The Gender-Based Violence Indicators Study Lesotho



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The Gender-Based Violence (GBV) Indicators Project is a regional research study aimed at testing tools to measure and monitor the extent, effect, cost of, and efforts to end violence against women (VAW) in light of the SADC Protocol on Gender and Development's target to halve levels of GBV by 2015. This is a report of a study conducted in Lesotho in 2013.

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Acronyms

ABC	All Basotho Convention
AGC	Africa Gender Centre
AIDS	Acquired Immune Deficiency Syndrome
ALET	Association of Lesotho Theologians
BOS	Bureau of Statistics
CBO	Community-based organisation
CEDAW	Convention for the Elimination of Discrimination Against Women
CEO	Chief Executive Officer
CGPU	Child and Gender Protection Unit
COE	Centres of Excellence
CSO	Civil Society Organisation
DC	Democratic Congress
DFID	Department for International Development
DPE	Development for Peace Education
DV	Domestic violence
DVA	Domestic Violence Act
DVAW	Domestic violence against women
EA	Enumeration area
FBO	Faith-based organisations
FGD	Focus group discussion
FLAG	Fight like a Girl
FYFSDAA	Face Your Fear Self Defence Academy Association
GBV	Gender-based violence
GCIS	Government Communication and Information System
GYSR	Gender and Youth, Sports and Recreation
GEMSA	Gender and Media Southern Africa Network
GL	Gender Links
GMPS	Gender and Media Progress Study
HIV	Human immunodeficiency virus
IPV	Intimate partner violence
LCBC	Lesotho Catholic Bishops Conference
LCD	Lesotho Congress for Democracy
LENA	Lesotho News Agency
LENEPHWA	Lesotho Network of People Living with HIV and AIDS
LMPS	Lesotho Mounted Police Service
MAWA	Media and Arts Watch Association
MGYSR	Ministry of Gender and Youth, Sport and Recreation
MOH	Ministry of Health
MRC	Medical Research Council of South Africa
NAP	National Action Plan to End Violence Against Women and Children
NGO	Non-governmental organisation
OPD	Outpatients department
OVC	Orphans and vulnerable children
PB	Phelisanang Bophelong
PDA	Personal digital assistant
PE	Peer educator
PEP	Post-exposure prophylaxis
PO	Protection order
PSU	Primary sampling unit
PTSD	Post-traumatic stress disorder
SADC	Southern African Development Community
SHARP!	Sexual Health and Rights Promotion
SOA	Sexual Offences Act
STI	Sexually transmitted infection
SWAALES	Society for Women Against Aids in Lesotho
TFD	Theatre for development
UN	United Nations
UNDP	United Nations Development Programme
UNECA	United Nations Economic Commission for Africa
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UN WOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
VAW	Violence against women
WHO	World Health Organisation
WLSA	Women and Law in Southern Africa Research and Education Trust
YWCA	Young Women's Christian Association

The Management and Research Team



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Foreword



Honourable Minister Maseribane Minister of Gender and Youth, Sport and Recreation.
Photo: Ministry of GYSR

The high levels of gender violence in Lesotho should be a cause for concern for everyone in the country. With 86% of surveyed women reporting experience of GBV in their lifetime, and 41% of men affirming they have committed GBV, this should be treated as a national crisis. Saddening, is the fact that much of this violence occurs in the home - a place where women should feel safest. The problem is fuelled by the culture of silence and stigmatisation associated with the scourge. Sixty-nine percent of women revealed that they have been violated by their partners, while 41% of men confirm this. This underscores the need to go back to the drawing board and devise strategies to effectively deal with various factors running deep within our socialisation. Now is the time for political leadership. Without a dedicated goal for eliminating gender violence, it is likely that funding commitments of the international community, donors and civil society will be downgraded.

While we commend advances and commitments made by government and civil society to respond to this scourge, a number of challenges still affect the implementation of proposed policies and interventions. This is compounded by a lack of reliable knowledge and the absence of appropriate resources. The first critical step is to recognise GBV as a human rights violation and a crime, by adopting the Domestic Violence Act. This will enable us to implement comprehensive measures to address and prevent violence against women and girls. As Ministry of Gender and Youth, Sport and Recreation, we are committed to realising the freedom of women and girls in all spheres. We believe in investing in comprehensive measures to prevent violence from occurring, and from recurring, by working with local grassroots organisations, civil society, and key stakeholders in the community, including men and boys.

Another area that needs strengthening is adequate assistance and protection for women victims of violence, by increasing the capacity of domestic violence shelters and crisis centres, especially in rural and remote areas, and by enhancing cooperation with NGOs that provide shelter and rehabilitation for victims. The country has done well by establishing the Lapeng Centre, however, it needs to be upgraded to operate as a proper one-stop centre with all the resources needed by victims of violence. This model would then need to be cascaded to other districts.

Equally important is the collection of statistical data on domestic and sexual violence disaggregated by sex, age, district and relationship between victim and perpetrator; this ground-breaking report could not have come at a better time with the world looking to adopt a new development framework of Sustainable Development Goals to succeed the Millennium Development Goals. The coming year presents a checkpoint for integrated approaches in tackling the world's challenges - particularly GBV, which remains one of the biggest barriers to gender equality. Realising that no single entity can end GBV on its own, we need, as a country, to strengthen our multisectoral approach to GBV. While various organisations and government departments are working in their own small arenas, there is need to bring our efforts together in an integrated approach. Learning best practices from our neighbours is key.

Informed by this research, now is the time to strengthen all efforts to address GBV; now is the time to strengthen the post-2015 agenda as far as the elimination of GBV is concerned. With less than a year to the SADC Gender Protocol deadline, the government of Lesotho needs to seize this moment and adopt this study as a monitoring and evaluation tool. I would like to commend Gender Links and partners for their great work. Now that the baseline has been established, it is the moment to reinforce not only the National Action Plan to end GBV, but local action plans as well. *2015, yes we must!*

Executive Summary

Lesotho has made considerable strides in an effort to attain gender equity and equality. It is signatory to, and has ratified, the SADC Protocol on Gender and Development adopted by Heads of State in August 2008. Lesotho enacted the Sexual Offences Act (SOA) in 2003. A major lack in addressing VAW in Lesotho has been the absence of domestic violence legislation. Despite commendable efforts, women still experience violence perpetrated by men in both their private and public lives.

Eighty-six percent of women experienced some form of VAW at least once in their lifetime, including partner and non-partner violence. Forty percent of men perpetrated VAW at least once in their lifetime. VAW is predominantly perpetrated within intimate relationships. Sixty-two percent of women experienced, while 37% of men perpetrated, intimate partner violence (IPV).

The forms of violence experienced include physical, sexual, psychological and economical abuse. The predominant form of violence within intimate relationships is emotional violence, which includes insults, belittling and verbal abuse. More than half (52%) of women experienced, and 27% of men perpetrated, emotional IPV in their lifetime. Women also reported physical IPV (40%), economic IPV (30%) and sexual IPV (24%). For all forms of violence, a lower proportion of men admitted to perpetration: emotional IPV (27%), physical IPV (26%), economic IPV (13%) and sexual IPV (10%).

The findings also show that violence is highly prevalent in current relationships. Twenty-eight percent of women experienced, while 12% of men perpetrated, IPV in the 12 months prior to the survey. These findings confirm that violence in intimate relationships is rife in Lesotho.

Women also reported experience of other forms of GBV, including non-partner rape, sexual harassment and abuse during pregnancy. Eight percent of women were raped by a non-partner in their lifetime. Sixty-three percent of women who had ever worked, had been sexually harassed in the workplace.

Despite such high levels of VAW in the country, the majority of victims do not report violence to police, seek medical attention or legal recourse. Only 4% of those who were ever partnered and physically abused sought medical attention. Similarly, only 6% reported abuse to the police. This underreporting shows that violence is still seen as a private matter, an issue that will be explained in further detail in this report. Establishing the barriers to effective reporting of abuse is a vital step towards the elimination of violence.

Barriers to reporting violence have been located at individual level as well as within community spheres, where violence is normalised and societal mores remain patriarchal. Of the 66 women who sought medical attention after being injured, 42 women did not disclose the cause of their injuries. Almost a quarter (10) did not disclose the cause of their injuries because they were scared of their partners. Nine women felt it was a private issue that could not be discussed with strangers, eight were ashamed and six women said the service provider did not ask about the cause of injuries. The responses by police to victims of violence can also discourage the latter to report abuse. In more than three quarters of cases reported, the police tried to make peace between the victim and the husband, who was the perpetrator. Only 5% of women had the police open a docket for them. Forty-one percent of men and 26% of women agreed that a man could use violence as punishment to a wife for wrongdoing.

Survivors of rape face stigmatisation: 39% of men and 40% of women said rape survivors could be seen as responsible because they may have been promiscuous. Twenty-three percent of men and 17% of women blamed the rape survivor for the rape. In addition to the negative community responses to victims of domestic violence and rape, other barriers were identified as impeding efforts to respond to, as well as prevent, VAW.

The above feedback constitutes some of the key findings from the GBV study conducted by Gender Links in Lesotho in 2013. The study combined quantitative and qualitative methods to better understand the extent, effects, responses and prevention of VAW within the Lesotho context. GL conducted a cross-sectional prevalence and attitudes household survey in 2013. Researchers collected administrative data from criminal justice systems. They gathered qualitative data through firsthand accounts of women's experiences, and men's perpetration, of GBV. They also collected data from media monitoring exercises, political speeches and discourse analysis. This study presents the main findings in five categories: extent of GBV, patterns and drivers, effects, support, and prevention of VAW.

Extent of GBV

Table 1: Extent of GBV in Lesotho

Criteria	Prevalence of GBV in the survey			
	Women's experience in a lifetime (%)	Men's perpetration in a lifetime (%)	Women's experience in the past year (%)	Men's perpetration in the past year (%)
Prevalence of GBV	86	40	-	-
Prevalence of IPV	62	37	28	12
Prevalence of emotional IPV	52	27	20	8
Prevalence of physical IPV	40	26	12	5
Prevalence of economic violence	30	13	18	5
Prevalence of sexual violence	24	10	10	4
Prevalence of non-partner rape	8	16		
Prevalence of attempted rape	8	4	3	2
Prevalence of abuse in pregnancy	14	-	-	-
Prevalence of sexual harassment	63	-	-	-
Prevalence of sexual harassment at school	58	-	-	-
Prevalence of sexual harassment at work	63	-	-	-

Table 1 shows:

Lifetime prevalence

- Eighty-six percent of women experienced some form of VAW at least once in their lifetime compared to 40% of men who perpetrated VAW at least once in their lifetime;
- Sixty-two percent of women experienced, while 37% of men perpetrated, IPV.
- Over half (52%) of women experienced, while more than a quarter (27%) of men perpetrated, emotional IPV in their lifetime;
- Forty percent of women experienced, while a quarter of men perpetrated, physical IPV in their lifetime;
- Lesotho ranked third highest out of six countries in experience of IPV

- Nearly a quarter (24%) of the women experienced, and 10% of men perpetrated, sexual IPV in their lifetime;
- Almost one third of women experienced, and 13% of men perpetrated, economic IPV in their lifetime;
- Eight percent of women were raped by a non-partner in their lifetime;
- Sixty-three percent of women who ever worked had been sexually harassed in the workplace.

Past 12 months prevalence

- Twenty-eight percent of women experienced, while 12% of men perpetrated, intimate partner violence in the 12 months prior to the survey;
- Twenty percent of women experienced, and 8% of men perpetrated, emotional IPV in the 12 months prior to the survey;
- Eighteen percent of women experienced, and 5% of men perpetrated, economic IPV in the 12 months prior to the survey;
- Twelve percent of women experienced, and 5% of men perpetrated, physical IPV in the 12 months prior to the survey.

Patterns and drivers of GBV

This study used the ecological framework (Heise, 1998) to illustrate risk factors of experience and perpetration of IPV; it explored individual, community and societal factors associated with experience, and perpetration, of VAW.

Individual factors

Table 2: Sociodemographic 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	56.0.0	0.001	32.9	0.054	36.5	0.000	11.7	0.020
30-44	65.4		40.0		33.6		15.3	
45+	64.2		37.6		17.1		9.6	
Level of education								
High school incomplete and lower	64.5	0.000	37.1	0.328	28.2.0	0.762	12.4	0.598
High school complete and over	50.3		32.8		26.6		10.2	
Worked in past 12 months								
No	63.2	0.089	36.0	0.193	26.5	0.281	11.4	0.184
Yes	58.6		39.5		23.8		13.7	

**The chi-square test is a statistical test used to examine differences with categorical variables. (Columbia Education)*

Table 2 shows:

Age

- Experience of IPV in a lifetime increased with age although it decreased among women aged 45 years and older;
- In lifetime experiences, nearly seven out of ten (65%) of women aged 30-44 years and 64% of women aged 45 years and older, survived IPV. Women aged 30-44 years had the highest likelihood of experiencing IPV in their lifetime;
- There is a significant difference in perpetration of IPV among men, with the highest proportion of perpetration being among young men aged 18-29

years, and the least among older men who are 45 years and in the past 12 months.

Level of education

- Sixty-five percent of the women who did not complete high school experienced IPV in their lifetime while half of the women who completed high school experienced IPV;
- There was no statistical difference in IPV perpetration according to level of education by men in lifetime or in the 12 months prior to the survey.

Employment status

Employment status during a lifetime or in the 12 months prior to the survey made no significant difference to the proportions of women who experienced, and men who perpetrated, IPV. Employment is an indicator of economic empowerment in women, and studies have documented conflicting evidence on how employment status influences the risk of IPV.

Childhood abuse

The majority of women and men who took part in the study had experienced abuse as children. Eight of every ten women (84%) and 90% of men experienced physical abuse in childhood. The study explored whether experience of childhood abuse was associated with IPV perpetration by men.

Table 3: Childhood abuse as a risk factor of perpetration of IPV

Factors	IPV		Non-partner rape	
	% men perpetrating	Chi(p)	% men perpetrating	Chi(p)
Childhood physical abuse				
No	26	0.005	15	0.684
Yes	39		16	
Childhood sexual abuse				
No	32	0.000	10	0.000
Yes	54		35	
Childhood neglect				
No	32	0.011	13	0.021
Yes	39		17	

Table 3 shows:

- Childhood physical abuse and childhood neglect can be linked to perpetration of IPV;
- There is a statistically significant difference in perpetration of IPV between survivors of childhood physical abuse and non-survivors. More than a third (39%) of men who had been physically abused as children reported perpetrating IPV whereas 26% of men who did not experience physical abuse committed IPV;
- A higher proportion of men who had been victims of childhood neglect (39%) committed IPV compared to those who had not been victims (32%);
- Seventeen percent of survivors of childhood neglect perpetrated non-partner rape while 13% of non survivors of childhood neglect admitted the same offense;
- Thirty-five percent of male survivors of childhood sexual abuse committed non-partner rape whereas 10% percent of non-survivors of childhood sexual abuse committed non-partner rape.

Alcohol and drug use

Alcohol and drug use was associated with IPV perpetration in the 12 months preceding the survey.

A significantly higher proportion of men who drank alcohol (16%) perpetrated IPV compared to men who did not drink (9%). Twelve percent of male drug users and 14% of non drug users committed IPV during the 12 months prior to the survey.

Community factors

Relationship factors

Generally, attitudes that support male dominance and patriarchy triggered and perpetuated violence against women.

Table 4: Personal gender attitudes

	Women strongly agree %	Men strongly agree %
Gender relations		
I think a woman should obey her husband	97	96
I think people should be treated the same whether they are male or female	70	70
I think this a man should have the final say in all family matters	73	67
I think a woman needs her husband's permission to do paid work.	81	83
I think that there is nothing a woman can do if her husband wants to have girlfriends	15	18
Sexual entitlement		
I think it is possible for a woman to be raped by her husband	45	44
I think that if a man has paid lobola for his wife, he owns her	42	45
I think that a woman cannot refuse to have sex with her husband.	55	58
I think that if a wife does something wrong her husband has the right to punish her	26	41
I think that if a man has paid lobola for his wife, she must have sex when he wants it	39	45
Attitudes towards rape		
I think if a woman doesn't physically fight back it is not rape	25	23
I think that in any rape case one would have to question whether the victim is promiscuous	40	39

Table 4 shows:

- High proportions of women (97%) and men (96%) agreed that a woman should obey her husband;
- Equal proportions (70%) of women and men felt that people should be treated the same despite their gender;
- About eight out of ten of women (81%) and men (83%) agreed that a woman needs her husband's permission to do paid work;
- Seventy-three percent of women and 67% of men thought that a man has the final say in all family matters;
- Fifteen percent of women and 18% of men believed there is nothing a woman can do if her husband wants to have girlfriends;
- Forty-five percent of women and 44% of men affirmed that it is possible for a man to rape his wife;
- Forty-two percent of women and 44% of men agreed that if a man paid lobola, he owns his wife;
- Fifty-five percent of women and 58% of men agreed that a woman cannot refuse to have sex with her husband;
- Twenty-six percent of women and 41% of men believed a husband has the right to punish his wife is she does something wrong;

- More women than men exhibited attitudes which blame and stigmatise rape survivors;
- Forty percent of women and 39% of men feel that one has to question whether a rape victim had been promiscuous.

Societal factors

Political environment

Out of 202 speeches made by politicians, around 14 (about 7%) mentioned GBV and related issues. The study found that speeches that directly address GBV were made during the launch of the 16 Days of Activism Against Gender Violence campaigns by Ministers of Gender and Youth, Sport and Recreation. Most other speeches were not specifically focused on GBV issues. Therefore, we visited political party offices and approached relevant ministries, as well as possible repositories of archival data such as Radio Lesotho and government information offices like Lesotho News Agency (LENA). From these we obtained another four speeches, but they were also not primarily focused on GBV.

Effects of GBV

Table 5: Effects of GBV

Criteria	% women
Physical injury	
Percentage of physically abused women who sustained injuries	18
Percentage of physically injured women who spent days in bed because of injuries	68
Percentage of physically injured women who missed work as a result of injuries	24
Sexual and reproductive health	
Percentage of women who had been sexually abused by intimate partners and diagnosed with an STI	18
Percentage of women who had been physically abused by intimate partners and diagnosed with an STI	15
Percentage of women who had been raped by non-partners and diagnosed with an STI	23
Percentage of women who had been physically or sexually abused by intimate partners and tested HIV positive	18
Percentage of women who had been raped by non-partners and tested HIV positive	31
Poor mental health	
Percentage of women who had been abused by intimate partner and suffered depression	48
Percentage of women who had been raped by non-partner and suffered depression	55
Percentage of women who had been abused by intimate partners and attempted suicide	7
Percentage of women who had been raped by non-partners and attempted suicide	12

Table 5 shows:

- Eighteen percent of the women who had experienced physical abuse, suffered injuries;
- Sixty-eight percent of women who had serious injuries were bedridden as a result of the abuse;
- Thirty-one women (24%) had to take days off work because of the injuries sustained;
- A significantly higher proportion of survivors of IPV were diagnosed with STI compared to non-survivors (13% and 9% respectively);

- A significantly higher proportion of women who experienced physical IPV in lifetime (15%) were diagnosed of STI compared to the proportion of women that had not experienced IPV (10%);
- The proportion of women who experienced sexual IPV and diagnosed of STI was also significantly greater (18%) than the proportion of non-survivors (10%);
- Similarly, a higher proportion of women who experienced non-partner rape (23%) were diagnosed with STI compared to those who were never raped (10%);
- A significantly higher proportion (18%) of IPV survivors reported an HIV positive status compared to non survivors (13%);
- Similarly, a higher proportion (31%) of survivors of non-partner rape was HIV positive compared to non-survivors (15%);
- Almost half (48%) of the women who had experienced IPV, had suffered depression and 7% had attempted suicide.

Costs of GBV

It is difficult to accurately determine amounts spent on GBV; data is difficult to access because of bureaucratic constraints and poor recording systems. Forty-five survivors reported incurring out-of-pocket expenses after experiencing physical IPV. Forty-four survivors paid for transport and ten survivors paid fees at the courts.

Response and support

Table 6: Response and support indicators

Criteria	% women	% men
Awareness of legislation		
Proportion of participants aware of laws that protect women	41	64
Proportion of participants aware of Sexual Offences Act (SOA)	35	56
Proportion of participants aware of protection orders (POs)	13	44
Lesotho Mounted Police Service		
Number of threats to violence cases recorded 2012/2013	16	
Number of human trafficking cases reported	22	
Number of sexual offences recorded 2012/2013	1572	
Number of cases deserting wife and children 2012/2013	5	
Number of sexual offences recorded 2010	1234	
Number of sexual offences pending investigation 2010	231	
Number of sexual offences pending prosecution 2010	694	
Number of sexual offenders convicted 2010	**309**	

Table 6 shows:

- Less than half (41%) of the women compared to 64% of men were familiar with laws that protect women and children;
- Only 35% of women and 56% of men knew about the SOA while 13% of women and 44% knew about protection orders.

These findings are consistent with all the other countries in which this study has been undertaken: South Africa, Botswana, Zambia, Zimbabwe and Mauritius.

Prevention

Table 7: Prevention indicators		
Criteria	**% women**	**% men**
Proportion of participants who had heard of the 16 Days of Activism campaign in the 12 months prior to the survey	64	44
Proportion of participants who had heard of the 365 Days campaign in the 12 months prior to the survey	31	45
Proportion of participants who had ever participated in a march or event in protest against GBV	19	28
Proportion of participants who had accessed information about GBV from a radio programme	55	57
Proportion of participants who had accessed information about GBV from a television programme	10	11
Proportion of participants who had accessed information about GBV from community meetings	24	15

Table 7 shows:

- Forty-four percent of women, compared with 64% of men, had heard about the 16 Days of Activism campaign in the 12 months prior to the survey;
- Thirty-one percent of women and 45% of men had heard about the 365 Days campaign;
- Very few women (19%) and men (28%) had participated in a march or event in protest against GBV;
- Fifty-five percent of women and 57% of men accessed information about GBV from a radio programme;
- Ten percent of women and 11% of men had received information about GBV from a television programme;
- More women (24%) than men (15%) received information about GBV through community meetings.



Table 8: Conclusion and recommendation	
Conclusions	**Recommendations**
Extent	
VAW is rife in Lesotho and like everywhere else, IPV was the highest form of VAW experienced by women and perpetrated by men, both in a lifetime and in the 12 months before the survey. In Lesotho, workplaces and schools are unsafe because of the high levels of sexual harassment. Of the six countries that partook in this study, Lesotho recorded the highest sexual harassment prevalence rates.	There is need for a paradigm shift in Lesotho to strengthen interventions that protect women against violence. There is a need to look into, and strengthen, policies that protect women in public places and work places. Overall legislation should enforce more severe penalties for perpetrators of GBV, especially against women. Lesotho should adopt the Domestic Violence Act and criminalise GBV.
Underreporting of GBV was prevalent in the study. Women who experienced IPV or non-partner violence are less likely to report their ordeals to the police and medical health care providers. Women preferred to confide in family members rather than seek help elsewhere.	In order to deal effectively with VAW, all hindrances to reporting of abuse to both the police and medical staff should be dealt with. The Department of Health represents the point of first contact by most victims of violence therefore staff should be trained in VAW screening, and to make referrals accordingly. Women should be empowered and encouraged to speak out about their experiences of abuse.
Drivers and patterns	
Child abuse is very high in Lesotho and men are most vulnerable to childhood abuse. As such, men who were neglected and sexually abused in childhood perpetrated higher proportions of IPV in their lifetime.	Both male and female children should be included in child-abuse prevention interventions. There is great need to challenge, through raising public awareness, societal and cultural norms that promote IPV.
Alcohol and drug abuse increased the risk of IPV perpetration.	There is need for further research into alcohol-related IPV so effective policies can be implemented.
Most of the political speeches were administered during the 16 Days of Activism campaign. It was also evident from the analysis that the media is not doing justice to the cause of eliminating GBV.	Politicians need to lead the fight against GBV and this should be illustrated by regular public pronouncements. Politicians should be aware of the forms and nature of violence in order to adequately address the issue in public discourse.
Effects	
Women in the study showed severe symptoms of mental health problems, particularly depressive thoughts. However, the mental health services in Lesotho have not been given due attention and resources.	All relevant stakeholders, including the media, health services, policy makers and social services, have a role to play in preventing and minimising the effects of VAW.
Response and support	
While the SOA protects women and girls against GBV, the institutionalisation of the minority status of women as per customary law, the preponderance of men in the legal and justice systems, the intimidating legal procedures, limited legal aid, and lack of women's awareness and civic education on these rights, resulted in poor implementation of such protection.	There is need to engage all relevant stakeholders and build their capacity on how to deal with GBV and women in general. The Child and Gender Protection Unit (CGPU) needs ongoing training on how to deal with survivors of DV. There is a strong need for government, through the help of NGOs, to facilitate the setting up of one-stop centres (such as the Thuthuzela Care Centres in South

Conclusions	Recommendations
	Africa which have been recommended as best practice for other countries to follow) for support.
There are limited centres that offer holistic care and support for survivors of gender violence. There are limited DV shelters, especially outside Maseru, for survivors of violence.	Lesotho is recommended to provide comprehensive post-rape care protocols and services.
In some instances the customary law impinges on the rights of women, and especially survivors of domestic violence, through promotion on harmful traditional practices.	Government needs to look into integration of customary and civil laws so they speak with one accord. There is a need for strategies to educate and sensitise chiefs against attitudes that promote violence against women.
Prevention	
A number of factors increased the risk of violence. These included the need to perpetuate traditional community and individual beliefs, alcohol and substance abuse, child abuse and socioeconomic factors such as age and education.	Lesotho should give high priority to the enactment of the draft Domestic Violence Bill and put in place comprehensive measures to prevent and address violence against women and girls, recognising that such violence is a form of discrimination against women and constitutes a violation of their human rights under the Convention for the Elimination of Discrimination Against Women (CEDAW). Civil society and government have a role to play to mobilise and sensitise communities to eliminate attitudes that promote gendered ideas of masculinity, especially in rural areas. It is important to emphasise the need to implement secondary and tertiary interventions that prevent the recurrent perpetration of GBV.
Prevention laws and campaigns to end VAW are not well known, especially among women.	There is need for formulation of improved strategies to encourage women to participate in campaigns relating to GBV.
Strong political will and comment is essential in the implementation of any violence prevention strategies.	There is a need for government to continue supporting efforts towards eradicating GBV through dedicated allocation of sufficient resources and action.
Integrated approaches	
Lesotho is still attempting to put an operational system of coordinated and integrated services. Government has established the Lapeng one-stop centre for survivors of domestic violence, as well as the Victims of Crime Support Office.	The Lesotho government should provide adequate funding for the implementation of action plans and other initiatives related to GBV. Initiatives should educate and increase capacity of those involved in the planning, coordination and implementation of action plans related to GBV on appropriate actions for successful implementation. The organising committees of the various action plans should set up a coordinated monitoring and evaluation framework.

CHAPTER 1
INTRODUCTION



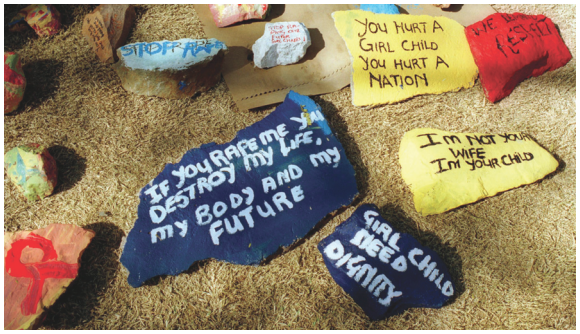
16 Days March 2013 Siloe Council. *Photo: Manteboheleng Mabetha*

Key facts

- Violence against women is one of the most common serious human rights violations in the SADC region, including Lesotho.
- Lesotho adopted the SADC Protocol on Gender and Development, which inter alia, aims to halve levels of VAW by 2015, and achieve gender equality and equity.
- The Lesotho GBV Baseline study sought to provide reliable baseline data, targets and indicators for measuring the progress of VAW in an arena where underreporting of violence is common.
- The study seeks to document the prevalence and perpetuation of VAW using a representative sample from Lesotho, characterised as having the third-highest burden of HIV and AIDS globally.

This report outlines the background, methods and findings of the GBV Baseline study in Lesotho conducted by Gender Links in 2013. More specifically, this opening chapter outlines the regional background and rationale to the study in Lesotho, its unique features, country context and previous related research.

Background and rationale



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

GL has been working in the gender justice arena since 2001, using the 16 Days of Activism Against Gender Violence as a platform for training activists in the SADC region in strategic communications. These campaigns led to inevitable questions about the sustainability of such campaigns beyond the 16 Days. In 2006, GL began working with nine countries in the SADC region to extend the 16 Days to a 365 Day National Action Plan (NAP) strategy to end gender violence.

Developing action plans inevitably led to the need for reliable baseline data, targets and indicators for measuring progress in an arena where most violence is underreported or not reported at all, rendering administrative data an unreliable source of information.

In August 2008, SADC heads of state adopted the Protocol on Gender and Development that, inter alia, aims to halve gender violence by 2015. The question that then arose was, how will governments know if they are achieving this target if we do not know the starting point? To measure the efficacy of both government and civil society programmes, there was need to have baseline data on the extent and effects of VAW, as well as the manner in which governments and civil support organisations respond to VAW. This underpins the innovative GBV Indicators project conducted in South Africa, Botswana, Mauritius, Zimbabwe, Zambia and Lesotho by GL in association with various local stakeholders.

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

The UN Economic Commission Africa Gender Centre (UNECA/AGC) commissioned desktop research for the rest of Africa following similar methods used by GL and partners for the pilot project. The Centre for the Study of Violence and Reconciliation found, through administrative data collection and situational analysis, that there were gaps in the data on GBV collected by many different countries. Some countries did not even have recording systems for any aspect of VAW. Laws in the different countries did not regard certain acts of VAW as punitive violations, thus making it difficult for countries to speak the same messages on VAW. This was taking place despite the fact that most countries are in unanimous agreement that VAW is a gross violation of human dignity, and have made demonstrable strides in combating its existence, mainly through ratifications such as the SADC Protocol on Gender and Development.

The work of developing a set of indicators to measure VAW includes the United Nations Development Fund for Women (UNIFEM) funded expert group think tank meeting that took place in July 2008. Sixteen representatives from government, research organisations, South African and regional NGOs focusing on gender and gender violence issues participated. This meeting sought conceptual clarity on what was required, as well as to get buy-in from key stakeholders on developing a composite set of indicators to measure GBV that are methodologically solid, pre-tested and eventually applied across the region. The think tank meeting aimed to determine the following:

- Indicators to measure the extent of the problem (uniform administrative and survey data obtainable across all countries);
- The effect of the problem in social and economic terms;
- Response and support interventions measured by the multi-stakeholder NAPs to end GBV that are in turn based on the SADC Addendum and draft Protocol on Gender and Development;
- Prevention interventions that underscore the importance of a paradigm shift towards prevention rather than simply response mechanisms.

Key conceptual decisions taken at the meeting included:

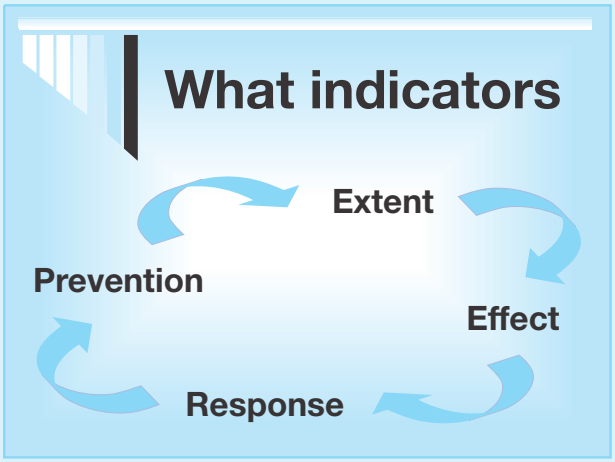
- The need to incorporate GBV as experienced by both women and men, and mostly perpetrated by men, with a greater emphasis on the fact that women are most affected;
- To interrogate existing administrative data much more closely;
- To use prevalence studies to determine the extent of underreporting and rarely reported types such as emotional abuse and economic abuse;
- To combine prevalence and attitude studies;
- To facilitate more in-depth interrogation of data, for example, whether there are links between being a survivor or perpetrator and various kinds of attitude and behaviour.

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

Unique features of the project

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

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



Country context



Lesotho is a landlocked mountainous country, surrounded by the Republic of South Africa. It comprises an area of 30 350 square kilometres and has a population of 2 171 million people. Lesotho is one of only three countries in the world that are surrounded by one other country, and is the only country in the world that is, in its entirety, more than 1 000 metres above sea level. The country is divided into four geographical regions, namely, the mountain region, the foothills region, the lowland region, and the Senqu valley. The major towns are Maseru (capital), Maputsoe, Teyateyaneng, Mafeteng, and Hlotse (Frame, 2011).

Economically, Lesotho depends on South Africa as employer of its citizens and as buyer of its main natural resource - water. An erosion of trade concessions disrupted textile exports but they appear to be expanding again. Poverty is deep and widespread, with the UN describing 40% of the population as being "ultra-poor". The death of farmers from AIDS-related illnesses has compromised food output; Lesotho has one of the world's highest rates of HIV infection. A campaign to encourage people to take HIV tests was instigated by former Prime Minister, Pakalitha Mosisili, who was tested in public in 2004.

Gender inequality and gender-based violence continue to contribute to the escalating spread of HIV in Lesotho. This is compounded by the low socioeconomic status and legal position of women and cultural norms and values. Generally, women are not empowered to make decisions affecting their lives. A study in 2008,[1] looking at sexual violence against women in Lesotho, indicated that 61% of women reported having experienced sexual violence at some point in their life, with 40% reporting coerced sex, 50% assault, and an astonishing 22% reporting rape.

Lesotho has made considerable strides in its effort to attain gender equity and equality. However, there are still some glaring challenges facing the country in terms of its gender dynamics, as well as in terms of its policy and legal frameworks.[2]

Lesotho is signatory to, and has ratified, the SADC Gender and Development Protocol adopted by Heads of State in August 2008. Lesotho enacted the Sexual Offences Act of 2003 in line with provisions of the Protocol that specify, inter alia, that signatories should adopt and implement gender sensitive educational policies and programmes, addressing gender stereotypes in education and GBV. There are, however, challenges in capacity for enforcement of the Act. The Ministry of Gender and Youth, Sport and Recreation has initiated several interventions in accordance with the gender component of the 5th Country Programme of Cooperation between the Government of Lesotho and the United Nations Population Fund 2008-2012. Several activities were undertaken to build capacity of government and civil society organisations to prevent gender-based violence, improve management and care of survivors and promote the rights of women and girls. One such intervention was the Measures to Counteract Violence Against Women (One-stop Centres) Project.

1 Sexual Violence against Women in Lesotho. (2008). MEASURE Evaluation Project, Tulane University; Sechaba Consultants; CARE, Lesotho.
2 UNDP Lesotho: Bridging the gap in Lesotho.

A major shortcoming for addressing VAW in Lesotho has been the absence of domestic violence legislation. The CEDAW Committee, in response to the Lesotho 2012 Country Report, referred to the absence of specific legislation to eliminate VAW, including domestic violence, and the absence of mediation in cases of violence - which can lead to re-victimisation of women who have suffered from violence - as issues that need to be addressed by the Lesotho government. The government was also urged to establish more safe spaces to augment the existing roving legal-aid clinics and the Lapeng Care Centre.

Another key challenge faced by Lesotho and all SADC countries is that there is no accurate measure of the true levels of VAW. Due to social pressure and stigma, most VAW cases are not reported to the police and cases are often withdrawn from the courts. A fraction of VAW cases is successfully prosecuted. Many forms of VAW such as emotional, verbal, psychological and economic abuse do not have police classifications so they go unrecorded. As a result, sociopsychological support is lacking in most National Action Plans to end GBV.

Recommendations from the CEDAW Committee included, inter alia, that Lesotho:

- Collect statistical data on domestic and sexual violence disaggregated by sex, age, nationality and relationship between the victim and perpetrator;
- Encourage women to report incidents of domestic and sexual violence by de-stigmatising victims and raising awareness about the criminal nature of such acts;
- Provide adequate assistance and protection to women victims of violence by strengthening the capacity of shelters and crisis centres, especially in rural and remote areas, and by intensifying cooperation with NGOs that provide shelter and rehabilitation to victims.



Lesotho participants presenting their traditional dance at a cultural evening during the Gender Justice and Local Government Summit in 2012. *Photo: Temba Dube*

The following milestones in ending GBV and gender disparity can be singled out for the Kingdom of Lesotho:

- Establishment of a ministry for Gender and Youth, Sport and Recreation headed by a woman;
- Participatory development and dissemination of the Gender and Development Policy;
- Enactment of the Sexual Offences Act 2003;
- Reservation of at least one third of local government seats for women in local government;
- Enactment of the Legal Capacity of Married Persons Act.

Although we have not yet attained what is needed in terms of laws and voices of women in key positions, there has been considerable progress. One outcome of these initiatives is the representation of women in local government, unequalled by any country in the SADC.[3]

[3] http://www.dpe.org.ls/reports/gender%20based%20violence.pdf

Table 1.1: Lesotho's progress against different instruments		
Instrument	**State responsibility**	**Progress made**
CEDAW	1. Provide support services for all survivors of gender-based violence (including refugees), specially trained health workers, rehabilitation and counselling services.[4]	1. Mechanisms have been established to address the needs of survivors, including publication of The Guidelines for the Management of Survivors of Sexual Abuse for Lesotho, 2005. 2. The Government of Lesotho has established the Child and Gender Protection Unit (CGPU) within the Mounted Police Service and a one-stop centre to provide integrated support for survivors of VAW.
	2. Use due diligence to prevent, prosecute and punish perpetrators who commit violence against women.	3. Guidelines developed to enhance the legal system's ability to protect survivors and prosecute perpetrators in accordance with the existing legal framework.
	3. Collect data on violence against women.	4. Guidelines developed to strengthen referral mechanisms within key sectors.
	4. Sensitise members of the criminal justice system.	5. Police and prosecutors are being trained to address issues of sexual violence.
Beijing Declaration and Platform For Action (1995)	1. Enact legislation to prevent and address issues of violence against women and girls.	a) Sexual Offences Act, 2003; b) Legal Capacity of Married Persons Act 9, 2006; c) Anti-Trafficking in Persons Act, 2011.
	2. Put strategies in place to address survivors of violence, as well as strategies with punitive measures for perpetrators of violence against women.	a) The National HIV and AIDS Policy (2006): commitments by government to address GBV; b) Lesotho National Policy on Orphans and Vulnerable Children (2006): prevention and reaction; c) National Strategic Plan on Vulnerable Children (April 2012-March 2017); d) Gender and Development Policy (2003); e) Education Sector Policy; f) National Reproductive Health Policy (2008); g) 2011-16 National Action Plan for Women, Girls and HIV and AIDS.
SADC Gender and Development Protocol 2008	1. Enact and enforce prohibitive legislation.	Sexual Offences Act, 2003.
	2. Eradicate social, economic, cultural and political practices and religious beliefs that legitimise and exacerbate the persistence and tolerance of gender-based violence.	a) The Legal Capacity of Married Persons Act (2006) removes the minority status of women married in community of property; b) The Labour Code Order (1992) defines discrimination in the work place as any exclusion

[4] Commission on Human Rights, 1996.

Instrument	State responsibility	Progress made
		or preference made on the basis of sex, marital status or religion; c) The Labour Code Wages (Amendment) Act (2009) provides for paid maternity leave for workers in the clothing, textile and leather manufacturing sectors, among others.
	3. Adopt integrated approaches, including institutional cross-sector structures, with the aim of reducing current levels of violence by 50%.	A National Action Plan has been developed with a Coordination Plan to End Gender Based Violence, as well as a child help-line with the support of the UN Population Fund, UN Development Programme, United Nations Children's Fund (UNICEF) and civil society organisations.
	4. Ensure implementation, monitoring and evaluation of these abovementioned efforts.	Although systems have been put in place, there is need for more vigilant data collection and management. There is need for a comprehensive set of indicators to evaluate progress. In conducting this research, GL is testing a set of indicators that can be used as baseline and to monitor GBV programmes.

The GBV Indicators research implemented by Gender Links is mainly focused on achieving Article 25 of the SADC Protocol on Gender and Development relating to adopting integrated approaches to reduce levels of GBV by 50% by 2015. It is the role of the signatory governments to ensure implementation, monitoring and evaluation of these efforts.

Previous Research

Sexual Violence against Women in Lesotho. (2008). MEASURE Evaluation Project, Tulane University; Sechaba Consultants; CARE Lesotho

The study set out to establish the nature and magnitude of sexual violence in Lesotho, as well as outcomes of the Sexual Health and Rights Promotion (SHARP!) project, a United States Agency for International Development (USAID) funded activity of the Regional HIV/AIDS Program for Southern Africa (RHAP-SA) that addresses sexual violence in Lesotho. SHARP! is implemented by CARE Lesotho-South Africa. In addition, the study provided an opportunity to compare programme and non-programme areas.

Data collection consisted of qualitative and quantitative components. The qualitative component consisted of six focus group discussions and 21 in-depth interviews. The quantitative component consisted of a random household survey conducted in selected neighbourhoods of Maputsoe and Maseru. Half the neighbourhoods were SHARP! Program areas and half were non-programme areas. A total of 1 049 women were interviewed. Approximately equal numbers of survey respondents resided in programme areas (49%) and non-programme areas (51%).

Summary of findings

Sixty-one percent of the sample reported having experienced sexual violence at some point in their lives. Forty percent reported experiencing some form of coerced sex, and 50% experienced sexual assault. Twenty-two percent of the sample reported being physically forced to have sexual intercourse at some point in their lives. Local definitions of rape underestimate actual occurrence of sexual violence. The local definition of rape was sexual assault by strangers upon virgins. Sexual assault by someone

the woman knows, and sexual assault upon a sexually experienced woman were not considered rape. A woman's decision to disclose an assault was dependent on the type of perpetrator; disclosure was more common if the perpetrator was a stranger. Community members were typically not supportive of women who report having been sexually assaulted and often blamed the woman for causing the assault. Few women who experienced sexual violence sought out existing services. Many women choose not to report sexual violence to the police because they face harsh and accusatory questioning from the male officers. Women in programme areas were more likely to report experiences of sexual violence to authorities, although the level of sexual violence in the two areas did not differ. This may indicate greater awareness or empowerment of women in the programme areas to seek help.

These findings show that VAW is rife in Lesotho and is perpetuated by the oppressive cultural attitudes that promote gender inequality. A look into what constitutes rape is of paramount importance in this context because it is apparent that some forms sexual abuse are not reported because they are not regarded as rape. Awareness of violence that occurs within the domestic sphere needs to be raised.

Anti-VAW project in Lesotho: Development for Peace Education

In an attempt to make communities aware of the instruments put in place to address VAW in Lesotho, the Development for Peace Education (DPE) came up with its anti gender-based violence project. The project targeted people in the community who were not aware of the important anti-GBV instruments. It also targeted people who were rarely consulted on issues and processes supposedly implemented for their benefit. The DPE undertook research to find out what the community thought on various issues pertaining to VAW. Workshops were attended by community members, councillors, chiefs and other key people within communities. It was noted that women believed that because of their continued minority status, men treated them as though they could not play a meaningful role in their families. On the other hand, men regarded the struggle for the meaningful contribution by women in families and society as a challenge to their social status.

Findings from the focus group discussions

- Rapists are reported and arrested, but are seen to return to the community within a short space of time. This is viewed by communities as a culture of impunity and therefore undermining of the judicial system as means to fight VAW.
- Young adults from failed marriages, particularly the women, disrupt other families within communities by engaging in extramarital relationships. This causes violent attacks by men against men with consequent implications for the women.
- Young women from failed marriages who return to their maiden homes are discriminated against by their relatives on grounds that they have been married and forfeited their rights to the new family. Some women are denied access to, as well as inheritance of, property left by their parents simply because they are female.
- Girl children are not entitled to inherit property from their parents unless a will was drawn up before the parents passed away.
- Women deny men their conjugal rights especially when they are no longer working. This was a widespread concern at the time with many men being at home following retrenchments from the mines.
- Women experience various forms of DV, yet are expected by the members of the family and community not to expose their husbands.
- There is no proper communication within the family setup; women feel dehumanised, men undermined and children misunderstood.
- Culturally, women are subjected to harsh and repressive conditions.
- Chiefs used to play an active role in protecting women. At the time, given the general moral degeneration and diminished respect for the authorities, they try to intervene with little effect.

Based on these findings, it is evident that VAW is embedded within the cultural structure. The patriarchal culture has played a part in the treatment of women as insignificant and subordinate to their male counterparts. The culture of silence and impunity

is also being harboured in the rural areas while traditional leadership is being disregarded.

Other studies that have been undertaken in Lesotho include:

- **MOH/WHO: *Women's Health Survey 1998***
  The report established that intimate partners are the majority perpetrators of sexual VAW. However, women do not want to report their husbands because the statutory system is not conciliatory and they would not want to be separated from their children. The women also felt the law was against them because of the perceived superiority of men. In informal dispute settlement, usually presided over by family elders, issues such as wife rape are never discussed because the women are culturally bound to serve their husbands. It was concluded that the statutory, customary and common-law systems are not effective in protecting women and girls.

- **MOH/WHO: *Study on Violence against Women in Lesotho 2008***
  This study looked at the attitudes, myths, practices and values that legitimise violence against women. It was concluded that women are less likely to seek care when subjected to violence because they consider it part of the norm.

- **WLSA: *Sexual Violence in Lesotho and In Search of Justice in Lesotho Where do Women Go***
  These studies established that there are three types of fora for resolving issues pertaining to women. These include the informal (family), semi-formal (chiefs, NGOs, ombudsman), and the formal (courts). They also emphasise that for the people of Lesotho, justice encompasses more than law and its administration - but also whether it has been fair. The studies posit a power hierarchy in the justice system. The higher up in the hierarchy, the more intimidating (language, procedure, male-dominated) and non-supportive the women found the system to be. Many formal structures are also based in towns and the capital, rendering them inaccessible to the majority of women residing in the rural areas. The costs of the formal courts were reported to be exorbitant and unaffordable for an ordinary woman, especially when she has to obtain money from her spouse and/or by earning low wages.

- **UNICEF/Mokuku: *Hear Us! Shedding Light on the Plight of Child Domestic Workers in Lesotho***
  The study looked at the different forms of abuse that domestic female workers experience. It established that emotional bullying, physical abuse, and sexual abuse are common for domestic workers. Another finding was that, concerning the sexual abuse of girl domestic workers, community members were reluctant to report or intervene even where they knew such abuse occurred. They were, however, of the opinion that such cases should be reported to police, but were either unaware of the Sexual Offences Act 2003 or felt there was a discrepancy between the law and the way it is implemented. Also, these children worked on the basis of verbal contracts (only 24% had written contracts) and were lowly paid.

The above studies highlight the plight of women and children as victims of various forms of violence.

Why this research?

Although Sechaba Consultants with partners conducted the Sexual Violence Against Women in Lesotho (2008) study, the study focused mainly on sexual violence in Maputsoe and Maseru. Therefore, to date, there is no study undertaken to document the experience and perpetration rates of the various forms of gender-based violence in Lesotho.

The GBV Indicators study conducted by GL provides population-based prevalence data on women in Lesotho, and comparative data in the form of reports on perpetration by men. It encompasses the extent, effects, response, support and prevention of VAW, as well as awareness of legislation and services available to the survivors. The research provides important insights into the prevalence and perpetration of sexual violence in Lesotho at the time it was completed.

Conclusion

Gender-based violence continues to be a reality in Lesotho. It constitutes one of the most widespread human rights abuses and public health problems in the world today, with devastating long-term consequences for victims' physical and mental health. Simultaneously, its broader social effects encompass the social development of children in the household, the unity of the family, the social fabric of affected communities, as well as the wellbeing of the society as a whole. However, the magnitude of its forms is not properly known because there is no precise data and adequate reporting mechanisms. These baseline indicators will therefore help in the monitoring and evaluation of GBV activities as well as help the country to develop evidence-based action plans to end VAW.

CHAPTER 2
METHODOLOGY



Workshop training in Lesotho. *Photo: Ntolo Lekau*

Key facts

- The Lesotho GBV Indicators study measured GBV experience and perpetration, gender attitudes, selected health-related behaviour and exposure to prevention campaigns among women and men.
- The study used a mixed method approach that combines both qualitative and quantitative methodologies.
- A cross-sectional household survey measured GBV prevalence, HIV risk behaviour, pregnancy history, mental health, help-seeking behaviour after experiences of VAW, gender attitudes and exposure to campaigns.
- Researchers analysed administrative data from the police, shelters, health services and social services to substantiate survey data.
- The "I" Story methodology is a qualitative approach used to gather personal experiences of physical, sexual, emotional and economic violence.
- Researchers also employed administrative data to document the extent of GBV as recorded in the public sector service.



"I" Story by Katleho Mohale

"People say when life brings you lemons make lemon juice; I wish this could be more easily done than said. Then I would have a bucket full of lemon juice. My name is Katleho Mohale, and I am 29 years old. I am from a disadvantaged family that could not afford a lot of things. I am the third girl of six girls and a boy. When I was 14, I already knew what I wanted to do in life. My life was looking good, planned out and I couldn`t wait to become a journalist one day. My English teacher used to say my essays were the best; she told me I was going to make the best journalist one day.

I envisioned my stories on the front pages of the, then famous, Public Eye Newspaper. Things were looking good. When I was 15 years old, my father lost his job. From then on my parents could not afford to pay for all of us to go to school, as my mother was the only one with a job, which did not give her much. My dreams were shattered and my hope was lost. 'Til my father's brother offered to take us in. That was hope for me as he was wealthy; it was going to be a good life for me and my younger sister.

I remember the first day we moved into their beautiful house with white clean walls, a bath and indoor toilet. School was not bad at all, in fact I quickly made friends. My uncle's wife was gone half the time to sell her *seshoeshoe* in the Free State and we would be alone with him. He seemed nice and caring, which made us become open to him. Uncle would come to our bedroom to say good night, I used to enjoy that as my father did not do that. One night he came to our room, not to say good night but to sleep with us and told us to not tell anyone or he would kick us out to die in poverty at home. Out of shame and fear, we did not tell anyone. This went on until I was 18 years old and pregnant with his child.

When I told them, his wife kicked me out and told me I was a liar and family-breaker. I went back home and told my parents; my mother believed me but my father told me that I was a liar and disowned me. When I finally had my baby girl, my parents found out my uncle had impregnated my little sister and my uncle admitted to all. My father told me to forgive him and his brother and this became a family secret. I was a mother who did not complete school. I could not pursue my dreams.

I went to Maseru to look for a job. While I was working, I met a guy from back home and we moved in together. I was in love and it was the first time to enjoy being with someone. Everything was looking good. I completed my high school and had enrolled as a part-time student doing a diploma in mass communication when I became pregnant with my second child. As if I needed something to drive me out of track, my man had changed and no longer wanted to provide or help me with my fees; I then had to drop out. He no longer trusted me, he was insecure and started beating me up. At first, I thought maybe he was still adjusting to being a father. One night he came home very late and when I asked him where he had been, he beat me up until I became unconscious. I woke up in hospital. I was ill for a while so I lost my job and was forced to go back home."

This is a story of a young woman who at a very young age had a vision and was ambitious about her future. However, like many girls worldwide, her dream is shattered when she is raped and impregnated by her own uncle who happened to be her guardian. This takes her off course and costs her dream of becoming a journalist.

This chapter outlines the project aim, key research questions, and methods employed in this study to measure the different forms of VAW, including rape. Five tools provide several different prisms from which to view VAW. The use of several tools - quantitative and qualitative - reflects the complexity of the subject and the need for a variety of tools to triangulate, interrogate, and interpret the data in ways that strengthen policy making and action planning.

[5] 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

Working definition

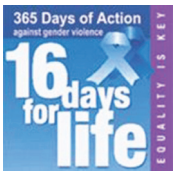
The 1993 UN Declaration on the Elimination of VAW defined VAW as "any act which results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life."[5] The declaration indicated that the definition encompassed, but was not limited to:

- Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;
- Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;
- Physical, sexual and psychological violence perpetrated or condoned by the state, wherever it occurs.[6]

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;
- Sexual harassment.

Project aim



This study is inspired by the SADC Protocol on Gender and Development which sets the target of reducing current levels of VAW by 50% by the year 2015. It seeks to test the VAW indicators developed through expert consultation, and provide extensive data of VAW in Lesotho. The GBV Indicators study in Lesotho will contribute to the reduction of VAW by providing data to monitor and evaluate the efforts of government and civil society to halve VAW by 2015. The findings will be useful for a comprehensive assessment of the extent, effects and the response to VAW as provided by the National Action Plan to end gender violence.

The study's main objective is to pilot the methodology and measures of VAW experience and perpetration, gender attitudes, selected health-related behaviour and exposure to prevention campaigns among women and men in Lesotho. Specifically, the project aims to:

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

Key research questions

Researchers sought to answer the following questions:

- What is the scope and extent of VAW perpetration, and survivor experiences, in Lesotho?
- What is the physical, social, and economic impact of VAW on society?

[6] Ibid.

- What is the response of public services to VAW in Lesotho?
- What is the level of political commitment to address VAW shown by the national government?
- To what extent is the media helping to end or to perpetuate VAW in Lesotho?
- What is the impact of prevention interventions and mainstream media on VAW in Lesotho?

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 Lesotho. The project components are:

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

Prevalence and attitudes household survey

Researchers used the prevalence and attitudes survey 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

Researchers conducted a cross-sectional household survey of women and men.

Description of the questionnaire

Researchers administered two questionnaires: one for women as survivors and the other for men as perpetrators. 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, VAW risk behaviour, fathering, and exposure to prevention campaigns.

The questionnaires provide information in 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 experiences of witnessing and intervening with domestic violence among women and men in all countries;
- A description of risk and protection factors for experiencing VAW among women including sociodemographic 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, 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 (STIs), HIV testing, unwanted or 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, associated risk factors and health risks;
- Association between gender attitudes, relationship control and perpetration of VAW among men;
- Association between men's perpetration of VAW 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 including STIs, HIV testing, fathering an unplanned pregnancy;
- A description of the awareness of campaigns against VAW and relevant legislation including the Sexual Offences Act;
- An exploration of men's experience of IPV;
- An exploration of economic abuse and its relationship to VAW.

Sampling

The sample 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 the 10 districts of Lesotho. The latest Lesotho Population census was used as the primary sampling frame. The measure of size (MOS) that was used for sample selection were dwelling counts obtained from the Census. Probability proportional to size (PPS) sampling is a well-known and efficient procedure that is used widely in multi-stage (in this case, two-stage) sampling designs (Hansen, Hurwitz, and Madow, 1953; Cochran, 1977; and Kish, 1965). A regular feature of such designs is that the clusters sampled at various stages are markedly unequal in size (that is, the number of elements they contain). With the PPS approach, the PSUs are sampled with probabilities proportional to their sizes (dwelling counts), and then, the dwelling units are selected with probabilities inversely proportional to the size of the sampled PSU. Thus, the PPS scheme provides an effective way of implementing a self-weighting design, thereby reducing the contribution to variance due to the variation in the sampling weights.

A stratified multi-stage survey design was employed where stratification by two region was done, namely:

I. Urban
II. Rural

Furthermore, stratification was applied for Ecological zones namely Lowlands, Foothills, Mountains and Senqu River Valley. Urban stratum under study covered 89 Enumeration Areas while rural stratum will cover 136 Enumeration areas respectively. In order to identify representative sample of eligible respondents, i.e. men aged 18 years and above and women aged 18 years and above, the selection method employed the PPS systematic sampling scheme.

District	Population	PPS	Urban	Rural
Botha-Bothe	27802	20	8	12
Leribe	71104	32	13	19
Berea	45571	21	7	14
Maseru	131264	46	26	20
Mafeteng	43704	22	9	13
Mohale's Hoek	38287	26	7	19
Quthing	25537	18	6	12
Qacha's Nek	15027	13	5	8
Mokhotlong	21173	12	4	8
Thaba- Tseka	27992	15	4	11
Total	**447461**	**225**	**89**	**136**

The enumeration area number consists of 9 digits; first 2 digits represent the district code, second 2 digits represents constituency code, third 2 digits represent community council code, first 1 code represent the ecological zone code and last 2 digits represents the enumeration area number.

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. We assumed all households will have an eligible female. Furthermore, assuming a consistent 10% non-response rate, and that cluster sampling (through use of Eas as the primary sampling unit) leads to a design effect (deff) of 1.8. This effective sample size allowed us to estimate the lifetime prevalence of experience/

perpetration of GBV with an absolute precision of +/- 5%, which is adequate to address the primary goal of the research.

Listing of households

The survey interviewed one woman and one man aged 18 years and above per household in the households randomly selected from a listing form composed of a list of all structures and households in the enumeration area (EA). The listing exercise consisted of visiting each of the villages in the selected EA and recording every structure, together with the names of the heads of the households found in the structure. As a result the listing operation provided comprehensive information on the number of residential households (households occupied, and households vacant). The list of households for each EA was used in selecting the final sample of households to be included in the GBV survey.

Definition of terms

An *enumeration area* (EA) is the smallest geographical statistical unit that is small enough for one enumerator to enumerate within the given space of time.

A *satellite map* is a reference map that contains one or more EAs. It shows the boundaries of the EAs and the principal physical features and landmarks (e.g., mountains, rivers, roads, and electric poles).

A *dwelling unit* is a room or a group of rooms normally intended as a residence for one household (e.g., a single house, an apartment, or a group of rooms in a house).

A *structure* is a free-standing building that can have one or more rooms for residential or commercial use. Residential structures can have one or more dwelling units (e.g., a single house or an apartment building). In the case where one household inhabits several small dwellings, as in a rural area, all the dwellings together, whether they are fenced in or not, constitute a structure.

A *household* consists of a person or a group of related or unrelated persons, who live together in the same dwelling unit, who acknowledge one adult male or female as the head of the household, who share the same housekeeping arrangements, and who are considered to constitute one unit. In some cases one may find a group of people living together in the same house, but each person has separate eating arrangements; they should be counted as separate one-person households. Collective living arrangements (e.g., army camps, boarding schools, or prisons) will not be considered as households.

Inclusion criteria

In order to be eligible, men and women needed to be aged 18 years or older. They also had to reside in the sampled household and be mentally competent. A person had to be sleeping in the selected household for at least four nights a week to be considered part of it.

Strengths of the sampling method

This sampling method has several merits, including:

- It ensured that every member of the population had an equal chance of being selected;
- It ensured random selection of the sample, a characteristic that makes it possible to draw 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 ensured representativeness of the sample over the 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 applied to only some respondents, for example, survivors or perpetrators. The result

was that only a small proportion of the sample responded to these.
- The sampling method did not allow substitution of non-respondents and so researchers made three follow-up visits in an attempt to contact a potential participant.

Fieldworker training

GL and Umhlaba Development Services held the training session in March 2013. It focused on project content, orientation, ethics training, understanding methodology, and engagement with the questionnaire. The programme also included familiarisation with the questionnaire and training on the personal digital assistants (PDAs) and related activities, adherence to methodology, and communication of the deployment schedule. The training sessions included the following:

- Presentations on the domestic violence and research results generated during preceding studies;
- Ethics and gender sensitivity training;
- Extensive sessions on utilising the PDA equipment (focusing on requirements such as keeping the equipment charged and frequent synchronisation);
- Logistics and fieldwork implementation planning (including setting up accountability structures);
- Methodology and sampling (and adherence to this);
- Follow-up training on PDA utilisation and methodology implementation.

Ethical considerations



Lesotho Mounted Police Service. *Photo: Google images*

The researchers invited participants to take part voluntarily. Researchers told participants that non-participation would not affect them and that they could skip any question or withdraw from the interview at any time. Participants received an information sheet about the study, which researchers read to them if necessary. After the full briefing, respondents signed a consent form before the interview began. To ensure anonymity, researchers identified all questionnaires using non-consecutive study identification numbers. The study, therefore, cannot link individuals to their questionnaires.

Because of the sensitive nature of the questions, trainers provided interviewers with a session on the basic principles of trauma counselling. In addition, researchers distributed a package of support material that included contact details for organisations that provide support and counselling to each woman interviewed.

Field managers for the prevalence and attitudes household survey informed local police about their activities to ensure cooperation.

Data collection

The research teams first conducted community sensitisation exercises. This involved contacting the relevant elected political representatives or traditional authorities in each area to explain the purpose and content of the research. In farming areas, the team sought permission to access properties from landowners in order to interview farm workers and other residents. In some areas, field managers informed local police stations of their activities. The team at all times referred to the project as a relationship study.

Researchers collected data from 16 March to 15 April 2013. From each household, the researchers recruited only one randomly selected eligible person (male or female depending on the EA allocation, and over the age of 18 years). If the sampled household member was not at home at the first visit, the researcher made three further attempts to interview the sampled participant. The researchers did not substitute if they

could not interview the sampled participant. To ensure the safety of respondents, researchers did not interview men and women from the same household or EA.

Researchers administered the questionnaires using PDAs. Participants chose their language of preference and an interviewer read each question and associated answer choices as presented on the PDA screen. A skip button allowed participants to skip over any question they did not wish to answer. If participants completed the questionnaire without the assistance of the fieldworkers, the fieldworker remained nearby to assist respondents or help answer any questions.

Data management and analysis

The researchers downloaded data daily from the PDAs and merged it into a complete data set. GL conducted data analysis using Stata Version 11, taking into account the survey's two-stage sample design. The study design provided a self-weighted sample. All procedures took into account the two-stage structure of the data set, with the PSUs as clusters. Researchers did not attempt to replace missing data. They used standardised formulae to calculate response, refusal, eligibility, and contact rates.

Researchers summarised data as percentages (or means), with 95% confidence limits calculated using standard methods for estimating confidence intervals from complex multistage sample surveys (Taylor linearisation). They used Pearson's chi-squared test to test associations between categorical variables.

To meet our objectives, this report presents descriptive statistics 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 bivariate analyses for the chi-squared tests of association between exposures and outcomes. However further analysis can be done for more detailed associations and inferences.

Speaking out can set you free: The "I" Stories experience

In 2004 GL started the "I" Stories project as a part of the 16 Days of No Violence Campaign. GL worked with women who had experienced violence, and men who used to perpetrate violence, to write their stories. These personal accounts were published in a booklet called *The "I" Stories*.



This study used the GL "I" Stories methodology of gathering the experiences of violence against men and women. GL gathers women's and men's experiences of physical, sexual, psychological and economic abuse. Support organisations assist in the identification of survivors and perpetrators. During the writing workshops, facilitators share examples of published "I" Stories with participants so that they are aware of what the final product will look like.

The stories from women survivors aimed to assist in identifying the following key research questions for violence against women:

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

Process

In the Lesotho project, local councils provided the 85 women survivors who participated in the "I" Stories

workshops. The facilitators showed participants copies of other "I" Stories published by GL. The main purpose of this was to build rapport as we made participants feel comfortable by explaining to them exactly what their stories would be used for, and how to use a pseudonym if they felt uncomfortable using their real names.

The facilitators made it clear to survivors that they were not forced to do anything and that their participation was voluntary and for research purposes. The facilitators helped those participants who understood little English with translating the consent forms. The participants completed the consent form and signed it. The participants also specified where and how they wanted their story used and whether their photographs should be used. Participants also voluntarily gave consent to be interviewed in future. A few survivors were illiterate and they were assisted in writing down their stories.

Ethical considerations

The facilitators:

- Informed participants how GL would use and distribute their stories;
- Sought permission from the participants to use their photographs and reveal their identities;
- Gave participants the option of using a pseudonym and not revealing their identities;
- Required participants to sign off the final versions of their stories and approve any changes or revisions.

Administrative data

GL gathered administrative data to document the extent of VAW as recorded in public services, namely, the Police and Justice.

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 because of 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."[7]

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.[8]

Description of data

Data requested from the respective institutions included:

- Numbers and nature of cases relating to the SOA; and other cases reported to the police or justice-related VAW service providers for the period 2012-2013;
- Numbers, nature and status of cases relating to the SOA where charges were brought against the alleged perpetrator for the period 2012-2013;
- Number, nature and the treatment required for the VAW cases that health centres dealt with for the period 2012-2013;
- Number, nature and type of support provided by identified shelters for the period 2012-2013.

In this report the administrative data, was analysed in conjunction with the results of the household survey. This helps provide an indication of the current levels of underreporting of VAW as well as of the adequacy of public services responses and their compliance with legislation and policies.

Public pronouncements analysis

Public pronouncements by political leaders form an essential part of social behaviour because they dominate the way people interact with peers and

[7] Walby, S, op cit.
[8] Ibid.

superiors in accordance to what is expected of them, what they think is possible and who they are.[9] 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".[10] Accordingly, the messages passed on by politicians in their speeches have an impact on the way their constituents access knowledge and shape their opinions on VAW and act thereon. Political discourse analysis is 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 assisted in framing and triangulating the findings of other study components.

Aim

Our analysis of available speeches, statements and pronouncements aimed to establish the prevalence, consistency of and commitment to addressing VAW by key senior political figures. More specifically, our aim was to assess the level of conceptual clarity on the structural causes of the problem, how holistic the alternatives offered to the survivors were, 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 the Government Communication and Information System (GCIS) and all official departmental websites that might publish speeches.

The political discourse analysis research was very timely in Lesotho because it took place within the context of gender and political accountability at the end of two decades since the country's return to multiparty democratic government in 1993. In 2003, Lesotho launched its national Gender and Development Policy, clearly articulating gender-based violence among ten priority areas of national concern (Section 5.6). It identifies and traces the root cause of GBV to the unequal power relations between women and men, girls and boys thus resulting in domination over, and discrimination against, women by men. The policy also mandated the government's commitment to directing and developing effective programmes of awareness creation on the causes and consequences of GBV, and mechanisms geared towards ending the problem. The resultant adoption and implementation of a cost-analysed National Action Plan on GBV is indication of political will to fight GBV.

The research also occurred within a recently changed political landscape: the formation of a coalition government - hitherto unknown in the SADC region - by three political parties following the 2012 general elections that resulted in no party winning the required two-thirds votes to form a government. Looking back at the party manifestos, GBV is not a problem generally addressed by any of the political parties. The researcher's review of the party manifestos of the three ruling parties indicate only the Lesotho Congress for Democracy made reference to GBV, specifically declaring in its 2012 electoral campaign manifesto to end VAW and fight domestic violence. This notwithstanding, there is deliberate political commitment and championing of GBV by other political functionaries. The country's commitment to eliminating GBV has been carried forward by the new government consideration of Lesotho's obligation to international and regional protocols on the issue. Lesotho's commitment is seen in her legal, policy and institutional arrangements. Politicians have always addressed violence as being unacceptable criminal act, especially gender-based violence against women.

[9] 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. Available from: http://hh.diva-portal.org/smash/record.jsf?pid=diva2:239541

[10] 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 from: http://hh.diva-portal.org/smash/record.jsf?pid=diva2:239541

Media monitoring

The 2010 GL Gender and Media Progress Study covered the nature and extent of VAW coverage in South Africa. This project analysed VAW content in the media over a period of one month. The media monitoring on VAW assessed the extent of VAW coverage, the sex of sources, topics covered, depiction of survivors, and the sex of the reporters.

The study sought to answer the research questions outlined below.

- What topics are given the most and least coverage in the media?
- What proportion of coverage is specifically on VAW?
- What proportion of coverage mentioned VAW?
- How do media houses in different countries compare in their coverage of VAW?
- Of the coverage on VAW, what proportion is on prevention, the effects on victims and others, support and response?
- How do the VAW topics further break down into sub-topics?
- What is the overall breakdown of genres (news and briefs, cartoons, images and graphics, editorial opinion, features, analysis, feedback, interviews, profiles and human interest?
- How does VAW coverage break down with regard to these genres?
- Where do the stories come from (international, regional, national, provincial, and local)?
- How does VAW coverage break down with regard to origin of stories?
- On average, how many sources per story are there on VAW stories?
- On average, how many stories indicate the connection between VAW and HIV and AIDS?
- Overall, what is the proportion of women and men sources?
- How do individual media houses in each country compare with regard to male and female sources?
- What is the breakdown of women and men sources in the stories about, and stories that mention, VAW?
- What is the breakdown of women and men sources in the further breakdown of the VAW topic category into prevalence, effects, support and response?
- In the case of VAW sources, what proportion are persons living with HIV and AIDS, persons affected by HIV and AIDS, traditional or religious figures, experts, civil society, official and UN agencies or other?

Research tools

The media monitoring combined both quantitative and qualitative research methods. 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.

Quantitative research

The quantitative monitoring consisted of capturing data on the media's coverage of gender, VAW, and HIV and AIDS using a coding instrument. Researchers captured data into a database predesigned 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;
- Quality control by GL;
- Delivery of the database by email to GL for synthesis into one central database that made this regional overview report possible, as well as country comparisons with regional averages;
- Data analysis and generation of graphs.

Qualitative research

After the quantitative monitoring, monitors selected articles for further analysis. The qualitative analysis enhanced and strengthened the quantitative findings. These case studies highlighted best practices in the coverage of gender, HIV and AIDS, VAW as well as areas in need of improvement. The case studies

served to elaborate and support many observations made in the quantitative analysis and to answer the following questions:

- How are women and men labelled as sources in the media?
- Is there a good balance of men and women sources?
- Does the language promote stereotypes of men and women?
- Are physical attributes used to describe women more than men?
- Do women and men speak on the same topics, or do media reserve some topics for men and other topics for women?
- 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 and perspectives in the story?
- What are the missing stories?

Triangulation

Table 2.1: Project components and tools used to gather data

Research tool/ indicators	Prevalence and attitudes survey	Administrative data	*"I" Stories*	Media monitoring
Extent	✗	✗	✗	
Effect	✗		✗	
Response	✗	✗	✗	✗
Support	✗	✗	✗	✗
Prevention	✗		✗	✗

Table 2.1 shows how the tools interrelate and how the researchers use them to triangulate findings throughout the research to answer key questions relating to extent, effect, response, support, and prevention. The flagship tool was the prevalence and attitudes study, justified on the basis that statistics obtained from administrative data did not cover many forms of gender violence, and even those that were covered were underreported. The "I" Stories, or lived experiences, gave human face to all aspects of the research. The administrative data and media monitoring provided key insights to relevant areas. Triangulation helped to verify and strengthen the findings, as well as provide key insights for policy making and action planning.

CHAPTER 3
EXTENT OF VIOLENCE



Women entrepreneurs in Lesotho. *Photo: Gender Links*

Key facts

Lifetime prevalence

- Eighty-six percent of women experienced some form of VAW at least once in their lifetime and 40% of men perpetrated VAW at least once in their lifetime.
- Sixty-two percent of women experienced, while 37% of men perpetrated, IPV.
- Over half (52%) of women experienced, while more than a quarter (27%) of men perpetrated, emotional IPV.
- Forty percent of women experienced, while a quarter of men perpetrated, physical IPV.
- Lesotho ranks third-highest out of six SADC countries in the experience of IPV.
- Only 6% of women who were physically abused reported to the police, while 4% sought medical attention for injuries.
- Nearly a quarter (24%) of the women experienced, and 10% of men perpetrated, sexual IPV.
- A third of women experienced, and 13% of men perpetrated, economic IPV.
- Eight percent of women had been raped by a non-partner.
- Sixty-three percent of women who ever worked had been sexually harassed in the workplace.

Past 12 months prevalence

- Twenty-eight percent of women experienced, while 12% of men perpetrated, intimate partner violence in the 12 months before the survey.
- Twenty percent of women experienced, and 8% of men perpetrated, emotional IPV.
- Eighteen percent of women experienced, and 5% of men perpetrated, economic IPV.
- Twelve percent of women experienced, and 5% of men perpetrated, physical IPV.



"I" Story by Lucy

"On that fateful day of 4 September 2011, I was asleep in my house while a late night service was proceeding in the Catholic Church just nearby. At around 1:30 in the morning I heard the window to my house breaking and immediately an unknown man jumped in. I woke up, jumped off the bed and started wrestling this unknown culprit in the dark. In the process, I was shouting and screaming for help. He started punching me and ended up strangling me, making it impossible for me to continue screaming for help. I struggled to free myself from his clutches and when I ultimately did, I strangled him too, and proceeded to grab his private parts. As a result he lost his strength. Then I started pulling him outside, still holding on to his private parts.

While outside I continued to scream for dear help, until I realised that the shouting reduced my strength as nobody heard me since there was a lot of singing in church, and that drowned my screams. We wrestled until he got himself free and I fell down. This gave the culprit the chance to hit me with the stick he had and I suffered a 4.5 centimetre wound on the head. He then started hitting me indiscriminately on the body and I suffered multiple bruises and a fractured leg. I tried to lift myself up where I had fallen, but due to excessive loss of blood and the fractured leg it was next to impossible for me to do that. The thought that came to my mind then was that this culprit was going to get the chance to do whatever he wanted with me as I was now powerless.

I humbly asked him what he wanted, and he said he wanted to sleep with me. I told him that I was HIV positive and begged him to go back into the house to get some condoms. He said he did not want to use a condom. I learned from this that to him HIV meant nothing at all. I had actually lied about being HIV positive because I thought this was going to discourage him to enter into any sexual activity with me.

I was thinking of other ways to free myself from this predicament when all of a sudden, he hit me hard with his stick and I had a brief loss of consciousness. I called on the name of the Lord and asked him for strength and power to free myself from this man. God gave me the power I so needed. Miraculously I got onto my feet and got hold of this culprit, whereupon I started hitting him so hard. He screamed so hard. He fell down and I tried to strangle him using his own stick, but it broke in two pieces. He was then able to free himself, ran into my house and took my cell phone, money and other items.

I pulled myself up and took pains to crawl to church to solicit assistance. The congregants came to my rescue and took me to hospital. From the church to the hospital, I am blank. I can't remember anything at that point except that when I came to my senses I was surrounded by doctors who tried to help me. From the hospital, we went to the police station and they searched for the culprit.

The following day I was again taken to the police station to give a statement and anything that could make it possible for the culprit to be apprehended. Mercifully, in December of the same year this culprit was arrested and charged with house-breaking, attempted murder and attempted rape. He tried to defend himself, but my evidence was too much for him. My cell phone was found on his person, and the clothing that I told the police that he had on gave him away. To date this culprit is still serving sentence in the Thaba-Tseka prison. Following this incident, I kept aloof. My dignity as a person had been crushed. But it immediately became my resolve that I was going to advocate for the total elimination of abuse against women and children; and to date, the Federation of Young Women and Girls in Development, Lesotho is steadfast on the advocacy of elimination of all forms of abuse. It is our fervent hope that this plague will come to a stop in Lesotho."

This story is an example of one of the many forms of violence that women experience at the hands of strangers. Given the pervasive nature of VAW, it warrants research in any circumstance in which it is perpetrated. However, there is paucity of VAW research published particularly due to its complex nature. This chapter presents the extent of the

different forms of VAW experienced by the women and perpetrated by the men within and outside intimate relationships in Lesotho.

VAW in lifetime

Researchers used two separate questionnaires in the survey to determine lifetime experiences of VAW by women aged 18 years and older, and to determine the perpetration of VAW by men of the same age group.

Figure 3.1: Any experience of VAW by women or perpetration of VAW by men

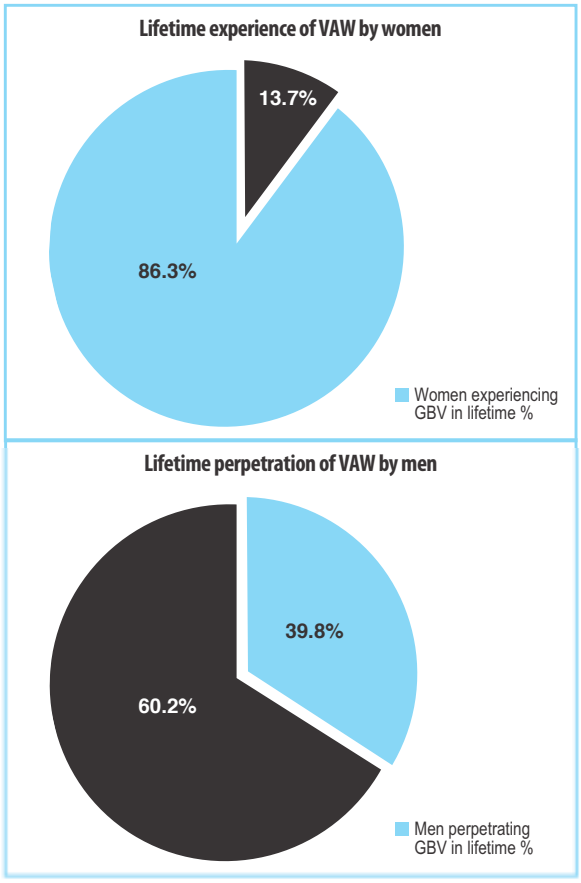


Figure 3.1 shows that 86% of women interviewed in the Lesotho national study reported experience of some form of VAW at least once in their lifetime while about 40% of men reported having perpetrated VAW.

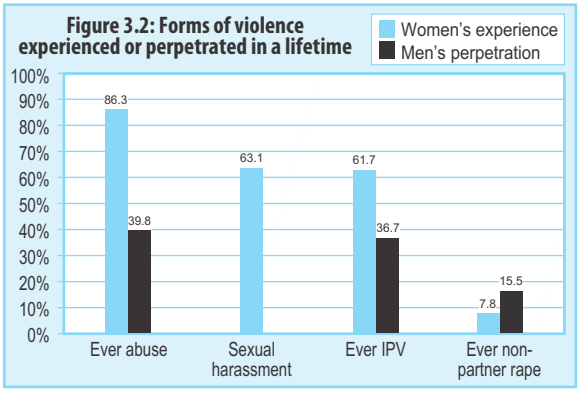


Figure 3.2 displays the different forms of violence experienced by women and perpetrated by men in a lifetime. Sixty-three percent of women experienced some form of sexual harassment either at work, in school or public places. Sixty-two percent of ever-partnered women experienced some form of violence (physical, sexual, emotional or economic) from their partners while 37% of men reported having perpetrated these acts of violence against their partners. Sixteen percent of men revealed that they raped someone who was not their partner at some point in life while 8% of women admitted to being raped by a non-partner. It is evident that a commonly reported form of VAW by both women and men is intimate partner violence and the least reported is non-partner rape.

Intimate partner violence

The term, intimate partner violence (IPV) in this study describes physical, sexual, economic or emotional harm by a current or former partner or spouse.

Lifetime prevalence

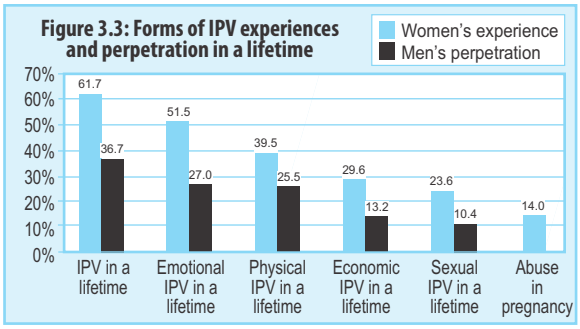


Figure 3.3 shows the proportion of women reporting experience of any form of IPV was greater than the proportion of men admitting perpetration. The most commonly experienced and perpetrated form of IPV was emotional abuse, followed by physical then economic, sexual and, lastly, abuse during pregnancy. More than half (52%) of the women experienced, and 27% of men perpetrated, emotional IPV in their lifetime. Forty percent of women and slightly over a quarter (26%) of men reported physical IPV experience and perpetration, respectively. Almost a third (30%) of women and 13% of men reported economic IPV experience and perpetration, respectively. Twenty-four percent of women experienced, and 10% of men perpetrated, sexual IPV. About one in every six women (14%) who had ever been pregnant were abused during at least one of their pregnancies. These results show that women are not safe in their homes. Emotional IPV, which had the highest prevalence, is often not recognised as violence yet it has far-reaching negative effects.

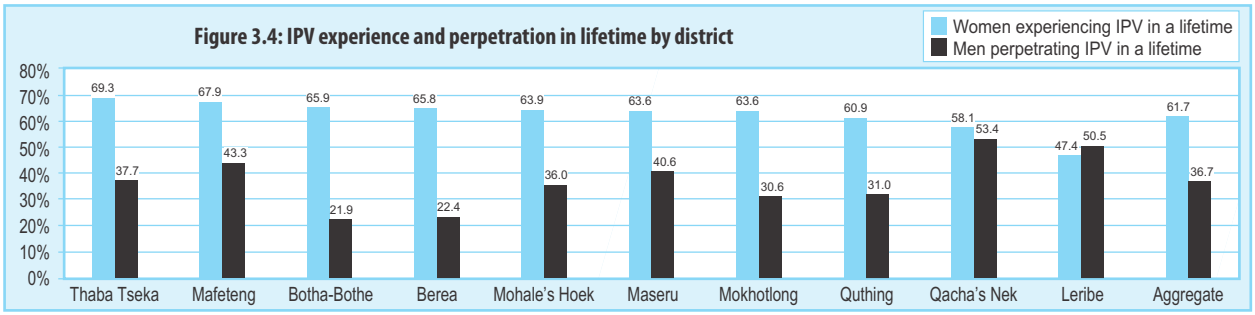
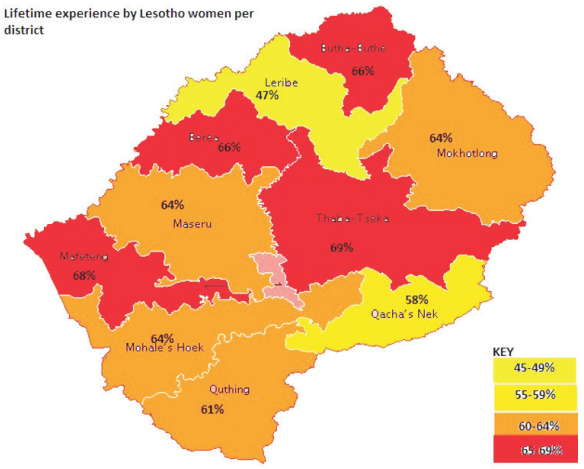


Figure 3.4 disaggregates lifetime experience and perpetration of IPV by district. The prevalence of IPV experience by district ranged from 69% to 47% while the perpetration prevalence ranged from 22% to 51%.

Thaba-Tseka had the highest lifetime IPV experience prevalence with almost seven in every ten (69%) women reporting this. The district reported a perpe-tration prevalence of 38%.

Mafeteng had the second-highest prevalence of experience of IPV (68%). This means almost seven of every ten women in the district reported experiencing IPV at least once in their lifetime. The proportion of men disclosing perpe-tration was lower than the proportion of women reporting IPV experiences. Only



43% of men admitted to perpetrating IPV at least once in their lifetime.

Berea and Botha-Bothe had the third-highest prevalence of IPV experience. In both districts, 66% of women and about one in every five men (22%) reported experience and perpetration, respectively.

Maseru, Mohale's Hoek, and Mokhotlong were fourth highest in prevalence of experience. Sixty-four percent of these women reported experience of IPV. Forty percent of men in Maseru, 36% in Mohale's Hoek, and 30% of men in Mokhotlong reported perpetration.

Quthing had the fifth-highest prevalence of experience of IPV. Sixty-one percent of women and 31% of men reported experience and perpetration, respectively.

Qacha's Nek was sixth in the prevalence of experience. Fifty-eight percent of women and 35% of men reported experience and perpetration of IPV, respectively.

Leribe was seventh in prevalence of experience, but had the highest reported prevalence of perpetration. Fifty-one percent of men admitted to perpetrating IPV at least once in their lifetime.



Generally, there is need for further exploration into the disparity between the reported prevalence of experience and perpetration. More importantly, it appears that while women in Berea and Botha-Bothe more openly disclosed their experience, men were less likely to disclose perpetration. This study did not probe reasons why that should be.

Past year prevalence

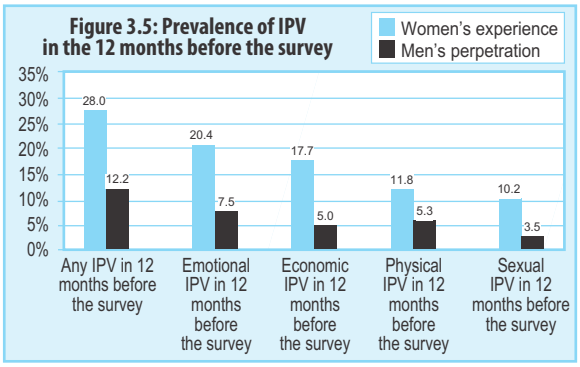


Figure 3.5 shows that nearly a third (28%) of the women experienced intimate partner abuse in the 12 months before the study while 12% of men had perpetrated some form of violence against their intimate partners. One fifth of the women experienced emotional abuse while 18% experienced economic abuse. Twelve percent of women experienced physical abuse in the 12 months prior to the study. Ten percent of women experienced sexual IPV.

For all the forms of violence, a greater proportion of women reported experience compared to the proportion of men that reported perpetration. One in 12 men (8%) emotionally abused, 5% economically abused, 5% physically abused and 4% sexually abused their partners in the 12 months before the survey.

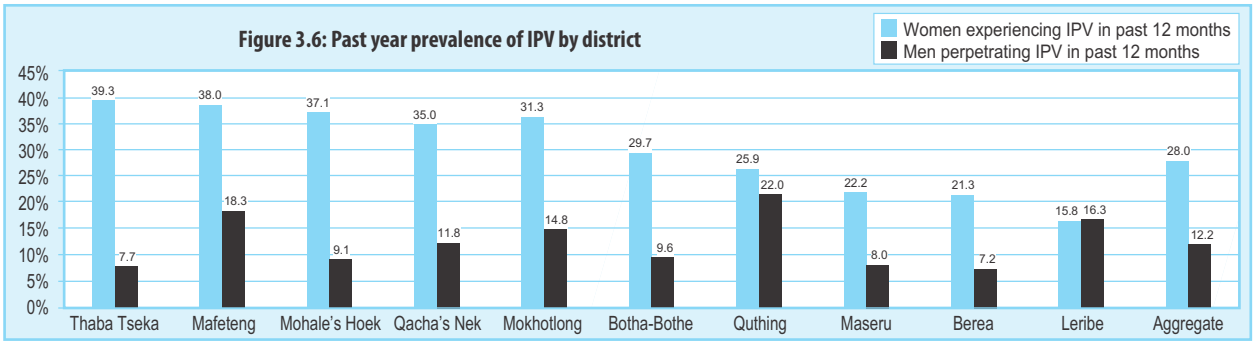
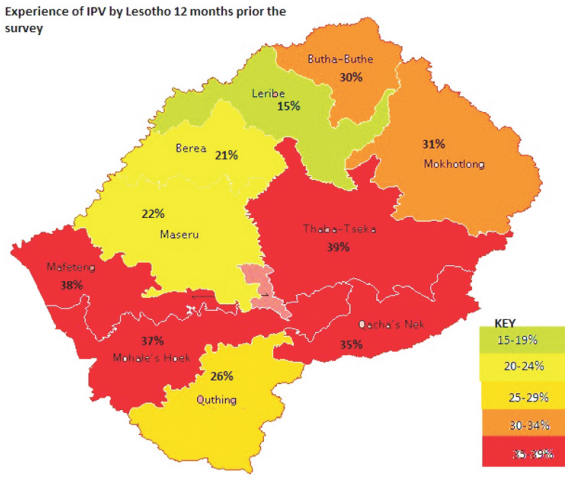


Figure 3.6 shows that the highest prevalence of experience of IPV in the 12 months before the survey was recorded in Thaba-Tseka (39%) and the lowest was in Leribe (15%). The highest prevalence of perpetration of IPV was in Quthing (22%) and the lowest was recorded in Berea. Only in Leribe was the prevalence of perpetration of IPV reported by men slightly higher than the prevalence of experience reported by women.



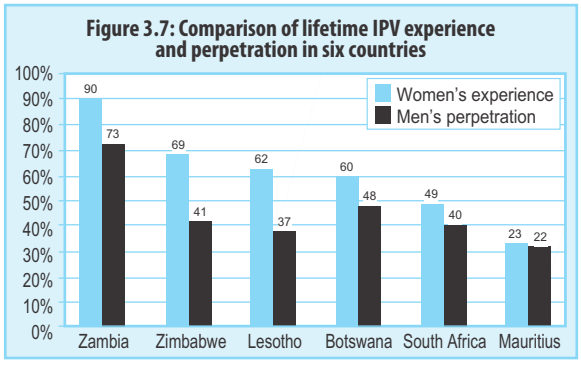


Figure 3.7 compares the IPV prevalence reported in the six countries were GL conducted the VAW indicators research. Lesotho had the third-highest prevalence of experience of IPV, after Zambia and Zimbabwe. In terms of the perpetration prevalence, Lesotho came fifth after Zambia, Botswana, Zimbabwe and South Africa.

"On 24 November he arrived home very late and he found me busy preparing dinner and when he came he just said, "hey, you child of bitch is it the time that you should be cooking?" I did not say anything; I was cooking at that time because I was coming from my piece jobs and it was only that I got money to buy some food. He told me that I was going to know him and he started to beat me together with my child that I was carrying; we all cried with my children. He told me that if I did not want to sleep with him, he would sleep with my older daughter. I was so afraid and took all my children and ran away." By Thabiso

Previous research in Lesotho commissioned by the Ministry of Gender and Youth, Sport and Recreation to determine the prevalence of different forms of VAW showed similar results. According to the findings of the study, physical and emotional abuse were the most common forms of IPV. In 2008 Lesotho authorities commenced a more systematic compiling of information and statistics derived from police and court records (CEDAW Report, 2011).

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. Women 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.

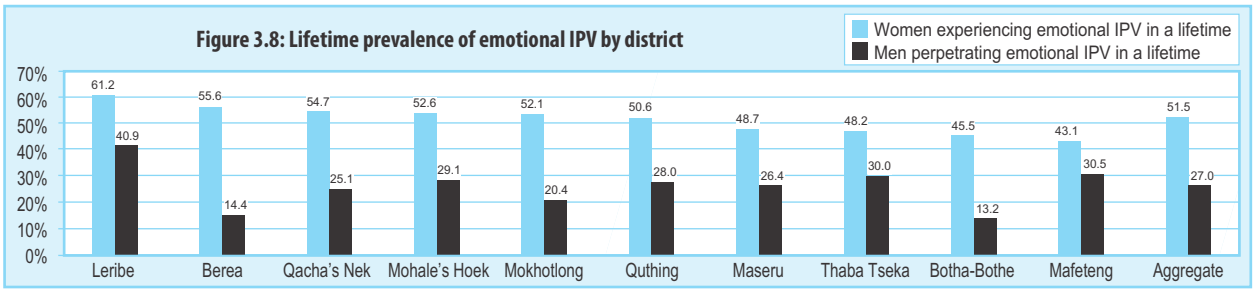
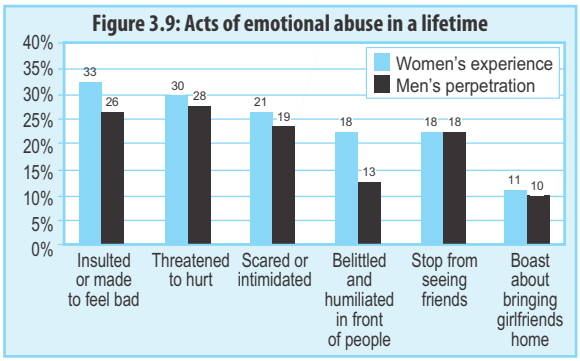


Figure 3.8 shows that in all districts the experience prevalence reported by women was higher than the perpetration prevalence reported by men. Leribe (61%) had the highest emotional IPV experience prevalence, followed by Berea (56%), Qacha's Nek (55%), Mohale's Hoek (53%), Mokhotlong (52%), Quthing (51%), Maseru (49%), Thaba-Tseka (48%), Botha-Bothe (46%) and lastly, Mafeteng (43%). The range of experience prevalence was from 43% to 61%.



Men in Leribe were more likely to disclose perpetration of emotional IPV compared to their counterparts in other districts. Leribe had the highest perpetration prevalence (40%), while Botha-Bothe had the least (13%).

Figure 3.9 shows that the most common form of emotional abuse experienced by women was being insulted or made to feel bad (33%). Other forms of emotional abuse experienced by women in intimate relationships included being threatened (30%), being intimidated (21%), humiliated in front of others (18%), being stopped from seeing friends (18%) and having a husband boast about bringing girlfriends home (11%). The most common forms of emotional abuse perpetrated by men in intimate relationships were threatening to hurt, and insulting. Twenty-eight percent and 26% of men admitted to threatening to hurt, and insulting their intimate partners, respectively. Nineteen percent intimidated their partners while 18% stopped their partners from seeing friends.

Thirteen percent of men humiliated their partners in front of people and, lastly, one in ten boasted about bringing girlfriends home.

Acts of emotional IPV from the "I" Stories

Eighty-five women shared their personal accounts of abuse. Of these, 42 women reported having experienced IPV in their lifetime. Thirty-eight women experienced emotional abuse. The acts of emotional abuse experienced by these women were similar to the acts experienced by women who participated in the survey. These included being stopped from seeing friends and family, being falsely accused of infidelity, being cheated on, being insulted or humiliated in front of people and being denied of conjugal rights.

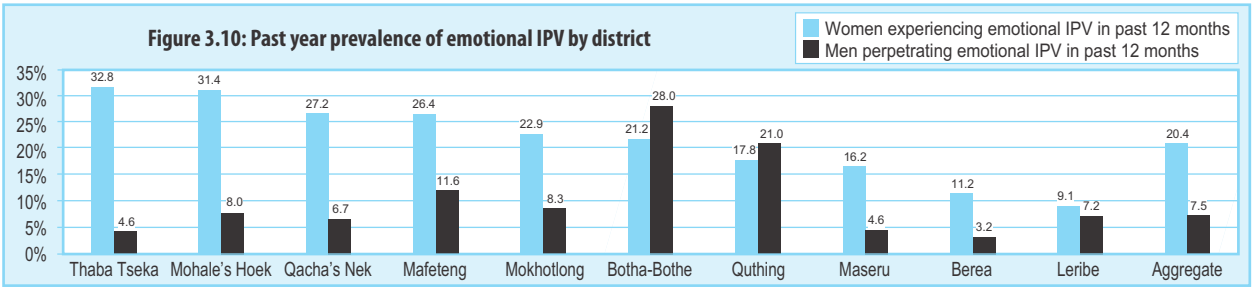


Figure 3.10 shows that Thaba-Tseka had the highest prevalence of experience of emotional IPV (33%) in the 12 months before the survey, while Leribe had the lowest (9%). However, the highest perpetration prevalence was reported by men in Quthing (21%) and the lowest prevalence of perpetration was in Berea (3%). Unique to Quthing was that the proportion of men disclosing perpetration (21%) was higher than the proportion of women reporting the experience (18%). The experience and perpetration prevalences in Leribe were almost the same.

Physical IPV

Physical IPV was assessed by asking five questions about whether women had been slapped, had something thrown at them, pushed or shoved, kicked, hit, dragged, choked, beaten, burnt or threatened with a weapon. Men were asked if they had done any of these acts to their intimate partners. Lupuo shared her story of how her partner physically abused her.

> *"I refused to leave the room and he beat me, and then checked into his own room. We met in the morning but he refused to speak to me. We met again in the evening and I tried to sit him down and explain myself, but that only triggered another beating, accompanied by death threats. I gave up trying".*
>
> By Lupuo

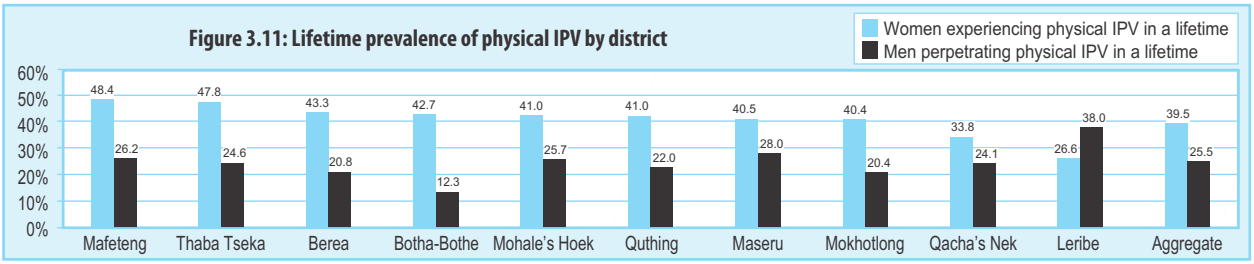


Figure 3.11 shows the prevalence of physical IPV by district. All districts had a prevalence of experience of IPV of about 40%, implying that physical IPV was experienced by four of every ten women in all districts. Mafeteng and Thaba-Tseka had the same proportions of significantly high experience prevalence (48%) while Botha-Bothe had a low perpetration prevalence (12%). In all districts except Leribe, the proportion of women reporting experience was higher than the proportion of men disclosing perpetration.

Figure 3.12: Acts of physical IPV in a lifetime

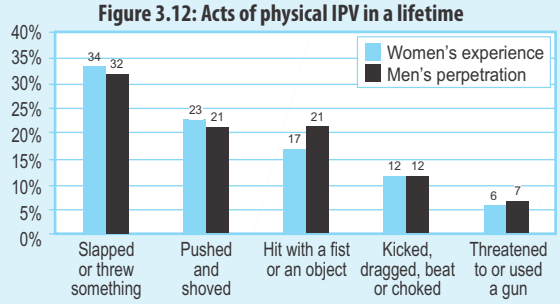


Figure 3.12 shows the most common acts of physical abuse experienced by women were slapping, pushing, shoving and hitting. More than a third of the women (34%) were slapped, 23% were pushed or shoved while 17% were hit. Twelve percent were kicked or dragged and 6% were threatened with a gun.

Similarly, almost a third of men (32%) admitted to slapping or throwing something at their partners. One in five men (21%) pushed or hit their partners. Twelve percent of men kicked and dragged their partners whereas 7% threatened to use a gun.

Table 3.1: Frequency of physical IPV

Criteria	Women's experience (%)	Men's perpetration (%)
Never	61.0	74.5
Once	18.3	14.0
More than once	20.7	11.5

Table 3.1 shows that the majority of women who experienced physical IPV, experienced this on more than one occasion. About one in every five (21%) of women participating in the survey experienced physical IPV more than once in their lifetime. 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 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 a lifetime	3.9
Proportion of ever partnered who were physically abused and who reported abuse or threats to police in a lifetime	5.8

Table 3.2 shows that about 4% of women were physically abused by intimate partners and sought medical attention for the injuries sustained. Almost 6% of physically abused women reported their experiences to the police. Table 3.2 shows a serious under reporting of abuse. Establishing barriers to effective reporting of abuse is a vital step towards elimination of violence. According to a study undertaken by Moteetee (2005), women who participated in the focus group discussions felt that reporting their husbands, even for incest, was not often done because of stigma and fear of the husband. Another reason discouraging women to report cases of abuse was that, in most cases, police were reported to release husbands who would then return and beat the wives again.[11]

[11] http://www.who.int/hac/techguidance/pht/womenshealth/Lesotho_Report_women_in_crisis_June2005.pdf

In that study, injured women who had sought medical attention were asked if they had disclosed the cause of their injuries. Of the 66 women who sought medical attention after being injured, 42 women did not disclose the cause of their injuries. Some of the reasons why they did not disclose are outlined in the table below.

Table 3.3: Reasons for not disclosing the cause of injury

Reason why	Percentage	Frequency
Because it is a private issue	22	9
Scared of partner	24	10
Ashamed	20	8
The service provider did not ask	15	6

Table 3.3 shows that almost a quarter (24%) of the women who did not disclose the cause of their injuries were scared of their partners. Nine women felt it was a private issue that could not be discussed with strangers, eight were ashamed and six women said the service provider did not ask the cause of injuries. Eight years ago in Mateetee's study, it was established that women were scared to report acts of abuse when perpetrators were their partners. If meaningful strides are to be taken towards elimination of VAW, barriers that hinder victims from reporting should be dealt with earnestly. According to the findings presented in the Table 3.3, there is need to work with both women and men. With women, to discard shame attached to being a victim of violence and to change the mind-set of violence being a private issue. Men should be engaged to change the violent behaviour that scares their partners. It is also imperative to introduce and strengthen screening processes in hospitals so that it is mandatory for service providers to inquire about the cause of injuries.

Another factor that discouraged victims from reporting cases of abuse to the police was the response they received from officers. This study established that only 26% of the women who were abused or received threats of abuse, reported to the police. Those who reported received varied responses from the police officers. The responses are highlighted in the table below.

Table 3.4: Response from the police

Response of the police	Percentage	Frequency
The police opened a docket	5	5
The police sent me away	6	6
The police tried to make peace between me and my husband	77	78
Other	13	13

Table 3.4 shows the various responses victims received from the police after reporting physical abuse. In more than three quarters of cases, the police tried to make peace between the victim and her husband, who was the perpetrator. Only 5% of the women had the police open a docket for them. It should be cause for concern that police act as intermediary between the perpetrator and victim. A question to ask is, what professional training have they received to qualify them to render such services? The qualitative study undertaken by Mateetee (2005) made the same findings. The women who participated in the focus group discussions argued that protection was not always effective because the police directed the violated woman to bring the culprit to them, and often told women to make peace with their husbands. They reported that police only became serious when there was a likelihood of serious consequences (bloodshed, destruction of property). Our study confirms that argument. The responses to rape cases differed from those of physical abuse presented above. Of the 25% of rape cases that were reported to the police, 83% had dockets opened compared to 5% in the case of physical abuse. This shows the police respond to cases of violence based on their perception of severity; such an approach can only derail the pursuit of total elimination of VAW. Every form of violence should be treated with a sense of urgency.

Another factor associated with underreporting of violence identified by Mateetee's study was the issue of costs associated with reporting, for example,

transport costs to go to the hospital or police stations. This was exacerbated by the physical distance, which in most cases particularly in rural areas is great and would mean a significant journey for the victim.

Acts of physical abuse from the "I" Stories

Of the 42 women who experienced IPV, 33 were physically abused by their partners. The predominant form of physical abuse experienced by these women was being beaten up by their partners. A significant number also received threats of being beaten up or being killed. Physical abuse resulted in various negative effects including broken limbs, bruises, cuts, bleeding and headaches.

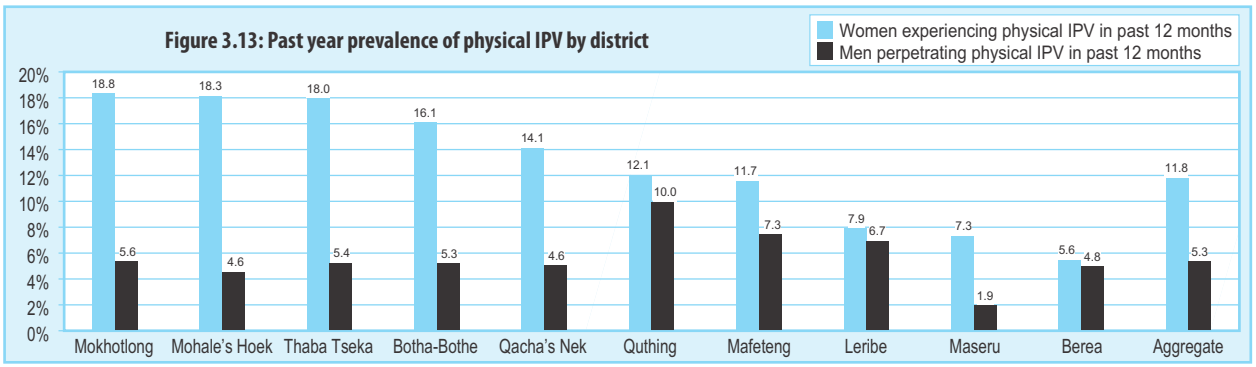


Figure 3.13 shows the past 12 months prevalence of physical IPV by district. The experience prevalence ranged from 19% in Mokhotlong to 6% in Berea. The perpetration prevalence ranged from 2% in Maseru to 10% in Quthing. A greater proportion of women than men reported experience of physical IPV in Mokhotlong, Mohales' Hoek, Thaba-Tseka and Botha-Bothe.

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. Research conducted in 2003 showed that the conviction rates for rape may be as low as 9% (Violence against Women in Lesotho, 2003). In 2008, the Ministry of Gender and Youth, Sport and Recreation (MGYSR), supported by the United Nations Population Fund (UNFPA), commissioned the first VAW prevalence baseline study to obtain a compre-hensive situation analysis of violence against women in Lesotho. The study showed that the most commonly experienced forms of VAW are physical and emotional. The study also showed that VAW in Lesotho was driven by patriarchal gender norms.

"Then one night he knocked at my door. I refused to open for him, so he kicked the door to no avail, which finally led him to breaking the back window and getting inside. He raped me in front of my other daughter (who was 4 years old then). In the morning, I reported the matter to the chief, and the elders (chief`s council) told me that my boyfriend had the right to visit me because I already had two children with him. I was so confused that I did not have the courage, and strength, to report the abuse to the police".

By Nkhahliseng

Police and court records collected from 2008 to 2010 showed that 1 432 cases of VAW were reported with the majority (1 234) of these being sexual offences. Of the 1 234 sexual offences reported, 67% were against women while the remainder were against children (Lesotho CEDAW Report, 2011).

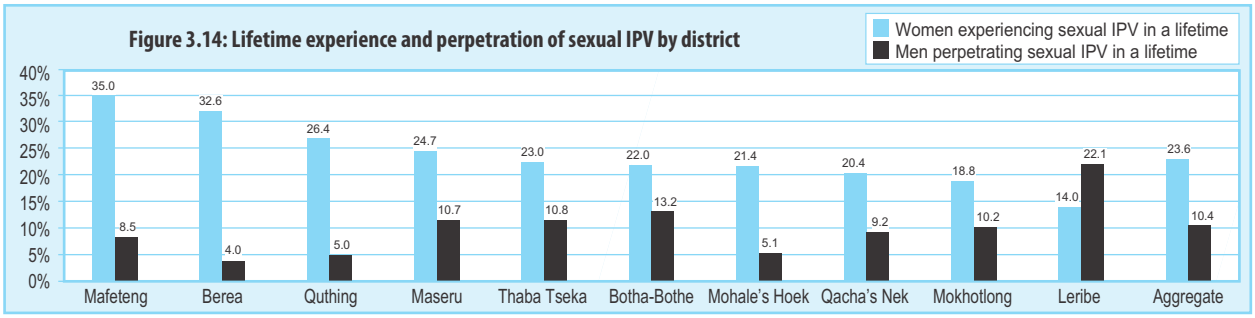


Figure 3.14 shows that a higher proportion of women than men reported sexual IPV. Almost a quarter (24%) of women experienced this while one in ten (10%) men disclosed perpetration. The highest prevalence of sexual IPV experience was recorded in Mafeteng (35%) and the lowest in Leribe (14%). Only in Leribe did a higher proportion of men (22%) disclose perpetration compared to women's (14%) disclosure of sexual IPV experience.

The difference between prevalence of sexual IPV experience and perpetration is greater in Berea, Mafeteng, Mohale's Hoek and Quthing than in other districts. This warrants further exploration.

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

Acts of sexual IPV from the "I" Stories

Sixteen women were sexually abused by their partners. The majority were forced to have sex against their will, one woman was forced to have sex at gunpoint by her husband. In some instances, sexual abuse was accompanied by physical as well as emotional abuse.

Table 3.5 shows that, as with physical IPV, the majority of women who experienced sexual IPV experienced it on more than one occasion. Nineteen percent of women participating in the survey experienced sexual IPV more than once in their lifetime. About 5% percent of men participating in the survey perpetrated sexual IPV more than once in their lifetime.

Table 3.5: Frequency of sexual IPV

Criteria	Women's experience (%)	Men's perpetration (%)
Never	76.4	89.6
Once	5.0	5.9
More than once	18.5	4.5

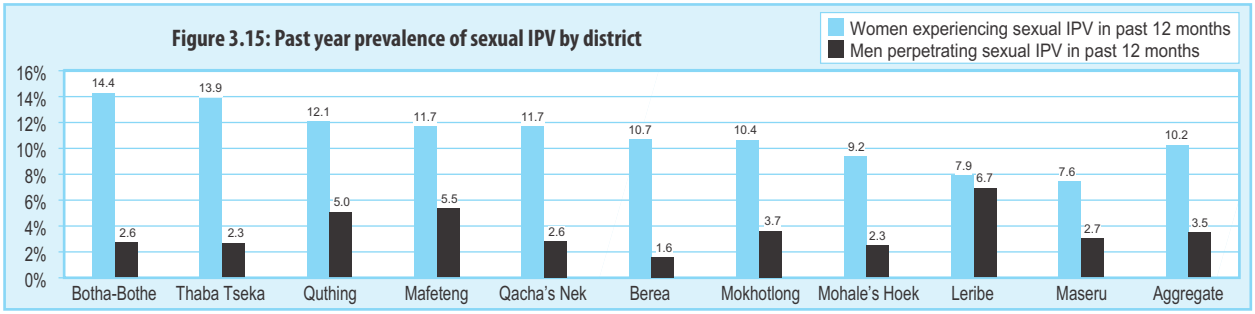


Figure 3.15 shows that the experience prevalence of sexual IPV in the 12 months before the survey ranged from 14% in Botha-Bothe and Thaba-Tseka to 8% in Leribe and Maseru. Conversely, Leribe had the highest prevalence of perpetration (7%). For both lifetime and past 12 months prevalences, experience of sexual IPV reported by women is consistently higher than the perpetration prevalence reported by men.

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.

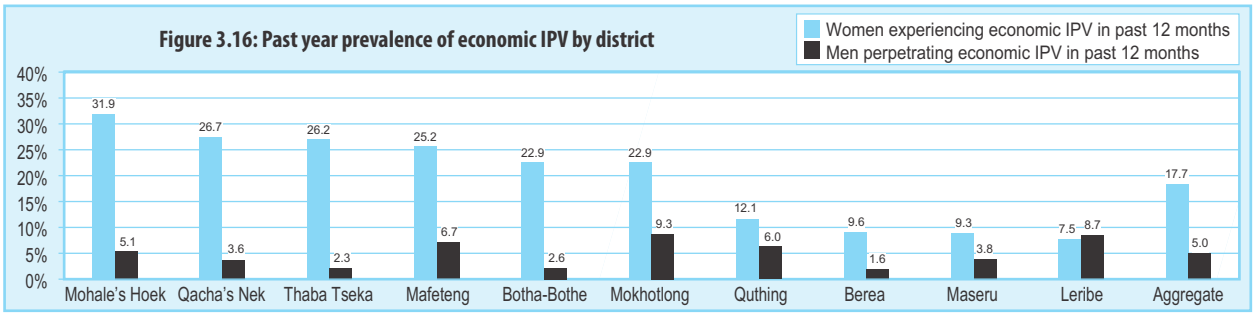


Figure 3.16 shows the prevalence of economic IPV in the 12 months before the survey. The experience prevalence ranges from 32% in Mohale's Hoek to 8% in Leribe. The perpetration prevalence ranges from 9% in Leribe and Mokhotlong to 2% in Berea. Only in Leribe was perpetration prevalence (9%) higher than experience prevalence (8%). As with sexual IPV and physical IPV, men in Leribe were more likely to disclose perpetration

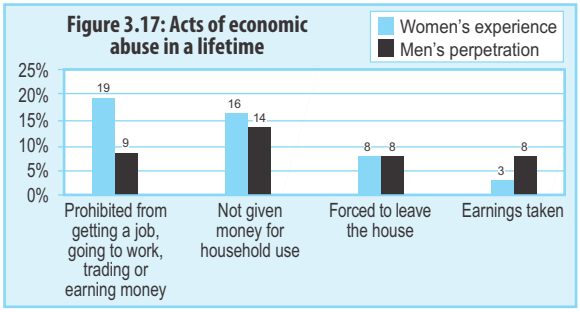


Figure 3.17 shows that the most common act of economic abuse experienced by women was being prohibited from being employed or earning money (19%) and not being given money for household use (16%). Eight percent of women were forcefully evicted from their home and 3% of the women had their earnings taken. Fourteen percent of men admitted not giving their partners money for household use while (9%) of men prohibited their partners from getting a job. Equal proportions of men forced their partners to leave the house and took the earnings of their partners.

"He was no longer paying our children's school fees as he was always drinking; if I manage to get piece jobs and bought new things, he would break them. When I told him that our children wanted school fees he would tell me that I did not come there with children therefore those children were his and he would take care of them when he needed; my children were really suffering. He would bring his girlfriends at our place and asked them to insult me, and he would beat me up while those girlfriends were still there; my children would always cry. This is the life I was leading my entire marriage, but I did not want to leave because I did not want people say I was not woman enough".

By Malira

Acts of economic abuse from the "I" Stories

Of the 42 women who experienced some form of IPV, 27 experienced economic abuse in form being denied of financial support for both the woman and her children, or being prohibited from working. In other instances, men would make financial decisions without consulting the women.

Abuse in pregnancy

This study explored the prevalence of intimate partner violence in pregnant women that may have been prompted or intensified by pregnancy. Abuse in pregnancy maybe due to longstanding abusive relationship that continue after a woman becomes pregnant. It may also commence because of various reasons such as unintended pregnancy or suspicion of birth control sabotage. Women were asked if they experienced acts of abuse during any of their pregnancies.



Figure 3.18: Acts of abuse in pregnancy in a lifetime

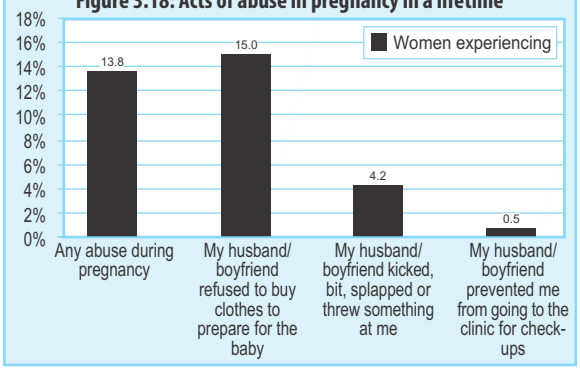


Figure 3.18 shows that 14% of women who were ever pregnant reported abuse during pregnancy. The most common form of abuse was economic and involved refusal by partner to contribute to preparations for the baby. Fifteen percent of ever-pregnant women reported this. One in twenty-five (4%) of women were physically abused during pregnancy and about 1% were prevented from going to a clinic for antenatal care. Six women who participated in the "I" Stories were abused during pregnancy.

Figure 3.19: Lifetime prevalence of abuse in pregancy by district

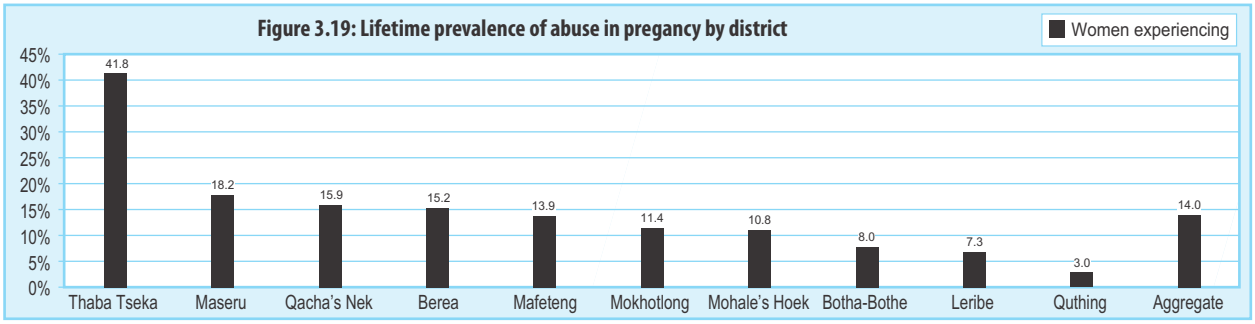


Figure 3.19 shows that over two fifths (42%) of ever-pregnant women in Thaba-Tseka reported experiencing abuse in pregnancy at least once in their lifetime. The second-highest prevalence was in Maseru (18%), followed by Qacha's Nek (16%), Berea (15%), Mafeteng (14%), Mokhotlong and Mohale's Hoek (11%), Botha-Bothe (8%), Leribe (7%), and lastly Quthing (3%).

Non-partner rape

The study assessed rape of women by men by asking three questions. These covered: whether a man not a husband or boyfriend forced or persuaded the woman to have sex against their will, whether they 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.

Lifetime prevalence

Figure 3.20: Lifetime prevalence of non-partner rape by district

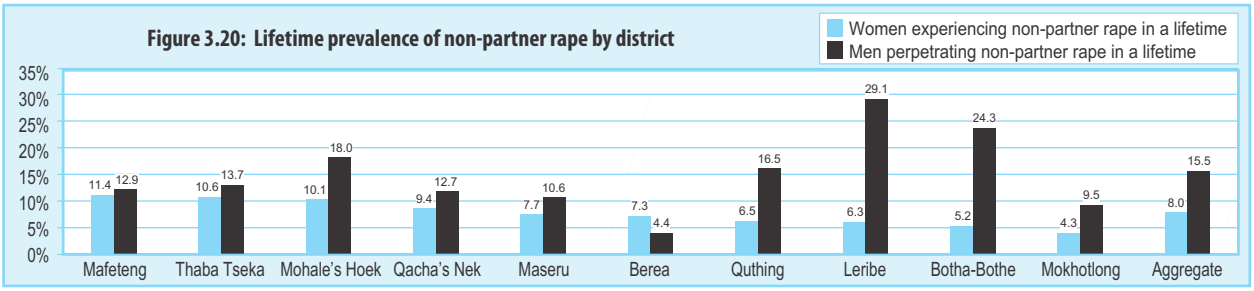


Figure 3.20 shows that overall, 8% of women reported experience of, and 16% of men reported perpetration of forced sex with a woman who was not an intimate partner in their lifetime. In all districts except for Berea, the prevalence of rape reported by men was higher than that reported by women. The prevalence of rape reported by women ranged from 11% in Mafeteng to 4% in Mokhotlong. The prevalence of rape perpetration by men ranged from 29% in Leribe to 4% in Berea.

Table 3.6: Frequency of non-partner rape

Criteria	Women's experience (%)	Men's perpetration (%)
Never	92.1	84.5
Once	3.8	9.2
More than once	4.1	6.3

Table 3.6 shows 4% of women reported that they were raped once in their lifetime while an equal proportion (4%) were raped more than once. A higher proportion of male rape perpetrators (9%) said they had only done so once in their lifetime.

Experience of non-partner rape from the "I" Stories

Of the 85 women who participated in the "I" Stories, 31 were raped by non-partners while one woman experienced attempted rape. In 18 cases, the victims knew the perpetrators, who were family or community members. In 16 cases, the victims were raped by strangers unknown to them.

Figure 3.21: Comparison of the lifetime experience of non-partner rape in five countries

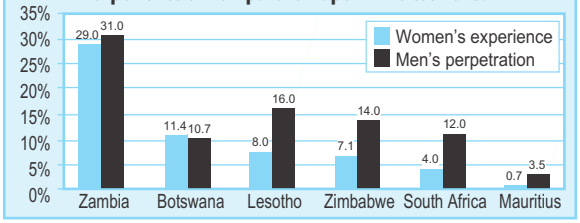


Figure 3.21 shows that Lesotho had the third-highest experience prevalence of non-partner rape when compared with the other countries where GL conducted the GBV Indicators research. With regard to perpetration, Lesotho came second after Zambia.

Comparison between experience and perpetration rates

This study made use of two questionnaires: one for women and another for men so responses could be juxtaposed and analysed.

Figure 3.22 Gaps between experience and perpetration rates

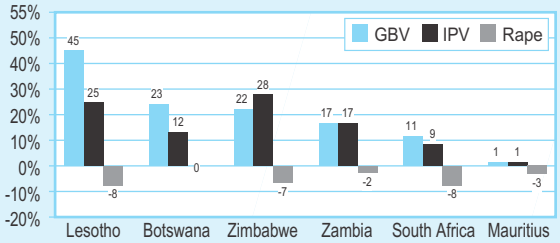


Figure 3.22 shows the gaps between experience and perpetration rates of GBV, IPV and non-partner rape in the six countries where the research was undertaken. Lesotho recorded the highest gap (45%) between VAW experience rates by women and perpetration rates by men. With regard to IPV, Lesotho recorded the second-highest gap. Similarly, pertaining to rape, Lesotho and South Africa had the highest gaps with more men reporting perpetration compared to women who reported experience. These findings warrant further research to understand why, generally, perpetration rates are lower than experience rates.

In the study conducted by Mateetee (2005) Basotho women said that due to customary law that legalises the minority status of women, men tended not to view VAW as a violation of women's rights. Therefore, it can be assumed that men do not own up to acts of VAW because they do not see them as violence. In Lesotho, as in many parts of Africa, rape victims are treated with shame and contempt which can be a hindrance, discouraging women to acknowledge rape even in studies such as these (Sechaba Consultants, 2008). However, further research is needed to understand this phenomenon.

"The worst mistake that this woman did was to tell me to help her carry the scripts to her house. When we got to her house she locked the door and told me to sit down, I asked why she locked and she claimed that there are thieves. I told her I want to go back home as my mother would be worried as to where I was. She was wearing a full dress with a zip at the back, she asked for help I helped her and demanded to leave because I saw that something will go wrong. She did not respond with words instead she started to touch me in a way that I was not comfortable, she added by kissing my cheeks; I stood up very quickly and ran to the door. She seemed so relaxed and asked me whether I had forgotten that she locked for us to have some private time".

By Amose

Sexual harassment

Sexual harassment means 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 advances or requests arise from unequal power relations (SADC Protocol on Gender and Development).

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



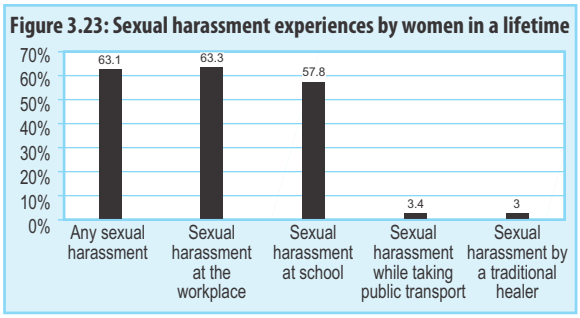


Figure 3.23 shows that, overall, almost two thirds (63%) of the women experienced some form of sexual harassment in their lifetime. The most common site of sexual harassment was the workplace (63%), followed by sexual harassment at school (58%), then harassment on public transport (3%) and by traditional healers or religious leaders (3%). These findings show that women are vulnerable to abuse even in the public sphere.

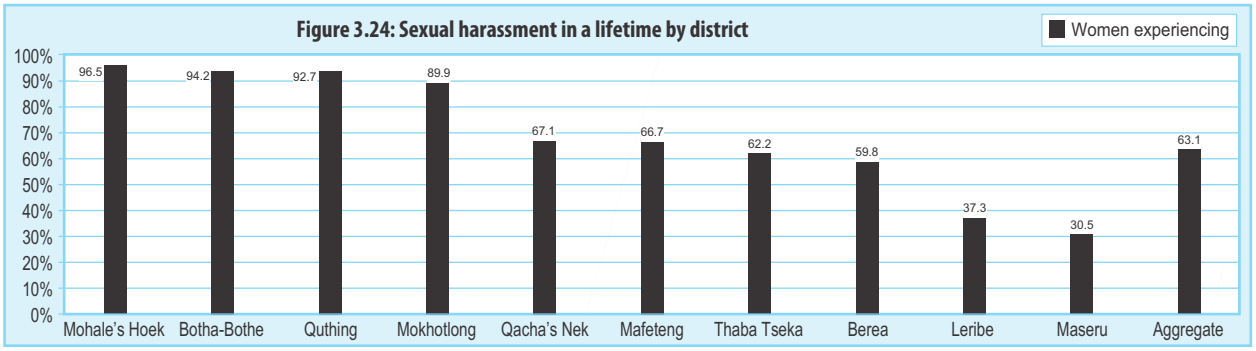


Figure 3.24 shows the highest prevalence of any experience of sexual harassment was recorded in Mohale's Hoek (97%), followed by Botha-Bothe (94%), Quthing (93%), Mokhotlong (90%), Mafeteng and Qacha's Nek (67%), Thaba-Tseka (62%), Berea (60%), Leribe (37%) and lastly Maseru (31%).

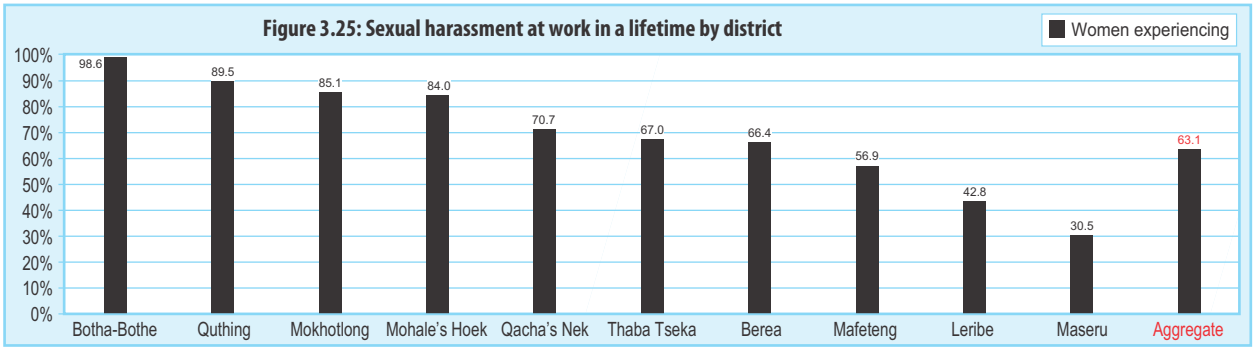


Figure 3.25 shows the highest prevalence of any experience of sexual harassment in the work place was in Botha-Bothe (99%), Quthing (90%), Mokhotlong (85%), Mohale's Hoek (84%), Qacha's Nek (71%), Thaba-Tseka (67%), Berea (66%), Mafeteng (57%), Leribe (43%) and lastly Maseru (31%). Maseru

had consistent prevalence rates reported for any sexual harassment in lifetime and sexual harassment in the workplace.

Conclusion

This chapter established that VAW was rife in Lesotho. Despite such high levels, there was serious underreporting to both the police and the hospitals. Therefore, it is difficult to know the real magnitude of the problem. To deal effectively with VAW, all hindrances to the reporting of abuse to both the police and medical staff should be dealt with. The Department of Health represents the point of first contact by most victims of violence, therefore staff should be trained in VAW screening and make referrals accordingly. The role of the police in responding to VAW should be clearly defined so they comply with their duties rather than assume the role of peacemaker, which in most cases, impedes the course of justice.

As long as this epidemic is treated as a domestic issue needing no public attention, it will remain a challenge to address. The findings also indicate that the culture of silence has taken its toll in the community. Notable in this study, was the glaring gap between experience and perpetration rates. The proportions of women reporting experience of VAW were, in most instances, twice the proportion of men reporting perpetration of the same type of VAW. This underscores the need for further research to understand that gap. Our findings also established that Lesotho workplaces and schools are not safe because of high levels of sexual harassment. Of the six countries that partook in this study, Lesotho recorded the highest sexual harassment prevalence rates. There is a need to look into, and strengthen, policies that protect women in public and work places. This chapter also presented the different forms of GBV, disaggregated by district. Generally, rural areas recorded the highest levels of violence; this information is important for developing district-specific responses to GBV.

CHAPTER 4

PATTERNS AND DRIVERS OF GBV



16 days celebration, Ha-koali, Lesotho. *Photo: WLSA*

Key facts

- During the 12 months before the survey, young women aged 18-29 years were more likely to experience IPV than were older women.
- A significantly higher proportion of young men (18-29 years) perpetrated IPV than did older men (30 years and older).
- A significantly higher proportion of men who did not matriculate abused their intimate partners in their lifetime.
- A significantly higher proportion of men who did not matriculate raped a non-partner in the 12 months before the survey.
- A significant proportion of men who were employed or earning in the 12 months prior the survey admitted raping a non-partner.
- A significantly higher proportion of men who drank alcohol or used drugs perpetrated IPV in the 12 months prior the survey.
- A significantly higher proportion of men who were victims of child neglect and physical abuse committed IPV.
- A significantly higher proportion of men who were sexually abused and neglected as children, admitted to committing non-partner rape compared to men who did not experience such abuse in childhood.
- Conservative community norms towards gender relations trigger violence against women.



"I" story by Melody

"My mother abused me; she did not take care of me at all, so I was taken away from my mother when I was a few months old. I was raised by strangers and sent to school but when I was in standard six there was no money and I had to drop out of school. My father who raised me died and I got devastated.

My father's wife also showed a dislike towards me but I did not know why because I thought she was my mother. I started dating a boy from the same village. When my mother heard about it, she whipped me very hard. She even told me that day that I am not her child. I was confused and hurt because I did not know where I belonged. I got very hurt that I hunted my mother down; when I found someone who knew my mother, he told me that my mother was not married but kept having children at home and leaving them.

My mother had five children, the first one passed away, the second one is disabled, then I was the third one and the last three were boys. After the burial of my guardian mother, her friend came and told me that she has found a job for me in Gauteng. By that time I was 18 years old. When I got there she told me to sell beer in her bar, and she did not pay me.

This woman lied and used me to an extent that when I wanted to go back home she forcefully married me to an old man who was one of her regular customers. He was once a soldier; we lived together. I later discovered that he was married with kids. One December I came home to Lesotho, and when I returned I found out that I was pregnant. When I was nine months I came home again to give birth. After my baby's birth, the person who took care of us got fed up and asked me to return to my baby's father.

I returned to my husband without even a bus fare. I had promised the taxi driver that I would give him his money when I reached home hoping that my husband would give me the money. I got home and my husband was not there, he had run away. I became stranded and the owner of the taxi wanted to beat me up and he called me a lying prostitute. The passengers pleaded on my behalf, I then went to the church where we used to go. We survived by begging and the people felt pity because of my child since my baby was only few months.

I got sick, suffering from a womb problem, when the person who gave me the house for some time 'till my husband returns found me very sick; she told me to leave since she did not want to find corpse in her house. I went to the church; they expelled me from there. I went to that friend of my mother, she gave me money to go back home. I looked after my child on my own. We faced many difficulties but I soldiered on.

I used to cry all the time for my child was very young and I was angry with myself. When my child grew, I decided to work for my child. I then met a man who wanted to marry me; I refused and told him that I want to work for my child but he took me forcefully. We had four children. Although he looked after his children, he was abusive to me. He refused to look after me. He would beat me. He doesn't give me any money, instead if I ask for anything I will be beaten like I have insulted him. I never knew a peaceful life since I was a child, 'till now I still live with my husband. I am afraid of him that is why it is so hard for me to leave him. I am also staying because of my children."

The story shows how GBV is a vicious circle in the life of a woman. From birth Melody was met with neglect and abuse from her mother and guardian. From the beginning her life was marked with suffering. She is now stuck in a loveless marriage and has five children. This story serves to show how childhood experiences can trigger violence in the latter years in life. This chapter looks at the various factors that trigger and perpetuate GBV in Lesotho.

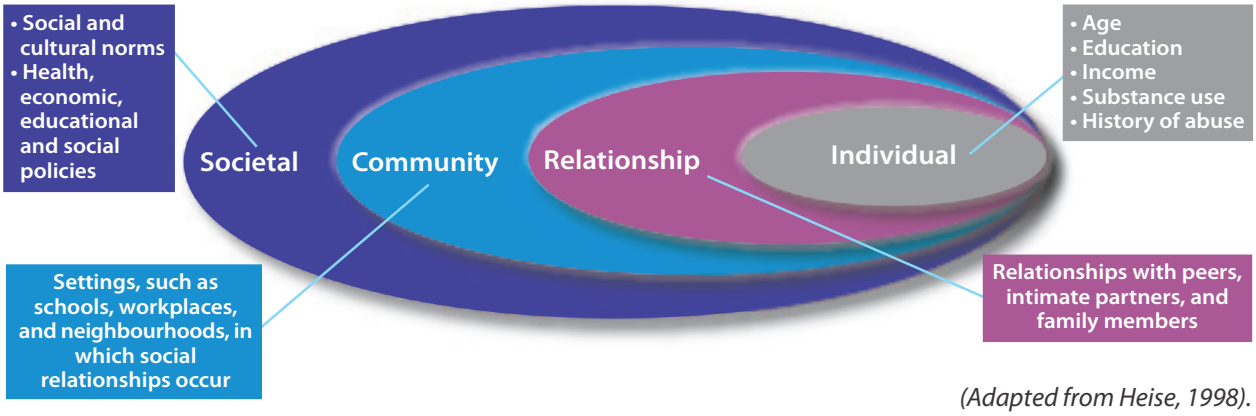
This chapter looks at the various factors that trigger and perpetuate GBV in Lesotho.

It has been established that gender-based violence is a prevalent phenomenon in most societies. The findings of this report show that violence against women is also prevalent in Lesotho. Studies have found many factors that influence the risk of experi-

encing and perpetrating intimate partner violence. Partner alcohol abuse, experience of childhood abuse, women's attitudes about accepting partner's beatings, age, women's decision-making power and education are some of the factors that increase the risk of a woman experiencing IPV (Hindin, 2008; Jewkes, 2002; Shamu, 2011). Another study found that married women and better-educated women were less likely to experience sexual violence in Lesotho (Brown, 2006). The current study also sought to identify factors associated with VAW in Lesotho. This information will add to existing knowledge on predictors of GBV, which can be used to design appropriate interventions to promote the reduction of GBV in the country.

The study employs the ecological model to explain factors that increase the likelihood of IPV experience and perpetration. The model in Figure 4.1, proposed by Heise (1998), suggested that IPV results from a complicated interplay of personal, situational and sociocultural factors.

Figure 4.1: The ecological model of factors associated with VAW



(Adapted from Heise, 1998).

The model explains that an individual acts within the concentric spheres of relationships, community, institutions and society - and that violence occurs within these spheres (Heise, 1998).The individual level in the model relates to personal history and biological factors which influence how an individual's behaviour is likely to increase their likelihood of becoming a victim or perpetrator of violence. The relationship level explains that interactions with family members, intimate partners and friends are factors which influence the risk of gender violence. Informal and formal structures such as the neighbourhood, workplace and school represent the community level where gender violence can be supported and promoted. The outer circle represents the societal levels factors such as social, economic, institutional and cultural factors that can further reinforce the risk of gender violence. The four levels in the framework also offer a guide on appropriate interventions to reduce incidence of IPV.

This study sought to explore the individual, relationship, community and institutional factors that are associated with VAW in Lesotho.

[12] http://www.mrc.ac.za/gender/WHOVAWreport2013.pdf
[13] http://www.who.int/violenceprevention/approach/ecology/en/

Sociodemographic factors

The study explores how age, educational level employment status, childhood abuse and alcohol abuse influence the risk of experiencing and perpetrating IPV. These are individual level factors according to the ecological model.

Table 4.1: Sociodemographic factors associated with experience and perpetration of IPV

Factors	Ever IPV				Past 12 months IPV			
	% women survivors	Chi(p)[21]	% men perpetrating	Chi(p)	% women survivors	Chi(p)	% men perpetrating	Chi(p)
Age								
18-29	56.0	0.001	32.9	0.054	36.5	0.000	11.7	0.020
30-44	65.4		40.0		33.6		15.3	
45+	64.2		37.6		17.1		9.6	
Level of education								
High school incomplete and lower	64.5	0.000	37.1	0.328	28.2.0	0.762	12.4	0.598
High school complete and over	50.3		32.8		26.6		10.2	
Worked in past 12 months								
No	63.2	0.089	36.0	0.193	26.5	0.281	11.4	0.184
Yes	58.6		39.5		23.8		13.7	

Age

Table 4.1 shows the difference in the proportion of IPV survivors by age in lifetime experiences (p=0.001) and in the 12 months prior to the study (p=0.000) was statistically significant. Experience of IPV increased with age though it decreased among women aged 45 years and older. In lifetime experiences, nearly seven out of ten (65%) of women aged 30-44 years, and 64% of women aged 45 years and older, survived IPV. Women aged 18-29 years had the highest likelihood of experiencing IPV in lifetime experiences and in the 12 months before the survey.

There was a significant difference in perpetration of IPV among men; the highest proportion of perpetration being among young men aged 30-44 years and the least among men who are 45 years and older in 12 months prior the survey.

Education level

A significantly higher proportion of women who did not complete matric experienced IPV in lifetime experiences when compared to the women who completed matric (p=0.000). Sixty-five percent of the women who did not complete high school experienced IPV in their lifetime while half of the women who completed high school experienced IPV. However, there was no statistical difference in IPV perpetration according to level of education among men - in lifetime and 12 months before the survey. This shows that all men, irrespective of formal education, need to be sensitised about domestic violence.

Employment status

Employment status 12 months before the survey and in lifetime made no significant difference to the proportion of women who experienced, or men who perpetrated, IPV. Employment is an indicator of economic empowerment in women and studies have documented conflicting evidence on how employment status influences the risk of IPV. A study in Bangladesh found that rural women who earned an income were at higher risk of IPV than women who did not work (Naved & Persson, 2005). Whereas Hoque (2009) found that unemployed women were at higher

risk of experiencing violence. It is argued that empowered women tend to challenge patriarchal norms, which in turn causes men to use violence as a means of maintaining control (Jewkes et al., 2002).

It is however, agreed that female empowerment increases the risk of physical violence to a certain level, and becomes a protection thereafter (Jewkes, 2002).

Table 4.2: Disaggregation of experience and perpetration of rape by socio-demographic factors

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	78.5	0.863	16.0	0.01	2.3	0.383	2.2	0.035
30-44	78.0		17.8		2.9		3.4	
45+	77.0		12.0		1.7		1	
Level of education								
High school incomplete and lower	7.6	0.806	16.5	0.067	2.4	0.311	2.3	0.558
High school complete and over	8.0		10.5		1.4		1.5	
Worked in past 12 months								
No	6.5	0.001	15.6	0.593	2.1	0.514	1.9	0.203
Yes	11.4		16.6		2.6		2.8	

Age

Table 4.2 shows no significant difference in the prevalence of women's non-partner rape experiences by age. There was no statistically significant difference in the proportions of women who were raped in the different age groups (p=0.863) in lifetime experience and in the 12 months prior the study (p=0.383). This implies that women of all ages who participated in the survey were equally vulnerable to non-partner rape.

However, the difference in perpetration of non-partner rape by men of different ages was statistically significant in lifetime experiences (p=0.01) and 12 months before the survey (p=0.035). Men aged 30-44 years were more likely to commit non-partner rape compared to men aged 18-29 years and 45 years and older. Three percent of men aged 30-44 years, 2% and 1% of men aged 18-29 and 45 years and above, respectively, perpetrated non-partner rape 12 months before the survey.

Education

There was no association between level of education and women's experience, nor men's perpetration of, non-partner rape. The difference in the number of women experiencing non-partner rape was statistically insignificant. This implies that education

is not protective in respect to experiencing non-partner rape.

Employment status

A significantly higher proportion of women who worked 12 months prior to the survey experienced non-partner rape compared to women who did not work (p=0.001). This implies that women are vulnerable to sexual harassment in the workplace. However, there was no significant difference in the proportion of non-partner rape survivors among women in the 12 months prior to the study experiences. There was no association between perpetration of non-partner rape in lifetime and 12 months before the survey and employment status.

Alcohol and substance abuse

This study examined links between alcohol and substance use and GBV. Questions relating to alcohol and drugs included whether the respondent had taken alcohol in the 12 months prior to the survey and if the response was "yes", then how often. Participants were also 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 4.3: Alcohol and drug consumption patterns by women and men

	% women	% men
Have you consumed alcohol in past 12 months		
No	74.4	54.4
Yes	25.6	45.6
How often do you take a drink containing alcohol		
Monthly or less	59.1	38.5
2-4 times a month	16.4	29.1
2-4 times a week	9.5	12.7
4+ times a week	15.0	19.7
More than five drinks on one occasion		
Never	44.1	16.4
Less than monthly	34.8	35.6
Monthly	12.4	23.1
Weekly	4.8	13.3
Daily or almost daily	3.9	11.6
Current partner alcohol frequency		
Every day/nearly every day	14.6	3.6
Only at weekends	9.1	4.1
A few times in a month	14.3	7.3
Less than once a month	9.0	6.7
Never drank	52.7	77.9
Stopped drinking	0.3	0.4
Current or most recent partner drug use		
No	79.4	92.2
Yes	20.6	7.8

Table 4.3 shows 46% of men and 26% of women drank alcohol. Twenty percent of male drinkers and 15% of female drinkers took an alcoholic drink more than four times a week. Twelve percent of the men who drank alcohol drank more than five alcoholic drinks daily while a lesser proportion of women (4%) did the same. Fifteen percent of women had a partner who drank alcohol on a daily basis. Nine percent of the women in the sample had a partner who drank only at weekends. Drug use was higher among men than women. Nearly a quarter (21%) of the women admitted to having an intimate partner who used drugs while 8% of men said their female partners used drugs.

Table 4.4: Partner alcohol or substance use and experience of IPV in past 12 months		
	% women survivors in past 12 months	Chi(p)
Partner drank alcohol	32.9	0.002
Partner did not drink alcohol	25.7	
Partner used drugs	35.6	0.007
Partner did not use drugs	28	

Table 4.4 shows that women with a partner who used drugs or drank alcohol were more likely to be survivors of IPV in the 12 months before the survey. Thirty-three percent of women whose partners drank alcohol and 26% of women whose partners did not drink alcohol reported experiencing IPV in the 12 months before the study. Thirty-six percent of women whose partners used drugs and 28% percent of women whose partners did not use drugs reported experiencing IPV 12 months before the study. This suggests a need to strengthen alcohol consumption regulations.

Table 4.5: Alcohol or drug use and perpetration of IPV in past 12 months		
	% men perpetrators in past 12 months	Chi(p)
Drank alcohol	16.0	0.000
Did not drink alcohol	8.8	
Used drugs	12.3	0.873
Did not use drugs	14.3	

Table 4.5 shows an association between alcohol use and IPV perpetration. Sixteen percent of men who drank alcohol compared to 9% of men who did not drink alcohol committed IPV during the 12 months before the survey. However, the difference in IPV perpetration among men using drugs like dagga and those who did not use drugs is not statistically significant (p=0.873).

Childhood abuse

Child abuse is defined as any interaction or lack of interaction by a parent or caretaker that results in non-accidental harm to the child's physical and/or developmental state.[14] This term is said to include not only the physical non-accidental injury of children, but also emotional abuse, sexual abuse and neglect.[15] There are studies that have demonstrated that child abuse increases the risk of gender violence (Abrahams, 2005; Heise, 2002).

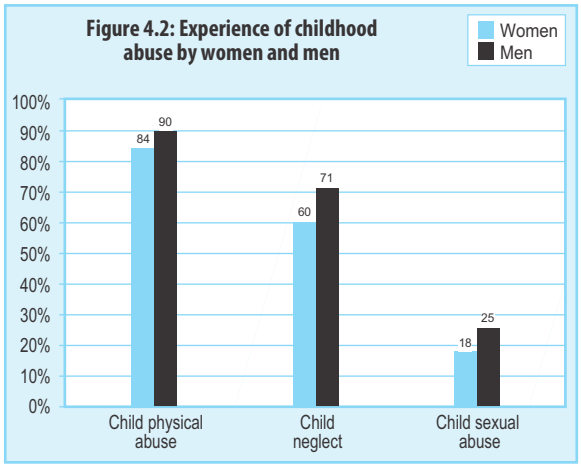


Figure 4.2 shows physical abuse was the most prevalent form of childhood abuse among women and men. Sexual abuse was the least experienced form of childhood abuse. A higher proportion of men (90%) than women (84%) experienced childhood physical abuse. Sixty percent of women and 71% of men were neglected as children. Eighteen percent of women and 25% of men suffered sexual abuse during childhood years. Studies throughout the Sub-Saharan Africa have shown similarly high levels of child abuse. A literature review on child sexual abuse conducted by the East, Central and Southern Africa Health Commission (2011) revealed that lifetime exposure to sexual abuse was reported by an average of 23% (range, 9%-33%) of school children aged

[14] http://www.childlinesa.org.za/index.php/documents-for-download/doc_download/197-recognising-child-abuse
[15] Ibid.

between 13 and 15 years from Namibia, Swaziland, Uganda, Zambia and Zimbabwe.[16]

More men than women experienced the various forms of childhood abuse. This implies that formative years of both men and women are characterised by abuse that resurfaces in adulthood with women as victims and men as perpetrators. These figures are a cause for concern considering that almost half of the total population of Lesotho comprises children.[17]

Figure 4.4: Childhood trauma factors and perpetration of non-partner rape

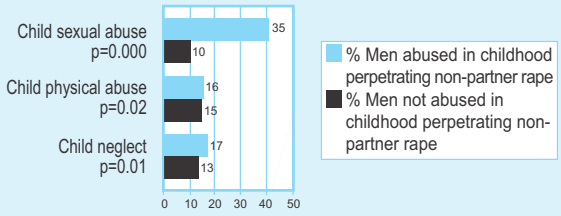


Figure 4.4 shows an association between childhood neglect and sexual abuse and non-partner rape. Men who were neglected and sexually abused in childhood were more likely to rape non-partners than men who were not abused in childhood. Thirty-five percent of men who were sexually abused in childhood raped a non-partner while a tenth of men who were not sexually abused in childhood raped a non-partner. A higher proportion of men who were neglected in childhood perpetrated non-partner rape than men who had not been neglected.

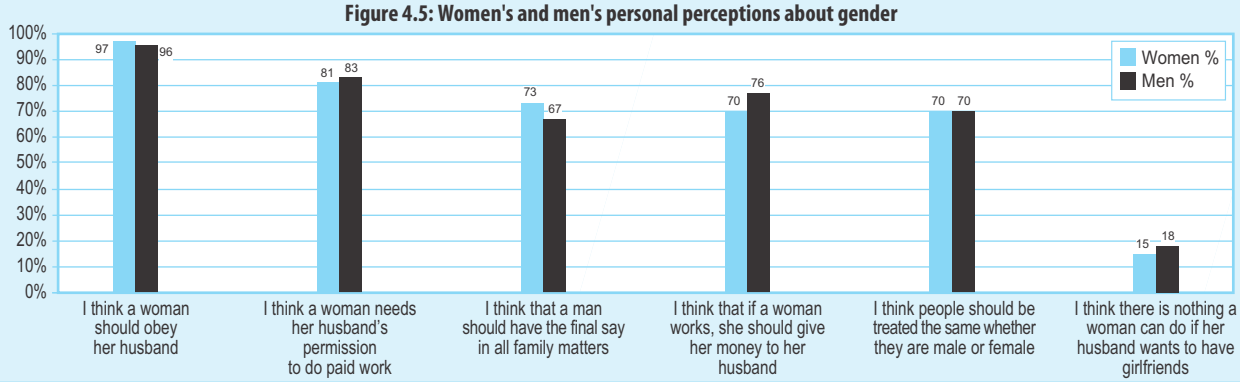
Response mechanisms on child abuse in Lesotho

It is evident from the above figures that child abuse has taken its toll in Lesotho. Because experience of childhood abuse was significantly associated with the experience and perpetration of violence in later life, it is imperative to nip the effects of child abuse in the bud.

Gender relations

Negative gender attitudes have been suggested as the one of the most prominent predictors of IPV at community and societal level (Abrahams, 2006; Faramarzi, 2005; Lawoko, 2008). The patriarchal Basotho society is characterised by gender relations that promote ideas of male superiority over women.[18] Consequently, violence is used to maintain the subjugation of women, affirm a sense of power by men and to resolve and suppress relationship conflict (Uthman, 2010). This study explored gender differences attitudes towards IPV in Lesotho.

Figure 4.5: Women's and men's personal perceptions about gender



[16] National response efforts to address sexual violence and exploitation against children in Lesotho, 2013
[17] http://www.acerwc.org/wp-content/uploads/2012/05/English-ACERWC-Lesotho-Harmonisation-of-Laws-on-Children.pdf
[18] http://www.dpe.org.ls/reports/gender%20based%20violence.pdf

Figure 4.5 shows that generally the perceptions of both women and men are traditional and conservative. Ninety-seven percent of women and 96% of men believed a woman should obey her husband. About eight out of ten of women (81%) and men (83%) thought a woman should have her husband's permission to do paid work. Despite a negative attitude towards married men having girlfriends, the responses of the women and men still demonstrated belief that a man has ultimate power in the domestic sphere, including over his wife and her economic contributions to the family. Seven out of ten of women and more than three quarters (76%) of men believed that a woman should give her husband her money if she works. This reinforces lack of power and the dependency of women on men over economic and household decision making. A study of 17 Sub-Saharan countries demonstrated joint decision making reduces the likelihood of IPV (Uthman, 2010).

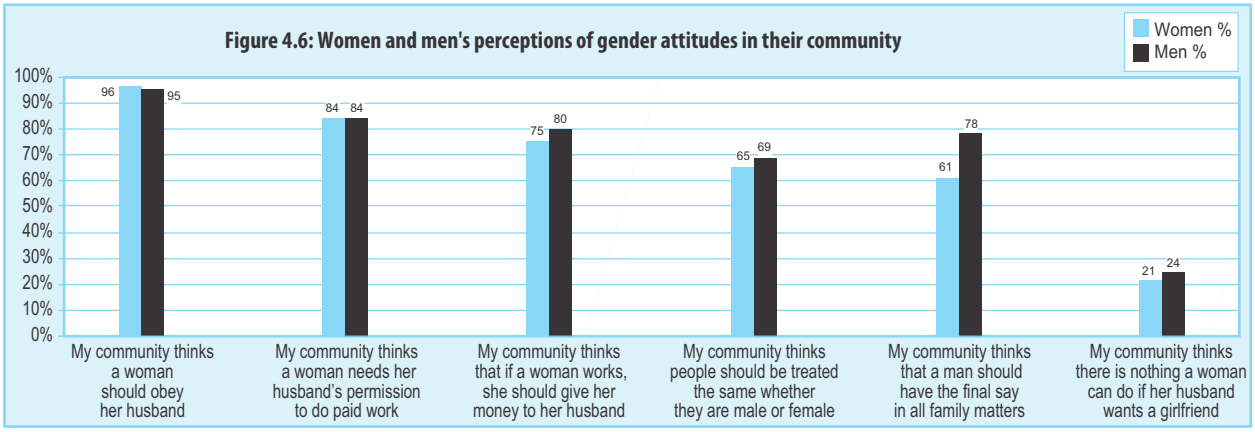


Figure 4.6 shows the women and men in the study perceived their community to have strong traditional attitudes towards gender relations in the home. Ninety-six percent of women and 95% of men felt that the community believed a woman should obey her husband. A higher proportion of men than women felt their community believed a man has the final say in family matters. Community attitudes towards employment strongly believed a woman has to ask for permission to do paid work and has to give her husband her salary. This implies that community norms expect a woman to submit herself, including her economic rewards, to her husband.

Sexual entitlement in marriage and legitimacy of violence

Gender norms regarding the treatment of wives are also critical predictors of VAW at community and societal level (Yount, 2010). There is evidence to show that attitudes that justify the use of violence or punishment against women are associated with a higher risk of GBV. The study explored individual and community attitudes towards sexual entitlement in marriage and the legitimacy of violence.

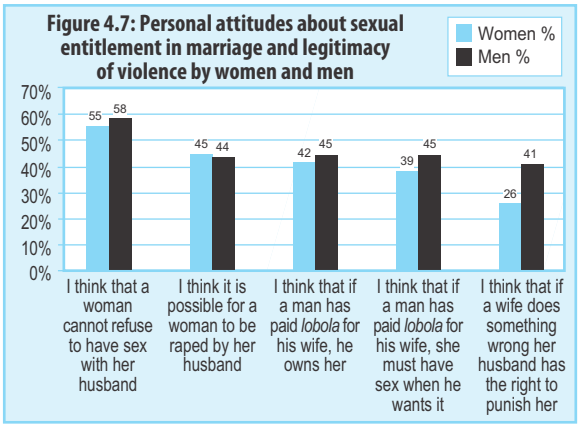


Figure 4.7 shows more than half of the women and men in the sample believed a husband is entitled to have sex with his wife. Fifty-five percent of women and 58% of men believed that a woman cannot refuse her husband sex. Less than half of men (44%) and women (45%) believed the existence of marital rape. More men (41%) than women (26%) agreed it was a right of the husband to punish his wife if she does wrong. Such attitudes towards the use of violence strongly trigger domestic violence, especially in traditional environments where use of violence is perceived to be a right of the husband.

Figure 4.8: Community attitudes about sexual entitlement in marriage and legitimacy of violence by women and men

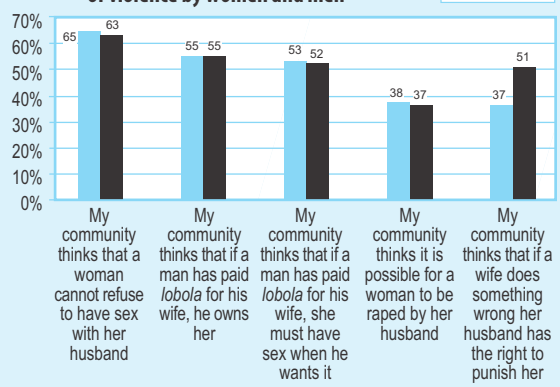


Figure 4.8 shows that, generally, there was not much difference in the perceptions of women and men towards many of the gender norms pertaining to sexuality in marriage, other than the norm related to punishment of wives. Sixty-five percent of women and 63% of men believed their community felt a woman cannot refuse her husband sex. More than half of women (55%) and men (55%) felt the community thought payment of lobola meant a husband owned his wife. More men (51%) than women (37%) agreed to the use of violence as a form of punishment by a husband on his wife. This implies a significant number of men still held the belief that violence be used to discipline women. Such conservative attitudes towards sexual entitlement and punishment trigger gender violence in men.

Political discourse analysis

This study was initially intended to cover the period June 2011 to April 2013 and to include events from two 16 Days of Activism Against Gender Violence campaigns - one under the former government and another under the newly formed coalition government. However, the time was extended to November 2013 in order to collect more data as well as to cover stories that later emerged concerning political functionaries' direct involvement in GBV acts. The Lesotho study has been especially problematic for the researching consultant. There is a dearth of archival material and very poor record keeping. The situation was aggravated by government change and careless preserving of official records. Also, there was limited media coverage of selected outstanding cases for auxiliary case studies research. Coincidentally, for off-the-cuff analysis, all newspapers articles studied fall within the current government period, November 2011 to November 2013.



The Southern African Development Community (SADC) Protocol on Gender and Development, signed in August 2008, calls on member states to halve gender violence halved by 2015. Specific measures outlined in the Protocol include legislation, where appropriate, to discourage traditional norms including social, economic, cultural and political practices, which legitimise and exacerbate the persistence and tolerance of gender violence. This is with a view to eliminating such practices in all sectors of society, as well as introducing and supporting gender sensitisation and public awareness programmes aimed at changing behaviour and eradicating gender-based violence.

Reaching the goals set out in the SADC Protocol will require member states to take concrete action - with political will as the lynchpin of any progress. Change will only happen if it is accompanied by strong and committed leadership that prioritises ending gender violence and places the issue high on regional and national agendas. What leaders say greatly influences public perceptions, attitudes and behaviour. Political discourse is a powerful tool for disseminating values and information, educating and raising awareness. It is also a measure of levels of state commitment and accountability (KZN GBV Report, 2013).

For the political discourse analysis exercise, the researcher downloaded and carefully read official speeches on the government website. Out of 202 speeches made, only 14 (about 7%) of the speeches mentioned GBV and related issues. The study found that speeches directly addressing GBV are made during the launch of the 16 Days of Activism Against Gender Violence by the Ministers of Gender and Youth, Sport and Recreation. Therefore, most speeches were not specifically focused on GBV issues. For that reason, the researcher extended her search to political party offices, relevant ministries, repositories of archival data such as Radio Lesotho as well as various government information offices like the Lesotho News Agency (LENA). Additional speeches were obtained but they were also not primarily focused on GBV. Because of the difficulty in sourcing speeches, all speeches that the researcher could find were reviewed. No information was found from parliamentary debates during the research period.

Available data on newspaper clippings suggested that political functionaries address issues based on the seriousness of the issue and the extent of the attention it draws from the public - that is, how much the issue attracts political opinion from the citizens. This also explains the dearth of off-the-cuff statements by political figures found during data collection.

For the media evaluation exercise, the researcher surveyed four major local English-language newspapers, namely, the monthly governmental *Lesotho Today*, and privately-owned, weekly *Informative*, *Lesotho Times* and *Public Eye* newspapers. The search results revealed that GBV coverage to be minimal and highly sensationalised. Nevertheless, an extensive list of specific newspaper articles that covered GBV and related issues were compiled.

Four focus group discussions (FGDs) were held to ascertain public perceptions and to complement the main research questions of the study:

- One FGD was held with men in Mohales Hoek;
- One comprised women in Quthing, at Moyeni town;
- Two FGDs were held at Ha Chala, (Qoaling, Maseru) for men and women, respectively.

In each case, diversity of age, sex and social status of participants was ensured as per requirements of the study toolkit. The data were transcribed and analysed revealing that despite functionaries' concern about the prevalence of GBV in Lesotho, the country's laws strangle justice for victims by giving excessive rights to perpetrators.

Is GBV a concern for gender-sensitive functionaries only?

In Lesotho, prime ministers and ministers for gender matters address gender-specific issues in official speeches more frequently than do others. Notably, only the speeches of 'Malebitso Ralebitso (female Deputy Minister of Home Affairs) featured among all analysed gender-specific speeches. Others like the Minister of Finance, Leketekete Ketso, former National Speaker Ntlhoi Motsamai, only touched on gender issues in passing. They, nevertheless, acknowledged efforts to close the gender gap in Lesotho.

Gender not addressed all year round but at special occasions

GBV is mostly officially addressed during gender commemorative days of the year. These include the 16 Days of Activism against Gender Violence, the International Women's Day, and Women's Month in August.

Other gender-related events at which GBV speeches are common, include the High Level National Dialogue on Gender and HIV, the sessions of the Commission

on the Status of Women, workshops on violence against women, the opening of gender summits and inauguration of public works like roads constructions.

GBV speeches target various stakeholders

Generally, the target audience includes citizens, diplomats, donors, parliament members and various stakeholders such as personnel in the ministries of gender, justice and health as well as non-governmental organisations (NGOs) like Lesotho Planned Parenthood Association (LPPA).

Extent, drivers and effects of GBV

To determine political conceptual clarity of GBV, researchers analysed the extent, drivers and effects of GBV mentioned by the speakers. The analysis yielded insights about the pervasiveness of GBV, contributing factors and its connection with HIV.

GBV is calamitous

Of leaders who mentioned the extent of GBV, only Prime Minister Motsoahae Thabane and Deputy Minister of Home Affairs, 'Malebitso Ralebitso, referred to it as a most "abominable", "horrific" and "far-reaching" issue. Both leaders and former Gender and Youth, Sport and Recreation (GYSR) Minister, Mathabiso Lepono, made reference to international bodies' reports, action plans and statistics to support their statements. For example, Thabane referenced the 2009 Demographic Health Survey and the UN Secretary General's Task Force on Women, Girls and HIV/AIDS in Southern Africa. Lepono used the 2008 UN Secretary-General's UNiTE to End Violence against Women campaign to back her statement. Other authoritative sources the functionaries cited were the National Action Plan to End GBV and relevant statutes.



Culture, sex and stigma propel GBV

Political leaders have pointed out that GBV is primarily a result of exploitative transactional and intergenerational sex. In a high-level national gender dialogue speech, Motsoahae Thabane indicated that various forms of GBV are exacerbated by women's desperation to confer sexual favours, dangerous male demands and dependency on male relatives. Women and girls bear the brunt of conflict, rendering them more vulnerable which simultaneously strengthens gender disparities in favour of men with further negative impact on women. Former GYSR Minister, Mathabiso Lepono, was concerned about divorce, especially in young couples, as a key contributing factor to GBV prevalence in Lesotho during her tenure. She urged women to teach their children marriage principles to bring the situation under control.

The speakers hinted that GBV is both a private and public issue. The Government of Lesotho's Director of Gender revealed that GBV offences occur in homes, communities and the workplace. Additionally, the Prime Minister emphasised that the culture of silence surrounding sexuality and reproduction, and violence against women within relationships constitutes structural causes of this problem. The stigma attached to survivors and victims is another aggravating factor. According to Chief 'Maseribane, this arises from most women's failure to report brutal ill-treatment by husbands because of demeaning treatment they receive at the police.

GBV - a hotbed for HIV and AIDS

The extent and drivers of GBV are reminiscent of the depressing impact of this social problem. Among the effects of GBV listed by former GYSP Minister, Deputy Minister of Home Affairs and the Prime Minister, HIV/AIDS lies at the top. These functionaries

emphasised that victims of GBV are challenged by high risk of HIV infections. In the Prime Minister's words it "is the crisis of gender inequity and inequality." According to the two female politicians, HIV/AIDS is a threat facing women in Lesotho.

With respect to emotional, physiological and psychological abuse, women form a significant percentage of survivors of GBV and are prone to abuse and unsafe sex and consequently, to sexually transmitted diseases (STDs). The Deputy Minister of Home Affairs said violence against women and girls hampers women's economic advancement and affects their maternal responsibilities as mothers and caregivers.

Commitment, response and support

When officially addressing gender issues, political leaders provided rich information about stakeholders' commitment, response and support for the fight against GBV. They revealed that the appalling impact of GBV, coupled with its problematic causes, calls for serious steps to be taken by politicians, civil society and any other body concerned and affected by this catastrophe. No political leader explored resources committed to address the GBV by either the government or any other stakeholders.

Government, women and the world must fight GBV

Most speakers opined that various stakeholders in the GBV combat (notably, women and the government of Lesotho through MGYSR) must stand firm and fight violence, particularly against women. None, however, made any commitment of resources to address GBV. During the previous administration, the then minister responsible for gender affairs expressed the government's commitment to fight GBV. Her successor and leader of the Basotho National Party (BNP) in the coalition government reiterated this. He said challenging militarism and ending violence against women must highlight a commitment to ending GBV.

The head of government, Motsoahae Thabane, applauded strides made by women in the fight against GBV. He demonstrated that women have identified actions to improve their situation. He said recognition of women's human rights and their inclusion in decision-making are some of the milestones women have achieved. The Prime Minister advocated economic support and empowerment for women and their self-help groups. The Deputy Minister of Home Affairs supported this when she made an address to the Commission on the Status of Women. Ralebitso said mobilisation of men and boys for social transformation was crucial. She added that collection, analysis and dissemination of national data on prevalence, causes and impact of violence against women and girls should be considered in the initiatives against GBV. She recommended concerned parties' commitment to implementation of the Beijing+5: 23rd special session of the General Assembly directives.

Support for people affected by GBV is imminent

Maseribane said the Lapeng Care Centre was an important step in controlling the effects and sources of violence against vulnerable gender groups. He pointed out that the centre supports, rehabilitates, and shelters the GBV survivors to provide privacy and avoid discrimination. Ralebitso also acknowledged the importance of a one-stop facility for victims of GBV.

GBV prevention and progress

Analysis of prevention strategies considered by the politicians in addressing gender-related violence revealed they think transforming ideologies, culture and perceptions around GBV helps. Equally critical, was the progress politicians said had been made in curbing this pandemic.

Transformative change is imperative

The Prime Minister (who is also leader of the All Basotho Convention), the MGYSR minister and the BNP leader as well as the Director of Gender all suggested change in Basotho social structures could launch a successful campaign against violence and abuse against vulnerable genders. Futho-Letsatsi encouraged the involvement of men and boys in combating GBV. She also thought that advocacy for peace in homes is an important strategy for addressing the issue. Another minister agreed,

suggesting that Lesotho should develop new ways to bring transformative change.

The leader of the coalition government, Motsoahae Thabane, shared similar views of reengineering systemic institutions that favour proliferation of GBV-related crimes. He made a list of things that need to be done to achieve it, which included;

- Breaking chains of poverty and gender inequality;
- Promoting institutional behavioural change on social, cultural and economic intercourse.

Relevant legal framework is in place

In terms of the progress made thus far in addressing gender-based violence, Lepono, Maseribane and Ralebitso all cited gender-oriented statutes enacted by Lesotho as immediate and fundamental indicators of a legal framework. Each of the three mentioned the 2006 Legal Capacity of Married Persons Act as being momentous. Other ministers applauded the Anti-Trafficking in Persons Act of 2011, Children Welfare Protection Act of 2011, Land Act of 2010, Penal Code of 2012 and Sexual Offences Act of 2003.

Chief Maseribane acknowledged implementation of the 2003 Lesotho Gender and Development Policy and National Action Plan for Women, Girls and HIV/AIDS 2012-2017 as remarkable steps in the right direction made by the country. In her speech at the Fifty-seventh Session of the Commission on Status of Women, Ralebitso highlighted among other achievements, the establishment of a one-stop centre for victims of GBV, the 365 Day National Action Plan against GBV, and the adoption of the SADC "30%" quota of parliamentary seats for women.

When delivering the Budget Speech to the Parliament for the 2012/2013 fiscal year, Timothy Thahane, then Finance Minister and member of the Lesotho Congress for Democracy (LCD), said gender equality was one of the legal and institutional foundations laid by the Seventh Parliament and Executive of Lesotho - to enhance "respect for human rights, including gender equality within and outside marriage." Thahane guaranteed that Lesotho was by then on target for the third Millennium Development Goal on gender equality and empowerment of women.

During the opening of the second session of the Seventh Parliament of the Kingdom of Lesotho in September 2011, former National Speaker Ntlhoi Motsamai highlighted indicators of progress Lesotho had achieved. She referred to the World Economic Forum report, Global Gender Gap Index 2010, which revealed countries' performance on closing the gender gap.

She lauded the country's efforts in addressing gender-related issues, notably discrimination prejudice against women, under the LCD/Democratic Congress administration. She emphasised that Lesotho's progress in making the lives of Basotho women better, was worthy of praise.

Further action against GBV

Despite the strides made by Lesotho and the Basotho community at large in addressing GBV, some leaders believe more needs to be done. Leader of the ABC, Motsoahae Thabane, said that to bolster what has already been achieved, it is important to find realistic strategies. He emphasised that an "examination of advantages of equal participation of women and men in sexuality and reproductive matters for lasting solutions" is part of what can be done to solve this problem. The Director of Gender suggested media campaigns, edutainment and community mobilisation and sensitisation as other possibilities for further action against scourge of GBV.

"The Gender Gap Index 2010 ranked Lesotho at No.8 out of 134 countries of the world... Lesotho is the only African country in the top ten. It was upon release of this report that the British Broadcasting Corporation decided to visit Lesotho and our Parliament, to see for themselves if what the report had said about Lesotho was true. Immediately after their visit, we started seeing headlines that said women were better off living in Lesotho than in the United Kingkom, and that Lesotho is the best place to be a woman". By Ntlhoi Motsamai

Challenges in addressing GBV

Only two functionaries, both women, mentioned worrisome

hindrances to combat GBV. Ralebitso noted factors she believed to be problematic for the parties involved with the UN Commission on the Status of Women. She was concerned that gender-stereotypic attitudes, norms and values hindered implementation of relevant policies and programmes. Equally, 'Matau Futho-Letsatsi pointed out that inheritance and constitutional factors are some of the challenges in addressing this problem haunting Lesotho.

Conclusion

It has been established that gender norms are critical determinants of IPV (Boyle et al., 2009). Individual and community attitudes towards gender relations are predominantly rooted in societal norms that promote and preserve male dominance in the domestic sphere. Therefore, it is important for communities and societies to instil attributes of masculinity that promote gender sensitivity, non-violence and respect. There is great need to challenge societal and cultural norms that promote IPV through raising public awareness.

The association between childhood abuse and women's experience and men's perpetration of VAW is well documented in literature. The study found that child abuse is very high in Lesotho and that men are most vulnerable to childhood abuse. As such, men who were neglected and sexually abused in childhood perpetrated a higher proportions of IPV in their lifetime. This implies a vicious circle where the abused becomes the abuser. Much attention is given to, especially prevention of, sexual abuse of the girl child. However, evidence shows that there is need to include the male child in child-abuse prevention interventions. As much as it is important to offer prevention interventions to males in adulthood, it important to strengthen early interventions that target males in childhood if the society is to effectively reduce violence against women. Studies have found that preschool- and school-based social development programmes that teach children about social and problem solving skills were effective in reducing violence.[19] Additionally, it is very important to promote training programmes that teach parents how to minimise child abuse or maltreatment.

Consistent with findings in literature, this study found that alcohol use is a factor that triggers IPV. Survivors of IPV were more likely to have an intimate partner who drank alcohol. As is argued by the ecological model, the association between alcohol and intimate partner violence may be compounded by other individual, relationship, community and societal factors. There is need for further research into alcohol-related intimate partner violence for effective policies to be implemented.[20] The political discourse analysis showed that GBV is not a priority on the political agenda. Most of the speeches were made during the 16 Days of Activism. It was also evident from the analysis that the media was not doing justice to the cause of eliminating GBV. Therefore, efforts should be made to increase political will in addressing GBV.



[19] WHO 2004. Preventing violence: A guide to implementing the recommendations of the World report on violence and health.
[20] http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/ft_intimate.pdf


STOP
Violence Against Women

CHAPTER 5
EFFECTS OF GBV



Journalists from Informative Newspaper visit the Ts'akholo Health Centre in Lesotho. *Photo: Manteboheleng Mabetha*

Key facts

- Eighteen percent of (127) of the 690 women who were physically abused in the survey, sustained injuries.
- More than half (52%) of women went to a health facility after sustaining injuries.
- Sixty-eight percent of these women had serious injuries and were bedridden as result of an assault.
- Thirty-one women (24%) had to take days off work because of injuries sustained.
- A significantly higher proportion of survivors of IPV were diagnosed with an STI compared to non-survivors (13% and 9%, respectively).
- A significantly higher proportion of women who experienced physical IPV in their lifetime (15%) were diagnosed with an STI compared to the 10% of women who had not experienced IPV.
- The proportion of women who experienced sexual IPV and diagnosed with an STI was also significantly greater (18%) than the proportion of non-survivors (10%).
- Similarly, a higher proportion of women who experienced non-partner rape (23%) were diagnosed with STI compared to those who were never raped (10%).
- A significantly higher proportion (18%) of IPV survivors reported an HIV positive status compared to non-survivors (13%).
- Similarly, a higher proportion (31%) of survivors of non-partner rape was HIV positive compared to non-survivors (15%).
- Almost half (48%) of women who experienced IPV in the 12 months before the survey had depressive symptoms, 7% attempted suicide in their lifetime and 9% had recent thoughts of suicide.



"I" Story by Liz

"It was Friday in the afternoon and the schools were closed. My younger sister and I used to compete with each other, but in a good way as we would compete to do house chores such as collecting firewood, water, cleaning the house and cooking. So on that day, we both decided to go fetch water so that we can come and prepare food for our parents.

We got our water buckets and hit the way to the borehole; it was far from the village. We did not have taps here at our village, so borehole water was our daily water and we survived with it for many years. It was not really a challenge and in fact we never complained about going to fetch water because we had fun and it was our life that we knew since we were little girls. When we were walking we saw a man who looked the same age as our father, but we did not take any notice of him because we were singing and just wanted to go and fetch some water and he did not show any sign that he could be dangerous to us.

The man followed us to the borehole. When I just looked up and wanted to tell my sister that we should go home, he was just there next us, covering himself with a blanket and caring his big stick like any other Mosotho man. My sister greeted him and he asked us when we were going home and I answered him that we were just about to go, but he said he wanted to spend some time with us. I responded that we were just coming to fetch some water and we needed to go home because we were supposed to cook before our parents arrived. He asked where our parents were and I told him they had gone to the field. He asked so many questions and we wanted to go, it was also getting late we did not want our parents to get home before us; we did not want that especially because we came to fetch some water so that we could impress them. However, the man did not let us go as he kept on asking questions.

My sister decided to just take her bucket and go. He kicked my sister and she fell with her bucket of water and he asked her what she was trying to do by walking away while he was still talking to us, I tried to tell him that even though he was still talking he had no right to do that to my sister, joo! He did not take that well either, he beat me with his big stick and I fell down. My sister cried and tried to call people to come and rescue us, but nobody heard us, he beat both of us like we did something wrong to him. He removed his blanket and that's when I realised he was naked. He was beating my sister more than me and she was crying I still feel hurt because I could not help her; he fastened me with a strong string, both my hands and my feet. Then he went straight to my sister where she had fallen and removed her clothes with a knife and raped her, he raped her while I was watching. I could not help my sister.



Globally, hundreds of thousands of women carry the physical and mental wounds of sexual violence. *Photo: IOM*

When he was done, he beat her like nothing. My sister was no longer crying and I panicked, while I was still panicking he slaughtered her with a knife like a sheep, I just could not believe it, I cried so loudly and he came to me quickly and raped me also, when he was done he beat me with his stick on the head. I thought

I was dead and I think he also believed that because he ran way, fortunately somebody came to fetch some water and saw him with blood all over. Suspecting that something was wrong that person went and asked people to come and ordered some to follow him. We were taken to hospital and my sister did not make it. They did not catch him but after three days he was caught and he is still in jail even today."

This is a story of two sisters who fall prey to a heartless rapist and murderer. While fetching water the two girls get raped and physically abused by a stranger. Unfortunately, one of the sisters loses her life in the process. This is the worst outcome of VAW. This story serves to show how detrimental VAW is to the life of victims and thus should be treated with urgency.

Globally the range and magnitude of VAW has tremendous negative consequence for both individuals and society as a whole. The repercussions of VAW within various settings are well documented; these include increased rates of injury, morbidity, mortality, sexually transmitted diseases including HIV as well as health risks associated with unwanted pregnancies (Krug et al., 2002; Terry & Hoare, 2007). Exposure to VAW significantly increases other health risk factors for survivors including increased likelihood of early sexual debut, forced sex, transactional sex and unprotected sex (Population Council, 2008). Therefore, if left unchecked VAW tends to have intergenerational consequences. 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.[21] Women experiencing these effects may not be aware they are symptoms linked to abuse.

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

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

Pathways and health effects of IPV

Figure 5.1 shows the different ways that IPV can influence negative health outcomes and consequently lead to death or disability. The different pathways show how IPV can operate through intermediary factors resulting in two outcomes: death or disability. Death can be homicide or suicide. According to the framework, IPV is directly linked to physical trauma, psychological trauma, and fear and control. This study focused mainly on effects of IPV on physical and mental health and sexual reproductive health.

Physical trauma

Physical trauma can cause injuries that may lead to death or disability. It may also influence substance abuse, which in turn, is associated with the occurrence of non-communicable diseases and consequent death or disability.

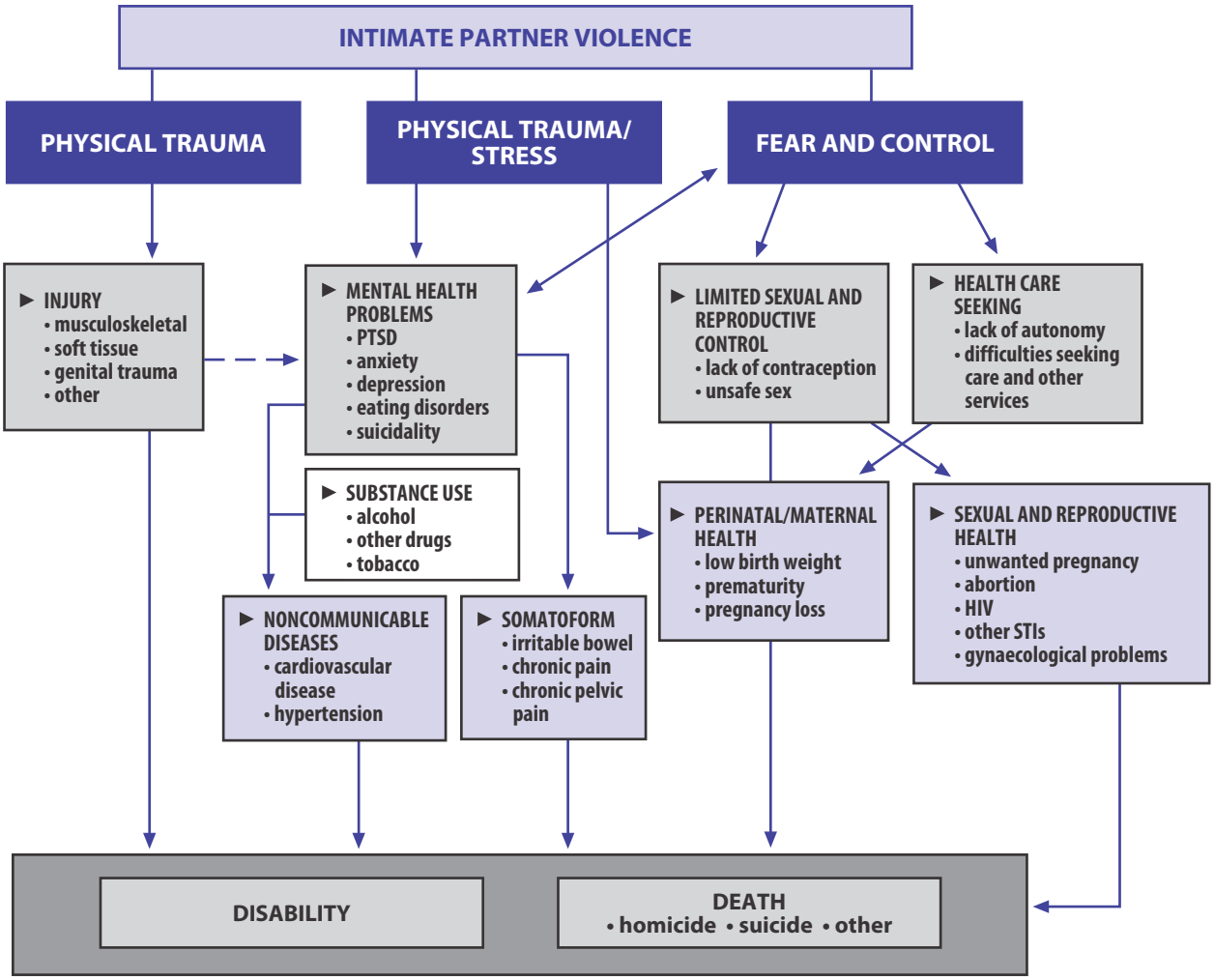
Psychological trauma

Psychological trauma can give rise to a wide array of mental health disorders such as post-traumatic stress disorder (PTSD), insomnia, and depression. These may influence substance abuse or non-communicable diseases such as hypertension that may lead to death. Substance abuse, in some cases, is associated with somatoform-like irritable bowel or chronic pain with consequent death or disability. In other instances, psychological trauma maybe directly associated with negative perinatal or maternal health outcomes such as low birth weight infants and miscarriage among many others. These in turn may result in death.

Fear and control

Like physical and psychological trauma, fear and control operate through intermediary determinants to cause death or disability in IPV victims. Fear and control may negatively influence healthcare-seeking behaviour and sexual and reproductive health control because victims lack autonomy. When people lack autonomy, it is easy for them to be forced into unsafe sex, and difficult for them to seek care and other services. These can have negative effects such as unwanted pregnancy, STI, HIV, miscarriage and low birth weight infants. These negative health outcomes may lead to death or disability.

Figure 5.1: Pathways and health effects on IPV



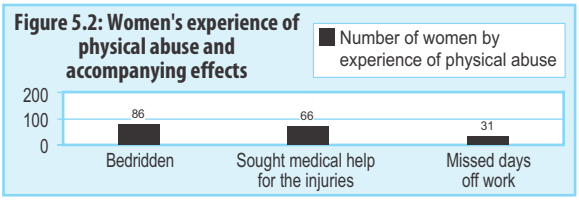
Source: WHO (2013) Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence.

Physical effects

The effects of physical abuse include: death; permanent disability such as blindness, deafness, seizures, loss of mobility; hospitalisation for broken bones, concussion, 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. Researchers noted that experience of VAW was associated with immediate genital and body injuries.



Of the women interviewed, 690 had been physically abused and of those, 127 sustained injuries. Figure 5.2 shows that of all the women who sustained injuries more than half (86) of the women were bedridden after sustaining the injuries. Sixty-six of these women had serious injuries and sought medical assistance. Thirty-one of the women had to take days off work because of the injuries sustained. Being bedridden and taking days off has the negative consequence of interfering with income-generating activities and consequently, the economic wellbeing of the victims.

The health sector often represents the point of first contact with the public sector for women because most do not seek legal assistance. Therefore, early identification, comprehensive management, documentation of the abuse and injuries sustained and appropriate referral may be one of the most effective strategies to prevent further injury and stem the medical and psychological consequences of domestic violence.[22] It is imperative to increase education and training regarding IPV screening by health care providers.[23]

"Saddest and hurting moments of my life are the three miscarriages I had, and was told by doctors that they were caused by too much stress. I knew the doctors were telling the truth because I knew the situation in my house. But I think I was always thinking things would change for the best, which really never happened. I was a slave in my own house but I was clouded by denial I think." By Tshedy

Sexual and reproductive health

The effects of VAW may include pregnancy, miscarriage, inability to negotiate condom use during sex, STIs including HIV, and pregnancy-related problems. In this study, women were questioned whether they had had an ulcer on the vagina, 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. The findings are shown in the figures below.

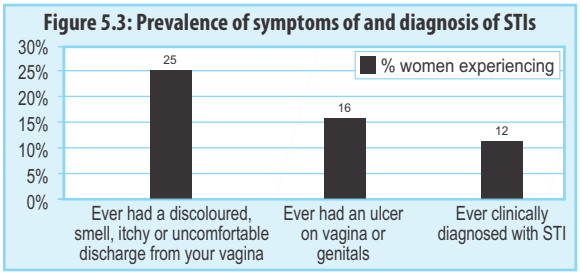


Figure 5.3 shows that 12% of the women interviewed had been diagnosed with STI at some point in their lifetime. A quarter (26%) of women had experienced discoloured, smelly and itchy vaginal discharge. Sixteen percent had a vaginal ulcer at some point in their lifetime. The statistics imply a high prevalence of STIs among women in the sample. Colvin and Sharp (1999) conducted a cross-sectional study to determine the prevalence of STDs, including HIV, in a community residing in remote, rural Lesotho. A high prevalence of STDs and HIV infection was found in a population characterised by low levels of knowledge about STD and HIV, high-risk sexual behaviour, and inappropriate health-seeking behaviour for STDs.[24] This points to the need to raise awareness on STIs among the Basotho people.

[22] Martin, L& Jacobs, T. 2002. Screening for Domestic Violence: A Policy And Management Framework For The Health Sector. Consortium on Violence against Women.
[23] http://www.scielosp.org/pdf/bwho/v86n8/18.pdf
[24] Sharp & Colvin (1999). Sexually transmitted infections and HIV in a rural community in the Lesotho highlands.

Table 5.1: Association between symptoms of sexually transmitted infections and experience of IPV by women								
	Never experienced IPV	Ever experienced IPV	Never experienced physical IPV	Ever experienced physical IPV	Never experienced sexual IPV	Ever experienced sexual IPV	Never raped	Ever raped
Ever diagnosed with an STI %	8.5	13.3	9.8	15	9.6	17.5	10.3	2.3
P value	0.004		0.000		0.000		0.000	

Table 5.1 shows that a significantly higher proportion of survivors of IPV were diagnosed with STI compared to non-survivors (13% and 9%, respectively). A significantly higher proportion of women who experienced physical IPV in their lifetime (15%) were diagnosed of STI compared to the proportion of women who had not experienced IPV (10%). The proportion of women who experienced sexual IPV and diagnosis of an STI was also significantly greater (18%) than the proportion of non-survivors (10%) of IPV. Similarly, a higher proportion of women who experienced non-partner rape (23%) were diagnosed with an STI compared to those who were never raped (10%). Sexual violence has always been associated with high risk of contracting STIs (Meel, 2005) so these findings confirm the existing literature.

HIV/AIDS

Lesotho has the third-highest HIV prevalence in the world - almost one in four (23%) people in the country are living with HIV. In 2011 there were around 26 000 new HIV infections, and approximately 14 000 people died from AIDS. Over half of the 280 000 adults living with HIV in Lesotho are women.[25] The impact of gender violence on the risk of HIV infection has been well documented.[26] Previous research in different settings has shown positive association between VAW and HIV. This study did not test for HIV but women were asked whether they had tested for HIV and the test results.

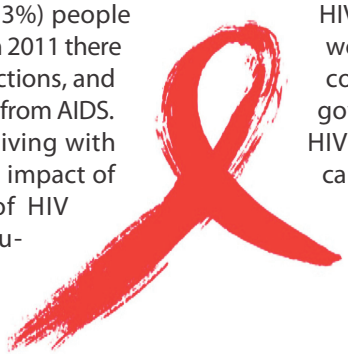


Table 5.2: HIV testing and results		
When did you last have an HIV test	% women	% men
Never tested	8.4	39
Last 12 months	72.2	4.2
2-5 years ago	15.4	16.2
More than 5 years ago	4	40.6
HIV Status		
Negative	84	85.6
Positive	16	14.4

Table 5.2 shows that the majority (92%) of women interviewed in the study had tested for HIV, and the majority of those who tested (72%) had done so in the 12 months before the survey. Notably, less than a tenth of the women said they had never tested for HIV. Lesotho recorded the highest proportion of women who had tested for HIV compared to other countries where this study was undertaken. The government of Lesotho has implemented several HIV prevention strategies including educational campaigns, work-based HIV prevention initiatives, the targeting of high-risk groups and prevention of mother-to-child transmission.[27] Of the women who collected their HIV test results, 16% reported an HIV positive status.

[25] http://www.avert.org/hiv-aids-lesotho.htm#sthash.hs0zVgin.dpuf
[26] Jewkes R, Dunkle K, Nduna M, Shai N. Intimate partner violence, relationship gender power inequity, and incidence of HIV infection in young women in South Africa: a cohort study. The Lancet. 2010; 367:41-8.
[27] http://www.avert.org/hiv-aids-lesotho.htm#sthash.4jZEh9NK.dpu

A lower proportion of men than women had tested for HIV. Sixty-one percent of men compared to 92% of women tested for HIV in the survey. However, in the past 12 months only 4% of men had tested for HIV. The majority (41%) of men who tested for HIV did so more than five years ago. Lesotho also records the lowest HIV testing rate for men in the past 12 months. This is cause for concern because it is a common recommendation for people to test regularly. The proportion of HIV positive men is lower than the proportion of women found to be HIV positive in the study. Sixteen percent women compared to 14% of men were HIV positive. Consistent with results from other studies, women are disproportionately infected by HIV (McPhail, 2002). This indicates a need to continue focusing on preventing HIV infection among women of all ages.

Figure 5.5: HIV positive status among survivors and non-survivors

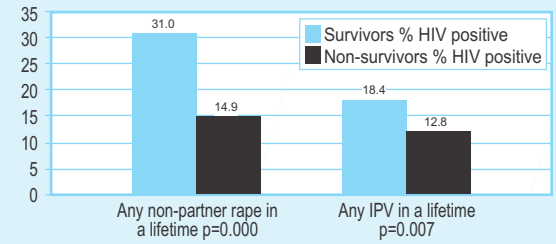


Figure 5.5 shows that a significantly higher proportion (18%) of IPV survivors reported an HIV positive status compared to non-survivors (13%). Similarly, a higher proportion (31%) of survivors of non-partner rape was HIV positive compared to non-survivors (15%). Various studies worldwide have shown a significant association between rape and HIV infection (Meel, 2005). During rape, the risk of HIV transmission is amplified by physical trauma and non-use of condoms, which protect from HIV infection

Consistent with studies on VAW,[28] women who experienced violence were more likely to be HIV positive or have an STI. This study showed a low level of testing for HIV among male participants. It is evident from the findings that VAW is interlinked with HIV therefore concerted efforts should be made to detect VAW early - to prevent its progression and consequent HIV infection. According to Lesotho's Ministry of Health and Social Welfare, HIV/AIDS accounts for 10% of institutional deaths in Lesotho. This again points to the need to seriously consider VAW screening by health personnel to prevent further VAW, and HIV infection.

Mental health

Mental health is an important foundation for the attainment of emotional, intellectual, economic, social and educational well-being. Accordingly, mental disorders are an important contributor to the world-wide burden of disease (WHO, 2001). In Lesotho, neuropsychiatric disorders are estimated to contribute to 4.8% of the global burden of disease (WHO, 2008). As highlighted in the conceptual framework, VAW can result in mental health disorders. In this study, women were asked about experience of mental health disorders including suicidal thoughts and depressive symptoms.

Figure 5.6: Mental health symptoms experienced by women

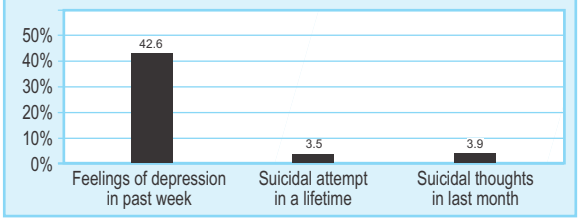


Figure 5.6 shows that 43% of women participating in the study reported feeling depressed in the week before the survey. Four percent of women had attempted suicide in their lifetime and 4% experienced suicidal thoughts in the month before the survey. These findings indicate the high mental health burden borne by the society. The question is, is the health system adequate to meet these needs? The most recent Act addressing mental health in Lesotho

[28] Mary Ellsberg and Myra Betron, Preventing Gender-Based Violence and HIV: Lessons From the Field, Spotlight on Gender (2010).

is the Mental Health Law (1964), and mental health receives specific mention in general health policy. There is no official mental health policy or plan. Mental health expenditure by the government accounts for 1.8% of the total health budget, of which 82.1% goes to psychiatric hospital expenditure (2011).[29] Official policy does not permit primary health care nurses to independently diagnose and treat mental disorders within the primary care system. The majority of primary health care doctors and nurses have not received official in-service training in mental health within the last five years. Officially approved manuals on the management and treatment of mental disorders are not available in the majority of primary health care clinics.[30]

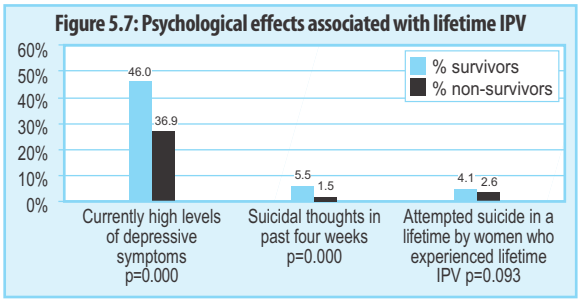


Figure 5.7 shows that experience of IPV in lifetime was associated with depressive symptoms and recent suicidal thoughts (p=0.00). Depressive symptoms included frequent incidents of the following feelings simultaneously in the seven days before the survey: feeling depressed, having crying spells, feeling 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 of IPV reported symptoms than non-survivors. This finding may be compounded by the fact that the most commonly reported form of IPV was emotional violence. Almost half (46%) of women who experienced IPV had depressive symptoms and 6% had recent thoughts of suicide. A slightly larger proportion of survivors (4%) of IPV compared to non-survivors (3%) had attempted suicide in their lifetime; however, this was statistically insignificant.

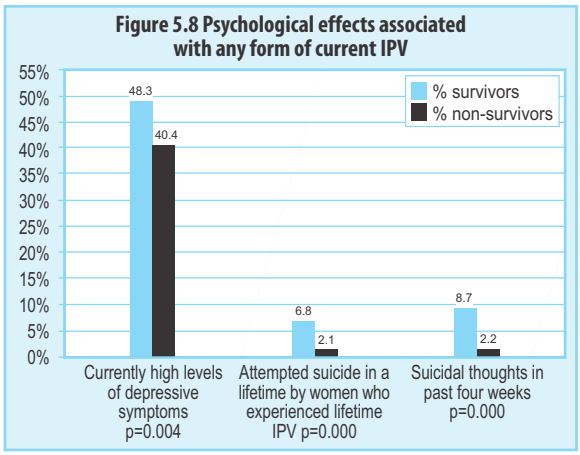
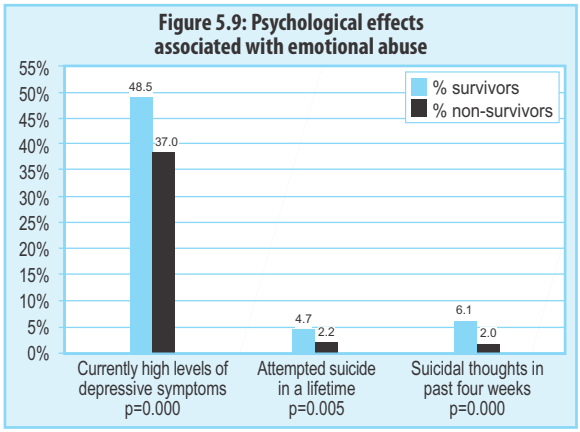


Figure 5.8 shows that experience of IPV in the 12 months before the survey was associated with depressive symptoms, attempted suicide and recent suicidal thoughts (p=0.00). Almost half (48%) of women who experienced IPV in the 12 months before the survey had depressive symptoms, 7% attempted suicide in their lifetime and 9% had recent thoughts of suicide.



[29] http://www.commonwealthhealth.org/africa/lesotho/mental_health_in_lesotho/
[30] Mental Health Atlas 2011 - Department of Mental Health and Substance Abuse, World Health Organization.

Figure 5.9 shows that experience of emotional IPV in lifetime was associated with depressive symptoms, attempted suicide and recent suicidal thoughts (p=0.00). Forty-nine percent of women who experienced emotional IPV had depressive symptoms, 5% attempted suicide and 6% had recent thoughts of suicide.

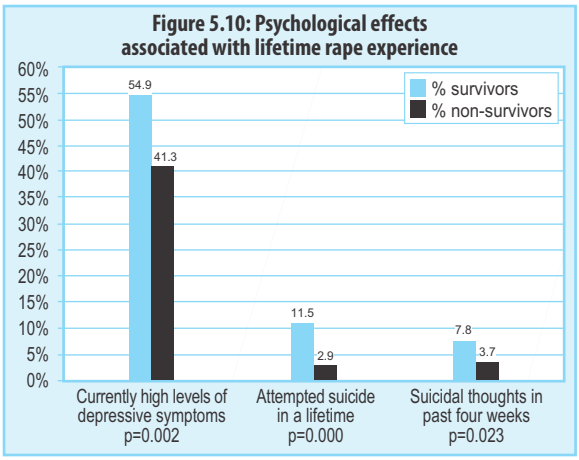
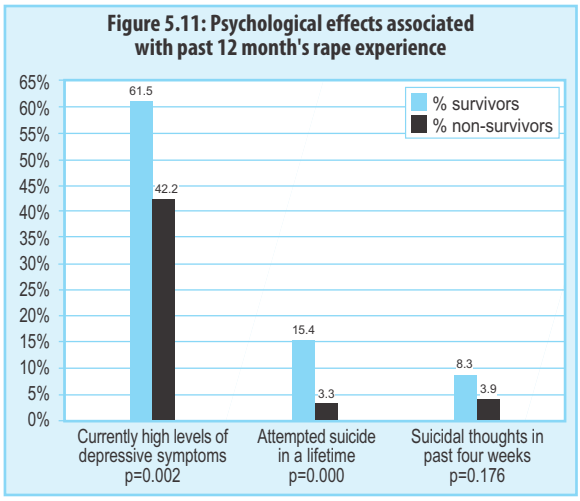


Figure 5.10 shows that experience of rape in lifetime was associated with depressive symptoms, attempted suicide and recent suicidal thoughts (p<0.05). Over a half (55%) of women who experienced rape in their lifetime, had depressive symptoms, 12% attempted suicide in their lifetime and 8% had recent thoughts of suicide.

Figure 5.11 shows that experience of rape in the 12 months before the survey was associated with depressive symptoms and attempted suicide in a lifetime (p<0.05). About two thirds (62%) women who experienced rape in the 12 months before the survey had depressive symptoms, 15% attempted suicide in their lifetime and 8% had recent thoughts of suicide although the latter was statistically insignificant (p>0.05).



Mental health systems in Lesotho

The most commonly diagnosed mental illnesses in Lesotho are depression and anxiety. Neuropsychiatric disorders contributed an estimated 4.8% of the global burden of disease in 2008.[31] A study undertaken in Lesotho in 2005 showed that females accounted for 14% of depression-related, and 2% alcohol-related, disorders. They also accounted for 53% of outpatients department (OPD) contacts for all mental problems. On the other hand, psychosocial counselling is in only mentioned in the context of AIDS.[32]

Community care facilities provide services for those suffering from mental disorders, as do mobile units serviced by psychiatric nurses and resident social workers. The Human Resources Strategic Plan 2005 to 2025 indicates the problem of shortage and high attrition of skilled health human resources within the mental health department. Table 5.3 also shows the extent to which the department is under resourced.

[31] http://www.commonwealthhealth.org/africa/lesotho/mental_health_in_lesotho/
[32] http://www.who.int/hac/techguidance/pht/womenshealth/Lesotho_Report_women_in_crisis_June2005.pdf

Table 5.3: Resources within the mental health department in Lesotho	
Indicator	**Ratio**
Doctor to patient ratio	1: 16 000
Nurse to population ratio	1: 5 000
Nurse to patient ratio	1: 17
Psychiatrist ratio per population	0.05: 100 000
Psychiatry nurses per population	0.2: 10 000
Psychologists per population	0.09: 10 000
Social workers per population	1.2: 100 000
Mental health outpatients facilities per population	0.5: 100 000
Psychiatric hospitals per population	0.1: 100 000
Beds in psychiatric hospitals per population	2.9: 100 000

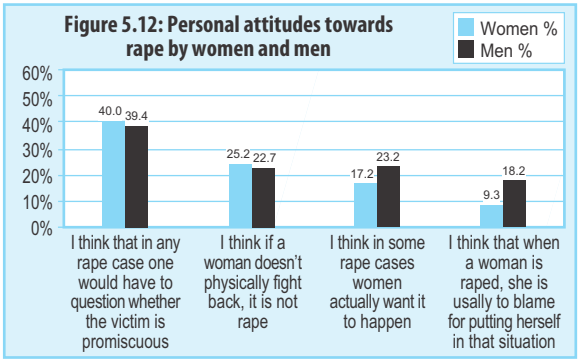
Source: Review Report 2011.

Table 5.3 shows serious human resources and infrastructure under-resourcing in the mental health department. There are 0.5 mental health outpatient facilities, 0.1 psychiatric hospitals and 2.9 beds in psychiatric hospitals per 100,000 people.

There were no psychiatric beds in general hospitals, day treatment facilities or community residential facilities.This may indicate that women's mental health needs are as yet to be accorded the priority they need. The government is working on establishing child and adolescent wards in the psychiatric hospitals, as well as day care services. Except for psychiatry, data is not disaggregated by speciality but both this plan, and the selected indicators highlight that there is a serious shortage of mental health staff compared to the population. The information presented in the table is not specific to women. Between 2006 and 2011, the majority of primary healthcare doctors and nurses did not receive official in-service training in mental health. The Review Report indicated that the 18% of patients of the mental health department were not satisfied with services; this included those who felt the attitude of health workers was not supportive.

Social effects

The Development for Peace Education (DPE) posits that VAW is a two-dimensional phenomenon constituting of direct or physical violence as well as structural violence. The latter comprises laws, culture, religion and policies - all of which can either perpetuate or curb VAW. Part of the culturally normal practices constitute structural violence and therefore need more than legal intervention. DPE further argued that VAW is a power expression phenomenon, because it is either inflicted by a powerful person upon the weaker or by a class or sector of the society with influence over the weaker one.[33] The social fabric has for a long time promoted attitudes that are detrimental to the peoples' health. For instance, communities often blame rape survivors for contributing to their unfortunate victimisation by suggesting that survivors are promiscuous or seduced 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.

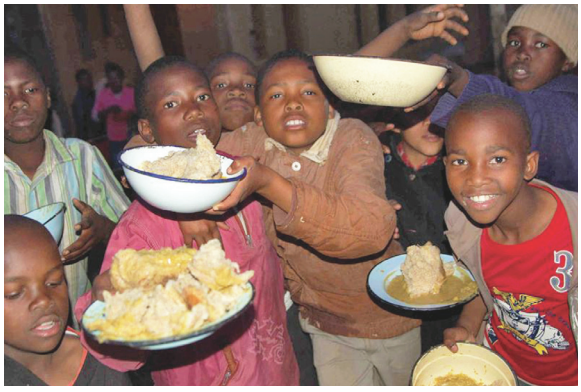


[33] The Development for Peace Education report on the anti VAW project in Lesotho.

Figure 5.12 shows that both men and women have negative attitudes towards rape survivors. Forty percent of women and 39% of men agreed that in any rape case the victim had to be questioned for promiscuity. A quarter of women and 23 % of men agreed that if a woman did not fight back then it was not rape. A greater proportion of men (23%) than women (17%) agreed that in some rape cases women wanted it to happen. Almost a fifth of men (18%) and 9% of women agreed that if a woman is raped, she is to be blamed for putting herself in that situation. It is a cause for concern to see that even women have negative attitudes towards rape survivors. This can be taken as a form of mental colonisation that needs urgent action to conscientise women on their rights.

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

Intergenerational effects



Swaales OVC Lesotho. *Photo: Swaales*

As VAW affects the victims in many different ways, it should be noted too, that VAW has negative effects on the children who are exposed to it. Studies have demonstrated that women who have experienced sexual assault in their childhood or adolescence are more likely to engage in behaviours that put them at risk for HIV such as prostitution, sex with unfamiliar partners, low rates of condom use, and alcohol and drug use. Exposure to IPV is distressing to children and is associated with a host of mental health symptoms both in childhood and in later life.[34] Overleaf is a narrative shared by a perpetrator of GBV. The story outlines how witnessing IPV in childhood influenced him to become a rapist and murderer in the later years of his life.

Costs to the economy

As highlighted above, VAW comes with several social, time, physical and mental health costs. Furthermore, VAW has quantifiable economic costs, although these are not a true reflection of the extent since many cases go unreported. The government incurs costs in trying to respond to VAW. If VAW was prevented these costs could be channelled to more productive projects. Equally important, are the costs borne by survivors and their families, which more often than not, compete with vital expenditure needs of food and education. It is evident that VAW impedes economic development at personal, family, community and macro levels and should be responded to with urgency.

Figure 5.13: Out of pocket expenses incurred by survivors after physical abuse

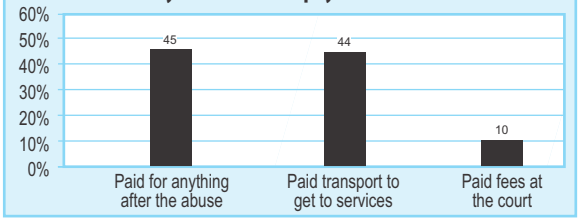


Figure 5.13 shows that 45 survivors reported that they incurred some out-of-pocket expenses after experiencing physical IPV. Forty-four survivors paid for transport and ten paid fees at the courts.

[34] National Survey on Children's exposure to violence (2011); https://www.ncjrs.gov/pdffiles1/ojjdp/232272.pdf



"My name is Tumelo Thahanyane and I live at Bobete in the district of Leribe. I am a 45-year-old man and I live with my wife and our three children. When I was a young boy my father used to beat up my mother in front of us and as a boy I thought that was how women were supposed to be treated and I told myself that I would treated every woman just like my father did to my mother.

I grew up with those emotions and I did not even want to look at women of any kind. My father would beat up my mother every day and sometimes he would just beat her up like she was not a normal person; my hatred to women became so deep and I could not stand women. Even though I wanted to help my mother, I could not because I did not want to sound like I did not respect my father's thought.

One day he came home very drunk and as usual he started insulting and beating up my mother. I don't know what came over me I stood up and hit my father and he fell down. Everyone was in shock seeing my father unconscious in a pool of blood. I think it was the hard material I used to hit him. It was bad, but I felt good because I thought he deserved it.

Everybody was crying except me, it was hectic in the house and I felt more hatred towards him especially when I saw that everybody was crying, I did not understand why they were crying especially my mother because I did that to protect her. We waited there without talking to one another while waiting for the car to take him to the hospital; my mother was not talking to me, she was just looking at me. I did not understand why was my mother was acting that. When the car arrived we headed off to the hospital but he did not make it. It was such a hard time, but still I did not feel bad about what I did. My mother was very angry at me, but she was not saying anything.

I grew up hating all women of any kinds; I did not want anything to do with women and one day I saw a girl and I just felt that hatred and I felt like hurting her at that particular moment and finally I asked her to wait for me, but she refused. I did not take that very well, I became very angry and I wanted to hurt her immediately. I asked her again to wait and that time she did not reply, she just ran away, I ran after her and I caught her, I was very angry when I got to her not because she did not wait for me, but because she was a woman. I could not ask her anything, I just put her down and raped her, she was crying and I nearly felt pity for her, as the cry reminded me of my mother's cry.

Nobody was arrested because that girl did not know me and I went on with my life, I kept on raping women and without being arrested, I really enjoyed hurting women because that was the way I was raised, and I did not have mercy on them. One day I saw two women walking and they seemed very happy, they were laughing and talking, I really did not like that, especially for the fact that they were women, I thought of anything that would hurt, and I just told myself that I had to hurt them. I went straight to them, I was not even covering my face, I beat one to death and the other one wanted to run away, but I pulled her down and raped her.

I stood there for a while watching those beautiful women sleeping there helpless, they did not do anything, but they were just sleeping and crying and for a moment I thought of my mother, I felt like crying and that was not what I used to feel after seeing women. I sat next to them and cried, after a long thought I handed myself to the police. Those girls did not deserve it, nobody deserved that. I was charged with rape and stayed in prison for ten years, I regret what I did to all women and I did ask for their forgiveness and I hope one day they will be able to forgive me. I am a changed man and I am trying to prove to my community that I have changed."

Maternal mortality

The association between experience of VAW and maternal mortality has already been established. In Lesotho, maternal mortality rate has steadily increased. According to the Demographic Health Survey (DHS) in 2004, 762 women per 100 000 live births died, and in 2009, 1 155 women per 100 000 live births died. Lead causes of maternal mortality are postpartum sepsis (34%), complications of abortion (20%), ruptured uterus (14%), preeclampsia (12%), haemorrhage (9%), ectopic pregnancy (3%) and other complications (10%) such as infection, high blood pressure, obstructed labour, inaccessible health facilities and services especially in the hard to reach areas (CEDAW Report, 2011). All the causes of death highlighted above can be linked directly or indirectly to VAW.

Effects of VAW from "I" Stories

The 85 women who shared their "I" Stories also highlighted how experience of abuse had negatively impacted on their well-being. Thirty-one women sustained injuries after being abused. Some suffered mental disorders such as depression, suicidal thoughts, fear, hatred, anger and low self-esteem. One woman lost her eye due to abuse while two of the women lost babies. Another woman lost her job due to a series of abuse from her partner. Only ten women sought medical assistance. These findings confirm the findings from the survey as well as the existing literature that VAW affects all aspects of the victim's life.

Conclusion

The chapter has shown that VAW continues to be a reality in Lesotho. It constitutes one of the most widespread human rights abuses and public health problems in the country, with devastating long-term consequences for victims' physical and mental health. Women in the study showed severe symptoms of mental health problems particularly depressive thoughts. However, the mental health services in Lesotho have not been given due attention and resources. Psychiatric and mental health services in Lesotho are disadvantaged in terms of funding, infrastructure, development, and staffing. To address re-victimisation there is need to engage more with the communities, particularly men, and challenge the negative attitudes towards victims of violence. Women also need to be conscientised to become survivors. All relevant stakeholders including the media, health services, policy makers and social services have a role to play in preventing and minimising the effects of VAW.

Overall, the findings from this chapter provide evidence that VAW is not a problem confined to one province of Lesotho, but is a public health problem of epidemic proportions common to all ten provinces of the country. As such, the issue requires urgent action if more preventable deaths and disabilities are to be avoided.


WOMEN
PEAK
OUT
AINST
BUSE
YOU KILLED
ME ON
15-4-97
AND NOW
I'M SICK
MY SISTER
WAS KILLED
BY HER
HUSBAND

CHAPTER 6
RESPONSE



Entrance to the Lesotho Palace of Justice (High Court) Lesotho. *Photo: Ntolo Lekau*

Key facts

- Lesotho has dual jurisdiction system comprising the customary law known as the '*Laws of Lerotholi*' and the civil law.
- Lesotho is party to international agreements such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW, 1979), Beijing Declaration and Platform for Action (1995) and United Nations Millennium Declaration (2000) the SADC Declaration on Gender and Development and its Addendum on the Prevention of Violence against Women and Children (1998).
- Informed by these regional and international frameworks, Lesotho has put in place effective legal instruments to end violence against women.
- Less than half (41%) of the women compared to 64% of men were familiar with laws that protect women and children.
- Only 35% of women and 56% of men knew about the SOA while 13% of women and 44% of men knew about protection orders.
- Women were less likely to be aware of laws protecting them from acts of VAW if they had low levels of education.
- Radio is the most common medium of disseminating information; 77% of women and 67% of men heard about the SOA through the radio.



"I" Story by Malenka Chitja

"It was 1983 when I was abused. It was a Sunday and I had been to a music concert at our church and was on my way home when I met a man from the neighbouring village. I only knew this man's name because of the proximity of our villages. He said to me: "Stop right there you!". He had a sjambok and told me he would not hesitate to use it on me if I defied him. The man was old enough to be my father. I prayed that I was having a nightmare but a lash from the sjambok woke me up to reality. As he was lashing me, he was dragging me towards the bushes and I was screaming and kicking, crying for help from anybody who could hear me.

Only the previous week he had stoned a girl to death in broad day light and people were too scared to do anything about it. So even those who passed by while I was being abducted turned a blind eye, as they were scared. When he thought we were right in the middle of the forest he let go of me and told me to stand and be still. I was unable to stand due to the bruises, and exhaustion from the struggle I had put up as well as the fear. He helped me to sit down and told me in a very stern voice: "I am marrying you". From there he carried me on his shoulder like a bag of potatoes. Upon arrival at his place, his mother reprimanded him, saying, "can't you see that she is too young?". I was 14 years old.

My sister arrived early the following morning with the intention of getting me back home. However they refused to let me go. They told her I was happily married to their son and they refused to let her see me. I was prisoner in what I was told was now my home. I was guarded by my abductor with a whip not far from his side, ready to use it whenever he felt like it. I lived like this for a full three days. On the fourth day it was declared that like any Mosotho woman, I would be dressed with a 'seshoeshoe' and taken through all the rituals normally performed during a wedding. I was shattered. As a new bride- "Makoti"- I was expected to go and draw water at the well. At least the beatings had stopped for now. While I was at the well, a woman I knew arrived. She was the sister to the boy I had been seeing, a boy I loved. She told me she had been waiting for chance to be alone with me so she could help me escape. Luckily the woman who was asked to escort me to the well supported our plot and I remain forever indebted and thankful for her bravery. She told us to run like there was no tomorrow as she deliberately slowly made her way back home to report my escape. We went to my rescuer's place because we knew my abductor would go to my home to look for me. That night I had a peaceful sleep. However in the morning there was a commotion outside and I could hear my abductor's voice demanding to be shown inside. As the men were quarrelling outside, my rescuer locked me inside her wardrobe and kept the key in her chest. Not wasting any time the men hauled the door and searched the house everywhere else except where I was hidden. I was so scared I wet my pants.

Early the next morning the woman's brother, my true lover, arrived and took me to his home when he thought we were not being followed. It was around 8am and I felt safe. At least I loved him. During the day a messenger from the neighbouring village arrived declaring they had lost a new bride and wondered if my lover and his family would not help them find their "lost property" - like I was a stray cat or something.

My lover's mother told the messenger to go to my father's place. They went to my father and found him ill. Still, they harassed my family demanding to know where I was. My father immediately went to the chief still and asked him to intervene. All three families involved, including my own, showed up on the date of the hearing to resolve this once and for all.

In front of all the villagers, I was asked to make a choice between my abductor and the love of my life. I chose my real lover. The man who had robbed me of my childhood was astounded when I did not choose to marry him, because his family was well off as opposed to my lover's".

This is a story of a young girl who is abducted and is being forced into marriage by an older man. Malenka is fortunate to find people who are willing to assist

her escape. The story shows how the customary law can be used to protect women and children. The chief makes the girl choose whom she wants to marry and she chooses the man she really loves.

This section explores the various legal provisions and response systems that are in place to protect the rights of women and promote gender equality and the protection of women's rights in Lesotho. It analyses existing policies, implementation by the service providers and the impact on service users.

The justice sector and the rule of law in Lesotho are critical to the attainment of the country's development goals. However, the effect that the justice sector and the rule of law can make in practice depends on the legitimacy, effectiveness and efficiency of the norms, mechanisms and processes involved in the delivery of justice and in promotion of the rule of law. Furthermore, the norms, mechanisms and processes must measure up to the minimum international standards which Lesotho is obliged to observe as a result of it undertaking obligations under various international agreements.[35]

Simultaneously, many Basotho apply customary law, which was unwritten until 1903. Lesotho customary law is a codification of the customs and practices of the Basotho that was put together after a council was appointed in 1903 to advise the British Resident Commissioner on what was best for the Basotho people in terms of laws that would govern them. To this date the Basotho customs and laws have been passed down from generation to generation through oral tradition. These codified customs and practices are known as the *'Laws of Lerotholi'* and continue to be applied by customary courts, commonly known as 'local courts'. However, the *Laws of Lerotholi* have been found inadequate in addressing the legal needs of the Basotho, as they do not outline clear procedures that regulate their application. Also, in some cases, the laws lack precision. Although the Constitution of Lesotho is, for the most part, consistent with the norms outlined by international agreements to which Lesotho is a party, such consistency is limited with respect to customary law.[36]

Ratification to international and regional instruments

One of the pointers for assessing political will to end VAW is the ratification and adoption of legal instruments and the existence of institutional mechanisms which facilitate the elimination of VAW. Adherence to international conventions and resolutions on human rights both symbolise and enable government commitment to preventing violence (UN-GA, 2006). Lesotho, like many countries in the SADC region, is party to international agreements such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW, 1979), Beijing Declaration and Platform for Action (1995) and United Nations Millennium Declaration (2000) the SADC Declaration on Gender and Development (1997) and its Addendum on the Prevention of Violence against Women and Children (1998).

The CEDAW is an international bill of rights for women. It describes what constitutes discrimination against women and sets an agenda to end all forms of discrimination against women. Lesotho ratified CEDAW on August 22, 1995 with the following reservation:

> "The Government of the Kingdom of Lesotho declares that it does not consider itself bound by article 2 to the extent that it conflicts with Lesotho`s constitutional stipulations relative to succession to the throne of the Kingdom of Lesotho and law relating to succession to chieftainship." (Gender Law Library)[37]

Since the ratification of the Convention in 1995, Lesotho has made progress in reforming its legislation. Some of the examples that point to the domestication of the Convention include the Married Persons' Equality Bill, the Land Act Bill and the National Assembly Bill. However, there was concern by the

[35] http://www.afrimap.org/english/images/report/AfriMAP%20Lesotho%20Justice%20Main%20web-FINAL.pdf
[36] http://www.afrimap.org/english/images/report/AfriMAP%20Lesotho%20Justice%20Main%20web-FINAL.pdf
[37] http://www.esdproj.org/site/DocServer/Lesotho_-_Legal_Summary.pdf?docID=3822

CEDAW Committee that there was a general lack of awareness of the Convention and its Optional Protocol in Lesotho, particularly among the judiciary and other law enforcement officials. Worse still, women themselves, especially those in rural and remote areas, were not aware of the rights entitled to them under the Convention. Neither were they aware of the complaint procedure under the Optional Protocol, and thus lacked the necessary information to claim their rights. As such the Committee recommended that Lesotho should:

(a) Take the necessary steps to ensure the adequate dissemination of the Convention, the Optional Protocol and the Committee's general recommendations among all stakeholders, including government ministries, parliamentarians, the judiciary, law enforcement officers, and religious and community leaders, so as to create awareness of women's human rights and establish firmly in the country a legal culture supportive of women's equality and non-discrimination; and
(b) Take all appropriate measures to enhance women's awareness of their rights and the means to enforce them, including through providing women with information on the Convention and the Optional Protocol (CEDAW Report 1, 2011).

Southern African Declaration on Gender and Development

Lesotho together with other Heads of State of the Southern African Development Community (SADC), signed a declaration in 1997 committing their countries to integrating gender firmly into their agendas, repealing and reforming all laws and changing social practices which subject women to discrimination.

Southern African Protocol on Gender and Development

The Protocol has a target of halving VAW by 2015. It requires that all State parties should, by 2015, enact and enforce legislation prohibiting all forms of VAW. Linked to this is the obligation that all laws on VAW provide for the comprehensive testing, treatment and care of survivors of sexual offences which shall include emergency contraception, ready access to post exposure prophylaxis at all health facilities to reduce the risk of contracting HIV and preventing the onset of sexually transmitted infections.

Legal framework

Informed by the regional and international frameworks, Lesotho has put in place legal instruments to end violence against women. This demonstrates the government's commitment to upholding human rights and eradicating VAW in Lesotho. However Lesotho has not yet domesticated the CEDAW by passing the Domestic Violence Act, and this remains the missing gap in addressing VAW in Lesotho. Below is an outline of the adopted legislative frameworks:

- ***Sexual Offence Act (2003):*** The SOA recognises marital rape as an offence, and is notable for its harsh sentences. It was received with mixed response due to its ambiguity particularly around the issue of HIV infection. The Act requires that every perpetrator of rape be tested for HIV.
- ***Legal Capacity of Married Persons Act (2006):*** The Government of Lesotho passed the Legal Capacity of Married Persons Act of 2006 to eliminate inequality between married persons. The Act repealed old laws that made married women in Lesotho second-class citizens. Prior to 2006, women held the legal status of minors, limiting their economic, financial, and social rights. This type of inequality has direct negative impacts on national development, particularly at the rural household level.
- ***Labour Code Wage Amendment Act (2009):*** The Act prohibits discrimination in the work place and the Labour Code Wages Act provides for paid maternity leave for workers in some industries. Sexual harassment is also prohibited in the workplace (Labour Code, Art. 5). A person commits an unfair labour practice if he sexually harasses a worker or tries to obtain sexual favours by offering employment, or threatening dismissal or penalties.
- ***Education Act (2010):*** Provides for free and compulsory education;
- ***Anti-Trafficking in Persons Act (2011):*** Criminalises all forms of slavery and provides for harsh penalties

for the perpetrators, and seeks to combat the trafficking of persons.

- ***Children's Protection and Welfare Act (2011):*** The Act stipulates that marriage for children below the age of 18 years is illegal.
- ***Bank Savings and Development Act:*** This Act allows married spouses to open bank accounts in consultation with one another.
- ***Land Act:*** The new Land Act makes provision for married women to inherit land and to have joint title to immovable property with their spouses.
- ***The new Penal Code Bill:*** Enhances the definition of assault to include violence between spouses and recognises that rape could exist in certain circumstances among married persons. It also protects women and children against property grabbing.
- ***The Law of Inheritance Act No. 26 of 1873:*** This Act protects the right of women by affording both wives and daughters the right to inherit from the deceased.

Public awareness of national legislation

It is one thing formulating and readjusting legislature and another for the legislature to effectively bring positive change in the lives of the women meant to benefit. Studies undertaken in different settings globally have recorded that knowledge of GBV laws is generally low, more so among the women, the intended beneficiaries. The Lesotho Government has been running intensive media and public gathering campaigns on the new developments in the legislation, focusing on educating women in particular about their rights and other opportunities provided by other legislative changes, such as the Married Persons Act which removed the minority status of women.[38] Participants in the prevalence and attitudes survey were asked whether they knew about any laws including Sexual Offences Act (SOA) as response mechanism to gender violence.

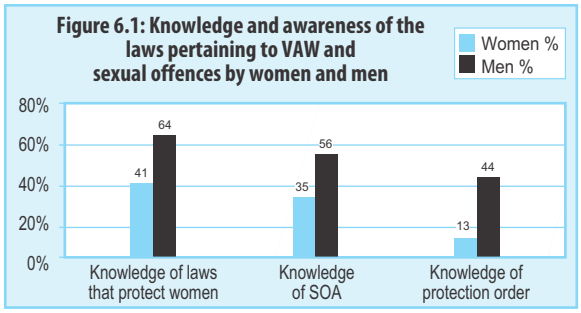


Figure 6.1 shows the responses by men and women in regard to their knowledge of existing laws that seek to protect women and children against violence. It is evident that men are more knowledgeable about these laws compared to their women counterparts. Less than half (41%) of the women compared to 64% of men were familiar with laws that protect women and children. Only 35% of women and 56% of men knew about the SOA while 13% of women and 44% knew about protection orders. This finding is consistent with all the settings in which this study has been undertaken, including South Africa, Botswana, Zambia, Zimbabwe and Mauritius. This can be taken as a manifold witness to the fact that women's risk to violence is exacerbated by their ignorance. Lack of knowledge that protective mechanisms exist can inhibit women's ability to seek care and support.[39]

It is interesting to note that five years earlier in Mateetee's study, it was discovered that women did not think they had any sexual or reproductive health rights because that was the discretion of their husbands and mothers-in-law. To date, the majority of women are still not aware that they have rights. In the same study the women posited that stigma, especially in regard to sexual issues, contributed to an inability to exercise rights, e.g., a girl coerced into marriage is usually gang raped first by the

[38] http://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=11484&LangID=E
[39] A study on Gender-based Violence conducted in selected rural districts of Nepal, 2012.

"prospective" husband and friends, but then she is ashamed of going back home as her family would not accept her back. Thus she stays married to the rapist (Mateetee, 2005).

This study tried to understand the factors associated with knowledge or awareness of laws that protect women. The figures below show the relationship between knowledge about laws and levels of education and employment.

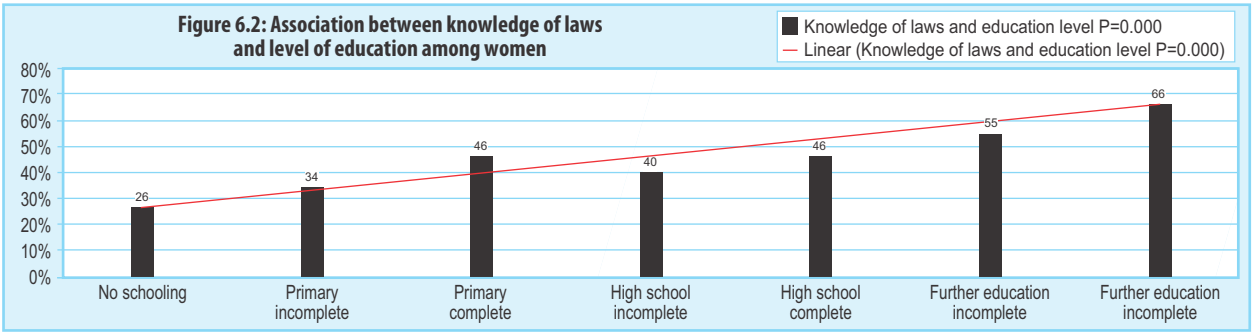


Figure 6.2 shows the bivariate analysis on the association between level of education and knowledge of laws that protect women and children. It is evident that women were less aware of laws protecting them from acts of VAW if they had low levels of education. Similarly (not shown graphically), knowledge of laws was significantly associated with a woman having worked in the past year. Half of the women who had worked were knowledgeable compared to 38% who had not worked (p=0.000). Furthermore knowledge of laws was also significantly associated with the type of work the woman was involved in. The table below clearly illustrates this association.

Table 6.1: Association between knowledge of laws and type of work

Type of work	Percentage	Frequency	P-value
Police, security or armed forces	43%	3*	
Professional	66%	36	
Domestic worker	36%	30	0.018
Driver / transportation industry	40%	2*	
Other	50%	90	

** Low frequency could explain the high percentage observed.*

Table 6.1 shows that knowledge of laws that protect women is significantly associated with the type of work they do. Among the women who were involved in professional work, 66% were knowledgeable of the laws, followed by those engaged in other work activities not specified. Although very few women participated, 43% of women who were police, security or armed forces were aware of the laws. Similarly 40% of women in the transportation industry were aware of the laws. The majority of the women were employed as domestic workers, and they had the lowest rate of knowledge about the laws.

The evidence from the bivariate analyses shows that since education level is positively associated with knowledge of laws, there is a need to promote

education for women. Also evident is that women in domestic work positions and are not exposed to knowledge about laws as much as wome in other jobs are. A study on abuse among domestic workers *(Hear Us Shedding Light on the Plight of Child Domestic Workers in Lesotho*, by UNICEF/Mokuku) indicates that emotional bullying, physical abuse, and sexual abuse are common among domestic workers. It was established that both community members and domestic workers themselves were reluctant to report such abuse. They felt that such cases should be reported to police but were either not aware of the SOA or felt there was a discrepancy between the law and the way it is implemented. The study also found that most of these workers worked on verbal contracts and were lowly paid (Mateetee, 2005). Thus incentives and the labour market should encourage women to pursue other kinds of work aside from domestic work, which in turn will help to raise their awareness of laws protecting them. In this study both women and men were asked for their source of information regarding the Sexual Offences Act. Figure 6.3 outlines the responses from the women and men.

Figure 6.3: Sources of information regarding the SOA

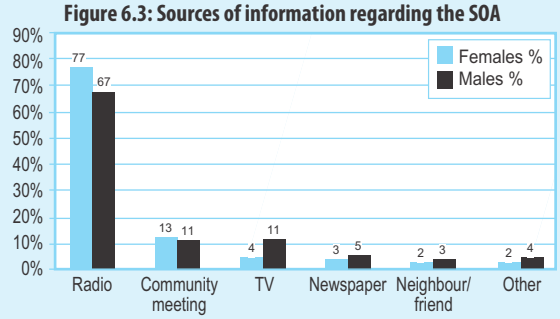


Figure 6.3 shows that radio is the most common medium of disseminating information, as 77% of women and 67% of men heard about the SOA through the radio. The next most popular source of information after radio is community meetings (13% women and 11% men). In Lesotho, TV is not as common as it is in other countries where the same research was undertaken. Only 4% of women and 11% of men heard about the SOA through TV. Three percent women and 5% accessed this information from the newspapers, while 4% women and 7% men heard from friends and other sources.

Service provision

After formulating policies and laws, it is important to gauge whether these are being implemented effectively by all the relevant role players. Ideally the following sectors should be engaged in addressing VAW: education, health, judicial, security and law enforcement and social departments. In Lesotho the key role players in the implementation of these laws include the Lesotho Mounted Police Service (LMPS), and the departments of health and justice. Results from this study show a consistent pattern of high policy priority and robust policy formulation, but weak patterns of implementation, resulting in relatively weak knowledge of and use of services.

Lesotho Mounted Police Service

The Lesotho Mounted Police Service (LMPS) was established under the British Administration in 1872. Of the LMPS staff, the majority (83%) were male, while only 17% were female. There are greater representation of women in the senior ranks, including the only female police commissioner, but women were much fewer in the lower ranks. Only 19% of inspectors were women, 17% of sergeants, and 16% of constables. Of the 292 newly promoted constables, only 42 (or 14%) were women.[40] Key informants in Mateetee's study felt that although there were laws that protect women, they were implemented by men, the traditional/ historical custodians, who were not necessarily adhering to the spirit of these laws, which continued to be violated with impunity (Mateetee, 2005). The figures presented above bolster this assertion, as 83% of the police officers are men. This presents a barrier for women to report cases of violence. Since 2010, there has been an attempt to increase gender representation at the senior level. However, as much as this is commendable, it is officers

[40] http://www.apcof.org/files/APCOF%20Lesotho%20Indicators%20Final%20Web.pdf

in the lower ranks who have to deal with victims of crime on a daily basis, and as such, bearing in mind the sensitive nature of VAW, more female police officers need to be deployed to assist the female victims of VAW. That said, it should be noted that since Mateetee's study, there has been an increase in the representation of female officers. According to the latest report on LMPS human resources, as of October 2014, the total number of LMPS personnel was 4181 of which females constituted only 20% (856) of this total. Male officers totaled to 3325. In all the various ranks female officers were outnumbered by their male counter-parts.

Lesotho has made a commendable effort to specify crimes that speak directly to women and children's rights, e.g., 'deserting wife and children'. However, more specifications could be added such as the different acts of intimate partner violence. Also, apart from threats of violence, actual acts of physical violence could be included. Another crucial matter for consideration is the inclusion of gender in all offences, to gauge the number of crimes committed against women. Equally important is the inclusion of relationship status, e.g., how many attempted murder cases are specifically the result of VAW?. Among all the offences related to domestic violence, sexual offences recorded the highest number of cases reported presented in the LMPS crime report 2012/ 2013.

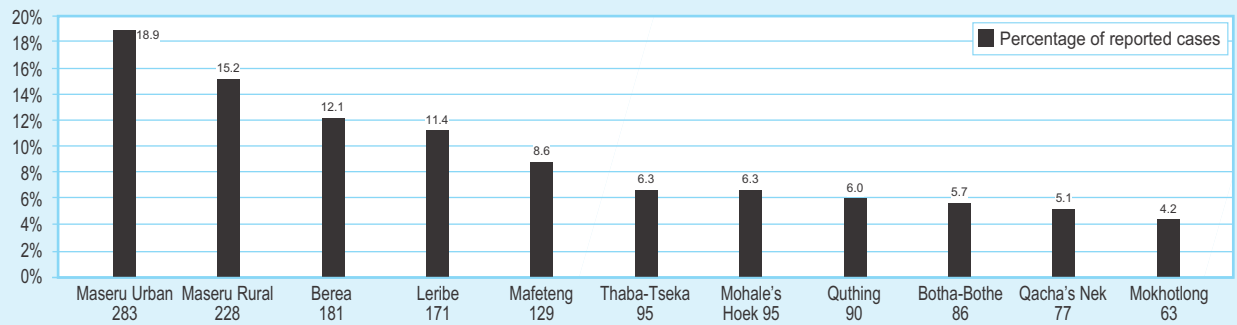
Sexual Offences

Sexual offence was another type of serious crimes reported in 2013. Figure 6.4 below illustrates the number and percentage distribution of sexual offence cases by police station for the year 2013. According to the table, 19% and 15% of sexual offences cases were reported in Maseru Urban and Maseru Rural Police Stations respectively; while Mokhotlong reported the lowest proportion (4%) of the cases.



Lesotho Mounted Police Service officers. *Photo courtesy of http://www.lmps.org.ls*

Figure 6.4: Number of reported SOA cases per district



According to the Crime Report by Lesotho Bureau of Statistics, 1498 cases of sexual offences were reported accounting for 12% of the serious crimes thus coming third after house breaking and stock theft in the year 2013.

Table 6.2: Number and Percentage Distribution of Reported Serious Cases of Crime - 2013

Type of Crime	Number	Percentage
Abortion	54	0.4
Armed Robbery	356	2.7
Arson	327	2.5
Assault GBH	1,406	10.8
Attempted Murder	279	2.1
Car Theft	294	2.3
Fraud	393	3.0
House Breaking	3,924	30.1
Human Trafficking	14	0.1
Murder	658	5.0
Robbery	925	7.1
Sexual Offence	1,498	11.5
Stock Theft	2,896	22.2
Stock Robbery	28	0.2
Total	**13,052**	**100.0**

Source: Crime Statistical Tables 2013 - Police Head Quarters[41]

Table 6.3: Serious crimes by region percentages

Serious Cases of Crime	Central region	Northern region	Southern region
Abortion	0.5	0.3	0.4
Armed Robbery	3.4	2.2	2.1
Arson	2.1	3.0	2.6
Assault GBH	8.6	9.8	17.1
Attempted-Murder	2.5	1.3	2.6
Car Theft	3.7	1.1	0.8
Fraud	5.0	1.2	1.6
House Breaking	31.7	27.4	30.6
Human Trafficking	0.1	0.1	0.1
Murder	4.2	5.3	6.5
Robbery	10.3	4.6	3.9
Sexual Offence	10.1	11.6	14.4
Stock Theft	17.7	31.6	17.2
Stock Robbery	0.2	0.3	0.0
Total	**100**	**100**	**100**

Source: Crime Statistical Tables 2013 - Police Head Quarters.

Table 6.3 shows that the Southern region recorded the highest proportion (14%) of sexual offences cases followed by the Northern region 12% and Central 10%.

Table 6.4: Sexual offences against women reported at charge offices in the year 2014

District	Reported at charge office	Pending investigation	Pending public prosecution	Sentencing	Withdrawn
Mokhotlong	19	12	6		1
Botha-Bothe	17	13	6		
Berea	11	7	4		
Leribe	19	7	10	1	1
Maseru Urban	62	26	22	3	6
Maseru Rural	45	31	13		1
Mafeteng	39	27	10	2	
Mohale's Hoek	39	22	17		
Quthing	7	4	2		1
Qacha's Nek	30	13	12		3
Thaba Tseka	23	7	10	2	
Total	**311**	**169**	**112**	**8**	**13**

Source: Child and Gender Protection Unit, LMPS report, 2014.

[41] Crime Statistics Report Lesotho Bureau of statistics, 2013.

It is evident from Table 6.4 that there is high attrition rates of cases reported. For instance in total 311 cases were reported at the various charge offices. Of these 169 were pending investigation, 112 pending prosecution and only 8 were sentenced. In total 13 cases were withdrawn. It is apparent that Maseru urban and rural received the most report followed by Mafeteng and Mohales's Hoek. In most of the districts there was no sentences recorded.

Specialised units within LMPS

Article 2 of the Constitution provides that everyone is entitled to equality before the law and to equal protection of the law.[42] LMPS has given some priority to VAW and victimisation of women and children by creating the Child and Gender Protection Unit (CGPU). The unit was established in 2002 and is tasked with receiving and investigating complaints related to GBV, sexual violence, abuse of children and human trafficking of women and children (Dissel and Frank, 2011).

The CGPU undertakes weekly sensitisation activities to equip women with knowledge and skills concerning the different forms of abuse such as rape, assault and abduction. In undertaking these activities, CGPU informs women of the applicable laws and the mechanisms for redress. The CGPU used the media to disseminate this information, i.e., they used the police magazine, *POLCHRONICLE*, and a newspaper titled *Leseli ka Sepolesa*. *POLCHRONICLE* was issued on a quarterly basis and distributed nationwide. In both the magazine and the newspaper, the CGPU was allocated columns where they wrote about issues regarding women's rights. (The newspaper and the magazine are no longer in operation). Currently, the CGPU runs weekly radio slots on three radio stations wherein it informs the public about protection of the rights of women and girls. It also conducts school and church visits to spread awareness using information education and communication materials. These awareness raising activities have resulted in an increase in the rate of reporting cases of gender-based violence. The Department of Gender also runs a radio programme which covers issues on VAW (CEDAW Report Lesotho, 2011).

Police officers in the CGPU usually receive training on domestic violence and gender awareness, although not all police officers benefit from this (Dissel and Frank). It was noted that in most cases the trainers themselves are not trained on gender issues, and that this poses a challenge to the quality of training given. Consequently the police often call on civil society in the VAW sector, such as WILSA, to provide training on domestic violence and the SOA. The problem of lack of training does not apply to ordinary police officers only, but even to those within the CGPU (Dissel et al., 2011). The general work of LMPS has been hindered by limited resources in some remote areas. The LMPS Strategic Plan 2010-2013 acknowledges that there is an uneven distribution of resources and vehicles. As such, some police posts, especially those in remote areas, have no functioning vehicles although efforts are being made to increase resources across he countries (Dissel & Frank, 2011).

A number of statutory independent oversight bodies have been established to receive and investigate complaints against the police. These include the Public Complaints Authority (PCA) and the Office of the Ombudsman. However, in the study conducted by Dissel et al. (2011), none of the oversight bodies interviewed reported cases related to complaints against the police. The Ombudsman's annual reports do not provide statistics on the total number of complaints received against the police. Currently there is no independent oversight body created to tackle the VAW issue. In order to effectively address VAW the state should establish an independent body that specifically oversees the implementation of the laws that seek to protect women and children.

Alongside is a case study outlining how the LMPS is operating through the CGPU to curb VAW in the community of Leribe:

[42] Constitution of Lesotho, Section 19.

Case study 6.1: Lesotho Mounted Police Service CGPU - Leribe Hlotse

Background and objectives

The office of the Child and Gender Protection Unit (CGPU) came into operation after the government of Lesotho realised that there was no specific office to deal directly with gender-based violence and the abuses that children face on a daily basis. The CGPU relates to articles 20 - 25 of the SADC Gender Protocol which cover gender-based violence. The target group is men and women, as well as children who are vulnerable to abuse within the Leribe Hlotse policing area. The beneficiaries also include orphans as they are a vulnerable group in our societies. Those who have not yet been abused are also targeted in order to prevent the crime before it occurs. The office of CGPU responds to cases of VAW, sexual abuse, assault cases and the protection of children.

The main objectives of the CGPU are to address issues related to VAW and to reduce cases of VAW by 50% by 2015 and beyond. The unit also aims to provide confidentiality so that victims are able to express their problems without fear and to educate people about gender violence and its consequences.

Activities

The CGPU holds public gatherings and visits churches and schools where groups are sensitised about VAW. This includes educating women and men about legislation such as The Legal Capacity of Married Persons Act of 2006.

Main outputs and outcomes

People now know about the office and come to report abuse. Their cases are sent to the courts of law where perpetrators are tried and sentenced. The community has been involved in every aspect, including planning how to police their areas. They police their own area and make arrests when a crime is committed in their presence. Members of the public are taking the responsibility of educating others. People are willing to come to the office to report crime. Partnerships are formed with local women's non-governmental organisations like *Lentsoe la basali and Lerata khahlanong le tlhekefetso*, which educate people about their rights with regard to violence.

Challenges

One of the most significant challenges is limited resources, e.g., there is no vehicle to support the day to day running of the unit. Some men are still reluctant to report acts of violence against them, even when they are told that they have equal rights to women. This is because their culture dictates that a man is "like a sheep that does not cry". Some of them end up committing suicide. Some women are also reluctant to report violence, because they fear that their spouses will be arrested and there will be no-one to support the family. There are high case withdrawal rates by women as they decide to pull out during the proceedings. This is compounded by the slow progress of court proceedings. Another challenge is that the reporter/complainant generally never admits that they are wrong even when, in some cases, it appears that they are in the wrong.

Replication and sustainability

The CGPU service can be replicated in and outside Lesotho. The service will continue beyond its current lifespan if there is continued community buy in. It encourages the public to police their areas and to work hand in hand with the police. Proactive policing is the cheapest mode of policing, as opposed to reactive policing, because crime is known first by locals. More transport is required if the service is to be sustainable and the stakeholders need to be advised on which laws should be implemented and which should be repealed.

Lessons

It is not easy to deal with VAW cases as there are no statutes that cover this process. The reluctance of the judiciary to preside over such cases is another problem. People need to be taught that gender-based violence does not only affect one gender, and the police are encouraged to educate people in the community, which will in turn reduce the number of men who are in the prisons due to acts of violence.

Source: Lesotho Mounted Police - CGPU unit

Mediation process

Families are often dependent on the income generated by the male breadwinner, and if he is imprisoned, either awaiting trial or after a conviction, the family is likely to suffer the consequent loss of income. Even if the man is sentenced to a fine, the woman is ultimately punished. Imprisonment will also result in the loss of a job and create economic insecurity, and the stigma of imprisonment may jeopardise future employment prospects for the man and his family. Mediation presents the opportunity to look beyond the crime, e.g., if the offence is linked to alcohol or drug abuse, then the offender can be referred for counselling. It also enables the parties to come to the table and solve problems. It may be particularly effective when used with first time offenders (Dissel, 2003).Victim offender mediation and other restorative approaches has been applied to domestic violence cases in Canada (Edwards and Haslett, 2003). Other writers are cautious of using mediation where there has been violent abuse (Hossack, in Saskatoon Community Mediation Services, 2001). Some women advocates argue that women are better served by traditional adversarial processes than by mediation (Hooper and Busch, 1996). Despite these concerns, there is a need for restorative justice processes, and increasing support for it as long as some general principles are observed (Edwards and Haslett, 2003). Two key principles are that mediation should not be attempted unless the female party, or the victim, specifically requests it; secondly only once the safety concerns of the victim have been properly dealt with (Edwards and Haslett, 2003).

This small scale study illustrates that there was a high level of satisfaction with the Victim Offender Conferencing process among the female victims of domestic violence. For most of the women, it afforded a unique opportunity to make their voices heard, to tell their stories and to insist on changes in their partners' behaviour. The experiences of these women indicate that restorative justice practices can be successfully used in domestic violence cases, and that it can result in lasting and meaningful change. It also appears to be relevant and understood within African culture. Proper training is crucial to ensure that mediations are properly conducted. It is also important that mediators are impartial and do not buy into the cultural perspectives on women that are so prevalent in our society. It is also important to institute a process of monitoring the case for a period after the mediation. This is to ensure that the agreement has been complied with and that no further abusive behaviour has occurred. It is also important to stress to the woman that the organisation is available to assist the woman after the mediation, or to make the necessary referrals for further assistance (Dissel & Ngubeni, 2003).

Ministry of Justice Human Rights and Correctional Service

The Ministry of Justice, Human Rights and Correctional Service is charged with the dispensation and administration of Justice, Protection and Promotion of Human Rights and the Rehabilitation of offenders.[43]

The Lesotho constitution provides for an independent judicial system. The judiciary is made up of the Court of Appeal, the High Court, Magistrate's Courts, and traditional courts that exist predominately in rural areas. All but one of the judges on the Court of Appeal are South African. The goal of the Judiciary in Lesotho is to improve efficiency in the delivery of justice and the objectives under that goal are:

- To improve court administrative systems.
- To improve case management.
- To reduce the backlog of cases.
- To increase the level of accountancy.
- To improve effectiveness in the execution of judgments.
- To increase the level of public confidence in the justice system.[44]

There is no trial by jury. Rather, judges make rulings alone, or, in the case of criminal trials, with two other

[43] http://www.justice.gov.ls/
[44] www.justice.gov.ls/doc/INTRODUCTION%20_INFORMATION.doc_

judges as observers. The constitution also protects basic civil liberties, including freedom of speech, association, and the press; freedom of peaceful assembly; and freedom of religion.

The legal system is based on English common law and Roman-Dutch law (statutory law) with judicial review of legislative acts in the High Court and Court of Appeal. Lesotho has not accepted compulsory International Court of Justice (ICJ) jurisdiction.[45] In most of its studies on VAW, Women in Law in Southern Africa (WILSA) has shown that the social and legal systems are both inaccessible as well as felt by women to be non-supportive. In its study, *In Search Of Justice*, WILSA indicates that there are three types of fora for resolving issues pertaining to VAW, including informal (family), semi-formal (Chiefs, NGOs, Ombudsman), and formal (courts hierarchy). It further states that for the Basotho, justice encompasses more than the law and its administration, but also whether it is regarded as fair. The study indicates a power hierarchy of these systems, and that women utilise each particular system to meet particular ends/needs at particular times. The higher up the system is in the hierarchy, the more intimidating (language, procedure, male dominated) and non-supportive the women found it to be. A lot of the formal structures are also based in towns and the capital, rendering them inaccessible to the majority of women. The costs of the formal courts are also reportedly expensive and unaffordable for an ordinary woman, especially where she has to obtain such money from her partner and/or is earning low wages (Mateetee, 2005). However, although minimal, the Legal Aid Departments are alleviating this problem by helping survivors meet their costs.

Units within the judiciary system

The Systems Coordination, Analysis and Information Office

This office is responsible for providing specialised technical support to all the inter-institutional departments in the justice systems, and to the inter-sectional departments and to external ministries. It also oversees the collection and analysis of data gathered from all inter-institutional departments.[46] From 2008, Lesotho authorities have been compiling information and statistics derived from police and court records. Cumulated cases of VAW from previous years up to 2010 are reflected in Table 6.5 below:

Table 6.5: Accumulated cases up to 2010

Offence	Reported cases	Pending investigation	Pending prosecution	Males convicted	Females convicted
Sexual offences	1 234	231	694	300	9
Assault	132	68	31	33	0
Neglect	57	13	30	4	10
Desertions	9	0	0	9	0
Total	**1 432**	**312**	**755**	**346**	**19**

Source: CEDAW Report 2011.

Table 6.5 shows the number of cases accumulated between 2008 and 2010. Sexual offences recorded the highest figures, followed by assault then neglect and lastly desertions. Evident in these figures are the high rates of attrition from cases being reported to the conviction phase.

[45] http://www.justice.gov.ls/#
[46] www.justice.gov.ls/doc/INTRODUCTION%20_INFORMATION.doc

Victims of Crime Support Office

A Victims of Crime Support Office was set up within the Maseru Magistrates Court in 2006. The office provides practical and emotional support to victims. The introduction of this office marks a significant departure from an offender oriented criminal justice system to a victims' rights oriented justice system. This move was a response to a national outcry that the Lesotho criminal justice system protects the rights of perpetrators more than it protects the victims of crime. The Victim of Crime Support Office in the Magistrate's Court is intended to support victims by disseminating information to victims regarding the status of their cases. Such information is intended to minimise the burden of the criminal justice system on the victims. The office also provides free counselling services to victims of trauma-carrying offences such as murder and rape.

In 2011/12 the Justice Ministry, in an effort to create a more positive image for the justice system, enhanced the institutional infrastructure of the Victims of Crime Support Office by designating three separate legal offices, namely Principal Victims of Crime Advocacy, Senior Victims of Crime and Support Advocacy, and Victims of Crime Support Advocacy. This office also provides practical and emotional support for victims of crime in relation with their cases. It discharges its mandate by:

- Raising awareness of victims' rights, as contained in regional and international conventions
- Informing victims about their role in regard to the criminal justice system
- Providing information regarding the mechanisms of the criminal justice process
- Providing information about how to engage formal and informal procedures to seek redress.
- Referral to specialised services whenever it is necessary, e.g., counselling, social grants etc.
- Preventing further victimisation.

This office was created to address the social effects of crime. Crime alienates both victim and offender. A victim is alienated because she feels disempowered and traumatised by the criminal act. The offender is a victim also because he or she may be rejected by the community. What drives the office, therefore, is the belief that by treating victims more fairly the criminal justice can maintain or restore the victim's respect for the law. Once this is achieved, an upward spiral of criminal violence and resentment among victims can be prevented.

The office also serves as a gateway to divert certain cases from the formal process and restorative justice, which often leaves broken relations, and arrive at justice for the people by the people . Thus there is a reduction of case backlog due to increased use of informal procedures, and relations are potentially mended. Backlog is also reduced in that records that are lying idle in offices are processed and finalised through inquiries and follow-ups by the office. The office distributes pamphlets advertising the services they provide.[47]

Ministry of Gender and Youth, Sport and Recreation (MGYSR)

Apart from the specialised units within LMPS, the Lesotho government has established the Gender Policy of the Ministry of Gender and Youth, Sport and Recreation (MGYSR). Its objectives include ensuring equal opportunities and participation by women and men, girls and boys in the development process; equal access to education, training and health services and mitigating and control of land and credit; mitigating negative aspects of culture, and enforcement of gender sensitive laws (Mateetee, 2005).

Similarly, the draft Reproductive Health and Adolescent Health strategies recognises these issues and those centred around Sexual Violence Against Women Violence (SVAW), including rape, physical and psychological abuse, as well as sexual coercion. The policy goals include advocacy for and wide-ranging strategies aimed at improving the situation. Through monitoring of the policies, the intention is that these issues will be addressed (Mateetee, 2005).

[47] www.justice.gov.ls/doc/INTRODUCTION%20_INFORMATION.doc

Department of Health

The National Reproductive Health Policy provides for, amongst others, essential sexual and reproductive health packages aimed at ensuring safe motherhood, family planning, reproductive health, male involvement and access to sexual and reproductive health services (CEDAW Report, 2011).

The Women's Health Survey 1998 reports that husbands or partners frequently perpetrate SVAW violence. However, women do not want to report their husbands since the statutory system is not conciliatory and they fear being separated from their children. The women also felt the law was not on their side, due to the perceived superiority of the men. In informal dispute cases, usually presided over by family elders, issues such as wife rape are never discussed since women are culturally bound to serve their husbands. Thus the statutory, customary and common-law systems are not effective in protecting women (and girls) (Mateetee, 2005).

Customary practices and values also conditioned women to be subservient even in cases where this compromises her health,and even the health of her spouse. The respondents also reported that men were the family protectors and in their absence - due to employment away from home (or death) - women were more vulnerable to violence (Mateetee, 2005).

The remedies available to the victims of VAW are mainly in the form of compensation, damages and/or sentencing of perpetrators to imprisonment or a fine. The following mechanisms are in place to assist the survivors of VAW:

- Lapeng Care Centre has been established in Maseru to provide a temporary shelter for survivors of VAW. The centre provides day-to-day services for women as well as boys and girls. The Centre also carries out the following services:
- Mediation between partners as well as between parents and children and families;
- Provision of Counselling to the survivors of VAW and perpetrators;
- Temporary place of safety for women and children;
- Provision of life skill programmes; and
- Referral of clients to and from the centre (CEDAW report 2011).

The Enactment of the DVA

With regard to progress on the enactment of the law on domestic violence, a draft Issues Paper has been prepared by the Law Reform Commission. Further research and consultations have been commissioned by the Ministry of Gender and Youth, Sport and Recreation to strengthen and inform the drafting of the legislation (CEDAW report 2011).

The rule of law will be dealt with in depth in Chapter 3 of this report. Nonetheless, it is worth mentioning, by way of introduction, the extent to which the rule of law is observed in Lesotho. Important to note is that there is respect for the rule of law in Lesotho, despite delays in dispensing justice and a general lack of trust and confidence in the capacity and political neutrality of law enforcement agencies mandated to investigate crimes, enforce the law and protect the Constitution. A major challenge is the absence of adequate infrastructure and of human and physical resources that could afford sufficient protection to particular sections of society.[48]

Access to Legal Representation in Matters Related to Sexual and Gender-Based Violence

The key informants indicated that legal aid through the Ministry of Justice, Human Rights and Rehabilitation (MOJHR) was available in the capital Maseru, but these services were not widely publicised and essentially inaccessible to a large proportion of

[48] http://www.afrimap.org/english/images/report/AfriMAP%20Lesotho%20Justice%20Main%20web-FINAL.pdf

those in need. Women's access to legal representation was to a large extent determined by their capacity to meet the cost of a private lawyer.

Conclusions

This chapter outlines the response structures that have been put in place to address GBV in Lesotho. Law enforcement in communities primarily lies with police and chiefs. In rural or mountain areas, access to the police can be difficult. compared to the lowlands; or lack of reporting of VAW may reflect a lack of trust in police and chiefs. In conclusion, while there is a law (Sexual Offences Act 2003) that should protect women (and girls) against violence, the institutionalisation of the minority status of women in customary law, the preponderance of males in the legal and justice systems, intimidating legal procedures, limited legal aid, and lack of women's awareness and civic education on these rights, results in poor implementation of such protection for women. Thus more work needs to be done in order for the existing structures to really help women in need. The Lesotho government needs to find ways to marry customary and civil laws so that they work in accord.

CHAPTER 7
SUPPORT



Community Stage 3 workshop in Hlotse, Lesotho. *Photo: Ntolo Lekau*

Key facts

- Survivors of violence against women (VAW) seek support from formal and informal sources.
- In Lesotho, informal support is the dominant form of support used by victims of violence.
- Sixty-three percent told a family member about the abuse they were experiencing, while only 5% sought help from a shelter.
- Most institutions in the formal sector provide only psychosocial and mediation support.
- Service providers are expected to follow ethical codes of conduct such as handling survivor cases with confidentiality, minimising further victimisation of survivor and providing universal access to services without negative consequences for the survivor.
- The Child and Gender Protection Unit (CGPU), housed under the Lesotho Mounted Police Service, offers support to survivors of domestic violence.
- Under the Basotho customary law, perpetrators of domestic violence are only required to pay restitution or compensation to the survivors of the violence.
- There are limited centres offering holistic care and support for survivors of gender violence.



"I" Story by a counsellor

"One of life's truths is that women use their fathers as scales to measure the kind of life partner she chooses; we either want the opposite of our father or someone similar. Personally, I believe it is important for girls to have fathers who are protectors, providers and to some extent their friend when they need advice on relationship issues later in life. I once read that the best gift a father can give their children is to love their mother. Then what if the father, the most important person against whom to measure the love of your life, becomes your source of pain, terror, humiliation and a mouth of unstoppable cold, cruel words?

I have been dealing with girls from broken families, and today I am seeing Palesa. I have been working with her for the past year now, but to tell the truth I do not know if our sessions are helping at all because her pain runs deep. She is a shell of deep-rooted painful memories of witnessing her father constantly beat on her mother day in, day out. He inflicted every type of abuse possible before maliciously killing her.

What is more alarming is that her father sexually abused Palesa and there was nothing her mother could do to protect her. She told me her mother did the best she could to love her but she could not protect her from her father. When he killed her mother, Palesa's world came crashing down as her father escalated his abuse towards her.

Palesa left home at a tender age of 16 as she could not endure the abuse any more, but where would she live? She knew only village life. She headed to Maseru. But the damage was already done; the abuse had already killed her soul. She saw men as monsters who fed on her soul for their pleasure, so in her mind it made perfect sense to sell her body. If men take pleasure out of her body, why not make money out of it? Especially since she did not finish her primary-level schooling.

At 19 years old, three years later, she is in my office. Her heart is hard as a stone, she is HIV positive, filled with vengeance and wanting to take it out on every man - not realising that she is also spreading the virus - ironically to other women as well. The pain she endured made her think it is Palesa against the world.

Her soul is broken; it will take years of therapy to restore the pieces and she says there is nothing like adoring your father, placing your trust in him, then having that same person be the source of your tears. Seeing him murder her mother made the world an unbearable place for her.

Now gazing in her eyes, I see years of brutal pain. I just hope to God I will be able to heal her pain, make her see that the world is not so bad. I hope, really I do hope, she can let go and start over."

The narrator of this story is a counsellor who provides psycho-social support. This is a story highlighting the plight of women. The vicious circle and effects of VAW and the formal support structures in existence in Lesotho.

This chapter explores and discusses the formal and informal support structures available to survivors of VAW in Lesotho. Both structures are crucial in responding to, and giving support to, survivors of violence.

Studies show that survivors of violence against women (VAW) seek support from formal and informal sources (Coker, 2000). Informal resources include family, friends and faith-based communities where survivors generally seek support before approaching formal support sources. Formal resources include health professionals, the criminal justice system and police services (Ansara & Hindin, 2010). Supporters of survivors of violence are required to follow certain ethical codes of conduct. These include: survivors have the right to make their own decisions; treating the matter with confidentiality; minimising further victimisation of survivor; and providing universal access to services without negative consequences for the survivor.[49]

ased on findings from the survey, it is evident that the predominant form of support in Lesotho is informal.

[49] http://catalogue.safaids.net/sites/default/files/publications/A_handbook_for_Paralegal_Manual_Lesotho_.pdf

Victims prefer to go to family members or the community for help. Asked whether they had sought support from formal shelters, 95% of the women who had experienced abuse said they had never been to a shelter for support. This could mean women do not appreciate the support obtained from shelters, or that Lesotho does not have enough shelters to accommodate women survivors. On the other hand, when asked if they had confided in a family member, 63% of survivors affirmed that they had told someone. Researchers then asked the women who exactly in their family they had told, and the responses are shown in Figure 7.1.

Figure 7.1: Informal support: family members told about abuse

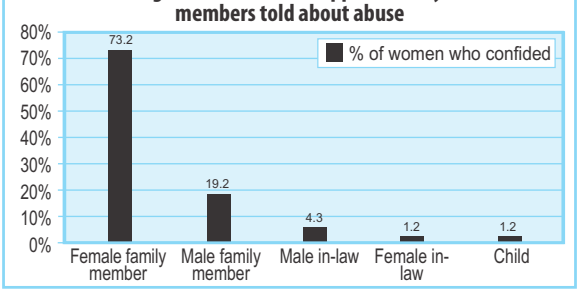


Figure 7.1 shows the majority of women who told about abuse (73%) confided in female family members, followed by 19% who told male family members, 4% who confided in male in-laws and equal proportions (1%) who told either a female in-law or their child.

Researchers asked further questions regarding the responses received from family members. Responses are in Figure 7.2.

Figure 7.2: Responses given by family members

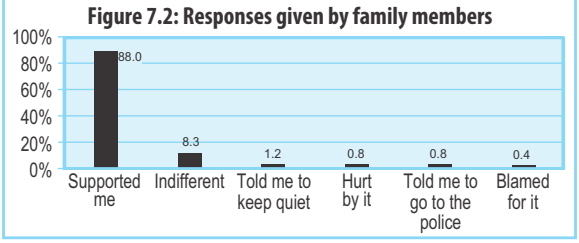


Figure 7.2 shows the majority (88%) of the women were supported by family members while 8% received indifferent responses, and 1% were told to keep quiet, or to go to the police. One percent professed that their family members were hurt by the news, whereas less than 0.5% were blamed for being abused. Based on the above, it is understandable that victims would go to family members where they can expect support. Support from family members also varied.

Of the 82 women who shared their "I" Stories, 32 sought assistance from family members, friends or neighbours. The support they received ranged from financial, shelter and food and provisions. Despite being sound, informal support structures have a downside; they do not have legally binding guiding principles that can ensure maximum protection for victims. In most instances, they are influenced by the prevailing culture in the community.

A global trend in the support for victims of GBV is that, because of inefficiencies, long protocol and corruption within the formal structures, more and more victims, particularly in rural, areas are resorting to the informal support structures for redress. This underscores the need to mobilise communities so they know what support to render to victims of abuse to ensure justice and to prevent recurrence of the abuse. If not conscientised, family and community members can stand in the way of justice - as evident in the majority of stories shared by survivors of violence. More often than not, they were told to go return home and endure the abuse to ensure survival of their marriages. This, in most cases, results in devastating effects. One survivor shared her story of how things turned out after enduring abuse:

> "I stand here today, left with nothing. My husband murdered my two beautiful children and then he committed suicide. I want to understand why he would do such a cruel thing but not a single explanation would explain his behaviour. All he wanted was for me to suffer for the rest of my life and, indeed, I am suffering. I never thought he would go to such extremes; yes, he had done things in the past and I forgave him but this is beyond measure."

Formal support services

Another dominant source of support in Lesotho is the traditional leadership. In a majority of cases, victims

seek assistance from the chiefs. Chiefs can either settle the matter or refer it to the police or civil courts. Traditional leadership is utilised most in rural areas where police stations maybe far from communities. Below is an example of the experiences of survivors in traditional courts.



"My name is `Matebello. I am 39 years old. I have lived with my husband for almost 20 years. We have two children. My husband worked in the South African mines from when he was 24 years old. He was a good, loving and caring husband until he was retrenched from work two years ago. I am currently pregnant, and this pregnancy is the cause of the devastating situation in our relationship. He has become an abusive husband. I am not sure if this is due to his retrenchment from the mines.

When I told him I was expecting our third child, he went wild. He claimed the child was not his. I was working in the village scheme for tree planting and he forced me to leave the job, as he claimed I was seeing the foreman. He started beating me over false accusations. There happened to be a shortage of teachers at our local primary school so, at a community gathering, I was unanimously appointed to step in until the school found a qualified teacher. My husband was there too and he did not object . But when we went home, he started accusing me of seeing the principal, saying that's why I was offered the job. I insisted on taking the job because we were struggling financially since his retrenchment. He extorted my first salary, saying it was payback time since he had been providing for me all these years. Arguing with him was pointless because it always ended up with him beating me.

I gathered some courage one day and called his family but, with insults, he kicked them out of our home and warned them never to come back. In the evening, we got into a fight over the food I had prepared. He demanded meat, but when I reminded him that he had the money to buy meat, he beat me to a pulp. I had to stay in the house all weekend to avoid being questioned by caring friends and neighbours about what had happened. Sometimes, I'dthink of leaving him, but I knew I had nowhere to run. Besides, how could I leave my children with him?

With the money he was taking from me, he started drinking alcohol excessively and would come home to fight me. One of the evenings, he pushed me around and I lost my temper. I grabbed the frying pan and hit him really hard on the head, and he was injured. Early the next morning he ran to the chief to report the matter, alleging that he was trying to talk me out of going out at night as he suspected I was seeing another man, when I beat him. I was shocked because he had made that story up, the lying bastard! I was summoned for questioning, subjected to verbal abuse by the men at the chief's place, calling me all sorts of names and defending my husband, with whom they sided. I lost the case because those men favoured this lying wife beater. I was very angry.

When we got home, I confronted him about the lies he told to the chief about me, and he beat me again. This time it was so brutal that I had bad injuries and, without hesitation, I went to the police station. When the police came my husband, along with the village men, accused me of being disrespectful in front of the police officers, claiming I was the trouble maker between me and my husband. To make matters worse, I had injured him the previous day so that counted in his favour, and against me. The police warned that if I caused any more trouble, they would lock me up. Then they left. This gave my husband more power to further exert his abusive and bullying tactics on me. That very night, he started another argument, accusing me of embarrassing him, and repeatedly beating me. I decided to leave him. I took one of my children, the youngest, and left to join my sister, who was in another village.

I have started selling fruits and vegetables in town to earn a living. He has shown up more than twice, begging me to come back home, and I have adamantly refused. I am free of the abuse now, living peacefully. My eldest son has also moved in with me."

Police services support

The Lesotho Mounted Police Service (LMPS) provides specialised support services to survivors of domestic violence. The Child and Gender Protection Unit (CGPU) deals with issues of domestic violence and sexual abuse.[50] According to Article 6 on Victims of crime, it is the duty of the police to treat all survivors with respect and care. The Unit offers support to survivors of violence by providing them with peaceful and confidential service.[51] However, qualitative research done among police officers, employed and formerly employed, showed that the majority were not aware of the need of victim empowerment programmes (Dissel et al., 2011). Additionally, the officers had not received training to adequately deal with such cases. The research found there were inadequate facilities to deal with survivors of violence (Dissel et al., 2011). Survivors, especially in rural areas, were usually referred to another police station where there was a CGPU officer able to assist. The treatment of survivors is likely to increase victimisation of survivors and also become a barrier to accessing support services from the police.

Support from legal facilities

The legal system in Lesotho is dualistic, consisting of both customary and statutory law. Customary law is defined as "the written and unwritten rules which have developed from the customs and traditions of communities."[52] Under Basotho customary law, chiefs attend to what is considered to be minor crime (e.g., domestic violence) and perpetrators pay restitution or compensation to victims (Dissel et al., 2011). This is generally the case with incidences of domestic violence or sexual violence, usually referred to traditional courts by the police. The customary law is criticised for not fully promoting the principles of human rights, which makes women vulnerable to violence.[53]

The statutory law has also implemented laws to protect and support survivors of GBV. For example, the Legal Capacity of Married Persons Act of 2006 stipulates, inter alia, that:

- The objective of the Act is to remove the minority status of married women and to provide for incidental matters;
- Section 3. (1)... with regard to the administration of a joint estate, the common law and any other marriage rules in terms of which a husband acquires the marital power over the person and property of his wife, are repealed.
- (2) The marital power which a husband has over the person and property of his wife before the commencement of this Act is repealed.
- (3) The following restrictions which the marital power places on the legal capacity of a wife are removed:
- ...
- (b) Suing or being sued
- (c) Registering immovable property in her name ...

The statutory law criminalises rape, including spousal rape, and domestic violence - although it is noted that few cases are brought for trial before the courts of law.[54] According to the Lesotho 2012 Human Rights Report, the Lesotho law does not prescribe penalties for perpetrators of domestic violence or support to be rendered to the victims. Judges use their discretion and perpetrators can be given a warning and released, given a suspended sentence, fined, or imprisoned, depending on the severity of the case.

Psychosocial support

This study established that much of the support given to survivors of violence was psychosocial in the form of counselling. Chapter 4 established the association between childhood abuse and adulthood perpetration and experience of GBV. Therefore, providing psychosocial support to abused children amounts to preemption of GBV. The case study below outlines activities undertaken to provide support to survivors of violence, particularly minors.

[50] http://www.apcof.org/files/APCOF%20Lesotho%20Indicators%20Final%20Web.pdf
[51] http://www.crin.org/en/library/publications/lesotho-child-rights-references-universal-periodic-review
[52] http://catalogue.safaids.net/sites/default/files/publications/A_handbook_for_Paralegal_Manual_Lesotho_.pdf
[53] Ibid.
[54] LESOTHO 2012 HUMAN RIGHTS REPORT http://photos.state.gov/libraries/lesotho/231771/PDFs/country_human_rights_report-lesotho_2012.pdf

Case study: Lesotho Child Counselling Unit (LCCU)

Background

The organisation was established in 2001, targeting traumatised boys and girls aged 2-17 years. Younger children are accommodated by another organisation. The LCCU provides temporary shelter for periods ranging from one day to more than one year, depending on the merits of a case. The shelter is situated in Maseru though they accommodate children from the whole of Lesotho and, often, victims of human trafficking from South Africa.

Activities

- *Temporary shelter:* the children receive basic needs such as food, clothing and education.
- *Treatment programme:* mainly psychosocial support rendered to traumatised children by different therapists. The types of therapy include individual, group, family therapies and stress management.
- *Peace and reconciliation:* in cases where it is applicable; the organisation provides mediation services.
- *Social investigations:* include home visits coordinated by relevant stakeholders in the district.
- *Prevention programme:* involves community outreach activities such as awareness campaigns on child protection. The organisation also operates the Children's Voice Newspaper, is produced in Maseru on a quarterly basis; children are trained as news writers and are tasked to find and write news items.
- *School networks:* debates on burning issues such as child marriage and forced marriages.
- *Workshops:* held with children committees at community, district, national and international level. Recently, children representatives went to Tanzania to participate in child protection networks.
- *Community dialogues:* children go into communities to talk about child protection.

The organisation currently has 12 staff members. The shelter can accommodate 40 children at a time. The organisation is funded by private donors and the Government of Lesotho.

Achievements

The organisation has established income-generating initiatives to reduce dependence on donors, and to help ensure sustainability of operations. Projects include farming of poultry, butternuts and beans.

Challenges

One of the biggest challenges arises when children are unable to be released into the care of a family member or through the adoption process. There have been cases of children having to be accommodatedfor more than five years. Children who are not adopted are referred to SOS. Other children are trained in life skills such as sewing or agriculture, and the organisation assists in finding them employment.

Shelters

In many cases, a survivor of VAW may have to relocate from an abusive environment to a place of safety. She may be unable to return to her home if, for example, the perpetrator is a member of the family, a neighbour or member of her community. In such cases, shelters or safe houses must be available for the survivors. Lesotho, like many other countries, does not have adequate shelters to assist survivors for violence. The She-Hive outlined in the case study below is one of the few shelters assisting abused women.

Case study: She-Hive



Co-founders of She-Hive on the V Day. *Photo: Mamakhethe Phomane*

She-Hive was formed by women who are survivors and who feel that justice system in Lesotho is too slow in its implementation of the 28 targets as provided by the SADC Gender Protocol (2008). They feel it is everyone's responsibility to act for the abolition of all forms of gender-based violence.

Their goal is to work towards ending all violence against women and children. This involves advocating and lobbying for the empowerment of survivors and victims of domestic violence and those affected by it, providing them with psychosocial support and ensuring that they are able to support themselves after the violence. This also involves encouraging society at large to reduce the number of domestic violence cases by at least 50% by the year 2020, through advocacy and lobbying for the use of the slogan "Speak out: domestic violence is not private anymore".

Objectives

- To have an enhanced coordination of services aimed at improving the lives of women and children who are victims of DV.
- To provide psychosocial support, and advocacy for the abolition of domestic violence.
- With the support of donors and partners, to establish "stop over" facilities throughout the country, where abused women and children are provided with psychosocial support, and group counselling sessions where women are able to speak out about issues of DV.
- To advocate for the rights of women and children, mainstreaming HIV and AIDS, poverty, orphans and vulnerable children issues, through offering training on women and children's to community leaders.
- To engage people who have experienced, or are still undergoing, abuse to speak out about it. The association disseminates information, educates people and helps them share experiences in order to improve the lives of DV survivors.
- To campaign for behavioural change in communities, and especially in families, with a view to eliminating further cases of DV.

Key Activities

Creating awareness through the use of media (newspapers, radio and TV); advocation, and dissemination of information through public gatherings candle-light ceremonies and fun-walks.

- Participating in global campaigns such as the One Billion Rising for Justice in open discussion. That campaign, which aims to end violence against women and has been in existence for the past 15 years, celebrates Victory and Valentine while commemorating victims who did not survive domestic violence. It celebrates victory, planning ahead and working with men to reconceive notions of masculinity and manhood that oppose violence against women.
- Monthly meetings of members who are survivors of domestic violence. In these meetings, participants share their stories with the aim of healing and assisting those still suffering violence with coping techniques and mechanisms. Social workers and a legal advisor from the office participate and give advice where necessary.
- Offering counselling, psychosocial support and legal advice.
- Promoting human rights study clubs at schools and community. The association has embarked on a project in schools to identify and assist child-

ren who have experienced domestic violence in their families. The clubs are comprised of survivors and victims of domestic violence and any other stakeholders who want to contribute towards the fight against domestic violence.
- Embarking on community income-generating projects, with the aim of alleviating poverty.

Partnerships

She-Hive has partnered with the following organisations:
- Ministry of Education and Training
- Men Engage Network
- Ministry of Gender and Youth, Sport and Recreation
- Khotsong Skills and Training Centre
- Lesotho Planned Parenthood Association
- Effective Counselling Services

Challenges

The main problem faced by the association is lack of funding. She-Hive is still in its start-up phase, and has not yet received funding. The secretariat works on a volunteer basis and has no office equipment, except for equipment they have brought from their own homes. The association is currently dependent on its partners' resources.

Although the association'encourages people to speak out about issues of gender-based violence, this issue remains a very private issue in communities and people are sometimes very hostile towards it. There is a strong tendency to shy away and not speak out for fear of discrimination and humiliation, and there are accusations of deviation from cultural practices. People resist behavioural change due to the misconception that it diverts them from their beliefs and traditional norms.

Association members have approached radio and TV stations to speak openly on issues of domestic violence. Survivors open up and talk about these issues on national TV. This is likely to help and encourage more women to speak out. In this way, perpetrators are discouraged, because they will be exposed to the general public.

One stop-centres for survivors of violence against women

One-stop centres provide multisectoral case management for survivors of domestic violence (Colombini, 2008). They provide 24-hour services that include health counselling and legal services. To ensure easy access to services by survivors, the centres are usually located in health facilities or as stand-alone facilities near a hospital (United Nations, 2006). South Africa has one-stop centres called Thuthuleza Care Centers that offer the following: emergency medical care; testing for pregnancy, sexually transmitted infections and HIV; post exposure prophylaxis, antiretrovirals, trauma counselling; court preparation, referrals and follow up support.[55] This is a good model for implementation in Lesotho. Below, is an excerpt from the United Nations Development Plan (UNDP) Lesotho website, which documents the proposed establishment of one-stop centres throughout Lesotho.

[55] http://www.endvawnow.org/en/articles/683-intimate-partner-violence-and-or-sexual-assault-one-stop-centres.html

Case study: UNDP Lesotho

On-going measures to counteract violence against women (one-stop centres)

The project focuses on the establishment of "one-stop" outreach centres for victims of gender-based violence and through this centre(s), there will be provision of basic health facilities, shelter, counselling, training and guidance for victims of gender-based violence. Staff at the centre will also run training programmes for perpetrators of crimes as well as run sensitisation/awareness programmes for the police, correctional services, security forces and judiciary. The project will also facilitate a comprehensive and up-to-date study of violence against women in Lesotho as well as raise awareness among the public of gender-based violence through electronic and print media, training and workshops.

Strategy

To address the issue of violence against women, the Government of Lesotho has requested the UN in Lesotho for support in the establishment of one-stop centres that will not only provide services to women and children who are sexually abused but can also run other relevant programmes towards the elimination of gender-based violence in general. In summary, this project aims to:

- Carry out a comprehensive study on violence against women in Lesotho;
- Raise public awareness on the issue;
- Establish a specialised service for victims of gender-based violence, especially sexual violence.

A related goal is to make existing service structures more victim-sensitive and decrease the risk of secondary victimisation. Accessibility to both the police and health care is currently limited. The service structures or institutions also lack infrastructure, equipment and networking capacity to adequately meet their own needs.

Project activities

1. Develop evidence-based national policy and legislative framework, for example, the Domestic Violence Bill proposed by the Ministry of Gender and Youth, Sport and Recreation, which seeks to protect survivors/ victims of domestic violence and prevent domestic violence in Lesotho.
2. Establish well-functioning one-stop Centres in Lesotho. First in Maseru, and then in each of the ten districts.
3. Develop multidisciplinary empowerment services and strategies, including outreach programmes.
4. Raise public awareness on issues relating to abuse of women and children and strengthen social mobilisation against abuse.

Sourced from UNDP site.[56]

Conclusion

Lesotho still needs to strengthen its support structures in order to assist survivors of GBV. Currently there are limited centres offering holistic care and support for survivors of gender violence. An evaluation done by UNICEF also found that there are limited shelters, especially outside Maseru, for survivors of child abuse.[57] The government needs to prioritise providing places of safety, currently seriously lacking, in each of the districts outside Maseru for rape survivors, who often end up being sent back home to the same abusive environment from which they came, with a high risk of repeated abuse. A review of the Lesotho National HIV/AIDS Strategic Plan for 2006-2011 shows that Lesotho scored a zero because it failed to stipulate strategies of care and support for survivors of gender violence in the various sectors, namely, the police,

[56] http://www.undp.org.ls/hivaids/GBV.php
[57] Lesotho: Strengthening Child Protection Services for Survivors of Sexual Abuse: http://www.unicef.org/evaluation/index_49367.html

healthcare workers, social workers and the judiciary.[58] Lesotho was also urged to provide comprehensive post-rape care protocols and services.

Our literature review highlights the weaknesses of the police and judiciary services in offering support in DV cases. Access to justice for women is curtailed by a wide range of factors including lack of resources, the attitudes of magistrates towards sexual violence, delays in disposing of criminal charges, lenient sentences and high rates of acquittal. A major problem in a range of institutions, from the family all the way to the courts, is the perception that sexual violence is not a crime, but a wrong for which there must be compensation. This results in structures of justice such as police officers being indifferent and insensitive in their handling of such cases, and calls for the strengthening of available services. The CGPU unit needs continual training on how to deal with survivors of domestic violence. There is a strong need for government, with the help of NGOs, to facilitate the setting up of one-stop centres for support - such as the Thuthuzela Care Centres in South Africa, which have been recommended as best practice for other countries to follow. Additionally, training of health care providers, the police, magistrates and prosecutors enables. Government also needs to look at strengthening the limited psychosocial care and support system available to survivors; and on the rights of women, especially survivors of domestic violence, through promotion on harmful tradition practices. We recommend strategies to educate and sensitise chiefs against attitudes that promote VAW.

[58] Mannel, J. Country report: Review of women, girls and Gender equality in NSPs in Southern and Eastern Africa. www.heard.org.za/downloads/lesotho-country-report.pdf_

CHAPTER 8
PREVENTION



Talana council march Lesotho 2012. *Photo: Malepota Mafeka*

Key facts

- Prevention strategies need to address the root causes of VAW as well as create an environment that promotes VAW prevention.
- Political will and commitment are critical to addressing VAW.
- Almost two thirds (64%) of men and 44% of women had heard of the 16 Days of Activism.
- A lower proportion of women (31%) and men (45%) knew of the 365 Days campaign.
- An even lower proportion (19%) of women, and more than a quarter of men (28%), had participated in a march or event to protest against VAW.
- Most people got their news about VAW campaigns from radio.



"I" story by Martha

"I am a woman of 23 years of age. I live alone in a rented house. I work at one of the local bakery stores. I had to drop out of school when my single mother could not afford to pay my school fees. I moved from home in search of a job and stayed with my friend until I got the job at the bakery.

Life was very hectic before I got the job. My friend stayed in a single room and sometimes her boyfriend would visit her, and they would sleep together and do things in my presence. It was not long before her boyfriend showed up with another boy, and I was told I would have to share a piece of mattress with him. During the night, he made advances on me and I tried to stop him, shouting, only to be harshly reprimanded by my roomie, who accused me of disturbing the whole neighbourhood by shouting, and adding, sarcastically, that I should behave like an adult. I had no choice but to give in to the sexual harassment, telling myself that I had to move out of this cage as soon as possible. I confronted my friend about this, but she scornfully told me to leave her alone, and that the boy would hook me up with his boss at the bakery that he worked for, so I could be given a better-paying job.

This strange boy became a regular in our home. After two weeks, he said he had finally gotten me the job he had promised, and even arranged for me to leave my friend's house as he had paid rent at a new place he had found for me. I was thankful to him. At the end of the month, he helped me a great deal by providing the necessary stuff needed for starting life at a rented house. The problem with him, though, was the fact that he came to my house almost twice a week, imposing on my privacy. But he reasoned that he was guarding me against the delinquent neighbouring boys who would break into my house if they thought I was living alone, and I believed him. Then one day, he came to my place with another big guy, who I learned was the bakery's manager. I thought he was only there for a while, but realised he would stay the night. I was wondering what was going to happen to me. My boyfriend had also bought me a big bed so he said there was no problem if the three of us all slept together. He slept in the middle, between me and the big guy. As I was about to catch some sleep, my boyfriend started fondling me. I took my phone, sent him a text message, asking him to stop as we had company. He told me not to worry. So I let him have his way with me. While still at it, the big guy was leaning closer to us, begging my boyfriend to let him have sex with me too! My boyfriend whispered to me that I should do it with the manager so that we could keep our jobs. I did not like the idea, but I was trapped, so I had no choice but to escape and run. As I climbed off the bed, attempting to run towards the door, he caught me and pulled me back to bed, beating and shouting at me, "You want us to lose our jobs? What is wrong with having sex with him for just a night?"

I had no choice but to give in to their dirty demands. The same thing happened the following week, and the week after. I told myself that at the end of the month, I would move to a place far away from them, where they will not locate me; a tightly secure place. At month end, I earned a double salary, and the boss ordered me to keep quiet. Then, that same weekend, he took me to the shops and bought me clothes and everything else that I needed, saying that he was doing it for himself and for my boyfriend. I became confused, anxious and uncertain.

As I was contemplating my next move, I discovered that I had missed my period. I went for a pregnancy test and the results came out positive. I wrote to both of them about this. During working hours, they called me to the boss's office and told me I would have to consider an abortion. I refused, told them I was keeping the baby, and that I wouldn`t bother any of them. After that, they both stopped seeing me, and at work I was treated like any other girl - no double salaries and no more special treatment, but I was grateful. It was such a relief that I would not be gang-raped again, or pimped against my will. The baby was born; he was a cute boy, and he resembled my man, not the boss. Everyone at work took one look at him and commented on how much he resembled my man. He knew it too, and could see it. One day I asked him what intentions he had for the little boy, and he

told me that he would not marry me since I was a weak, spineless woman who lacked self-esteem. He said that I should have stood my ground the first time he came on to me, and that it was obvious I could sleep with any other man, so I would always be a victim. It was a shock to hear that, but I think I deserved it. I swore never to bother him again, yet I still worry about other young girls who are abused. I was wondering, which innocent girl has taken my place in the abuse?"

This is a story of structural abuse. Martha is trapped and abused because of her circumstances. In trying to keep her job and please her boss she unwillingly engages in sexual activities with her boss and boyfriend at the same time. She falls pregnant in this process and doesn't know who the father of her child is. Poverty has been identified as contributing factor to VAW. As efforts to end VAW should focus on economically empowering women so that they did not become victims of abuse in the quest to survive.

The CEDAW Committee focusing on VAW expressed its concern about the high prevalence of VAW in Lesotho, in particular, domestic and sexual violence, which remains, in many cases, underreported. Against this backdrop is an absence of an expressed political will to place high priority on the elimination of VAW. While welcoming the enactment of the Sexual Offences Act in 2003, and recognising marital rape as an offence, the Committee was deeply concerned at the absence of a specific legislation to eliminate VAW, including domestic violence. The committee also queried the use of mediation in cases of violence, which can lead to re-victimisation of women who have suffered from violence.

While noting the establishment of the legal-aid clinics, and the launch of the pilot project at Lapeng Care Centre, the Committee was concerned that this was the only centre in the country providing services to victims of violence, that it only provided "day service", and was not exclusively for women victims of domestic violence (CEDAW Report 1, 2011).

For a long time, efforts to address VAW were more responsive than preventive. However, there has been a paradigm shift with increasing acknowledgement in many spheres, that prevention is better than cure. People are realising that focusing on the victims alone, will not help in stopping men from using violence.

To eliminate violence, there is need for preventive measures. For violence prevention programmes to be effective they need to be holistic and build on evidence, targeting those at risk (primary prevention) or those who have been victims or offenders in order to reduce re-victimisation or re-offending (secondary prevention).

Primary prevention involves precautionary measures that aim to address VAW before it occurs in order to prevent initial perpetration or victimisation. It includes targeted actions aimed at changing behaviour and attitudes. Primary interventions should acknowledge that violence is typically linked to distinctive individual and societal contexts and seek to address the root causes at individual, relationship, community and societal levels. Interventions can also aim to change risk-producing environments.

VAW preventative strategies include:

- Political will and commitment to address VAW;
- Public awareness programmes;
- Engaging men;
- Using the media;
- Local government initiatives to prevent VAW;
- Economic empowerment and education.

Secondary prevention happens immediately after the violence has occurred - to deal with the short term consequences, for example, treatment and counselling. VAW survivors need 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 matter. Strategies include training key stakeholders: police, health personnel, traditional leaders, prosecutors and faith-based organisations.

Tertiary prevention focuses on long term interventions after the violence has occurred, in order to address lasting consequences, for example, perpetrator-counselling interventions.

This study emphasises documenting primary and secondary prevention initiatives in the different action areas in Lesotho, as well as evaluating their impact.[59]

Areas for action

Heise's (2006) ecological model located key arenas for action:

- I***ndividual:*** The first level identified biological and personal history factors that increase the likelihood of becoming a victim or perpetrator of violence. These include age, education, income, substance use, or history of abuse.
- ***Relationship/family:*** The second level included factors that increase risk because of relationships with peers, intimate partners and family members. A person's closest social circle peers, partners and family members influence their behaviour and contribute to their range of experience.
- ***Community:*** The third level explored the settings such as schools, workplaces, and neighbourhoods, in which social relationships occur and sought to identify the characteristics of these settings associated with becoming victims or perpetrators of violence.
- ***Societal:*** The fourth level looked at the broad societal factors that help create a climate in which violence is encouraged or inhibited. These factors include social and cultural norms. Other societal factors include health, economic, educational and social policies that help to maintain economic or social inequalities between groups in society. Gender-based contact crimes usually occur between people who know each other (e.g. friends, acquaintances and relatives) yet the courts, police and society at large still find it difficult to understand that a woman can be raped by a person she knows.

An ecological approach to gender-based violence argues that no one factor alone "causes" violence but, rather, that a number of factors combine to raise the likelihood that a particular man, in a particular setting, may act violently towards a woman.

Political will and commitment to address VAW

The most effective way to fight violence against women is a clear demonstration of political commitment by states, backed by action and resources. HIV prevention interventions backed up by political commitment have proved to be effective in reducing HIV incidence rates in various countries such as Botswana, Zimbabwe and South Africa. Political commitment entails two main aspects, namely, establishment of an enabling legal structure that upholds the rights of women and children, and ensuring that it is implemented optimally. Often, strategies are characterised by excellent paperwork that does not translate into action on the ground. Lesotho has shown keen commitment to addressing VAW through the ratification and domestication of international instruments that seek to protect the rights of women and children. We explored these in Chapter 6 of this report. Political will is also evident in speeches rendered by influential politicians. The former Minister of Gender, Mathabiso Lepono, referred to VAW in both her political and official campaigns. It was anticipated that the then incoming Assistant Minister of Gender and Youth, Sport and Recreation would champion issues of VAW. It was also hoped that, as a male, he would be influential in accelerating a change of attitudes, especially by men who are the majority perpetrators of VAW (Lesotho SADC Gender Protocol Barometer, 2012).

The current Minister of Gender, Chief Maseribane, has been actively involved in activities to eliminate VAW. He has represented Lesotho at regional and global platforms and in May 2014, attended a high-level roundtable meeting on measuring GBV in the SADC region. At that meeting, the Minister was quoted as saying, "Based on the preliminary findings from the VAW Baseline Study in Lesotho it is imperative that GBV be treated as a national crisis requiring urgent attention" (GL workshop report, 2014). At local level, the Ministry has been supportive of initiatives dealing with GBV. Most of the organisations that we interviewed in this study attested that they got support from the Ministry of Gender and Youth, Sport

and Recreation. The Ministry should also be commended for being influential in the appointment of Lesotho's first female Chief Justice.

The Head of the Coalition Government and Prime Minister, Motsoahae Thabane champions ending gender-based violence. He has signed the commitment of himself and the Government of Lesotho to UN Women to fight violence against women and girls. He invariably, in every speech he made in political rallies held almost every weekend, passionately and loudly spoke about ending violence against women, girls and children in Lesotho. He also committed himself to this in his inauguration speech. This brings hope to the women of Lesotho. The fact that he is male brings a dynamic that can accelerate change of attitudes especially in men, who are the majority of perpetrators of gender-based violence. While politicians, ministers or members of parliament do speak at official events, GBV has limited space in political discussions, debates and campaigns. It is therefore imperative that the Prime Minister keeps his promise and that women hold him and his government accountable to his promise for action to end violence against women and girls.

The state of GBV in Lesotho is of great concern to politicians, as one noted:


WOMEN
United Nations Entity for Gender Equality and the Empowerment of Women

EDOLINW 3493

The Right Honorable Dr. MOTSOAHAE THOMAS THABANE
on behalf of the Government of THE KINGDOM OF LESOTHO
Makes the following commitment to end violence against women and girls

- ENACT LEGISLATION TO END IMPUNITY, BRING PERPETRATORS TO JUSTICE AND PROVIDE WOMEN WITH REPARATION AND REMEDY FOR VIOLATIONS PERPETRATED AGAINST THEM;
- SUPPORT THE COLLECTION, ANALYSIS AND DISSEMINATION OF NATIONAL DATA ON PREVALENCE, CAUSES AND CONSEQUENCES OF VIOLENCE AGAINST WOMEN AND GIRLS;
- MOBILISE MEN AND BOYS OF ALL AGES AND WALKS OF LIFE, TO TAKE A STAND AGAINST VIOLENCE AGAINST WOMEN AND GIRLS, FOSTERING EQUALITY AND GENDER SOLIDARITY.

UNITE to End Violence against Women
SAY NO
COMMIT

Signed:
Print Name: M. T. THABANE
Designation: PRIME MINISTER
Country: LESOTHO

"It is however a sad reality that despite the efforts made to implement the Beijing Platform for Action, violence against women and girls remains one of the most of pervasive human rights violations. The stronghold on gender-stereotypical attitudes, norms and values stall progress towards implementation of our noble policies and programmes. It is time to confront these challenges and break the chains of fear."

Deputy Minister Malebitso Ralebitso, speech at the CSW meeting, 2013.

Despite these commendable efforts, Lesotho still lags in the implementation of GBV prevention processes. As mentioned earlier, minimal attention is given to the operationalisation of existing policies and laws. As in many other countries (South Africa for example), efforts to address VAW are impeded by lack of resources, both financial and human. While politicians and ministers as guest speakers speak at official events especially those relating to women or the 16 Days campaign, VAW has limited space in political discussions, debates and campaigns (Lesotho SADC Gender Protocol Barometer, 2012).

National public awareness campaigns: 16 Days of Activism campaign

Level of action: Individual and community

Every year during the 16 Days of Activism, stakeholders hold several events to raise awareness about VAW and to mobilise key stakeholders as well as the

public to take action against GBV. In the past few years, Lesotho has increased outreach by directly involving herd boys and men in communities (CEDAW Report, 2011).



COE verification Ts'ana - Talana council February 2013, Lesotho.
Photo: Mankazana Nomthandazo

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.

Awareness of, and participation in, national campaigns

Researchers asked women and men participating in the Lesotho survey about their knowledge and participation in VAW campaigns.

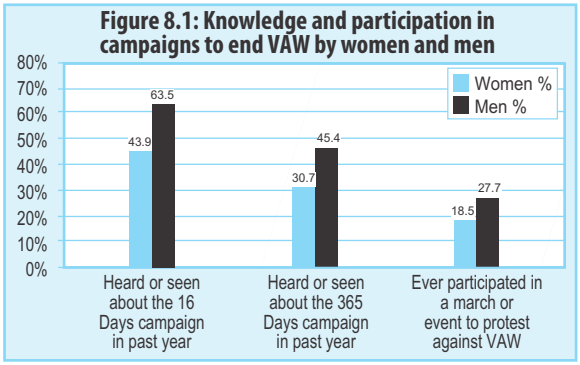


Figure 8.1 shows that women in Lesotho were less aware of VAW campaigns than men. Almost two thirds (64%) of the men and 44% of women had heard of the 16 Days of Activism campaign. Lower proportions of women (31%) and men (45%) knew of the 365 Days campaign. An even lower proportion of women (19%) and just over a quarter of men (28%) had participated in a march or event to protest against VAW. General awareness was low. These findings indicate unequal access to campaign information. Men in the country seem to have more access to information about campaigns and greater ability to participate in VAW events. These findings point to a need for greater outreach efforts geared, especially, toward women.

Source of information of events or VAW awareness campaigns

The survey asked participants further questions about campaign information they had seen or heard about.

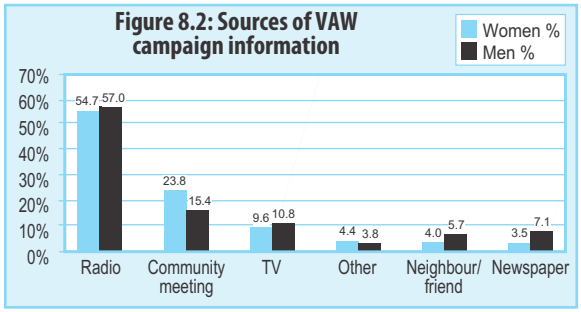


Figure 8.2 shows that the majority of women (55%) and men (57%) heard about VAW campaigns through radio. Twenty-four percent of women and 15% of men heard of the campaigns through community meetings, and 10% percent of women and 11% of men heard about campaigns through TV. Ten percent of men and 8% of women heard about campaigns from neighbours, friends or other sources, while 4% of women and 7% of men got knowledge from newspapers.

While radio was the most common medium used to access information for both women and men, significant proportions of both men and women accessed information from community meetings. This shows that community meetings can be an effective

platform to disseminate information regarding VAW and other issues that pertain to women and children.

These findings show that stakeholders should publicise VAW campaigns on radio to ensure maximum outreach in Lesotho. There is also a need to accelerate efforts to disseminate this information in print media.

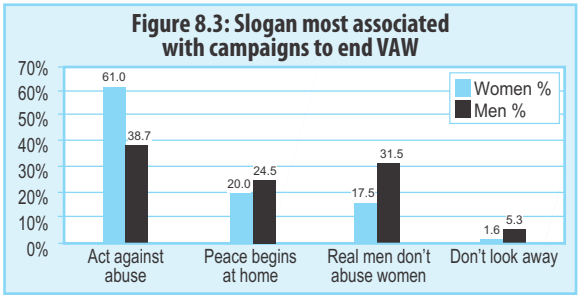
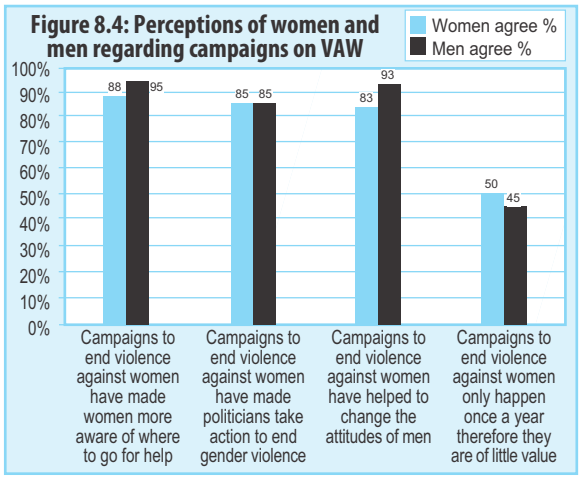


Figure 8.3 illustrates that "Act against abuse" was the most well known slogan, with 61% of women and 39% of men linking it to VAW campaigns. The next slogan most associated with VAW campaigns was "Peace begins at home" (20% women and 25% men), followed by "Real men don't abuse women" (women 18%, men 32%) and "Don't look away" (2% women and 6% men). In all the different settings that this study was undertaken, the slogan "Don't look away" was the least known.[60]

Women's perceptions of campaigns

Researchers asked women and men in this study about their perceptions regarding campaigns that seek to end VAW. The analysis combined those who "strongly agreed" and "agreed". The results are in Figure 8.4.

From the figures presented, it is evident that Basotho women and men hold VAW campaigns in high regard. Eighty-eight percent of women and 95% of men acknowledged that campaigns to end GBV have made women more aware of where to go for help. Eighty-five percent of both men and women believed the campaigns have made politicians take action to end VAW. Eighty-three percent of women and 93% percent of men agreed that these campaigns have helped to change attitudes of men. It is also evident from these findings both women and men thought campaigns are not given enough exposure time. Half of the women and 45% of men agreed that because campaigns only happen once a year, they are of little value.



The message is that since the community believes campaigns are of great importance to both men and women, campaigners should maximise on that. There is also need to run campaigns throughout the year. Further analyses would be needed to establish the association the between exposure to campaigns and taking of action by politicians, change of attitudes in men and increased knowledge in women.

Community mobilisation

Several studies have shown that VAW is a cultural phenomenon usually embedded in the cultural norms of a particular community. Therefore, it is of paramount importance to involve the community to address the scourge. If properly implemented, community mobilisation can be a powerful tool in addressing VAW. It involves engaging community

[60] VAW Indicators Reports, Zimbabwe, Limpopo, 2013.

members and incorporating their ideas into a strategy to combat VAW. It can be a process that initiates dialogue among members of a community to determine how to look at issues in the context of that community. It also provides an outlet for community members to participate in decisions that affect their lives (Tedro et al., 2011, in War at home, Limpopo Report, 2013).

The Lesotho government, as well as several civil society organisations (CSOs), have been working towards the elimination of VAW by engaging the community. The case study outlined below is an example of a community mobilisation initiative undertaken by CARE Lesotho.

Case study: Sexual Health and Rights Promotion (SHARP!) programme

The Sexual Health and Rights Promotion (SHARP!) programme is an initiative implemented by CARE Lesotho. SHARP! is active in three border towns of Lesotho, namely, Maputsoe, Maseru and Mafeteng. Complementary activities are also implemented in the towns of Ficksburg and Ladybrand in South Africa (bordering Maputsoe and Maseru, respectively).

Objectives

The overall goal of SHARP! is to protect and promote the livelihood security of individuals and households affected by HIV/AIDS. Specific objectives of the programme include:

- Reduce HIV/AIDS vulnerability of households by increasing the safety of sex among youth and other priority groups;
- Improve the capacity of community-based organisations (CBOs) and enhance their ability to provide comprehensive care for people living with HIV/AIDS;
- Improve the ability of service providers to identify, understand and respond to the reproductive health needs of priority groups;
- Establish resource centres in Maputsoe and Maseru;
- Pilot home-based care activities.

Activities

CARE Lesotho meets its objectives through a number of strategies. Peer education is one of the strategies employed by the organisation. In an effort to reach marginalised groups in the community, peer educators (PEs) are recruited and trained. Training for PEs includes education regarding HIV/AIDS related issues, STDs and skills building in condom promotion and negotiation. They are also sensitised to issues of sexual violence and are encouraged to raise awareness and promote discussion of sexual violence in the communities. PEs are provided simple legal training related to laws, reporting procedures and in helping survivors seek legal recourse. The programme commenced in May 2001 and continues to expand.

Another strategy used by CARE Lesotho to expand response to HIV/AIDS prevention and mitigation, was the establishment of community HIV/AIDS resource and information centres in the Maputsoe and Maseru sites. In March 2003, Maseru acquired temporary premises for the centre. The resource centre in Maputsoe has been operational since August 2002. It is a platform to provide unique opportunities to broach HIV and sexual violence issues. Staff members and PEs are available at the centre to provide information and have personal discussions with clients. The centre also seeks to improve linkages between service providers and the community; specifically, SHARP! has developed a relationship with the local police force in Maputsoe and an officer is available at the centre once a week to respond to complaints and questions. The officer is also equipped to deliver information on women's rights and related laws, advice on how to protect oneself from sexual violence and on how to report sexual assault.

Evaluation of SHARP! programme

Sechaba Consultants and colleagues conducted an evaluation to determine behavioural changes in

women who were part of SHARP! and those who were not. The evaluation showed that SHARP! addresses an important need and was perceived as a positive and effective programme. It was discovered that more women from SHARP! programme areas reported seeking legal services after an assault compared to women who were not part of the programme. Although about 90% of participants in both areas were aware of the protective value of condoms, programme area participants were more likely to act on this knowledge. Although significantly different, use of condoms was still not high, with only 20% of programme area respondents reporting condom use. However, there was evidence to suggest that this proportion might increase after programme area respondents reported more confidence in convincing their partners to use condoms.

Recommendations from the evaluation

SHARP! should continue to focus on sexual violence issues as part of its overall HIV prevention program, and can develop meaningful goals and objectives for addressing this issue. SHARP!'s present focus on sexual violence is nonspecific; development of specific goals and expected programme outputs and outcomes would assist the programme in focusing efforts and monitoring progress.

Source: Sexual Violence Against Women in Lesotho MEASURE Evaluation Project, Tulane University Sechaba Consultants, Lesotho CARE, Lesotho

Community mobilisation using theatre

Globally, Theatre for Development (TFD) was developed as a way of helping the people in the developing world to come to terms with their environment and the onus of improving their lot culturally, educationally, politically, economically and socially (Kamlongera, 2009). The following case study highlights how theatre can be an effective tool for communication and education.

Case study: Maboloka Theatre Group

The Maboloka Theatre Group is a drama group that engages illiterate youths in theatre as development initiative to raise awareness on the SADC Gender Protocol in their communities. The group operates in the rural areas where teenage pregnancy is common because the youth cannot afford to go to high school. When youths do not go to school or work they become idle, and in some instances despairing, and view marriage as the only solution. Maboloka seeks to educate the youth about other income-generating alternatives to life. The group also aims to eradicate gender abuse, particularly in the highlands regions and other places that are far from police stations.

Group performances have raised awareness in parents about their behaviour that has caused instability in the family. Some parents are now striving to correct these mistakes. The Ts'ana Talana Community Council pledged to support the group with equipment to use in their performances. They use musical instruments like *mamokhorong*. Their performances fall into two types of drama: tragedy and comedy.

Challenges and lessons learned

One of their major challenges is transport because they have to travel long distances to perform. One of the lessons they have learned in their work is the need to engage youths in issues that pertain to gender equality. This project is replicable anywhere where there are actors and actresses who are passionate to see a positive change in their communities.

Engaging the media in community mobilisation

Part of the media's power is to set the agenda and influence public opinion on issues of public interest. Therefore, the media can be agents of change by bringing societal ills such as GBV out for public debate and dialogue.[61] Pave Mo'Afrika uses radio to mobilise communities on issues that pertain to abuse, particularly among disabled persons.

Case study: Pave Mo'Afrika and Lesotho

Pave Mo'Afrika creates awareness on gender-based violence and disability and educates people using radio programmes and pitsos (community meetings). They reported a case where an 18 year old, intellectually disabled girl was raped by a secondary school boy. He took advantage of the girl because of her disability. The boy claimed to the police that the girl slept with many boys. The police questioned the girl in a public office and then dismissed the case saying that there was not enough evidence. They said they would wait for the birth of a child. That child is now four months old. Both the girl and her grandmother participated in awareness activities on gender-based violence. Their case was broadcast over the radio, the police were interrogated and people at large were educated on gender-based violence and the spread of HIV and AIDS. Young people were also informed about their human rights and were taught how to report such incidents to parents, the police and older people. The project targets women and girls with disabilities because they are vulnerable victims of rape and gender-based violence.

Objectives

The objectives are to teach intellectually disabled girls and women about gender-based violence and to teach them to be aware of potential abusers and to report when they have been raped. A further objective is to teach them life skills.

Activities

Pave Mo'Afrika presents radio programmes and monthly training sessions. They distribute condoms and teach the parents of people with disabilities about GBV. They have trained 200 people with disabilities on gender-based violence and made 400 radio broadcasts. They visit different parts of the country and participate in the 16 Days of Activism against GBV to raise awareness in communities. Children and women with disabilities now know their rights and participate in activities about gender-based violence. Perpetrators have been arrested and teachers have joined in training to assist people with disabilities.

Challenges

Deaf people do not get enough information, people with multiple disabilities are at risk because they are not educated, and those with severe physical disabilities are not able to reach places where the training sessions are held. There is need to teach more people with disabilities about GBV and HIV and AIDS. Printed materials are needed. There is also a need for more people who are able to communicate in sign language. Limited funds hinder the work of the organisation.



[61] Ndlovu &Sichikwenkwe, GL Opinion and Commentary Services, November 2012.

Understanding the root causes of VAW

To devise appropriate and effective VAW prevention mechanisms, there is urgent need to understand the factors that trigger violence. History has shown that progressive laws that seek to protect the rights of women can only achieve so much when operating in cultures that perpetuate the subordination of women. Therefore, laws on their own cannot change violent mind-sets. In response to the Lesotho CEDAW report, the CEDAW Committee expressed its concern about the persistence of harmful norms, practices and traditions, patriarchal attitudes and deep-rooted stereotypes regarding the roles, responsibilities and identities of women and men in all spheres of life - as well as the country's limited efforts to address such discriminatory practices directly. The Committee cited customs such as polygamy and bride price *(bohali)* as practices that perpetuate discrimination against women and girls. In this study, only 5% of both women and men were in polygamous marriages. According to the Committee, Lesotho has not yet taken sustained measures to modify or eliminate stereotypes and negative traditional values and practices (CEDAW Report 1, 2011). The Committee urged Lesotho to:

- Urgently put in place comprehensive strategies to modify or eliminate patriarchal attitudes and stereotypes that discriminate against women, in conformity with the provisions of the Convention. Such measures should include concerted efforts from civil society, the community and religious leaders to educate and raise awareness of this subject - targeting women and men at all levels of the society;
- Use innovative measures that target media people to strengthen understanding of the equality of women and men and, through the education system, enhance a positive and non-stereotypical portrayal of women;
- Monitor and review the measures taken in order to assess their impact and to take appropriate action. (CEDAW Report 1, 2011).

In the light of the above-mentioned recommendations from the CEDAW Committee, it is imperative to engage men in the fight against VAW. Although empowering and conscientising women are relevant and vital steps towards the elimination of VAW, involving men in the process is equally important. Men, as the custodians and beneficiaries of the patriarchal system, need to be challenged.

Engaging men, exploring masculinities

Programmes addressing masculinities often seek to explore what "makes a man." The overarching idea is to educate boys from an early age that violence is wrong and that prevailing definitions of masculinity in society are not the only alternatives.

Case study: Khotla Lesotho

Khotla Lesotho was founded in 2011 by a group of men who were concerned by the high rates of divorce in their societies. The men sat down to understand the challenges faced by families. In their discussions, they found that many couples were living under the same roof but not as partners. There was consensus that, generally, families were not happy and that men must play their part to correct this. This project deliberately excluded women out because the men felt they needed to own up to their role in contributing to unhappy families. Men need to do introspective analyses to see what they are doing to destabilise their families.

Activities

Khotla Lesotho engages with the media, particularly community radio stations, to publicise themselves. They hold public forums for men only who are 30 years and older, or married. The forums usually take place in public halls and schools in various districts. With the help of experts, they discuss various topics that speak to men's masculinity. After an expert's presentation, the forum opens the floor for discussion and for people to engage; topics include finance and debt management, romance and communication and the different forms of violence against women and children. They sometimes invite

women to their forums to get women's perspectives on the issues up for discussion. A major lesson men have learnt from these discussions is that men and women are created different and have different needs, but often men are selfish and oblivious of women's needs - for example, in intimacy matters.

Membership

One becomes a member of Khotla Lesotho after attending one forum and paying M30. The subscription helps cover the costs of running the project, such as rental costs for hiring the venues. Nine permanent members form the committee; they participate on a voluntary basis and are all employed elsewhere.

Achievements

- *Attendance rate:* They have seen the attendance rate grow since the start of these forums.
- *Positive feedback from participants:* They receive positive feedback from both men and women. For example, a woman came to them and testified that things were getting better at home. They have also noted women buying tickets for their husbands to attend the forum as a way of affirming that they approve of the initiative.
- *Partnerships formed:* They have established a partnership with the Ministry of GYSR. The Ministry has been supportive by buying them airtime on various radio stations so they can advertise the forum.
- *Engaging women:* They have seen positive results by engaging women.

Khotla Lesotho Post Valentine's Day

This event took place on 15 February 2014; it was a forum where men were requested to bring their wives so that they could treat them with a special lunch at the mall. The objective was to make women happy as an everyday exercise. Approximately 150 women and men attended this event.

Challenges

One challenge is the cultural environment in which they operate. According to Khotla's public relations officer, after attending the forums a man may see the need to change; but when he returns home the other men in the community may despise him - making it difficult for him to change. Therefore, there is need to engage communities as well. Limited funds (minimal membership subscriptions) have also hindered effective operation of the organisation. Another challenge is not having an office space. Often they encounter men who want to receive one-on-one counselling and lack of a suitable place means this is not possible. There is also the challenge that, since the committee members are in full-time employment, it is difficult for them to be available for all committee meetings. Currently they only meet when they have forum meetings coming up.

Quote from Phakiso Moleko, Khotla public relations officer:

"Trying to counsel a woman without dealing with the man is like taking a pig out of the pig sty, washing it but without cleaning the pigsty itself. The pig would still get dirty when it goes back."

Khotla Lesotho is a promising initiative that must be cascaded to all the districts of Lesotho. In a conference held by the Association of Lesotho Theologians (ALET), Chief Sekonyela shared that in Sesotho culture, structures like *khotla* (a place where men in the community meet to discuss community issues) are used to train boys in responsible masculinity from an early age but the most important part of their training happens through the initiation process, *lebollo*, where they are launched into manhood. The initiation process trains them in self-control including abstaining from sex, respect for self and others and not to be abusive in their families. They are trained to become exemplary in their behaviour to all in the community, including children. All of these teachings are carried out within an institutional context to protect their values; all of these are applicable in the context of HIV and AIDS as well as GBV.

Challenging masculinities

The Association of Lesotho Theologians held a conference on **"Responsible masculinities"** from 11-13 August 2008, with the following objectives:

- To identify different forms of masculinities within the Christian traditions in Lesotho;
- To challenge dominant, hegemonic masculinities which endanger women, children and men themselves in the context of HIV and AIDS;
- To underline and promote alternative forms of masculinities which are more life-giving for men, women and children;
- To put together, in the form of a report, the results and resolutions of the conference that will be pursued and promoted in different constituencies;
- To prepare an action plan toward the realisation of the resolutions.

The workshop drew participants from the Ministry of Education and Training, Ministry of Defence and National Security, Lesotho Correctional Services, Christian Council of Lesotho (CCL), The National University of Lesotho (Lecturers and students), Taxi Associations, church leaders, and National AIDS Commission (NAC).

The conference examined responsible masculinity from different perspectives including from the perspective of boy children and from the perspective of Sesotho Culture.

The conference defined botona (maleness), *bo-ntate* (fatherhood) and *bonna* (masculinity/manhood). After the conference, participants committed to promote and advocate for responsible forms of masculinities through different forms of media, and individually. Another commitment was to openly condemn GBV committed by men.

The men who participated in the conference vowed to be living examples of responsible masculinity.



Participants at the Association of Lesotho Theologians conference. *Photo: ALET*

Conferences such as this are very useful and should be taken to community level to involve more men in these discussions.

Engaging community leaders

According to the Lesotho CEDAW Report (2011), community leaders received orientation on measures they should take to end VAW in their communities. Monitoring and evaluation is taking place and, due to the success of the pilot project, the initiative will be extended to all districts. Lesotho has also instituted community libraries where information on VAW is disseminated (CEDAW report, 2011).

Case study: SAfAIDS work with traditional leaders

Traditional leaders championing prevention of domestic violence in their communities in Lesotho: Harmful traditional practices must change to protect women! - Engaging men as protectors.

Background

SAfAIDS is implementing a programme, "Traditional Leaders Championing Prevention of Domestic Violence and HIV in their Communities in Lesotho and Malawi." This is a replica of the Changing the Rivers Flow programme. The programme focuses on influencing change of traditional and cultural practices that fuel domestic violence and HIV among women. It identifies traditional and religious leaders as well as community-based volunteers as key targets for social change at community level. Women and girls are the beneficiaries of the programme. It is implemented in partnership with Society for Women Against Aids in Lesotho (SWAALES), Lesotho Network of People Living with HIV and AIDS (LENEPHWA), Phelisanang Bophelong (PB) and the Lesotho Catholic Bishops Conference (LCBC).

Objectives

To significantly contribute to the prevention and eradication of intimate violence/domestic violence against women (DVAW) aged 15-49 years in Lesotho by 2015, by promoting gender equality, ensuring women 's rights and reduction of harmful cultural practices that fuel DVAW.

This is because in Lesotho, domestic violence is the highest cause of HIV and AIDS and failure of adherence to antiretroviral therapy. The project therefore strengthens the capacity of three community-based organisations and one faith-based organisation to apply a cultural approach to addressing harmful cultural practices that promote violence against women and increase their risk to HIV. It also builds the capacity of traditional leaders as custodians of culture in Lesotho to redress the historical and cultural power imbalances and harmful traditional practices that fuel violence against women and girls and increase their vulnerability to HIV. Through these partnerships, the project mobilises communities in Lesotho to unite and support "zero tolerance for domestic violence and zero new HIV infections within their communities - engage men as protectors". They also document and share best practices from the communities that are successfully reducing DVAW and consequent reduction in HIV and AIDS

Achievements

- Integrated with stakeholders to mark the 16 Days of Activism;
- Funding four partners, namely, SWAALES, LCBC, LENEPHWA and PB in the prevention and reporting of DV;
- Domestic violence prevention and community capacity strengthening through community dialogues;
- Use of MHealth reporting to monitor and evaluate the impact of the project;
- Funding of the radio programme, Tseba ka AIDS Lesotho;
- Formation of Men as Protectors Clubs.

Engaging religious leaders

The role of religion in the fight against GBV has been acknowledged. Worldwide studies have shown women suffer in silence and remain in abusive relationships for fear of disrespecting their faith (YWCA, 2013). Furthermore, several women who shared their personal stories reported that they found help from their pastors or church members. The church is emerging as a strong support structure for victims of violence and should be included in efforts to end VAW. The Association of Lesotho Theologians (ALET), like several other international religious institutions such as the Young Women's Christian Association (YWCA), the Ecumenical Advocacy Alliance (EAA) and Ecumenical HIV and AIDS Initiative in Africa (EHAIA), have been holding dialogues with church leaders on their role in ending GBV, and the elimination and prevention of all forms of violence against women and girls. ALET has been operating on a small scale and has the potential of being up-scaled.

Case study: Association of Lesotho Theologians (ALET)



Members of ALET. *Photo: Gender Links gallery*

The Association of Lesotho Theologians was founded in 2005 with the aim to:

- Provide a forum for the discussion of theological issues pertinent to the context of Lesotho;
- To promote the spirit of ecumenism among churches in Lesotho;
- To encourage exchange and sharing of theological ideas and information in order to enhance the lives and ministries of the members of the association and their communities;
- To promote theological and educational growth;
- To publish a journal of the association consisting of thematic and occasional papers consistent with the above aims.

This association operates on a membership basis. The main aim is to encourage transformative masculinities to change lives. They focus on various social issues such as human trafficking, GBV and HIV and AIDS. The association has been involved, in an ad hoc manner, in activities that seek to promote gender equality from a Christian point of view. Activities include:

- *Workshops and conferences on transformative masculinities at local and regional level:* members have represented ALET in, inter alia, Malawi, Botswana and Zimbabwe.
- *Visits to correctional services for purposes of forming men's forums:* ALET has managed to partner with Lesotho Correctional Services (LCS).
- *Conference with presentation of papers on masculinities:* examples of papers include:
  - Reverend Lerotholi (now Archbishop of Maseru) presented a paper, "Man at the Centre: An Intertextual reading of some texts from the Bible".
  - Reverend Pheko presented a paper, "Viva Bontate: Responsible Masculinities in the Context of HIV and AIDS".
- ALET organised a symposium on *Land and Theology*, with the Christian Council of Lesotho (CCL), Justice and Peace Commission of the Lesotho Catholic Bishops' Conference and the Transformation Resource Centre (TRC). The idea was to challenge churches and theologians to take up their role of engaging issues that affect the marginalised and disadvantaged and to add their voice, which is often missing, to the debate on national and global issues.
- *Radio programmes:* They engage with local radio stations and present programmes to address the nation on GBV and HIV issues from a theological perspective.

The debate generated in the conference and workshops shows how important the issue of gender and masculinities in church and society is. Although there was intention to publish conference papers, lack of funding for the journal and the busy schedule of the editorial committee had impeded this. They invite men from all walks of life to their meetings including chiefs, medical personnel, taxi drivers, police, academics religious and cultural speakers. Meetings have been held at various venues throughout Lesotho. ALET has managed to foster partnerships with She-Hive, Crime Prevention Rehabilitation and Reintegration of ex-Offenders Association (CRROA), CCL, Department of Correctional Services and the Ministry of Gender and Youth, Sport and Recreation.

Achievements

Establishment of the men's forum within the correctional service department: The forum is fully functional in Maseru and they are working towards

decentralising it to other districts. The Maseru men's forum has about 60 male members. The forum provides a platform where the forum officers talk about masculinity issues. Thus far, three meetings have been held with topics such as "The ideal man that the world is looking for", "Attitudes of men towards women" and "Breakthrough in work relationships". They have received positive feedback from these meetings, and the officers are looking forward to holding more. They are in the process of cascading the platform to other districts. Some noticeable changes that they have seen and believe they have contributed towards include decrease in suicidal rates, alcoholism and absenteeism among male officers.

Challenges

The association has never had an office, making it difficult to find a space where they can keep, and properly, file their documents. They also do not have a specific place where people can be referred to for information regarding the association. The lack of office space has made it difficult to enlist a volunteer to carry out certain tasks on behalf of the association. Lack of funds has been another impediment to effective running of the association. They established a journal as an income-generating initiative, however, they have not made enough sales to generate cash flow for future publications. The Commissioner of Correctional Services supports the association by providing lunch during the forums. Another challenge is the high turnover of members; membership has gone down from approximately 150 men to around 60.

Economic empowerment

The role of economic empowerment of women in the prevention of VAW cannot be over emphasised. Women who are economically empowered have more voice and more choice and are thus better able to challenge societal norms through enhanced agency.[62] The Ministry of Gender and Youth, Sport and Recreation (MGYSR), Women Entrepreneurship Development and Gender Equality (WEDGE), Millennium Challenge Account (MCA) Lesotho and some NGOs are capacitating and empowering women in the economic arena as well as in other issues. However, there are no specific programmes for single women. Women are taught technical skills on starting and managing a business enterprise and how to access needed financial credit.

Lesotho government promoting social and economic empowerment of women

Since the 1990s, the Government of Lesotho has reiterated its commitment to gender equity and has put in place measures to promote the realisation of these commitments. More recently, the government endorsed the Millennium Development Goals (MDG) and launched the Poverty Reduction Strategy (PRS) covering 2004/2005-2006/2007 as the major development framework and 3-year planning tool. Both these documents recognise gender inequality as a major challenge, contributing to poverty

The Laws of Lerotholi provide that the heir shall be the first male born; this is with respect to all issues of inheritance, not specifically land. However, the Land Act 2010 gives equal title to land to both men and women.

Social welfare

The Department of Social Welfare provides public assistance to every Mosotho who is needy and eligible. Recipients' ages range from new-born to 69 years. This public assistance is provided on a monthly basis at the rate of M100 to a qualifying person with no discrimination on the basis of gender.

[62] Gender Links, Annual Report

The Gender Credit Programme

The Gender Credit Programme was an initiative by the government to help women gain equal access to, and control over, credit. It supports women entrepreneurs and provides them with knowledge and skills that will allow them to see enterprise and business ownership as a real choice for them. The programme was implemented in 2011 with the establishment of the Women's Enterprise Development Fund. The goals of the fund are to increase economic opportunity for women, strengthen their ability to engage in economic activity, and contribute to poverty alleviation and sustainable economic empowerment. The fund supports women in the establishment of business enterprises as part of it contribution to income and employment generation. Since its inception, Moliko Micro-credit has provided credit to 1 070 people of whom 79% are women (CEDAW Report, 2011).

Education

The education system is also instrumental in the prevention of VAW. Regular curricula, sexuality education, school counselling programmes and school health services can all convey the message that violence is wrong and preventable. The Lesotho government enacted the Education Act of 2010, which discourages the use of physical punishment in schools and promotes restorative measures in the discipline of learners.

School management regulations provide that a person shall not be subjected to torture or degrading punishment. They further state that:

- The school principal shall ensure that abuse, bullying, unauthorised punishment, and any form of cruel or inhuman treatment of learners is eradicated;
- Shall also endeavour to protect learners against any form of abuse;
- Shall report such to the relevant authority.

Lesotho has not undertaken a study to determine the situation of violence and sexual harassment in schools. However, the police in conjunction with teachers hold life skills programmes in schools (CEDAW Report, 2011). The programmes sensitise teachers and students on issues of abuse. In this study, sexual harassment was high with more than half of the women (57%) disclosing that they experienced sexual harassment at school at some point in life. There is also anecdotal evidence to suggest that both physical and sexual abuse is rampant in schools.

Teaching Service Regulations 2002, state that a charge of misconduct against a teacher may be issued if it is alleged that a teacher conducted himself improperly in his official capacity or in any way that affected adversely the performance of his/her duties as a teacher or that brought the service into dispute (CEDAW Report, 2011). Nonetheless, evidence from the qualitative "I" Stories showed that, at times, students are afraid of reporting a teacher; they fear the teacher may fail them.

Face Your Fear Self Defense Academy Association (FYFSDAA)

Fight like a Girl (FLAG)

Face Your Fear Self Defense Academy Association's (FYFSDAA) project entitled "Youth, CGPU and Fight like a Girl (FLAG) Against Sexual Offenses" aims to educate people about gender-based violence, human trafficking and sexual offences. FYFSDAA tries to expose as many women and girls as possible to the FLAG programme. FLAG's "escape training" is an evidence-based programme - generally accepted as the best training in the world for allowing a smaller weaker female to escape a male sexual predator. The programme is highly effective and memorable at times of stress. FYFSDAA is using the programme to empower and excite girls about their rights and to educate boys about gender issues. FYFSDAA disseminates all this information, not only to locations that are easy to access, but to the most remote locations in Lesotho.

FYFSDAA's FLAG project not only teaches the best techniques to escape a rape, and how to reduce the risk of HIV infection after sexual assault, but it also teaches assertiveness and empowers the student. It teaches assertiveness through practice and activity. Empowerment comes from the combination of knowledge and skills about social protection and civil rights and, ultimately, from using their FLAG skills on an adult male instructor.

The project facilitates collaboration between stake-holders to provide further educational workshops on these issues, and to ensure that all girls who complete primary school have undergone the programme. Combining the efforts and resources of the CGPU, MGYSR, FYFSDAA and the Peace Corps in Qacha's Nek has help reduce the cost of these activities to combat GBV.

Objectives

"Youth, CGPU, and FLAG Against Sexual Offenses" set out to bring awareness and education to prevent and mitigate human trafficking, sexual offences and gender-based violence to girls and boys at highest risk, regardless of their locations.



Women's month celebration, Mohale'shoek, Lesotho, 2012.
Photo: Ntolo Lekau

All of these educational activities incorporate the programme of FLAG for all girls with the highest risk of sexual assault. Regardless of the remoteness of locations and the conditions of hardship, project members are committed to bringing this information to all schools in Lesotho - and Sub-Saharan Africa.

Beneficiaries

The target group is school youth aged 13-21 years, with FLAG training for girls in the age group. Schools were selected because of the high volume of participants in the "high risk" group as well as for the mandatory attendance of students. FYFSDAA also offers the programme to all women of any age upon request, and there are general classes open to the public.

Process

Steps and activities for implementation include brainstorming of ideas, decision making, project design and management development, drafting proposals and networking with CGPU and the MGYSR. Permissions and workshop dates are confirmed with the Ministry of Education and the headmasters and then the volunteer team implements the project. The project was formed by brainstorming and making decisions along the way. A CGPU Comman-

ding Officer, a Peace Corps Volunteer from Snake Park and the founding members of FYFSDAA developed the project over a period of months. Project plans and management plans were drafted.

After the project was defined and a timeline, activity plan, and monitoring and evaluation plans completed, a proposal was drafted. This proposal has been submitted to a few large international donors and to one government organisation.

The project team then networked with the MGYSR and the Lesotho Mounted Police to assist with implementation. After agreements were reached, the Ministry of Education was informed and granted permission for the project in schools. The project was implemented in schools before the Christmas break in 2012.

Presently FYFSDAA and the project management team are seeking funding to implement this project as a professional and large-scale programme in Qacha's Nek, Lesotho, and in all of Sub-Saharan Africa.

Main outputs

- Development of a project designed at grassroots level by the community, not the government, to address sexual offences.
- A study conducted at the beginning of the project design phase. One hundred surveys were conducted to determine the need for FLAG training and an increased volume of educational activities. Interviews with District Officials were also included.
- Ten workshops conducted by volunteers.
- A total of 681 students educated in awareness of sexual offences, human trafficking and gender-based violence.
- A total of 489 girls educated in awareness and given skills to prevent and mitigate sexual offences (rape), human trafficking and gender-based violence.
- Assistants trained for FLAG instruction.
- FIST 333 tactical suit and mats for FLAG instruction.
- Project management plan.
- Proposals drafted and submitted to multiple NGOs and the MGYSR.
- Plan for expansion and quality control of this project.

Main outcomes

- The Ministry of Gender and Youth, Sport and Recreation has shown an interest in funding a managing body for FYFSDAA as well as implementation teams on a national scale.
- 100% positive feedback from trainees, teachers and community leaders.
- Girls have been empowered to escape the most common sexual assault situations through the acquisition of FLAG skills.
- Experienced FLAG assistants who are ready to be certified as instructors.
- Stakeholders now understand that FLAG is not self-defence but programming specifically designed to address sexual assault.

Challenges

There have been many challenges. Confusion between FLAG and martial arts is a serious problem. Modified martial arts programmes "designed to defend against a sexual predator" require years of practice, not one workshop. Victim blaming may result, "I did everything they told me to... I still got raped" (quote from one of the clients). FYFSDAA has explained to interested stakeholders that FLAG is designed to help a women protect her body and escape from predictable sexual assaults (not to protect oneself during a fight or a robbery). FYFSDAA has tried to curb this serious challenge through letters, talks and elaboration in proposals.

Lack of funding is hindering progress. To implement a socially beneficial project on a large scale is challenging because individuals do not see the immediate benefit and therefore do not want to pay for it. Society benefits and therefore must pay for the implementation. This project needs sound management, materials and full-time instructors.

Transport to and from schools is difficult. FYFSDAA has requested assistance for each workshop from the Ministry of Sport and the Gender Office and LMPS in Qacha's Nek. The FYFSDAA team conducted two of the scheduled workshops without any transport whatsoever. The team once walked home in the rain, hail and wind.

Secondary prevention

Police officer training

The provision of training to police members remains crucial in ensuring that the police improve on their service to victims of violence. Previous research in Lesotho has shown that generally people are reluctant to report incidents of sexual assault to the police because of the possibility of maltreatment, lack of privacy and inappropriate and insensitive inquiries from officers. Another study revealed that Basotho police officers feel they have insufficient training in dealing with survivors, too few female officers and limited infrastructure such as interviewing rooms that would facilitate privacy (Chaka-Makhooane et al., 2002). However, a larger barrier to disclosing sexual assault is the stigma and public disclosure that results from reporting. All these hindrances to optimal use of police services underscore the need to give quality training to police officers who deal with VAW.

Conclusion

This chapter showed that there are many programmes to end VAW in Lesotho. The case studies prove that if concerted efforts are made and if these and other initiatives are strengthened and well-resourced, VAW can be prevented in many communities of Lesotho. These projects need to be taken to national level. Community mobilisation is crucial in the prevention of GBV and VAW as it promotes community participation. This chapter shows communities can be mobilised through various modes including media, theatre, community dialogues and campaigns.

In the fight against VAW, men cannot be excluded. A programme like Khotla Lesotho can be taken to national level. It can start with a small group of men who become role models to other men in shunning VAW. Traditional and religious leadership plays an integral part in dealing with VAW; many perpetrators of VAW use religion or culture as reason for being violent. SAfAIDS work with traditional leaders as well as ALET's engagement with religious leaders can be used as models to amplify the involvement of these leaders in ending VAW.

Evident in this chapter is that community meetings still play a crucial role in Lesotho. Efforts should be made to maximise utilisation of this platform in spreading the message on ending VAW. Similarly, radio is the dominant medium used by both men and women to access information; more programmes like Pave MoAfrika should be supported and used to hold constructive public debates.

Despite commendable efforts at this micro level, there is still need to provide improved training for judges, prosecutors and the police (especially those who conduct mediation procedure) on the strict application of legal provisions dealing with violence against women, and training for police officers on procedures to deal with women victims of violence. Women should to be encouraged to report incidents of VAW by de-stigmatising victims and raising awareness about the criminal nature of such acts. Once the culture of silence is addressed, dealing with VAW would be less difficult.

CHAPTER 9
INTEGRATED APPROACHES



Lesotho 2014 summit. *Photo: Colleen Lowe Morna*

Key facts

Some milestones in ending VAW and gender inequality include:

- Establishment of a Ministry for Youth and Gender, Sports and Recreation headed by a woman.
- Participatory development and dissemination of the Gender and Development Policy.
- Legislation reformation.
- Establishment of the Lapeng one-stop centre.
- Lesotho needs to strengthen strategies on integrated approaches.



"I" story by Matumelo

"I am a woman aged 34 years, residing in the rural place called Phophi in the district of Butha-Buthe. I have three wonderful kids - two beautiful daughters and one handsome boy, *monna lelapa* (the man of the house) as we normally call him.

I sew clothes and jerseys and also make beautiful Sesotho stuff with our grass. This was the only way I was making money for my family and make a living. I was married to a mechanic. Although not much, he was making enough money to support me and our kids. Since he was working in town we had to rent a room near town for convenience. The other reason we rented the room in town was for easy access to customers since it was difficult to find customers in the rural area.

When my husband got paid he would not come home. We would only see him once the money had finished. He would insult me in front of our kids, telling me that women who liked money like me were working at kitchens in South Africa. He would say those things when I asked him to pay rent and give me money for food. He shouted and beat me up. I never thought of leaving him because I loved him very much and he was the father of my children. One day while cooking I realised the salt was finished. When he came home, I asked for money for salt, and he said to me, "hey woman I did not marry you so that I give you my money, why did you not make a plan like any other women? Why did you not go to our parent's place and ask for salt?'' He shouted at me, and he was very angry. I went out to the landlady's place to ask for salt.She gave me salt but she also shouted at me saying that she was older than me and my husband and how do we expect her to buy salt for us. It was so painful and hurtful, but at the same time, she had a point.

She told me that my husband was working and I spent all day "playing" with expensive materials. I cried like a baby, I was not angry with her, but I was angry with the whole situation because had my husband bought the salt, I wouldn't be getting such hurtful statements. I was trying to make a living, but here was somebody telling me that I was playing with expensive materials and how did I expect people to buy a R200 dress. It was such a painful night and I do not think I will ever forget it.

I went back with a broken heart, and I could not stop crying. Unfortunately, my husband heard the landlady shouting at me. He did not even wait for me to put salt in the food.; He shouted at me, started beating me up saying, how could I ask salt from that lady? For a very long time I hoped that maybe things would change for the better, not knowing that they were just getting worse.

Then I told myself that it was enough and I had to do something about my life. I asked the landlady to teach me how to sew with grass. She agreed and I was able to make some money for the living. I was able to look after myself, but then my husband became very jealous and he decided to quit his job, saying, "I have been working for you for so long and its time that you work for me". I just could not believe him.

For a year he didn't work and then I became pregnant and things started to get difficult again as I was not able to work. He would just beat me up without a reason, even though I was heavily pregnant. The worst part of it is that I had nobody to tell as I knew that my parents would not allow me to leave him. They used to say *"ngoetsi e ngalla mots'eo"* which is, a married woman should not leave her husband but stay and sort out her problems. It was very difficult as I thought that people would laugh at me if I considered leaving him; they would say I was not woman enough.

He kept on beating me until one day I ran away without even saying goodbye. I stayed at my parents' place until my baby was born. I lied to my parents that I was not feeling well, because I was embarrassed to tell them I was being beaten by my husband and I knew that they would not allow me to stay; they would only convince me to go back to my husband and I was not ready to go back to that man.

After some time we decided to give our marriage a second chance and my younger brother found him

a job in South Africa. I decided to sew again as the money he was sending was not enough. I would buy things for the house and when this man came home he would destroy everything that was new. I would cry a lot. One day I was angry and took a plate and hit him on the head. He fell down, and when he woke up he beat me like a dog. I bled profusely. I needed somebody to look after me and I decided to go back to my parents' place and told them the truth, that I needed real help. When I got home, my mother took me to the doctor. My whole body was all bruised and that's when I became disabled.

My parents were very supportive and I felt better at their place. I wanted nothing to do with my husband. I was angry, very bitter and wanted revenge. I started to participate fully in politics and people started to realise that I had a passion for politics. When local government elections came around in Lesotho, I stood for election and I won the polls. Wow! It was a dream come true. I was so happy as I was sure that my life was going to change for the better. I am now a councillor and I have learnt that marriage is not the end of the world. I am a better person now. I live for my kids and my community who saw potential in me and decided to elect me as their councillor. I am the champion and I say NO to gender violence!"

This is a story of how a victim manages to escape from the claws of abuse to become a survivor. Not only does she become a survivor she goes on to assume a role of influence in her community- a counselor. This happens after she decides that enough is enough to abuse. Her community realizes the potential in her and vote for her. This story teaches that there is need to create enabling environments for victims of abuse so that they rise beyond their predicaments

Victim support should be holistic in nature and not only offer physical, legal, psychosocial, and economic support. but also present opportunities that build and boost their agency. Such environments allow victims to reach their potential despite the abuse they may have encountered. As such, many parties need to be involved if victim support and empowerment is sustainable and effective.

Lesotho is still in process of putting an operational system of coordinated and integrated support services in place. To coordinate the work of various stakeholders to achieve gender equality, the government of Lesotho established the Ministry of Gender and Youth, Sport and Recreation (MGYSR) in 2002, replacing the Ministry of Environment, Gender and Youth Affairs created in 1998. The CEDAW Committee voiced concern about the lack of information on its authority, human and financial resources and its capacity to ensure that gender equality policies are properly developed and fully implemented throughout the work of all ministries and government offices. The Committee was also concerned that only 20% of the overall budget of the Ministry was allocated to gender matters (CEDAW Report 1, 2011).

Lapeng one-stop centre

Government has established a one-stop centre (Lapeng Centre) for survivors of domestic violence, and the Victims of Crime Support Office. The centre was established in Maseru as a pilot project with the intention that, if it succeeds, it will be cascaded to other districts. Although this was meant to operate as a one-stop centre bringing service providers together under one roof, this has not been the case for a long time. The MGYSR needs to give attention to this, and provide the resources needed for it to function fully as a one-stop centre. A study on the Protection of Victims' Rights is being undertaken to investigate the enactment of the law on protection of victims.

National Action Plan

Lesotho put in place a National Action Plan to End Gender Violence (2006-2008). The MGYSR formulated a Draft National Action Plan on GBV with the support of the United Nations Population Fund (UNFPA), Gender Links, civil society organisations and other stakeholders. By March 2011, the government had completed reviewing and costing its National Action Plan and embarked on a pilot project in three districts.

VAW networks

Gender-based violence networks have been established in 13 councils in three districts. The GBV Networks received training in case management, supported by UNFPA. The training included women's empowerment, preventing and responding to GBV as well as the importance of gender equality.

The VAW network project ensured the training of the judiciary and the police, focusing on the proper handling of VAW cases and treatment of survivors. Councillors play multiple roles in their communities, and were trained too.

Ministry of Gender and Youth, Sport and Recreation

The Department of Gender ensures equality of opportunity for women, men, girls and boys so that development efforts have an equal impact on all genders. Its aim is to facilitate proper integration of gender issues in development to ensure full involvement, participation and partnership of women and men, girls and boys in their productive lives. The Department of Gender considers gender-related concerns in all national and sectoral policies, programmes, budgets and plans in effort to achieve gender equality in the development process.

Services offered by the Department

To carry out its mandate, the Department is organised into three areas of operation, which are very closely inter-related: economic empowerment, which is concerned with poverty eradication; social empowerment, which deals with the fight against gender-based violence and HIV/AIDS; and political empowerment advocates for equal representation and participation of women and men in politics and decision-making positions of society.

How the public accesses the services

The work of the Department is essentially one of advocacy and lobbying for gender equality in all aspects of development in the country, and the review of discriminatory laws. Currently, the Property and Inheritance Act is under review, while domestic violence legislation is in process. Since, by its nature, advocacy, especially at national level, calls for public awareness and education, the Department makes its services available to the public through the following:

- Public gatherings
- Print and electronic media channels
- Workshops
- Meetings
- Participation in public activities, for example, Morija Arts and Cultural Festival
- Commemoration of special dates such the 16 Days of Activism, Women's Month and so forth.

The MGYSR needs to be strengthened and capacitated to assume a more coordinating role. It needs to employ a more strategic and multisectoral approach to oversee all the interventions being undertaken to address GBV in the country. Lesotho can learn from other countries, like Zimbabwe and South Africa, to come up with a coordinated approach to establishing a National Council against GBV.

United Nations Office on Drugs and Crime (UNODC) Workshop: Review of situational assessment of gender-based violence initiatives in Lesotho

On 2 April 2014, UNODC convened a workshop with the Lesotho civil society organisations (CSOs) and government departments to review the situational assessment of GBV initiatives in Lesotho. The workshop brought together more than 20 representatives of CSOs and government departments that deal with GBV. The workshop was a follow up on the situational assessment conducted in Lesotho by UNODC in 2013. The assessment highlighted six crucial issues that pertain to GBV in Lesotho. It established:

- ***Access to justice:*** Legal aid and legal advice services are provided by the Ministry of Justice, however, these are limited to Maseru.
- ***Victim support and empowerment:*** CSOs give much of the support to victims of GBV - this is predominantly psychosocial and emphasises reconciliation and mediation. Lapeng one-stop centre falls within the support system, however, it

is not being utilised to the maximum. Generally, there is a lack of economic empowerment programmes in Lesotho.

- ***Prevention:*** The Ministry of Education has established relevant modules to address GBV. Teachers have access to lay-counselling training. However, there is limited information on sexual health and rights in schools. Although there are occasional outreach activities publicising women's rights, prevention initiatives that work with men are limited. Generally, prevention work in Lesotho is not well coordinated.
- ***Capacity building:*** The Ministry of Health developed its own guidelines and workshops to train their staff on GBV-related issues. However, lack of forensic equipment is impeding the full utilisation of the acquired skills. Generally, there is a good cooperation between government and CSOs in training in gender-related issues.
- ***Coordination:*** According to the assessment, GBV is seen in isolation. There is a vague referral system between organisations that deal with GBV. There is no central point where victims can access help therefore, at times, referrals are used as a scapegoat to conceal gaps in coordination.
- ***Data management:*** It was established that survivors report either to police or health facilities or traditional leaders - who all use different forms to record the complaints.

These were some of the issues emerging from the situational assessment conducted by UNODC. After presentation of the findings, the group was divided into two groups: one for government representatives and the other one with CSO representatives. They were tasked to discuss these issues and come up with the top three priorities they thought needed urgent attention.

What came to the fore from discussions was the need to coordinate the work of both government and CSOs. Several organisations are working towards one goal yet they do not know each other. The parties welcomed the idea of forming a coalition on GBV constituting both CSOs and government. Another issue that came out was to upgrade the one-stop centre to bring together the legal and health service providers to support the work being done by the social workers already. It is after this development that the intervention can be cascaded to other districts. This meeting can be taken as a step towards a progressive and coordinated approach in the eradication of GBV in Lesotho. Meetings such as this need to be followed up by relevant actions.

The issues raised in this meeting are important to formulate multisectoral strategies to respond to GBV in Lesotho. One strategy would be to establish an inter-agency working group to ensure that all sectors working to prevent and respond to VAW domestically and internationally are coordinated. Like the Zimbabwe's Anti-GBV Council, this group would provide a forum to more effectively share information and best practices in order to avoid duplication of efforts. Additionally, an inclusive inter-agency process ensures that stakeholders draw upon each others' expertise, responsibility, and capacity to provide a comprehensive and multifaceted approach to addressing GBV. The group would also be mandated to devise a mechanism for effective monitoring and evaluating.

One of the strategies identified by the United States in their response to GBV includes integrating GBV prevention and response programming into their existing work.[63] This is been evident in the Lesotho Department of Correctional Services; the Department has actively supported the work of engaging men in the fight against GBV. This initiative can be cascaded to national level as well as adopted by other departments and government ministries.

Conclusion

Overall, we can conclude that Lesotho has a long way to go to the eradication of VAW. Before attempting to respond to VAW, the scourge should first be viewed

[63] http://www.state.gov/documents/organization/196468.pdf

as a national crisis requiring urgent attention. Lesotho needs to employ its financial resources in the most effective, efficient, and coordinated way. There is need for proper coordination of the existing structures to avoid duplication of duties and the wasting of resources in their efforts. A comprehensive, multi-faceted approach is one that addresses VAW ensuring appropriate care for survivors while also strengthening deterrents through legislation and legal and judicial action. The gaps that exist within the referral system need to be closed and the whole system strengthened. It is high time that Lesotho took on a victim-centered approach that places the victim in centre. Lessons should be drawn from other good practices in the region and globally. To date, the country has made commendable efforts in trying to eradicate VAW, however, the challenge is that they are not operating in unison.

First steps would be to adopt the Domestic Violence Act and to put in place comprehensive measures to prevent and address violence against women and girls, recognising that such violence is a form of discrimination against women and constitutes a violation of their human rights under the Convention, and a criminal offence. This would ensure that women and girls who are victims of violence have access to immediate means of redress and protection, and that perpetrators are prosecuted and punished.

The country also needs to upgrade Lapeng one-stop centre to operate as a proper one-stop centre with all resources need by victims of violence in one place. This model should then be cascaded to other districts. The scope of attention to gender-based violence has expanded from service provision for survivors to more comprehensive programming efforts that also focus on preventing GBV, including increased emphasis on engaging men and boys in their various roles as potential perpetrators, agents of change, and survivors themselves.

CHAPTER 10

CONCLUSIONS AND RECOMMENDATIONS



Women and men participate in a march during the 16 Days campaign. *Photo: Mabetha Manteboheleng*

Extent

The report established that VAW is rife in Lesotho. Despite such high levels, there is serious under-reporting to both the police and the hospitals. In order to effectively deal with VAW, all hindrances to reporting of abuse to both the police and medical staff should be dealt with. The department of health represents the point of first contact by most victims of violence, thus the staff should be trained in VAW screening and make referrals accordingly. The findings also established that, in Lesotho, workplaces and schools are not safe because of high levels of sexual harassment. Of the six countries that partook in this study, Lesotho recorded the highest sexual harassment prevalence rates. Therefore, there is a need to look into, and strengthen, the policies that protect women in public places and work places.

Patterns and drivers

VAW cuts across ethnicity, race, class, religion, education level, and international borders. The study showed that VAW is embedded in the social structure of power imbalances. There is great need to challenge societal and cultural norms which promote IPV through raising public awareness. The study found that child abuse is very high in Lesotho and that men are most vulnerable to childhood abuse; men who were neglected and sexually abused in childhood perpetrated a higher proportions of IPV in their lifetime. This suggests a vicious circle where the abused become the abuser. Evidence shows that there is need to include the male and female child in the child abuse prevention interventions. There is need for further research into alcohol-related intimate partner violence for effective policies to be implemented. This research established that there is need to increase media coverage and strengthen political will by politicians so that GBV is put on the agenda.

Effects

The findings provide evidence that VAW is not a small problem that only occurs in some pockets of society, but is a global public health problem of epidemic proportions. The issue requires urgent action if more preventable deaths and disabilities are to be avoided. VAW is associated with many negative consequences, including adverse physical and mental health outcomes, limited access to education, increased costs relating to medical and legal services, lost household productivity, and reduced income. Lesotho, being third-highest in HIV prevalence globally, needs to consider the link between HIV and GBV and urgently devise strategies to screen and eliminate VAW before progression into HIV infection. PLWHA are in most cases at higher risk of experiencing violence, therefore the government has to make efforts to protect this community. Women in the study showed severe symptoms of mental health problems, particularly depressive thoughts. However, the mental health services in Lesotho have not been given due attention and resources. All relevant stakeholders including the media, health services, policy makers and social services have a role to play in preventing and minimising the effects of VAW.

Response

In Lesotho, law enforcement in communities primarily lies with the police and traditional chiefs. Victim Offender Mediation (VOM) is the common response rendered by both the police and traditional court system. While it has merits, it needs to applied with circumspection, and the mediators need expert training to effectively assist both victims and offenders, without standing in the way of justice. Although there are laws that seek to protect women against violence, there are several impediments to the course of justice. These include: the institutionalisation of the minority status of women as per customary law, the preponderance of males in the legal and justice systems, the intimidating legal procedures, the limited legal aid, and lack of women's awareness and civic education on these rights. This results in poor implementation of legal protection for women. Therefore, there is need to engage all relevant stakeholders, and build their capacity to deal with GBV and women in general.

Support

There are limited centres that offer holistic care and support for survivors of gender violence. There are limited shelters, especially outside Maseru, for survivors of violence. We recommend that Lesotho provides comprehensive post-rape care protocols and services. This calls for the strengthening of available services. The CGPU unit needs constant

training on how to deal with survivors of domestic violence. There is a strong need for government, through the help of NGOs, to facilitate the setting up of one-stop centres for support. The Thuthuzela Care Centres in South Africa have been recommended as best practice for other countries to follow. Research has also demonstrated that customary law impinges on the rights of women, especially survivors of domestic violence, through promotion of harmful traditional practices. We recommend that Lesotho develop strategies to educate and sensitise chiefs against attitudes that promote violence against women.

Prevention

Lesotho needs to give high priority to the enactment of the draft Domestic Violence Bill and to put in place comprehensive measures to prevent and address violence against women and girls, recognising that such violence is a form of discrimination against women and constitutes a violation of their human rights. There is need to upscale campaigns that seek to raise awareness of GBV, particularly in rural areas that are hard to reach. Appropriate methods should be employed, irrespective of the location. Politicians should be mandated to publicise GBV. This should be backed up with provision of explicit budget to implement programmes aimed at eliminating violence. There is great need to understand the causes and sociocultural dynamics that perpetuate violence through to village level in order to employ evidence-based interventions.

Integrated approaches

With regard to coordinated integrated services, Lesotho is still trying to put an operational system in place. Government has established a one stop centre (Lapeng Centre) for survivors of domestic violence. However, since inception, the Centre has not operated optimally. This study recommends that steps be taken to operationalise the Centre before it can be decentralised to other districts. Lesotho needs to put an inter-agency working group in place to coordinate, more effectively, gender-based violence prevention and response activities in the country. The working group would also ensure greater collaboration with other stakeholders including civil society, multilateral organisations, donors and the private sector.

References

Constitution of Lesotho, Section 19

Dissel, A., Musuku, T., Tshelo, M. & Tait, S. 2011. The police as friends and helper to the people: Assessing the Lesotho Mounted Police Service performance in terms of the Southern African Chiefs' Cooperation Organisation code of conduct. African policing civilian oversight forum

Brown, L., Thurman, T., Bloem, J. and Kendall, C. (2006), Sexual Violence in Lesotho. Studies in Family Planning, 37: 269-280

Burazeri, G., Roshi, E., Jewkes, R., Jordan, S., Bjegovic, V., & Laaser, U. (2005). Factors associated with spousal physical violence in Albania: cross sectional study. Bmj, 331(7510), 197-201.

Hindin, Michelle J., Sunita Kishor, and Donna L. Ansara. (2008). Intimate Partner Violence among Couples in 10 DHS Countries: Predictors and Health Outcomes. DHS Analytical Studies No. 18. Calverton, Maryland, USA: Macro International Inc.

Hoque ME, Kader SB (2009) Prevalence and experience of domestic violence among rural pregnant women in KwaZulu-Natal, South Africa: original research. Southern African Journal of Epidemiology and Infection 24: 34-37

Naved, R. T. and Persson, L. Å. (2005), Factors Associated with Spousal Physical Violence Against Women in Bangladesh. Studies in Family Planning, 36: 289-300. doi: 10.1111/j.1728-4465.2005.00071.x

Shamu S, Abrahams N, Temmerman M, Musekiwa A, Zarowsky C (2011) A Systematic Review of African Studies on Intimate Partner Violence against Pregnant Women: Prevalence and Risk Factors. PLoS ONE 6(3): e17591.

Uthman, O. A., Lawoko, S., & Moradi, T. (2010). Sex disparities in attitudes towards intimate partner violence against women in sub-Saharan Africa: a socio-ecological analysis. BMC Public Health, 10(1), 223.

A study on Gender-based Violence conducted in selected rural districts of Nepal, 2012

The Development for Peace Education report on the anti VAW project in Lesotho

Mary Ellsberg and Myra Betron, Preventing Gender-Based Violence and HIV: Lessons From the Field, Spotlight on Gender (2010)

VAW Indicators Reports, Zimbabwe, Limpopo, 2013

Lesotho: Strengthening Child Protection Services for Survivors of Sexual Abuse: http://www.unicef.org/evaluation/index_49367.html

Mannel, J. Country report: Review of women, girls and Gender equality in NSPs in Southern and Eastern Africa. www.heard.org.za/downloads/lesotho-country-report.pdf_

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

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

National response efforts to address sexual violence and exploitation against children in Lesotho, 2013

Mental Health Atlas 2011 - Department of Mental Health and

WHO 2004. Preventing violence: A guide to implementing the recommendations of the World report on violence and health

Fox S .2003.Gender Based Violence and HIV/AIDS in South Africa. Center for AIDS Development, Research and Evaluation

Martin, L& Jacobs, T. 2002. Screening for Domestic Violence: A Policy And Management Framework For The Health Sector. Consortium on Violence against Women

Sharp& Colvin (1999). Sexually transmitted infections and HIV in a rural community in the Lesotho highlands

Jewkes R, Dunkle K, Nduna M, Shai N. Intimate partner violence, relationship gender power inequity, and incidence of HIV infection in young women in South Africa: a cohort study. The Lancet. 2010;367:41-8.

National Survey on Children's exposure to violence (2011); https://www.ncjrs.gov/pdffiles1/ojjdp/232272.pdf

http://www.who.int/hac/techguidance/pht/womenshealth/Lesotho_Report_women_in_crisis_June2005.pdf

http://www.childlinesa.org.za/index.php/documents-for-download/doc_download/197-recognising-child-abuse

http://www.acerwc.org/wp-content/uploads/2012/05/English-ACERWC-Lesotho-Harmonisation-of-Laws-on-Children.pdf

http://www.dpe.org.ls/reports/gender%20based%20violence.pdf

http://www.scielosp.org/pdf/bwho/v86n8/18.pdf

http://www.justice.gov.ls/

www.justice.gov.ls/doc/introduction%20_information.doc

http://catalogue.safaids.net/sites/default/files/publications/A_handbook_for_Paralegal_Manual_Lesotho_.pdf

http://www.apcof.org/files/APCOF%20Lesotho%20Indicators%20Final%20Web.pdf

http://www.crin.org/en/library/publications/lesotho-child-rights-references-universal-periodic-review

http://catalogue.safaids.net/sites/default/files/publications/A_handbook_for_Paralegal_Manual_Lesotho_.pdf

http://www.endvawnow.org/en/articles/683-intimate-partner-violence-and-or-sexual-assault-one-stop-centres.html

http://www.un.org/womenwatch/daw/followup/beijing+5stat/statments/lesotho9.htm

http://www.apcof.org/files/APCOF%20Lesotho%20Indicators%20Final%20Web.pdf

http://www.crin.org/en/library/publications/lesotho-child-rights-references-universal-periodic-review

http://www.afrimap.org/english/images/report/AfriMAP%20Lesotho%20Justice%20Main%20web-FINAL.pdf

http://www.apcof.org/files/APCOF%20Lesotho%20Indicators%20Final%20Web.pdf

http://www.esdproj.org/site/DocServer/Lesotho_-_Legal_Summary.pdf?docID=3822

http://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=11484&LangID=E

http://www.commonwealthhealth.org/africa/lesotho/mental_health_in_lesotho/

http://www.who.int/hac/techguidance/pht/womenshealth/Lesotho_Report_women_in_crisis_June2005.pdf

http://www.commonwealthhealth.org/africa/lesotho/mental_health_in_lesotho/

http://www.avert.org/hiv-aids-lesotho.htm#sthash.hs0zVgin.dpuf

http://www.kznhealth.gov.za/simama/hct.htm

http://www.avert.org/hiv-aids-lesotho.htm#sthash.4jZEh9NK.dpu



The high levels of gender violence in Lesotho should be a cause for concern for everyone in the country. With 86% of surveyed women reporting experience of GBV in their lifetime, and 41% of men affirming they have committed GBV, this should be treated as a national crisis. Saddening, is the fact that much of this violence occurs in the home – a place where women should feel safest. The problem is fuelled by the culture of silence and stigmatisation associated with the scourge. This underscores the need to go back to the drawing board and devise strategies to effectively deal with various factors running deep within our socialisation. Now that the baseline has been established, it is time for political leadership. It is the moment to reinforce not only the National Action Plan to end GBV, but local action plans as well.

2015, yes we must!

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