Gender Based Violence

National Baseline Study in Seychelles

December 2016



The Social Affairs Department's mission is to empower the communities and enable them to be directly involved in determining their needs which will promote social and economic well-being. In addition to shape a new generation of visionary leaders and resourceful individuals who are responsible, industrious, morally and spiritually strong who can in turn effectively contribute towards the building of a prosperous society in keeping with promoting peace, harmony, solidarity and stability.

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

GBV National Baseline Study in Seychelles
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Acknowledgements

The Gender Based Violence (GBV) Study is a regional research study aimed at testing tools to measure and monitor the extent, effect, cost of and efforts to end GBV in light of the Southern African Development Community Protocol on Gender and Development's target to halve levels of gender based violence by 2015 now extended to 2030. This is a report of a study conducted in Seychelles in 2016.

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Maria Payet from NBS headed the data collection coordination and John Betsy managed field supervision. Jean-Paul Reddy and Burny Payet were the two tool technicians.

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ADB	Africa Development Bank
APSHF	Association for the Promotion of Solid Humane Families
ASFF	Alliance of Solidarity for the Family
AU	African Union
CEDAW	Convention for the Elimination of Discrimination against Women
CEO	Chief Executive Officer
CEPS	Citizens Engagement Platform Seychelles
CES-D	Centre for Epidemiologic Studies Depression Scale
CEPS	Citizens Engagement Platform Seychelles
CSA	Child Sexual Abuse
CSO	Civil Society Organisation
DFID	Department for International Development
DHS	Demographic Health Survey
DV	Domestic Violence
EA	Enumeration Areas
EU	European Union
EDF	European Development Fund
FGM	Female genital mutilation
GDP	Gross Domestic Product
GBV	Gender-Based Violence
GL	Gender Links
GMS	Gender Management System
GMPS	Gender and Media Progress Study
HIV	Human Immunodeficiency Virus
HDI	Human Development Index
IMF	International Monetary Fund
ID	Identity
IPV	Intimate Partner Violence
LSHTM	London School of Hygiene & Tropical Medicine
LUNGOs	Liaison Unit for Non-Governmental Organisation
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MIC	Middle income countries
MRC	Medical Research Council
NBS	National Bureau of Statistics
NGO	Non-Governmental Organisation
NAP	National Action Plan (to end violence against women and children)
PEP	Post-Exposure Prophylaxis
PEPFAR	United States President's Emergency Plan for AIDS Relief
PO	Protection Order
PSE	Personal and Social Education
PTSD	Post-Traumatic Stress Disorder
PSU	Primary Sampling Unit
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
SENPA	Small Enterprises Promotion Agency
SGP	SADC Gender Protocol
SIDS	Small Island Developing State
SNP	Seychelles National Party
SPPF	Seychelles People's Progressive Front
SPUP	Seychelles People's United Party
SCR	Seychelles Rupee
SRH	Sexual and Reproductive Health
SRPS	Sexual Relationship Power Scale
STI	Sexually Transmitted Infection
TV	Television
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations International Children's Emergency Fund
UNECA	United Nations Economic Commission for Africa
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNIFEM	United Nations Development Fund for Women
UNWOMEN	United Nations Entity for Gender Equity and the Empowerment of Women
USD	United States Dollars
VAM	Violence against Men
VAW	Violence against Women
WASO	Women in Action Solidarity Organisation
WHO	World Health Organisation

The Management and Research Team



Colleen Lowe Morna is the GL Chief Executive Officer (CEO). She began her career as a journalist specialising in gender and development, coordinating the Africa office of Inter Press Service in Harare, serving as correspondent for South Magazine and as Africa Editor of the New Delhi-based Women's Feature Service. She served as a senior researcher on the Commonwealth Secretariat Africa desk and later as Chief Programme Officer of the Commonwealth Observer Mission to South Africa. She served as founding CEO of the South African Commission for Gender Equality. She holds a Master of Arts in Communications.



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Foreword


Mrs Jeanne Simeon,
Minister for Family Affairs.

The Gender Based Violence National Baseline Study of 2016 is the first of its kind in Seychelles. We are proud to be the first country in the SADC to have undertaken such a comprehensive study that looks at both violence against women and violence against men. The study has brought to the fore the magnitude of various forms of violence as they are experienced by both women and men. The study has confirmed to us that not only is GBV one of the most pervasive violations of human rights, it is also one of the least prosecuted crimes in our country, and a serious threat to lasting peace and development. If more than half of the women (58%) and (43%) of men are said to have experienced some form of GBV at least once in their lifetime, clearly we cannot afford to be complacent anymore. More than a third (31%) of women and (40 %) of men have committed some form of abuse.

A disheartening finding is that according to the lifetime prevalence rates, most of the violence occurs behind closed doors between intimate partners where it can easily go unnoticed and unreported. More than half of the women and over a third of men have experienced intimate partner violence. Equally appalling are the rape statistics in lifetime. Having one tenth of the sampled population experiencing rape is far too many, especially for a small island such as Seychelles. These findings have confirmed again how women are disproportionately affected and impacted by violence. It is apparent that the effects of violence can remain with the survivors for a lifetime, and can pass from one generation to another. The study has shown that the participants who had witnessed, or been subjected to, violence in childhood were more likely to become victims or abusers themselves.

The study has also confirmed another phenomenon we had always known; there is a serious culture of silence which for a long time has shrouded this scourge especially among men. According to the past 12 months results, GBV seems to be waning, although we need to be sure that this is not an issue of underreporting. In order to effectively prevent and respond to GBV, we need to employ a more comprehensive approach that is inclusive of both women and men to discourage the culture of silence. We need to create an enabling and a safe environment that encourages survivors of violence to come out. We need to build the capacity of service providers to screen for GBV cases so we can nip it in the bud.

I think to date we can say with confidence that as a country we have done a satisfactory job in raising awareness around the issue. We should celebrate our successes; the legislation, the policies and strategies we have put in place to respond to GBV. The study has shown that generally the Seychellois community does not tolerate violent behaviour. Both women and men have professed their abhorrence of gender inequitable norms that perpetuate violence.

This study comes at an opportune time where we need to review the various strategies most of which have expired. It also comes at a time where we are realigning our national policies and plans with the newly adopted SDGs and the SADC Gender and Development Protocol. With the new goal of eliminating GBV by 2030, I believe as a country we can safely say this is attainable. We are not very far. What we need now is to put all our efforts together and double the political commitment and resources towards this cause. We should also adopt this study to periodically measure our efforts to ensure that we are truly effecting real change on the ground as we continue to work towards improving the safety and well-being of women and men everywhere in this great country.

Executive Summary

Seychelles is the first country in the SADC region to undertake a GBV study that encompasses both violence against women and violence against men (VAM). This study came as an acknowledgement to the existence of violence against men by women particularly within the Seychellois community which is matrifocal.[1] Although this study looks at VAM it still acknowledges that women are disproportionately affected by GBV as evidenced by this study. More than half of the women (58%) and 43% of men have experienced some form of GBV at least once in their lifetime. Both women and men have perpetrated GBV with 31% and 40% prevalence rates respectively. The study further shows that most of the violence occurs in the home between intimate partners. 54% of women and over a third (35%) of men have experienced intimate partner violence (IPV). An equal proportion (40%) of women and men confirmed they have perpetrated violence against an intimate partner. While this study shows that both women and men are vulnerable, it is evident that the former are more vulnerable.

Forms of violence experienced include physical, sexual, psychological and economical abuse. In all the different forms of violence women were disproportionately affected. The predominant form of violence within intimate relationships is emotional, which involves the perpetrator belittling the victim and using insults and verbal abuse. 43% of women and 29% of men experienced emotional IPV in their lifetime. An equal proportion (33%) of women and men confirmed they have perpetrated emotional violence against an intimate partner. Thirty nine percent of women and 12% of men experienced physical IPV. Over a third (33%) of women while only 9% of men experienced economic violence. Meanwhile, 19% of women said they faced abuse during pregnancy.

These points illustrate some of the key findings from the GBV Study, conducted by the Social Affairs Department, NBS and Gender Links in 2016. The study was a cross-sectional prevalence and attitudes household survey focusing on gender based violence with women and men as both perpetrators and victims. For both women and men the study focused on the dimensions of two forms of GBV namely IPV and sexual abuse by non-partners. Literature has identified these two forms of GBV to be some of the dominant forms that are less reported. Apart from the household survey researchers also collected administrative data from the government websites and national reports. However due to low levels of non-partner rape particularly perpetration, rape was excluded in most of the analyses. This study presents the main findings in five categories: extent of GBV; patterns and drivers; effects; support; and prevention of GBV. They include:

Extent of GBV

Table 1: Lifetime extent of GBV in Seychelles

Criteria	Ever in lifetime			
	Women's experience (%)	Men's experience (%)	Women's perpetration (%)	Men's perpetration (%)
Prevalence of GBV	57.7	43.1	30.9	39.6
Prevalence of intimate partner violence	53.8	35.2	39.9	40.1
Prevalence of emotional intimate partner violence	43.4	29.0	33.1	33.7
Prevalence of physical intimate partner violence	38.6	11.7	19	12.2

[1] Seychelles is considered matrifocal because majority of the households are female headed. Matrifocality is a concept referring to households that consist of one or more adult women and their children without the presence of fathers.

Criteria	Ever in lifetime			
	Women's experience (%)	Men's experience (%)	Women's perpetration (%)	Men's perpetration (%)
Prevalence of economic violence	32.6	9.4	7.0	14.3
Prevalence of sexual violence	26.5	3.3	2.5	1.8
Prevalence of non-partner rape	11	10.3	0.8	4.1
Prevalence of abuse in pregnancy	19.3	-	-	-
Prevalence of sexual harassment	18.3	14.2	-	-
Prevalence of sexual harassment at school	4.7	7.2	-	-
Prevalence of sexual harassment at work	16.2	8.5	-	-

Past 12 months IPV experience

- 28 women and 17 men experienced emotional IPV in 12 months prior the interview. Seventeen women and 2 men experienced economic IPV.
- Fourteen women and eight men were physically abuse by their partner.
- Five women and only one men were sexually abused in the past year before the interview.

Past 12 months IPV perpetration

- 38 women and 16 men perpetrated emotional IPV in 12 months prior the interview.
- Thirteen women and 2 men perpetrated economic IPV.
- Four women and seven men physically abused their partners.
- Four women and only one men sexually abused their partner in the past year before the interview.

Number of women and men experiencing rape by a non-partner in the 12 months prior the interview

- In the past 12 month prior the interview ten women and three men experienced attempted rape by someone who was not their partner.
- During the same period three women and two men were actually raped.

Number of women and men perpetrating rape to a non-partner in the 12 months prior the interview

- None of the women who participated in the interview perpetrated rape to a non-partner.
- Only one man attempted rape and two actually raped a woman that was not their partner in the 12 months before the interview.

Violence in same sex relationships

- Women and men in same sex relationships experience intimate partner violence like their counterparts in heterogeneous relationships.
- Emotional violence is the highest form of IPV experienced by both women and men in same sex relationships.

Patterns and drivers of VAW

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

Individual level socio-demographic factors

The study explored how age, educational level employment status, child abuse and alcohol abuse influence the risk of experiencing and perpetrating IPV.

Table 2: Socio-demographic factors associated with experience and perpetration of IPV								
Factors	Ever in lifetime IPV Experience				Ever in lifetime IPV Perpetration			
	% F n=444	P value	% M n=460	P value	% F n=432	P value	% F n=466	P value
Age								
18-29	10	0.106	10	0.007	11	0.000	12	0.0003
30-44	19		12		14		14	
45+	25		13		15		16	
Level of education								
No schooling-primary	9	0.481	4	0.090	3	0.001	5	0.030
Secondary incomplete/complete	20		11		13		13	
Post- secondary/ tertiary	25		20		23		24	
Worked in past 12 months								
No	12	0.393	6	0.494	7	0.070	7	0.234
Yes	42		29		33		36	

% F= Percentage of women % M= Percentage of men P value=statistical significance test

Age

Table 2 shows that the difference in the proportion of IPV survivors by age was statistically significant in men (p=0.007) with the proportions increasing with age but not in women (p=0.106). On the other hand, age had a significant association with IPV perpetration in both women and men with p value which was less than 0.05. In both scenarios the proportions of IPV perpetrators increased with age.

> “78% of women and 79% of men who participated in the study confirmed that they had experienced some form of abuse before they reached 18 years.”

Education level

In both women and men there was no significant association between IPV experience and education (p>0.05) although it was apparent the proportions of survivors increased with increase in education.

Education was significantly associated with IPV perpetration in both women and men. Again the proportions of perpetrators increased with the increase in education.

Employment status

For both women and men, employment status was statistically insignificant (p>0.05) although in both populations those who had worked in the past year reported violence compared to those who did not work. There was no significant association between employment status and perpetration of IPV (p>0.05).

Child abuse

78% of women and 79% of men who participated in the study confirmed that they had experienced some form of abuse before they reached 18 years.

Table 3: Associations between child abuse and experience/perpetration of IPV				
	Ever IPV in lifetime		Non-partner rape	
	% women experiencing n=444	P value	% men experiencing n=460	P value
Any child abuse				
No	9	0.003	3	0.000
Yes	45		32	
	% women experiencing n=444	P value	% men experiencing n=460	P value
Any child abuse				
No	5	0.000	5	0.002
Yes	35		36	

The table illustrates that experiencing child abuse is significantly associated with both experiencing and perpetrating IPV in both women and men ($p<0.05$).

- A higher proportion (45%) of women who suffered abuse as children than those who did not (9%) admitted that they had experienced IPV.
- Similarly a higher proportion (32%) of men who suffered abuse in childhood compared to those who did not (3%) experienced IPV.
- A higher proportion (35%) of women who suffered abuse as children than those who did not (5%) admitted that they had perpetrated IPV.
- Also, a higher proportion (36%) of men who suffered abuse in childhood than those who did not (5%) perpetrated IPV.

Alcohol consumption

There was a significant association between alcohol consumption and IPV perpetration.

- A third of women who consumed alcohol, compared to 10% of women who did not, committed IPV.
- A third (33%) of men who consumed alcohol, compared to 9% of men who did not, committed IPV.
- Both women (34%) and men (29%) who consumed alcohol in the past year were most likely to experience IPV, although in the former the association was not statistically significant ($p>0.05$).

Attitudes

The table below shows some of the questions that were asked and the responses by women and men.

Table 4: Individual attitudes on gender equity		
	Women agree %	Men agree %
Gender relations		
I think a woman should obey her husband	54	79
I think people should be treated the same whether they are male or female	89	89
I think a man should have the final say in all family matters	22	35
I think a woman needs her husband's permission to do paid work	19	23
I think that there is nothing a woman can do if her husband wants to have girlfriends	5	8
I think if a man beats his wife it shows he loves her	2	6

- Equal proportions (89%) of men and women affirm that people should be treated the same whether they are male or female.
- 79% of men compared and 54% women believe that a woman should obey her husband.
- There was a significant association between attitudes towards gender equity and IPV perpetration in women only and not in men.

Effects

Table 5: Effects of GBV

Criteria	% women experiencing	% men experiencing
Physical injury		
Physically abused women/men who sustained injuries	27	2
Physically injured women/men who spend days in bed because of injuries	46	-
Physically injured women/men who missed work as a result of injuries	39	-
Sexual and reproductive health		
Women who had been abused by intimate partners and diagnosed with STI	4	
Poor mental health		
Abused by an intimate partner and suffered depression	15	7

- 172 women reported to having been physically abused by their intimate partners, from these 46 individuals (27%) succumbed injuries resulting in total of 21 individuals (46%) being bedridden.
- Approximately 18 (39%) took days off from employment as a result of injuries sustained after physical abuse. The average number of days that they had to forgo was five.
- 155 (35%) of men who participated in the study experienced physical abuse at the hands of intimate partners.
- However, unlike women only three men (2%) sustained injuries after the abuse. None of the men disclosed if they were bedridden or if they sustained injuries.
- Experience of IPV in lifetime was not significantly associated with having depressive symptoms ($p>0.05$).
- There was no significant association between IPV experience and having an STI.

Table 6: Individual attitudes towards rape

	Women agree %	Men agree %
Attitudes towards rape		
I think it is possible for a woman to be raped by her husband	50	42
I think if a woman doesn't physically fight back it is not rape	29	37
I think that in any rape case one would have to question whether the victim is promiscuous	34	36
I think if a woman is raped she is usually to blame for putting herself in that situation	11	20

- Both men and women expressed negative attitudes towards rape survivors: 34% of women and 36% of men agreed that in any rape case one should question whether the victim was promiscuous.
- One fifth (20%) of men and 11% of women agreed that if a woman is raped, she should be blamed for putting herself in that situation.

Response

Table 7: Response indicators

Criteria	% women	% men
Awareness of legislation		
Participants aware of Family Violence Act	85	85
Participants aware of sexual violence law (penal code)	81	82
Participants hear about protection orders	56	59

> "Seychelles has the highest record of legislation awareness among the seven countries that have undertaken the study to date."

Table 7 shows high levels of awareness of the existing legislation on GBV.

- Equal proportions (85%) of women and men were aware of the Family Violence Act.
- Again almost equal proportions of women (81%) and of men (82%) were aware of sexual violence laws covered in the Penal Code.
- 56% of women and 59% of men had heard about protection orders.

Seychelles has the highest record of legislation awareness among the seven countries that have undertaken the study to date.

Table 8: 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	72	86
Proportion of participants who had heard of the 365 Days campaign in the 12 months prior to the survey	70	87

- Of the participants that knew about the campaigns almost 72% of women and 86% men knew about the 16 days campaign.
- 70% of women and 87% of men knew about the 365 Days Campaign and the 16 Days respectively.
- These figures are relatively high compared to other countries where the same study was undertaken.
- As was seen in other settings men were generally more aware of the campaigns compared to women.

Table 9: Participants' views of media coverage of violence against women		
Views about the media and GBV	Women agreeing % n=539	Men agreeing % n=470
It is fair and balanced; the media gives the facts as they are	32	30
It is biased against women; the voices of those most affected is seldom heard	22	12
It is biased against men; they are always treated as though they are to blame	6	20
It fuels such violence even more by naming victims and showing little sensitivity towards them	13	8
None of the above	26	30

- According to the table, a third of the women and men believe that the media coverage of GBV is fair and balanced; the media gives the facts as they are.
- Almost a quarter (22%) of women and 12% of men felt that it is biased against women and that the voices of those most affected is seldom heard.
- Six percent of women and 20% men thought that the media coverage is biased against men as they are always treated as though they are to blame.
- On the other hand, 13% of women and 8% men expressed that the media fuels gender violence even more by naming victims and showing little sensitivity towards them.
- More than a quarter of both women (26%) and men (30%) did not identify with any of the statements that were provided and it would be interesting to know their views on the role of the media.

Table 10: Conclusions and recommendations	
Conclusions	Recommendations
Extent	
GBV in Seychelles is relatively high with both women and men at risk of experiencing violence.	Seychelles need a standalone piece of legislature that criminalises domestic violence in all its various forms.
Greater proportions of women compared to men experienced violence (in all its various forms).	
While on the contrary higher proportions of men had perpetrated violence.	
Almost equal proportions (10%) of women and men experienced rape by someone who was not their partner.	
In the past 12 months prior the interview more women than men disclosed perpetration and experience of IPV.	
	There is a need to review and strengthen GBV policies since most of them have expired.
	Legislation should enforce stiffer penalties for perpetrators of GBV especially sexual violence including rape.
Comparing statistics from this study and statistics reported in the CJS report shows that there is serious underreporting of GBV by women and men. The under-reporting is more pronounced in men. Survivors of IPV or non-partner violence were less likely to report to the police and medical providers.	Researchers need to undertake more nuanced investigations to establish the barriers to reporting GBV especially in men.
	The study has shown that best sources of information on the prevalence, patterns, and consequences of GBV are population-based surveys rather than police statistics or hospital-based studies, which usually detect only a small fraction of actual cases.
Drivers	
Some of the drivers of IPV highlighted by this study include experiencing child abuse, alcohol consumption and acceptance of gender inequitable norms.	Both male and female children should be included in abuse prevention interventions.
	Preventing child abuse is paramount in any strategy to eliminate GBV.
Those who had witnessed domestic violence or experienced abuse in childhood were more like to report victimization and perpetration of violence.	There is a great need to challenge societal and cultural norms that promote child abuse.

Conclusions	Recommendations
	The government should up scale the programmes that target family set ups in raising awareness and responding to GBV.
	Child rehabilitation centres should be readily available to provide psychosocial support to abused children.
Alcohol consumption increases the risk of IPV experience and perpetration.	In regards to alcohol consumption, the government would have to ensure effective implementation of the Alcohol Policy. One way of doing this would be to develop action plan accompanied by an explicit budgetary allocation and M&E framework to monitor progress in implementation.
Pertaining to negative attitudes it is worth noting that based on the responses on the attitudes, it is apparent that the Seychellois populace abhor abusive behaviours. The study also showed that men tend to be more conservative when it comes progressive gender equitable norms.	Work with both women and men to raise awareness on gender equality and dismantle the current negative attitudes towards gender equality and equity.
Despite Seychelles being a largely matrifocal society some of the attitudes professed by the participants showed that they promote the idea of male superiority.	
Effects	
Both women and men experienced physical violence however a higher proportion of women than men sustained injuries, were bedridden and had to take days off work. Similarly more women than men had mental health issues.	Programmes need to engage men and establish male friendly health facilities. Health personnel need to be trained on how to screen GBV cases in both women and men.
Health wise men tend to be more vulnerable and are reluctant to access health facilities.	
Response and support	
In efforts to domesticate the regional and international frameworks, Seychelles has implemented several legal instruments to end GBV including the Family Violence Act and amending the Penal Code to cover gender violence.	The government to pass a specific piece of legislation to cover the various forms of gender violence placing obligatory responsibility on the police and relevant departments to legally intervene in domestic violence issues.
In regards to awareness it is apparent that majority of the Seychelles populace are aware of the existing legislation on domestic violence.	With more than half of the population being internet users, Seychelles should maximise online campaigns in reaching the general public.
Currently there is no shelter for survivors of GBV in Seychelles.	Further research is needed to investigate sources of support for survivors of GBV. The research will thus help to strengthen the GBV response strategy.
The low conviction rate for cases of rape and the slowness of the justice system is a cause for concern as it has negative impact on victims of violence.	There is also need to build the capacity of the police and relevant service providers in handling cases of GBV.
	The judiciary system should create a conducive environment that encourage victims of violence to report abuse.
Prevention and Integrated approaches	
A number of factors increase the risk of violence. These include the need to perpetuate individual negative beliefs, alcohol and substance abuse, child abuse and socioeconomic factors such as age and education.	Civil society and government have a role to mobilise and sensitise communities to eliminate attitudes that promote gendered ideas of masculinity and femininity.
	Prevention strategy should include both secondary and tertiary interventions to prevent perpetration from recurring.
Both women and men were highly aware of domestic violence legislation while at the same time were relatively unaware of GBV prevention campaigns.	Formulate better strategies to encourage women to participate in campaigns relating to GBV especially making use of online platforms.
Political commitment needs to go beyond formation and reformation of legislation to ensure enforcement.	Government must continue to support efforts to eradicate GBV through dedicated allocation of sufficient resources.
Most of the national documents such as strategy and action plans to respond to GBV have expired.	The government should update the National Strategy to end GBV and strengthen it using findings from this study. This should be followed by a costed action plan and a comprehensive framework to monitor progress on the implementation.
The Gender Secretariat is the coordinating structure of all issues pertaining to gender in Seychelles. One of the major challenges which this unit is facing is that it is under-resourced and short staffed and would not be able to carry out all the gender related projects including GBV.	Organising committees for the various action plans should set up coordinated monitoring and evaluation frameworks.

CHAPTER 1
INTRODUCTION



Orange Day commemoration. *Photo: Gender secretariat*

Key facts

- Gender based violence is one of the most common human rights violations in the SADC region, including in Seychelles.
- Seychelles adopted the SADC Protocol on Gender and Development, which aimed to halve GBV by 2015 and now extended to 2030.
- The Seychelles GBV Baseline study seeks to provide reliable baseline data, targets and indicators for measuring the progress of tackling and eliminating GBV in an arena where underreporting of violence in common.
- Seychelles is the first to pilot the GBV study with Violence Against Men (VAM) Module.
- The study seeks to document the prevalence and perpetuation of GBV using a representative sample from Seychelles.

This report outlines the background, methods and findings of the GBV Baseline Study in Seychelles, conducted by Gender Links, in partnership with the Social Affairs Department and National Bureau of Statistics in 2016. More specifically, this first chapter outlines the regional background and rationale for the study in Seychelles, its unique features, country context and previous related research.

Background and rationale

Gender based violence 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 violation, 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 for the last 14 years, using the 16 Days of Activism as a platform for training activists in the SADC region in strategic communications. These annual programmes have 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 strategy to end gender violence.

The process of developing action plans underscored the need for reliable baseline data, targets and indicators for measuring progress in an arena in which most violence is under-reported or not reported at all. Thus, administrative data is an unreliable source of information.

In August 2008, SADC heads of state adopted the Protocol on Gender and Development that, among others, aimed to halve gender violence by 2015. The question that arose how governments would know if they had achieved this target if they did not know the starting point. To measure the efficacy of both government and civil society programmes, there was a need to have baseline data on the extent and effects of GBV, as well as the manner in which governments and civil support organisations respond it. This underpins the innovative GBV indicators project conducted in South Africa, Botswana, Mauritius, Zimbabwe, Lesotho and Zambia 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 (i.e. gender, justice, health, police, and 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 analyses, gaps in the data collected by many different countries on GBV. Some countries do not even have the recording systems on any aspect of GBV. Laws in the different countries do not regard certain acts of GBV as punitive violations, thus making it difficult for countries to speak the same messages on GBV. This is taking place despite the fact that legislators in most countries have unanimously agreed that GBV is a gross violation of human dignity based on gender, and have made demonstrable strides in combating its existence, mainly through ratifications such as of the SADC Protocol on Gender and Development.



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

composite set of indicators to measure gender violence that is methodologically solid, pre-tested, and can eventually be applied across the region.

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

Key conceptual decisions taken at the meeting included the need to incorporate GBV as experienced by both women and men, and mostly perpetrated by men, with a greater emphasis on the fact that GBV mostly affects women. Since inception, the GBV Indicators Study has evolved as some countries are vying for a composite GBV study that also looks at violence against men by women. This concept is further explored in the methodology section.

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

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

In 2014, after recommendations by the Botswana government and Seychelles to also look at violence against men, GL coordinated a critical thinking forum with the aim of refining the questionnaire. In attendance were representatives from the academia, NGO, statistics offices and research practitioners. This meeting brought forth the violence against men module which is being piloted in Seychelles. This is particularly relevant to the Seychellois context which is matrifocal with anecdotal evidence showing that men also experience violence at the hands of their female counterparts. Thus this study is the first to juxtapose violence against men against violence against women.

Unique features of the project

Unlike previous prevalence surveys that focused on a few aspects of GBV as well as on VAW, the set of indicators in this study seeks to measure:

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

Country context

The Republic of Seychelles is a Small Island Developing State (SIDS) made up of an archipelago of 115 islands situated approximately 1,600 km east of mainland Africa in the western Indian Ocean northeast of Madagascar. It has a total land area of 455 km^2 and an Exclusive Economic Zone of 1.374 million km^2. The archipelago consists of 41 granitic islands which are the oldest mid-oceanic granite islands on earth and 74 low-lying coral atolls and reef islands which make up the Outer Islands. Forty six percent of the limited

land mass is set aside as national parks and reserves. The capital city Victoria is on the main granitic island of Mahe which has a land area of 148km^2. The other two important islands in size and population are Praslin and La Digue. Aldabra, the world's largest raised coral atoll and a UNESCO world heritage site, is the largest and furthest of the coralline islands, located 1,150km to the southwest. The population of Seychelles in 2009 is estimated at 87, 298 (NSB, 2010). The Seychellois population is of mixed origin from African, European and Asian descent. Christianity is the dominant faith in the country and about 82% of the population is Roman Catholic. Other non-Christian religious faiths include Islam, Baha'i, and Hindus. The three national languages are Creole, English and French.



Seychelles became a sovereign republic in 1976 after obtaining independence from Britain. In 1977, a year after independence, a one-party socialist state was established. In 1992, multi-party democracy was reintroduced after almost 15 years of one-party rule. A Presidential, multiparty political system based on the separation of powers was instituted under a new Constitution in 1993. The ruling party, Parti Lepep, formerly the Seychelles People's Progressive Front (SPPF) and previous to that, the Seychelles People's United Party (SPUP) has been in power since 1977. In the last Parliamentary elections held in September 2016, the opposition alliance Linyon Demokratik Seselwa (LDS), won 19 (15 directly-elected seats and 4 proportionate seats) of the 33 seats. The result was a victory for the opposition as it was the first time since the 1979 elections that the ruling party did not win a majority of seats.

In the 2009 UNDP Human Development Report, Seychelles is ranked 57th out of 182 countries and tops the list of all the Sub-Saharan African countries with a 2007 Human Development Index (HDI) value of 0.845. The 2014 HDI of 0.772 was above the average of 0.744 for countries in the high human development group and above the average of 0.518 for countries in Sub-Saharan Africa.[2] In 2008, the per capita income was U$ 8,960 which placed Seychelles amid top middle income countries (MIC). People centred social policies in health, education and welfare considerably improved living standards affording protection and support for the most vulnerable groups including women and children.

According to the 2004 Millennium Development Goals Status report, Seychelles had met most of its development targets. As such Official Development Aid declined by 50% between 1990 and 2000 because of the good economic rating. Seychelles, like many other Small Island Developing States (SIDS), shares a number of vulnerabilities including a small human

2 http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/SYC.pdf
3 Final CEDAW State Party Report.

and natural resource base, small internal markets, high dependence on imports, limited domestic resource mobilisation potential, physical dispersion and isolation from major trade routes. Seychelles economy is also very dependent on one or two vulnerable industries (including tourism and fisheries). The small land area and mountainous topography of the populated granitic islands do not easily lend themselves to large-scale industries and agriculture. Seychelles relies on imports for almost all raw materials, products, and specialized services. At some point Somali piracy in the Indian Ocean has developed into a major security concern for Seychelles and the region posing a severe threat to the tourism and fisheries sectors.[3]

Seychelles is a signatory to the Southern African Development Community (SADC) Protocol on Gender and Development. This unique sub-regional instrument brings together all regional and international commitments to gender equality (including CEDAW and the Beijing Platform for Action). It enhances these commitments by setting 28 targets which were to be achieved by 2015 and now postponed to 2030 in alignment with the Sustainable Development Goals and the Beijing Platform. The SDGs which replaced the MDGs have a 2030 deadline. Two key targets of the SADC Protocol include halving gender violence and achieving gender parity in decision-making by 2030.

GBV remains the single worst violation of human rights in SADC. Due to the fact that most violence occurs in the home and goes unrecorded and unnoticed. GBV undermines the agency and ability of women and men to claim and exercise their rights as citizens.

Though Seychelles has not enacted a specific law to address GBV, the Government is conscious of the need to reinforce legislation with regards to domestic violence. In November 2016, Seychelles launched its first National Gender Policy which contains a specific chapter on GBV. A Costed National Action Plan on GBV (January 2010-December 2011) was developed in 2010. In 2008, Seychelles launched its first National Strategy on Domestic Violence 2008-2012 developed through wide consultation with stakeholders. In addition, Seychelles has other laws to regulate GBV, such as the Family Violence (Protection of Victims) Act which offers protection to victims of family violence, through protection orders. The 1996 Amendment to the Penal Code 130-153 outlaws sexual abuses and allows for prosecution for rape within marriage or relationships.

A key strategic challenge faced by Seychelles and all SADC countries is that there is no accurate measure of the true extent of GBV. Due to social pressure and stigma, victims report only a small percentage of GBV cases to the police, and they often withdraw these cases from the courts. Only a fraction of GBV cases sees a successful prosecution.

GBV is deeply rooted in societal attitudes that ultimately view women as second-class citizens. Despite Seychelles being a largely matrifocal society where women play their rightful role in decision-making, this study has shown that GBV is relatively high in both women and men with the former being more at risk. This finding calls for further research to investigate this eccentricity to inform strategies to end GBV.

“Due to social pressure and stigma, victims report only a small percentage of GBV cases to the police, and they often withdraw these cases from the courts.”

Table 1.1: Seychelles' progress against different instruments		
Instrument	**State responsibility**	**Progress made**
CEDAW	Provide support services for all survivors of GBV, including refugees, specially trained health workers, rehabilitation and counselling services.[4]	The Evidence Amendment Act 1995 makes it possible for victims to give evidence in chambers and via TV accompanied by friends and relatives for emotional support.
	Use "due diligence" to prevent, prosecute and punish perpetrators who commit violence against women.	The National Plan of Action on Gender Based Violence provides a comprehensive response to all forms of GBV.
	Collect data on violence against women.	
	Sensitise members of the criminal justice system.	Experts have been training police and prosecutors to address issues of GBV violence.
Beijing Declaration and Platform For Action (1995)	Enact legislation on preventing and addressing issues of violence against women and girls.	a) Family Violence (Protection of Victims) Act 2000. b) 1996 Amendment to the Penal Code 130-153. c) Evidence Amendment Act 1995. d) Public Officers' Ethics Act, 2008.
	Put in place strategies to address survivors of violence, as well as strategies with punitive measures against perpetrators of violence against women.	a) National Strategy for Domestic Violence 2008-2012.
SADC Gender and Development Protocol 2008	Enacting and enforcing prohibitive legislation.	Family Violence (Protection of Victims) Act 2000.
	Eradicating social, economic, cultural and political practices and religious beliefs that legitimise and exacerbate the persistence and tolerance of GBV.	
	Adopting integrated approaches, including institutional cross-sector structures, with the aim of reducing current levels of violence by 50%.	Stakeholders have developed National Action Plan to end GBV.
Sustainable Development Goals 2015	Eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation."	National Baseline Study on GBV.

Table 1.1 illustrates Seychelles' progress linked to various international instruments around GBV. The overarching focus is on the call for adopting integrated approaches to halve current levels of gender-based violence by 2030. It is the role of the signatory governments to ensure implementation, monitoring and evaluation of these abovementioned efforts.

[4] Commission on Human Rights, 1996.

Previous studies

Statistics from Preliminary Findings of Domestic Violence Survey

At the end of 2006 the Gender Secretariat in the Social Development Division launched a nationwide survey on domestic violence, to investigate its extent, causes and consequences in the Seychelles context. Out of the total number of questionnaires sent out to a random sample of the population above the age of 15 years, 846 people completed and returned their questionnaires. Of the total sample, a majority of 555 respondents were female and 291 were men. Preliminary analysis of a portion of the survey data has been conducted to reveal the information presented below.

From the sample of people surveyed:

- 62% of women and 64% of men have witnessed an incidence of domestic violence.
- 46% of women and 38% of men have ever personally experienced an incident of domestic violence (victim to emotional/physical/economic/sexual violence by an intimate partner).
- 31% of women and 24% of men admitted to ever being abused by an intimate partner (victim to physical/sexual/economic violence).
- 42% of women and 36% of men have been emotionally abused by an intimate partner.
- 27% of women and 23% of men admitted to experiencing moderate physical violence at the hands of an intimate partner (ever been: pushed/shook/threw object/slapped by an intimate partner).
- 28% of women and 26% of men admitted to being a victim of severe physical violence (ever been: punched/threatened with a weapon/actually abused with a weapon/kicked/choked/burnt/threatened or actually abused pets/destroyed property by an intimate partner).
- 4% the female respondents and 2% of the male respondents admitted to having been economically coerced by an intimate partner.
- 11% women admitted to having been raped by an intimate partner.

Why this research?



Field worker training in Seychelles, 18-22 January 2016. *Photo: Linda Musariri*

However, the study could not be completed to satisfaction for various reasons. Thus to date, there has been no stand-alone dedicated study undertaken to document the experience and perpetration rates of the various forms of GBV in Seychelles.

The current GBV Baseline Study provides population-based prevalence data on GBV in Seychelles. This study is particularly important in that it serves as a pilot study focusing on both violence against women and violence against men with both sexes as victims and perpetrators. In the six countries where the study was undertaken it focused on women as victims and men as perpetrators. After requests by the Botswana and Seychelles governments to also incorporate violence against men, GL in consultation of various stakeholders came up with the new methodology that is piloted in Seychelles. This is particularly important in Seychelles were men seem to be marginalised. It encompasses the extent, effects, response, support and prevention of GBV, as well as awareness of legislation and services available to the survivors. Thus this research provides important insights into the prevalence and perpetration of various forms violence in Seychelles.

Conclusion

GBV remains a public health challenge, and a barrier to civic, social, political, and economic participation. It has devastating short and long-term consequences at both individual and society levels. Furthermore, its broader social implications compromise the social development of children, the unity of the family, the social fabric of affected communities, as well as the wellbeing of society as a whole. However, the full magnitude of GBV remains unknown in many places, as there is no precise data or adequate reporting mechanisms. The baseline data will therefore help in the monitoring and evaluation of GBV activities as well as assist the country to come up with evidence-based action plans to end GBV.

CHAPTER 2
METHODOLOGY



Practical session with data collection tablets: Researchers training in Seychelles 18-22 January 2016. *Photo: Linda Musariri*

Key facts

- The Seychelles GBV Baseline Study measured GBV experience and perpetration, gender attitudes, selected health-related behaviour and exposure to prevention campaigns among women and men.
- The study used a mixed method approach that includes both qualitative and quantitative methodologies.
- A cross sectional household survey measured GBV prevalence, HIV risk behaviour, pregnancy history, mental health, help seeking behaviour after experiences of GBV, gender attitudes and exposure to campaigns.

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

Working definition

The 1993 UN Declaration on the Elimination of GBV defined GBV 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] It indicated that this definition encompasses, but is not limited to:

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

Gender-based violence and violence against women are terms that are often used interchangeably as most gender-based violence is inflicted by men on women and girls. Even if this equivalence between VAW and GBV is widely accepted, it is important to differentiate between these two terms. Most studies on GBV have focused on the victimisation of women (VAW) rather than their male counterparts due to the fact that a greater proportion of women report experiencing GBV. In recent years, researchers have begun to extend this body of research to examine female perpetration of violence in intimate relationships. There is increasing evidence to suggest that women commit as much or more IPV as men (Archer, 2000; Melton & Belknap). Thus this study seeks to contribute to this body of knowledge by focusing on GBV with both women and men as victims and perpetrators.

"Most studies on GBV have focused on the victimisation of women (VAW) rather than their male counterparts due to the fact that a greater proportion of women report experiencing GBV."

For the purposes of this study, GBV includes:

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

Project aim

Inspired by the SADC Protocol, with the new target of eliminating all forms of GBV by 2030- the deadline provided by the SDGs, this study seeks to test the GBV indicators developed through expert consultation and provide extensive data of GBV in Seychelles. The GBV Baseline Study in Seychelles will contribute to the reduction of GBV by providing data to monitor and evaluate the efforts of government and civil society toward this goal. The findings from this study will be useful for a comprehensive assessment of the

[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

[6] Ibid.

extent, effects and the response to GBV as provided by the National Action Plan to end gender violence (NAP).

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

- Quantify the prevalence of GBV in its different forms and determine the extent of underreporting, as well as track and report changes;
- Quantify the social and psychological costs of violence;
- Assess the capacity and effectiveness of the response by the police, courts, health sector, social sector, and all related services;
- Map the underlying attitudes towards gender equality that fuel GBV;
- Assess the effectiveness of prevention campaigns from the point of view of some of the respondents to the prevalence study; and
- Provide pointers for government and civil society in Seychelles to strengthen strategies for preventing and responding to GBV.

Key research questions

The research sought to answer the following questions:

- What is the scope and extent of GBV perpetration and survivor experiences in Seychelles?
- What is the physical, social and economic impact of GBV on society?
- What is the response of public services to GBV in Seychelles?

Key elements of the project

The study used a combination of research methodologies to test a comprehensive set of indicators and establish extensive GBV data in Seychelles. The project components include:

- Prevalence and attitudes household survey;
- Analysis of administrative data gathered from the gender secretariat;

Prevalence and attitudes household survey

Researchers use the prevalence and attitudes survey to investigate the extent, and individual effects, of GBV, as well as the underlying factors that influence it, 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. Researchers administered two questionnaires: one for women as both survivors and perpetrators and the other for men as both survivors and perpetrators. The women's questionnaire aimed to describe the prevalence and patterns of women's experience and perpetration of GBV, HIV risk behaviour, pregnancy history, mental health, help-seeking behaviour after experiences of GBV, gender attitudes, and exposure to media and prevention campaigns. The men's questionnaire aimed to describe men's perpetration and experience of GBV, gender attitudes, GBV risk behaviour, fathering, and exposure to prevention campaigns. The table below outlines sections that concerns women only, men only as well and those that focus on both as well as the new modules of violence against men being piloted in Seychelles.

Table 2.1: Contents of the women's and men's questionnaires			
Section	**Section title in both Women & Men questionnaires**	**Section title in Women's questionnaire only**	**Section title in Men's questionnaire only**
1.	Socio-demographic characteristics/Background		
2.	Childhood (from birth to 18 years)		
3.	Community ideas about gender relations (Social norms)		
4.	Community ideas about rape		
5.	Gender equitable women/male scale		
6.	Witnessing domestic violence		
7.		Sex and Pregnancy	Fathering
8.	Partner		
9.	Relationship control scale		
10.		Experience of intimate partner violence	Perpetration of intimate partner violence
11.		Sexual violence perpetrated by a person other than a boyfriend	Sexual violence against a non-partner
12.		Abuse in pregnancy	N/A
13.		Sexual harassment and abuse	
14.	Sexual behavior		
15.	Sexually transmitted diseases and HIV testing		
16.	Experiences of trauma		
17.	Mental health status question - CES-D Scale		
18.	Substance use alcohol and drug use		
19.	PTSD (Post Traumatic Stress Disorder)		
20.	Campaigns and laws around the prevention of violence against women		
21.	Accessing support during emotional difficulties		
22.			Transactional sex
23.			Circumcision
Additions			
24.		Perpetration of intimate partner violence	
25.		Sexual violence against a non-partner	
26.			Experience of intimate partner violence
27.			Sexual violence perpetrated by a person other than a boyfriend
28.			Sexual Harassment

The questionnaires provide information about the following areas:

- A description of gender attitudes, attitudes towards rape and relationship control among women and men;
- A description of the prevalence and patterns of childhood trauma among women and men;
- A description of the experiences of witnessing and intervening with domestic violence among women and men;
- A description of the risk/protective factors for experiencing GBV among women, including socio-demographic characteristics, attitudes, partner characteristics and substance use;
- A description of the prevalence and patterns of women's and men's experience of GBV, and associated health risks, including HIV risk factors, condom use, concurrent partners, number of sexual partners and transactional sex;
- A description of the prevalence and patterns of women's and men's perpetration of GBV, associated risk factors and health risks;
- A description of the awareness of campaigns against GBV and relevant legislation, including the Family Violence Act by both men and women; and
- An exploration of men's experience of abuse in childhood and association with GBV perpetration.

Use of international instruments

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

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

Revisiting and refining the methodology

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

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

Why VAM

Violence against men is a concern which is still hidden and not well recognized in many countries. In order to effectively tackle it, policy makers require more and better quality information, including data, on this phenomenon: to guide legislative and policy reforms; to ensure adequate provision of targeted and effective services. Thus accurate and comprehensive data are crucial for increasing societal awareness of violence against men. Getting exact numbers on domestic violence overall is difficult since so many cases go unreported, but it is even tougher to figure out just how many men are suffering abuse. A big part of the reason is traditional gender roles in society and the

stigma of the perceived weakness of any many who admits to falling victim to a woman. In most cases VAM is often foreshadowed by actions that may not seem like domestic violence on the surface, but do, in fact, represent a series of abuses against the men.

Studying men by WHO

The original plan for the WHO Study included interviews with a subpopulation of men about their experiences and perpetration of violence, including partner violence. This would have allowed researchers to compare men's and women's accounts of violence in intimate relationships and would have yielded data to investigate the extent to which men are physically or sexually abused by their female partners. On the advice of the Study Steering Committee, it was decided to include men only in the qualitative, formative component of the study and not in the quantitative survey.

This decision was taken for two reasons. First, it was considered unsafe to interview men and women in the same household, because this could have potentially put a woman at risk of future violence by alerting her partner to the nature of the questions. Second, to carry out an equivalent number of interviews in separate households was deemed too expensive.

Nevertheless, it is recognized that men's experiences of partner violence, as well as the reasons why men perpetrate violence against women, need to be explored in future research. Extreme caution should be used in any study of partner violence that seeks to compile prevalence data on men as well as women at the same time because of the potential safety implications.

WHO (2005) WHO multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses / authors: Claudia García-Moreno ... [et al.]

Sampling

The sampling for this study was conducted by the National Bureau of Statistics (NBS).The sampling frame which was used is the one from the 2010 population and housing census. The NBS filtered out individuals (male and female) who as of 2015 turned 18 years old thus remaining with a population of those who are 18 years and above. The sample size which was used was 1560 individuals, which accommodated for non-response, by adding 60 additional individual since the initial sample was for 1500 individuals.

The sample was a two stage stratified systematic sampling, as all of the districts were used. From the districts the statisticians selected individuals in each district using systematic sampling to sample male and female per district.

Inclusion criteria

In order to be eligible, men and women needed to be aged 18 years or older. They also had to be mentally competent.

Fieldworker training

GL and Umhlaba facilitated training sessions in January 2016. These focused on project content, orientation, ethics training, understanding methodology, and engagement with the questionnaire. The programme also included familiarisation with the questionnaire, training on the tablets and related activities, adherence to methodology, and communication of the deployment schedule. The training sessions included the following:

- Presentation on the domestic violence and research results generated during preceding studies;
- Ethics and gender sensitivity training;
- Going through the questionnaire, Social Affairs Department provided the Creole version of the questionnaire to aid understanding;
- Extensive sessions on utilising the tablets;
- Logistics and fieldwork implementation planning (including setting up accountability structures);
- Map reading by NBS;
- Methodology and sampling (and adherence to this); and
- Follow-up training on tablets utilisation and methodology implementation.



Researchers during map reading session by NBS, Seychelles, 18-22 January 2016. *Photo: Linda Musariri*

Ethical considerations

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. To ensure anonymity, researchers identified all questionnaires using non-consecutive study ID numbers. The study cannot link individuals to their questionnaires.

Data collection

Researchers collected data from February 2016 to April 2016. Within each household, the researchers interviewed one pre-selected eligible person (male or female depending on the EA allocation, older than 18 years). If the sampled household member was not at home at the first visit, the researchers 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, the researchers did not interview men and women from the same households or EA.

Researchers administered the questionnaires using tablets. An interviewer read each question and associated answer choices as presented on the tablet screen. A skip button allowed participants to skip over any question they did not wish to answer.

Data management and analysis

The researchers downloaded data daily from the tablets to the central cloud server. GL conducted data analysis using Stata Version 12, taking into account the survey's two-stage sample design. The NBS provided weights for the data to account for the study design and non-responses. Researchers did not attempt to replace missing data. They used standardised formulae to calculate response, refusal, eligibility, and contact rates.

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). The study employed Pearson's chi to test associations between categorical variables.

To meet 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.

Strengths of the methodology

This sampling method has several merits, including:

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

Limitations of the study

- Some questions applied to only some respondents, for example survivors or perpetrators. The result is that only a small proportion of the sample responded to these.
- The sampling method did not allow substitution of non-respondents and so researchers made three follow-up visits in an attempt to contact a potential participant.

- Given the sensitive nature of the GBV topic, there were several questions that were not answered resulting in numerous missing variables in the data.
- This report presents the results of bivariate analyses for the chi-squared tests or fishers exact tests of association between exposures and outcomes. The associations presented here thus do not take into account the effect of confounders and effect modifiers. Further multivariable analysis is recommended for true associations.
- Given that this is a cross sectional study causality cannot be inferred

Administrative data

GL gathered administrative data to document the various efforts by the government and civil society organisations to respond to GBV. This was done mainly using desktop research as well as documents provided by the Gender Secretariat as well as periodical statistics published by NBS. Researchers analysed administrative data 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 GBV, especially intimate partner violence, mainly due to the high levels of underreporting. In the words of Sylvia Walby, a UK-based UNESCO Chair in Gender Research, "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."

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

Triangulation

Table 2.2: Project components and tools used to gather data

Research tool/ indicators	Prevalence and attitudes survey	Administrative data
Extent	✗	
Effect	✗	
Response	✗	✗
Support	✗	✗
Prevention	✗	

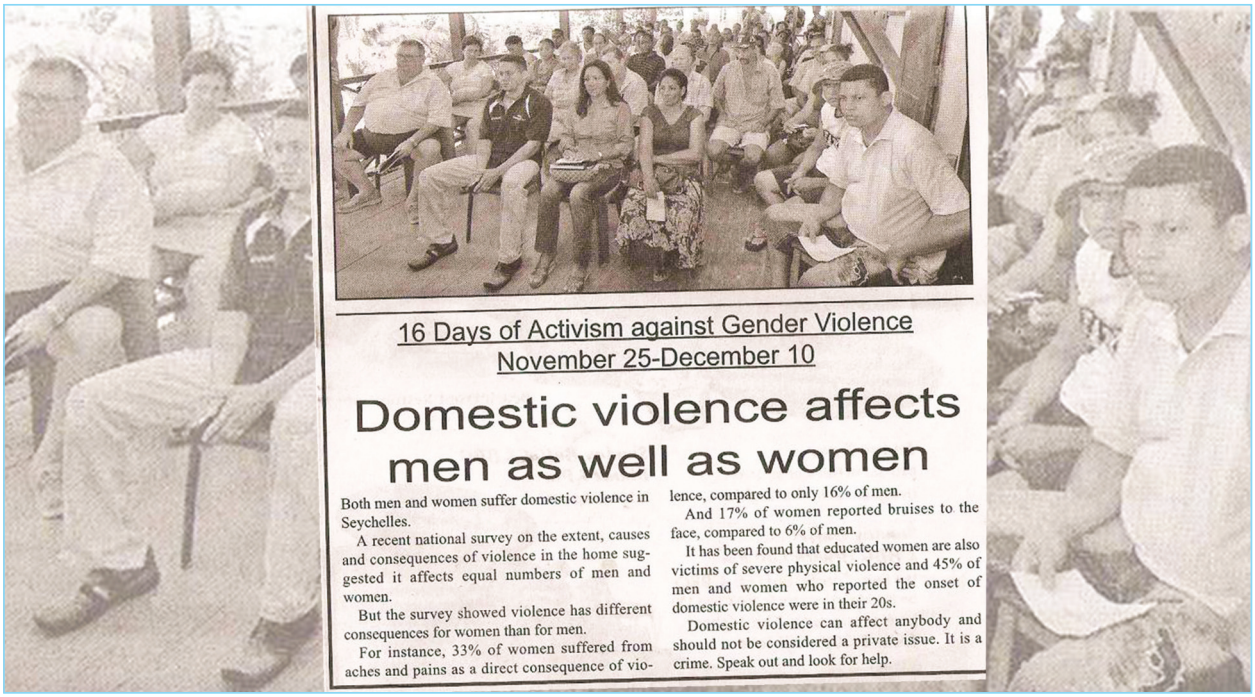
Table 2.2 shows how these tools inter-relate and how the research uses them to triangulate findings throughout the study to answer key questions relating to extent, effect, response, support, and prevention. The flagship tool is the prevalence and attitude study, justified on the basis that statistics obtained from administrative data do not cover many forms of gender violence, and even those that data does cover go unreported or underreported. The administrative data provide key insights in relevant areas. Triangulation helps to verify and strengthen the findings, as well as provide important insights for policymaking and action.

Challenges faced

The male participants refused to be interviewed by fellow male fieldworkers and there was high attrition rate of the latter. Thus eventually female field workers had to interview both the women and men and this affected timeous completion of the project. In regards to the quality of data there were lots of missing values. The proportions were very low for some variables for example non partner rape making it difficult for researchers to run particular tests.

[7] Walby, S, op cit.

CHAPTER 3
EXTENT OF VIOLENCE



16 Days of Activism against Gender Violence
November 25-December 10

Domestic violence affects men as well as women

Both men and women suffer domestic violence in Seychelles.

A recent national survey on the extent, causes and consequences of violence in the home suggested it affects equal numbers of men and women.

But the survey showed violence has different consequences for women than for men.

For instance, 33% of women suffered from aches and pains as a direct consequence of violence, compared to only 16% of men.

And 17% of women reported bruises to the face, compared to 6% of men.

It has been found that educated women are also victims of severe physical violence and 45% of men and women who reported the onset of domestic violence were in their 20s.

Domestic violence can affect anybody and should not be considered a private issue. It is a crime. Speak out and look for help.

Article by Gender Links during 16 Days of Activism. *Photo: Gender Links*

Key facts

- 58% of women and 43% of men interviewed in the Seychelles study experienced some form of GBV at least once in their lifetime.
- About 31% of women and 40% of men perpetrated GBV in their lifetime.
- 54% of ever-partnered women and 35% of ever partnered men experienced some form of intimate partner violence.
- 18% of women and 14% of men experienced sexual harassment either in school at work or in public places.
- A tenth of women (11%) and men (10%) revealed they experienced rape at the hands of a non-partner.
- The most commonly experienced form of IPV is emotional IPV followed by physical then economic and sexual IPV.
- Of the seven countries that have undertaken this study, Seychelles recorded the fifth highest experience rate and third highest perpetration rate of IPV.
- 22% of women perpetrated some form of abuse against their partner in the past 12 months prior the interview.
- On the other hand of 13% of men confirmed that they had perpetrated violence against their partners.
- 19% of women who had ever been pregnant experienced abuse during pregnancy.



Jade's* "I" story

"I am a 40 years old professional woman, I say professional because I have a career and have moved up the ladder over the years. I grew up in a loving family, where my grandmother played a big influence in my upbringing. In fact she was more of mother than my grandmother. Growing up I was surrounded by male figures, three uncles, a cousin and a grandfather. I did not know of or experience any type violence at that time.

"Currently, I am in a relationship for the last 20 years and have three children. My partner is very supportive of our children, I can go as far and say that he is a great father, but as a husband, he is lousy, well with me that is another story. He abuses me emotionally. The things he says points me down: Well he tries to put me down and make me feel small, "You think that you are top part, you think you are smart, you think that you are a big madam!" As I am an outgoing person he likes to say that I think all that I say makes sense but people talks behind my back, and say how I speak bullshit and nonsense.

"Every time new opportunities arise, he always discourages me, saying that I will not be able to do this and will not cope, but every time I prove him wrong, and continue to make progress. And of course he swore and insults me, the way he acts is as if I am nothing, he bad mouths me to his friends and family. He does that in front of my kids as well and it hurts when they tell me what has been said. He never praises me and never compliments me, in his eyes I will never be good enough.

"At one point he was physically violent towards especially after I confronted him about an affair I heard he was having, he threatened me with a knife, and of course I went straight to the police and filed a complaint. Since then he has not dared touch or threaten me again. But despite all this I continue to live for ME."

Jade's story details how emotional violence can take form in intimate relationships. In many settings emotional violence is not considered as a criminal offence despite having detrimental effects to the well-being of the survivor. This chapter presents the extent of the different forms of violence experienced and perpe-trated by women and men within and outside intimate relationships as reported mainly from the prevalence and attitudes survey. This study targeted 1500 women and men older than 18. In the end, more than 1109 people responded to the questionnaire. The table below outlines the general profile of the respondents who participated in this study.

Table 3.1: Description of study respondents

	Women		Men	
	N=578	%=52	N=531	%=48
Age				
18-29	125	21	121	23
30-44	176	30	159	30
45+	277	49	248	47
Level of education				
No schooling	8	1.3	7	1.3
Primary incomplete	33	5.9	29	5.2
Primary complete	48	8.2	55	10.7
Secondary 1-5 incomplete	78	14.1	94	17.0
Secondary 1-5 complete	132	22.7	88	17.7
Post-secondary	219	37.7	218	40.2
Tertiary	59	10	38	7.9

	Women		Men	
	N=578	%=52	N=531	%=48
Worked in the past 12 months	147	25.8	109	19.8
No	431	74.2	420	80.2
Yes				
Religious Denomination	536	93.2	473	89.4
Christianity	2	0.3	11	2.1
Islam	6	1.0	4	0.8
Hinduism	3	0.5	16	3.0
No religion	31	5.1	25	4.7
Other				
Ever had sex	30	5.4	19	3.2
No	542	94.6	485	96.8
Yes				
Marital status	348	65.8	334	67.5
Currently have a husband or boyfriend	33	6.3	15	2.6
Widow or divorced	16	3.5	12	2.3
Separated	130	24.4	146	27.6
Single				
Lives with partner	44	11.8	45	15.1
No	299	88.2	287	84.9
Yes				

The total sample analysed for this study, as illustrated in Table 3.1, comprised 578 women and 531 men: 1109 in total. As shown, the study sample is generally young with the majority of both females (51%) and males (53%) aged 44 and younger. The women in the study have higher education: 70% of women compared to 66% of men had completed secondary and proceeded to tertiary education. Employment levels seem high with 74% of women and 80% men having worked in the 12 months prior the interview.

The majority - over 90% - of the participants were Christians. A large number of respondents told interviewers they had had sex at least once in their lifetime: 95% of women and 97% of men. Sixty seven percent of women and 68% of men said they were in a relationship at the time of the study. Almost a quarter (24%) of women and 28% of men were single; 10% of women and 5% men were either widowed, divorced or separated at the time of the interview. More than three quarters of both women and men confirmed that they were living with their partners.

GBV in lifetime experience

GBV continues to be a universal problem affecting societies every day (Oyediran and Isiugo-Abanihe 2005). Several studies indicate that women and girls face a higher risk of experiencing violence compared with men and boys. According to estimates by the United Nations (2013), one in three women worldwide has experienced physical or sexual violence. The most common form of violence against women is intimate partner violence (WHO 2005). However, it is now widely accepted globally that both men and women can be victims and perpetrators of violence in the home. Considerable progress has also been made in the area of research over the past decade to document violence against men. This study contribute to this body of knowledge by showing the variations in experience and perpetration of violence by both women and men. Researchers employed two separate questionnaires in the survey to determine lifetime experiences and perpetration of GBV by women and men aged 18.

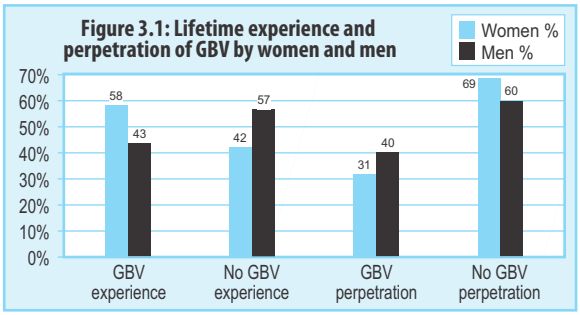


Figure 3.1 shows that 58% of women and 43% of men who were interviewed in the Seychelles study experienced some form of GBV at least once in their lifetime, while 31% of women and 40% of men perpetrated GBV in their lifetime.

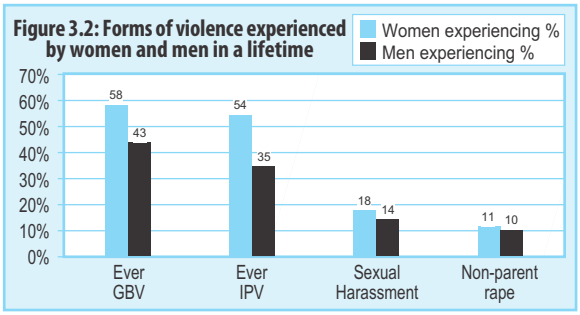


Figure 3.2 presents the different forms of violence experienced by women and men in a lifetime. 54% of ever-partnered women and 35% of ever partnered men experienced some form of violence (physical, sexual, emotional or economical) by their partner. 18%of women and 14% of men experienced sexual harassment either in school at work or in public places. Meanwhile a tenth of women (11%) and men (10%) revealed they experienced rape at the hands of a non-partner. In all the various forms of GBV greater proportions of women compared to men experienced GBV.



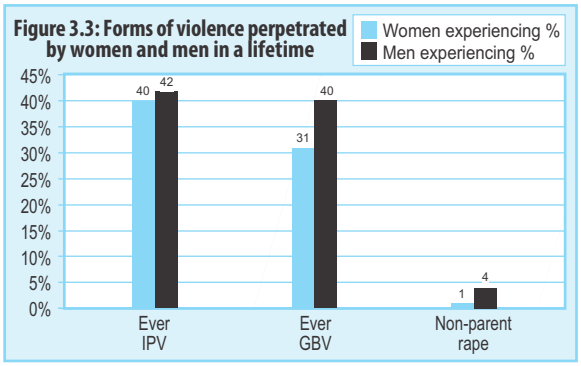


Figure 3.3 shows the different forms of violence perpetrated by women and men in their lifetime. Almost equal proportions of men (42%) and women (40%) perpetrated some form violence against their intimate partner at least once in their lifetime. A third of women and 40% confirm that perpetrated some of violence in their lifetime. Only one percent of women and 4% of men disclosed that they raped someone who was not their partner at some point in their lives.

Intimate Partner Violence (IPV)

The term "intimate partner violence" describes physical, sexual, or psychological harm by a current or former partner or spouse. This section includes both spouses and dating partners, in current and former relationships, in the definition of intimate partner violence. Currently or previously-partnered women and men were asked a series of questions about whether they had ever experienced specific violent acts and if so, whether this had happened in the 12 months preceding the survey. There are four main types of intimate partner violence (Saltzman et al. 2002). This study focused on certain acts of abuse which are categorized below.

Emotional IPV

Researchers assessed emotional IPV using six questions that asked about a series of different acts classed as controlling, frightening, and intimidating, or those that undermined the participant's self-esteem. Researchers asked participants if a partner

had ever insulted them or made them feel bad; belittled or humiliated them in front of other people; threatened to hurt them; stopped them from seeing friends; done things to scare or intimidate them; or boasted about or brought home girl/boyfriends. Researchers asked them if they in turn had done any of these things to their partners.

Economic IPV

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

Physical IPV

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

Sexual IPV

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

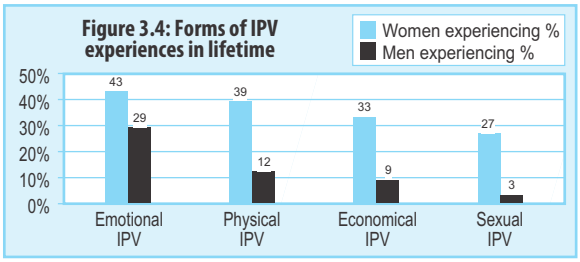


Figure 3.4 shows that most commonly experienced form of IPV is emotional IPV followed by physical then economic and sexual IPV. 43% of women and 29% of men experienced emotional IPV in their lifetime. More than third of women (39%) and about a tenth (12%) of men experienced physical IPV. About a third (33%) of women and 9% of men experienced economic IPV. 27% of women experienced and 3% of men experienced sexual IPV.

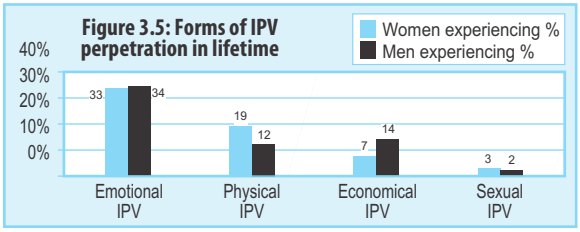


Figure 3.5 shows that the predominant form of IPV perpetrated by both women and men is emotional IPV, with 33% of women and 34% perpetrating it in their lifetime. More women (19%) than men (12%) perpetrated physical IPV. More men (14%) compared to women (7%) perpetrated economic IPV. Almost equal proportions of women (3%) and 2% of men perpetrated sexual IPV.

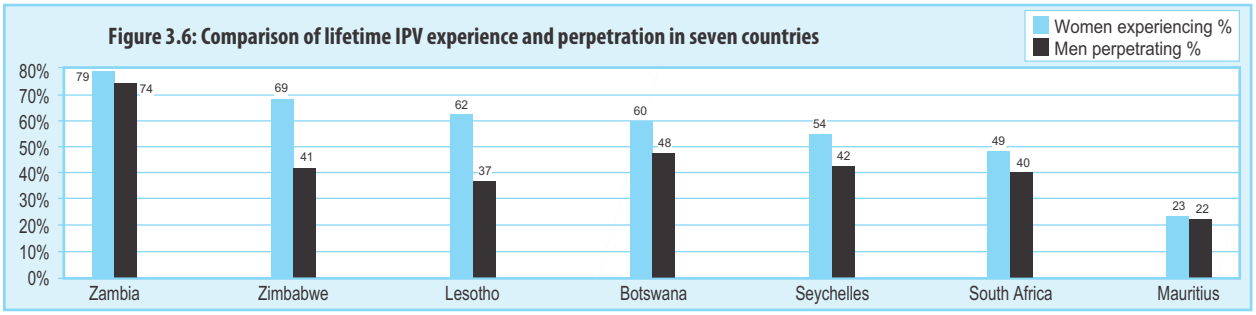
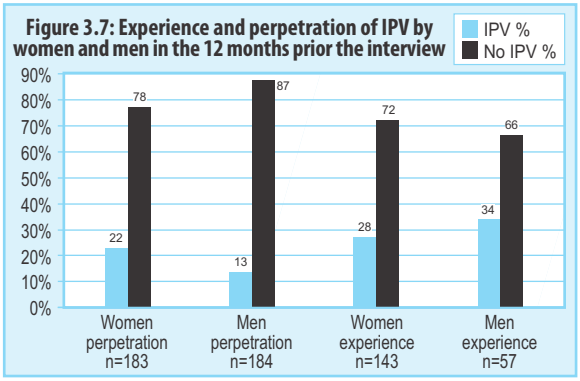


Figure 3.6 compares the IPV prevalence experienced and perpetrated in seven countries where GL conducted GBV Baseline research. Zambia has the highest experience prevalence rates at 79%, followed by Zimbabwe (69%), Lesotho (62%), Botswana (60%), Seychelles at 54%, four provinces in South Africa (49%) and Mauritius (23%). Similarly, in terms of perpetration, at 74% Zambia records the highest followed by Botswana (48%), Seychelles (42%), Zimbabwe (41%), South Africa (40%), Lesotho (37%) and Mauritius at 22%.[8] Of the seven countries that have undertaken this study, Seychelles recorded the fifth highest experience rate and third highest perpetration rate of IPV.

Past six months violence

Women and men were asked about their experience of various forms of violence in the past year prior to the interview. The following figures show the participants responses.

Figure 3.7: Experience and perpetration of IPV by women and men in the 12 months prior the interview

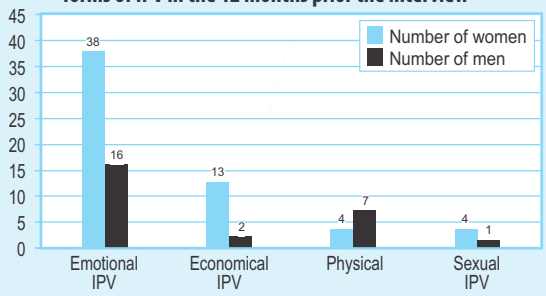


The figure shows that of the 183 women who responded to the questions on perpetration 22% perpetrated some form of abuse against their partner in the past 12 months prior the interview. On the other hand, of the 184 men who responded to the questions 13% of men confirmed that they had perpetrated violence against their partners.

Regarding experience of IPV, 143 women responded to the questions and of these 28% had experienced some form of IPV 12 months prior the interview. Only 57 men answered the questions on experience of IPV and 34% experienced violence 12 months prior the interview. It is apparent that more women perpetrated violence compared to men. What this could imply is that in the past 12 months women were more violent than men or it could mean that men were not willing to disclose perpetration as much as women. The same could be said for experience of violence were only 57 of men responded about perpetrating violence in the last 12 months prior the interview.

The following figures show the number of women and men experiencing and perpetrating the different forms of IPV. For this part the researchers decided to present absolute numbers as the proportions were distorted by large volumes of missing data.

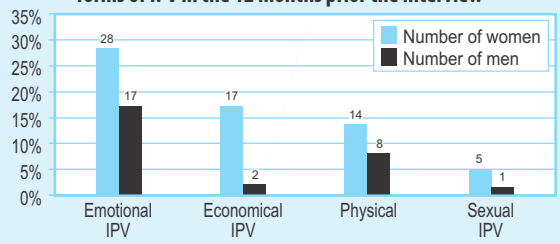
Figure 3.8: Number of women and men perpetrating different forms of IPV in the 12 months prior the interview



The figure shows that 38 women and 16 men perpetrated emotional IPV in 12 months prior the interview. Thirteen women and 2 men perpetrated economic IPV. Four women and seven men physically abused their partners. Four women and only one man sexually abused their partner in the past year before the interview. Interesting in these findings is that in all the four types of IPV (expect physical) more women compared to men perpetrated violence against their partners. Again these findings can point to the increased vulnerability of men in the Seychellois community or they can point to the culture of silence. The following figure presents findings on the experience of violence by women and men.

[8] The same study was undertaken at national level in Zimbabwe, Botswana, Mauritius, Lesotho and Seychelles. In Zambia and South Africa only selected areas and provinces were included in the study.

Figure 3.9: Number of women and men experiencing different forms of IPV in the 12 months prior the interview



The figure shows that 28 women and 17 men experienced emotional IPV in 12 months prior the interview. 17 women and 2 men experienced economic IPV. 14 women and eight men were physically abused by their partner. Five women and only one man were sexually abused in the past year before the interview. Just as was seen for the perpetration figures more women compared to men experienced the various forms IPV 12 months prior the interview.

Abuse in pregnancy

Abuse in pregnancy is a wide reaching problem affecting women everywhere. It is associated with adverse new born outcomes, including low birth weight and preterm birth. Many mechanisms for how IPV may impact birth outcomes have been proposed and include direct health, mental health, and behavioural effects, which all may interact.[9]

Figure 3.10: Proportions of women experiencing IPV in pregnancy

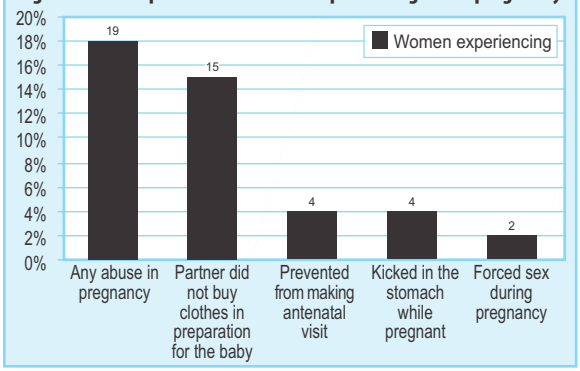
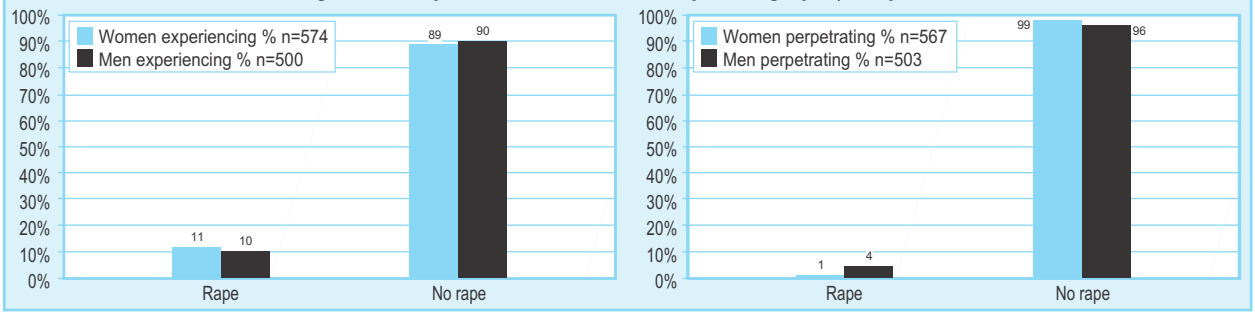


Figure 3.10 shows that 19% of women who had ever been pregnant experienced abuse during pregnancy. Researchers found that economic abuse during pregnancy is the most common form: 15% of women experienced this. This is followed by physical abuse and emotional abuse (4%) where the women were denied antenatal visits in the latter. Sexual abuse was the least reported with only two percent of women reporting.

Rape by non-partner in lifetime

Both women and men were asked if they were forced or persuaded to have sex when they were not willing by someone who was not their partner. They were also asked if they were forced to have sex when they were drunk. To assess perpetration the participants were asked if they had done any of the above mentioned acts.

Figure 3.11: Proportions of women and men experiencing rape by non-partner



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

Figure 3.11 show that almost equal proportions of women (11%) and men (10%) experienced rape by someone who was not their partner at least once in their lifetime. The rates are relatively high especially considering that Seychelles has a small population. On the other hand only one percent of women and 4% of men confirmed that they perpetrated non-partner rape at least once in their lifetime.

Figure 3.12: Comparison of the lifetime experience of non-partner rape in seven countries

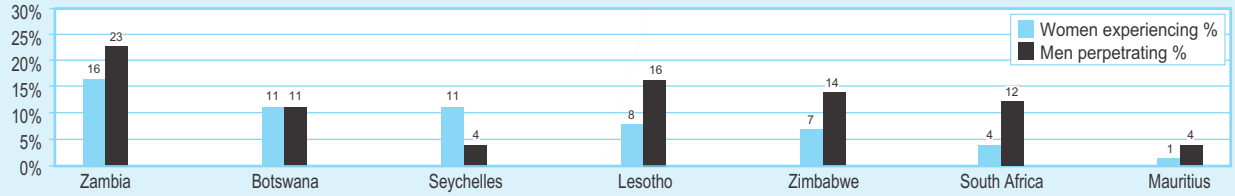


Figure 3.12 shows that Zambia recorded the highest number of both experience and perpetration rates of non-partner rape when compared with the other SADC countries in which GL conducted the GBV study. In terms of experience, Botswana (11%) and Seychelles (11%) had the second highest proportion of rape, followed by Lesotho (8%), Zimbabwe (7%) four provinces of South Africa (4%) and Mauritius (1%). Lesotho (16%) had the second highest recorded perpetration after Zambia (22%). Lesotho was followed by Zimbabwe (14%), South Africa (12%) and lastly Seychelles and Mauritius at 4%. Common to all the settings except Botswana and Seychelles, researchers found perpetration rates higher than experience rates.

Table 3.2: Number of women and men experiencing rape by a non-partner in the 12 months prior the interview

Experience	Number of women	Number of men
Attempted rape	10	3
Rape	3	2

In the past 12 month prior the interview ten women and three men experienced attempted rape by someone who was not their partner. During the same period three women and two men were actually raped.

Table 3.3: Number of women and men perpetrating rape to a non-partner in the 12 months prior the interview

Perpetration	Number of women	Number of men
Attempted rape	0	1
Rape	0	2

Table 3.3 shows that none of the women who participated in the interview perpetrated rape to a non-partner. On the other hand, only one man attempted rape and two actually raped a woman that was not their partner in the 12 months before the interview.

According to the most recent Crime and Justice Report by NBS, there has been a decrease in the number of sexual offences reported by Seychelles police as shown in the table below.

Table 3.4: Sexual offences cases reported at the police (2015/Q2-2016/Q2)

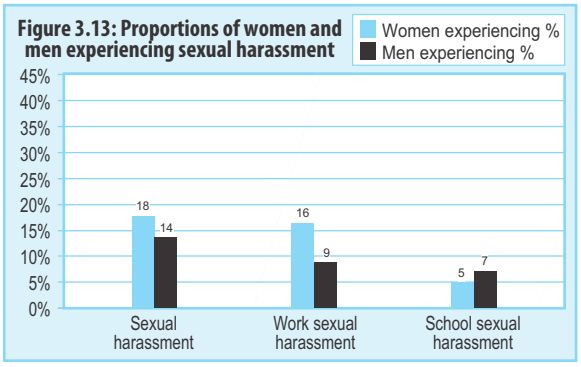
	2015/Q2	2015/Q3	2015/Q4	2016/Q1	2016/Q2	Total
Sexual offences	41	42	27	27	27	164

Source: National Bureau of Statistics Seychelles 2016.

According to the table in total 164 sexual offences cases were reported at the police from Quarter 2 of 2015 to Quarter 2 of 2016. In Quarter 2 of 2015 41 cases of sexual offences were recorded. During Quarter 3 the number slightly increased to 42 and Quarter 4 saw a sharp decrease to 27 cases which have remained constant up until Quarter 2 of 2016. While this may be an indicator that sexual offences crimes are waning, it can equally be an indicator of underreporting thus more research is needed to understand this observation.

However, having one category of sexual offences masks the various forms and patterns of sexual crimes. For example sexual offences in this context can include sexual IPV, sexual harassment, rape or attempted rape by a stranger. Hence putting them all in one box makes it difficult to fully comprehend the various forms of sexual abuses.

Sexual harassment



The figure illustrates that 18% of the women and 14% men had experienced some form of sexual harassment in their lifetime. Sixteen percent of women and 9% of men experienced sexual harassment at work. About 5% of women and 7% of men experienced sexual harassment at school. These findings show that GBV is ubiquitous, even in the public sphere both women and men are not safe, more so the former.

Violence within LGBT relationships

Extent of Intimate partner violence among women and men in same sex relationships in Seychelles

Women and men were asked whether or not they were in same sex relationships. Twenty two women and 11 men confirmed that they were in same sex relationships. The graphs below analyse the extent of intimate partner violence among these women and men.

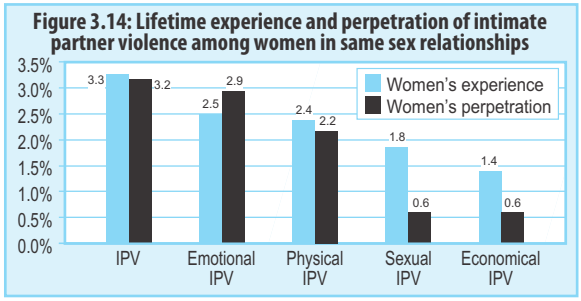


Figure 3.14 shows almost equal proportions of perpetration and experience prevalence of any form of IPV for women in same sex relationships in the Seychelles. Despite the low figures shown, the levels of the different forms of IPV are more or less similar to the general pattern reported earlier in this report. Nine (2.5%) women reported experiencing emotional IPV and nine as well (2.4%) reported physical IPV. Sexual IPV was reported by 6 (1.8%) women while 5 (1.4%) women reported economic IPV. In regards to perpetration 3% of women perpetrated emotional IPV, 11 (2.2%) women perpetrated physical IPV. Equal proportions of women (0.6%) perpetrated sexual and economic IPV at least once in their lifetime.

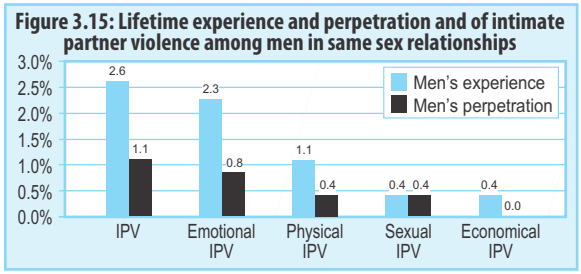


Figure 3.15 shows a higher proportion of experience than perpetration of any form of IPV among men in same sex relationships. Six men (2.3%) experienced while (0.8%) perpetrated emotional IPV. Three (1.1%) men experienced and only one (0.4%) man perpetrated physical IPV. Again, only one man reported experiencing and one man perpetrated sexual IPV. For economic IPV one man (0.4%) experienced and there was no one who reported perpetrating it. It is apparent that perpetration rates of any form of IPV were generally low and almost non-existent for economic IPV among men.

Women and men in same sex relationships experience intimate partner violence like their counterparts in heterogeneous relationships. Emotional violence is the highest form of IPV experienced by both women and men in same sex relationships. It is apparent that both heterogeneous and homogeneous partners experience and perpetrate more or less similar forms of intimate partner violence.

LGBT rights in the Seychelles

Out of the 55 countries in Africa, 34 of them outlaw LGBT rights and 22 countries have legislation that recognize LGBT rights. Seychelles, is the third African country in recent years that has decriminalized homosexuality. The repeal of the anti-LGBT was approved in an open vote of the National Assembly in May 2016. The table below analyses the extent to which the LGBT rights apply in Seychelles.

Table 3.5: LGBT rights in the Seychelles

Same-sex sexual activity	Recognition of same-sex unions	Same-sex marriage	Right to change legal gender	Adoption by same-sex couples	LGBT Discrimination Seychelles	LGBT allowed to serve openly in military	Equal age of Consent
Legal since 2016 + UN decl. sign.	Not legal	Not legal	Legal, surgery not allowed	Illegal	Illegal in some contexts	Legal	Equal

Adopted from Equaldex: LGBT Rights in Seychelles.[10]

Conclusion

This chapter established high levels of GBV in Seychelles particularly as evidenced by the life-time rates. The general finding was that greater proportions of women than men experienced different forms of violence in lifetime and twelve month prior the interview. On the contrary higher proportions of men disclosed perpetration in lifetime but in the past 12 months fewer men compared to women disclosed perpetration. Of the seven countries studied for GBV, Seychelles was fifth in IPV experience rates and third in rape by non-partner. The low levels reported in past 12 months could be an indicator of the culture of silence. While this study established that most violence occurs within the domestic sphere, it is also apparent that workplaces and schools remain unsafe. Equally important is violence among homosexual partners. The study established that women and men in same sex relationships experience intimate partner violence like their counterparts in heterogeneous relationships

[10] http://www.equaldex.com/region/seychelles

CHAPTER 4
PATTERNS AND DRIVERS OF GBV



The education system plays an important role in preventing child abuse. *Photo gallery of the General Education Quality Analysis Framework (GEQAF) workshop in Seychelles*

Key facts

- There was no significant association between IPV experience and all the three demographic factors; education, employment status and age (except in men where age was significant).
- On the other hand age and education were significantly associated with IPV perpetration.
- 78% of women and 79% of men who participated in the study confirmed that they had experienced some form of abuse before they reached 18 years.
- The findings show that there is a link between child abuse and IPV with higher proportions of both women and men who experienced child abuse reporting higher prevalence of both experience and perpetration of IPV.
- There was a significant association between alcohol consumption and IPV perpetration.
- Both women (34%) and men (29%) who consumed alcohol in the past year were most likely to experience IPV, although in the former the association was not statistically significant.
- Equal proportions (89%) of men and women affirm that people should be treated the same whether they are male or female. However, 79% of men compared and 54% women believe that a woman should obey her husband.
- There was a significant association between attitudes towards gender equity and IPV perpetration in women only and not in men.



Esther's* "I" Story

"From the early age of two, my parents separated and by the age of three I was living with my extended families from both my mother and father. Not long after both my mum and dad had met other people and started new families. I was left to live in four different houses alternating between my maternal and paternal grandparents and my parents. All this happened at Anse Aux Pins , a district in the South East of Mahe, where I still reside to this day.

"Something that scares me even today is how I never seem to belong anywhere, it was very hard trying to fit in the different homes I shifted to and everything that I did was never good enough. My stepmother didn't like me nor did my stepdad. When I would want to play with my baby brother, he would always complain that I was filthy and that I shouldn't touch the baby or his toys and sadly my mother would side with him.

"From all of this, something which is marked on my heart was the level of violence in my mother's relationship, and all this happened in the house my mother shared with my stepfather. Often they would have huge fights with physical violence and swearing, sometimes I was targeted when I tried to help my mother, one time my stepdad turned against me and I had to run down a deserted road and hide beneath a bridge, this was at night and I can still remember how it felt like my heart was beating in my throat. A few times I remember that both me and my mum, had to sleep outside because he chased us out and locked us out and my mum was too scared to go back in or even try to go back in.

"The lifestyle continued until I was 15, they had a big fight that I thought my mum would be killed, the fight was so bad that in the early hours of the morning at around 2 am, I ran all the way to my grandma's. This traumatised me to such an extent that for months I slept under my bed for I was too scared and, to date, I still have nightmares.

"This affected me a lot as a teenager I was always angry, bitter, I was very rough and I would fight with the boys at school.

"At that point I started smoking cigarettes at the age of 15 and I lost my virginity. I so desperately wanted someone to love me, hug me and appreciate me. At 16 years I met a guy who was 5 year older than me we had a relationship for 9 years, still I was so insecure that I would constantly ask him if he loved me as a way of seeking his attention. But still emotionally I am a mess. I vowed never to have a stepfather for my child but alas it wasn't meant to be. Even though I have left my partner of 9 years, I appreciate that he, as my first boyfriend, was not abusive neither verbally nor physically. Hence providing me some solace, something I desperately needed ever since I was a toddler."

The "I" story shows the various forms of child abuse that is not dealt with can can have long term effects. Gender based violence is based on gender roles and norms that are rooted in unequal power relationships between men and women; thus, women are more commonly affected.[11] This report focuses on two types of GBV that have been identified by many scholars including the WHO as the most dominant types of abuse around the world as well as the least reported. IPV in most cases happens behind closed doors thus making it difficult to be noticed. Sexual abuse on the other hand is least reported due to the stigma and shame associated with being a victim of this crime. In many settings sexual harassment is trivialised and thus unrecognised as a crime.[12] This report also recognises that victims may be women, girls, men or boys.

For the past two decades there has been an increased interest in understanding the causes of GBV.[13] How-

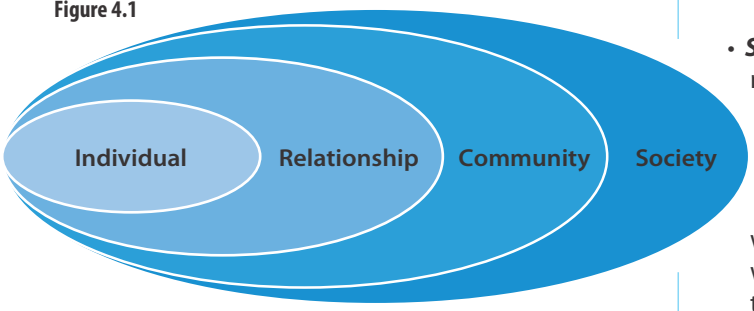
[11] World bank Willman and Corman. (2013). Sexual and GBV: what is world bank doing and what have we learnt?
[12] Zambia report Musariri and Chiramba Dimensions of GBV in selected parts of Zambia (unpublished).
[13] Jewkes R, Penn-Kekana L, Levin J. Risk factors for domestic violence: findings from a South African cross-sectional study. Soc Sci Med.

ever this has been hampered by several factors including lack of data, inadequate research designs to comprehensively unpack the intricacies of this phenomenon. Also quite a significant hindrance to obtaining data is the culture of silence among the survivors of violence. To date many scholars and programme practitioners have employed Heise's (1998) ecological framework in the effort to understand the causes of GBV. Thus this chapter sets out to identify some of the factors associated with both experience and perpetration of IPV and non-partner rape by women and men using the ecological framework.

Conceptual framework

It is widely understood that GBV - be it in the form of isolated acts or systematic patterns of violence - is not caused by any single factor. Rather, it is a combination of several factors that increase the risk of a man committing violence and the risk of a woman experiencing violence.[14]

Figure 4.1



Source: Heise, 1998 *© UNFPA and WAVE 2014*

The ecological framework developed by Heise distinguishes risk factors at four levels: the individual, the relationship, the community and the structural level (Heise 1998, cited in WHO 2005). These factors are associated with an increased likelihood that an individual will become a victim or a perpetrator of violence. This model offers a comprehensive framework for understanding the risk factors of GBV and their interplay, and may therefore be used as a guide for designing interventions in the fields of prevention and response (WHO/LSHTM 2010).

- ***Individual-level factors*** are biological and personal history factors that increase the risk of violence.
- ***Relationship-level factors*** contribute to the risk of GBV at the level of relationships with peers, intimate partners and family members. For instance, men having multiple partners are more likely to perpetrate intimate partner violence or sexual violence.
- ***Community-level factors*** refer to the extent of tolerance towards GBV in contexts at which social relationships are embedded, such as schools, workplace or the neighbourhood. Research found that societies that had community sanctions against violence, including moral pressure for neighbours to intervene, in place and where women had access to shelter or family support had the lowest levels of intimate partner and sexual violence.
- ***Society-level factors*** include the cultural and social norms that shape gender roles and the unequal distribution of power between women and men. Intimate partner violence occurs more often in societies where men have economic and decision-making powers in the household and where women do not have easy access to divorce and where adults routinely resort to violence to resolve their conflicts.[15]

This chapter focuses on some pertinent factors that are related to both perpetration and victimisation - such as exposure to child abuse, witnessing domestic violence, attitudes that condone violence, and the harmful use of alcohol and drugs as identified WHO and LSHTM (2010c). To identify associations the researchers used the chi square and fishers exact tests.

[14] http://www.health-genderviolence.org/guidance-for-health-care-professionals-in-strengthening-health-system-responses-to-gender-based-vi-0
[15] WHO and LSHTM. Preventing intimate partner and sexual violence against women: Taking action and generating evidence. Geneva, Switzerland: World Health Organization; 2010b.

Table 4.1: Experience and perpetration of IPV				
	Experience		Perpetration	
	Women Observation (%)	Men Observation (%)	Women Observation (%)	Men Observation (%)
Yes	242 (54%)	155 (35%)	182 (39%)	188 (42%)
No	202 (46%)	306 (65%)	250 (60%)	279 (58%)

As highlighted in the previous chapter the high levels of IPV experienced and perpetrated by both women and men underscore the need to investigate the drivers of violence.

Individual level socio-demographic factors

The study explored how age, educational level employment status, child abuse and alcohol abuse influence the risk of experiencing and perpetrating IPV. The ecological model sees these as individual level factors.

Table 4.2: Socio-demographic factors associated with experience and perpetration of IPV								
Factors	Ever in lifetime IPV Experience				Ever in lifetime IPV Perpetration			
	% F n=444	P value	% M n=460	P value	% F n=432	P value	% F n=466	P value
Age								
18-29	10	0.106	10	0.007	11	0.000	12	0.0003
30-44	19		12		14		14	
45+	25		13		15		16	
Level of education								
No schooling-primary	9	0.481	4	0.090	3	0.001	5	0.030
Secondary incomplete/complete	20		11		13		13	
Post- secondary/ tertiary	25		20		23		24	
Worked in past 12 months								
No	12	0.393	6	0.494	7	0.070	7	0.234
Yes	42		29		33		36	

% F= Percentage of women % M= Percentage of men P value=statistical significance test

Age

Table 4.2 shows that the difference in the proportion of IPV survivors by age was statistically significant in men (p=0.007) with the proportions increasing with age but not in women (p=0.106). This finding is not peculiar to this study alone. Several studies have also shown the insignificance of age in regards to experience of violence (Jewkes 2002). On the other hand for perpetration age was highly significant in both women and (p<0.05). In both scenarios the proportions of IPV perpetrators increased with age.

Education level

Although in both women and men proportions of IPV survivors tended to increase with increase in education, there was no statistical significance ($p>0.05$) between the two variables. This shows the complexity of GBV. The insignificance observed in this study seems to contradict the assertion by some scholars that the higher the education level, the less likely one is to experience IPV.

> "Education is believed to confer social empowerment via social networks, self-confidence, and an ability to use information and resources available in society..."

Education was significantly associated with IPV perpetration in both women and men. Again the proportions of perpetrators increased with the increase in education. This could be explained by the fact that there were few people who were in the first category (no schooling or primary level). In several studies, high educational attainment of women and men was associated with low levels of violence. Education is believed to confer social empowerment via social networks, self-confidence, and an ability to use information and resources available in society, and may also translate into wealth[16] which in turn may result in non-violent behaviours.

Employment status

For both women and men, employment status was statistically insignificant ($p>0.05$) although in both populations those who had more of those who worked in the past year reported violence compared to those who did not work. Just like in lifetime experience there was no significant association between employment status and perpetration of IPV ($p>0.05$).

It is interesting to note that there was no significant association between IPV experience and all the three demographic factors; education, employment status and age (except in men where age was significant). While on the other hand age and education were significantly associated with IPV perpetration. What could be drawn from this analyses is that IPV experience knows no age, education or employment status. Whether one is educated or not, young or old, employed or unemployed they are still at risk of experiencing violence.

Table 4.3: Experience and perpetration of rape by a non-partner

	Experience		Perpetration	
	Women Observation (%)	Men Observation (%)	Women Observation (%)	Men Observation (%)
Yes	63 (11%)	44 (10%)	5 (1%)	20 (4%)
No	511 (89%)	456 (90%)	562 (99%)	483 (96%)

It is evident from the table that both women and men experienced and perpetrated rape to someone who was not their partner. To test the associations between the non-partner rape and other independent variables the researchers used chi-squared tests and fisher's exact test where the values were too small. However since perpetration rates were too low especially in women they were excluded from this analyses.

[16] Jewkes R, Penn-Kekana L, Levin J. Risk factors for domestic violence: findings from a South African cross-sectional study. Soc Sci Med.

Table 4.4: Socio-demographic factors associated with experience of Non-Partner Rape				
Factors	**Ever in lifetime rape experience**			
	% F n=432	**P value**	**% M** n=466	**P value**
Age				
18-29	16 (3%)	0.921	16 (4%)	0.042
30-44	19 (3%)		13 (3%)	
45+	28 (5%)		15 (3%)	
Level of education				
No schooling-primary	12 (2%)	0.577	7 (2%)	0.702
Secondary incomplete/complete	22 (4%)		18 (4%)	
Post- secondary/ tertiary	29 (5%)		19 (4%)	
Worked in past 12 months			N=500	
No	19 (4%)	0.172	14 (3%)	0.277
Yes	44 (7%)		30 (8%)	

% F= Percentage of women % M= Percentage of men P value=statistical significance test

Age

Table 4.1 shows that the difference in the proportion of rape survivors by age was statistically significant in men (p=0.042). The researchers also ran logistics regression test to further test this association and obtained the confidence interval (0.2-0.8) to confirm the significance of this association.

Education level

Education was insignificantly associated with rape in both women and men.

Employment status

Employment status just like education was statistically insignificant (p>0.05). Researchers could not find any association in both female and male populations.

Child abuse

Research on child abuse show that sexual violence is highly prevalent for both girls and boys. Rates of victimization from a series of National Violence against Children Surveys estimate that, among women 18-24 years old, 38% in Swaziland, 27% in Tanzania and 32% in Zimbabwe had experienced sexual violence before they were 18 years old.[17] Among men, about 1 in 9 in Tanzania and 1 in 10 in Zimbabwe had similar experiences.[18] According to Seychelles Human Rights Report of 2013 despite the fact that the law prohibits physical abuse of children, child abuse was a problem during the period covered by the report.[19]

In this study participants were asked several questions regarding their childhood experiences of different types of abuse. Although the results cannot be taken as an indicator of the current prevalence of child abuse in Seychelles they do provide an insight on the general cumulative levels. The questions asked included:

Child physical abuse: Questions were asked about being physically punished at school by a teacher or being beaten at home with a belt or stick or whip or something else which was hard that a mark or bruise was left.

[17] World bank Willman and Corman. (2013). Sexual and GBV: what is world bank doing and what have we learnt?
[18] Together for girls 2012 as cited in the World Bank.
[19] Country Reports on Human Rights Practices for 20132014 United States Department of State o Bureau of Democracy, Human Rights and Labor.

Child neglect: Questions touched on having enough to eat while growing up and if the participant lived in different households at different times before reaching 18 years. The other question was if at some point the parents were too drunk to take care of participant in childhood and if the participant spent time outside the home and none of the adults at home knew where she/he was.

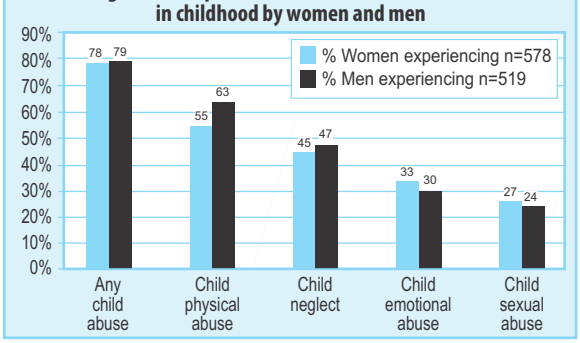
Child emotional abuse: Several questions were asked if the participant experienced any of these before reaching 18 years, insulted or humiliated in front of other people, being told they were lazy or stupid or weak by someone in the family

Witnessing domestic violence: Two questions were asked if the participant saw or heard their parent or guardian being beaten by their partner or another family member.

Child sexual abuse: Participants were asked if before they reached 18 someone forcible touched their buttocks or genitals or if they had sex with someone because of fear or were forced.

The graph below shows the responses to these questions.

Figure 4.2: Experience of various forms of abuse in childhood by women and men



The figure shows that 78% of women and 79% of men who participated in the study confirmed that they had experienced some form of abuse before they reached 18 years. Physical abuse the common form of abuse experienced by men at 63% and women at 55%, followed by child neglect (47% men and 45% women), child emotional abuse (33% of women and 30% of men) and lastly child sexual abuse (27% of women and 24% of men). More men than women experienced physical abuse and neglect in childhood while more women than men experienced emotional abuse and sexual abuse in childhood. Studies by GL in six other SADC countries show similar findings that both women and men who were interviewed experienced different forms of child abuse before they reached 18. Interesting in all the findings is the fact that both women and men admit that they experienced child abuse. In other scenarios more men than women experienced child abuse as was noted in the case of Limpopo GBV Study by Gender Links (2013).[20]

A common trend across different settings is that rehabilitation programmes focus more on girls than boys and in some cases they even exclude the boys. The Seychelles Human Rights Report of 2014 also alludes to this in the following statement:

> *"The law prohibits the procurement or detainment of any girl against her will with the intent to engage in sexual conduct or for the purposes of prostitution. The law does not protect boys from commercial sexual exploitation to the same extent as girls."*[21]

This shows how at times stereotypical notions on gender particularly feminisation of vulnerability influence programmes and policies leaving out boys and men.[22] The table below shows the associations between experiencing any form of child abuse in childhood and experience/perpetration of IPV in both women and men.

[20] Musariri et al Limpopo GBV Study, 2013.
[21] Country Reports on Human Rights Practices for 2013 United States Department of State o Bureau of Democracy, Human Rights and Labor.
[22] Gilson 2016 Vulnerability and Victimization: Rethinking Key Concepts in Feminist Discourses on Sexual Violence Jewkes Intimate partner violence: causes and prevention.

Table 4.5: Child abuse and IPV experience and perpetration				
	Ever IPV in lifetime		Non-partner rape	
	% women experiencing n=444	P value	% men experiencing n=460	P value
Any child abuse				
No	9	0.003	3	0.000
Yes	45		32	
	% women experiencing n=444	P value	% men experiencing n=460	P value
Any child abuse				
No	5	0.000	5	0.002
Yes	35		36	

The table illustrates that experiencing child abuse is significantly associated with both experiencing and perpetrating IPV in both women and men ($p<0.05$). A higher proportion (45%) of women who suffered abuse as children than those who did not (9%) admitted that they had experienced IPV. Similarly a higher proportion (32%) of men who suffered abuse in childhood compared to those who did not (3%) experienced IPV. Again there was a statistically significant association between experiencing child abuse and perpetrating IPV in a lifetime ($p<0.05$). A higher proportion (35%) of women who suffered abuse as children than those who did not (5%) admitted that they had perpetrated IPV. Also, a higher proportion (36%) of men who suffered abuse in childhood than those who did not (5%) perpetrated IPV. These findings show that there is a link between child abuse and experience/perpetration of IPV. Experiences or witnessing of violence in the home in childhood teach children that violence is normal. Thus programmes need to engage both boys and girls to address gender issues. The findings also underscore the importance of targeting families in response to GBV with the aim of preventing the scourge.

Alcohol consumption

Studies throughout the world have shown that alcohol consumption exacerbates the perpetration of GBV (Abramsky et al. 2011). Although biological links between alcohol and violence are complex, it is thought to reduce inhibitions, cloud judgment, and impair ability to interpret social cues[23] and consequently may trigger violence. According to Freeman and Parry (2006) studies linking alcohol consumption and IPV have found that 45% of men and 20% of women were drinking during episodes of IPV.[24] According to the Concept note drafted but Sonke and Men Engage, excessive alcohol consumption is often associated with masculinity and male camaraderie, where men are encouraged - even expected - to drink excessively in order to satisfy male gendered expectations.[25]

> *"Domestic violence happens when men drink baka (a cheap local brew) as well as whisky," says Jean Claude Matombe, communications officer with the National Council for Children, which has run media campaigns against child abuse.*[26]

[23] Jewkes Intimate partner violence: causes and prevention.
[24] Freeman, M. And Parry, C. (2006) Alcohol Use Literature Review, Johannesburg: Soul City.
[25] CONCEPT NOTE & LITERATURE REVIEW Masculinities, Alcohol and Gender-Based Violence: Bridging the Gaps.
[26] IPS news 2008 http://www.africafiles.org/article.asp?ID=18420

This study examined the links between alcohol and GBV. Questions relating to alcohol included whether the respondent had consumed alcohol in the 12 months prior to the survey. If yes, then how often. Researchers also asked participants whether they had taken cannabis or marijuana in the 12 months before the interview.

Table 4.6: Alcohol consumption patterns by women and men

	% women	% men
Have you consumed alcohol in past 12 months	N=578	N=503
No	37	27
Yes	63	73
How often do you take a drink containing alcohol	N=363	N=352
Monthly or less	62	36
2-4 times a month	23	24
2-4 times a week	11	23
4+ times a week	4	16
More than five drinks on one occasion	N=340	N=352
Never	18	11
Less than monthly	44	36
Monthly	27	22
Weekly	8	24
Daily or almost daily	1	7
Cannabis and marijuana use in the last 12 months	N=569	N=494
Never	96	80
Once	2	7
Twice	0.2	2
Three or more times	1.3	11

Table 4.6 shows that 73% of men and 63% of women consumed alcohol in the 12-month period prior to the survey. Meanwhile, 16% of male drinkers and 4% of female drinkers take an alcoholic drink more than four times a week, and 7% of the men consumed more than five alcoholic drinks on a daily basis while only 1% women did the same. 20% of men and less than 4% of women took cannabis or marijuana at least once in the 12 months prior the interview. It can be argued that alcohol and drug consumption in Seychelles is relatively high compared to the other settings where the same study was undertaken.

The study also examined the associations between alcohol consumption and experience/perpetration of violence. The tables below show the results from these tests.



Table 4.7: Association between alcohol consumption and IPV perpetration		
	% women IPV perpetrators n=431	P value
Alcohol consumption past 12 months		
Drank alcohol	30	0.000
Did not drink alcohol	10	
	% men IPV perpetrators n=462	P value
Drank alcohol	33	0.002
Did not drink alcohol	9	

Table 4.7 shows a significant association between alcohol consumption and IPV perpetration. A third of women who consumed alcohol, compared to 10% of women who did not, committed IPV. Similarly 33% of men who consumed alcohol, compared to 9% of men who did not, committed IPV. The findings from this study tally with findings in other settings, underscoring the need to consider alcohol consumption in GBV prevention interventions.

Table 4.8: Association between alcohol consumption and IPV experience		
	% women IPV survivors n=441	P value
Alcohol consumption past 12 months		
Drank alcohol	34	0.584
Did not drink alcohol	20	
	% men IPV survivors n=459	P value
Drank alcohol	29	0.003
Did not drink alcohol	6	

Table 4.8 shows that research found both women (34%) and men (29%) who consumed alcohol in the past year were most likely to experience IPV, although in the former the association was not statistically significant (p>0.05). The association was highly significant in men (p=003). The insignificant association in women may imply that whether a woman had drunk alcohol or not they still experienced IPV while for men the likelihood of experiencing IPV was higher in those who drank alcohol. However as explained in the methodology section given that this is cross-sectional study one cannot be sure which influences the other, it could be experience of IPV leads to drinking alcohol.

Annette* is a small, lively woman in her early sixties. Married to an abusive husband - who once threw boiling water on her, landing her in hospital - she was not repeating the story with her alcoholic and drug-addicted son. Just as her husband was growing older and calmer, her son was getting increasingly violent. So Annette reported the son's abuse to the Family Tribunal. He ignored its repeated warnings and was eventually charged with assault and sent to jail for two years. Some neighbours criticised her, but the mother did not budge. "It is not right for a son to abuse his mother, and I had had enough with the father" she told IPS.

Written by Mercedes Sayagues, Victoria for IPS News 3 July 2008
http://www.africafiles.org/article.asp?ID=18420

The Seychelles Drug and Alcohol Council acknowledges that excessive consumption of alcohol has been associated with negative social impacts, such as violent crimes, including GBV and family violence. Thus the Council came up with the National Alcohol Policy 2014 which aims to prevent and minimise alcohol-related harm to individuals, families and communities hoping to develop safer and healthy drinking cultures. While it recognises the positive role played by alcohol within the social structure such as "relaxation, socialisation and celebration", it also clearly outlines the harmful side such as intoxication and addiction problems. Thus it tries to balance between "personal freedoms... the rights and responsibilities of consumers, distributors, manufacturers and the protection of vulnerable members of the society, such as children and youth."[27] The policy targets eight priority areas which encompass production, sale, distribution, advertising of locally manufactured and imported alcohol products, as well as impact of excessive alcohol consumption on families, especially children, the workplace and society in general.

Attitudes

Negative attitudes towards gender equality usually have effects at many levels within a society. At a societal level they affect, for example, female autonomy, access to political systems, influence in the economy, and participation both public and private spheres. Such ideologies also affect laws, police, criminal justice systems, whether GBV is criminalised, and the seriousness with which complaints about abuse are treated by law enforcers.[28] The 2014 Seychelles human rights report noted that domestic violence against women was a problem. However, police rarely intervened in a domestic dispute unless it involved a weapon or major assault. Furthermore authorities often dismissed the few cases that reached a prosecutor; in the cases that continued, the court generally ordered light sentences for perpetrators.[29] This kind of response from law enforcers can be as a result of the ideologies they uphold which tend to trivialise domestic violence.

To understand women and men's attitudes this study asked the participants several questions that pertain to gender equality such as roles and decision making in the household, tolerance of violence and perceptions around sexual violence. The table below shows some of the questions that were asked and the responses by women and men.

Table 4.9: Individual attitudes towards gender equity norms

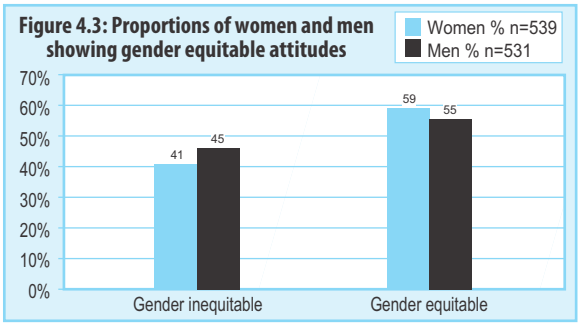
	Women agree %	Men agree %
Gender relations		
I think a woman should obey her husband	54	79
I think people should be treated the same whether they are male or female	89	89
I think a man should have the final say in all family matters	22	35
I think a woman needs her husband's permission to do paid work	19	23
I think that there is nothing a woman can do if her husband wants to have girlfriends	5	8
I think if a man beats his wife it shows he loves her	2	6

[27] Drug And Alcohol Council, June 2014.The Seychelles National Alcohol Policy 2014 http://www.aho.afro.who.int/networks/sites/default/files/national_alcohol_policy_2014.pdf
[28] Jewkes Intimate partner violence: causes and prevention
[29] Seychelles Human Rights Report 2014

From these figures it can be said that the Seychellois women and men are relatively progressive, especially comparing with the other six countries that undertook the same study. Equal proportions (89%) of men and women affirm that people should be treated the same whether they are male or female. However, 79% of men compared and 54% women believe that a woman should obey her husband. It is interesting to note such high proportions of both women and men affirming this while at the same time they believe in people "being treated the same". Qualitative research would be ideal to get a nuanced understanding of this incongruity. Other studies have shown that some men perhaps support gender equality as a concept, but rejecting the day-to-day implications in their own lives or relationships (Aboim 2009 et al).

Overall it is evident that the people do not tolerate violence for example only 2% of women and 6% of men believe that if a man beats his wife it shows he loves her. This shows majority abhor this act of abuse.

The study further generated gender equity scales from the responses that were given by women and men. The scales ranged from 20 to 44 in women and 17 to 44 in men. The higher the score the more gender equitable one was. In this study "Gender equitable" men and women report attitudes that support gender equality and reject strict, traditional (and unequal) gender roles and GBV.



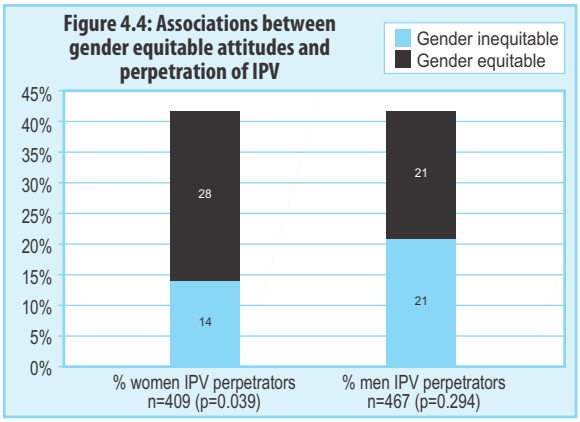
More than half of both women (59%) and men (55%) showed gender equitable attitudes. Exploring the variation in gender attitudes and understanding why some men and women are more supportive of gender equality and nonviolence is an important step toward implementing appropriate policies.[30] Equally important is understanding the association between attitudes and actual acts of violence. The study went on to test the links between gender equity attitudes and perpetration of IPV in both women and men. The table below shows the results from the analyses.

Table 4.10: Gender attitudes according to age

Factors	Equitability scale			
	Women P=0.011		Men P=0.315	
	Gender inequitable	Gender equitable	Gender inequitable	Gender equitable
Age				
18-29	37 (31%)	84 (69%)	46 (39%)	75 (61%)
30-44	63 (38%)	101 (62%)	67 (42%)	92 (58%)
45+	118 (46%)	136 (54%)	116 (47%)	132 (53%)

Table 4.10 shows the distribution of gender equitable attitudes according to age. In all age groups, the proportion of those who were gender equitable was higher than those who were not for both women and men. It was noted that gender equitable attitudes decreased with an increase in age for both sexes, however it was only statistically significant in women (p=0.01). In all age groups women expressed more equitable norms compared to their male counterparts.

[30] Levtav et al 2014 Pathways to Gender equitable Men: Findings from the International Men and Gender Equality Survey in Eight Countries.



The figure shows that there was a significant association between attitudes towards gender equity and IPV perpetration in women only and not in men. While the p value shows the statistical significance the direction is quite unexpected since a higher proportion (28%) of those who professed gender equitable attitudes perpetrated IPV compared to those who showed gender inequitable norms (14%).

Rape attitudes

The rape attitudes scale consisted of five variables that assessed the tolerance of sexual violence and victimisation of survivors. The following table shows how the Seychellois women and men perceive about rape.

Table 4.11: Individual attitudes regarding rape

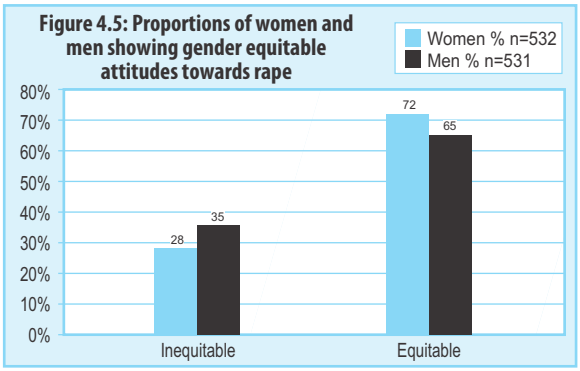
	Women agree %	Men agree %
Attitudes towards rape		
I think it is possible for a woman to be raped by her husband	50	42
I think if a woman doesn't physically fight back it is not rape	29	37
I think that in any rape case one would have to question whether the victim is promiscuous	34	36
I think if a woman is raped she is usually to blame for putting herself in that situation	11	20

The attitudes towards rape victims show some progressiveness. Only a tenth of women and 20% of men think that if a woman is raped she is usually to blame for putting herself in that situation. Half the women and 42% of men agree that it is possible for a woman to be raped by her husband.

Table 4.12: Rape attitudes according to age

Factors	Equitability scale			
	Women P=0.008		Men P=0.832	
	Gender inequitable	Gender equitable	Gender inequitable	Gender equitable
Age				
18-29	26 (22%)	94 (78%)	45 (37%)	77 (63%)
30-44	36 (23%)	123 (77%)	56 (35%)	103 (65%)
45+	87 (34%)	166 (66%)	84 (34%)	165 (48%)

According to the table in all ages the proportion of those who abhorred rape was higher than those who were not for both women and men. It was noted that positive attitudes decreased with an increase in age for in women (p=0.008). However in men the test was not statistically significant (p=0.832). In all age groups women expressed more equitable norms compared to their male counterparts.



Societal level

With the presence of largely matrifocal families in Seychelles it might be assumed that the women are automatically protected against violence. High levels of female empowerment seem to be protective against IPV, however, power can be derived from many sources such as education, income, and community roles and not all of these convey equal protection or do so in a direct manner[31] as this study established as well. Jewkes et al. (2002) found that domestic violence is strongly associated with the "status of women in a society and the normative use of violence as part of the exercise of power". This chapter did not focus on the status of women but the attitudes showed that there is a low acceptance of violence. Using data from the Zimbabwe Demographic Health Survey of 2005-06, (Nyamaye-mombe et al. 2010) looked at the relationship between GBV and women's status according to variables such as: age gap with husband/partner, education gap with husband/ partner, person who decides woman's cash earnings, and participation in household decisions. They found that these indicators were predictors of spousal violence. From these different studies it can be seen that having women in position of power does not always translate to gender equality.

Conclusion

This chapter has established the various factors associated with violence in both women and men populations and how they vary between the sexes. Key message from the findings is that the causes of violence are complex. Matrifocal family structures are generally associated with women in power. Studies have shown that women who have respect and power both inside and outside the home are less likely to be abused than those who do not. However, this study has shown the causality between power and violence is not always linear. An example increasing income for women provides greater agency and power in house-hold decision-making, but may also trigger resentment if they are perceived as 'disempowering' to male partners. Alternately, empowering women can enable them to leave abusive relationships or challenge social norms that tolerate violence.[32] Thus factors associated with GBV vary with setting. However, key factors standing out from this study include experience of child abuse, alcohol abuse and gender attitudes. Thus in order to prevent GBV these factors need to be addressed.

31 Jewkes Intimate partner violence: causes and prevention.
32 World bank Willman and Corman. (2013). Sexual and GBV: what is world bank doing and what have we learnt?

CHAPTER 5
EFFECTS OF GBV



Presentation of Orange Day Banner to Chief Justice, Honourable Justice Mathilda Twomey. *Photo: Gender Secretariat*

Key facts

- Of the 172 women who were physically abused by their intimate partners, 46 individuals (27%) sustained injuries resulting in total of 21 individuals (46%) being bedridden.
- Approximately 18 women (39%) took days off from employment as a result of injuries sustained after physical abuse.
- Of the 155 men (35%) of men who experienced physical abuse at the hands of intimate partners, only a three men (2%) sustained injuries after the abuse and no one was bedridden.
- There was a link between having an STI and experiencing sexual IPV
- Almost a third (28%) of women and 16% of men participating in the study reported feeling depressed in the week before the survey, while 5% of women and 2% of men attempted suicide in their lifetime and 3% of women and 2% of men experienced suicidal thoughts in the month before the survey.
- However, this research found that experience of IPV in lifetime was not significantly linked with having depressive symptoms
- Both men and women expressed negative attitudes towards rape survivors: 34% of women and 36% of men agreed that in any rape case one should question whether the victim was promiscuous.



Anse Boileau's "I" Story

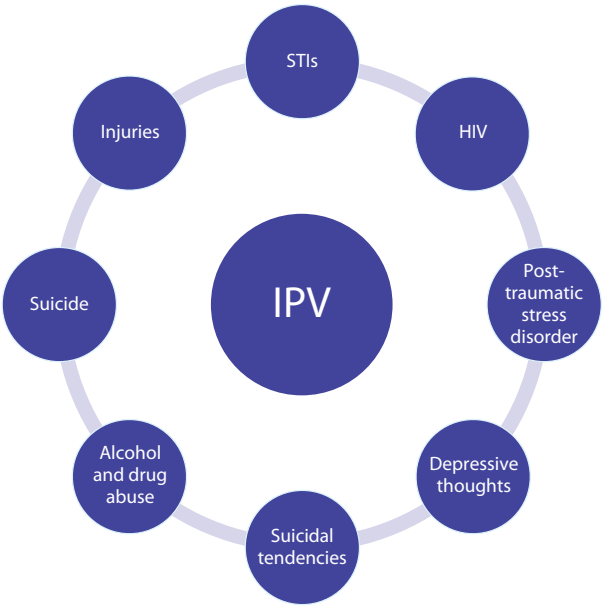
While most mothers were being pampered last Sunday, a 44 year-old woman from Anse Boileau celebrated Mother's Day in a hospital bed suffering excruciating pain after her partner had poured boiling water on her. And just next door, in the pediatric ward, the woman's daughter was also suffering from burns on her left elbow, inflicted by her father. A nurse had just given her a pain-relief injection. She looked weary from the sleepless nights, due to not being able to rest properly since the skin on both her back and chest as well as on parts of her face has been peeled off by the hot water. She was visibly in terrible pain but she says the worst part was being separated from her daughter and knowing that she was also in pain. And not being able to do anything about it.

She narrates her story;"It is not the first time that he comes home drunk and beats me. I have been a victim of domestic violence for nearly ten years but I never thought it would get this far. I never thought it would come to the point that he would also hurt our child," she said as a tear poured down her burnt cheek. She recalled that it was around 11pm and she was resting on the bed beside her daughter. "I heard the bedroom door open and by the time I turned around to look, I felt boiling water being poured over me." The first thing that came to her mind was the need to shelter her child and as she tried or shield her daughter, she was burned on the back. Despite the anguish, she managed to call the police. Fearing for her life and that of her child, she left the house carrying her daughter all the way down to the main road to seek help. She said that the police showed up around 11:45pm and that her and her daughter were taken to the Anse Boileau clinic then later transferred to Seychelles Hospital. While she was recovering, the woman received a visit from the police and the social services. That is when she learned that her partner was arrested and that her daughter would be temporarily transferred to the President's Village until the mother was fully recovered, By Today In Seychelles.[33]

The excerpt above is from a story covered by Seychelles Today and shared on the Seychelles Domestic Violence Awareness Facebook page on 15 May 2015. The story sheds light on some of the consequences of domestic violence in Seychelles.

GBV has profound adverse consequences on women's physical, mental, and reproductive health. Evidence shows that gender violence can lead to death and disability (UN Millennium Project 2005; USAID 2009). Not only is GBV a major obstacle to women's and girls' development and to the welfare and development of their communities and societies as a whole, but it also negatively impacts the socioeconomic development of the country (Oxfam 2012; World Bank 2011).[34] This chapter presents the findings on some of the effects of IPV affecting not only women but men in Seychelles. Proportions and chi-squared test were used to examine the binary associations between IPV and various outcomes such as HIV, STIs and mental health. While there are several adverse health outcomes brought forth by IPV, this chapter focuses on the few outlined in the figure below.

Health effects of IPV



[33] https://www.facebook.com/permalink.php?story_fbid=415237985314683&id=218685798303237
[34] Wekwete et al 2014 Spousal abuse and women empowerment.

Studies have shown that exposure to IPV through proximate factors as physical or psychological trauma and fear or control ultimately lead to death and/or disability. Exposure to IPV has consequential effects on the psychological, biological, neurological, behavioural, and physio-logical alterations[35].

Effects of physical violence: Injuries

This study adopted the WHO definition of physical violence and looked at acts such as slapping, hitting, kicking and beating (World Health Organisation, 2010). As shown in Chapter Three 172 women constituting 39% of the female participants and 155 (12%) of men experienced physical abuse by an intimate partner. Further questions were asked if they sustained any injuries or if they had stay to away from work. The figure below shows their responses.

Figure 5.1: Effects of physical violence

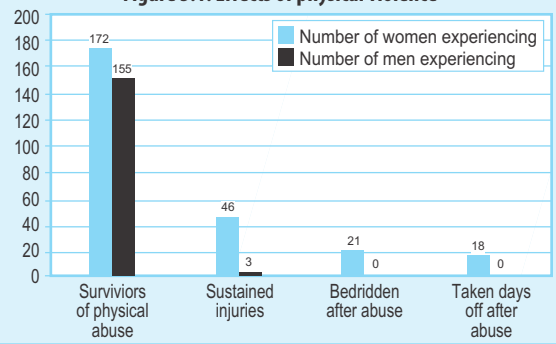


Figure 5.1 above shows the effects of physical abuse amongst IPV victims. The results depict that a total of 172 women reported to having been physically abused by their intimate partners, from these 46 individuals (27%) sustained injuries resulting in total of 21 individuals (46%) being bedridden. The average number of days they spent bedridden was three. Approximately 18 (39%) took days off from employment as a result of injuries sustained after physical abuse. The average number of days that they had to forgo was five. Such a scenario presents an economic burden on the individual as well as the nation as productive days are altered which could have been utilised productively for income generation. On the other hand 155 (35%) of men who participated in the study experienced physical abuse at the hands of intimate partners. However, unlike women only three men (2%) sustained injuries after the abuse. None of the men disclosed if they were bedridden or if they sustained injuries. These findings show how violence affect women and men differently.

[35] Dutton, Mary Ann, et al. "Intimate partner violence, PTSD, and adverse health outcomes." Journal of Interpersonal Violence 21.7 (2006): 955-968

Reproductive health outcomes

Apart from physical injuries abuse has negative impact on reproductive health. Research of population based studies assessing the physical consequences of physical IPV has shown compelling results indicating that IPV victimisation is associated with increased risk of current poor reproductive health (Coker et al 2002). Other outcomes of IPV on reproductive health include pregnancy, miscarriage, inability to negotiate condom use during sex, STIs including HIV, and pregnancy-related problems. In this study only women were asked about reproductive health outcomes such as if they ever had an ulcer, or had a discharge around the vaginal area as proxy to sexually transmitted infection. A direct question was asked if they had ever been diagnosed with an STI. The graph below shows the responses from the women.

Figure 5.2: Prevalence of symptoms of and diagnosis of STIs

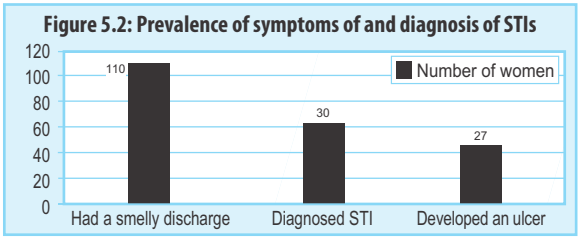


Figure 5.2 shows that 110 women constituting almost 20% of the women interviewed had a smelly and itchy vaginal discharge at some point in their life. The figure also shows that medical staff diagnosed 30 (5%) of the women interviewed with an STI at some point in their lifetime while 27 (4%) had a vaginal ulcer at some point in their lifetime.

In order to determine if there was a link between experiencing IPV and having vaginal infections researchers ran further tests and the results are presented below.

Table 5.1: Association between symptoms of STIs and experience of IPV by women				
	IPV non-survivors	IPV survivors	Sexual IPV non-survivors	Sexual IPV survivors
Ever diagnosed of STI %	1.5%	3.8%	2.7%	2.5%
P value	0.072		0.014	

Table 5.1 shows no significant association between IPV experience and having an STI. On the hand there was a significant association between having an STI and experiencing sexual IPV. However the proportions of survivors and non survivors were almost equal. In several other studies, sexual violence has always been associated with high risk of contracting STIs, thus these findings contradict the existing literature. A study in North America by Campbell (1997) has shown that physically battered and victims of IPV visiting health care facilities also suffered from other ailments encompassing STIs unwanted pregnancies. A survey in South Africa showed that women who were sexually abused by their partners were 48% more likely to be infected with HIV than those who were not[36]. Another study conducted in Tanzania in 2001 revealed that HIV positive women were three times more likely to have experienced sexual violence at the hands of their current partner than other women.[37]

HIV and AIDS

Plenty of research has documented the impact of gender violence on the risk of HIV infection.[38] Previous research in different settings has shown positive association between VAW and HIV. This study did not test for HIV but researchers asked women if they had tested for HIV and the result obtained.

Table 5.2: HIV testing and results		
When did you last have an HIV test	**% women**	**% men**
Never tested	26	34
Last 12 months	37	15
2-5 years ago	23	22
More than 5 years ago	13	28
HIV Status		
Negative	99.5	98
Positive	0.5	2

Table 5.2 shows that the majority (74%) of women interviewed had tested for HIV and 37% had done so in the 12 months before the survey. Of the women who collected their results, 0.5% reported an HIV-positive status. A lower proportion (66%) of men had tested for HIV, while 2% who had tested and collected their results tested HIV positive. It is worth noting that a higher proportion of men had tested positive while at the same time more than a third had never tested for HIV. Due to the small proportions of HIV prevalence, researchers could not run further tests to assess association between HIV status and IPV.



Know you status campaign. *Photo: Seychelles News Agency*

Of the cumulative total of 502 HIV infections, 290 were males and 212 females. Of the new 42 HIV infections recorded in 2011, 25 were males and 17 females. Of the 136 patients currently living with AIDS, 83 are males and 53 females. In 2014 the government

[36] UNAIDS. Confronting the Crisis. Geneva, UNAIDS, 2004 as cited in Mukanangana et al 2014

[37] Maman S. et al. HIV-positive women report more lifetime partner violence: Findings from a Voluntary Counselling and Testing Clinic in Dares Salaam, Tanzania. American Journal of Public Health, 92:1331-7, 2002

[38] 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.

launched the campaign "Close the Gap: Test and Treat for HIV" which received a strong political backing. The first to participate in the campaign were the former Vice President of Seychelles, Danny Faure, the then Minister of Health, Mitcy Larue, and former President of Seychelles, James Michel, head of the Inter-Faith Organization and head of the Catholic diocese of Seychelles, Bishop Denis Wiehe.[39] The campaign aimed at encouraging sexually active citizen in the country to do an HIV test and know their status.

Mental Health

Mental health consequences of IPV can be severe and include post-traumatic stress disorder (PTSD), depression, anxiety, eating disorders, suicide and homicide. Ultimately IPV results in death and globally an estimated 38% of all murders to women was by former or an intimate partner.

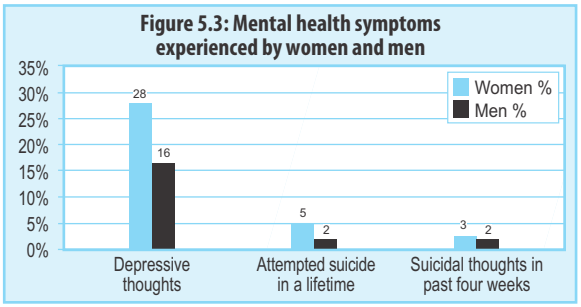


Figure 5.3 shows that almost a third (28%) of women and 16% of men participating in the study reported feeling depressed in the week before the survey, while 5% of women and 2% of men attempted suicide in their lifetime and 3% of women and 2% of men experienced suicidal thoughts in the month before the survey. These findings demonstrate a relatively high magnitude of mental health issues especially considering the small population of Seychelles. According to the Common Wealth Health Online in 2011, the suicide rate for Seychellois males was 9.1 per 100,000 people; there were no reported suicides for females in the same year.[40]

The researchers further tested for association between mental health symptoms and experience of IPV. However suicide attempts and non-partner rape were excluded from analyses due to small numbers observed. The figure below shows the association between IPV experience and having depressive thoughts.

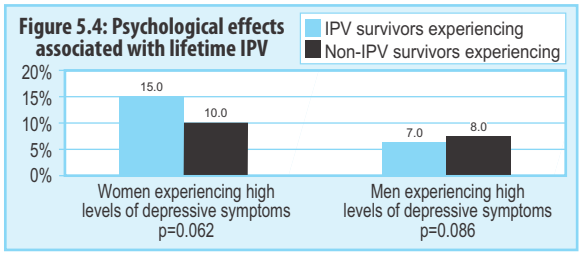


Figure 5.4 shows that experience of IPV in lifetime was not significantly associated with having depressive symptoms ($p>0.05$). Depressive symptoms include frequent incidents of the following feelings simultaneously in the seven days before the survey: feeling depressed, having crying spells, feeling lonely, loss of appetite, restlessness, inability to sleep, feeling life is a failure, and failing to cheer up even with the help of family or friends. A greater proportion (15%) of women survivors experienced these symptoms compared to non-survivors (10%) although it was not statistically significant. Almost equal proportion of male survivors and non survivors had these symptoms.

Health in Seychelles

Seychelles has one of the best systems in Africa prioritising free health for all. The country has put in place various mechanisms to respond to mental health issues in the country. In 2009 the government enacted the Mental Health Act which covers mental issues as well as Mental Health Policy which focuses on advocacy, promotion, prevention, treatment and rehabilitation. Apparently the government also has an explicit budgetary allocation for mental health. The country spends 2.8% of the total health budget on mental health. In regards to building capacity of

[39] http://www.seychellesnewsagency.com/articles/1872/Know+your+status,+says+Seychelles+Vice-President+on+World+AIDS+Day#sthash.xVQkGwI5.dpuf
[40] http://www.commonwealthhealth.org/africa/seychelles/mental_health_in_seychelles/

mental health personnel regular training of primary care professionals is carried out. Training is provided to health workers as an ongoing continuous programme. Primary care doctors also attend seminars on mental health twice a year. There are community care facilities for patients with mental disorders. Community care is provided by the community psychiatry nurse with help from the primary health care workers and other specialists.[41] This study did not do a qualitative research on the day to day running of the health facilities to ascertain quality of the services or challenges faced. Thus the study recommends further qualitative research.

Social effects of gender violence

Societal attitudes can be detrimental to the overall health of citizens if they are negative. For instance, communities often blame rape survivors for contributing to their unfortunate victimisation, alleging promiscuity, or that survivors seduced the perpetrator. Rape myths false beliefs used mainly to shift the blame of rape from perpetrators to victims are also prevalent in today's society and in many ways contribute toward the pervasiveness of rape. Women and men participating in the survey responded to questions about their personal views of rape survivors.

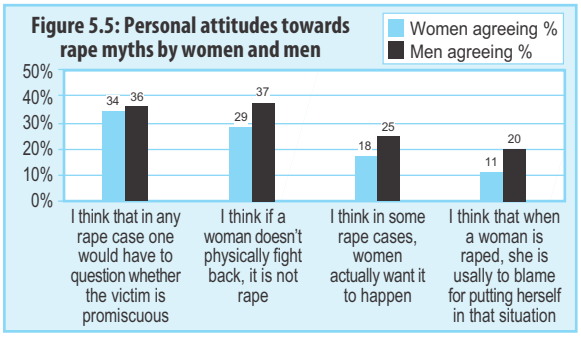


Figure 5.5 shows that both men and women have negative attitudes towards rape survivors: 34% of women and 36% of men agreed that in any rape case one should question whether the victim was promiscuous. A third (29%) of women and 37% of men believe that if a woman does not fight back then it is not rape. A quarter of men (25%) and 18% of women think that in some rape cases, women "want it to happen." One fifth (20%) of men and 11% of women agreed that if a woman is raped, she should be blamed for putting herself in that situation. These negative attitudes towards rape survivors further exacerbate the psychological trauma. According to a meta-analytic study (of 37 studies) on rape myth acceptance by Gadalla (2010) men displayed a significantly higher endorsement of rape myth acceptance than women. Rape myth acceptance was also strongly associated with hostile attitudes and behaviours toward women.

Conclusion

This chapter set out to identify some the negative health outcomes associated with experience of violence. The study showed that while both women and men were victims of violence, the negative effects were more pronounced in women. Higher proportions of women sustained injuries after acts of physical abuse as compared to their male counterparts. Similarly more women than men had mental health issues.

While this study recommends inclusive interventions to assist survivors of violence it also at the same time emphasises the increased vulnerability of women. While Seychelles has one of the best health care systems in Africa spanning from reproductive health and mental health facilities, the findings show that they need to work hard to challenge some of the negative attitudes that blame survivors of sexual violence.

[41] Psychology in Africa; 2013, Seychelles mental health profile.

CHAPTER 6
RESPONSE



One day training with 15 Seychellois female police on CEDAW and SADC Gender Protocol by the Gender Secretariat 10 June 2012. *Photo: Gender Secretariat*

Key facts

- Seychelles has ratified several relevant treaties, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Southern African Development Community (SADC) Declaration on Gender and Development and its Addendum on the Prevention and Eradication of Violence against Children and Women.
- The SADC Protocol and AU Protocol have been widely publicised through community workshops.
- The Penal Code is the main criminal legislation in Seychelles that offers protection to all citizens against criminal offences.
- The Ministry has publicised the different criminal offences and the punishments of their website for the public to see.
- The Social Development Department launched the National Strategy on Domestic Violence 2008-2012.
- The Social Development Department launched the costed National Plan of Action on Gender Based Violence 2010-2011.
- The main institutions that deal with GBV issues in Seychelles include, Gender Secretariat, Family Tribunal, Probation Services and Department of Health.
- The Alliance of Solidarity for the Family (ASFF), the Association for the Promotion of Solid and Humane Families (APSHF) and Women in Action Solidarity Organisation (WASO) are some of the NGOs addressing GBV in Seychelles.



Suzette's* "I" Story

"I am in my late twenties and a mother to a beautiful little girl. I work right in the town centre and my job entails that I meet a lot of people on a daily basis. I am always smartly dressed and grooming is something I do well. I just hope that my private life was well groomed, my partner Jacques* swept me off my feet at the beginning all was sweet but soon the romance faded...

"I found myself in a controlled relationship; I was made to alienate all my family and friends. And worse I was abused physically, I was slapped and punched. My life is a nightmare I am so scared, after all my abuser is a man in uniform!

"At one point I took my 2 years old daughter and moved back to my mum's house at Anse Aux Pins, Jacques came back and begged me to move back with him, against my better judgment, we moved to a newly developed housing estate, for some time, we were quiet, he had some health issues and I cared and nursed him back to health, despite some issues with his family. Now one of his sisters has moved in with us, and we are back to fighting with him, everything that his family says, goes.

"During the 8 years that we have been together, on two occasions I filed a complaint against Jacques, both times the cases were dropped, in one incident he was arrested and put in a jail in another district, I had to take a bus to go there to write a statement, when I reached there, members of his family were there and I was insulted, soon he was released.

"You see Jacques' uncle is also a man in uniform, a high ranking official, a simple phone call from him sent the police officers scrambling. I have given up hope on the system, I feel completely let down, how can some people in this country can be above the law, how can men in uniforms think that they are above the law which themselves have taken an oath to protect... I am baffled... but I am hopeful, my future is bright and my daughter is my reason to live."

The story above is an example of how the response systems can fail the survivors of violence. This chapter outlines some of the response mechanisms that Seychelles has adopted and implemented to respond to GBV. It looks at the international, regional, national and local instruments that the government has put in place. Information for this chapter was obtained from the relevant websites including the Social Development, Gender Secretariat and the NBS. The researchers also utilised national documents such as CEDAW report, AU Solemn Declaration on Gender Equality in Africa and Crime justice and security report by NBS. The NBS periodically publishes a bulletin showing a series of crime justice and security (CJS) statistic. The most recent bulleting that was used for this chapter was published in August 2016 shows results for the period Q2 2015 to Q2 2016. To compile the report, NBS used data from the following CJS sources: Police Department, Employment Department, Judiciary, Employment Tribunal, Family Tribunal, Probation Services, Prison Department, and Seychelles Revenue Commission (SRC).

Goal five of the new Sustainable Development Goals (SDGs) which were adopted in 2015 replacing the Millennium Development Goals (MDGs) calls for the elimination of all forms of violence against women and girls, the end of all forms of gender-based discrimination, and the elimination of harmful practices such as child marriage and female genital mutilation (FGM) by 2030. It also calls for ensuring universal access to sexual and reproductive health and reproductive rights[42]. The SADC Protocol has now been aligned to the SDGs and the Beijing Platform.

Ratification to international and regional instruments

One of the several ways to show political will to end GBV is through the ratification and adoption of legal instruments and the existence of institutional mechanisms that facilitate its elimination. Seychelles is party to the African Union (AU) Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa, as well as a number of

[42] http://www.unfpa.org/sdg#sthash.YzhJKivQ.dpuf

other international instruments that attempt to address the issue of gender equality and equity, including the United Nations (UN) Convention on the Elimination of All Forms of Discrimination Against Women and its Optional Protocol, the UN Convention on the Rights of the Child, the Southern African Development Community (SADC) Declaration on Gender and Development and its Addendum on the Prevention and Eradication of Violence Against Children and Women.

Convention on the Elimination of All Forms of Discrimination against Women (CEDAW): 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. Seychelles ratified the Convention in 1992 thus affirming its commitment on gender equity and equality. Its effort to embrace gender mainstreaming has been constant over the years.

Southern African Declaration on Gender and Development: Seychelles, together with other SADC countries, signed a declaration committing their countries to integrating gender firmly into their agendas, repealing and reforming all laws and changing social practices that subject women to discrimination. The Protocol required that all state parties shall, by 2015, enact and enforce legislation prohibiting all forms of GBV. Linked to this is the obligation that all laws on GBV provide for the comprehensive testing, treatment and care of survivors of sexual offences, which shall include emergency contraception and ready access to post exposure prophylaxis at all health facilities to reduce the risk of contracting HIV and prevent the onset of STIs. The Protocol has now been aligned to the SDGs and Beijing Platform as well as Vision 2063. The deadline to meet the targets has been extended to 2030. The SADC Addendum on the Prevention and Eradication of Violence against Children and Women has been translated into Creole by a local NGO, Alliance of Solidarity for the Family (ASFF) and broad details of the AU Protocol were disseminated through a series of community based workshops in every region during 2009 by the Gender Commission of the Liaison Unit for Non-Governmental Organisation (LUNGOS), in collaboration with the Social Development Department. The project was funded by the American Embassy.

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa: Also known as the African Women's Rights Protocol, states that, "every woman shall have the right to dignity inherent in a human being and to the recognition and protection of her legal and human rights." It further protects women's rights to life, integrity, and security of the person. It prohibits all forms of cruel, inhuman, or degrading treatment and calls upon state parties to take appropriate and effective measures to:

- Enact and enforce laws to prohibit all forms of violence against women, including unwanted or forced sex, whether the violence takes place in private or public spheres;
- Adopt such other legislative, administrative, social and economic measures as may be necessary to ensure the prevention, punishment and eradication of all forms of violence against women;
- Identify the causes and consequences of violence against women and take appropriate measures to prevent and eliminate such violence; and
- Establish mechanisms and accessible services for effective information, rehabilitation and reparation for victims of violence against women.

National Legal and policy framework

In efforts to domesticate the regional and international frameworks, Seychelles has implemented several legal instruments to end GBV. This demonstrates the government's commitment to uphold human rights and eradicate GBV in the country. The Penal Code is the main criminal legislation in Seychelles that offers protection to all citizens against criminal offences. The table below shows the sentences liable to each offence according to the 1995 amendments of the Penal Code.

Table 6.1 Criminal offences and sentences	
Crime	**Sentence**
Common assault	2 years imprisonment
Threatening violence	5 years imprisonment
Assaults causing actual bodily harm	7 years imprisonment
Wounding and similar acts	7 years imprisonment
Grievous harm	20 years imprisonment
Sexual assault (incl. spousal rape and sex with someone unable to give consent; incl. a child under 15 years and a person with severe mental disability)	20 years imprisonment

Source: Social Development Website.[43]

In addition, forced prostitution is now recognised as a criminal offence as well as abduction of women and girls. However, legislative changes are required to provide better protection of boys against trafficking for the purposes of sex trade. In 1996 the Code was amended to allow better protection of victims of gender based violence, including the recognition of spousal rape and sexual harassment as sexual assault crimes, punishable by up to 20 years imprisonment. In order to provide better protection of witnesses during court proceedings, the Evidence Act was amended in 1996 to make provision for special arrangements for "vulnerable witnesses" (i.e. children, mentally challenged, sexually abused) to give evidence in court either in chambers or via closed circuit-television, where friends or relatives can accompany them to offer emotional support. However, provisions made towards the utilisation of a closed circuit-television, have not as of yet, been fully implemented. A chamber was identified, but in most cases, testimonies of victims of abuse are still heard in open court.

However, further legislative changes are still required to provide better protection of victims of domestic violence. Currently the law does not recognise domestic violence as a criminal offence and these incidents are dealt with as assault crimes under the Penal Code. Police reluctance to intervene in these types of incidents, have led many to suggest the need for a specific piece of legislation to cover this particular form of assault. Currently the Family Tribunal does not try cases of 'family violence' but merely offers protection to its victims through restraint orders, including eviction of perpetrators from the family for a maximum period of two years. The Tribunal does actively encourage victims of domestic violence to report cases to the police, who will only be able to charge perpetrators for assault crimes, as defined above.[44]

It is commendable that the Ministry has publicised the different criminal offences and the punishments on their website for the public to see. This can be a deterrent to perpetration of violence. It can also encourage victims to report acts of violence. While noting that the general principles of non-discrimination are enshrined in the Constitution, the CEDAW Committee is concerned about the absence of a specific definition and prohibition of discrimination against women in all areas of life in the Constitution or in other appropriate legislation, in line with articles 1 and 2 of the Convention.[45]

Other laws that protect the rights of women and do not discriminate include the following:

1. ***The Children Act*** 1982, Cap 28 (Amended in 1998).
2. ***Family Violence (Protection of Victim) Act*** 2000 - It came into force in July 2000. The Act is compre-

[43] http://www.socialdevelopment.gov.sc/index.php/social-services/of-domestic-violence/17-domestic-violence-page2
[44] AU Solemn Declaration on Gender Equality in Africa, Gender Secretariat, Ministry of Health and Social Development, 2007.
[45] CEDAW Report LUNGOS. (2013). Shadow Report On CEDAW by The Gender Commission Liaison Unit Of NGOs In Seychelles.

hensive and sensitive to the protection of victims of family violence (actual or threatened violence), by providing them the right to appear in front of the Tribunal to register any complaint constituting family violence and apply for a protection order for up to 2 years on behalf of themselves, another family member and property. The Act empowers the Tribunal with the right to direct perpetrators to attend counselling and/or rehabilitation programmes, with a fine of up to R30, 000 and/or imprisonment of up to 3 years if perpetrators are found to be in contempt of intentionally contravening orders.

3. ***Employment Regulations***, 1991. Maternity leave, Employment Act 1995.
4. ***Amendment of Penal Code*** 130-153, 1996.
5. ***Evidence Amendment Act***, 1995.
6. ***Termination of pregnancy Act***, 1994
7. ***Public Officers' Ethics Act***, 2008.
8. ***Social Welfare Protection Act*** now known as Agency for Social Protection Act 2011.[46]

While establishing and reviewing gender progressive laws is one positive step, implementation is always a challenge. However, the Seychellois government has managed to draw up strategies and action plans to provide a roadmap in addressing domestic violence.

National Strategy on Domestic Violence

The Social Development Department launched the National Strategy on Domestic Violence 2008-2012. The objectives of the National Strategy were:

- To strengthen and synthesise activities of multi-stakeholders for an integrated and efficient response to domestic violence;
- To reduce vulnerability of women and men to domestic violence, both victimisation and perpetration;
- To reduce impact of domestic violence on children; and
- To nurture an environment conducive to improved gender equality and equity.

The researchers could not find any evaluation report on the implementation of this strategy.

National Plan of Action on Gender Based Violence

The Social Development Department launched the costed National Plan of Action on Gender Based Violence 2010-2011. The plan of action is in line with the objectives of the National Strategy on Domestic Violence and the UNiTE for Peace: End Gender Based Violence campaign. The six pillars of the plan of action were:

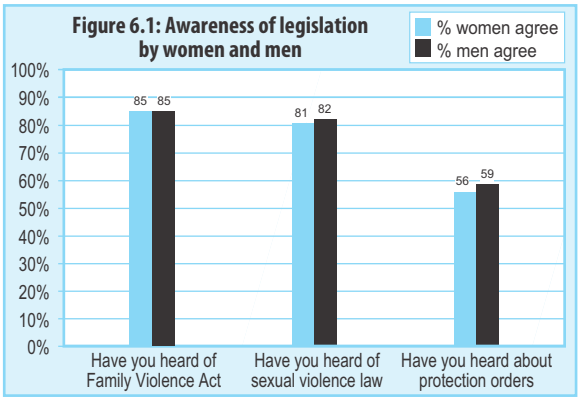
i. Awareness Raising and Prevention of GBV.
ii. Standardised Procedures, Guidelines and Training Materials.
iii. Capacity Strengthening of Service Providers.
iv. Rehabilitation.
v. Legislation, Advocacy and Lobbying.
vi. Coordination, Research, Monitoring and Evaluation.

Despite having these tools in place, not much has been achieved as far as reducing GBV in the country. While noting the existence of the Strategic Plan 2010-2014 to improve access to justice, the CEDAW Committee in their report expressed concern over the long delay in the disposal of judicial cases and its negative impact on cases of violence against women.[47] The current study is meant to strengthen both Strategy to End GBV and the National Action Plan.

Public awareness of national legislation

Having laws in place does not directly translate into awareness by the public. Studies undertaken in different global settings have recorded that knowledge of GBV laws is generally low, especially among women - the intended beneficiaries. In this study the participants were asked about their knowledge of Family Violence Protection of Victim Act and sexual offences law although for the latter there is no stand alone law. The graph below shows their responses.

[46] SHADOW REPORT ON CEDAW BY THE GENDER COMMISSION LIAISON UNIT OF NGOs IN SEYCHELLES (LUNGOS), 2013 LUNGOS. (2013). Shadow Report On CEDAW by The Gender Commission Liaison Unit Of NGOs In Seychelles.
[47] CEDAW Report LUNGOS. (2013). Shadow Report On CEDAW by The Gender Commission Liaison Unit Of NGOs In Seychelles (LUNGOS).



The figure 6.1 shows high levels of awareness of the existing legislation on GBV. Equal proportions 85% of women and men were aware of the Family Violence Act. Again almost equal proportions of women (81%) and of men (82%) were aware of sexual violence legislation. Fifty six percent of women and 59% of men had heard about protection orders. To date Seychelles has the highest record of legislation awareness among the seven countries that have undertaken the study to date. This could be due to the fact that Seychelles as a small populated island news travel fast.

The participants were further asked how they got to know about the laws. Their responses are recorded below.

Table 6.2: Medium of awareness

	Family Violence Act		Sexual Violence Legislation	
	% women n=390	% men n=313	% women n=368	% women n=301
TV	74	73	75	71
Radio	16	17	6	18
Other	4	1	3	1
Newspaper	3	5	3	4
Community meeting	2	2	2	1
Neighbour/friend	1	3	1	4

It is evident from the table above that majority of women and men in Seychelles heard about the laws through the TV and radio. Around three quarters of both women and men heard about the Family Violence Act and the sexual violence law through the TV followed by that radio.

Service provision

There have been concerted efforts to tackle the problem of domestic violence through the provision of services, sensitisation campaigns and public educational programmes. The following is a brief summary of the roles and impact of the main institutions dealing with domestic violence in Seychelles.

Social Affairs Department

The Social Affairs Department holds the portfolio responsibility for children including the Children's Act as well as the portfolio responsibility for gender.

Gender Secretariat

The Gender secretariat has been very active in awareness campaigns such as enrolling out and sustaining the UNiTE for peace campaign and Orange Day. Furthermore they have also been working on some strategic documents in order to tackle the scourge of GBV. In order to tackle GBV, awareness campaigns plays an important role. Therefore they intend to continue with various sensitisations with the aim of changing people's attitude towards GBV.

The Gender Secretariat has also developed the National Gender Policy with a GBV component, which has been validated by stakeholders.

One of the channels that the Gender Secretariat can make use of in its quest to raise awareness is the social media such as Facebook and Twitter. The chapter on prevention gives a brief description on the role of the social media.

Family Tribunal

Under the amended Children's Act, the Family Tribunal was established in 1998. It administers the Family Violence Act. Some of the services offered by the Family Tribunal include:

- protection orders against all forms of family violence;
- eviction orders; and
- orders for counselling or rehabilitation.

Services are free and protection can be offered immediately:

- Interim protection orders can be made, which offer immediate protection before the case can be fully heard before the Tribunal.
- Legal services are offered free of charge by the Tribunal.[48]



Social worker in Seychelles offering support. *Photo: Nation*

Family tribunal: registration procedures

The client is introduced to a Registration Mediation and Litigation Officer who interviews the client and gives sound and proper advice. The client is required to produce his/her identity card and is required to make full and frank disclosure of the facts pertaining to the application and to produce documentary evidence if any (e.g. medical certificate or police statement). If the Applicant has any physical bruises or marks which was caused by the aggressor then the Registration Officer may examine these and put it on record. All information provided by the Applicant is recorded on an interviewing sheet. The Registration Officer registers the complaint and allocate appro-priate case number and issue certificate of Registration and appointment to sign the draft application. The Applicant sign the application and a notification slip is issued to the Applicant stating the date on which the case will be held before the Tribunal. (Urgent matters are given earlier dates). The processes are undertaken and a summon is issued for the Respondent with a date to appear before the Tribunal. Upon appearance before the Tribunal the matter is determined whereby protection/restraining orders are made.

[48] http://www.socialdevelopment.gov.sc/index.php/social-services/of-domestic-violence/18-domestic-violence-role-of-service-provider

Probation Services

This is one of the oldest existing institutions dealing with domestic violence. The division works directly with the Family Tribunal, where cases are typically registered at the Probation Services who carry out an investigation and pass their report to the Tribunal for hearing. Although the division's work is guided by the Penal Code, it emphasizes reconciliation rather than punishment and jointly with the Tribunal offers counselling to those affected by domestic violence. Services offered by the Probation Services include:

- advice and help;
- information on other agencies and help with making contact; and
- support in taking legal action where appropriate.

The services provided are free of charge and confidential - except where a child is at risk.

The Probation services staff are required to:

- be sympathetic and understanding;
- listen carefully;
- explain the option available to the client; and
- keep everything the client says confidential.[49]

From 2000 to 2006 the Tribunal has registered 1514 cases of domestic violence, with 148 orders to keep the peace being made in 2006 alone. Disaggregation of statistical data by sex and type of abuse (spousal, child, elderly) only began in 2006. Gender analysis reveals that women continue to be the main victims of intimate partner violence, as over 95% of the 172 cases of spousal violence registered in 2006 were applied by women. In the same year the Tribunal made 31 eviction orders, with 97% of these orders applying to male respondents, forcing perpetrators to be evicted from the family home in order to protect the victim and the rest of the family from further danger.

Probation services: registration procedures

Referral made to the Probation Services (Self referred or referred by another agency). The case is registered and allocated to a Probation Officer. Interview (individually and/or jointly) is conducted with client(s) so that current situation is established and verification of information is made with other agencies where relevant. The officer assesses the level of violence and harm risk of victim to determine whether other sections or agencies such as Family Tribunal need to be involved (this excludes cases already referred by Family Tribunal for compilation of Social Enquiry Reports. Follow-up interval work is done with client(s), e.g. home visits, counselling sessions.

The table below shows the most recent statistics on the family violence cases reported at the Tribunal from quarter two of 2015 to quarter two of 2016.

Table 6.3: Family Violence Cases (2015/Q2-2016/Q2)

Description	2015/Q2	2015/Q3	2015/Q4	2016/Q1	2016/Q2
Registered applications	160	168	144	183	111
Applications not put before the Tribunal	795	814	843	898	907
Cases - Cause Listed:	**373**	**370**	**323**	**327**	**331**
New	127	149	115	128	102
Repeated Cases	246	221	208	199	229

The table shows the number of applications registered in each quarter in the first row. The second row shows the number of applications that were not put before the Tribunal which was the highest number of close to 5000 cases.

The table below shows the most recent statistics on the family violence case outcomes from quarter two of 2015 to quarter two of 2016.

[49] http://www.socialdevelopment.gov.sc/index.php/social-services/of-domestic-violence/18-domestic-violence-role-of-service-provider

Table 6.4: Family Violence cases-Orders of the Tribunal (2015/Q2-2016/Q2)					
Orders of Tribunal	**2015/Q2**	**2015/Q3**	**2015/Q4**	**2016/Q1**	**2016/Q2**
Protection	35	38	21	40	60
Referral to Other Agencies:					
Probation (1)	19	28	12	27	33
Mont Royale, of which:	2	3	1	3	3
Male	2	3	1	3	2
Female	-	-	-	-	1
Eviction, of which:	25	26	22	20	12
Male	24	26	21	19	12
Female	1	-	1	1	-
Prison sentence for breach, of which:					
Male	13	3	3	2	2
Female	-	-	-	-	-

The table shows that almost 200 protection orders were issued during the period under review. One significant finding here is that majority of perpetrators sent on probation or to prison or evicted from the house were men confirming the findings in this study that women are disproportionately affected by violence.

Number of receptions into prison by crime categories (2016/Q1-2016/Q2)

Of the 98 persons that were remanded in prisons from quarter1-2 2016 only 1 prisoner was a sexual offender. Among those who were convicted 3 out of the 66 prisoners were sexual offenders in the first quarter. In the second quarter only 1 of the convicted prisoners was a sexual offender.

Seychelles Police

The Police Department has a legal obligation to assist the public and protect everyone from all criminal acts associated with domestic violence and GBV. The Police are also responsible for enforcing all protection orders made by the Family Tribunal and should be contacted immediately when they are breached.[50] The police have the mandate only to investigate cases of GBV, it is the Attorney General's Office that has the power to decide whether to prosecute a case. However, domestic violence is not legally recognised as a crime, but the term is used by service providers such as the police for convenience sake. The number of cases of domestic violence reported to the police has generally been on the rise. However, due to high levels of under reporting any official statistics on GBV must be considered with caution. Institutionalised gender inequalities and insensitivity, the social acceptance of gender based violence, along with confidentiality problems due to the small size of the country further exacerbate reluctance of victims to report incidents to officials.[51]



Seychellois police parade. *Photo: Gender Secretariat*

According to the most recent report, there has been a decrease in the number of sexual offences reported by Seychelles police as shown in the table below.

[50] http://www.socialdevelopment.gov.sc/index.php/social-services/of-domestic-violence/18-domestic-violence-role-of-service-provider
[51] AU Solemn Declaration on Gender Equality in Africa, Gender Secretariat, Ministry of Health and Social Development, 2007.

Table 6.5 Sexual offences cases reported at the police (2015/Q2-2016/Q2)					
Crime	**2015/Q2**	**2015/Q3**	**2015/Q4**	**2016/Q1**	**2016/Q2**
Sexual offences	41	42	27	27	27

Source: National Bureau of Statistics Seychelles 2016.

According to the table in Quarter 2 of 2015 41 cases of sexual offences were recorded at the Police Department. During Quarter 3 the number slightly increased to 42 and Quarter 4 saw a sharp decrease to 27 cases which have remained constant up until Quarter 2 of 2016. While this may be an indicator that sexual offences crimes are waning, it can equally be an indicator of underreporting thus more research is needed to understand this observation.

The report also shows that of the 15 reactive cases recorded by Seychelles Police for the period under review sexual offences came sixth in regards to number of cases recorded after theft, burglaries, offences against person, arson and criminal damage and fraud (NBS, 2016).

The categorisation of the crimes seems ambiguous and make it difficult to comprehend the exact magnitude of gender violence offences. This is because the categorizations themselves can be overlapping for example grievous harm can also include cases of sexual offences or other GBV crimes. Another recommendation is to unpack the term "sexual offences". World Bank 2013 highlights various categories of crimes that could fall within sexual offences as follows:

- ***Sexual violence*** is any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting.
- ***Sexual exploitation*** means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.
- ***Sexual abuse*** means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.
- ***Sexual harassment*** is unwelcomed sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature.[52]

Human rights workshop with the police

On Monday, 10 June 2012, a group of 15 female police officers took part in a one-day training facilitated by Mahrookh Pardiwalla assisted by staff members from the Gender Secretariat. This activity was funded by the European Union under the 10th European Development Fund (EDF) Small Grants Programme, and follows sensitisation and training conducted last year with members of the justice system. The session took place at the International Conference Centre and it was a first
training targeting only female police officers.

The main objective of the training was to introduce the participants to international human rights instruments with the focus being on the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) and the SADC Gender and Development Protocol. The participants were given the opportunity to familiarise themselves with the various provisions of the two respective human rights treaties. Moreover, great emphasis was placed on how those provisions impact on the work of the police and how best they can incorporate it within their daily work.

[52] Willman and Corman (2013) Sexual and GBV: what is world bank doing and what have we learnt?

The training came at an opportune time as it became apparent that the female police officers were not conversant with these human right treaties but also on the concept of gender altogether. The tools and mediums used in the workshop varied from interactive role plays, viewing of short documentaries and other forms of sensitisation methods. This meant that participants were equipped with a range of skills and knowledge to assess the work they do and to ascertain whether it falls in line to the provision of these human rights treaties. It was clear that the session brought out interesting findings such the gender stereotyping that exist when dealing with domestic violence cases.

At end of the training the participants felt that they had benefited immensely and express their willingness to put in practice what they had learned. They were also afforded the chance to relook at the how they deal with cases that has a gender dimensions. Moreover it also came out that various gender issues exist within the police force which will need to be address over time such as the low representation of female police officers in the upper echelon of the police hierarchy.

The Judiciary

The civil law remains essentially French, although the 1976 Civil Code of Seychelles (based on the Napoleonic Code) was enacted in the English language. The Civil Code is currently undergoing substantive review. The criminal law is also codified (in the Penal Code) but essentially English in origin, as are both civil and criminal procedural law. Legislative and executive procedure also follow common law traditions, with the result that a visitor reading modern legislation or following a court case could easily think that the common law rules. The 'mixed' nature of the jurisdiction means that Seychelles is not easily classified as either monist or dualist in terms of international law. International treaties and agreements executed by the President do not usually bind the Republic until ratification by the National Assembly, but can do so in certain circumstances. Judges are directed by article 5 of the Constitution to take judicial notice of Seychelles' international human rights obligations (and relevant international jurisprudence) in interpreting constitutional provisions. Judicial officers tend to be relatively comfortable with international citations, although a majority of cases are still decided with little or no reference to authority.[53]

Ministry of Health

The Health Department does not have any formal policy or operational guidelines on how to deal with cases of domestic violence. Informal procedures that exist include that the receptionist takes a brief history of the victim to investigate any history of assault, usually the patient is then referred to a doctor, who will carry out a physical examination and administer treatment. If need be, the patient will be referred to a surgeon, admitted overnight and or referred to a counsellor. Further investigation is carried out by the counsellor, either on an in-patient or outpatient basis, to ascertain the holistic needs of the patient for appropriate referral to other services. Patient consent is required for all referrals, be it to the police, Social Services, Family Tribunal, civil society organisations or referral for couple counselling. In the event of sexual violence, victims are usually referred straight to the gynaecologist, before being referred to the police and counsellor. If patients are observed to be exhibiting extreme emotional upset, they will also be referred to the psychologist. No isolated data is currently available for cases of domestic violence, as these cases are kept aggregated and not specifically identified apart from others. While these informal practices are commendable there is need to formalise the procedure through a formal policy or operational guidelines. This will aid in making the procedures, mandatory, consistent and standard.[54]

[53] http://www.nyulawglobal.org/globalex/Seychelles.html

Education Department

The Education Department provides a programme on Personal and Social Education (PSE) within the national curriculum, that touches on gender based violence, using trained teachers and counsellors to give interactive teachings on positive family values and moral principles. The department also works closely with the Department of Social Affairs in cases where a pupil is suspected of experiencing social problems, such as GBV.

Violence in schools

There has been a notable increase in violent incidents reported in schools whereby students assault each other or their teachers. The Ministry of Education and Human Resource Development has communicated its intention to build a rehabilitation center for children with anti-social behavior. The story below was extracted from Today in Seychelles Facebook page and was written by Hoareau details an assault incident by a student to his teacher.*

A secondary school teacher was assaulted on school grounds by a student. Traumatized by the incident, she submitted her resignation the same day. This incident sheds a new light on problems of indiscipline in government schools. The teacher narrates her story. *"I was on my way to call on a student when I came across a couple of boys playing cards for money. Gambling is prohibited on school grounds, and this was at a time where these students were supposed to be in class, anyway. So I approached them and told them to go to class. I leaned over and picked up the SCR25 note that was on the table. One of the boys, a 14-year-old pupil, who had assumed the role of the dealer aggressively asked me to give back the money. Not to be intimidated, I stood my ground and said no. He walked around to where I was standing and grabbed at my clothes so hard, that both my blouse and bra strap tore. In a bid to balance myself, I pressed my hand on his chest. That's when he slapped me three times across the face. Three hard, open handed slaps. In an attempt to defend myself, I pushed him away. Having heard the commotion, both teachers and students alike had come out to see what was happening. No one but one person came to help me.*

Another student, who had been on his way to sit an exam came to my defense by holding my assailant back. Only then did my fellow peers come to my aid. I was brought into a room and all the windows were closed. A fellow teacher attempted to sew my blouse back on. The students, angry that the windows had been closed shut started throwing water. Some teachers closest to the windows got soaked! It was then that I was urged by a fellow colleague to call the police. So I did. The police went straight to the Head Teacher's office. I had to be escorted there, as there were still a large group of students outside the room where I was seeking refuge. They started shouting as I made my way to the administration's office. Teachers are often assaulted in schools, especially the expatriates. The way they are treated is abysmal to say the least. Not only are they assaulted, they are also sworn at. You would think it is only the male students doing it, but there are girls as well. Recently, a male expatriate teacher was hit by a female student.

In the National Assembly the Minister of Education expressed that he was aware of the incident and he stated his desire to personally meet with the young lady. The Minister later expressed his apologies on behalf of both the Ministry of Education, and the school. During the lengthy discussion, Minister Morgan urged the teacher to retract her resignation, and offered to transfer her to any other secondary school of her choosing. The teacher confirmed to TODAY that she was resuming her duties at another secondary school.

"I appreciated the way I was approached by the Minister, and I accepted the apologies. However, I was a little disappointed that nothing was said about what preventive measures are going to be put in place to prevent this from happening again, to me or another of my peers. I know it was discussed in the National Assembly, but I wanted to hear it from him personally, as I am one of the victims. He did say, however, that the English River School is to undergo a complete administrative reshuffle, so at least there's that."

* Extracted from Today in Seychelles https://www.facebook.com/todayinsey/posts/1367862703251536:0

NGOS and Civil Society Organisations

The Alliance of Solidarity for the Family (ASFF) is a local NGO that was established in 1996. Its main focus areas include health (including HIV/AIDS prevention), social welfare, promoting gender equality and human rights.

Objectives

- to promote love, fellowship and higher effective communication in the family so as to make them praiseworthy unit of society;
- to promote advance and develop greater awareness and understanding of sexual reproductive health, family planning and responsible parenthood in the interests of human rights, family welfare; community welfare and international goodwill;
- to promote awareness of gender balance and equality in the family;
- to promote spiritual social and moral values in the family;
- to initiate promote and encourage research and exchange of information in the field of streng-thening family relations;
- to acquire, disseminate and encourage the dissemination of information on family relationships and discipline;
- to raise the standard of living of women and family through enlightenment of women and the family on economic, health and education issues;
- to create, sustain and promote understanding and cooperation among women and men as equal partners in decision making and showing of responsibility in the home workplace and community at large;
- to empower family by offering of skills training, leadership training and counselling services as well as income generating and marketing techniques;
- to represent the interest of women as well as families, voice their needs and promote as foster coordination between public and private institutions on the National and International level;
- to educate and inform women and families of their legal rights; and
- to become a member of or to enter into association, arrangement or agreement with other Institutions both in and outside Seychelles, for the purposes of furthering the objects of the Association.

Between 2000 and 2003 the NGO operated a 24-hour hotline service for victims of domestic violence, staffed by volunteers. In 2005, ASFF hosted a multi-sectoral Domestic Violence Steering Committee, comprising of Government, NGO and civil society organisations, to co-ordinate and maximise national efforts towards addressing domestic violence. A gap now exists for the coordination and monitoring of pluralistic providers regarding cases of domestic violence.

Sexual and Reproductive Health New youth clinic opens its doors on La Digue

A Sexual and Reproductive Health (SRH) clinic was officially launched on Saturday 17 October 2015 at the JjSpirit Centre on La Digue. This was an initiative of the ASFF and the JjSpirit Foundation.

Some of the services available at the clinic includes counselling, pap smear, blood pressure test, body mass index test and family planning. A nurse from Mahé will oversee the operation of the clinic which should open every weekend, from Saturday to Sunday- from 9.00am to 6.00pm. Most importantly, the clinic has a small documentation centre which comprises of a range of information and education materials open to all members of the public. These are leaflets, brochures, posters amongst others which have been designed by young people and produced locally.

The ASFF's main clinic is based at Dr. Chetty's Health Complex at Malakoff Street, it also has a branch at Béoliere Health clinic. There was once a branch on Praslin, however, the branch was closed earlier in 2015. The new La Digue branch is expected to make an impact on the youth popu-lation of the inner island. ASFF National Programme Manager, Monica Servina noted in an interview with the local press that "a demand exists wherever there are youth". Indeed this was true, because of the size and proximity of the La Digue community, information was something that spread quite fast. *Adapted from an article by Anael Bodwel - 17th October 2015.*[55]

[54] AU Solemn Declaration on Gender Equality in Africa, Gender Secretariat, Ministry of Health and Social Development, 2007.

The Association for the Promotion of Solid and Humane Families (APSHF) was established on 8 February 1995 by Edwina Adrienne and the late Clifford Cetoupe under the umbrella of the Catholic Church. They committed themselves to working towards the promotion of solid, humane families. This decision and commitment saw the birth of the Association for the Promotion of Solid Humane Families (APSHF). The association registered with the office of the Seychelles Registrar in November 1999 and became a member of the Liaison Unit for Non-Governmental Organisation (LUNGOS) in the year 2000.

Some of the objectives include:

- To work towards ensuring the protection of all the constitution and other rights to the family.
- To enrich the quality of Family Life as a unit within society by finding ways and means of inculcating moral values within the family.
- To strive for better recognition of catholic marriage and its value and importance as a basis for harmonious family relationship.
- To initiate the creation of certain forum through media and organised groups to promote harmonious family life.
- To promote self-esteem, mutual respect of the body and the value of virginity and continence among young people of both sexes.
- To assist the government in bringing changes in society by legislation or other means that favour stable families.
- To look at the family as a unit and to provide support to all its members as one when they are in need.
- To promote responsible parenthood.
- To gradually form and train family support groups in the respective parishes.
- To provide support to single parents in their endeavours to educate their children.[56]

For the past 20 years, APSHF have grown and adapted to the changes in Seychelles social situation. The association which at the beginning worked with married couples, no longer limits itself to support and counsel only them but went as far as to create programmes for unmarried couples and those who are still courting encouraging them to formalise their union in the church.

Over the years APSHF has decentralised its programmes and have created groups in Baie Lazare, Anse Royale, Anse Etoile and on Praslin. The association's work and programme is facilitated by its secretariat, currently based at La Salle D'oeuvre. The Association has organised a series of relationship skills workshops on both Mahé and Praslin and provides counselling to empower couples to deal with domestic violence or empower individuals to escape abusive relationships.[57]

Current activities:

- Creation of family support groups to work in their parishes after training.
- Usual activities include sessions with couples (married or not) single mother, young adults, debates/ discussions on selected topics.
- Production of a magazine.
- Marriage/family counselling.

Challenges

The office is small for the amount of work being undertaken; therefore the church has made available a piece of land for the construction on the 'APSHF House'. The association is currently raising funds for the project.

The Women in Action Solidarity Organisation (WASO) was established in 2013 with the mission to create and develop a strong empowered network of Seychelles women of low income, limited skills, living in unfortunate circumstances. The organisation focuses on:

- Health.
- Population matters.
- Rights and participation.
- Social welfare.
- Gender.
- Economic empowerment/development entrepreneurship.

[55] http://www.ptidetay.com/#!youth-clinic-on-la-digue---anael/sti9c
[56] http://www.virtualseychelles.sc/index.php/component/content/article/99-ngos/84-association-for-the-promotion-of-solid-humane-families-apshf
[57] AU Solemn Declaration on Gender Equality in Africa, Gender Secretariat, Ministry of Health and Social Development, 2007.

On Thursday 15 May 2014, seven women received certificates for successfully completing a six-month training program in sewing whilst five others were rewarded for their active participation in what WASO has called as a 'business incubator.' The NGO has implemented this project with the aim of training some fifty women in cottage industries such as sewing, stained-glass painting and floral arrangements to develop independent living.

Present at the ceremony were Minister for Industry Peter Sinon as well as the Principal Secretary for the Department of Social Development Linda William-Melanie, Special Advisor to Minister Meriton Marie-Josée Bonne, the chief executive of SENPA (Small Enterprises Promotion Agency) Penny Belmont, the LUNGOS Chairperson Marie-Nella Azemia as well as representatives from the British High Commission to Seychelles and Barclays and WASO Chairperson Rosemary Elizabeth and her team. The project came about after WASO received some funding from the European Union (EU) to start the project while Barclays Bank helped them to establish the business training centre. The Barclays Bank of Seychelles invested SCR 181,000 towards the setting up of the business centre. The organisation also received support from Cable & Wireless and the British High Commission among many other well-wishers.

To date WASO has conducted several workshops in line with the Seychelles Alliance for Women Development Project and is based on the concept of Leve Debrouye, to empower women, especially young girls with children, to achieve economic independence and alleviating poverty. The project is to teach them about getting their ventures off the ground, such as securing the necessary funds, getting health clearance, dealing with the Licensing Authority and filing tax documents.[58]

It is evident that most NGOs in Seychelles tackle GBV issues in a family set up. This is a commendable and strategic approach since families are the pillar of any society and most of the violence occurs at home. In current day Seychelles there is a large number of broken families and this affects children who are abandoned in state-funded orphanages. Programmes that focus on primary prevention of GBV should focus on building violence free safe homes especially for children who are the future generation.

Conclusion

While Seychelles is doing very well in regards to domesticating and raising awareness on the regional and international tools to address GBV, there are still some pressing issues that need to be addressed. The relatively high rate of GBV, including domestic violence show that the country needs to upscale their response mechanisms. The first step would be to pass the Domestic Violence Bill into an Act. The CEDAW committee also expressed concern over the lack of criminalisation of acts of domestic violence, given that only the breach of protection orders is criminalised; and the absence of legal provisions criminalising marital rape. Thus there is need for a stand-alone piece of legislation that criminalises all forms of GBV including marital rape.

There is also need to build the capacity of the police and relevant service providers in handling cases of GBV. The low conviction rate for cases of rape and the slowness of the justice system have negative impact on victims of violence and thus need to be addressed.

The judiciary system should create a conducive environment that encourage victims of violence to report abuse both women and men. This can be achieved by raising awareness about the criminal nature various acts of abuse as is highlighted on the Social Development website.

There is need to provide systematic training to judges, prosecutors, the police, and law enforcement and medical personnel on standardised, gender-sensitive procedures for dealing with victims of violence against women and effectively investigating complaints.

[58] http://www.nation.sc/article.html?id=235563

Currently there are no shelters for victims of domestic violence and this discourages survivors of violence to come forward as they know they do not have any place to turn to. Thus the CEDAW Committee recommended the country to strengthen victim assistance and rehabilitation through the establishment of a comprehensive care system for victims of GBV, including measures to ensure their access to free legal aid, medical and psychological support, shelters, and counselling and rehabilitation services.



International Family Day May 2014, Seychellois women received certificates for successfully completing a six-month training program by WASO . *Photo: Gender Links*

CHAPTER 7
PREVENTION



Guests and participants at the UNiTE launching workshop. *Photo: Gender Secretariat*

Key facts

- The Minister for Social Development and Culture, Mr Bernard Shamlaye, launched the UNiTE for Peace to End GBV campaign with the aim of putting a stop to all forms of GBV in Seychelles
- Political commitment needs to go beyond formation and reformation of legislation to ensure enforcement by providing the needed resources.
- Since 2010 the Gender Secretariat in the Ministry of Community Development, Social Affairs, and Sports conducted an informational campaign to end gender-based violence, using spot announcements on television and printed materials.
- Of the 578 participants who completed the survey, 235 (41%) confirmed that they knew of events or campaigns to end GBV.
- Of the 235 women who knew about GBV campaigns 60% could not identify any symbol associated with the campaigns.
- 16% associated the orange colour with campaigns to end GBV, while 10% identified a butterfly being set free, 9% a white ribbon and 4% a purple colour.
- Almost a quarter (23%) felt that the media is biased against women and that the voices of those most affected is seldom heard.
- Seven percent of the women thought that the media coverage is biased against men as they are always treated as though they are to blame.
- 14% expressed that the media fuels gender violence even more by naming victims and showing little sensitivity towards them.



Georgette's* "I" Story

"Looking at me, you would not believe what I have been through, I am bubbly and smiling all the time, the smile and joie de vivre hides the a nightmare which I started to live 10 years ago.

"I hail from Glacis, a district in the north of the island, I grew up with both parents, and my father was very strict, but our home was loving.

"John* was my first true love, an accountant by profession, he moved from work to work, being in the field, options were wide. But then John switched to a different work, where he had to work in local government, and this is where our problems started.

"His job entailed that he had to stay in after working hours, but then he started to come home late more frequent, before it was 7pm, but then 10pm was the earliest he came home. At first as an understanding wife I gave him the benefit of the doubt. I understood working with the whole community was not easy and had its exigencies, but after that, few incidents made me realize things were not what it seemed. John became more aggressive, when he came home, late as it was, nothing was good, he always found something to quarrel about. On two different incidents, he said he was going to visit his cousin, and both times he was not there, in turns out his pastoral visits were to a young woman, much younger, half his age, and it was then that I started to live hell on earth.

"This hell culminated in me being dragged outside and beaten in front of my neighbors and my teenage daughter turning against me, her father fed her with so much lies, that she rebelled against me and eventually she moved with her father, who was living with his mistress and five other members of her family.

"At my lowest I discovered a ministry within the Anglican church and I started to live again. The kingdom seekers ministry was my savior, through the group I found strength and support. I built my faith and started to pray for my daughter every day. Three years later I welcomed my daughter home again and I began to heal.

"Today I am happy, I have forgiven John and we are on speaking terms again. I am still active in the ministry, women out there, if in such situations, find support and you will triumph!"

The story above shows how the church and other informal support structures can be included in GBV prevention strategies as many survivors seek help in these places. This chapter presents some of the prevention strategies that can be implemented or up scaled in the Seychellois context. Evidence has shown that gender violence can be prevented and its impact reduced. The factors that contribute to violent responses whether they are factors of attitude and behaviour or related to larger social, economic, political and cultural conditions can be changed. To date most of the interventions have been responsive in nature. There are three main prevention levels, namely:

Primary prevention

This aims to address GBV before it occurs, in order to prevent initial perpetration or victimisation. Based on the fact that GBV has a lot to do with mind-sets and attitudes, primary intervention is aimed at changing behaviour and attitudes, seeking to address the root causes of these attitudes at individual, relationship, community and societal levels. Interventions can also aim to change risk-producing environments. Strategies include:

- Political will and commitment to addressing GBV;
- Public awareness programmes;
- Engaging men and children;
- Using the media;
- Economic empowerment and education.

Secondary prevention

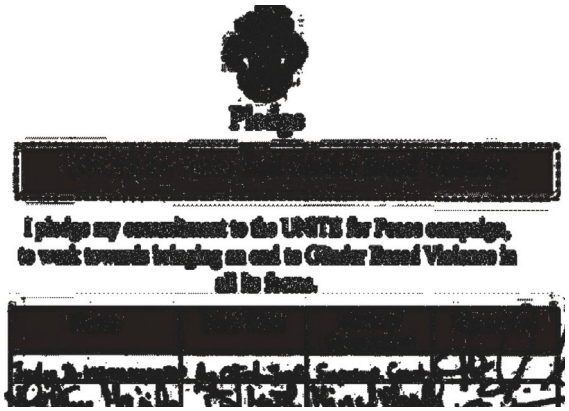
Happens immediately after the violence has occurred to deal with the short term consequences, for example treatment and counselling. GBV survivors require comprehensive care and support from multiple

service providers. This includes health, legal, social services, education, economic and social support. Secondary GBV interventions empower those charged with addressing GBV with the skills to promote prevention and the ability to deal sensitively with the topic. Strategies include training key stakeholders, including 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, e.g. perpetrator-counselling interventions. There is need to advocate for introduction of Rehabilitation Programme (dealing with conflict resolution skills for both perpetrator and victim(s), tackling co-dependency and offer psychological therapy in complementation to counselling).

Political commitment



To date the Seychellois government has shown political commitment in ending GBV through putting in place legislation on GBV. Rape, spousal rape, and domestic abuse are criminal offenses punishable by a maximum of 20 years' imprisonment. Despite the existing laws it is apparent that the government is not enforcing the laws effectively or rather optimally. Since 2010 the Gender Secretariat in the Ministry of Community Development, Social Affairs, and Sports conducted an informational campaign to end GBV, using spot announcements on television and printed materials. The 2008-2012 National Strategy on Domestic Violence aimed to strengthen legislation and legislative structures on domestic violence to deal more effectively with perpetrators and provide more comprehensive protection to victims and their families. Some of the targets were to:

- Explore feasibility of criminalising domestic violence by implementing legislative changes such as introducing the Domestic Violence Crime and Victims Act. However until to date this has not been effected. The Family Violence and the Constitution are still the main pieces of legislation.
- Explore feasibility of creating specialist court under Supreme Court. Again this has not been done.
- Review existing laws covering domestic violence. Since the drafting of the strategy, the review has not been done.
- Sensitise judiciary, legal agencies and law enforcement about legislative changes.[59]

It is apparent that political commitment needs to go beyond formation and reformation of legislation to ensure enforcement by providing the needed resources such as budget and human resources. The researchers could not find any explicit budget to address GBV or domestic violence at national level.

Addressing root causes of GBV

One of the objectives of the Seychelles National Strategy on Domestic Violence 2008-2012 was to understand the extent, causes and consequences of domestic violence in Seychelles through an in-depth analysis of a national survey. In 2006, the government conducted a national study on GBV, however, for methodological reasons the study could not be completed. Therefore the current study seeks to fill this gap. Chapter 4 of this report explored some of the factors associated with experience and perpetration of GBV. However further multivariate analysis is recommended with more variables to extensively explore the root causes and consequences of gender violence. Some of the root causes identified in other studies include:

[59] National Strategy on Domestic Violence.

Child Abuse

The Country Report on Human Rights Practices for 2014 confirmed that in 2014, child abuse was a serious problem, despite the fact that the law prohibits physical abuse of children. According to government social workers, perpetrators of child sexual abuse often were stepfathers and older brothers. The Social Affairs Department reported 110 cases of child sexual assault during that year.[60] According to WASO most rapes of girls under age 15 went unreported due to fear of reprisal or social stigma. Authorities prosecuted several child abuse cases in court. The strongest public advocate for young victims was a semi-autonomous agency, the National Council for Children. On a positive note the Report recorded that child marriage is not a significant problem in Seychelles.

Economic dependency of women

Seychelles is considered as a matrifocal society as informed by the existence of female headed households as well as the assumption that there is equal share of power between men and women at certain levels as evidenced by the existence of explicit gender balanced frameworks (Social Policies in Seychelles, 2011, Campling et al) which give them constitutional and equal rights to work, education, health, vote land ownership and inheritance (Human Development Department, 2009). There is a fair representation of women in politics as well as over representation of girls in schools. According to Pardiwalla's study (2008) of gender in secondary schools, there is rigid stereotyping in subject choices which orient students towards technical/ vocational training and career choices. This has seen boys going for construction, engineering and maritime training programmes while girls choose the traditional health, teaching, secretarial and hotel courses. Even as teachers' majority of women taught languages and social education while men taught IT, physical education, maths to mention but a few.

Despite the relatively significant number of women in politics in Seychelles as elsewhere women continue within lower status and lower paid jobs as compared to their male counterparts (Campling et al 2011). According to their study women represent 60% of job seekers and 30% of employers. In this study 74% (431) of the female participants and 80% (420) of male participants confirmed that they had worked in the 12 months prior the interview. Of those who worked more than two thirds (71%) of women and 60% of men earned SCR8000 and below and 29% of women and 40% of men earned SCR9000 and above. Despite Seychelles being a matrifocal society it is apparent that men continue to retain political and economic power (Pardiwalla 2008) and this kind of societal structure provides the breeding ground for gender violence.

Engaging men in ending GBV

Men continue to hold the majority of powerful and influential positions in law, politics, finance, the justice and security sectors, business and the media. They determine policy and legislative priorities, as well as public budgets. In many countries, the frontline institutions charged with responding to violence against women, are male-dominated (e.g. the police, health and legal professions, the judiciary, etc.). [61]

The primary perpetrators of violence against women and girls are men. As such, prevention efforts must engage them (Flood 2008). A 2009 study on gender socialisation in the home by the Human Development Department, many men in society, if provided with information and sensitization about the issue, represent untapped but potentially influential allies in the struggle to end GBV, within their families, communities and decision-making circles.

The emerging evidence-base shows that prevention approaches that engage men and boys work. Findings available are showing that appropriate interventions can change men's attitudes towards women, equality and the use of violence. Seychellois men have a lower life expectancy rate compared to their female counterparts. This is due mainly to the stringent gender roles that make men neglect their health. The case study below shows the importance of engaging men in health issues including gender violence.

[60] Country Report on Human Rights Practices for 2014.
[61] Campling et al 2011.

Alliance of Solidarity for the Family (ASFF) introduces the men's clinic

In August 2011, Alliance of Solidarity for the Family (ASFF) in Seychelles introduced health facilities focusing on men. Most health services are women friendly and not attractive enough for men to use, thus creating a gender bias. Most men in the Seychelles demonstrate health seeking behavior only when their health status is challenged or compromised. Health protection and health promotion practices are relatively poor. It results in higher morbidity rate for men and lowers their life expectancy.

Objective

The ASFF identified a gap in the provision of specific health services for men and decided to fill the gap. ASFF strongly believes that scaling up access to health services through provision of men's health services will go a long way towards addressing men's general health, sexual and reproductive health needs including gender violence.

The project is in line with the provisions of the SADC Gender Protocol on Gender and Development, Article 26 on Health.

Activities

The initiative has three main components, including:

- health talks targeting men in the work place;
- a men's wellness clinic; and
- a specialised men's clinic.

Most of these services are nurse led except for the latter which is offered by a specialist medical officer. The services are well accepted by the community and well used. The Ministry of Health facilitates the service by providing laboratory and pharmaceutical services. Culturally men do not use health facilities effectively. Men tend to be less healthy conscious as evidenced by the health statistics. Average life expectancy for a male at birth was recorded in 2010 as 73.2 (68.9 years and 77.5 years for males and females respectively), a difference of almost nine years between male and female. Of the six deaths due to self-harm in 2011, four were males and one female. The above picture illustrates that there is a gender inequality in regard to access to health services.

The project recognises the importance of men having better access to health services, and the need to reach out to men with education that enables them to participate in their own health. The project also provides an entry point to address the culture of violence founded in the belief that abusing the partner physically or psychologically is acceptable and legal. The project is a collaboration with the Ministry of Health. The main beneficiaries of the project are men on working sites, who would otherwise be unlikely to approach a district health centre unless they were ill. Alcohol abuse and gender based violence tend to be common amongst this group.

The clinic is an entry point for information and education on contraception. Over 1000 condoms have been distributed at the clinic. It also provides education about gender based violence, with 'Behaviour Change Communication' leaflets aimed at redressing gender based violence and improving sexual health being distributed. So men are accessing sexual and reproductive health services in a "male friendly environment".

Challenges

However, there are challenges, as the project doesn't reach men who are not in an insitutionalised working site. Fishermen, stevedores, and farm workers, for instance, are unreachable. Other health needs of men in Seychelles also need to be addressed, and this will be considered in another project.[62]

[62] http://www.genderlinks.org.za/article/seychelles-mens-health-clinic-challenges-stereotypes-2012-10-23

Engaging the media

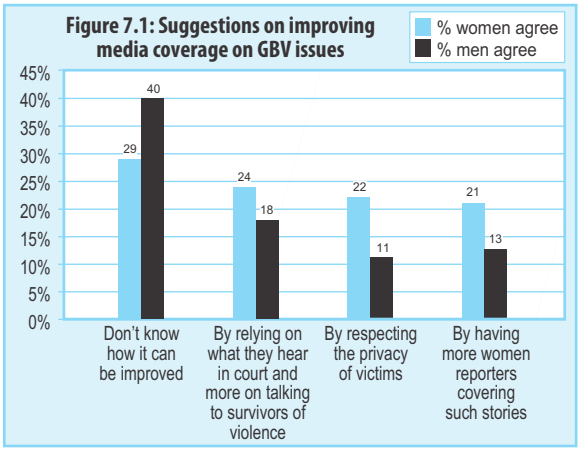
One of the most important social actors in preventing gender based violence is the media; however, its crucial role is often overlooked or not acknowledged. Negative and stereotyped images of women in the media, and the ways in which the media reports on gender based violence (as a lesser crime) contributes to the acceptance of gender based violence as a norm.[63] In this study both women and men were asked about their views on the role being played by the media in regards to GBV. The table below shows the responses by participants.

Table 7.1: Participants' views of media coverage of violence against women

Views about the media and GBV	Women agreeing % n=539	Men agreeing % n=470
It is fair and balanced; the media gives the facts as they are	32	30
It is biased against women; the voices of those most affected is seldom heard	22	12
It is biased against men; they are always treated as though they are to blame	6	20
It fuels such violence even more by naming victims and showing little sensitivity towards them	13	8
None of the above	26	30

According to the table a third of the women and men believe that the media coverage of GBV is fair and balanced; the media gives the facts as they are. Almost a quarter (22%) of women and 12% of men felt that it is biased against women and that the voices of those most affected is seldom heard. Six percent of women and 20% of men thought that the media coverage is biased against men as they are always treated as though they are to blame. On the other hand 13% of women and 8% of men expressed that the media fuels gender violence even more by naming victims and showing little sensitivity towards them. More than a quarter of both women (26%) and men (30%) did not identify with any of the statements that were provided and it would be interesting to know their views on the role of the media. It is interesting to see the variations on the perceptions around the media, for more women 22% compared 12% think the media is against women on the other hand more men 20% and only 6% of women believe the media is biased against men. This serves to show that there is need to sensitise the media practitioners so that they include the voices of both women and men in regards to GBV issues.

The participants were further asked to give suggestions on improving the media's coverage of GBV issues. The figure below presents the findings.



The figure shows that majority of both women (29%) and men (40%) did not have any suggestion on how to improve the media. Almost one quarter more (24%)

[63] http://www.state.gov/s/gwi/programs/policy/gbv/programs/

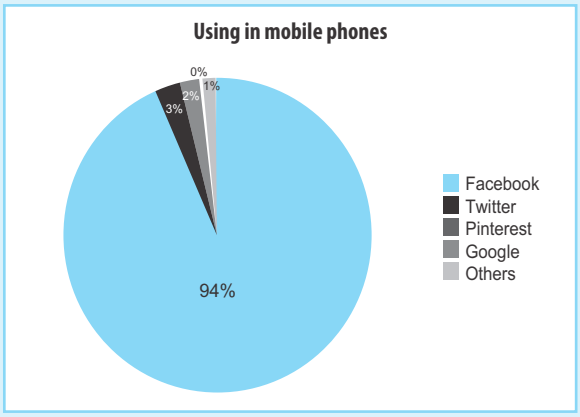
of women participants and 18% of men believe that the media should rely less on what they hear in court and rely more on talking to survivors of violence. 22% of women and 11% think that the media can improve on its coverage of GBV stories by respecting the privacy of victims and 21% of women and 13% of men suggested of having more women reports covering GBV stories.

While it is apparent that the mainstream media plays a crucial role in sensitising masses, it is high time Seychelles maximized the social media to raise awareness on GBV. Below is brief note on the role social media can play.

Social media as a tool to raise awareness around GBV in Seychelles

To date nearly two thirds of world population (65%) use social media websites, up from 8% when Pew Research Center started systematically tracking social media usage in 2005. According to Internet World statistics, Seychelles with a total population of 93 186, 60% of these (56 168) were internet users as of June 2016. There were 48 000 Facebook subscribers.[64]
Breakdown of social media use

Statistics show that in Seychelles the most used social media platform is Facebook with the usage of about 95%. Twitter ranks second with 2.7%, followed by Pinterest with 2.04%, and Google with 0.25% while the remaining social networks hold 0.46% using mobile internet.[65]



Facebook usage in Seychelles

Domestic Violence Awareness Seychelles: This page seeks to raise awareness on domestic violence by covering some of the issues happening in Seychelles. It is liked by 810 people.

Success of social media campaigns
In the 2015 Presidential race, the first female presidential candidate, Amesbury, said the success of her party was attributed to the use of social media. There are two main political groups involving Seychellois on Facebook; Dan Lari Bazar, a pro Parti Lepep group which has about 29 961 members and the opposition group, Seychelles Daily, which has some 29 386 members. Gossip Corner a group has 25 865 and a page Seychelles Today which has 11143 likes. Written research also mentioned *'The Truth Nothing but the Truth'* with an estimated 11 000 members.

These are some of the Seychellois groups and pages that get a relatively good amount of traffic as of November 2016 statistics. Many people are members of all four groups. According to Amesbury, the freedom of expression that people have found on social media, has helped liberate those who feared that expressing their opinions might get them in trouble. Issues that were formerly only spoken about in the privacy of one's home are now discussed openly and this, in turn, has encouraged others to be freer with their words.

Given that internet penetration is two thirds of the population and Facebook users are about 52% of the population, GBV groups and organisations should maximise the use of social media to raise awareness.

[64] http://www.internetworldstats.com/africa.htm#sc
[65] https://www.statsmonkey.com/squaretree/21463-seychelles-mobile-social-media-usage-statistics-2015.php

Community mobilisation and public education

Community mobilisation is a process for reaching out to different sectors of a community and creating partnerships in order to focus on, and ultimately address, a pressing issue such as gender violence. Evidence from the SASA! Community mobilisation project shows that community mobilisation can be an effective tool in curbing GBV. After nearly three years of SASA! programming, levels of IPV were lower in intervention communities than in control communities. Women in intervention communities were about half as likely to report experiencing IPV, and also less likely to report experiences of sexual IPV[66]. These findings indicate that violence is preventable within through effective community mobilisation.

Case study: Public Education Campaigns as long-term prevention strategy



Minister Shamlaye signs the UNiTE pledge. *Photo: Google images*

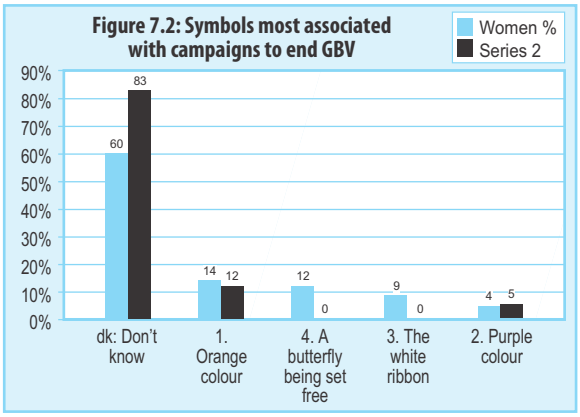
The Minister for Social Development and Culture, Bernard Shamlaye, launched the UNiTE for Peace to End Gender Based Violence campaign with the aim of putting a stop to all forms of GBV in Seychelles. The UNiTE for Peace campaign is the national component of the regional campaign African UNiTE to End Violence Against Women and Girls and the international campaign UNiTE to End Violence Against Women and Girls. The UNiTE campaigns were officially rolled out in Seychelles at a workshop held on the 10th December 2010 to mark the last day of the 16 Days of Activism on Gender Violence.

This symbolised that work to end GBV will continue past the 16 days campaign and throughout the next year. In his opening speech at the launching workshop, Minister Shamlaye invited distinguished guests and participants to sign the UNiTE for Peace pledge as a sign of their commitment towards ending GBV in Seychelles. Pledging participants were each given a poster to put up in their offices and homes with the aim of raising awareness on the UNiTE campaigns and the need for zero tolerance for violence. The Gender Secretariat of the Ministry of Social Development and Culture worked with partners from other government offices, civil society and the private sector to collect more pledges and distribute posters, T-shirts and leaflets to spread the UNiTE for Peace campaign message.

Knowledge of campaigns

The participants in the study were asked if they know of events or campaigns to end GBV. Of the participants who completed the survey, 235 (41%) of women and 193 (41%) of men confirmed that they knew of events or campaigns to end GBV. Majority of them (80%) of them knew through the TV, 10% from the radio and 3% from the newspaper. Further questions were asked to those who knew about campaigns. One of the questions was which symbol they most associated GBV with.

[66] http://strive.lshtm.ac.uk/projects/sasa-act-now-against-violence

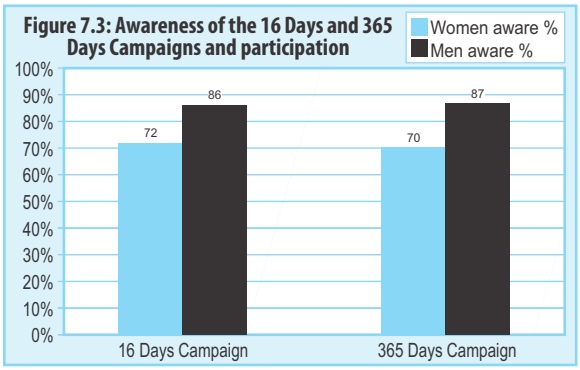


The figure shows that of the 235 women who knew about GBV campaigns 60% of women could not identify any symbol associated with the campaigns. Similarly of 195 men who knew about the campaigns 83% could not identify any symbol. 14% of women and 12% of men associated the orange colour with campaigns to end GBV, while 12% of women and no men identified a butterfly being set free, 9% of women and no men identified a white ribbon and 4% of women and 5% a purple colour.

> "Orange Day is celebrated globally on the 25th day of every month, with the aim of raising public awareness and increased political will towards ending the global pandemic of violence against women and girls around the world."

Orange Day Campaign

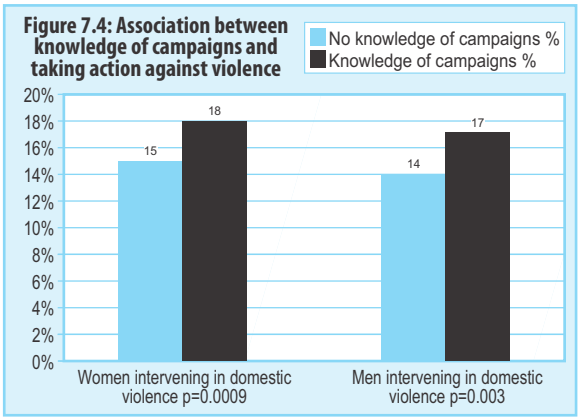
Orange Day is celebrated globally on the 25th day of every month, with the aim of raising public awareness and increased political will towards ending the pandemic of violence against women and girls around the world. The campaign's vision is to achieve a world free from violence and the threat of violence. This can only be realised through the participation of all members of governments, NGO's and citizens of every nation. The 25th of January marked the first Orange day of 2013, and the public was urged to support this endeavour by wearing orange on every 25th day of each month, and spread the word about this campaign.



Of the participants that knew about the campaigns almost 72% of women and 86% men knew about the 16 Days Campaign. 70% of women and 87% of men knew about the 365 Days Campaign and the 16 Days respectively. These figures are relatively high compared to other countries where the same study was undertaken.

Association between knowledge of campaigns and taking action against violence

The study further assessed if knowledge of campaigns was associated with women and men taking action against domestic violence. The figure below shows the results from testing association between two questions: *Have you ever personally intervened in a domestic violence?* and *Do you know of any campaigns to end GBV?* Around a third of men (143) and 33% of women (183) affirmed that they had intervened in a domestic violence incident.



The figure shows that of the women who had personally intervened in a domestic violence case 15% had no knowledge of campaigns while 18% were knowledgeable of GBV campaigns. A similar trend was observed in men where 14% of men who had intervened in a domestic violence issue were not knowledgeable about campaigns while a higher proportion affirmed that they knew about campaigns. The associations were statistically significant in both women and men ($p>0.05$). Thus it can be argued that knowledge of campaigns propels women and men to act against violence.

Conclusion

Despite being a small island Seychelles has shown political commitment of ending GBV. The country is the seventh country in the SADC region to undertake the GBV Baseline study with the aim of understanding the root causes of GBV. The findings from the study help in devising interventions to end the scourge. This initiative in itself shows commitment towards the cause. The government also ensured that some forms of GBV are covered within the constitution as well as the Family Violence Act. However what is still lacking are resources to ensure implementation. While it is generally accepted that Seychelles is a largely matrifocal society it provides a good case study of unpacking power, both its positive and negative uses, thereby shifting away from the traditional focus on "gender as women" which in this case seem to problematic as a matrifocal society.

CHAPTER 8

INTEGRATED APPROACHES



GBV workshop organised by Australian High Commission and the British High Commission facilitated by the Social Affairs Department, Gender Links and University of Seychelles, 3 December 2014.
Photo: Today in Seychelles

Key facts

- The Gender Secretariat which is housed within the Social Development Policy Division of the Minister for Social Affairs, Community Development and Sports, is the coordinating structure of all issues pertaining to gender in Seychelles.
- In 2005 the Gender Secretariat adapted the Commonwealth Gender Management System approach to gender mainstreaming to the Seychelles context.
- The Gender Secretariat also formulated the National Strategy on Domestic Violence, which was validated by a wide-spectrum of stakeholders before gaining Cabinet approval.
- Following the development of the National Strategy on Domestic Violence, the United Nations Development Fund for Women (UNIFEM) supported the Seychelles government in drawing up of a costed National Plan of Action on Gender Based Violence.
- One of the challenges faced by the Gender Secretariat is limited resources including human resources to carry out the expected tasks. Currently the Secretariat has only two staff members.
- For the past 25 years the Liaison Unit of NGOs in Seychelles (LUNGOS) was the coordinating body of civil society in the country.
- November 2014 saw the dissolution of Lungos and the establishment of the Citizens Engagement Platform Seychelles (CEPS).



Joanna's* "I" Story

"I am a 47 years old educator, I work with children in kindergarten and they are my pride and joy. I grew up in a humble family in a peaceful community close to town. For 24 years I have lived with the father of my three children, who has worked as a mechanic and driver. Lately George* worked as a bus driver, meaning he travelled all over the island every day. George has always had a roaming eye, he has been cheating on me on and off for years, But it was during his years as a bus driver that these episodes increased, he would spend weekends away from the house and then he would come back, sometimes during the weekdays even though he finished work at 8pm, he would not come home until 1am in the morning.

"Things turned drastically for the worse when George started to have an affair with a woman from Madagascar, he was more aggressive, rarely came home and did not contribute anything towards the household. One morning everything came crashing down.

"A raving George came home after spending the night away, and started an argument, we argued back and forth and things turned so ugly, he became more aggressive, grabbed a knife and chased me and the kids out of the house, I could not believe it, after 24 years with my common law partner, he had chased me out of his house, a house that I have contributed to build but which was on his mother's land. I, still in my nightgown, had to take refuge at a neighbours, he was so violent that we had to wait for the police for assistance.

"On the same day, with the police standing in I removed my stuff from the house, today, three years later, I think back and realized that this was amazingly satisfying, because apart from his clothes a music set and a few other tit bits, everything else was mine, bought with my hard earned cash, and yes I stripped the house. Fortunately a friend gave me a room to store all my furniture.

"Yes, I had to move back to my mother's house, my childhood house where I grew up. My three children had to re-adapt to the situation. At my age how and where do I start over? I have been to several offices to assist me with housing as I cannot afford to rent private houses, but till now to no avail. Sometime I ponder upon my situation and ask myself have I been too lenient... have I allowed him to walk on me as if I was a doormat too often... should I have fought back when he continued to have affair after affair... is that why today I have been punished for being a good woman!

"But I have hope, recently I have started to date an old acquaintance from my school days, we are taking things slowly, as I do not want to end up again with no accommodation, my wish is that the Government assists me with social housing.

"My message to women is to keep away from situations where you live in a man's house on his family's land, whatever situation make sure that you have your land, or its land that you bought together so that in any eventualities you can get your equal share."

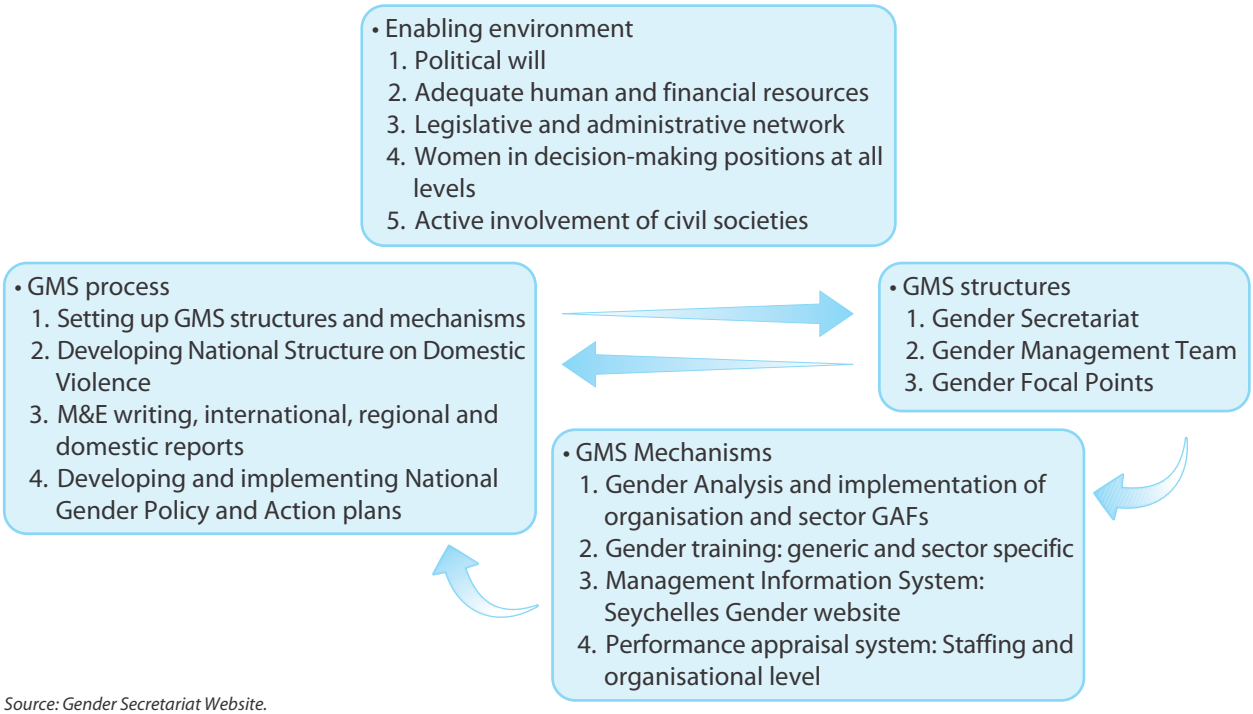
This story clearly shows how GBV is a cross cutting issue that requires various actors (such as the housing department in this case) to come together in addressing GBV. Evidence shows that ad hoc efforts involving isolated groups or sporadic activities have limited impact in reducing GBV let alone ending it. Programs should aim for a systematic, comprehensive response using multi-sectoral approaches.[67] There is no single sector, government ministry, department or civil society organisation that is by itself responsible or has the singular ability to address GBV. Thus the United Nation's Secretary General's study on Ending Violence Against Women: From Words to Action (October 2006) stresses that states should build and sustain strong multisectoral strategies, coordinated nationally and locally. They should also build on the work done by nongovernmental organizations (NGOs), scale up and institutionalize it and share experiences with other countries. Strong institutional

[67] Strengthening Regional Work on Gender-Based Violence.

mechanisms are required at national and international level to ensure action, coordination, monitoring and accountability.

The Gender Secretariat which is housed within the Social Development & Policy Planning Division of the Social Affairs Department, is the coordinating structure of all issues pertaining to gender in Seychelles. The role of the unit is to act as the permanent Lead Agency within the Gender Management System (GMS) with the goal of facilitating gender mainstreaming in all policies, programmes, and activities of the government, the private sector and civil society. Other structures that are part of the GMS include the Gender Management Team and the Gender Focal Points.

Figure 8.1: The Gender Management System Model in Seychelles



Source: Gender Secretariat Website.

Key Functions of the Gender Secretariat

- To initiate, strengthen and institutionalise the GMS.
- To be responsible for the overall co-ordination and monitoring of the GMS.
- To play a strategic and catalytic advocacy role, by introducing critical gender concerns into the policies, plans, programmes at all levels.
- To develop national policy guidelines for gender mainstreaming.



- To ensure that key targets and indicators on the status of women and men are set, agreed upon and met.
- To lead the overall monitoring and evaluation of the impact of the gender mainstreaming process.
- To manage the flow of information on gender issues and communicating policy changes and results.
- To facilitate capacity building for gender mainstreaming.

In 2005 the Gender Secretariat adapted the Commonwealth GMS approach to gender mainstreaming to the Seychelles context. Since then the Gender Secretariat has:

- Initiated the first stage of a nationwide gender situational analysis through the National Gender Steering Committee.
- Launched the Domestic Violence National Survey and published preliminary findings.
- Organised capacity building programmes in collaboration with partners on:
  - Gender mainstreaming and good governance;
  - Gender Analysis and planning; and
  - Gender-sensitive Indicators.
- Held a series of senior-level gender sensitisation forums with local partners and stakeholders.
- Reported on the implementation of the AU Solemn Declaration where commitment 5 focuses on domestic violence.
- Formulated the National Strategy on Domestic Violence, which was validated by a wide-spectrum of stakeholders before gaining Cabinet approval.
- Developed material for and facilitated women's human rights training for the Police.

Activities

The main highlights of the Gender Secretariat to date include:

- Facilitate implementation of the National Strategy on Domestic Violence through technical assistance to working groups of stakeholders.
- Report on implementation of CEDAW since 1993-2006.
- Conduct the Domestic Violence National Survey.
- Strengthen the Gender Management Information System.
- Commemorate gender related international days.

National Strategy on Domestic Violence 2008-2012

The Ministry of Health and Social Development spearheaded the development of a national strategy that was not only responsive to the needs of those affected by domestic violence, but it aimed to sensitise and raise awareness towards a transformative approach that goes beyond gender sensitivity and actually toward changing gender relations in the society. The strategy framework was drafted by the Gender Secretariat and validated with a wide range of stakeholders before gaining Cabinet approval at the end of 2007.

Its objectives were to:

1. Strengthen and synthesise activities of multi-stakeholders for an integrated and efficient response to domestic violence;
2. Reduce vulnerability of women and men to domestic violence, both victimisation and perpetration;
3. Reduce impact of domestic violence on children; and
4. Nurture an environment conducive to improved gender equality and equity.

The National Strategy made provisions to:

- Understand the extent, causes and consequences of domestic violence in Seychelles;
- Strengthen legislation and legislative structures on domestic violence;
- Strengthen police response to domestic violence cases;
- Enable an integrated and efficient response of multiple service providers to domestic violence;
- Monitor and evaluate implementation of National Strategy;
- Advocate for integrated data management between multiple sectors;
- Risk management as short-term prevention strategy;
- Rehabilitate perpetrators and victims of domestic violence;
- Temporary protection and shelter of high-risk victims;
- Overlap of risk management between intimate partner violence and child abuse;
- Public education campaigns as long-term prevention strategy; and
- Advocate for the revision of SBC's policy on violence.

Costed Action Plan

After the realisation that most strategy documents end up being shelved due to lack of

resources and political commitment, the United Nations Development Fund for Women (UNIFEM) supported the Seychelles government in drawing up of a costed National Plan of Action on Gender Based Violence, based on the six pillars of the strategy namely 1) Awareness Raising and Prevention of GBV 2) Standardised Procedures, Guidelines and Training Materials 3) Capacity Strengthening of Service Providers 4) Rehabilitation 5) Legislation, Advocacy and Lobbying, and 6) Coordination, Research, Monitoring and Evaluation. The costed Action Plan provides the framework for turning the strategies into action. Lessons learnt from the implementation of the strategy will lead to the formulation of a new comprehensive set of laws on gender based violence relevant to the local context and drawing on international good practice.

Coordinating the national study on domestic violence

At the end of 2006 the Gender Secretariat in the Social Development Division launched a nationwide survey on domestic violence, to investigate its extent, causes and consequences in the Seychelles context. The research project did not go according to plan.

Challenges faced by the Gender Secretariat

Most of the challenges faced by the Gender Secretariat were highlighted in the feedback report by CEDAW committee. Some of the concerns as they were raised include:

- The limited institutional authority, capacity and resources of the Gender Secretariat to effectively promote the implementation of the Convention and support gender mainstreaming across all sectors and levels of the government;
- The continuous restructuring of the national machinery for the advancement of women and the lack of a coordination mechanism for the different bodies dealing with women's issue;
- The delay in the finalisation of the Draft National Gender Policy; and
- Limited resources including human resources to carry out the expected tasks. Currently the Secretariat has only two staff members.

Given some of the issues raised above the CEDAW proposed the following recommendations:

- Strengthen the Gender Secretariat and provide it with the authority, decision-making power, and human and financial resources that are necessary for it to work effectively for the promotion of gender equality and the enjoyment by women of their rights, including its capacity for effective coordination and cooperation among the various gender equality and human rights mechanisms and with civil society;
- Establish a permanent interministerial structure with high-level representatives with decision-making power from all relevant sectors and levels of policy-making in order to ensure the effective functioning of the gender mainstreaming strategy; and
- Finalise, without delay, the National Gender Strategy as well as its action plan, and ensure the effective implementation of the measures aiming at strengthening policies, programmes and campaigns addressing gender stereotyping; and develop a National Action Plan for the implementation of the present concluding observations.

Coordination of civil society in Seychelles

There are over 80 Civil Society Organisations (CSOs) operating in the Seychelles including NGOs, community-based organisations, professional associations, churches. They are involved in various areas such as in environment, human rights issues (children and women rights, HIV/Aids, prisons) and community development (sports associations for instance).

Out of the 80 organisations, 56 are affiliated to the Civil Society Platform of Seychelles (CEPS) formerly known as Liaison Unit of NGOs in Seychelles (LUNGOS) which is a coordinating body of civil society in the country. CSOs in Seychelles face capacity constraints in terms of governance (no selection criteria for the composition of the board); management of activities; internal management; projects' development and management. LUNGOSCEPS has launched a website for the civil society in order to improve information-sharing and networking activities.

Over two decades, CEPS has tried to consolidate its role as the national focal point for civil society in Seychelles. It has regrouped its members into eight

thematic commissions to promote networking. In June 2008, CEPS signed a Memorandum of Understanding with the Government. In this context, LUNGOS now known as CEPS is regularly consulted by the Government on various development issues; it had permanent seats on a number of National Boards and Committees and also managed part of the social programme financed under the national budget. CEPS is also represented as the voice of the civil society at the level of the general budget support committee that monitors implementation of the Seychelles Economic Reform Programme.



LUNGOS was a platform for NGOS, whereas CEPS is the platform for civil society. *Photo: Gender Links*

November 2014 saw the dissolution of LUNGOS and the establishment of the Citizens Engagement Platform Seychelles (CEPS). LUNGOS had been in existence for 25 years. Currently, over 40 of the active Civil Society Organizations (CSOs) in Seychelles are affiliated to CEPS. They are clustered into eight different Thematic Commissions according to areas of intervention and focus. CEPS is the national platform for Civil Society in Seychelles, establishing itself as representative of the collective interest of Civil Society Organisations and the voluntary sector in Seychelles. It is affiliated to CIVICUS and SADC-CNGO. CEPS acts as interface with state and non-state actors nationally and internationally, to create added value and bring benefit to the community at large. CEPS is taking on the key role in voicing the needs and concerns of the country's civil society and in advocating greater civil society involvement in national development and decision-making.

CEPS is consulted by international bodies such as IMF, ADB, World Bank, EU as they seek inputs of civil society organisations on various development issues. CEPS is dedicated to enhancing the role and capacity of Civil Society to effectively contribute in policy processes and national development initiatives. In addition to its numerous functions CEPS also provides an array of training and capacity development activities for the Third Sectors. To date, CEPS has permanent seats on a number of National Boards and Committees.[68]

Conclusion

It is commendable that despite, being a relatively small country, Seychelles has managed to establish coordinating structures for both government and civil society sectors. The networks facilitate information and resource sharing as well as the coordination of programmes. Another commendable aspect about the Seychelles is that they have a relatively strong online presence. The activities related to gender are widely publicised on social media. Most of the work done by the Ministry of Social Affairs as well as CEPS has been publicised on Facebook reaching thousands of Seychellois people.

However, despite the measures being put in place by the government things are slow to happen on the ground. The Gender Secretariat lacks resources thus impeding effective functioning. With only two staff members, the Secretariat oversees all the issues that pertains to gender in Seychelles. As a result GBV is not accorded the full attention as is befitting. The Gender Focal points as proposed and requested by the custodian of Gender portfolio have not materialized in the different ministries, parastatals (partly funded by Government) or private organizations, thus making gender mainstreaming non implementable.[69] There is no standalone committee that oversees the National Strategy on Domestic Violence making it difficult to monitor implementation of the strategy.

[68] http://www.civilsociety.sc/civil-society-in-seychelles/lungos-organisation-profile/

[69] SHADOW REPORT ON CEDAW BY THE GENDER COMMISSION LIAISON UNIT OF NGOs IN SEYCHELLES (LUNGOS), 2013 LUNGOS. (2013). Shadow Report On CEDAW by The Gender Commission Liaison Unit of NGOs In Seychelles (LUNGOS)

CHAPTER 9
CONCLUSIONS AND RECOMMENDATIONS



Training of researchers in Seychelles January 2016. *Photo: Linda Musariri*

Extent

Seychelles is the first country in the SADC region to undertake a GBV study that encompasses both violence against women and violence against men. This study as the first of its kind set out to establish the extent of different forms of GBV in Seychelles. The main forms of violence that the study looked at are violence by an intimate partner (emotional, physical, economical and sexual) as well as sexual violence by a non-partner including sexual harassment in public places. The study has shown that there are high levels of violence with more than half of the women (58%) and 43% of men having experienced some form of GBV at least once in their lifetime. Both women and men have perpetrated GBV with 31% and 40% prevalence rates respectively. The study further showed that most of the violence occurs in the home between intimate partners. Fifty-four percent of women and over a third (35%) of men have experienced intimate partner violence. An equal proportion (40%) of women and men confirmed they have perpetrated violence against an intimate partner. Key take home message is that violence affects both women and men with the former group being at greater risk. The researchers recommend the government to undertake this kind of study periodically to monitor progress in its effort to curb the scourge. The study has shown that best sources of information on the prevalence, patterns, and consequences of GBV are population-based surveys-rather than police statistics or hospital-based studies, which usually detect only a small portion of actual cases.

Drivers

This study looked at some of the drivers of GBV more specifically IPV. Due to low proportions on rape prevalence rates, the researchers could not run further tests to investigate the drivers of rape. Thus they ended up focusing more on IPV. Some of the drivers of IPV highlighted in this study include experiencing child abuse, alcohol consumption and acceptance of gender inequitable norms. Those who had witnessed domestic violence or experienced abuse in childhood were more like to report victimization and perpetration of violence. This has been a consistent finding across various setting and hence underscores the need to target children in rehabilitation programmes. Another approach which Seychelles seems to have mastered well but would need to upscale family oriented interventions aimed

at raising awareness and responding to GBV. It is also generally believed that living in a more equitable household where mothers are educated and participate in decision making, and where fathers participate in domestic duties allows boys to internalize views of men and women as equal, and of men as caregivers, highlighting the intergenerational transmission of gender-equitable behaviour and attitudes.

In regards to alcohol consumption, the government would have to ensure effective implementation of the Alcohol Policy. One way of doing this would be to develop an action plan accompanied by an explicit budgetary allocation and M&E framework to monitor progress in implementation. Pertaining to negative attitudes it is worth noting that based on the responses on the attitudes, it is apparent that the Seychellois populace abhor abusive behaviours. The study also showed that men tend to be more conservative when it comes to progressive gender equitable norms compared to women. This underscores the need to engage men in gender equality programmes. Another key issues is to unpack the term "gender equality" so that both women and men comprehend what it means practically. This recommendation is informed by incongruence noticed when majority of the participants agreed that "women and men should be treated equally" while at the same time significant proportions believe that "a woman should obey her husband". Anecdote evidence has purported that women within a matrifocal society are less prone to experiencing violence at the hands of men, however, this study has shown that Seychellois women are not immune to gender violence. Thus there is need for a more qualitative research to understand these intricacies.

Effects

GBV has profound adverse consequences on women's physical, mental, and reproductive health. This study focused on some of the negative effects of GBV. Both women and men experienced physical violence, however, a higher proportion of women than men sustained injuries, were bedridden and had to take days off work. Among the men who experienced physical violence none of them sustained injuries. However, this finding could point to the culture of silence that was found among the male participants in particular. The fact that some male participants refused to be interviewed by male researchers also shows the general behaviour of men in the Seychelles community. This underscores the need to upscale programmes that encourage male to male dialogues as well as programmes targeting men's health seeking behaviour. ASSF's initiative of establishing a men's wellness clinic is one way of encouraging positive health seeking behaviour in men. Pertaining to health and wellbeing, it is apparent that Seychellois men were more vulnerable as evidenced by higher HIV prevalence rate than women's. Thus programmes need to work with men and establish male friendly health facilities. Health personnel need to be trained on how to screen GBV cases in both women and men.

In regards to mental health again women were more vulnerable. It is commendable that the government takes mental health issues seriously as evidenced by the legislation and policy framework around the issue. However, the survivors of gender violence are not making optimal use of the existing structure as there is serious underreporting of violence. This is also exacerbated by the fact that there is no specific law on domestic violence. It would be important for the government to first outlaw the various forms of violence and then raise awareness on the issue. Overall these findings show how violence affect women and men differently and thus underscoring the need to implement gender sensitive programmes.

Response

Seychelles has ratified several relevant treaties, including the CEDAW and the SADC Declaration on Gender and Development and its Addendum on the Prevention and Eradication of Violence against Children and Women and Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa. In efforts to domesticate the regional and international frameworks, Seychelles has implemented several legal instruments to end GBV including the Family Violence Protection of Victim Act and amending the Penal Code to cover gender violence.

However, the law does not fully recognise domestic violence as a criminal offence and these incidents are dealt with as assault crimes under the Penal Code. This,

according to Seychelles Report on Human Rights (2014) has promoted police reluctance to intervene in some types of incidents. Furthermore, the Family Tribunal does not try cases of family violence, but rather offers protection to its victims. Thus the first recommendation would be for the government to pass a specific piece of legislation to cover the various forms of gender violence placing obligatory responsibility on the police and relevant departments to legally intervene in domestic violence issues.

In regards to awareness it is apparent that the majority of the Seychelles populace are aware of the existing legislature on domestic violence. This serves to show how both the government and the civil society have successfully educated the public. Majority of the participants disclosed that they heard about the laws via television and/or radio. Also commendable is that information is readily available on the relevant websites such as the social development website. With more than half of the population being internet users, online campaigns would be effective in reaching the general public in Seychelles.

There is also need to build the capacity of the police and relevant service providers in handling cases of GBV. The low conviction rate for cases of rape and the slowness of the justice system is a cause for concern as it has negative impact on victims of violence. The judiciary system should create a conducive environment that encourage victims of violence to report abuse.

Prevention and integrated approaches

This study has highlighted some of the prevention strategies that can be implemented or up scaled in the Seychellois context in order to prevent gender violence as well as reduce its impact. To date the Seychellois government has shown political commitment in ending GBV through putting in place legislation on GBV. However, evidence has shown that existence of laws does not translate to enforcement. Political commitment needs to go beyond formation and reformation of legislation to ensure enforcement by providing the needed resources such as budget and human resources. It is commendable that the government put in place the 2008-2012 National Strategy on Domestic Violence which aimed to strengthen legislation and legislative structures on domestic violence to deal more effectively with perpetrators and provide more comprehensive protection to victims and their families. However, this study could not establish the success of this strategy as there was no evaluation report. This study therefore recommends the government to update the National Strategy and strengthen it using findings from this study. This should be followed by a costed action plan and a comprehensive framework to monitor progress on the implementation. Linked to this is developing a coordinating task team to oversee the implementation of the plan. Currently the Gender Secretariat is the coordinating structure of all issues pertaining to gender in Seychelles. One of the major challenges facing this unit is that it is under-resourced and short staffed. As a result they would not be able to carry out all the gender related projects including GBV. On the civil society side there is CEPS which is the coordinating structure of all the NGOs in Seychelles. There is need for the relevant government departments and civil society to come together and form a multi-sectoral task force to oversee the rolling out of the National Action Plan on Gender Based Violence. After all, there is no single sector, government ministry, department or civil society organisation that is by itself responsible or has the singular ability to address GBV.

Summary of recommendations

- Adopt national and local plans of action for ending GBV informed by the National Baseline Study- followed by allocating funds and resources for prevention and awareness raising programmes and activities.
- Review existing legislation (Family Violence Act, Penal Code) and identify gaps and areas to be strengthened, working with civil society organisations.
- Develop and strengthen policies and regulations to implement legislation at all levels, including by health, police and justice officials.
- Improve data collection on GBV, including through population-based surveys such as this one.
- Inaugurate an annual award to recognize women and men working locally or nationally to end GBV.
- Strengthen the multi-sectoral coordinating committees to address the issue of GBV, working with civil society groups.

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GBV AND THE SADC PROTOCOL ON GENDER AND DEVELOPMENT

Response and support

Articles 20 to 25 of the revised Post 2015 SADC Protocol draft focus on GBV emphasising the review and formulation of laws to combat GBV, service provision and prevention strategies. The Protocol requires that by 2030 member states:

- Enact and enforce legislation prohibiting all forms of gender-based violence;
- Ensure that laws on gender-based violence provide for the comprehensive testing, treatment and care of survivors of sexual assault;
- Review and reform their criminal laws and procedures applicable to cases of sexual offences and gender-based violence;
- Enact and adopt specific legislative provisions to prevent human trafficking and provide holistic services to the victims with the aim of reintegrating them into society,
- Enact legislative provisions and adopt and implement policies, strategies and programmes which define and prohibit sexual harassment in all spheres;
- Provide deterrent sanctions for perpetrators of sexual harassment.

Prevention

- The Protocol provides for measures, including legislation, to ensure elimination of harmful practices such as child, early and forced marriage, early pregnancies, and female genital mutilation.
- Integrated approaches
- The Protocol calls on states to adopt integrated approaches, including institutional cross sector structures.

The ultimate goal....

- To eliminate all forms of gender-based violence by 2030.



- This study is the first to provide a holistic analysis of GBV as experienced and perpetrated by both women and men in the Seychelles.
- From this study we get to know the magnitude of various forms of GBV and how they varyingly affect women and men.
- Highlighting some of the drivers of GBV, it provides a platform to devise evidence based prevention strategies that seek to address the triggers of violence.
- The solution to addressing the GBV pandemic is primarily about changing the mindsets of both the perpetrators and survivors of violence.
- One significant finding from this study is the serious underreporting of violence. The Seychellois community has a task of challenging the culture of silence especially among men and provide a safe environment of speaking out about violence.
- The report provides valuable insight to achieving the SADC Protocol's target of eliminating GBV and makes a useful contribution to the newly emerging scholarship and discussion around violence against men.
- I recommend that all relevant stakeholders treat the findings from this research as a call to amplify their strategies as they work with urgency to address GBV.

2030 Yes we can!

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