

**GENDER-BASED VIOLENCE AND ITS IMPACT
ON THE ECONOMIC COST IN MAURITIUS:
A VICTIMS' PERSPECTIVE**

FINAL REPORT

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Disclaimer

This publication was produced with survey data collected from November 2022 to March 2023 and this project has been commissioned by Kolektif Drwa Imin. The interpretation of the findings is solely based on the data collected and is independent of any institutions that the authors are affiliated to. The report is purely based on academic and scholarly research to further support existing strategies and initiatives being undertaken by various stakeholders to combat gender-based violence in Mauritius.

Executive Summary

GBV is a pandemic that has wide ranging implications for the economy of a country. Addressing it is critical and requires interventions at various levels including institutional, legal and policy amongst others. It is a worldwide phenomenon and Mauritius is no exception.

The aim of this research is mainly to analyse the cost of GBV for women, children, teenagers and LGBTQI+ people in Mauritius and suggest legislative and structural changes. A mixed-method approach, that is, both qualitative and quantitative methodologies, have been used to achieve the objectives of the study. The qualitative phase comprised a focus group discussion targeting some 20 stakeholders from NGOs, ministries and relevant public departments and the private sector, who provided rich data on the subject. The discussions resulted in the emergence of key themes to inform the second phase of the study which is a quantitative analysis targeting 700 women and 300 LGBTQI+ people. Responses from 620 women and 227 LGBTQI+ persons were received, and the survey findings have been thoroughly analysed. A descriptive analysis was conducted to throw light on the GBV situation in Mauritius. Furthermore, estimates of the relevant direct and indirect costs of GBV have been computed. In addition, a Partial Least Square Structural Equation Model (PLS-SEM) was applied to analyse relationships between the different proposed constructs (GBV Prevalence, Controlling behaviour, Emotional Abuse, Awareness and Effectiveness of Legislations, Educational loss, Personal Costs, Health Costs, Legal Costs, and Indirect Costs). Some of the key findings of the research are the existence of a positive relationship between awareness and effectiveness of the legislation. Prevalence of GBV is positively related to educational loss, indirect costs, and personal costs. The most prevalent forms of GBV among women, children, teenagers and LGBTQI+ people are verbal, emotional, and psychological violence. Based on the findings, several recommendations have been made to further amplify the extent of efforts being made to curb GBV in Mauritian society.

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Abbreviation and Acronyms

CDU	Child Development Unit
CEDAW	Committee on Elimination of Discrimination Against Women
DFID	Department for International Development
GBV	Gender-Based Violence
GDP	Gross Domestic Product
LGBTQI+	Lesbian, gay, bisexual, trans, queer and intersex
M	Maloti
MRIC	Mauritius Research and Innovation Council
MUR	Mauritius Rupee
NAO	National Audit Office
NGOs	Non-Governmental Organisations
PLS	Post Legislative Scrutiny
PLS-SEM	Partial Least Square Structural Equation Modelling
SADC	Southern African Development Community
SCR	Seychelles Rupee
SDGs	Sustainable Development Goals
STDs	Sexually Transmitted Diseases
UN CEDAW	United Nations Committee on the Elimination of Discrimination against Women
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund

UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
UN Women	United Nations Women
WHO	World Health Organization

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Chapter 1 Introduction

Gender-Based Violence (GBV) has been heavily researched in the past decades (Heise, Ellsberg and Gottmoeller, 2002; John *et al.*, 2020). GBV is deeply rooted in gender inequality and abuse of power. It can be defined as any form of physical, sexual, mental, and moral violence that occurs against any individual discriminating based on their gender. Although sex and gender are often employed interchangeably in common usage, they are distinct concepts. While sex relates to the biological aspects shaped by the anatomy of an individual and is assigned at birth, gender is rather socially determined through behaviours and attributes of the individual. Since gender identity is based on the personal perception of the self, gender is recognised on a spectrum which is subject to evolve.

The Canadian Institutes of Health Research (CIHR) (2020), defines sex as:

“a set of biological attributes in humans and animals. It is primarily associated with physical and physiological features including chromosomes, gene expression, hormone levels and function, and reproductive/sexual anatomy. Sex is usually categorized as female or male but there is variation in the biological attributes that comprise sex and how those attributes are expressed.”

On the other hand, the CIHR addresses gender as:

“the socially constructed roles, behaviours, expressions and identities of girls, women, boys, men, and gender diverse people. It influences how people perceive themselves and each other, how they act and interact, and the distribution of power and resources in society. Gender identity is not confined to a binary (girl/woman, boy/man) nor is it static; it exists along a continuum and can change over time. There is considerable diversity in how individuals and groups understand, experience and express gender through the roles they take on, the expectations placed on them, relations with others and the complex ways that gender is institutionalized in society.”

As a serious violation of human rights, the UNHCR (n.d.) regards GBV as any harmful act perpetrated against a person because of his or her gender. In the Southern African

Development Community (SADC), GBV can be described as the most prevalent and unacknowledged form of violence against human beings CEDAW (Committee on Elimination of Discrimination Against Women) defined GBV as a type of violence that is mainly targeted at women. Various international (such as the United Nations) and local organisations (such as Gender Links and other Non-Governmental Organisations) have been raising the alarm on the pressing challenges being posed by gender-based violence in the daily lives (such as in the household, in the workplace, in the community and society in general) of each individual, including women, children, teenagers and other sexual minorities. They are engaged in numerous initiatives to sensitise and to decrease the prevalence of Gender-Based Violence. GBV can be said to be present everywhere, starting from the home, the society, the community, the workplace, and the country.

1.1 Background and Context

Gender-based violence is often addressed as the “silent epidemic” (Gender Links, 2018, UNESCO, 2019). This is due to the underreporting and absence of universal indicators. Several socio-cultural factors dissuade victims from reporting cases of abuse through official channels, including fear of social stigma, attitudes, and social pressures. The Ministry of Gender Equality and Family Welfare operates a computerised system for the registration of reported cases of domestic violence, called Domestic Violence Information System (DOVIS). This system was implemented with the aim to ease harmonisation and collection of data (Ministry of Gender Equality and Family Welfare, n.d). However, many cases are not reported due to fear of retaliation and threats by abusers, taboos, and many other factors that result in a reluctance to report the matter. Often, victims believe or are made to believe that this is a normal act (Gracia, 2004; Folami, 2014). The lack of sufficient and reliable data constitutes a major impediment in the fight against GBV. The available figures and data do not depict a true picture of the nature and extent of prevalence of GBV.

The Council of Europe (2022) elaborated on the various types of GBV that take place namely: physical violence, domestic violence, sexual violence, verbal violence,

psychological violence, and socio-economic violence amongst others. For the purpose of this work, GBV has been categorised into 4 dimensions:

a. Physical Violence

Physical violence is any form of violence that includes beating, burning, kicking, punching, or killing. It is also associated with the ill use of objects or weapons against an individual.

b. Sexual Violence

Sexual violence can be related to any form of violence, like, sexual assault, rape, and sexual abuse (non-consensual sexual intercourse, harassment). According to researchers, sexual violence is a very complex term to be defined as the act takes different dimensions, that is, between adults or between adult and a child or teenager.

c. Verbal, Emotional and Psychological Violence

Verbal violence can be said to be the most common form of violence which englobes a wide spectrum of behaviours like verbally accusing, undermining, threatening, belittling, commanding, silencing, blaming, swearing, and openly condemning someone amongst others. Emotional violence can be described as a pattern of behaviour where the perpetrator constantly insults, humiliates, and instil fear in the victim to better control him/her. Psychological violence can be described as the use of words and non-physical actions to deliberately intimidate, manipulate, hurt, frighten, or weaken someone.

d. Economic Violence

Economic violence takes place when the perpetrator prohibits his partner from having access to financial resources (money, house, and other economic resources) with a view to abuse and better control the victim.

GBV occurs in all societies, social classes and cultural groups, and it is a global pandemic that affects one in three women in their lifetime, pre-COVID-19 (World Bank, 2019). The intersection of marginalisation and discrimination made certain groups of women more susceptible to GBV and COVID-19 pandemics. These intersecting social identities of vulnerability need equal attention to eradicate inequality, (Dlamini, 2021). GBV increased significantly during the lockdown periods of the Covid-19 pandemic, (UN Women, 2020). This situation reminded the world of the “*need to have the contingent mitigating mechanism*” for the protection of the marginalised, women, girls, and individuals of various gender identities (Dlamini, 2021, p. 583).

In Mauritius, overcoming the problem of GBV has been an ongoing challenge since the past decades, with a landmark point being achieved with the adoption of the Protection from Domestic Violence Act for the first time in 1997. Since then, there have been various developments with the construction of shelters for women and the establishment of various NGOs that attempt to address the issue. Yet, there is still a long way to go. The National Audit Office (NAO) in its report on the accounts of the government for the financial year 2020-2021 noted several challenges faced by the Ministry of Gender Equality and Welfare (2022, p. 321-324). These include non-compliance with conditions of contracts by NGOs for the management of government shelters, non-compliance in the foster care system and delays in the implementation of the Information Management System for the monitoring of shelters. The Ministry was urged to undertake better monitoring to ensure stricter compliance with the regulations and identify and address the challenges faced by the Child Day Care Centres. Moreover, in its previous report, the NAO noted other issues which have not yet been fully resolved. For instance, there is an under-utilisation of the Child Protection Register (CPR). There is no centralised database or other reported cases that do not relate to emergency protection orders rather occurrence books are used to record manually cases of child abuse. Furthermore, delay was also noted in the construction of shelters (NAO, 2022, p. 325; 429-432).

1.1.1 Economic Implications of GBV

Research conducted in Mauritius with regard to violence, including domestic violence and GBV demonstrates that women, teenagers, and children are most vulnerable to violence (e.g., Bhowon and Munbauhal, 2005; Gokulsing and Tandrayen-Ragoobur, 2014; Ramtohul, 2016; Georgijevic and Budoo-Scholtz, 2022). Recent reviews are also now pointing at discrimination and GBV reported against the LGBTQI+ community (Fokeerbux and Lasavanne, 2022; Fokeerbux and Lasavanne, 2017).

Domestic violence has an intrusive and deep infliction on the economy of a country. While some are more visible and can be measured directly, others are less apparent and have a more profound and long-lasting effect on the economy. The direct costs such as the medical and legal expenses are the immediate costs to the victim and the government. The loss of productive output due to absenteeism, the decrease in productivity owing to mental and physical problems, and reduced investment in human capital due to the inability to engage in continuous professional development are some of the costs that employers usually have to bear. The damage to victims can even affect their productive years of life due to physical and mental impairment. The European Institute for Gender Equality (2021) estimated the costs of GBV across the EU to be Euro 366 billion a year. A study of the UNDP in 2017 for Mauritius, revealed that the economic costs of domestic violence to the state amounts to MUR 2 billion per year (Dabee and Beejan, 2020).

Ouedraogo and Stenzel (2021) found that a 1%-point increase in the share of women subject to violence can decrease economic activities by up to 8%, mainly due to a decrease in female employment. Their study showed that violence against women has a more detrimental impact on economic development in times of economic downturns. The effect is also more severe in economies devoid of protective laws against domestic violence and in countries where women are deprived of decision-making power.

According to UN Women (2016), violence against women costs is estimated to be around US\$1.5 trillion¹ (estimated to represent 2% of the global GDP). The survey of studies by Duvvury et al. (2013)² conducted on the cost estimates for intimate partner violence (IPV) revealed that the costs tend to range between 1.2% and 2% of GDP. The study of the European Institute for Gender Equality (EIGE) in 2021 on the cost of GBV and IPV for the European Union showed that the cost of gender-based violence against women was more than EUR 290 billion, that is, 79% of the total cost of GBV against women and men. Intimate partner violence against women was estimated to cost EU member countries around EUR 152 billion which represented 87% of the total costs of IPV against women and men. The figures were derived from an extrapolation of the estimated cost for the UK to EU member countries through an adjustment of the estimates to the population size of each EU Member country.

The estimation of the economic costs of violence are mostly based on specific survey data referred to as the typical case which is then used in a simulation model for a full coverage scenario. The Commonwealth Secretariat facilitator's guide to Measuring the Economic Costs of Violence Against Women and Girls (2022) advocated for this approach on the basis that official statistics produce a significant underestimation of the economic costs of violence against women and girls. The method thus estimated an overall economic cost of violence against women and girls of SCR 893.13 million for Seychelles in 2016 and M 1926.0 million for Lesotho in 2017, (Commonwealth Secretariat, 2020).

Other studies have adopted macro-level estimates (i.e., full coverage scenario) of the economic cost of violence against women which relies on age cohort population data to extrapolate estimates based on administrative and survey data. This approach is particularly appropriate in case of high under-reported cases, which is particularly the situation in developing countries or where official data are too weak. The UNFPA and DFID (2017)

¹ This figure includes private, public and social costs.

² The studies were conducted in the USA, UK, Australia, Bangladesh, Nicaragua, Chile, Morocco, Uganda, and Vietnam.

incorporated macro-level estimates based on the under-reporting of GBV cases against women by extrapolating the prevalence rates from official sources onto the female population (aged 15 to 59) in Ukraine to determine the number of GBV victims. The study demonstrated that the macro-level cost estimates were 20 times greater than the costs calculated using official data (i.e., the typical case). The UNFPA and DFID contended that international research showed that for each \$1 that was spent in preventing GBV would result in \$5 to \$20 of savings in future service cost to the economy. The findings of Duvvury et al. (2012) also communicated both a higher estimate of GBV cases and costs under the macro-level analysis rather than based on official data. A recent study of the UNDP (2022) in Ethiopia, using quantitative modelling (including propensity score matching) revealed that the aggregate cost of intimate partner violence which includes costs for women and households, as well as the potential cost of service provision, was around USD 1,312,652,927 which represents 1.21% of the country's GDP in 2020. The study also depicts how IPV significantly constrains the economy since it negatively impacts the economic security and well-being of the victims and households.

A survey conducted in South Africa estimated the annual cost of gender-based violence between 0.9% and 1.3% of GDP for the year 2012/2013 (KPMG, 2014). In Ghana, the cost of violence against women and girls was calculated to be around 0.9% of GDP (Raghavendra et al., 2019).

The study of Fearon and Hoeffler (2014) revealed that the global cost estimates of domestic violence, violence against women and against children amounts to 11.1%, 5.3% and 4.3% of the global GDP respectively. Their findings also indicated high benefit–cost ratios for strategies implemented to prevent violence. The World Bank (2019) estimated that the cost of violence against women could amount to 3.7% GDP in certain countries.

1.2 Current Legislations

Legislations act as a deterrent against violence. Mauritius has enacted laws that prohibit or criminalise various forms of gender-based violence such as domestic violence, sexual exploitation and abuse, sexual harassment, child marriage, amongst others. The implementation of these legislations was triggered by the commitment of the government under various international treaties as well as the mandate and objective of the state to prevent and protect victims of GBV.

The Constitution of Mauritius as the country's supreme law safeguards the protection of fundamental human rights and freedom of each citizen under Chapter II which was mainly inspired by the European Convention on Human Rights (Budoo and Mahadew, 2020). These rights apply regardless of race, place of origin, political opinions, colour, creed, or sex. Sections 6 and 7 of the Constitution enshrines the rights of the citizens to be free from slavery, forced labour and from torture, degrading or inhuman treatment. Additionally, the Constitution provides protection from discrimination based on race, place of origin, political opinions, colour, creed, or sex. All citizens are free to enjoy all rights without distinction. Unfortunately, there are exceptions to the prohibition of discrimination under Section 16. For instance, Section 16(4)(c) provides an exception regarding personal matters such as marriage, divorce and inheritance which could possibly give rise to discriminatory treatment under the laws (UN CEDAW, 2018). In the context of marriage, same-sex marriages are not subject to protection or spousal rights despite there being no distinction under the law as to whether the partners have to be of different or same sex (OECD, 2019).

Section 17 of the Constitution equally empowers any person, whose rights (those listed under Chapter II) have been or are likely to be violated, to seek redress from the Supreme Court:

(1) Where any person alleges that any of sections 3 to 16 has been, is being or is likely to be contravened in relation to him, then, without prejudice to any other action with respect to the same matter that is lawfully available, that person may apply to the Supreme Court for redress.

(2) The Supreme Court shall have original jurisdiction to hear and determine any application made by any person in pursuance of subsection (1), and may make such orders, issue such writs and give such directions as it may consider appropriate for the purpose of enforcing, or securing the enforcement of, any of sections 3 to 16 to the protection of which the person concerned is entitled:

Provided that the Supreme Court shall not exercise its powers under this subsection if it is satisfied that adequate means of redress for the contravention alleged are or have been available to the person concerned under any other law.

(3) The Supreme Court shall have such powers in addition to those conferred by this section as may be prescribed for the purpose of enabling that court to exercise the jurisdiction conferred upon it by this section more effectively.

(4) The Chief Justice may make rules with respect to the practice and procedure of the Supreme Court in relation to the jurisdiction and powers conferred upon it by or under this section (including rules with respect to the time within which applications to that court may be made).

Nevertheless, it must be noted that this constitutional remedy can only be used as a last resort, that is, where the concerned person has exhausted all remedies that may be available under other laws.

GBV victims can further report cases under different provisions of the law such as the Independent Police Complaints Commission Act 2016, the Protection of Human Rights Act 1998 amongst others. The Independent Police Complaints Commission Act 2016 establishes the Independent Police Complaints Commission which is responsible for the investigation of complaints (except corruption and money laundering) from any person regarding any act of a police officer in the execution of their duties. Section 10(2) of the Act specifically provides that the complaint must be made within one year from the day on which the complainant took notice of the act, conduct or omission. It is only in special circumstances that the Commission may investigate a complaint brought to its attention after one year. Citizens can also have recourse to the Office of the Ombudsman which can investigate any alleged act of maladministration that may have caused them prejudice. The Protection of Human Rights Act 1998 also entitles citizens of Mauritius to lodge complaints

with the National Human Rights Commission in case of any breach or potential breach of their human rights as stipulated in the Constitution of the country. The National Human Rights Commission has the power to investigate such breaches or complaints made against a member of the police force.

Enacted to promote equal opportunities and proscribe discrimination, the Equal Opportunities Act 2008 adds further to the existing provisions of the Constitution regarding sex discrimination. It forbids both direct and indirect discrimination against persons including amongst other things their sexual orientation which has been defined as “homosexuality, bisexuality or heterosexuality”. It also prohibits discrimination by victimisation in different contexts including employment, education, supply of goods or services, housing, conveyance of immovable property, amongst others. The Act also criminalises sexual harassment perpetrated against another person. Any person guilty of sexual harassment is liable to a maximum fine of MUR 100,000 and 5 years of imprisonment. It must be noted that the Act under Section 26 also captures acts of sexual harassment that have been committed at work. Nevertheless, Section 13 caters for circumstances under which sex discrimination is permissible for instance, where it is an occupational requirement that the employee has to be of a particular sex to be qualified for the job, promotion, transfer, or training. The Act also provides for an independent body, the Equal Opportunities Commission which is mandated to investigate discrimination complaints and reconcile the parties to the dispute after hearing them. The Commission is also empowered to refer, after its investigation, the case to the Director of Public Prosecutions or Equal Opportunities Tribunal in case of non-compliance with the Act.

The Workers’ Rights Act 2019 under Section 5 addresses discrimination at work based on several grounds including gender, sex, and sexual orientation. The Act maintained the existing provisions of the repealed Employment Rights Act 2008 to prevent discriminatory treatment against another person. For instance, Section 26 expressly stipulates that employees are entitled to equal remuneration for work or equal value. Protection against violence in the workplace is also enshrined in the Workers’ Rights Act 2019. To strengthen the law, Section 114(3) provides for the vicarious liability of the employer for violence in

the workplace, including sexual harassment perpetrated by an employee or third party. This liability applies where the employer has actual or constructive knowledge of the violence and did not take reasonable action to stop the violence within 15 days from the day that the act is brought to his attention. Moreover, to restrict any undesirable act of violence or harassment in the workplace, physical search cannot be performed on the employees. The Employment Relations Act 2008 grants the right to workers to either set up or join a trade union free from any discrimination on various grounds including sex and sexual orientation. Mauritius ratified the Violence and Harassment Convention, 2019 (No. 190) in 2021 to protect workers irrespective of the contractual status. It applies to public and private sectors, formal and informal sectors as well as urban and rural areas. Under Article 28 of the Criminal Code, any person who uses words or gestures which are obscene, indecent, or offensive in the public space would be considered a rogue and vagabond and be liable to conviction. Moreover, Article 91A of the Criminal Code criminalises importuning whereby a person solicits or importune another in a public space “for an immoral purpose”.

The Combating of Trafficking in Persons Act 2009 was enacted by Mauritius to give effect to the United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, supplementing the United Nations Convention against Transnational Organised Crime (2003a). It is aimed at preventing and combating trafficking in persons as well as protecting and assisting the victims. Under the Act, all types of trafficking of adults and children, convicted offenders may be subject to an imprisonment penalty of 15 years.

The Protection from Domestic Violence Act 1997 prohibits any act of violence perpetrated or any threat to commit such an act by a person against his spouse, a child of his spouse, or another person residing under the same house. In particular, the Act provides protection against physical, verbal, psychological and any form of violence/intimidation, detention against one’s will, as well as damage to the property of the other person. It also enables victims of domestic violence to apply for either a protection, an occupation, or a tenancy order from a district court. These orders have been designed to prohibit the perpetrator from accessing the residence inhabited by the victims and from engaging in any act of domestic

violence against the victims. The protection order has been designed to proscribe the perpetrator from committing the act of violence against the applicant; the occupation order and tenancy order permits the victims exclusive right to reside in the house that they own or rent respectively. A breach of any of these orders amounts to a criminal offence, which is subject to a fine not exceeding MUR 50,000 and a term of imprisonment, not more than 4 years. The fine and term of imprisonment for a second breach are not exceeding 2 years and a fine not more than MUR 100,000 respectively. The perpetrator in the event of any subsequent breach is liable to imprisonment of not more than 5 years.

In 2022, three laws came into force: the Children’s Act 2020, the Child Sex Offender Register Act 2020, and the Children’s Court Act 2020 to protect children against all forms of abuse. The Children’s Act 2020 represents a major step towards addressing the loopholes of the previous Child Protection Act 1994 which was in place for 26 years (Gender Links, 2022). For instance, the Act abolished child marriage and emancipation through marriage whereby children aged between 16 and 18 years could get married with parental consent as per Article 145 of the Civil Code. Minors do not have the right to live in cohabitation. Any person who forces a child below 18 years to either get married or live in cohabitation is liable to a fine of MUR 1 million and imprisonment of not more than 10 years. Offences such as revenge pornography, sexual abuse, bullying and cybercrimes against children have also been catered for in the Act. Section 14(1) of the Act by expressly prohibiting corporal punishment of children ensures that they are protected against corporal or humiliating punishment which is defined in Section 14(3) as *“any form of punishment which causes pain or suffering to a child through, but not limited to, the use of force or use of substances”*. This means that no physical or humiliating punishment can be employed to discipline a child. While the previous Act prohibited ill-treatment, it did not expressly address corporal punishment. Any contravention of this protection is liable to a fine of up to MUR 200,000 and imprisonment of not more than 5 years. It is reported that with this reform, Mauritius became the 65th and the 12th country worldwide and in Africa respectively to protect children from corporal punishment (End Violence Against Women, 2022). A Children’s Court comprising both a protection and a criminal division has also been set up with the

exclusive jurisdiction to hear and decide matters involving children. A register of sex offenders has also been addressed in the law for the police to monitor abusers.

1.3 National Strategies

In 2020, the government published a national strategy and action plan for the elimination of gender-based violence 2020-2024. The National Strategy and Action Plan rests upon four areas: (1) bringing a change in societal norms and beliefs; (2) prioritising the need of the victims; (3) enhancing the legal framework and the services provided by public institution and policy framework, capacity building of stakeholders; and (4) monitoring and evaluation. It is reported that workshops have recently been organised by the Ministry of Gender Equality and Family Welfare, the Ministry of Health and Wellness and the United States Embassy to raise awareness of various stakeholders on gender-based violence (Le Matinal, 2022; US Embassy in Seychelles and Mauritius, 2021). In 2021, the Ministry of Gender and Equality and Family Welfare entered a Memorandum of Understanding with the Mauritius Research and Innovation Council (MRIC) for the implementation of an observatory for GBV. The aim of the observatory is to examine the current situation and evolution of GBV in Mauritius; to make recommendations on how the existing services and facilities offered by both public and private sector to GBV victims can be improved; and conduct research and produce technical reports on the identification and assessment of the nature and evolution of GBV (Government Information System, 2021).

Given the surge in the number of domestic violence during the Covid-19 pandemic a mobile application, “L’Espwar”, sponsored by the UNDP, was launched by the Ministry of Gender Equality and Family Welfare in 2020. This application can be used by victims who have access to a smart phone and internet connection to seek assistance from the police by merely activating a panic button which sends an alert to the nearest police station. Once alerted, physical intervention will be performed by a police family protection unit officer and in case of any further intervention is required, the officers of the Police Family Protection Unit and the Ministry of Gender Equality and Family Welfare will support the victims with

psychological services as well as admission in shelters. Furthermore, under the Legal Aid and Legal Assistance Act 1973, victims of gender-based violence can seek legal aid or assistance.

The Ministry of Gender Equality and Family Welfare has under its aegis several departments to implement the legal framework for the protection against domestic violence. These include the Family Welfare and Protection Unit which develops and implement policies and programs to support families and tackle gender-based violence; procures legal and psychosocial support to victims and their children; helps with the application of protection, occupation or tenancy orders (as well as ancillary orders regarding furniture but a tenancy order has to first be applied for) and provides counselling services to abusers; as well as referral to appropriate institutions (Ministry of Gender Equality and Family Welfare, n.d.). To make its services more accessible to the victims, these services are provided through 6 regional offices (family support bureaux).

The Child Development Unit (CDU) is another unit operating under the Ministry of Gender Equality and Family Welfare which is responsible for the development and implementation of policies and programs for children's development. Upon receiving information on any form of child abuse, follow-up assistance is provided to the children, including accompanying the victims for medical care. The officers of this unit also collaborate with the police where an official statement needs to be recorded. There is also the 'La Brigade pour la protection de la famille' (previously Police Brigade for the Protection of Minors) which addresses cases of child abuse and juvenile delinquency (Mauritius Police Force, n.d.).

However, despite the existing legal framework and the continuing changes in the laws and institutional support to tackle this scourge, gender-based violence remains a serious problem affecting our society, particularly women, children, teenagers and LGBTQI+. While the laws are in place, enforcement and prosecution remain a challenge. Some victims are still scared to report cases. Although the recent statistics reveal a fall in the number of reported cases of GBV, however, this does not reflect a true picture of the prevalence in Mauritius.

Additionally, the different stakeholders (police, and judiciary amongst others) are also not adequately equipped to properly address gender-based violence cases (Advisory Committee on Reinforcement of Framework for Protection against Domestic Violence, 2014).

1.4 Purpose and Scope

The purpose of this research is to:

1. map the different forms of Gender based violence (GBV) and the impact of GBV on the individual and the State of the Republic of Mauritius.
2. provide an analysis of the cost of GBV against women, children, teenagers and LGBTQI+ people in Mauritius and a disaggregation of that cost through different determinants, inclusive of but not limited to educational settings, healthcare, inclusive of mental health, counselling sessions, workforce, the criminal justice system, NGOs, and welfare services.
3. showcase an analysis of where the burden of GBV cost lies, in relation to the individual and the State.
4. provide an analysis of the cost, also portraying a comparison of such cost against that of legislative and structural changes.
5. include a proposal of legislative and structural changes required in the Republic of Mauritius.

1.5 Different categories of victims of GBV considered in the current study

This study analyses the impact of GBV on women, children, teenagers and the LGBTQI+ community. Although men are also victims of GBV in different communities including Mauritius, the scope of the research in so far as calculating the economic costs of GBV is concerned, is limited to women, children, and teenagers, including the LGBTQI+ community.

1.5.1 Women

Various studies on GBV related that women tend to be prime victims of GBV (Muluneh *et al.*, 2020; John *et al.*, 2020). According to García-Moreno *et al.* (2013), 30% of women since the age of 15 have at least experienced one form of GBV in their life. Muluneh *et al.* (2020) believed that GBV is mostly prevalent in Sub-Saharan African countries due to the patriarchal nature of the constitution of the society which puts women at the weaker position. According to the UN Women (n.d.), women and girls are very much subjected to physical, sexual, and psychological forms of violence. For Mauritius, in 2021, the Ministry of Gender Equality and Family Welfare recorded 1,654 cases of domestic violence (86.7% of the victims were female) which is one form of GBV falling in the category of physical, sexual, and economic violence, out of which around 36.2% of female victims of domestic violence were physically assaulted by their spouse or partner while 27.2% were subject to verbal assault. 13% indicated being the victim of verbal assault by other persons living in the same house. 28.7% and 19% of the male victims reported having faced verbal assault and physical assault respectively by their spouse or partner while 25.2% suffered from verbal assault perpetrated by other persons living in the same house (Statistics Mauritius, 2022). The number of crime rates reported against women has experienced an increase during these past 2 years according to Macrotrends (2022).

1.5.2 Children and Teenagers

The WHO (2022) reported that in 2021, up to 1 billion children and teenagers from 2 to 17 years old have been victims of various forms of violence, namely, physical, sexual, emotional or neglect. This figure captures all forms of violence committed by parents, caregivers, peers, romantic partners, or strangers. UNICEF (2020) also provides an alarming picture of the violence perpetrated against children and teenagers. It reported that around 176 million children aged below 5 years had a mother who was an intimate partner violence victim while 300 million children aged between 2 to 4 have repeatedly been victim of violence committed against them by their caregivers. Around 1 out of 3 students aged 13–

15 in the world are victims of bullying while 10% of children do not have legal protection against corporal punishment. Around 15 million adolescent girls aged 15 to 19 have been victims of forced sex in their lives (UNICEF, 2020). According to Statistics Mauritius (2020), around 57% of the reported cases of domestic violence concerned women and the most prevalent forms of abuse were psychological/emotional. In 2021, Statistics Mauritius reported 86.7% cases of domestic violence where women were victims. In Mauritius, the Child Development Unit has reported a decrease in the number of child abuse cases from 5,917 in 2020 to 4,746 in 2021 (Statistics Mauritius, 2022). Out of this figure, 58.6% were female victims. Child custody was the major cause of the abuse (25.3% and 21.5% for males and females respectively). In the reported cases of psychological abuse among females (16.7%), the victims also faced neglect (13.1%) and sexual abuse (13.1%). For males, in 19.1% of the cases of neglect, the victims also faced psychological (18.8%) and physical abuse (13.8%).

It has been estimated that the world economic costs associated with physical, psychological, and sexual violence against children amounts to \$7 trillion which represents 8% of yearly global GDP (Perezniето *et al.*, 2014). These costs include increased government expenses on children welfare, special education, as well as medical and psychological treatment for the victims. The effects of gender-based violence can have terrible consequences on the health and well-being of children and teenagers. Apart from death and severe injuries, violence against children can also lead to consequences such as impaired brain and nervous system development (Devaney, 2015; Pereda and Díaz-Faes, 2020), non-communicable diseases, psychological harm and risky behaviour, unintended pregnancies, educational and occupational under-achievement and risk of victimisation or perpetration of self-directed violence (WHO, 2022). Children and teenagers who are victims of violence experience a difficult time in dealing with the psychological and physical consequences of violence which eventually make them encounter hurdles in engaging in their daily life and realising their ability. When children and teenagers become victims of violence (especially in schools), their capacity to learn is impacted thereby, undermining their education and employment potential which may unfortunately pass down through the future generations.

1.5.3 LGBTQI+ people

Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI+) individuals have often been subjected to marginalisation and discrimination in different parts of the world (Suriyasarn, 2016). Marginalisation and discrimination also more often take place in countries that do not have proper structures like legislation favouring the rights of the LGBTQI+ people. For instance, in Mauritius same-sex marriage or adoption is not recognised. The Sustainable Development Goals mandates that no segment of the population should be left behind (UNDP, 2017).

According to Stonewall International (n.d), it is very important for countries to work towards more inclusion of LGBTQI+ people by respecting the SDG 3, 4, 5, 10 and 16. These SDGs promote equality, equity, and inclusiveness. Idris (2021) stipulated that various studies have demonstrated discrimination against LGBTQI+ individuals in the workplace (Luiz and Spicer, 2021). Studies have reported two types of discrimination that tend to occur with LGBT people in the workplace; harassment and ostracism (DeSouza *et al.*, 2017). Bhankaraully *et al.* (2022) believed that LGBT people in Mauritius do experience serious difficulties in the workplace where they are directly discriminated against. Bhankaraully *et al.* (2022) argue that the Mauritian legislation does not cater for anti-discrimination policies where harassment and ostracism are being tackled. A survey conducted by Fokeerbux and Lasavanne (2017) demonstrated that 63.2 percent of 356 LGBTQ people in Mauritius reported being victims of either discrimination, stigmatisation and/or violence. A more recent study conducted on 218 LGBTQI+ persons, Fokeerbux and Lasavanne, in 2022 revealed that 61.5% of respondents have been subject to either discrimination or stigmatisation. 45.4% of them were victims because of their sexual orientation or gender identity and expression (Fokeerbux and Lasavanne, 2022).

The National Gender Policy (2022-2030) establishes the framework for achieving gender equality and women empowerment in Mauritius (Ministry of Gender Equality and Family Welfare, 2022). It is indeed a powerful tool for the attainment of Sustainable Development Goal 5: “Achieve Gender Equality and Empower all Women and Girls”. Despite the existing

legislative, policy and institutional framework in place, rates of violence against women remain high in Mauritius. This is a worldwide problem affecting one in three women at some point in their lives (UN Women 2022; World Bank, 2022). Likewise in Mauritius the dominance of violence against women and girls has been a persistent issue. According to Statistics Mauritius (2021), the number of reported domestic violence cases increased from 2,222 in 2019 to 2,425 in 2020. In 2020, 87.25 % of the reported cases were violence inflicted against women compared to 86.9 % in 2019. The 2021 figures as reported by statistics Mauritius showed that even though the reported cases were slightly on the downside, the percentage of women victims was still at 86.69 % hence not much of a difference compared to 2020. The number of gender-based violence is on the rise. In 2021, some 3,079 cases of violence were reported of which 2,455 were against women, and in 2022, out of 4,003 cases of violence reported, 3,294 were against women. Statistics Mauritius (2022) revealed that in 2021 out of 85 cases of homicides, 21 relate to females of which 12 are intentional cases. Moreover, out of 9,066 cases of assaults, 4,406 relate to females and 630 cases of sexual violence and exploitation, 588 relate to women of which 37 are cases of rape (Statistics Mauritius, 2022).

Chapter 2 Methodology

2.1 Phase 1: Focus Group Discussion

Initially, a review of the current situation prevalent in Mauritius was undertaken. The secondary statistics available as well as literary works conducted on GBV were considered. This exercise paved the way for determining the methodological approach to be used in the current study. Given the nature of the study, a mixed-method approach, namely a mix of qualitative and quantitative techniques, was deemed appropriate to achieve the objectives of the project. It would enable researchers to gain a deeper understanding of GBV, its broad ramifications and more importantly, its economic impact in Mauritius from different perspectives.

In the first stage, a stakeholder analysis was conducted, and a non-probabilistic sampling method was used to select participants for a focus group discussion (see Focus group interview questionnaire at Annex 1). This participatory approach was meant to generate reflections from people who have rich information on the prevalence of GBV and its economic impact in Mauritius. Representatives of the Ministry of Health and Wellness, Ministry of Finance, Economic Planning and Development, Ministry of Gender Equality and Family Welfare (Family Welfare and Protection Unit, Child Development Unit, Social Welfare Division, Psychological Services Unit), Ministry of Education and Human Resources, Ministry of Social Security and National Solidarity, Ombudsperson for Children, Police Family Protection Unit, Central Statistical Office, women and children shelters and LGBTQI+ members, lawyers, medical practitioners, academics, university students were convened to the discussions held on Tuesday 22 November from 9.15 am to 12.15 pm in Moka. 24 participants were placed in four groups of 5 to 6 individuals and a moderator was present in each group to ask relevant questions on the topic of GBV while facilitating the discussion. They were also requested to sign a consent form where the purpose of the study, the procedure of the focus group discussion and the confidentiality aspects were clearly spelt out. Some stakeholders (3) could not be present due to their respective commitments, but they were invited separately for semi-structured interviews

that lasted around one hour. Their insights on the same questions discussed during the focus group session were captured for a more holistic view of the subject under study.

2.2 Phase 2: National Survey on GBV

In the second phase of this research, a survey targeting 700 women, particularly victims of GBV, and 300 LGBTQI+ people was considered. However, following the data collection process, which was undertaken, only 620 women and 227 LGBTQI+ persons responded. The target population for this survey is the population of women, particularly victims of GBV and the LGBTQI+ residents in Mauritius. A purposeful sampling technique was preferred over the simple random sampling to achieve the objectives of the study.

2.2.1 Survey with women victims

A survey with women victims of GBV (see survey questionnaire at Annex 2) was undertaken with some 500 women. The questionnaire was adapted from the methodological framework developed by the Commonwealth Secretariat in 2020 (Commonwealth Secretariat, 2020; 2022). Permission was obtained from respective shelters for granting access to victims for interviews. The questionnaire consisted of a cover letter where the respondents were informed about the purpose of the study and were invited to voluntarily participate in the survey. They were also informed that all data provided would remain anonymous and confidential. Ten research assistants were trained to conduct face to face interviews with women victims from various NGOs as well as women outside shelters who have been reported as victims of GBV. 501 respondents participated in the survey. The study also sought to understand the impact of GBV on children and teenagers. Due to ethical considerations and possible difficulties in collecting data from children under 10 years, and teenagers, data have been gathered through questions addressed to parents or legal guardians.

2.2.2 Study with LGBTQI+ people and women in general

To further understand the issue, the survey was extended to the LGBTQI+ community and women in general. 227 responses were obtained from LGBTQI+ persons and 119 from women in the community. It should be highlighted that women in the community were quite reluctant in participating in the survey despite the assurance given with regards to anonymity and confidentiality. This can be related to the fact that women have a lot of apprehension when it comes to talking on sensitive matters like GBV.

2.3 Phase 3: Multiple Regression Analysis using Smart PLS

Both the focus group discussion and the survey have informed our estimation of the economic costs of GBV. A Partial Least Square Structural Equation Model (PLS-SEM) was run using the Smart PLS 4.0 software. The use of PLS-SEM enabled pertinent relationships between the different proposed constructs and variables (**GBV Prevalence, Controlling behaviour, Emotional Abuse, Awareness and Effectiveness of Legislations, Educational loss, Personal Costs, Health Costs, Legal Costs and Indirect Costs**) to be revealed. The PLS-SEM was conducted on 394 responses retained from women victims to demonstrate the relationships between the various constructs.

In order to add value to the research, a mixed method approach was selected to obtain an indication of the situation at a deeper level. Thus, the methodological design adopted in this study sought to collect insights from various stakeholders through the focus group and data from different target groups including women, children, teenagers and LGBTQI+ persons.

Chapter 3 Analysis of the Focus Group Discussions

As mentioned in Section 2.1 of Chapter 2, the first step in our methodology consisted of a focus group discussion amongst key stakeholders on GBV in Mauritius. Although GBV is a worldwide issue, it is primordial to discern aspects of gender-based violence that are specific to our local context so that the findings allow for a set of customised recommendations for Mauritius. A thematic approach (Braun and Clark 2022) was used for exploring participants' interpretations of the GBV phenomena in the country. Their perceptions as well as their lived experiences and motivations largely informed the study. Following the transcription and coding of the responses, the evolving themes were used for framing a conceptual model that links and tests pertinent relationships obtained from the responses of a survey amongst GBV victims. The key themes that emerged from the focus group discussions are further analysed in the regression model in Chapter Four. **GBV Prevalence, Emotional Abuse, Direct Costs of GBV, Indirect Costs of GBV, Role of Institutions and Effectiveness of the Legal Framework** considered in the model, are in turn discussed below.

3.1 GBV Prevalence

3.1.1 Unreported Cases

Many participants expressed concern over the upsurge in the number of GBV cases including femicides. They also added that there are a large number of unreported cases of gender-based violence. One recurring comment from the participants was that the impact of COVID-19 had been a contributing factor in the rise of GBV especially amongst family members. Some focus group members believed that *the statistics do not reveal the true picture* since many victims still *hesitate to report the matter to the police* or simply *withdraw their complaints* due to factors like *fear of retaliation from penetrators, lengthy and costly judicial processes, economic dependence on abusers and cost barriers, societal norms and pressures including stigmatisation* by the society especially in a small country where *confidentiality in the reporting system can be a challenge*. One of the respondents added that *from the moment the victim makes a statement till the time the case goes to court, the*

victim has to relate the painful incidents many times to different people, which raises embarrassment and mental stress.

Another reason for under-reporting is the lack of trust that a long-term solution could be achieved. Many respondents were of the view that victims often find themselves *having to go back and live with their abusers and suffer even worse forms of violence*. This aspect was largely linked to some institutional issues discussed later in this section.

Another reason for under-reporting is that victims are often unaware that they are facing different forms of violence, especially when it comes to psychological abuse. Despite its implications on victims' economic activities and mental health, psychological violence seems to be less often acknowledged as a serious form of GBV due to lack of awareness. According to participants, other less reported forms of violence are *harassment at work, in the streets and other public places, sexual violence which includes cyber forms of bullying including sextortion, revenge porn, and abuse against the elderly*. It was mentioned during the focus group discussions that *women usually face societal blame in cases of GBV*. Nevertheless, it was also argued by other respondents that *taboos are fading away* and more and more, victims are coming forward to report violence. Some shared the view that the legal framework *allows them to request for a protective order to prevent harassment from abusive partners*. However, it was also said that the latter *might not be so efficient in protecting victims who are in immediate danger*. As it stands, victims need to lodge a complaint with the police first before going to a shelter.

Participants were quite unanimous on the need for a more appropriate form of intervention by the government and the NGOs in this regard.

3.1.2 Lack of Congruence in Statistics

Some participants advocated that the *operational definition of GBV is not adequately harmonised* across different institutions. Moreover, they added that data are *not sufficiently disaggregated* and synergised across different data collecting or reporting departments

including Statistics Mauritius, the Police Department, the Family Support Bureau amongst others. It was highlighted that *victims without a protection order are not included in the computation of some of these statistics* which further contributes to the underestimation of the number of GBV cases.

3.1.3 Data Consistency

The focus group representatives were also asked about possible remedial actions for addressing under-reporting of GBV cases. They believed that conformity in data collection and reporting should urgently be addressed. According to them, using a *unique identifier to record cases of GBV* would avoid double counting and produce more reliable statistics. Participants also hoped that the MRIC GBV Observatory would help achieve data consistency.

3.2 Role of Institutions

3.2.1 Confidentiality

Some of the delegates emphasised on the need to address key barriers at different stages of the police and judicial system, from the moment the victim is heard until when the case is filed and taken to court. Training for the police, media reporters, journalists and reporting interns were seen as an important tool in addressing the way GBV is reported and dealt with. To avoid *common situations where the information reported reaches the partner or even the media even before the case is filed or addressed*, and so as not to discourage reporting of GBV cases, participants were quite unanimous for a revisit of the Data Protection Act for increased privacy and confidentiality in the process.

3.2.2 Need for more equipped shelters

The responsibilities of shelters were also raised, and respondents advocated for more adequately equipped shelters around the island. One of them added that the *victims can only stay in shelters for a limited duration, which does not allow them enough time to become economically independent and live a normal life*. In this perspective, participants believed that stakeholders including ministries and NGOs including shelters, should design appropriate financial programs to ensure that women can *stand on their own feet after reporting, especially when they have children*. In the absence of these support mechanisms, victims are constrained to go back to abusers as highlighted earlier in the discussions, due to lack of economic independence, and the vicious cycle simply persists. One of the respondents said that *many NGOs are doing what they can in terms of providing shelter, food, protection, and psychological support but it is the role of the state to bring the women back to the living world and develop their financial independence*.

3.2.3 Role of the State

Some participants believed that there should be a dedicated hospital for GBV victims especially when it comes to the treatment of mental issues linked with violence. According to them, there is a need for better trained psychologists in the public sector. The role of the Mauritius Family Planning Association in curbing teenage pregnancy and in preventing GBV was also considered. Respondents also advocated for a perpetrators' study to better understand the profile of abusers so that appropriate counselling and rehabilitation programs could be provided to them with a view of curbing the number of recurrences. They mentioned that in some countries, perpetrators are the ones who go to shelters to be administered counselling instead of victims and the latter are instead allowed to *pursue their normal life far from their abuser*. Respondents maintained that the responsibility of the state in addressing GBV remains primordial.

3.2.4 Reporting tools

The respondents also discussed the need for better facilitation of reporting through the promotion of easy-to-use applications and hotline numbers. They mentioned the existence of an application called *L'Espwar* which according to them should be subject to an assessment as to its effectiveness. They also conveyed that an evaluation of the sexual offender register which has been put in place since 2020 is required.

3.2.5 Role of religious bodies

In so far as the responsibilities of stakeholders are concerned, it is argued that *religious organisations should play a more proactive role in addressing GBV*. One of the participants claimed that *the responsibility of the Council of Religious Bodies in promoting humanistic values should be reinforced and socio-cultural platforms should be increasingly used for preaching*. They saw limited involvement of religious bodies in the fight against GBV although the latter have a strong potential to influence people in a positive manner.

3.2.6 Role of Educational institutions

On their part, educational institutions have a strong role to play in terms of creating awareness. As put forward by many focus group members, there is a heightened need for *holistic teachers* in our schools who are trained to detect behavioural problems amongst their students. Similarly, there is wide consensus on the requirement for access to psychologists by students in schools. Likewise, participants also believed that the curriculum should further embed empathy and teach values including imparting sex education. In their perspective there is a wide disparity in the way and extent to which sex education is taught in private and public schools.

3.2.7 Voice of the civil society

Respondents considered that the civil society should participate more actively in the fight against GBV since they have a strong potential through their voice to discourage violence.

The notion of *toxic masculinity* was also raised in the discussions as well as the way families *legitimise violence amongst boys* or *manage the latter's emotions*, which are all contributing factors towards a *male dominated society and male chauvinism*.

3.2.8 Role of the employer

The role and participation of the employer in empowering victims was also part of the deliberations. Participants agree that the employer should aim at preventing burnout which is *a common factor leading to domestic violence*. According to them, employees should in addition create the right framework for assisting and counselling employees, an action which they could consider as part of their CSR initiatives.

3.3 Economic Costs of GBV

3.3.1 Cost components

Discussions on the economic costs of GBV allowed for a categorisation of the latter into direct and indirect costs. Focus group members said that some of the expenditures that victims commonly incur include *transport costs, medical costs in respect of physical injuries, counselling fees* linked to *psychological trauma*, and *judicial* as well as *legal costs*. One respondent added that victims of sexual abuse have higher probabilities of developing cancer or other health issues like endometriosis, with major health cost implications.

3.3.2 Challenges in the Computation of Economic Costs

One of the participants mentioned that *some aspects of present costs, future costs and income losses are difficult to identify* while another one stated that *it is difficult to have a true measure of economic costs*. It was mentioned that *some economic models from the EU or the UN are available, but the challenge is to access the relevant data for Mauritius*.

3.3.3 Indirect Costs of GBV

There were also exchanges focused around the indirect costs of gender-based violence. One participant shared the view that *when unpaid tasks like household chores, childcare and elderly care cannot be carried out, it affects the delivery of paid tasks*. She added that *sometimes the abused partner cannot go to work and needs to handle unpaid household tasks, and this affects the economy*. While this aspect is true, there are other indirect costs linked to GBV like the loss of productivity at work and its implications for the economy. One respondent mentioned about the risks of job loss for the victim and many of them raised concerns regarding the high rate of absenteeism due to physical injuries, psychological damage, and the need to attend to legal procedures. In many cases the victims must take *unpaid leaves* with implications on their income and livelihood. One focus group member added that *Mauritius is an ageing population where women have an increasing role to play in the economy with a relatively high female participation rate*. From this perspective therefore, violence against women gives rise to an important opportunity cost in terms of lost output.

3.3.4 Costs to the State

Participants also mentioned that besides expenses borne by victims, there are several costs that have to be incurred by the state in different sectors of the economy including judiciary, prison, police amongst others. One of the members also mentioned the *costs of total permanent disability* to the victim and to the state. This relates to another aspect of costs raised by a respondent regarding the *financial fragility* of victims *that is perpetuated as they cannot increase their capabilities at work*. Added to the costs are also expenditures related to addictions which according to many focus group members are linked to some extent to GBV. They added that addictions involve further types of illnesses like *greater risks of STDs, AIDS, hepatitis* amongst others. Altogether these in turn add to the government's funding requirements for health needs including *methadone*. Participants also raised costs associated with *children's impaired education* and expenditures linked to delinquency of GBV victims.

3.4 Impact of GBV on Children and Teenagers

3.4.1 Painful process for victims

One respondent mentioned that *authorities have limited capacity to deal with children victims of GBV*. Another participant stated that children and teenagers undergo *painful procedures when faced with a case of abuse*. According to the latter, *removing the child from his home and placing him/her in hospital, waiting for the police officers to make a request to the PMO's office and the medical examiner to examine the victim in hospital takes around 10 days, following which the child is taken to a shelter*. In this regard many participants have shared the view that the process creates more harm to the victim and *foster families would be a fantastic option*. However, there was no consensus on this argument as one respondent claimed that *foster families are not always the best option when the children are so broken that moving from one family to the next creates more damage*.

3.4.2 Discrimination against girls

The prevalence of discrimination against girls in some families has been raised and one member mentioned that *discrimination against girls as compared to boys still exists in respect of access to education, facilities and even food in some families*. Moreover, there were discussions on the failure of the educational system to provide opportunities for dropouts and that many of them are unable to read and write. Some participants agreed that there is a *lack of guidance provided to drop out teens*. Others mentioned the *stigma and adverse perceptions on vocational education and discrimination for job opportunities* faced by vocational students after they complete their studies.

3.4.3 Psychological health of Children and Teenagers

No doubt GBV has an adverse lifelong effect on the psychological health of children and teenagers. One of the focus group members said that it causes a *lifetime scar on their mental health* and another one mentioned that *most of the children victims of GBV become broken adults* or have *difficulties in forming meaningful relationships later in life*. One respondent added that *many turn into drug addicts or become vulnerable to drug dealers and portray*

dysfunctional behaviour. It was also mentioned that young victims of GBV face *sadness, depression, unstable and low self-esteem*. Focus group members shared the opinions that many of these cases relate to sexual abuse by family members which render reporting even more sensitive. One participant even said that *90% of abusers come from immediate surroundings who have the parents' trust*.

3.4.4 Educational Performance

One representative of an NGO working with *out of school* victims claimed that the *statistics are alarming*. There was wide agreement amongst participants that GBV leads to poor academic performance and slows down learning because of traumatic experiences on the brain of the young victim. One respondent added that *victims of GBV encountered failures earlier*. Another one talked about *limited opportunities for dropouts* and pointed out that it is essential to provide the right guidance to them. A third participant said that many children victims of GBV are *unable to read and write and they face stigma*.

3.5 GBV and the LGBTQI+ people

Part of the discussions focused on the prevalence of GBV amongst the LGBTQI+ people and the different challenges faced by them on account of their gender orientation. Focus group members raised issues such as pressures and violence from family members, pressures from religious groups, discrimination in securing a job, stigmatisation, verbal violence, and public insults amongst some of the problems faced by the community in Mauritius. It was mentioned that *there is little knowledge and lots of misconceptions and stereotyped views about them*. One respondent even added that there is *some confusion in Mauritius between homosexuality and paedophilia*. Another respondent mentioned that *people are persuaded that people from this community are perverse*. It has also been said that *people tend to ignore their competencies and judge them based on their appearance and sexual orientation*. Another argument raised by one focus group member is that *there is no recognition of their gender identity because on their national identity cards they are either recognised as male or female*. It was mentioned that when faced with gender-based

violence, LGBTQI+ people *cannot even make complaints or seek support as they are not even recognised*. One participant said that they are *sent to shelters where they do not identify themselves* and another respondent mentioned the fact that *they are not protected by society and the law does not cater for their rights since they are not properly represented*.

3.6 Legal Framework

The perceptions of focus group members on the legal framework were sought. A few participants spoke about the need for a better application of existing laws. One of them said that the *legal framework exists but the application is flawed*. Another respondent added that *key institutions usually claim that they lack resources like transport and staff*. This opinion was shared by another member who said that *there are limited resources for law enforcement and that penetrators do not fear the law*. In a similar vein, it was also alleged that *complaints are not systematically well recorded and police stations are not child friendly*. The *lack of follow-up by the state after a protection order is granted* was deplored and one of the members questioned the outcome *when there is breach of protection order*.

It was pointed out by one person in the group that *the Mauritian legislation has evolved quite well with the Equal Opportunity Act, the Children's Act, children's court, and sexual offender register*. Another person stated that the *application of the New Children's Law is eagerly awaited, otherwise cases take years to be resolved which is yet another challenge for victims*. In this context, there was wide convergence on the view that *adoption laws should be reviewed to improve the plight of many children who could be more easily adopted by families*. As regards the Children's Act 2020, one focus group member explained that *the CDU will not be the first point to intervene in case of immediate danger as this task has been given to the probation office which is not trained and has not been provided with a budget for transport, training, overtime*. Referring to one of the shortcomings in the law, *one participant claimed that the Gender Equality Bill is still work in progress* and another one added that *diversity also means integrating and accepting different gender identities*. Another limitation discussed at large by respondents related to the argument that despite

heavy penalties for those who do not denounce cases of abuse, there are few if any people charged for not reporting. The participant also emphasised on the *duty to denounce*.

One of the participants added that *other forms of violence are now taken into consideration including cybercrime and grooming (gifts given by offenders and strategies used by abusers to approach children)* and that *it is now prohibited to marry children under the age of 18*.

As part of the key challenges of the legal system, one respondent explained that *legal aid is complicated and access to justice is a nightmare to the poor*. One of them stated the term *judicial activism* while another one raised the issue of *conservative judges*. It was also claimed that *three quarter of sexual abuse cases are incest and incest is not mentioned by the law*.

Chapter 4 Survey Findings for Women Victims

4.1 Demographics and Prevalence

A first inspection of the data gathered revealed some information on the profile of the respondents in the data set. The demographics show that 190 respondents were employed (39.4%) whilst 47 were self-employed (9.75%) and 73 were housewives (15.1%). The breakdown of the occupation status over 482 victims who responded to this question is further depicted on the second quadrant of Figure 1. The education level of the participants of the survey indicated that 101 women had a university degree, 47 a postgraduate university degree and 161 were educated up to secondary school level. Out of 501 respondents surveyed, 405 claimed to have been victims of violence. These 405 victims mostly resided in the districts of Flacq, Plaines Wilhems and Port Louis as depicted in Figure 1.

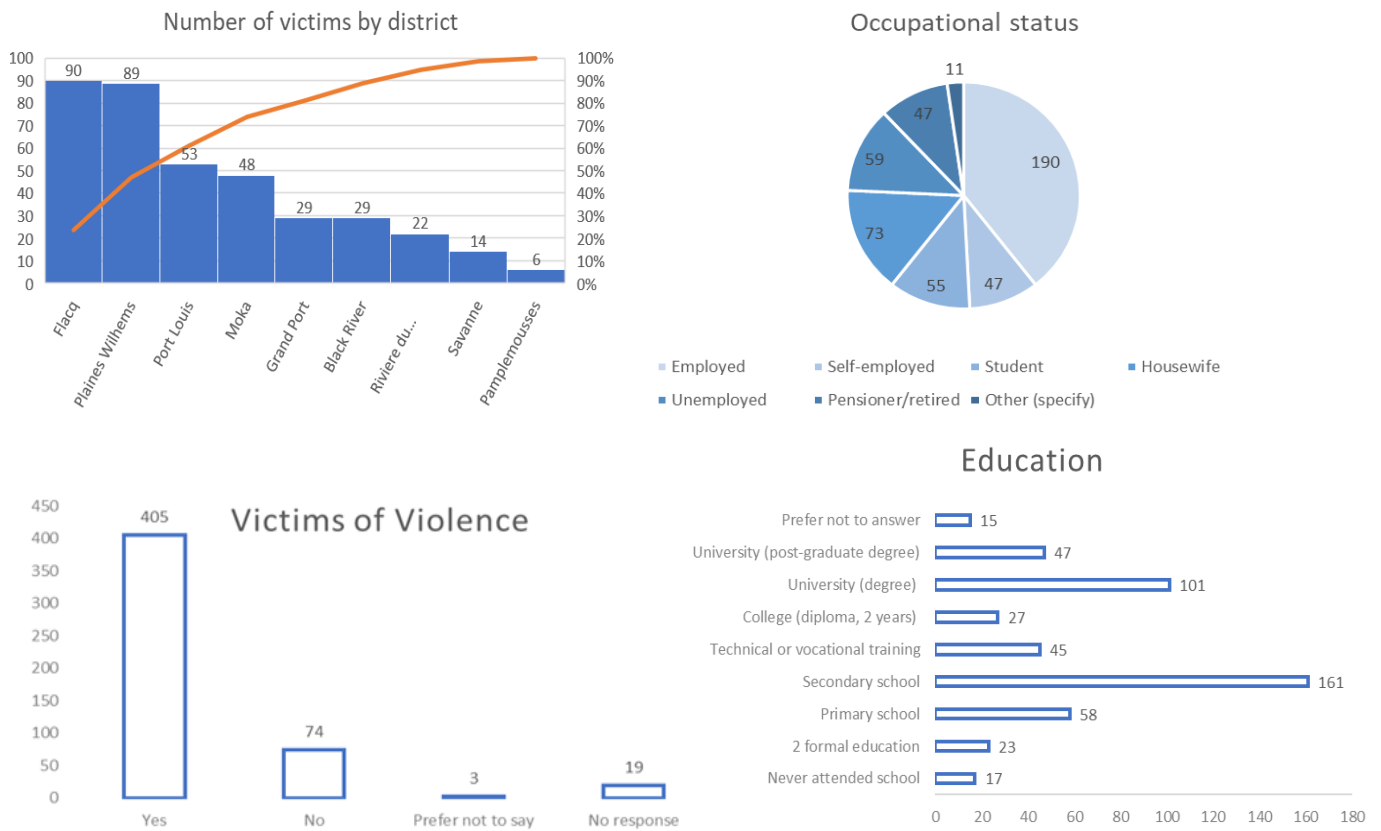


Figure 1: Demographics

Experience of Controlling Behaviour

A first inspection of the data also revealed the prevalence of controlling behaviour and emotional abuse by the perpetrators of GBV (Figure 2). From an initial response of 501 participants, 239 women respondents (47.7%) reported their partners to be jealous or angry when they spoke to other men whilst 184 (36.7%) were accused by their partners of being unfaithful. 162 (32.3%) women reported attempts of their partners to control them by not allowing them to meet other female friends whilst 167 (33.3%) women reported that their partners tried to limit their contact with their family. 232 (46.3%) reported that their partners insisted on knowing where they were at all times.

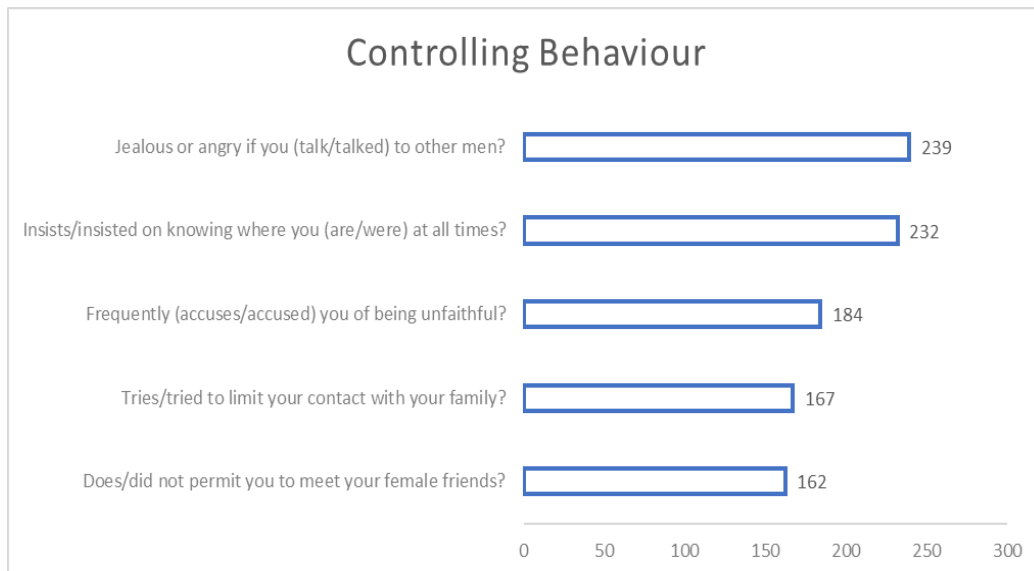


Figure 2: Experience of Controlling Behaviour

Emotional abuse was also present in the sample surveyed. These were in terms of attempts to humiliate the victim, threats to hurt or harm someone the victim cared for as well as insults to make the victim feel bad about herself. The number of participants who reported these types of abuse are depicted in Figure 3. 246 (49%) of the respondents reported having been insulted or made to feel bad about themselves, 201 (40.11%) experienced threats and

215 (42.91%) reported that their partner said or did something to humiliate them in front of others.

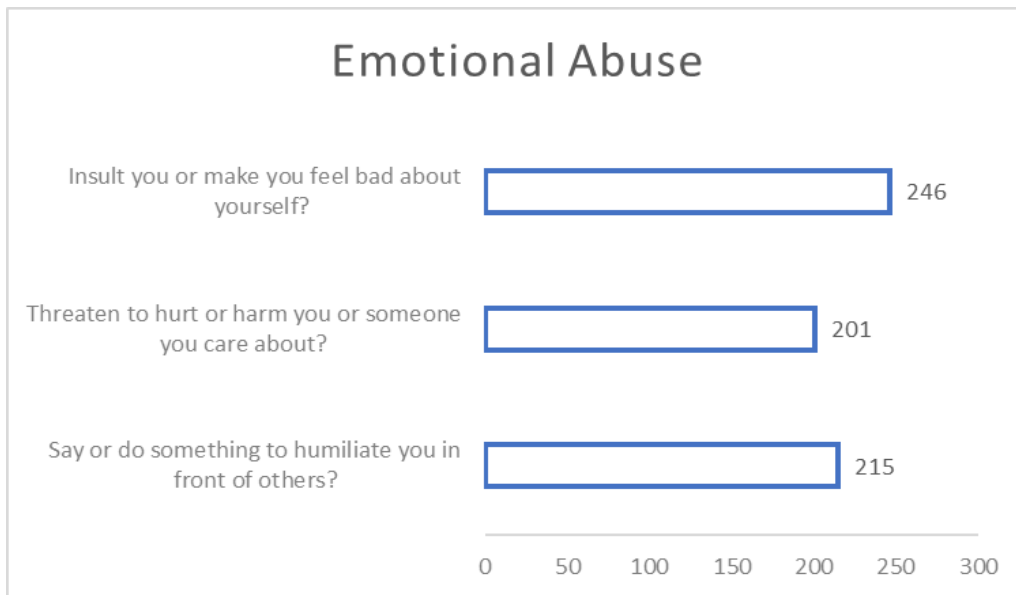


Figure 3: Experience of Emotional Abuse

4.1.1 Further Analysis based on Retained Responses

It was deemed relevant to also probe into the expenses incurred by victims on average as well as the income losses suffered by them because of GBV during the past 12 months. A cleaning exercise denoted a lot of missing data on expenses incurred by victims, hours of work lost and wage rate amongst others. Thus, these questionnaires were not included in the estimation of the average economic costs, as their inclusion would have impacted on the validity and reliability of the estimation exercise being undertaken. Therefore, data on 394 women victims were considered for further analysis of prevalence and economic costs.

Amongst those who responded to the questions on their marital status, the majority were married (N=131) and 98 reported to be single. 40 respondents were widowed, 33 were divorced, 32 were separated, 51 were in a live-in relationship and 9 did not respond on their current marital status (Appendix 1). The majority of the respondents were 'Employed' (N=166) at times of the violence, 22 respondents were self-employed, 43 respondents were

students, 62 respondents were housewives, 59 respondents were unemployed, 39 respondents were pensioners/retired, and 3 respondents reported their employment status as 'Other'. 166 women victims are employed which suggests that GBV is also prevalent amongst working women.

4.1.1.1 Frequency of Violence

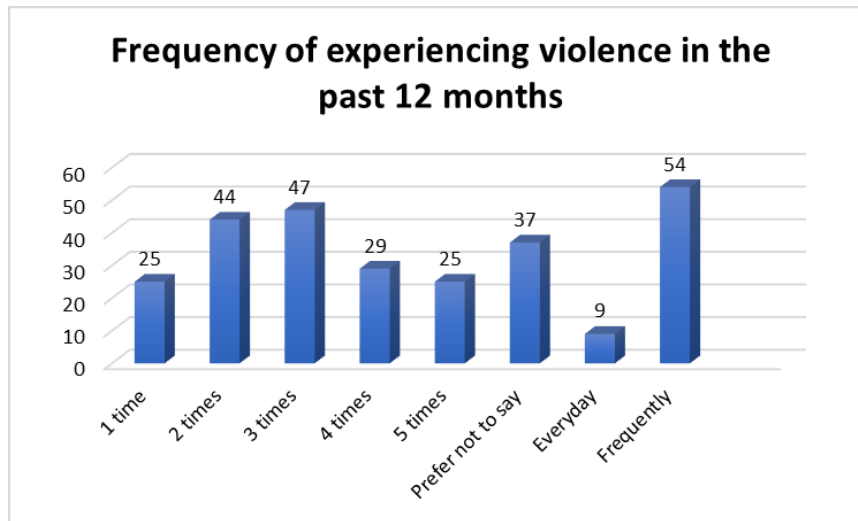


Figure 4: Frequency of Violence

Figure 4 demonstrates the prevalence of violence in Mauritian society. 54 respondents (20%) reported that they were frequently subject to violence and 9 (3.3%) respondents were victims of violence daily.

106 respondents reported that their current husband/partner was responsible for the violence inflicted. 66 respondents said that their previous husband/partner was responsible for the violence and 53 respondents reported that 'Other family members' were responsible for the violence (Refer to Appendix 1).

4.1.1.2 Prevalence of the Types of Violence

The most prominent form of violence against women in Mauritian society is verbal, emotional, and psychological inflictions which was reported by 253 (64.2%) women over the 394 women considered in the sample (Figure 5).

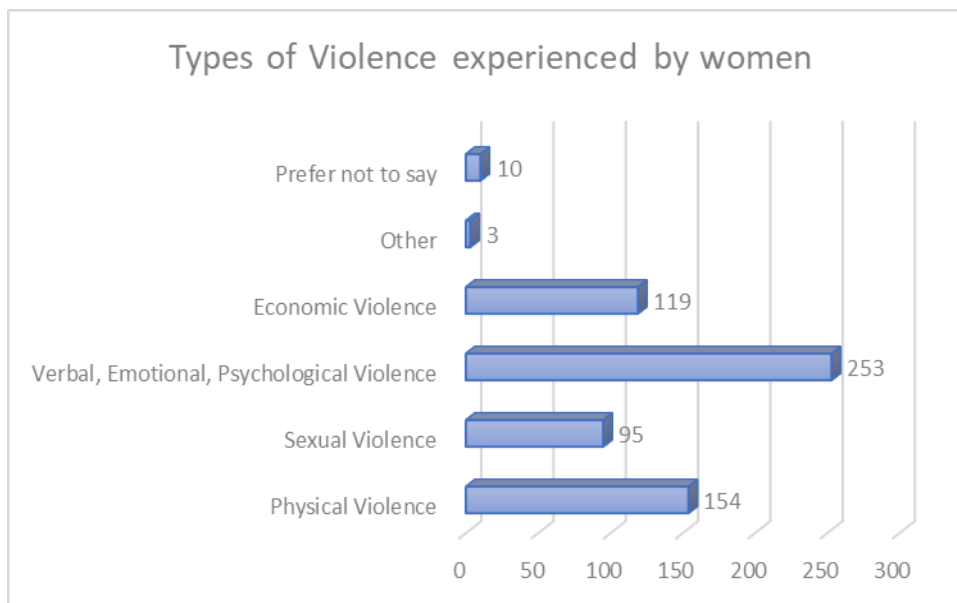


Figure 5: Prevalence of the Types of Violence

154 respondents were physically abused, 95 were sexually abused and 119 women claimed to be victims of economic violence.

4.1.1.3 Children

The figures depict that GBV is not only subjected to women in Mauritius, but also to children. 96 women surveyed reported to be mothers of one child or few children (Refer to Appendix 1). Amongst them, 70 reported that their child/children have been victims of violence (70%) and 63 respondents claimed that their child/children were mostly verbally, emotionally, and psychologically abused (Figure 6). 47 mothers reported that their child/children were physically abused, and 10 mothers reported that their child/children

have been sexually abused. 21 mothers reported that their child/children were subject to economic abuse.



Figure 6: Types of Violence on Children

32 mothers said that their current husbands/partners were responsible for the violence on their child/children and 21 women reported that it was their previous husbands/partners who were responsible for the violence (Appendix 1).

64 women reported that violence/injuries affected the schooling of the children. 44 women reported that their child/children could not attend school, 46 women reported that their child/children could not do their homework, 36 women reported their children could not undertake school sport activities (Figure 7).

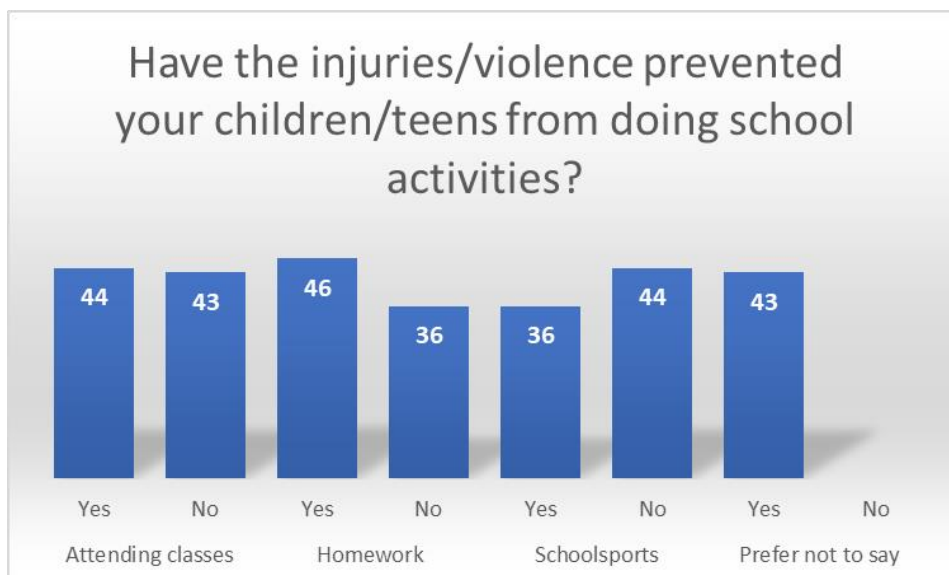


Figure 7: Impact of GBV on Child/Children

4.1.1.4 School Violence

Violence is also prevalent within the educational establishments. According to the data collected, out of 23 respondents, 15 respondents reported that their child/children were victims of violence at school and again the most common forms of GBV even at school was verbal, emotional, and psychological violence followed by physical violence. 12 respondents related that the schoolmates were responsible for the violence and 3 respondents reported that previous teachers were responsible for the violence. 13 respondents filed a complaint to either the teacher, principal or school governing body and the matter got resolved at school itself.

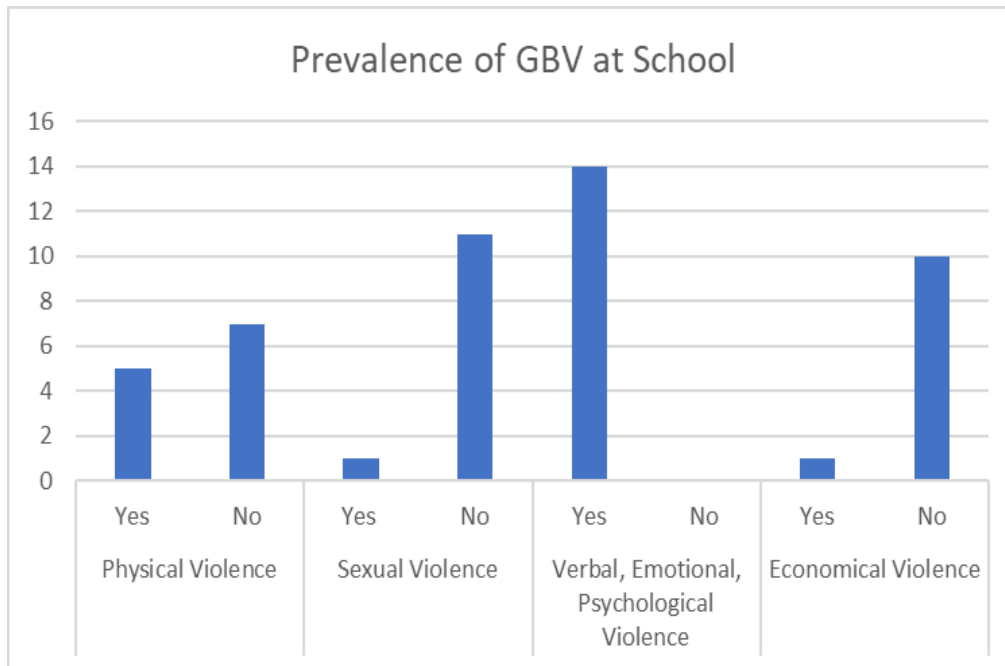


Figure 8: Prevalence of GBV at School

4.1.1.5 Teenagers

Other than women and children (up to ten years of age), teenagers from 10 to 17 years old were also subject to violence. 59 women reported to be parents of either one or more teenagers amongst whom 42 reported that their teenagers were victims of GBV. With regard to the types of GBV experienced, there were 39 cases of verbal, emotional and psychological violence, 24 cases of physical violence, 9 cases of economic violence and 1 case of sexual violence. Again, the prevalence of verbal, emotional and psychological violence is the most common type of GBV even amongst teenagers. Most of the teenagers tend to seek help from the police, medical institutions, NGOs, relatives/friends, social services, and psychologists amongst others as depicted in the below chart. Yet, there were 22 cases where the teenagers did not seek any help, they may be suffering in silence.

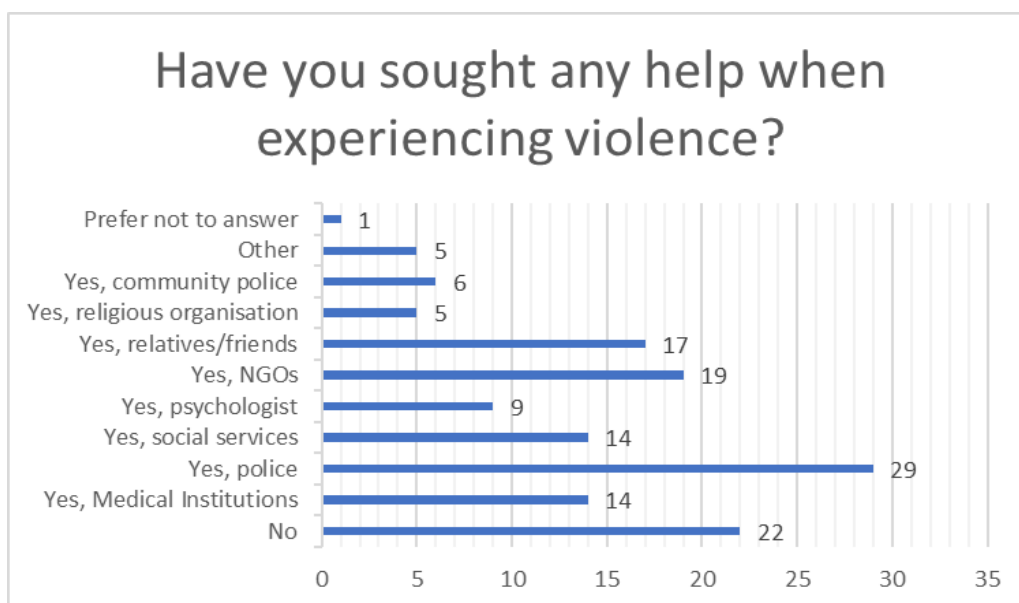


Figure 9: Help Sought by Teenagers

4.1.1.6 Women and Health

GBV has an impact on the health of the victims who ultimately require different types of medical interventions depending on the nature and gravity of the situation. 185 women reported minor bodily injuries, followed by 56 women who reported bodily injuries of medium gravity, 27 reported grievous bodily injuries and 43 reported other health disorders (Appendix 1). 136 women reported no bodily injuries which relate to the fact that most women were victims to verbal, emotional and psychological violence.

59 respondents have taken sick leaves as they were victims of GBV whilst 253 women were hospitalised and 244 reported to be bedridden. The majority of the respondents reported that their family members did not pay for the medical expenditure (N= 166).

20 women (35.1%) said that they took around 1 week of sick leave which is quite significant in terms of the impact on their work productivity. 29 (50.9%) claimed that they were hospitalised for more than 1 or 2 weeks and 19 (33.3%) were hospitalised for around 2 or 3 days (Refer to Appendix 1).

The table below refers to the number of bedridden days reported by women.

GBV had a consequential impact on the household activities of the victims. 127 women mentioned that the injuries/violence affected their household work. 64 claimed that they could not take care of their child/children, 79 could not care for members of the family, 46 could not cook, 95 could not do the housekeeping activities and 57 could not attend work.

Table 1: Number of Bedridden days due to injuries

Number of bedridden days	Number of women
1 day	4
2 days	7
3 days	8
4 days	2
5 days	1
6 days	2
7 days	7
More than 1 week	7
More than 2 weeks	6
More than 1 month	8
More than 3 weeks	5

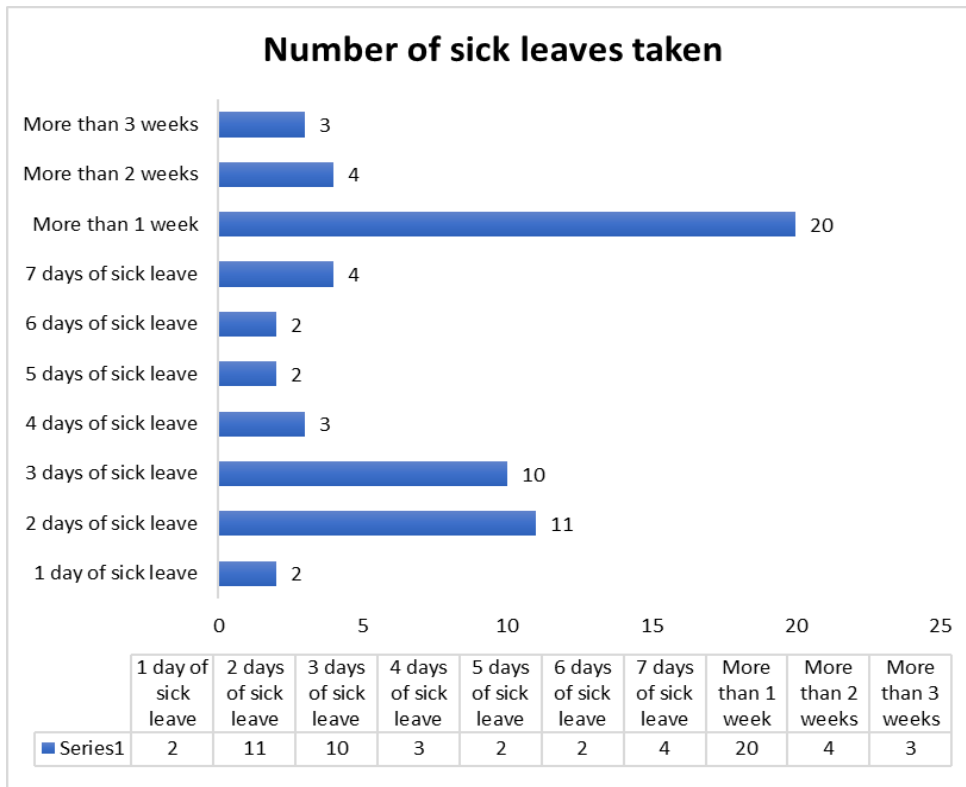


Figure 10: Number of Sick Leaves Taken

Violence in the Workplace

28 women reported to be victims of GBV in the workplace and again the most prevalent form of GBV was verbal, emotional, and psychological violence (Figure 11).



Figure 11: Prevalence of GBV in the workplace

4.1.1.7 Awareness of Legislations and authorities

Awareness of the legal provisions in place no doubt plays a key role in combating GBV. Figure 12 suggests that many respondents lacked awareness of existing legislations to cater for GBV in Mauritius. It is seen that there is a different level of awareness on different laws in place. It seems that individuals are more aware of the Protection from Domestic Violence Act 1997 and the Workers' Rights Act 2019 as compared to the other legislations in place.

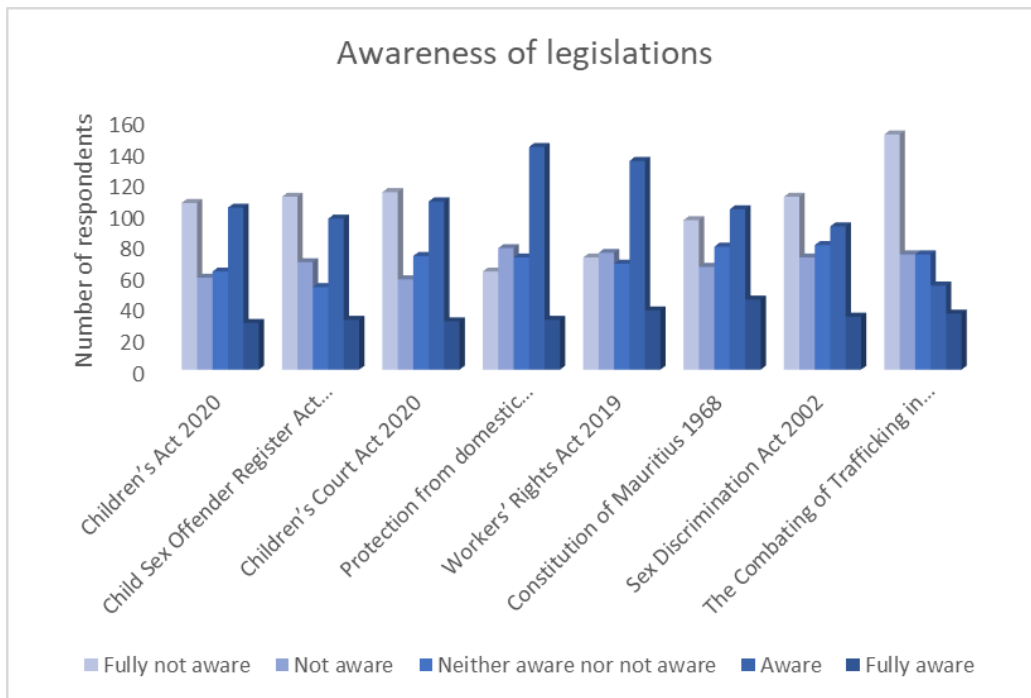


Figure 12: Awareness of legislations

Figure 13 summarises the perceptions of victims on the effectiveness of existing laws in reducing GBV. Most respondents perceive the legislation to be moderately effective as opposed to being very or extremely effective. The relationship between the awareness of legislation and perceptions of effectiveness of the law is further addressed in the context of the multiple regression analysis in Chapter 6.

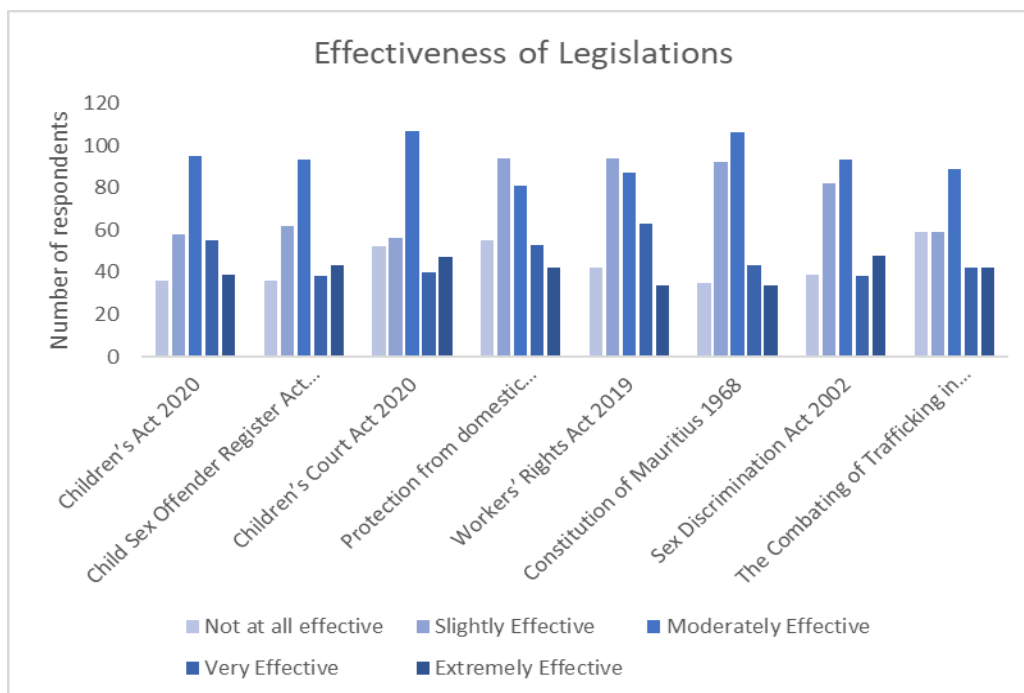


Figure 13: Effectiveness of legislations

4.2 Estimation of the Economic Costs of GBV for Women Victims

The economic costing of gender-based violence is an emerging line of research. Conveying its monetary implications to policy makers, NGOs and the civil society is a form of deterrence as it spells out the justifications for and benefits of prevention in the first place. There exists a multitude of studies on varying methodologies for estimating the economic costs of GBV. Merely applying these methods to the local context is not feasible for two main reasons. Firstly, many cases of GBV are not reported, as highlighted by participants during the focus group discussions (chapter three refers). Secondly, medical, police, legal and enforcement expenditures that are incurred to deal with gender-based violence are not computed, and the exact proportion of the public sector budget allocation attributed to GBV is not known. Otherwise, a viable approach to estimating the economic costs of such forms of violence would be to compute the unit cost of a service package to a victim and conduct a census to gauge the prevalence of gender-based violence amongst the population. This exercise would be a time consuming and costly one. The collection of specialised

information on what it costs the government and the private sector to provide the required health, police, legal and enforcement services amongst others to a victim of gender-based violence is an area of data collection that should be explored in future for a more robust estimation of the economic costs of GBV. However, in the absence of such statistics, a survey targeting women and the LGBTQI+ community has been used to gather data on expenditures incurred by victims, as well as productive output and income lost, when faced with GBV.

Following a rigorous review of the literature on existing methodologies used so far for the computation of the economic costs of GBV, the direct and indirect costs have been computed from information gathered from the survey. The direct costs relate to personal expenses incurred by victims to deal with gender-based violence and they have been categorised into *Personal Costs*, *Legal Costs* and *Health Costs*. As regards the indirect costs, they represent the loss of income and productive output faced because of such forms of violence.

4.2.1 Direct Costs to the Victim

The direct costs of gender-based violence include personal expenses in respect of:

1. Transportation costs to and from health care institutions, police departments, forensics, courts, and other service providers
2. Payment of rent for a separate apartment
3. Moving to a new place of residence and/or placing children in different schools
4. Purchase of lost or damaged personal property (like damage to phones or other personal belongings that required replacement)
5. Searching for a new job/school
6. Legal advice and legal support in court

7. Administrative services such as payments for issuing certificates, mandatory court fees and document recovery amongst others
8. Ambulance call, healthcare services, laboratory tests
9. Diagnostics examination and purchase of medicines
10. Inpatient treatment (hospital)
11. Consultation with psychologist/psychotherapist
12. Consultation with child psychologist

The above list of personal expenses incurred by victims of GBV is not necessarily exhaustive but has been suggested by stakeholders during the focus group discussions. For the purpose of estimation, they have been computed from 394 survey questionnaires, and presented separately as *Personal*, *Legal* and *Health Costs* incurred by victims of GBV.

Table 2: Estimation of Personal Costs Incurred during the last 12 months

<i>Total Personal Costs incurred by Victims in the last 12 months</i>	<i>Amount (MUR)</i>
Transportation costs to and from health care institutions, police departments, forensics, courts, and other service providers	139,368
Payment of rent for a separate apartment	2,008,800
Moving to a new place of residence and/or placing children	337,700
Material damage to your property or family property	3,066,650
Searching for a new job/school	113,950
Total	5,941,668

Source: Author. Based on 394 survey questionnaires

As can be seen in the above table 2, the personal expenses in respect of transportation costs, material damage to property and change of residence amongst others amount to some MUR 5.9 million for all 394 victims in a period of 12 months. On average a victim spent nearly MUR 15,000 in the last 12 months in meeting these expenditures.

In addition to the above, victims incur expenses in respect of *legal advice and legal support in court* and *administrative services such as payments for issuing certificates, mandatory court fees and document recovery*, which amount to some MUR 809,350 for 394 victims in a period of 12 months. On average a victim spent around MUR 2,000 in a year dealing with legal issues (Table 3).

Table 3: Estimation of Legal Costs incurred during the last 12 months

<i>Legal Costs incurred by Victims in the last 12 months</i>	<i>Amount (MUR)</i>
Legal advice and legal support in court	492,550
Administrative services such as payments for issuing certificates, mandatory court fees and document recovery	316,800
Total	809,350

Source: Author. Based on 394 survey questionnaires

Another direct cost component in the computation of the total economic costs of GBV is expenditure on medical care to treat survivors of GBV (examples are *ambulance call, healthcare services, laboratory tests; diagnostics examination and purchase of medicine; inpatient treatment; consultation with psychologists/psychotherapist; and consultation with*

child psychologist). While part of these expenses is met by the victims and/or their families, and in rare cases by other members of society including employers or even perpetrators, the rest of them are covered by the state. Respondents to the survey have been asked to specify the amount paid by themselves or their family members for medical expenses incurred due to gender-based violence during the past 12 months. This data is reported in Table 4. While the list of medical expenditure is not necessarily exhaustive, it has been drafted following suggestions from medical practitioners and representatives of the health sector, gathered during the focus group discussion described above. Health costs incurred due to violence at work and at school have also been reported. On average, a victim spent some MUR 2,240 on medical expenses during the last 12 months.

Table 4: Estimation of Health Costs during the last 12 months

<i>Personal Expenses in respect of Health Costs</i>	<i>Amount (MUR)</i>	
Ambulance call, healthcare services and laboratory tests	239,955	
Diagnostics examination and purchase of medicines	243,410	
Inpatient treatment	148,088	
Consultation with psychologist/psychotherapist	84,000	
Consultation with child psychologist	53,700	769,153
Health Costs due to violence at work		
Cost of visit to the doctor	24,000	

<i>Personal Expenses in respect of Health Costs</i>	<i>Amount (MUR)</i>	
Ambulance call, healthcare services and laboratory tests	239,955	
Diagnostics examination and purchase of medicines	243,410	
Inpatient treatment	148,088	
Consultation with psychologist/psychotherapist	84,000	
Consultation with child psychologist	53,700	769,153
Health Costs due to violence at work		
Cost of medication	5,800	
Cost in respect of psychologist	46,300	76,100
Health costs due to violence at school (children and teenagers)		
Cost of medical visit for children and teenagers	27,800	
Cost of medication	3,000	
Cost of psychologist	6,900	37,700
Total		882,953

Source: Author. Based on 394 survey questionnaires

From the responses of 394 participants, the total direct costs incurred due to gender-based violence during the last 12 months amounted to MUR 7.6 million. On average, a victim of GBV spent some MUR 19,375 during the last 12 months on personal, legal, and medical expenditures. It should be emphasised that expenses faced by different victims in a period of 12 months vary significantly on the basis of the extent of violence and their consequences, the number of recurrences of such forms of violence in that specific time period, their implications on the health and lives of victims in terms of whether they lead to serious injuries, psychological damage, physical impairment, divorce, conviction and imprisonment of abusers or even death of victims.

Personal costs represent more than 75% of the total personal, legal, and medical expenses borne by victims. This can be explained by the fact that a large proportion of medical and legal costs incurred are borne by the state while much of the personal costs related to transportation, moving residence, replacement of damaged property amongst other personal expenses are incurred out of pocket by the victim.

As seen in Figure 14, out of 394 respondents, 199 claimed that they incurred no personal expenses. 195 victims incurred more than 0 and less than MUR50,000 and only one respondent paid more than MUR 200,000 in respect of personal expenditure in the last 12 months, and the latter amount relates to an annual rent.

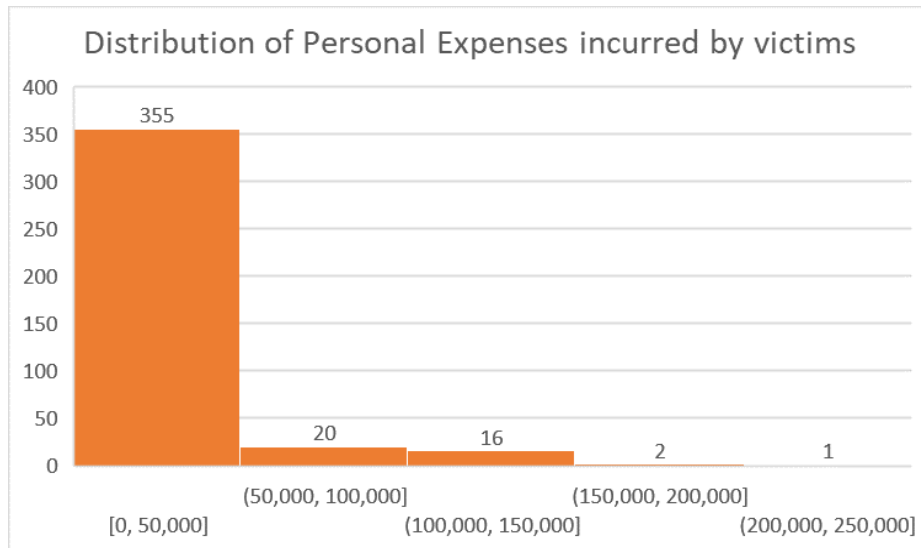


Figure 14: Distribution of Personal Expenses incurred by Victims

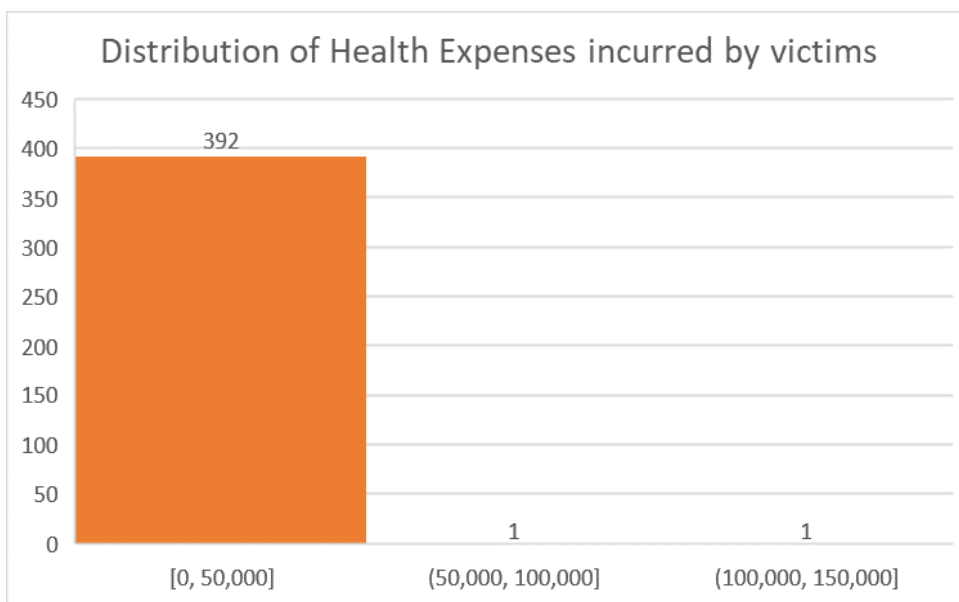


Figure 15: Distribution of Health Expenses incurred by Victims

392 victims spent between 0 and MUR 50,000 on medical expenses of which 251 participants did not pay for medical expenses either because they did not seek medical help or because they used public health facilities.



Figure 16: Distribution of Legal Expenses incurred by Victims

353 victims did not pay any legal expenses while only 2 spent more than MUR 200,000 on legal expenditure. It seems that victims do not have recourse to private legal services which might not be affordable to them or most of them do not report the matter for different reasons raised earlier in the focus group discussions like stigmatisation, fear of retaliation or the lack of certainty that reporting will result in a positive outcome. From the survey less than 30 respondents claimed that they reported the matter to the police.

4.2.2 Indirect Costs

From an economic standpoint, it is important to consider indirect costs linked to gender-based violence. Indirect costs include losses in economic activities that lead to lower levels of GDP. GDP refers to the market value of goods and services produced in an economy over a particular period of time. Loss of productive output from work has been estimated as per the number of days of work lost, which has been monetised based on the wage rate of the participant. The daily wage of each respondent was multiplied by the number of days the person could not work, to calculate the loss of economic output from employment. From a micro economic perspective, businesses lose out from absenteeism since the level of production decreases, at a macroeconomic level the national output equally suffers, albeit

to a greater extent depending on the multiplier effect. Even though the contribution in terms of the value of goods and services forgone for each productive day lost may be higher depending on the sector of the economy and nature of goods and services being produced, for operationalisation purposes it was deemed more practical to calculate the loss of productive output based on the wage rate of the victim.

The number of days the person could not work was based on either the number of sick leaves the person took, or the number of days the person was hospitalised or the number of days the person reported to have been bedridden (the highest number of days mentioned by each participant was considered) and the corresponding loss in terms of the economic output produced in the economy has been estimated. The wage rate gives the value that the person can contribute to the economy. In instances, where the participants provided the number of hours they worked per day, and did not indicate their wage rate, the minimum wage was used as a baseline. As per the National Minimum Wage (Amendment) Regulations 2022, national minimum wage was MUR10575 (MUR66 per hour).

It should be highlighted that where victims were on paid sick leave, the output losses have been borne by their employer whether in the public or the private sector, since income was paid although no output was produced. However, the economic burden in respect of paid sick leave has not been probed into given that only few respondents provided information in respect of the number of sick leave taken.

Although household chores and unpaid work is not included in the computation of GDP since they have no market value, the study seeks to estimate the loss in unpaid output like reduced household activities, due to GBV. Loss of productive output from the day-to-day household activities of the victim were captured based on the number of hours that the respondent could not devote to household activities like production of food, childcare, housekeeping, and any other additional paid employment activities. The costs were computed either on the hourly wage rate of the participant when provided or estimated based on the minimum wage for 2022 which stood at MUR66 per hour. Time spent on doing household chores also represents an opportunity cost in terms of output which is foregone.

The indirect losses to the economy computed from the sample of 394 victims are reported in table 5.

Table 5: Indirect Loss of Output

	<i>Total</i>	<i>Average</i>
<i>Loss of output from work activities</i>	MUR490,365	MUR 1,245
<i>Loss of output from household activities</i>	MUR 107,395	MUR 273

Table 6: Full Coverage Projections

Cost Categories	Typical case	Full Coverage based on projected number of victims			
		25 percent	18 percent	15 percent	1 percent
	Survey Data				
Number of victims	394	159616	114923	95769	6385
Direct Cost	(MUR)	(MUR)	(MUR)	(MUR)	(MUR)
Personal costs	5,941,668	2407,061,697	1733,084,422	1444,237,018	96,288,198
Legal costs	809,350	327,880,216	236,073,755	196,728,129	13,115,989
Health costs	882,953	357,697,930	257,542,510	214,618,758	14,308,769
Indirect costs	597,760	242,161,831	174,356,518	145,297,098	9,687,050
Total costs	8,231,731	3,334,801,674	2,401,057,205	2,000,881,004	133,400,006
Projection is based on a total of 638,462 women as per census results of 2022					

Based on the survey data analysed, the average costs pertaining to the direct costs and indirect costs of GBV incurred per victim has been computed. Based on the methodology adopted by various studies as explained in Chapter One, a full coverage projection has been undertaken as shown in Table 6. The projection is based on the number of women in Mauritius, which amounts to 638, 462 as per latest census information. Since it is difficult to gauge the exact prevalence rate of GBV amongst women in Mauritian society, some projections have been undertaken. If 1% of women in Mauritius are affected by GBV, the overall direct and indirect costs would amount to MUR 133, 400, 006. According to the study of UNDP in 2017, 18.4% of women are victims of domestic violence. Based on a prevalence rate of 18% victims, our current research projects the total costs incurred at MUR 2.4 billion. If one in every four women is a victim, the projections would amount to MUR 3.3 billion. However, to gauge a more precise extent of prevalence a more in-depth survey in the form of a census may be more appropriate.

4.3 Assumptions and Limitations

A more comprehensive estimation of the total economic costs associated with GBV should take into consideration the unit costs incurred by the state to deal with gender-based violence across different services offered to victims ranging from medical facilities, legal and personal assistance. The computation of these costs is not possible within the scope and time frame of this study due to lack of specific data. Nevertheless, some of these costs have been discussed below for useful insights on future research and data collection.

Besides the expenditure incurred by victims, GBV has wide cost implications on the government budget. The Ministry of Gender Equality and Family Welfare allocated MUR 14.9 million to address GBV in the financial year 2021/2022. The MRIC has also secured funding amounting to MUR 13.8 under the National Resilience Fund to set up and manage the GBV Observatory. The National Social Inclusion Foundation has also approved funding for the execution of projects to address family protection including GBV.

From the survey, 51 victims reported that the injuries suffered from GBV resulted in partial incapacity and 5 of them reported permanent incapacity for which they were receiving invalidity pensions. Another element of cost borne by the state relates to the provision of invalidity pensions for which data has not been published. Incapacity also results in future loss in income and output due to reduced number of years of productive capacity with adverse implications for the economy.

Often, cases of deaths from gender-based violence are reported in the press or on social media platforms. While this data can be accessed, it is possible that the true reasons for deaths are not revealed for confidentiality purposes. Even if the number of deaths from GBV were known, due to unavailability of more specific data regarding these cases this aspect of cost has not been computed. It should be highlighted however that the cost of human life losses should be acknowledged as part of the estimated loss of income due to death from gender-based violence. If the number of people who lost their lives due to gender-based violence and their employment status are known, the loss of output from work could be calculated for a period of 12 months and added to the indirect costs of GBV.

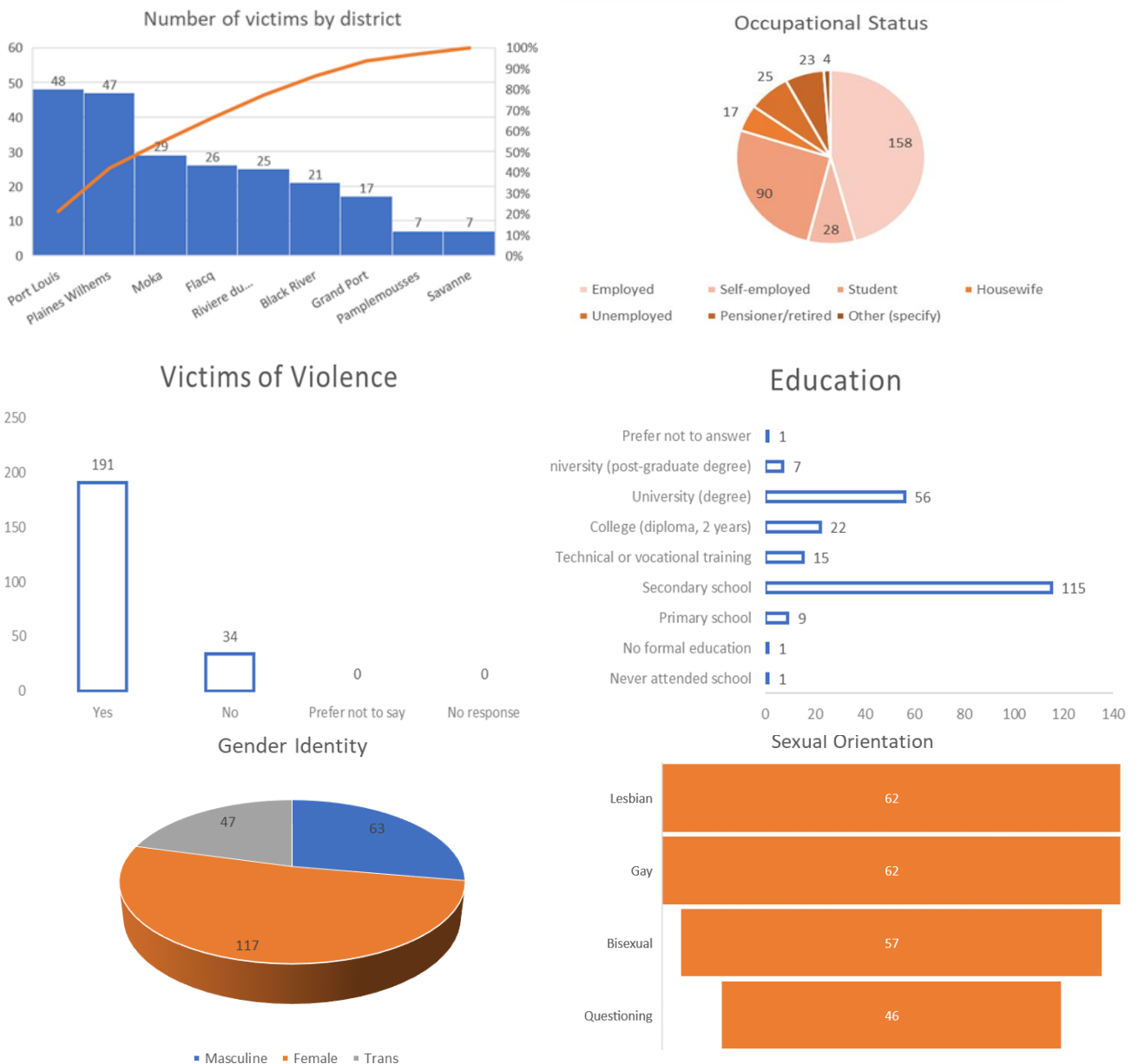
Since the survey is not targeted on abusers but victims, it provides no information on income and output losses incurred because of imprisonment. Besides, imprisonment of GBV abusers represents a cost to the state. Income loss due to imprisonment of abusers as well as the cost of their imprisonment to the state cannot be calculated with full accuracy given that the number of assaults that specifically pertain to cases of gender-based violence is not known. However, an approximation of these losses can be made based on the number of convicts admitted to prisons due to injurious acts of a sexual nature. This figure stood at 30 in 2021 (Statistics Mauritius 2021). It is known that an average amount of MUR800 was spent daily to maintain a detainee in 2021 as compared to MUR794 in 2020 (Statistics Mauritius 2021). GBV presents costs to an economy in terms of penitentiary expenditure to the government and loss of income due to imprisonment.

Chapter 5 Survey Findings - LGBTQI+ people and Women in the Community

This chapter deals with the analysis of 227 questionnaires where the target population was the LGBTQI+ community, and 119 questionnaires from a random survey of women in general. Sections 5.1 and 5.2 summarise the results of the survey.

5.1 LGBTQI+ people and GBV

Figure 17: Demographics



As shown in Figure 17, the percentage of respondents residing in the Port Louis region was 21%, Plaines Wilhems (20.7%), Moka (12.8%), Flacq (11.5%), Riviere du Rempart (11%), Black River (9.25%), Grand Port (7.5%), Pamplemousses (3.1%) and Savanne (3.1%). 69.6% of the respondents were employed followed by 39.6% who were students (Figure 18). Most of the respondents were educated at secondary school level (50.7%) whilst 24.7% were University Degree holders. The figures recorded for gender identity are as follows: 51.5% female, 27.8% male and 20.7% transgender. The figures recorded for sexual orientation are as follows: 27.3% lesbian, 27.3% gay, 25.1% bisexual and 20.3% questioning.

GBV and LGBTQI+ has long been discussed and it has been found that LGBTQI+ individuals are victims of GBV. Out of 227 respondents, 191 (84.1%) reported to have been victims of GBV (Figure 17) and 103 respondents acknowledged that they were victims of GBV in the past 12 months. 27.2% reported that they have been frequently abused, 16.5% has been abused once, 15.3% has been abused twice, 13.6% has been abused thrice and 18.4% has been abused at least 4 times over the past 12 months (Figure 18).

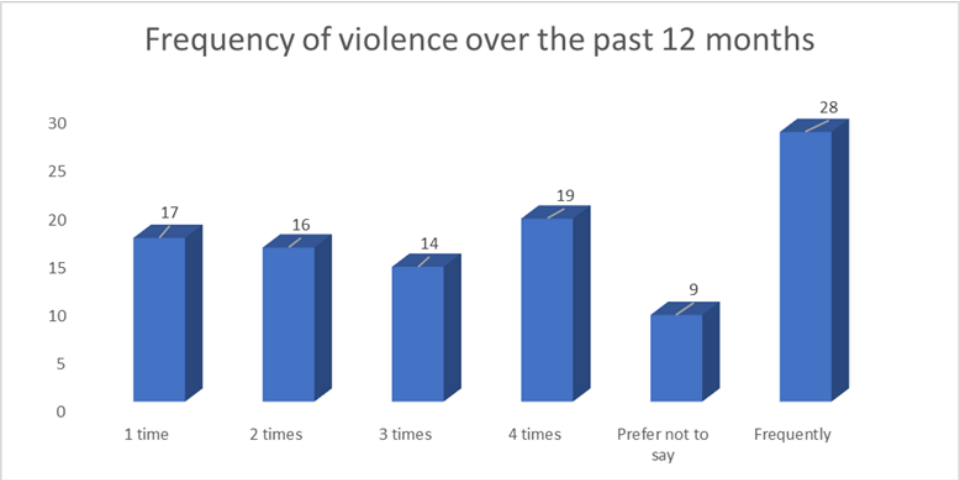


Figure 18: Frequency of violence over the past 12 months

5.1.1 Controlling Behaviour and Emotional Abuse

Figure 19 and 20 revealed that most of the LGBTQI+ respondents experience controlling behaviours and emotional abuse from their partners. This demonstrates that controlling behaviour and emotional abuse is not limited to traditional couples (man and woman). Controlling behaviours and emotional abuse are signs of GBV experienced by LGBTQI+ individuals in their relationships.

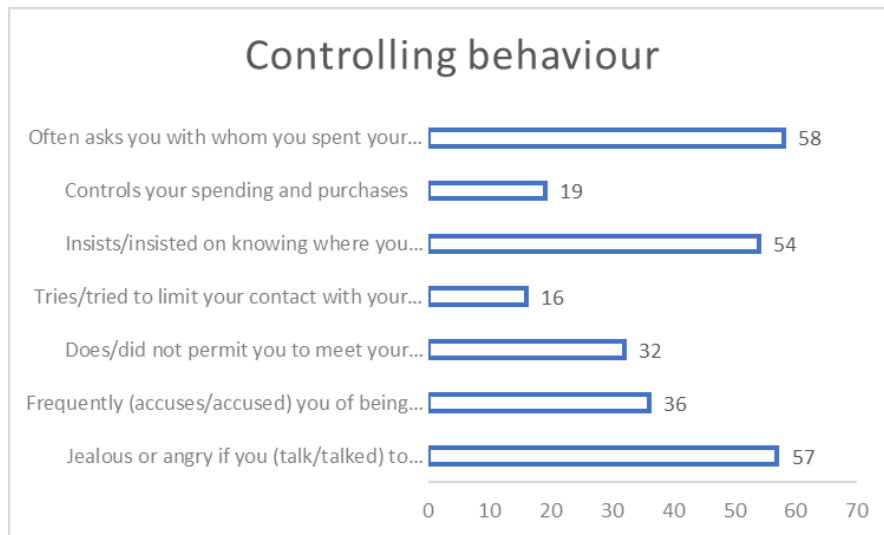


Figure 19: Controlling Behaviour

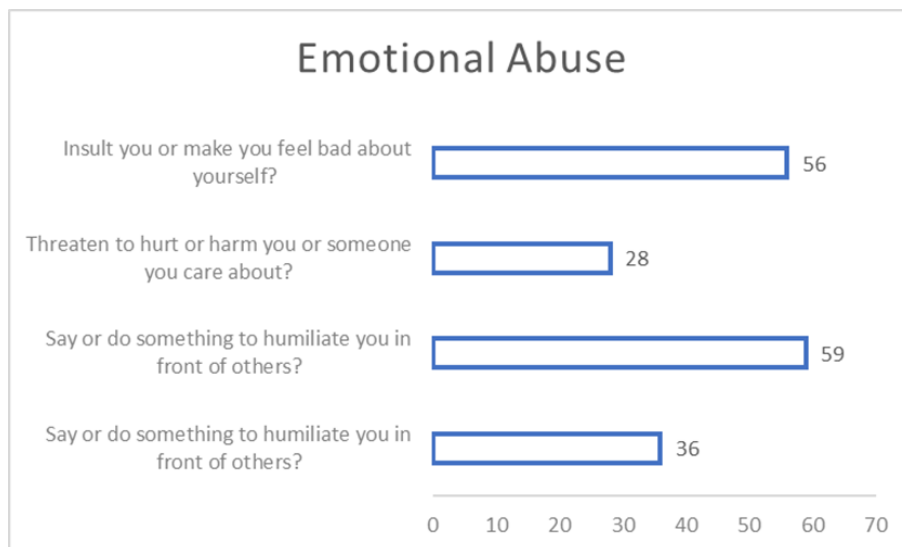


Figure 20: Emotional Abuse

5.1.2 Types of Violence experienced by LGBTQI+ people

Figure 21 revealed that the most prevalent form of GBV among LGBTQI+ community is verbal, emotional, and psychological violence (184 respondents) followed by physical violence (102 respondents) and sexual violence (37 respondents). 17 respondents reported to have been economically abused.

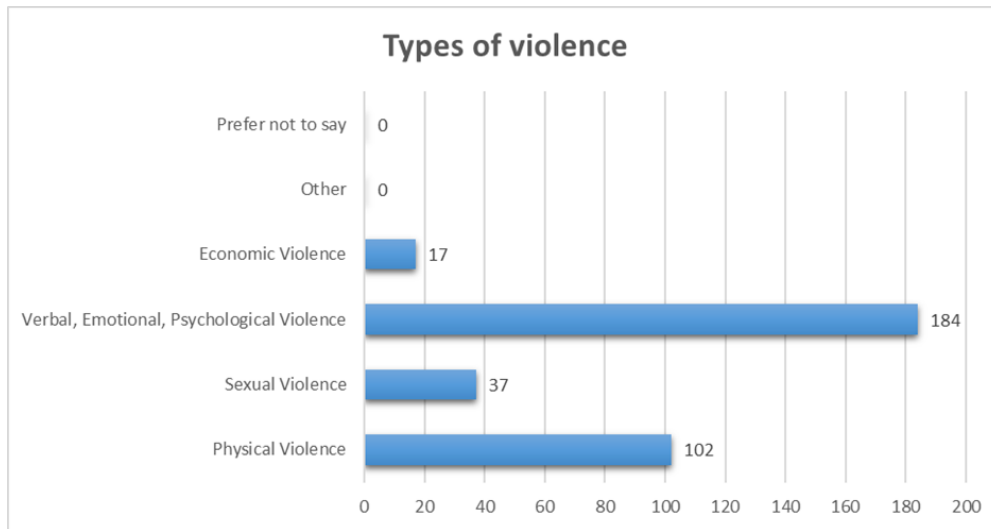


Figure 21: Types of Violence

5.1.3 Prevalence of GBV in the Workplace

Figure 22 reports that the most prevalent forms of GBV faced by the LGBTQI+ community in the workplace is verbal, emotional, and psychological violence (33 respondents). The majority of the respondents have not faced GBV in the workplace.

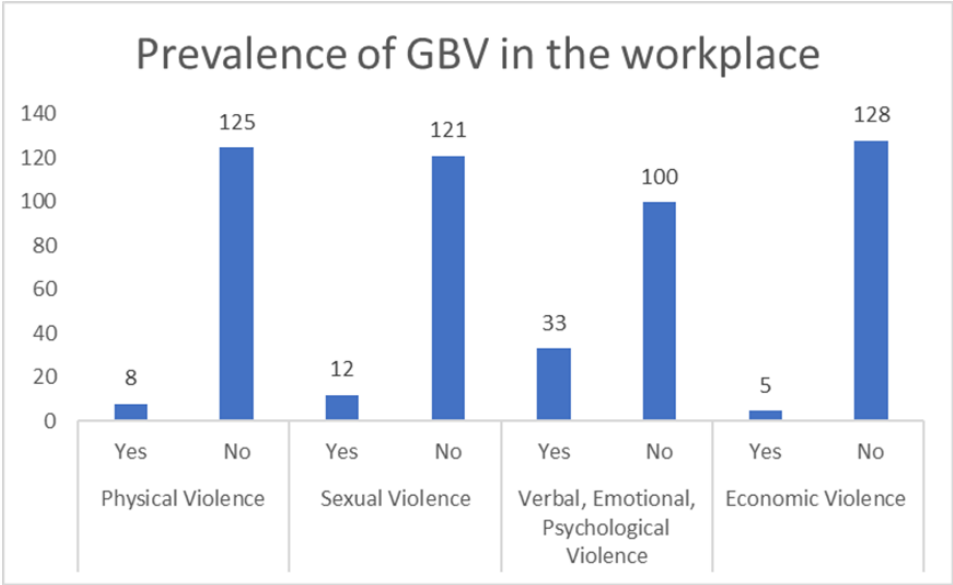


Figure 22: Prevalence of GBV in the workplace

5.1.4 GBV and its Consequences

Table 7 demonstrates that 36 respondents were bedridden after being faced with GBV. 41.7% reported that they have been bedridden for more than a week which is quite impactful on their personal lives, workplace, and the country as a whole. 75 respondents agreed to have taken sick leaves as a matter of GBV. 37.3% took around 3 days of sick leaves, 18.7% took more than 1 week, 17.3% took around 2 days of sick leaves (Figure 23).

Table 7: Bedridden days

Number of bedridden days	Number of victims
1 day	1
2 days	4
3 days	6
4 days	3
5 days	1
6 days	1
7 days	4
More than 1 week	15
More than 2 weeks	1

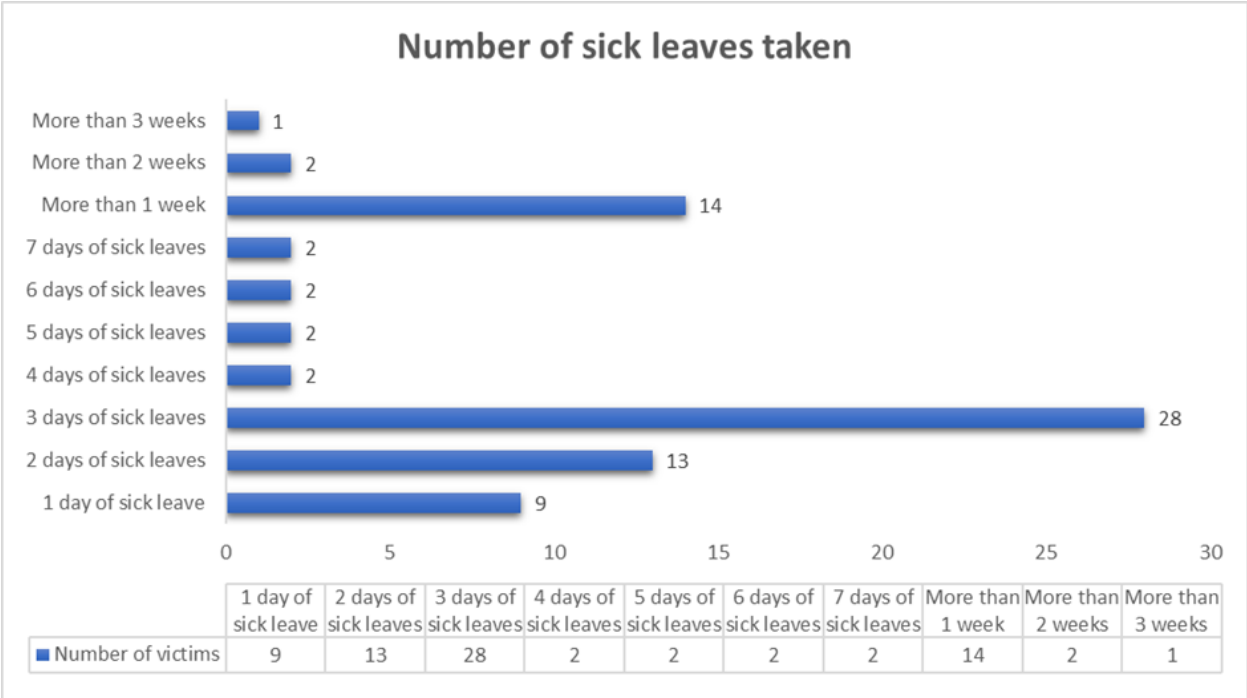


Figure 23: Sick Leaves

5.1.5 Awareness and Effectiveness of the legislations

Awareness and effectiveness of the legal provisions in place play a key role in combating GBV. It is clear from Figure 24 below that most of the respondents did not have a deep awareness of the existing legislations to cater for GBV. The respondents more commonly share the view that legislations on GBV are moderately effective (Figure 25).

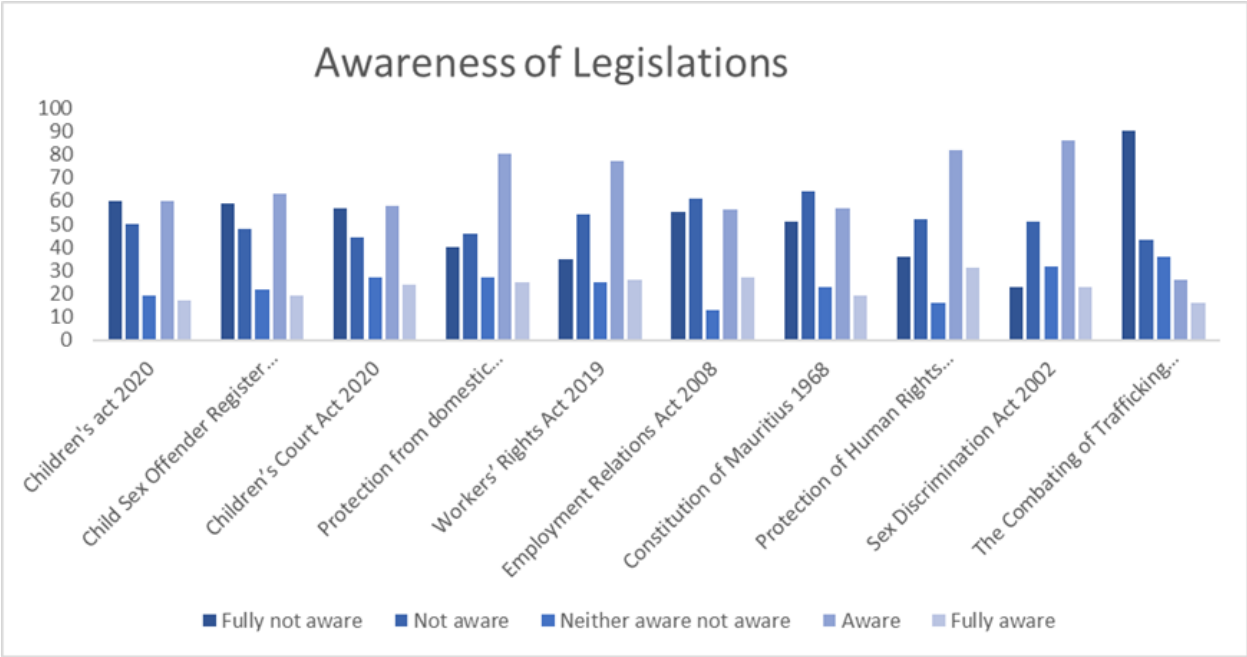


Figure 24: Awareness of Legislations

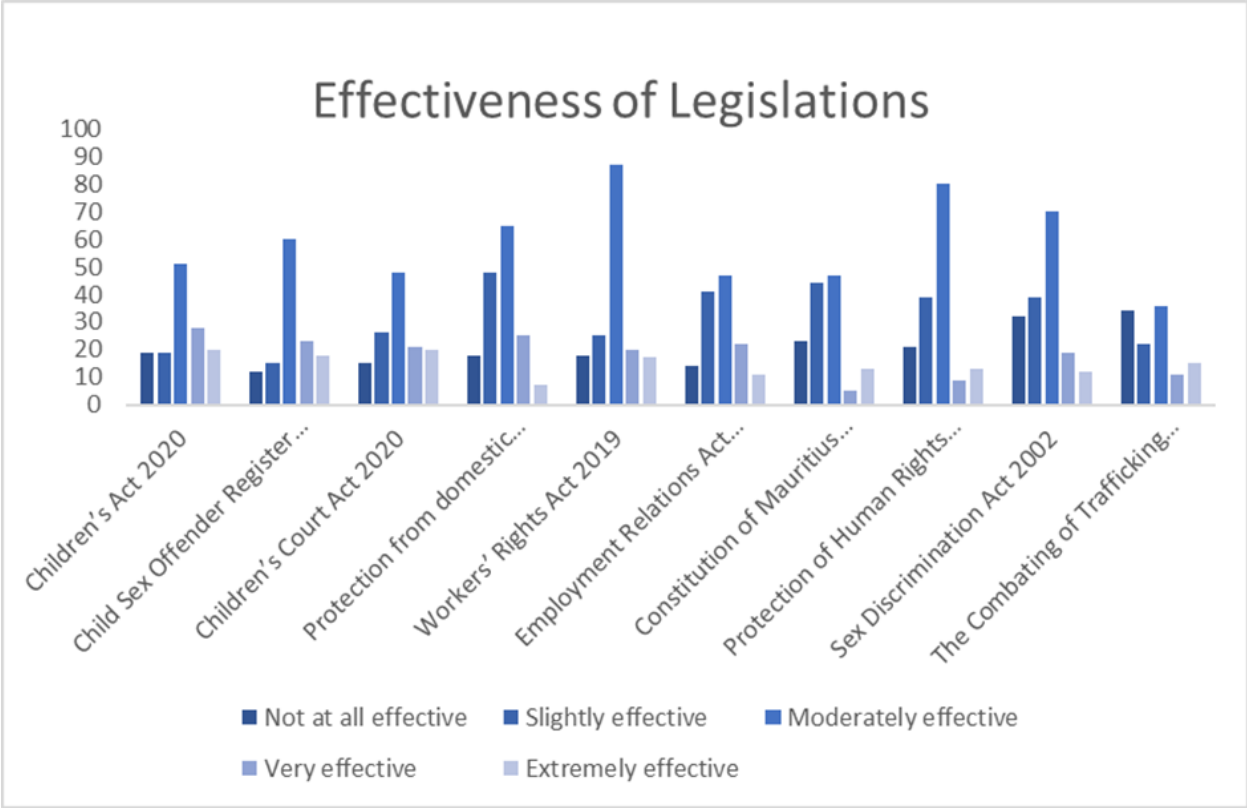


Figure 25: Effectiveness of Legislations

Based on data gathered on the LGBTQI+ people, the relevant direct and indirect costs of GBV was estimated. The figures as shown in table 8 reflect that the total direct and indirect costs amount to MUR 6,261,898 based on a sample of 227 respondents.

Table 8: Direct and Indirect Cost Incurred by LGBTQI+ people

Direct Costs - Expenses incurred by LGBTQI+ people		
	MUR	MUR
Personal Expenses	5,036,050	
Medical Expenses	400,200	
Legal Expenses	496,000	5,932,250
Indirect Costs - Loss of income and output for LGBTQI+ people		
Loss of income from work	299,080	
Loss of output from household activities	30,568	329,648
Total Direct and Indirect Costs (227 survey responses)		6,261,898
Average Direct Costs	26,133	
Average Indirect Costs	1,452	
Average Costs (Based on 227 survey responses)		27,585

5.1.6 Summary of the Findings on LGBTQI+ people

This study revealed that LGBTQI+ individuals are faced with GBV. The most common form of GBV is verbal, emotional, and psychological abuse. This situation can be related to women as well. It can be concluded that people living as a couple, no matter their sexual orientation, are faced with GBV. Controlling behaviours and emotional abuse are also present in their relationships.

5.2 Women in the Community and GBV

This section of the study deals with the analysis of the 119 questionnaires obtained from the random sample. Some descriptive statistics have been conducted to assess the similarity or divergence that might exist between the data collected from the victims of GBV, LGBTQI+ community and the women population in general.

5.2.1 Descriptive Statistics

5.2.1.1 Demographic Profile

Figure 26 demonstrates the demographics information regarding the 119 participants for the random survey. 22.7% resided in Port Louis, 20.2% resided in the Plaines Wilhems, 19.3% in Moka, 15.1% in Flacq, 8.4% in Riviere du Rempart, 5.9% in Grand Port, 3.4% in Pamplemousses and Black River respectively and 1.7% in Savanne. Most of the participants were educated at secondary school level (26.9%), 21.8% were University degree holders, 11.8% were Diploma holders, 11% were University Post Graduate degree holders, technical or vocational training and primary school level respectively. 4.2% had no formal education and 2.5% preferred not to disclose. The majority of the respondents were employed (55.5%).

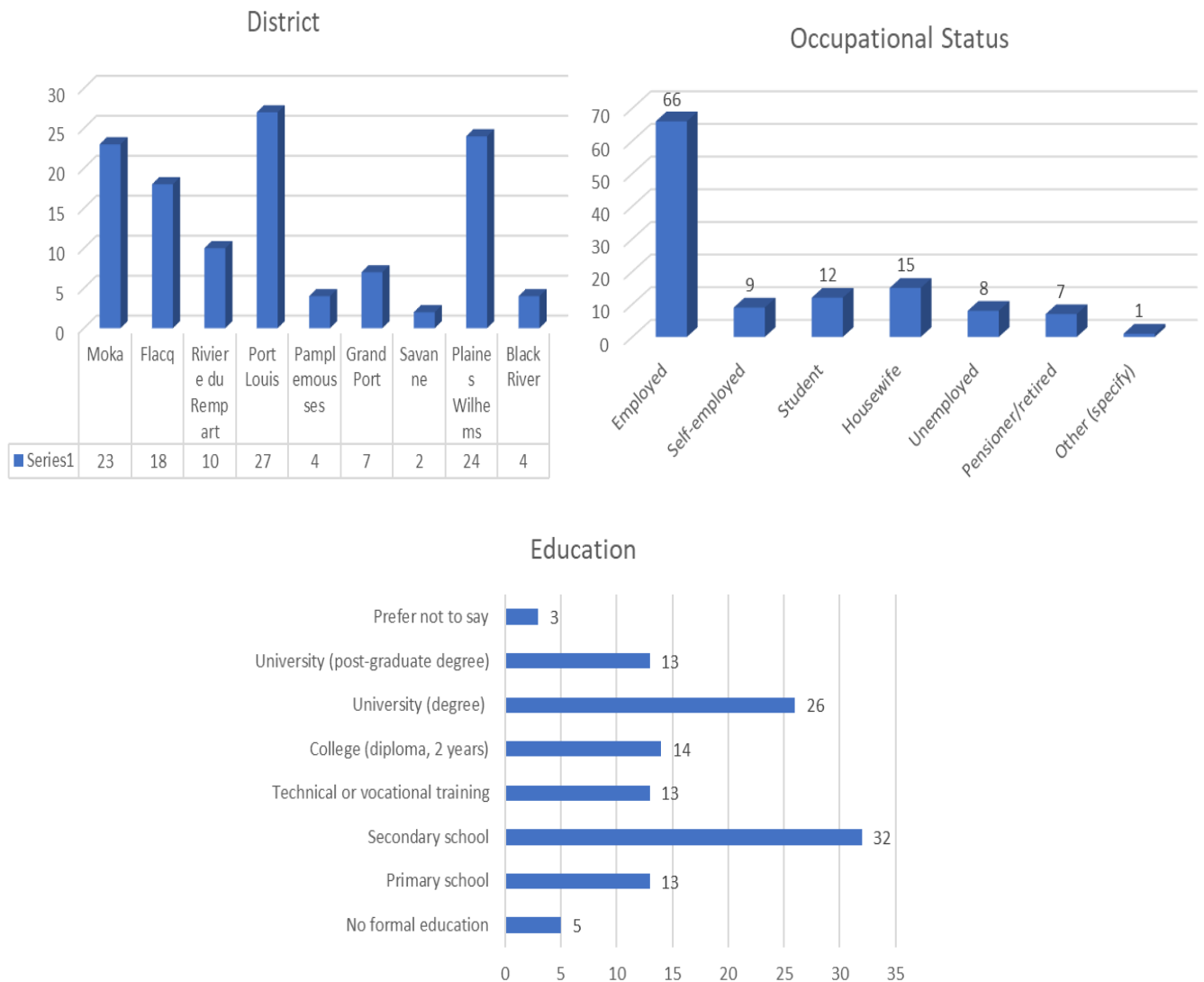


Figure 26: Demographics

5.2.1.2 Controlling behaviour and Emotional Abuse

Out of respondents who faced emotional abuse, the majority reported having been humiliated and insulted by their partner. The latter prevents them from talking with other persons, keeping track of their whereabouts and the persons with whom they interact.

Figure 27: Controlling Behaviour

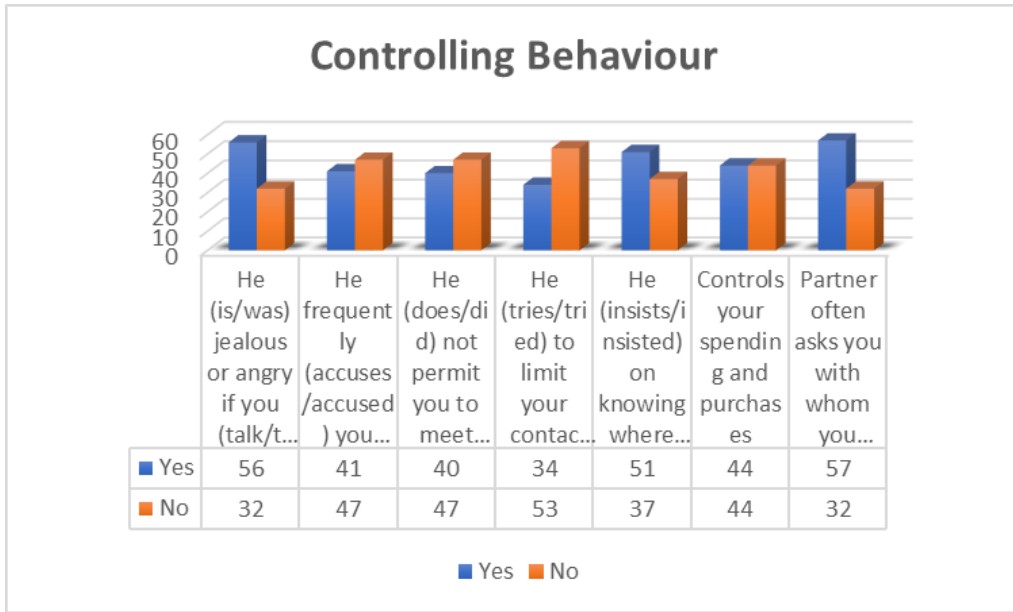
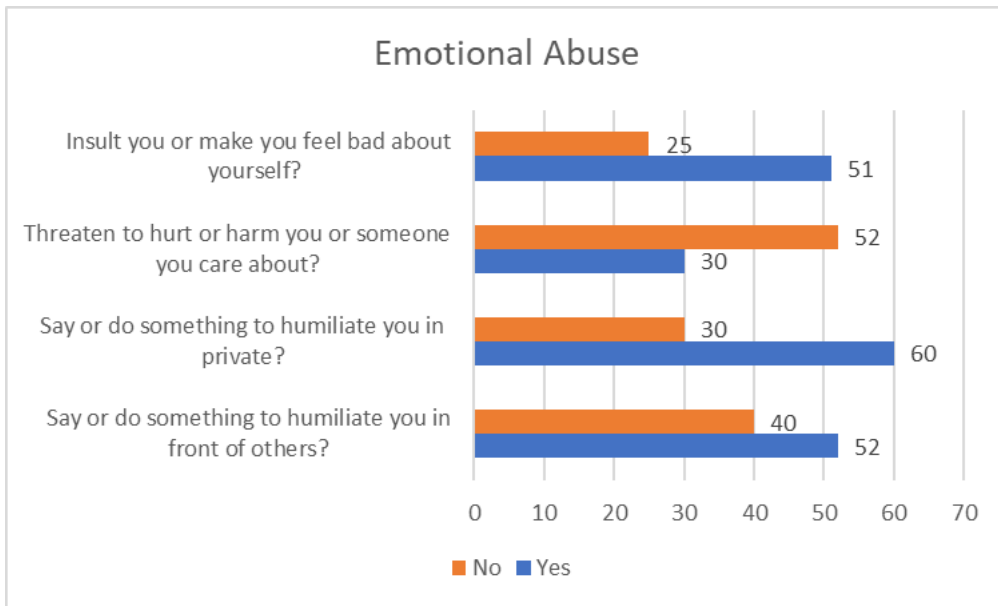


Figure 28: Emotional Abuse



5.2.1.3 Experience and Prevalence of the types of violence

The findings revealed that 49% of the respondents have faced violence during the past 12 months (Figure 29). Verbal, emotional, and psychological abuse was the most common form of violence that the respondents faced (57%), followed by physical (26%) and economic abuse (24%) (Figure 30).

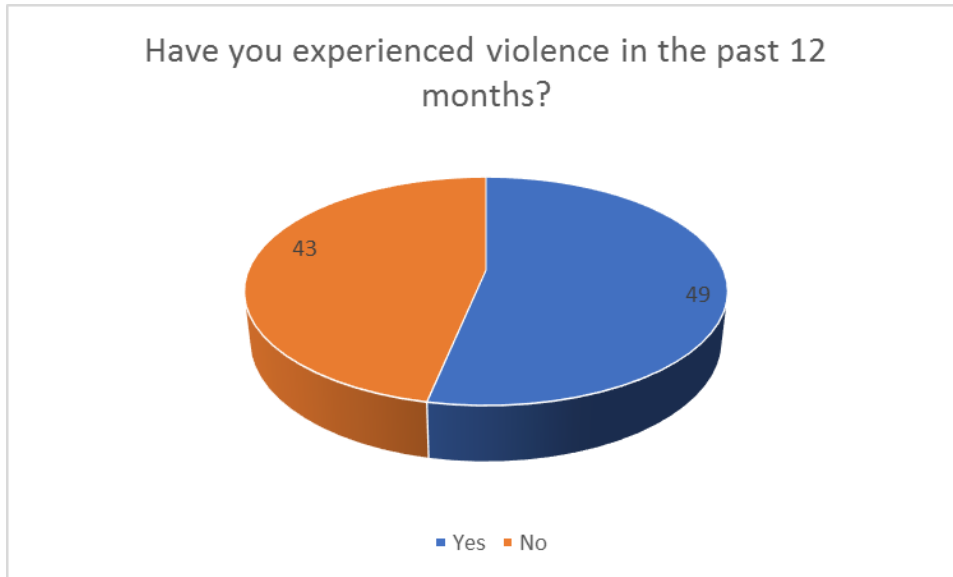


Figure 29: Experience of violence

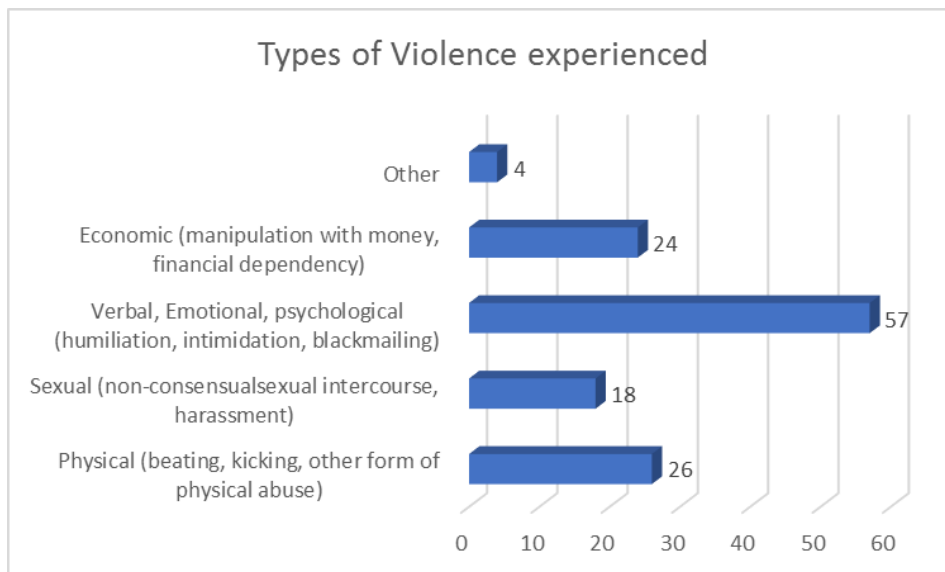


Figure 30: Experience of violence

5.2.1.4 Frequency of violence

12% of the respondents reported having experienced violence at least 5 times over the past 12 months as opposed to 15% and 10% of them who faced it at least 2 and 3 times respectively (Figure 31).

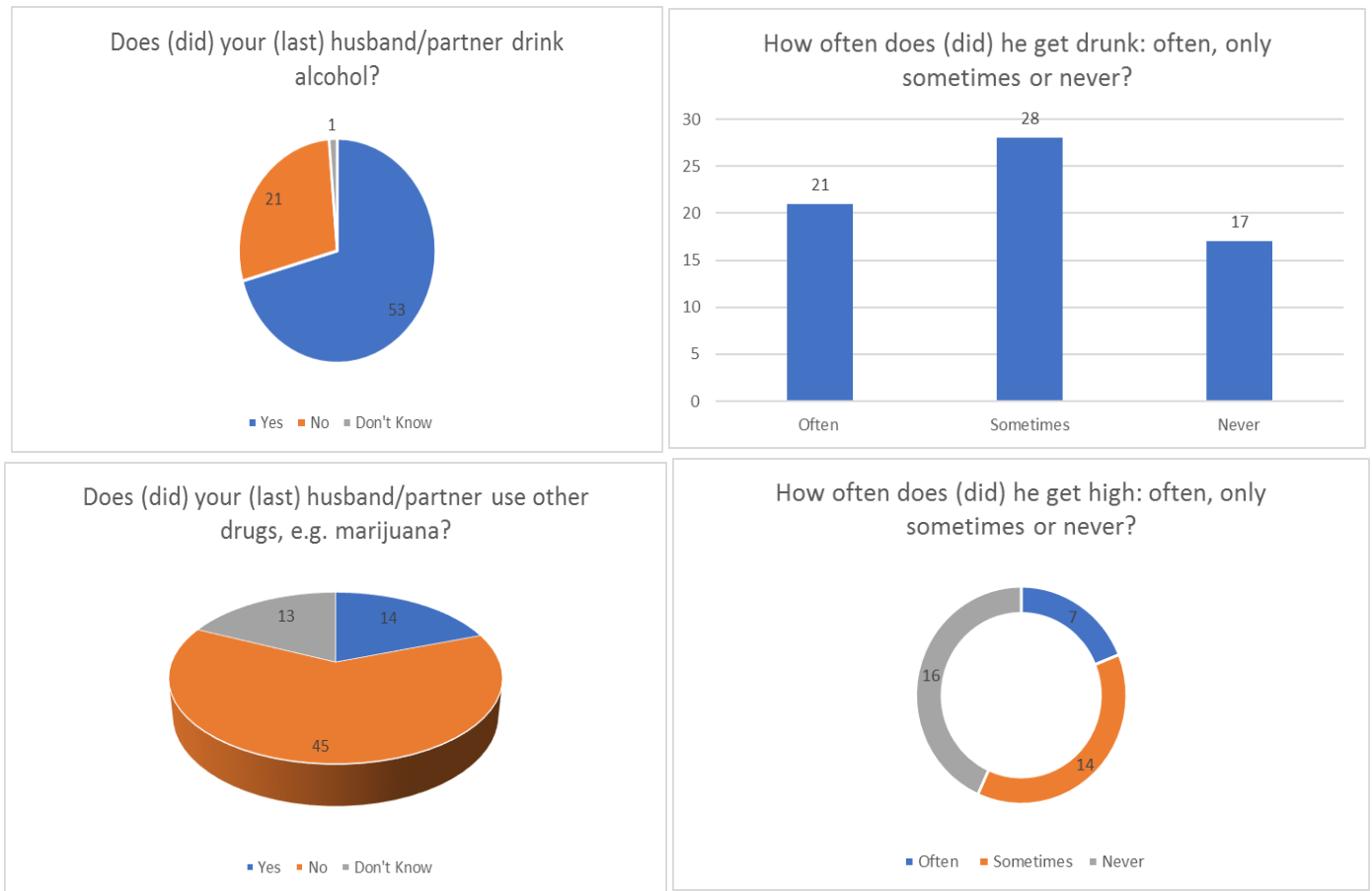


Figure 31: Frequency of violence

5.2.1.5 Alcohol Consumption and Drug Abuse

53% of the respondents reported that their partner consumed alcohol and out of this number, 28% and 21% indicated that they were drunk sometimes and often respectively. 14% of the participants revealed that their partners have made use of drugs and 7% and 14% would often and sometimes get high (Figure 32).

Figure 32: Alcohol Consumption and Drug Abuse



5.2.1.6 Reliance on Assistance

The major form of assistance that the respondents sought was from friends or relatives (43%) (Figure 33). The rest sought help from the police (19%), religious organisations (17%) and medical institutions (14%) (Figure 34).

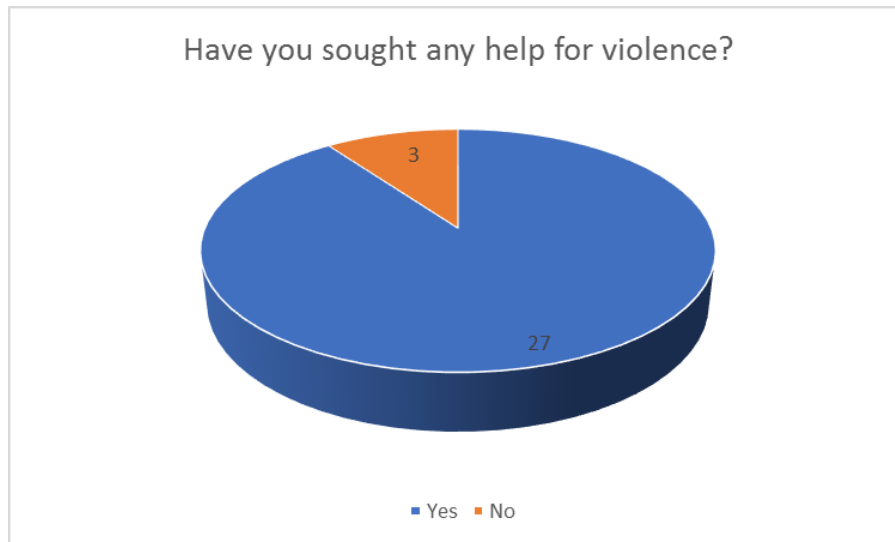


Figure 33: Sought help when faced with violence



Figure 34: Types of help sought

It has been noted that women who do not report to the police were too ashamed of the act, did not want to involve the police, are afraid of their partners, the social, family pressure and because they have children.

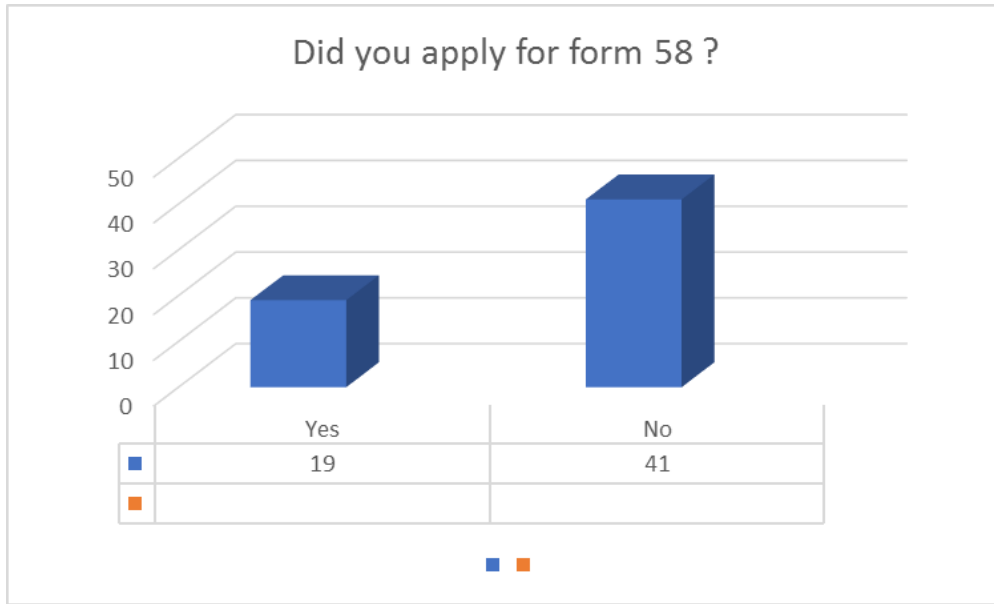


Figure 35: Form 58

Most of the women were faced with mental disorders (47.2%), followed by 24.1% who suffered from minor bodily injuries, 18.5% experienced bodily injuries of medium gravity, 7.4% revealed experiencing other health disorders and 2.8% reported grievous bodily injuries.

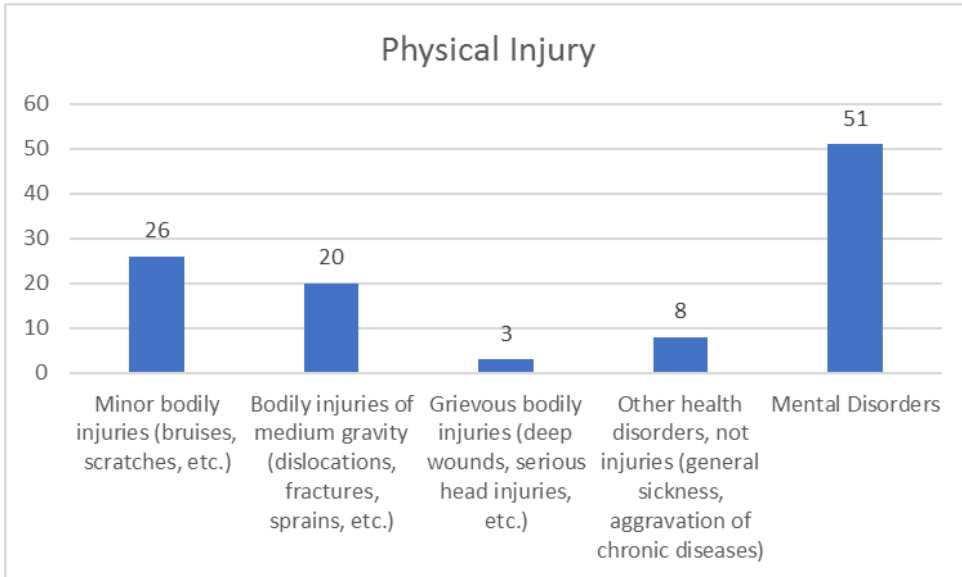


Figure 36: Physical Injury

Chapter 6 Multiple Regression Analysis using Smart PLS-SEM

The focus groups discussions undertaken in the first phase of the study as well as the descriptive statistics delineated some key aspects of the study in terms of the order in which legislation, prevalence of GBV and the economic costs pertaining to GBV interact, influence, and relate to each other. The study of the pathways helps to further understand how GBV impacts the economy. Based on the study of 394 victims of GBV, a structural equation model using PLS was used to analyse these structural relationships through multiple regression analyses. The first step at building such a pathway model was to estimate each of the factors that formed the constructs of the model as shown in Appendix 2. This followed by the validation of the measurement model through confirmatory factor analysis where an examination of the reliability and validity tests of the proposed model was undertaken. The second stage of the analysis entailed an evaluation of the structural equation model.

The constructs of the model were based on several questions derived from the questionnaire and the estimation of costs for the 394 victims surveyed. The first construct Awareness of legislation was based on ordinal Likert rankings whereby 1 = Fully not aware; 2 = Not aware; 3 = Neither aware nor not aware; 4 = Aware; 5= Fully aware. The construct effectiveness of legislation was quoted using the following: 1 = Not at all effective; 2= Slightly Effective; 3= Moderately effective; 4= Very Effective. and 5= Extremely Effective. Prevalence was constructed based on whether victims suffered from verbal, physical, economic, and sexual violence as well as the number of times the victim had suffered from violence over the past 12 months. Controlling behaviour was gauged by the victims' responses to questions on whether their partner was jealous, accused them of being unfaithful, did not allow them to meet their female/male friends as well as family and insisted on always knowing the victims whereabouts. Emotional Abuse was constructed based on the participants' response to whether their partner humiliated them, threatened to hurt, or harm them or insulted them. The responses for the last two constructs were recorded such that 1 indicated yes and 0 indicated No. Educational Loss pertained to hours lost from

school activities including the number of hours lost for not being able to attend classes, not being able to do homework and school physical educational activities.

Results of the Confirmatory Factor Analysis as part of the measurement model are depicted in Table 9.1.

Table 9.1: Confirmatory Factor Analysis

	Cronbach's alpha	Composite reliability (rho_a)	Composite reliability (rho_c)	Average variance extracted (AVE)
Awareness	0.913	0.932	0.931	0.632
Controlling Behaviour	0.801	0.913	0.874	0.628
Educational Loss	0.910	0.913	0.944	0.849
Effectiveness	0.942	0.951	0.952	0.716
Emotional Abuse	0.906	0.917	0.941	0.842

The results show evidence of reliability and validity of the reflective constructs presented in the model. The Cronbach alpha for the constructs were all above the minimum recommended cut off level of 0.7 (Nunally and Bernstein, 1994).

The Second stage of the Structural Equation Modelling was the estimation of the proposed multiple regressions analyses which was undertaken using Bootstrapping in SmartPLS 4. The model was as follows:

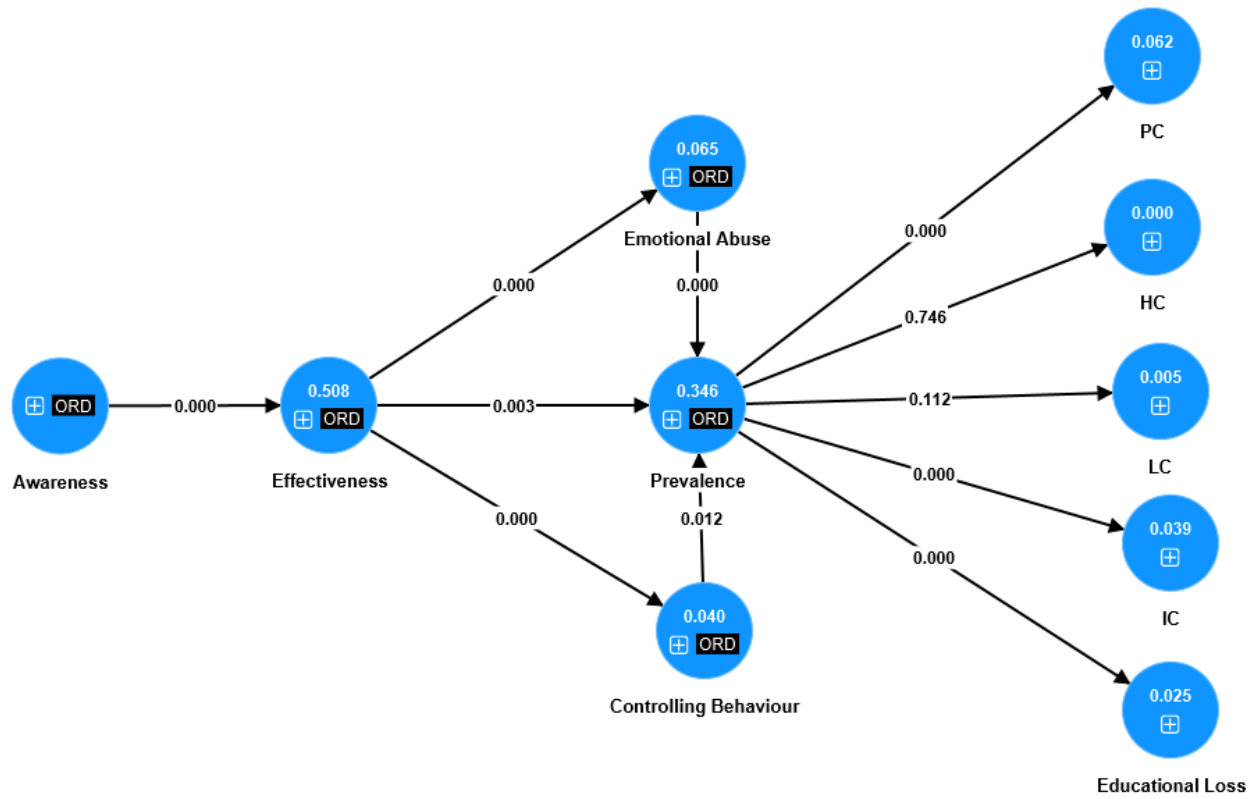


Figure 37: The Tested Multidimensional Framework

Table 9.2 Structural relations and path significance

	Original sample (O)	Standard deviation (STDEV)	T statistics (O/STDEV)	P values
Awareness -> Effectiveness	0.713	0.025	29.058	0.000
Controlling Behaviour -> Prevalence	0.210	0.084	2.516	0.012
Effectiveness -> Controlling Behaviour	-0.200	0.050	3.999	0.000
Effectiveness -> Emotional Abuse	-0.256	0.048	5.337	0.000
Effectiveness -> Prevalence	-0.172	0.058	2.939	0.003
Emotional Abuse -> Prevalence	0.337	0.083	4.067	0.000
Prevalence -> Educational Loss	0.159	0.034	4.655	0.000
Prevalence -> HC	0.020	0.061	0.324	0.746
Prevalence -> IC	0.197	0.045	4.397	0.000
Prevalence -> LC	0.069	0.043	1.592	0.112
Prevalence -> PC	0.248	0.040	6.219	0.000

Note: HC: Health Cost, IC: Indirect Cost, LC: Legal Cost, PC: Personal Cost

6.1 Analysis of the Hypotheses

6.1.1 Prevalence of GBV

Controlling Behaviours and Prevalence of GBV

Prevalence of GBV has long been discussed and reported across various countries (Enaifoghe et al., 2021; Dangal et al., 2022), including Mauritius (Beebeejaun, Appadoo and Mahadew, 2022). Given its complex nature and lack of a proper definition encompassing all the diverse forms of GBV, for an adequate and accurate comprehension of the prevalence of GBV, the prevalence of GBV is being understood and explained by three different aspects:

- (i) physical, sexual, verbal, emotional, psychological and economic abuse
- (ii) controlling behaviours of partners
- (iii) emotional abuse experienced by the victims for this research.

A positive relationship has been reported between controlling behaviour and prevalence of GBV ($\beta=0.210$, T-value= 2.516, p-value= 0.012). The more the partners exhibit controlling behaviours like jealousy, frequent accusation of disloyalty, and limit their partners movement, the more frequent is the prevalence of GBV between the couples. It has to be acknowledged that Mauritius is much of a patriarchal society where acceptance of dominance and decision-making lies with males. Some females might think that it is normal for their partners to show controlling behaviours, however in the short or long term these behaviours appear to result in the practice of GBV (physical, sexual, verbal, emotional, psychological, and economic abuse) against women. As a consequence, children and teenagers also might fall in the web of GBV.

Emotional Abuse and Prevalence of GBV

A positive relationship has been noted between emotional abuse and GBV ($\beta= 0.337$, T-value= 4.067, p-value= 0.000) a similar finding to studies like Chime, Nduagubam and Orji

(2022). When emotional abuse increases it has a direct positive impact on prevalence of GBV. Women in Mauritius are thus being abused emotionally because of the continuous suppression, oppression, and dominance that they faced. Public or private humiliation or insults can be said to be a normal activity which is accepted and tolerated by women in Mauritian society. Again, this paints the submissive nature of women and the patriarchal society where men are allowed to verbally, physically, sexually, and economically abuse their partners.

Prevalence of GBV and Educational loss

A positive relationship has been reported between prevalence of GBV and Educational loss ($\beta = 0.159$, T-value= 4.655, p-value= 0.000) which is in line with the study of Udigwe *et al.* (2021). Indeed, children and teenagers being exposed to and/or experiencing frequent diverse forms of GBV has a great impact on their education. They are frequently absent from school, not being able to do homework and other related school activities. This educational loss has an impact on the students and also on their overall development as a citizen. The educational loss might also result in them not being able to complete their schooling and they might be prone to other illicit activities. Educational loss has a huge impact on the overall functioning of the society.

6.1.2 Legislation and GBV Prevalence

Awareness of legislation and Effectiveness of legislation

A positive relationship was found between awareness of legislation and effectiveness of legislation ($\beta = 0.713$, T-value= 29.058, p-value= 0.000). Awareness of legislation on GBV is a crucial factor that can contribute to the effectiveness of these laws. The legislation aimed at preventing and responding to GBV would thus only be effective if they are widely known and understood by the public, including potential victims and perpetrators. It is only when individuals, communities, and institutions are aware of the laws and policies that protect and promote gender equality, that they are more likely to recognise and address cases of gender-based violence, seek support, and hold perpetrators liable for their actions.

Effectiveness of the legislation and Prevalence

The data demonstrated a negative relationship between effectiveness and prevalence of GBV ($\beta = -0.172$, T-value= 2.939, p-value= 0.003). The effectiveness of legislation can have a significant impact on the prevalence of GBV. If the laws are well drafted, comprehensive, and effectively enforced, they assist in the establishment of a legal framework that protects the rights of women and girls and ensures that perpetrators are prosecuted for their actions. This can help to deter potential offenders, promote gender equality, and ultimately reduce the incidence and prevalence of GBV. In contrast, weak or ineffective laws can contribute to a climate of impunity for perpetrators, which can perpetuate and even exacerbate GBV. This could also lead to a culture of silence and tolerance of GBV, making it more difficult for victims to come forward and seek help.

Effectiveness of legislation on Controlling Behaviour

The results of the analysis show that there is a negative significant relationship between effectiveness of legislation in place and Controlling Behaviour of the partners ($\beta = -0.200$, T-value= 3.999, p-value= 0.000). Thus, when the legal framework is working and effective, the perpetrators refrain from controlling behaviours. The effectiveness of the legislation acts as a deterrent and helps in preventing controlling behaviour.

Effectiveness of legislation on Emotional Abuse

The model also shows an inverse relationship between effectiveness of legislation and emotional abuse ($\beta = -0.256$, T-value= 5.337, p-value= 0.000). When the legal machinery is working and effective, there is less emotional abuse. The perpetrators are aware of the repercussions of engaging in emotional violence against women and therefore, are more likely to abstain from such behaviours. As a result, women are less insulted, humiliated or threatened. The effectiveness of the laws helps protect women from emotional abuse.

6.1.3 GBV Prevalence and Economic Costs

- The results demonstrate that the relationship between GBV prevalence and the health costs borne by victims is positive and not significant ($\beta = 0.020$, T-value = 0.324, p-value = 0.746). This is explained by the fact that when there is a high prevalence of GBV, the related health costs are borne by the state rather than by the victims. The greater the number of victims experiencing physical, sexual, emotional, or economic violence and the more frequent these acts of violence, the greater the extent of physical injuries or mental damage caused. This in turn leads victims to have recourse to public health care facilities rather than private health care since the latter might not be affordable.
- The relationship between GBV Prevalence and Legal Costs is positive but not significant ($\beta = 0.069$, T-value = 1.592, p-value = 0.112). In a similar vein, where GBV Prevalence is high, victims prefer to have recourse to public legal services rather than private services, which they find very costly. This reconciles with some of the arguments raised during the focus group discussions where some members spoke about the prohibitive costs of legal services. The results could also be due to underreporting, whereby victims do not seek legal assistance due to fear of social stigmatisation.
- There is a positive and significant relationship between GBV Prevalence and Personal Costs ($\beta = 0.248$, T-value = 6.219, p-value = 0.000). As highlighted earlier in the discussions, Personal Costs amount to a higher percentage of total economic costs borne by victims of GBV. While victims can resort to public health and legal services, they need to bear personal costs insofar as transport costs, damage to property and change of residence amongst other personal expenses. The higher the prevalence of GBV the greater the personal costs incurred by victims.
- There is a positive and significant relationship between GBV Prevalence and Indirect Costs ($\beta = 0.197$, T-value = 4.397, p-value = 0.000). The higher the number

of victims of GBV and the more frequent these acts of violence, the greater the loss of income and other productive output. This is explained by the effect of GBV on absenteeism, hospitalisation, inability to perform household chores and other unpaid tasks and time lost in addressing legal and other matters.

Chapter 7 Discussions & Recommendations

The underlying causes of GBV in Mauritius are complex and multi-layered since several factors contribute to the problem. These factors include societal norms and beliefs that perpetuate gender inequality and discrimination, poverty, limited educational opportunities, unemployment, and lack of victims' access to support and resources, amongst others. The 2018 study entitled "Sociological Profiling of Perpetrators of Domestic Violence" revealed several risk factors to domestic violence in Mauritius including alcohol and substance abuse, unemployment, lengthy work hours, gender inequality in the house, and victims' high educational achievement (Koodoruth and Sultan, 2018). For this reason, there is a need for a fully integrated approach to address GBV that not only tackles deeply rooted gender inequalities but also operates to empower and recognise the diverse experience of women, children, teenagers and the LGBTQI+ community.

The studies undertaken in this report have revealed that prevalence of GBV has a consequential impact on the economic costs in terms of both direct costs and indirect costs. Victims suffer because they have to allocate their hard-earned money on medical treatments, legal help, and personal expenses like payment of rent for a separate dwelling and purchase of lost or damaged property. The costs though are further exacerbated since there are a multitude of opportunity costs that arise in terms of loss of hours that could have been spent on education, goods and services that are forgone due to victims' inability to attend employment as well as inability to perform their daily household chores. GBV thus has far reaching consequences on the Mauritian economy, where our labour force is the key driving engine of economic growth. Hence GBV should be curbed and reduced to the lowest possible level. Thus, the issue should be a matter of concern for each member of the Mauritian society, and not only the government or NGOs.

Based on the results of the studies conducted in this report, the following recommendations are being made:

- To facilitate policy decisions in combating GBV, the gaps in data collection should be addressed by all the stakeholders concerned. The proportion of the public health budget, and the share of police and law enforcement expenditures that go into dealing with victims of GBV and abusers are not known. The proportion of time that police officers, judges and other court officers spend on GBV cases is not computed, which implies that a robust apportionment of their salaries and other related costs to GBV is not possible. This gap in data availability can be addressed by future research with the administration of data collection templates to specific institutions to gather information on the unit cost of specialised services. A unique identifier to record cases of GBV is recommended. The database should record information on all the different aspects of GBV including the number of hours spent in police stations, healthcare facilities and the length and type of treatment administered, types of legal help the victim benefitted from as well as a follow up of what happens to the victim after the incidence of violence. The harmonised data will help all relevant stakeholders in taking appropriate measures to reduce GBV.
- Since GBV has a consequential impact on the economy of the country due to the dent it puts in the level of production both in paid and unpaid work activities. Prevention is better than cure. The results of the PLS model show that awareness of the legislation has a positive impact on the effectiveness of the laws and thus helps to curb prevalence. Hence more awareness programmes should be created to sensitise citizens on the different laws that protect them. Awareness could also stop the perpetrators from engaging in GBV. These awareness campaigns about the law should start from a very young age since the survey results show that many children are impacted by GBV, and they may not even be aware that they are being victims of GBV. Social workers could assume a key role in this by going to various institutions to create awareness of the legal framework in place.

- The Structural Equation Model also shows that controlling behaviour of partners and emotional abuse increases the prevalence rate. These two factors are perhaps the beginning of GBV which ultimately develops in more severe forms of GBV. There is a need to address these issues and educate everyone in society that these are not appropriate or normal behaviours. These types of behaviours often go unnoticed by victims due the patriarchal nature of society. The educational curriculum could further stress over the non-acceptance of such behaviours. Awareness should also be raised amongst members of the Mauritian society where religious organisations could take a more involved role in this campaign. Religious bodies have a critical role to play.
- Victims are constantly being supported through the setting up of shelters. Yet, there is a lot to be done in this area in terms of both the length over which the victims can remain in these shelters as well as the support services being provided to them in terms of empowerment to work and psychological support. In this endeavour, the government could take a more hands-on approach, since it has a duty of care towards its citizens. Likewise, companies could be more supportive towards their staff members who become victims in a confidential and respectful manner. Companies could help these staff members by providing/sponsoring psychological therapy and offer more flexibility in terms of hours of work.
- Setting up a shelter for perpetrators/abusers could discourage GBV. The perpetrators might be suffering from mental health issues; hence they should be taken away from the victims and treated for the mental disorders they are suffering from. Education, compulsory therapy, and regular counselling will help reduce the chances of reoffending.
- Both primary and secondary schools could be equipped with staff including holistic teachers specifically trained to provide support for different types of GBV affecting students. This could take the form of assistance to students to catch up on the learning time lost, and educational counselling to motivate students to perform well

in their studies. The dedicated support staff should undertake more activities at schools/colleges to identify children who are constantly witnessing or experiencing violence at home or other places. Furthermore, a study on dropouts due to GBV should be conducted to re-channel these students to other educational and professional pathways so that they are not marginalised.

- Police stations should be well equipped to cater for the needs of the victims of GBV. Police officers should be well trained to take charge of victims of violence. A separate room should be included in police stations to maintain the privacy of the victims and to better help them to explain/relate their victimisation. Male and female police officers together with a psychologist should attend to the victims. Victims should feel secure to relate their situation to the police.
- Citizens should participate more actively in the fight against GBV since they have a strong potential through their voice to discourage violence. To assist in this endeavour, socio-cultural organisations should use their proximity to their members to preach and sensitise them on the damaging repercussions of gender-based violence on the socio-economic progress of families and the country at large. The media has an equal role to play in this regard and there should be an aligned consensus between different providers to send a clear message to stop GBV. Radio stations and the written press should organise frequent interventions to educate individuals in Mauritian society to abstain from gender discriminatory behaviour and GBV.

Undoubtedly, the Constitution of Mauritius guarantees equality for all citizens and there are several laws that address discrimination as discussed earlier. The long-awaited Gender Equality Bill which is currently being drafted with the assistance of the European Union, is expected to uphold the obligations of Mauritius under the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the African Maputo Protocol (Government of Mauritius, 2019). At the time of the writing of this report, the Gender Equality Bill was yet to be released. Gender equality laws assist in preventing discrimination

and inequality based on gender and to secure equal and fair treatment of all citizens regardless of their gender. These legislations can promote the elimination of discriminatory practices and procedures that could otherwise undermine the rights of the citizens, particularly the vulnerable groups to interact and participate fully in various areas. The absence of the Gender Equality Act in Mauritius is a matter of concern for the country. This is because it could potentially limit the state's ability to effectively address and prevent GBV and discrimination, and to promote gender equality. For this reason, it is important for Mauritius to come forward with the enactment of the Gender Equality Bill without any further delay. Moreover, as indicated in the National Strategy and Action Plan on the Elimination of Gender Based Violence 2020-2024, providing an express provision addressing GBV is desired. However, it is important that any such provision addresses all forms of GBV (including both traditional and emerging forms).

Furthermore, despite having enacted legislations that prohibit discrimination in the context of employment on the grounds of sex, gender and sexual orientation, unfortunately in Mauritius same-sex sexual activity is still criminalised under Section 250 of the Criminal Code 1838 with a maximum penalty of 5 years' imprisonment. Even though this provision concerns both same-sex and opposite-sex sexual activity, it can be seen as criminalising men and not women. While it has been reported that this provision is practically never used in practice against same-sex couple, except where one partner claimed to be a victim of sexual assault (US Department of States, 2021). As such it appears that this section is mainly outdated and unfortunately generates further acts of discrimination against the LGBTIQ+ community.

The Protection from Domestic Violence Act 1997 needs a more inclusive definition of domestic violence which captures all forms of violence between spouses or partners (former or current). It should also be more inclusive to recognise same sex couples within the definition of spouse to better protect them. The Law Reform Commission (2014) advised that all types of domestic violence as well as the deliberate conduct of seriously harming the mental health of the victim using coercive control. It also recommended that the Criminal Code be amended to include aggravating circumstances which would carry

tougher penalties. Moreover, the Act in its present form neither applies to abuse that are perpetuated in dating relationships nor to same sex couples or homosexual relationships. A more inclusive definition of domestic violence is required which captures all forms of violence between spouses or partners (former or current), irrespective of whether the abuser occupies or has occupied the same residence as the victim. The Law Reform Commission (2014) advised that all types of domestic violence as well as the deliberate conduct of seriously harming the mental health of the victim using coercive control. The Criminal Code can also be amended to include aggravating circumstances which would carry tougher penalties.

The absence of a definition for rape is clearly against the principle of legality which is captured in the latin maxim '*nullum crimen, nulla poena sine lege*'. According to this principle, an act does not constitute an offence and therefore, is not liable to punishment except where the law specifically criminalises it and stipulates the penalty before its commission. As such offences should accurately be defined and as explicitly as possible (Seelinger, Fenwick, and Alrabe, 2020). Currently, there are no statutory definition of rape within our laws which calls for an urgent need for a definition for rape (including penetration) and sexual assault. Moreover, the Criminal Code only criminalised rape within marriage in certain circumstances under Section 249 but does not expressly criminalise marital rape except where there is sodomy. For instance, *Goomany v The State (1998) SCJ 152* and *R. Gopaul v The State (2011) SCJ 193* are cases whereby acts of sodomy were perpetrated by the offenders on their wife without consent. They were tried under Section 249 of the Criminal Code. So far, courts have not interpreted this provision as encompassing marital rape. Similarly, although the definition of domestic violence under the Protection from Domestic Violence Act 1997 includes forcing or threatening one's spouse to engage in sexual acts that the latter or the other person is entitled to refuse, it does not explicitly prohibit marital rape. In the landmark UK case, *R v R (1991) 3 WLR 767 HL*, the House of Lords upheld the conviction of the defendant for attempted rape. The Lords pointed out that it is outrageous for a woman to be considered the property of her husband. The Hale's proposition of the implied consent of the wife to sexual intercourse with her spouse at all times, regardless of her health or mental state no longer finds its place in modern times.

Another provision of concern under the Criminal Code is Section 242, which supports manslaughter committed in the event of adultery ought to be repealed.

The adoption of law is definitely an important tool to contribute to addressing gender inequality, but it is not sufficient to realise de facto gender equality (Mousmouti, 2022). This is where post-legislative scrutiny can help in ensuring legislation that assists in achieving de facto equality are adopted and enforced. Post-Legislative Scrutiny is a broad term that describes the process through which parliament examines the extent to which the enacted legislations have achieved their objectives and their impact (De Vrieze and Norton, 2020). In particular, Post-Legislative Scrutiny has two dimensions: examination of the enactment of the law including the accompanying laws and interpretation by the courts and assessment of the impact of the law in terms of whether the objectives have been achieved and to what extent (De Vrieze, 2018). It provides the necessary hindsight to examine intersections across impacts and find the positive and negative effects at a larger scale. It reveals what was and was not effective, and why and what should be amended. Post-legislative scrutiny can also be applied from a gender perspective. This approach is addressed as gender-sensitive post-legislative scrutiny (Mousmouti, 2020). It reveals how the laws impact different segments such as men, women, children, teenagers and LGBTI+ community and their positive or negative impact on existing stereotypes and inequalities. It also evaluates the horizontal or sectoral outcomes and effects of the law including the impact of legislation on these different groups, on inclusivity, on sustainable development or on future generations or several of these at the same time. In case of limited resources available to the parliament, a pilot project approach of 2 years could be endorsed to scrutinise the implementation of selected legislations. This could be either in the form of a committee review of Ministry reports, committee review of outsourcing research by external institutions or committee-led inquiries and in-house research (De Vrieze, 2018). The evaluation of the pilot could then be used as a foundation to implement an integrated system. It is crucial that the review undertaken is not only seen as relevant in the eyes of the citizens but also enables them to participate in the process.

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Annex 1 Focus Group Interview Questionnaire

Gender Based Violence and its Economic Impact in Mauritius

Focus Group Discussion on 22nd of November 2022 @ 09.15

Discussion Part 1

Gender-Based Violence in Mauritius

According to the last report from the Ministry of Gender Equality and Family Welfare in 2021, the number of reported cases by women victims with regards to Gender-Based Violence in Mauritius was 1654.

Q1. What are your views with regards to Gender-Based Violence in Mauritius?

Q2a. Often, we hear of GBV cases, but they are not necessarily reported. In your opinion, how serious is this situation and why do victims choose not to report?

Q2b. What can be done to deal with under-reported cases?

Q2c. What could be the best approach to identify these unreported cases?

Q3a. What are your views on the various initiatives regarding GBV of the following stakeholders:

(i) The government

(ii) The NGOs

(iii) Private Sector

(iv) Civil Society

(v) Media

(vi) Religious Leaders

Q3b. To what extent do you think the relevant stakeholders are working/cooperating in a synchronised manner?

Q3c. Do we have multi-stakeholder partnerships in GBV prevention?

Q3d. Are the actions adequate/synergised/sustained?

Various studies have shown that there are different types of costs associated with GBV namely, direct cost and indirect cost.

Examples of direct costs are:

Treatments that the victims would require like physical, mental, and medical treatment and psychosocial interventions. The indirect costs relate to the impact of loss of income on the GDP of Mauritius.

Q4a. What are the different types of personal costs that the victims have to bear?

Q4b. Can you please give us a rough estimate of how long do victims take to recover from the abuse?

(i) Physical Violence

(ii) Sexual Violence

(iii) Verbal/ Psychological Violence

(iv) Emotional Violence

(v) Economical Violence

Q5. What is the impact of the violence on employment for the victims? For e.g. number of days of employment lost.

Q6. Are you aware of any cases where victims of GBV have been subject to total permanent disability where the victims could no longer work?

Q7. How have been the number of reported cases against men over the last few years?

Q8. Are there frequent cases of over-stay in hospitals due to lack of shelters?

Q9. According to you, what are the cost of GBV on the economy (GDP, Unemployment etc)?

Q10. Are women often blamed to be responsible for the assault?

Q11. Do you believe that the victims of GBV are usually the same victims (repeated case)?

Q12. What goes wrong in our approach/system in place which leads to recurrence of old cases?

Q13. What forms of rehabilitation are being provided to offenders?

Discussion Part 2

Section A

Child/Teens

According to Child Development Unit (CDU), there has been 4,746 reported cases of child abuse in Mauritius in the year 2021.

- Q1. What specialised forms of support are being provided to cater for children and teens?
- Q2. What is the most prevalent form of gender-based violence against children and teens?
- Q3. Considering that children/teenagers are very vulnerable and lack awareness of the issue, is there a proper structure to detect such cases/ especially under reported cases?
- Q4. When children/teenagers become victims of abuse, how long does it take them to overcome the effects?
- Q5. How many days do they lose out from school?
- Q6. Do you think that children/teenagers are more at risk of dropping out of school or fail their exams?
- Q7. What is the impact that stays on them when they are grown up?
- Q8. What type of training are the support staff (in schools and shelters) for children provided?
- Q9. Are moral values classes embedded in the curriculum? What is being done at school/colleges to deter these types of abusive behaviours?
- Q10. What happens to the abused children/teenagers who dropped out from schools?
- Q11. What are the costs implications on the society and the country as whole?

Section B

- Q1. What is the current situation with regards to Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI) people in Mauritius?
- Q2. A lot of studies revealed that LGBTQI people feel victimized and discriminated against? Do you agree with this statement?

Q3. Do LGBTQI people receive sufficient protection against GBV?

Q4. Can you relate any situation?

Q5. What is the most prevalent form of gender-based violence against LGBTQI people in Mauritius?

Q6. What are the different types of personal costs that the LGBTQI victims have to bear?

Q7. Do LGBTQI people face barriers in accessing or benefiting from GBV support?

Q8. Do our legislations cater for their rights? / Do LGBTQI people enjoy the same treatment as any other citizens of Mauritius?

Q9. What are the authorities doing to protect the rights of the LGBTQI people?

Q10. Can you name some authorities?

Q11. What can be done to better the current situation of the LGBTQI in Mauritius?

Section C

Q1. What are your views on the ability of the legal framework to respond compassionately to victims of GBV and to provide them with justice? Do they have adequate access to justice particularly in getting judgement?

Q2. Do victims of gender-based violence receive adequate protection under the law?

Q3. Do protection orders really protect the victims of gender-based violence? Do the consequences of breaching these orders deter the perpetrators/abusers?

Q4. Do we have enough resources or mechanisms to properly enforce the existing laws such as the Protection against domestic violence Act?

Q5. We often hear that despite there being a high prevalence of domestic violence in Mauritius, there is still a low prosecution rate. Why do you think this is the case and what do you think should be done to remedy this?

Q6. What are the main challenges in hearing and adjudicating gender-based violence cases? (for example, issues related to the funding, human resource, infrastructure, equipment, cultural resistance, political interference etc.)

Q7. The Gender Equality Bill was long announced by the authorities (its first announcement dates back to 2017) but still has not yet been enacted. What are your views regarding the absence of this piece of legislation in our legal framework?

Q8. Recently, new laws, namely the Children's Act 2020, the Child Sex Offender Register Act 2020 and the Children's Court Act 2020 have been enacted to better protect the rights of Children in Mauritius. What are your views on these new laws?

Q9. Do you think that the judiciary and law enforcement department have the necessary skill, training and capacity to address cases of GBV?

Q10. Are there any particular legislation(s) that requires amendment? Why and how do you think they could be changed?

END OF QUESTIONNAIRE

Annex 2 Preliminary Survey Questionnaire

Title: Gender-Based Violence and its Impact on the Economic Cost in Mauritius

	Date (DD/MM/YY)	____/____/____	
No.	Check/question	Response	Code
	District Please insert the appropriate code: 1= Moka; 2= Flacq; 3= Riviere du Rempart; 4 = Port Louis; 5 = Pamplermousses; 6 = Grand Port; 7 = Savanne; 8 = Plaines Wilhems; 9 = Black River		

Section A: Background and experience of violence

Please record your answer in the blank space provided

A1	How old were you at your last birthday?	Age in years	
A2	Gender Identity	0 = Male 1= Female Others (Please specify)	
A3	What is your highest level of education?	0 = Never attended school 1 = No formal education 2 = Primary school 3 = Secondary school 4 = Technical or vocational training 5 = College (diploma, 2 years)	

		6 = University (degree)	
		7 = University (post-graduate degree)	
		99 = Prefer not to answer	

A4	What is your main occupational status?	01 = Employed	
		02 = Self-employed	

	◆ 'Interviewer': <i>DO NOT READ OUT OPTIONS, ONLY ONE RESPONSE POSSIBLE</i>	03 = Student	
		04 = Housewife	
		05 = Unemployed	
		06 = Pensioner/retired	
		07 = Other (specify)	

A5	If you are employed, do you work in the formal sector or informal sector?	01 = Formal sector	
		02 = Informal sector	

A6	If you are employed, please answer the following:	
	Working days in a month	_____
	Working hours per day	_____
	Per day wage:	
	Cash	_____
	In kind	_____
	Other (specify)	_____

	If you receive an increase of Rs 100 in your income, how much would you consume (rather than save) out of it?	_____
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A8	What is your current relationship/marital status?	01 = Single (never married)	
		02 = Married (civil marriage or traditional)	
		03 = Widowed	
		04 = Divorced	
		05 = Separated	
		06 = Live-In Relationship (Cohabitation)	
		99 = Prefer not to say	

A9	Please tell me if these apply to your relationship with your (last) husband/ partner	Yes	No	Code
1	He (is/was) jealous or angry if you (talk/talked) to other men?	1	2	
2	He frequently (accuses/accused) you of being unfaithful?	1	2	
3	He (does/did) not permit you to meet your female friends?	1	2	
4	He (tries/tried) to limit your contact with your family?	1	2	
5	He (insists/insisted) on knowing where you (are/were) at all times?	1	2	

A10	Did your (last) husband/partner ever:	Yes	No	If yes, how often in the past 12 months?
	Say or do something to humiliate you in front of others?	1	2	_____
	Threaten to hurt or harm you or someone you care about?	1	2	_____
	Insult you or make you feel bad about yourself?	1	2	_____

A11	Have you ever experienced violence?	01 = Yes	
		02 = No	
		99 = Prefer not to answer	
A12	If yes to A11, who was responsible?	01 = My current husband/partner	
		02 = My previous husband/partner	
		03 = Other family member (specify) _____	
◆ 'Interviewer': <i>Multiple responses possible</i>		04 = My current employer	
		05 = My previous employer	
		06 = My colleague	
		07 = Stranger	
		08 = School teacher	
		09 = Other (specify) _____	
A13	If yes to A11, what types of violence did you experience? ◆ 'Interviewer': <i>Multiple responses possible</i>	01 = Physical (beating, kicking, other form of physical abuse)	
		02 = Sexual (non-consensual sexual intercourse, harassment)	
		03 = Verbal, Emotional, psychological (humiliation, intimidation, blackmailing)	
		04 = Economic (manipulation with money, financial dependency)	
		05 = Other (specify) _____	
		99 Prefer not to answer	

A14	Have you experienced violence in the past 12 months?	01 = Yes	
		02 = No	
		99 = Prefer not to answer	
A15	If yes to A14, please state your status in the labour market at the time of violence?	01 = Employed	
		02 = Self-employed	
		03 = Student	
	<p>◆ ‘Interviewer’: <i>Two answers possible if respondent was student in past 12 months and is no longer one at time of interview</i></p>	04 = Housewife	
		05 = Unemployed	
		06 = Pensioner	
		07 = Maternity leave	
		08 = Other (specify) _____	
A16	<p>If yes to A14, who was responsible?</p> <p>◆ ‘Interviewer’: <i>Multiple responses possible</i></p>	01 = My current husband/partner	
		02 = My previous husband/partner	
		03 = Other family members (specify) _____	
		04 = My current employer	
		05 = My previous employer	
		06 = My colleague	
		07 = Stranger	
		08 = School teacher	
		09 = Other (specify) _____	

A17	If yes to A14, what types of violence did you experience? ◆ 'Interviewer': <i>Multiple responses possible</i>	01 = Physical (beating, kicking, other form of physical abuse)	
		02 = Sexual (non-consensual sexual intercourse, harassment)	
		03 = Verbal, Emotional, psychological (humiliation, intimidation, blackmailing)	
		04 = Economic (manipulation with money, financial dependency)	
		05 = Other _____	
		99 = Prefer not to answer	
A18	If yes to A14, how many times have you experienced violence during the past 12 months?	01 = One	
		02 = Two	
		03 = Three	
		04 = Four	
		05 = Other (Specify) _____	
		99 = Prefer not to answer	
A19	Does (did) your (last) husband/partner drink alcohol?	01 = Yes	
		02 = No	
		99 = N/A	
A20	How often does (did) he get drunk: often, only sometimes or never?	01 = Often	
		02 = Sometimes	
		03 = Never	
A21	Does (did) your (last) husband/partner use other drugs, e.g. marijuana?	01 = Yes	
		02 = No ► A23	
		99 = Don't know ► A23	

A22	How often does (did) he get high: often, only sometimes or never?	01 = Often	
		02 = Sometimes	
		03 =Never	
A23	Are (were) you afraid of your last husband/partner: most of the time, sometimes or never?	01 = Most of the time	
		02 = Sometimes	
		03 = Never	

Applicable to Women having children under the age of 10.

A24	Do you have children under age 10 (age 0-10) living with you?	01 = Yes	
		02 = No ► A26	
	If yes, how many?		
A25	If you have ever experienced violence, did your child/children witness the violence?	01 = Yes	
		02 = No	

A26	If yes to A24, what types of violence did your child/children experience? ◆ 'Interviewer': <i>Multiple responses possible</i>	01 = Physical (beating, kicking, other form of physical abuse)	
		02 = Sexual (non-consensual sexual intercourse, harassment)	
		03 = Verbal, Emotional, psychological (humiliation, intimidation, blackmailing)	
		04 = Economic (manipulation with money, financial dependency)	
		05 = Other _____	
		99 = Prefer not to answer	

A26	If yes to A24, who was responsible? ◆ 'Interviewer': <i>Multiple responses possible</i>	01 = My current husband/partner	
		02 = My previous husband/partner	
		03 = Myself	
		04 = Other family members (specify)	
		05 = Stranger	
		06 = School teacher	
		07 = Other (specify) _____	

Applicable to women with teenagers between the age range of 11-17 years

A27	Do you have teenagers within the age range (11-17) living with you?	01 = Yes	
		02 = No	
	If yes, how many?		
A25	If you have ever experienced violence, did your teenager/s witness the violence?	01 = Yes	
		02 = No	

A26	If yes to A25, what types of violence did they experience? ◆ 'Interviewer': <i>Multiple responses possible</i>	01 = Physical (beating, kicking, other form of physical abuse)	
		02 = Sexual (non-consensual sexual intercourse, harassment)	
		03 = Verbal, Emotional, psychological (humiliation, intimidation, blackmailing)	
		04 = Economic (manipulation with money, financial dependency)	
		05 = Other _____	
		99 = Prefer not to answer	

A27	If yes to A25, how many times have they experienced violence during the past 12 months?	01 = One	
		02 = Two	
		03 = Three	
		04 = Four	
		05 = Other (Specify) _____	
		99 = Prefer not to answer	
A28	Have you ever witnessed violence in the household?	01 = Yes	
		02 = No	
A29	Have you sought any help for violence? If yes, where did you seek it? ◆ 'Interviewer': <i>Multiple responses possible</i>	01 = No	
		02 = Yes, medical institutions	
		03 = Yes, police	
		04 = Yes, social services	
		05 = Yes, psychologist	
		06 = Yes, NGOs	
		07 = Yes, relatives/friends	
		08 = Yes, religious organisation	
		09 = Yes, community police	
		10 = Other	
99 = Prefer not to answer			

Section B: Health losses and status of incapacity

B1	What kind of bodily injuries did you have/have you got? ♦ ‘Interviewer’: <i>Multiple responses possible</i>	01 = Minor bodily injuries (bruises, scratches, etc.)	
		02 = Bodily injuries of medium gravity (dislocations, fractures, sprains, etc.)	
		03 = Grievous bodily injuries (deep wounds, serious head injuries, etc.)	
		04 = Other health disorders, not injuries (general sickness, aggravation of chronic diseases)	
		05 = None	
B2	Were you on sick leave because of the injuries?	1 = No	
		2 = Yes	
		3 = Not applicable (unemployed, maternity leave, pensioner)	
	If yes, for how many days?		
B3	Were you hospitalised because of the injuries?	01 = No	
		02 = Yes	
	If yes, for how many days were you hospitalised?		
B4	Were you bedridden because of the injuries?	01 = No	
		02 = Yes	
	If yes, for how many days were you bedridden?		
B5	Did the injuries result in permanent incapacity (invalid status)?	01 = No	
		02 = Yes, partially but not officially documented	
		03 = Yes, I am receiving invalid benefits	

B6	Have the injuries/violence affected your daily household work (housekeeping, childcare, care for other members of the family)?	01 = No <i>unless respondent was a student in the past 12 months</i>	
		02 = Yes	
	If yes, how much time do you usually devote to household activity?		

B7	If yes, have the injuries/violence prevented you from doing one of the following?	Yes	No	If yes, for how many hours?
	Childcare	1	2	____ hours
	Care for members of the family	1	2	____ hours
	Activities for production of food (e.g. farming)	1	2	____ hours
	Housekeeping	1	2	____ hours
	Paid employment activities	1	2	____ hours
	Prefer not to answer	99		

B8	Have the injuries/violence affected your children/teens from daily schoolwork (attending classes, homework, sports, etc.)?	01 = No	
		02 = Yes	
	Yes, how much time do you usually devote to school activity? (Hours / Day)		

B9	If yes, have the injuries/violence prevented your children/teens from doing one of the following?	Yes	No	If yes, for how many days?
	Attending classes	1	2	_____ hours
	Homework	1	2	_____ hours
	School sports	1	2	_____ hours
	Prefer not to answer	99		

FOR ALL RESPONDENTS

B10	Did you or your family member pay for the medical expenses?	01 = No	
		02 = Yes, partially	
		03 = Yes, fully	
B11	If yes to B10, please specify the amount paid during the past 12 months?		_____
B12	If no to B10, who paid?	01 = Other relative	
		02 = Friend	
		03 = Employer	
		04 = Perpetrator	
		05 = Teacher	
		06 = Public Health care facility	
		07 = Other (specify) _____	
	Amount paid		_____

Section C: Personal cash expenses

C1	Have you experienced any material damage to your property or family property?	01 = No ► C2	
		02 = Yes	
	If yes, please state the cost		_____
C2	Have you experienced any losses related to earnings (e.g. job loss, inability to concentrate on work, temporary incapacity)?	01 = No ► C3	
		02 = Yes	
	If yes, how much would the estimated loss be?		_____

Personal Expenses borne by You/Your Family

C3	Please indicate all items borne by you or your family to cope with violence		Cost
Private Fees	1. Transportation to and from healthcare institutions, police departments, forensics, courts, social service providers, etc.		
	2. Ambulance call, healthcare services, laboratory tests		
	3. Diagnostics examination and purchase of medicines		
	4. Inpatient treatment (hospital)		
	5. Consultation with psychologist/psychotherapist		
	6. Consultation with child psychologist		
	7. Legal advice and legal support in court		
	8. Administrative services such as payments for issuing certificates, mandatory court fees and document recovery		
	9. Payment of rent for a separate apartment (monthly)		
	10. Moving to a new place of residence, placing children in another school		
	11. Purchase of lost or damaged personal property (clothes, shoes, etc.)		
	12. Cost related to searching for a new job/school		
	13. Others (specify) _____		
C4	Who paid for the above expenses?	01 = Myself	
		02 = Parents	
		03 = Took money from family budget	
		04 = My abuser	
		05 = Other (e.g. friends, employers, distant relatives, my children etc.)	

Expenses borne by Governmental Services

C5	Please indicate all items borne by the government to cope with violence	Please tick as appropriate
Private Fees	1. Transportation to and from healthcare institutions, police departments, forensics, courts, social service providers, etc.	
	2. Ambulance call, healthcare services, laboratory tests	
	3. Diagnostics examination and purchase of medicines	
	4. Inpatient treatment (hospital)	
	5. Consultation with psychologist/psychotherapist	
	6. Consultation with child psychologist	
	7. Legal advice and legal support in court	
	8. Administrative services such as payments for issuing certificates, mandatory court fees and document recovery	
	9. Payment of rent for a separate apartment (monthly)	
	10. Moving to a new place of residence, placing children in another school	
	11. Purchase of lost or damaged personal property (clothes, shoes, etc.)	
	12. Cost related to searching for a new job/school	
	13. Others (specify) _____	

Section D: Workplace violence (for women who are/were employed)

D1	Have you ever experienced violence at your workplace?	01 = Yes	
		02 = No	
D2	If yes, which of the following types of violence have you experienced?	01 = Yes	02 = No
	Physical (beating, kicking, other form of physical abuse)		
	Sexual (non-consensual sexual intercourse, harassment)		

	Verbal, Emotional, psychological (humiliation, intimidation, blackmailing)				
	Economic (manipulation with money, financial dependency)				
D3	If yes to D2, who was responsible?	01 = My current employer			
		02 = My previous employer			
		03 = My colleague			
		04 = Stranger			
		05 = Other (specify) _____			
D4	Have you experienced violence at your workplace in the past 12 months?	01 = Yes			
		02 = No ► End interview for section D <i>unless respondent was a student in the past 12 months</i>			
D5	If yes, which of the following types of violence have you experienced in the past 12 months?	01 = Yes	02 = No	How often?	
	Physical (beating, kicking, other form of physical abuse)				
	Sexual (non-consensual sexual intercourse, harassment)				

	Verbal, Emotional, psychological (humiliation, intimidation, blackmailing)			
	Economic (manipulation with money, financial dependency)			
D3	If yes to D2, who was responsible?	01 = My current employer		
		02 = My previous employer		
		03 = My colleague		
		04 = Stranger		
		05 = Other (specify) _____		
D4	Have you experienced violence at your workplace in the past 12 months?	01 = Yes		
		02 = No ► End interview for section D unless respondent was a student in the past 12 months		
D5	If yes, which of the following types of violence have you experienced in the past 12 months?	01 = Yes	02 = No	How often?
	Physical (beating, kicking, other form of physical abuse)			
	Sexual (non-consensual sexual intercourse, harassment)			
	Verbal, Emotional, psychological (humiliation, intimidation, blackmailing)			
	Economic (manipulation with money, financial dependency)			
D6	If yes, who was responsible?	01 = My current employer		
		02 = My previous employer		
		03 = My colleague		
		04 = Stranger		
		05 = Other (specify) _____		

D7	If yes to D4, please answer the following		
D7.1	Did the violence disrupt your work?	01 = Yes	
		02 = No ► D7.2	
	If yes, how many days or hours of work were lost as a result of the violence?		Days ____ or hours ____
	If yes, how many days did you have to take off unpaid from your work?		Days ____
If yes, what was the estimated personal income loss?		_____	
D7.2	Did you need to visit the doctor or hospital as a result of violence experienced at work?	01 = Yes	
		02 = No ► D7.4 (Psychologist)	
	If yes, how many visits to the doctor?		Visits _____
If yes, how much did it cost?		_____	
D7.3	Are you still on medication?	01 = Yes	
		02 = No ► D7.4 (Psychologist)	
If yes, how much does it cost?		_____	
	If yes, who bears these costs?	01 = Myself	
		02 = Parents	
		03 = Took money from family budget	
		04 = My abuser	
		05 = Public Health institutions	
		06 = Other (e.g. friends, employers, distant relatives, etc.)	
D7.4	Are you consulting a psychologist?	01 = Yes	
		02 = No	
If yes, how much does it cost?		_____	

	If yes, who bears these costs?	01 = Myself				
		02 = Parents				
		03 = Took money from family budget				
		04 = My abuser				
		05 = Public Health institutions				
		06 = Other (e.g. friends, employers, distant relatives, etc.)				
D7.5	Did you lodge a complaint?	01 = Yes				
		02 = No				
D7.6	If yes, with whom did you lodge the complaint?	01 = Immediate supervisor				
		02 = Line Manager				
		03 = Human resources manager				
		04 = CEO/director				
		05 = Other (specify) _____				
D7.7	If yes, what was the outcome of the complaint?	01 = Complaint not resolved				
		02 = Complaint settled at work				
		03 = Complaint referred to labour court				
		04 = Other (specify) _____				

Section E: School violence (For Children under the age of 10)

E1	Have your children ever experienced violence at school?	01 = Yes	
		02 = No	
		Please specify number of children subject to violence and	
E2	If yes, which of the following types of violence have your children experienced?	01 = Yes	02 = No
	Physical (beating, kicking, other form of physical abuse)		
	Sexual (non-consensual sexual intercourse, harassment)		
	Verbal, Emotional, psychological (humiliation, intimidation, blackmailing)		
	Economic (manipulation with money, financial dependency)		
E3	If yes, who was responsible?	01 = Current teacher/lecturer	
		02 = Previous teacher/lecturer	
		03 = Schoolmate	
		04 = Stranger	
		05 = Other (specify) _____	
E4	Have your children experienced violence at your school in the past 12 months?	01 = Yes	
		02 = No	

E5	If yes, which of the following types of violence have you experienced in the past 12 months?		01 = Yes	02 = No	How often?
	Physical (beating, kicking, other form of physical abuse)				
	Sexual (non-consensual sexual intercourse, harassment)				
	Verbal, Emotional, psychological (humiliation, intimidation, blackmailing)				
	Economic (manipulation with money, financial dependency)				
E6	If yes, who was responsible?	01 = Current teacher/lecturer			
		02 = Previous teacher/lecturer			
		03 = Schoolmate			
		04 = Stranger			
		05 = Other (specify) _____			
E7	If yes to E4, please answer the following				
E7.1	Did the violence disrupt your children schoolwork?	01 = Yes ► E7.2			
		02 = No			
	If yes, how many days or hours of school were lost as a result of violence?				
If yes, how many days did your children have to take off from school?				Days ____	
E7.2	Did your children need to visit the doctor or hospital as a result of the violence experienced at school?	01 = Yes			
		02 = No ► E7.4 (Psychologist)			

	If yes, how many visits to the doctor?	Visits _____
	If yes, how much did it cost?	_____
E7.3	Are they still on medication?	01 = Yes
		02 = No ►E7.4 (Psychologist)
	If yes, how much does it cost per child?	_____
	If yes, who bears these costs?	01 = Myself
		02 = Parents
		03 = Took money from family budget
		04 = My abuser
		05 = Public Health institutions
		06 = Other (e.g. friends, teachers, distant relatives, etc.)
E7.4	Are they consulting a psychologist?	01 = Yes
		02 = No ►E7.5
	If yes, how much does it cost?	_____
	If yes, who bears these costs?	01 = Myself
		02 = Parents
		03 = Took money from family budget
		04 = My abuser
		05 = Public Health institutions
		06 = Other (e.g. friends, employers, distant relatives, etc.)
E7.5	Did you lodge a complaint?	01 = Yes
		02 = No ►End Interview
E7.6	If yes, with whom did you lodge the complaint?	01 = Teacher
		02 = Principal

		03 = School governing body	
		04 = Department of education	
		05 = Other (specify) _____	
E7.7	If yes, what was the outcome of the complaint?	01 = Complaint settled at school	
		02 = Complaint not resolved	
		03 = Complaint referred to courts of law/some tribunal	

Section F: School violence (For Teenagers within the age range of 11-17 years)

F1	Have your teenagers ever experienced violence at school?	01 = Yes	
		02 = No ► End interview for section F	
F2	If yes, which of the following types of violence have your teenagers experienced?	01 = Yes	02 = No
	Physical (beating, kicking, other form of physical abuse)		
	Sexual (non-consensual sexual intercourse, harassment)		
	Verbal, Emotional, psychological (humiliation, intimidation, blackmailing)		
	Economic (manipulation with money, financial dependency)		
F3	If yes, who was responsible?	01 = Current teacher/lecturer	
		02 = Previous teacher/lecturer	
		03 = Colleague/schoolmate	
		04 = Stranger	
		05 = Other (specify) _____	
F4	Have your teenagers experienced violence at school/College in the past 12 months?	01 = Yes	
		02 = No ► End interview for section F	

F5	If yes, which of the following types of violence have your teenager experienced in the past 12 months?		01 = Yes	02 = No	How often?
	Physical (beating, kicking, other form of physical abuse)				
	Sexual (non-consensual sexual intercourse, harassment)				
	Verbal, Emotional, psychological (humiliation, intimidation, blackmailing)				
	Economic (manipulation with money, financial dependency)				
F6	If yes, who was responsible?		01 = Current teacher/lecturer		
			02 = Previous teacher/lecturer		
			03 = Colleague/schoolmate		
			04 = Stranger		
			05 = Other (specify) _____		
F7	If yes to E4, please answer the following				
F7.1	Did the violence disrupt your teenagers school work?		01 = Yes ► E7.2		
			02 = No		
	If yes, how many days or hours of school were lost as a result of violence?		Days ____ or hours ____		
If yes, how many days did your teenagers have to take off from your school?		Days ____			
F7.2	Did your teenagers need to visit the doctor or hospital as a result of the violence experienced at school?		01 = Yes		
			02 = No ► E7.4 (Psychologist)		
	If yes, how many visits to the doctor?		Visits _____		
	If yes, how much did it cost?		_____		

F7.3	Are they still on medication?	01 = Yes	
		02 = No ▶E7.4 (Psychologist)	
	If yes, how much does it cost?		_____
	If yes, who bears these costs?	01 = Myself	
		02 = Parents	
		03 = Took money from family budget	
		04 = My abuser	
		05 = Public Health institutions	
		06 = Other (e.g. friends, teachers, distant relatives, etc.)	

F7.4	Are they consulting a psychologist?	01 = Yes	
		02 = No ▶E7.5	
	If yes, how much does it cost?		_____
	If yes, who bears these costs?	01 = Myself	
		02 = Parents	
		03 = Took money from family budget	
		04 = My abuser	
		05 = Public Health institutions	
		06 = Other (e.g. friends, employers, distant relatives, etc.)	
F7.5	Did you lodge a complaint?	01 = Yes	
		02 = No ▶End Interview	
F7.6	If yes, with whom did you lodge the complaint?	01 = Teacher	
		02 = Principal	
		03 = School governing body	

		04 = Department of education	
		05 = Other (specify) _____	
F7.7	If yes, what was the outcome of the complaint?	01 = Complaint settled at school	
		02 = Complaint not resolved	
		03 = Complaint referred to courts of law/some tribunal	

SECTION G: Legislation and authorities

What is your level of awareness and effectiveness with regards to the following legislations in place in Mauritius? Please indicate on a scale of 1-5

	Awareness	1	2	3	4	5
G1	Children's Act 2020					
G2	Child Sex Offender Register Act 2020					
G3	Children's Court Act 2020					
G4	Protection from domestic violence Act 1997					
G5	Workers' Rights Act 2019					
G6	Constitution of Mauritius 1968					
G7	Sex Discrimination Act 2002					
G8	The Combating of Trafficking in Persons Act 2009					

(Please rate as per the following Likert's scales: 1 = Fully not aware; 2 = Not aware; 3 = Neither aware nor not aware; 4 = Aware; 5= Fully aware)

	Effectiveness	1	2	3	4	5
G1	Children's Act 2020					
G2	Child Sex Offender Register Act 2020					
G3	Children's Court Act 2020					
G4	Protection from domestic violence Act 1997					
G5	Workers' Rights Act 2019					
G6	Constitution of Mauritius 1968					
G7	Sex Discrimination Act 2002					
G8	The Combating of Trafficking in Persons Act 2009					

(Please rate as per the following Likert's scales: 1 = Not at all effective; 02= Slightly Effective; 03= Moderately effective; 04= Very Effective.

05= Extremely Effective)

SECTION H: THE EFFECTIVENESS OF THE AUTHORITIES

	Effectiveness	1	2	3	4	5
H1	Hotlines					
H2	Police Stations					
H3	Police Family Protection Unit					
H4	Brigade Pour La Protection des Mineurs					
H5	Hospitals					
H6	Dispensaries					

H7	Child Protection Unit					
H8	Family Welfare and Protection Unit					
H9	Family Support Bureau					
H10	Social Welfare Division					
H11	Psychological Services Unit					
H12	Schools/Colleges for your child/teens					
H13	Shelters					
H14	Non-Governmental Organisations					
H15	Re-habilitation Programme					
H16	Follow-up activities					

(Please rate as per the following Likert's scales: 1 = Not at all effective; 02= Slightly Effective; 03= Moderately effective; 04= Very Effective.

05= Extremely Effective)

Annex 3 Survey Questionnaire Random Sample

Title: Gender-Based Violence and its Impact on the Economic Cost in Mauritius

	Date (DD/MM/YY)	____/____/____	
No.	Check/question	Response	Code
1.	District Please insert the appropriate code : 1= Moka ; 2= Flacq; 3= Riviere du Rempart; 4 = Port Louis; 5 = Pamplémousses; 6 = Grand Port; 7 = Savanne; 8 = Plaines Wilhems; 9 = Black River		

Section A: Background and experience of violence

Please record your answer in the blank space provided

A1	How old were you at your last birthday?	Age in years	
A2	Gender Identity	0 = Masculine 1 = Female 2 = Trans	
A2.2	Sexual Orientation	0 = Lesbian 1 = Gay 2 = Bisexual 3 = Questioning 4 = Heterosexual 5 = Others (Please specify)	
A3	What is your highest level of education?	0 = Never attended school 1 = No formal education 2 = Primary school 3 = Secondary school 4 = Technical or vocational training 5 = College (diploma, 2 years) 6 = University (degree) 7 = University (post-graduate degree) 99 = Prefer not to answer	
A4	What is your main occupational status? ◆ 'Interviewer': <i>DO NOT READ OUT OPTIONS, ONLY ONE RESPONSE POSSIBLE</i>	01 = Employed 02 = Self-employed 03 = Student 04 = Housewife 05 = Unemployed 06 = Pensioner/retired 07 = Other (specify)	
A5	If you are employed, do you work in the formal sector or informal sector?	01 = Formal sector 02 = Informal sector	
A6	If you are employed, please answer the following:		
	Working days in a month	_____	
	Working hours per day	_____	
	Per day wage:		
	Cash	_____	
	In kind	_____	
	Other (specify)	_____	

	If you receive an increase of Rs 100 in your income, how much would you consume (rather than save) out of it?			
A8	What is your current relationship/marital status?	01 = Single (never married) 02 = Married (civil marriage or traditional) 03 = Widowed 04 = Divorced 05 = Separated 06 = Live-In Relationship (Cohabitation) 99 = Prefer not to say		
A9	Please tell me if these apply to your relationship with your last partner	Yes	No	Code
	1 Partner(is/was) jealous or angry if you (talk/talked) to another men/women/person?	1	2	
	2 Partner frequently (accuses/accused) you of being unfaithful?	1	2	
	3 Partner (does/did) not permit you to meet your female/male friends?	1	2	
	4 Partner (tries/tried) to limit your contact with your family?	1	2	
	5 Partner (insists/insisted) on knowing where you (are/were) at all times?	1	2	
	6 Partner controls your purchases and spending	1	2	
	7 Partner often asks you with whom you spent your time	1	2	
	Others, please specify			
A10	Did your (last) spouse/partner ever:	Yes	No	If yes, how often in the past 12 months?
	Say or do something to humiliate you in front of others?	1	2	_____
	Say or do something to humiliate you in private?	1	2	_____
	Threaten to hurt or harm you or someone you care about?	1	2	_____
	Insult you or make you feel bad about yourself?	1	2	_____
A11A	What do you understand by violence?			
A11B	Have you ever experienced violence?	01 = Yes 02 = No 99 = Prefer not to answer		
A12	If yes to A11B, who was responsible?	01 = My current spouse/partner 02 = My previous spouse/partner 03 = Other family member (specify) _____		
	◆ 'Interviewer': Multiple responses possible	04 = My current employer 05 = My previous employer 06 = My colleague 07 = Stranger 08 = School teacher 09 = Other (specify) _____		

A13	If yes to A11B, what types of violence did you experience? ◆ 'Interviewer': <i>Multiple responses possible</i>	01 = Physical (beating, kicking, other forms of physical abuse)	
		02 = Sexual (sexual intercourse, other forms of sexual abuse)	
		03 = Verbal, Emotional, psychological (humiliation, intimidation, blackmailing, stigmatisation, discrimination)	
		04 = Economic (manipulation with money, financial dependency)	
		05 = Other (specify)	
		99 Prefer not to answer	
A14	Have you experienced violence in the past 12 months?	01 = Yes	
		02 = No	
		99 = Prefer not to answer	
A15	If yes to A14, please state your status in the labour market at the time of violence?	01 = Employed	
		02 = Self-employed	
		03 = Student	
		04 = Housework	
	◆ 'Interviewer': <i>Two answers possible if respondent was student in past 12 months and is no longer one at time of interview</i>	05 = Unemployed	
		06 = Pensioner	
		07 = Maternity leave	
		08 = Other (specify)	
A16	If yes to A14, who was responsible for the act of violence? ◆ 'Interviewer': <i>Multiple responses possible</i>	01 = My current spouse/partner	
		02 = My previous spouse /partner	
		03 = Other family members (specify)	
		04 = My current employer	
		05 = My previous employer	
		06 = My colleague	
		07 = Stranger	
		08 = School teacher	
		09 = Other (specify)	
A17	If yes to A14, what types of violence did you experience? ◆ 'Interviewer': <i>Multiple responses possible</i>	01 = Physical (beating, kicking, other forms of physical abuse)	
		02 = Sexual (sexual intercourse, other forms of sexual abuse)	
		03 = Verbal, Emotional, psychological (humiliation, intimidation, blackmailing, stigmatisation, discrimination)	
		04 = Economic (manipulation with money, financial dependency)	
		05 = Other	
		99 = Prefer not to answer	

A18	If yes to A14, how many times have you experienced violence during the past 12 months?	01 = One	
		02 = Two	
		03 = Three	
		04 = Four	
		05 = Other (Specify)	
		99 = Prefer not to answer	
A19	Does (did) your (last spouse /partner drink alcohol?	01 = Yes	
		02 = No	
		99 = N/A	
A20	How often does (did) your spouse/ partner get drunk: often, only sometimes or never?	01 = Often	
		02 = Sometimes	
		03 = Never	
A21	Does (did) your (last) spouse/partner use other drugs, e.g., marijuana?	01 = Yes	
		02 = No ► A23	
		99 = Don't know ► A23	
A22	How often does (did) your spouse/ partner get high: often, only sometimes or never?	01 = Often	
		02 = Sometimes	
		03 = Never	
A23	Are (were) you afraid of your last spouse /partner: most of the time, sometimes or never?	01 = Most of the time	
		02 = Sometimes	
		03 = Never	

Applicable to Women having children under the age of 10.

A24A	Do you have children under age 10 (age 0-10) living with you?	01 = Yes		
		02 = No ► A27		
A24B	If yes, how many?			
A25A	If you have ever experienced violence, did your child/children witness the violence?	01 = Yes		
		02 = No		
A25B	Has/have your child/children experienced violence?	01 = Yes		
		02 = No		
A25C	If yes to A25B, please state the gender of each child who has experienced violence.			
		Child 1		01 = Male 02 = Female
		Child 2		01 = Male 02 = Female
		Child 3		01 = Male 02 = Female
		(Please insert additional rows for more children)		
A26A	If yes to A25B, what types of violence did your child/children experience from the perpetrator(s)? ◆ 'Interviewer': Multiple responses possible	01 = Physical (beating, kicking, other forms of physical abuse)		
		02 = Sexual (sexual intercourse, other forms of sexual abuse)		
		03 = Verbal, Emotional, psychological (humiliation, intimidation, blackmailing, stigmatisation, discrimination)		
		04 = Economic (manipulation with money, financial dependency)		
		06 = Neglect and Abandonment		
		07 = Other		
		99 = Prefer not to answer		

A26B	If yes to A25B, who is/was responsible? ◆ 'Interviewer': <i>Multiple responses possible</i>	01 = My current husband/partner	
		02 = My previous husband/partner	
		03 = Myself	
		04 = Other family members (specify)	
		05 = Stranger	
		06 = School teacher	
		07 = Other (specify) _____	
A26C	If yes to A25B, how many times have they experienced violence during the past 12 months?	01 = One	
		02 = Two	
		03 = Three	
		04 = Four	
		05 = Other (Specify) _____	
		99 = Prefer not to answer	

Applicable to women with teenagers between the age range of 11-17 years

A27A	Do you have teenagers within the age range (11-17) living with you?	01 = Yes	
		02 = No	
A27B	If yes, how many?		
A28A	If you have ever experienced violence, did your teenager(s) witness the violence?	01 = Yes	
		02 = No	
A28B	Has/have your teenager(s) experienced violence?	01 = Yes	
		02 = No	
A28CC	If yes to A27B, please state the gender of each teenager who has experienced violence.		
	Teenager 1	01 = Male 02 = Female	
	Teenager 2	01 = Male 02 = Female	
	Teenager 3	01 = Male 02 = Female	
	(Please insert additional rows for more teenager)		
A29A	If yes to A28B, what types of violence did they experience?	01 = Physical (beating, kicking, other forms of physical abuse)	
		02 = Sexual (sexual intercourse, other forms of sexual abuse)	
	◆ 'Interviewer': <i>Multiple responses possible</i>	03 = Verbal, Emotional, psychological (humiliation, intimidation, blackmailing, stigmatisation, discrimination)	
		04 = Economic (manipulation with money, financial dependency)	
		05 = Other _____	
		99 = Prefer not to answer	
A29B	If yes to A28B, who is/ was responsible? ◆ 'Interviewer': <i>Multiple responses possible</i>	01 = My current husband/partner	
		02 = My previous husband/partner	
		03 = Myself	
		04 = Other family members (specify)	
		05 = Stranger	
		06 = School teacher	
		07 = Other (specify) _____	

A29C	If yes to A28B, how many times have they experienced violence during the past 12 months?	01 = One	
		02 = Two	
		03 = Three	
		04 = Four	
		05 = Other (Specify)	
		99 = Prefer not to answer	

FOR ALL RESPONDENTS

A30A	Have you ever witnessed violence from any member of the household?	01 = Yes	
		02 = No	
A30B	Have you sought any help for violence? If yes, where did you seek it? ◆ 'Interviewer': Multiple responses possible	01 = No	
		02 = Yes, medical institutions	
		03 = Yes, police	
		04 = Yes, social services	
		05 = Yes, psychologist	
		06 = Yes, NGOs	
		07 = Yes, relatives/friends	
		08 = Yes, religious organisation	
		09 = Yes, community police	
		10 = Other	
		99 = Prefer not to answer	
A30C	Did you apply for a Form 58?	01 = Yes	
		02 = No	
A30D	If no, why? (Brief answer to be provided)		
A30E	Was the form 58 granted?	01 = Yes	
		02 = No	

Section B: Health losses and status of incapacity

B1	What kind of injuries (physical or mental) did you have/have you got? ◆ 'Interviewer': Multiple responses possible	01 = Minor bodily injuries (bruises, scratches, etc.)	
		02 = Bodily injuries of medium gravity (dislocations, fractures, sprains, etc.)	
		03 = Grievous bodily injuries (deep wounds, serious head injuries, etc.)	
		04 = Other health disorders, not injuries (general sickness, aggravation of chronic diseases)	
		05 = Mental disorders (depression, mental fatigue, post-traumatic stress disorder, difficulty in concentrating on tasks and to think etc)	
		06 = None	
B2A	Were you on sick leave because of the injuries?	1 = No	
		2 = Yes	
		3 = Not applicable (unemployed, maternity leave, pensioner)	
B2B	If yes, for how many days?		
B3A	Were you hospitalised because of the physical injuries or psychological damage?	01 = No	
		02 = Yes	
B3B	If yes, for how many days were you hospitalised?		
B4A	Were you bedridden because of the physical injuries or psychological damage?	01 = No	
		02 = Yes	

B4B	If yes, for how many days were you bedridden?			
B5	Did the injuries (physical or psychological) result in permanent incapacity (invalid status)?	01 = No		
		02 = Yes, partially but not officially documented		
		03 = Yes, I am receiving invalid benefits		
B6A	Have the physical injuries or psychological damage /violence affected your daily household work (housekeeping, childcare, care for other members of the family)?	01 = No <i>unless respondent was a student in the past 12 months</i>		
		02 = Yes		
B6B	If yes, how much time do you usually devote to household activity?			
B7	If yes, have the physical injuries or mental damage/violence prevented you from doing one of the following?	Yes	No	If yes, for how many hours?
	Childcare	1	2	_____ hours
	Care for members of the family	1	2	_____ hours
	Activities for production of food (e.g., farming)	1	2	_____ hours
	Housekeeping	1	2	_____ hours
	Paid employment activities	1	2	_____ hours
	Prefer not to answer	99		
B8	Have the injuries/violence affected your children/teens from daily schoolwork (attending classes, homework, sports, etc.)?	01 = No		
		02 = Yes		
	Yes, how much time do you usually devote to school activity? (Hours / Day)			
B9	If yes, have the injuries/violence prevented your children/teens from doing one of the following?	Yes	No	If yes, for how many days?
	Attending classes	1	2	_____ hours
	Homework	1	2	_____ hours
	School sports	1	2	_____ hours
	Prefer not to answer	99		

FOR ALL RESPONDENTS

B10	Did you or your family member pay for the medical expenses for the physical or mental injuries?	01 = No		
		02 = Yes, partially		
		03 = Yes, fully		
B11	If yes to B10, please specify the amount paid during the past 12 months?			_____
B12A	If not to B10, who paid? ◆ 'Interviewer': <i>Multiple responses possible</i>	01 = Other relative		
		02 = Friend		
		03 = Employer		
		04 = Perpetrator(s)		
		05 = Teacher		
		06 = Public Health care facility		
		07 = Other (specify) _____		
B12B	Amount paid			

Section C: Personal cash expenses

C1A	Have you experienced any material damage to your property or family property?	01 = No ► C2A		
		02 = Yes		
C1B	If yes, please state the cost			_____
C2A	Have you experienced any losses related to earnings (e.g., job loss, inability to concentrate on work, temporary incapacity)?	01 = No ► C3		
		02 = Yes		
C2B	If yes, for how long have you been without a job (please specify how many in terms of days, weeks, months)?			_____

C2C	How much would the estimated loss be?	_____
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Personal Expenses borne by You/Your Family

C3	Please indicate all items borne by you or your family to cope with violence		Cost
Private Fees	1.	Transportation to and from healthcare institutions, police departments, forensics, courts, social service providers, etc.	
	2.	Ambulance call, healthcare services, laboratory tests	
	3.	Diagnostics examination and purchase of medicines	
	4.	Inpatient treatment (hospital)	
	5.	Consultation with counsellor/psychologist/psychotherapist	
	6.	Consultation with child psychologist	
	7.	Legal advice and legal support in court	
	8.	Administrative services such as payments for issuing certificates, mandatory court fees and document recovery	
	9.	Payment of rent for a separate apartment (monthly)	
	10.	Moving to a new place of residence, placing children in another school	
	11.	Purchase of lost or damaged personal property (clothes, shoes, etc.)	
	12.	Cost related to searching for a new job/school	
	13.	Cost for tutor support to help children get back on track with their studies	
	14.	Speech therapists to help children (Orthophoniste)	
	15.	Others (specify) _____	
C4	Who paid for the above expenses?	01 = Myself	
	◆ 'Interviewer': Multiple responses possible	02 = Parents	
		03 = Took money from family budget	
		04 = The perpetrator(s)	
		05 = Other (e.g. friends, employers, distant relatives, my children etc.)	

Expenses borne by Governmental Services

C5	Please indicate all items borne by the government to cope with violence		Please tick as appropriate
Private Fees	1.	Transportation to and from healthcare institutions, police departments, forensics, courts, social service providers, etc.	
	2.	Ambulance call, healthcare services (general practitioners, specialists list psychiatrist), laboratory tests	
	3.	Diagnostics examination and purchase of medicines	
	4.	Inpatient treatment (hospital)	
	5.	Consultation with counsellor/ psychologist/psychotherapist	
	6.	Consultation with child psychologist	
	7.	Legal advice and legal support in court	
	8.	Administrative services such as payments for issuing certificates, mandatory court fees and document recovery	
	9.	Payment of rent for a separate apartment (monthly)	
	10.	Moving to a new place of residence, placing children in another school	
	11.	Purchase of lost or damaged personal property (clothes, shoes, etc.)	
	12.	Cost related to searching for a new job/school	

	13. Special educational support	
	14. Speech therapist	
	15. Others (specify) _____	

Section D: Workplace violence (for participants who are/were employed)

D1	Have you ever experienced violence at your workplace?	01 = Yes 02 = No		
D2	If yes, which of the following types of violence have you experienced?	01 = Yes	02 = No	
	Physical (beating, kicking, other forms of physical abuse)			
	Sexual (non-consensual sexual intercourse, harassment, other forms of sexual abuse)			
	Verbal, Emotional, psychological (humiliation, intimidation, blackmailing, stigmatisation, discrimination)			
	Economic (manipulation with money, financial dependency)			
D3	If yes to D2, who was responsible?	01 = My current employer 02 = My previous employer 03 = My colleague 04 = Stranger 05 = Other (specify) _____		
D4	Have you experienced violence at your workplace in the past 12 months?	01 = Yes 02 = No ► End interview for section D unless respondent was a student in the past 12 months		
D5	If yes, which of the following types of violence have you experienced in the past 12 months?	01 = Yes	02 = No	How often?
	Physical (beating, kicking, other forms of physical abuse)			
	Sexual (non-consensual sexual intercourse, harassment, other forms of sexual abuse)			
	Verbal, Emotional, psychological (humiliation, intimidation, blackmailing, stigmatisation, discrimination)			
	Economic (manipulation with money, financial dependency)			
D6	If yes, who was responsible?	01 = My current employer 02 = My previous employer 03 = My colleague 04 = Stranger 05 = Other (specify) _____		
	If yes to D4, please answer the following			
D7A	Did the violence disrupt your work?	01 = Yes 02 = No ► D7B		
D7B	If yes, how many days or hours of work were lost as a result of the violence?			Days ____ or hours ____
D7C	If yes, how many days did you have to take off unpaid from your work?			Days ____
D7D	If yes, what was the estimated personal income loss?			_____ -
D8A	Did you need to visit the doctor or hospital as a result of violence experienced at work?	01 = Yes 02 = No ► D10A (Counsellor/Psychologist/Psychotherapist)		
D8B	If yes, how many visits to the doctor?			Visits _____

D8C	If yes, how much did it cost?		_____
D9A	Are you still on medication?	01 = Yes 02 = No ▶D10A (Counsellor/Psychologist/Psychotherapist)	_____
D9B	If yes, how much does it cost?		_____
D9C	If yes, who bears these costs? ◆ 'Interviewer': Multiple responses possible	01 = Myself 02 = Parents 03 = Took money from family budget 04 = The perpetrator(s) 05 = Public Health institutions 06 = Other (e.g. friends, employers, distant relatives, etc.)	_____
D10A	Are you consulting a counsellor/psychologist/psychotherapist?	01 = Yes 02 = No	_____
D10B	If yes, how much does it cost?		_____
D10C	If yes, who bears these costs? ◆ 'Interviewer': Multiple responses possible	01 = Myself 02 = Parents 03 = Took money from family budget 04 = The perpetrator(s) 05 = Public Health institutions 06 = Other (e.g. friends, employers, distant relatives, etc.)	_____
D11A	Did you lodge a complaint?	01 = Yes 02 = No	_____
D11B	If yes, with whom did you lodge the complaint?	01 = Immediate supervisor 02 = Line Manager 03 = Human resources manager 04 = CEO/director 05 = Other (specify) _____	_____
D11C	If yes, what was the outcome of the complaint?	01 = Complaint not resolved 02 = Complaint settled at work 03 = Complaint referred to labour court 04 = Other (specify) _____	_____

Section E: School violence (For Children under the age of 10)

E1A	Have your children ever experienced violence at school?	01 = Yes 02 = No	
E1B	If yes to E1A, please specify number of children subject to violence		
E1C	If yes to E1A, please state gender of each child who experienced violence		
	Child 1	01 = Male 02=Female	
	Child 2	01 = Male 02= Female	
	Child 3	01 = Male 02= Female	
	(Please insert additional rows for more children)		
E2	If yes, which of the following types of violence have your children experienced?	01 = Yes	02 = No

	Physical (beating, kicking, other forms of physical abuse)			
	Sexual (sexual intercourse, other forms of sexual abuse)			
	Verbal, Emotional, psychological (humiliation, intimidation, blackmailing, stigmatisation, discrimination)			
	Economic (manipulation with money, financial dependency)			
E3	If yes, who was responsible?	01 = Current teacher/lecturer		
		02 = Previous teacher/lecturer		
		03 = Schoolmate		
		04 = Stranger		
		05 = Other (specify) _____		
E4	Have your children experienced violence at your school in the past 12 months?	01 = Yes		
		02 = No		
E5	If yes, which of the following types of violence have you experienced in the past 12 months?	01 = Yes	02 = No	How often?
	Physical (beating, kicking, other forms of physical abuse)			
	Sexual (sexual intercourse, other forms of sexual abuse)			
	Verbal, Emotional, psychological (humiliation, intimidation, blackmailing, stigmatisation, discrimination)			
	Economic (manipulation with money, financial dependency)			
E6	If yes, who was responsible?	01 = Current teacher/lecturer		
		02 = Previous teacher/lecturer		
		03 = Schoolmate		
		04 = Stranger		
		05 = Other (specify) _____		
	If yes to E4, please answer the following			
E7A	Did the violence disrupt your children schoolwork?	01 = Yes ► E7B		
		02 = No		
E7B	If yes, how many days or hours of school were lost as a result of violence?			Days ____ or hours _____
E7C	If yes, how many days did your children have to take off from school?			Days _____
E8A	Did your children need to visit the doctor or hospital as a result of the violence experienced at school?	01 = Yes		
		02 = No ► E9A (counsellor/psychologist/psychotherapist)		
E8B	If yes, how many visits to the doctor?			Visits _____
E8C	If yes, how much did it cost?			_____
E8D	Are they still on medication?	01 = Yes		
		02 = No ► E9A (counsellor/psychologist/psychotherapist)		
E8E	If yes, how much does it cost per child?			_____
E8F	If yes, who bears these costs?	01 = Myself		
		02 = Parents		
		03 = Took money from family budget		
		04 = The perpetrator(s)		
		05 = Public Health institutions		
	◆ 'Interviewer': Multiple responses possible			

		06 = Other (e.g. friends, teachers, distant relatives, etc.)	
E9A	Are they consulting a counsellor/psychologist/psychotherapist?	01 = Yes 02 = No ►E10	
E9B	If yes, how much does it cost?	_____	
E9C	If yes, who bears these costs? ◆ ‘Interviewer’: Multiple responses possible	01 = Myself 02 = Parents 03 = Took money from family budget 04 = The perpetrator(s) 05 = Public Health institutions	
		06 = Other (e.g., friends, employers, distant relatives, etc.)	
E10A	Did you lodge a complaint?	01 = Yes 02 = No ►End Interview	
E10B	If yes, with whom did you lodge the complaint?	01 = Teacher 02 = Principal 03 = School governing body 04 = Department of education 05 = Other (specify) _____	
E10C	If yes, what was the outcome of the complaint?	01 = Complaint settled at school 02 = Complaint not resolved 03 = Complaint referred to courts of law/some tribunal	

Section F: School violence (For Teenagers within the age range of 11-17 years)

F1A	Have your teenagers ever experienced violence at school?	01 = Yes 02 = No ► End interview for section F	
F1B	Please specify number of teenagers subject to violence and		
FBC	If yes, please state gender of each teenager who experienced violence		
	Teenager 1	01 = Male 02=Female	
	Teenager 2	01 = Male 02= Female	
	Teenager 3	01 = Male 02= Female	
	(Please insert additional rows for more teenagers)		
F2	If yes, which of the following types of violence have your teenagers experienced?	01 = Yes	02 = No
	Physical (beating, kicking, other forms of physical abuse)		
	Sexual (sexual intercourse, other forms of sexual abuse)		
	Verbal, Emotional, psychological (humiliation, intimidation, blackmailing, stigmatisation, discrimination)		
	Economic (manipulation with money, financial dependency)		
F3	If yes, who was responsible?	01 = Current teacher/lecturer 02 = Previous teacher/lecturer 03 = Colleague/schoolmate 04 = Stranger 05 = Other (specify) _____	
F4	Have your teenager’s experienced violence at school/College in the past 12 months?	01 = Yes 02 = No ► End interview for section F	

F5	If yes, which of the following types of violence have your teenager experienced in the past 12 months?		01 = Yes	02 = No	How often?
	Physical (beating, kicking, other forms of physical abuse)				
	Sexual (non-consensual sexual intercourse, harassment, other forms of sexual abuse)				
	Verbal, Emotional, psychological (humiliation, intimidation, blackmailing, stigmatisation, discrimination)				
	Economic (manipulation with money, financial dependency)				
F6	If yes, who was responsible?		01 = Current teacher/lecturer		
			02 = Previous teacher/lecturer		
			03 = Colleague/schoolmate		
			04 = Stranger		
			05 = Other (specify) _____		
If yes to E4, please answer the following					
F7A	Did the violence disrupt your teenagers schoolwork?		01 = Yes ► E7B		
			02 = No		
F7B	If yes, how many days or hours of school were lost as a result of violence?				Days _____ or _____
					hours _____
E7C	If yes, how many days did your teenagers have to take off from your school?				Days _____
F8A	Did your teenagers need to visit the doctor or hospital as a result of the violence experienced at school?		01 = Yes		
			02 = No ► E9A (counsellor/psychologist/psychotherapist)		
F8B	If yes, how many visits to the doctor?				Visits _____
F8C	If yes, how much did it cost?				_____
F8D	Are they still on medication?		01 = Yes		
			02 = No ► E9A (counsellor/psychologist/psychotherapist)		
F8E	If yes, how much does it cost?				_____
F8F	If yes, who bears these costs?		01 = Myself		
			02 = Parents		
			03 = Took money from family budget		
			04 = The perpetrator(s)		
			05 = Public Health institutions		
			06 = Other (e.g., friends, teachers, distant relatives, etc.)		
F9A	Are they consulting a psychologist?		01 = Yes		
			02 = No ► F10A		
F9B	If yes, how much does it cost?				_____
F9C	If yes, who bears these costs?		01 = Myself		
			02 = Parents		
			03 = Took money from family budget		
			04 = The perpetrator(s)		
			05 = Public Health institutions		
			06 = Other (e.g., friends, employers, distant relatives, etc.)		

F10A	Did you lodge a complaint?	01 = Yes 02 = No ► <i>End Interview</i>	
F10B	If yes, with whom did you lodge the complaint?	01 = Teacher 02 = Principal 03 = School governing body 04 = Department of education 05 = Other (specify) _____	
F10C	If yes, what was the outcome of the complaint?	01 = Complaint settled at school 02 = Complaint not resolved 03 = Complaint referred to courts of law/some tribunal	

SECTION G: Legislation and authorities

What is your level of awareness and effectiveness with regards to the following legislations in place in Mauritius? Please indicate on a scale of 1-5

	Awareness	1	2	3	4	5
G1	Children's Act 2020					
G2	Child Sex Offender Register Act 2020					
G3	Children's Court Act 2020					
G4	Protection from domestic violence Act 1997					
G5	Workers' Rights Act 2019					
G6	Employment Relations Act 2008					
G7	Constitution of Mauritius 1968					
G8	Protection of Human Rights Act 1998					
G9	Equal Opportunities Act 2008					
G10	The Combating of Trafficking in Persons Act 2009					

(Please rate as per the following Likert's scales: 1 = Fully not aware; 2 = Not aware; 3 = Neither aware nor not aware; 4 = Aware; 5= Fully aware)

	Effectiveness	1	2	3	4	5
G1	Children's Act 2020					
G2	Child Sex Offender Register Act 2020					
G3	Children's Court Act 2020					
G4	Protection from domestic violence Act 1997					
G5	Workers' Rights Act 2019					
G6	Employment Relations Act 2008					
G7	Constitution of Mauritius 1968					
G8	Protection of Human Rights Act 1998					
G9	Equal Opportunities Act 2008					
G10	The Combating of Trafficking in Persons Act 2009					

(Please rate as per the following Likert's scales: 1 = Not at all effective; 02= Slightly Effective; 03= Moderately effective; 04= Very Effective. 05= Extremely Effective)

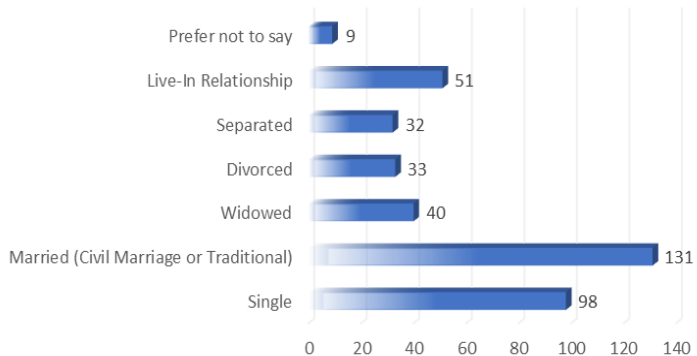
SECTION H: THE EFFECTIVENESS OF THE AUTHORITIES

	Effectiveness	1	2	3	4	5
H1	Hotlines					
H2	Police Stations					
H3	Police Family Protection Unit					
H4	Brigade Pour La Protection des Mineurs					
H5	Hospitals					
H6	Dispensaries					
H7	Child Protection Unit					
H8	Family Welfare and Protection Unit					
H9	Family Support Bureau					
H10	Social Welfare Division					
H11	Psychological Services Unit					
H12	Schools/Colleges for your child/teens					
H13	Shelters					
H14	Non-Governmental Organisations					
	Please state which NGOs did you contact. _____ _____					
H15	Re-habilitation Programme					
H16	Follow-up activities					

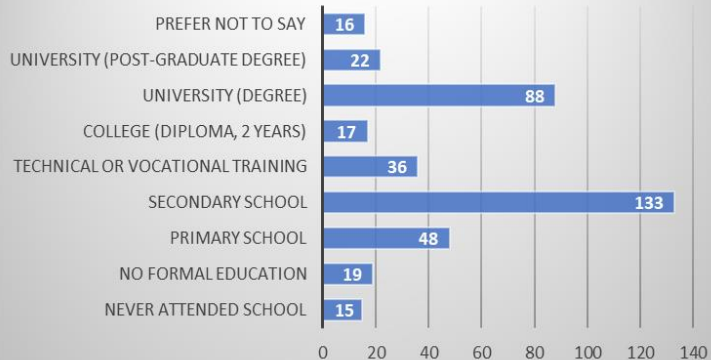
(Please rate as per the following Likert's scales: 1 = Not at all effective; 02= Slightly Effective; 03= Moderately effective; 04= Very Effective. 05= Extremely Effective)

Appendix 1

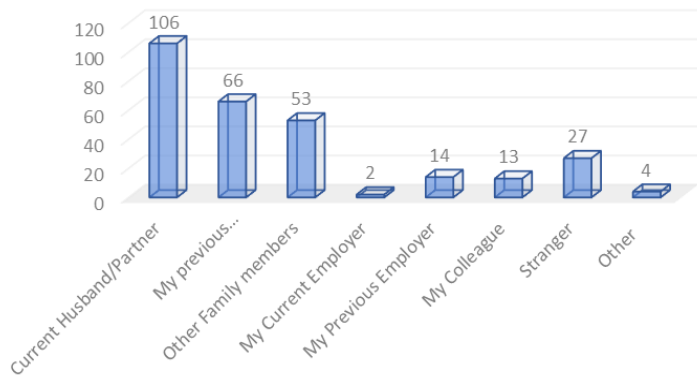
CURRENT MARITAL STATUS



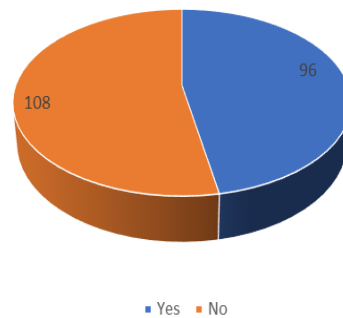
Educational Level



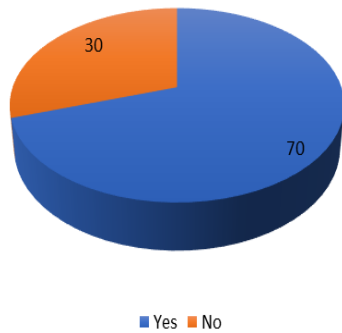
Who was responsible of the violence?



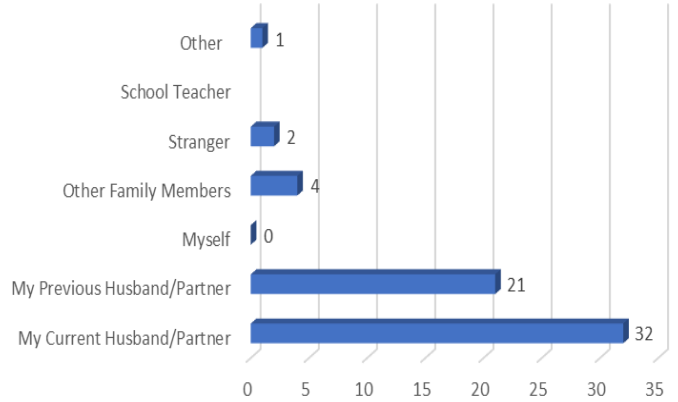
DO YOU HAVE CHILDREN UNDER THE AGE OF 10 YEARS OLD?



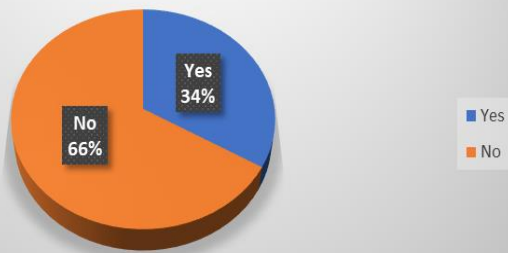
Have your Child/Children ever experienced violence?



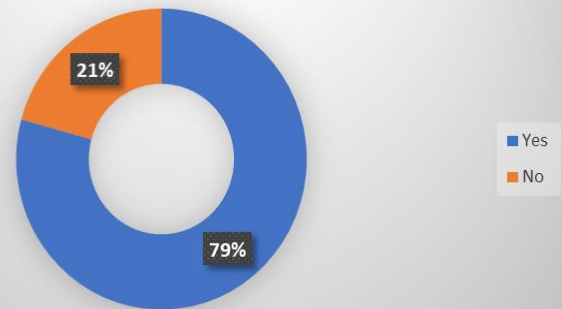
Who was responsible of the violence?



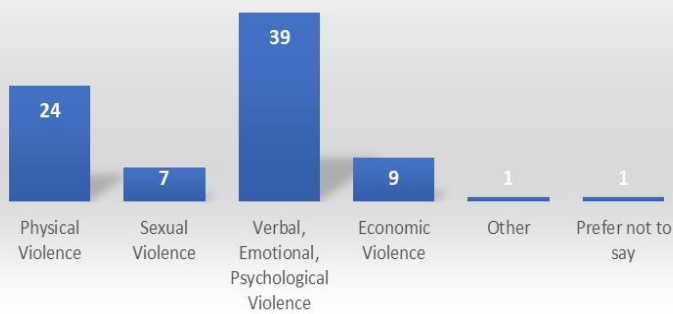
Do you have teenagers between the age range (11-17) years living with you?



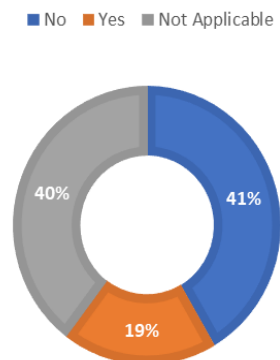
Teenagers experiencing violence



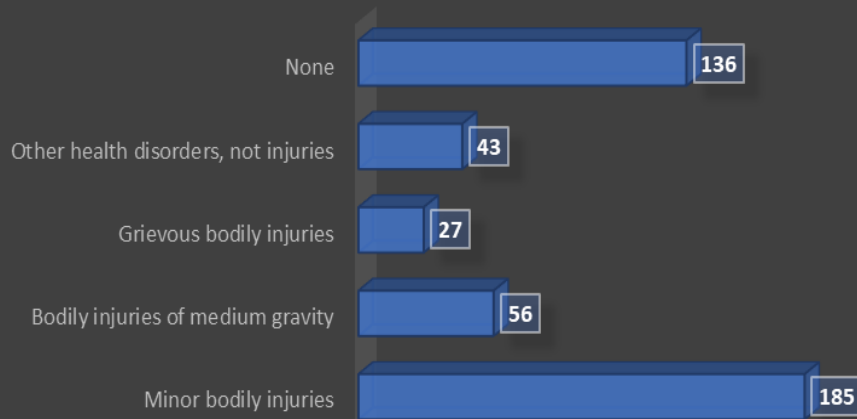
Types of violence experienced by teenagers



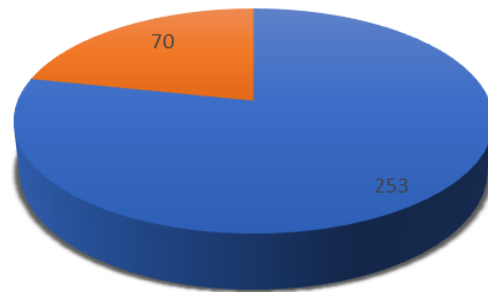
SICK LEAVES TAKEN BECAUSE OF INJURIES



TYPES OF BODILY INJURIES

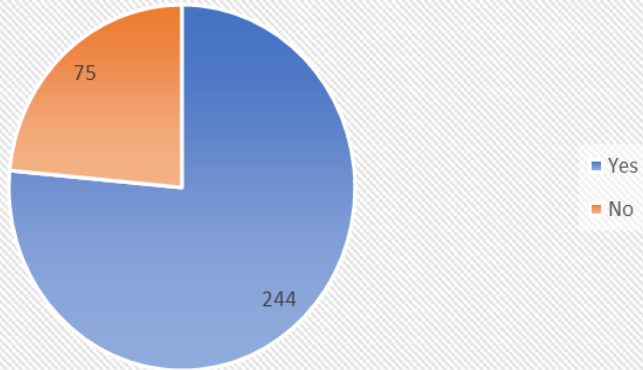


Were you hospitalised?

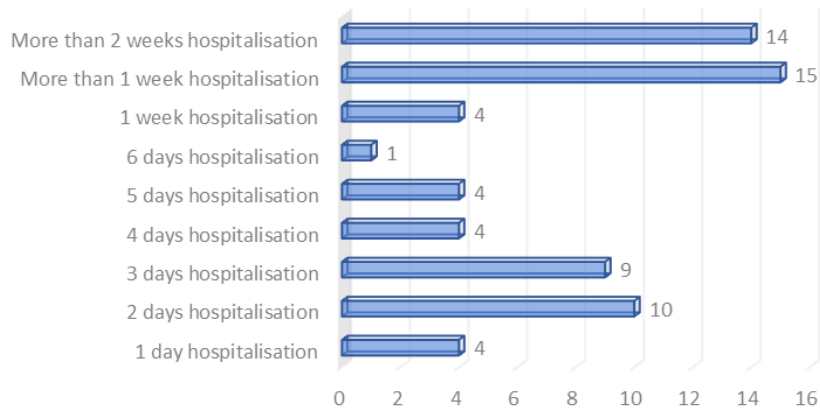


■ Yes ■ No

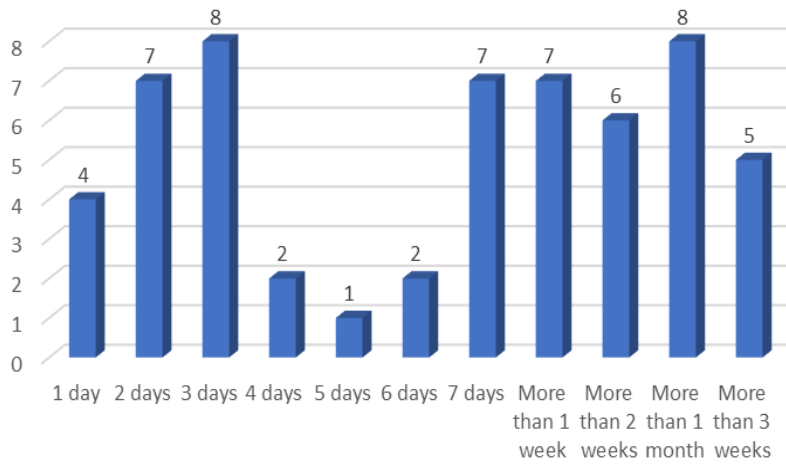
Were you bedridden because of injuries?



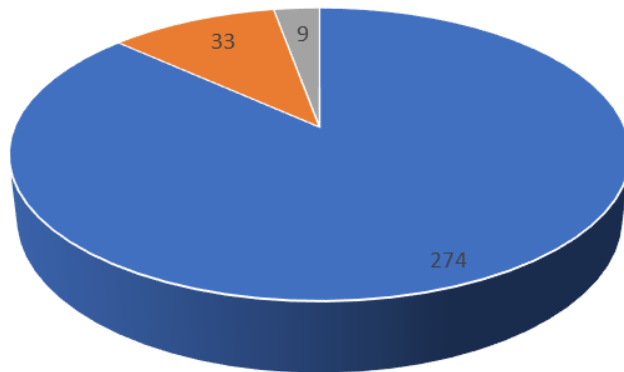
Number of hospitalisation days



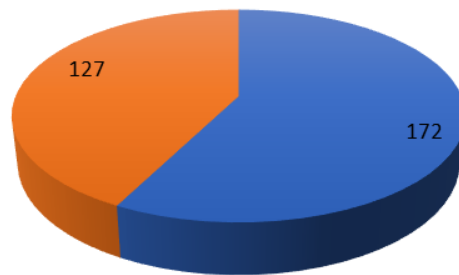
Number of days you were bedridden



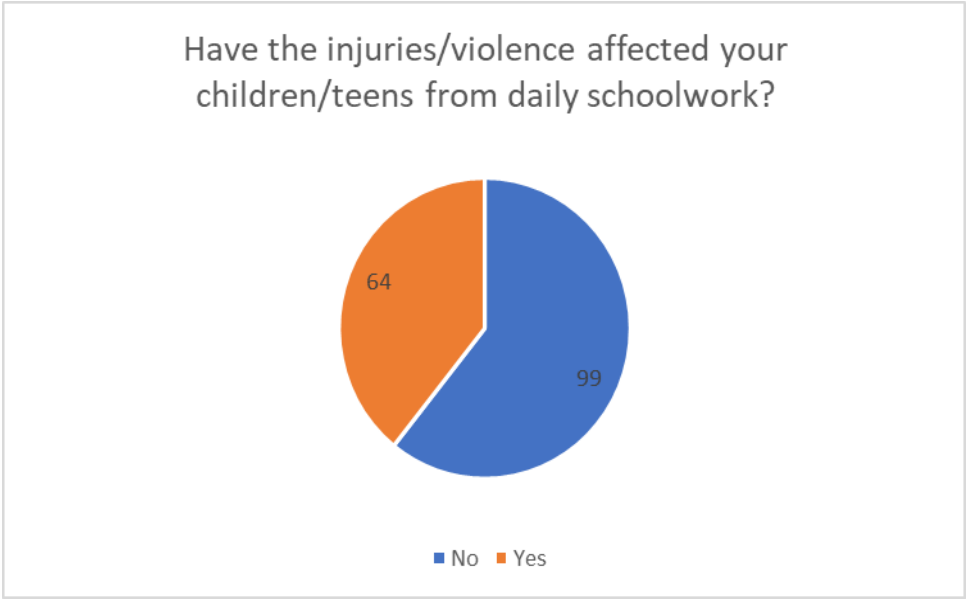
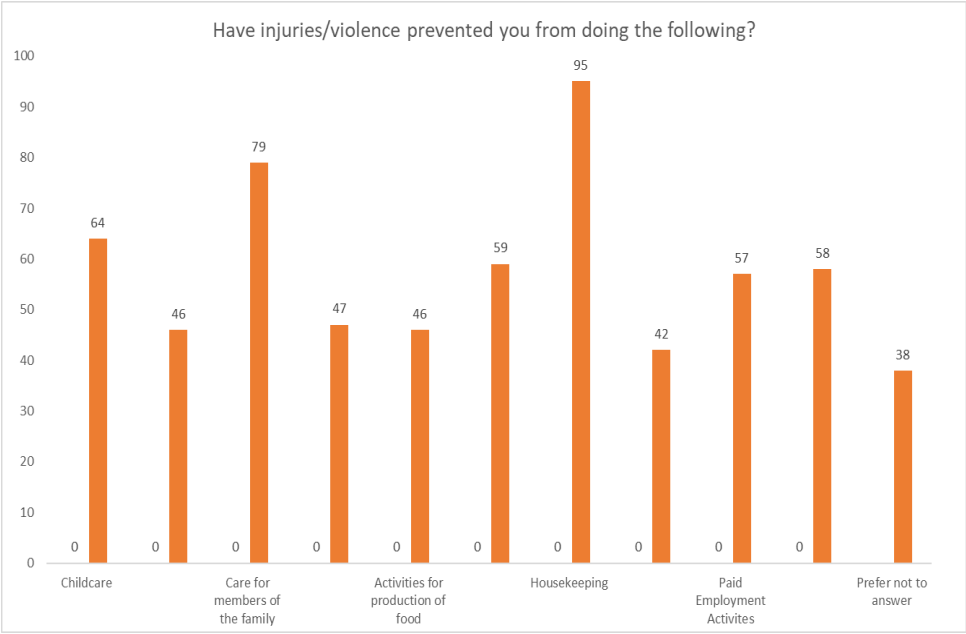
Did the injuries result in permanent incapacity?



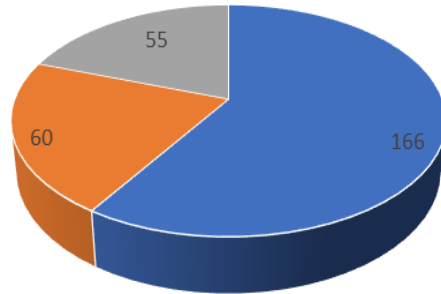
Have the injuries/violence affected your daily household work?



■ No ■ Yes

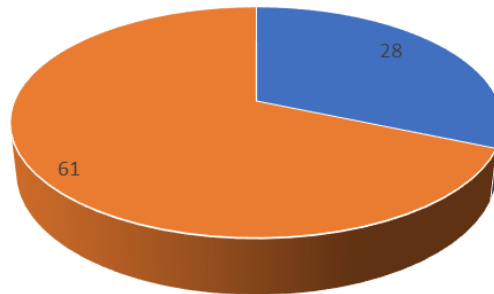


Did your family member pay for your medical expenses?



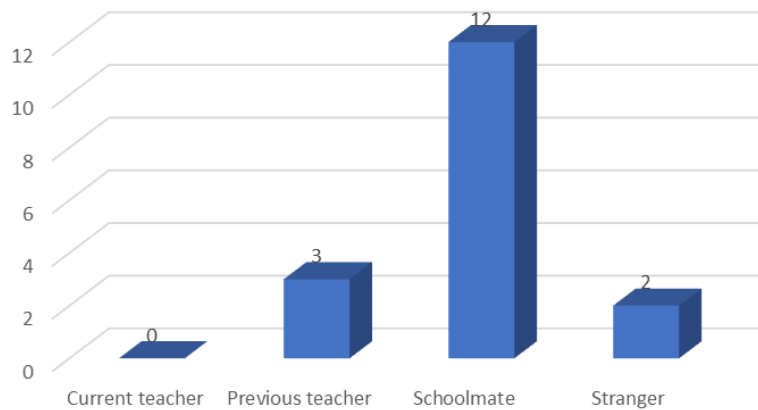
■ No ■ Yes, partially ■ Yes, fully

VIOLENCE IN THE WORKPLACE

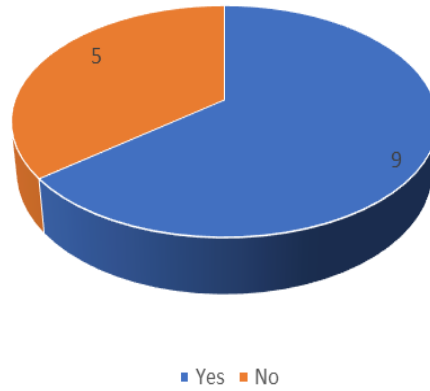


■ Yes ■ No

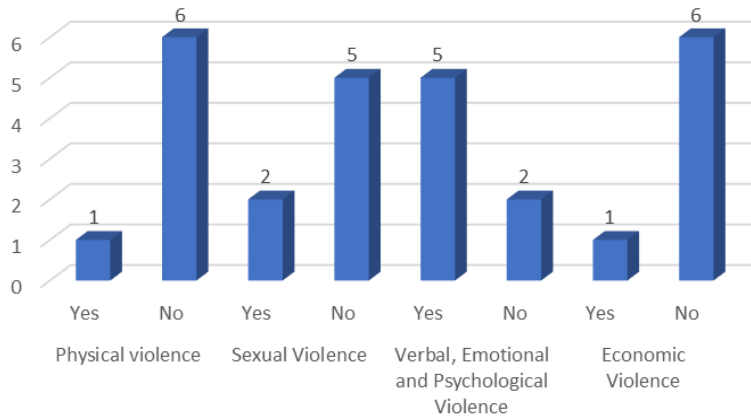
Who was responsible of the violence at School?



Teenagers experiencing violence at School over the past 12 months



Prevalence of violence for teenagers at School



Appendix 2

Constructs retained for SEM Model

Awareness of Legislation	Rating of victims' level of awareness of the following legislations
	Children's Act 2020
	Child Sex Offender Register Act 2020
	Children's Court Act 2020
	Protection from domestic violence Act 1997
	Workers' Rights Act 2019
	Employment Relations Act 2008
	Constitution of Mauritius 1968
	Protection of Human Rights Act 1998
	Equal Opportunities Act 2008
	The Combating of Trafficking in Persons Act 2009
Effectiveness of Legislation	Ratings of victims' perception of the effectiveness of

	Legislation
	Children’s Act 2020
	Child Sex Offender Register Act 2020
	Children’s Court Act 2020
	Protection from domestic violence Act 1997
	Workers’ Rights Act 2019
	Employment Relations Act 2008
	Constitution of Mauritius 1968
	Protection of Human Rights Act 1998
Prevalence	Number of times victims have experienced violence over the past 12 months
	Victims who experienced physical violence (beating, kicking, other forms of physical abuse) over the past 12 months
	Victims who experienced sexual violence (non-consensual sexual intercourse, harassment, other forms of sexual abuse) over the last 12 months

	Victims who experienced Verbal, Emotional, psychological (humiliation, intimidation, blackmailing, stigmatisation, discrimination) over the last 12 months
	Victims who experienced Economic violence (manipulation with money, financial dependency) over the last 12 months
Controlling Behaviour by partner	Insists on knowing where you are at all times
	Tries to limit your contact with your family
	Do not permit you to meet your female friends
	Frequently accuses/accused you of being unfaithful
	Is jealous of angry if you speak to other men
Emotional Abuse by partner	Insult you or make you feel bad about yourself
	Threaten to hurt or harm you or someone you care about
	Say or do something to humiliate you in front of others
Education loss	Hours lost for not being able to attend classes
	Hours lost for not being able to do homework activities

	Hours lost for not being able to work on school sports activities
Health costs to the victim	As computed in section 4.3.1
Legal costs to the victim	As computed in section 4.3.1
Personal costs to the victim	As computed in section 4.3.1
Indirect costs	As computed in section 4.3.2