COVID-19 Freedom from Fear & Violence

I. Project Overview

Freedom from Fear” focuses on freeing children from the fear of violence in the family, and freeing families from fear of reporting child abuse; freedom from fear of attending court as a child, freedom from fear for children and youth to stand up for their rights and speak their minds to leaders; and freedom from fear of parents to speak about positive parenting. During Covid19 lockdown there has been a spike in child abuse and gender based violence in the family. The national lockdown increased stress on families and decreased access to services leading to poverty, hunger, depression & violence in the home with little to no reprieve for victims. SSI provides counselling, food and medication delivery, homework packets, safe shelter placements for fleeing victims, and community education on Covid-19 preventative measures.

II. Rationale for the project

Child abuse and children’s rights in Botswana: There are no reliable national figures of the number of abused, abandoned, and neglected children because some cases are not reported (discussion with representatives from Childline, Botswana). Researchers suggest the problem is underreported. Seloilwe & Thupayagale-Tshweneagae (2009) observed that the extent of the problem of child abuse in Botswana is far larger than currently reflected in police and other government statistics. Police data are often incomplete and limited; and many cases go unreported for fear of stigmatization. Most are ‘hidden’ in an attempt to preserve the family’s social status and integrity (Botswana Police, 2001). During Covid lockdown there were 7 reported cases of rape or defilement of children ages 7 to 15 just during the period from 30 March -5 April 2020. For every case reported there are approximately 9 unreported.

Research shows the highest prevalence of child sexual abuse in the world is in South Africa where 42% had experienced some form of maltreatment, whether sexual, physical, or emotional and neglect. A lot of abuse takes place in the home (Pereda et al., 2009). Children in Botswana expressed that it is common for them to witness domestic violence, be subjected to violence, and experience angry adults shouting and beating. Children noted that some parents, guardians and caregivers at the household level are negligent, sexually, emotionally and/or physical abusive to children (UNICEF, 2011). Recent research showed that among 13 to 19 year olds; 22% of students say their sexual debut was forced; 13% of girls reported having been pregnant (Botswana Youth Risk Behavioural and Biological Surveillance Survey, BYRBSS II, 2016).

Gender equality and GBV: The Botswana National Relationship Study (2018) indicates slightly over a third of women in Botswana (37%) reported experiencing some form of GBV in their lifetime including partner and non-partner violence. Slightly less than a third (30%) of men reported perpetrating GBV. Likewise, 21% of men interviewed reported experiencing some form of violence, while 12% of women reported ever perpetrating violence in their lifetime. This shows a need to target both boys and girls to address issues of sexual abuse. Few cases of gender-based violence are reported to police. The successful conviction rate of GBV cases is less than 1% of GBV experienced.
**Child-friendly services:** Botswana has inadequate child-friendly health, counselling and police services and child-friendly process in courts. Service providers are not sufficiently trained, thus inadequate service delivery creates high barriers to report or access services. Few child abuse cases make it to court, nor are perpetrators often convicted. In 2000, only 16 cases of criminal abuse and neglect of children were convicted in Botswana. Recent data are lacking, but there are no signs that this number has changed. In the 2016, the Violence Against Children Survey preliminary results, showed the service uptake and disclosure for children who experienced physical violence and reported seeking help was 10.9% of females and 11.5% of males. This demonstrates the low use of services for any child abuse.

### III. Beneficiaries and Support to be Provided to Overcome Barriers

The following table highlights the services that will be provided during the state of emergency in Botswana and after the period while returning to a sense of normalcy.

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<tr>
<th>Beneficiaries</th>
<th>Barriers</th>
<th>Freedom from Fear Solutions</th>
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<tr>
<td>1. Children and youth ages 10-19</td>
<td>Lack of support from service providers and rarely youth friendly. Not conventionally given a voice in public service situations. Some experience violence or other forms of abuse in the family.</td>
<td>Provide counselling, educational support and accompany children to service providers for support. Establish a line for children to call in case of emergency. SSI has 12 staff in the communities physically visiting families and responding to calls.</td>
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<td>2. Parents / Caregivers</td>
<td>Minimal services for parents to tap into for support. Their understanding of what their children access on social media and internet inhibits their ability to understand their children’s world. Parents are often not proactive. Understanding and meaning in parents’ lives of the Children’s Act and their responsibilities in protecting children is limited</td>
<td>Conduct home visits to provide parents with parenting tips, support family counselling both by phone and in person. Provide food packs for those who did not receive government services.</td>
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<td>3. Service Providers (health, social welfare, guidance teachers, Dikgosi (chiefs), police)</td>
<td>A need for further education and support on the Children’s Act, improving services for children so that they are more likely to report abuse and referral processes.</td>
<td>SSI has developed strong relationships with service providers in the stipulated districts and through discussion, they requested support. SSI will provide online GBV training support through a Gender based violence Therapist and Specialist.</td>
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<td>4. Media</td>
<td>Tendency to sensationalize acts of violence and treat them as isolated acts. Need correct information</td>
<td>SSI will be on radio with parenting tips, importance of reporting and air the infomercial on BTV and radio which focuses on the importance of reporting child sexual abuse. SSI will also distribute through social media – Freedom from Fear posters which were designed and tested with communities.</td>
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IV. OUTCOMES

SSI will double the following services:

- Psychosocial support for victims of abuse, neglect and violence (1300+ served to date), goal is to serve 2000+.
- Delivery of basic needs including food, medication, homework (250+ served to date), goal is to serve 480+.
- Safe shelter & advocacy for victims fleeing extreme violence (15+ served to date), goal is to serve 30+.
- Continuous education on covid-19 preventative measures as well as updates through provision of educational materials from WHO and MoHW
- Provider Training on Trauma-Informed Counselling

Potential Long-Term Impact

The aftermath of COVID will be difficult as people struggle to obtain food in the first few months, catch up with the schooling that was missed with no access to online facilities, and cope with the issues that arose during lockdown. “Freedom from Fear” focuses on freeing children from the fear of violence in the family over the long term. Parents will have skills to handle stress as well as anger management. Children will have access to help and learn new coping skills. Furthermore, SSI will tutor children to help them catch up in the school work missed so they progress well in school. SSI The trauma counseling training and resource support to other service providers will ensure service providers are equipped to meet the needs of impacted families now and well-into the future.