"A Safer Zambia (ASAZA) is a CARE International Zambia led Sexual and Gender Based Violence consortium funded by the European Union and the United States Government."

A SAFER ZAMBIA

SEXUAL AND GENDER BASED VIOLENCE TRAINING MANUAL
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Preface

ASAZA (A Safer Zambia) is a CARE Zambia led Sexual and Gender Based Violence (SGBV) Coordinated Response Program funded by the United States Mission under the Presidential Women’s Justice and Empowerment Initiative (WJEI) and the European Union (EU) grant for the Expansion of the Coordinated Response to Sexual and Gender Based Violence in Zambia.

CARE Zambia is working in partnership with World Vision which via a sub grant is serving as CARE Zambia’s major partner. Other partners include Young Women Christian Association (YWCA), Women in Law Southern Africa (WiLSA), AFRICARE, Catholic Relief Services (CRS), CJF, IJM, and also collaborates with Government agencies such as Victim Support Unit (VSU), Ministry of Health (MoH), Ministry of Community Development and Social Services (MCDSS), Gender in Development Division (GIDD) and other related agencies, in an effort to build durable SGBV responses and services.

The goal of the ASAZA program is to contribute to the reduction of SGBV in Zambia through the creation of greater knowledge of and changed attitudes about gender inequities, and ensuring that survivors of gender based violence have access to comprehensive services to meet their medical, psychological and legal needs. ASAZA has a two fold approach to tackling the problem of SGBV namely preventive and restorative. Through the preventive approach, ASAZA is using an array of informational, educational and behavior-change communications (IEC and BCC) to help Zambians reflect on rights, gender and power; and envision and adopt new forms of relationships based on equal dignity rather than subordination and violence. Through the restorative approach, ASAZA is operating SGBV Coordinated Response Centres (CRCs) sometimes referred to as one stop centres, at which survivors can find medical help, legal support and psychological support.

The staff and volunteers of the ASAZA partners need SGBV training and CARE has identified the need to provide uniform and focused training. The SGBV training manual provides SGBV materials that can be incorporated in the training of different service providers and partners. Stress has been reported in the already existing CRCs and due to the high number of cases the need for including this aspect as part of the training has been taken into consideration.
A guide to this manual

The first two activities in the manual are introductory exercises which aim at breaking the ice and allowing participants to share their experiences on gender.

Facilitators guidelines are presented with each activity with the principles behind the training on each topic as well as the steps to follow when carrying out the exercise. The handouts are presented immediately after the exercise in order to facilitate a smooth transition from one topic to another.

The topics are presented in the most logical manner but are subject to alteration in terms of sequence when deemed fit.

Always read the facilitators' notes in advance of the training because some exercises require preparation time.

It may be tempting to pick out activities which seem attractive- please refrain from doing it that way!! Identify your aims and objectives and identify the needs of your group, then plan the activities. It is however advisable to deliver on all the topics, time and resources allowing.
INTRODUCTIONS

Admiring the Opposite Sex

Objectives

1. To draw out stereotyping as well as positive untypical roles

2. To help participants to start thinking about male/female relations which have implications on SGBV early in the training

Method

1. Ask the participants to pair up in (women/men)

2. Ask each participant to share with their partners the qualities they admire in their chosen person

3. Individuals then report back to the group the qualities their partner has described

4. Write down the qualities on a flip chart under male and female headings

5. Go through the qualities both for men and women. Bring out any stereotypes of women and men and link them to SGBV and discuss these with the group.

Facilitators’ Notes

1. Asking participants to think of a member of the opposite sex who is close to them may prove less threatening: eg a famous woman or man

2. This activity helps to break the ice and build a non-threatening atmosphere. It also enables the group to begin to talk about men and women and think about gender.

3. There are two potentially opposite outcomes of this activity. Gender stereotyping may come to the fore, but overlap of stereotypes in itself helps to challenge them. It may also be possible that participants may describe qualities in the opposite sex precisely because they often don’t find them.

4. As far as possible make the link of stereotypes to SGBV. For eg if the issue of submissiveness amongst women or the notion that when a woman says no she means maybe or yes, inform participants how this is taken advantage of by perpetrators of rape
Sharing Our Experiences on Gender

Objectives

1. To explore gender relations in participants’ own lives and work places.
2. To give them an opportunity to talk about themselves and how they feel.

Method

1. Divide the group into four single-sex groups of three to six people. Ask each group to discuss these questions:
   a. How does my gender affect my life and my work?
   b. What changes would help me make use of my full potential?
   c. Combine a group of men with a group of women to make two mixed groups. Ask the men and women to share with each other the experiences and comments from the first discussion groups.

Facilitators’ Notes

1. This activity is best used with people who are familiar with the concept of gender. The following adaptation can be used in the event that participants are not familiar with the concept of gender.
   a. Ask them to write on a piece of paper two things that they like to do that are considered typical for their gender.
   b. Two things they hate to do that are considered typical of their gender.
   c. Two things that are considered non-traditional for their gender.
   d. Two things they really wish they can do that are non-traditional.
DEFINING CONCEPTS

OBJECTIVES

1. To establish the different levels of understanding of concepts related to Sexual and Gender Based Violence
2. To introduce participants to the various concepts related to Sexual and Gender Based Violence
3. To establish a common understanding of the concepts

METHOD

1. Use flipchart pinned up
2. Divide participants into several groups depending on the number
3. Ask the different groups to define a set of different concepts that are outlined in Handout 1a.

Facilitators' Notes

a. Emphasise to the participants that having a good command of the definitions allows for ease of communication in their line of duty

b. Inform participants that some words may have more than one meaning.

c. Where possible ask them to define these concepts in any local language that they are familiar with. State that in their line of work, the use of local languages is required.

d. Mention the fact that in some cases the use of certain concepts is considered a taboo but that in dealing with SGBV it is important to use these concepts in order to avoid misunderstanding. Caution must however be applied when dealing with minors.
Handout 1a: List of concepts

Gender

Sex

Gender Roles

Sex Roles

Sexual and Gender Based Violence,

Sexual violence

Intimate partner violence

Violence Against women

Domestic Violence

Rape

Attempted Rape

Sexual abuse

Sexual exploitation

Sexual coercion
Handout 1b: List of concepts and definitions

Gender: This refers to the culturally and socially constructed identity given to either male or female. These are culturally and socially constructed roles, responsibilities, privileges, relations and expectations of women girls and boys.

Sex: Refers to the identity a person possesses because of their biological make up. This identity of either male or female has three characteristics namely, external sex organs, secondary sexual development at puberty (breasts or beards) and the reproductive functions.

Sex Roles: Are those activities or functions performed by women and men because of their biological make up. A woman’s role of child bearing is a female sex role. Such roles are based on biological differences. One example of male sex role is fertilization of the ova. Men therefore make women pregnant and women carry pregnancies. Sex roles do not change over time and are the same in all societies. However with improved technologies the concept of sex roles being constant is being challenged.

Gender Roles

Are activities ascribed to men and women on the basis of perceived differences by society. It also implies gender division of labour which is a term used to describe roles and tasks assigned to women and men on the basis of perceived gender characteristics and attributes instead of ability and skills ie preparing food at home, providing for the household etc. These influenced by the culture, political, economic religious and social situations and change overtime and from place to place.

Examples of female gender roles include: care of children, household cook, household washing, passenger, subsistence farmer, teacher, typist and male gender roles include: discipline of children, wage employment, cook, household repairing, driver, commercial farmer, head teacher, clerk, soldier.

Sexual and gender based violence: is “physical, mental, or social abuse that is directed against a person because of his or her gender or gender role in a society or culture. In these cases, a person has no choice to refuse or pursue other options without severe social, physical, or psychological consequences” (UNHCR 2000). The UNFPA Gender Theme Group (1998) extends the definition of gender-based violence to include sexual abuse and harm.

Sexual violence: any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic women’s sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the survivor, in any setting, including but not limited to home and work”. The scope of the definition is here expanded to include the
forced sex, sexual coercion and rape of adult and adolescent men and women, and child sexual abuse. The definition also includes:

- The use of physical violence or psychological pressure to compel a person to participate in a sexual act against their will, whether or not the sexual act is consummated.
- A sexual act (whether attempted or consummated) involving a person who is incapable of understanding the nature or significance of the act, or of refusing, or of indicating his or her refusal to participate in the act, e.g. because of disability, or because of the effect of alcohol or other substances, or because of intimidation or pressure.

**Intimate partner violence:** “actual or threatened physical or sexual violence or psychological and emotional abuse directed toward a spouse, ex-spouse, current or former boyfriend or girlfriend, or current or former dating partner” (Saltzman et al. 2003). The term **intimate partner violence** is increasingly replacing the synonymous term **domestic violence** (WHO 2005a).

**Violence Against women:** any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life” (UNGA 1993).

**Domestic Violence:** is widely defined as the “past or present physical and/or sexual violence between former or current intimate partners, adult household members, or adult children and a parent. Abused persons and perpetrators (may) be of either sex, and couples (may) be heterosexual or homosexual” (Sugg et al. 1999)

**Rape:** an act of non-consensual sexual intercourse. This can include the invasion of any part of the body with a sexual organ and/or the invasion of the genital or anal opening with any object or body part. Rape and attempted rape involve the use of force, threat of force, and/or coercion.

** Attempted Rape:** Efforts to rape someone which do not result in penetration are considered as an attempt at rape.

**Sexual abuse** presents other non-consensual sexual acts, which do not include rape or attempted rape. Sexual abuse also denotes acts performed on a minor.

**Sexual exploitation:** includes sexual coercion and manipulation by a person in a privileged position of power and who uses that power to engage in sexual acts with a subordinate or a person who does not have power. The exploitation may involve the provision of assistance in exchange for sexual favours.
Sexual coercion: the act of forcing (or attempting to force) another individual through violence, threats, verbal insistence, deception, cultural expectations or economic circumstances to engage in sexual behaviour against her/his will... It includes a wide range of behaviour from violent forcible rape to more contested areas that require young women to marry and sexually service men not of their choosing. (Heise, Moore and Toubia 1995).
TYPES OF SEXUAL AND GENDER BASED VIOLENCE

Objectives

1. To identify the different types of Sexual and Gender Based Violence
2. To determine the forms of Sexual and Gender Based Violence which are commonly reported
3. To discuss the implications of overlooking the other forms of Sexual and Gender Based Violence

Method

Part 1

1. Ask participants to walk around the room and study newspaper cuttings of the various forms of sexual and gender based violence that are frequently reported in the national papers.
2. Divide the participants into different groups and ask them to identify other types of Sexual and Gender Based Violence
3. Ask participants to discuss the implications of not adequately paying attention to other forms of Sexual and Gender Based Violence
4. After the exercise, give them Handout 2 on the various types of Sexual and Gender Based Violence

Facilitators' Notes

1. Where this exercise has been done, most of the participants were only familiar with wife/spouse battery, rape
2. Rape within marriage is often contested by participants stating that it is a marital obligation. Do however refer them to the definition of rape emphasising the fact that it refers to 'unconsented sex'. This therefore means that if a wife doesn't give consent it should be considered as rape
Handout 2: TYPES OF SEXUAL AND GENDER BASED VIOLENCE

There are a wide range of SGBV acts which have been documented globally. The nature and extent of these acts is mainly dependent on the cultural context within which the acts occur but most of the acts are universal and therefore can be considered a world wide phenomenon.

**Femicide (female killing)** is an act of violence which is quite prevalent in the Asian countries and in places like India where failure to pay the bride price on the part of the woman results in her being killed. Other acts of femicide occur in other parts of the world, Zambia inclusive, in the event that a woman is killed by a partner arising from intimate relationship disputes.

**Battery** is one of the most common forms of SGBV world wide and Zambia is no exception. Battery often occurs in the domestic sphere and both men and women can be victims of this act. However, statistics indicate that the majority of victims are women who due to their socio-economic positioning and due to discriminatory cultural practices tend to be more vulnerable to battery.

**Property grabbing** is yet another common form of SGBV. This often occurs after the death of a spouse and is usually done by the family of the deceased. Like with other SGBV acts, both men and women have been and can be victims of property grabbing but statistics reveal that the majority of victims are women. This is attributed to the fact that society in most cases does not consider the contribution of women to the building up of the family asset base and therefore do not appreciate the concept of family property. Sex-role stereotyping results in the belief that men are the bread winners and therefore are the ones who are able to acquire property. The valuable contribution of women, whether in kind or cash is often not a consideration. Women empowerment has to a limited extent resulted in property being grabbed from men in the event of their wife passing away. Where families have noted the purchasing power of their female relative which has resulted in acquisition of assets, they have in some cases grabbed property from the husband. This scenario presents in instances where the man is unemployed or does not contribute significantly to family assets as expected by the family of the deceased woman. This scenario is however not very common.

**Rape in and outside marriage** is yet another form of SGBV which is a common phenomenon world wide. Rape occurs in the home, in the community and in times if war is used as a weapon of war. The notion of rape in marriage has been contested for a long time but the definition of rape (unconsented sex) stipulates that women are often victims of rape in marriage. Instances where they have not consented but have been forced to have sex are considered acts of rape. However due to the cultural beliefs and practices, marital rape is often disregarded and goes unreported. The advent of HIV/AIDS has implications for marital rape in as far as infecting one partner. There have been reports of discordant couples in...
which case the woman is HIV negative and the husband who is HIV positive demands unprotected sex from his wife on the pretext that it is her matrimonial obligation. This has in some cases resulted in the women contracting AIDS.

Outside of marriage, rape takes place both at home and in society at large. Date rape is one phenomenon which has not been widely discussed. This happens when a male and female go out on a date and the one partner is forced to have sex. This is often unreported and therefore goes without punishment.

Rape has also been reported during robberies as a weapon of intimidation and humiliation. Cases of bandits raping the female members of the household in the presence of the males have been recorded.

It is however unfortunate that in a number of cases, women victims have been blamed for being raped. The initial reaction when they report borders on enquiring on where, at what time and under what circumstances the rape occurred. This fringes on their freedom of movement and association because they are blamed for having been in a place which made them vulnerable to rape. In other cases they are accused of enticing the rapist.

Sexual harassment: this involves unwelcome and unsolicited sexual advances and may include physical touch or unwelcome compliments of a sexual nature. In Zambia has not received the attention that it deserved and therefore the extent is not known. Scrutiny of police records do not indicate it as one of the offences that they deal with. There is no legal framework to address sexual harassment particularly in work places where it can be quite rife. The majority of institutions in Zambia do not have a sexual harassment policy or guidelines and victims have no room for recourse. Where there is provision, in most cases it is dealt with as an ordinary disciplinary case. One of the major reasons for not reporting cases of sexual harassment is that the offense is often linked to people who are in positions of power who in normal circumstances would be charged the responsibility of dealing with such cases. However, if they are the perpetrators, victims have no avenue for recourse. There are no readily available statistics to determine the extent of sexual harassment in Zambia but evidence indicates that it is a problem that requires attention.

Beating of women perceived to be improperly dressed has occurred and is seemingly an urban phenomenon and is particularly common with call boys at bus stations and amongst those youths that roam the streets. The extent of this type of SGBV is not known as it goes under reported. This issue is as a result stereotyping in which case women are expected to behave and dress in a particular way and in a manner that society deems decent. Mob psychology is often applied and when women are attacked for what is considered improper dress, the police are often not able to prosecute the perpetrators.
Incest involves a sexual act between blood relatives. This has been occurring from time immemorial and has gone under reported.

Forced prostitution is occurring at both the domestic level and at the wider society level. The increased levels of poverty in Zambia have forced families to send their children into prostitution as a means of supporting the family. Incidences have been reported of situations where if a child is not able to bring money or food in the home from prostitution she is denied the same. Girls are being exposed in bars and on the streets by providing sexual services directly or through indirect means. In most cases they give sexual services in exchange for cash and in some instances when they are involved in selling merchandise they are assured of selling their wares if they provide sexual services. Families that have forced children into prostitution have often gone unpunished. When police decide to round up commercial sex workers, they do so without understanding the dynamics involved and particularly the role of the family in perpetuating the phenomenon. Where prostitution is embarked upon as a desperate attempt for survival, the role of the government in ensuring eradication of poverty amongst its citizens comes to the fore.

Engagement in pornography has been going on for sometime in Zambia but this has gone unnoticed and with impunity. Young women have been enticed mainly by foreign nationals to engage in pornography for purposes of making a living. The main targets for this have been young girls particularly in institutions of higher learning. There has been very little sensitisation on the issue and the extent of the problem goes undocumented. Scrutiny of police records does not indicate any cases reported but media records indicate such incidences.

Sexual cleansing: is a traditional act that involves a sexual act between a widow and a relative of the deceased husband. It is believed that this is an act that is aimed at freeing the widow of the bad spirits of the late husband. It is also used to indicate that the man who engages in this sexual act will be the one who will become responsible over her and has the authority to consummate the relationship with the widow. Sexual cleansing continues to be practised in Zambia, both in the urban and rural areas, particularly amongst those who are not enlightened and amongst those who hide in the guise of tradition. Evidence suggests that there is a reduction in the number of cases due to the sensitisation that has taken place within the ambit of HIV/AIDS.

Trafficking in women and children for immoral activities is a phenomenon which has come with globalisation, liberalisation, reduced restrictions on travel and the legalising of prostitution in some countries as well as opportunities for employment in foreign countries through the use of agents. The rise in the number of cases has resulted in institutions such as The International Organisation for Migration (IOM) to campaign against such acts in the media. The extent of the problem is not known but it remains a form of SGBV.
*Forced abortion* is yet another form of SGBV which is under reported. Most abortions are carried out in private and therefore leave very little room for investigation. Victims of forced abortions are often afraid to report for fear of prosecution.
RAPE

Objectives

1. To create space and time to discuss rape and experiences of women who have suffered this crime
2. To discuss myths held about rape
3. To identify the different perceptions of men and women on rape
4. To talk about the responses of police, courts, doctors, family, psychologists and community to women who are survivors

Method

1. Ask participants to form separate groups of men and women only and discuss the following:
2. Give Handout 3: Lawyer gets five year jail sentence for rape attempt after Gala Night to the women's group and Handout 4: A Night of Horror to the men's group. Task them to read the cases individually and discuss in their groups
   a) What do these experiences of women make you feel?
   b) What does the response of the deputy principal in the case we have just read make you feel and tell you about people's views about rape?
   c) Are there experiences you know about women who have suffered rape that you want to talk about?

Facilitators' notes

1. When presenting a plenary, let each group narrate the story to the other group.
2. It is important at the end of the workshop to come up with strategies for support for rape survivors. Participants need to provide recommendations on what needs changing and how to channel these changes.
3. Refer to the Penal Code and share contents with the participants.
Handout 3: Lawyer gets five year jail sentence for rape attempt after Gala Night

A lawyer who tried to rape a woman lawyer who was his guest at the Gala Night was yesterday sentenced to five years imprisonment with hard labour.

Chingaipe Maloza, aged 40 of Kumawa Estates raped the 33 year old lawyer after they left the Gala Night at Nkosi Hotel last December. The horrified women woke up to a rude shock when she found Mr Maloza on top of her, naked and sweating profusely, wearing a black currant flavoured condom.

In passing judgement, Judge Kapena retorted 'I have to conclude that your attitude towards women leaves a lot to be desired thereby leaving me no choice but to sentence you to five years in prison with hard labour'

In mitigation, Maloza’s Legal Counsel told the court that his conviction meant complete ruin and he would lose his practising licence. He further stated that Maloza was sexually inexperienced and naïve and unsuitable for prison life which according to him was a den for criminals. He remarked, ‘I know my client is terrified of what will happen to him’. He fears being raped by fellow inmates, a practice which he hears is common in prison.

The Judge heard how after the rape, the woman’s friends confronted him as he was lying on the floor sneering at his victim. He demanded that they help him get dressed saying, ‘It is taboo for a man to dress himself after a sexual encounter’

He later told the police, ‘I have been out with her, I bought her drinks and spent K300,000 on her. Why can’t I have a good time with her?’
Handout 4: A Night of Horror

Sometimes it takes a tragedy to startle people from the complacency of old and destructive attitudes. On July 13, Kenyans received such a shock when 271 teenage girls were attacked during a rampage by dozens of their male classmates at St kizito, a boarding school in Central Kenya. Chased into a corner of the dormitory where they were trying to hide, 19 girls died of suffocation in the crush. Doctors say another 71 were raped. Last week 29 boys aged 14 to 18 were charged with manslaughter, two were also charged with rape.

The assaults were rendered all the more chilling because of the dismissive note struck by some officials. The Kenya Times quoted Joyce Kithira, the schools Deputy Principle, as saying, ‘the boys never meant any harm against the girls. They just wanted to rape.’ The episode is forcing Kenyans to re-examine attitudes that have long permitted rape to be a part of many girls’ school years.

Source: The Oxfam Gender Training Manual

Ask participants questions related to the story that help them to discuss the issues presented in the story.
Types of violence experienced at various phases of the life cycle

Objectives

1. To enable participants identify the different experiences of SGBV in the various stages of a persons life cycle

Method

1. Divide participants into groups
2. Give participants Hand Out 5a (Misozi’s Life Story) and ask them to read the story individually.
3. After reading the story, ask the participants to identify the different stages in Misozi’s life at which SGBV occurred.
4. Ask participants to also identify the types of SGBV experienced at the different stages.
5. Give the participants Handout 5b (Types of SGBV in the various phases of the life cycle)

Facilitator’s Notes

1. This story may raise emotions amongst participants with which they must be allowed to deal with or talk about. If however they do not wish to share with the group, do not force them to. Allow them time to internalise their feelings at that particular moment.
2. Inform participants that the various stages in a persons life cycle at which SGBV occurs requires varying interventions of which they should be able to make sound judgement based on the principals of law, social justice and equality.
Handout 5a: Misozi's life story

Misozi's tale is characterised by heartbreak, frustration, anger and sadness and its genesis is from her mother's womb. Misozi's mother was a victim of repeated rape whilst engaging in cross border trading between Chililabombwe and Kasumba. Lunkunda was the aggressor who claimed he was her husband. He often facilitated her crossing the border and according to him provided the much needed security in a war torn situation. In return he demanded sexual services from her and this often happened whilst he held a gun to her head. On one occasion she got pregnant and Lunkunda discovered sooner than she had anticipated. He insisted that she bore him a son, failure to which he would kill her. She was so gripped with fear that when after delivery nurses announced that she had a baby girl, she quietly brought the life of the tiny baby girl to an end through suffocation. After returning to Congo she was raped yet again and as fate would have it she conceived. After all she did not have easy access to contraceptives. This time she resolved to keep the baby. This is how Misozi was born to a woman who had resigned herself to sexual abuse.

Misozi was raised in more than eight households because her mother continued with her trading and did not have a permanent home. Misozi became a victim of emotional and physical abuse, hunger was the order of the day and she had near death experiences on several occasions due to lack of medical care. When Misozi visited her father's relatives in the Congo they insisted that she undergoes female circumcision because that was part of their culture.

By age 11 Misozi had been a victim of rape and she was able to describe her aggressors as the 'Village Boys'. Her maternal uncle repeatedly raped her but she suffered in silence because she knew she would be blamed and would be evicted from home.

Lady luck struck and Misozi moved to the city, got a humble education and a job as a registry clerk in a governmental department. Her salary was too meagre to meet her basic needs and so she resorted to commercial sex work. After all, her mother was dying from HIV and AIDS and she needed medical care which was expensive. In addition, her six siblings depended on her for their survival, leaving her with little choice. She encountered a white client who introduced her to the pornography industry promising her the end of her poverty woes.

Her engagement in pornography warranted that she travels to Europe for filming with a promise that she would return. Unknown to her she ended up being a sex slave for a Drug Lord. She was abused physically and emotionally to the point that she could no longer bear to have sex with five different men in a day. She felt it was not worth living and she
was found hanging in her closet. Misozi was buried in a shallow grave and to date her family does not know where her remains lie.
<table>
<thead>
<tr>
<th>Phase</th>
<th>Type of Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prenatal</td>
<td>Prenatal sex selection, battering during pregnancy, coerced pregnancy (rape in war)</td>
</tr>
<tr>
<td>Infancy</td>
<td>Female infanticide, emotional and physical abuse, differential access to food, medical care and education, child prostitution</td>
</tr>
<tr>
<td>Childhood</td>
<td>Genital mutilation, incest, sexual abuse, differential access to food, medical acre and education, child prostitution, trafficking</td>
</tr>
<tr>
<td>Adolescence</td>
<td>Dating and courtship violence, economically coerced sex, sexual abuse in the workplace, rape, sexual harassment, forced prostitution, Engagement in pornography</td>
</tr>
<tr>
<td>Reproductive</td>
<td>Abuse of women by intimate partners, mental rape during abuse and murders, psychological abuse, Beating of women perceived to be improperly dressed sexual, Engagement in pornography, abuse in the workplace, sexual harassment, Rape in and outside marriage, burning, stabbing, abduction, abuse of widows, property grabbing, elder abuse, sexual cleansing, forced abortion, trafficking</td>
</tr>
</tbody>
</table>

Source: Population Council, 2008
CAUSES OF SEXUAL AND GENDER BASED VIOLENCE

Objectives

1. To help participants identify the different causes of SGBV
2. To identify the different ways and means of preventing SGBV

Method

1. Divide participants into groups
2. Task them to revisit the different types of violence
3. Ask participants to spell out the different causes of SGBV in their communities.

Facilitators’ Notes

1. Inform participants that there are different causes for Sexual and Gender Based Violence.
2. These causes can be categorised according to different levels and these include: Societal, Community, Relationship and Individual level.
3. Emphasise the fact that it is important to address the root causes of the problems rather than deal with the symptoms.
Handout 6: Causes of Sexual and Gender Based Violence

Because gender-based violence is a complex phenomenon, shaped by forces that operate at different levels, many researchers have used an ecological framework that combines individual level risk factors with community and society level factors as a way to examine the combination of risk factors that increase the likelihood of violence against women in a particular setting.

**Individual level**: biological and personal history factors among both victims and perpetrators

**Relationship level**: proximal social relationships, most importantly those between intimate partners and within families (partners, husbands, uncles, male cousins, brothers)

**Community level**: the community context in which social relationships are embedded, including peer groups, schools, workplaces and neighbourhoods..

**Societal level**: larger societal factors that “create an acceptable climate for violence, reduce inhibitions against violence.” (Adapted from Bott et al, 2005)

At Individual level there are several factors that account for cases of SGBV. A history of violence in the perpetrators or victims family of origin may result in the perpetuation of SGBV if left unabated. Due to lack of personal interventions to address the root cause, perpetrators continue with the vice within which they were socialized. While to the rest of society such behave may be abnormal, some perpetrators may see it as a normal way of life since for them it was a regular occurrence. Victims of SGBV may also have been socialized in an environment where their mother or guardian was a victim of SGBV and did not challenge the status quo and therefore accepted it as a way of life. The victims run the risk of also accepting SGBV as a way of life and may also not challenge the status quo.

Male alcohol abuse has accounted for a majority of SGBV cases. Research reveals that in a lot of cases perpetrators were in a state of inebriation at the time the offence was committed. Alcohol abuse is on the increase in Zambia today although very little research is being carried out to back this assertion. However one can safely conclude as such. This can be attributed to the state of hopelessness in which a lot of Zambian men find themselves in as a result to joblessness, inadequate recreational facilities and the increased freedoms that have come with the new era of liberalism. Coupled with this is the liberalization of the market which has resulted in many breweries being established, making alcohol more readily available. The collapse of the Local government system has contributed to lack of enforcement of by laws that in the past took care of issues such as regulation of operating hours for bars and reservation of Rights of Admission.
Male personality disorders have also contributed to increased cases of SGBV. Due to their perceived loss of power and socio-economic status, many men are developing inferiority complexes which result in them resorting to SGBV to prove their manhood. Unfortunately the improving status of women has gone without mentally preparing men to accept the changing situation.

At the relationship level, marital conflict results in SGBV. The tendency to address conflict through dialogue and improved communication has often proved futile and SGBV is seen as the best resort. The break down of the family system has also contributed to very little efforts targeting conflict prevention. The social support system that existed in the past is not as solid as is today and therefore leaves little room for mediators and other external interventions that would prevent SGBV.

A lot of families are in a state of dysfunction due to several factors amongst them lack of parental guidance during the various stages of growth. The breakdown of structures that facilitate communication and dialogue has contributed to increased SGBV. The absence of family reprieve due to the nuclear family focus also accounts for increased cases of SGBV. The family is no longer the public space that it used to be. It has become more of private space in which intervention by other family or community members is seen as a violation.

Male dominance in the family has contributed to increased cases of SGBV due to the inability of most women to question patriarchal tendencies. Male dominance is exhibited in decision making, control of resources, raising of the family and many other ways. Challenging this male dominance by women has resulted in cases of SGBV.

Increased levels of poverty in Zambia today has resulted in increased economic stress, particularly for men who time immemorial have been the bread winners. The loss of jobs and business opportunities has robbed a lot of Zambian men of the dignity that went with ensuring provision for the family. The increased cost of living places a lot of pressure on men to make ends meet and this pressure is vented through acts of violence. Since the pressure is generated at the domestic level, the front line victims of SGBV are women and children in the homestead. This pressure is further vented at societal level.

Women empowerment seemingly challenges male dominance and the status of bread winner has been transferred to women in a lot of Zambian households. This has led to loss of regard by society of men who are not economically well positioned to meet the needs of their families.

Weak community sanctions against SGBV have contributed to the increasing cases of SGBV. Men continue to be protected and in some cases glorified when they exhibit tendencies of physical power and harm. Very rarely are they ostracised by family and the community for the offences that they commit. SGBV has always been considered as a domestic and private
issue which required recourse only at that level and within private space. However, due to increased sensitisation and legal reform, the issue is being addressed within the legal framework although, on a limited scale.

The increased cases of SGBV have not been matched by the availability of adequate shelters or other forms of assistance/sanctuary. These facilities, where they exist, seem to be the preserve of NGOs and yet it is a known fact that these organisations have limited capacity to effectively address this magnitude of a problem.

The rights of women continue to be violated due to the fact that women do not have adequate knowledge of their rights and in cases where their rights have been violated, they do not always know where to seek redress. Where facilities are available for recourse they are in some cases hostile to the victims and may not meet the special needs of the clients. An example is the police stations which leave little room for privacy and the much needed comfort for the victims. The lack/inadequate skill in counselling and case management amongst law enforcement agents results in victims shunning any form of assistance.

Source: WILDAF, Sexual and Gender Based Violence in Zambia

Summary Table of Causes of SGBV

<table>
<thead>
<tr>
<th>Societal</th>
<th>Community</th>
<th>Relationship</th>
<th>Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Traditional gender norms that give men economic and decision making power in the household</td>
<td>• Weak community sanctions against SGBV</td>
<td>• Family dysfunction</td>
<td>A history of violence in the perpetrator's or victim's family of origin (including intimate partner violence and child abuse)</td>
</tr>
<tr>
<td>• Social norms that justify violence against women</td>
<td>• Lack /inadequate shelters or other forms of assistance/sanctuary</td>
<td>• Marital Conflict</td>
<td>• Male alcohol abuse</td>
</tr>
<tr>
<td>• Women's lack of legal rights (including access to divorce)</td>
<td>• Poverty</td>
<td>• Male dominance in the family</td>
<td>• Male personality disorders (particularly in low prevalence settings)</td>
</tr>
<tr>
<td>• Lack of criminal sanctions against perpetrators of SGBV (impunity)</td>
<td>• Women's traditional gender roles in transition</td>
<td>• Economic stress</td>
<td>• Young age (both women and men)</td>
</tr>
<tr>
<td>• High levels of crime</td>
<td>• Normative use of violence to settle all types of disputes</td>
<td>• Early marriage</td>
<td></td>
</tr>
<tr>
<td>• Armed conflict</td>
<td>• Social norms that restrict women's public visibility</td>
<td>• Large number of children</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• The safety of public spaces</td>
<td>• Friction over women's empowerment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Family honor considered more important than the health and safety of the victim</td>
<td></td>
</tr>
</tbody>
</table>

Source: Adapted from Bott et al, 2005
Consequences of Sexual and Gender Based Violence

Objectives

1. To identify the different consequences of SGBV
2. To highlight ways of mitigating the impact of the consequences associated with SGBV

Method

1. Ask participants to identify both the fatal and non fatal consequences of SGBV
2. Task the participants to identify ways of mitigating the impact of the consequences
3. After discussions, give participants Handout 7, Consequences of SGBV

Facilitators’ Notes

1. *Explain to participants that the consequences of SGBV can be fatal or non fatal*
2. *Similar consequences may cut across different types of GBV.*
3. *Emphasise the fact that both should be prevented at all costs and that there is need to devise strategies to mitigate the impact of the consequences. Strategies may include: psycho-social counselling, truth and reconciliation sessions, social and economic empowerment for perpetrator and survivor respectfully as well as any other strategies that are deemed culturally and gender friendly*
Handout 7: Consequences of Sexual and Gender Based Violence

Consequences of SGBV can be both fatal and non-fatal. Non-fatal include physical injuries and chronic conditions, sexual and reproductive, psychological and behavioural, as well as social and economic consequences. Fatal consequences include: femicide, suicide, AIDS related mortality and mental mortality. The following table indicates both non-fatal and fatal consequences.

Non-fatal and fatal consequences of SGBV

<table>
<thead>
<tr>
<th>Physical Injuries and chronic conditions</th>
<th>Sexual and reproductive</th>
<th>Psychological and behavioural</th>
<th>Socio-economic</th>
<th>Fatal Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Fractures</td>
<td>- Gynaecological disorders</td>
<td>- Depression and anxiety</td>
<td>- Income deprivation</td>
<td>- Femicide</td>
</tr>
<tr>
<td>- Abdominal thoracic injuries</td>
<td>- Pelvic inflammatory disease</td>
<td>- Eating and sleeping disorder</td>
<td>- Lack of livelihood options</td>
<td>- Suicide</td>
</tr>
<tr>
<td>- Chronic pain syndrome</td>
<td>- Unwanted pregnancy</td>
<td>- Drug and alcohol abuse</td>
<td>- Slow or no professional progression</td>
<td>- AIDS related mortality</td>
</tr>
<tr>
<td>- Fibromyalgia</td>
<td>- Pregnancy complications</td>
<td>- Phobias and panic disorders</td>
<td>- Absence from work</td>
<td>- Mental mortality</td>
</tr>
<tr>
<td>- Permanent disability</td>
<td>- Sexual dysfunction</td>
<td>- Post traumatic sleep disorder</td>
<td>- Loss of human resource hours</td>
<td></td>
</tr>
<tr>
<td>- Irritable bowel syndrome</td>
<td>- Miscarriage</td>
<td>- Psychotic disorder</td>
<td>- High medical fees</td>
<td></td>
</tr>
<tr>
<td>- Lacerations and abrasions</td>
<td>- Low birth weight</td>
<td>- Self harm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Ocular damage</td>
<td>- STI's including HIV</td>
<td>- Unsafe sexual behaviour</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Adapted from population Council 2008
ATTITUDES BELIEFS AND PRACTICES TO SEXUAL AND GENDER BASED VIOLENCE

Objectives

1. To discuss the attitudes, beliefs and practices of courts, police, psychosocial counsellors, family, and community to survivors of SGBV
2. To identify the various strategies and support mechanisms needed to prevent SGBV

Method

1. Divide participants into different groups
2. Ask them to identify the various attitudes, beliefs and practices to SGBV by the courts, police, psychosocial counsellors, family and community.
3. Participants should identify the strengths and weaknesses of these responses
4. Ask the participants to outline innovative strategies for responding to SGBV by the different actors identified.

Facilitators Notes

1. Inform participants that our attitudes, beliefs and practices have an influence on the way we respond to SGBV issues.
2. It is important that we develop positive attitudes, beliefs and practices which are humane in nature.
3. Strategies can involve, carrying out awareness campaigns on issues concerning SGBV for purposes of creating awareness, demonstrate intolerance to SGBV, provide all means possible to reduce the impact on the survivor, form support groups to provide care and support for both perpetrators and survivors.
STRESS MANAGEMENT FOR PROVIDERS OF CARE AND SUPPORT FOR SGBV SURVIVORS

Objectives

1. To help participants identify the different types of stress they experience in dealing with SGBV work.
2. To facilitate the identification of the different strategies for stress management.
3. To provide guidelines on how to manage stress in an SGBV environment

Method:

1. Ask participants to identify the different types of stress that they suffer in their work with SGBV survivors.
2. After identifying these, let them state the consequences of stress on their work and lives.

Facilitators’ Notes

1. Explain to participants that dealing with SGBV as Care and Support providers may result in stress.
2. Whilst this stress may be inevitable for some, what is important is to minimise the impact of this stress and where possible to eliminate it.
STRATEGIES FOR MANAGING STRESS

1. At Individual level
2. At Institutional Level

Objectives

1. To help participants identify strategies for addressing stress at the individual level
2. To help participants identify strategies for addressing stress at the institutional level

Method

1. Ask participants to share experiences on how they deal with stress at an individual level?
2. After this, ask them to share experiences on how their institutions deal with stress amongst staff members dealing with SGBV work.
3. Give participants Handout 7: Caring for yourself

Facilitators' notes

1. Inform participants that working in the area of SGBV results in stress and secondary trauma which requires timely intervention.
2. Encourage participants to as far as possible avoid getting emotionally involved, otherwise they may cease to objective in their interventions.
3. Encourage them to be sensitive to the types of stress within themselves and for those of their colleagues and that they must deal with them as quickly as they identify them.
4. Stress can manifest in depression, lack of concentration, quick tempers, lack of sleep, withdrawal, increased violence etc.
5. Strategies for addressing stress can include formation of support groups, seeking counselling, working flexible hours, handling a limited number of cases, provision of recreation facilities. Team building exercises etc.
Handout 8: Caring for yourself

Caring for yourself is important. You need to be aware of your feelings and know how they may affect the way you get on in your work of dealing with SGBV Survivors.

Caring for people who are survivors of SGBV may make you feel sad at times. It is important that you recognize your own feelings of fear or anger. You will need to accept that there are times when you cannot help and you may feel useless. What you can do;

- Access your own feelings
- Do not take the survivors feelings of anger personally.
- Talk about and show your feelings
- It is important to talk to someone about your own fears of SGBV because if you do not talk about them they will affect the way you do your work.
- Talk to other caregivers it can be enormously supportive
- Deal with your own problems as they arise.
- Take regular exercise.
- Know your strengths, do not expect too much of yourself
- Learning to tell yourself that you choose to do this work not that you have to
- Praise yourself for a job well done.
- Sometimes you may need to take a break from care giving and that is OK, but it is something that you can go back to. Remember to look after yourself first and foremost because you cannot look after others if you do not look after yourself first.

What you can do Physically

- Take regular exercise
- Walk regularly to help you relax
- Do something you enjoy like dancing or singing Gospel Songs

Knowing what to avoid: Do not:

- Get personally involved with clients, have a professional relationship.
- Say yes to everything survivors and caregivers ask you (you cannot do everything)
- Work alone all of the time.
- Get personally involved with clients, have a professional relationship.

Source: Adapted from: ASAZA Care Givers Guide: A Comprehensive Household Model
REFERENCES

ASAZA, (undated) Care Givers Handbook, A Comprehensive Household Model


Garcia-Moreno, Claudia (2002). “Dilemmas and Opportunities for an Appropriate Health-Service


