



The Ministry of Labour, Youth,  
Women and Children Development  
Zanzibar

# **GBV Incidences and Responses in Zanzibar**

**An evidence based study**

**August 2007**





The Ministry of Labour, Youth,  
Women and Children Development  
Zanzibar

# GBV Incidences and Responses in Zanzibar

An evidence based study

August 2007

## ACKNOWLEDGEMENTS

Ending Gender Based Violence (GBV) is at the core of the work of the Ministry of Labour, Youth, Women and Children Development (MLYWCD) in Zanzibar. The decision to commission a study at this time to map the situation of Gender Based Violence in Zanzibar and to expose the institutional challenges faced by different actors in addressing GBV at different levels is thus laudable.

Undertaking this study was an arduous and challenging task. We acknowledge the support of the leadership in the MLYWCD and the team spirit shown by the Gender and Advocacy Project within the MLYWCD during the course of the study. We also recognize the UNFPA Tanzania Office for financing this study.

Numerous individuals and institutions both in Unguja and Pemba provided valuable inputs to inform the study findings and ensuing discussions. Among respondents who participated in the study were members of the general public, local government officials, mainly the Shehas, government functionaries in key ministries concerned in one way or another with aspects of GBV and representatives from faith based and civil society institutions. Certainly, their experiences and insights added value to the study.

Lastly, we wish to state categorically that the study output is a result of the collective efforts of dedicated persons who constituted the research team and supported the field exercise in both Unguja and Pemba. Their contributions were invaluable to the research process.

**Salma Maoulidi and Usu Mallya**

Principal Researchers

## TABLE OF CONTENTS

### ACKNOWLEDGEMENTS

### ACRONYMS

### DEFINITIONS

### EXECUTIVE SUMMARY

i

### SECTION ONE: BACKGROUND AND STUDY OBJECTIVES

1

#### 1.1 Study Background

1

#### 1.2 Study Objectives

2

#### 1.3 The Study Process and Organization

2

### SECTION TWO: METHODOLOGY

4

#### 2.1 Conceptual Framework

4

#### 2.2 Study Research Methods

4

#### 2.3 Study Limitations

6

#### 2.4 Literature Review

6

#### 2.5 Global initiatives to address GBV

10

#### 2.6 GBV prevalence in Zanzibar

12

### SECTION THREE: STUDY FINDINGS.

14

#### 3.1 Profile of Study Respondents/Informants

14

#### 3.2 Analysis of Findings: Individual Respondents

16

#### 3.3 Focused Group Discussion (FGD) Findings

24

#### 3.4 Findings from Institutional Responses

29

### SECTION FOUR: DISCUSSION OF FINDINGS.

37

#### 4.1 Prevalence of GBV

37

#### 4.2 Knowledge of GBV

39

#### 4.3 Attitudes towards GBV

40

#### 4.4 Institutional Practices with regard to GBV

42

#### 4.5 Weakness in the Legal Framework

44

#### 4.6 Emerging trends with regard to GBV

46

<b>SECTION FIVE: CONCLUSIONS AND RECOMMENDATIONS</b>	<b>47</b>
5.1. General Recommendations	47
5.2 Recommendations to the Government	50
5.3 Recommendations and Actions for CSOs	52
5.4 Recommendations and Actions for Development Partners	55
5.5 Conclusion	56
<b>APPENDICES</b>	<b>57</b>
<b>List of institutional informants</b>	
<b>List of key GBV instruments</b>	
<b>References</b>	

## ACRONYMS

AI	Amnesty International
AIDS	Acquired Immuno Deficiency Syndrome
AU	African Union
CJ	Chief Justice
COVAW	Coalition on Violence Against Women
CREA	Creating Resources for Empowerment Action
CSO	Civil Society Organization
DAW	Division on the Advancement of Women
DV	Domestic Violence
FAWE	Federation of African Women Educationalists
FGD	Focused Group Discussion
FP	Family Planning
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
HRW	Human Rights Watch
IDPs	Internally Displaced Persons
ILO	International Labour Organization
JKU	Jeshi la Kujenga Uchumi
MLYWCD	Ministry of Labour, Youth, Women and Children Development
MoHSW	Ministry of Health and Social Welfare
PF3	Police Form 3
POA	Plan of Action
SADC	South African Development Cooperation
SGBV	Sexual and Gender Based Violence
SOSPA	Sexual Offenses Special Provisions Act
STI	Sexually Transmitted Infections
SV	Sexual Violence
TAWLA	Tanzania Women Lawyers Association
TV	Television
UNGA	United Nations General Assembly
UNHCR	United Nations Commission for Refugees
UNFPA	United Nations Population Fund
US	United States
UWZ	Umoja wa Walemavu Zanzibar
VAW	Violence Against Women
WHO	World Health Organization
ZAC	Zanzibar AIDS Commission
ZAFELA	Zanzibar Female Lawyers Association
ZLS	Zanzibar Law Society
ZLSC	Zanzibar Legal Services Centre



## DEFINITION OF TERMS

**Absentee Husbands:** this phenomenon relates to a situation where a husband does not live with his family on a regular basis. In some cases it may be due to the fact that he works in another town; but in many cases it is due to sheer neglect, or the man shuttling between his different households rarely meeting his obligations with any of his wives

**Fiqh:** the body of Islamic jurisprudence outlining specific rules as collected by scholars from different schools known as the madhab.

**Gender specific crimes or abuses:** refers to human rights violations that are committed against a specific sex and where the sex of the victim is determinant in their suffering the particular form of crime e.g. femicide, sex selective abortion and trakosi.

**Kadhi:** A Muslim judge with authority to conduct marriages. In Zanzibar it is an official position.

**Sheha:** a government representative at the basic level of governance in the local government structure in Zanzibar i.e. a neighbourhood.

**Statutory rape:** refers to the act of having sex with a minor i.e. someone below the age of majority which in Tanzania is 18 years.

**Talak:** a verbal or written pronouncement by the husband, to divorce his wife following which the couple observes separation as per fiqh principles

**The bench:** refers to members of the judiciary hearing a judicial matter i.e. magistrates or judges.

**The Isles:** refers to the Islands of Unguja and Pemba making up the semi autonomous state of Zanzibar.

**Unyago:** an initiation rite for young adolescents on sexual education and mainly applies to young women.



## EXECUTIVE SUMMARY

The Revolutionary Government of Zanzibar has undertaken numerous legislative interventions in the past few years towards promoting and protecting the rights of women, children and vulnerable groups in line with international and regional human rights instruments. Despite these efforts discriminatory practices against women persist, the prevalence of gender based violence (GBV) being a manifestation of the multiple discriminations women still face in the family and in society, legally and institutionally.

In as much as various institutions like the Ministry of Labour, Youth, Women and Children Development (MLYWCD) and various civil society actors report being inundated GBV cases committed against women and children, there is a dearth of studies and reliable data on GBV incidence in Zanzibar. The few studies available only look at aspects of GBV in relation to specific thematic areas like HIV/AIDS or education.

This evidence based study, therefore, is the first attempt to map GBV prevalence in Zanzibar specifically domestic violence and sexual violence. The process provided an important space for discussion and dialogue with key stakeholders and various actors on GBV including district officials, religious leaders, law enforcement officers and civil society organizations. Data was collected from over two hundred and ninety eight (298) individuals, 198 women and 100 men; focused group discussions in 20 localities; and 20 informants from key institutions concerned with GBV.

### ➔ *GBV Prevalence*

Over 43.2% of respondents report a rise in domestic and sexual violence. According to the study women and children are most susceptible to GBV. Experiences shared indicate that power and authority legitimize violations. Overwhelmingly, adults, men and women, commit physical and sexual violence against children indicating an imbalance in the adult-minor relationship while the victimization of female children indicates sexual exploitation in the male- female relationship

Survivors and victims of GBV report that they have experience violence at the hands of persons close to them e.g. the father (32%) a spouse (20%) the mother (12%) or lover (6%) than at the hands of strangers. Over 51% of all sexual crimes shared were committed by someone known to the victim. Yet most incidents of GBV are un or under-reported. The few cases that come to public knowledge are because an administrative or legal action is being pursued. Should the charges be dropped or should a case fail at the lower level, there

is a greater possibility the case will not appear in any police or court record.

The most prevalent form of GBV found in the Isles is corporal punishment occurring in the home and generally affects both male and female children. 32% of respondents report varying degrees of corporal punishment use in the home with 40.4% of them using it as the main method of correcting children. Significantly, the study finds that adolescent boys endure more frequent and severe forms of corporal punishment while young girls, though not punished as often, endure physical violence for longer periods and in some cases until they are married. Other types of physical violence occurring in homes include slapping (18.7%); pushing or shoving (17.9%) and pinching (16.3%).

**“legal and medical authorities suggest a growing incidence of sexual abuse mostly involving adolescent girls in Zanzibar”**

Conversations with legal and medical authorities suggest a growing incidence of sexual abuse mostly involving adolescent girls in Zanzibar. Most cases of sexual violence documented and observed occur during puberty. For instance, female respondents admitting to having been sexually violated indicate the abuse occurred during adolescence. Likewise 40% of sexual crimes involving siblings of respondents were committed against female relatives. Nonetheless while incidents of sexual assault against young boys compared to

young girls remain low they are on the rise.

In Zanzibar physical violence is used as a way to discipline or to compel obedience. Accordingly 31.9% of respondents believe they were victimized because they were defiant and did not “obey” while among the reasons offered by 8.5% of them were being troublesome or not agreeing with the abuser. Nonetheless communities report greater incidents of verbal expression of GBV than physical violence. 88.7% of respondents indicated that verbal expression constitutes the main method of GBV through which adults ‘fight’ or argue. The use of defamatory or abusive language is reported in more than a third of households with half the homes using it on a regular basis.

Among gender specific abuses documented in the study are forced marriages. About 63% of institutions interviewed reported that they constitute over 30% of their caseload while an equal number of institutions reported that over a third of its caseload involved cases of girls being taken out of school possibly for marriage. Likewise, and while highly unusual in the isles the study records 4 cases of FGM.

Whereas married women face abandonment and neglect as a result of polygamous unions or absentee husbands far less incidents of economic violence were reported in the study. This could however be explained by local practice whereby Zanzibari women, in cases of separation or divorce, are too proud to seek for maintenance from an ex even where they

are justified to do so. Additionally, a significant number of respondents are rural based and not in a relationship, something that may have under emphasized the reporting of personal experiences with economic types of GBV.

The study reveals that women are subjected to varying degrees of emotional violence and trauma from an early age. For example, girls are normally chastised verbally, the content and manner of words used often being harsh and demeaning. Socialization practices contribute to incidence of sexual and emotional violence. Culture, tradition and religion mould women into submission while it engrains defiance and control in men. Likewise a sexist verbal culture vilifies and objectifies women to great effect.

### ⇒ *GBV awareness*

The study finds widespread ignorance on GBV. Communities lack a holistic appreciation of what GBV constitutes and most could not identify forms of GBV outside traditional definitions of gender violence. Legal provisions related to GBV are not well known and 65.1% respondents did not know of any law related to GBV.

Likewise, public institutions reviewed treat GBV as moral rather than as criminal cases. Laws related to GBV are not readily available to all functionaries. While a reasonable number of service providers from institutions reported knowing of the Penal Decree, they also indicated using other laws such as religious laws to resolved GBV issues. This suggests that most do not understand the import of making GBV matters criminal.

### ⇒ *Attitudes towards GBV*

A large proportion of respondents (34.3%) consider sexual crimes to be private issues and only 16.3% see them as criminal issues yet they choose to resolve them in and between families which means they are never prosecuted. Most respondents and informants condone GBV on the basis of religious teaching and traditional methods of controlling women and rearing children.

**“Victims and their families rarely take action against incidents of GBV. In 45% cases of personal experience with GBV nothing happened after the abuse”.**

The study further finds that victims and their families rarely take action against incidents of GBV. In 45% cases of personal experience with GBV nothing happened after the abuse. Thus 73.6 % of individuals interviewed indicated that neighbours would not intervene in case a man hits his wife. A battered wife would commonly seek help from her family, mainly her parents. Consequently, most GBV crimes are not prosecuted and thus GBV offenders escape punishment. The consequence of GBV on victims/survivors is largely underplayed indicating a general insensitivity to the crime and those it affects.

Generally a woman's bodily and sexual autonomy was a difficult concept to grasp by both

men and women interviewed. Overwhelming they expressed the view that a woman is made for a man and a man's sexual needs took precedence over the woman. Hence, 79% of respondents did not think that a man could rape his wife.

The majority of respondents would not readily admit to being victims of GBV as much as they admitted committing GBV. For example 16.2% of respondents reported being victims of some types of GBV while 17.7% reported having a sibling who has been a victim of GBV, especially sexual violence. Most respondents see GBV as something that is influenced by external forces e.g. films and TV rather than by individual actions or abuse of power.

### ➔ *GBV Institutional responses*

No specialized institution (public or private) exists to deal with GBV crimes in the isles. Law enforcement agencies interviewed act on GBV matters only after being instigated by another body e.g. a case being taken to the police by a sheha or to the hospital by the police. Consequently law enforcement bodies have a limited role in checking or taking action against GBV i.e. they will either provide advice or make referrals, which means they are not empowered to take meaningful action.

**“No specialized institution exists to deal with GBV crimes in the isles resulting in GBV issues being solved at the family level where the concern is to save face and not to consider the rights of the victim”.**

The absence of legal and alternative GBV structures in most communities, result in GBV issues being solved at the family level where the concern is to save face and not to consider the long term impact or the rights of the victim. If pursued, GBV cases are reported to the lowest local administrative unit- the Shehia Office. In few instances GBV incidents are taken to mainstream law enforcement agencies

like the police and courts. These institutions are largely male in composition and culture and are ill equipped to respond to GBV.

Moreover, the absence of a clear legal standard in cases involving GBV allows the bench an enormous amount of discretion when presiding over GBV cases. Overwhelmingly the bench in Zanzibar still requires corroboration to prove rape contrary to the spirit of the new law. The absence of an independent mechanism to check and monitor GBV compliance in public bodies means that such practices continue unchecked.

In addition, concerted activism by civil society on GBV is lacking as is judicial activism in so far as overcoming legal shortcomings and responding to emerging trends with regards GBV crimes. Most institutional weaknesses observed in this study thus remain unaddressed.

### ➔ *Existing capacity to deal with GBV*

The study found low capacities, at all levels, with respect to responding to GBV incidences. Specifically the study finds that most local government officials who are first line in the chain of actors involved in dealing with cases of GBV, mostly the sheha or the local kadhi, have never been orientated in GBV related laws or the handling of GBV cases. The study also finds that legal personnel and law enforcement officers have not been trained in applying substantive and procedural provisions related to GBV.

Evidentiary shortcomings contribute to the unsuccessful prosecution on GBV cases. The study finds the PF3 inappropriate in so far as collecting evidence related to GBV especially sexual violence. Many service providers complain that the forms are too general and are not tailored to capture information related to specific forms of GBV.

There is no institutional mechanism to deal with victims/survivors of GBV locally. This influences how GBV cases are dealt with institutionally i.e. whether abusers will be prosecuted and whether victims/survivors will be assisted. Initiatives against GBV tend to be solitary and sporadic. The lack of coordination between different institutions involved in GBV prevention, protection or prosecution strategies impacts on GBV case outcomes.

### ➔ *Institutional shortcomings*

Data related to GBV is not kept nor stored systematically. Available data is not disaggregated per offence or gender. Further, there is no systematic monitoring and reporting on GBV crimes at all levels; nor is available data analyzed to determine underlying factors contributing to GBV.

**“The study indicates that a good number of GBV cases fall through cracks in the legal system and are never prosecuted because there lacks sufficient evidence or follow up”.**

The study indicates that a good number of GBV cases fall through cracks in the legal system and are therefore never prosecuted because there lacks sufficient evidence or follow up. For instance public officials like the Kadhi and Sheha opt to hear and adjudicate on GBV crimes rarely transfer these cases to the criminal jurisdiction as required by law and the Constitution. Furthermore the prosecution and the bench do not always abide by legal provisions when resolving GBV matters, something that suggests that GBV offenses are not considered to be cognizable offenses.



## Conclusion

Yakin Ertuk, the UN Special Rapporteur on Violence Against Women calls for due diligence and a higher standard for states to demonstrate the political commitments they made over the years to prevent and arrest VAW. Whereas the findings of this study indicate the need for future studies looking at specific areas of GBV they offer a gruesome picture with regard to GBV practices, awareness and institutional responses in Zanzibar.

Although existing laws relating to GBV contain some strong provisions they lack an enforcement mechanism to oblige institutional compliance as envisaged under various international, regional and national instruments. Significantly the legal framework remains ineffective because women's rights continue to be analyzed within a religious context instead of being linked to the legal and political framework which demands gender equality.

The study finds greater action and concerted effort is needed to enable the Revolutionary Government of Zanzibar to meet its national and international obligations in preventing and arresting all forms of violence against women and other vulnerable groups. The guiding principle in revising the status quo should be to promote the human rights of women and girls and shield them from gender based violence.

## SECTION ONE: BACKGROUND AND STUDY OBJECTIVES

### 1.1 Background

Gender Based Violence (GBV) assumed great importance with the passage of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1979 and the Vienna Declaration and Program of Action by the Vienna Human Rights Conference in 1993 informing national and international advocacy efforts.


In the context of Zanzibar, GBV advocacy gained momentum following the work of the Tanzania Media Women's Association (TAMWA) Zanzibar Office in surfacing human rights abuses committed against women and children. Specifically TAMWA's coverage on the government's practice of incarcerating pregnant un-wed mothers began a wave of calls for legal reforms against discriminatory legal provisions in various laws that penalized or discriminate against women on account of their sex.

Moreover, in the past decade the MLYWCD and various civil society actors have been inundated with cases concerning sexual and other gender related crimes committed against women and children. The subsequent arrest and incarceration of one Bw. Kitangi who was long suspected for defiling and sodomizing young children provided an impetus for civil society organizations to pursue GBV crimes in the local community. In the meantime a number of health studies established a clear link between women's vulnerability to violence and HIV infection prompting calls for greater measures to minimize women's risk to HIV infection through violence.

Despite the surfacing of GBV crimes and various initiatives being initiated to counter GBV, public awareness and knowledge about GBV has remained low in the larger Zanzibari society. Poor knowledge about the nature of the GBV crimes contributes to many cases being unreported; or summarily dismissed as petty when reported. The absence of reliable data on GBV incidence results in weak institutional responses denying women, girls and children survivors of GBV legal relief. GBV victims suffer in guilt and silence, allowing the perpetrators of GBV to abuse other victims with impunity.

Such gaps underscore the need to assess the magnitude of GBV specifically domestic and sexual violence in Zanzibar. It also begs an investigation into available mechanism to respond to GBV incidents at different levels. Certainly information about the status quo is critical to inform future GBV advocacy strategies and institutional responses. It is within this context that the Ministry of Labour, Youth, Women and Children's Development (MLYWCD),





a leading player in facilitating gender equality and equity principles and the national coordinator /mechanism for gender mainstreaming took up the challenge to commission this study.

## **1.2 Study Objectives**

The study seeks to provide evidence establishing the incidence of GBV in a cross section of the Zanzibari society. Specifically it examines,

- The incidences of GBV, especially domestic violence and sexual violence in three districts in Zanzibar;
- The socio-cultural and legal practices that promote GBV;
- Prevailing perceptions and attitudes towards GBV among individual respondents and institutional informants;
- The individual and social consequence/impact on victims and survivors of GBV; and
- The availability of mechanisms to monitor and resist GBV locally and nationally.

Ultimately the study expects to provide critical information that would enhance the capacity of different actors at all levels to formulate, implement, evaluate and monitor policies to combat GBV. This study makes specific recommendations with regard to appropriate actions and strategies to combat GBV at different levels; and identifies mechanisms to monitor GBV locally.

## **1.3. The Study Process and Organization**

### **1.3.1 The Study Process**

The Study was conducted over a six month period i.e. August 2006 to February 2007. Three districts namely, Unguja Urban, Unguja South and Chake-Chake District in Pemba were selected to provide for a representative impression of the GBV situation in Zanzibar.

Twenty shehias in the three districts were randomly selected and included in the study. The criterion in selecting study sites were agreed to during a consultative forum and included the rural/urban context; Unguja/Pemba setting; and the degree of ethnic mingling. Additionally a total of 20 institutions dealing with GBV matters were identified and interviewed. These included Magistrates Courts, Kadhi's Courts, hospitals, health centres, police stations and local government representatives at the shehia level and civil society organizations.




Table 1: Population and Household Profile for Zanzibar (study areas are shaded)

District	Total Population	% below poverty line	Female Headed Household	% of orphans
North A	84,147	12.18	18.8	6.6
North B	52,492	12.06	22.3	6.3
Central	62,391	8.35	22.6	6.8
South	31,853	9.73	31.8	8.0
West	184,204	9.54	18.1	6.7
Urban	205,870	7.75	24.3	8.4
Wete	102,060	23.83	24.3	7.5
Micheweni	83,266	33.35	20.8	4.6
Chake	82,998	15.87	19.5	7.6
Mkoani	92,473	7.26	19.3	6.1
Total	981,484	13.0	21.4	6.9

Source: Household Budget Survey 2004/2005

### 1.3.2 The Study Team.

A multidisciplinary team was constituted following initial consultations with local actors on the content and process of the study. The team comprised of sociologists, lawyers, gender experts and statisticians. Two principal researchers, Ms. Salma Maoulidi and Ms. Usu Mallya, both long term activists and researchers with a working experience in the Isles led the study.

The team was divided into two streams to support the field work in Pemba and Unguja Islands. The Pemba Team comprised of six people- one Research Assistant and five data collectors while the Unguja Research Team comprised of nine people- two Research Assistants and seven data collectors. The names of all members of the study team are appended to this report.

## SECTION TWO: METHODOLOGY

### 2.1 Conceptual Framework.

The GBV concept has its roots in feminist epistemology and its engagement with human rights violations women and other vulnerable groups historically endured until then considered to be private matters. Studies by feminist researchers and activist called attention to the fact that women faced abuses from different actors, not just intimate partners, abuses that were often invisible and outside the traditional purview of what were considered to be human rights violations.

The evolution of GBV is thus deeply embedded in the concept of Violence against Women (VAW). Specifically, the traditional definition of VAW benefited from a deeper analysis of how gender and power relations furthered discrimination against women in different realms. The heightened analysis moved such crimes from the private sphere, where they were viewed as private matters, to the policy realm demanding public condemnation and action for violating women's bodily integrity.

GBV is a much broader than what is currently contained in the legal framework. VAW takes many different forms manifested in a continuum of multiple, interrelated and sometimes recurring forms. It can include physical, sexual and psychological/emotional violence and economic abuse and exploitation, experienced in a range of settings, from private to public, and in today's globalized world, transcending national boundaries.

Distinct from other violent crimes GBV is based on systemic and structural factors-patriarchal structures- and unequal relations of power and wealth, which systematically oppress and exploit the poor and the marginalized, mostly girls and women. The gendered nature of these abuses or crimes has raised global concern intensifying global and national action to arrest the abuses. Naming forms and manifestations of violence against women is an important step towards recognizing and addressing them.

GBV studies mostly build on rights-based approaches contained in key international instruments concerned with the rights of women mainly CEDAW, the Vienna Declaration and Programme of Action, the Declaration on Violence Against Women on the Rights of Women, The Beijing Platform for Action, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa and the SADC Declaration on Gender and Development among others. These instruments provide the minimum standard in identifying and mapping GBV prevalence and assessing the level of institutional response to address GBV incidences.

## 2.2. Study Research Methods

To discern GBV prevalence and responses in Zanzibar the study employed a blend of quantitative and qualitative research methods. The combination of methods allowed for an in-depth description of the phenomenon. Data collection took about 10 days of data collection, done through individual interviews, in-depth interviews, focus group discussions and observations in selected communities and institutions. The study tool was shared and discussed with various stakeholders prior to its pre-testing.

Data enumeration methods established the incidence and magnitude of GBV while qualitative methods explored the context in which GBV occurred. An analysis of the GBV response mechanism in the Isles was done through a standard Human Rights Advocacy Framework that assesses the Provision of GBV services, efforts to Prevent GBV, Protection afforded to victims and survivors of GBV, and efforts to Promote GBV services by the state.

Significantly the research process provided an important space for discussion and dialogue with key stakeholders and various actors on GBV including, decision makers, district leadership and religious leadership from selected communities; institutions dealing with issues involving GBV including religious institutions like the Kadhi's Court, the Police, health practitioners; the legal machinery and legal practitioners; the MLYWCD and relevant ministries; NGOs; and the administrative structures at both the central and divisional level.

### 2. 2.1. Sampling and Selection of Study Unit

The study used purposive sampling techniques to select the study locations while simple random sampling techniques were used in the identification of interview subjects. Sampled districts i.e. Urban Unguja District; Unguja South District and Chake-Chake District were selected to provide for a representative impression of the situation in Zanzibar.

Interviews were conducted at three levels:

- ❖ With individual respondents at household level. The intention was to interview heads of households. A total of two hundred and ninety eight (298) individuals, women being twice the number of men, 66% and 34% respectively were reached.
- ❖ With communities in the three study districts via focused group discussions (FGDs), and
- ❖ In institutions dealing with GBV matters. Twenty institutions were identified and interviewed including Magistrates Courts, Kadhi's Courts, hospitals, health centres, police stations, the shehia's office and civil society organizations.

### **2.2.2 Fieldwork**

Separate data collection teams worked concurrently in Unguja and Pemba. On average about 99 individual respondents were reached from each of the study districts. Additional information was obtained during FGDs and institutional informants. The MLYWCD coordinated all processes related to research and ethical clearance with the relevant authorities. Individual consent was required from all respondents before proceeding with the interviews.

### **2.2.3 Analysis of Data and Report Writing**

Data analysis was facilitated by the SPSS statistical tool. Following a rigorous analysis of research findings a draft report was prepared and submitted to the MLYWCD. Two stakeholders' workshops were organized in both Unguja and Pemba to discuss the study findings and receive comments from a cross section of actors involved in the study process. Feedback received at the workshop was incorporated to produce the final report. The expectation is that the MLYWCD will share the study findings more widely via media strategies and additional stakeholder consultations towards popularizing the findings and developing more effective GBV advocacy strategies.

## **2.3. Study Limitations**

A number of study limitations were noted in the course of conducting the study. In many ways the limitations attest to the reality in which GBV occurs and thrives in Zanzibar i.e.:

- ❖ The funds and time available for the study was limited when compared to the magnitude of the work.
- ❖ Translation of key concepts from the English to Kiswahili and vice versa did not always import the same meaning. For example the term sexual violence when translated in Kiswahili implies a violation resulting in intercourse and not acts that constitute sexual indecency without the connotation of intercourse.
- ❖ The study focused solely on GBV incidents committed by non-state actors i.e. violence perpetrated by private actors. Furthermore because it is an exploratory study, it is general in scope and does not examine GBV incidences among specific groups like GBV survivors, sex or domestic workers or women with disabilities.
- ❖ GBV data obtained from various institutions is unreliable absent clear and consistent data collection and documentation methods within and by different

institutions. The absence of Legal Aid Centres or Crisis Centres deprives the analysis of an additional, if not alternative, picture and interpretation of GBV incidences.

- ❖ Capacity to undertake qualitative research methods, especially vis à vis GBV at key institutional levels is still low. The study thus was a learning process for all concerned and not purely a process of inquiry.

## 2.4 Literature Review.

A number of scholarly and activist publications were consulted to inform the study. A full list of sources features at end of this report. For the purposes of the literature review information is synthesized and organized in categories that reflect the overall analysis adopted by the study.

### 2.4.1 What is GBV?

Para 113 of the Beijing Platform for Action (PFA) defines violence against women (VAW) as “any 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 deprivation of liberty whether occurring in public or private life”. GBV occurs in multiple locations including in families, in schools, in religious institutions, in the workplace, and in the community. While there is a rich range of acts that can constitute GBV, specific incidence of GBV is context specific.

Reviewed literature suggests that GBV and VAW are used interchangeably but they do always convey the same meaning. GBV connotes an evolution understanding and gender based violation of which VAW form part. The UN In-depth Study on VAW acknowledges that VAW is both a cause and a consequence of deeply ingrained inequality between men and women. Because GBV is rooted in sexual inequity one must take into account the central role power plays in permitting and legitimizing the abuse. Indeed until recently public policy and legal institutions did not recognize most VAW crimes treating them as private affairs between men and women.



### Box 1: Types of GBV

**Physical Violence:** punching, kicking, choking, pushing, shoving, corporal punishment

**Domestic Violence:** intimate partner violence i.e. marital rape; spousal battery; parent- child violence; denial of basic rights to domestics

Verbal Violence: abusive or defamatory language, ridicule; threats

**Economic Violence:** denial of food, medical care, or maintenance; limiting the right to work; debt bondage; labour exploitation; trafficking

**Emotional Violence:** polygamy; denial of affection; nagging; abandonment; neglect  
Sexual Violence; rape, sexual assault; sexual harassment; forced prostitution; incest  
Social Abuse: restricting a woman's mobility or contact with her family or friends; deliberate neglect of girls

The definitions of GBV have evolved since the passage of CEDAW in 1979 and the Vienna Declaration in 1993. Different terms are used to describe the phenomena. For instance the Draft Protocol on the Rights of Women explicitly includes economic harm in peace time and in war while the Lancet (2002) considers sex selective abortion and female infanticide as forms of GBV. Creative Resources for Empowerment and Action CREA includes the lack of education; forced labour; polygamy; forced pregnancy; and unequal work distribution as forms of GBV. Development Alternatives with Women in a new Era (DAWN) considers GBV dimensions in areas of armed conflict and displacement (Sow, 2004).

Prolonged studies have developed numerous theories about GBV. Importantly research reveals that, while some violence is unexpected and isolated, in most cases the perpetrator of GBV is known to the victim, often living or interacts with them on a regular basis. Potential perpetrators of GBV can therefore be spouses and partners, parents, family members, neighbours, and men in positions of power or influence. A 2001 Horizon Study, for example, found that among 21 women reporting sexual abuse before the age of twelve, eight were abused by family members, five by a neighbour, three by a family friend, two by a male worker in the house and one by a male friend. Only two were abused by a stranger. Unfortunately because of the sensitivity of the subject most of the violence is under reported.

GBV abuse commonly takes place within the safe domain of the family where many believe is a place of security. For example Alloo (1990) finds that most women suffer violence in the home. Public health researchers identify a number of factors that are correlated with, or are considered risk factors for, certain forms of violence. These include social and economic status, individual histories of exposure to violence, and individual types of behaviour. Age



and sex play a significant role in GBV victimization (Rumashi, 2004). Likewise being raised by a single parent and a history of violence in the family increases the risk to GBV. Researchers also establish that victims' experience violence over time and there is a pattern in how violence is experienced. TAMWA (1990) for example found spousal battery being more serious at the end of the week where there is a greater likelihood for a husband to be drunk or cash strapped. Moreover there is a big likelihood of sexual violence happening where there is GBV. Also there is a strong association between prior history of violence and HIV infection indicating that violence plays a role in women's HIV risk (Horizon GBV Study, 2001).

### 2.4.2. GBV magnitude

Studies carried out by a wide variety of bodies, including government ministries, national statistical offices, universities, international agencies and women's rights organizations on VAW like the Multi- Country Study on Women's Health and Domestic Violence against Women or the Secretary-General's Study on VAW provide compelling evidence that violence against women is a severe and pervasive human rights violation throughout the world, with devastating effects on the health and well-being of women and children.

Violence against women persists in every country and is a pervasive violation of human rights and a major impediment to achieving gender equality. Watts and Zimmerman report that millions of women are experiencing violence or living with its consequences. Over half the women in Kenya experience violence by the time they are 15 (KDHS, 2003). Globally, violence against women causes more deaths and injury than cancer (Panos Institute, 2003). However, violence is almost universally under-reported.

TAMWA's 1990 study conducted in Dar es Salaam found nine out of ten women experience violence in intimate relationships. Also it established that six out of ten women were physically abused while the rest had been threatened with violence. Most victims remain silent. In addition child violence and abuse is a common problem yet unrecognized in many countries.

The Global School-based Health Survey (2006) recently found that between 20 and 65 per cent of school-aged children reported having been verbally or physically bullied. WHO (2002) estimates that 150 million girls and 73 million boys under 18 experienced forced sexual intercourse or other forms of sexual violence that year alone. Studies like the United Nations Study on Violence against Children suggest that young children are at greatest risk of physical violence, while sexual violence predominantly affects those who have reached puberty or adolescence. Boys are at greater risk of physical violence while girls face greater risk of sexual violence, neglect and forced prostitution.

Ultimately, the sheer scale of violence against women and female children forces the question of what it will take to translate increasing recognition of the global prevalence of this abuse into meaningful, sustained, and widespread action not only at the highest levels but also locally.

### 2.4.3 Attitudes towards violence

GBV is deep rooted and seated and lies in society's attitude and practices towards gender discrimination which place women in a subservient position in relation to men (UNHCR (2002:2). Socioeconomic factors such as income and education as do social and cultural patterns of conduct and stereotyped roles play an important role in perpetrating GBV.

VAW is learnt behaviour and is often intergenerational. Religious and cultural edicts condone it (Sow, 2004). Informants in the Horizon Study on HIV and partner violence (2001) described violence as a way to correct or educate women. It is justifiable as long as it does not leave physical marks. The tendency is to blame the victim or to excuse the actions of the perpetrator of GBV. For instance, Medical staff at Maswa District Hospital associated women's dress as contributing to rape. Likewise over 41% of women surveyed in that study felt physical punishment of women was justified (AI Report 1997). Consequently people are more likely to intervene in cases of violence occurring in public space as opposed to in private space and less so if they involve people in intimate relationships.

**GBV is deep rooted and seated income.. social and cultural patterns of conduct play an important role in perpetrating GBV**

### 2.4.4. Consequences of GBV

Almost 11% of informants in the Horizon Study reported being injured at least once as a result of physical violence while about 12% reported sustaining injuries two or three times as a result of violence. 63% of women who sustained injury saw a health care provider while 23% did not see a health care provider though they thought they should see one. Among effects of sexual abuse noted by Rumashi (2004, 33) is long term psychological effect such as chronic arousal, nightmares, emotional numbing, chronic pelvic pain, headaches, asthma, feeling of unworthiness for girls and substance abuse. The non implementation of the law against abusers puts victims, mostly women and girls more at risk of violence.

## 2.5. Global initiatives to address GBV

The world community, at different periods, has passed important declarations and conventions underscoring member states' commitment to arrest GBV, specifically VAW in their jurisdiction. These have been reinforced by periodic studies undertaken by specialized agencies within the UN as well as by the NGO community on GBV as follows:

### **2.5.1. At the Global level**

CEDAW is the most significant human rights treaty passed in 1979 and is one of the earliest attempts to address GBV following the women's decade. CEDAW's spirit was followed up in other global events convened to promote women's human rights like the Vienna Conference in 1993, ICPD in 1994, Beijing in 1995 and post Beijing processes in 2000 and 2005. These processes have led to the adoption of GBV legislation at the national and regional levels.

### **2.5.2. At the regional level**

While there exist numerous regional instruments to address GBV, the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (2003) is praised as a serious and comprehensive inter-continental mechanism to end GBV. Importantly, it integrates legal and policy actions to comprehensively address GBV pursuant to regional and international human rights instruments acceded to. It also provides a mechanism for redress via the African Court of Human and Peoples Rights.

### **2.5.3. In the activist community**

The Montreal Principles on Women's Economic, Social And Cultural Rights adopted at a meeting of experts held in Montreal, Canada from December 7 to 10, 2002 offer a guide to the interpretation and implementation of the guarantees of non-discrimination and women's equal exercise and enjoyment of economic, social and cultural rights. In many ways it addresses some of the key bottlenecks in the effective implementing earlier instruments-reservations on account of religion and culture which allowed for women rights violations to continue unchallenged.

### **2.5.4. International studies**

The WHO multi-country study on women's health and domestic violence against women (2005) was conducted in at least 12 countries and involved over 24,000 women. It provides data on women's experiences of intimate partner violence, sexual assault and child sexual abuse; as well as on a broad range of negative health outcomes commonly associated with violence. It also explores the risk and protective factors for intimate partner violence and strategies and services that women use to deal with this violence.

The International Violence against Women Survey (2002) has been carried out in 11 countries to date. The survey collects data from a nationally representative sample on a broad range of violent acts perpetrated by men against women, including physical and sexual violence. It is conducted within a crime victimization framework and provides information that is particularly useful for interventions in the criminal justice sector.

Importantly the United Nations General Assembly (UNGA) in 2003 mandated the Secretary General to prepare an in-depth study on VAW a task given to the Division on the Advancement of Women (DAW) and issued in 2006. Also since 1994 the Special Rapporteur on VAW is mandated by the UN Commission on Human rights to examine, report on and make recommendations pertaining to VAW. These findings help to monitor the level of state compliance in arresting and addressing GBV.

### 2.5.5. Challenges in ending GBV

GBV remains invisible in many parts of the world because there lacks safe or trusted ways or institutionalized mechanism for survivors to report the crimes. The problem is more acute in rural areas. Also, in cultures that often blame the victims women chose not to seek redress for fear of reprisal and social ostracism (HRW, 1995). People do not always trust the police, social services or others in authority.

GBV data is not always recorded in a complete, consistent or transparent way. Specifically GBV data within care and detention institutions in most parts of the world is scant because most institutions are not required to register and disclose this information- even to the relatives or parents of the children concerned. Brazil's São Luis Women's Police Station in Maranhão reported that among 4000 cases of physical and sexual assault registered with the station only 300 were ever forwarded for processing and only two yielded punishment for the accused.

**"GBV remains invisible in many parts of the world because there lacks safe or trusted ways for survivors to report the crimes"**

Consequently it has not been easy to end the impunity perpetrators too often enjoy. Human Rights Watch notes that over 800 cases of rape reported from 1985 to 1989 less than a quarter were ever investigated (1994, 5). Although the Medical Legal Institute in Brazil has jurisdiction to analyze sexual and physical violence, the staff do not have specialized training in sexual abuse crimes leading them to omit important medical-legal information crucial in proving the crime.

Thus despite strong laws most national-level GBV responses are inadequate. Jullu (AI Report 1997) further warns that victims of abuse may be threatened during or after a legal process something that may affect their willingness to persist with the legal process. This is compounded by the reality noted by Banda (2003) that support services for survivors of GBV are inexistent, inadequate or shunned. Capacity building in critical skills to manage GBV is thus an important aspect of GBV enforcement mechanism.

## 2.6. GBV Prevalence in Zanzibar

The dearth of studies and literature specifically on GBV in Zanzibar suggests that GBV is

yet to be studied as an independent phenomenon. Rather aspects of GBV have been the subject of thematic studies like HIV/AIDS, Reproductive Health and Education. Moreover, available literature is descriptive more than it is analytical. Certainly, trends from the study findings would indicate fertile areas for further investigation in better understanding the GBV phenomena in Zanzibar.

Nevertheless, a Ministry of Health Report (2004) indicates that 42% of Shehas believed that GBV is on the increase in Zanzibar. Among GBV forms noted are early marriages; arranged marriages (though not always forced); and a high level of divorces and remarriages. Pant (undated: 35) cites the prevalence of child abuse especially the exploitation of child labour in Nungwi and Pwani Mchangani in Zanzibar. A UNICEF report found GBV pronounced in all 12 surveyed districts, especially child and wife beating. It also notes that 73% of female respondents and 51% of male respondents had never heard of women's or girls rights.

The Deputy Acting Registrar of Zanzibar High Court, Mr. Ali Ameir, is quoted by TAMWA Zanzibar office as saying that from 2002-2005, 118 rape cases have been reported in Zanzibar courts, but none of the suspects has been found guilty of rape. He said 44 cases among 118 have been closed, while 74 cases are still proceeding at the Vuga Regional Court.

**“From 2002-2005, 118 rape cases have been reported in Zanzibar courts, but none of the suspects has been found guilty of rape”**

Poverty and the low status of women is linked to GBV. The 1982 Education Act prohibited marriage of pupils and expelled school girls who fell pregnant or school boys who impregnated fellow pupils. The object of restricting marriage of pupils in primary and secondary school was to prevent early marriages thereby allowing girls to obtain a full course of compulsory education. However early marriages still occur in Zanzibar since there is no law to prohibit them (Ali and Mallya, 2004). Pant found that if a girl is proposed for marriage, she is simply taken out of school, especially in rural Zanzibar.

A research looking at marriage practices (Rights at Home, 2005) revealed a high incidence of divorce and multiple marriages in the isles. Also observed were high incidences of family neglect and early marriages in the Isles all indications of practices related to GBV. Rose Shayo (2003) observes that most GBV cases are not reported because victims don't know where to report or they fear being blamed for what happened to them especially if there is no witness. Some fear being victimized if they report.

### **2.6.1. Policy and legal responses**

In Zanzibar, women's rights are analyzed within the religious context and therefore not linked to the changing context/environment, policies and laws (MoH 2004, 32). For instance the law still allows a husband to divorce his wife at will without recourse to any



external authority. A wife on the other hand has to apply to the Kadhi's Court for an order of divorce. Doing so does not guarantee her a talak and delay tactics are often used putting her through great emotional, social and financial strain.

**“Women's rights are analyzed within a religious context and not linked to the changing environment, policies and laws. There is thus a big gap between what is provided in policy statements and the practice”.**

Nevertheless, in the last few years there has been significant progress in promoting and protecting women and children in Zanzibar. The Zanzibar Revolutionary Council has taken specific steps to translate key provisions of the CEDAW, ICPD, the Beijing Platform for Action and the SADC Declaration with regard to ending practices that violate the human dignity of women. A Women Development Policy has been drawn and a number of laws have been amended, repealed or enacted including the Single Women and Widows Protection Act, the Education Act and the Penal Decree containing specific provisions related to sexual offences.

Ali and Mallya (2004) note the big gap between what is provided in policy statements and practice with regards implementation, monitoring and evaluation. Accountability is thwarted by the poor knowledge of GBV laws and policies among civil servants. Peter (2003) further observes that law in Zanzibar is silent about the government providing legal assistance to the poor in criminal or civil matter. As yet there is no NGO to fill the gap with respect to GBV crimes. What happens to victims and survivors of GBV in such a scenario is thus an important area for investigation and advocacy for policy makers and implementers.

## SECTION THREE: STUDY FINDINGS

This section documents the findings from the field work based on the study sample which includes all the key categories of the Study focus i.e. the individual, focused group and institutional questionnaires. Since only the most salient findings are reported not all percentages add up to one hundred when expressed in percentiles. The complete findings per category are available.

### 3.1 Profile of Study Respondents/Informants

#### 3.1.1. Individual Respondents

A total of two hundred and ninety eight (298) individuals, 66% being female and 34% being male were interviewed. Respondents were identified at random with the help of the sheha of the locality and are mostly heads of households. Nonetheless 12 children and one household employee i.e. domestic help were interviewed.

Seventy two percent (72%) of respondents interviewed were in a marital relationship, 10% never married; 6% were widows; while 12% were divorced. For those respondents who were married, 69% were in a monogamous relationship while 31% were in polygamous unions. Most respondents live in nuclear families composed of a parent or a couple and their biological or foster children.

About 7.8% of all respondents have neither formal nor religious education while 17.9% only have religious education. Similarly, 12.5% of all respondents have some schooling but never finished primary school while 17.9% completed STD 7. At least 32.8% of all respondents have a secondary education.

The average monthly income of 57.4% of respondents is under Tshs.50, 000, 33.6% of these earn below Tshs.25, 000 monthly. About 52.1% of respondents are employed while 47.9% are unemployed, 9% of whom identify themselves as dependent, mostly house wives. Among those who are employed, 63.1% are self employed with 36.3% of them in business 31% in farming and 15% with fishing. Most compliment business with subsistence activities. Just 10% of those employed identify themselves as working in the informal sector. The rest of those in formal employments, 56.1% work for the government; 26.8% work in the private sector; and 12.5% in the service sector.



### 3.1.2. Focused Group Discussions

Respondents of focused group discussions (FGD) came from 20 shehias in the study districts representing urban, peri urban and rural locations i.e. Sogea, Kwa Mtipura, Kajengwa, Muyuni B, Jambiani Kikadini, Chonga, Ndagoni and Shangani as shown in the table. Groups comprised of either men, women or mixed groups of men and women some being young others being old. FGD group size ranged from 6 people to 15 people.

### 3.1.3 Profile of Interviewed Institutions

A total of 20 institutions took part in the study. They comprised of;

- Local Government institutions mainly offices of the sheha or street leader. In all (6) shehas were interviewed;
- Central Government authorities including two officials from the Kadhis Court serving as kadhis; 4 magistrates at regional courts level; 4 hospitals and health Centres staff; 2 senior police officers; and an officer at the Ministry of Labour, Youth, Women and Children Development; and
- representatives of civil society organizations mainly the Programme Officer of the Zanzibar Legal Services Association and members of the Zanzibar Female Lawyers Association (ZAFELA).

Information from the respective institution was mostly obtained from senior staff (75%). Only 25% of informants were regular staff. There is a prominence of male informants as opposed to women. Only 5 of the 15 informants were female. While this may be an indication of under representation of female staff in key areas related to GBV responses, it is indicative of existing gender disparities in decision making positions in local and central government institutions.

All except one of the informants were married. Just over half of all informants (52%) are in polygamous unions while 47% are in a monogamous relationship, a figure that is higher than in the general population. It also indicates that education does not necessarily influence marital practices. Informants from the central government interviewed for the study tended to be younger than those from religious institutions or local government institutions.

Local government and religious institutions are characterized by a sex and age bias. Overwhelmingly they are staffed by middle aged men. Local government officials tended to be non-professionals or ex-military figures. The education level of functionaries in local government or religious institutions is significantly lower than those of informants from other institutions interviewed. Nevertheless, over half of all informants had a diploma or higher academic qualification.

## 3.2 Analysis of Findings: Individual Respondents

### 3.2.1. Prevalence

#### *How prevalent is GBV?*

48.9% of respondents indicate a general rise of violence in the community in the last few years. Among them 43.2% report a rise in GBV mainly domestic violence (21.1%) and sexual violence (24%). About 16.2% of respondents report being victims of some types of GBV, the violence being mostly experienced at puberty (31.4%) and during childhood (23.5%). Common forms of GBV experienced are physical and sexual violence. At least 17.7% of respondents have a sibling who has been a victim of GBV, especially sexual violence (SV).

About 65.3% of respondents report the prevalence of different forms of sexual violence including rape (52.9%) attempted rape (8.3%) and indecent assault (7.4%) in their communities. Among respondents who reported being aware of GBV incidents in their community 20.7% of them knew at least 3 houses in their neighbourhood where domestic violence happens. Moreover, about 45.2% of respondents report knowing between 1 to 5 cases of sexual violence against children or women in their neighbourhood.

#### *What types of GBV occur?*

##### a. Physical violence

Over 52.9% of respondents admitted to using physical violence mainly corporal punishment. Thirty two percent of all respondents confirmed using corporal punishment in the home at varying degrees. Among them 40.4% use it as the main method of correcting children in the home. Other types of physical violence used in homes participating in the study include slapping (18.7%); pushing or shoving (17.9%) and pinching (16.3%).

##### b. Sexual violence

Just over 17.1% of respondents reporting being victims of GBV have suffered some type of sexual violence. Incest is reported by 3.1% of respondents interviewed. A significant number of sexual violence is experienced in childhood (23.5%) and in adolescence (31.4%) though some also occurred during adulthood (31.4%). In addition 17.7% of respondents have a sibling who has experienced GBV, specifically sexual violence. 40% of sexual crimes involving siblings of respondents were committed against female relatives include rape

“Hapa mtaani Mwembe Shauri na Miembeni vitendo vya unyanyasaji wa kijinsia vimeshamiri sana. Watoto wa kike hubakwa mara kwa mara. Pia wapo vijana ambao wamekuwa mahanisi. Wamekodi vyumba kwa ajili ya kufanya shughuli zao za ngono”. Mkaazi

“In Mwembe Shauri and Miembeni neighbourhood where we live, incidences of sexual harassment are prevalent. Girls are regularly raped. There are also cases of male youth who have become homosexuals. They have rented rooms where they engage in homosexual activities”.  
- Resident

(29.8%) and sodomy (14%). About 2% of sexual crimes involve a disabled female sibling. A total of 35.2% respondents admitting to committing sexual violence 32.4% committed sodomy while 2.9% exposed themselves.

### **c. Emotional violence**

The prevalence of emotional violence in their home is reported by 12% of respondents. Just under a third of households (29%) report sulking to be a common practice. Cursing is also prevalent in 15.8% of homes interviewed. Additional types of emotional violence reported are Gubu (12.1%); hurting feelings (11.6%); and ridicule or dharau (10.8%).

About 40% of respondents indicate that the main method used to correct children is to talk to them or tell them off. This may include the use of harsh, abusive and defamatory language and is reported in more than a third of households (36.5%) with half the homes using it on a regular basis. While mothers (29.4%) use such language more readily than fathers (5.9%) children also use it in great measure (28.4%) suggesting it is a learnt behaviour. Only 17.4% of respondents admitted using swear words or derogatory language and indicate using it when angry or in retaliation. A number of respondents explained that abusive language is part of the coastal culture.

### **d. Economic violence**

Respondents reported far less incidents of economic violence than those indicated by institutions or than were actually observed during the study. Only 12.8% individual respondents report being denied maintenance. This could be explained by the fact that most respondents interviewed were divorced women and may have been too proud to ask for help from an ex. Also, most respondents are self employed and the assumption could be that they are self reliant. Alternatively they may have sought assistance but may have not been successful and thus decided not to bother further.

### **e. Gender specific violence**

Gender specific forms of violence women face as a group in the isles include being denied schooling (9%); forced marriages with 8% of respondents reporting it actually took place in their household. FGM is reported in 13 household comprising of 4% of the total sample. Multiple marriages occurred in over a third of homes studied and cause extreme distress to women and is one of the major causes leading to divorces.

### ***Who is affected by GBV?***

Women and girls are main victims of GBV. Over 34.8% of respondents admitting to have committed GBV indicated carrying out GBV against female relations i.e. female sibling (26.1%) or mother (8.7%). More than 17.7% of respondents who indicated having a sibling who has suffered GBV, 41% of the cases involved female relations 2% of them living with disabilities.

Siblings are more likely to suffer from sexual violence than other forms of GBV with at least half of the respondents whose siblings have suffered GBV reporting sexual crimes like rape (27%) and sodomy (21%). Just the same siblings also suffer physical violence with at least 26% undergoing corporal punishment (13%) or being slapped (8%).

**“Dada yangu aliwahi kubakwa lakini kesi ilipopelekwa mahakamani haikushughulikiwa ipasavyo na hatimaye mtuhumiwa wa kesi alikimbia”. - Mhojiwa**

**“My sister was once raped, but when the case was taken before the court, it was not handled properly. Eventually the alleged perpetrator escaped and was never apprehended”. - Informant**

Victims of GBV in the respondents’ communities are mostly children, youth and women. About 40.3% of GBV victims are children 16.8% of whom are very young children and 10.2% being step children. Likewise 62.3% of GBV cases occurring in the respondent’s community involve youths. Of these 40.3% involve female youths. Pubescent girls (54.6%) and young girls (32.3%) are the main victims of sexual crimes. Women, on the other hand constitute about 18.4% of GBV victims in the respondent’s community. 4.6% of GBV incidents in the community involve domestics.

### *Who commits the abuse?*

Most respondents suffered abuse at the hands of persons close to them like the father (32%), a spouse (20%), the mother (12%), and lover (6%) than at the hands of strangers. Over 51% of all sexual crimes were committed by someone known to the victim in 15.7% of the cases by the father. Only 25.5% of sexual crimes were committed by someone unknown to the victim.

In the case of abuse inflicted on siblings and close relatives the main perpetrators are the father (15.7%); a spouse (9.8%); a mother (7.8%); and a colleague (7.8%). Only 25.5 % of respondents indicated the abuse was committed by a stranger. Again most of the violence experienced was during puberty and young adulthood.

Only 7.8% of all respondents admit committing GBV. Among the GBV they admit committing is sodomy (32.4%) and corporal punishment (52.9%). The bulk of the GBV committed by respondents was in adulthood (61.9%) though a number of GBV crimes were also committed in their youth (19%) and adolescence (14.3%).

### *How are victims/survivors affected by GBV?*

46.7% of respondents report some consequence arising from GBV abuse. Most GBV victims/survivors report some form of emotional consequence such as anger (20%) bitterness and loss of confidence respectively (4.4%). Around 15.6% of respondents report suffering health consequences with 6.7% reporting health problems, 6.7% sustaining some physical harm and 2.2% suffering permanent injuries. About 21.7% of respondents reporting physical harm suffered bodily injuries.

Thirty six percent of respondents whose sibling/relative was a victim of GBV report that their sibling suffered some degree of physical and emotional harm following the abuse. Physical harm is more prevalent perhaps because it is more visible while 24% report health related problems, 6% of which involved actual injury. About 4% of injuries sustained resulted in a disability while 31.4% of victims only sustained bodily injuries.

### *What happens to victims/survivors after GBV?*

In 45% cases of personal experience with GBV nothing happened after the abuse while in 15% of the cases they resulted into divorce (10%) or separation (5%). Only in 5% of the cases was the matter taken to the police. Only 7.5% victims/survivors of violence received counseling after the abuse.

In cases of GBV involving siblings nothing was done to the abuser (41.2%). In 21.6% was the abuser taken to the police and only in 3.9% was the abuser charged and imprisoned in 2% of the cases. In 9.8% of the abuse cases the matter was settled between families while in 17.6% of the cases the abuser was hastily married off to the victim. Should GBV happen in the family nothing happened to the abuser in 40% of the cases. In 28.6% of the cases, however, the abuser was reported to the police. In about 11.4% of the cases the victim was also treated for injuries.

**“Mwenyewe niliwahi kudhalilishwa na mke wangu. Alinivua suruali mbele za watu. Tulikuwa tumetengana na katika kuondoka alikuwa amechukuwa vitu ambavyo si vya kwake. Sasa, nilipomfuatilia akahamaki na akanifuata nyumbani kwangu. Nilikuwa nimevaa bukta akaniita nje akaanza kunitukana mpaka majirani wakatoka. Bahati nzuri akaitwa Sheha. Sheha kufika kanikuta navuliwa suruali mbele za watu. Yule bibi na mie tukasemewa na tukayamaliza hapo hapo kwa Sheha”. - Muathirika wa kiume wa ukatili wa Jinsia**

**“I was once harassed by my wife. She pulled down my trousers in public. We had separated and she had taken some things that did not belong to her. When I followed up about it she was furious and followed me to my house. She called me outside. I was wearing shorts. She started to insult me and the neighbours came out. The Sheha was summoned and by the time he came I was being undressed. He intervened and reconciled us”. - Male GBV survivor**



### *Why victims suffered GBV?*

Respondents with personal experience with GBV report being abused because they were defiant. About 31.9% were victimized because they did not “obey” while 8.5% were troublesome or did not agree with the abuser. Another 6.4% cite jealousy and a fight as causing the violence. Likewise among siblings who suffered GBV, 13.5% suffered the abuse because they were troublesome and 11.5% was because they did not agree with the abuser. Another 9.6% felt it was because of ill will on the part of the abuser.

Similarly respondents who admit committing GBV 66.7% report abusing the victim because they failed to “obey” while 14.3% was because of a fight.

### **3.2.2. GBV Knowledge**

#### *GBV Legal knowledge*

More than 65.1% of individual respondents did not know of any law related to GBV. Of those who reported knowing the law applicable in cases of GBV, among sources mentioned by 40.1% is Islamic law while 31.4% mentioned that criminal law applied.

#### *Level of awareness about GBV incidents*

Individual respondents purporting not being unaware of incidents of GBV in their community total 36.2% whereas 16.4% of respondents indicated that GBV was common occurrence while another 46.4% indicated it occurs though seldomly. Incidence of GBV in the community concern domestic violence (16.2%); rape (24.1%); sexual harassment (19.1%); indecent assault; (7.1%); and sodomy (3.3%).

### **3.2.3 Attitudes towards GBV**

#### *Attitudes towards physical violence*

Almost half the respondents (49.8%) endorsed corporal punishment while an additional 18.1% endorsing it albeit with reservation. Just 31% of respondents opposed it outrightly. As already noted corporal punishment is widely used at home and is widely tolerated when used against children (80.9%). However 97.6% of respondents did not approve

“Mtaani petu alibakwa mtoto wa kike na kesi ilipelekwa polisi, kufikishwa mahakamani na kutolewa hukumu. Mthumiwa alihukumiwa kufungwa mwaka mmoja. Inaaminika hukumu hiyo ilitolewa kwa vile kesi ilionekana kuwa ni ya kisiasa. Wazazi wa mtoto hawakuridhika na uamuzi huu wakakata rufaa kwamba kifungo cha mwaka mmoja ni kidogo kwa kesi kama hiyo. Mshitakiwa amehukumiwa kwa muda mrefu zaidi”. - Mkaazi

“In our neighbourhood, a girl was raped and the case was taken to the police and was prosecuted in a court of law. The accused was found guilty and given a one year sentence. Rumours had it that the sentence was lenient because the case was perceived to be political. Not satisfied by the lenient sentence, the aggrieved parents appealed against the ruling and won. The accused has been given a longer sentence”. - Resident

when a younger person hits an adult. Most see physical violence as a way of disciplining the victim or of compelling obedience.

As many as 80.9% of respondents thought it is okay for parents to hit a child when they err as opposed to only 16.8% who do not agree with the practice. Similarly it is more acceptable for an older brother to correct his younger sisters physically than it is for an older sister to hit a younger brother. This fits in with the notion of a male sibling being responsible for his female siblings as they are deemed to be in his care.

The study did not find significant gender disparity in the manner of punishing girls and boys when they are young. About 77.8% of respondents report allotting similar types of punishment for male and female children. Nonetheless, there is a tendency to exert more physical punishment on male children as they get older should they go astray while female children are normally frightened or verbally threatened. Respondents report talking more to girls should they err than they do to boys, a practice that may prove detrimental to boys' ability to talk through issues. Commonly, children are punished till they reach puberty although female children tend to be punished longer than male children, at times until they are married.

Verbal expression of GBV is more prevalent and accepted in the isles among adults and strangers than is physical violence. Almost 88.7% of respondents report that members of their community commonly exchange strong words. Accordingly most respondents report strong objection against persons of the opposite sex fighting physically whether they are in an intimate relationship or not.

Nevertheless, violence is widely tolerated as a form of punishment or correction. For instance, 9.9% of respondents thought that a man had a right to hit a woman while 8.2% qualified this right if the objective is to "correct her (74.6%) or if she is insolent (13.4%) or if she commits adultery (10.4%). About 68.4% indicated that religion gives a man the right to correct a woman while 15.8% indicated the right emanating from tradition.

### Attitudes towards Domestic Violence

**"Violence is widely tolerated as a form of punishment or correction"**

According to 73.6 % of individuals interviewed neighbours would not intervene in case a man hits his wife though 24.7% of them indicated the wife's parents would intervene. Another 14.3% indicated the Sheha would intervene while 12% indicated that her in-laws would intervene. Similar responses are observed in cases where the wife beats her husband.

Conversely 82% respondents report that in most cases a wife victim of GBV would seek help from her family, mainly her own parents (65.5%) or at home (24.1%). As to why wives do not



report GBV committed against them, many explained it more in terms of feelings of shame than on account of fear (though the latter is also a factor). The findings are similar for men.

In contrast, when the victim of the abuse is a child nothing would happen in 23.1% of the cases. However, 47.1% of respondents indicate that neighbours or the sheha (10%) would intervene.

### ***Attitudes towards economic violence***

While cases of control are common in marriages, most respondents did not think it okay for either the man or woman to deny the other the right to work or mobility in marriage.

### ***Attitudes towards gender specific types of violence***

Forced marriages are reported to occur in some homes and communities but only 18.1% of respondents approved of forced marriages for female children as opposed to 79.5% who did not approve the practice. On the other hand, 21.9% of respondents approved forced marriages for male children while 74.3% of them disapproved of the practice.

### ***Attitudes towards sexual violence***

The study finds similar levels of displeasure against sexual crimes committed against minors. About 84.1% of respondents believed it was equally bad to rape a girl as to sodomize a boy, though 12.2% of respondents thought it was worse to sodomize a boy than to rape a girl. The response is similar with regards the raping or sodomizing of a young girl suggesting that most respondents considering sodomy to be contrary to nature while they may find that rape of girls is not as grave because their morphology is constructed for that purpose.

## **3.2.4. Perceptions about GBV**

### ***Where is GBV experienced?***

Over 24.1% of respondents did not feel it is safe for women in their community to walk alone at night. The greatest threat they would face is rape (52.9%) or being accosted (19.1%). Only 22% of respondents did not feel it was safe for men to walk alone at night but contrary to women they suspected they may be assaulted. Areas deemed unsafe for young girls and women reflect those frequented on account of their reproductive roles. The most dangerous place for a girl (9%) or a woman (8%) to be alone is while fetching firewood; or fetching water at a well or stream (11%).

### ***What influences GBV incidences?***

Nearly half (48.9%) of individuals interviewed felt that generally violence in their community is on the increase compared to 28.5% who thought it was on the decrease. Around 21.2%

of those reporting a rise in violence see an increase in domestic violence while 24% report a rise in sexual violence. About 52% of individuals interviewed attributed the increase in GBV to economic hardship (hali ngumu) while 31.8% attributed it to falling moral standards. Another 15.5% attributed it to the mix in culture and people. In contrast among those reporting a decrease in levels of GBV 34.7% of them attributed it to education/awareness; 32.7% to the existence of laws; and 22.8% to the media.

Respondents thought that violence was learnt from TV and films (38.6%); from peers and groups (25.3%); 13.3% explained it as human nature; and 9.2% explained it was learnt from religious instruction.

### ***How do respondents view GBV?***

About 28.7% of individual respondents perceive domestic violence as a domestic issue. A man who abuses his wife is normally counseled (65.4%) or taken to the sheha (22.4%). In 12.9% of the cases he is left alone. About 35.1% of respondents claim that both the man and woman are counseled following intimate partner violence but the tendency is to talk more to the wife (18.2%) and only in 10.8% of cases is the Sheha involved. Respondents are more likely to act against those who aid and abet GBV against women and children with 32% indicating that such people are taken to the police and 14% are charged.

**Usiku mmoja mtoto wa kike alitumwa dukani akabakwa na kijana mmoja. Mtoto aliporudi nyumbani wazee wakamuona hayupo katika hali ya kawaida. Mtoto akawaelezea yaliyomtokea lakini wazee wake hawakuchukuwa hatua yoyote.- Mhojiwa wa kiume**

**One night a girl was sent on an errand at the local shop. A youth lured and raped her. Upon her return her parents suspected something was wrong. When asked she revealed what befell her. But upon learning of her fate her parents took no action.- Male Respondent**

Over 34.3% of Individual respondents consider sexual crimes as private issues and only 16.3% see it as a criminal issue. 24% of respondents think it is a matter to be taken to Sheha while only 17.7% think the matter should be taken to the police. When sexual violence occurs between strangers in 51% of cases the matter is taken to the sheha and only 15% of respondents consider it a private matter. Most respondents view sexual violence to be moral crimes than legal crimes.

### ***Views on marital rape***

Seventy nine percent of respondents did not think that a man could rape his wife as opposed to 20.5% who thought marital rape was possible 68.3% of them asserting in the case the wife did not consent to sex. Otherwise a woman is deemed raped by her husband if she is in her menses (15.9%) or if they were separated (6.3%). Most respondents, however, felt a man could not rape his wife was because they were married (55.9%) and he had rights over her (31%).

### 3.2.5. Knowledge on Structures responding to GBV issues

#### *Which structures respondents responded to GBV?*

About 60% of individual respondents did not know of any institutions initiated to combat GBV. While 39% indicated knowing of such institutions but when asked mainly referred to the MLYWCD, the Kadhi's Office and the Police.

The family is the main site for solving domestic disputes pursuant to 32% of respondents; while 27% indicated the sheha; and 26% at home. With regard to cases solved at the family level 49% of respondents report that the violence stops temporarily while in 40% of the cases it stops permanently. Even so 25% of respondents decried the fact that there is no follow up on the decisions made at this level while another 21% alleged corruption in handling GBV cases with a further 13% noting favouritism. The absence of clear procedures and the capacity of functionaries to handle GBV cases are routinely criticized.

**“60% of respondents did not know of any institutions initiated to combat GBV. The family is the main site for solving domestic disputes”.**

#### *Effect of GBV Law*

As many as 61% of respondents interviewed don't think that GBV laws help reduce GBV while 30% feel that the laws help somewhat while 12% think it helps a lot to reducing GBV. Furthermore, 52% of respondents interviewed felt that respective institutions follow the law to the letter while 38% felt there are weaknesses in applying the law.

#### *Where are GBV cases heard?*

There is an indication that during a single party state more GBV cases were heard at the ten cell leader (29%) or taken to the police (41%). Only 23% of individual respondents indicated the matter was taken before elders. Nevertheless the expectation among respondents is that a victim of GBV would be assisted at the police (40%); hospital (22%); and legally 27% (15% of them indicating in a court of law).

### 3.3. Analysis of Focused Group Discussion (FGD) Findings

#### 3.3.1 Prevalence

##### *How prevalent is violence in communities?*

It is important to note that most communities understood violence i.e. ukatili in general terms and did not just confine it to GBV. Communities tended to include what they see as the unfair use of force as GBV. This is because in Kiswahili the term “ukatili” suggests a

heinous crime committed against another who is powerless. Thus the concept of violence is normally understood more broadly and an extra effort had to be made during the interviews to associate the term to particular forms of gender relationships.

Nevertheless some did link specific manifestations of violence to GBV and there was an appreciation that the rise in GBV was somehow related to general rise of violence in the community. Communities also associated violence with incidents of theft (27%) and political conflicts (18%) a reflection of Zanzibar's social and political landscape.

Most members of FGDs indicated that in their communities verbal fights were more prevalent than physical fights. Verbal fights, termed as quarrels, mostly involved older women fighting over men (56%). Perhaps women are quarrelling over straying husbands or lovers.

### ***What types of GBV occur?***

The most prevalent form of GBV reported by communities are *matusi ya kashfa* and *kutongozwa* both being verbalized types of sexual assault. Interviewed communities claim that rape cases involving women and girls are not common in their locality with only 10% indicating hearing of such cases. However, in at least one community cases of young boys being sodomized are common.

**“Forced marriages are reported in over half (55%) of communities interviewed. it is common for girls to be taken out of school and to be married off.”**

Forced marriages are reported in over half (55%) of communities interviewed. In at least four communities it is common for girls to be taken out of school and to be married off. While there exist some practices of men refusing their wives to work this is not so common. This could be explained by a large rural population where wage employment is not an issue. Corporal punishment is prevalent and mainly affects children correlating with the findings from individual interviews.

### ***Who is affected by GBV?***

The main victims of forced marriages are adolescent girls the majority (86%) being forced by their fathers into marriage. The main victims of matrimonial discords are women, especially the first wife.

It is common to punish children when they err and many communities attributed this to religious teaching and traditional methods of child rearing. Common forms of punishment in use in communities interviewed are corporal punishment (40%) and children being told off 30%. Largely there is no significant difference on the nature of punishment awarded to male and female children. More specifically, 73% of communities interviewed indicated applying similar punishment to male and female children. Nevertheless, the responses

suggest that female children are more readily punished when they err than are male children; as are older children than are younger children. The results largely correlate the findings from individual respondents but also indicate a tendency to correct more readily children who are seen to set the example.

Almost 82% of communities interviewed indicated boys are normally punished until they reach puberty while only 55% responded similarly for girls. Most communities reported speaking to or telling off female children when they err while the male child is normally beaten or banished from the home suggesting a general intolerance in engaging male children emotionally. Moreover, although corporal punishment is reportedly used less frequently on girls, it is administered until much later in life and in some cases until they marry correlating with the findings from individual interviews. In light of the young age that girls get married, it is a troubling finding considering that young girls may assume that “correcting them’ via beatings is a normal part of life and thus not actively resist it when it occurs.

### ***Who commits GBV?***

Although parents commonly administered corporal punishment they did not see themselves nor were they seen as being perpetrators of GBV. Overwhelmingly the father is identified as the person who commonly punishes an errant child (90%). This finding contrasts with the findings from individual respondents who had actually suffered GBV at home. They indicated that corporal punishment in the home was administered by the mother. Far from being interpreted as irregular the finding could instead explain the reigning perception in communities as to which parent is the figurehead of authority, and hence the disciplinarian, in the home.

“Although corporal punishment is used less frequently on girls, it is administered until much later in life. In light of the young age that girls get married, they may assume that “correcting them’ via beatings is a normal part of life”

Most GBV crimes of a sexual nature are attributed to adult men. Other than in the case of forced marriages the perception is that sexual violators are strangers to the victim.

### ***Trends in violence over time***

Over a third (36%) of studied communities feel that cases of violence in the community are decreasing while 27% feel that it is on the increase most notably in the area of theft (50%) and sexual violence (33%). A marked difference in opinion is noted with regards the state of specific forms of GBV. For instance, 40% of communities interviewed claimed that domestic violence is rare and on the decline while another 30% actually thought it was on the increase. Areas recording a decrease in violence are location and context specific with some communities indicating a decrease in sexual violence, theft, and religious conflict. Among emerging types of violence witnessed in communities include armed robbery and



sodomizing of young girls and boys.

### *What influences incidents of violence?*

Over half of interviewed communities associated economic hardships to the increase in violence; while a quarter of interviewed communities attributed the rise of violence to the decline in moral standards. Another quarter of communities attributed the rise in violence to the adoption of new cultures and impact of migration suggesting that somehow the mix of cultures taints local mores. Nevertheless some community members thought that laws related to GBV and the media have helped to decrease acts of violence possibly by acting as a deterrent.

### **3.3.2 Knowledge on GBV**

#### *Ability to recognize GBV*

Generally, there is some but not a comprehensive understanding of GBV in communities. While responses indicated that major ingredients of GBV are covered, not all types of GBV were mentioned/ identified during the interviews with community groups. The inconsistent and at times inaccurate responses make it clear that the studied communities lack a holistic appreciation of what constitutes GBV. This reflects the general situation established throughout by the study.

#### *Level of legal awareness*

Knowledge of laws related to GBV in communities is low. About 60% of communities visited indicated that Islamic Law not penal law as the relevant law concerned with GBV. Generally there is very little interest in following up issues related to GBV something that somehow explains the general level of ignorance with regard to incidences and cases of GBV occurring in their communities.

### **3.3.3. Attitudes towards GBV**

#### *What GBV is tolerated?*

Overwhelmingly, communities endorse corporal punishment albeit, 20% do so with some reservations. Corporal punishment is largely accepted as a way to correct the young in order to teach them manners “kumfundisha adabu”.

**Kesi za ubakaji zilikuwepo zamani lakini hivi sasa zimezidi na sasa hivi hazifuatiliwi. Zamani hapa mtaani kwetu ilitokea mzee mmoja alimbaka mtoto wa kike na akamuharibu njia zote mbili. Alishtakiwa na kufungwa miaka 30. Zamani kesi zilifahamika kwa jina mfano Kesi za Kitangi. Lakini sasa hata hazina tena majina! -Mhojiwa**

**While rape cases occurred in the past there is now a marked increase in rape cases. Yet few are followed up. Once in our neighbourhood an old man raped and sodomised a young girl and he was handed a 30 year jail sentence. In the past such cases were known by name e.g. “the Kitangi Case“, etc. Now such cases no longer have names! - Respondent**

Wife battery is looked upon unfavorably with 73% of communities interviewed stating strong disapproval against the practice. In case of marital discord communities would rather talk it out in relevant institutions instead of fighting physically. Generally interviewed communities claimed that it is unacceptable for men, whether related or unrelated, to hit women, such actions being seen as unrespectable and undignified (since men fight with men). Nonetheless those who were of the view that a husband did have a right to correct his wife physically qualified the permission to instances when she did not obey or if she committed adultery indicating the prevalent fiqh interpretation on the issue.

The prevailing notion in Zanzibari society is that a man has the primary obligation to maintain his wife and family. Only 20% of interviewed communities report knowing of men not taking care of their women and families a response that could indicate the ideal more than the practice since most community members also felt the obligation to maintain depended more on the means and not so much on the sex. Accordingly, 46% of communities interviewed disapproved of a man who stopped his wife from working while another 36% thought it was justified.

Communities appear more tolerant of GBV committed against relations i.e. family members than GBV committed by strangers and indicate a willingness to take stronger measures against those involved in GBV when the parties are unrelated. This suggests intolerance against GBV that is based not on principle but on family ties. There is however, no difference in attitude towards sexual violence committed against young girls and boys- all are viewed equally negatively.

“Intolerance against GBV is based not on principle but on family ties”

### *Where help is sought for GBV crimes*

Overwhelmingly as was the case with individual respondents there is a greater likelihood for communities to use informal structures to deal with GBV issues. Communities indicated that women (and men) victims of GBV will seek help first from their own family e.g. her parents in the case of an aggrieved wife. However it was felt that girls forcibly married would be less likely to ask for help because they know nothing much will be done.

### **3.3.4. Perceptions about GBV**

#### *How do communities perceive GBV?*

Overwhelmingly, communities (as did individual respondents) externalized incidents of GBV. For example studied communities indicated children face most violence outside the home with 46% identifying schools as the place children experience most violence followed by at play and in the streets at 18% respectively. In contrast most incidents of GBV reported by individual respondents in this study report occurred at home.

Generally, communities feel that level of violence has remained the same through the years while 40% feel it has increased particularly sexual violence. The main factors contributing to the raise in violence advanced by communities are economic difficulty (43%) and fall in moral standards (29%). Study communities thought people learnt violence via TV/Film, peer groups and human nature the latter denoting that somehow violence is something innate.

“Communities thought that violence is something innate. Factors contributing to GBV are economic difficulty and fall in moral standards”.

### ***GBV and intimate relationships***

Over 34% of communities thought that a husband could rape his wife if she has not consented to the sexual act. Similarly, 30% of communities approved of forced marriages of young girls and boys. Those disapproving forced marriages did so because they attributed forced marriages to domestic violence.

## **3.3.5. Available Institutional Responses**

### ***Who deals with GBV***

Among institutions identified by communities as dealing with GBV are the offices of the Sheha (46%); the Police (36%); and the MLYWCD (9%). The family was the only informal mechanism identified to address GBV. This may be due to the fact that it is considered the most appropriate site to deal with ‘private issues’; or because, in the absence of legal and alternative GBV structures in most communities, it is the most convenient structure with the moral authority to resolve such matters.

### ***How are GBV issues solved?***

According to study communities local customs and religious law are used to resolve issues at the family level while at more formal levels the Penal Decree and Sharia are used. Commonly a perpetrator of any form of GBV is counseled.

### ***Effectiveness of institutions dealing with GBV***

Generally, communities report a high level of satisfaction (70%) with services obtained to address GBV at the level of family.

## **3.4. Findings from Institutional Responses.**

### **3.4.1. Structures dealing with GBV**

The study identifies two types of structures, formal and informal structures that deal with incidents of GBV. Formal structures identified to deal with GBV comprised of Sheha’s Office

(35%); Courts (30%); followed by the Police, Kadhi and Hospitals (at 10% respectively). Informal structures dealing with GBV issues mentioned comprised of family (75%) and religious structures (10%). This correlates with the general indication that such matters are taken care of in or between families. Informal structures are guided by customs and religious law.

Other institutions specifically mentioned by informants are the MLYWDC; professional organizations like the Nurses Association, NGOs like the Pemba Islamic Relief Organization (PIRO) and the Zanzibar Legal Services Centre (ZLSC). As regards family matters and property administration the Wakf Commission was mentioned. Nevertheless most of these organizations seem to deal with GBV in the course of their work and not as part of a deliberate strategy to counter GBV.

### **3.4.2. Types of GBV related services available at Institutions**

Among GBV services availed by institutions interviewed are legal services (legal advice and referral services) reported by 37% of institutions. Additional services related to GBV available at these institutions included Counseling Services (26%) Medical Services (almost 16%) mainly available in health centres/ hospitals and Security Services (associated with the police force). More explicit services identified referred to specific functions of the institutions e.g. determining the case and sentence; administering PEP; or providing evidence in court.

Two types of services to deal with sexual assaults are available at government hospitals. Firstly, there is a 24 hour service for fresh cases of GBV. Fresh incidents of GBV are treated as emergencies and receive immediate attention. According to health personnel at the hospitals survivors of violence are screened for pregnancy and other infections like HIV and STD. Secondly, cases involving more prolonged patterns of sexual abuse are investigated once a week in government hospitals i.e. on Thursdays. Both Mnazi Mmoja and Chake Hospitals, the biggest referral hospitals in Unguja and Pemba respectively have designated a special unit to take care of cases involving sexual violence.

The availability of these services as explained by medical officials are, however, deeply contested by local communities and other service providers more so because the expectations of those seeking the services is not always met by medical personnel. This is in part due to the lack of clarity in instructions given to medical personnel for medical investigation. In addition the indirect involvement of those seeking medical services with respect to GBV violations with medical staff creates room for perceptions to reign.

#### ***Nature of requests related to GBV***

Overwhelmingly, GBV cases going to the hospital originate from the police. Most cases

brought to the hospital are not fresh cases of incidents of GBV but are delayed cases of sexual violence. According to medical personnel instructions they receive from police with regards cases of GBV are not very clear. Often police officers want to confirm whether the young girl is still a virgin or not; or if virginity is no longer at issue whether she is pregnant or not. On their part the police report requesting for these investigations because parents do not complain that their child has been raped but request to find out if their child is still a virgin after having sexual liaisons with whomever they suspect.

“Most cases brought to the hospital are not fresh cases of incidents of GBV but are delayed cases of sexual violence. According to medical personnel instructions they receive with regard to cases of GBV are not very clear”

### ***Types of relief sought***

The type of relief sought very much depends on the type of relief available at specific institutions e.g. medical assistance from hospitals, marriage from the Sheha or Kadhi and conviction from courts. Compensation sought for the harm done may be monetary; or in kind e.g. health care/services. Whereas there is very little difference in the types of relief sought between domestic and sexual violence the extent to which such relief sought is significant. Only 16% of victims of domestic violence are reported to seek imprisonment or compensation from their aggressor compared to 31% of sexual violence victims seeking similar relief suggesting that somehow sexual violations are viewed more gravely than other types of violations.

“Most people want restitution for acts of violence suffered. A popular relief in cases of sexual violence involving young women is marriage undoubtedly to save her honor”

Nevertheless, it is clear that most people want restitution for acts of violence suffered. A popular relief in cases of sexual violence involving young women is marriage (38%) undoubtedly to save her honor, especially if she is pregnant. The study indicates that most parents want the option of marriage over prosecution or imprisonment.

### ***Level of satisfaction with existing GBV services***

Over 68% of informants expressed GBV services in formal institutions to be mediocre or below average while less than half of these (32%) found available services to be satisfactory. On the other hand there is less satisfaction with how informal structures deal with GBV issues with 42% expressing outright dissatisfaction while 37% find their services to be mediocre.

#### **3.4.3 Types of issues coming before Institutions**

Institutions interviewed report receiving a high number of assault cases. In a third of the institutions interviewed (four of the 12) assault constitutes over 50% of its caseload. Over 75% of all institutions interviewed reported receiving cases involving GBV in their overall



caseload. In over half of these institutions GBV matters comprise 41% of the caseload. Most GBV cases are lodged with central government bodies.

Over the years there is a marked increase in cases coming before the MLYWCD involving different forms of GBV. The Ministry periodically releases figures of GBV complaints it receives. At the end of 2007, for example, the MLYWCD indicated in a news release having received over 150 maintenance claims. According to a Ministry official cases dealing with neglect and abandonment top the charts; followed by complaints of sexual assault; character debasement (*kukashifiwa*) and denial of property (*kudhulumiwa mali*). The Ministry official interviewed for this study also indicated that over half of issues attended to by the Ministry involving women or girls concerned forced labour, forced marriage; attempted rape; denial of food; denial of maintenance; withdrawal from school; or threats to harm.

Types of GBV issues handled by institutions

### a. Domestic Violence

Spousal battery is the leading form of domestic violence cases heard by institutions interviewed for the study with wife battery constituting 65% of all domestic violence cases compared to 5% of cases of men beaten by their wives. Most domestic violence cases coming before institutions are initiated by women (68%). Surprisingly key community institutions like the police or the sheha registered the lowest incidence referrals of cases to institutions interviewed for the study at only 5% each. This finding reflects the low level of GBV referrals from lower bodies to higher authorities for action. It also substantiates the belief that bodies of first instance may regard domestic violence as private and therefore domestic concerns to be settled between parties not the state.

“Niliwahi kushuhudia ugomvi kati ya jirani yangu na mkewe. Mke wake alitoka kwenda kuteka maji. Aliporudi mume akampiga. Hii ilikuwa kawaida yake. Bibi huyo akaenda kwa Kadhi akapewa talaka ikabidi waachane”.- Mhojiwa

“I once witnessed a fight between my neighbour and his wife, which had started after the wife came back from fetching water. On her return the husband beat her up, which was his habit. The assaulted wife went to the local Kadhi to seek for a divorce and the Kadhi agreed to issue it”. - Respondent

### b. Sexual Violence

More than half of all institutions (12) identified sexual assault as the highest type of complaint coming before them. In 58% of these institutions matters involving sexual assault comprise over 30% of their caseload. Over 43% of sexual violence matters coming before institutions involve the crime of rape followed by defilement at 23%. Attempted rape is identified by over half the institutions visited (11) and more than a quarter of these (18%) report that cases of attempted rape comprise over 30% of their caseload.

Children are the most frequent victims of sexual crimes. Female children are three times more likely to be victims of GBV than male children. Nearly 65% of all sexual crimes involve young girls while 20% of all sexual crimes involve young boys compared with 10% of cases involving women. Other than corroborating the high incidents of sexual crimes against young women, the study indicates a rise in sexual crimes against young boys. Across the board women are more likely to report GBV crimes. While 47% of sexual violence are reported by the female parents to authorities there is a greater involvement of the male parent (21%) and of the police (16%) in sexual violence crimes.

### c. Emotional Violence

Kukashifiwa (to be demeaned) is reported by 11 institutions interviewed. In half of these institutions it comprises of over a third of the total caseload. Moreover, over a third of institutions interviewed (8) reported that over 38% of cases they receive involved neglect while an almost equal number (7) reported 43% of their caseload comprising of issues of maintenance.

**“Female children are three times more likely to be victims of GBV than male children. Nearly 65% of all sexual crimes involve young girls.”**

### d. Gender specific violence

The study finds evidence of gender specific abuses coming before institutions. Eight institutions report receiving cases of forced marriages with just about 63% of these reporting it constitutes over 30% of their caseload while an equal number of institutions report that over a third of its caseload involved cases of girls being taken out of school. Other types of GBV cases cited included statutory rape, kutoroshwa i.e. abduction, neglect/maintenance and kutukanana i.e. exchange of insults.

## 3.4.4 Perceptions about GBV

### *GBV Trends*

Over 70% of institutional informants think that GBV crimes are on the rise. Almost half of all institutional informants indicated the greatest increase in GBV crimes to be in the area of sexual crimes. Institutional informants also noted GBV crimes related to political discords, as did communities. Specifically they thought political accusations and reprisals are on the decrease (33%). Of those who felt GBV was on the decrease about 63% attributed the decrease to the presence of a legal framework.

### *What contributes to GBV?*

Most informants believed violence was learnt from TV and films (56%) while 17% blamed peer groups/ pressure for ‘teaching’ people GBV. Only 11% of informants attributed it to human nature i.e. a human trait. It is thus clear that only a few informants consider GBV

to be a natural phenomenon but rather see it as a learnt behaviour consonant with the views of GBV experts and activists.

About 31% of informants attributed the increase in GBV to increased economic hardships “hali ngumu ya maisha” while about 19% attributed it to falling moral standards and loss of traditional values. Another 19% explained it as a consequence of mixing with different cultures or due to foreigners, especially tourists, respectively views that are similar to those expressed in the general community.

### ***Challenges in prosecuting GBV***

Evidence is a major problem in prosecuting domestic crimes and involves deliberate tempering with evidence (18%) or insufficient evidence (12%). The problem is greater in cases involving sexual offenses where 40% of cases fail due to insufficient evidence allowing many sex offenders to escape prosecution. Problems identified in a lesser degree include delays, family pressure, dropping the case or problem with the jurisdiction. Another concern expressed by respondents is the failure to abide by ethical standard in work where too much familiarity between personnel in key institutions and members of the community may compromise the rights of victims.

**A sheikh rapes a divorcee woman after he calls her for a private meeting. Thinking that he wants to advise her on the status of her marital grievances she heeds to the call only to be raped by him in his quarters. The woman is hesitant to take action because she fears being ostracized by the community. After all, as a religious symbol, he is seen as a respectable person while her marital problems will single her out as a problem case.**

### ***Victim's disposition with regard GBV prosecution***

At least 55% of representatives from Institutions interviewed indicated that most victims were ready to lodge GBV complaints while a significant percentage (45%) felt that victims were not ready to file cases. In reality, however, most survivors do not lodge GBV complaints with official channels for a variety of reasons.

### ***What crimes would victims report?***

Victims are more likely to report cases involving sexual violence mainly rape (42%) and sodomy cases (11%) to institutions dealing with GBV. Crimes least likely to be reported by victims according to institutions interviewed are rape (33%) and incest (17%). While rape is mentioned both as the most and least reported crime, it is indicative of how under reported the crimes is and that despite this trend it still features prominently among GBV crimes surfaced by the study.

### 3.4.5. Attitudes of institutions

#### *Law enforcement attitudes towards GBV*

Criminal cases are commonly prosecuted by public prosecutors not directly by plaintiffs. They act only after being instigated by another institution e.g. the police. Most formal institutions interviewed limit their role to providing advice or making referrals which means they are not empowered to take meaningful action.

Police attitude to GBV perhaps can be best summed up by their general receptivity to the study: The two biggest police stations in Unguja refused to meet the researchers of this study. In other police stations and police posts visited, police officials actually laughed when the purpose of the visit was announced. Moreover, the environment at police stations came through as very sexist:

“Police stations came through as very sexist. The culture at the police station is meant to intimidate”

Generally males outnumber women in the police force. The culture at the police station is commandeering and meant to intimidate. The language used is also sexist with police officers using the following statements in their interactions “Tuongee kiume” (let us talk like men); “Usiniletee mambo ya kike” (Stop acting feminine with me!).

#### ➤ *Attitudes towards police response to GBV*

Generally informants felt positive about the likelihood of the police taking preliminary actions with regards GBV cases i.e. doing an arrest. About 71% of informants indicated that police took action, 47% of them indicating that police are likely to take action, in cases of sexual violence and common assault than domestic violence. Likewise 58% of respondents felt that the police was likely to refer cases involving GBV to the legal system if the crime is sexual in nature. Informants however believed that the police is more likely to act if there is penetration with a sexual assault not just mere touching or harassment.

#### ➤ *Attitudes towards legal response to GBV*

Most informants (55%) felt that the court was the most appropriate place to deal with GBV issues. At least 68% of respondents thought courts are willing to act in cases involving GBV, especially in matters involving crimes of rape and defilement (53%) but were least likely to act in matters involving cases of rape and sexual assault (31%). To make sense of this finding the response must be understood in light of the concern over evidence in proving rape, the absence of which makes a criminal conviction difficult.

#### ➤ *Attitudes towards Sheha's response to GBV*

The institution of the Sheha receives an overall endorsement with regards willingness to take action on GBV particularly over sex crimes (70%) and less likely to act on cases of sexual assault or harassment. However the perception that shehas are more willing to pursue such issues than are legal institutions must be understood in light of the fact that the sheha is an institution of first instance with few procedural and institutional requirements. In most cases, criminal cases coming before the Sheha have to be referred to competent legal organs for action. Nevertheless, as already observed few cases coming before the law enforcement machinery are, in the practice, referred by shehas.

### ➔ *What happens to GBV complaints?*

Informants claim that a significant number of GBV complaints coming before them are actually prosecuted. Over half the institutions claim to prosecute over 50% of all GBV matters coming before them and 47% of all sexual crimes before them. Nevertheless when compared to other crimes less than half of all informants report that less than two thirds of GBV accused are ever convicted. This is despite the fact that most GBV allegations (70%) are thought to be true. Informants are more likely to believe a male victim (40%) than a female victim (25%) of GBV a result that could indicate an obvious gender bias among informants with regards sexual crimes.

Most informants indicate listening to the desires of the plaintiffs when presiding over GBV cases something that suggests that GBV offenses are not considered to be cognizable offenses. Certainly this is an area for further investigation in future studies in so far as it compromises the rights of GBV victims/survivors.

**Most informants indicate listening to the desires of the plaintiffs when presiding over GBV cases suggesting that GBV offenses are not cognizable offenses"**

### **3.4.6 Knowledge of GBV and applicable law**

Although there was a high response with regards knowledge about GBV (almost 90%) the content of what constitutes GBV is not well known among informants. Almost 81% of informants correctly indicated the Penal Decree was the relevant law to deal with GBV matters as opposed to 18% who indicated it was religious law. Yet in practice only 50% indicated using the Penal Decree in matters concerning GBV as 31% said they used religious laws and another 18% used other laws e.g. medical guidelines when dealing with GBV cases.

With regard to specific laws relating to sexual crimes almost 58% of informants confirmed knowledge of a specific law against sexual offences in the Isles against 42% who were not



aware of the existence of such laws. Thus 65% of respondents correctly identified the Penal Decree as being the relevant law while 6% noted it was religious law. These responses correlate with specific responses given as regards specific pieces of legislation related to GBV. Among informants 60% reported knowledge of SOSPA while 40 claim never hearing of SOSPA. Similarly only 50% knew of the Widows and Spinsters Act while the other half was ignorant of that law; 70% of respondents reported knowledge of the Penal Act as opposed to 30% who were ignorant about the Act.

#### Availability of laws related to GBV

70% of people interviewed in institutions report not having copies of any laws related to GBV as opposed to 30% with the relevant laws. An equal number of functionaries report never having read or going over any of the law concerning GBV begging the question about their ability to effectively preside over such issues absent a foundation on the legal framework and relevant pieces of legislation. The low awareness on the content of the law is understandable in view of the high numbers of functionaries without access to the law. Moreover, none of the informants has ever been trained in the application of the law or aspects related to GBV management.

#### ➤ *Attitudes about marital rape*

Over 78% of informants indicate that the law does not allow marital rape. They explain that marital rape occurs when there is no consent (78%); or where the couple is separated (22%). Nevertheless, for many, a marriage suggested an implicit agreement for sexual relations between the married couple something that makes the notion of rape within marriage difficult to maintain. Also in the dominant interpretation of Islamic Law, sexual intercourse validates a marriage and in the case of separation it signifies the husband's intention to reunite with his wife thereby limiting the possibilities for such act being viewed as rape.

## Problems identified in prosecuting GBV

- Key witnesses are not available (or not willing?) to give evidence; e.g. Chinese doctors in Mkoani are the only medical officials empowered to testify in court but are reluctant to do so arguing they cannot be compelled to appear in court by virtue of their having diplomatic immunity;
- Investigators in charge of cases are transferred in the course of a case or investigation;
- Case continuity is interrupted due to the prosecutor being transferred or dying;
- Magistrates or judges are transferred or die during the course of hearing giving the defendant a right to request for a fresh trial protracting the legal process;
- Delays in reporting GBV offence
- The law requires that a doctor fill the medical examination form i.e. PF3. In many areas a doctor is unavailable at the health facility and unqualified personnel instead perform the examination and fill the form which is later signed by a doctor something that makes the evidence inadmissible in court;
- If the partner or abuser is wearing a condom it is not easy to get discharge with which one can implicate an accused.
- There is no DNA test in Zanzibar thus even where someone is a suspect it is hard to stick a rape charge since the semen and other discharge can't conclusively be linked to him. The only DNA test is available in Dar es Salaam at substantial cost.

## SECTION FOUR: DISCUSSION OF FINDINGS.

This section analyzes in greater detail the research findings and emerging trends from the study. In many significant respects the major study findings correlate with findings in major GBV studies already cited herein. The section, however, seeks to put the findings of this study in context.

### 4.1 Prevalence of GBV

#### ⇒ *Low reports of GBV crimes*

“There is no systematic or consistent method of recording GBV incidents”

The study indicates that low numbers of GBV are reported to legal and administrative institutions. Similarly in most institutions visited there is no systematic or consistent method of recording GBV incidents something that may contribute to the low documentation of GBV cases in institutions.

This, however, does not mean that there are low incidents of GBV in the isles. Rather, as indicated in the responses of individuals and institutions, it suggests that few people report such crimes to relevant institutions and among those that do report such crimes there is a great likelihood that the complaints or charges will be dropped before any official or legal action is instituted. Specific to this study the fact that most respondents were heads of family may have diluted the reporting of actual GBV incidences occurring in the home/family as it would have required the respondent to admit being an abuser.

#### ⇒ *Sexual Violence*

In reality more cases of physical violence come before formal institutions but sexual violence remains a major concern in the general public. The study establishes that adolescent girls are at most risk of sexual violence than any other group. It may thus be worthwhile if future studies explore some of the factors that contribute to this reality.

Although most reports of sexual crimes concern young girls, it does not mean that women face such crimes at a lower rate than girls. Rather, it could indicate that fewer women actually report the crimes because most may feel ashamed to admit to such acts as was the case with the divorcee raped by a religious official. Also, since the prevailing practice to ascertain if a sexual offense has been committed is to require deflowering of a girl, most older women are no longer virgins and can therefore not prove forced entry!

“The study establishes that adolescent girls are at most risk of sexual violence than any other group”

Legal and medical authorities indicate a growing incidence of sexual activity among

Zanzibari youth. In assessing the prevalence of sexual offences, a distinction however needs to be made between actual violations against young people and incidences of young people experimenting with sex. In most cases parents do not perceive sex between children or young people as rape unless the boy impregnates the girl and refuses to marry her. Only then will charges be instituted and mostly referred to the Kadhi's Court not to criminal jurisdiction, the intention being to allow the family and girl to save face.

Also, a number of respondents claim accusations and reports of rape are politically motivated or linked to the political process. Respondents explain the prevalence of sexual activity and forced marriages as a consequence of a lack of alternative recreation especially in Pemba and rural areas. Otherwise it is on account of economic need whereby girls hope to gain something in return of sexual favours. Rarely is the issue of emotional needs of young girls considered in trying to understand why they are at greater risk of being abused by older men.

### ➤ *Domestic Violence*

The study finds lower reports of domestic violence in the study sample compared to reports of sexual violence. To a large extent, this may be on account of how respondents interpreted domestic violence i.e. to mean wife beating or in few cases spousal physical violence. Respondents generally did not make associations with many types of violations in the home outside spousal conflict as domestic violence. Thus respondents rarely mention violations against domestics or the high incidence of corporal punishment in the home as domestic violence.

There were few reports of sexual violence between husband and wife. In Pemba the District Kadhi admits receiving complaints by wives forced to engage in anal sex but emphasized that in most cases victims reporting such occurrences do so when they want a divorce. Thus those who have not found the courage to resist and report the practice may be suffering in silence.

### ➤ *Emotional Violence*

In this study, emotional violence comes out significantly in the lives of women in Zanzibar. From an early age women are subjected to varying degrees of emotional trauma. The study reveals that girls are normally chastised verbally, the content and manner of words being used often very demeaning. Women also suffer from emotional withholding from partners or parents. For example a reasonable number of female respondents indicated the incidence of gubu or sulking in the home; while others also admitted to being denied affections by their partners especially in polygamous unions.

**“From an early age women are subjected to varying degrees of emotional trauma”**

Also there is strong indication that the language (and culture) is replete with sexual innuendos

directed against women. This pattern of emotional abuse has its impact and follows women into married life.

### ➔ *Economic Violence*

Formal institutions report a high incidence of maintenance claims by women neglected by their partners. Likewise discussion with women during FGDs indicate that maintenance is an issue especially after a marriage has broken down.. Otherwise the basic needs of women in multiple relationships are sacrificed and oftentimes she is forced to make ends meet. Nonetheless, because most of the women interviewed largely provided for themselves the question of economic security in the context of a relationship was muted. Additionally, a significant number of the women interviewed lived in rural areas where women were expected to provide for their livelihood needs more so than women in urban contexts.

### ➔ *Gender specific crimes*

Among violations specific to females observed in the study, forced early marriage is perhaps the most blatant violation faced by young girls in Zanzibar. The practice raises three main constitutional concerns. The first pertains to a girl's constitutional right to education since in most cases by being married at a young age her education is compromised. Secondly under Islamic law and the constitution a girl cannot be married absent her consent. Thus when parents forcibly marry off their daughters they are in violation of these laws. Thirdly, and in cases where a girl has been raped, marrying her off to her abuser is punishing her doubly. In effect she endures repeated violation albeit with legal sanction. Sadly such practices continue with government sanction

**“Forced early marriage is perhaps the most blatant violation faced by young girls in Zanzibar”.**

## 4.2 Knowledge of GBV

### ➔ *GBV awareness*

The study finds widespread ignorance on GBV, not only in the general public but also among key functionaries dealing with GBV within the legal and administrative system. In particular, legal literacy levels on GBV are low among the structures of first instance like the Sheha's office and the Kadhi's Courts. Moreover, even though respondents indicated GBV knowledge they commonly associated crimes like theft and assault to GBV possibly because they were perceived as violent as suggested by the terminology naming the phenomenon.

**“The study finds widespread ignorance on GBV, not only in the general public but also among key functionaries within the legal and administrative system”.**

When specific association was made to specific GBV crimes individual and institutional



respondents confined GBV crimes mainly to forms of sexual violence not other types of GBV. Likewise most functionaries confined GBV offences to provisions of the Penal Act and rarely linked GBV to other laws e.g. the Widows and Single Women Protection Act, the Education Act or the Employment Act.

Laws related to GBV are largely unknown, even in legal circles. Most respondents were unaware of specific laws and their content. Likewise many could not identify respective punishments for common GBV offences some believing that they are non-existent. Across the board most study respondents did not realize that GBV matters are criminal offences explaining in part why the cases were rarely referred to criminal jurisdiction.

### ➤ *How GBV is defined*

Generally people interviewed defined violence as that which involved some use of force. Therefore, emotional violence, economic violence or sexual violence which did not involve the use of force were not considered violations as no direct physical threat, contact or harm was involved. In fact the absence of violence in some sexual crimes led many respondents, even in legal circles to view the act as consensual.

Thus, with the exception of wife battery, most respondents did not consider physical violence as GBV but readily mentioned rape, sodomy, indecent assault and in some cases sexual harassment as forms of GBV. Fewer still mentioned economic and emotional violence as constituting GBV unless specifically asked if it occurs in their home. While most homes inflict corporal punishment on children physical or emotional violence against children in the homes was not understood to be domestic violence or GBV. Respondents hardly mentioned physical, emotional or economic abuse against domestics as a form of GBV.

Moreover, although most confined the definition of GBV to acts perpetrated against women, a number of respondents, mainly men, also indicated that men could be victims of GBV. However, the association was driven, in part, by the desire to also advocate for the rights of men who were also victims of domestic and sexual violence; or who may be falsely accused of the same. In fact some respondents were openly hostile to what they perceived as GBV's undue focus on women.

## 4.3 Attitudes towards GBV

### ➤ *How is GBV perceived?*

The study suggests that on the whole GBV crimes are not considered serious crimes. In fact the overwhelming sense is that such offences are matters to be settled between the parties i.e. "yakumalizwa". In explaining why GBV happens the overwhelming tendency is to find fault, mostly with the survivor of the violence i.e. it must have happened because of something they did or did not do. Among some male and female members of the bench, the

perception is that GBV laws favour women even when they are guilty or have contributed to the crime against them. The impression that the MLYWCD and the legal framework protect women informs an adversarial/confrontation posture against women even among female lawyers greatly compromising their chances at a fair trial.

### ➤ *Prevailing notions about GBV?*

Across the board sexual violence is seen to be perpetrated by people unrelated to the victim and unless explicitly mentioned many did not relate it to the home environment. The findings, however, tell a different story with most experiences of sexual violence shared by respondents having involved someone close to them. There was, however, greater willingness to acknowledge the incidence of verbal abuse in the form of swear words or cursing closer to home probably because, according to various respondents, they are considered a normal feature of coastal communities. Suffice to say there are a lot of sexual innuendos in the swear words, where women's dignity is often demeaned. Sadly the impact of verbal expressions is hardly linked to the abuse of women's human rights.

Likewise, while many respondents claimed that people in their communities fight verbally more than they do physically, the study established a great measure of physical violence occurring in the home especially against children. It is hard to fathom how this experience with physical violence during childhood, especially among young boys, evolves into a verbal culture of argumentation in adulthood absent deliberate strategies to work with young men (and women). Importantly the study reveals a tendency among respondents to make a clear distinction between what happens in the private space with those they are intimate with and how they act in the public space with strangers.

### ➤ *GBV and marital sex*

Generally, it was not easy for respondents in the study to appreciate a woman's bodily and sexual autonomy since the overwhelming view is that a woman is made for a man. Accordingly, a group of men in Ndagoni Village stated that denying a man sex is the ultimate act of cruelty a wife can do to her husband. Therefore, the concept of a man raping his wife was not well digested particularly when evaluated in light of the verse, "She is a garden for you...to till as you please" (the Holy Quran 2:223).

"the overwhelming view is that a woman is made for a man... in marriage a man's sexual needs took precedence over the woman's".

Nonetheless, a significant number of respondents did think marital rape was a possibility in instances where the couple was separated or where there were religious grounds against copulation. The dominant outlook, however, especially among men, is that in marriage a man's sexual needs took precedence over the woman's.

Likewise while an equally large number of respondents condemned sexual crimes committed against male and female children, some tended to think that sodomizing a boy was more

serious than raping a girl because for a boy that act “was not normal copulation” whereas for a girl her morphology was for the purposes of being penetrated by a man. Thus while she may lose her virginity in the process, she could still get married with minimal effect on her womanhood, unlike a boy whose manhood, is symbolically, if not in effect, compromised.

### ➔ *GBV and women’s sexual and reproductive health*

During the interviews links were rarely made between women’s sexual and reproductive health and rights with GBV even when the link appeared obvious. In Pemba, for instance, the disregard for women’s reproductive health and rights is startling. Most women are in polygamous unions thus the incidence of absentee husbands is frequent. Births are frequent and un-spaced. Low incomes and multiple wives mean that the level of maintenance is small and sporadic.

Hospitals report many cases of women who are anemic and who develop complications during and after delivery yet basic measure to ensure women’s health such as a tubal ligation or removing a weak uterus requires a husband’s consent. Sadly, men do not seem willing to practice birth control irrespective of their social and economic status; nor are they interested in granting their wives relief from reproductive duties. They are more concerned about foiling attempts to control their virility rather than fulfilling their obligations towards their families. Yet there seem to be very little effort among health authorities and advocates to engage with or address this gap.

### ➔ *Willingness to prosecute GBV*

Comparatively people in Unguja are more likely to take GBV cases to court than in Pemba perhaps because Pemba society tends to be more provincial and less cosmopolitan than Unguja. Also, Pemba families are closely knit, and influenced by a strong clan system. Thus a decision to report and prosecute sexual assault will depend largely on the decision of the clan head. Most people in family or community settlements in Pemba are related and a rapist who may also be a relation. Indeed should a clan head authorize a legal action against a perpetrator of violence it may, in effect, mean he is endorsing animosity between relatives rather than family harmony, which is his primary obligation as clan head.

**A 56 year old man rapes a 6 year old girl in Madungu Area, Pemba. The man has a history of defiling girls in the neighbourhood but none of the affected families had the courage to prosecute him until he defiled the daughter of his neighbour in her mother’s absence. She took the matter to court and with the help of the MLYWCD secured his conviction.**

#### 4.4 Institutional Practices with regard to GBV

##### ➔ *Vagueness about applicable law*

GBV is a criminal matter and thus subject exclusively to criminal jurisdiction. The study established that while a reasonable number of service providers knew of the Penal Decree, they also indicated using other laws in dealing with GBV including religious laws. The substance of religious law applied in GBV cases is not clear but it is clear that most informants equate any decision recommended or taken by a religious figure or elder as constituting religious law. What this establishes, however, is that, in practice, GBV is not treated as a criminal matter even in public institutions. Further it indicates little effort to monitor compliance with GBV law in public institutions.

“in practice, GBV is not treated as a criminal matter even in public institutions”

The study also found that laws related to GBV are not readily available to all functionaries. Also most legal, health and administrative personnel are not trained in applying provisions related to GBV law. Interestingly most magistrates interviewed believed it was enough to know the law to apply it effectively. Few appreciated that by their nature GBV crimes required additional skills to enable legal personnel and the police to effectively work with a survivor of GBV.

##### ➔ *Officials having wide discretion in tackling GBV*

While zero tolerance against GBV is envisaged in the law, this is not reflected in the practice of the court and legal system in Zanzibar. There is ample evidence to suggest that the prosecution and the bench use their discretion more than they do the law in handling GBV crimes. In a case of a 17 year old girl, who was raped by her mother's lover, for example one magistrate admitted being persuaded to issue a lower sentence because the girl was already sexually active prior to the rape, albeit not with the rapist. The magistrate was moved by the fact that her assaulter was known to the household, as he often slept at their house.

“the prosecution and the bench use their discretion more than they do the law in handling GBV crimes”

He expressed disapproval over the mother's inappropriate behaviour in having a lover in a house she shared with her children. Also the fact that during the trial period the 17 year old rape survivor was pregnant with another man's child influenced the sentencing. Thus, other than punish the young woman for her mother's indiscretions, the magistrate was more concerned that a 27 yr old man would spend the rest of his most productive years in prison for raping a girl who was loose! Accordingly he handed a sentence of 7 years.

Shehas too largely use their own discretion in dealing with cases of GBV. Like the Kadhis

they have no sense of legal obligation. Commonly they report taking parties to police station supposedly only “to scare them so that they realize the gravity of the problem”, before they preside over a hastily arranged marriage on the demand of the girl’s parents. The concern is to save the situation at hand and not to consider the long term impact or the rights of the victim. Nor is the consideration to comply with the law.

### ➔ *Non compliance with GBV legal standards*

The bench in Zanzibar is yet to keep up with trends in the legal system as regards GBV. Discussions with legal personnel, as well as case reviews indicate a tendency to impute legal standards that are not envisaged in the law. For example, many officials still required corroboration to prove rape when the legal standard is proof of penetration. One female magistrate justified the importance of corroboration for those who alleged sexual violence, “If there is no corroboration men will be imprisoned on vendetta”.

Similarly, most legal and health personnel require evidence of bruises or the use of force to prove rape while no such standard is required under the present law. Rather the law recognizes the possibility of rape in instances where a party may be tricked or coerced into having carnal knowledge, such as through false representation or being drugged. A leading medical journal, the Lancet, observes that if rape is committed by a person known to the victim it puts to question the use of forced or violent entry since other techniques such as blackmail, trickery or threats may be involved. Moreover, there may be less bruising if the abuse happens over time.

“Legal and health personnel require evidence of bruises or the use of force to prove rape while no such standard is required under the law”

Such considerations are, however, outside the purview of legal officials. It is therefore not surprising that while medical personnel interviewed in the study confirm that a high number of female children exhibit prolonged sexual activity, there are few convictions. This suggests strongly that underage girls are subjected to protracted incidences of sexual abuse which remain largely unaddressed.

## 4.5. Weakness in the Legal Framework

### ➔ *Conflict of law and legal system*

Zanzibar has a dual legal system and therefore entertains a parallel jurisdiction between the normal court system and the Kadhi’s court system, the latter providing for personal law issues of Muslims. Normally GBV cases should be heard under criminal jurisdiction but in practice many Kadhis preside and adjudicate over GBV matters. There does not seem to be a realization among the Kadhis that criminal matters need to be referred to the appropriate channels nor is there a corresponding obligation by the Registrar to follow up on such cases which technically are under the jurisdiction of the court.



Moreover, according to one religious functionary under fiqh's principles sexual offences are civil matters entitling the wronged party to compensation against a wrong done. Kadhis, thus, approach such cases from this dimension and have no obligation to refer the same to the police or court for action, even when there has been outright use of violence. Instead the practice is to solve the matter between the parties in complete disregard of due process. The Registrar in Pemba shared an extreme example during the study. He averred that while a criminal case for rape was before the courts, the rapist and his relations approached the Kadhi offering to marry the girl and settle the matter. When this happens rarely is the rapist denied and ironically it is the Kadhi, who presides over the ceremony without due regards to the fact the matter is already before the court of law.

### ➤ *Absence of political will to end GBV*

There is very little institutional awareness and commitment in ending GBV. The ideal is far from what happens in practice yet not a single legal institution readily admitted to shortcomings in its practice. Instead most suggested that identified weakness lie with other institutions, or with aggrieved parties leaving them powerless to rectify a situation they deem hopeless. Also, most institutions were not proactive about addressing GBV but acted only if moved. And even then rather than enforce the law most institutions were happy to follow the whims of the families when dealing with GBV incidences.

Existing medical regulations that require a husband's consent before performing any reproductive health procedure may perpetrate GBV and in fact make the government complicit in denying women any right or control over their reproductive ability as envisaged in ICPD and the Maputo Protocol and Plan of Action. Instead the husband is allowed exclusive rights over her body and health often to her detriment. Largely there are few efforts to translate and implement key provisions and obligations under various international, regional and national instruments. Thus while the legal framework appears progressive it appears stuck on the rhetoric with very little actual interventions being spearheaded to prevent and arrest GBV.

### ➤ *PF3 unsatisfactory to prove GBV*

Many health officials interviewed found the PF3 problematic. Medical Personnel, the Police and Prosecutors have very little knowledge on the use of the PF3. They note that the form is used for every type of accident. Hence it is too general, and not specific enough to capture crimes that are specific to GBV. Especially difficult is recording the full details of sexual crimes on the PF3 form since the options in filling it out are limited. Separate allegations were made by the general population about the contents of the PF3 being changed by law enforcement officers or health personnel something they felt contributed to rapists getting off the hook.

### ➤ *Absence of an enforcement mechanism*

While GBV law contains some strong provisions it lacks an enforcement mechanism making it toothless for lack of enforceability. Presently, there is no connection between social work, law and medicine something that makes an integrated approach to legal and social issues in the medical field impracticable. Moreover, GBV cases are dealt with in a mechanical fashion with very little interest or concern to make it a collective and calculated effort: the Police request for specific diagnosis which are performed and surrendered. Health personnel, especially those conducting the diagnosis rarely know of the outcomes of cases in which they testified or tendered expert opinion. There is no liaison or active partnership between hospitals and the MLYWCD; or the Director of Public Prosecution (DPP) and hospitals or the Ministry over GBV matters.

Increasingly, more citizens, especially women, approach the MLYWCD as regards cases involving GBV. In reality the Ministry does not have legal teeth or locus to act on cases of GBV. Rather, the Ministry uses its administrative clout to push through cases involving GBV something that has not endeared it to court officials or the Police who see the MLYWCD as interfering with the course of justice and their mandate. While the Ministry has legal officers to deal with cases of GBV, most cannot appear before a court of law to argue a case for lack of certification from the Bar.

#### **4.6. Emerging trends with regard to GBV**

This study reveals a growing problem both in Unguja and Pemba of women who are abandoned and neglected by their husbands. This is partly caused by the fact marriages are not regulated and men tend to marry without any sense of responsibility and divorce at will without any sense of recrimination. Over a third of institutions interviewed (8) report that about 38% of their caseload involve cases of neglect while 7 institutions report that 43% of their caseload comprise of issues of maintenance. The problem has an added dimension in Pemba where many husbands leave the island in search of employment opportunities elsewhere and for varying periods of time.

It is also clear from the study that the younger and weaker population tends to be most at risk of GBV. Thus while adolescent girls are most at risk of sexual abuse young boys are not spared. The study also reveals increased prominence of religious bodies and figures in public affairs, at times exceeding their legal mandate. And while religious leaders are important moral authorities, they do not always live up to that expectation. Sadly their actions hardly come under

**“Exiting anomalies in dealing with GBV institutionally continue unchecked”**

scrutiny compounding the problem at an ideological level.

Exiting anomalies in dealing with GBV institutionally, though known, continue unchecked. The impasse in firmly dealing with GBV crimes may directly impact people's willingness to pursue and prosecute GBV crimes.

### **Ramadhan's Story**

We met Ramadhan at the MLYWCD where his guardian had brought his case for help. Ramadhan is 10 years old. He is originally from the Mainland where he lived with his father, mother and siblings in central Tanzania. One of his aunts lives in Zanzibar and during a visit offered to help her brother with his children by taking Ramadhan and his two sisters to live with her. The father agreed. Once in Zanzibar Ramadhan and his sisters were put to work. They carried water and performed other chores, having hardly time for play. Many times Ramadhan would spend running errands at times far away from his home. This is how he came to know his present guardian.

However it is the circumstances that led him to live with his current guardians that are troubling. Ramadhan had accidentally dropped a cell phone of a young man who lived near his aunt's house. The young man beat him mercilessly until he was unconscious. Because of the severity of the beating the hospital contacted the police. His aunt showed no interest. In fact she made every effort to persuade him to drop the charges. He was intimidated by the young man who beat him up and his family. Fearing for his safety upon his release he asked to be taken to a family he had made friends with in town where he spent two weeks in recovery. His aunt did not visit. The guardian became worried and when she followed up the matter at the police she learnt of plans to drop the charges. Fearing police complicity in punishing the crime she contacted the Department of Children at the MLYWCD for help. Ramadhan still lives with his foster family.

How many other children face ill treatment at home and are consequently forced to run away is yet another aspect of GBV to be investigated. What is clear is that in addition to physical and emotional violence these children also suffer from severe neglect from those who should be responsible for their care and upkeep.

## SECTION FIVE: CONCLUSIONS AND RECOMMENDATIONS

Violence against women is not only a human rights violation but a moral and legal crime. As such, governments have an obligation to protect women from violence and to hold perpetrators of GBV whether the perpetrators are state or non-state actors accountable where practicable. As noted by Charlotte Bunch of the Women's Learning Partnership, "Both the individual committing the violence and the government blithely letting it happen must be held responsible".

Yakin Ertuk, the UN Special Rapporteur on Violence Against Women calls for due diligence and a higher standard for states to demonstrate the political commitments they made over the years to prevent and arrest VAW. Effectively she demands greater accountability towards fulfilling these commitments which involves governments developing, funding and implementing all necessary laws and programs to prevent GBV and to punish perpetrators of violence. Likewise it entails developing and implementing policies that prevent women from being at risk of violence and addressing harmful practices putting women at risk of GBV head on.

**Globally, GBV is understood as a social phenomenon requiring multifaceted solutions.**

In the last few years the Zanzibar Government has passed and amended a number of laws signaling its commitment to promote and protect the rights of women, children and other vulnerable groups. Despite these efforts discriminatory practices against women persist indicating the multiple discriminations they continue to face in the family, in society, legally and institutionally. A combination of measures are thus needed to arrest the obvious and invisible violations women and children face on the one hand and to prevent potential violations of women's human and legal rights on the other. Putting in place appropriate mechanisms to respond to GBV is equally crucial. This part makes specific recommendations towards this end.

### 5.1. General Recommendations with regard to GBV responses

The Revolutionary Government of Zanzibar deserves commendation for putting in place an appropriate legal and policy framework to arrest GBV but more work is needed to ensure appropriate responses as envisaged in CEDAW, the Vienna Plan of Action, the Beijing Plan of Action and the SADC Declaration. Key measures for consideration include:

#### a. Provision of GBV Services

##### ➤ *Institute special structures to deal with GBV*

In some jurisdiction e.g. Zambia and Brazil there are special police units that deal with cases

involving GBV. It may be useful to adopt a similar approach in the isles. Such unit should work closely with the medical unit and the office of the Director of Public Prosecution to ensure that the interests of the survivor of violence prevail. There is also a view that having a special court or special judicial officers designated to preside over GBV cases may help in the realization of justice.

➤ ***Facilitate GBV emergency and referral services***

Currently the fate of victims/survivors of GBV rests with the immediate family. There is no mechanism to ensure that they obtain legal or medical relief nor is there a mechanism to monitor the services they receive. It is therefore vital to strengthen referral services for victims/survivors of GBV at all levels of services. Specifically a mechanism needs to be devised to assist GBV victims and survivors get emergency medical and social assistance thereby overcoming unnecessary delays. Likewise, the state should facilitate legal assistance to GBV victims and survivors e.g. through legal aid schemes.

**b. Protection against GBV**

➤ ***Strengthen mechanisms to shield victims from abuse***

Victims and survivors of GBV are reluctant to seek for help because they fear for their safety as well as soiling their reputation. The government must adopt every measure to shield GBV victims and survivors from continued abuse or from potential abuse. A mechanism needs to be in place to protect GBV survivors and victims from further abuses. This can be in the form of shelters or halfway houses as well as protection orders issued by courts.

➤ ***Facilitate life saving services to GBV victims***

The overwhelming emphasis following a GBV incident is to punish the perpetrator or to appease the family. Little is done to aid the victim/survivor of the abuse obtain critical and at times life saving services including treatment strategies in cases of sexual abuse to screen and treat STDs and STIs; offering emotional support and counseling to survivors and victims enabling them to deal with the trauma and violation. Such services are important aspects of GBV preventive strategies that must be considered to adequately respond to GBV incidents. In some countries schools have counselors trained to support children victims of GBV. Equally important is encouraging support groups at family and community levels to empathize with victims and their families.

➤ ***Avail legal representation to GBV victims***

Presently the legal officers at the MLYWCD cannot appear before a court of law to argue GBV cases for lack of certification. It is advisable to follow the course of action adopted by TAWLA which requested a special permit from the Chief Justice to allow lawyers to appear in court to represent clients as part of a legal aid scheme. Alternatively the MLYWCD



collaborate with ZAFELA or other legal entities like the Zanzibar Law Society in representing clients in court.

### **c. Promotion of measures against GBV**

#### **⇒ Demand and strengthen public accountability for GBV**

It is important for the government to provide leadership at all levels in the condemnation and prevention of violence against women. The government should speak forcefully against VAW and GBV and ensure public accountability for all instances of violence. Also the government should eliminate institutional and cultural attitudes that foster, justify or tolerate GBV.

#### **⇒ Enforce policy and legal commitments**

The Revolutionary government must build on the policy commitments under the Zanzibar Women's Development Policy and develop and adopt a Plan of Action to Stop VAW/GBV as has been done on Tanzania Mainland. March 8, International Women's Day could serve as a benchmark to assess progress in this area.

### **d. GBV Prevention Measures**

#### **⇒ Systemize and mainstream GBV documentation**

In view of the absence of reliable information and data on GBV at key points there is need for the government to develop and implement a mechanism to document and register GBV in all its forms. The MLYWCD should be supported to develop relevant GBV methodologies. Specifically the government should consider GBV as an aspect in TDHS as is currently done in Kenya. Additionally each ministry should be obliged to develop a data base on GBV related issues as part of the gender mainstreaming exercise under the MKUZA and other national development plans. The MLYWCD can take the lead in facilitating the development of GBV data collection tools and methods together with the Office of Chief Government Statistician (OCGS).

#### **⇒ Monitor GBV incidence**

Accurate and timely data is necessary to establish GBV prevalence and trends that will inform appropriate measures to check and arrest GBV incidences. GBV monitoring efforts should be instituted and linked to existing planning efforts, human rights monitoring and the PRS process. In this regard the capacities of national statistical offices, women's national and local machineries, national research institutions and NGOs in collecting data related to GBV incidence, scope and prevalence must be strengthened as part of a larger gender mainstreaming exercise.

### ➤ *Initiate reform programmes for GBV offenders*

To check the likelihood of repeat offenses and to help perpetrators of GBV reform their ways it is important to institute programmes aimed at perpetrators of violence. Nairobi hospital, for example, has Gender Recovery Centre for victims/survivors of GBV but also provides help to perpetrators to help them unlearn violence. Also organizations like Femnet host support and advocacy programmes for men unlearning and fighting GBV.

## **5.2 Specific Recommendations to the Zanzibar Government**

### **a. Policy measures**

#### ➤ *Adopt a cross cutting analysis of GBV in policy framework*

MLYWCD must advocate for a comprehensive response to GBV. This demands that GBV is viewed holistically instead of in isolation of other social and development concerns. There is thus need to integrate GBV responses at different levels to ascertain more coherent responses. This will require promoting a cross cutting analysis of GBV, specifically VAW, linking it to key social and development indicators e.g. related to HIV/AIDS, poverty, food and livelihood security, health, education and other types of humanitarian responses.

#### ➤ *Treat GBV as cognizable offense*

The study finds that the overwhelming tendency at all levels of law enforcement is to trivialize and treat GBV as a private matter. However, the criminalization of GBV in national and international instruments calls for more deliberate policy and institutional measures whereby GBV is not treated as a private matter but as a matter of public policy requiring action. Therefore, GBV, specifically VAW, must no longer be approached as a family issue but as a social and public health concern.

### **b. Legal measures**

#### ➤ *Review procedural aspect of GBV law*

In 2004 Zanzibar amended its Penal Act to include key provisions of the SOSPA in the main legislation. Sadly, very little has been done to monitor the implementation of the law or its effectiveness. This study finds that while the substantive law related to GBV is satisfactory there are problems with its procedural aspects necessitating a review so that it supports the intent of the law rather than being seen to work against it.

#### ➤ *Introduce mandatory arrest laws for GBV*

The state's role in the prosecution of GBV crime must be strengthened. In the US for instance, some states have introduced mandatory arrest laws on GBV. This reduces the possibility of parents entering into deals with the perpetrator or his family and, therefore,

allows the legal process to take its course. Deliberate measures must be taken to reduce the possibility of GBV charges and cases being dropped or compromised. For instance prosecutors in Seattle, Los Angeles and Santa Barbara refuse to allow victims to drop charges once they have been filed. Similarly, in Kenya cases of sexual violence are prosecuted by the state making it impossible for family members to negotiate private settlements or withdraw cases without the consent of victim.

### ➤ *Resolve inherent conflict of laws*

The study found that part of the problem in addressing GBV issues effectively lies in the structure of the legal system where a good number of cases are heard by Kadhis. Although they are judicial officers within the Zanzibar legal system they do not have the mandate to hear criminal matters. In view of the fact that they are readily sought after by the local population they must be trained in legal basics e.g. criminal law and administration of justice so that they perform their functions within the ambit of the law. Additional training should be organized to familiarize religious authorities to human rights concepts and specifically to women's rights in line with constitutional standards.

Importantly the Zanzibar government must consider revising its laws to resolve the tension and confusion brought on by a dual legal system with respect to women's human rights. Specifically the government must ensure that the right to be free from discrimination and the right to equality are interpreted substantively, rather than formally, by judicial and quasi-judicial bodies in line with CEDAW, the Beijing POA, the Maputo Protocol and the Montreal Principles.

### ➤ *Revise evidentiary considerations especially the PF3*

This study finds that most cases of sexual abuse fail for lack of adequate evidence. It is therefore crucial to review evidentiary considerations if GBV charges are to stick before a court of law. In this regard the PF3 and other physical evidence are important in establishing the existence of a GBV crime. However to be effective the forms need to be reviewed and improved to include information that is relevant to GBV crimes. Similarly the Zanzibar government should look into establishing a DNA unit to facilitate the acquisition of evidence. Alternative forms of evidence should also be considered to establish sexual intercourse such as a dilated vagina or the presence of vaginal mucous.

## **c. Institutional measures**

### ➤ *Coordinate efforts to combat GBV*

Currently, the tendency in most institutions is to view and treat GBV in isolation with each institution fulfilling its bit and leaving the outcome of a GBV case to another. However, an effective GBV response requires that different sectors, organizations and disciplines work

together in a systematic and complimentary manner. The MLYWCD must spearhead and coordinate sectoral efforts involving different sectors to combat GBV e.g. the legal system, health workers, religious leaders, teachers etc.

### ➔ *Develop and adopt GBV guidelines*

The study finds an absence of specific guidelines in key institutions to deal with GBV. It is therefore important to develop and adopt guidelines for health workers, police officers, civil society organizations, shehas and teachers on various aspects of GBV management. The MLYWCD can, for example, issue guidelines on how to identify signs of GBV; steps to support and refer victims/survivors of violence etc. for local government personnel who are first line in the chain of actors involved in dealing with cases of GBV. Alternatively the government should consider introducing GBV in training and school curriculum. A particular emphasis should be on the first line of GBV response i.e. sheha and religious authorities.

## **D. Advocacy measures**

### ➔ *Launch a GBV Campaign*

The study found that there is no distinct and sustained GBV initiative locally. The MLYWCD should, therefore, embark on a multiple year GBV campaign to raise the issue more widely and advocate for key changes necessary in arresting egregious forms of GBV in the isle. This could include earmarking November as domestic violence month the same way March 8 is currently observed.

### ➔ *Mainstream GBV advocacy*

GBV advocacy tends to be done in isolation of larger advocacy initiatives. Moreover, most GBV advocacy focus solely on women and less so on other vulnerable groups. It is, therefore, crucial to link the GBV Campaign to other national campaigns e.g. against poverty eradication; HIV/AIDS; or on meeting MDGs goal on education and maternal health. Such an approach will ensure that the issue achieves legitimacy and is not only viewed as a women's issue.

### ➔ *Meet national and international obligations with regards GBV*

MLYWCD needs to proactively track all official measures towards the implementation of key national and international instruments and specifically recommendations with regard to preventing and protecting women and other vulnerable groups from GBV. These can be communicated annually with key stakeholders nationally, regionally and globally including with the Special Rapporteur on the Rights of Women.

### 5.3. Recommendations and Actions for CSOs

#### A. GBV Responses and Services.

##### ➤ *Facilitate access to GBV services*

The study found a dearth of services for GBV victims and survivors. CSOs like ZAFELA, ZLS and ZLSC have an important role in supporting the government and communities to provide legal aid and literacy services while organizations like COWPZ, FAWE, UWZ and others can facilitate protection measures and services. For example COVAW in Kenya instituted a hotline to assist victims of GBV in distress and WLAC in the Mainland.

##### ➤ *Strengthen preventive services and measures*

In view of the low public awareness about GBV there is need for mass awareness campaigns to educate on GBV. CSOs can undertake GBV advocacy interventions that target key groups in the community e.g. army, schools, the media, police, traditional healers, peer groups, youth and football clubs, community and women's organizations etc., thereby ascertaining a concerted effort to promote GBV in the community.

##### ➤ *Address the aspect of attitudes towards GBV*

Changing attitudes remains a key challenge for GBV advocacy. An effective media strategy is thus crucial to raise awareness and galvanize public opinion on the issue.

CSOs in Zanzibar can learn about the strategic use of the media for education and advocacy from TAMWA which ran successful STOP FGM campaign consisting of multi-media advocacy strategy targeting policy makers, mutilators and the community at large providing much needed awareness and momentum to GBV issues in different parts of the country. Moreover, V-Day is a global movement providing an important platform to raise awareness on GBV globally. Perhaps the strategies can be effectively adapted to unyango and marriage rites to raise awareness on GBV not only to prospective couples but also to those attending these ceremonies.

##### ➤ *Co-opt men in fighting GBV*

To win the fight against GBV it is important to defeat the assumption that all men are the enemy and the sole perpetrators of GBV thus to be collectively penalized. Rather the campaign must build alliances with men to end what most respondents termed as practices that deny women and children their respect and dignity. CSOs should thus adopt deliberate



measures to involve men in fighting GBV as done by activist organizations in the regions of East and Southern Africa and elsewhere.

### ➤ *Promote GBV protection measures*

Keep updated GBV data or toll in local media or public places and publicly to shame or reward communities on the basis of their vigilance in arresting GBV in their midst.

Moreover, GBV studies are needed to study the phenomenon better thereby strengthening available GBV responses. For example it is pertinent to investigate the reasons young girls are at greater risk of sexual violence i.e. could it be related to the rising sexual incidents motivated by the HIV/AIDS pandemic? This is important to determine appropriate preventive and protective measures. Similarly there is need to understand how the rights of GBV victims/survivors are compromised when perpetrators of GBV are let off the hook.

### ➤ *Document and Monitor GBV prevalence*

CSOs should institute a community based mechanism to keep track of GBV incidents in communities. Similarly they should track GBV in print media and radio programmes and systematically document incidents of GBV in the media. For instance, ISIS's Proof in Print reviews coverage of VAW in the news an idea furthered by TAMWA in a legal strategy guide in 1997.

## **B. GBV Advocacy**

### ➤ *Institute an independent body to monitor GBV compliance*

The study found the MLYWCD largely spearheads GBV efforts in the isles. Hence, there is no independent body to monitor the government in so far its obligations in preventing and punishing GBV locally. Certainly there is a great opportunity for organizations like ZAFELA, ZAC, the Teachers or Worker's Union and political parties to partake in GBV advocacy. CSOs are vital in tracking trends in legislative practice especially in so far as key GBV legislation e.g. the Penal Decree (SOSPA), The Education Act, The Widows and Single Women Act etc are being implemented by various institutions.

### ➤ *Lobby for concrete measures to arrest GBV*

CSOs have a strategic role in advocating for policy and legal changes more responsive to GBV issues. Specifically, 16 Days of Activism on Violence against Women marked annually is an effective advocacy platform to draw attention to GBV issues and challenges globally and locally. In the early 90s TAMWA mooted the idea of a VAW Tribunal an idea picked up by activists elsewhere e.g. the Women's Court/Tribunal at the Social Forum and at the Gender Festival. CSOs should also call for concrete measures from the government and policy makers to prevent GBV. For instance in 2003 US organizations campaigned with the

US Postal Services for an official stamp to stop GBV in the family. The stamp was issued demonstrating official commitment towards GBV.

### ➔ *Prepare and share information packages on GBV*

The study found only a handful of GBV studies on Zanzibar. Most studies tend to gloss over pertinent information related to GBV. Similarly it found few initiatives to make relevant information accessible to key decision makers, services structures and the public. CSOs should, therefore, organize to provide legislative updates and advisories to policy makers, legal and medical personnel and the police on GBV. Where relevant, CSOs should similarly organize capacity building sessions in GBV policy advocacy.

Equally there is a need to translate and disseminate GBV laws in simple language and popular versions to address the problem of access to GBV laws.

## **C. Capacity Building**

### ➔ *Build institutional capacity in managing GBV*

The study found no evidence of GBV management capacity at critical levels in institutions and in communities. CSOs thus have an opportunity to collaborate with different ministries and relevant institutions to build capacity in GBV management for different levels of services providers e.g. paralegals, magistrates, judges, health personnel etc. Importantly, CSOs need to build the capacity of key institutions especially those at the front line of providing legal and medical services to victims/survivors of GBV on the substance of the law, procedural considerations, counseling, appropriate medical responses and GBV documentation.

### ➔ *Build and strengthen legal capacity*

An equally important area for capacity enhancement is in the application of the substantive and procedural law related to GBV. This must be done while emphasizing policy and legal provisions related to the rights of women.

## **5.4. Recommendations and Actions for Development Partners**

### ➔ *Review GBV strategy*

The study found that donors have only dealt superficially with GBV in the isles. Further donor interest in GBV issues generally has been confined to traditional GBV approaches. It is therefore vital for the donor community to evaluate its position with respect to GBV situation and build their own knowledge base on GBV issues. Additionally donors should demonstrate keener interest in supporting existing and promising, local GBV initiatives.

### ⇒ ***Emphasize GBV in development cooperation policy***

Good governance is a major criterion for development assistance yet it does not encompass the aspect of GBV as an important indicator for gender equality. In view of the ongoing governance initiatives, donors should be encouraged to institute systems and tools for holding their “partners” accountable in implementing commitments towards GBV as an important indicator towards meeting the goals of gender equality specified in various policy and legal instruments.

### ⇒ ***Increase resources to GBV initiatives***

The study finds few resources being directed to GBV advocacy and responses in the isles. Consequently there are few local initiatives working exclusively with the issue. Certainly there is need for greater donor interest and funding for GBV issues e.g. to support research, programme implementation, GBV monitoring and publicity in order to make GBV interventions meaningful and sustainable.

### ⇒ ***Link women sexual and reproductive health and rights and GBV***

In Tanzania UNFPA holds the mandate with regard to gender equality within the UN system and it constitutes a key area of its work. The study finds that women’s risk to GBV increases on account of their reproductive roles and status. There has, however, been no consistent strategy to understand the links between GBV and women’s sexual and reproductive health and rights. UNFPA can therefore play a critical role in emphasizing this link to the government and donor community at the policy level. Importantly, the UNFPA should support the implementation of the recommendations contained in this study and actively lobby the donor community, government and NGOs on actualizing them.

### ⇒ ***Strengthen capacity of key actors in GBV responses***

The study found low capacities at all levels with respect to responding to GBV incidences. UNFPA can support capacity enhancement of key actors in the MLYWCD and CSOs to manage and respond to GBV concerns at different levels. This includes knowledge and skill enhancement; systems development; and advocacy capacity e.g. in GBV reporting.

## 5.5 Conclusion

The study findings pose numerous challenges but on the whole they provide a strong indication of areas for further studies e.g. adolescent girl's and GBV; male victims of sexual violence; domestic help and GBV; GBV in polygamous households; or first hand experiences of sexual violence from GBV victims/survivors.

The findings also indicate areas for immediate attention and the recommendations offer an array of practical and strategic measures for consideration. The overall consideration for any GBV interventions should be to promote the human rights of GBV victims and survivors, mainly women and girls. Future studies and initiatives should aim to assist the MLYWCD and other actors to better understand GBV as a phenomenon so as to better respond to its multiple manifestations more effectively.

## APPENDICES

### 1. List of institutional informants

Name	Position	Institution	Date
Rabia H. Mohammed	Magistrate Vuga	Regional Court Unguja Urban	15 August 2006
George Kazi	Magistrate Vuga	Regional Court - Unguja Urban	15 August 2006
Hamisa S. Hemed	Magistrate Vuga	Regional Court - Unguja Urban	15 August 2006
Mariam Seif	Doctor in Charge	Mnazi Mmoja Hospital	16 August 2006
Asma Ramadhan	Deputy Matron	Mnazi Mmoja Hospital	16 August 2006
Khalid Andrew	Patron	Mnazi Mmoja Hospital	16 August 2006
Abdul Kadir Nemshi	Katibu	Mwembeladu and Kwa Mtipura Hospitals	16 August 2006
Dr. Othman	Social Worker	Mnazi Mmoja Hospital	16 August 2006
Makame K. Makame	Programme Officer	Zanzibar Legal Services Centre	16 August 2006
Hon. Hamis Ramadhan Abdalla	Registrar Pemba Regional Magistrate in charge	Regional Court, Pemba South	18 August 2006
Ali Othman Omar	District Kadhi	Regional Court, Pemba South	18 August 2006
Masoud A. Mohammed	Sheha	Ndagoni	19 August 2006
Sauda Kassim Omar	Assistant Medical Officer in Charge	Chake Chake District Hospital	19 August 2006
Said Khamis Omar	Assistant Medical Officer in charge	JKU Health Centre Chake, Pemba	20 August 2006
Ashura S. Hamza	Legal Officer	MLYWCD - Zanzibar	22 August 2006
Sheikh Omar	Kadhi	Mwanakwerekwe	16 August 2006
(Farouk)	Sheha	Nyerere	16 August 2006
Hassan M Hassan	Sheha	Jambiani Kikadini	22 August 2006
Yusuf Juma Maulid	Sheha	Shangani	16 August 2006
Ali Hassan Mwita	Sheha	Kizimkazi Mkunguni	20 August 2006
Abdulrazak H. Ibrahim	Sheha	Kizimkazi Dimbani	20 August 2006
?		Kwamptipura Health Centre	18 August 2006
Aziz J. Mohammed	Asst- RCO	ChakeChake District	21 August 2006
Mohammed Saleh	Medical Officer in Charge	Chonga Health Centre	21 August 2006
Suleman Ali Ussi	Sheha	Kwale	21 August 2006



## 2. Selected instruments of law, policy and practice on violence against women

### *A. International treaties*

1. Convention on the Elimination of All Forms of Discrimination against Women
2. Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women
3. International Covenant on Civil and Political Rights and Optional Protocol
4. International Covenant on Economic, Social and Cultural Rights
5. International Convention on the Elimination of All Forms of Racial Discrimination
6. Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
7. Convention on the Rights of the Child and Optional Protocols
8. International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families
9. Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations
10. Convention against Transnational Organized Crime
11. Rome Statute of the International Criminal Court
12. Geneva Convention relative to the Protection of Civilian Persons in Times of War (Fourth Geneva Convention)

### *B. Regional treaties*

1. Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa
2. SADC Declaration on Gender and Development Addendum on the Prevention and Eradication of Violence against Women and Children

### *C. International policy instruments*

1. Vienna Declaration and Programme of Action, adopted at the World Conference on Human Rights 06-41974 26
2. Programme of Action of the International Conference on Population and Development
3. Beijing Declaration and Platform for Action, adopted at the Fourth World Conference on Women
4. Outcome document of the twenty-third special session of the General Assembly entitled: "Women 2000: Gender equality, development and peace for the twenty-first century" (General Assembly resolution S-23/3)

#### ***D. Selected recent General Assembly resolutions***

1. Declaration on the Elimination of Violence against Women, resolution 48/104
2. Crime prevention and criminal justice measures to eliminate violence against women, resolution 52/86
3. United Nations Millennium Declaration, resolution 55/2a
4. Traditional or customary practices affecting the health of women and girls, resolution 56/128
5. Elimination of domestic violence against women, resolution 58/147
6. Working towards the elimination of crimes against women and girls committed in the name of honour, resolution 59/165
7. Trafficking in women and girls, resolution 59/166
8. Violence against women migrant workers, resolution 60/139
9. 2005 World Summit Outcome, resolution 60/1b

#### ***E. Security Council resolution***

1. Resolution 1325 (2000) on women and peace and security
2. Commission on Human Rights resolution (most recent)
3. Elimination of violence against women, resolution 2005/41

#### ***F. United Nations treaty bodies***

1. Committee on the Elimination of Discrimination against Women: general recommendation No. 12, violence against women
2. Committee on the Elimination of Discrimination against Women: general recommendation No. 14, female circumcision
3. Committee on the Elimination of Discrimination against Women: general recommendation No. 19, violence against women,
4. Committee on the Elimination of Racial Discrimination: general recommendation No. 25, gender related dimensions of racial discrimination
5. Human Rights Committee: general comment No. 28, equality of rights between men and women (article 3)
6. Committee on Economic, Social and Cultural Rights: general comment No. 14, the right to the highest attainable standard of health
7. Committee on Economic, Social and Cultural Rights: general comment No. 16, the equal right of men and women to the enjoyment of all economic, social and cultural rights (article 3)

## REFERENCES

### A. Publications

1. Ali Ali Hassan and Usu Mallya (2004), A study on analysis of the policies and laws related to sexual and reproductive rights in Zanzibar.
2. Ali Hassan and Usu Mallya, A study of the Policies and Laws related to Sexual and Reproductive Health and Rights in Zanzibar for the Ministry of Youth, Employment, women and Children Development, Zanzibar project for advocacy and gender
3. Amnesty international Tanzania (1997) Report on the Human Rights are Women Rights: DV Seminar cum Workshop Maswa District
4. Baobab for Women's Human Rights, Violence against Women, Baobab Legal Literacy Booklet
5. CARE Tajikistan and CREA, A module for Training on GBV
6. Cassandra Balchin (ed.) (2004), Right at Home Advanced Training Manual for Social Agents of Change in Human Rights Advocacy at the Family Level.
7. Charlotte Watts and Cathy Zimmerman (2002), "Violence Against Women: global scope and magnitude" in the Lancet Vol. 359 pp.1232-37
8. Chris Maina Peter and Immi Sikand, The Judiciary in Zanzibar, Zanzibar Legal Services Centre Publication Series Book No. 2
9. Chris Maina Peter,(2003) "Legal Aid and Access to Justice in Zanzibar: Examining Criteria for Provisions of Legal Assistance" in Perspectives on Legal Aid and Access to Justice in Zanzibar, Chris Maina Peter and Haroub Othman (eds.)
10. Christine Benoni(2006) "Violence Against Women" in Africa woman May 2006
11. Division for the Advancement of Women (2005), "Secretary-General's study on violence against women", 61<sup>st</sup> session of the General Assembly Item 60(a) on advancement of women Forthcoming as document A/61/122/Add.
12. Eduardo Castillo, "Mexico enacts law on domestic violence", Associated Press Feb. 1, 2007
13. Elize Delpont (2004), Operationalising the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa in Our Rights July-December 2004

14. Fatma Alloo (1990), "Domestic Violence Against Women", a paper presented at seminar on Sexual Discrimination and violence against women in Tanzania 24-25 August 1990
15. Fatou Sow (2004), "VAW in Africa", a presentation made at DAWN Africa Regional Training Institute, Dakar June 2004
16. Femnet (2003), Femnet Training Manual on Gender Based Violence
17. Femnet (2003), "Report of Men's Traveling Conference" in Femnet News, Oct.-Dec. 2003
18. Florence Machio (2006), "Rape: time to take action", in Africa woman, May 2006
19. Gender Based Violence Global Technical Support Project of the RHRC Consortium (2003) Synopsis: sexual and GBV against refugees, returned and IDPs guidelines for prevention and responses, May 2003 UNHCR
20. WHO (2006) "Global Estimates of Health Consequences due to Violence against Children". Background paper for the United Nations Study on Violence against Children A/61/299
21. Global Initiative to End All Corporal Punishment of Children (2006), "Global Summary of the Legal Status of Corporal Punishment of Children", 28 June 2006.
22. Halima Kasungu (1991), "Work hazards of sexual harassment of women workers: towards a tribunal to fight violence against women in Tanzania- a trade Union view", a paper presented at Day of Action organized by TAMWA 31 May 1991
23. Hassam Qadir Shah (undated), Don't let them get away with murder, Shirkat Gah
24. Human Rights Watch Women's Rights Project (1994), "A matter of power: State Control of Women's Virginity in Turkey", in Human Rights Watch Vol.6 No.7
25. Human Rights Watch (1994), "Criminal Injustice: Violence Against Women in Brazil and America Watch Report".
26. Jan Bauer and Anissa Helie (2006), Documenting Women's Rights Violations by Non State Actors: activists' strategies for Muslim Communities
27. Janice Duddy, A look at Beyond Victims and Villains: Addressing Sexual Violence in the Education Sector, the Panos Institute.
28. Jessie Bwambo et al (2001), "HIV and Partner Violence- implications for HIV Voluntary Counseling and Testing Programs in Dar es Salaam, Tanzania"
29. Joan Meir (1987) Battered Justice, the Washington Monthly May 1987

30. Legal and Human Rights Centre (2006), The Tanzania Human Rights Report
31. Leila Sheikh-Hashim and Anna Gabba (1990), “Ukatili dhidi ya Wanawake: Ushahidi kutoka wilaya Tatu – Kinondoni, Ilala na Temeke”, Semina ya Kuzungumzia Ukatili na Unyanywasaji wa Wanawake 24-5August 1990
32. Lilian Kemunto, “The fight for equality is still far from won”
33. Lisa Hajar, “Domestic Violence and Shari’a: A Comparative Study of Muslim Societies in the Middle East, Africa and Asia”
34. Magret Nankinga, “Where wives are not allowed to say no”,
35. Ministry of Community Development Gender and Children (2001), Stop Gender Violence: A national Plan of Action for the Prevention and Eradication of VAW and Children 2001-2015
36. Ministry of Education Zanzibar (1997), “Sexual Harassment in Zanzibar Schools: incidents and effects- a research report”.
37. Ministry of Health and Social Welfare (2004), the Zanzibar Reproductive and Child Health Strategy 2005-2010
38. Ministry of Youth, Employment, Women and Children development (2003), Action Plan for implementing the policy on protection and development of women in Zanzibar 2003/4-2005/6 prepared by Rose Shayo.
39. Ministry of Labour, Youth, Women and Children Development (2004) Knowledge level, attitudes. Practices, perceptions and biases of policy level Decision Makers, Community Leaders and NGOs on Gender Sexual Reproductive Health, Rights and STI/HIV and AIDS- a study report.
40. National Woman Abuse Prevention Project, “General Facts about domestic violence”, Domestic Violence Fact Sheets
41. Nelson Banda, “Gender Based Violence” in Femnet News Oct- Dec 2003
42. Nevala, S. (2005), The International Violence against Women Surveys, Geneva, European Institute for Crime Prevention and Control).
43. Njoki Wainana (2002), “Male involvement in programs to combat GBV”, Femnet Review Report
44. Panos Institute (2003). Beyond Victims and Villains: Addressing sexual violence in the education sector. London, Panos Institute



45. Paul Perret, a Call of Action on HIV/AIDS-Related Human Rights Abuses against Women and Girls in Africa.
46. Rabia Ali (2001), "The Dark side of Honour", Shirkat Gah Special Bulletin 2001
47. Rebecca Kwei (2006), Why Africa Needs Laws to protect women" in Africa woman
48. S.F Rumisha (2004), "Child Violence and Sexual Abuse in "Tanzania", Tanzania Health Research Bulletin Vol.6, No. 1 pp.30-35
49. Salma Maoulidi (1995), "The Legal Status of Women in Tanzania- an overview", a Women and Public Policy Fellowship Seminar Paper
50. Sarah Venis and Richard Horton, "Violence against women: a global burden", The Lancet, Volume 359, Issue 9313, 6 April 2002, Page 1172
51. Saumya Pant, (undated) "Child Abuse and Media Trends, An analysis of the work, experience and media habits of children in the coastal regions of Zanzibar"
52. Sheelagh Stewart, "Working the System: Sensitizing the police to the plight of women in Zimbabwe", UNIFEM
53. TAMWA(undated) "Situational analysis of Violence Against Women and Children in Tanzania"
54. United Nations Division for the Advancement of Women (2006) Ending Violence against Women: from words to action. Study by the Secretary-General available at [www.un.org/womenwatch/daw/vaw/SGstudyvaw.htm](http://www.un.org/womenwatch/daw/vaw/SGstudyvaw.htm)
55. UNICEF (undated) The rights of women and girls in Tanzania- a study on knowledge, attitudes and practices with a gender perspective in twelve selected districts.
56. WHO (2002) World Report on Violence and Health: summary. Also available at [www.who.int/violence\\_injury\\_prevention/violence/world\\_report/en/](http://www.who.int/violence_injury_prevention/violence/world_report/en/).
57. WHO (2005) Multi- Country Study on Women's Health and Domestic Violence against Women and Initial Results on Prevalence, Health Outcomes and Women's Responses. Also available at [www.who.int/gender/violence/multicountry/en/](http://www.who.int/gender/violence/multicountry/en/).

## ***B. Statutes***

1. The Revolutionary Government of Zanzibar, Education Act No.6, 1982
2. The Revolutionary Government of Zanzibar, the Sexual Offences (Special Provisions) Act No 7 of 1998 Cap 13
3. The Revolutionary Government of Zanzibar, the Penal Act No 6 of 2004 Cap 13
4. The Revolutionary Government of Zanzibar, the Interpretation of Laws and General Clauses Act No. 7 of 1984
5. The Revolutionary Government of Zanzibar, the Young and Children's Offenders Act 1998
6. The Revolutionary Government of Zanzibar, the Spinsters and Single Parent Children Protection Act, No 4 of 2004
7. The Marriage and Divorce (Muslim) Registration and Divorce (Cap 91)
8. Marriage (Solemnization and Registration) Decree Cap 92
9. The Revolutionary Government of Zanzibar, the Kadhis Court Act, Act No 3 of 1985
10. The Laws of Zanzibar, Evidence Decree (1917) Cap 5
11. The Laws of Zanzibar, Penal Decree (1934) Cap 13
12. The United Republic of Tanzania, Sexual Offences Special Provisions Act, 1998
13. The United Republic of Tanzania, The Penal Code Cap 16
14. The United Republic of Tanzania, Children and Young Person's Act, Cap 13

## ***C. Case Law***

1. R vs. Mzee Abdulla Suleiman, Criminal Case No.224 of 1995
2. R vs. Abdulla Orasta Nanduya, Criminal Case No.53 of 2003
3. R vs. Abrahman Suweidi Samalia, Criminal Case No.332 of 2002
4. R vs. Ahmed Twahiri Ali, Criminal Case No.28 of 2002
5. R vs. Ame Ramadhan Muombwa, Criminal Case No.64 of 2003
6. R vs. Amton Rafiel Saimon, Criminal Case No.113 of 2002
7. R vs. Khalifa Hassan Kaita, Criminal Case No. 49 of 2005
8. R vs. Mohammed Amour Ally, Criminal Case No.116 of 2001
9. R vs. Mzee Amiri, Criminal Case No.11 of 2002
10. R vs. Shehe Juma Ame, Criminal Case No.119 of 2001

