

**Socio-Economic Factors  
Contributing to Girl Child Abuse  
in Botswana**



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Botswana Police

Government of Botswana, Ministries of  
Health, Labour and Home Affairs

United Nations Development Programme

UNICEF

Local Government, Land and Housing,  
Department of Social Welfare

WHO

I hope that this study can help Childline and other child-oriented organisations, and their staff and volunteers in their efforts to protect and create a safer environment for children in Botswana and elsewhere.

Sebastian Okello-Wengi (PhD)

Lead Researcher

Board Member of Childline Botswana

Gaborone

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## **Executive Summary**

This report is the final report from the study *Socio-economic Factors Contributing to Girl Child Abuse in Botswana*. The study is a research study funded by the Canadian International Development Agency (CIDA), administered through World University Service of Canada (WUSC) and executed by Childline Botswana.

The main purpose of this study was to investigate girl-child abuse and to identify in depth the major economic, social, and situational factors that contribute to the problem of child sexual abuse in Botswana. As there are no other Botswana-specific studies on the socio-economic factors that lead to girl-child sexual abuse, this current study has a significant impact on policies, programmes, counselling, and training related to child sexual abuse.

The **specific objectives** were as follows.

- Provide written, theatre, and visual information to be used to lobby government for a coherent, national child welfare policy as it relates to girl-child sexual abuse.
- Develop Botswana-specific literature for the prevention of sexual abuse of children, taking into account the socio-economic, political, and cultural realities in the country.
- Use the results as a basis for developing new, and refining existing, Childline programmes, services, and strategies, including those aimed at the prevention of child sexual abuse.
- Support change within child-centred environments that will prevent child sexual abuse, such as changing the teachers' code of conduct and establishing a procedure for filing complaints in schools.
- Increase awareness and concern for the issue and its causes, which have traditionally been taboo subjects in Botswana.

## ***Methodology***

The study was carried out in three phases.

***Phase I.*** Design of a theoretical framework of the study; literature search, and establishing contacts with district contact persons.

***Phase II.*** Main study: gathering information. Focused interviews were conducted with ninety-five key informants comprising fifty-one males and forty-four females. Focus group consultative workshops were also conducted with 247 participants from various parts of the country including rural and urban centres. In both key informants' interviews and focus group consultative workshops participants were from varied professions including teachers, attorneys, health workers, police officers, journalists, pastors, social workers, chiefs, district commissioners, village development committee members and students

***Phase III.*** Interpretation of findings and final reporting. Interviews and focus group findings were derived using constant comparative method of qualitative analysis and were grouped into nine major categories.

### ***Key Findings***

The current study emphasised the interrelated nature of risk factors and child sexual abuse and the important interactions between the physical, mental, social, and emotional dimensions of the child's development.

In addressing the complex issues of child protection programme reliability and sustainability, the need exists to empower local communities with the knowledge and skills needed to provide for the survival and development skills of their children. Moreover, sustainable child protection and development programmes can identify and support more traditional local practices of child rearing that have for generations provided culturally appropriate solutions. Once these patterns are identified, Childline and other child-oriented organisations must build this knowledge into design of locally appropriate programmes, integrating new information when appropriate, and searching for innovative solutions.

As illustrated in the current study, community participation is vital to all aspects of a successful child protection programme, and children must be active participants in the creation of their own knowledge base. The knowledge fostered should not be dependent on the use of complex technologies, but can be developed through a school learner-centred curriculum that builds upon the learner's existing knowledge.

Among the most significant findings of the study were the following:

- Key informants and focus groups identified child sexual abuse as strongly factored by poverty, which underlies overcrowding and inadequate accommodation; poverty fosters social isolation and drives certain families to use their children as sex workers in order to realise their basic economic needs.
- The study found a strong relationship among HIV/AIDS, orphan-hood and vulnerability to child sexual abuse in Botswana.
- Botswana is going through rapid social change that has in turn affected the family structures and has led to a lot of single-parent families, and stepparent families. The latter often renders the girl child vulnerable to stepfathers. Social change was also found to be associated with the high rate of divorce and marital disharmony in many homes.
- Many parents are negligent when it comes to general supervision of children and administration of discipline, and are failing as role models for their children.

According to Botswana Government & UNFPA (2003:19), currently Botswana's HIV/AIDS adult infection rate of 35.8% has resulted in 54,943 orphans in society. This has often resulted in the breakdown of the family structure. This situation has contributed to instances where the caregivers have turned predator and abused the very orphans they are meant to care and nurture. This current study has shown that children who are orphaned due to the HIV/AIDS are the most vulnerable group; special attention needs to be paid to their problems.

## ***Recommendations***

The study recommends the following actions.

1. Improve communities' responsibilities towards children's upbringing by increasing public awareness and support. The public needs to understand that any child — whether rich or poor, living in a city, suburb, or rural area — can be at risk of being a victim of child sexual abuse. This particular problem, which affects children at all socio-economic levels, may be used as a rallying point for subsequently helping disadvantaged children.
2. Raise awareness among policy makers and implementers. Political will and commitment are essential at the national level to initiate national policies for eradication of child sexual abuse. Programmes on child protection are more likely to become potent forces in reducing abuse of children when strong political and community support is evident.
3. Develop programmes for high-risk children and families in the rural areas. Programmes like Childline Botswana and Botshabelo need to be considered for replication in different parts of the country.
4. Increase advocacy and information exchange among partners both at rural and national level; improve cooperation and coordinate of efforts.
5. Focus on the impact of HIV/AIDS on orphaned children by paying special attention to the plight of orphaned children; strengthen and support the capacity of families to protect and care for these children.
6. Conduct further research in the area of child sexual abuse, with specific focus on the abusers.

# 1. INTRODUCTION

This report is the final report from the study *Socio-economic Factors Contributing to Girl Child Abuse in Botswana*. The study is a research study funded by the Canadian International Development Agency (CIDA), administered through World University Service of Canada (WUSC) and executed by Childline Botswana.

***Need for the Study.*** It is widely acknowledged that child sexual abuse, particularly among young girls, is a widespread and growing problem in Botswana, and the current socio-economic situation is aggravating the problem. In order to be fully responsive to children's issues, Childline has acknowledged that it must take a preventative approach to the problem of child sexual abuse; there is a need to better understand the interrelatedness of the social factors unique to Botswana and child sexual abuse. By studying the problem and heightening public awareness of the extent of sexual abuse, Childline will contribute to stemming the trend of increased sexual abuse of children and create public pressure on the government to adopt legislation for the protection of children.

***Purpose of the Study.*** The main purpose of this study was to investigate girl-child abuse and to identify in depth the major economic, social, and situational factors that contribute to the problem of child sexual abuse in Botswana. As there are no other Botswana-specific studies on the socio-economic factors that lead to girl-child sexual abuse, this current study has a significant impact on policies, programmes, counselling, and training related to child sexual abuse.

The **specific objectives** were as follows.

- Provide written, theatre, and visual information to be used to lobby government for a coherent, national child welfare policy as it relates to girl-child sexual abuse.
- Develop Botswana-specific literature for the prevention of sexual abuse of children, taking into account the socio-economic, political, and cultural realities in the country.
- Use the results as a basis for developing new, and refining existing, Childline programmes, services, and strategies, including those aimed at the prevention of child sexual abuse.
- Support change within child-centred environments that will prevent child sexual abuse, such as changing the teachers' code of conduct and establishing a procedure for filing complaints in schools.
- Increase awareness and concern for the issue and its causes, which have traditionally been taboo subjects in Botswana.

## 2. METHODOLOGY

The study started in October 2003 with the formation of a Research Advisory Group (RAG) to guide the study in finalisation of the plan of action, selection of study areas, and establishment of contacts with district contact persons and criteria for the development of different phases of the study. (See Appendix A. Sample Invitation Letter.) A multiple investigation was conducted within a qualitative framework.

The study was carried out in three phases.

- Phase I. Design of a theoretical framework of the study, literature search, and establishing contacts with district contact persons.
- Phase II. Main study: gathering information.
- Phase III. Interpretation of findings and final reporting.

Note that this study did not aim at conducting statistical sampling or collecting representative views. The main idea was to carry out systematic consultations with the relevant groups in Botswana. Measures were taken, however, to ensure a balanced representation of the various socio-economic, cultural, and geo-political characteristics of the country.

There were two factors that resulted in some slight alteration of the process. Changes to funding timelines at the outset of the project resulted in a delayed start time. In the initial phases, this had an impact on the scheduling and levels of involvement in the study for several key participants in Botswana. As the study got underway in October 2003, the resulting changes in availability constrained the original plan. Furthermore, at the study's start, important staff rotations occurred at WUSC. Maintaining efficient communication throughout the handover to new contacts was a challenge that taught new lessons to all involved, including members of the study team, WUSC Botswana office, WUSC Ottawa, and CIDA headquarters.

### 2.1 Phase I: Literature Review

**Action 1:**

An extensive review of literature and information at the local, national, and regional levels will be conducted to determine what information exists to support the claim made by Childline, and to draw on experiences of others that sexual abuse of girls is widespread, institutionalised, and pervasive. (Unpublished data will be sourced and verified. Police records, hospital and health clinic records, child welfare NGOs, and national and local governments dealing with children's issues are important sources of baseline data.) Primary sources will include: journal articles, conference proceedings, government/corporate reports, newspapers, and the Internet.

An extensive literature review was done comprising local and international information (*First Term of Reference*). This was undertaken at the same time as the preliminary planning was carried out. Both specialised and general information sources were reviewed.

Libraries, archival sources, and databases provided almost no systematic study or publications on child sexual abuse in Botswana. The literature in southern Africa is voluminous, but most of it

concerns specific types of child abuse not why the abuse occurs. The contributing factors to child sexual abuse have not been the subject of research in the child abuse field. The absence of studies and publications reinforced the need for this study.

In fields such as social welfare, education, and psychology, there is substantial literature on child abuse *in general*. Various sources from these fields were consulted for planning this project and for interpreting the data obtained from the questionnaires. Relevant articles, books, and dissertations were collected and used to guide the Research Advisory Group.

## 2.2 Phase II: Main Study

**Action 2:** Two forms of interviews will be conducted: qualitative/exploratory interviews and focus groups. Researchers will guide the interviews using the Participatory Rapid Appraisal System. Interviewing and dialogue methods will include semi-structured interviews, direct observation, focus groups, key informants, ethno-histories and personal biographies, oral histories, local stories, etc. (Ten focus groups will take place with 20 people in each, totalling 200 participants.)

Interviewees will be selected from the following groups:

- Government of Botswana – Ministries of Health, Labour and Home Affairs, Education, local government, Land and Housing, Department of Social Welfare, Early Childhood Learning.
- Child Welfare training institutions (present and potential): University of Botswana, departments of Social Work, Education, and Adult Education.
- International Funding Organisations: UNDP, UNICEF, WHO.
- Child-focused NGOs: Botswana Family Welfare Association (BOFWA), Young Women’s Christian Association (YWCA), and the Women’s Shelter.
- Youth organisations: Youth in Development, Botswana Work Camps Association, and Botswana Girl Guide Association.
- Rural areas: Local offices of many of the same organisations as listed below. District council staff, tribal authority, District Young Council, school teachers, local NGOs.

At the beginning of Phase II, guidelines were developed for understanding the term “child sexual abuse” as it applies to this study. Interview schedules for key informants and questions for the focus group consultative workshops were prepared by the Lead Researcher (LR) and commented upon by an expert in questionnaire development. They were later revised and agreed upon by the research team.

The goals of this study determined the methods used by the study team. To provide a broad national base to gather information on child sexual abuse in Botswana and to ensure a balanced representation of the various socio-economic, cultural, and geo-political characteristics of the country, seven geographical areas were used: Gaborone, Lobatse, Ootse, Kanye, Ghanzi, Selebi-Phikwe, and Francistown. For each district, a district contact person (DCP) was identified whose main responsibility was to identify and invite key informants from government and non-governmental organisations that deal with child welfare and protection to a consultative workshop and interview. Given the diverse and unique nature of the districts involved, the variety of DCPs engaged allowed the study to gain greater closeness and sensitivity to views on child sexual abuse.

In both **key informants’ interviews** and **focus group consultative workshops**, participants hailed from a variety of professions including teachers, attorneys, health workers, police officers, journalists, pastors, social workers, chiefs, district commissioners, village development committee members, and students (*Second Term of Reference*). Interviews and focus group findings were derived using a constant comparative method of qualitative analysis and were grouped into nine major categories.

### 2.2.1 Focussed Interviews with Key Informants

The interview schedule for the key informants focused on the following main categories of information (See Appendix C. Interview Schedule.)

1. Background of the respondent including his/her profession, organisation, gender, place of origin, and age.
2. Definition of child sexual abuse.
3. Underlying factors that may be associated with child sexual abuse.
4. Relationship between HIV/AIDS and child sexual abuse.
5. Existing programmes to support survivors of child sexual abuse.
6. Specific recommendations for the eradication of child sexual abuse.

The selection of key informants was non-random purposive sampling. No key informant was included in the focus group discussion. As seen in Table 1, of the 95 key informants, 51 were males and 44 females.

Table 1. Key informants, by occupation and gender

<b>Occupation</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>%</b>
Social Worker	7	8	15	16
Village Development Committee member	9	6	15	16
Health Worker	6	8	14	15
Teacher	7	6	13	14
Student	5	7	12	13
Police Officer	5	3	8	8
Pastor	5	2	7	7
Chief	4	–	4	4
District Commissioner	3	1	4	4
Attorney	–	2	2	2
Journalist	–	1	1	1
<b>Total</b>	<b>51</b>	<b>44</b>	<b>95</b>	<b>100</b>

As seen in Table 2, the interviewees included key informants from various non-governmental organisations, schools, and government offices in various communities.

Table 2. Key informants, by occupation and place

	Gaborone	Kanye	Lobatse	Selebi-Phikwe	Francistown	New Xade	Otse	Totals
Social Worker	10	2		2		1		15
Village Development	2	5	2	6				15
Health Worker	7	2	1		2	1	1	14
Teacher	5	2	1	1	2	2		13
Student	12				–			12
Police Officer	1	2	2	2	1			8
Pastor	1		6					7
District Officer		1	1*	1	1			4
Chief	–	2		2				4
Attorney	2							2
Journalist			1					1
<b>Totals</b>	<b>40</b>	<b>16</b>	<b>14</b>	<b>14</b>	<b>6</b>	<b>4</b>	<b>1</b>	<b>95</b>

\*District Commissioner

As Table 3 below indicates, 46% of the key informants were between the ages of 21 and 30. This may reflect the overall youthfulness of health and social welfare professionals in Botswana. About 15% of the key informants were aged between 40 and 60 years. This is because the majority of the traditional leaders and the village development committees were mainly elderly people.

Table 3. Key informants, by age and gender

	Age group in years					Totals
	10 – 20	21 – 30	31 – 40	41 – 50	51 – 60	
Male	5	20	15	5	6	51
Female	7	24	10	1	2	44
Total	12	44	25	6	8	95
% of Total	13%	46%	26%	6%	9%	100%

### 2.2.1.1 Interviews with Child Survivors of Abuse — Ethical Consideration

The percentage of children interviewed was small for ethical reasons. In the proposal, it was indicated that child survivors of sexual abuse would be interviewed carefully through the medium of play. Researchers and social workers would assess each child's understanding of what had happened to them, using toys and role play to identify perceptions, fears, and concerns. The social worker and research assistant would use the Participatory Rapid Appraisal (PRA)

approach to guide the play sessions and interpret the responses offered by the children. However, the researchers were not able to involve child survivors because the consent from parents and guardians could not be obtained easily. In some cases family attorneys were expected to get involved in the process.

### 2.2.1.2 Interviews with Children — Lessons Learned

**Action 3:**

Children from primary, junior secondary, and senior secondary will be interviewed at their respective schools.

In order for the research team to be able to interview children, they needed permission from the children, the school authorities, and the parent(s) of the children. This became very expensive in both time and resources. Hence, of a total of 95 interviews, only 12 (13%) were with children.

### 2.2.2 Consultative Focus Groups

Focus group consultative workshops were also conducted with 247 participants from various parts of the country, as indicated in Table 4 below. The selection of participants targeted a variety of relevant professions and organisations, including the following: churches; United Nations, Gaborone; schools; women’s organisations; traditional authorities (including chiefs and VDCs); police officers; health workers; youth and youth workers from various districts; and selected elders from various villages.

Table 4. Focus group participants, by place and gender

Place	Male	Female	Total	%
Gaborone (Students)*	53	70	123	49
Kanye	13	11	24	10
Selebi-Phikwe	10	14	24	10
Francistown	4	18	22	9
Otse	4	13	17	7
Lobatse	10	7	17	7
Gaborone (Adults)	2	8	10	4
New Xade	8	2	10	4
<b>Total</b>	<b>104</b>	<b>143</b>	<b>247</b>	<b>100</b>

\*Primary: 18M + 24F = 42; Junior: 20M + 26F = 46; Senior: 15M + 20F = 35

The following questions were used in the focus group consultative workshop. (See Appendix D. Questions from Focus Group Consultative Workshops.)

1. What do you perceive to be the socio-economic factors contributing to child sexual abuse in Botswana?
2. What are the current mechanisms on the ground to address issues of child sexual abuse in Botswana?
3. How can the existing strategies be improved in the best interest of children in Botswana?

### 2.2.2.1 Consultative Workshops with Children — A Success Story

Given the barriers regarding interviewing students, the research team opted for a more flexible method, which was to hold consultative workshops with the children in schools. The school authorities gave the authorisations for these consultative workshops. Regarding children's participation, the lesson to be learned is that children feel more secure and free to articulate their views on sensitive issues when they are in a group than when approached individually. Table 5 below shows that majority of the participants (52%) were children and youths between the ages of 10 and 20 years. Also, 49% were students from different levels of primary and secondary education.

Table 5. Focus group participants, by age and gender

	Age group in years						Totals
	10 – 20	21 – 30	31 – 40	41 – 50	51 – 60	61 – 70	
Male	54	10	12	14	12	2	104
Female	75	18	19	18	9	4	143
Total	129	28	31	32	21	6	247
% of Total	52%	11%	13%	13%	9%	2%	100%

These high percentages of involvement of children are accounted for by two main reasons. First, it was very easy to mobilise the students because of the controlled nature of a school environment. Second, since students are among the primary victims of child sexual abuse, their involvement in the research was very important, not only to them but also to other children who were not part of the research process. It is important to understand child sexual abuse from the children's point of view.

## 2.3 Phase III: Analysis of Views Collected

Preliminary findings and analytical notes were drafted based on the responses from key informants and the information provided in workshops. These notes draw comparisons and contrasts within the qualitative data, highlighting specific views made in various areas visited. These analytical notes were then reviewed and redrafted, as were parts of both the preliminary report to Childline Botswana and the final report.

### 3. IDENTIFYING KEY ISSUES — BOTSWANA LITERATURE REVIEW

**Definition of Child and Child Abuse.** In Botswana, the law defines a child as any person under the age of 18 years. Under the penal code, a girl can give consent to sexual intercourse at age 16 years or older. For the purposes of this study, we have identified a child as one who is 16 years and below. **Abuse** would cover acts of exposure, sexual touching, oral, anal or vaginal penetration; and the exposing of a child to, or involving a child in pornography or prostitution.

The increase in the number of reported cases of child sexual abuse in most parts of Botswana during the past two decades continues to cause grave concern. This calls for concerted action at the grassroots and national levels. Public concern about sexual abuse of children has intensified, and it is now accepted that the problem needs a durable solution.

Despite the enormous increase in the *awareness* of the nature and extent of child sexual abuse in Botswana, systematic research on child sexual abuse has not developed at the same pace. There is still relatively little empirical literature to guide planning or decision-making regarding the most effective prevention and management of sexual abuse.

A survey, conducted by UNICEF and Roberta Rivers and Associates, in twelve schools in the Ngamiland, Kgalagadi, and Kweneng districts with one school in Mahalapye, indicated the following (UNICEF 2001):

- 38% of the girls questioned reported that they had been touched in a sexual manner without their consent.
- 17% reported having had sex, with 50% of these saying that it was forced.
- 34% of the students said they had sex for money, gifts, or favours.
- Of those sexually active, 48% said they had never used a condom.

Sex education, used as an intervention geared at helping the victims, is often not useful, as it is initiated at the 13–14 age group, which is often too late for survivors.

Tabengwa and Fergus (1998) argue that rape is not about sex, but rather a deliberate way of asserting control over women's lives in order to keep them in subordination and as second-class citizens. They further link the effects of violence on the victims to a number of economic, socio-cultural, psychosocial, and demographic consequences.

- Violence debilitates women and girls physically, psychologically, and socially, and at times with lifelong effects. In addition, injuries sustained from the physical or sexual abuse may be serious to the point of fatal.
- Violence inhibits women in their aspirations and achievements.
- Children in violent homes may also fall victim by getting injured while trying to defend their mothers. Girls may, in addition to physical violence, also fall victim to sexual assault. Perpetrators in this case are likely to be fathers, brothers, uncles, grandfathers, etc.

- Mental or psychological effects may also result in the perpetuation of the behaviour, in that children who grew up in these households grow up into adult male barterers, both at home and in the society.

### **3.1 Poverty**

In spite of the country's higher economic growth, poverty remains one of the major development challenges for Botswana. A number of studies worldwide have shown that the impact of population growth on poverty is strongest at the micro level (i.e., at the level of households and communities). In 1994, it was estimated that 47% of the households in Botswana were living below the poverty datum line; the proportion had fallen to 36.6% by 2001. However, the goal of Vision 2016 is to reduce the proportion of the population living below poverty datum line to 23% by 2007 and to nil by 2016. The devastating impact of HIV/AIDS is likely to render the goal difficult to attain.

It is evident that the chief factor leading to child sexual abuse is poverty. Instances where a mother would "collaborate" with the abuser by pretending not to be aware of the sexual abuse of her daughter because of financial security were reported to be rife. (Children get gifts for sex.) The needs of the young girls are said to differ according to location. Rural girls would be more liable to trade sex for food and uniforms while their urban counterparts were likely to give in for "rewards" of cell phones and clothing.

The 2001 National Census put the proportion of children born to single mothers at almost 60%. Meanwhile, national studies, including the report on the study of the socio-economic implications of violence against women in Botswana, commissioned by the Women's Affairs Department (1999), show that there is a very high rate of poverty among single-mother households compared to that among two-parent households. Sampson and Laub (1993) hypothesised that social and economic conditions influence family life, which in turn influences the development of effective social bonds with children. This fits the popular view in this study that child sexual abuse in Botswana has a strong relationship with poverty in families.

The government of Botswana has taken many steps towards anti-poverty policies. In addition to the formulation and implementation of the National Strategy for Poverty Reduction, the government has commenced work on the 2002/2004 Household Income and Expenditure Survey (HIES), which will update information on the extent of poverty in Botswana. The availability of this information will accordingly assist in monitoring poverty trends, including revision of targets during NDP 9 (NDP 9 2003:63).

### **3.2 HIV/AIDS Impact on Orphans**

The AIDS pandemic is Botswana's biggest killer. The disease has brought a unique crisis for children. The impact of HIV/AIDS does not end with the victims' deaths. Because those dying from AIDS are mainly people in the prime of their lives who are parents, an equally calamitous effect of the disease is the vast numbers of children orphaned. Currently, Botswana's rates of HIV/AIDS prevalence — an adult infection rate of 35.8% — have resulted in 54,943 orphans in society. A Joint Report on Orphan Estimates and Program Strategies by UNAIDS and UNICEF,

*Children on the Brink* (2002: 18), estimates that by 2010 Botswana will have 120,000 orphans. A report by UNICEF (2002) estimates that by 2010 orphans will account for 21% of all children in Botswana.

This has often resulted in the breakdown of the family structure, which in turn has contributed to instances where the caregivers have turned predator on the very people they are meant to care and nurture.

The adverse economic impact of HIV/AIDS on the community and at individual level has resulted in an economy in which the productive members of society are incapacitated at home due to illness. This has resulted in children — especially the girl-child — having to join the workplace where they are often prone to sexual and physical abuse.

The finding that HIV/AIDS has had a devastating effect on child protection in Botswana is common knowledge. The 2001 Census results show that teenage children now head 4% of the households in Botswana. These children are exceptionally vulnerable due to young people's limited access to income and employment, as well as their inability to protect inheritance and other rights.

### **3.3 Forced Marriages**

Forced marriages of young girls can be construed as sexual abuse, as the girls are at times married off at the age of 8 (especially among the tribes in the northern part of Botswana). If the relationship fails or the man dies (often much older than the girl), the girls are left without support and often turn to sex work as a means of survival.

### **3.4 Reporting and Trials of Sexual Offence in Botswana**

The offence of rape and defilement addresses the scope of offences committed related to “unlawful” carnal knowledge, however, the concept of “marital rape” is not recognised. Forced sex between husband and wife is excluded. The payment of bride price (*bogadi*), under the customary law often exacerbates the situation. Some men believe that because they paid dearly for their wives, they must have a right to involve them whenever they want. As a result, many married women are subjected to violence in the form of rape, normally accompanied by physical assault (Botswana Govt & UNFPA 2003:19).

Although the *Criminal Procedure and Evidence Act* (section 2.2.4) was amended in 1997 to allow rape trials to be held *in camera*, there are some issues and concerns that have direct bearing on women's status that remain unchanged. The law regarding the corroboration of the victim's evidence remains a source of contention. This refers to the requirement that a complainant's evidence be supported by independent evidence attesting that sexual intercourse occurred without the victim's consent. This places a heavier burden of proof on the prosecution, as most rape offences are committed in the absence of any witness who could provide direct evidence to corroborate the victim's allegation. This requirement has a corrosive influence; it renders the complaint “suspect” from the outset, which in turn deters victims from reporting. This poses problems for rape victims; the suspects convicted of rape often appeal successfully

and their cases are dismissed, owing to lack of corroborating evidence to sustain a charge of rape. Consequently, the charges get altered to lesser offences of common assault.

There is a notable increase in sexual offences committed by men. The number of rape cases increased from 1,107 in 1996 to 1,383 in 2000, with a slight decrease of 19 cases in 2001. What is of greater concern is the annual increase in defilement of girls, considering the HIV/AIDS pandemic, since girls are at extremely high risk of contracting HIV/AIDS. The increase in the number of cases could also be attributable to increased awareness, breaking of the silence, and willingness to report perpetrators to the police. Whereas defilement cases increased by 20% from 1999 to 2000, they increased by only 18% from 2000 to 2001. Childline Botswana reported about 13% of all walk-in cases handled by the centre dealt with rape or incest in 1999, and about 7% in 2001.

A study conducted by the Women’s Affairs Department (1999) identifies the girl-child as the major victim of sexual harassment. Even then, the study bemoans the lack of data as victims do not easily report their experiences. The manner in which defilement cases are reported is further cause for concern; there is evidence that defilement is at times “down-crimes” to rape and quite often some parents are more concerned with taking damage fee (*Tshenyo*) from the defiler than taking the matter to court. The patriarchal preponderance in society also contributes to the weaknesses in prosecution, as women are emotionally and economically dependent on the perpetrators of incest or defilement of their daughters.

According to the 2003 Botswana Police Annual Report, there is a steady increase in sexual offences, in particular, rape and defilement of girls under 16 years. Table 6 below shows the percentages between 2001 and 2003.

Table 6. Increase in cases of rape and defilement of girls under 16, 2001–2003

	Yearly rate		Yearly increase (%)	
	Rape	Defilement	Rape	Defilement
2001	1,364	218	–	–
2002	1,473	237	3.8	4.2
2003	1,600	273	4.1	7.1
<b>% Increase 2001–2003</b>			<b>7.9</b>	<b>11.3</b>

Source: 2003 Botswana Police Annual Report

### 3.5 Incomplete and Inaccurate Data

Over the past decade, the *exchange* of knowledge and experience on child sexual abuse by non-governmental organisations and government departments has contributed greatly to a desire to deal with the problem. Unfortunately, this exchange has been affected by the lack of *in-depth* knowledge about the phenomenon. This current study confirmed that sexual abuse has been a prominent topic of public concern for the past few years in Botswana, but many basic facts about the problem remain unclear or in dispute. Answers to some of the most frequently asked questions remain unknown: How many children are sexually abused? Is abuse increasing? Who is at risk? Unfortunately, there is no research that has provided definitive answers to these questions. Not even this study can claim to have come closer to answering these questions.

## **4. CURRENT KNOWLEDGE AND UNDERSTANDING**

### **4.1 Understanding the Scope of the Problem**

#### **4.1.1 Definition of Child Abuse**

There seems to be confusion when it comes to the definition of a child and sexual abuse. Forty per cent (40%) of the key informants indicated that sexual abuse has occurred when an adult indulges in sexual intercourse with a female who is under the age of 21 years, 18% indicated that child sexual abuse is when a child below the age of 16 is forced to have sexual intercourse, 22% indicated that it is when a person below the age of 18 is raped, and 20% indicated that it is when a child below the age of 14 is raped.

#### **4.1.2 Awareness Level of Children**

Although child sexual abuse is rarely addressed as an educational problem, it is now clear from interviews and from accounts of primary and secondary students that it does frequently occur and often has negative consequences for children and their future adult mental health. Some 70% of children interviewed (up to age 16) indicated that stepfathers and mother's cohabiter imposed a long-term sexual relationship on a child they know. This degree of awareness can be associated with the Childline Botswana and BOFWA programmes that out-reach to schools to sensitise children on child abuse issues.

#### **4.1.3 Widespread Bias Regarding Abuse of Male Children**

The current study revealed the widespread assumption that sexual abuse of children is a clear-cut and predictable scenario: the victim is a female child and the perpetrator is a male. This assumption was so unanimous that when the participants referred to a sexual abuse victim, they used the pronoun "she" instead of the traditional generic pronoun "he." The idea that a sexually abused victim could be a male child was so infrequently considered that it could generate confusion, certainly the speaker was making a grammatical error, and even outright laughter and derision.

Perhaps the major reason for Botswana society's persistent refusal to see male children as sexual abuse victims has to do with the traditional role of males as protectors and defenders. One of the traditional defining characteristics of the male experience is that men go to war or fight off danger and aggression, either actually or potentially.

In spite of the sparseness of literature on child sexual abuse in general, what exists on male child sexual abuse is characterised by strong consensus on several points.

- The male child sexual abuse victim is greatly underreported and underserved.
- Societal attitudes and gender-based expectations tend to strongly discourage disclosure by male victims of child sexual abuse, which affects both reported statistics and the long-term psychological recovery of male victims

#### 4.1.4 Attitude Variance: Urban/Rural, and Geographical

Detailed analysis showed that participants in the two cities of Gaborone and Francistown strongly associated child sexual abuse with pornography, drug abuse, poor parenting, and child neglect. On the other hand, participants in the rural districts emphasised poverty, social changes taking place in Botswana, and the emergence of HIV/AIDS. It seems geographical and social realities played a role in the formation of perception on factors contributing to child sexual abuse for many of the participants.

#### 4.1.5 Attitude Variance: Gender

Another interesting issue arose when conducting workshops with children. The male children stressed a need for mothers to protect the girl-child, while the female children were complaining that fathers are neglecting their responsibility of protecting the family from all sorts of threat and harm.

### 4.2 Socio-economic Factors — Input from Key Informants

Table 7 below summarises the major findings about the contributing factors to child sexual abuse in Botswana. A brief elaboration on each factor follows.

Table 7. Socio-economic factors associated with child sexual abuse

Factor	%
1. Poverty	22
2. Poor parenting and child neglect	16
3. Social change	15
4. Belief that child sexual abuse cures HIV/AIDS and other sexual transmitted disease	15
5. Exploitation of children's socio-economic situations	13
6. Family disharmony	10
7. Alcohol and drug abuse	4
8. Pornography	3
9. Abuse circle	2
<b>Total</b>	<b>100</b>

#### 4.2.1 Poverty

Among other factors, indices of poverty, such as low income and poor housing, were pointed out as important factors associated with child sexual abuse by 22% of the key informants. Some families go to the extent of surrendering their children for sexual abuse in return for basic commodities like sugar, milk, and sometimes a monthly stipend.

Poor shelter, which may lead to overcrowding within the poor population, also encourages early exposure of children to sexual activities because children share the same bedrooms with their parents.

#### **4.2.2 Poor Parenting and Child Neglect**

Sixteen per cent (16%) of the respondents indicated that the administration of discipline of children by parents in Botswana has deteriorated from the traditional method. The changing nature of family life, such as the increase in number of young people being brought up in single-parent households and absence of the extended family living nearby, exacerbates the already difficult relationships between adults and children. Difficulties include mutual lack of understanding, fear, and even hostility. There is also inadequate supervision of young people.

In rural areas, the children of single mothers are often left with very elderly “grandmothers” who usually do not have the energy to give the needed parental guidance. This leaves some of these children vulnerable to sexual abuse.

Child neglect is also associated with social mobility within Botswana society. Most families in Botswana migrate from rural to urban, rural to rural (the lands and cattle posts) and even urban to urban settings. This is seen as encouraging and promoting child neglect because in many instances children are left to fend for themselves.

#### **4.2.3 Social Change**

Fifteen per cent (15%) of the key informants associated the sexual abuse of children with the decline of family patterns. These include easier and more frequent divorce and increase in single-parent families, leading to high rates of households with stepfathers and mothers’ co-habitors, which exposes children to unrelated men in their households who too often impose a long-term sexual relationship on the children.

The above finding is supported by various studies, including Botswana and UNFP (2003:33), which show that the institution of marriage in Botswana is no longer universal. This means that increasingly the age of first sexual intercourse is no longer linked to age at first marriage. These disparities and the high prevalence of premarital child bearing and teenage child rearing clearly demonstrate that sexual activity takes place outside wedlock. The report states that the result has been an increasing phenomenon of single-parent family formations as well as female-headed households.

#### **4.2.4 Child Sexual Abuse Seen as Cure to HIV/AIDS and Other STDs**

Approximately 15% of the key informants indicated that of the many vulnerable members of society, young people who have lost at least one parent are the most exposed group. They state that orphans run a greater risk of being abused sexually. This, they said, is made worse by the misplaced belief by mostly men that when one engages in sexual intercourse with a child, first and foremost he will not be infected by HIV/AIDS, and second, if he is HIV positive, the act may cure him.

#### **4.2.5 Exploitation of Children’s Socio-economic Situations**

It was reported by 13% of the respondents that children from emotionally barren and physically abusive homes might be drawn into sex rings, run by paedophiles living close to their homes. They added that paradoxically, many children stay in these sex rings because they offer companionship and reward, which they do not receive at home. Children on the streets are also

easily recruited into such rings, especially those who have experienced prior child sexual abuse. It is noted that in some cases, these sex rings are staging posts for juvenile prostitution. They are also a source of a child pornography, which may have a clandestine but widespread clientele. The showing of such pornography to children is one method by which paedophiles encourage potential victims to engage in sexual acts with adults.

#### **4.2.6 Family Disharmony**

A complicating factor is that child sexual abuse only atypically occurs independently of other family problems, including disordered family relationships, emotional or physical abuse of children, and introduction of different father figures. While it can occur in any kind of family, it is clear that prevalence rates are much higher in disorganised families. These families are more likely to contain children with low self-esteem reflecting prior emotional and physical abuse. Ten per cent (10%) of the key informants indicate that these children are less likely to resist sexual advances by a family member or someone outside the family who offers them sex in exchange for emotional attachment.

Many studies in Botswana support the above findings. In a study on the factors contributing to young offenders in Botswana, Okello-wengi (1997) suggests that different family problems interlock and jointly increase the chances that children will become delinquents. The risk of child antisocial behaviour increases rapidly as the number of family adversities increases. According to the study, child conduct problems can be divided into those that are overt and confrontational (arguing, fighting, sexual abuse, etc.) and those that are covert (stealing, vandalism, truancy, drug use, prostitution, etc.).

#### **4.2.7 Alcohol and Drug Abuse**

Almost 4% explained how consumption of alcohol and other drugs greatly affects the behavioural change in many people, especially men in Botswana. They added that the use of alcohol and drugs increases disrespect for authority figures within the society and weakens their ability to exercise control with regard to moral issues, including denial of child sexual abuse as being an abomination in the society.

Growing up in a violent environment, including where individuals drink alcohol in un-licensed bars (commonly known as *shebeens*), increases children's vulnerability to abuse. This situation is seen by some respondents as exposing children to the risk of being abused both physically and sexually.

#### **4.2.8 Pornography**

Three per cent (3%) of the key informants strongly believed that high exposure to pornography materials, through television and other written materials, increases the degree of child sexual abuse in the society. They add that pornography negatively affects moral values.

#### **4.2.9 Abuse Circle**

Some of the key informants expressed that some abusers have a preference to be in the company of children who have suffered a history of sexual abuse. The abuser often seeks out victims and

survivors of past abuse; the seduction process is facilitated by the vulnerability of the child. Two per cent (2%) of the informants indicated that sometimes the abusers are persons who have themselves endured the trauma of child sexual abuse and have never worked through the emotional and psychological legacy common to many victims and survivors. Mothers may often have unresolved trauma issues from their own abusive childhoods. Sometimes the mothers disbelieve their child's accusation against a family member, or, if believed, blame the child for the abuse.

### **4.3 Other Factors and Issues— Input from Key Informants**

This section briefly looks at the information solicited from the focus group discussions. (See Appendix D. Questions from Focus Group Consultative Workshops). The views gathered from various locations contain similarities but also marked differences. There are also similarities and differences when compared with the information gathered from the key informants. Below, factors that were not already mentioned in the findings from the key informants are presented.

#### **4.3.1 Earlier Signs of Puberty**

The majority of the focus groups felt that adolescents today in Botswana experience puberty earlier than adolescents 100 years ago (i.e., they are taller, weigh more, and appear physically more mature). They felt this makes unreasonable males develop a desire for sexual intercourse with these children. One nurse indicated that although there has been no research done on changes in pubertal trend, especially on girls in Botswana, she felt that the average age of first menstruation has also dropped from somewhere between 15 and 17 years when she was young to about 11 or 12 today.

During the focus group discussions in Lobatse, there was a persistent debate on why adults abuse children. It was agreed that early life experience, lack of proper and wholesome sex education, early exposure to sex/pornography, and definite lack of spiritual values could all contribute to child sexual abuse.

#### **4.3.2 Protection of Abuser by Victim's Family and Others**

The majority of the focus group participants identified stepfathers and other father-surrogates as being over-represented among child sexual abusers. They emphasised that the way the family reacts to child sexual abuse determines its degree of permeation. In cases of incest, where it is not only a violation of the child's body but a betrayal of a relationship, the child goes through horrifying trauma. As a result of such an experience, the child-survivor is likely to doubt the potential of other members in the family (especially her mother) to protect her. This effect is seriously compounded if the victim tries to reveal the abuse to other potential protectors in or out of the family and is then pressured by family members to remain silent.

One participant in Francistown explained how some parents (mothers) usually turn a blind eye to sexual abuse of their children, sometimes for mere economic gains.

A social worker in Kanye noted a clinical case where some of the family members had colluded with an abuser until the child was rescued by the social services with help of the area police.

#### **4.3.3 Need for Improved Structures to Address Issues**

One focus group reported that while there are some efforts to protect children in Botswana, they are often not adequate. Some of the participants pointed to the limited number of safe childcare facilities, lack of cooperation among the main stakeholders, and inadequate standards, quality control mechanisms, and logistical support. The focus group in Lobatse noted that most of the child-protection NGOs are situated in Gaborone, yet most of the needy children live in other areas of the country.

#### **4.3.4 Need for Improved Communication and Awareness Strategies**

Focus groups called on both the government and civic society to increase their level of communication. They felt that this would increase knowledge and understanding about the risk factors and the protective factors for high-risk families, as well as encourage and ameliorate actions by everyone concerned with child sexual abuse. Concerned people, according to the group, may be professionals, parents, neighbours, or businesspersons.

#### **4.3.5 Need for NGOs to Focus on Needy Families**

The majority of the focus groups saw NGOs as the gateway to success in the fight against child sexual abuse. They indicated that NGOs working towards rural development and poverty alleviation should direct support programmes towards poor families to help decrease the practice of children earning money through immoral activities.

#### **4.3.6 Need for Community-based Action to Be Strengthened**

There is also a need for community-based action through village development committees and other village committees. Focus groups argued that it is the responsibility of each community to protect their members. Community-based action would ensure monitoring of children of vulnerable families and early detection and prevention of them regarding exploitation, even for example, when families send children outside the village for work, especially the girls.

#### **4.3.7 Need for a Sensitisation Programme**

Raising public sensitivity to child abuse was seen as very crucial by the focus groups. They indicated that this should be done for all involved, policy makers and children alike. This implies networking with police, media, academicians, lawyers, and women's groups to ensure that childhood innocence is not lost.

The focus group stated that in order to ensure that children are protected from abuse, police need to do the following:

- Have a sensitive, open, and child-friendly approach.
- Handle the child with patience.
- Always function in the best interest of the child. Timely intervention of a police officer can prevent a young girl or a boy from being sexually exploited.

## **4.4 Current Limitations of Child Support Structures**

Botswana has a child protection system in place, which includes a legislative and policy framework that is supportive to child survival, development, protection and participation. The framework allows for a holistic and multi-disciplinary approach to the well-being of a child. The major players include chiefs, doctors, social workers, family welfare educators, mental hospital staff, hospital social workers, prison officers, police, and magistrates. Various legislations and policies co-exist to provide protection measures designed to promote child survival, healthy development, participation in society, and protection against abuse and neglect.

In spite of this, there is currently no proper and effective planning, communication and coordination among key stakeholders, especially when it comes to community involvement. Nonetheless, various organisations within the government and non-governmental and traditional structures do provide support and protection to children in Botswana. Below is a brief review of some of the issues involved with some of these structures.

### **4.4.1 Lack of Coordination Among NGOs**

There is also a perceived lack of coordination and collaboration between the NGOs dealing with children and communities, especially communities outside the cities. A strong perception, particularly among social workers, chiefs, teachers and VDCs, is that to a large extent, NGOs providing child protection services, including Childline Botswana, confine themselves to cases in Gaborone, while the majority of abuses are taking place in rural areas.

There are several NGOs which play an important role in advancing and protecting children's rights, e.g., Childline, BOFWA and SOS Villages. These are prominent in providing assistance to victims of child abuse, as well as to children with disabilities (e.g. special schools for children with disabilities). These organisations assist in the provision of counselling services and offer specialised training to the affected children. However, according to Boko et al (1999:27), NGOs experience a lot of difficulties, including the following.

- There is a high incidence of cases of child abuse. Parents in general appear not to be familiar with the whole concept of children's rights.
- In the cases of children with disabilities, once these have been admitted into specialised institutions, the parents immediately abandon them.

### **4.4.2 Chiefs Untrained for Child Abuse Issues**

A chief may be appointed a Commissioner of child welfare under the *Children's Act*. In addition, chiefs usually preside over paternity cases and subsequently make maintenance orders. In some cases, chiefs are called upon to discipline juvenile offenders, in which case their court will assume the role of a juvenile court (Boko et al 1999). Chiefs generally do not have knowledge of instruments dealing with children's rights. Further, it appears there is no partnership between chiefs and social workers in the discipline of young offenders in customary courts. Chiefs still stick to the traditional approach of using corporal punishment to instil discipline and do not recognise other methods such as counselling, as being effective.

Chiefs serve as an important link between the people and government. In light of the fact that a great number of parents do not have adequate information in the subject of children's rights, chiefs could serve as an important starting point in delivering the message to the parents.

#### **4.4.3 Lack of Training and Coordination for Community-Based Organisations**

There are several community-based organisations (CBOs) that have a role to play in the advancement and protection of children's rights, including the following.

- **Village Development Committees (VDCs)** are an important link between the government and citizens at the village level. Government policies dealing with children's matters can therefore be effectively delivered to the people through VDCs.
- **Parent-Teacher Associations (PTAs)** provide a forum for parents to collaborate with teachers on the education of their children.
- **Home-based Health Committees** deal with the sick, and in the process are able to identify children whose parents are sick and unable to provide for them and alert the Department of Social and Community Development to provide assistance.
- **Village Child Welfare Committees.**
- The **Village Health teams**, along with the Home-Based Health Committees, are composed largely of family welfare educators (FWE). In addition to their responsibilities under the said committees, they have other responsibilities at their places of work (clinics and hospitals). In their day-to-day activities, FWEs play an important part in advising parents on children's health and other child welfare issues.

CBOs, like other key players in the implementation and protection of children's rights, are not familiar with the relevant instruments. However, they *can* be used as a means for reaching out to the parents. CBOs have some serious limitations that must be addressed in order for them to play any meaningful role in a new structure for the implementation and protection of children's rights. Some of these limitations are as follows.

- poor coordination, which renders them ineffective
- lack of resources (e.g., skilled personnel and offices)
- weak extension services in remote areas
- lack of proper record keeping of cases handled

The respondents emphasised that coordination should be an important policy consideration in order to maximise use of existing resources and to develop comprehensive, effective, and well-balanced programmes. Similarly, they added, there is a need to coordinate programmes with those of the private sector, which can help generate greater community involvement and participation. This coordination, they concluded, can do much to provide support in identifying the re-entry of potential sexual abusers into communities, and to ensure monitoring of children of vulnerable families in an effort to prevent them from being sexually exploited.

The *Children's Act* provides for the establishment of a number of certain institutions for the custody and care of children in need. These include places of safety and residential homes.

Currently, only the SOS Children's Villages (in Gaborone and Francistown) and Childline Botswana provide places of safety for abused and neglected children. This means that there are limited childcare and protection facilities.

#### **4.4.4 Need for Specialised Training for Professionals**

Another issue identified by 70% of the respondents is the lack of appropriate training for staff involved in child welfare and protection. It was pointed out that the problem stems from the fact that some organisations surround child sexual abuse with an aura and with unresolved fundamental contradictions, which has resulted in a mystique about specialised sexual abuse workers. Health workers, social workers, clergy, educators, guidance counsellors, police officers, survivors of sexual abuse, etc., all have roles to play in providing the necessary continuum of services. Unfortunately, many find themselves dealing with victims and survivors of abuse, but without specialised skills. This situation presents a constraining factor to the provision of quality child protection. Respondents indicated that a much more concerted and organised effort is needed to influence the formal educational curricula and to launch specialised training programmes for community workers.

#### **4.4.5 Need for Strengthening Community Effort and Collaboration**

While there are programmes that target children's safety, 60% of the respondents indicated that there is a tendency towards inter-agency rivalries among both public and private institutions. They say this has led to a lack of coordination and less than optimal utilisation of resources. A variety of agencies in the fields of social welfare, health, education, labour, justice, and police are involved.

Forty-five per cent (45%) of respondents noted that children who run away from their homes and later become victims of child sexual abuse do so as a result of unstable and unhealthy family environments. They added that this does not occur in families that are self-sufficient and emotionally stable. They suggested that there is a need for strengthening family support services.

Meanwhile, 20% stated that non-government organisations (NGOs) working towards social development and poverty alleviation should target poor families with support programmes so that they do not force their children to earn money through sex-related work.

Some 20% indicated that the lack of community involvement and direct participation in child sexual abuse programmes has been a vital missing link and a major contributing factor to failures in the past, hence there is a need to raise public sensitivity to child abuse.

Lastly, 15% of the respondents emphasised the need for a strong network within police, media, academics, lawyers, and women groups to ensure that childhood innocence is not lost.

The interpretation is that referrals among various stakeholders are perceived to be weak and uncoordinated. There are no common standards and procedures to deal with cases of abuse and neglect. As a result, various organisations respond differently to suspected cases of abuse and neglect. And because the system of referral is not formalised and strictly enforced, organisations' support to abused and neglected children is likely to be incoherent, fragmented, and inconsistent, which makes it very difficult for quality control process.

## 5. FULFILMENT OF STUDY OBJECTIVES

The broad objective of this study was to identify the major economic, social and situational factors that contribute to child sexual abuse, with particular focus on the situation as it affects girl children. The results of the current study are in a rather early stage of implementation, so our experience with resulting community action is very limited. The extent of the fulfilment of the study is discussed below in terms of each of the five specific objectives.

### 5.1 Written, Theatre and Visual Information to Inform Policy Changes

Objective 1. Provide written, theatre and visual information to be used to lobby government for a coherent, national child welfare policy as it relates to girl child sexual abuse.
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**Theatre/Visual Information.** A documentary drama based on the major findings of the research has also been produced in VHS and copies have made available to relevant organisations for sensitisation programmes.

**Action 4:**

A professional research report will be produced. The professional report will include a description of the research methodology, describe issues that emerged during the research, itemise findings and provide analysis and recommendations.

**Action 5 (Key Deliverable):**

A popularised version of the professional report will also be produced. The popularised version will contain the major findings of the study and recommendations and will be summarised in a way that will be useful for interested lay people. Findings from the Research will be presented in 2004 at a national conference on child abuse organised by Childline Botswana.

**Written Information.** In addition to being printed and bound, a limited number of copies of the study will be published and distributed to partners. Copies of the popularised version of the technical report have been shared with relevant organisations internationally, particularly throughout Southern Africa where similar socio-economic conditions exist and lessons learned in Botswana may also be applied. Publication is going to allow for the document to be incorporated into library holdings throughout the country. The current study results and a press release was made available to local and national media (newspapers and television) in the month of March 2005.

**Use of Findings in Policy.** Since Childline is the leading agency in the country advocating for children's rights, the research findings carry great weight within the child welfare community and serve as a mechanism for policy reform (e.g., at the national conference on child abuse that Childline intends to organise and host in April 200). Furthermore, Childline and its Board of Trustees feel that the Government of Botswana will be more inclined to change national legislation to conform to the United Convention on the Rights of the Child when presented with the findings.

## 5.2 Botswana-specific Literature for Use in Prevention

Objective 2. Develop Botswana-specific literature for the prevention of sexual abuse of children, taking into account the socio-economic, political and cultural realities in the country.

The current report documents for the first time views of various professional and elders in Botswana regarding child sexual abuse. It is a contribution that can stimulate new directions in social development and child abuse research, child related policies and practice in Botswana.

**Use of Findings in Education.** The current research results are useful for local training institutions such as the University of Botswana. Social workers and others in the field of childcare and education can better understand and recognise the factors that lead to sexual abuse. It is expected that awareness level would even improve after the release on Botswana Television of the video on child sexual abuse.

## 5.3 Use of Results in Current and New Childline Programmes

Objective 3. Use the results as a basis for developing new, and refining existing, Childline programmes, services and strategies, including those aimed at the prevention of child sexual abuse.

Many strategies and recommendations provided by the key informants and focus group participants have been endorsed by Childline Botswana and initiatives begun that include both awareness and policy components. One example is an intensification of community outreach. Other plans for action to ensure both effective implementation and sustainability of child oriented policies include the following.

- Identify key actors and potential partners at the municipal and grassroots level to join in the efforts to deal with the problems of child sexual abuse. Childline Botswana is of the view that encouraging the key partners to participate in planning increases their sense of responsibility towards children in distress and leads to changes in attitudes.
- Involve families and communities by supporting their communal strategies. This will heighten their sense of responsibility and lead to a robust child welfare awareness in their communities.
- The results have been used and integrated in Childline's ongoing education programmes through workshops, conferences, panel discussions and *kgotla* meetings. Staff at Childline receive guidance on incorporating relevant information from the research in their own work.

**Use of Findings in Development of Community Services.** Childline has started using the results to strengthen ongoing services and to serve as a guide in the development of new programmes. Childline and other agencies continue to track cases that come into their offices and monitor the

rate of child sexual abuse. In cooperation with other child welfare agencies, they will try to determine the effect of the study on the population's perception of child sexual abuse.

## 5.4 Support for Change, Awareness, Advocacy and Capacity Building

Objective 4.	Support change within child-centered environments that will prevent child sexual abuse, such as changing the teachers' code of conduct and establishing a procedure for complaints in schools.
Objective 5.	Increase awareness and concern for the issue and its causes, which have traditionally been taboo subjects in Botswana.

***Support change in environments/Increase awareness and concern.*** The presentation of the study by Childline to key groups during the launch in April 2005 will stimulate and progressively develop more preventive approaches. These approaches will emphasise the importance of taking the following actions.

- Develop a valid theory of what brings about change; understand the multiple components that may help to improve or prevent the situation.
- Mobilise a broad range of people and institutions; because children's problems derive from many sources, no long-term results can be achieved without such broad mobilisation.
- Recognise the need for a "quality jump" at both the municipal and grassroots levels in the understanding of – and responses to – specific children's problems and the overall environment of the child.

***Advocacy.*** Childline has started using the results of the study when advocating for children's rights. As part of their ongoing work, Childline has been advocating for the introduction of child protection units in the police stations but to no avail. The results of the current research are going to help substantiate Childline's claim that there is a need for such child protection units. Similarly, the results will be integrated throughout advocacy campaigns to influence policies and laws affecting children in Botswana.

***Capacity Building.*** The fundamental principle of action research is that the people on whom the research focuses are participants in the research. They are subjects, not the objects of the study. Both the participants and the key informants were greatly interested in promoting the rights of children and addressing the challenges posed by child sexual abuse. The researchers, on the other hand, were interested in the methodology of action research and saw the current study as an opportunity to use it to measure the level of awareness of children's issues in Botswana. Also, the approach seems to have provided an understanding of the traditional evaluation of children's right. The current study also provided Childline with an opportunity for getting various professionals together to learn and share views, which has not been easy in the past.

## 6. DISCUSSION OF FINDINGS

### 6.1 Key Factors in Child Sexual Abuse

The current study emphasised the interrelated nature of risk factors and child sexual abuse and the important interactions between the physical, mental, social, and emotional dimensions of the child's development.

In addressing the complex issues of child protection programme reliability and sustainability, the need exists to empower local communities with the knowledge and skills needed to provide for the survival and development skills of their children. Moreover, sustainable child protection and development programmes can identify and support more traditional local practices of child rearing that have for generations provided culturally appropriate solutions. Once these patterns are identified, Childline and other child-oriented organisations must build this knowledge into design of locally appropriate programmes, integrating new information when appropriate, and searching for innovative solutions.

As illustrated in the current study, community participation is vital to all aspects of a successful child protection programme, and children must be active participants in the creation of their own knowledge base. The knowledge fostered should not be dependent on the use of complex technologies, but can be developed through a school learner-centred curriculum that builds upon the learner's existing knowledge.

Key informants and focus groups identified child sexual abuse as being strongly factored by **poverty**, which underlies overcrowding and inadequate accommodation; it fosters social isolation and drives certain families to use their children as sex workers in order to realise their basic economic needs. As poverty is a major determining factor in the development of both the abuser and the abused, it should be one of the major targeted areas.

The majority of children in Botswana are likely to be brought up in a **single parent or reconstituted household** at some stage in their childhood and adolescence. The proportion of families headed by a lone parent continues to increase. Increasing mobility of families has further influenced movement away from the traditional nuclear family supported by an extended family living nearby. Families now tend to be smaller and live a long distance from close relatives. Increasingly, family members must adapt to considerable change and need to develop skills in building supportive social networks within communities which are also less stable than they used to be. Social change was also found to be associated with the high rate of divorce and marital disharmony in many homes.

We now know that certain **types of childrearing practices** are more likely than others to propel children into becoming delinquents, and sexual abusers or victims of abuse. We also know that family discord and stress and low income are linked with higher rates of abuse. Knowing this, we need to identify policies and practice that will support parents in the difficult task of childrearing.

The frustrations and complications inherent in working with sexual abuse victims and survivors cause a high rate of staff "burn-out", noted one respondent. Therefore, **better training** is required to prepare them for their tasks and at the same time strategies must be devised to

prevent “burn-out”. All in all, the question of staffing sexual abuse programmes in general, and rehabilitation, in particular, merits much closer review. Proper recruitment, adequate screening, attractive salaries and incentives, and appropriate training are seen as essential. But, most of all, the respondents inform that there is a need to demystify the whole sexual abuse field to make the problem and its dimensions comprehensible, thereby encouraging the participation of non-professionals.

How and when to involve the Botswana Government in the complex process of **expansion of services**, and how to define the critical components in child protection programme quality are pressing concerns. Utilising the advances in media technology, we must continue our efforts to create flexible training strategies that can respond to the diversity of skills and needs of child protection personnel. As indicated, without our commitment to the infrastructure needed to supplement intensive protection of vulnerable children, with ongoing supervision and follow-up, the kinds of programmes we expect will remain an ideal.

Inefficient monitoring systems must be replaced with **effective information management systems**, enabling child-oriented projects to adjust to a changing array of circumstances in Botswana.

Finally, we must continue to allow for the **systematic interaction among NGOs and communities**. Programmes should not only build on strengthening professional skills, but should also identify the culture-specific opportunities for community structures.

## **6.2 Possible Strategies for the Eradication of Child Sexual Abuse**

The respondents and focus groups were encouraged to list a wide range of appropriate strategies to help in the eradication of child sexual abuse. Most of the strategies targeted community organisations, the media, schools and families.

### **6.2.1 Community Networking Outreach**

- Establish cooperative networks with schools, law enforcement agencies, and juvenile courts, as well as mental health, child protection, and other community agencies, to provide effective referrals and services.
- Galvanise the support of community organisations — e.g., churches, businesses, and community members — in the war against child sexual abuse
- Conduct vigorous outreach efforts through culturally appropriate media materials, state-wide conferences, community presentations, rallies, and other visible events.
- Provide child sexual abuse education to raise awareness and knowledge among children, youth, parents, teachers, other family members, and the community.
- Train teachers, health care professionals, community service agency counsellors, day-care providers, and others on issues related to child sexual abuse and on how to identify and help young children who are victims or survivors of abuse.

- Recruit, train, and support the involvement of respected community members, such as businessmen and tribal elders, as positive adult role models for high-risk children and youth.

### **6.2.2 Parenting Help/Support**

- Reach out actively to involve parents whose support is critical for improving the life chances of their children, in child protection efforts.
- Provide individual, group, and family therapy for children and families affected by child sexual abuse
- Offer parents help through parenting and other skill-building courses, support groups, and aid in accessing social services

### **6.2.3 Children and Youth Help/Support**

- Provide life skills training (includes decision-making, effective problem solving, coping with stressful situations, help in forming nurturing relationships and in developing social skills, and skills for resisting negative peer pressure) to build self-esteem and social competence in young people and enable them to make healthy life choices
- Train peers to make educational presentations on general child abuse, including child sexual abuse, to facilitate peer group sessions, and to act as positive role models
- Provide health education, including courses on sexuality, birth control, and AIDS prevention.
- Provide compulsory educational and rehabilitation services for children rescued from abuse.

Considering the overwhelming vulnerability of children orphaned by HIV/AIDS, relevant child protection agencies should shift from an exclusive focus on “the child” to a broader focus on the child, family, school and community. Agencies should involve children and family members in an affordable approach to family preservation and community development. Agencies need to establish effective ways of making contact with children-at-risk with the view of better understanding what children feel they most lack.

## 7. RECOMMENDATIONS

The study recommends the following actions (*Fourth Term of Reference*).

1. Improve communities' responsibilities towards children's upbringing by increasing public awareness and support. The public needs to understand that any child — whether rich or poor, living in a city, suburb, or rural area — can be at risk of being a victim of child sexual abuse. This particular problem, which affects children at all socio-economic levels, may be used as a rallying point for subsequently helping disadvantaged children.
2. Raise awareness among policy makers and implementers. Political will and commitment are essential at the national level to initiate national policies for eradication of child sexual abuse. Programmes on child protection are more likely to become potent forces in reducing abuse of children when strong political and community support is evident.
3. Develop programmes for high-risk children and families in the rural areas. Programmes like Childline Botswana and Botshabelo need to be considered for replication in different parts of the country.
4. Increase advocacy and information exchange among partners both at rural and national level; improve cooperation and coordinate of efforts.
5. Focus on the impact of HIV/AIDS on orphaned children by paying special attention to the plight of orphaned children; strengthen and support the capacity of families to protect and care for these children.
6. Conduct further research in the area of child sexual abuse, with specific focus on the abusers.

## Appendix A. Sample Invitation Letter

The District Commissioner  
Private Bag, Kanye

5 December 2003

Attention: District Commissioner

### **RE: Research on social economic factors associated with child sexual abuse**

Dear Madam/Sir

Thank you very much for receiving our letter regarding the above subject matter.

A review by Botswana Police Service of 1194 rape cases determined that 27% of all offences in the years 1996–1998 were reported by or on behalf of children less than 16 years of age. Following the trend of increased incidences of rape among all age groups of women in Botswana, a 20% increase in reported offences of rape and attempted rape against children under the age of sixteen was noted. Based on these findings Childline, Botswana is undertaking a research to determine the major contributing factors to child sexual abuse in Botswana.

This letter is to inform you that a consultancy comprising the following people has been appointed to carry out the task from the 6<sup>th</sup> January 2004 to 30<sup>th</sup> June 2004. The consultancy is fully sponsored by the Child Protection Research Fund from the Canadian International Development Agency (CIDA).

Sebastian Okello-Wengi (Leader)  
Botho Ntswaneng  
Bona Pheko

The Task Force shall be carrying out consultations in various Districts, sub-districts and towns with the objective of running consultative workshops and interviewing specific individuals whose area of expertise involves child protection and welfare. The following areas have been specifically identified for data collection: Gaborone, Kanye, Lobatse, Selibe-Phikwe and Maun.

In this connection, the Consultants may request your assistance in inviting the following officers to attend a one-day workshop to be held in your district on the 19<sup>th</sup> February 2004:

Village Development Committee members— 6 representatives	Church community—2 representatives
Family Welfare Educators—2 representatives	Youth—2 males and 2 females
Primary School Teachers—2 representatives	Elderly people from the community— 2 males and 2 females
Secondary School Teachers—2 representatives	Central Government Police
Nurses—2 representatives	Health Education officer—1 representative
The Chief	Social Workers—2 representatives

I therefore kindly beg for your indulgence and any co-operation you can afford us in this endeavour. By copy of this letter, the Consultants are advised to contact you as may be necessary.

I thank you for giving our request your attention.

Bona Pheko  
Social Worker/Research Desk Officer

cc. Sebastian Okello-Wengi (Leader)  
Botho Ntswaneng  
Bona Pheko

## **Appendix B. Focus group and Interview Procedure**

Data collection for the study started with writing letters to various district officers, organisations and schools in the country, requesting their participation in the research. District Commissioners and officers were specifically requested to invite professionals from the various relevant organisations within their catchment area.

On arrival at an interview and workshop site, the researchers presented themselves to the District Officer of the area for introduction. There was usually a brief meeting with the relevant officials regarding the existing arrangements for the study. The interviews and the workshops were conducted concurrently. Ms. Bona Pheko was responsible for interviews and Mrs. Botho Ntswaneng helped the lead researcher with managing the focus group consultative workshops. The roles between Bona Pheko and Mrs. Ntswaneng would change, based on environmental realities. For example Ms. Bona Pheko originates from the Northern part of Botswana and she was more conversant with the language, culture and practises of people from the north. Meanwhile, Mrs. Ntswaneng was from Southern part of Botswana and very familiar with the practises of the people living in the South.

### **Workshops**

The workshops were always divided in six parts, and included the following activities.

- Part one** Registration of the participants, provision of workshop materials, followed by prayers and introductions.
- Part two** Presentation of the workshop objectives, carried out by any of the researchers who felt conversant with the site of the research. Participants were invited to ask questions, after which all available researchers gave their responses.
- Part three** The lead researcher took the participants through the materials provided. This usually took about one hour. Participants were again invited to ask questions where necessary. Following this, they were divided into groups of five to six, directed to choose a group leader, and provided with relevant questions for discussions.  
[Tea break]
- Part four** Participants continued with focus group discussions for about two hours.  
[Lunch]
- Part five** Group leaders presented to the rest of participants on issues the group had discussed. Each group was given around twenty minutes for the presentation.
- Part six** Workshop closure, with a vote of thanks by one of the research team and prayers by any volunteer in the workshop.

### **Interviews**

The research assistant responsible for the interviews in a particular area would start her interview after part three of the consultative workshop had ended. She would go to the relevant key informants identified, arrange for the interview place and start the interview. Each interview took about 30 minutes. After the interviews, she would join the rest of the research team for the closure of the workshop.

## Appendix C. Interview Schedule

Respondent's Name: \_\_\_\_\_

Organisation: \_\_\_\_\_ Position: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Town/Village: \_\_\_\_\_

Gender: \_\_\_\_\_ Profession: \_\_\_\_\_

1. What do you understand by child sex abuse?  
\_\_\_\_\_
2. What are the underlying factors that may be associated with child sexual abuse?  
\_\_\_\_\_
3. What existing socio-economic situations may lead to child sexual abuse?  
\_\_\_\_\_
4. Does the high rate of AIDS/HIV in the community have an effect on the incidence of child sexual abuse?  
\_\_\_\_\_
5. How is child sexual abuse perceived in the (your) community?  
\_\_\_\_\_
6. What programs/services/support (including informal) are available to assist survivors of child sexual abuse, whether they are children or adults?  
\_\_\_\_\_
7. What level of sexual awareness do you think children currently possess?  
\_\_\_\_\_
8. What degree of awareness level exists in your community on child sexual abuse?  
\_\_\_\_\_
9. What training and professional support programs exist for child protection workers to address the needs of victims and survivors of child sexual abuse?  
\_\_\_\_\_
10. What programs and structures would you recommend for general child protection and development?  
\_\_\_\_\_
11. How can the community combat child sexual abuse?  
\_\_\_\_\_
12. What programs are available for abusers to change their behaviour?  
\_\_\_\_\_
13. Should sexual education be given to children?  
\_\_\_\_\_

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

## **Appendix D. Questions from Focus Group Consultative Workshops**

1. What do you perceive to be the socio-economic factors contributing to child sexual abuse in Botswana?
2. What are the current mechanisms on the ground to address issues of child sexual abuse in Botswana?
3. How can the existing strategies be improved in the best interest of children in Botswana?

## **Appendix E. Acronyms**

ACRWC	.....	African Charter on the Rights and Welfare of the Child
BHDI	.....	Botswana's Human Development Index
BHPI	.....	Botswana Human Poverty Index
BOFWA	.....	Botswana Family Welfare Association
CBO	.....	Community Based Organisation
CIDA	.....	Canadian International Development Agency
CRC	.....	Convention on the Rights of the Child
CSA	.....	Child Sexual Abuse
HIES	.....	Household Income and Expenditure Survey
NGO	.....	Non-Governmental Organisation
PDL	.....	Poverty Datum Line
PTA	.....	Parents Teachers Association
RADP	.....	Remote Area Development Programme
TOR	.....	Terms Of Reference
UN	.....	United Nations
UNFPA	.....	United Nations Population Fund
UNICEF	.....	United Nations International Children's Emergency Fund
USA	.....	United States of America
VDC	.....	Village Development Committee
WUSC	.....	World University Service of Canada