

# How to Improve the Services of Woman and Child Protection Units (WCPUs) in Namibia

October 2013



*There have been a number of studies of Woman and Child Protection Units and related issues over the last seven years. This document summarises key information and recommendations from these studies, for ease of reference. The recommendations are discussed and elaborated in the context of the current situation and supplemented with some recent facts and statistics, but no new recommendations are put forward in this document. The sources for the various recommendations are indicated in footnotes.*

## 1. Background: What are WCPUs?

Woman and Child Protection Units (WCPUs) are specialised police centres that were set up to provide a **coordinated multi-sectoral approach to detecting, investigating and preventing gender-based violence (GBV) in Namibia**. Each Unit is intended to provide victim-friendly services that give survivors of GBV access to the services of a **police officer** who will investigate their case and take statements, a **medical doctor** who will examine them after they have been assaulted to collect forensic evidence and treat their injuries, and a **social worker** to provide counselling and support.

The first WCPU was established in 1993 by a steering committee consisting of various Ministries, the University of Namibia and various non-governmental organisations (NGOs). There are now **17 WCPUs in 13 different regions**.<sup>1</sup>

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<sup>1</sup> WCPUs are operational in Khorixas and Grootfontein even though they have not yet been formally launched (as of 1 October 2013). In Ohangwena Region, a new approach is being trialled, where every police station has one person specialising in cases involving gender-based violence.

The **Namibian Police** (NAMPOL), which resorts under the **Ministry of Safety and Security** (MSS), is the lead agency in control of the WCPUs. The **Ministry of Health and Social Services** (MoHSS) is responsible for providing social workers to the centres for counselling and welfare services for adults, and medical doctors for the medical examinations and treatment of survivors of abuse. The **Ministry of Gender Equality and Child Welfare** (MGECW) is also responsible for providing social workers to WCPUs to assist children with counselling services; this Ministry has also recently strengthened support to child witnesses and is the lead agency for the provision of shelters. Several **NGOs**, especially the Legal Assistance Centre and Lifeline/Childline, also provide services and support to the WCPUs. **UNICEF** has provided financial and technical assistance to WCPUs since their inception.<sup>2</sup>

### WCPU Mission Statement

Previously, the WCPU Mission Statement was as follows:

- *To detect, investigate and prevent abuse and related crimes committed against vulnerable ones irrespective of gender.*
- *Handle and deal with violent crimes and problems accordingly.*
- *Provide accessible, inexpensive and confidential issues / services to needy ones.*
- *Promote emotional intelligence and wellbeing through personal skills and development.*
- *Provide a victim friendly environment / shelter / place of safety.*
- *Educate and disseminate information to the community at large.*
- *Liaise with Ministries and NGO(s) dealing with domestic violence.*
- *Raise public awareness / Community outreach programme / Policing and Crime prevention / Combating of Crime.*
- *Conduct professional training, workshops and skills development in close collaboration with relevant stakeholders.*
- *Do referrals.*

However, the WCPUs no longer have their own mission statement but now fall under the general NAMPOL Mission:

*"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."*

This mission statement is supplemented by the NAMPOL vision, which is *"To protect and serve all people in Namibia"* and *"To eradicate all crimes of concern and ensure a crime free Namibia"*.

As of **2011**, the 15 WCPUs across the country were **staffed by a total of approximately 99 police officers.**<sup>3</sup> As of July 2013, the Khomas WCPU located at Katutura State Hospital was staffed by 18 police officers and 3 permanent social workers, in addition to 2 social work interns. There were also 2 medical doctors resident at the Katutura State Hospital who were

<sup>2</sup> See Ministry of Gender Equality and Child Welfare (MGECW), *Woman and Child Protection Units/One Stop Centres Concept Paper*, 2009 at 3.

<sup>3</sup> MGECW, *Assessment of the Woman and Child Protection Services in Kavango, Karas, Khomas, Omusati & Omaheke Regions in Namibia: Synthesis Report*, Windhoek: MGECW, 2012 at 25.

on call to attend to medical examinations at the Unit.<sup>4</sup> Other Units across the country rarely have permanent social workers or medical doctors specifically attached to the Unit.

The **demand for services** from the Units is **substantial and growing**. The Khomas Unit currently handles between 200 to 250 criminal cases each month, and another 250 to 300 cases which do not result in criminal charges on violence. In comparison, in April 2005, each WCPU was handling on average 60 to 120 cases a month.<sup>5</sup>

Several **problems** have been highlighted by reports on the operation and efficiency of WCPUs, including: limited opening hours and limited availability of emergency staff contact details; limited **access** to the centres' services; **a shortage of staff**, complicated by the absence of a staff rotation policy and a need for much more rigorous **staff training**; **insufficient support for staff**, including a lack of mentoring and debriefing services; **unclear goals** and guidelines of the WCPUs; **inefficient management structures** to monitor and coordinate WCPU functions; **limited prevention and outreach programmes** to educate communities on GBV and WCPU services; **poor facilities and equipment** at the Units; and a **low prosecution and conviction rate** in GBV cases.

**There is an urgent need to re-evaluate and improve the operation of WCPUs to turn them into the comprehensive inter-agency service providers that they aim to be, ensuring that they offer efficient and effective help to survivors of sexual and domestic violence.**

## 2. Why do we need WCPUs?

WCPUs provide essential services to survivors of GBV and specialised services to deal with children in need of care and protection.

GBV is a significant problem facing women, men and children across Namibia. There are approximately **1100 to 1200 cases of rape and attempted rape each year in the country**. Women account for 92 to 94% of the complainants in rape cases, with just over a third of complainants also under the age of 18.<sup>6</sup>



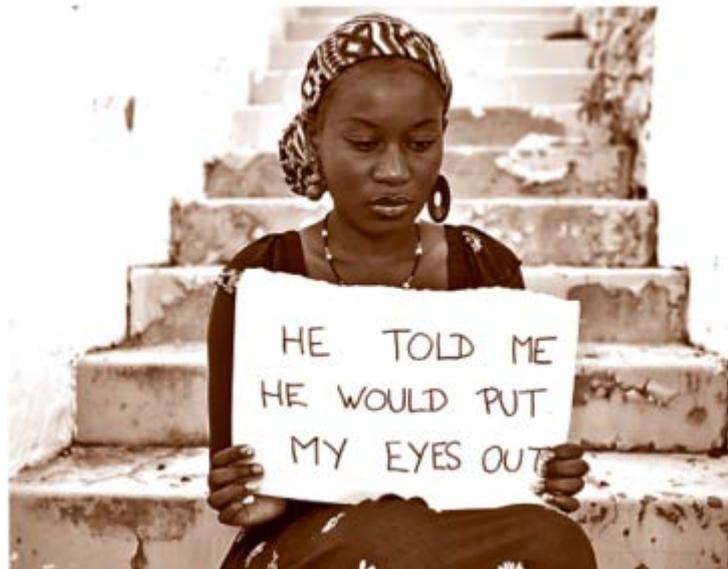
<sup>4</sup> Interview with Inspector Zimmer, Windhoek, 4 June 2013.

<sup>5</sup> Legal Assistance Centre (LAC), *Recommendations for Improving the Operation of Woman and Child Protection Units*, 2009 at 1.

<sup>6</sup> LAC, *Rape in Namibia: An Assessment of the Operation of the Combating of Rape Act 8 of 2000*, 2006, Windhoek: LAC at 5.

**In 2012, the police recorded 1397 cases of rape and attempted rape:** 945 of the victims (68%) were adult females and 409 (29%) were females under the age of 18 years; 16 adult men and 27 boys under the age of 18 years also reported rapes to the police.<sup>7</sup>

A Windhoek-based study by the World Health Organisation (WHO) in 2005 (using 2001 data) revealed that **one-third of ever-partnered women surveyed (36%) had experienced physical or sexual violence from an intimate partner** at some point in their lives, and 20% during the 12 months prior to the survey; 10% of respondents also reported that their partners had either tried or threatened to kill them and 6% had been slapped, hit or beaten during at least one pregnancy.<sup>8</sup> More recently, a 2007-08 study in eight Namibian regions reported that **41% of female respondents and 28% of male respondents had experienced physical or sexual violence from an intimate partner** at some point during the seven/eight years prior to the survey, with intimate partner violence directed against women generally being more severe than that directed against men.<sup>9</sup>



WCPUs are needed to **help those who have been subject to sexual or domestic violence** by offering a **specialised and friendly environment** where they can report assaults and get the medical and psychosocial help needed to help them recover. Some services are provided directly, while others involve referrals to other service providers.

WCPUs are also needed to help **reduce social tolerance for violence** and **educate the public about GBV** and their legal rights to report a crime.

### **3. Problems and recommendations**

This section summarises the key problems currently compromising the operation of the WCPUs in Namibia, together with recommendations that have been put forward to improve

<sup>7</sup> Ministry of Safety and Security, "Crime Statistics 2012", provided to the Legal Assistance Centre on request.

<sup>8</sup> C Garcia-Moreno et al, *WHO Multi-country Study on Women's Health and Domestic Violence against Women, Initial results on prevalence, health outcomes and women's responses*, Geneva: WHO, 2005.

<sup>9</sup> Social Impact Assessment and Policy Analysis Corporation (SIAPAC), *Knowledge, Attitudes and Practices Study on Factors that may Perpetuate or Protect Namibians from Violence and Discrimination: Caprivi, Erongo, Karas, Kavango, Kunene, Ohangwena, Omaheke and Otjozondjupa Regions*, Windhoek: MGECW, 2008.

the efficiency and effectiveness of WCPU services. The information is drawn from a range of studies and reports, most of which were published during the last seven years.

### 3.1 Goals & strategies of WCPU

**3.1.1 Mission statement and goals:** The WCPU Mission Statement which was operational until recently was not well known to the public. At present, there is no clear statement of the services or goals of the WCPUs, and the precise **roles and responsibilities** of the WCPUs are **not documented clearly**.<sup>10</sup>

**Recommendation:** The WCPUs should have a **clear set of goals** and strategies for achieving these goals, to make regular assessments more effective. An **official Mission Statement and goals** would also be helpful in giving the public a clear idea of what to expect from the WCPUs. These should be **widely promoted and visible to the public** to increase awareness of the WCPUs and their functions.<sup>11</sup>

**3.1.2 Mandate:** The WCPUs currently **only deal with cases of rape/sexual violence or very serious physical assaults** (where the person is hospitalised). All other domestic violence cases are referred to regular police stations.<sup>12</sup> This is confusing as WCPUs were originally established to deal with all cases of sexual and domestic violence. The result is that persons in crisis may be sent back and forth, possibly losing the will to seek help in the process.

**Recommendation:** WCPUs must **widely publicise their mandate**, and provide **clear information to the public** on the procedure to follow in cases of gender-based violence.<sup>13</sup>

**3.1.3 Budget:** There is **no single dedicated budget allocated to WCPUs**. This means scarce resources (such as vehicles) belong to individual line ministries. This creates two problems: a) WCPUs are not always allocated sufficient resources (such as communications capacity) by the Ministry of Safety and Security and b) resources cannot be shared even by service providers who work side-by-side.<sup>14</sup>

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<sup>10</sup> MGECW, *Assessment of the Woman and Child Protection Services in Kavango, Karas, Khomas, Omusati & Omaheke Regions in Namibia: Synthesis Report*, Windhoek: MGECW, 2012 at 5, 39.

<sup>11</sup> LAC, *Rape in Namibia*, 2006, Windhoek: LAC at 567.

<sup>12</sup> Interview with Inspector Zimmer, Windhoek, 4 June 2013.

<sup>13</sup> See MGECW, *Assessment of the Woman and Child Protection Services in Kavango, Karas, Khomas, Omusati & Omaheke Regions in Namibia: Synthesis Report*, Windhoek: MGECW, 2012 at 9; MGECW, *National Plan of Action on GBV 2012-2016*, 2012 at 36 (point 13.1); LAC, *Rape in Namibia*, Windhoek: LAC, 2007 at 567.

<sup>14</sup> MGECW, *Assessment of the Woman and Child Protection Services in Kavango, Karas, Khomas, Omusati & Omaheke Regions in Namibia: Synthesis Report*, Windhoek: MGECW, 2012 at 7, 9.

**Recommendation:** Provide a **specific, dedicated allowance in the national budget for WCPUs.**<sup>15</sup>

**3.1.4 Management: Management Committees** were originally established at each WCPU to hold high level meetings each month where stakeholders (UNICEF, Police Commanders, etc) could discuss and monitor the progress of WCPU service provision. According to several reports, most Management Committees are now defunct.<sup>16</sup> Effective coordination amongst all stakeholders is essential to the effective operation of the WCPUs and the ultimate reduction of GBV.<sup>17</sup>

As of 1 April 2013, there is **no longer a National Commander for the WCPUs**. Each WCPU is now under the authority of the Nampol **Regional Commander**. In Khomas Region, WCPU staff meet with the Regional Commander once a week to discuss important issues, and this has reportedly been very successful so far.<sup>18</sup>

**Recommendation:** **Stakeholders need to hold regular high level meetings** to increase cooperation, monitor the functions of WCPUs and identify areas which need improvement. WCPUs will meet their goals of being truly multi-sectoral, integrated services only if all stakeholders are engaged in improving their services.<sup>19</sup>

**3.1.5 Internal coordination: Close cooperation between service providers at Units** (police, social workers, medical examiners) and also with prosecutors is essential to improve service delivery on gender-based violence cases.

**Recommendation:** The existing directive mandating **monthly meetings** between service providers should be reiterated and strictly enforced.<sup>20</sup>

**Recommendation:** **Each unit needs a full-time coordinator** to coordinate all disciplines, to work towards increasing associated social work services, to motivate and manage budget allocation and to institutionalise inter-agency review meetings, data collection and reporting.<sup>21</sup>

**3.1.6 Data collection: Regular, thorough and standardised statistic collection on WCPU service provision is crucial** for monitoring and evaluating the operation of WCPUs across

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<sup>15</sup> MGECW, *National Plan of Action on GBV 2012-2016*, 2012 at 34 (point 11.1); MGECW, *Assessment of the Woman and Child Protection Services in Kavango, Karas, Khomas, Omusati & Omaheke Regions in Namibia: Synthesis Report*, Windhoek: MGECW, 2012 at 9-10; LAC, *Rape in Namibia*, Windhoek: LAC, 2006 at 563.

<sup>16</sup> See, for example, MGECW, *Assessment of the Woman and Child Protection Services in Kavango, Karas, Khomas, Omusati & Omaheke Regions in Namibia: Synthesis Report*, Windhoek: MGECW, 2012 at 7, 27, 31.

<sup>17</sup> MGECW, *National Plan of Action on GBV 2012-2016*, 2012 at 20.

<sup>18</sup> Interview with Inspector Zimmer, Windhoek, 4 June 2013.

<sup>19</sup> MGECW, *Woman and Child Protection Units/One-Stop Centres Concept Paper*, 2009 at 2; MGECW, *National Plan of Action on GBV 2012-2016*, 2012 at 59-60 (Strategy 26).

<sup>20</sup> LAC, *Seeking Safety: Domestic Violence in Namibia and the Combating of Domestic Violence Act 4 of 2003*, Windhoek: LAC, 2012 at 560.

<sup>21</sup> MGECW, *Woman and Child Protection Units/One-Stop Centres Concept Paper*, 2009 at 14, 17-18.

Namibia. There is an urgent need to **improve record-keeping** with more information about cases involving gender-based violence, including information about case outcome and services to complainants.<sup>22</sup> Additionally, a UNICEF study identified a **need for improved file management systems** to safeguard against lost or misplaced files.<sup>23</sup>

**Recommendation:** Implement an **efficient filing system and adequate file storage facilities** at all WCPUs.<sup>24</sup>

**Recommendation:** **Statistical information-gathering should be standardised and expanded.** All WCPU statistics should be broken down by the crime reported. Additionally, rape statistics should include a record of the following crimes: rape, attempted rape, indecent assault, incest, and 'statutory rape'. Information recorded for each crime by WCPUs and police stations should include location, sex and age of victim and perpetrator, relationship between victim and perpetrator, case outcome (unfounded, undetected, withdrawn, prosecuted or resulting in conviction) and information on any support provided to state witnesses in respect of court appearances (court preparation services, special support for child witnesses, use of child-friendly court facilities or any of the legal provisions designed to protect vulnerable witnesses). In rape cases, records should be kept of follow-up with the complainant (including whether PEP was given, pregnancy prevention, treatment for STIs, HIV testing and counselling, and follow-up testing and counselling). Statistical data should be standardised in a manner which allows for valid comparisons to be made with other police data, as well as comparisons across different ministries.<sup>25</sup>

**Recommendation:** **Quarterly reports currently prepared by WCPUs should be compiled into annual reports** about crimes reported at each WCPU, as well as totals for all WCPUs combined.<sup>26</sup> Annual statistical reports should be tabled in Parliament, as already required (but not observed), for police information about domestic violence cases.<sup>27</sup>

**Recommendation:** Implement the **use of statutory forms under the Combating of Domestic Violence Act 4 of 2003**, which all police are required to

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<sup>22</sup> LAC, *Rape in Namibia*, Windhoek: LAC, 2006 at 20.

<sup>23</sup> Rose-Junius et al, *An investigation into the functioning of Woman and Child Protection Units (WCPUs) and Police Stations with regard to the protection of abused women and children in Namibia*, Windhoek: Ministry of Health and Social Services (MoHSS), 2006 at 268.

<sup>24</sup> Ibid.

<sup>25</sup> LAC, *Rape in Namibia*, Windhoek: LAC, 2006 at 436, 564-566; MGECW, *National Plan of Action on GBV 2012-2016*, 2012 at 55-56 (Strategy 23).

<sup>26</sup> LAC, *Rape in Namibia*, Windhoek: LAC, 2006 at 565-566.

<sup>27</sup> LAC, *Seeking Safety*, Windhoek: LAC, 2012 at 574; see Combating of Domestic Violence Act 4 of 2003, section 28.

complete but are not yet using in practice, to provide systematic information on police responses to such cases.<sup>28</sup>

**3.1.7 Improving implementation:** WCPUs currently lack effective and comprehensive supervision, mentoring and monitoring mechanisms. To ensure that all WCPUs fulfil their tasks adequately and consistently, a more rigorous monitoring and support system needs to be put in place.

**Recommendation:** Develop and implement a monitoring, mentoring and evaluation system for WCPUs.<sup>29</sup>

**Recommendation:** Develop standard operating procedures with clear referral pathways and train staff on these.<sup>30</sup>



## 3.2 Access & visibility

**3.2.1 Opening hours:** Most WCPU cases are reported either after hours or on weekends,<sup>31</sup> yet WCPUs are open only during working hours from 8am to 5pm, Monday to Friday. This is a serious barrier to helping victims of gender-based violence, who are then forced to wait in long queues at another police station to open a docket or come back to the WCPU when it is next open. The regular police station may contact WCPU personnel on call to come and assist immediately, but nevertheless, if most initial contact is with ordinary police stations, many of the intended advantages of the WCPUs are lost – including prompt contact with a social worker or counsellor at the time of greatest trauma.

<sup>28</sup> MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 55 (point 23.4).

<sup>29</sup> Id at 45 (point 17.1) and 55 (point 23.5).

<sup>30</sup> MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 35 (point 11.4) and 48 (point 19.5); MGECW, *Assessment of the Woman and Child Protection Services in Kavango, Karas, Khomas, Omusati & Omaheke Regions in Namibia: Synthesis Report*, Windhoek: MGECW, 2012 at 30, 44.

<sup>31</sup> MGECW, *Assessment of the Woman and Child Protection Services in Kavango, Karas, Khomas, Omusati & Omaheke Regions in Namibia: Synthesis Report*, Windhoek: MGECW, 2012 at 8.

**Recommendation:** WCPUs should be open and accessible to the general public **24 hours a day, 7 days a week**, with dedicated staff (including social workers or counsellors on call at all times).<sup>32</sup>

**3.2.2 After-hours services and emergencies:** While there is always a WCPU police officer on standby after-hours (and usually a minimum of 3 for the WCPU in Windhoek), there is **limited awareness of this after-hours service** and how to contact officers. The WCPU in Windhoek has a **new emergency cell phone number** (081 329 4394) that clients can call or SMS even if they have no credit. However, there is limited public awareness of this number beyond men's and women's networking groups. The result is that many GBV cases were initially reported at ordinary police stations, even before this recently became the accepted practice.

**Recommendation:** The **contact details of staff on standby after-hours should be prominently printed outside each WCPU** for the general public to use in case of emergency. Police officers at the charge station and staff at the hospital should also be provided with these details. **Monitoring** should be undertaken to make sure that the after-hours services are operational. As long as the WCPUs have limited hours of operation, each Unit should have an **emergency cell phone number that is free to contact around the clock**, and this number should be **publicised widely** via newspapers, television and radio as well as by printing it visibly on boards outside each WCPU. This could prevent after-hours clients from having to go to ordinary police stations to be put in contact with WCPU personnel.<sup>33</sup>

**3.2.3 Physical accessibility:** The **physical location and visibility of Units** has been highlighted as a concern in several studies. Most WCPUs are located at State hospitals in order to make them accessible to the public and close to the necessary service providers; however, their visibility is variable. Some clients have reported a lack of clear signage to Units and guards at the gates of hospitals not having knowledge of the location of the WCPU. The location of the Unit in Omusati, in particular, has been highlighted as being too hidden and difficult for clients to find as it is at the back entrance to the hospital.<sup>34</sup>

**Recommendation:** Where Units are based at hospitals, there should be **clear directions** from the main hospital gates to the WCPU. Guards at the gates of the hospital should be informed about the location of the WCPU so that they can direct people to the Unit. Regardless of location, each Unit should

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<sup>32</sup> MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 36 (points 12.1- 12.4); MGECW, *Assessment of the Woman and Child Protection Services in Kavango, Karas, Khomas, Omusati & Omaheke Regions in Namibia: Synthesis Report*, Windhoek: MGECW, 2012 at 8, 38.

<sup>33</sup> MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 36 (points 12.1- 12.3); LAC, *Rape in Namibia*, Windhoek: LAC, 2006 at 567.

<sup>34</sup> MGECW, *Assessment of the Woman and Child Protection Services in Kavango, Karas, Khomas, Omusati & Omaheke Regions in Namibia: Synthesis Report*, Windhoek: MGECW, 2012 at 8.

display clear directions from main roads and entrances and have a **prominent sign.**<sup>35</sup>

**3.2.4 Name:** Several studies have suggested that the **gender-exclusive name** ‘Woman and Child Protection Unit’ deters men who have been sexually assaulted or who have experienced domestic violence from seeking help at the Units.

**Recommendation:** Take steps to ensure that male victims of gender-based violence are aware that they can receive help at WCPUs. This could involve mobilising a media public awareness campaign targeted at men to make them aware that the services are not gender exclusive.<sup>36</sup>

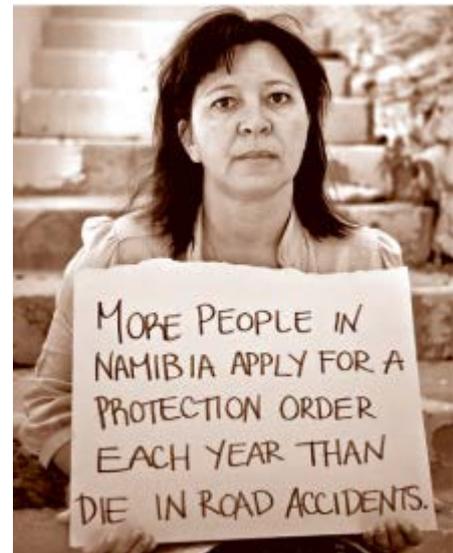
**Recommendation:** Consider changing the name of WCPUs to something more **gender-neutral.**<sup>37</sup> However, it should be recalled that the initial motivation behind the WCPUs was to correct a situation where women and children in particular were not being well-served by general charge offices.

### 3.3 Staff & training

**3.3.1 More trained service providers:** Inadequate specialised and ongoing training and support for WCPU personnel and significant shortages in staffing are some of the greatest obstacles to improving the operation of WCPUs. There is an urgent need for the provision of more medical examiners and social workers at most Units, as well as much more extensive training programmes for all service providers involved. It is also essential to develop better support facilities for WCPU personnel themselves.

**Recommendation:** Take steps to ensure that WCPUs are staffed with **highly qualified personnel** by applying rigorous selection criteria and by developing a **career progression path** for WCPU staff which will attract highly qualified personnel.<sup>38</sup>

**Recommendation:** WCPU staff should be provided with **in-service support, regular counselling and professional debriefing sessions,** as it is very



<sup>35</sup> Rose-Junius et al, *An investigation into the functioning of Woman and Child Protection Units (WCPUs) and Police Stations*, Windhoek: MoHSS, 2006 at 258.

<sup>36</sup> MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 37 (point 13.3).

<sup>37</sup> MGECW, *Assessment of the Woman and Child Protection Services in Kavango, Karas, Khomas, Omusati & Omaheke Regions in Namibia: Synthesis Report*, Windhoek: MGECW, 2012 at 37, 42.

<sup>38</sup> MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 35 (point 11.2).

emotionally stressful to deal regularly with cases of rape and domestic violence.<sup>39</sup>

## ***Police***

**3.3.2 Unsympathetic police response:** Complaints are still received about people receiving an **unsympathetic police response** when attending WCPUs after incidents of rape or domestic violence, despite the fact that multiple training initiatives have already targeted the relevant personnel. Currently, police officers at WCPUs receive only a **basic Investigation Training course** and a **Specialised Course on Violence**, which are each one month long.<sup>40</sup> During 2012 to 2013, UNICEF worked with the Police Training College to identify areas in which the training curriculum could be improved.

**Recommendation: Ongoing pre-service and in-service training** is essential. Much **more comprehensive specialised training** is needed on how to deal with victims of sexual and domestic violence<sup>41</sup>, especially children of different ages and persons with disabilities.

**Recommendation: Closer supervision** of service at the WCPUs is needed, along with **periodic efforts to survey members of the public directly about their experience at the Units** and **targeted action on the feedback received.**<sup>42</sup>

**Recommendation:** It would be helpful to give service providers **training on a range of topics, such as reasons why case withdrawals are common, challenges with protection orders, special requirements in working with children, and why people find it difficult to leave abusive relationships.**<sup>43</sup>

**Recommendation:** Police officers at each Unit should receive **some training in social work and psychology** to be able to deal sensitively with violence survivors.<sup>44</sup> However, it should be noted that, even with such training, police would not be equipped or expected to counsel survivors; police should make every effort to ensure that all survivors are referred to social workers or professional counsellors at the earliest possible stages.<sup>45</sup>

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<sup>39</sup> Id at 33 (point 10.4); LAC, *Rape in Namibia*, Windhoek: LAC, 2006 at 568.

<sup>40</sup> Rotation of personnel also means that not all staff have received the specialised training.

<sup>41</sup> See, for example, MGECW, *Woman and Child Protection Units/One-Stop Centres Concept Paper*, 2009 at 10-11, 18; MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 48 (point 19.2).

<sup>42</sup> LAC, *Seeking Safety*, Windhoek: LAC, 2012 at 557.

<sup>43</sup> MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 33 (points 10.1-10.2); LAC, *Rape in Namibia*, Windhoek: LAC, 2006 at 568; LAC, *Seeking Safety*, Windhoek: LAC, 2012 at 563.

<sup>44</sup> E Zimba, *Legal Protection of Children: A Case Study of the Namibian Police Woman and Child Protection Units*, Windhoek: University of Namibia (UNAM), 2000 at 30.

<sup>45</sup> MGECW, *Assessment of the Woman and Child Protection Services in Kavango, Karas, Khomas, Omusati & Omaheke Regions in Namibia: Synthesis Report*, Windhoek: MGECW, 2012 at 5, 33.

**Recommendation:** Police (and prosecutors) need to be alerted to the permissibility and appropriateness of **multiple charges of rape in a gang rape situation** or in situations where multiple sexual acts by a single perpetrator took place in circumstances which warrant treating them as separate events. This could be done in training courses or by means of official circulars.<sup>46</sup>

**Recommendation:** Implement a **revised police curriculum** designed to promote a more gender-sensitive and child-sensitive response, combined with adequate printed support materials provided to police officers during and after training.<sup>47</sup>

**Recommendation:** Police at all stations and especially police officers stationed at WCPUs need more training to develop their **legal knowledge** about basic human rights and all the laws designed to protect victims of violence. This should include training on the inter-connections between various laws (particularly where children may be at risk) and how community members can access various protection services.<sup>48</sup>

**3.3.3 Police investigations:** Long delays and poor quality of **police investigations** continue to hinder the effectiveness and efficiency of WCPU service provision. Particular weaknesses have been highlighted in the collection of evidence at the crime scene, witness statement taking (especially where the victims of violence are children) and failure to collect forensic samples from the accused as part of the investigation.

**Recommendation:** Institute **regular staff meetings** to discuss case progress.<sup>49</sup>

**Recommendation:** Introduce **monitoring and control by Unit Commanders of time spent in investigations and reasons for requesting court postponements for further investigation.**<sup>50</sup> In light of the recent changes in management structure, there is also a need for more aggressive mentoring and supervision by Regional Commanders.

**Recommendation:** **Police should receive annual training in the proper collection of forensic evidence, and each police station should have an**

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<sup>46</sup> LAC, *Rape in Namibia*, Windhoek: LAC, 2006 at 336.

<sup>47</sup> See MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 48 (point 19.2); Namibian Police, *Review of Namibian Police Basic and Specialised Training Curriculum: Child and Gender Specific/ Sensitive Content, Consolidated Report*, July 2012.

<sup>48</sup> Rose-Junius et al, *An investigation into the functioning of Woman and Child Protection Units (WCPUs) and Police Stations*, Windhoek: MoHSS, 2006 at 260. As of 2013, the Ministry of Safety and Security and UNICEF are working together to develop new modules for police training which will incorporate general information on human rights and specific information on GBV.

<sup>49</sup> Id at 256.

<sup>50</sup> Ibid; LAC, *Rape in Namibia*, Windhoek: LAC, 2006 at 420; MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 42 (point 16.2).

**investigator who has received specialised training in the collection and handling of forensic evidence.**<sup>51</sup>

**Recommendation:** Police should also take **more responsibility for supervising the collection of medical evidence**, and should ensure that **samples are taken from the accused as well as the complainant.**<sup>52</sup>

**3.3.4 Protection orders:** Significant problems currently surround the process of application for and service of **protection orders.**<sup>53</sup> A protection order is a civil order from a magistrate's court which orders a respondent to stop committing domestic violence. Anyone who is abused or has been threatened with abuse in a domestic relationship may apply for one.<sup>54</sup> **Protecting victims of GBV (and their dependents) from further assaults through application for a protection order should be a core responsibility of investigating officers at WCPUs, but this is currently not the case.** Concern has been expressed that the police lack understanding of domestic violence issues and are failing to assist victims in applying for protection orders. Many police officers take statements but will not assist complainants to complete a protection order application. Serious delays in the service of protection orders by police have also been reported.<sup>55</sup>

**Recommendation:** **The role of WCPU staff in assisting with protection order applications** should be clarified.

**Recommendation:** Ensure that clerks of the court understand that they have a duty to inform the Ministry of Gender and Social Welfare of protection orders in situations where children are involved.<sup>56</sup>

**Recommendation:** **More specialised training methodologies** should be developed with **practical exercises**, for example, using domestic violence cases with examples of correctly completed forms and model affidavits. It would also be useful to create a **training manual** for police (and other service providers) and to provide a **checklist** to help ensure that all necessary forms and signatures are in place.<sup>57</sup>

**Recommendation:** WCPU staff need to be **sensitised to the practical, economic and emotional reasons which can make it difficult for victims to break out of violent relationships**, so that they can show sensitivity and support when there is a cycle of violence and reconciliation.<sup>58</sup>

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<sup>51</sup> LAC, *Rape in Namibia*, Windhoek: LAC, 2006 at 272.

<sup>52</sup> Id at 289.

<sup>53</sup> MGECW, *Assessment of the Woman and Child Protection Services in Kavango, Karas, Khomas, Omusati & Omaheke Regions in Namibia: Synthesis Report*, Windhoek: MGECW, 2012 at 5 and 32.

<sup>54</sup> LAC, *Seeking Safety*, Windhoek: LAC, 2012 at 46.

<sup>55</sup> Id at 489.

<sup>56</sup> Id at 567-568.

<sup>57</sup> Id at 554.

<sup>58</sup> MGECW, *National Plan of Action on GBV 2012-2016*, 2012 at 33 (point 10.1).



### *Medical examiners*

**3.3.5 Staff shortages:** There is a **serious shortage of medical doctors assigned to examine clients at the WCPUs**. At the Khomas WCPU, two State medical doctors are assigned to the Unit, but they are rarely available as they work at the hospital and therefore only attend to WCPU clients if they have the time. This can leave victims of sexual violence waiting for a whole day or even overnight before they can be medically examined, which also delays the process of receiving Post-exposure Prophylaxis (PEP) medication, giving police statements and being counselled by social workers. Currently **only medical doctors are permitted to examine victims** of sexual violence at WCPUs. Private doctors often do not wish to later testify in court and so do not attend to WCPU clients.

**Recommendation:** **Train senior nurses to complete rape kits and administer PEP medication to victims immediately. At a minimum, implement a pilot programme to train senior nurses to collect forensic evidence.**<sup>59</sup>

**3.3.6 Training:** Medical examiners have **inadequate specialised training** to deal with survivors of GBV (especially children and people with special needs).<sup>60</sup>

**Recommendation:** **Develop guidelines for the treatment of survivors of GBV** and ensure that health care providers are trained and equipped to provide gender-sensitive, age-appropriate and non-judgemental support to victims, provide appropriate clinical treatment, maintain confidentiality, refer victims to support services and use child-sensitive guidelines, where relevant.<sup>61</sup>

<sup>59</sup> Id at 38 (point 14.5); LAC, *Rape in Namibia*, Windhoek: LAC, 2006 at 292; interview with Inspector Zimmer, Windhoek, 4 June 2013.

<sup>60</sup> MGECW, *National Plan of Action on GBV 2012-2016*, 2012 at 39 (point 15.3); according to Dr Ludik at the National Forensic Institute (NFI), the NFI runs a programme with a team which travels around the country to conduct regular specialised training with doctors at WCPUs. As of July 2013, the NFI had exhausted its budget for this programme but aims to recommence the initiative when funds are available.

<sup>61</sup> MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 39 (point 15.3).

**3.3.7 Medical examination and treatment of minors:** Medical examiners need to understand what procedure to follow when the victim is a minor. Requiring parental consent for examination and treatment can be problematic in cases where a parent is the perpetrator of the violence. Medical personnel have also expressed differences of opinion about the administration of Post-exposure Prophylaxis (PEP) to minors; while some doctors give PEP to all complainants, some do not administer PEP to minors at all and some only with parental consent. The failure to give PEP to anyone who may have been exposed to HIV through rape is extremely worrying, and there is a need for all service providers to be given clear directives on the administration of PEP to all victims.<sup>62</sup>

**Recommendation:** Develop new consent forms for the examination of victims of GBV. These should have **clear directives for the examination of minor victims**, including information on when the consent of a parent or legal guardian is necessary, what to do if a parent or legal guardian is unavailable or uncooperative or where the minor does not wish them to know about the assault.<sup>63</sup>

**Recommendation:** Ensure that there is a **clear and consistent policy on the provision of PEP to minors**.<sup>64</sup>

**Recommendation:** Apply **similar policies** to persons who are unable to make competent decisions due to **mental incapacities**.

**3.3.8 No medical services at WCPU premises:** Most WCPUs in regions other than Khomas must still take clients to the casualty department of the State hospital to be examined, where confidentiality and sensitivity are compromised.<sup>65</sup>

**Recommendation:** **A medical examiner should be attached to each Unit** and each Unit should have access to a **separate, private medical examination room** which is adequately equipped.<sup>66</sup>

**3.3.9 Medical forensic evidence:** Good forensic medical examination and correct documentation of injuries and samples is essential to provide evidence for criminal prosecution, but samples taken cannot be used in court if the “chain of evidence” is not correctly observed. Several **problems have been highlighted with the J88 medical forms and the rape kits** that medical examiners are required to complete after examining someone who has been violently or sexually assaulted. One study found that in many cases, forms were

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<sup>62</sup> LAC, *Rape in Namibia*, Windhoek: LAC, 2006 at 315.

<sup>63</sup> Id at 573-574.

<sup>64</sup> MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 40 (point 15.5).

<sup>65</sup> MGECW, *Woman and Child Protection Units/One-Stop Centres Concept Paper*, 2009 at 5, 12; MGECW, *Assessment of the Woman and Child Protection Services in Kavango, Karas, Khomas, Omusati & Omaheke Regions in Namibia: Synthesis Report*, Windhoek: MGECW, 2012 at 34.

<sup>66</sup> MGECW, *Assessment of the Woman and Child Protection Services in Kavango, Karas, Khomas, Omusati & Omaheke Regions in Namibia: Synthesis Report*, Windhoek: MGECW, 2012 at 4.

incomplete or improperly filled in or the handwriting of the medical officer was not legible.<sup>67</sup> Handling, secure storage and transport of rape kits is also problematic.<sup>68</sup> According to a 2011 study, **rape kits were never or rarely used** in several regions (including Khomas, Omusati and Omaheko), and had not been received in others (Karas). Doctors had **no special training** in how to administer rape kits and there was a lack of storage facilities for rape kits at Units.<sup>69</sup> Staff at the Khomas WCPU have also expressed concern at the length of time rape kits take to administer (3 hours).<sup>70</sup> The collection and utilisation of forensic evidence must be improved.

**Recommendation:** The government should provide **adequate funding** for a sufficient supply of rape kits for use in rape cases and for the analysis of samples collected with such kits.<sup>71</sup>

**Recommendation:** Provide all WCPUs with a **secure storage system for rape kits**, with limited access until needed.<sup>72</sup>

**Recommendation:** Establish and enforce **protocols and guidelines for the handling of medical forensic evidence**.<sup>73</sup>

**Recommendation:** Conduct **obligatory orientation for new doctors and regular ongoing training, including refresher courses, for all state and private doctors** on how to use rape kits effectively.<sup>74</sup> The training should include examples of **correctly filled-in J88 forms and/or rape kits** (perhaps including simulations of a doctor-patient encounter in which the medical examiner can practice filling in the forms correctly), and **specialised training in collecting forensic evidence from minors**.<sup>75</sup>

**Recommendation:** Develop a pool of **trained forensic nurses** who can also administer rape kits.<sup>76</sup>

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<sup>67</sup> Rose-Junius et al, *An investigation into the functioning of Woman and Child Protection Units (WCPUs) and Police Stations*, Windhoek: MoHSS, 2006 at 254. An update from Dr Ludik at the National Forensic Institute in July 2013 indicates that the J88 forms are still used as part of the medical examination for someone who has been subjected to sexual violence, and that the completion of these forms still suffers from the same shortcomings cited in past studies.

<sup>68</sup> LAC, *Rape in Namibia*, Windhoek: LAC, 2006 at 267. According to Dr Ludik at the National Forensic Institute, there should no longer be logistical problems with the provision of rape kits to all WCPUs, as was experienced in the past. The National Forensic Institute carries a large stock of such kits, which are widely distributed. If there are shortages at any WCPU, this would have to be due to staff at the Units failing to order rape kits timeously to replenish their stock.

<sup>69</sup> MGECW, *Assessment of the Woman and Child Protection Services in Kavango, Karas, Khomas, Omusati & Omaheke Regions in Namibia: Synthesis Report*, Windhoek: MGECW, 2012 at 6.

<sup>70</sup> Interview with Inspector Zimmer, Windhoek, 4 June 2013.

<sup>71</sup> MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 37 (point 14.1).

<sup>72</sup> Id at 38 (point 14.2).

<sup>73</sup> See LAC, *Rape in Namibia*, Windhoek: LAC, 2006 at 576; MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 38 (point 14.3)

<sup>74</sup> MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 38 (point 14.3).

<sup>75</sup> LAC, *Rape in Namibia*, Windhoek: LAC, 2006 at 278, 570 and 573.

<sup>76</sup> MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 38 (point 14.5); LAC, *Rape in Namibia*, Windhoek: LAC, 2006 at 292.

**Recommendation:** Police should receive annual training in the proper collection of forensic evidence, and each police station should have **an investigator who has received specialised training in the collection of forensic evidence in rape cases**. Police should also take more **responsibility for supervising the collection of medical evidence**, and should ensure that samples are taken from the accused as well as the complainant.<sup>77</sup>

**Recommendation:** Implement procedures to **monitor the performance** of

- **health care providers** who collect forensic evidence in GBV cases
- **the National Forensic Science Institute**
- **police personnel** who must deliver and collect samples while maintaining the chain of evidence

in order to identify areas in need of improvement, and impose disciplinary action for negligent, inadequate or substandard work, if necessary.<sup>78</sup>

**Recommendation:** Evaluate the current J-88 and rape kit forms and consider revising them if necessary.<sup>79</sup>

### **3.3.10 Comprehensive health services, including Post-Exposure Prophylaxis (PEP):**

Although most studies suggest that secondary prevention measures (eg administering PEP) to victims of sexual violence are routinely practiced, there were several complaints by sex workers at a recent workshop that this had not been offered to them at the WCPU, possibly because they are already HIV positive (or assumed to be).<sup>80</sup> Inconsistencies and lack of awareness of medical personnel of the correct policies for administering PEP have also been noted.<sup>81</sup> The provision and utilisation of PEP must be improved.

**Recommendation:** Provide comprehensive health services to all victims (including prompt access to PEP, testing for pregnancy and sexually transmitted infections, emergency contraception and information on legal abortion).<sup>82</sup>

**Recommendation:** Ensure that **PEP medication is promptly available to all victims** who have potentially been exposed to HIV and other sexually transmitted infections following an assault, **especially in rural areas**. Additionally, it is essential that this is administered as soon as possible, and **no later than 72 hours after the assault**.<sup>83</sup>

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<sup>77</sup> LAC, *Rape in Namibia*, Windhoek: LAC, 2006 at 272, 289.

<sup>78</sup> MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 38 (point 14.4).

<sup>79</sup> LAC, *Rape in Namibia*, Windhoek: LAC, 2006 at 576 and 585.

<sup>80</sup> Discussion at workshop with sex workers, Windhoek, 12 June 2013.

<sup>81</sup> LAC, *Rape in Namibia*, Windhoek: LAC, 2006 at 321.

<sup>82</sup> MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 39 (point 15.2).

<sup>83</sup> Id at 40 (point 15.6).

**Recommendation:** Disseminate public information on PEP and post-rape medications, the time frames for their use and their importance to rape victims.<sup>84</sup>

**Recommendation:** Provide all persons who receive PEP with a pamphlet to take home that contains simple and clear information on how to take the medication, its potential side effects and the importance of completing the course of medication as prescribed. Give rape complainants, in writing, a date and venue for a follow-up visit, and information on the health care facility to contact if there are problems with side effects. Arrange for a community counsellor to initiate contact with any rape complainant who does not appear at the follow-up appointment.<sup>85</sup>

**Recommendation:** Establish a system for collecting information on the provision of health-related services provided to rape complainants (PEP, emergency contraception, etc).<sup>86</sup>

## *Social workers*

**3.3.11 Staff shortage:** There is a significant shortage of social workers attached to WCPUs. While the Khomas WCPU has three social workers permanently attached to the Unit along with some interns, several WCPUs in Namibia have no social worker specifically attached to the Unit. A comprehensive study of five WCPUs commissioned by UNICEF in 2006 cited the limited assistance of social workers at Units as the main area of concern that emerged from the study.<sup>87</sup> Many WCPU clients have no counselling from a social worker following an assault and there are very limited follow-up services.



**Recommendation:** Increase the number of social workers by providing bursaries at the University of Namibia for social work students and re-examining conditions of service and career opportunities for social workers.

**Recommendation:** Increase the efficiency of social work services by utilising auxiliary social workers and community child care workers where possible.<sup>88</sup> Enlisting the help of NGOs such as Women's Solidarity and

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<sup>84</sup> Ibid.

<sup>85</sup> Ibid.

<sup>86</sup> Id at 41(point 15.7).

<sup>87</sup> Rose-Junius et al, *An investigation into the functioning of Woman and Child Protection Units (WCPUs) and Police Stations*, Windhoek: MoHSS, 2006 at 261.

<sup>88</sup> MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 35 (point 11.6).

Lifeline/Childline may be useful here. Private social workers, religious leaders, community support groups, volunteers from international organisations such as the Peace Corps and social work interns from UNAM could also help provide more counselling and support services.<sup>89</sup>

**Recommendation:** If social workers cannot be attached to Units on a full-time basis, they should be allocated to serve there on a **part-time basis, with an emergency contact number at each unit.**<sup>90</sup>

**Recommendation:** In addition to individual counselling services, social workers could also conduct **therapeutic group work** as a method of prevention, education, rehabilitation and healing (eg peer support groups for victims of violence, peer support groups for the rehabilitation of offenders, study circles, etc).<sup>91</sup>

**Recommendation:** **Police officers** based at Units also need **training in basic social work skills**,<sup>92</sup> while acknowledging that such training would be intended to improve the capacity for sensitive response and would not equip police personnel to do the job of social workers.

**Recommendation:** In the longer term, the establishment of **volunteer-staffed victim support programmes** with components of counselling, information and networking with others in similar positions, would also be helpful.<sup>93</sup>

**3.3.12 Social workers' responsibilities:** The **division of roles and responsibilities between social workers from MoHSS and MGECW is ambiguous.** Social workers from MoHSS often deal with adult clients, while social workers from MGECW are usually assigned to deal with child clients, but the unclear lines between responsibility for adult and child clients and different categories of case mean that some WCPU clients simply fall through the net. The separation of services does not always promote the best interests of vulnerable adult or child clients and can fragment approaches to family issues, increase resources required to serve family units, result in duplication and confusion, and increase practical and emotional costs to clients.<sup>94</sup>

**Recommendation:** Encourage **cooperative approaches between social workers from MoHSS and MGECW** to serve family units more effectively.<sup>95</sup>

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<sup>89</sup> Rose-Junius et al, *An investigation into the functioning of Woman and Child Protection Units (WCPUs) and Police Stations*, Windhoek: MoHSS, 2006 at 261-262.

<sup>90</sup> Id at 211.

<sup>91</sup> Id at 146.

<sup>92</sup> Id at 263-264.

<sup>93</sup> LAC, *Seeking Safety*, Windhoek: LAC, 2012 at 559.

<sup>94</sup> MGECW, *Assessment of the Woman and Child Protection Services in Kavango, Karas, Khomas, Omusati & Omaheke Regions in Namibia: Synthesis Report*, Windhoek: MGECW, 2012 at 32-33.

<sup>95</sup> See id at 33.

**3.3.13 Social worker monitoring for children at risk: Protecting children at risk of domestic violence should be a central responsibility of WCPUs.** If a child affected by domestic violence is at risk, police should monitor the situation as a matter of urgency and ensure that a social worker is contacted to conduct a more detailed assessment.

**Recommendation: Ongoing monitoring of children at risk is essential.** Social workers should be assigned to assess and monitor children who may be at risk of violence, and remove them from the home and take them to a place of safety, if necessary.<sup>96</sup>

**Recommendation:** The Combating of Domestic Violence Act should be amended to **clarify the mechanisms intended to protect children**, by using clearer language for determining that a protection order “involves” children and providing criteria for this test in the regulations.<sup>97</sup>

### *Other staffing needs*

**3.3.14 Psychologists/psychiatrists:** There are no State psychologists or psychiatrists attached to WCPUs.

**Recommendation:** Look into the options of **attaching a psychologist to WCPUs**, or developing a process for **referring clients to a psychologist** (or a specialised agency such as PEACE Centre) as part of WCPU services in particularly traumatic cases.

**Recommendation:** Establish and utilise **more specialised services for child survivors of GBV** – which could include referrals to child psychologists, play therapists and other child specialists.<sup>98</sup>

## **3.4 Client care and victim-friendly services**

### *Developing a client-centred approach*

**3.4.1 Nametags:** Some people surveyed complained that it was **difficult to identify WCPU staff, particularly when they want to complain** about unsatisfactory service

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<sup>96</sup> LAC, *Seeking Safety*, Windhoek: LAC, 2012 at 567-568.

<sup>97</sup> Ibid.

<sup>98</sup> See MGECW, *Assessment of the Woman and Child Protection Services in Kavango, Karas, Khomas, Omusati & Omaheke Regions in Namibia: Synthesis Report*, Windhoek: MGECW, 2012 at 46; see also Veronica Rose Theron, “The Impact of the Namibian Judiciary System on the Child Witness”, September 2005.

**Recommendation:** Members of the public must be encouraged to report problems experienced at WCPUs **with details** so that they can be addressed by WCPU management.<sup>99</sup>

**Recommendation:** All staff should be **required to wear official nametags** while on duty, so that they can be identified by members of the public. Compliance with this rule should be monitored and enforced. This would assist members of the public who might like to make a complaint about a specific response.<sup>100</sup>

**3.4.2 Feedback:** In order to improve service delivery at WCPUs, more measures must be taken to **monitor** current practice, get **feedback** from the public and **implement** suggestions from the public and from WCPU staff on the ground.<sup>101</sup>

**Recommendation:** Increase the **monitoring of service delivery by supervisory personnel**.<sup>102</sup> As a complementary approach, conduct **interviews with staff at WCPU** and implement their recommendations for improvements as appropriate.

**Recommendation:** Conduct **post-service interviews with randomly-selected clients for feedback**, and take action to correct problems identified in this way.<sup>103</sup> One cost-effective approach to collecting feedback would be to provide a **toll-free telephone or sms line** to provide an accessible mechanism for collecting public complaints and feedback.

**3.4.3 Public information and expectations:** It is essential that victims of gender-based violence **understand the official procedures** and what to expect from service providers at WCPUs.

**Recommendation:** **Develop pamphlets, booklets and radio broadcasts in local languages** explaining steps to follow when faced with gender-based violence and official procedures for relevant service provision.<sup>104</sup>

**Recommendation:** Develop **Codes of Conduct** for key service providers which are **prominently posted** at each WCPU for the public to see and comment on.<sup>105</sup>

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<sup>99</sup> LAC, *Rape in Namibia*, Windhoek: LAC, 2006 at 232.

<sup>100</sup> Ibid.

<sup>101</sup> LAC, *Seeking Safety*, Windhoek: LAC, 2012 at 557.

<sup>102</sup> MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 34 (point 10.3).

<sup>103</sup> Id at 34 (point 10.5).

<sup>104</sup> Id at 36 (point 13.1). The Legal Assistance Centre has a range of publications on these topics in multiple languages which could be made available for reprint.

<sup>105</sup> Id at 37 (point 13.4).



**3.4.4 Youth and children:** WCPU services are **not sufficiently accessible to youth and children** (including both girls and boys). More efforts need to be taken to encourage young people to speak out when they have been subject or witness to sexual and domestic violence and to make them aware of the WCPU services that are available to them if they do.

**Recommendation:** Ensure that **all WCPU staff are aware that it is not necessary for a child's parent or guardian to consent to the laying of a charge involving the child as the complainant.**<sup>106</sup> A circular on this point should be sent to all police stations to be sure that police officers will give correct information to the public.<sup>107</sup>

**Recommendation:** Develop **specific protocols for dealing with child victims**, which cover interview techniques, medical examination and treatment, and referrals.<sup>108</sup>

**Recommendation:** Establish and **improve linkages between services aimed at children** through the newly-formed Namibian Child Rights Network.<sup>109</sup>

**Recommendation:** Initiate **information campaigns aimed at children** through child radio, the Children's Parliament and junior counsellors, school leadership structures and various children's and youth groups.<sup>110</sup>

### ***Interviewing the victim***

**3.4.6 Victim statements: Poor statement taking** by police officers at both normal charge stations and WCPUs are frequently cited as a factor delaying investigations.

<sup>106</sup> LAC, *Rape in Namibia*, Windhoek: MGECW, 2006 at 570.

<sup>107</sup> Id at 220-221, 570.

<sup>108</sup> MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 40 (point 15.5).

<sup>109</sup> MGECW, *Assessment of the Woman and Child Protection Services in Kavango, Karas, Khomas, Omusati & Omaheke Regions in Namibia: Synthesis Report*, Windhoek: MGECW, 2012 at 46-ff.

<sup>110</sup> See MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 24 (point 1.1)

**Recommendation:** The Police Training College should include **more practical training on statement taking**, using mock crime situations as a basis for practice statement-taking which is assessed by the trainers.<sup>111</sup>

**Recommendation:** The police should introduce a system for **video-recording or tape-recording statements** as a method for obtaining accurate statements and overcoming the problem of poor literacy and writing skills on the part of police officers.<sup>112</sup>



**3.4.5 Language issues: Language barriers** are also a hindrance to the efficiency of police investigations. Several languages are spoken across Namibia and in some cases it is necessary to hire a translator to help the investigating officer complete the statement. However, translation can be of a variable standard and may not accurately record what the victim or witness is saying.

**Recommendation:** The police should introduce a new procedure whereby **all police statements are initially written down in the complainant's home language**. These statements would need subsequent translation into English by a sworn translator, but the increased accuracy and reliability of the statements would appear to outweigh the extra effort and expense entailed. The system of tape-recording statements proposed above could work in conjunction with the use of mother-tongue statements.<sup>113</sup>

**Recommendation:** **Command of local language**, particularly in rural locations, must be made a basic requirement for the appointment of a police officer at the Unit.<sup>114</sup>

**3.4.6 Child victims:** There are special procedures which should be used for **interviewing children** who are witnesses or victims of sexual and domestic violence.

**Recommendation:** More efforts need to be made to develop **guidelines on procedure for interviewing minors**, combined with **additional training in techniques for interviewing children**. Alternatively, each WCPU should have access to 1-2 people with specialised training in interviewing children – a specially-trained police officer, a social worker or some other local person with appropriate expertise – and

<sup>111</sup> LAC, *Rape in Namibia*, Windhoek: MGECW, 2006 at 247.

<sup>112</sup> Ibid; MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 41 (point 16.1).

<sup>113</sup> LAC, *Rape in Namibia*, Windhoek: LAC, 2006 at 250; MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 41 (point 16.1).

<sup>114</sup> Rose-Junius et al, *An investigation into the functioning of Woman and Child Protection Units (WCPUs) and Police Stations*, 2006 at 213.

these personnel should be “on call” for taking statements from minors or for assisting police who are doing this.<sup>115</sup>

**Recommendation:** Each WCPU should have **anatomically correct dolls** to help with interviewing children who have been victim to sexual assault. Staff should be trained in the **correct role and use** of anatomical dolls, with prosecutors being consulted on this issue - noting that there are conflicting views on whether such dolls should be used in interviews with the child or only during the child’s testimony in court.<sup>116</sup>



## *Victim support*

**3.4.7 Victim support personnel:** No WCPUs have permanent, dedicated victim support officers as yet, and social workers are often too busy to support clients through complex and often traumatic court processes. Special measures for vulnerable witnesses, including client-friendly court arrangements, are not being routinely used.<sup>117</sup>

Child victims and witnesses, in particular, require special support to be prepared to give testimony in court. Children will usually have less awareness than adults of the legal procedures involved in a criminal case, and there is a special need to avoid added trauma for a child who is already a crime victim. The AIDS Law Unit of the Legal Assistance Centre, in partnership with Lifeline/Childline and Peace Centre, until recently ran a special Child Witness Programme to prepare children under the age of 18 years to testify in criminal courts. Children were referred to a Child Witness Support Officer who did the court preparation and assisted and supported the children and their families through the process.<sup>118</sup> This programme was transferred to government in July 2013 because of a lack of sufficient non-governmental

<sup>115</sup> LAC, *Rape in Namibia*, Windhoek: MGECW, 2006 at 247.

<sup>116</sup> MGECW, *Woman and Child Protection Units/One-Stop Centres Concept Paper*, 2009 at 23. For more information see LAC, *Rape in Namibia*, Windhoek: LAC, 2006 at 244- 245.

<sup>117</sup> MGECW, *Assessment of the Woman and Child Protection Services in Kavango, Karas, Khomas, Omusati & Omaheke Regions in Namibia: Synthesis Report*, Windhoek: MGECW, 2012 at 33.

<sup>118</sup> LAC, *Afraid No More*, Issue 1, 2011.

funding to sustain it. Since then, MGECW has trained regional social workers and is in the process of rolling-out this service to child witnesses across the country.<sup>119</sup> However, additional input will be needed to make this programme sustainable at a national level.

**Recommendation:** Ensure that all child victims and witnesses have access to a specially trained **witness support officer** to guide them and their families through the court process, through the services of a witness support officer attached to WCPUs, or a social worker, who can provide support and guidance through the prosecution process.<sup>120</sup>

## *Access to justice*

**3.4.8 Knowledge and awareness of the criminal justice process:** The issue of who can lay a charge with the police in cases of sexual abuse or domestic violence is not completely clear to the public (or to some police officers).

**Recommendation:** Anyone who has knowledge of a crime can lay a charge with the police, regardless of the attitude of the complainant. It is not necessary for a child's parent or guardian to consent to the laying of a charge involving the child as the complainant. **Circulars on these points** should be sent to all police stations to be sure that police officers will give correct information to the public on these concerns.<sup>121</sup>

**3.4.9 Insufficient evidence:** Too few cases against perpetrators of sexual and domestic violence are reaching court, even though Namibia's detection rate is very high.<sup>122</sup> There are many steps which could be taken to help **improve the investigation and prosecution of GBV cases.**

**Recommendation:** The Office of the Prosecutor-General and the police should institute a system of **prosecutor-guided investigations which involve a prosecutor at a very early stage** in the investigation.<sup>123</sup>

**3.4.10 Case withdrawals:** A significant number of rape and other complaints are withdrawn before the completion of the prosecution process. In its 2006 study, the Legal Assistance Centre reported that complainants had requested withdrawals in more than one-third of the cases represented in its sample of more than 400 police dockets.<sup>124</sup> The reasons

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<sup>119</sup> Information from UNICEF, September 2013.

<sup>120</sup> MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 43 (point 16.3).

<sup>121</sup> LAC, *Rape in Namibia*, Windhoek: MGECW, 2006 at 570.

<sup>122</sup> See id at Chapters 10 and 12.

<sup>123</sup> Id at 241-242; MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 43 (point 16.3).

<sup>124</sup> LAC, *Rape in Namibia*, Windhoek: LAC, 2006 at 388-ff.

given by complainants are often evasive and incomplete, but WCPUs can take more steps to stop people from withdrawing their cases. Contributing factors for withdrawing complaints include being threatened by accused rapists out on bail, delays in the prosecution process, a lack of emotional support and counselling through the prosecution process, the involvement of traditional courts and out-of-court settlements and the complainant receiving limited information about the prosecution process.<sup>125</sup> If WCPUs were operating efficiently and meeting their mandate to detect and prevent domestic violence, several of these factors would no longer be an issue.

**Recommendation:** WCPU personnel should **inform rape complainants of the personal and societal benefits of continuing with criminal cases**, and ensure that they understand bail and court procedures.<sup>126</sup> It is also essential that **victims are provided with information about their rights** when laying charges to discourage withdrawal of cases, including the law on privacy protections, and the vulnerable witness provisions which can make court testimony less traumatic.<sup>127</sup> Victims should also be informed of what to do if they should be threatened by the perpetrator whilst he or she is out on bail.<sup>128</sup>



**Recommendation:** **Strengthen support networks.** Refer victims to counselling programmes and **connect willing GBV complainants with similar survivors in community support groups** during the months and years following the report of their rape cases.<sup>129</sup>

**Recommendation:** Encourage police to enter into **dialogues with traditional leaders** about the possibility of combining compensation for acts of GBV under customary law at the same time as laying a criminal charge, and educate communities on this option.<sup>130</sup>

**Recommendation:** Case withdrawals require authorisation from the Office of the Prosecutor-General, but police may tell victims who approach them that they have

<sup>125</sup> See LAC, *Withdrawn: Why complainants withdraw rape cases in Namibia*, Windhoek: LAC, 2009.

<sup>126</sup> MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 45 (point 17.2); LAC, *Withdrawn*, Windhoek: LAC, 2009 at 116.

<sup>127</sup> MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 45 (point 17.3).

<sup>128</sup> See LAC, *Rape in Namibia*, Windhoek: LAC, 2006; LAC, *Withdrawn*, Windhoek: LAC, 2009.

<sup>129</sup> MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 45 (point 17.4) and 47 (point 17.10); LAC, *Withdrawn*, Windhoek: LAC, 2009.

<sup>130</sup> MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 46 (point 17.5).

waited too late to report their case, or fail to open a docket if they feel that the evidence is insufficient. Police should not be vetting cases on this basis, but rather recording the information to be assessed by a prosecutor. **Police should encourage complainants *not* to withdraw cases, and social worker counselling should be required before a withdrawal statement is accepted.**<sup>131</sup>

**3.4.11 Persons with disabilities:** According to the 2011 Census, 4.7% of the Namibian population have a disability.<sup>132</sup> Special efforts must be taken by WCPU service providers to protect persons with disabilities against GBV, and to provide appropriate assistance if such persons approach a WCPU to lay a charge or seek a protection order.<sup>133</sup>

**Recommendation:** **Record information on complainant disabilities in case dockets** so that these cases can be tracked to increase knowledge of factors affecting vulnerability, and respond accordingly.<sup>134</sup>

**Recommendation:** **Provide information** to persons with disabilities, care facilities for persons with disabilities and the public at large on **the danger of abuse** by caretakers and community members, **signs of abuse** to watch for and **preventative measures** which can be taken.<sup>135</sup>

### *Counselling/psychosocial services*

**3.4.12 Counselling services for survivors:** There is an **urgent need to provide more counselling services for survivors** of domestic and sexual violence, especially specialised counselling for children. The primacy of gathering forensic evidence frequently means that survivors are referred for psychosocial services at a late stage in the continuum of care, if at all.<sup>136</sup> Equally, several reports have highlighted the lack of follow-up monitoring by social workers as a problem,<sup>137</sup> as well as the shortage of mental health services which could provide long-term support for survivors or preventative interventions for potential abusers.<sup>138</sup>

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<sup>131</sup> LAC, *Withdrawn*, Windhoek: LAC, 2009 at 2, 116, 124.

<sup>132</sup> National Planning Commission, *Namibia 2011 Population and Housing Census Basic Report*, Windhoek: National Statistics Agency, 2013 at 53.

<sup>133</sup> MGECW, *Woman and Child Protection Units/One-Stop Centres Concept Paper*, 2009 at 9.

<sup>134</sup> MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 54 (point 22.6).

<sup>135</sup> *Id* at 54 (points 22.2-22.5)

<sup>136</sup> MGECW, *Assessment of the Woman and Child Protection Services in Kavango, Karas, Khomas, Omusati & Omaheke Regions in Namibia: Synthesis Report*, Windhoek: MGECW, 2012 at 5.

<sup>137</sup> See, for example, Rose-Junius et al, *An investigation into the functioning of Woman and Child Protection Units (WCPUs) and Police Stations*, Windhoek: MoHSS, 2006 at 251.

<sup>138</sup> See, for example, LAC, *Seeking Safety*, Windhoek: LAC, 2012 at 389; LAC, *Withdrawn*, Windhoek: LAC, 2009 at 39.

**Recommendation:** All survivors who have been subject to sexual violence should be given access to **counselling services both immediately following the assault, and for a follow-up period during the recovery process.**<sup>139</sup>

**Recommendation:** In the long-term, the establishment of **volunteer-staffed survivor support programmes** with components of counselling, information and networking with others in similar positions is recommended.<sup>140</sup>

**3.4.13 Counselling services for perpetrators:** It is also important to establish **more counselling programmes for abusers** to enable meaningful behavioural change.<sup>141</sup>

**Recommendation:** Establish **more counselling programmes for abusers linked to WCPUs** to help rehabilitate those who have committed acts of sexual and domestic violence and to educate them about GBV.<sup>142</sup>

**Recommendation:** Amend the law to provide for **court-ordered referrals to counselling programmes** for abusers as part of protection orders. Alternatively, magistrates should be encouraged to make such referrals.<sup>143</sup>

## *Referrals*

**3.4.14 Closer cooperation:** Studies have demonstrated that the most efficient WCPUs are those with close cooperation between service providers. In Tsumeb, for example, it was reported at one stage that there was regular, close and effective collaboration between the police, social worker and prosecutor; the social worker kept the prosecutor up-to-date on developments concerning the complainant and complainants were referred to a local shelter.<sup>144</sup> **Close collaboration between professions and an established continuum of care is essential for the successful operation of WCPUs.**

**Recommendation:** It is essential for the well-being of clients and the accountability of service providers to have **an established referral protocol** that is agreed and adhered to by all stakeholders involved at each stage along the continuum of care.<sup>145</sup>

## **3.5 Facilities & equipment**

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<sup>139</sup> LAC, *Withdrawn*, Windhoek: LAC, 2009 at 139-140.

<sup>140</sup> LAC, *Seeking Safety*, Windhoek: LAC, 2012 at 560.

<sup>141</sup> See Women's Action for Development (WAD), the University of Namibia (UNAM) and the Namibia Prison Service (NPS), *Understanding the Perpetrators of Violent Crimes against Women and Girls in Namibia: Implications for Prevention and Treatment*, Windhoek: WAD/ UNAM/ NPS, undated [2009].

<sup>142</sup> LAC, *Seeking Safety*, Windhoek: LAC, 2012 at 559.

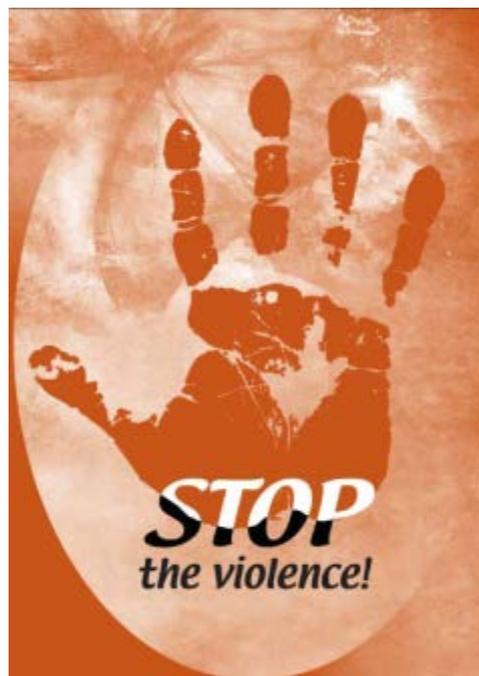
<sup>143</sup> Id at 559.

<sup>144</sup> LAC, *Rape in Namibia*, Windhoek: LAC, 2006 at 233.

<sup>145</sup> MGECW, *Assessment of the Woman and Child Protection Services in Kavango, Karas, Khomas, Omusati & Omaheke Regions in Namibia: Synthesis Report*, Windhoek: MGECW, 2012 at 6 and 8.

**3.5.1 Inadequate physical resources: Inadequate facilities and limited equipment at WCPU offices present a significant barrier to efficient service provision.** Without the appropriate facilities, WCPU personnel cannot offer the full range of services and support that is needed.

**Recommendation: Conduct regular audits of WCPUs to assess adequacy of facilities, equipment and transport.**<sup>146</sup> If the recommendation for a dedicated budget for WCPUs were implemented, this would facilitate tracking and evaluations of public expenditure for the service.



**3.5.2 Insufficient vehicles and drivers: Problems with transport** have been highlighted by several Unit Commanders as barriers to effective and efficient service provision. Several Units do not have access to a sufficient number of vehicles or to 4x4s when necessary, while others have vehicles that have been in need of repair for a long time. At several Units, many police officers **do not have driving licenses**, presenting another obstacle to investigations. In July 2013, the Khomas WCPU reported having two vehicles for police officers and one for MGECW social workers, with one of the police vehicles being serviced at the time.

**Recommendation: Police must be equipped with sufficient dedicated transport** to respond to calls for help, which in some regions means 4x4 vehicles. The provision and control of adequate police transport, including more efficient control of maintenance and repairs, should be a budgetary and administrative priority.<sup>147</sup>

**Recommendation:** Ensure that a sufficient number of police officers at each Unit have an **official driving license**, or permanently attach **a driver** to each Unit.<sup>148</sup>

**3.5.3 Firearms:** One study reported that social workers complained that WCPU personnel were **not routinely equipped with firearms** to protect victims, staff and other members of the public.

**Recommendation:** WCPU personnel should be **equipped with firearms** as necessary to protect themselves and other service providers, as well as complainants,

<sup>146</sup> MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 35 (point 11.3).

<sup>147</sup> LAC, *Rape in Namibia*, Windhoek: LAC, 2006 at 563.

<sup>148</sup> MGECW, *Woman and Child Protection Units/One-Stop Centres Concept Paper*, 2009 at 11.

and to increase public confidence that WCPU staff have the power to protect the public and apprehend offenders.<sup>149</sup>

**3.5.4 Victim-friendly facilities:** The creation of **more victim-friendly facilities at each WCPU is a priority.** Facilities at several Units **lack privacy**, with no separate medical examination room or waiting room for victims. This means that clients have to walk to the hospital and wait in open waiting rooms for medical attention. Few Units also have adequate facilities like clean bathrooms with towels and a change of clothes, or toys or games for children. **All of this compromises the privacy and sensitivity that victims of sexual and domestic violence require, and undermines the goals of WCPUs to be a safe and friendly environment where women can seek help and support.**

**Recommendation:** Each Unit should have a **separate, private medical examination room** which is **properly-equipped.**<sup>150</sup>

**Recommendation:** Each Unit should have adequate, safe **wash-room facilities that are well-equipped and well-maintained**, and reserved for private use by survivors of gender-based violence, so that it is not necessary for them to walk to the hospital in order to wash. These should include **clean towels, soap, and clothing** for victims to change into so that the clothes they were wearing at the time of the offence can be retained for the collection of forensic evidence.<sup>151</sup>

**Recommendation:** Each WCPU should have a **room for children with toys and child-friendly decoration**, so that children who are victims or witnesses to abuse feel comfortable.<sup>152</sup>

**3.5.5 Office facilities:** Providing **better office facilities and a better working environment** for WCPU staff is also of high importance. Significant problems with appropriate office space and facilities at some WCPUs has been highlighted in several studies: some offices do not have doors or computer facilities, some WCPUs have no designated waiting areas for clients, and multiple police personnel often have to share one office. This all compromises the privacy and confidentiality of clients, as well as providing an unsuitable working environment for WCPU personnel.

**Recommendation:** **Proper office space** for all WCPUs needs to get priority attention.<sup>153</sup> A dedicated budget for WCPUs would facilitate this.

**Recommendation:** Equip all WCPUs with **at least one computer, access to the internet, land lines, cell phones** and (if possible) **television and DVD facilities**

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<sup>149</sup> LAC, *Rape in Namibia*, Windhoek: LAC, 2006 at 240.

<sup>150</sup> See Rose-Junius et al, *An investigation into the functioning of Woman and Child Protection Units (WCPUs) and Police Stations*, Windhoek: MoHSS, 2006 at 252.

<sup>151</sup> See id, which discusses the lack of such facilities at most of the units assessed.

<sup>152</sup> See MGECW, *Assessment of the Woman and Child Protection Services in Kavango, Karas, Khomas, Omusati & Omaheke Regions in Namibia: Synthesis Report*, Windhoek: MGECW, 2012 at 38.

<sup>153</sup> MGECW, *Woman and Child Protection Units/One-Stop Centres Concept Paper*, 2009 at 9.

for educational initiatives.<sup>154</sup> Such resources also need to be properly secured, controlled and maintained, and utilised for the intended purposes.

**Recommendation:** All WCPUs should be equipped with **appropriate cameras** which could be used in conjunction with the medical examination to document visible injuries. The Office of the Prosecutor-General and the Namibian Police could issue instructions on how best to authenticate the photos to ensure that they will be admissible as evidence in court.<sup>155</sup>

**3.5.6 Shelters:** There is a **significant shortage of shelters and places of safety for victims of GBV to stay following an assault**. As of July 2013, seven out of the 15 WCPU offices were reportedly linked to shelters – but most of these were not yet fully operational.<sup>156</sup> Securing the safety of victims should be of paramount importance. Shelters should not only be places of refuge, but should provide several services to help empower victims of sexual and domestic violence.

**Recommendation:** **Establish more places of safety and shelters for victims of abuse. Ensure that every WCPU is linked to a place of safety.**<sup>157</sup> Ensure that service providers understand how to refer victims to these shelters, and that the shelters are properly staffed and managed, with referral networks to specialised services for survivors.

**Recommendation:** **Life skills programmes, counselling and legal advice** should be available at all shelters.<sup>158</sup>

**3.5.7 Mobile facilities:** Namibia is a sparsely populated country with significant numbers of people living in remote, rural areas with limited access to the services provided by WCPUs and education on GBV and legal rights. Even where there is a WCPU in rural areas, it can be expensive and difficult for people to travel to the Unit itself. Much more needs to be done to reach these communities.

**Recommendation:** The provision of **mobile facilities** to help provide WCPU services to more remote communities should be considered.<sup>159</sup> Mobile courts could be mobilised to help handle protection order applications.<sup>160</sup>

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<sup>154</sup> Id at 14.

<sup>155</sup> LAC, *Rape in Namibia*, Windhoek: LAC, 2006 at 302.

<sup>156</sup> The Windhoek WCPU (Komas Region) is linked to a shelter run by the NGO Friendly Haven. Six other WCPUs are in the process of being linked to government shelters: Rundu (Kavango Region) Keetmanshoop (Karas Region), Katima Mulilo (Caprivi Region), Outapi (Omusati Region), Opuwo (Kunene region), and Eenhana (Ohangwena Region). These government shelters are fully furnished but not fully operational, since the Ministry is in the process of negotiating with existing organisations to administer the shelters.

<sup>157</sup> MGECW, *National Plan of Action 2012-2016*, Windhoek: MGECW, 2012 at 48 (point 19.1).

<sup>158</sup> MGECW, *Woman and Child Protection Units/One-Stop Centres Concept Paper*, 2009 at 14.

<sup>159</sup> MGECW, *Assessment of the Woman and Child Protection Services in Kavango, Karas, Komas, Omusati & Omaheke Regions in Namibia: Synthesis Report*, Windhoek: MGECW, 2012 at 11.

<sup>160</sup> LAC, *Seeking Safety*, Windhoek: LAC, 2012 at 574.

**Recommendation:** As well as service provision, mobile facilities for **education and outreach** programmes are essential to help educate remote communities about GBV and how to access medical, psychological and legal help if they have been assaulted.



## 3.6 Prevention & outreach

3.6.1 **Community outreach on prevention:** One major study of WCPU efficiency highlighted the need to devote more attention and resources to **primary prevention** of GBV, through community outreach and education initiative,<sup>161</sup> which are currently either significantly limited or non-existent at most Units. Common reasons cited for this are a lack of transport to travel to communities, no budget for developing materials, a lack of expertise to develop training materials and too little time to implement such programmes.<sup>162</sup> It is essential that **WCPUs engage more with the communities they serve** in order to combat sexual and domestic violence and make people aware of their legal rights and how to get help in GBV cases.

**Recommendation:** Allocate a **specific budget to developing and facilitating outreach programmes** at each WCPU, particularly those in rural areas where people may have little knowledge of access to their services. Each Unit could have an officer who also manages and coordinates community outreach. WCPUs should be provided with **appropriate materials and resources** to facilitate community outreach work.<sup>163</sup> (Many such materials already exist and could be resourced from stakeholders.)

<sup>161</sup> MGECW, *Assessment of the Woman and Child Protection Services in Kavango, Karas, Khomas, Omusati & Omaheke Regions in Namibia: Synthesis Report*, Windhoek: MGECW, 2012 at 11.

<sup>162</sup> Rose-Junius et al, *An investigation into the functioning of Woman and Child Protection Units (WCPUs) and Police Stations*, Windhoek: MoHSS, 2006 at 243-244.

<sup>163</sup> MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 37 (point 13.2).

However, it must be kept in mind that outreach services by police must not be allowed to interfere with their primary role as responders to crime.

**Recommendation:** Existing community outreach and radio programmes should be continued and expanded. **Traditional leaders** should be encouraged to become more involved in outreach programmes. Men's groups, community-based groups, church groups and disabled people's organisations should also be marshalled to become more involved in WCPU outreach activities. It would also be useful to engage an **independent expert to evaluate outreach programmes** periodically to improve their efficiency and effectiveness.<sup>164</sup>

**Recommendation:** Public awareness campaigns should:

- seek to **motivate persons to report rapes** to the police by including information on the danger of repeat rapes by such persons;
- emphasise that **receiving compensation for a rape with the assistance of traditional authorities and laying a charge with the police are not mutually exclusive options**;
- **explain bail provisions** so that complainants will know that rapists who have threatened them are likely to be denied bail, and will be forbidden to have any contact with them even if bail is granted;
- include information on the **repercussions of false charges**;
- include **accurate information on who can lay a charge**, and on the fact that subsequent lawsuits for defamation are not possible where charges are laid in good faith.<sup>165</sup>

**Recommendation:** Various agencies, including NGOs and social workers, should **expand preventative programmes** which provide training on alternatives to violence, including techniques for non-violent problem-solving and positive parenting programmes which promote alternatives to corporal punishment.<sup>166</sup>

**Recommendation:** Develop **educational outreach initiatives specifically targeting children**, using radio and school programmes to encourage children to speak to a trusted adult if they experience abuse of any kind.<sup>167</sup>

**Recommendation:** Social workers, teachers (and specialised NGOs) could run **afternoon groups with young boys**, especially those who are identified as having

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<sup>164</sup> LAC, *Rape in Namibia*, Windhoek: LAC, 2006 at 216.

<sup>165</sup> Id at 571.

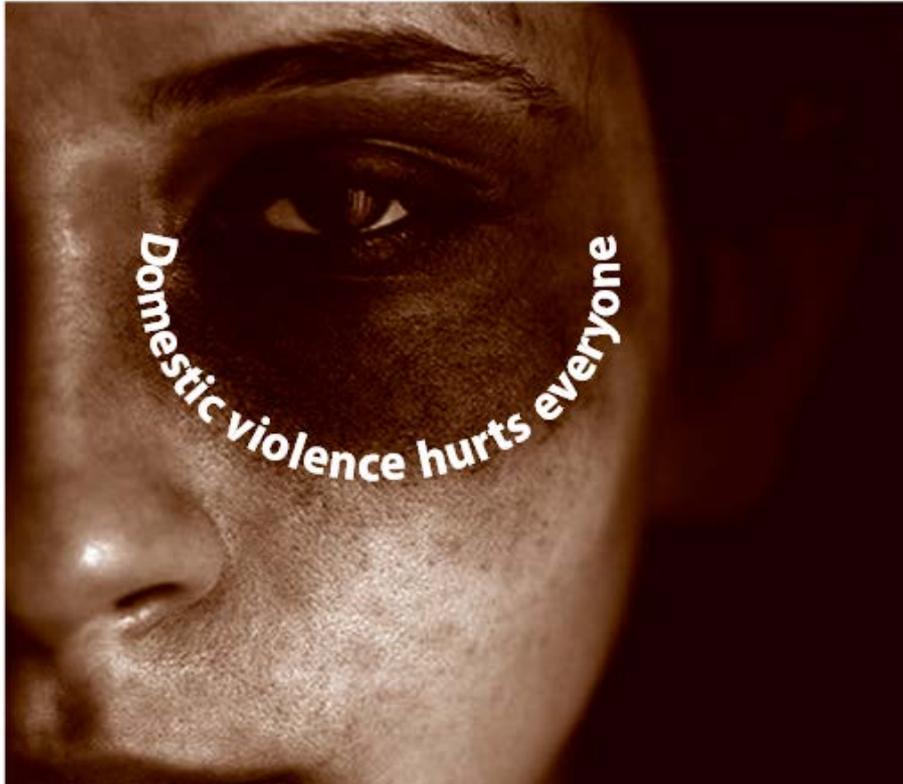
<sup>166</sup> MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 25 (points 2.4-2.6); for more background information, see LAC, *Corporal punishment: National and International Perspectives*, Windhoek: LAC, 2010 and Ministry of Health and Social Services (MoHSS), *Therapeutic Groupwork with Male Perpetrators of Domestic Violence*, Windhoek: MoHSS, 2004.

<sup>167</sup> MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 33 (point 9.1).

special vulnerability, to reduce the chance that they will fall victim to violence or become perpetrators of violence later in life.<sup>168</sup>

*The establishment of Namibia's Woman and Child Protection Units is an initiative that has not yet lived up to its promise. This summary of key recommendations will hopefully help point the way to making these Units better serve their intended purposes.*

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<sup>168</sup> Rose-Junius et al, *An investigation into the functioning of Woman and Child Protection Units (WCPUs) and Police Stations*, Windhoek: MoHSS, 2006 at 212; see also MGECW, *National Plan of Action on GBV 2012-2016*, Windhoek: MGECW, 2012 at 26 (point 2.7).