

BOTSWANA: GENDER-BASED VIOLENCE (GBV) BRIEFING NOTE

Violence against Women and Girls (VAWG) Helpdesk (May 2019)



● Women who have experienced gender violence in their lifetime

FORMS OF GBV Over two thirds of women in Botswana (67%) report having experienced some form of gender violence in their lifetime, including partner and non-partner violence.¹ A smaller, but still high, proportion of men (44%) admit to perpetrating violence against women.¹ Certain groups of women and girls are particularly vulnerable to GBV, including women and girls with disabilities, adolescent girls, women living with HIV/AIDS, and orphans and other children vulnerable to sexual exploitation and abuse.

RESEARCH AND EVIDENCE ON GBV To date, the most comprehensive assessment of the extent, effects and response to GBV comes from the **GBV Indicators Research project in Botswana**¹ undertaken in 2012 by Gender Links and the Women's Affairs Department. The research was based on a nationally representative survey of 639 women and 590 men across Botswana. Unlike many other countries in the region, Botswana does not have a recent Demographic and Health Survey (DHS)² or a recent Multiple Indicator Cluster Survey (MICS).³ The last DHS survey was in 1988 and MICS in 2000; neither included questions on violence. However, there will soon be nationally representative data on violence against males and females aged 13-24 as part of the forthcoming **Violence Against Children Surveys (VACS)**.⁴ VACS provide strong, reliable evidence on sexual, physical and emotional violence among children, adolescents and young adults. In addition to these national surveys, data is available on violence reported to police and court cases⁵ as well as smaller quantitative and qualitative research studies.

INTIMATE PARTNER VIOLENCE (IPV) Most gender violence occurs in intimate partnerships. Almost 2 in 3 (62%) report having ever experienced IPV in their lifetime.¹ 1 in 3 women (29%) report having experienced IPV in the 12 months before the survey.¹ About half of the men (48%) admitted to perpetrating IPV.¹

The most prevalent form of IPV experienced by women is emotional violence (45%), followed by physical (35%), economic (29%) and sexual (15%).¹

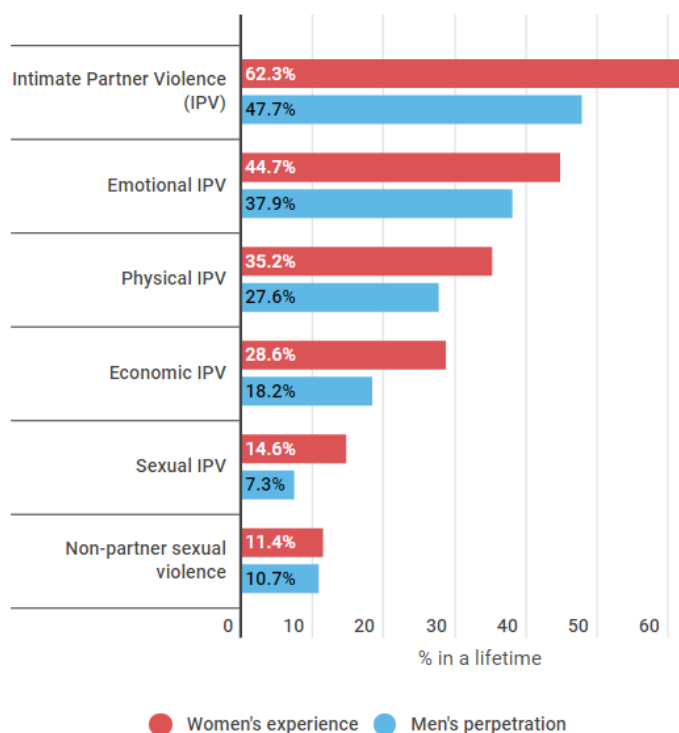
Younger women are more likely to experience IPV. Women aged 45+ experienced lower levels (54%) of IPV in their lifetime compared to younger women aged 18-29 (66%) and 30-44 (66%).¹

1 in 4 women (24%) who were ever pregnant experienced abuse during their pregnancy,¹ with studies showing that violence during pregnancy has negative health outcomes for the mother, the pregnancy and the newborn.⁶

IPV is linked to intergenerational cycles of abuse. International evidence shows the co-occurrence of IPV and violence against children, as well as shared risk factors.⁷ High proportions of women survivors (56%) and men (26%) reported witnessing their mothers being abused.¹

The survey also found **links between alcohol use and male perpetration of IPV.**¹ A significantly greater proportion of men who drank alcohol (19%) in the previous 12 months reported perpetrating IPV than men who did not drink alcohol (4%).¹

Prevalence of Lifetime IPV in Botswana¹



NON-PARTNER SEXUAL VIOLENCE Over 1 in 10 women (11%) reported experiencing non-partner rape.¹ However, only 1 in 9 women reported rape to the police. Of the 662 sexual offence court cases recorded in 2016, only 172 (26%) resulted in a sentence. 44% of cases were withdrawn and 20% were acquitted and discharged.⁵

Only 1 in 7 women seek medical attention.¹ 15% of women who were raped in their lifetime attempted suicide.¹ 1 in 10 men (11%) reported perpetrating rape or attempted rape, with **over half (53%) of men that perpetrated rape having done so on more than one occasion.**¹

CHILD SEXUAL ABUSE 1 in 4 women (25%) and 1 in 5 men (21%) reported experiencing some act of sexual abuse as children (before age 18).¹ Child abuse is underreported;⁸ however, Childline Botswana notes that child sexual exploitation is "rampant", particularly in northern regions, and the second most commonly addressed issue (after neglect) for the 611 total calls to the Crisis Line in 2015.⁹ **Child sexual abuse is associated with the experience and perpetration of IPV and non-partner rape.**¹ 66% of male perpetrators reported being abused as children; most of this physical abuse, although 24% experienced sexual abuse as a child.¹



SEXUAL HARASSMENT Almost 1 in 4 (23%) women and girls report experiencing sexual harassment in public spaces, including workplaces (18%) and in schools (9%).¹ Although prohibited in the workplace (Section 38), **sexual harassment is widespread in various employment sectors** of Botswana but often goes unreported due to fear of victimisation and difficulties providing proof.¹⁰ **Street harassment** is also a growing concern, and has prompted a nationwide campaign of 'miniskirt protest marches'.¹¹ The movement is called 'The Right to Wear What I Want' and has been supported by the organisation Men and Boys for Gender Equality who have conducted public talks and training.¹¹ There are also increasing reports of **cyber harassment and abuse** of women and girls in Botswana, particularly online abuse of women campaigners and activists.¹¹

TRAFFICKING Botswana is a source, transit and destination country for human trafficking.¹² Botswana enacted the **Anti-Human Trafficking Act in 2014**¹³ and launched a multi-sectoral **Anti-Human Trafficking National Action Plan in 2017**.¹⁴ The most vulnerable groups include unemployed women, the rural poor, agricultural workers, and children.¹² Some girls and women are sex trafficked internally or transported from neighbouring countries and subjected to sexual exploitation.¹² To date, there has been no comprehensive international or domestic study of trafficking trends within the country; however, the government continues to raise awareness, build capacity, identify trafficking victims and refer them to protective services.^{12, 13}

HARMFUL TRADITIONAL PRACTICES There is little information available about these forms of violence. **Forced marriage** in the form of traditional arranged marriages through betrothal (*peeletso*) is no longer permissible, as it adversely affected girls in marriages to much older men. Customary law still enables young girls to marry with parental permission.¹⁵ Child marriage is most common among the Zezuru, Basarwa and parts of the Kgalagadi communities in the North West region.¹⁵ **FGM** is not widely practiced in Botswana.¹⁶ There have been reports of **witchcraft accusations** (and associated violence) against women and children,¹⁷ although these are rare and the Botswana police service does not collect data on witchcraft cases.¹⁸ There is also little evidence of **property grabbing, wife inheritance** or other harmful practices against widows,¹⁹ with law and high-profile court cases favouring equal inheritance rights.²⁰

SOCIAL NORMS Gender norms play a key role in perpetuating GBV.²¹ Research with 1,255 men and women aged 18–49 revealed deeply rooted **socially and culturally embedded norms on gender inequity**, including around a man's right to beat his partner if she disobeys him and a woman's duty to have sex with her spouse/partner even if she does not want to.²² Gender inequitable norms were associated with increased perpetration of rape, intergenerational sex (10 years+ difference) and sexual risk practices.²² Several studies have also raised concerns about young women and adolescent girls agreeing to have sex in return for favours or gifts (**transactional sex**) and links with HIV and GBV.^{22,23} Addressing **norms around masculinity** and what it means to be a man are also important for preventing GBV and HIV, as well as tackling alcohol and substance abuse and mental health. Examples of recent **gender-transformative programming** includes *Men in the Kitchen* which teaches boys traditionally 'female chores' in a fun peer environment with older male mentors,²² and *MenCare*, an 8-week fatherhood programme that encourages men to be non-violent fathers and caregivers.²⁴

REPORTING Botswana's only national survey of GBV prevalence levels revealed that GBV is **vastly underreported**; only 1 in 9 women who were raped reported it to the police.¹ In the previous year, women's experiences of rape were 24 times higher than the number of cases reported to the police.¹ These low levels of reporting are in line with global evidence showing that GBV prevalence based on health systems data or on police reports underestimate the scale; internationally, only 7% of women report experiences of violence to a formal source.²⁵ Despite ongoing attempts to address barriers to women's access to justice, such as attitudes of justice sector officials and gaps in the legal framework,²⁶ **successful conviction rates were less than 1%** of GBV experienced.¹

To improve reporting and access to services for GBV survivors, the **GBV Referral System** was developed by the Government of Botswana with support from USAID in 2013. The intervention included a service directory, training, community awareness and a mobile phone-based referral system to link survivors to services. The mobile-based technology links survivors to services (health, schools, police and legal) and tracks when referrals are made and when a client makes use of them.²⁷

GBV is underreported in Botswana¹



● Women raped who reported it to police



● Women who were physically abused who sought medical help

LEGAL AND POLICY CONTEXT The Government of Botswana passed the **Domestic Violence Act** in 2008. The Act defines domestic violence as “any controlling or abusive behaviour that harms the health or safety of the applicant”.²⁸ Botswana’s legislation is currently silent on sexual violence within marriage and/or cohabiting relations under customary law.²¹ The UN’s Committee on the Elimination of Discrimination Against Women has recently **raised concerns about Botswana’s dual legal system** and that some customary laws discriminate against women.²⁹ The committee urged Botswana to amend its Domestic Violence Act to conform with modern international standards and include all international instruments on preventing GBV.²⁹ Botswana’s **National GBV Strategy 2015-2020** is a multisectoral approach to preventing and responding to GBV. Men are recognised as critical partners, with a men’s sector established under the Ministry responsible for gender.³⁰



ECONOMIC IMPACT OF GBV International research shows that GBV imposes **heavy economic costs on individuals, their families, businesses and society**.³¹ To date, there have been no published studies of the scale of GBV-related losses to the economy in Botswana, although it is likely to be significant.

Research shows that the cost of GBV could amount to around **2% of the global Gross Domestic Product (GDP)**.³¹ Given that the current Botswana GDP is US\$17.4 billion (2017, World Bank), the estimated cost of GBV to the Botswana economy is **US\$384 million per year**.

Societal costs include direct costs of the health system, counselling, the justice system, social services, as well as costs to businesses such as lost wages, productivity and potential. Survivors and families also have costs such as out-of-pocket expenditure accessing health and legal services as well as time/income lost in paid work.^{31,32}

LINKS WITH HIV AND AIDS GBV and HIV/AIDS are both major public health concerns in Botswana, and are linked in a complex cycle of causes and consequences. For example, the 2012 GBV Indicators Research project found that **rates of HIV are higher among women who experience physical partner violence (26%) and sexual partner violence (20%)** than the national average (17%).¹ Research also shows that men who are violent towards their partners are more likely to display **attitudes and behaviour that increases women’s risk of HIV**, such as multiple sexual partners, transactional sex, high alcohol consumption, and male-dominated sex.²² Women living with HIV are also vulnerable to violence. It is therefore important to **combine efforts to reduce GBV and HIV/AIDS**, with HIV programmes incorporating a GBV components, and GBV interventions considering offering HIV testing, prevention and appropriate referrals.³³



LINK TO TEENAGE PREGNANCIES There has been a **gradual decline in teenage pregnancy** over the last fifty years, and the adolescent fertility rate is now estimated at 30 births per 1000 women aged 15-19 years.³⁵ However, there is growing concern about how unintended teenage pregnancy, GBV, access to sexual and reproductive health rights intersects with HIV/AIDS. In December 2018, the First Lady held a **summit** to raise awareness of preventing GBV and HIV among adolescent girls. The Summit theme was #BreakingBarriers of communication between girls and service providers, and their parents.³⁵ International research has identified the following **harmful impacts of GBV on adolescent reproductive health**: teenage pregnancies as a result of rape/sexual violence; rapid repeat pregnancies during adolescence for abused teenagers; and sexually transmitted infections for girls with abusive partners.³⁶ Research from South Africa has shown that young women who have an early adolescent pregnancy are more likely to subsequently become HIV infected, due to behavioural factors such as higher partner numbers and a greater age difference with partners.³⁷

IMPACT OF DEVELOPMENT PROJECTS The evidence base of what works to prevent and respond GBV in Botswana remains at an early stage. Few GBV programmes have conducted evaluations. Examples of intervention approaches currently being used to prevent and respond to GBV and teenage pregnancies in Botswana include:

- **Improving reporting and referral:** An impact evaluation of the GBV Referral System found increased collaboration between service providers, more supportive care and modest improvements in community acceptability of GBV.²⁷
- **School-based prevention programming:** A rigorous impact evaluation of the ‘No Sugar’ programme finds that it encouraged young people to safely date age-mates instead of sexually exploitive and riskier older partners. ‘Zones’ has been delivered with 42,000 school children through 90-minute classes by peer educators and teachers, and has now been adapted into a new improved programme called ‘Zones’.³⁸
- **Combining GBV and HIV/AIDS programming:** Botswana was recently allocated \$4.8 million funding as part of the USAID-funded DREAMS programmes, which aims to reduce rates of HIV among adolescent girls and young women and includes training on GBV prevention and responses.³⁹
- **Disability inclusive GBV programming:** For example, USAID-funded Alight Botswana (2017-2019) aims to ensure that women and girls with disabilities are not left behind in programmes that address GBV and HIV. The programme has conducted a situation analysis and is developing approaches on disability inclusive GBV programming.⁴⁰

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[Photo credits]: Page 2: In a series of 'miniskirt protest marches', women in Botswana take to the streets to protest against GBV. Photo credit: Right of Wear What I Want Movement; Page 3: Enough is Enough Stop GBV billboard. Photo Credit: European Union and Kagisano Society Womens Shelter; Page 4: Pregnancy Pixababy.