

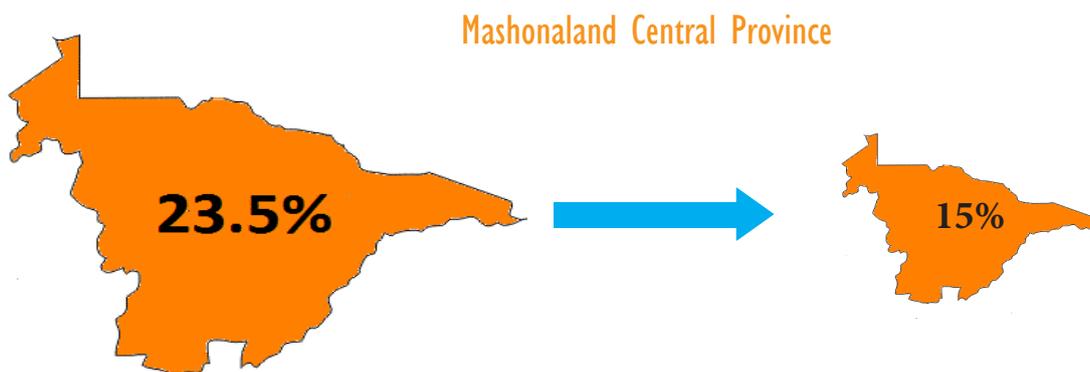
# Gender Based Violence

## ZDHS 2015 Key Findings

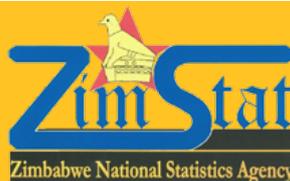
More Than 1 in 3 Women Have Experienced Physical Violence Since the Age of 15



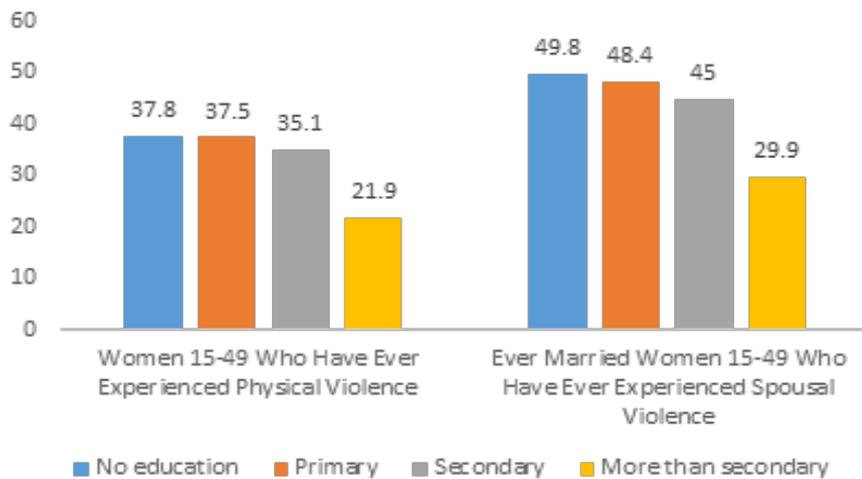
The percentage of women who experienced violence in the last 12 months has decreased from 18.4% in 2010 to 14.5% in 2015, which seems to indicate an improvement. At the same time, there is an increase in the percentage of women who report having experienced violence in their lifetime (from 29.9% in 2010 to 34.8% in 2015). More research is needed to understand patterns and confirm a possible downward trend. The most commonly reported perpetrator is the current or former husband or partner.



The percentage of women 15-49 who have experienced physical violence in the last twelve months has **significantly decreased in Mashonaland Central**, from 23.5% in 2010 to 15% in 2015. Further analysis is needed, but, taking into consideration the intensity of GBV prevention interventions in this area, this data might indicate the effectiveness of the prevention programmes.



## Secondary Education is a Protective Factor for Women



**One woman in two** without an education has experienced spousal violence.

## Where to Invest More?

The 2015 ZDHS confirms that violence against women is rife in Zimbabwe and affects all women, regardless of geographic location, wealth or education. It also shows that women empowered by tertiary education have less risk (although it still affects one in five of the most educated). But solutions do exist;

**1. Violence can be prevented**, and data from Mashonaland Central seems to confirm this. Prevention programmes need to be upscaled and more efforts need to be invested in programs that tackle the risk factors at individual, community and societal levels, using effective interventions tested in the country and in the region - for example, programmes aimed at strengthening women and girls' economic independence, coupled with gender empowerment training.

**2. GBV services must also be integrated into the health sector** including through pre-service and on-the job training of health care providers, as they are in a unique position to address the health and psychosocial needs of women who have experienced violence. Health care settings should be used as an entry point to provide women with the support they need.

**3. Successful programs responding to violence must be scaled-up** to meet increasing women's demands for support that resulted from the mass media campaigns and community dialogues on GBV, while maintaining high standards of quality. Special attention must also be put to reach the communities who are currently underserved.



**4. Men and boys need to participate** in the efforts to end violence against women and be sensitized to embrace masculinity norms that are more equitable.

**5. Research, monitoring and evaluation** need to be strengthened, including through the Health Information and Management System. In addition, more research is needed to explore the impact of job losses on gender dynamics in the family.

**6. Coordination** needs to be improved as well to ensure the multi-faceted problem is addressed through joint and multi-sectorial efforts.



## UNFPA Work on GBV

UNFPA, together with partners, has been involved in both prevention and response to violence in the last four years, through programmes supported by UKaid, Irish Aid, and the Government of Sweden;

**1. The One Stop Centres** help women survivors of violence to recover and become empowered survivors by offering them comprehensive health, psycho-social and police and legal services in one place. Currently located in Rusape General Hospital (Makoni), Harare and Gweru, these centres have offered services to a total of **17 000** GBV survivors.

**2. Community Based Shelters** in Marange, Harare, Bubi Gutu, Chikomba and Gweru provide a safe haven for survivors of GBV. Under these safe roofs, survivors receive counselling, transport and legal advice and take time to recover. A total of **1 960** women have received support in these shelters.

**3. Training to strengthen the response to GBV** was offered to **9 052** community leaders, health personnel, police officers, court officers and counsellors. Topics covered include GBV management, standards and referral pathways.

**4. A total of 1 871 perpetrators received counselling services** through a pilot programme in prisons as well as perpetrators referred for counselling by the courts.

**5. Community dialogues** were held to prevent violence and change norms. **340 956** person exposures were recorded in **26** districts. Topics such as masculinity, gender responsive laws, gender norms, women's rights and services were discussed.





Appreciation goes to the following partners who have provided financial and technical support to the ZDHS:

