

# The Umbrella

Safe from GBV and HIV



▲ Rights-based approaches to GBV prevention programming

▲ Initiatives to prevent sexual violence

▲ Passion killings in Botswana

▲ Gender inequalities underpinning violence against 'trans' people





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Most of all, we would like to express our gratitude to all the individuals who provided positive feedback - and especially those who shared their personal stories and victories with us: those individual voices that continue to inspire change in all our communities - and give us hope for the future.

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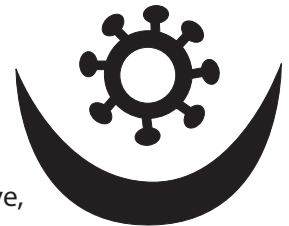
## Thank-You

Rouzeh Eghtessadi for guidance and support in content direction, review, and production of this newsletter.

Yngve Sjolund for article contributions and collation, and Petronella Mugoni for editing.

African SYMBOLS of life  
transformation

**OSRAM NE NSROMMA**  
"The moon and the star"



Symbol of Faithfulness, Love,  
Harmony, Fondness, Loyalty,  
Benevolence and Feminine  
Essence of Life.

"Kyekye pe aware."

"The North Pole Star - has a deep love for marriage.  
She is always in the sky waiting for the return of the  
moon, her husband."

## Kyekye proverb

*If it were between countries, we'd call it a war. If it were a disease, we'd call it an epidemic. If it were an oil spill, we'd call it a disaster. But it is happening to women, and it's just an everyday affair. (Unknown)*

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## From the Editor - Yngve Sjolund

Women and children are often in the greatest danger within their own homes, the place where they should be safe with their families. Millions of women are infected with HIV and the rate of female infection is rising. One of the greatest risks of HIV infection for many women comes from a regular partner.

Many married women are often forced to have sex when they do not want to - even when they are aware that their partner has other sexual partners, has an STI or is HIV positive; they may not be in a position to insist on condom use or monogamy. An unequal relationship makes it difficult, if not impossible to negotiate for safer sex, and any attempt to discuss such measures may provoke more violence. Women often suffer physically and psychologically and are unable to make their own decisions, voice their own opinions or protect themselves and

their children for fear of further repercussions. Their human rights are denied and their lives are stolen from them by the ever-present threat of violence. For these women, sex is not a matter of choice and for many their home is where they face violence at the hands of a loved one they should be able to trust.

It is also widely acknowledged that certain cultural practices in some parts of Africa exacerbate women's vulnerability to GBV and the spread of HIV. Sexual cleansing is based on the belief that a man can be cured of HIV if he has sex with a young girl who is a virgin, a practice that results from, and contributes to, the spread of HIV. The tradition of wife or widow inheritance is fairly common in eastern and southern Africa where women are seen as the 'property' of men for instance when a woman's husband dies, his wife and property are often inherited by his eldest brother. Some women are forced to marry, even when their husbands have died of AIDS related illnesses, or they themselves are infected, or when their future husband has HIV, and there are no laws to address these practices.

The power imbalance between women and men cuts across cultures, ethnic groups, socio-economic status, and religion - and southern Africa faces enormous challenges in confronting the twin epidemics of gender-based violence and HIV. GBV is primarily regarded as a concern for the criminal justice system, yet the health-related consequences of sexual violence are profound, long-term and permeate all aspects of life.

Social, cultural and economic contexts are different in different countries, and organisational and rights-based approaches are also different. While all of these adverse consequences cannot be prevented completely, many can be improved by a comprehensive and multi-dimensional legal and health sector response by trained, sensitive and knowledgeable personnel to inform and meet the many needs of survivors - and perpetrators.

A new approach is required that acknowledges the links between violence against women, harmful cultural practices and the spread of HIV, an approach which translates into the development and implementation of laws, policies and programmes for GBV and HIV.

**We have a challenge at hand that can be taken up by anyone, anywhere and at any time!**

If there is anything on your mind, and you have anything you would like to share with us - or contribute a story or insight from your country that can help to 'Change the River's Flow' - please contact the editor of **The Umbrella - Safe from GBV and HIV** on editor\_ctrif@safaid.net

*"When women are healthy, educated and free to take the opportunities that life affords them, children thrive and communities flourish, reaping the double dividend for women and children."*

Former UN Secretary-General, Kofi Annan (2007)

# DEFINITIONS

Gender based violence takes various forms, including:

## Domestic violence

- This is sometimes referred to as “intimate partner” violence and it can be physical, psychological or sexual in nature and may include the denial or withdrawal of resources.

## Sexual violence

- **Harmful traditional** practices leading to violence; among them female genital mutilation (FGM), spirit appeasement using female children, dowry killings, early forced marriage and honour killings.
- **Femicide** is the murder of women or girl children because they are female.

- **Sexual harassment**, which includes verbal, physical, psychological or sexual attacks.
- **Trafficking and sex work**, where women and girls are lured, usually on false promises of employment, across borders and then forced into sex and other work for little or no pay.
- **Violence and sexual violence** in conflict and post-conflict areas involving the rape, abduction, forced pregnancy and sometimes enslavement of female civilian populations.
- **Child abuse** can be physical, sexual, and psychological and/or include the denial of resources or rights, for example education or health care.

Gender based violence is intimately linked to the transmission of HIV and AIDS, due to the unequal power relations between women and men where violence is used, or threatened.

# FACT CHECK

- The most common form of violence experienced by women globally is physical violence inflicted by an intimate partner (IPV). On average, at least one in three women is beaten, coerced into sex or otherwise abused by an intimate partner in the course of her lifetime.
- Women aged 15-44 are more at risk from rape or domestic violence than from cancer, motor accidents, war and Malaria, according to World Bank data.
- Amnesty International reports that in South Africa, about one woman is killed by her husband or boyfriend every six hours.
- Intimate partner violence appears to be associated with increased contraception use in the African setting. Among women who have experienced intimate partner violence, modern contraception is used more commonly than traditional and folkloric contraceptive methods. Data analysed from national Demographic Health Surveys conducted between 2003 and 2006 in six sub-Saharan African countries (Cameroon, Kenya, Malawi, Rwanda, Uganda and Zimbabwe) with women of child-bearing age found that 38% had experienced violence tied to their use of contraception.

### Resources needed to end GBV

- Information, education and communication about GBV, focusing on the causes and consequences, as well as information on available services.
- Victim friendly GBV units in police stations, manned by adequately trained police officers and with a female police officer present in each unit.
- A “one-stop” arrangement where holistic services for women, incorporating information, empathetic counselling, shelter, legal aid and support can be offered in one place without the need for referrals.
- Social services with resources to take children in abusive households into temporary care and adequately resourced shelters for women.
- Implementation and evaluation of government commitment to existing policies, declarations and conventions which they are party to.
- Challenging negative conceptions of masculinity that encourage violence against women, and encouraging the involvement of men’s organisations to take a lead in educating men about the negative impacts of GBV on women, children, families and communities.
- Legal access and a range of other services.

Enforcement remains a challenge, with even some of the wealthier nations saying they do not have sufficient human or financial resources available to handle domestic and gender based violence. These challenges may be an indication of the extent of the problem or a sign that it is not taken seriously enough.



## Rights-based approaches to GBV prevention programming

By J Kirkemann Boesen and T Martin

*“To successfully integrate rights-based approaches, organisations must remain accountable to their ‘right holder’, and be clear what rights are being violated, how these are violated and who the ‘duty bearer’ is with the responsibility to act. Goals of rights-based approaches are by their very nature ambitious and long term, requiring concerted effort beyond the remit and life of any one single organisation. Organisations must be prepared to take the risks that are inherent in power redistribution work, recognise that progress will be gradual and plan to take a long term view.”*

*- Patrick Ndira, Director Training and Learning, MIFUMI*

Rights-based approaches challenge, and focus on changing unequal power relationships that sustain injustice and inequality. Rights-based approaches for GBV prevention are diverse and fall across a wide spectrum. While we often talk about rights-based approaches to GBV prevention, there remains confusion about what this actually means, its evolution and what it actually looks like in terms of practical programming.

### What is a rights-based approach?

A rights-based approach to GBV prevention is one that conceptualises GBV as an injustice against women’s basic human rights and thus the approach has as its central goal achieving justice. The implications this has on GBV prevention programming are far-reaching and complex. Rights based programming in this regard requires:

- The identification of the root cause of GBV: the imbalance of power between women and men.
- The recognition that GBV is not the problem or 'fault' of an individual but is the result of a larger system of inequality at the community, national and international levels.
- The framing of a life free of violence as an entitlement which sees individuals as rights holders and others (state and non-state actors) as duty bearers.
- Acknowledgement of the universality and indivisibility of women's human rights.
- Struggle, perseverance and sustained energy.

## How does a rights-based approach differ from other approaches?

Rights-based approaches to GBV prevention emerged as the idea for rights-based development gathered strength. They challenged the existing paradigms of development which were rooted first in charity and later, in meeting basic needs. In relation to GBV, a 'charity' approach views women as victims who need assistance, the focus is on the manifestation of the problem.

Rights-based approaches to GBV prevention view GBV as an injustice and women as legitimate rights-holders.

*Rights-based approaches to GBV prevention view GBV as an injustice and women as legitimate rights-holders.*

Charity-based and needs-based approaches view women as recipients of necessary services/ programmes, not as active agents and participants in a process of change. There is no effort in either approach to address the root cause of GBV or to conceptualise the violence as injustice. Rights-based approaches to GBV prevention challenge and change this dynamic, viewing GBV as an injustice and women as legitimate rights-holders. For every rights-holder there is a corresponding duty-bearer.

A rights-based approach to GBV prevention seeks the empowerment of women as active rights-holders and participants in a process of holding state and non-state duty bearers responsible for change in the conditions that cause GBV.

In other words, rights-based approaches trigger obligations and responsibilities; charity and needs-based approaches do not.

## What does a rights-based approach look like?

Rights-based approaches to GBV vary: there are, and must be, many pathways used toward the realisation of women's right to live free of violence. The approaches can be generally categorised as those that hold the Nation State as duty bearer and those which hold non-state actors as duty bearers. Both of these can be rights-based approaches.

1. **States as Duty Bearers:** Traditionally, rights-based approaches to GBV were anchored within a legal framework that focused on domestication of international human rights laws. These legislative efforts aiming to hold the state accountable for the protection of their citizens both in public and private life were among some of the first initiatives on GBV. Advocacy from women's rights activists for the extension of the state's responsibility into the private realm was a major leap in the promotion and protection of women's human rights. This pushed boundaries as it asserted that GBV was a result of the larger societal system and norms that maintain women's oppression - and that the state has a duty to take reasonable steps to protect against violations of citizen's rights - including women's rights. These efforts led to significant legal reform demonstrated in new legislation on sexual offences, rape, domestic violence, and trafficking, among others, across the continent.

Examples of programmes that seek to increase state responsibility and accountability include provision of legal services to women, policy advocacy on the inclusion of gender-based analysis within national health policies, funding for Child and Family Protection Units of national police forces to handle cases of GBV, inclusion of modules on GBV for teachers within the

national teacher training curriculum, and the passage of new legislation or revisions of the penal code to uphold women's right to lives free of violence, to name a few.

- 2. Non-State Actors as Duty Bearers:** While the emphasis on the state as duty bearer remains an important aspect of GBV work, there is also increasing recognition of the essential role of non-state actors (individuals, communities, organisations, institutions, etc) in promoting and protecting women's right to live free of violence. Rights-based approaches for GBV prevention with non-state actors recognise the need to create and foster a culture of human rights within communities. This is a long-term goal that must be approached with commitment and sincerity. It requires moving beyond use of slogans and the rhetoric of rights to opening up discourse about the imbalance of power between women and men to challenge the social norms that perpetuate GBV. Fostering a human rights culture moves us beyond proclaiming and demanding women's rights to helping people understand the value and importance of equality, non-discrimination and fair treatment of all people - in other words: justice.

Community level rights-based GBV prevention programming seeks to create social transformation, where beliefs and attitudes towards women as subordinate human beings are shifted to create societal norms that value, protect and respect women's rights. Quality rights-based GBV programming promotes rights in a meaningful way, so that each community can recognise injustice in a context-appropriate way. Within this approach to programming, activists analyse a specific context, understand it, and build on positive social norms that exist in that community, while trying to change norms that harm women and violate their rights.

## Practical reflections

To what extent is your organisation using a rights-based approach to GBV prevention? We hope the following questions will inspire discussion, dialogue, reflection, analysis – and inspire meaningful rights-based GBV prevention efforts and programming.

- a. To what extent do your GBV prevention programs foster an understanding of human rights in your community?
- b. How do you help communities realise the injustice of GBV as a violation of women's human rights?
- c. How could existing efforts be deepened to further address the root cause of GBV?
- d. How are you documenting and sharing these for other people in the region to learn?
- e. How could we strengthen rights-based programming for GBV prevention throughout the region?

There are a number of organisations using rights-based approaches that engage non-state actors in GBV prevention. For more information contact the MIFUMI Project [www.mifumi.org](http://www.mifumi.org)

*This article has been adapted from an article by Kirkemann Boesen, J. and Martin, T. 2007. Applying a rights-based approach: An inspirational guide for civil society. The Danish Institute for Human Rights.*

*We have to promote human soildarity , avoid indifference, and play a part with society in the solution of the problems of violence...*

*Shakira*



# Marriage between popular soap opera and women's organisation yields positive results



By Kodwa Tyiso and Nonhlanhla Sibanda

## 'Images courtesy of Generations Publicity Office'

Actor/Dumisani Mbebe plays the character Dumisani Shabangu, Winnie Ntshaba plays the character of his partner, Khetiwe Buthelezi, whom he abuses

*People Opposing Women Abuse (POWA) reports a rise in the number of women calling their helpline and accessing their services following the recent inclusion of a story-line that vividly illustrates women's experiences of intimate partner and domestic violence into the popular South African soap opera Generations. The campaign is part of POWA's anti-violence campaign.*

## Impact of POWA's 'Generations Campaign'

POWA aims to ensure that safe spaces are open for all women to enjoy fundamental human rights, and it is this work which probably encouraged the producers of the 'soapie' Generations to approach POWA to collaborate on an awareness campaign on violence against women in their story-line.

Generations, hailed as one of the most watched 'soapies' in South Africa, has also recently been introduced in some SADC countries. The campaign, addressing the issue of violence against women, is being broadcast as part of the popular series for two months in 2010, and at the end of each episode POWA's contact numbers, including after-hours contact numbers, are shown on the screen.

During this campaign POWA has seen an influx of calls from South African men and women from all walks of life who are concerned about women's experiences of violence, both in their households, families and in their communities. Some of the calls to POWA counselling staff and volunteers who handle pages for after-hours counselling were from women seeking help to leave their partners or husbands.

The experience has been that when viewers watched a familiar character on television experiencing abuse, it became real for them. Some women identified with issues that the character 'Khetiwe' (who is experiencing abuse) was going through in the story, and they thought it was acceptable ... until they saw other actors identifying such behaviour as abusive.



Other calls came from women who were calling from their offices – the so-called ‘middle-class working women’ – who are dealing with abuse in their own lives. One caller was a police officer working within the criminal justice system ... seeking assistance from a civil society organisation.

One of the challenges POWA is facing in the wake of the success of the campaign is in assisting women who are calling from other provinces as there is a shortage of resources and services for women survivors of violence. In some towns there are no referral services and organisations where women can go for help; this is especially challenging when a woman needs immediate shelter.

Women and men who self-reported as not being in abusive relationships wanted to be involved in initiatives that could assist women survivors of violence, and were referred to relevant organisations close to where they live: most men were referred to Sonke Gender Justice Network and campaigns such as Men as Partners.

Violence against women is a scourge in South Africa and this campaign has managed to raise consciousness about violence in the private domain, in households and communities. It indicates that there are people who are suffering in silence, who do not know where to seek help; and there are those who would like to assist in fighting this scourge but do not know how to go about doing this. This also indicates the long way organisations in the women’s rights sector have to go to ensure that women speak out and are able to get the justice that is due to them from the criminal justice system.



### **Counselling Support**

POWA has six satellite offices and two confidential shelters strategically located for ease of access for individual, group and telephonic counselling, short-term sheltering and child play therapy for children in POWA's shelters of safety with their mothers.

### **Legal Support**

POWA also provides assistance, including comprehensive legal services, court preparation and support - which includes accompanying women to court and assisting women in filling out court documents, claiming maintenance and interdict assistance.

### **Contact POWA:**

Office hours: + 27 (0)11 642 4345/6

After hours: + 27 (0) 83 765 1235

[tiny@powa.co.za](mailto:tiny@powa.co.za)

[www.powa.co.za](http://www.powa.co.za)

*Kodwa Tyiso and Nonhlanhla Sibanda both work for POWA in the training and research departments respectively.*



# Violence Against Children



Gender-based violence also affects children and young people because of their lack of power and agency in relationships with adults and in households. Child abuse can be defined as “all forms of physical and/or emotional ill treatment, sexual abuse, neglect or negligent treatment, or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development, or dignity in the context of a relationship of responsibility, trust, or power”.

While gender-based violence - for example sexual harassment or the assault of girls by boys - may be perpetrated by peers, it may also be perpetrated by adults against children. Thus age, as well as gender, is used to control and oppress. While a girl may struggle to resist unwanted sexual advances from a classmate, she is far more powerless to resist the same from a male teacher or, as is more and more the case, her own father.

Violence against children can occur in homes, in schools, in workplaces, in the street, and in custody/residential institutions. It can be manifested through physical violence (including corporal punishment), sexual violence or harassment, emotional abuse, neglect, and harmful traditional practices, among others. There are gender dimensions to each of these types of abuses, but perhaps the most gender-based form of child abuse is sexual abuse and exploitation.

The fact that adults, both men and women, often condone violence among children impedes young people’s efforts to realise greater gender equality. Studies consistently show, for example, that in the case of female victims of sexual abuse, over 90 percent of the perpetrators are men, and in the case of male victims, between 63 and 86 percent of the perpetrators are men.

Certain forms of GBV, such as sexual exploitation, non-consensual sex with children, and early marriage are by definition committed against children. Female genital mutilation/ cutting is nearly always perpetrated against girls.

In many communities other forms of GBV such as human trafficking, disproportionately affect those under the age of 18.

Age-based oppression is even a factor in peer-on-peer GBV. The fact that adults, both men and women, often condone this type of violence impedes young people’s efforts to realise greater gender equality.

*The fact that adults, both men and women, often condone violence among children impedes young people’s efforts to realise greater gender equality.*

## Interventions

Many of the risk factors and promising interventions for child abuse are the same or similar to those for Intimate Partner Violence (IPV) and sexual violence. Care must be taken to address the special needs and vulnerabilities of children. Protocols and trainings for a health sector response to address GBV against adult women are not appropriate for young children or adolescent girls. The different legal status of these groups, particularly in relation to giving consent for medical treatment, presents a host of challenges that need to be resolved through protocols and institutions that are centred on the realisation of children’s rights. Additionally, health professionals need to be trained in children’s rights as well as in children’s development.



## Promising interventions to mitigate the impact of violence against children and abuse

# How do we help children exposed to criminal violence?



*“Criminals remove our freedom, we have to help those harmed to take it back and we need to honour them in that process.”*

By Charlene Smith ©

A typical scenario during a violent home-invasion: the mother gets raped, most often next to her bound husband and always with the children forced to watch and sometimes even ordered to hold her hands down. The rape is a deliberate act of profound aggression against the men in that house. It wounds far more deeply and for longer than if they shoot the men. All men see themselves as protectors and when they cannot act against such criminality it emasculates them — and let's be quite clear, we don't want them to act, because if they do, the whole family dies. Their inaction is profound courage because it ensures life for all and there are ways to get over the deep scarring.

*“The family has a counsellor but the child is in a bad state. What advice can you give me?”*

Perhaps the more important question is why there aren't massive campaigns in schools to help children traumatised by burglaries, those present during armed robberies, hijackings, the rape or murder of a parent? Why do we assume children are resilient,

that their silence means they are coping, that their refusal to discuss the matter means we should desist from doing anything?

Let's get back to the children. They have imperfect ideas about sex and are then forced to watch their mother get raped. It's worse if they are in a home where sex is a taboo because the family then collapses after such an assault and it requires a complete reworking of all.

If a child is threatened with harm it is critical that parents react immediately, no amount of money is worth harm implied or real, give robbers the car keys, show them the safe (and ideally never have a gun or a safe in your home, it always makes you a target), give them the ATM card and the correct PIN. We can earn more money, insurance will pay out most losses, we can replace jewellery, but life and the mind are fragile.

Let's first deal with a situation where a mom is raped in front of her children. The rapists force the children to watch, hitting them when they avert their gaze, before they disappear into the night. The children are not physically harmed,

but they refuse to return to school and the son is perpetually angry.

This is where psychologists and psychiatrists have to change the way they deal with these matters. The first consultation with such traumatised individuals cannot be 55 minutes, with a clock being watched above their heads. It has to be as long as it takes and in my experience it is never less than three hours and often more.

While the incident is important and the initial recounting of it is critical, it's most important that you get the family to move forward. I speak to the family together then each separately. I show each child how they had behaved heroically and in a manner necessary for the family to live. Then I begin negotiating about their return to school and ask their permission to address classmates and we discuss how I would do it.

At the school I make the teachers sit at the back and start by asking children whose home had been burgled, nearly all. Who was present during a hijacking, armed robbery, who had been tied up, who had someone in their family raped or

murdered, I can hear the stifled gasp of teachers as large numbers of children raised their hands. And this repeats itself at schools of all socio-economic strata.

The next step is to ask the children what actions from others helped - most often it is people who allow them to speak without giving advice, a supportive friend ... What didn't help: those who tell them what they should have done e.g. fought, who told them not to talk about it, not to cry, not to tell anyone.

The words that help or don't help - most hated words include: *time will heal, forget about it, get on with your life, aren't you lucky (to be alive), don't say anything it upsets your mother/father/grandfather etc...*

I then give a brief overview of what happened to the family. The kids have already heard rumours, so I

begin a process of managing the information. I always point out the child's heroic deed. Then I say, "*John is nervous about coming back to school, what do you think you need to do to make it easier for him?*" The teachers are not allowed to intervene, the children have to manage this process and they come up with wonderful ideas every time. They also have to say if it is better that the child returns tomorrow, in three days or a week - usually restricted by whatever the children put in place to welcome their friend back.

And so they heal, understanding that they all need healing. But we have to put them in charge; criminals remove our freedom, we have to help those harmed to take it back and we need to honour them in that process.

In the instance where a child feels betrayed by a parent? We explain fear, how some people become

very clear-headed and rational, others panic and fumble. When we don't forgive each other, the criminals win. They leave, they've forgotten about us, but we, fallible humans, carry the nightmare they left behind, we argue, we blame and we forget those who are really at fault.

Most of all, if there has been a violent event where children were present, take them for help; let them express themselves. Don't respond to their anger with anger. Be an adult, a loving, courageous parent. How we cope will determine how they learn to cope.

This article has been shortened from an article by Charlene Smith © which was originally published in the Mail and Guardian on 30 November 2000 <http://www.thoughtleader.co.za/charlenesmith/2009/11/30/how-do-we-help-children-exposed-to-criminal-violence/>

## The effects of domestic violence on children

Children who directly experience violence, or who live in homes where they witness domestic violence are all negatively impacted upon. Unborn children of mothers who are abused can be born too early or have problems in early life.

### Toddlers who witness domestic violence may:

- Behave aggressively with others
- Become very shy with others
- Be slow learning to talk or walk
- Be afraid of things
- Wake up with nightmares
- Have stomach aches

### Very young children (infants) who witness domestic violence may:

- Cry more or be more irritable
- Wake up more during the night
- Have trouble eating or throw up more after eating
- Appear listless
- Not gain weight

### School-age children who witness domestic violence may:

- Do poorly in school
- Behave aggressively with others
- Become very shy with others
- Get angry for little or no reason
- Be violent
- Bully other children
- Wet the bed
- Have stomach problems
- Have headaches

### Teenagers who experience violence may:

- Do poorly in school
- Feel like a caretaker for their mother
- Behave aggressively with others
- Refuse to bring friends home
- Stay away from home or run away
- Get angry for little or no reason
- Be violent with the people they date
- Break things on purpose or by accident
- Have stomach trouble
- Think or talk about killing themselves
- Think or talk about killing others

## Organisations to assist children in South Africa:

**National:** Childline [www.childlinesa.org.za](http://www.childlinesa.org.za)  
Lifeline [www.lifeline.org.za](http://www.lifeline.org.za) (will give good referrals)

**Johannesburg:** Teddy Bear Clinic [www.ttbc.org.za](http://www.ttbc.org.za)  
Kidz Clinic in Boksburg, Alexandra and Orange Farm  
[www.wmaca.org/kidzclinics.htm](http://www.wmaca.org/kidzclinics.htm)

**Cape Town:** Rapcan [www.rapcan.org.za](http://www.rapcan.org.za)

**Durban:** Bobby Bear [www.bobbibear.org.za](http://www.bobbibear.org.za)

**Port Elizabeth:** Rape Crisis [www.rapecrisis.org.za](http://www.rapecrisis.org.za)

**Venda:** Thohoyandou Victim Empowerment Centre [www.tvep.org.za](http://www.tvep.org.za)

**Nelspruit:** GRIP [www.grip.org.za](http://www.grip.org.za)

# Witnessing domestic violence during childhood sets men on a path to violent crime

Key findings from the first major study of men who use violence against intimate partners among working men in Cape Town indicate that men who witness abuse of their mothers when they are children are nearly three times as likely to be arrested for possession of a weapon (gun) and nearly twice as likely to be involved in fights at work or in the community as other men – and they are also two and a half times as likely to beat one of their own partners.

These findings show that the problems of gender-based violence and violent crime are intimately linked in our society, and prevention of intimate partner violence (IPV)

needs to be viewed by the Government and society as important in its own right as well as an important part of our efforts to combat other forms of violent crime.

Nearly a quarter of the 1,368 men interviewed (23.5%) reported that they witnessed their mother being abused by their father or her boyfriend when they were a child. It seems likely that by witnessing the behaviour of their parents, boys take messages about the acceptability of violence in solving conflict and achieving goals, and this sets up a cycle of violence.

It is critically important that we develop ways to interrupt the cycle by decreasing intimate partner violence, and thus children's chances of witnessing it, and by early identification of boys who require help in developing non-violent conflict skills.

Equally important are interventions at places of work. Workplace violence costs South Africa about R40 billion per year. The workplace provides excellent opportunities to identify men at risk of using violent means of conflict against partners and others and provides chances for work place interventions.

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Anneke Meerkotter

# Access to legal recourse for GBV survivors: a problem experienced differently in different communities



## Q & A

*Interview with Anneke Meerkotter, Director of the Tshwaranang Legal Advocacy Centre [www.tlac.org.za](http://www.tlac.org.za)*

Anneke practiced as an attorney at the AIDS Law Project before joining TLAC in 2006, and she is a member of the Law and Human Rights Sector Working Group of the South African National AIDS Council (SANAC).

**Yngve Sjolund: "What does TLAC do?"**

**Anneke Meerkotter:** "We focus on advocacy to change the legal system so that women are better able to access it and utilise it in cases of gender-based violence (GBV). Our mission is to eradicate the victimisation of women by the law and the legal system and to make the legal system a vehicle for social change for women. We do this by influencing policy and legislation through advocacy, lobbying, education, training, public interest litigation and research. Part of our work is research to try and track how laws are being implemented so that we can make direct suggestions to Government. Government is often not aware of what all the problems are on the ground when it comes to the implementation of laws. So the problem is not with the Domestic Violence Act itself, but in cases where the implementation of the Act breaks down – it becomes meaningless. We try and give that to them in a format so that they can make policy changes and look at how they change their implementation strategies. We conduct advocacy to hold Government accountable and try to also strengthen the capacity of community based organisations in various provinces to hold government accountable. CBOs see what goes wrong on

*the ground and can tell you if a particular police station attends to complaints. It is at this level that we need to ensure that laws are implemented for it to be meaningful to women."*

**YS: "Statistically the track record on follow-up in cases of GBV in the legal system and at police stations is very bad. Support structures are in place in most places in South Africa, but what about rural or remote areas? How does effective implementation of laws come into play in these settings where survivors of violence do not have readily available access to resources, and can perhaps only turn to family, in-laws or elders in the community, then only perhaps a remote police station or magistrate? How do legal structures and cultural approaches to GBV connect?"**

**AM:** "We have an office in a rural area in Acornhoek in Mpumalanga. We did some research in that area to establish what resources women access when they are abused and to determine what kinds of services they would want to utilise or have made available to them. It was very clear that women would choose either one of the two legal systems: they would either go the traditional route or they would go to the police. The two don't really interact – the police don't refer to the traditional authority and the traditional authority does not refer to the police. Interestingly, whether you go to the police or the traditional authority, they are going to tell you 'let's mediate' as a way to deal with the issue. Even if you go to the police it will not automatically lead to a charge or a protection order. People don't always go to the legal system. Sometimes a woman would access the police because she wants the

police to go and warn him not to do it again – she doesn't really want to open a criminal case. She would probably decide herself who will scare him the most: his father, the police officer or the chief, and take the best route for her. Access is a problem and it is different in different communities. In Acornhoek for instance it is easier to go to the traditional authorities and we have come across some traditional leaders who are very helpful and interested in the issue of domestic violence. But you also come across many who are not interested. The difficulty with traditional recourse is whether or not you will be heard if you go there for assistance. We find that with both the police and the traditional authorities, they only take you seriously if you are married to the man. Only then do they recognise the relationship. If you are just living with a guy, and you take a grievance to the traditional authority they will not even engage with you. The police will also judge you for living with someone you are not married to. It's very clear that the effectiveness of the intervention depends on what your marital status is."

**YS: "All countries in southern Africa (except the Seychelles) have general law operating side by side with customary/religious law. How are women's rights impacted by these dual legal systems?"**

**AM:** "Traditional leaders will look at your case if you are married customarily. In rural areas the majority of marriages are customary marriages and are legally recognised, even if you don't register them. When you don't register them and the relationship ends, it is very difficult to enforce your rights and the division of the joint estate. The traditional leaders would normally be aware if you are in a valid customary marriage in their community, even if it is not registered. We find that even if you go to a traditional healer they would have the same approach around mediation. Usually they are told to 'go back and try and be nice with your husband, and try not to encourage conflict'"

**YS: "TLAC aims to make the public - women and men - more aware of their legal rights. People however don't seem to even know much about the most basic human rights. How does one go about making the public at large more aware of these issues around gender-based violence?"**

**AM:** "That would be my concern. You would think that people know 'no means no'. But there are grey areas in conversations about this, for example men and women have different interpretations of their rights in cases where she started by saying 'yes' and then changed her mind.

People just don't know. The same with domestic violence – there are a lot of grey areas where people do not know what is acceptable. Even when you tell people what is unacceptable; they would internalise some of the abuse and blame it on themselves. It is a big problem and my concern is that even when you tell people 'these are your rights'; it is still about how you as an individual take that situation in. It depends a lot on your own emotional state and your own levels of confidence and those sorts of things. People need access to counselling, and that is the country's biggest failing – more so than the lack of access to legal advice and services. The fact is that there are counselling services in key cities, but when you go to rural areas there are no psychologists or social workers. Social workers may visit once a week, if ever. You can't go anywhere and talk about the violence and your options – and that is what women need."

**YS: "What are your thoughts on individual and couple's counselling as an intervention?"**

**AM:** "Women who are in abusive relationships need counselling for themselves about their own lives, and what they want to do. Couples who experience marital problems might benefit from couple counselling where there is simple miscommunication and people are not talking. Discussions between men and women, girlfriends and boyfriends about everyday stuff, are sometimes just not there. Because of that there is a lot of discontent. Couple counselling will not help in a situation where one of the parties exerts power and control over the other party. It would not be an equal basis to have a counselling session on. We find clients say that they went to counselling together, where the man said all the right things, and then when the couple walked out of the session he was the same as always. People have the ability to manipulate counselling and that is a concern."

**YS: "I've been talking to people about terminology, such as 'gender-based violence' being used, which most people don't understand. Some say just call it what it is: wife beating?"**

**AM:** "We could call it that if it was not for the fact that many people cohabitating are not married and not technically beating their 'wife'. People do get confused by the term GBV and they get upset when you say 'violence against women'. Legitimately so: when you are a man you would be aware of one incident where a male friend got beaten up by his wife, or you may be aware of an incident where a man got the raw end of the stick. It aggrieves men when they see these terms used, and they think we ignore

the abuse which does in fact happen against men. GBV would refer to when power and control issues are present in the situation, so it could be against men – or gays and lesbians – because they are not doing what is ‘expected’ of them in society. GBV is a broader term and that helps in a lot of communities, but when you go into a community and try and explain it, it is just a minefield. The Government does not understand what ‘gender’ is – they don’t understand that it is about power, they just see it as men and women. They want a gender neutral explanation.”

**YS: “Don’t you think the term GBV is confusing and desensitises the issue?”**

**AM:** “Completely. Even the campaign known internationally as ‘16 Days of Activism Against Gender Based Violence’ is called ‘16 Days of Activism Against Violence Against Women and Children’ in South Africa. When we include men and children and people with disabilities we dilute the issue completely.”

**YS: “Would you say services like those provided by the Refentse Project - that provides rape care services and post exposure prophylaxis (PEP) - is a best practice example?”**

**AM:** “In Acornhoek, Tintswalo hospital was set up as an intervention for rape survivors. At a policy level things sometimes don’t work out, but here things work at the ground level. For example the Government has different policies saying different things about health services for rape survivors, with different departments doing different things with no coherent strategy around rape services and PEP.”

**YS: “I speak to rape survivors and they don’t know that PEP is an option. Why is PEP not widely known to the general public as a remedy for preventing HIV for rape survivors?”**

**AM:** “People tend to want to blame people, for example if a teenager goes to the hospital because they fell pregnant; the nurses treat you poorly because you weren’t supposed to fall pregnant in the first place. South Africans seem to have a need to constantly pass moral judgement on everyone. Initially regulations required that you had to prove that you were raped before you could access PEP at a hospital. Civil society organisations managed to change that through advocacy. These are also the reasons why the morning-after pill is not made available either.”

**YS: “Any suggestions on how we can we improve the situation?”**

**AM:** “An example of how community based organisations can change things is the work done by Lethabong Legal Advice Centre, run by John Moerane, a man who is really passionate about addressing domestic violence. They conduct workshops on gender-based violence in rural communities within the North-West Province. They initially meet with all the local stakeholders like the ward counsellor, the nurse at the clinic and the police. They would then have a community workshop and try and establish some kind of local committee that would take up domestic violence and sexual offences issues who would then cross-refer cases to the advice office. It was an initiative that cost little money but tried to get the community to start talking about GBV. Traditional leaders don’t come into play in some of these communities, as they are very poor communities that may have been established adjacent to a mine. Now that the mines are closing, poverty is prevalent and you can see alcohol abuse and GBV increasing – but at least they are talking about it. A key question that emerged from these workshops was around PEP and when and how to access it – the nearest clinic may be 50 km away, ambulances never come to these communities and if you want to take a taxi to the hospital it will cost you R300, so no one is going to the hospital. This illustrates the case for access, and the need to ensure that the poorest of the poor get the help they need.”

**YS: “It is clear that we all face a huge challenge in addressing and alleviating GBV in rural areas in SADC. How do we even start with this huge task, to create awareness or get policy related protection to citizens and access to basic services?”**

**AM:** “What civil society organisations did specifically with the Shukumisa campaign was for organisations from urban and from rural areas that provide rape survivor services to work together to monitor implementation of laws on the ground and advocate for change. For example, the Thohoyando Victim Empowerment Project, run by Fiona Nicholson, provides volunteers at the hospital to assist you when you have been raped. From there on, with the medical examination onwards, that person becomes your support person throughout the whole criminal process. They come and visit you at your home and make sure that you adhere to your PEP. They use creative thinking seldom utilised by civil society organisations to create change in their community. For example, they worked in villages to encourage men to sign an oath that they would stand up against violence in their community.”

The Shukumisa Campaign provided training to organisations on the Sexual Offences Act and as part of the training the campaign partners developed a checklist of everything that should be in place at every police station, hospital and court to ensure that there is a copy of the Act, a victim-friendly room, etc. The Campaign requires follow-up of the problems identified at police stations, hospitals and courts. Many places just turn people away, so a lot of the work is to ensure that Government realises that they can't turn civil society away if people want to check up on their services."

### **YS: "How can religion and politics turn the tide of GBV in a community?"**

**AM:** "The workshops that Lethabong Legal Advice Centre ran as an example, encouraged participation from all the stakeholders in the community. In some workshops only members of political parties showed up - which is great, as political parties should take an interest in GBV. In other areas large numbers of people from churches showed up. These are positive signs that demonstrate that bigger networks can take up these issues. It shows that there is a lot that we can be doing because NGOs are not often working with these groups - and the churches and political parties are often the only organised groups in rural areas."

### **YS: "What are other challenges or problem areas you are facing in addressing GBV?"**

**AM:** "We're dealing with sex-workers' cases in Johannesburg - a couple of cases where they were raped by the police or where unlawful arrest took place. Law reform around sex-work is a big issue at the moment and it will be an even bigger issue with the World Cup. It would be helpful if organisations could share positive insights around the sex-worker issue, something where in the process you also provide sex-workers with information around their rights in the case of police arrest and build on that. We have a case where 20 police officers were involved in the rape of sex-workers - the case has been stalled many times because each police officer has his own lawyer. This lack of police accountability is unacceptable."

### **YS: "For those of us working in human and women's rights on a daily basis it can be very disheartening - how do you let go, or debrief?"**

**AM:** "I've not picked up that skill, to be honest. None of our staff are dealing well with it and people don't often relate to formal counselling and we are still figuring out how to deal with it. When I watch soap operas like *The Bold and the Beautiful* I just pretend that Brooke's problems are more important!"

## Many more children in school, but many still out

The number of primary-school-age children who go to school has increased globally, but many countries affected by conflict still have large numbers missing out on an education.

According to The Future is Now report, of the 72 million children out of school, 39 million live in conflict-affected countries. The report notes that as well as leading to the death and injury of millions of children, conflict forces millions of families to flee their homes, separates children from their families, and destroys education.

In Somalia, 81% of children have no access to education, and without urgent action to help these hardest-to-reach children, Millennium Development Goal Two - that all children get a full course of primary schooling by 2015 - will not be met. Conflict affects education in various ways. In the

Democratic Republic of Congo's Equateur Province, worried parents kept their children at home in April because militias were at large, and in South Kivu Province, hundreds missed examinations in April because of battles between rival militia factions.

According to the UN Children's Fund (UNICEF) only 14% of children attended school during two decades of conflict that ended in 2005 in southern Sudan. In Angola, at least two million have enrolled in school but 1.2 million are still out, yet only 54% complete primary school. A study by the education ministry and UNICEF found that 77% of these were female.

The Future is Now report is available at [http://www.savethechildren.org.uk/en/docs/The\\_Future\\_is\\_Now\\_low\\_res.pdf](http://www.savethechildren.org.uk/en/docs/The_Future_is_Now_low_res.pdf)

# Gender inequalities underpinning violence against 'trans' people

*"Violence against women involves statements of claiming control over women's bodies and their right of expression."*

**By Liesl Theron**

South Africa is internationally acclaimed for its progressive 1996 post-apartheid Constitution which was the first in the world to outlaw discrimination on the basis of sexual orientation. South Africa was the fifth country in the world to celebrate same-sex marriages, and to afford other important rights for gay and lesbian people, including same-sex adoption rights and joint beneficiary on medical schemes and policies. However, all these liberal and progressive rights are acknowledged amidst an undertone of extreme violence against women, minority groups and LGBTI people.

One in three South African women can expect to be raped in her lifetime – at least once. In documents and research reports one reads that a woman in South Africa is raped every 20 seconds.

The Director of Triangle Project, Vanessa Ludwig, opened her keynote address at a fundraiser event (in aid of the End Hate campaign that focuses on hate crimes against LGBTI people) in March 2008 with a very dramatic but high impact message. She stood in front of the microphone in silence for a few minutes, with a spotlight on her and an African djembe drum beating every 20 seconds. After working up to a point where one started to feel very uncomfortable, her first words to the audience were: *'Each time you hear the drum, another woman is being raped'* and challenged the audience to shift their discomfort to anger.

We hear these shocking and powerful speeches, according to the numerous research reports from credible organisations such as the Medical Research Council, the Human Sciences Research Council and many more (Moffett, 2009) echoing the same astounding statistics.

In post-apartheid South Africa, with its freedom of speech, powerful presentations, NGO's mobilising constituencies, ongoing workshops and awareness-raising campaigns such as the *One-in-Nine Campaign*, *the Rose has Thorns Campaign*, *Take the Night Back*, *16 Days of Activism*, *070707 Campaign* and many more events encourage women to 'come out' (regarding HIV status, rape or being lesbian). These movements and their associated events built momentum where women initially courageously told their stories.

There are contradictions to the rights women are able to exercise and claim in South Africa against the rights enshrined in the Constitution. LGBTI people experience similar contradictions between written law and experienced life. Trans people find themselves even more on the fringe, rejected to a very isolated space on the far side of the boundaries of society where they are often rejected from 'mainstream' society, yet not included in LGBTI groups or settings. Similar to how many lesbian and gay people's lived experience is in contradiction with our Constitution, trans people find themselves in

an ambiguous space where they are not included in heterosexual or homosexual spaces, and prejudiced against – yet our Constitution makes provision for everyone in the ‘Rainbow Nation’.

On the evening of 2 June 2008 Daisy Dube, who proudly self identified as a drag queen was shot and died on the scene. A close friend, who was out that evening with Daisy, confirmed the motivation for the killing was their gender identity and that they were not willing to subject themselves to ridicule. The shooting resulted after Daisy and her three friends challenged three homophobic men to refrain from calling them ‘*isitabane*’ – an isiZulu term that means hermaphrodite and is usually used in a derogatory way to refer to LGBT people in townships.

Not all hate crimes and gender based violence against transgender people results in murder. Not all hate crimes and gender based violence against transgender people in South Africa are reported. Many fear secondary victimisation from the police. A trans woman who was raped by a gang of six men said she could not report the case at the police due to her fear of the police and the terrible things she heard about the police. Not only is police response humiliating, it is also extremely traumatic.

Another trans woman was in a house where the police performed a random drug raid in July 2008. All the housemates were taken to the police station and upon being discovered as transsexual she was kept in the holding cells much longer than the others. She was ‘body searched’ by just about every police officer in the station and she also mentioned assault. She was never found guilty of possession of drugs nor was any charge made against her. In 2007 an intersex woman was taken into a police station for a traffic offence. She was body searched by every police officer in the station, assaulted and ended up with bruises. She reported the incident to Gender DynamiX; she did not want to lay a charge, neither did she want counselling as she said she just wanted to block out the ordeal.

Trans people also suffer abuse and violence at the hands of family members, due to their trans identity. One trans woman related how her father and other male family members raped and assaulted her repeatedly in her early childhood as a result of her ‘effeminate behaviour’ and called her ‘moffie’, a derogatory term for a gay male; the term is similar to the English equivalent ‘faggot’ (first used as a derogatory term and now in the process of being reclaimed in certain communities). She was also

forced to perform sexual acts with a dog to ‘teach her a lesson’.

One trans woman told of a series of incidents which started four months after her gender reassignment surgery. Her house burnt down one night, while she was asleep inside, she fortunately woke up in time to save her own life, but the house burnt completely to the ground. Two months later her business was petrol-bombed and six months after that she was assaulted with a pick handle by her ex wife’s lover. She suspected all these attempts on her life came from them.

Another trans woman reported she wanted to commit suicide as a result of rejection by her community and family. She was severely beaten up by her (then) wife’s family members. At that stage doctors feared that she had lost partial eyesight in her right eye due to the damage done to her face.

*Many trans youth drop out from school at a young age due to intimidation, ridicule and being ostracised*

Bullying and teasing at school is something many trans people can relate to. In some cases trans people told how teachers would ‘join in’ ridiculing them for the way they present themselves. One trans woman referred to an incident where a group

of boys assaulted her one afternoon after school in the cloak rooms. Incidents like this lead to depression and underperformance. Many trans youth drop out from school at a young age due to intimidation, ridicule and being ostracised, further adding to their marginalisation due to being economically disadvantaged. Partners of transgender persons are also subject to transphobic violence and are equally vulnerable, yet they are in some cases more invisible. Inasmuch as adequate statistics, information, structures and support for victims of gender based violence are not in existence in South Africa, for lesbian, gay and transgender people, it is even more premature to ask if partners or any SOFFA (Significant Other, Family, Friends and Allies) of transgender people will be recognised and supported, or be counted in transphobic violent acts in hate crime statistics.

Prevalence of gender based violence amongst any community is harmful. Many incidents in the recent past can be described in the words of Antje Schuhmann as

'violent statements of claiming control over women's bodies and their right of expression' (2009). I want to argue that the violence that gays, lesbians and women in general face is mostly gender based and not sexual orientation based. The transgender community are directly exposed to this threat because of gender non-conformance or cross-gender behaviour and expression. As an example, consider the woman from Umlazi who was stripped naked and men in the village burned her shack down – because she was wearing trousers. She was not a lesbian. This form of oppression took place

*Violence that gays, lesbians and women in general face is mostly gender based and not sexual orientation based. The transgender community are directly exposed to this threat because of gender non-conformance or cross gender behaviour and expression*

because she was not conforming to culturally expected norms.

It is therefore essential to advocate against this evil and to fight for the protection and rights of all citizens and especially so for LGBTI individuals.

*Liesl Theron is the founder of **Gender Dynamix**, a human rights organisation promoting freedom of expression of gender identity, focusing*

*on transgender, transsexual and gender non-conforming persons. Liesl uses the word 'trans' freely in her writing, indicating and respecting trans includes transgender, transsexual, transvestite and gender non-conforming. **Gender Dynamix** is the only South African organisation focusing on the transgender, transsexual and gender non-conforming sector. [www.genderdynamix.org.za](http://www.genderdynamix.org.za)*

*"Efforts to reduce incidences of violence against women need to be tied to interventions aimed at achieving a reduction in the stigmatisation of gay men... Programmers need to adopt an inclusive approach to programming that interlinks activism against violence against women, mitigation and prevention of HIV and gay rights activism"*

– Dr Leigh Price, from a presentation on 'Understanding male dominance and remodelling cultural aspects to address the HIV epidemic in southern Africa'

## After the bones and bruises have healed: psychological care and support for survivors of violence

Apart from physical injuries, violent or threatening incidents in the home or community often result in serious and disabling psychological damage for survivors. While bruises, wounds or broken bones may heal in days or months, the emotional trauma of a violent attack may take years to subside.

After providing prompt medical treatment, including PEP in the case of rape, and making a report so the case can go through the proper legal channels, it is important that survivors are supported in dealing with the psychological effects of violence.

Counselling, therapy and support group initiatives have been found to be helpful following sexual assaults, especially where there may be complicating factors related to the violence itself or the process of recovery. There is some evidence that a brief cognitive-behavioural programme administered shortly after assault can hasten the rate of improvement of psychological damage arising from trauma.

Survivors of sexual violence sometimes blame themselves for the incident, and addressing this in psychological therapy has been shown to be important for recovery. Short-term counselling and treatment programmes after acts of sexual violence, though, require considerable further evaluation.

Formal psychological support for those experiencing sexual violence has been provided largely by the non-governmental sector, particularly rape crisis centres and various women's and men's organisations. Inevitably, the number of victims of sexual violence with access to these services is small.

One solution to extend access is through establishing telephone help-lines, ideally ones that are free of charge. A Stop Woman Abuse helpline in South Africa answered 150,000 calls in the first five months of operation.



# Exploring the phenomenon of passion killings in Botswana



By Dr. Maude Dikobe

A number of reasons have been put forward in explaining high incidences of passion killings in Botswana, the most obvious one being the unequal power dynamics in relationships between men and women; women are often perceived as minors who need to be disciplined from time to time. Another is entrenched cultural practices and patterns of socialisation. Further, to a certain extent, some Tswana folksongs can help us understand the way in which passion killings are regarded - as well as the responses to these murders.

Many people use their culture, traditions or religion as a way to control women. In Setswana culture, as is similar in many countries in southern Africa, when one gets married the man pays lobola (bride price), mainly in the form of cattle and money, to the woman's family. The concept of having 'purchased a wife' has been cited as a reason for the belief by some men that they have the licence to beat their wives. These beliefs are further reinforced by the lyrics of some wedding songs, such as the one which includes the words, "mosadi wame ke mo rekile ka dikgomo", loosely translated as, "my wife I have bought her with cattle".

The causes of passion killings are manifold and a lot of research on this issue is needed to better understand both the cultural and socio-political implications of its causes. Among them, increasing poverty levels and youth unemployment have been cited as contributing factors to the proliferation of inter-generational dating as young girls trade sexual favours for a luxurious life.

Socialisation too, plays a major factor. Men are socialised to be providers and women, the ones provided for. This creates dependency where women expect financial support and gifts from men, and the provider in turn expects loyalty and love once he has

'bought' the girl. Once the relationship goes sour, and the girl tries to leave, the man who feels that he has been taken advantage of does not take no for an answer, sometimes leading to violence, and at times, murder.

## Solutions

The Government of Botswana and other stakeholders have embarked on initiatives aimed at curbing violence against girls and women. Botswana is signatory to agreements to protect women's rights, among them the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the SADC Declaration on Gender, and the Sexual Offence Bill among others. Despite increases in equality at legislative level, gender-based violence remains problematic in Botswana. To date there is no formalised mechanism to monitor and evaluate gender based violence. Some community mobilising and awareness-raising remains crucial.

There is still only one shelter for victims of gender and domestic violence and rape which is in Gaborone, the capital, with another centre - Women Against Rape (WAR) - in Maun in the north-east. There is a call to increase the number of such centres across the country and to make them accessible to women and girls. There is also a need to mobilise public opinion against the broader injustices of femicide.

Everyone should say "NO" to violence against women. The state has to ratify and enforce existing laws and ensure that there is zero tolerance towards violence against girls and women. The Government of Botswana is also currently looking at setting up national consultative workshops where the whole country can be sensitised about the issues of women's vulnerability to abuse. Dialogue among various stakeholders,

including NGOs, Civil Society and traditional and religious leaders, to find solutions and interventions to mitigate the impact of violence against women in the country is also encouraged. In particular, there is need for stiffer sentences for perpetrators so that they do not walk the streets scot free and prey on other young women.

*Dr. Maude Dikobe is a gender activist and Lecture of Literature and the Expressive Arts of the African Diaspora at the University of Botswana. She is a Fulbright scholar and holds a Phd. in African Diaspora Studies from UC Berkeley, United States.*

## Passion killings: “a festering sore on the conscience of the nation”

“Crimes of passion” are common worldwide, but several incidents of passion killings - where a number of young girls were killed by their lovers around Botswana in a short space of time – have attracted international media attention.

Although men and boys are sometimes victims of passion killings, women and girls in Botswana are the ones who mainly suffer the consequences of this type of gender-based violence.

The former President of Botswana, Festus Mogae noted at the National Conference on Crimes of Passion Among the Youth in Botswana in 2008 that

“these crimes are new to Botswana and are not part of our culture as a peaceful and compassionate nation”.

He noted further that, “crimes of passion are a festering sore on the conscience of our nation... they are eating into the fabric of the society”.

The former President’s comments are close to the concerns of youth and adults alike in Botswana, who express the urgency of curbing ‘femicide’ - or passion killings as they are commonly referred to - before they get further out of control.

## THE SADC GENDER AND DEVELOPMENT PROTOCOL

The Gender Protocol is a comprehensive legal document that provides clear objectives, strategies and targets for achieving gender equality in the SADC region. It comprises 28 targets, as well as mechanisms for monitoring and tracking progress, including reporting, by member states every two years.

The signing and domestication of the SADC Gender and Development Protocol is seen by many as an important step towards eradicating gender-based violence.

Botswana has not yet signed the Protocol, and the Government’s decision to defer the signing of the SADC Gender Protocol is disappointing. Botswana has explained that it takes its regional commitments seriously, and the Government maintains that it

does not want to sign up to commitments that it cannot keep, and that the provisions are too mandatory.

The recession was also cited as an issue that is preventing Government from signing the Protocol.

When SADC Heads of State and Government signed the Protocol on Gender and Development on August 17, 2008, they committed themselves to achieving at least 50% representation of women in decision-making positions – in ensuring the eradication of abuse, poverty and disparities in the public (parliament) and private sector by 2015; which is in sync with the Millennium Development Goals, especially Goal 3 which seeks to promote gender equality and the empowerment of women.

# The Refentse Project



## Lessons learnt in the implementation of health policy for rape survivors in rural Mpumalanga, South Africa

The HIV and AIDS National Strategic Plan 2007-2011 (NSP) requires improved training and increased access to post-exposure prophylaxis (PEP). A progressive document released by the Department of Health (the National Sexual Assault Policy and National Management Guidelines for Sexual Assault Care) has as one of its objectives, “to establish designated, specialised, accessible, 24 hour health care services for the holistic management of patients to improve health status after sexual assault.”

Unfortunately, the Policy and Guidelines have not been widely published or circulated and are not well-known among health care providers or civil society.

**The Refentse Project** (seSotho for resilience) was established by the Rural AIDS and Development Action Research Programme (RADAR) to develop a model for service delivery of high quality, integrated rape care services that incorporates PEP for HIV at a rural public hospital. Tintswalo Hospital developed a rape management policy and treatment protocol that addressed the specific challenges faced by the hospital,

and ensured that the hospital was able to provide ongoing health services for rape survivors, even if there was staff turnover.

### PHASE 1

During phase 1, a multi-sectoral Project Advisory Committee (PAC) was established to bring together key stakeholders (representatives from the police, hospital, social services and courts) to share information and experiences, identify gaps in the current model and assess opportunities for strengthening linkages between the health and criminal justice system. The PAC is a useful forum to engage service providers on common problems experienced by rape survivors, address these problems and improve referral relationships.

### PHASE 2

TLAC led Phase 2 of the Refentse Project, monitored the implementation of rape services and found that the hospital was easily able to sustain the intervention and even improve on the quality of service offered. The quality of care provided at the hospital was exceeded during the second phase of the project as outlined in the table below:

Quality of care indicators	Pre	Post	Phase 2
Pregnancy test done	67.5%	86.0%	(216/236) 91.5%
EC given	65.1%	72.5%	(187/231) 80.9%
VCT at first visit	41.2%	60.6%	73.2%
28 days PEP given at first visit	15.1%	55.1%	67.6%

The frequent turnover of staff at rural health facilities prompted in-service training on sexual assault management (patient flow, history taking, medication and counselling, and referral) to newly appointed OPD professional nurses on an ongoing basis. Visits to

surrounding clinics strengthened referrals between the hospital and clinics, distribution of pamphlets and encouraged the inclusion of information on health services for rape survivors at the morning health talks provided to patients at clinics and the hospital's OPD.

# Good practice for health service strengthening from Tintswalo Hospital

A rape management policy and treatment protocol coordinates care with health care workers, clerks, pharmacy, laboratory, VCT counsellors and social workers to impact directly on patient care and to reduce personal judgments and attitudes by individual providers e.g. withholding PEP in the belief that women lie about rape.

Below are some lessons learnt from the process of strengthening health services, and in particular services for rape survivors at Tintswalo Hospital in Acornhoek, Limpopo, South Africa.

## Lessons learnt

- A designated room is useful for centralising services, medications and diagnostic tests, minimising delays and the need for additional providers - and increasing privacy for treating cases.

- A focus on systematised care – this is useful given the lack of training received by many health care workers, and their high turnover within rural health facilities.
- Expand nurse-driven services, as a shortage of doctors in rural areas increases the length of time rape survivors wait before being attended to and being provided with post-rape care. This strategy enhances effective implementation of policy.
- The practice of making referrals does not come automatically, and providing a standard letter of referral for service providers and routinely meeting and documenting the sources of referrals helps to maintain and build functioning referral networks.

NGOs can play an important role in monitoring the implementation of government policy and can also critically reflect and distinguish between what is 'bad' policy and what represents a failure of implementation. The access that TLAC enjoyed to Tintswalo Hospital's records and the hospital's buy-in to the project may be unusual and perhaps not readily duplicated, however, the relationship between RADAR, TLAC and Tintswalo Hospital is illustrative of the kind of constructive partnership that can be forged between government services and NGOs.

## Democratic Republic of the Congo (DRC)

### President Kabila commits to ensuring an AIDS-free generation in the Democratic Republic of Congo

In May 2010, President Joseph Kabila of the Democratic Republic of the Congo pledged to promote the emergence of an AIDS-Free Generation, to ensure safer motherhood and to eliminate mother-child-transmission of HIV in his country.

"These are priorities for the women and children of my country," President Kabila said as he received a joint mission to his nation by Thoraya Ahmed Obaid, UNFPA's Executive Director, and Michel Sidibé, UNAIDS' Executive Director.

"I will lead in ensuring an AIDS-Free Generation in the DRC," the President added, expressing his commitment to launching a national initiative to reverse the AIDS epidemic and in making safe motherhood and an AIDS-Free Generation priorities, not only in his country, but also in the Southern African Development Community (SADC) and the African Union.

Currently, more than 40,000 infants are born with HIV every year in the DRC. Only 2% of pregnant women have access to services to prevent mother-to-child transmission, and only 8% of pregnant women are offered HIV testing and counselling. The DRC is one of the six countries in the world that together account for 50% of the world's maternal deaths. Each hour, maternal death takes the lives of about four women.

Source: UNFPA

<http://www.unfpa.org/public/cache/offonce/news/pid/5604;jsessionid=218163660445014589D7BE989FEC1D87>

# HIV/Culture Confluence conference comes up with key recommendations for HIV, culture and gender programming

By SAfAIDS Staff



SAfAIDS, in partnership with Oxfam Novib, HIVOS and the Royal Tropical Institute (KIT) successfully hosted a conference, titled the 'HIV/Culture Confluence - Changing the River's Flow: Possibilities and Challenges in Programming' from the 12th to the 13th of April 2010.

The conference, which was held in Johannesburg, South Africa, brought together over 130 participants from the SADC region, Africa, Asia, South America and Europe. In planning the conference, the conveners departed from the realisation that stakeholders are increasingly becoming aware that it is important to the design and effectiveness of programmes and interventions aimed at preventing HIV, as well as incidence of GBV in southern Africa, to be sensitive to cultural beliefs and practices.

The conference thus aimed to create a platform for the exchange of knowledge, ideas, experiences and challenges, information and above all, practical solutions to designing and implementing effective programmes; with the ultimate objective of promoting work focusing on the importance of considering culture in HIV and GBV interventions.

While officially opening the conference, Mr. Sandi Mbatsha, Special Advisor to the Minister of Women, Youth and People with Disabilities in the Republic of South Africa commended the conference for putting a spotlight on the influence that cultural practices have in increasing or reducing HIV incidence in the region.

## Key recommendations for HIV, GBV, culture and gender programming

At the end of the conference, the conveners shared thirteen key recommendations for programming that emerged from the presentations, panel discussions and deliberations. The recommendations were discussed, and after a consultative process, the recommendations outlined below were endorsed by participants.

### **1. Adopt a broad definition of culture.**

The conference acknowledged that culture is a difficult concept to define - however the broad definition of culture as "You and Me, the way we live, work and play together" was put forward.

- Culture should be defined by communities themselves, and the definitions adopted by programmers should be context and community-specific and recognise diversity.

## 2. Consider the meaning of language

- It is important to be sensitive to the meaning and ideologies conveyed through language, thus programme implementers need to consider the use of vernacular language when developing materials and implementing programmes.

## 3. Civil Society, governments and media have a shared responsibility in HIV communication

- Civil Society (CS) and policy makers need to recognise the important role played by the media in socio-cultural discourse related to HIV and gender and to involve media in the processes of developing these messages.
- Media need to be sensitive to the messages they communicate, ensuring accuracy of terminology used (for instance use of HIV and AIDS as opposed to HIV/AIDS).
- CS should invest in ensuring that media are well capacitated to report issues accurately.

## 4. Consider 'our' activism

- Activism for women's rights should be integrally linked with activism for human rights, gay rights and sexual and reproductive rights.
- Programmers should challenge negative attitudes towards diverse sexualities (LGBTI), consider own attitudes towards LGBTI people and adopt rights-based activism and programming.

## 5. Aim to 'SAVE'

- Consider MCP, MC, drugs and alcohol and intergenerational sex as key drivers of HIV in the response.
- Promote SAVE as a strategy for HIV prevention as it is more holistic and responsive to the socio-cultural context in which we live, if we are to 'close the tap' on new infections.

The 'SAVE' model, put forward by INERELA includes:

- a focus on promoting **Safer sex practices and safe blood products**,
- ensuring **Available medical interventions**,
- **Voluntary counselling and testing** (with a focus on moving way from 'AIDS friendly

congregations', to 'congregations that know their HIV status'), and

## - Empowerment

## 6. Respect and involve traditional leadership

- Greater impact can be achieved when traditional leaders are sensitised, and engaged and involved in high-level policy meetings at regional level.
- Traditional leaders can be proactive in approaching civil society, if they have work-plans; it is easier for CS to identify where intervention is needed and areas of collaboration.

## 7. Respect the value of culture in HIV and gender programmes

- Ensure respect for the capacity of communities themselves to address negative cultural practices and encourage positive/protective cultural practices.

## 8. Recognise the multi-factoral nature of HIV transmission

- Consider that HIV is not just about sex, but also may be influenced by genetics, social environment, political context, economics as well as culture. Greater effort is needed to collect evidence and understand the local epidemic. 'Know Your Epidemic' - studies should push the boundaries to understand all factors driving HIV.

## 9. Discourage patriarchal attitudes and encourage gender equality and women's empowerment

- Understand patriarchy and the contexts in which it occurs. The power dynamics established through patriarchy need to be interrogated, with the intention of improving the system. Male participation in challenging power imbalances perpetuated through patriarchal systems should be encouraged.

## 10. Develop indicators which monitor changes in gender and cultural practices which influence HIV

- While it is difficult to measure complex factors, programmes need to identify means of monitoring changes in practice which influence HIV.
- Consider qualitative approaches to the collection of information and to support documentation within communities.
- Document existing good cultural practices to support our work within cultural contexts.

11. **Civil Society should be firm and principled in its efforts to address culture**
  - Civil Society should communicate/do advocacy work focusing on policy makers, donors and relevant stakeholders to communicate the value of a cultural approach to HIV and gender programmes.
12. **Improve engagement with young people and consider the impact of education in HIV mitigation**
  - Voices of young people need to be heard more at regional and international platforms.
  - Focus on encouraging inter-generational dialogue.
13. **Interrogation of religion's influences into HIV and gender work**
  - Understand the role that religious culture plays in contemporary societies

## Suggested Reading

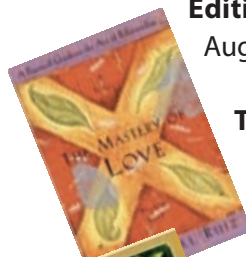
The following INSPIRATIONAL books can be ordered through Exclusive Books or from amazon.com.

**A Philosophical Investigation of Rape: The Making and Unmaking of the Feminine Self** (Routledge Research in Gender and Society) by Louise Du Toit (Hardcover - Apr. 15, 2009)

**Tapping the Power Within: A Path to Self-Empowerment for Women: 20th Anniversary Edition** by Iyanla VanZant (Paperback - Aug. 15, 2009)



**AIDS, Sex, and Culture: Global Politics and Survival in Southern Africa** by Ida Susser (Hardcover - Feb. 9, 2009)

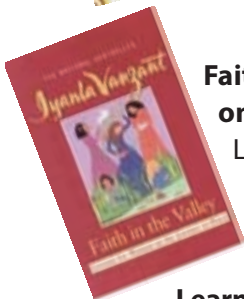


**The Mastery of Love** by Don Miguel Ruiz (Kindle Edition - Jan. 18, 2010)

**Closure and the Law of Relationship: Endings as New Beginnings** by Lissa Coffey and Arielle Ford (Paperback - Jan. 19, 2010)



**The Path to Love: Spiritual Strategies for Healing** by Deepak Chopra (Paperback - Jan. 12, 1998)



**Faith in the Valley: Lessons for Women on the Journey Toward Peace** (Walker Large Print Books) by Iyanla VanZant (Paperback - June 2004)

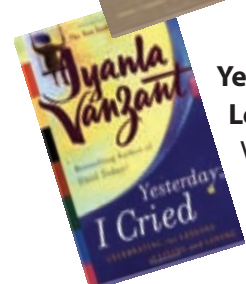


**Unimagined Community: Sex, Networks, and AIDS in Uganda and South Africa** (California Series in Public Anthropology) by Robert J. Thornton (Paperback - Sept. 2, 2008)

**Living Through the Meantime: Learning to Break the Patterns of the Past and Begin the Healing Process** by Iyanla Vanzant (Kindle Edition - Mar. 17, 2002)



**Proud of ME: Speaking out Against Sexual Violence and HIV** by Charlene Smith (Paperback - Aug. 29, 2002)



**Yesterday, I Cried: Celebrating the Lessons of Living and Lovin** by Iyanla Vanzant (Hardcover - 2007)

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**Initiatives to prevent sexual violence:** Wikipedia, the free encyclopedia

**Giving a voice to victims of sexual and physical violence:** UN News Centre  
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2. At the first national crime prevention conference held in Gaborone last year, Monica Tabengwa, the director of Metlhaetsile, pleaded that: "Government should stop considering NGOs as being anti-government because they are not".
3. Newspapers do not have full-time court reporters and this means cases are publicized in an ad hoc fashion. While violence against women has become more 'newsworthy' in recent years, rape reports are becoming more sensationalised with rapists commonly referred to as "sex pests" etc. With no code of conduct for journalists, this type of coverage will just get worse. At the same time, advertising in the print media is now beginning to use women's bodies to sell items such as vehicles for the first time.
4. The report on a review of all laws affecting the status of women in Botswana, September 1998, Women's Affairs Department, recommends that the Constitution is amended.
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- for Human Rights. The 'no bail' clause was declared unconstitutional by Francistown High Court Judge Raymond Mwaikasu and, as a result, an undisclosed number of accused rapists were released from prison. RCC has always supported the no bail clause because of the likelihood that an (accused) rapist who is not held in custody will further threaten and intimidate the person he has raped or her/his family.
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# Giving a voice to survivors of sexual and physical violence



In Darfur women are very frightened to speak of sexual violence, and the health workers who care for them do it in the greatest secrecy.

For nearly two and a half years, Roselidah Ondeko has been at work in the eastern Democratic Republic of the Congo (DRC), helping local women find their voices to speak out about the epidemic of gender-based sexual and physical violence in the region.

Roselidah is employed by the UN Population Fund (UNFPA), and coordinates the programme on sexual violence in the provinces of North and South Kivu, which is financially supported by the Canadian International Development Agency (CIDA). She is based in Goma, North Kivu's provincial capital.

The eastern DRC, which faces ongoing conflict between rebels and the Congolese army, is notorious for the high rates of sexual and physical violence against civilians, especially women.

"At the beginning it was very difficult to listen to all these stories and to see what these women had been subjected to. I had to confront it with colleagues practising the same profession," Roselidah explains. But Roselidah recalls that these female victims of sexual violence who have come to seek medical and psychological support have decided not to succumb. "When you look at what they endured, you see that they have not given in. They have hope," she says. Moreover, rather than speaking of victims, she prefers to use the word 'survivors.'

Roselidah cites the example of a woman who had been raped, then abandoned by her husband. Under the

programme she was given a goat as a source of revenue. That was in 2007. "In 2008, when I met her, she already had six more goats," Roselidah says. "She said she felt she had to continue, because if she let things go she didn't know who would take care of her children."

According to data collected by UNFPA, the number of reported cases of sexual violence has grown between January and June in South Kivu, compared to the same period last year. That could be explained, according to the Roselidah, by the relative calm in certain areas of the province. "The survivors can now have access to medical care and psychological services and health workers can reach areas that were previously inaccessible because of insecurity," she explains.

The perpetrators of sexual violence are in the majority men in uniform, whether soldiers of the Congolese army or fighters from the rebel groups. "We see more and more children affected" by this sexual violence, Roselidah adds.

Before she arrived in the DRC, Roselidah was posted in the Darfur region of western Sudan and Uganda. When she compares the current situation with that in Darfur for example, the UNFPA staffer notes that the people in the DRC speak more openly of the sexual violence that has been perpetrated.

"In Darfur, women are very frightened to speak of sexual violence, and the health workers who care for them do it in the greatest secrecy," for fear of reprisals, she notes.

Source : UN News Centre,  
<http://www.un.org/apps/news/story.asp?NewsID=31801&Cr=Humanitarian+Day&Cr1>

# Leaders go public with the test



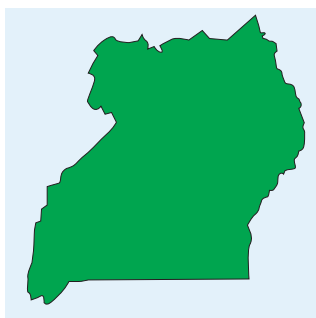
South African President Jacob Zuma recently launched one of the most ambitious voluntary counselling and testing (VCT) campaigns in history by disclosing his HIV-negative status this year.

Ministers and provincial premiers in South Africa have been following his example, but politicians in Africa have not always been so forthcoming. IRIN/PlusNews charts the history of who has and has not stepped up for "the prick".

**2001** - Botswana President Festus Mogae became one of the first leaders to be publicly tested for HIV and encouraged ministers and parliamentarians to do the same.

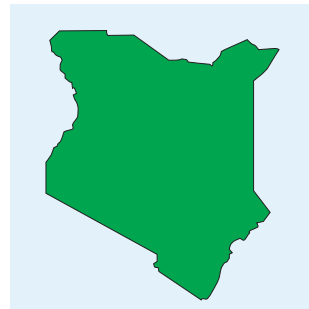
**2002** - Zambian President Kenneth Kaunda made headlines with his public test and, like Mogae, used the opportunity to rally others to follow suit. Kaunda lost a son to HIV-related complications in the 1980s and later founded the Kenneth Kaunda Children of Africa Foundation, which runs schools for children orphaned by AIDS.

**2004** - Malawian President Bakili Muluzi publicly acknowledged being tested for HIV and losing a brother to AIDS-related illnesses.



Ugandan President Yoweri Museveni declined to be tested, but a few months later 12 Ugandan parliamentarians participated in a national testing campaign called, "It's better to know".

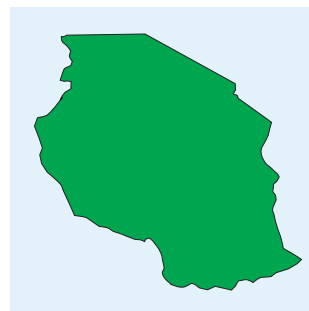
On World AIDS Day, several high-profile Ethiopians volunteered to be tested, including Prime Minister Meles Zenawi's wife, Azeb Mesfin, who revealed that her husband had also been tested; State Minister for Finance and Economy Mulu Ketsala, and US Ambassador Aurelia Brazeal.



**2006** - US Senator Barack Obama and his wife, Michelle, were tested in Kisumu, capital of Nyanza Province, Kenya, where Obama's father was born. "If a United States senator can get tested, anyone can get tested," he was

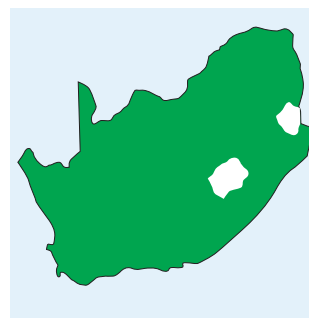
reported to have said at the time.

On World AIDS Day Sudanese Vice President Dr Riek Machar stepped up to be tested in the hope of boosting VCT uptake; just one percent of southern Sudanese have been tested. In Nigeria, President Olusegun Obasanjo did the same.



**2007** - At the start of a national HIV testing campaign in July, Tanzanian President Jakaya Kikwete and his wife; Prime Minister Edward Lowassa and his wife; several other ministers, one hundred

members of parliament, and many other public figures were tested. An estimated 4.1 million Tanzanians were reached in six months as part of the campaign.



**2010** - South Africa launches a campaign that aims to test 15 million people in about 13 months. President Jacob Zuma reveals the results of his fourth HIV test.

Source: © IRIN. All rights reserved. HIV/AIDS news and analysis: <http://www.plusnews.org>



## ACTION

### *The Path to Love - Practical Suggestions*

*Look at the following list of things that love is supposed to accomplish.*

*Love is meant to:*

*Heal  
Renew  
Make us safe  
Inspire us with its power  
Make us certain, without doubt  
Oust all fear  
Unveil immortality  
Bring peace  
Harmonise differences  
Bring us closer to God*

*Even if this list strikes you as unrealistic, make a bargain with love - a soul bargain - that any or all of these things will come true for you. Take a piece of paper and write down what you want from love. It is a real force, if it is attuned to who you are, love will respond. Make your list as complete and specific as you can. Write down every entry from the receding list and beside it list what you want.*

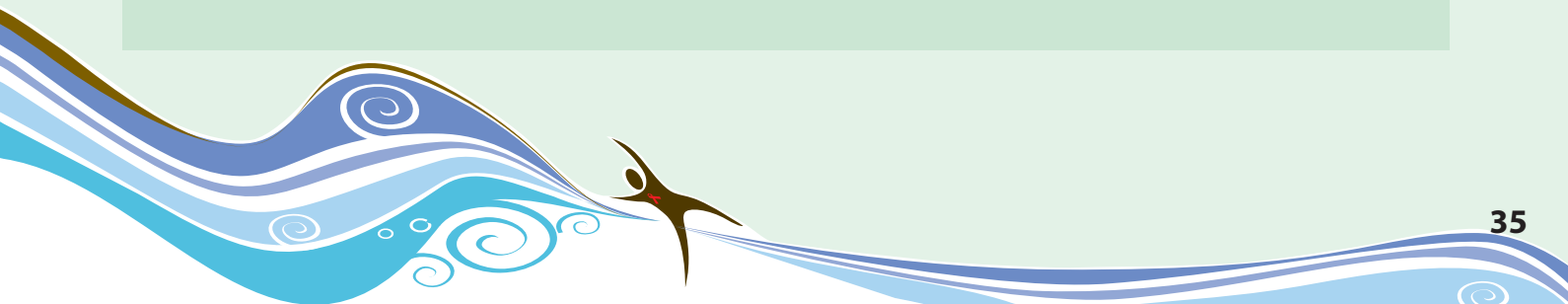
### Example:

Love is meant to heal: I want to heal my anger toward my father.  
Love is meant to renew: I want to feel renewed enthusiasm for my work.

Once you are satisfied that you have detailed everything you want, the bargain is complete. Put the piece of paper in a safe place. You have announced to your soul what you want, and it is up to love to respond. Love is intelligent and aware. It knows you better than you know yourself - therefore it has the power to fulfil its side of the bargain. Don't dwell on your list or try to make it come true. The only thing you need to do, is when you feel love, act on it. Speak your heart. Be truthful. Remain open. This is how you align yourself with love. At the end of a few months, take out your list and read it over. Ask yourself how much has come true - you may be surprised!

Actually asking for love is one of the most difficult things for anyone to risk, and by risking it first in your heart, you open a door that will never close again.

- Excerpt from *The Path to Love* by Deepak Chopra



# To access more information on HIV, GBV and Culture, contact the following Resource Centres in your respective countries:

<p><b>Angola-SCARJOV</b> Sede: Estrada da Camama/Vianda (ao CALEMBA 2) Bairro da Paz - Kilamba Kiaxi PO Box 3085 Luanda - Angola Tel. 1: +244 912 368 535 Tel. 2: +244 927 713 289 E-Mail: <a href="mailto:scarjov4@yahoo.com">scarjov4@yahoo.com</a></p>	<p><b>Botswana-BONASO</b> PO Box 3129 Plot 767, Tati Road, Extension 2 Gaborone, Botswana Tel: +267 3170582 / 3908490 Fax: +267 570582 E-Mail: <a href="mailto:bonaso@botsnet.bw">bonaso@botsnet.bw</a></p>	<p><b>Lesotho-National AIDS Commission</b> Maseru Sun Office Block Orpen Road PO Box 11232 Maseru 100 Lesotho Tel: +266 22326794 Fax: +266 2232 7210 E-mail: <a href="mailto:molekop@nas.org.ls">molekop@nas.org.ls</a> Website: <a href="http://www.nac.org.ls">www.nac.org.ls</a></p>
<p><b>Malawi-MANASO</b> Chitetezo House City Boutique Building Haile Selassie Road PO Box 2916 Blantyre Malawi Tel: +265 1 835046/18 E-mail: <a href="mailto:manaso@malawi.net">manaso@malawi.net</a> Website: <a href="http://www.manaso.org">www.manaso.org</a></p>	<p><b>Malawi-Blantyre City Assembly</b> Town Hall Civic Centre Private Bag 67 Blantyre Malawi Tel: +265 1 670 211</p>	<p><b>Namibia-NANASO</b> PO Box 23281 Erf: 1011, 42-44 Ondoto Street, Okuryangava, Windhoek, Namibia. Windhoek, Namibia Tel: +264 61 26 1122 Fax: +264 61 23 4198 E-Mail: <a href="mailto:nanaso@iafrica.com.na">nanaso@iafrica.com.na</a></p>
<p><b>Swaziland-NERCHA</b> National HIV and AIDS Information Centre Lamvelase Premises Nkoseluhlaza St / Sandlana St Manzini Swaziland Tel: +268 505 4597 / 505 3313 Fax: +268 505 4425 E-mail: <a href="mailto:busi.dlamini@nercha.org.sz">busi.dlamini@nercha.org.sz</a></p>	<p><b>Zambia-Afya Mzuri Joint Resource Centre</b> Plot 10487B Manchinch Road, Olympia Park, Lusaka. Tel : +260 11 295124 / 295122 Fax : +260 11 295120 / 295124 Cell No. : +260 977 741223 / 966 249194 Email: <a href="mailto:resourcecentre@afyamzuri.org.zm">resourcecentre@afyamzuri.org.zm</a> Website: <a href="http://www.afyamzuri.org.zm">www.afyamzuri.org.zm</a></p>	<p><b>Zimbabwe-SaFAIDS</b> 17 Beveridge Road Avondale Harare Zimbabwe Tel: +263 4 336193 / 4 Email: <a href="mailto:info@safaidz.org.zw">info@safaidz.org.zw</a> Website: <a href="http://www.safaidz.net">www.safaidz.net</a></p>

## Where To Get Help – Southern Africa

### Botswana

**Voice Of Women (VAW)**, Mahalapye, Botswana  
Tel: +267-4714864 / 4714011

**Women Against Rape (WAR)**, Maun, Botswana  
Tel: +267-71395813

**Kagisano Society Women's Shelter Project**, Mogoditshane, Botswana  
Tel: +267-3900516/3907659

**Key areas:** These organisations offer service delivery (counselling, legal advice, shelter / refuge, referrals), prevention at the community-level (through community education, mobilisation, awareness raising), strengthening service sectors with a focus on the police, health care workers and local government to address rape/sexual assault, girl-child sexual abuse, sexual harassment in the workplace and at community level).

### Mozambique

**Women, Law and Development Association (Muleidi)**, Maputo, Mozambique  
Tel: +258-823055900

**Key areas:** Muleide provides legal aid to women survivors of violence who can otherwise not afford it. They provide information and education on

the prevention of violence and HIV and they also carry out income generating projects with women.

**Associação Mozambicano das Mulheres de Correia Juridica (AMMCJ)**, Maputo, Mozambique  
Tel: +258-14-08232

**Key areas:** The female lawyers who work at AMMCJ work to decrease violence against women and ensure equal legal status for women. AMMCJ provides temporary shelter and legal and counselling services to victims of gender violence.

### Swaziland

**Women and Law in Southern Africa Research and Education (WLSA) Swaziland Chapter**, Mbabane, Swaziland  
Tel: +268-4047088

**Key areas of focus:** WLSA's objective is to improve the legal status of women in southern Africa. The organization undertakes action research, legal advice and services, advocacy for legal reform and change as well as training and education on women's rights as human rights. WLSA's research investigates both customary law and general law, and the interaction between the two.



Southern Africa  
HIV and AIDS Information  
Dissemination Service

