

The Voice of the Survivors

**Arguments for a new
approach against
Gender Based Violence**

“I told him I want at least a protection order. They said no. So I believe the police does nothing, that is why we have been killed, that is why we have been staying in the street. They do not do anything to help us. They are just adding to their statistic to make their work easier, until we have been killed.”

(A survivor about the Namibian police NAMPOL)

“They were very slow. Even if you are dying here you must wait. Even die here. They will not care. They will step over you or they will stand and talk. They will not even come and help you. First they will stand and talk many things before they come.”

(A survivor about the state hospital in Katutura)

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Layout: InTouch Designs

Printing: John Meinert Printing (Pty) Ltd in Windhoek, Namibia

ISBN: 978-99945-79-91-4

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Preamble



Ida Hoffmann

Position. Chairperson of National Assembly Gender Committee.

Gender Based Violence is a major issue in Namibia.

Let's talk about it and act.

The gender-based violence development in the country. The United Nations Organisation dedicated to Gender Equality and the Empowerment of Women has reported that violence against women causes more death and disability in females between the ages of 15 and 44 than cancer, traffic accidents, malaria and war. Namibia has one of the highest rates of Gender Based Violence (GVB) in the entire Southern African Development Community (SADC) region. Rape and domestic violence against women is committed on a daily basis. Our honourable First Lady stressed it recently with her words: “The problem is in our homes, it is in the homes of our neighbours, our friends and even our role models. We must stop protecting the perpetrators and we must assist in spotting it to stop it.” (Beukes, 2015).

The Namibian government is aware of the issue. We are aware of the fact that well-functioning state institutions are needed in order to stop gender-based violence. The Namibia Parliament and the relevant ministries are working together hand in

hand to decrease gender-based violence incidents. Thereby all our efforts are in line with the great Vision 2030 strategy of our country. Our common goal is to prevent violence and to support survivors of abuse. The Namibian government strengthened and developed several institutions involved in gender-based violence matters through government policies or through better financial assistance. Emphasis was for instance laid on the strengthening of the Namibian police NAMPOL, state owned health care providers, schools or the Gender Based Violence Investigation Units. Several awareness campaigns have been initiated, for instance the Zero Tolerance Media Campaign against gender Based Violence in 2015.

The work of the National Assembly Gender Committee. The Committee has a very strong position on gender-based violence. Recent emphasis in our work was laid on teenage pregnancy, the sugar daddy mentality or minor marriages. Both factors are contributors to gender-based violence. Poor parents are marrying their child to a rich husband in order to create income for their family. Even when they know what they are doing is wrong. A clear change in mindset is needed. In our work within the Gender Committee we are trying to clearly foster this change.

Personal remarks. Lets prepare our new generation to become the best citizens of our beloved country Namibia. A new generation, who can lead the country. Lets give full attention and love to them. Let's teach them to respect themselves and learn them to live in a dignified way. Educate them on their relationship with god and on their relationship with their parents and children. Gender-based violence prevention starts in the house and in the upbringing of the children.

This matter is very close to my heart, because my daughter lived also an abusive relationship. I thank god, that the two have decided to divorce, before anything worst could have happened. The Namibian conflict reminds me strongly on the wars our country has suffered from. From the genocide beginning of the 20th century or from the actions of the previous South African government. Nowadays we fight a war

between men and women. We have to protect our women, but also our men in order to prevent a bigger ugly outcome. Otherwise these fightings will develop into wars between the different families and tribes. There are thousands of Namibian families out there, where one member suffered from abuse or rape caused by another family member. Families have to speak with each other on behalf of the two siblings. Both families have to mutually stop this pain before it is too late. Before killings can happen and before the gap becomes too big, family and community relations will be destroyed forever. That is not what we want.

Sincerely and respectfully,

Your Ida Hoffmann

The Regain Trust.



The Regain Trust. The REGAIN TRUST is a young Namibian NGO. All our activities are dedicated to decrease gender-based violence rates in Namibia and support survivors of abuse of all genders, ages and ethnic backgrounds.

Our activities.

We are doing empowerment activities with survivors of abuse. We offer psychological counselling activities or economic projects in order to bring abused women into employment and try to decrease their dependency from the “bread-winner”.

In all our activities we try to employ survivors. Qualitative interviews for this current study have been mainly conducted by women, who suffered from all forms of domestic violence.

We are doing research and awareness campaigns to sensitise citizens concerning GBV. The aim of this study is to give abused women a voice, which shall be heard loud and clearly.

Enjoy reading and please feel free to contact us:

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Your REGAIN Team.

1. Introduction

Namibia has one of the highest rates of gender-based violence (GBV) in the entire Southern African Development Community region (Tjitemisa, 2014). NAMPOL Deputy Commissioner Edwin Kanguatjivi stressed that the trend in domestic violence cases is on the increase (Kazondovi, 2013). According to a World Health Organisation (WHO) study conducted in 2005 a third of Namibian women have experienced intimate partner violence (World Health Organisation, 2005, p.243-245). Another source indicates that the figure is closer to 50 percent (Misa Namibia, 2011). In an article titled “Namibia’s war on women” the Open Society Initiative of Southern Africa (OSISA) reported that the latest horrific attacks on women are an almost weekly occurrence. According to OSISA there is clearly a moral breakdown in the Namibian society. This breakdown is shown in the increasing numbers of child abuse as well (Lister, 2014). Even the Prosecutor General Martha Imalwa says, she is shocked by the latest statistics on child abuse, which revealed at least 814 Namibian children have been abused, either physically or sexually from May 2013 to May 2014. The issue is further high on the government agenda. At a three-day conference dealing with gender-based violence, the former President Pohamba said it is a source of great concern that the country continues to lose innocent lives, especially those of women and girls, due to gender-based violence. He asked “Have we turned into animals? What kind of society am I leading as a President?” (Ikela, 2014). The former president added “Our country has gained a shameful reputation because of the high incidences of gender-based violence” (Swapo Party, 2014). Former Deputy Speaker Maggie Mensah recently called on the President to declare a state of emergency due to the recent brutal killings of women and children (Lister, 2014).

Due to increased GBV rates, the Namibian government strengthened and developed certain institutions and service providers involved in GBV matters through government policies and financial support. Emphasis was for instance laid on the strengthening of the Namibian police NAMPOL (Namibian Police Force, 2015), state owned health care providers, schools (Association of Local Authorities in Namibia, 2009) and the Gender Based Violence Investigation Units (GBVIUs), former Women and Child Protection Unit (WACPU) (Ministry of Gender Equality and Child Welfare 2012). In the National Plan of Action on Gender-Based Violence 2012-2016, which came into effect in 2012, several measures to decrease GBV were decided. One of the decisions was to strengthen the capacities of the NAMPOL section involved in GBV matters and to review the police curriculum in order to ascertain that GBV and child protection are included in rudimentary and advanced training policing courses. In the area of health care, guidelines were developed to enhance the treatment of GBV survivors and to ensure that staff is adequately trained and equipped. Further also the capacities of the GBVIUs were strengthened in the current National Development Plan (NDP) (Ministry of Gender Equality and Child Welfare 2012).

Nevertheless in reality there is a contrast between the actual GBV development on the one side and the increased government and international donor support on the other side, which is given to specific national state institutions and service providers to combat GBV.

The purpose of this study is therefore to examine the performance of main state institutions and service providers, which were identified in the current government policies as main vehicle to combat GBV. A malfunctioning of these specific state institutions and service providers could be one reason to explain the increased GBV rates. It is further an intention of the study to give the abused a voice, since further study carried out did not lay a specific focus on interviewing survivors directly

concerning their experiences and satisfaction. This study wants to speak on behalf of the survivors. In order to articulate the voice of the abuse correctly and to speak with their own words, we tried to use mainly direct quotations in the evaluation part. The central research concept examines the institutional service quality in detail and seeks to explain a potential failure of the establishments examined. Qualitative interviews with over 60 abused women, who were clients of these state institutions and service providers, during or after situations of abuse have been carried out. The qualitative interviews are evaluated based on the guidelines of the Grounded Theory method.

In the following chapter the paper's definition of genderbased violence is explained and the examined institutions and service providers will be presented in detail

2. Namibian Institutions and Service Providers

The following chapter will present the establishments in more detail which especially got strengthened by government in order to combat GBV.

We want to explain how the terms institutions and service providers are defined and used in this study.

Institutions are establishments integrated in the Namibian institutional structure. State institutions are directed and directly mandated by the Namibian government with specific tasks to prevent occurrences of GBV and / or to provide assistance to GBV survivors.

Service providers. These are other private or half-public establishments offering their support. These actors are not state institutions or institutions falling under the institutional government umbrella, although they might be supported and partly financed by the Namibian government. They are in most of the cases civil society organisations (CSOs) or non-governmental organisations (NGOs) involved in the prevention work and caregiving to GBV survivors.

Before we are entering this discussion we aim to highlight the problem of GBV and present the definition of gender-based violence applied in Namibia and therefore also used in this study.

2.1 Gender-Based Violence Definition

Gender-based violence is defined in different ways. Different terms such as violence against women or domestic violence are common. Nevertheless the essence of all definitions points in the same direction and in general, international definitions and understandings of gender-based violence are very consistent and inclusive of domestic violence. Before going deeper into the definition it is necessary to define the term survivor.

The terminology *survivor of abuse*. In line with international standards, women who suffered from abused are called survivors. The terminology victims got abolished, since it has a negative character and appears to be more victimising. The term survivors represents women who got abused but are empowered since they successfully will overcome / overcame situations of abuse (for instance Stander, Olson & Lex, 2002). Therefore only the term survivor is used in this study.

The definition - gender-based violence.

UN Resolution on the Elimination of Domestic Violence against Women. Under the leadership of the Office of the High Commissioner for Human Rights, the UN Resolution on the Elimination of Domestic Violence against Women was elaborated in 2004. The definition “violence against women” includes “all acts of gender-based Violence, that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.” (Office of the High Commissioner for Human Rights, 2004, p.3).

The Southern African Development Community (SADC) Protocol on Gender and Development. The SADC Protocol on Gender and Development integrated

the UN resolution. The protocol contains a far-reaching definition and presents an important milestone. Concerning the SADC Protocol, gender-based violence are all acts committed against women, men, girls and boys based on their sex. The implications are or could be physical, sexual, psychological, emotional or economic harm. The protocol further includes threats towards such acts or discretionary restrictions or privation of fundamental freedom rights. Important to highlight is that this definition applies during peace-time and during armed or other forms of conflicts (Southern African Development Community, 2008).¹

The Namibian gender policy. The Republic of Namibia integrated the concept of gender-based violence into its legislation. The first National Gender Policy from 1997 says that all acts of violence against women and children infringe Article 8 of the Namibian Constitution (Republic of Namibia, 1997). It further integrates a definition of “violence against women” which is in line with the previously mentioned UN declaration (UN Women, 1995). The subsequent Namibian National Gender Policy from 2010-2020 is in line with the international development concerning GBV. The term “violence against women and children” is replaced by the more comprehensive term “gender-based violence”. The national policy defines gender-based violence as “all acts perpetrated against women, men, girls and boys on the basis of their sex, which causes or could cause them physical, sexual, psychological, emotional or economic harm, including the threat to take such acts, or to undertake the imposition of arbitrary restrictions on or deprivation of fundamental freedoms in private or public life in peace-time and during situations of armed or other forms of conflict or in situations of natural disasters, that cause displacement of people.” (Ministry of Gender Equality and Child Welfare (MGECW), 2010, p.5). Further the

¹ The definition in the SADC protocol is based on the “violence against women definition” outlaid in the Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa. The Protocol was adopted in 2003 and urges on the implication of several state measures to tackle the issue of violence on women in private and public space (Assembly of the African Union, 2003).

national policy contains an article which states that this concept “refers to all forms of violence that happen to women, girls, men and boys, because of the unequal power relations between them” (MGECW, 2010, p.5). It makes also a direct referral to the situation in Namibia stressing that in general the most common forms are rape and domestic violence. In the majority of these cases, women are the main victims of both forms of violence (MGECW), 2010, p.5).

2.2 Gender-Based Violence Situation in Namibia

GBV is a major problem facing women, men and children across the whole country. The problem is already over years prominent on the daily media coverage and government agenda. Namibian women are the main victims of rape. They account for 94% of all complainants in rape cases (Legal Assistance Centre, 2006, p. IV).

On average there are around 1100 to 1200 rape cases attempted each year (Legal Assistance Centre, 2006, p. IV).

Frightening is that over a third of all complainants are initiated by women under the age of 18 (Legal Assistance Centre, 2006, p. IV). Violence is more common between intimate partners. A WHO study detected that violence against women by intimate partners occurs more often than violence against women caused by another person. Further the WHO study found no statistical significance between urban and rural habitants, between violence and household income or educational status. (World Health Organisation, 2005, p.27-41).

The following quote provides a snapshot about the cultural mindset dominant in Namibia.

“In my tradition, a woman is expected to respect her husband as the head

of the household and to be very submissive. I married a Nama woman who comes from a different cultural background and she does not respect me, and would even challenge me physically. I am not used to that and in my culture such women must be disciplined. One day she wanted to challenge me and was grabbing my private parts very hard. This led me to hit her with a stick, and she died on the spot. It was not my intention to kill her - I was just trying to exert my authority.” (Women’s Action for Development, undated publication).

According to a WHO study from 2005 nearly one-third (31%) of Namibian women who have ever had an intimate partner (husband or boyfriend) experienced physical violence through him and 17% experienced sexual violence. Merging these two categories, 38%, more than one out of three women, suffered from one or both of these types of violence during their lifetimes. Nearly one out of ten Namibian women (10%) claimed that an intimate partner tried to kill her or threatened to kill her (World Health Organisation, 2005, p.243-245).

A study from the Legal Assistance Centre (LAC), a very influential NGO and human rights advocate in Namibia, carried out in 2003 confirmed these findings. In general Namibian females stated more cases of serious injuries than women in the other SADC countries. One-third of the women who suffered from intimate partner violence have been injured. 20% reported injuries on more than five occasions and 23% of the injured women were thereby knocked unconscious (Legal Assistance Centre, 2003, p.17).

One out of these ten women is Jane.

“During her marriage, Jane was constantly subject to physical violence by her husband. When her third child was one year old, Jane conceived again and during the usual routine of beatings, she had a miscarriage.

Instead of taking her to the hospital, her husband disappeared for about two weeks. When he returned home, he found Jane sick and unable to work on the farm. He dragged her out of bed and rained blows on her [...] Jane decided to go back to her mother (a widow), who accepted to take her back. One year ago, Jane's mother died and now her brothers have threatened to take her back to her violent husband. They argue that she has no right to inherit property in her father's household, even though her mother had given her a piece of land on which she currently grows crops to feed her children." (FAO field assessment, 2007 in Food and Agriculture Organisation of the United Nations, 2010, p. 16).

Statistics on severe injuries and rape.

10067 people were recorded as victims of grievous bodily harm for each year between 2009 and 2013 in Namibia (Magreth Nunuhe, 2014).

Quantified statistics confirm such testimonies like the one of Jane. Further rape cases are still very prevalent without significant decrease (Magreth Nunuhe, 2014).

In 2012 the Namibian police NAMPOL recorded 1397 rape cases and cases of attempted rape. The reader should keep thereby in mind that rape is the most underreported crime in Namibia. The majority, 945 of the victims (68%), were adult women and 409 (29%) were females under the age of 18 years (Ministry of Safety and Security, "Crime Statistics 2012", provided to the Legal Assistance Centre on request (Legal Assistance Centre, 2013, p.4).

Rape and abuse do not stop during pregnancy. A WHO study to intimate partner violence against women found even a much higher violence level during pregnancy

periods. 18% of the women surveyed stated physical violence from an intimate partner during their pregnancy (World Health Organisation, 2005, p. XV).

In order to tackle these mindsets and to decrease GBV rates, the Government continuously supported the establishment and strengthening of several institutions and service providers to combat intimate partner violence (see Office of the President, 2004 or Republic of Namibia, 2012). Institutions and providers, which play a major part in detecting and preventing GBV cases but also in supporting survivors of abuse. The most important and recently most strengthened, will be briefly presented below.²

² All institutions and service providers presented in the following chapter have been part of the study's questionnaire.

2.3 Namibian Police (NAMPOL)



Picture 1: Wanaheda police station in Katutura, Windhoek (Smit,2014).

NAMPOL is induced under the Ministry of Safety and Security (MSS) (Namibian Police Force, 2015).³

Tasks. NAMPOL’s vision is “to protect and serve all people in Namibia”. The police’s mission is ”to render the necessary quality service, as laid down in the Police Act, with due consideration for the fundamental human rights and freedoms, without compromising in upholding the tenets of law and order, safety and security of all persons.” (Namibian Police Force, 2015).

³ History. The 1st April 1981 the policing function was conducted by the South African Police, which got newly established by the South West African Police force. After independence on the 21st March 1990 Namibia got a new Namibian Police force NAMPOL.

NAMPOL's specific responsibilities regarding combating GBV. NAMPOL is:

- in charge for all complaints
- the arranger for medical examinations and reporting
- the submitter of medical evidences to the National Forensic Laboratory
- the filler of case dockets to the Criminal Investigation Department
- the reference point of survivors to supporting agencies, likewise the GBVIU or the Friendly Haven Shelter in Windhoek
- the employer of NAMPOL police officers in the GBVIU.
- the protector of survivors, who have a protection order by court
- the tracer of perpetrators
- the enforcer of court orders

(Legal Assistance Centre, 2005, p.47).

Next to the general tasks NAMPOL carries out to protect and support survivors, a specific section got established to help especially women of intimate partner violence. NAMPOL established the GBVIUs, in order to offer better support to survivors. It is the leading agency to supervise the Units, which are partly staffed with NAMPOL police officers too (Legal Assistance Centre, 2005, p.49).

2.4 Gender-Based Violence Investigation Unit (GBVIU)

The GBVIUs, formerly called Women and Child Protection Unit (WACPU) are the second institution which got established and strengthened by government to tackle the problem of GBV.



Picture 2: Gender-Based Violence Investigation Unit (GBVIU) former Women and Child Protection Unit (WACPU) in Katutura (Ikela, 2015).

History. In 1993 a steering committee of different Ministries, a variety of non-governmental organisations (NGOs) and the University of Namibia (UNAM) established the first Gender-based violence Investigation Unit in the Khomas region. Currently there are 17 Units in 13 different regions of Namibia.

Definition and structure. The Gender Based Violence Investigation Units (GBVIUs) are specialised police centres with a multi-sectoral approach, having a GBV preventative and survivor supporting focus. The services are provided directly at the Unit or are provided through referral from another state service providers. The aim is to prevent GBV but also to support survivors through all forms of services. As highlighted before, the Namibian police NAMPOL is the controlling body of the GBVIUs and partly staffs the Unit with its officers. These police officers are responsible to investigate each case and to report the testimonies. Besides, the Ministry of Health and Social Services (MoHSS) is in charge to staff the Unit with its social workers and medical doctors. These social workers are tasked to offer counselling and welfare services to help seekers. Medical doctors are in charge to offer medical examinations, to collect forensic evidences and to treat injuries of survivors. The second Ministry involved is

the Ministry of Gender Equality and Child Welfare (MGECW). The MGECW is as well in charge to staff the Unit with social workers, especially to offer counselling and witnessing for children and women. (Ministry of Gender Equality and Child Welfare (MGECW), 2009). In addition, different NGOs, as well as Lifeline/Childline and the LAC as well provide services to the GBVIUs. Further several UN agencies especially UNICEF provide technical and financial support to the Units.

The GBVIUs four main responsibilities are:

1. To recognise, investigate and prevent abuse and intimate partner violence related crimes regardless of the victims' gender.
2. To offer inexpensive and confidential service to survivors.
3. To promote GBV prevention approaches like the conduction of public awareness campaigns, education of Namibian citizens or the sensitisation and education of staff members of other state service providers.
4. To offer a safe survivor friendly environment, likewise the promotion and referral to shelters.

(Ministry of Gender Equality and Child Welfare (MGECW), 2009).

Due to the negative GBV development in the country the demand for support from the Units grew constantly. In 2009 the Unit in the Khomas region dealt with up to 250 criminal cases per month and in addition up to 300 cases which did not lead to criminal charges on violence. In contrast, in 2005 the Unit only handled less than half of the cases - 60 to 120 cases per month (Legal Assistance Centre, 2013, p. 3).

Therefore the GBVIUs got systematically strengthened by the Namibian government and international donors. In 2011 countrywide all Units increased their staff. In total 99 NAMPOL police officers were employed. Another increase was conducted in 2013. The Unit in the Khomas region⁴ had in total alone 18 police officers and 3 permanent social workers (Legal Assistance Centre, 2013, p.2).

⁴ The Khomas region is the region where the countries headquarter is situated. Besides it is the region where the following study has been carried out.

2.5 Namibian Schools (Life Skills Teachers)



Picture 3: Inside a Namibian School (Ileka, 2015).

History. In order to tackle the roots of GBV the Cabinet had advised the Ministry of Education (MoE) to implement the subject of Life Skills Teaching and to make the subject an examinable fixed part of the curriculum (Selma Ikela, 2011). A policy got implemented which defines the administration and management of the Life Skills subject (Ministry of Education, 2005).

Definition. The subject Life Skills is taught with the purpose to empower learners holistically so that they can make responsible life decisions in school, at home and in relationships of all kind. The subject is part of the grades 5 - 12. Related to the matter of GBV the following sub-subjects are taught: family life, domestic violence, gender roles, family conflicts, child abuse or myths about domestic violence and

rape (Ministry of Education, 2005, p. 1-47; Ministry of Education, 2007, p.56-78). In order to teach the subject, special Life Skills teachers were apprenticed (Ministry of Education, 2005, p. 1-47).

Several Several initiatives have been taken to strengthen the Life Skill Teacher Program. According to the National Institute for Educational Development (NIED) around 2220 Life Skills teachers were trained between the years 2006 and 2011 (Selma Ikela, 2011). A Life Skills Teachers Manual got established to guide teachers in order to have a better understanding of the subject (Unesco, 2014; Ministry of Education, 2007, p.26). Further trainings and manuals for Life Skills teachers have been elaborated by civil society organisations (CSOs) and NGOs. For example the Women Actions for Development, conducted the workshop “Training and Creating Awareness in Namibian Secondary Schools to prevent gender-based violence.” 800 Life Skill teachers and school counsellors got trained in order to be equipped to teach the new subject (2013, During the Official Opening of a workshop for Life Skills teachers on: “Training and Creating Awareness in Namibian Secondary Schools to prevent Gender Based Violence” (Report from the Official Opening of the workshop p. 1-7; Ellanie Smit, 2011).

2.6 State Hospitals

Set-up. The hospitals fall under the mandate of the Ministry of Health and Social Services (MOHSS). The hospitals’ mandate is affiliated from Article 95 in the Namibian Constitution. Article 95 states that the state is obliged to ensure the welfare of the people through legislation that provides health care to the Namibian citizens, especially to those who are weak and vulnerable The MOHSS objectives are to ensure and to improve the quality of health services in all hospitals and to offer quality primary health care services (Ministry of Health and Social Services, 2015).



Picture 4: Katutura State Hospital (Haushona-Kavamba, 2015).

Special dedication to the area of GBV. In general there is no specific dedication of the Namibian hospitals to prevent GBV or to especially support survivors of abuse (Ministry of Health and Social Services, 2014). Nevertheless special dedication is made to the improvement of maternal and child health services from which survivors of abuse benefit as well directly and indirectly (Unicef, 2011).

Several efforts have been carried out to strengthen the services provided at the Namibian state hospitals to improve especially maternal health services. Official estimations state that in 2010, 108 million USD have been spent only from the Namibian government (Unicef, 2011). Therefrom as laid down in the expenditure framework from the Ministry of Finance in 2013/2014 to 2015/2016, 1% of the overall health budget was dedicated to maternal and child health services. (Ministry of Finance, 2015).

Besides, international donors, mostly from North America and Europe, contributed as well (Ministry of Health and Social Services, 2014, p.3). International donors like UNICEF, UNDP, the Millennium Challenge Accounts, UNAids and the American Embassy linked huge financial and technical contributions to the maternal health care sector. The improvement of maternal health is goal five of the Millennium Development Goals (MDGs) and is listed in the United Nations Partnership Framework (UNPAF) 2014-2018 (UNDP, 2012). The Namibian UN budget on health between 2014 and 2018 was 21.98 million USD (UN, 2013, p.41). The Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) in 2015 has a volume of commissions in Euro of 97.913.257. Therefrom 8.728.306 Euro are dedicated to population policies/programmes and reproductive health (GIZ, 2015). The USAID net bilateral aid, dedicated US (million, 2010) \$117.1; and net bilateral aid from DAC donors amounted to a total sum of (million, 2010): \$222.1 (United States Agency for International Development, 2012, p.2). Next to the big international donor community, several smaller organisations and private people dedicate their time and funds to improve the maternal health care as well.⁵

The following two establishments *other service providers* and *other institutions* do not take a leading role in the government's GBV strategy. Nevertheless they are partly supported and strengthened by the Government, and by the international, especially the North American and European, donor community. The facilities are as well mentioned as to be influential in different national strategies like the Vision 2030, the National Development Plans (NDPs) or in strategic plans of the Ministry of Gender and are therefore examined here as well.

⁵ For instance the association "Support" which is an established NGO headed by doctors and businessmen based in Ulm, Germany, the home base of Schwenk Zement KG, that owns the daughter company Ohorongongo Cement in Namibia (Muyamba, 2014).

2.7 Other Service Providers

Major players in the area of GBV prevention are Lifeline/Childline, the Friendly Haven Shelter (FHS) and the Legal Assistance Center (LAC).



Picture 5: Inside the Friendly Haven Shelter (Friendly Haven, 2015).

Lifeline/Childline. Since 1980, Lifeline/Childline has provided a telephonic crisis intervention and emotional support service that can be accessed by all Namibians (Kristiina Juutinen, 2005). Lifeline/Childline offers a free 24-hour telephone counselling hotline for anyone in an emotional crisis or in need of emergency. 60 volunteer counsellors provide this telephonic assistance, which is accredited and linked to an international network of Lifeline/Childline branches. Nevertheless telephonic counselling is not a therapy itself. The organisation supports existing

professional services (e.g. psychologists) and acts as a scrutinising body for referrals to these services, to ensure an appropriate and full therapy (Legal Assistance Centre, 2005, p.79). On their free National Child Helpline and free SMS line which was introduced in 2010 and which operates 14 hours a day, 365 days a year, Lifeline/Childline Namibia receives approximately 20.000 calls per month (Namibian Economist, 2011).

Friendly Haven Shelter. Since 2002 the Ecumenical Social Diaconate Action / Friendly Haven services supported nearly 1600 abused women and children (Jordania Andima, 2014). Friendly Haven is a shelter for women and children. Nearly all clients are referred by the GBVIU in order to avoid misuse of the facility. The usual period of stay at the shelter is 21 days. Nevertheless it is possible to arrange a longer stay. A first-aid and medical service is provided in conjunction with the GBVIU and Katutura State Hospitals. The ecumenical Social Diatonic Action is a voluntary women's group registered as a voluntary association not for gain (Legal Assistance Centre, 2005, p.56).

Legal Assistance Centre (LAC). The LAC is a non-profit public interest law firm. Its head office is in Windhoek and additional offices are in Katutura, Ongwediva and Keetmanshoop. The LAC's work is supervised by the Legal Assistance Trust whose trustees include legal practitioners, church leaders and other community leaders. The LAC's main objective is to safeguard the human rights in Namibia. The LAC provides legal advice and does representation services for citizen who cannot afford a lawyer. These services are provided only in public interest cases when the case is likely to have an impact beyond the people directly involved. A very important input is also the legal research and policy recommendations for law reform carried out by the LAC. The Gender Research and Advocacy Project is one of the LAC's permanent projects. This project has published numerous studies and papers on topics relating to women's rights (Legal Assistance Centre, 2005, p.114).

2.8 Other Institutions



Picture 6: The Ephesians and Macedonia Parishes in Katutura, Windhoek (Ashipala 2011)

There are several other institutions addressed and strengthened by governmental policies, for instance the court. (Ministry of Gender Equality and Child Welfare 2012). The church is clearly not a state institution, but since its moral role is highlighted in various government programs and since the majority of the interviewed survivors named it under this category, it will be elaborated here not as a state institution, but as an institution of moral guidance and faith - as it is seen and described by the sample group (For instance S 48).

Role of the church in Namibia.⁶ According to the major public opinion, “Churches are surely the most important agents to bring about a paradigm shift. The church is the only institution that represents people of all walks irrespective of class, education, culture and gender.” (Windhoek Observer, WO). Former president Hifikepunye Pohamba even called for a national prayer day against passion killings in March 2014 (Namibian Sun, 2014). Over 90 percent of Namibian citizens identify themselves as Christian (U.S. Department of State, 2007). The largest Christian group is the Lutheran church. The Council of Churches (CCN) is the umbrella of all major churches in Namibia. The 18 members represent about 1.5 million Namibians or 90% of the population, thus giving the CCN an important voice (Council of Churches in Namibia, 2015). Concerning a statement of the CCN, the church in its moral responsibilities needs to respond to all moral and ethics issues that are affecting the Namibian society (Council of Churches in Namibia, 2005).

Violence against women and children. According to a CNN statement violence against women and children can no longer be tolerated. Namibian churches recently released various strategies and programs to contribute constructively towards the promotion of gender justice in different communities (Fritz Gaweseb, 2014). Further the CCN through the program “Decade to overcome violence” (DOV) facilitates member churches in addressing violence against women (Council of Churches in Namibia, 2005). 3. Research Question

6 The Lutheran church is split into three churches. The Evangelical Lutheran Church in Namibia (ELCIN), which grew out of the work of the Finnish Evangelical Lutheran Mission (earlier known as the Finnish Missionary Society), which began in 1870 among the Ovambo and Kavango people; the Evangelical Lutheran Church in the Republic of Namibia (ELCRN), which grew out of the work of the Rhenish Missionary Society from Germany, which started working in the area in 1842; and the Germanspeaking Evangelical Lutheran Church in Namibia (ELCIN-GELC). The Evangelical Lutheran Church in Namibia (ELCIN) is a Lutheran denomination based in Namibia. It has a total membership of over 703,893, mainly in Northern Namibia. Formerly known as the Evangelical Lutheran Ovambo-Kavango Church, it played a significant role in opposition to Apartheid in Namibia and was part of the Namibian independence struggle (Council of Churches in Namibia, 2015).

3. Research Question

3.1 Approaching the Research Question

Respective institutions and service providers to decrease GBV rates are strengthened by government and international donors. Nevertheless as elaborated in chapter 1 there is no indication that GBV rates are decreasing and several evidences indicate that state institutions are failing to deliver their services. A potential reason for the failure of Namibian institutions might be found in a deeply rooted cultural habitus which tends to accept GBV and feeds therefore into a failure of state institutions.

Hypothesis. The papers hypothesis reads as follows: The examined Namibian state institutions do not deliver according to their clients to a satisfactory level. The research question's hypothesis is based on the evidences provided in the current literature. Mainly the country specific social norms shape the character of the workforce and therefore determine their actions. Therefore the might be a lethargy evident in terms of support provided by the specific state institutions.

Timeframe and location. The timeframe of the study is designed to provide a snapshot of the current situation. The investigation location is the Republic of Namibia, Khomas region in Windhoek.

Aim. The aim of the central research concept is to examine the institutional service quality in detail. The overall objective is to make the voice of the abused heard. Qualitative interviews with survivors who were clients of these institutions during or after situations of abuse are carried out. The service quality provided and the satisfaction of clients with these services will be examined.

Sample group. The sample group consists of 63 survivors of abuse. The gathered data will be compared, clustered and categorised respectively, according to the guidelines of the Grounded Theory.

3.2 Formulation of Research Question

On this base the central research question reads as follows:

Are clients satisfied with the service given by the respective institutions and service providers that were strengthened by government to tackle gender-based violence - specifically with the workforce, processes and problem handling in these specific institutions and service providers?

Sub-question. In order to answer the research question above, the sub-questions:

What are the main institutions and service providers with which clients experience the most unsatisfying services?

has to be answered in order to create detailed findings about the status of overall satisfaction which will lead to the answer of the actual research question.

Questionnaire. In order to answer this main question, for each institution and service provider in the questionnaire, similar questions concerning:

- Why has contact been made with which specific institution/service provider?
- Satisfaction with the workforce?
- Satisfaction with processes?
- Occurrence of other problems?
- Possible solutions in case of dis-satisfaction?

were asked ⁷

⁷ Please see a part of the concrete questionnaire.

In the questionnaire a focus has been put on the quality of workforce and processes, since according to Zu, Fredendall & Douglas they are basic components for a successful service delivery. Further to make a more detailed analysis and linkages, data concerning age, current employment situation and number of kids were evaluated as well.

Questionnaire	1. THE POLICE
<p>With our research we are trying to make the Namibian system for survivors of abuse a better one. That other survivors of abuse will be supported in a more professional way. Our aim is to find out while survivors tried to leave abusive situation, which challenges they faced with government institutions, like hospitals, or NAMPOL and non-governmental service providers of all kind. WE BELIEVE any survivor of abuse as the right to be treated with respect and has to be treated competent by governmental organizations. YOUR data will be handled anonym and very confidential.</p> <p>In order to think in problem categories, we want to ask you describe us a very funny problem you experienced once in school. For example did you fall off your chair in class or did you once dressed your uniform the other way around?</p> <ul style="list-style-type: none"> • Behavior: learners / friends around you? • How did it end? <p style="text-align: center;">So know we can start the research:</p> <p>Following questions will be about potential problems within state institutions, like the Police, Hospitals or the Women & Child Protection Units you might have experiences. You will see that the questions will repeat themselves slightly.</p> <p style="text-align: right;">1</p>	<p>WHEN YOU TRIED TO LEAVE AN ABUSIVE SITUATION OR AFTER AN ABUSIVE SITUATION; DID YOU HAVE CONTACT WITH THE POLICE?</p> <p>IF NO: why?</p> <p>IF YES: which one (area)?</p> <p>IF YES: why did you get into contact?</p> <p>1. WORKFORCE</p> <p>A. Was the workforce friendly?</p> <p>B. Was the workforce reachable?</p> <p>C. Was the workforce helpful & competent?</p> <p>D. In case you know - Was it a general officer who handled your case OR was is it an officer with a special education in GBV?</p> <p>E. Was the officer a man or woman? Would you prefer a certain GENDER to handle your case?</p> <p>F. Did you feel in good hands with the workers?</p> <p>2. PROCESSES</p> <p>A. Did you achieve a fast result?</p> <p>B. Were the processes to handle your case well thought out? - Were there any bottlenecks?</p> <p>C. Were there any incompetence's? (If yes, elaborate them)</p> <p>D. Are you satisfied with the result you achieved? (Why?)</p> <p>E. Can you recommend something to make processes better ones?</p> <p>3. OTHER PROBLEMS</p> <p>A. Did any other problems occur? - Where the offices hard to find or to reach for instance?</p> <p style="text-align: right;">2</p>

Picture 7: Questionnaire

4. Methods

The following chapter will present the methodical approach and foundations on which this study is based on.

4.1 Grounded Theory as the Basic Finding Methodology

Categorisation. For the purpose of heuristic finding methodology, the “Grounded Theory” will be applied. The aim is a comprehensive categorisation which will go further than the respective thinking, argument, and interpretation processes of the research samples. The categorisation process is constantly linked to the research question elaborated in chapter 3. As stated in chapter 3 workforce and processes are the basic component of a successful service delivery. Therefore during the categorisation process we will pay attention to both of these factors.

First categorisation	Second categorisation
1	A
	B
	C
	D
2	A
	B
	C
3	A
	B

Table 1: Categorisation - Methodology.

4.2 Sample Description

General acknowledgements. First, the sample choice reflects a deductive sample relationship in which the question was chosen under epistemological criteria.

Characteristics of the sample group. In regard to the characteristics of the sample group it was intended to achieve the greatest possible homogeneity, similar to the argumentation of Burmasova (Burmasova, 2010, p.178). All samples have a traceable record of abuse and verifiable contact with the concerned institutions and service providers. Therefore, this research presents a criteria oriented sample selection. In regard to individual interviews the abbreviations of “S” represents the interviewed survivors and the signage ”1” or “30” displays the order of the transcript. “1” means that it was the first interview, “2” stands for the second interview conducted. The names of the interview partners are in a confidential list, coded according to this number system.

Explanation about age, sex and number of sample group. In regard to the question of the sex of the sample group, the work is based on the “Handbook of Psychology” by Rudolf Bergius (Bergius, 1972, p.123). Based on Bergius’ work it is assumed that it is from a psychological development point of view important to analyse both sexes separately (Bohleber, 2011, p.61-74). Since according to statistics (see chapter 1) GBV survivors in Namibia are mostly female, obviously only women were considered in the analysis to answer the research question. Further preferably women between the age of 15-44 were chosen. According to a leading research of the WHO, GBV is considered to have the highest impact on this age group (Heise et al, 1994). Additionally, to achieve homogeneity in the cultural background exclusively survivors with Namibian citizenship were questioned. The sample group includes 63 questionnaires. Considering the explorative character of the study, this number seems sufficient to gather enough data for preliminary theoretical satisfaction and recommendation.

4.3 Methodology for Text Analysis: Mayring's Qualitative Content Analysis

The analysis is based on Philipp Mayring's diverse techniques of qualitative content analysis. This method allows to create a system of categories which documents the reliability of the gained findings (Mayring, 2010, p.49-50).

The approach of the text analysis will be described in the following.

First categorisation. An evaluation of the questionnaire answers will be conducted based on literature's theoretical category scale which will be adopted to the research question (Mayring, 2010, p.98). Resulting from this, there are six different question categories constructed (see questionnaire attached) which, based on the description of the sample group, will be assigned to the given answers. Due to constant and repeated surveying of the data material there was already a difference notable after the first categorisation.

Explanation. The qualitative technique of explanation is designed to make individual statements or parts of the interview explainable. During the survey the samples have expressed themselves often unclear or expressed the relevant thoughts in a subtle manner (Mayring, 2010, p.85-86). Therefore it is necessary, "to find a wording which delivers an interpretation of the text passage." (Mayring, 2010, p. 86).

Direct quotation. As stated in the introduction and during the elaboration of the research question, the aim of the study is to hear the voice to the abused which was not heard yet loud enough. As part of the text analysis methodology, direct quotations will therefore preferably be used. Through the use of direct quotation the voice of the survivors shall be without distortions directly reflected.

Type structuring. After a first categorisation of the data material based on the problem type, a more condensed categorisation followed, based on the Grounded Theory. These categorisations are more reflective of the individual sample groups and with that, ideally a more differentiated representation of the sample groups is visible in the structural dimension (Regarding the definition of structural dimension see Mayring, 2010, p.98).

In the more profound structuring of the survey, the results will be in context of the research question and theoretical basis, in the second categorisation subdivided into:

- A. NAMPOL**
- B. GBVIU**
- C. State Hospital**

and analysed with the goal of a comprehensive cluster formation for the mentioned problem (Mayring, 2010, p.98).

4.4 Methodology of Data Collection

Problem centric interview. In regard to the research problem and epistemological interest of the study, Andreas Witzel's data collection method was applied (Witzel, 1982, p.66-80).⁸ This method allow examinant questions and to provide for the possibility that the participants cannot make a statement about the topic (Witzel, 1982, p.77). Because many interviewees had problems to speak about the topic, trust generating measures were applied.⁹

⁸ Regarding details to the problem centric interview see Witzel, 1982, p.66-80; Nohl 2012, p.14; Trautmann 2010, p. 81; Schediwy 2012, p. 145.

⁹ See the explanations of Witzel 1982, p.77 to encourage the narrative flow.

4.4.1 Interview Phases

An introductory phase of the narrative request was used, which is essential to the continuation of the interview.

Narrative Request and Starter Stimulus.

The objective at the beginning of the interview is to attune the participants to the topic (warming up) and receive clear and understandable problem descriptions so they get the research project's intentions and provide concrete problems which they associate with the specific institutions and service providers. For this, the first narrative phase of the narrative request is used (Heinze, 2001, p.171). Here the narrative flow shall be stimulated and trust shall be generated between the interviewer and participant. The narrative request starts as follows:

Our aim is to find out while survivors tried to leave an abusive situation, which challenges they faced with government institutions, like hospitals, or NAMPOL and non-governmental service providers of all kind. WE BELIEVE any survivor of abuse has the right to be treated with respect and has to be treated competent by governmental organisations. YOUR data will remain anonymous and very confidential. With our research we are trying to make the Namibian system for survivors of abuse a better one so that other survivors will be supported in a more professional way.

The next request is a detailed description of a neutral problem by the participant.

In order to think in problem categories, we want to ask you to describe us a very funny problem you experienced once in school. For example did you fall off your chair in class or did you once dress your school uniform

the other way around? Can you describe in detail the behaviour of your peers, other learners or friends around you? How did the situation end?

This description is supposed to gain trust, to stimulate the speech centre and the thinking in problems. After the participants are attuned to the topic, a transition is made to the starter stimulus. Based on Küster's standards the following starter stimulus (Küsters, 2009, p. 44) was designed:

The following questions will be about potential problems within state institutions, like NAMPOL, hospitals or the Gender Based Violence Investigation Unit and non-governmental service providers of all kind. You will see that the questions will repeat themselves slightly.

The stimulus as it is intended in the problem centric interview clearly asked to state and explain three main problems in regard to the specific institutions or service provider. The number of research sections, namely:

1. NAMPOL
2. GBVIU
3. SCHOOLS
4. HOSPITALS
5. OTHER SERVICE PROVIDERS
6. OTHER INSTITUTIONS

seems suitable to generate sufficient data to provide for an effective category creation. Which problems are named, how they are described and how much time is used remains to the discretion of the participants. This is the precondition for a far-reaching detailed problem description.

Recording and Transcription.

In order to accommodate the expressed desire of the participants to keep the interview confidential, their real name was not recorded. The transcription of the recorded interview is based on the guidelines of the Linguistic Data Consortium (Linguistic Data Consortium, 2003). In order to reflect the explanations of the mentioned problems as detailed as possible, a word-by-word transcription was used. Intonation changes were not considered. For practical reasons, it was refrained from transcribing the narrative request and starter stimulus. In subsequent steps followed the anonymisation and pseudonymisation of the participants.

4.4.2 Interview Situation and Interview Procedure

Survey period. The survey period for gathering the interview data was about three months. However, at this point it should be noted that the search for adequate participants was rather lengthy.

Setting - interview data and location. To generate sufficient data, participants based in the entire Khomas region were considered. Only face-to-face interviews in the offices of the REGAIN Trust, the GBVIU in Katutura have been carried out. Interviews conducted in another language than English have been transcribed and translated directly into English.

In the following, the individual survey periods and procedures are displayed:

Interview situation.

Date	Location	Number of interviewed survivors	Researcher
04.04.15	REGAIN TRUST office	7	3
06.04.15	REGAIN TRUST office	3	3
07.04.15	REGAIN TRUST office	4	2
08.04.15	REGAIN TRUST office	1	1
09.04.15	REGAIN TRUST office	1	1
14.04.15	REGAIN TRUST office	1	1
16.04.15	REGAIN TRUST office	1	1
17.04.15	REGAIN TRUST office	1	1
18.04.15	REGAIN TRUST office	1	1
22.04.15	REGAIN TRUST office	2	1
29.04.15	REGAIN TRUST office	3	1
30.04.15	GBVIU Katurura	6	1
05.05.15	GBVIU Katutura	5	1
08.05.14	GBVIU Katutura	6	2
09.05.14	UN PLAZA Katutura	16	2

In total 58 survivors interviews were transcribed.¹⁰

In order to higher interest of the survivors to participate in the study, their taxi fares have been paid. Further each of the ladies received a small food gift. The acceptance of the participants can be described as good and the conversations included the spectrum of situations due to the severances of the topic from open to comfortable.

The meaning of the gatekeeper. Initially it is of importance that all participants were brought into the study through a gatekeeper such as the FHS (Friendly Haven Shelter) or another contact persons such as certain survivors. Furthermore, the local research assistants were acquainted with the participants and partially participated in the interview, especially in a period of stagnation during the interview or difficulties of the interviewees to express themselves in English. In particular, addressing

¹⁰ Note: In total 63 people have been interviewed, but 5 of them have not been transcribed due to heavy emotional breakdowns of the interviewees during the interviews.

the participants in Oshiwambo or Damara fostered their accessibility.¹¹ This may initially appear as a loss of control for the interviewer, yet it has a major advantage; the participants can decrease uncertainties and develop trust when they act in their own cultural frame (Trautmann 2010, p.66).

4.5 Validity, Reliability and Generalisability of the Study

Concluding this work, a consideration should be given to the quality of the research. It should be asked in how far the research approach meets the scientific criteria of inter-subjectivity, validity, reliability and generalisability. The research approach is considered as valid if through the application of certain methods the formal correctness of the results can be tested (Creswell, 2009, p.190). This criterion is met with the application of two analysis procedures: the Grounded Theory in connection with Mayring's structured methods on content analysis. The analysis methods are complementary and in the later analysis developments conjunct thematically ("triangulation") (Creswell, 2009, p.190).

Validity. The problem centric interview method also contributes to the validity because it provides a concrete survey method which accomplishes to expose the thought process of the participants. Also, the methodology was tested beforehand with two survey samples and adopted as well as expanded. Beyond that, the research gains validity when the rules of the Grounded Theory are obeyed and the reflection processes are exposed. Data evaluation has to be recognisable on what the interpretations is based and judgmental statements will receive feedback in context of the data ("grounded") (Creswell, 2009, p.190).

¹¹ In this paper the author several times refers to we. The author and the research assistants are meant.

Reliability. The research approach is considered as reliable if the research results are reproducible under the same circumstances (Kriz, 2005, p.853-854). With this present work which includes numerous processes and random results the reliability according to Yin can only be achieved if there is a scrupulous documentation of the research procedures. („[...] as if someone were always looking over your shoulder.“) (Yin, 2003, p.38). In this work there is sufficient reliability through documentation by research assistants during the interview as well as the transcription of the interviews based on set rules according to the Linguistic Data Consortium. Further, the results were documented in tables with different analysis foci, while all thinking processes and analysis steps were exposed at one glance and made comprehensible later (Yin, 2003, p.38).

Due to the partial unpredictability of the events in the field and partly playable contact establishment with the participants, the framework of the setting and the choice of the participants could not be determined beforehand. Therefore the sample group contained 11 survivors with limited knowledge of English. For these reasons these interviews were directly translated during the interview and recorded in English or translated during the transcription. Further, 9 participants were only able to point out one to three problem area(s). Yet, the interview process was always uniform and comparable.

Generalisability. The research approach is ultimately generalisable if the acquired results of the research topic are generalisable (Yin, 2003, p.37). At this point the question arises if qualitative research and in particular the applied qualitative content analysis based on the Grounded Theory is capable to achieve this goal. Creswell doubts that: “In fact, the value of qualitative research lies in the particular description and themes developed in context of a specific site.” (Creswell, 2009, p.193). Esterberg shares a similar view: “Instead of trying to extract abstract categories from social phenomena, [...] qualitative researchers try to understand social processes in

context.” (Esterberg, 2002, p.2). Nevertheless, the research results of this work can be applied in further research about malfunctioning of institutions directed to the phenomena of GBV or research in general, which has a similar intent as this work. Therefore, for Yin and the authors of this study an “analytical generalization” is given (Yin, 2003, p.37).

5. Evaluation and Interpretation of the Data

Based on the purpose of heuristic finding methodology, the “Grounded Theory”, a comprehensive categorisation, which will go further than the respective thinking, argument, and interpretation processes of the research samples, will be applied. In the following chapter the first and second categorisation of the data will be presented and discussed.

5.1 First Categorisation

The first categorisation is a high level analysis of the provider with which the participating survivors suffered major problems with. These institutions and service providers will be in a second categorisation evaluated in more detail to investigate the deeper details for the insufficient assistance given.

First categorisation	Second categorisation
Police	
GBVIU	
State Hospital	

Table 2: First Categorisation - Overview.

5.1.1 Namibian Police (NAMPOL)

“I prefer solving my own problems because it is useless calling the police.” (S 3)

Over 60% of all interviewees went to the Namibian police NAMPOL. The majority went to the NAMPOL Wanaheda police station in Katutura (39%).

Workforce: The majority of the respondents were helped by a general officer. In contrast to other studies, where survivors of abuse prefer the police officer who deals with their cases to have a certain gender (Davies & Frawley, 1994), we could not find such a correlation. 37% of all survivors stated they do not prefer a certain gender and only 14% stated they do prefer a female officer.

The workforce in general was not rated positive. The majority did not find the NAMPOL police workforce friendly (55%) and over 60% rated the workforce as unhelpful and incompetent. The interviewees expressed especially lacks in services provided and in vocational skills.

“The police officer that I met was male. The communication like writing down the English language was not really in a way that somebody else would understand. When I took that statement to another office, they told me I had to come back because the English was not up to standard.” (S 6)

It appeared that dissatisfaction in workforce is closely linked with insufficiency in processes. Especially this lack of skills burdened the survivors additionally. The process of getting help became a hassle for the women concerned.

“There were people at the station, but there was no one to help. Apparently they do not know how to write the case. So they transferred her to women and child abuse and when she went there at the women and child abuse, they transferred her back to the police again.” (S 52)

Quality of processes	Percentage
I did not achieve a fast result.	69%
My case was not handled well.	75%
There have been incompetences in my process.	88%

Table 3: First Categorisation - NAMPOL. Overview Quality of Processes

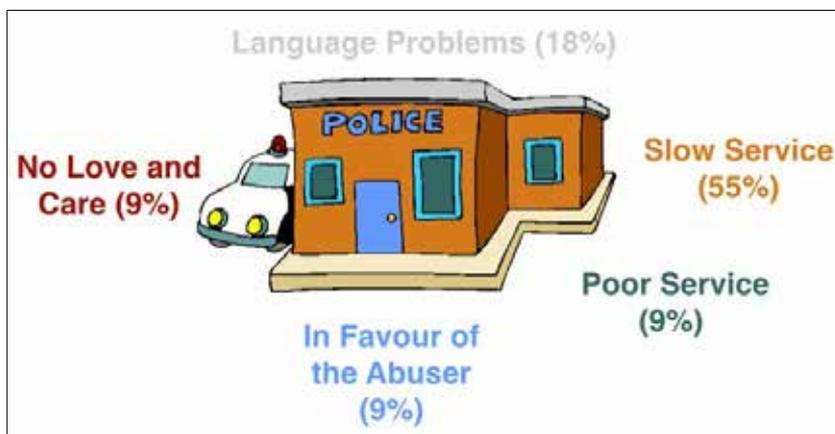
The issue of sending the clients back and forth proved to be very dominant. Not only that the different state institutions produce unnecessary red tape and waste tax payers money, the issue of sending an abused client “back and forth” has also severe psychological consequences for the abused. The qualitative interviews revealed that the majority of our battered women see “seeking support” at NAMPOL as their last possibility. Before, they had made already tremendous efforts to solve the problem in another way: internally in the family, through their church or through discussions with their partner. In a nutshell the majority of women reporting to the police suffered already from a long history of abuse and helpless efforts to elaborate own solutions. They see the police as their last place of refuge. Being not only sent back and forth, but also not helped or even harassed leaves strong psychological scars. The battered

women feel that there is no safe place and support for them. They feel they are “exposed to death” by family, community and state institutions (S 2 or S 39).

Investigating the quality of processes revealed that the services provided have been unsatisfying. Nearly 70% stated that they did not achieve a quick service and 75% stated that their cases were not handled well. Further nearly 90% said that there were clearly incompetences in the process.

The main clustered bottlenecks which were stated by the participants have been:

- Language problems.
- Delays in service and long waiting periods.
- No outcome and no support received.
- Unsatisfying and poor service.



Picture 8: First Categorisation - Overview Clustered Bottlenecks.

Although language barriers do not necessarily fall into this section, respondents nevertheless expressed them, since it seems to be a matter of great concern. The language barrier was stressed as a major issue, since it seems to be linked with high incidents of racism and discrediting. If a client appeared to be from a different tribe or ethnical group than the acting NAMPOL police officer in charge, often less support was given (S 39).

“There is also racism. They help you if you have the same language. It is like you have to know people.” (S 24)

A matter of higher concern are the delays in service and slow support in general. Delays in support are life endangering for the clients in need. The majority reported that they have been in life threatening circumstances where they only did receive support when it was nearly too late or they did not receive any assistance at all. In several cases it appeared that NAMPOL police officers enacted a non-rendering of assistance to abused women which is a criminal act.

“They take long or they will never even appear to come. The time when the blood is all over the place then it is the time they will actually come, when you are about to die.” (S 33)

Satisfaction regarding processes is further shattering. There were nearly no positive satisfaction ratings given (numbers 1-4 on the satisfaction scale) and 23% of the participants gave workforce and processes the worst rating possible (number 10 on the satisfaction rating scale). This could be an indicator for why in total 39% of the survivors did not seek help at the police and did not report (anymore). Previous experiences or experiences from close friends or relatives might have discouraged them from reporting to the police since there is either no support given or women do not feel better protected from the support they received.

“Actually protection is just by the paper. Nothing, there is nobody that will come and help you to come and guide your house. So I believe it is useless, I believe that for me to have a problem I do not have to go to the police because I will make the thing worse. I would rather be with my problem until keep quiet.” (S 9)

In total 63% of all participants gave recommendations in order to make the processes better.

In summary these are the clustered recommendations:

- Provide faster service.
- Give fair judgment.
- Take people’s cases seriously.
- Talk to clients in a more respectful way.
- Employ all tribes.
- Respond quickly to cases and provide service when contacted.
- Female officers should stop to be judgemental.

The given recommendations will be discussed in more detail in the last chapter.

5.1.2 Gender-Based Violence Investigation Unit (GBVIU)

Although it is mandatory to refer survivors of gender-based violence to the GBVIU, only 60% of our interviewees went/got referred to the Unit. In the discourse of the interviews we found that for most of the women who did not receive counselling of a GBVIU officer, either the police did not refer them or they felt after the treatment at NAMPOL “discouraged” to be counselled by the GBVIU. The big majority of our sample group was referred to the GBVIU at the Katutura state hospital.

Workforce. The majority (nearly 80%) were counselled by a social worker.

Note: The following statements are therefore mostly in regards to the services provided by a social worker at the GBVIU at the Katutura state hospital. In terms of the satisfaction with the workforce the ratings are much more positive as compared to the NAMPOL police.

“They are just better than the police.” (S 3)

Satisfaction. 92% have been satisfied with the friendliness of the workforce and the majority found the workforce to be reachable (92%); helpful and competent (86%) and believed to be in “good hands” with the staff. These are very positive ratings and a satisfying baseline. Nevertheless when it comes to the processes in the GBVIU the situation looks different.

Processes. It is disturbing that nearly 70% of all women have not been satisfied with the results they achieved at the GBVIU. Our data indicate when it comes to wife-beating in most of the cases not much support was given.

“They do not want to look at the issue of beating. [...] I said fine!”
(S 9)

Incompetences are mostly linked to a slow and inconsequent follow-up on the cases which leads to an unsatisfying outcome for the abused.

Quality of processes	Percentage
I did not achieve a fast result.	42%
There have been major incompetences in handling my case.	64%
I am not satisfied with the results.	67%

Table 4: First Categorisation - GBVIU. Quality of Processes

“I never got any results from them, actually I never got any thing from them. They never followed up on me. I never went there again.” (S 6)

“And later on I get tired. I handle my things on my own and after I handled my things on my own that is the time they call me and tell me okay you must come and fill in forms and do that thing and that and that. Then it is already too late.” (S 33)

The sometimes neglecting attitude on the issue of beating combined with the inconsequent follow-up on cases and poor care leaves the women in a helpless situation. The GBVIU is the last state institution survivors can go to, but the malfunction of both institutions, NAMPOL and GBVIU, pushes the women back into their abusive relations. High murder and passion killing rates are a consequence.¹²

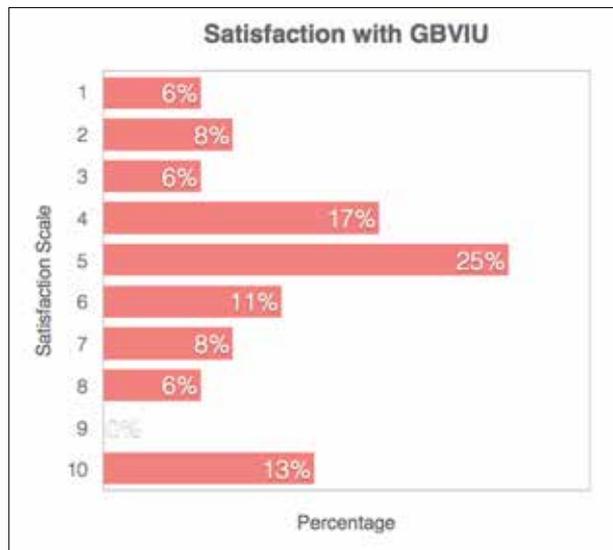
Several participants (44%) gave based on their experience recommendations on how to improve the GBIUS's outcome.

The clustered advices are the following:

- More staff (social workers) is needed.
- More staff (social workers) is needed, who speaks different languages.
- Staff should show more empathy and should act more sensitive.
- Staff should be more motivated and engaged.
- Staff should work harder and take cases more seriously.
- Staff should work more correctly and faster.
- Staff should make attempts to solve the root cause of the problem.

¹² Note: “Passion killing is defined as murder as a result of sudden anger or heartbreak, which means the perpetrator could have acted differently if they were not angry or heartbroken. This usually arises in common assault, assault by threat, assault with intent to cause grievous bodily harm, murder or attempted murder cases. Namibia is one of the countries in Africa with high rates of passion killing.” (Kaumba, 2013).

Satisfaction. Satisfaction levels are clearly better compared to the NAMPOL ratings, but in overall not satisfying, since the majority rated the GBVIU in their overall satisfaction a 5.¹³



Graphic 1: First Categorisation - GBVIU. Satisfaction.

5.1.3 Namibian Schools

Only around 17% of all interviewees asked for help at a school while leaving abusive relations. This is due to the fact that most of the interviewees said their children were not concerned, since for instance they stayed elsewhere, but also because parents were mostly not aware of this possibility. In our sample group out of the ones who contacted the school did 60% speak to a principal, 10% to a rector and 30% to a Life Skills teacher.

Workforce. The satisfaction ratings concerning the workforce could not be more positive. 100% of all women who made experiences with/within the school think

¹³ Note: Hereby was number 1 the best and number 10 the worst rating regarding overall satisfaction level.

that the workforce is constantly reachable, very helpful and greatly competent. Overall, survivors felt to be in good hands and treated well.

Processes. The overall rates are very positive as well. The processes have not been rated as positive as the workforce, since small bottlenecks occurred during the process of support.

“When I was fourteen my mom beat me and then I ran away. I ran to one of my teachers.” (S 21)

During the interview process it got clear that school staff members are filling the lack of functioning police and GBVIU services and of breakdowns in the family system.

It is honourable that school personnel is first aware of the responsibility they have as a role model and second that they take over this role and fill the gap in failing family and institutional support although they are actually, apart from the Life Skills teacher, not employed to perform these tasks.



Graphic 2: First Categorisation - Schools. Quality of Processes.

Satisfaction. The schools achieved one of the best ratings of all researched sections. 70% gave them the best rating (satisfaction rate 1) and 30% gave them the third best rating (satisfaction rate 3).

5.1.4 World Health Organization

The situation in the hospitals looks very much different as compared to the schools. Nearly half of our sample group (47%) had contact with a hospital. 80% of all women who had contact with a hospital were referred/went to the Katutura state hospital. Therefore the statements made in the following chapter refer mainly to the hospital in Katutura. The other half who did not go to the hospital stated mainly reasons like “it was too late for an abortion” or “the abuse had been emotional.” (S 32 and S 56). Women who suffer from abuse in Namibia, due to the fact that it takes in most of the cases much time for them to break their silence, are in enormous need of medical relieve and psychological support when they (finally) enter the hospital.

“Simply because I had so much pain. It is not because he abused me physically but it was just like something is going inside me. I was always feeling weak. I had continued headaches. I could not even sleep at night just because of those things. I was hallucinating.”
(S 32)

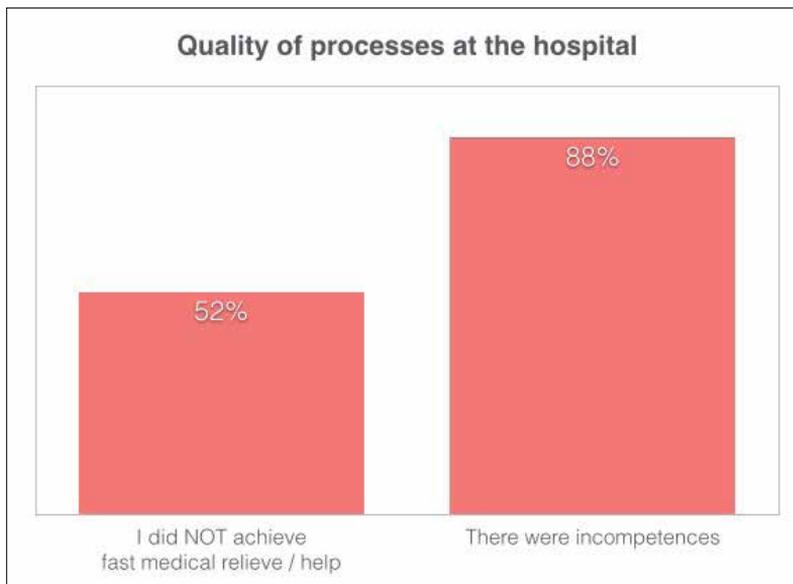
Workforce. The rating for the workforce is rather mixed. 78% reported that the workforce has been reachable. Nevertheless according to 48% of the survivors the workforce has not been friendly and 41% stated they did not find the hospital staff helpful and competent. The majority (67%) even stated that they did not feel in good hands with the workforce. The women stated lacks especially in the negative work attitude of hospital staff members, their lacking friendliness and efforts to offer support and relieve. Certain women even stated that staff member have an attitude

that they “do not much care if a patient dies due to a lack of their support or willingness to help” (for instance S 14 or S 27).

Researcher: “Did you feel that the doctors and nurses are helpful at the hospital?”

Interviewee: “No they are not. They take life, it is a human life but they take it lightly.” (S 53)

Processes. Over half of all survivors (52%) did not achieve fast medical help. 52% experienced major bottlenecks in the process of service provision, like slow service (24%) or long queues (12%).



Graphic 3: First Categorisation - Hospitals. Quality of Processes

Out of the single interviews it even appeared to be that there are sufficient staff members, but they tend to do private talks and businesses in front of their patients, even if the patient appears to be in strong pain and needs fast medical relief.

“They were very slow. Even if you are dying here you must wait. Even die here. They will not care. They will step over you or they will stand and talk. They will not even come and help you. First they will stand and talk many things before they come.” (S 33)

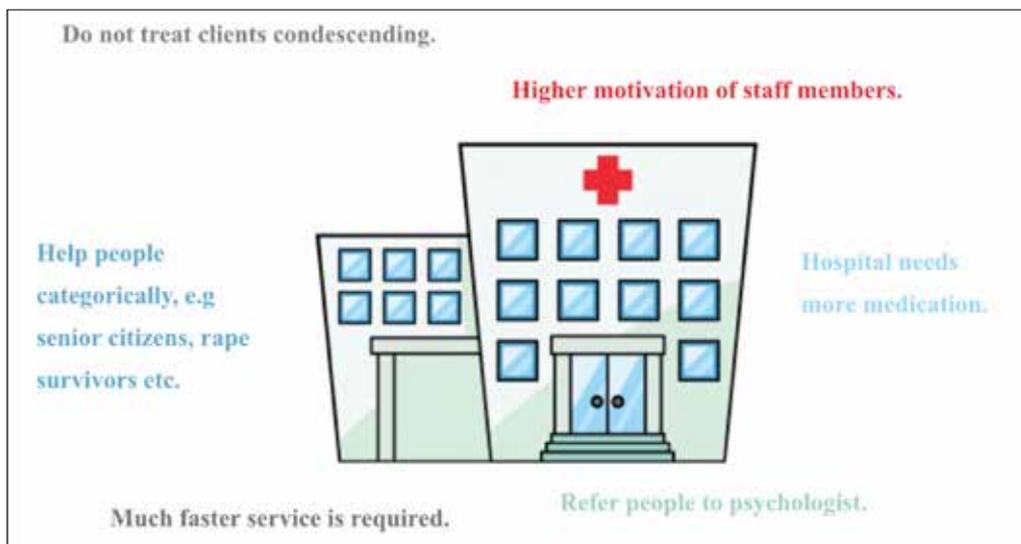
Further the situation of the patient seems, according to our qualitative data, even more severe if the client does not speak sufficient English.

“And were the people friendly? The doctor or the nurse? - No, and if I cannot speak English, you do not get help.” (S 52)

It seems that the hospital members are not at all bound to their work codex or their codex of public servants or of medical staff when performing their duties.

The dissatisfaction is expressed in the high numbers of suggestions to offer better services. 83% of all survivors gave a recommendation to improve the hospital service given.

The main recommendations are clustered in the below graphic:



Picture 9: Hospital. Overview Recommendations

Especially the point of faster service was mentioned often. Survivors expressed their demands in the various ways:

“Supply faster medical relief.”; “Work more and talk less when people are waiting in queues.”; “Work faster” or “Operate faster in case of emergency.” (for instance S 3).

Satisfaction. Deriving from the previous statements, the overall satisfaction rate is negative. The majority (26%) of all respondents rated the hospital with a “5”, followed by an “8” (17%) and 13% gave the hospital the worst possible rating “10” (13%).

Solutions. Some survivors provided solutions to improve the services at the state hospital. The solutions were mainly linked to the recommendations given beforehand.

In a clustered summary they have been the following:

- Private rooms to talk with patients who are not comfortable to talk in public.
- Make the hospital more hygienic and provide faster service.
- Be more friendly, polite and act on time.

Especially recommendation 1 is very important to be implemented in order to protect the abused.

5.1.5 Other Service Providers

In this section we asked the sample group which other service providers supported them to leave and to overcome abusive relations. As briefly discussed in chapter 2 there are other private or half-public establishments, supported partly by government offering their support and titled *other service providers* in this study. The main actors are the NGOs Childline/Lifeline and the Friendly Haven Shelter.

29% of our sample group went to other service providers. Since most of our interviewed women have been at the Friendly Haven Shelter before, nearly 83% of all women who made experiences with another service provider referred their answers to the shelter.

Therefore the following statements are based on the services provided at the Friendly Haven Shelter.¹⁴

Workforce. The quality of the workforce is throughout positive. 81% of the women reported that the staff was friendly, helpful and competent and that in overall they felt in good hands with the workers.

Researcher: “Was the workforce friendly and helpful there?”

Interviewee: “Yes they were very friendly. So when you are there you feel as if you have a family” (S 23)

Processes. Further the quality of the processes was rated as very good. 81% said they achieved fast support. 69% did not experience any bottlenecks in achieving support. Further all ladies reported that no other problems occurred while achieving support at the shelter.

5.1.6 Other Institutions

In total 22% of the interviewees made experiences with other institutions. In this category only the court and the church were stated by the sample group. 86% of the ones who made experiences with another institution had contact with the court and 14% with the church.

¹⁴ Note: From the other women who made experiences with a service provider, 17% had contact with Childline/Lifeline.

Workforce. The staff members of both, the court and the church, were rated to be 100% positive in all categories.

“I was raped, [...] this thing started when I was a child. I just kept it in me, but it started working on me since I was a child and [...] I grow up. Second time it happened again whilst I was maybe 27. So it was working on me and every time I was thinking about this, the only place where I was feeling safe [was] — when I went to church. They were speaking about this, they were having a subject about something like this and they called out the people to be prayed for, so I went out and after the church I was having a talk with the Pastor’s wife so I talk it all out there.” (S48)

Further, women found the workforce so helpful and friendly that they suggested that the “court must do the police work” (S 33). On the one side this can be seen as a compliment to the workforce in court, on the other hand it reflects the unsatisfactory service the Namibian police force delivers daily to their vulnerable citizen in need.

Processes. The processes in court have been rated throughout positive. Over 90% of the sample group have been satisfied with the friendliness, reachability of the staff, felt in good hands and well taken care of by the workforce. The 10% who have been unsatisfied with the quality of the processes felt that the ruling does not take sufficiently into account. The situation of the woman who is in most of the cases the weaker part and needs to be more protected by the ruling.

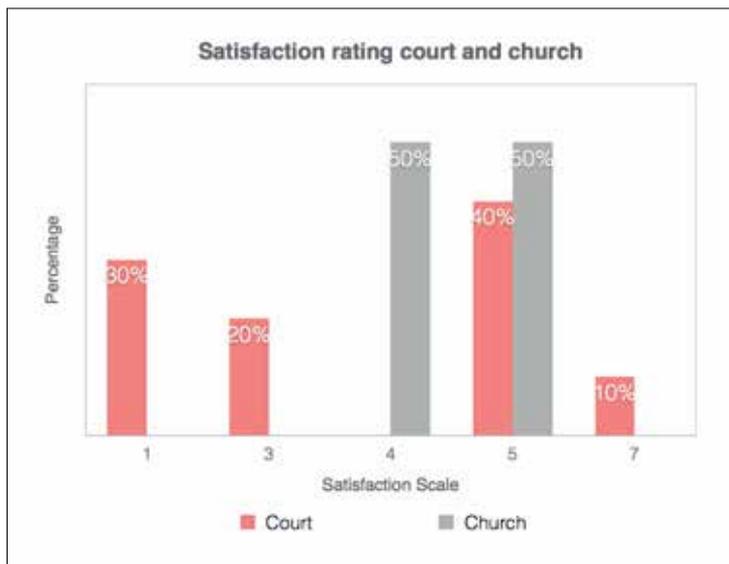
Researcher: “What ideas can you tell to help people in your case?”
Interviewee: “Like in my case I need the court to pay more attention to abused women. Because we women are the most who

are suffering in this abusive relationship so I need them to pay more attention to women.” (S 54)

Surprisingly for the churches another picture was drawn. Only half of the sample group was satisfied with the quality of the processes. 50% did not reach fast support, experienced incompetences and were not satisfied with the results achieved. The negative rating was mostly influenced by married women who have not been satisfied with the counselling they got. The major part of the married women who spoke with church members about the abuse were told to stay within the relationship, since it is against the word of god to divorce. Women stayed in these relationships, the abuse of course continued and in most cases increased.

Certain women felt even more helpless after the advice they got from church members and preferred to completely hide their problems in future.

“No. Even if I went to church, I’m not talking about my problem.” (S 45)



Graphic 5: First Categorisation - Court and Church. Satisfaction.

This gap is revealed in the overall satisfaction ratings as well. The court as an institution was mostly rated in the area between best to good, whereas the church got a rather average rating.

5.1.7 Personal Data

In order to use these findings and to elaborate in further studies tailored solutions to the problems discovered, the participants' personal data were surveyed. The majority of the interviewed survivors has been unemployed (58%). Nevertheless domestic violence is not a phenomenon only affecting women without employment. A major part (38%) has been in employment.

Age group	Percentage
16-25	39%
25-35	22%
35-45	20%
45-55	15%
55-65	2%
65-75	2%

Table 5: First Categorisation - Age Groups.

Nearly 40% of the participating women affected from abuse are very young and in the age group between 16-25 years. In total 61% are in the age group of 16-35 years.

Most of the participants (33%) have two children, five to six children were rare.

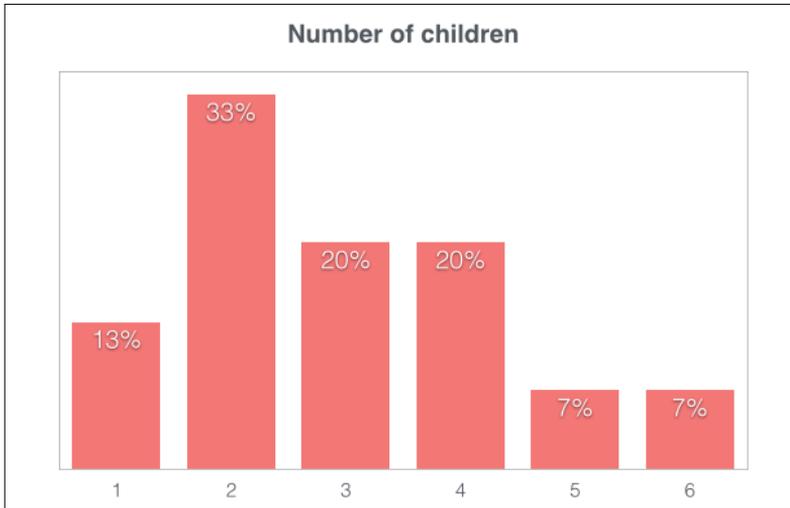


Table 5: First Categorisation -

In a nutshell, in our study the participants most affected by GBV are women who are unemployed, have 2 children and are in the age group of 16 to 25 years.

5.1.8 First Categorisation. Summary and Discussion

Based on the quality and satisfaction rating, we elaborated in this first categorisation the institutions where survivors are experiencing major difficulties in order to get adequate support.

First categorisation	Second categorisation
Police	
GBVIU	
State Hospital	

Table 6: First Categorisation - Overview.

“I prefer solving my own problems because it is useless calling the police” (S 3)

Based on the argumentation in the previous chapter, the first categorisation is therefore composed of

- the Namibian police NAMPOL,
- the Gender Based Violence Investigation Unit and
- the Katutura state hospital.

In terms of workforce and processes, these three state institutions are offering by far the most unsatisfying support for the abused. Survivors do not only achieve inadequate support, but contacting one of these institutions might make their situation worse or endangers the concerned woman even more.

The three categories will be in a second categorisation examined in more detail and subcategories concerning quality of workforce and processes will be elaborated.

In summary, the findings regarding the other institutions examined were the following:

Schools: In contrast to the three institutions above composing our first categorisation, processes and workforce in schools got the best rating in terms of quality and satisfaction. Not only Social Life Skills teachers, but also other school staff proved to be active and engaged in supporting GBV survivors. Apart from Social Life Skills teachers, staff members of schools even go a step further and take over responsibilities and tasks which are not anchored in their actual job description. During the interview processes it got clear that they are partly filling the lack of functioning of NAMPOL and GBVIU services and major breakdowns in family structures. Further a gap appeared between the current state of research in which

Life Skills teachers present themselves as unequipped (NGATJIISIUE, 2008, p.3) and the reality of this study, in which participants found the teachers and school staff to be the most helpful institution.

Other service providers: Under the section *other service providers*, the sample group referred mainly to the Friendly Haven Shelter. Reasons could be found in the design of the sample group, since a part of the participating women stayed at the shelter for a minimum of 21 days. Nevertheless the Friendly Haven Shelter is a big and important player in not only providing shelter and refuge for abused women and children, but also conducts influential trainings and awareness campaigns. Their role model and leading role in GBV prevention may have contributed to the fact that our sample group saw the shelter as the main support provider in this section. These positive ratings indicate that their services are well appreciated.

Other institutions: Under the section other institutions the interviewed women only referred to the church and the court. We left our question open so that participants could choose the supporting instance they regarded as institutions. Namibia is a secular democracy, but nearly 90% of its population are Christians (Lindeque 2012). A major part of the Namibian Christians is very dedicated to their faith and their religion influences most of their daily life activities. Prayers before meetings, meals or at the beginning of conferences are not unusual. Further, certain Namibian Christians attend church services daily. In a nutshell church plays a central role in citizen actions and is a major vehicle where women seek support and guidance. It is therefore surprising that our participants rated their processes as only average to low. Nevertheless only a small number of participants chose this topic and referred their answers to the church. Therefore no major conclusions can and should be drawn out of these findings. More and deeper research seems to be necessary

Based on other international studies (for instance (Davies & Frawley, 1994) we assumed that the abused women prefer a female workforce member to handle their

needs. This was not the case. Over all sections just a small group preferred to be counselled and supported by a female staff member. The answers were divided between the two contrasting viewpoints “female staff members can better understand the woman in need, because they are women themselves” (for instance S 23), up to “female staff members are very much judging. They are protected in their offices, they are not exposed to what we are suffering from at the outside world. They do not understand us (for instance S51). Between both of these viewpoints we could see a variety of feelings and opinions, but we could not find a clear statistical indication that one gender is preferred.

Further the quotes the participants gave us during the interview did not always match with the final satisfaction scale ratings. It happened that participants gave us very negative, partly horrifying quotes during the interview.

“They were very slow. Even if you are dying here you must wait. Even die here. They will not care. They will step over you or they will stand and talk. They will not even come and help you.” (S 33 about the hospital).

Nevertheless in most cases the rating given in the satisfaction scale at the end was more moderate. It rarely happened that participants chose the last and worst number of the scale. For instance in the interviews about the hospital, quotes like the one above appeared often, but the majority (26%) of all respondents rated the hospital as average with a “5”. One argument for these findings could be that the participating women suffered for a long time of constant and heavy abuse. Behind this background they might relatively judge horrifying experiences with/within state institutions not as severe — based on their previous experiences and psychological mindset they have developed.

Concerning the personal data, we can state that domestic violence is a phenomenon

not just affecting women without employment, it affects women with all ages and educational backgrounds. It is a cultural phenomenon involving all social classes. Nevertheless we have to state that the major part suffering from GBV in our study have been women without employment (58%). Further, based on the data of our study it seems that women in the age of 16-25 years, having 2 -4 children and who are unemployed are in higher risk and seem to be more affected.

To elaborate the research question more deeply, the three categories of the first categorisation - NAMPOL, GBVIU and state hospital in Katutura where survivors experienced major challenges in achieving support, will be analysed in more detail.

In the second categorisation a closer look in terms of participants' statements regarding workforce and processes will be taken.

5.2 Second Categorisation

The second categorisations are subcategories linked to the first categorisation. The aim is to achieve a more detailed analysis about the institutions identified in the first categorisation. The second categorisations are not based on single cases, they contain the clustered issues the majority of the participating survivors suffered from.

5.2.1 Namibian Police (NAMPOL)

“I do not think the police are helping the people. We hear the police are helping people but after all if you come there they have many excuses. They are always saying maybe (because) there is no car or the person working with that is not here so you can come back tomorrow. So later on I gave up.” (S 56)

In line with the Grounded Theory we went further than the respective thinking, argument, and interpretation processes into the data. During this process we clustered the main issues into three categories.

5.2.1.1 Category A. Failure to Render Assistance

Unsatisfying service in general. As already touched upon in the first categorisation, we elaborated a general failure of NAMPOL to deliver service and to give assistance.

“They respond eventually but not at that time you need it.” (S 23)

Beside this failure of carrying out basic police work to a satisfying extent, survivors reported major issues in delivering service on time or in an adequate time span.

“They take a year my dear. It was in 2013 and the police came now in 2015.” (S 51)

The failure to act on time puts the survivors in case of emergency into a very critical life endangering situation.

“They actually expose me to death right now, because they are busy investigating up to now. Nobody came to me, you understand? Am now exposed to death, I have to do things which I do not want to do, like staying in the house, locking myself in the room and he is having access into my room. He has the key into my room but I do not have a key into his room. He will knock any time he wants to come to my room.” (S 9)

“They take long or they will never even appear to come. The time when the blood is all over the place then it is the time they will actually come, when you are about to die.” (S 33)

Besides the lack of professionalism and the failure to provide general services in time, through going deeper into our data material we could clearly detect cases where NAMPOL enacted intended failure to render assistance, especially when it comes to gender-based violence cases, which is again clearly a breach of law.

Intended failure to render assistance especially in cases of GBV

“Then the guy - I smelled the smoke on the guy. When he came to knock he had already started the fire behind the house. [...] Then after that I get out of the house then I tried to switch all the lights. [...] Then we ran out of the house and the guy tried to shoot the wife but the bullet did not touch her. She safely gets out of the house but everything is burnt.” (S 10)

Women reporting to the police suffered, like already stated before, from a long circle of abuse. The cases where NAMPOL failed to render assistance are therefore all very serious ones. This background should be kept in mind while reading the following chapter.

Concerning NAMPOL's attitude to render assistance one survivor expressed the situation very clearly:

“I told him I want at least a protection order. They said no. So I believe police they do nothing, that is why we have been killed, that is why we have been staying in the street. They do not do

anything to help us. They are just adding to their statistic to make their work easier, until we have been killed.” (S 9)

Not only that in cases of abuse NAMPOL in most of the times does not arrest the perpetrator nor takes evidences, but there is also not much support provided to the abused. Instead they experience a very distanced, sometimes even harassing attitude by NAMPOL police officers.

“It was as if they do not care. It was like they do not have time for people to listen to them.” (S 59)

This attitude creates an environment where a woman is left completely unprotected. In most of the cases the abuser is not even getting punished; only if he might commit murder.

“No actually they were like busy with something important and then they were like ‘Why did we call them. It was not very serious and the person was not dead.’ So they were like actually saying we wasted their time because it was not serious enough.” (S 27)

When a woman intrusts herself to a police officer she is actually exposing herself to a very high risk, since she disreputes her boyfriend/husband and his family.

“If the person that you are accusing finds out that you are making a case against them, then your life is in danger.” (S 52)

Therefore especially at this critical and very sensitive period it is essential that the woman reporting is protected and safeguarded by NAMPOL or the other state institutions she is reporting to. Nevertheless this is not the case. In most GBV cases

she is sent back home, without receiving any kind of support or assistance.

“The one that was on the duty - it was twice so for one day it was a friendly service that I get but usually it is the same story that they are saying like go back or something like that.” (S 51)

Certain survivors have after this experience still the energy and motivation to persistently follow up on their cases and try themselves to achieve justice. Several women reported that pressuring the police to act on their cases often leads them to be discredited and to receive even less support.

“Sometimes if I call them they just reject the calls.” (S 54)

The failure to render assistance goes so far that the abused is put into high danger if she wants to achieve the result she is by law actually entitled to, and is even asked to do the investigation by herself.

“It was nothing that really happened. I remember I opened two cases for the same guy and nothing happened. ‘Call us when you see the person’ [...]. Which is not my job. [...] How do they expect it to happen? [...] You do not know where to go and the police does not actually help you.” (S 23)

Because of these failures that women in most of the cases find themselves in a more dangerous situation than before having approached NAMPOL.

“No just because the police will just come there and talk to the abuser and just go so they leave you in the same situation like you had been and maybe the abuse will get worse now. The police

will just come there and warn the person 'Not to abuse the person' and the person will be more angry saying 'How could you go to the police and you know it is just useless going to the police'. Especially if the abuser is threatening like 'I will kill you' or 'I will burn you in the house' or 'I will stab you with a knife' and when they come they saw evidence to lock up the person or something. You only call them for something urgent like when you are bleeding already like when you are stabbed and then they can come actually like - respond faster or you know. When they just see blood or when they see a red eye but when you tell them 'this person is threatening me' then they say 'no ma'am uhh - we cannot arrest a person or take the person because there is no visible evidence' that is all. So you have to wait to be stabbed or you are dead." (S 3)

Through the interviews it got clear and evident that the failure of NAMPOL to provide basic support and protection leads to the high murder rates of women in Namibia.

"I feel like I have been thrown out, for me to die. They did not handle my case with care. They treated my case like am not even existing anymore." (S 9)

According to the survivors, before they are killed there is no protection and support given to them. Going to the police increases not only the danger of the woman but exposes her in certain cases even to further humiliation.

Humiliation. Not even that we found a major part of the cases where NAMPOL police officer did not render assistance, there have been also incidents where they humiliated and blamed the help seeker.

“I went and open a case at [another police station] because I can no longer go to Katutura because they know me. Every time am standing with them they say, 'We are tired of your case, we are tired of all those things' ” (S 9)

The humiliation of the reporting survivors goes so far that the police openly seeks the fault for the abuse with the women reporting.

Interviewee: “Because I really wanted this guy in jail because my face was hurt really badly and my heart was hurt and I was just tired of being abused very badly so that is why I wanted to go to the police.”

Researcher: “So how about the workforce of the police. Where they friendly when you went there?”

Interviewee: “Actually they were not friendly, they actually said - You were provoking the guy to beat you” (S 14)

The lack of assistance pushes help seekers back into their abusive relationships.

Through the lack of assistance the abused will not benefit from the services of the downstream institution — the GBVIU, which was mainly set into place for these cases. Further humiliating the help seeker makes the anyway already vulnerable woman more weak and produces psychological scars. The abused starts (even more) to search the fault for being abused in her own behaviour and thereby starting to justify the actions of the abuser (Strube, 1988).

The consequences are killings and high murder rates on women, or to express it with the words of the former president Pohamba “The country continues to lose innocent lives, especially those of women and girls, as a result of gender-based violence.” (Ikela, 2014).

“Yes, they become tired you know, [...] “,your problem everyday”, but your problem become a [chronical] you understand? It becomes critical that you know, it’s everyday things and it’s the more you are busy yesterday it is not the same today and tomorrow. It is going higher and higher every time, so it is really like you become like ‘let me kill myself or something’ because the government say we must go to the police.” (S 9)

Case study.

The following case study on domestic violence shall visualise with a personal story on how the failure to render assistance to minors is enacted.

Josefina is a 16 year old girl who together with her two sisters has been heavily abused since her early childhood by her alcohol addicted mother. Josefina together with her minor sisters went regularly to NAMPOL to report her mother and to seek for help. She says :

“Sometimes we would go there like every night, but sometimes it was useless for us to go there because they really did help with anything.” (S 6)

In general although the physical abuse was clearly visible the sisters did not receive much support from NAMPOL.

“They would just tell us ‘Speak to your mom maybe she will change’. Sometimes they would tell us ‘We will call her in’, but mom is stubborn she did not go. So whenever they call her she would use that again to beat us or scold us. So we stopped. So that is how it was it was like a circle, sometimes it is fine sometimes it is not.” (S 6)

Further going to the police made the situation worse for the sisters:

Josefina: “I went there in anguish and pain, but when I left it was worse. They made everything worse --. I received enough at home the assaulting and the beating, but when I went there they called me names and told me all sorts of things that I did not want to hear. They actually defended my mom. [...] They came up with a solution for only one person and they left me out and I went home as if I went somewhere were you have a sore and someone just presses it. It pains so much.” (S 1)

The sisters see one of NAMPOL’s lack of action grounded in the connections their mother had within the police.

Josefina: “So the other lady wanted to take me and lock me in another office till my mother came. So she took me and I started screaming so the officer in charge said ‘no, if she does not want to be here, she cannot be here.’ The other officer answered: ‘We are handling her case so she is supposed to be in my office and not yours.’ And as I was leaving her office into the commissioner’s office that is when my mom walked in and then all the other officers did not want to listen to me.” (S 21)

Instead of taking the minors out of the abusive home, NAMPOL enacted even a clear human rights violation. Josefina’s sister Rene reported.

“When I was fourteen my mom beat me and then I ran away. I ran to one of my teachers. It was a male teacher. It was around ten [o’clock] then. My mum text my friend [to know where I was]. My friend told my mom and then my mom decided that me and that school teacher were having an affair and she took us to the police and they went to question him down by the prison cells. And they

asked him and he said 'No, there is nothing between the two of us'.

She came to me because there was a misunderstanding at her home. I told them [the police] that she beat me and there were bruises on my neck because she strangled me." (S 21) Rather of supporting Rene, a minor who got strangled by her own mother, NAMPOL investigated in a completely different direction, supporting the viewpoint of the mother and abused Rene.

Rene: "[Instead of investigation on the abuse] the police asked me if there was an affair and I told them 'No'. Then they took me downstairs and the police officer beat me."

Researcher: "What?"

Rene: "Yes he beat me. He asked me to do push ups and I did not want to do push ups then he kicked me in the stomach. I think twice."

Researcher: "What?"

Rene: "Yes and the other ladies kept slapping me and they put me in the prison cells with all the other inmates and asked for the [truth]." (S 21)

In reverse of achieving support and protection, the three sisters experienced verbal harassment and further psychological and physical abuse caused by NAMPOL

5.2.1.2 Category B. Racism, Prejudgment and Selection

The second category involves racism based on ethnical belonging and prejudgment based on gender and status which leads to a selection process in the police on who receives assistance and who not.

Racism. Participants experienced racism during the process of achieving support at NAMPOL. Belonging to a certain tribe influenced the police officers' decision on giving attention and assistance.

“No I do not think they were helpful. Nowadays things are so corrupt they only help their tribes. If you are not their tribe then you do not come first. They only help their tribes.” (S 39)

Participants reported that this racist attitude triggered corruption and selection on who will be served first or if at all. Assistance was not provided according to the severeness of the cases.

Judgment Concerning Status. Survivors reported that next to their ethnical belonging, the process of getting assistance was influenced by their gender, wealth and status in society. Judgment carried out not only by the police, but also by all those present at the moment the survivor talked about the abuse.

“[...] they can all hear your conversation between you and this certain police officer. So there is no really privacy so if it happens that there is somebody that knows you they can go spread rumour and all those kind of stuff.” (S 5)

The lack of privacy at NAMPOL stations enhances judgments, endangers the

women reporting and will consequently hold them back from reporting a breach of law again. A police officer is in charge to investigate breaches of law and to ensure the adherence of it. In cases of GBV this seldomly seems to be the case. Instead judgments and assumptions in unnecessary directions are made.

“Discrimination is more because they are saying ’why do you not leave the guy, you are just after the guy’s money’.” (S 51)

Selection. Further it seemed that assistance was given based on wealth and social status of the client and an equal treatment of all citizen was not applied.

“Because when I came there the people were not listening to me. They were not concentrating on me. They were busy with other people that are having like those expensive rings and those things and then after when I came to them to speak to my story they just wrote a few things, not the things that I was telling them. They were just writing a few things from my story that I told them.” (S 26)

It also became evident that unmarried women are receiving even more disrespect and are given less support.

“And when you went there for a domestic violence case, do you know if they had any experience in gender-based violence?” “No not in the way I was treated. Because it was my boyfriend so they were ’yes it is your boyfriend so what do you want us to do now?’” (S 60)

From the interviews it seemed that police officers do not experience many boundaries

or sanctions in enacting their judgmental attitudes. This broad scope provides them with the freedom to sometimes even interpret the law according to their personal views and judgments regarding the client.

“They are more judging people according to who you are and they take law into their own hands. They actually do not want to go according to the law procedure.” (S 9)

A selection on who receives support and who not is further done based on the wealth and the status of the abuser in society.

“In my case, they call my husband in first, when they call my husband; he goes and make a case against me first, a counterpart. At the end of the day my husband is working with the Ministry of Justice. At the end of the day, I am the one that is a liar, am the one that is a provoker in the house, so they actually go against my way. Although they know that I will be beaten up like [...]. Last time I will be beaten up like this, he beat me, he cut my hand and then he took my children, my three years, five years, without even me knowing where did he put them, do you understand?” (S 9)

To sum up, even if domestic violence is a clear breach of law, the survivors' chances to achieve protection and justice are based on the survivors; and abusers; ethnical background, marital status and status of wealth. A clear breach of law are as well cases of sexual harassment. Survivors reported that sexual harassment is enacted by NAMPOL itself on survivors of abuse and sexual assault as well.

5.2.1.3 Category C. Sexual Harassment

Sexual harassment is a crime. A crime enacted by a state institution. Enacted by a state institution that is actually in charge to protect women from it. To protect women from it who seek support there, because they were sexual assaulted.

Namibian women find themselves in a vicious circle when they want to leave abusive relationships. The following sample showcases the attitude of certain men that sexual harassment and assault is nothing criminal and that this attitude filters into the NAMPOL system. This attitude might explain as well the unwillingness or the apparent little knowledge of police officers to write cases of gender-based violence incidents.

Researcher: “Okay. No that’s fine. So when you went to the police now like how did you find the workers, were they friendly?”

Interviewee: “No. No.”

Researcher: “Not at all?”

Interviewee: “Not at all no and most of them were men. And when you get there most of them especially these guys, when you stand there like, I was wearing my school uniform and my skirt was like short. So they will stand there and talk about the skirts of - the skirt I was wearing and they would say ‘yes she looks sexy’ and all that mocking me in. I felt like ‘Yeah this is the reasons why most of us come to the police station but we are treated in the same way we are treated outside, where we come for help we are treated the same way as the outside world’.” (S 1)

5.2.1.4 Category D. Vocational Skills

The last category represents a lack of police officers' vocational skills. This is mostly evident in incomplete documentation of GBV cases and major language barriers between the client and the officer. Their lack of vocational skills burdened the survivors unnecessarily to achieve an outcome.

Incomplete documentation of GBV cases. Officers, according to opinions of the interviewed survivors, did not document the full picture of the happenings. Major incidents were left out and were incorrectly stated which gave the abused women further the impression that their cases and personal circumstances were not fully taken into account. Further they felt that major elements were left out, although they were of importance to sanction the perpetrator adequately.

“Because most of them they only write like, what can I say maybe if you say three sentences they only take one sentence from that one.” (S 60)

The lack of proper documentation left the survivors with the feeling that their cases are not taken seriously enough. Further it created the impression that there is not much objectivity in the process of case documentation. It is rather a personal decision of the report writing officer if further actions will be introduced and if there will be an outcome.

”They took more time than expected and they do not use any sort of documents [...]. It is like they make the decisions themselves. They listen to the case and then maybe they think ‘Hey if it is not good enough then it is over’. It does not need to be written down or anything whether it is serious or not. They just listen to it and

whether they give you a conclusion or not they send you off.” (S 1)

Certain survivors even did not reach the point of case documentation. They were told that the officers on duty do not have any knowledge in case writing and they were hindered to report the happenings or to achieve support.

“There were people at the station but there was no one to help. Apparently they do not know how to write the case.” (S

Further they could not open a case because they simply asked for help at the “wrong time”. During late evening and night shifts not much support is provided to the help seeker.

“Then he come home and he was strong. Then he started beating me, beating me. He even beat me [...] my head. And it was open because [my teeth and my lips]. And it was very painful. And that time I just went to my mother. I called the police and the police took me to my mother. And then I wanted to open a case and then the police said no I must wait and make the case in the morning, no at the time of the night. I could not leave the child because I was breast feeding. So I did not go to open the case and then the police let him go. But they saw how I was looking.” (S 24)

Language barriers. Besides, language barriers there are even more obstacles to the reporting women. They could not express the exact incidents and their feelings properly, since sometimes no officer could have been found who speaks their language. Sometimes even another officer in charge could not understand the report written by their colleague. In the end, the reporting survivors had to suffer from this

lack, since the process to report the case got unnecessarily prolonged.

Reflecting again on the mission and vision of NAMPOL introduced at the beginning of the chapter, we can state that the goal “To protect and to serve all people in Namibia without compromising in upholding the tenets of law and order, safety and security of all persons.” (Namibian Police Force, 2015) was when it comes to GBV cases — at least in this study — clearly not met.

5.2.2 Gender-Based Violence Investigation Unit (GBVIU)

The GBVIU is the downstream institution behind NAMPOL. As stated in chapter 2, the GBVIU’s main responsibilities in terms of GBV are:

1. To recognise, investigate and prevent abuse and intimate partner violence related crimes regardless of the victims’ gender.
2. To offer inexpensive and confidential service to survivors.
3. To promote GBV prevention approaches, like the conduction of public awareness campaigns, education of Namibian citizens or the sensitisation and education of staff members of other state service providers.
4. To offer a safe survivor friendly environment, like the promotion and referral to shelters.

(Ministry of Gender Equality and Child Welfare (MGECW), 2009).

We found that these responsibilities were partly met and as compared to the services provided by the police, clients were more satisfied.

“At the women and child protection they are really [...] because there are women. They take a case serious. [...]so they really get involved. They really want to help you out.” (S 23)

Nevertheless there were major shortcomings identified in the first categorisation which will be more elaborated in the following.

5.2.2.1 Category A. Failure to Render Assistance and Inadequate Support

As well as at NAMPOL, also the GBVIU failed to deliver adequate support. We clustered under this category three main concerns.

Long processes without outcome. Processes are lengthy due to a slow work pace which is partly rooted in an understaffed workforce, lengthy processes of documentation and much red tape.

“And later on I get tired. I handle my things on my own and after I handled my things on my own that is the time they call me and tell me ‘okay you must come and fill in forms and do that thing and that and that.’ Then it is already too late. I already act on my own.” (S 32)

The consequence is that the disappointed help seekers are withdrawing and trying to solve, together with their families, the situation “on their own”, apart from legal and institutional structures. The mentioned understaffing is not only partly causing long processes, but is also nurturing inadequate support and the failure to render assistance.

Failure to render assistance. A major problem was insufficient or no support given to the survivor. Especially when it comes to the issue of wife-beating there is clearly a critical shortage in providing assistance. Some women suffered already from years of constant abuse, without getting any chance or assistance to leave this circle.

“The children, they are only five years and ten years and we have been married for eighteen years, do you understand, and then these things have started from day one, when we got married. They do not want to look at the issue, the social worker does not want to look at the issue of beating. Neither the police officer himself, the unit commander, the lady. She does not want to [...] at the point of beating, she is more concerned about the children who just came yesterday. I said fine!” (S 9)

We detected several cases where no assistance is given at all. What is worsening the situation of the survivors is that they are actually getting a certain “promise” that support will be given to them, so they are willing to wait patiently for this assistance to come.

“They did not investigate also because they said it was very late. They told her she will be attended to by a social worker but every time she came there, they told her tomorrow but up to now nothing has happened. I never got any results from them, actually I never got anything from them [...]. I never went there again.” (S 56 about her daughter who got raped)

Although certain survivors have been persistent in getting support and relied on the statements of the Unit that they were in train to elaborate ways of assistance, they not rarely did not receive any outcome. These survivors often felt that the GBVIU officers are not capable and willing to render assistance.

“The lady - we went around four o’clock. The lady that was in the office told us that she was tired she had to lock up - it’s almost

five o'clock she needs to go home. And she just said 'no if things get worse you must call the police'. It really made us feel, I mean it is useless to go to them at times. You would go there and you are told to go back home. Fine, you cannot force somebody to do something and if they don't want they don't want." (S 5)

Too short opening hours force staff to send clients back into an unprotected environment, although they are very much in need of assistance. This makes the GBVIU to appear "useless" in the eyes of the survivors. Further most of the incidents happening during the later afternoon/nights and, according to the statements of the sample group, no assistance is provided at all. Emergency centres are needed to provide assistance during these hours. Since staff is over-worked, due to short opening hours, they are "forced" to reject help seekers. Officers give the impression to survivors that they are not interested or committed to help them. Consequently survivors felt that workforce lacks humanity and empathy.

5.2.2.2 Category B. Lack of Empathy

Survivors stated that the lack of empathy gets very much evident during the process of counselling. According to the statements of the sample group the social worker can clearly see that the woman is in physical pain and needs psychological assistance. Instead of providing fast help, survivors reported that they experienced harsh questions. They felt they have to explain themselves why they got abused.

"They just ask you bad questions, 'what do you want, how can we help you', that's the things. But they can even see the face, that the person needs help, needs someone to advice. But the way they answer is not good." (S 44)

Survivors further reported that they wish that social workers make more efforts to understand their situation and should show more empathy for the abused who recalls during the moment of counselling the crime committed on her. Going through what has happened to her causes high emotional stress which is often combined with physical pain. Many survivors asked the social workers to put more attention and acknowledgement on that.

“Yes I think besides privacy they need to understand and at least put themselves in our shoes. Because it does not actually have to make sense for you to understand but at least try to understand. They should look at both sides but focus more on our side because we are the ones who are in danger.” (S 21)

More understanding and empathy could save lives. Women would feel more valued and their fears and feelings taken more seriously. Depressingly next to the missing empathy, certain survivors even reported an even more severe form of institutional failure: Sexual harassment enacted by officers in the Unit.

5.2.2.3 Category C. Sexual Harassment

A gender-based violence survivor reported that during the process of seeking assistance and protection in the GBVIU, the acting officer offered his assistance in a very unethical way.

Interviewee: “Actually apart from now the – I found it actually unethical from the man that give me the number, he actually end up asking me other stuff apart from the case.”

Researcher: “From the child unit?”

Interviewee: “Yeah.”

Researcher: “The man?”

Interviewee: “((he was a police there)).”

Interviewee: “(())While he is supposed to protect me he is actually asking for something else. He was asking for the social worker and me at the same time, so I actually found it very unethical.” (S 18)

In our study we could only identify very limited cases of sexual harassment and from the data it appeared not to be a major problem. Nevertheless we felt it is very important to make these voices to be heard as well. For the sake of completeness, we want to state that we did not find any rape incidents committed by officials employed in the state institutions we investigated in.

Based on these findings, we want to quickly elaborate on if the GBVIU met their self-defined main responsibilities which we represented at the beginning of this chapter.

1. To recognise, investigate and prevent abuse and intimate partner violence related crimes regardless of the victims gender: Survivors were not made aware of any prevention activities or at least did not report this. Investigation activities were carried out, but insufficiently.
2. To offer inexpensive and confidential service to survivors: Survivors achieved confidential service although the quality was sometimes to often unsatisfying.
3. To promote GBV prevention approaches, like the conduction of public awareness campaigns, education of Namibian citizens or the sensitisation and education of staff members of other state service providers: Like stated in point 1, survivors did not report such activities to us.
4. To offer a safe survivor friendly environment, like the promotion and referral to shelters: Certain survivors were referred to the Friendly Haven Shelter, but not all who have been in need. (Ministry of Gender Equality and Child Welfare (MGECW), 2009).

5.2.3 The State hospital

Article 95 of the Namibian Constitution states that the state is obliged to ensure the welfare of the people through legislation that provide health care to the Namibian citizen, especially to those who are weak and vulnerable (Ministry of Health and Social Services, 2015).

The deeper investigation into the data revealed several breaches of law and that especially weak and vulnerable clients do not receive adequate health care.

5.2.3.1 Category A. Failure to Render Assistance

Similar to the two former categories, NAMPOL and the GBVIU, we also identified for the hospital a failure to render assistance. In contrast to the other two categories, here the length of time to achieve support and medical relieve is directly life threatening. According to the statements of the interviewed survivors, staff takes the death of patients into account and seems not to be “bothered” much about it.

“They were very slow. Even if you are dying here you must wait. Even die here. They will not care. They will step over you or they will stand and talk. They will not even come and help you. First they will stand and talk many things before they come.” (S 33)

Survivors stated that even in case of life endangering situations, workforce rather seems to do private conversations and activities than providing immediate medical relief. Survivors of gender-based violence who are accommodated in the shelter have actually an agreement with the hospital that the shelter’s clients receive preferable treatment. Nevertheless in practice this appears to be not often the case.

“We were try to explain to her about the agreement between the shelter and the hospital but she did not want to listen to us, so it was only my sister who was helped. Me and the other three kids we went home without being helped. Like really honestly.” (S 6)

From the statements of the survivors we could draw evidences that these agreements are not acknowledged. This is unfortunate because it would be a statement of the relevant institution to acknowledge the pressing issue of violence against women. Besides we found further obstacles burdening the women to achieve proper medical support. Several women do not speak sufficient English to express their medical needs adequately. If this is the case apparently no medical support is given at all.

“No. And if I cannot speak English, you do not get help.” (S 52)

Every patient who speaks a language anchored in the Constitution has the right to achieve medical treatment. A non-rendering of medical service based on the criteria the patient does not speak sufficient English is appalling.

5.2.3.2 Category B. Lack of Empathy

With the GBVIU we found lack of empathy of the workforce in the hospital as well. The main issue was geared around the friendliness of the workforce before and during the process of offering medical support.

Researcher: “Ok. At the clinic, the doctor or nurse, were they friendly?”

Interviewee: “Simply because I had so much pain. It is not because he abused me physically but it was just like something is going inside me. I was always feeling weak. I had continued headings.

I could not even sleep at night just because of those things. I was hallucinating. I was even (()) blood. May be because of stress or something like that.”

Researcher: “Ok. At the clinic, the doctor or nurse, were they friendly?”

Interviewee: “Ah at that clinic they were never friendly to anyone.”
(S 32)

Next to the lack of kindness and gentleness medical staff appears to do not much care about their mistakes or if their lack of support is life-threatening or actually leading to the death of the client.

The lack of helpfulness partly grounded in missing empathy for the clients, leads at the end to a failure to render assistance.¹⁵

Researcher: “Did you feel that the doctors and nurses are helpful at the hospital?”

Interviewee: “No they are not. They take life, it is a human life but they take it lightly.” (S 53)

¹⁵ Therefore category B can be also seen as a part of category C.

5.2.4 Second Categorisation. Summary and Discussion

First categorisation	Second categorisation
Police	Category A. Failure to render assistance. Category B. Racism, Prejudgment & Selection. Category C. Sexual Harassment. Category D. Vocational skills.
GBVIU	Category A. Failure to render assistance. Category B. Lack of Empathy. Category C. Sexual Harassment.
State Hospital	Category A. Failure to render assistance. Category B. Lack of Empathy.

Table 7: First and Second Categorisation - Overview.

Overall lacks, not only linked to GBV. The overall lacks we could identify were not only linked to GBV cases. We could identify that the lack of helpfulness and lack of empathy of staff members is applied to all kinds of acts of support giving and is not only linked to GBV cases. Also the failure of rendering assistance affects a variety of cases in all three examined institutions. Nevertheless through traditional mindsets and gender roles women are more affected by these failures, especially when it comes to gender-based violence cases, since it is somehow legitimised by society. This mindset of course infiltrates workforce's rationale mainly of male officers at NAMPOL, whereas survivors of GBV are receiving even less support as compared to other groups of help seekers. In Namibia decisions are often taken based on influence, wealth, connections and gender. It is therefore an in-evident consequence that survivors' chances to achieve protection and justice are based on the survivors' and abusers' ethnical background, marital status and status of wealth.

The institution which failed most to provide adequate service is NAMPOL.

Under this category survivors reported major issues in delivering service at all, to a satisfying extent or in an adequate time span. Further we could clearly detect cases where NAMPOL enacted intended failure to render assistance especially when it

comes to gender-based violence cases. Some women suffered already from years of constant abuse without getting any chance or assistance to leave this circle. Further the failure to act in an adequate time span has severe consequences for the abused and puts the survivors in case of emergency into a very critical life endangering situation.

Similarities in categories. We elaborated similarities in the second categorisation. For all first categories NAMPOL, GBVIU and state hospital, we identified

- the failure to render assistance.

In at least two categories we also identified the

- lack of empathy
- lack of vocational skills.

Status. Further, over all categories we identified a selection on who receives support and who not based on ethnical belonging, material status and wealth. Nevertheless it was most distinctive in the category of NAMPOL. Besides, the lack of supervision and sanction lead especially in the police and the hospital to an attitude where staff members interpret the law according to their personal views and judgments regarding the client. This attitude feeds further into the issue of sexual harassment. Clear incidents could be found at NAMPOL and the GBVIU. Survivors reported that sexual harassment was enacted by police officers in NAMPOL and in the GBVIU on survivors of abuse and sexual assault.

Lack of support. Over all categories we defined the major problem of insufficient or no support given to the survivors, who got beaten. Like earlier stated it seems to be socially accepted. Therefore workforce does not act much about it so that there is a clear critical shortage in providing assistance.

Human rights violations. In all first categorisations human rights violations were identified. Human rights violations were especially stated in the hospitals and NAMPOL. Concerning the hospitals, survivors stated that even in case of life endangering situations workforce seemed to do private conversations and activities, rather than providing immediate medical relief. In NAMPOL we could identify abuse and assault enacted on minor survivors. Instead of taking the minors out of the abusive home, NAMPOL enacted even a clear human rights violation and abused one of the survivors. Instead of getting support and protection, the three sisters experienced verbal harassment and further psychological and physical abuse enacted by the police.

Consequences. The failure to act and to support creates an environment where a woman is left completely unprotected. In most of the cases the abuser is not even punished until he might even commit murder. Further, if a survivor contacts one of these institutions, mainly NAMPOL, she in most of the cases finds herself in a more dangerous situation than before. Incomplete documentation of GBV cases in NAMPOL have the consequence that important elements to convict the perpetrator are left out and consequently the perpetrator won't be sanctioned adequately. The lack of assistance pushes help seekers back into their abusive relationships. Namibian women find themselves in a vicious circle when they want to leave abusive relationships. Further humiliation of help seeker makes the anyway already vulnerable woman even weaker and produces psychological scars. The abused starts (even more) to search the fault for being abused in her own behaviour and thereby starts to justify the actions of the abuser. Consequently these facts contribute to high killings and murder rates on Namibian women.

6. Conclusion

A summary concerning the main findings of each step of categorisation has already been given in the previous chapters and will therefore only be summarised briefly.

Summary First Categorisation.

In terms of workforce and processes, the three state institutions

- the Namibian police NAMPOL,
- the Gender-based violence Investigation Unit and
- the Katutura state hospital.

are offering by far the most unsatisfying support to abused women.

Survivors do not only achieve inadequate support, but we even found cases that if contacting one of these institutions might endanger the concerned woman even more.

In summary, the findings regarding the other institutions examined were the following:

Schools: Processes and workforce in schools got the best rating in terms of quality and satisfaction of service. Not only Social Life Skills teachers, but also other school staff proved to be active and engaged in supporting GBV survivors.

Other service providers: Under the section other service providers, the sample group referred mainly to the Friendly Haven Shelter. Their role model and leading role in GBV prevention may have contributed to the fact that our sample group saw the shelter as the main support provider in this section. These positive ratings indicate that their services are well appreciated.

Other institutions: Under the section other institutions the interviewed women only referred to the church and the court. In a nutshell church plays a central role in citizen actions and is a major vehicle where women seek support and guidance. It is therefore surprising that our participants rated their processes as only average to low. More and deeper research in this regard seems to be necessary.

Preference of gender. Surprisingly over all sections just a small group preferred to be counselled and supported by a female staff member. Overall findings we could not find a clear statistical indication that a specific gender is preferred.

Personal data. We can state that domestic violence is a phenomenon not just affecting women without employment, it affects women with all ages and educational backgrounds. It is a cultural phenomenon involving all social classes in Namibia.

Summary Second Categorisation.

In the second categorisation a closer look in terms of participants' statements regarding workforce and processes have been done.

Overall lacks, not only linked to GBV. The overall lacks we could identify were not only linked to GBV cases. The lack of helpfulness and lack of empathy was enacted in all kinds of actions.

NAMPOL was the institution identified with the worst performance.

Under this category survivors reported the most and worst lacks in service delivery. Besides we could clearly detect cases where NAMPOL enacted intended failure to render assistance.

Similarities in categories. We found similarities in the second categorisation. For all first categories NAMPOL, GBVIU and state hospital, we could define:

- A failure to render assistance.

In at least two categories we also identified the

- A lack of empathy
- A lack of vocational skills.

Selection and Judgment. Survivors' chances to achieve protection and justice are based on the survivors' and abusers' ethnical background, marital status and status of wealth. This selection is deepened by an attitude were staff members interpret the law according to their personal views and judgments.

Human rights violations. In all three institutions, but especially at the state hospital and NAMPOL, human rights violations were identified.

What follows after the summary of the findings, are the answers to the research questions.

Hypothesis. The hypothesis could be proved partly. The three examined Namibian state institutions NAMPOL, GBVIU and the state hospital do not deliver quality services according to their clients. Further it could be underlined that mainly country specific social norms in Namibia shape the character of the workforce and therefore determine their actions and consequently cause a lethargy evident in terms of support provided by state institutions. In contrast the other three categories schools, other service providers and other institutions deliver a satisfactory service. Here the hypothesis could not be proved as applicable as to the extend of the three institutions analysed in the second categorisation.

Aim. The aim of the central research concept to examine the institutional service quality in detail could be met. Through the use of mainly direct quotations in the presentation of the categorisation process, the overall objective to make the voice of the abused heard has been achieved.

Answering the research question.

The question:

“Are clients satisfied with the service given by the respective institutions and service providers that were strengthened by government to tackle gender-based violence - specifically with the workforce, processes and problem handling in these specific institutions and service providers?”

could be answered in the first and second categorisation. Only the establishments schools, other service providers and other institutions enjoy customer satisfaction.

In a second categorisation, the sub-question:

“What are the main institutions and service providers with which clients experience the most unsatisfying services?”

has been answered and the three Namibian state institutions NAMPOL, GBVIU and state hospital were identified to deliver unsatisfactory service to the highest extent.

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ISBN: 978-9994579914



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