

**TUESDAY, 28 MARCH, 2017**

**MINISTERIAL STATEMENT**

**ON**

**GENDER-BASED VIOLENCE IN ZAMBIA**

**GIVEN BY**

**THE HON. MINISTER OF GENDER, MS KALIMA**

Mr Speaker, thank you for giving me this rare opportunity to deliver a ministerial statement on the situation of Gender Based Violence (GBV) in Zambia. GBV is a violation of basic human rights and freedom to which all humans are entitled regardless of their gender. The right to life, freedom of thought and expression and equality before the law are compromised by acts of GBV. GBV takes the form of physical, mental, social or economic abuse against a person because of that person's gender and includes violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to the person, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.

Mr Speaker, I note with sadness that cases of GBV have continued to rise, in some cases resulting in loss of lives and if one survived, they are left with lifelong mental disorder, stigma and physical disabilities. A recently released annual survey by the Victim Support Unit (VSU) of the Zambia Police Service revealed that in 2016, the country recorded 18,540 cases as compared to 18,088 cases recorded in the previous year of 2015, showing an increase of 452 cases of GBV. These statistics imply that barely a day passes without the Zambian communities witnessing about fifty cases of GBV.

Mr Speaker, the report further indicated that cases of assault occasioning actual bodily harm stood at 6,769. Defilement cases were at 2,363 and cases of neglecting to provide accounted for 1,530. These offences were top on the list of commonly committed cases of GBV in 2016. Other commonly reported GBV cases included; rape, assault on a child, indecent assault, murder, incest, sexual harassment, child desertion, use of insulting language and unlawful wounding.

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Sir, there are indications that these figures are only a fraction of what is actually obtaining on the ground, especially in rural areas where most cases go unreported. This is a very sad situation which needs concerted efforts to deal with.

Mr Speaker, the root causes of GBV can largely be narrowed down to gender inequality for women and associated violence and harmful and controlling aspects of masculinity as a result of patriarchal power imbalances imbedded in much of our traditional and cultural beliefs. This imbalance, it is argued, has led to pervasive cultural stereotypes and attitudes that perpetuate the cycle of GBV. Communities, especially in the rural areas, have continued to embrace negative cultural beliefs, where GBV is a norm such that if a man does not beat his wife, it means he does not love her.

Also, some beliefs condone men's infidelity as compared to female infidelity leading to increased domestic violence and health complications.

Sir, the dependency syndrome, where most of the female victims or survivors depend on the perpetrators of violence against them for survival put them in much more vulnerable situations as compared to their male counterparts. I do not want to rule out the fact that most of the members of the community in particular the women are now aware of the various forms of GBV and are able to take steps to report such cases unlike before. In the past, most cases of GBV were considered as family or private issues and went unreported. As a ministry, we will leave this for further interrogation by researchers and academicians to empirically ascertain whether this could be the major factor contributing to the rising cases of GBV.

Mr Speaker, GBV is a hindrance to the attainment of gender equality as well as realisation of social and economic goals of this country as it erodes confidence of the survivors to participate in development efforts. In this regard, my ministry has been coordinating the implementation of the Government of the Republic of Zambia (GRZ) and the United Nations (UN) joint programme on GBV. This programme has a multi-sectoral approach and involves enhancing access to health services, legal services and social protection systems for survivors of GBV. Under this programme, two fast-track courts in Kabwe and Lusaka have been established to ensure that