluation. • Developing consistent standards across GBV stakeholders, create standard indicators, formulate qualitative methods to capture local variations and nuanced differences in contributing factors, experience, and response to GBV. Carrying out impact evaluations of past and on-going projects/programs and of successful GBV interventions to inform programming. • Emphasis will be placed on documentation of learning, trends and knowledge sharing to guarantee institutional memory. Developing an electronic database to capture data at national level.
Coordination	Outcome 4: Integrated systems and institutional frameworks to address GBV at all levels.	Output 4.1 Increased participation of stakeholders in national GBV prevention and response. Output 4.2: A functional and effective Anti-Domestic Violence Council by 2013.	• Developing a strong national GBV coordinating body. • Enhancing the capacity of other GBV related coordinating structures or bodies with the aim of achieving the national priorities outlined in the strategy document. The multi-sectoral model calls for the involvement of different sectors working together in a coordinated way. • Creating synergies among stakeholders through collaborative engagement. • Strengthening the capacity of MWAGCD to lead the coordination of the GBV Strategy. • Strengthening the operations of other GBV-related structures so that they can contribute to the achievement of national GBV priorities outlined in the GBV strategy. • Developing a GBV funding mechanism to finance the operationalisation of the GBV strategy.

Source: Adapted from the National GBV Strategy 2012-2015.

The Anti-Domestic Violence Council (ADVC)

The ADVC was appointed in terms of Section 16 of the DVA with a mandate to oversee the operationalisation of the DVA. The members of the council are drawn from government ministries which are the Ministries of Justice, Women Affairs, Police, Social Welfare, Health, and Education. Other members are civil society engaged in the welfare of children and women's rights. These include, Women's Action Group (WAG), Musasa, Padare, Women and Law in Southern Africa (WLSA) and Justice for Children Trust. The council of Chiefs is also represented in the composition of the ADVC

The core functions of the ADVC include;

- To constantly review GBV problems in Zimbabwe;
- Promoting research on GBV;
- Disseminating information and promoting public awareness of domestic violence issues;
- To promote the provision of services necessary to deal with VAW. This includes promoting the establishment of safe houses and shelters for VAW survivors;
- Promoting support services for the survivors in case of imprisonment of the perpetrator; and
- To monitor the application and enforcement of the Domestic Violence Act and any other law relevant to issues of domestic violence.
- Ensure that the SOPs are set and rolled out to partners by 2015.
- Develop guidelines to guide service providers on the minimum package of services that should be availed to VAW survivors.
- work with other partner organisations to review the VAW service models that have already been done like the one stop centre approach in Makoni District, and the coordinated multi-sectoral model in Mberengwa and Mudzi Districts.

The Anti-Domestic Violence Strategic Plan 2012-2015

There is need for the survivors of domestic violence to readily access services from service providers such as the police, the courts, health and other organisations that help VAW survivors. Provision of such services should be done uniformly and in accordance with Standard Operating Procedures (SOPs) set.

In order to roll out its plans, the ADVC developed a second strategic plan to guide its operations from 2012 to 2015. The overall goal of the strategic plan is to reduce incidences of domestic violence through coordinated multi-sectoral interventions. The specific key result areas are to:

- Coordinate the provision of services to deal with acts of domestic violence;
- Monitor the implementation of the domestic violence act;
- Promotion of research, documentation and information dissemination regarding domestic violence; and
- Resource mobilisation.

It has been documented by both MWAGCD and the ADVC that knowledge of the domestic violence act is low among the general populace of Zimbabwe. Such a scenario makes it difficult for domestic violence programmes and activities to be fully appreciated by the VAW survivors and perpetrators. The ADVC has plans to produce two annual fact sheets on DV Indicators by 2013. Two major researches are on the cards and should be rolled out by 2015. These are intended to provide baseline information and also to evaluate progress made in reducing VAW. One of the major tasks of the ADVC is to track the implementation of the Domestic Violence Act. This is being achieved through the:

- Development of data gathering tools which are useful to check incidences and trends of domestic violence throughout the country.
- Development of a directory of service providers and other VAW stakeholders in VAW issues will be set up.
- Measures to ensure a fully operational and functional council is in place by end of year 2013.

Strengths of the ADVC in implementing the 2012-2015 strategic plan

The ADVC is composed of a pool of experts in various domains who work in various government ministries and civil society organisations. The ADVC relies on these experts to implement the strategic plan. The MWAGCD also provides tremendous support to the ADVC, while donor support is expected to continue to support DV activities.

Case study: GBV Service Providers Fair

The Anti-Domestic Violence Council (ADVC) and MWAGCD organised a three day GBV Fair from 23-25 November 2012. This initiative by the ADVC is a first of its kind in the history of the country's fight to end GBV.

Objectives
Guided by the theme, "From Peace in the Home to Peace in the Community", the purpose of the GBV Fair was to provide a platform for close interaction between communities and GBV service providers; present an opportunity for partners to co-operate and share notes on the successes and failures of past and current interventions to end GBV and inform the public on where to access multi sectoral services on domestic violence (legal support, counselling services, safe sheltering, and GBV education).

Service Provision
A total of 42 organisations participated at the fair which was held at the Africa Unity Square gardens in Harare. Services offered during the fair included counselling, legal advice and services that included will writing, administration of estates, inheritance, filling of protection orders, maintenance claims and birth registrations, health advice on emergency contraceptives, family planning, HIV testing, male circumcision, public education on children's rights and referrals to other service providers. Women empowerment projects were also showcased during the GBV fair, these included enlightening women on the opportunities in trade, microfinance, small businesses like selling product and wares, opportunities in mining, agriculture and manufacturing. The Fair attracted over 5000 visitors, with an average of 50 visitors per day per organisation. About 15000 IEC materials were distributed, over 100 people drafted wills while over 20 protection orders were drafted.

Public dialogue
One of the huge successes of the GBV Fair was its ability to provide an opportunity for policy makers, traditional leaders, directors of civil organisations, the Judicial Service Commission, and the Zimbabwe Republic Police to come together and share notes, experiences, and to map the way forward on ending GBV. The chiefs reiterated that traditional leaders condemn GBV and the courts have jurisdiction to preside over some civil cases like domestic disputes whereupon they may even impose a penalty on the perpetrator.

Public launches
At the same event, the Ministry took the opportunity to:
- Officially launch the 16-365 days of Activism against GBV running under the theme;
- Launch the National GBV strategy 2012-2015; and
- Launch the Standard Operating Procedures for Safe Shelters in Zimbabwe.



Impact
The fair increased knowledge and awareness on GBV and domestic violence among men, women, children, professionals from civil society, civil servants, uniformed forces, and parishioners who were part of the visitors. It also led to strengthened coordinated efforts amongst GBV service providers and an improved referral pathway to ensure victims promptly access to GBV services.

Next steps
The Anti-Domestic Violence Council plans to cascade the GBV Fair to other provinces, districts, and townships in the country and prioritise GBV as a national issue not just an economic issue is important.

The UN Gender Theme Group

The UN Gender Theme Group (GTG) established at national level are joint and co-ordinated structures that ensure that each of the UN organizations who form part of the UN Country Team (UNCT) brings its comparative advantage in advancing gender equality and women's human rights. The GTG is also a means of ensuring the alignment with national development goals and that commitments already made to gender equality - national plans of action, gender equality laws, CEDAW form part of mainstream policy frameworks. The GTG contributes to the UNCT efforts to improve the national statistical base and capacity in support of gender equality.

The UN Gender Theme Group (GTG) was established to provide an oversight role in mainstreaming gender in the implementation of the Zimbabwe United Nations Development Framework (ZUNDAF). The 2012-2015 ZUNDAF is the UN's strategic programme framework which has been developed in collaboration with the Government of Zimbabwe with the participation of donors and civil society organisations.

Within this framework MWAGCD in close collaboration with MJLA and MHA coordinate and monitor training, education and community mobilization programmes being run by NGOs, CBOs and other partners. MWAGCD also coordinates mechanisms for ensuring availability of data on GBV and state party reporting to international and regional bodies on GBV and status of women. MWAGCD, MLPSC, MOF, MHA, MJLPA, MOHCW ensure the provision of shelter, medical care, legal aid and psychosocial support. NGOs are contributing through shelter, legal aid and psychosocial support, legal services and sharing best practices.

The GBV Information System (GBVIS)

The GBVIS is a form of data collection system which MWAGCD is adopting through its VAW strategic framework 2012-2015. The objective of the GBVIS will be to develop a comprehensive tracking system to collect, capture, analyse and share information on VAW in Zimbabwe.

The electronic database will be based at district level and all implementing partners will be required to submit data. Sources of information for the system include line ministries, NGOs and CBOs. Coordination forums set up at district and provincial levels have the responsibility to ensure that all activities conducted in a given district are recorded and counted. After consolidation of the data at district level, the district offices will send the data to the provincial and national levels[40].

The GBVIS is premised on the need to have proper monitoring and evaluation as well as coordinated research activities. It is also intended that the VAWIS will align indicators from partners with outcome results or national priorities articulated in VAW strategies developed by MWAGCD. (GBV Strategy 2012-2015). Subsequently capacity building programmes will be conducted to enable the system to be used by all partners.

Conclusion

The ADVC is the multi-sectoral machinery tasked with implementing the DVA. The Council reviewed its strategic framework in order to align its purpose to the prevailing and new VAW challenges in the country. The ADVC has put several initiatives in place in order to end domestic violence. Some of the initiatives include resource mobilisation, research and documentation, and information dissemination on domestic violence. Despite the lack of funding from government the council has engaged the donor community so that it can execute its mandate more effectively.

Plans are under way to develop a comprehensive GBVIS which will help various actors and stakeholders to access information on GBV in the country. This will be a shift from the current scenario where VAW activities lack coordination. This report can be used as a baseline to set targets, indicators, time frame and a strong monitoring and evaluation framework.

[40] National VAW strategy.

CHAPTER 9
CONCLUSIONS AND RECOMMENDATIONS



Ministry of Women Affairs Gender and Community Development officers during the 4Ps Campaign, Chimanimani, Zimbabwe. *Photo courtesy of MWAGCD*

Extent

Conclusions

Key emerging findings of this research include that

- Zimbabwe has high prevalence of IPV both in lifetime and the 12 months before the survey, with emotional IPV, being the most common form of VAW.
- Disaggregating the prevalence of the different forms of VAW by province shows that VAW dynamics are not homogenous throughout the country. Hot spots for VAW were identified through zoning of the provinces by the prevalence reported. Mashonaland Central has particularly high prevalence of IPV both in lifetime and in the 12 months before the survey.
- There is remarkable underreporting of VAW as indicated by the fact that the majority of women who experienced physical IPV or rape by a non-partner did not report this to the police or health care facilities.
- However a discrepancy identified is the differential reporting of violence with women being more ready to disclose IPV experience compared to the rate of disclosure of perpetration by men.

We recommend the following:

- Provincial statistics from this report should be used to gauge the levels of VAW across the country and inform programmes.
- To curb further escalation of VAW in hotspots like Mashonaland Central which has shown consistently higher levels of violence there is need to accelerate interventions to curb abuse within intimate relationships. In addition, future research is needed to establish the motivating factors that fuel flagrant violations of women's rights in the province.
- Prevention efforts at national and provincial level need to be accelerated and particularly provide interventions to curb abuse within intimate relationships.
- Provision of psychosocial support should be made a priority in responding to VAW. More resources should be allocated towards a health sector response that places mental health services at the centre.
- Further research is necessary to understand the underreporting of VAW in Zimbabwe. Service providers including police and health facilities need to improve on victim-friendly service delivery.
- VAW campaigns need to empower women and encourage them to speak out and seek help.
- It is necessary for future research to probe why women in Zimbabwe were more likely to report IPV experience while men were more likely to report non-partner rape.

Patterns and drivers

Conclusions

- Age, education and employment status are socio-demographic associated with IPV experience and perpetration. Child abuse experience and alcohol consumption by men increases risk of adult IPV perpetration.
- VAW is driven by conservative attitudes by women and men towards gender relations. Both women and men express acceptances of gender equality in the public but do not conform to this equality in the home. Gender attitudes of men and women are predominantly conservative and what is glaring is that not only are men confirming these, women are also strongly reinstating attitudes that are repressive to their rights and freedom.
- VAW does not currently feature dominantly in public discourse. The absence from discourse in turn implies it is not on the political agenda as a social need that requires to be addressed first and foremost at the level of leadership.
- Politicians do not address VAW holistically in their discourse. Missing from the discourse are the key forms of emotional and economic violence. There is a general lack of depth on VAW response and support. There is little reference to support for VAW survivors, legislative or political responses and advocacy. There is little reference to the effects of VAW on women's health. Only four of all speeches make the link between VAW and HIV.

We recommend the following:

- VAW prevention campaigns need to take into consideration the identified risk groups and target these. In particular, work-place based initiatives will go a long way in targeting the employed men who are more likely to be perpetrators.

- Violence against women can be a reflection of male chauvinism in the society. The government can start by streamlining the education curriculum from primary level to include the teaching of positive gender attitudes that can promote a culture that does not tolerate violence against women.
- It is time for the Zimbabwean government to consider prioritising VAW as a matter of national security. This calls for high level involvement by government and allocation of budgets to address VAW over and above the political will expressed to ensure gender justice and equality.
- Given the findings reported in chapter three that show that emotional and economic IPV are most predominant in the past 12 months, politicians ought to address these more in discourse. Politicians also need to refer to the underlying causes and effects of VAW.

Effects

Conclusions
- Women survivors of VAW in Zimbabwe suffer a range of effects including physical injury, hospitalisation, loss of days from work, STI symptoms, economic hardships, stigmatisation, unplanned pregnancies out-of pocket expenses and larger societal costs.
- VAW also has intergenerational effects because children in abusive homes are negatively affected.
- Social stigmatisation for women survivors and fear of family fragmentation hampers them from leaving abusive relationships.

We recommend the following:
- Health systems strengthening to respond to VAW is essential. Health practitioners need to be trained to provide victim friendly services to survivors. Inclusion of the health sector in the VAW referral system should be mandatory.
- Programmes should prioritise child rehabilitation programs as a form of VAW prevention strategy. There is need for the introduction of school based VAW prevention initiatives.
- Campaigns should aim to change conservative attitudes towards gender relations and should encourage communities to be more supportive to VAW survivors.

Protection

Conclusions
- Shelter services in Zimbabwe are not proportionate to the need by VAW survivors.
- Both women and men are relatively aware of the DVA and provisions for protection orders.
- Administrative data falls short in depicting the true extent of VAW within the Zimbabwe community.

We recommend the following:
- Government should allocate more resources to existing shelters and for the establishment of new shelters.
- Public awareness campaigns should aim to sensitise communities about the DVA and VAW related laws.
- The Zimbabwean government should adopt the VAW Indicators and commit to allocating resources for periodic VAW studies and dedicated surveys

Prevention

Conclusions
- Women and men are relatively unaware of the VAW campaigns. The main source of information about VAW campaigns are from community meetings. Outreach of campaigns has been limited and often excludes the rural residents.
- While the majority of women and men find the campaigns empowering, a greater proportion of men compared to women feel indifferent about the campaigns.

We recommend the following:
- There is need for greater outreach efforts in VAW campaigns especially the 4Ps campaign which promotes equal access to campaign information between women and men. Rural, urban and informal communities should be reached. Also critical is the reach to the youth who in this study were shown to be higher risk groups.
- Co-ordinators of campaigns need to develop strategies that centre on community mobilisation and use of the electronic media. The print media needs to improve on covering campaigns.
- There is need to engage the employed through work based initiatives because often they do not

participate in the community events because these are held when they should be reporting for duty.
- There is need for more concerted effort to change attitudes of men in general but also to make them more receptive of campaigns and campaign messages.

Integrated approaches

Conclusions
MWAGCD has successfully launched the National GBV Strategy and is currently disseminating it to the different districts across the country. Challenges in VAW prevention programming include the fact that MWAGCD does not have adequate resources to fully discharge its duties. Plans are under way to develop a comprehensive GBVIS which will help various actors and stakeholders to access information on VAW in the country.

Recommendations
MWAGCD and ADVC should consider adopting the VAW Indicators and using the results from this research as a baseline to set targets, indicators, time frame and a strong monitoring and evaluation framework for the National GBV Strategy. More concerted efforts are required to mobilise funds through lobbying for budgetary allocations to ensure the implementation of both the National GBV Strategy and the ADVC Strategic Plan.

Annex 1: Actual numbers and proportions describing sample				
Characteristic	Women		Men	
	Number	%	Number	%
Province				
HARARE	526	15.8	342	10.5
MANICALAND	493	14.8	532	16.3
MIDLANDS	438	13.2	529	16.2
MASVINGO	367	11.0	404	12.3
MASHONALAND WEST	325	9.8	457	14.0
MASHONALAND CENTRAL	319	9.6	256	7.8
MASHONALAND EAST	292	8.8	151	4.6
MATEBELELAND NORTH	202	6.1	206	6.3
MATEBELELAND SOUTH	194	5.8	195	6.0
BULAWAYO	170	5.1	202	6.2
Total	3326	100	3274	100
Age				
18-20	357	10.8	348	10.6
21-24	398	12.0	437	13.4
25-29	618	18.6	525	16.0
30-34	547	16.5	476	14.5
35-39	382	11.5	421	12.9
40-44	249	7.5	285	8.7
45 -49	198	6.0	182	5.6
50 - 54	183	5.5	139	4.2
55 or older	388	11.7	460	14.1
Total	3320	100	3273	100
Highest standard of education completed				
No schooling	274	8.2	157	4.8
Primary school incomplete	449	13.5	305	9.3
Primary school complete (grade7/std5)	940	28.3	717	21.9
O Level	1380	41.6	1688	51.6
A Level	104	3.1	216	6.6
Further degree/Qualification incomplete	70	2.1	146	4.5
Further degree/Qualification complete	104	3.1	40	1.2
Total	3321	100	3269	100
RELIGION				
Traditional	162	4.9	691	21.2
Moslem	40	1.2	26	0.8
Roman Catholic	408	12.3	452	13.8
Protestant	669	20.2	489	15.0
Pentecostal	1001	30.2	647	19.8
Apostolic sect	626	18.9	372	11.4
Other Church	281	8.5	268	8.2
None	125	3.7	320	9.8
Total	3312	100	3265	100

Characteristic	Women		Men	
	Number	%	Number	%
Nationality				
Zimbabwe	3257	98.1	3226	98.6
Southern	60	1.8	36	1.1
African	4	0.1	7	0.2
Other	0	0	2	0.06
Total	3321	100	3271	100
Worked to earn money in last 12 months				
No	2556	77.0	1923	59.2
Yes	765	23.0	1324	40.8
Total	3321	100	3247	100
Have you ever had sex				
No	289	8.9	335	10.5
Yes	2974	91.1	2869	89.5
Total	3263	100	3204	100
Age at sexual debut				
12 and younger	19	0.7	37	1.3
13	19	0.7	30	1.1
14	45	1.5	38	1.4
15	141	4.8	117	4.2
16	242	8.3	253	9.0
17	245	8.4	172	6.1
18	406	13.9	297	10.6
19	498	17.1	385	13.7
20 and over	1304	44.7	1474	52.6
Total	2919	100	2803	100
Ever in an intimate relationship				
No	245	7.4	436	13.3
Yes	3081	92.6	2838	86.7
Total	3326	100	3274	100
Currently in an intimate relationship				
No	780	24.1	620	19.4
Yes	2459	75.9	2580	80.6
Total	3239	100	3200	100
Currently living with intimate partner				
No	504	20.5	628	24.3
Yes	1955	79.5	1952	75.7
Total	2459	100	2580	100

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GBV AND THE SADC PROTOCOL ON GENDER AND DEVELOPMENT

Response and support

The SADC Protocol provides that by 2015 state parties shall:

- 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 assault;
- 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 human trafficking and provide holistic services to the victims, with the aim of re-integrating them into society;
- 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

- The Protocol provides for measures, including legislation, to discourage traditional and cultural practices that exacerbate gender-based violence and to mount public campaigns against these.

Integrated approaches

- The SADC Protocol on Gender and Development calls on states to adopt integrated approaches, including institutional cross sector structures.

The ultimate goal….

- To reduce current levels of gender-based violence by 2015.













"Our country, like others in the SADC region, has high levels of VAW that cannot be ignored. Two in every three (68%) women reported experiencing some form of gender violence during their lifetime: over a quarter (26%) within the last 12 months before the survey. Striking from these findings is the fact that women are most vulnerable in their homes and private life hence the need for driving home the point that "Peace should begin at home."

As a country, we have made achievements in the work around prevention and the roll-out of the 4Ps programme premised on the four pillars of Protection, Programmes, Participation and Prevention. The 4Ps program has succeeded in mobilising communities towards zero tolerance to VAW.

A success recorded in the study is the decentralisation of our response from national to district and local level. The work of local government in gender mainstreaming and developing action plans to end VAW is critical. The study highlights good practices of local councils and communities tackling VAW head on. Winning the fight against VAW, community by community will lead to the success we seek at national level.

However, much remains to be done in mobilising communities and changing behaviour through tackling societal norms around gender relations."

Oppah Muchinguri
Minister of Women Affairs, Gender and Community Development

www.women.gov.zw
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