

# UNDERSTANDING DETERMINANTS OF VIOLENCE IN CHILDHOOD: A SECONDARY ANALYSIS OF THE NATIONAL BASELINE SURVEY OF THE LIFE EXPERIENCES OF ADOLESCENTS IN ZIMBABWE

Data Brief on Understanding Violence Against Children in Zimbabwe Series

## KEY FINDINGS

- Physical violence is the most common type of violence experienced during childhood among respondents aged 18-24. About two thirds of females and three quarters of males had experienced physical violence by a parent or adult relative before the age of 18 (63.9 per cent and 76 per cent, respectively). Respondents also reported experiencing different forms of emotional violence as children. A total of 12.6 per cent of females and 26.4 per cent of males had been humiliated in front of others before the age of 18, and 17.3 per cent of females and 17.5 per cent of males had been made to feel unwanted.
- Sexual violence during childhood was more common among girls than among boys. One in five girls aged 18-24 had experienced unwanted sexual touching before the age of 18 (20.2 per cent) compared to 5.6 per cent of boys. A total of 15 per cent of girls had experienced attempted sex (3.8 per cent for boys), 9 per cent experienced physically forced sex (0.4 per cent for boys) and 7.4 per cent had experienced pressured sex (1.4 per cent for boys).
- After controlling for age and socio-economic status (SES) in the regression models, the significant risk factors for experiencing violence varied for boys and girls depending on the type of abuse they experienced. One risk factor that was common for both boys and girls across all types of violence was having early childhood experiences (before the age of 13 years old) of abuse, thus highlighting the importance of early intervention.
- All forms of violence against children place a significant burden on children and young adult's health and well-being. Emotional abuse is associated with increased suicide attempts for both boys and girls, and sexual violence was associated with reported lifetime experiences of suicide ideation, unwanted pregnancy and alcohol use among both girls and boys and smoking among boys, and other health outcomes.

## INTRODUCTION

There are very few national studies on emotional, sexual or physical violence against children in sub-Saharan Africa, and there are no empirical studies published in Zimbabwe on emotional violence. Nurturing environments that foster successful development are critical to children's well-being. Understanding what creates negative interactions within the peer or family context is essential for violence prevention. This secondary analysis provides, for the first time, comparable national population-based estimates that describe the nature and magnitude of violence against children in Zimbabwe.

# B BACKGROUND

The National Baseline Survey of the Life Experiences of Adolescents (NBSLEA), a 2011 national, population-based survey of 2,410 respondents aged 13 to 24 years, investigates the lifetime experiences of violence before the age of 18 as reported by 18-24 years olds and the previous year experiences for adolescents ages 13 to 17.<sup>1</sup> The study measures experiences of emotional, physical and sexual

violence, as well as violence perpetrated by intimate partners (*see Table 1*). This paper synthesizes what is known from this population-based survey by calculating the prevalence and magnitude of associations between experiencing violence during childhood and various risk factors, and the impact of experiencing violence on mental health and health-risk behaviours.

Table 1: Definitions of physical and emotional violence during childhood

How violence was measured in the NBSLEA	
<b>Emotional Violence</b>	Emotional violence was measured by asking respondents whether they were humiliated in front of others, made to feel unwanted, and/or threatened with abandonment/told to leave home while they were growing up.
<b>Physical Violence</b>	Physical violence was defined as encompassing violent acts against a child including: slapping, pushing, hitting with an object, kicking, or beating a child who is below the age of 18 years. The definition also included if the child was threatened with a weapon, or if a weapon was used against them regardless of the reason or circumstances by a parent or adult relative.
<b>Sexual Violence</b>	<p>“Sex” or “sexual intercourse” was defined as someone penetrating or attempting to penetrate the anus with their penis, hands, fingers, mouth or other objects, or penetrating the mouth with their penis. Sex can also mean someone forcing their penis into their mouth, vagina, or anus. Four different types of sexual violence were measured:</p> <ul style="list-style-type: none"><li>• <b>Unwanted touching:</b> These questions asked about a time when anyone, male or female, touched the respondent in a sexual way without their consent, but the person did not try and force them to have sex. Touching without consent includes being fondled, pinched, grabbed, or touched against their will.</li><li>• <b>Pressured sex:</b> The next questions asked about a time when anyone, male or female, pressured the respondent to have sex against their will and they did have sex.</li><li>• <b>Attempted sex:</b> The next questions asked about a time when anyone, male or female, tried to make the respondent have sex against their will, but sex did not happen.</li><li>• <b>Physically forced sex:</b> The next questions asked about a time when anyone, male or female, physically forced the respondent to have sex with them without the respondent’s consent. Physical force means things like being pinned or held down, or the use of violence like hair pulling, pushing, shoving, punching, kicking, stuffing or choking.</li></ul>

# METHODS

ZimStat led the secondary data analysis, with technical support from the University of Edinburgh. All data was double-entered, captured using CSPro 4.0 and analysed initially using SAS 9.3. ZimStat applied a three-step weighting process — calculating base weights, non-response adjustments, and calibration. Data was weighted to generate nationally representative estimates; the unweighted absolute number of participants are also included in this data brief. A detailed study protocol including the methodology employed and instruments used in English and Shona are available at:

<http://www.zimstat.co.zw/dmdocuments/NBSLEA.pdf>

STATA was used for regression analyses in the secondary analysis. Using bivariate logistic regression each risk and protective factor was examined in relation to childhood emotional and physical violence separately, and included in the multivariate regression model only those risk factors and control variables that were significantly associated with each form of abuse at  $p < .10$ . Multivariate logistic regression models entering all the significant variables were conducted and then a backwards elimination approach was used to remove non-significant risk factors until all remaining factors were associated with victimization. For health-related associations, bivariate logistic regressions were used for adjusting potential confounders (age and socio-economic status).

# FINDINGS

## Prevalence of emotional and physical violence against children

Table 2 highlights the findings related to violence against children from the NBSLEA data. Findings show that boys report experiencing more physical violence by a parent or adult relative (60.9 per cent) and emotional violence by an adult (39.1 per cent) than girls (47.8 and 29.0 per cent respectively). Approximately one third of males and nearly three out of every 10 females aged 18-24 years experienced emotional violence by an adult prior to turning 18. About 18 per cent of females and 16 per cent of males aged 13-17 years experienced emotional violence by an adult in the year preceding the survey.<sup>1</sup>

In relation to sexual violence, girls aged 18-24 reported a lifetime prevalence of 20.2 per cent for sexual touching, 15 per cent for attempted sex, 9 per cent for physically forced sex and 7.4 per cent for pressured sex, boys reported prevalence estimates of 5.6, 3.8, 0.4 and 1.4 per cent respectively.

Table 2: Prevalence of different types of violence against children, NBSLEA, 2011

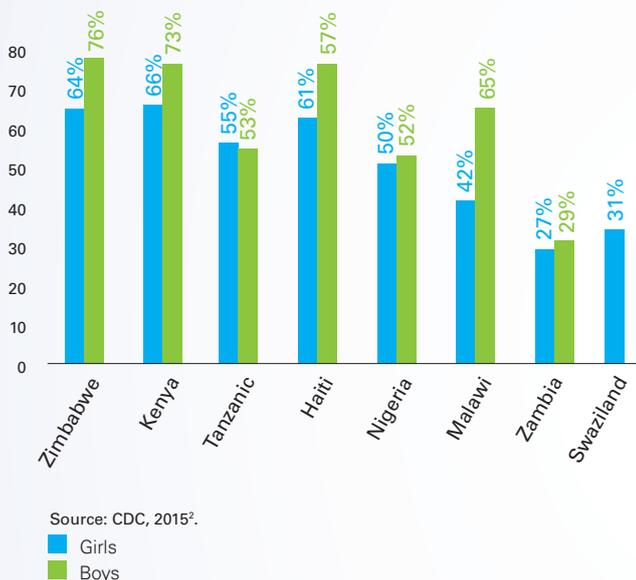
Type of violence	Age group	Females (%)	Males (%)
Sexual violence prior to the age of 18	18-24	32.5%	8.9%
Sexual violence in the past 12 months	13-17	8.5%	1.8%
Unwanted sexual touching prior to age 18	18-24	20.2%	5.6%
Unwanted sexual touching in the past 12 months	13-17	5.4%	1.1%
Unwanted attempted sex prior to age 18	18-24	15.0%	3.8%
Unwanted attempted sex in the past 12 months	13-17	3.3%	0.7%
Pressured sex prior to age 18	18-24	7.4%	1.4%
Pressured sex in the past 12 months	13-17	1.9%	0.0
Physically forced sex prior to age 18	18-24	9.0%	0.4%
Physically forced sex in the past 12 months	13-17	0.9%	0.0
Unwanted completed sex prior to age 18	18-24	13.5%	1.8%
Unwanted completed sex in the past 12 months	13-17	2.4%	0.0
First incident of sexual violence by perpetrator 10 or more years older	18-24	29.3%	35.0%
More than one incident of sexual violence	18-24	62.7%	47.9%
Physical violence by a parent or adult relative prior to age 18	18-24	47.8%	60.9%
Physical violence by a parent or adult relative in the past 12 months	13-17	15.8%	16.2%
Physical violence by an authority figure prior to age 18	18-24	47.3%	57.6%
Physical violence by an authority figure in the past 12 months	13-17	35.8%	41.0%
Emotional violence by an adult prior to age 18	18-24	29.0%	39.1%
Emotional violence by an adult in the past 12 months	13-17	18.6%	16.4%

Please see full publications for confidence intervals and other prevalence statistics (ZimStat, UNICEF & CCORE, 2013<sup>1</sup>)

When data for Zimbabwe is compared with other countries that have conducted national household surveys on childhood violence, it can be seen that Zimbabwe often has the highest self-reported prevalence estimates for children experiencing violence.

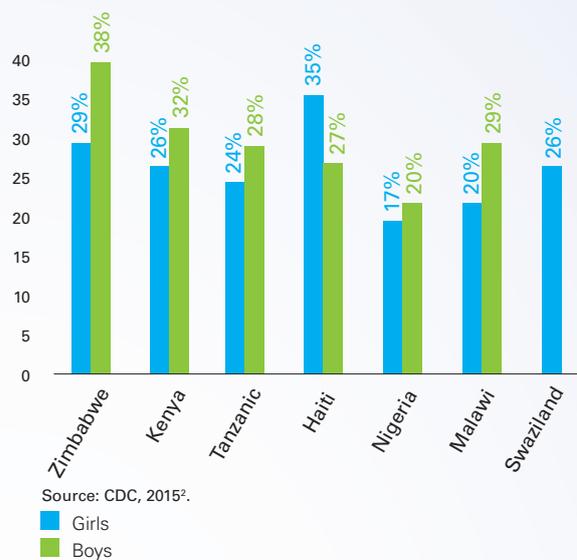
Figure 1 shows the prevalence of childhood physical violence experiences across nine countries that conducted similar surveys. Among these countries, Zimbabwe has the highest reported prevalence of physical violence experiences among boys, with three out of every four boys reported to have experienced physical violence from a parent, adult caregiver or authority figure as a child, and the second highest prevalence for physical violence during childhood experiences among girls.

Figure 1: Prevalence of physical violence prior to age 18 reported by females/males 18-24 years of age by parents, adult caregivers, and authority figures in nine VACS country sites



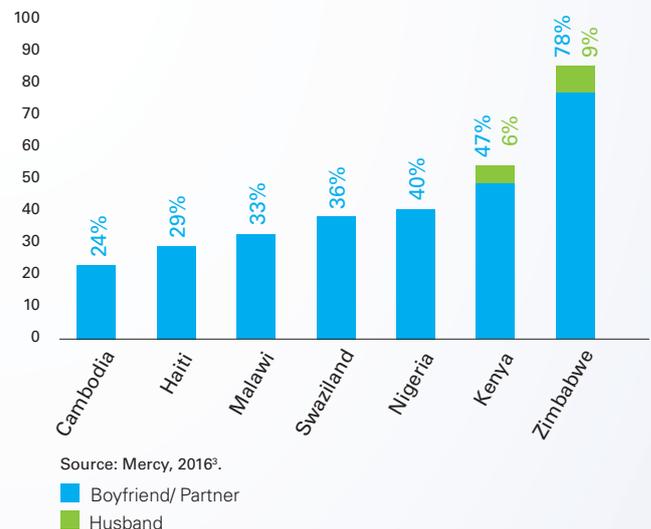
Children in Zimbabwe also experience high levels of emotional violence when compared to other countries. With over one in every three boys reporting emotional violence victimization during childhood from a parent, adult caregiver or authority figure – this is the highest prevalence estimate among the countries measuring violence against children. Similarly, girls also experience high levels of emotional violence – among the highest in Africa (see Figure 2).

Figure 2: Prevalence of emotional violence prior to age 18 reported by females/males 18-24 years of age by parents, adult caregivers, and authority figures in eight VACS country sites



Children not only experience violence from adults, but also from their peers and intimate partners. Eighty-seven per cent of first sexual violence experiences of children in Zimbabwe are reported to be perpetrated by boyfriends/partners or husbands (see Figure 3). This represents the largest prevalence of adolescent intimate partner sexual violence among the countries that have measured violence against children.

Figure 3: Percentage of females reporting first sexual violence incident prior to age 18 that was perpetrated by a boyfriend/partner or husband, VACS data



## Perpetrators of physical and emotional violence against children

Among those who reported violence was perpetrated by a relative, parents were highly likely to physically abuse their children. About 60 per cent of females aged 18-24 years experienced physical violence perpetrated by their mothers.<sup>1</sup> Nearly half of all males (46 per cent) of the same age experienced physical violence perpetrated by their fathers. A similar pattern of physical violence was observed for the 13-17 year age group.<sup>1</sup> Among authority figures, teachers were the primary perpetrators of physical violence against females and males in both age groups.

Aunts and mothers predominantly humiliated females aged 18-24 years who experienced emotional violence prior to 18 years of age, while teachers and uncles were most likely to humiliate males of the same age group. For the 13-17 year age group, 21 per cent of either sex reported being humiliated by neighbours in the 12 months preceding the survey. Females aged 18-24 years who experienced emotional violence prior to age 18 years were made to feel unwanted by aunts (29.5 per cent) and uncles (20.6 per cent). Fathers (25.0 per cent) and uncles (30.4 per cent) were most likely to make males of the same age group feel unwanted. Females and males aged 13-17 years were mainly made to feel unwanted by grandparents and aunts in the 12 months preceding the survey.<sup>1</sup>

## Settings where violence occurs

Violence against children occurs in homes, schools and in the community. Where violence occurs is slightly different for girls and boys. Figure 4 highlights the place where different types of violence – emotional, physical and sexual – occurred by gender.

For girls, sexual violence is the second most frequently occurring type of violence, after emotional violence, in the home, whereas for boys, physical violence occurs more frequently. For both boys and girls, sexual violence is the most common form of violence experienced in the community. Two-thirds of girls who experienced sexual violence said the first incident occurred in the community (62.8 per cent) compared to half of boys (49.5 per cent).

Figure 4 also highlights that both school and the home are equally risky for both girls and boys for physical violence. Physical violence perpetrated by teachers and head masters (school setting) was reported by 47.3 per cent of girls and 57.6 per cent of boys. Physical violence perpetrated by police, military, employer or other (in the “community” setting) was less common and reported by 2.5 per cent of girls and 11.4 per cent of boys. Percentages may add up to more than 100 per cent across settings because respondents could answer none or multiple perpetrators.

Figure 4: Snapshot analysis of types of violence by setting using location and perpetrator information, NBSLEA data 2011

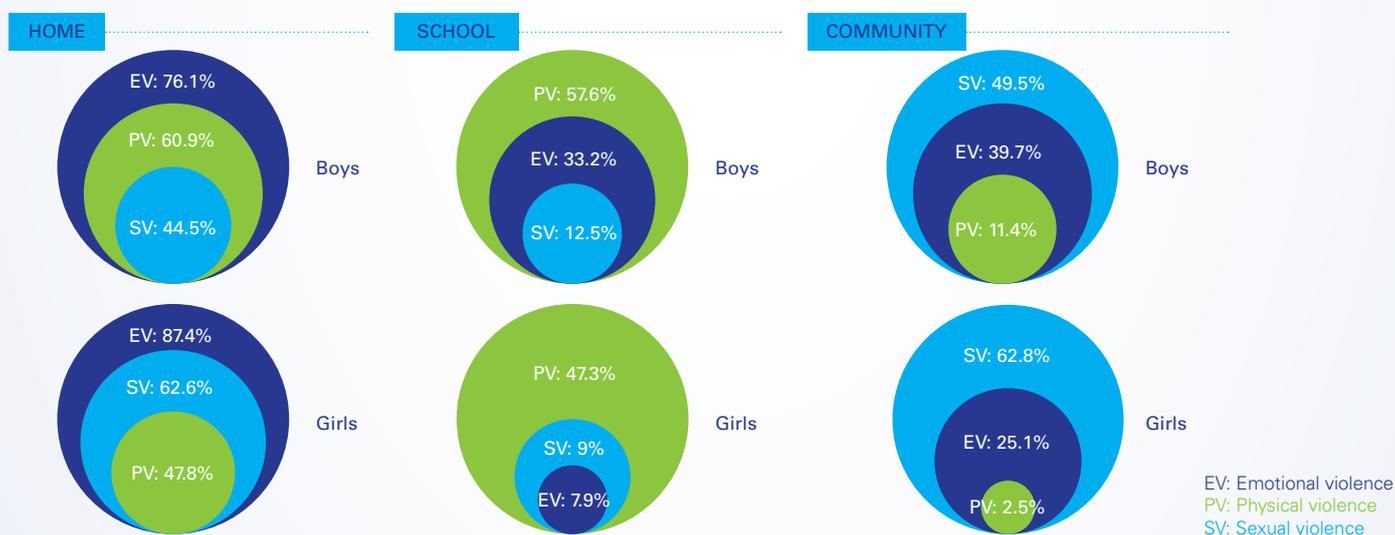


Figure 4 includes a snapshot analysis of the three violence variables (emotional, sexual and physical violence) by setting. Emotional violence includes the percentage of young people ages 18-24 who were humiliated by an adult prior to the age of 18 by type of relationship with adult. For the home setting this includes: father, stepfather, brother, uncle, mom, stepmother, sister, aunt, grandparent or other relative; the school setting includes teacher or friend and community setting includes neighbour or other person. Percentages may add up to more than 100% across settings because respondents could answer none or multiple perpetrators. This analysis highlights that emotional violence is most likely to happen in the home by parents/relatives.

Sexual violence shows the percentage of respondents whose first incident of sexual violence happened in a certain location. Home was defined as sexual violence reported in perpetrator’s home or own home; school includes incidents of sexual violence taking place in school; places in the community included violence that happened while traveling, in church, other location, outside, in a car, on the way to/from school, at a shop, party or someone’s home (not their own or the perpetrators). Total percentage across settings may add up to more than 100% because respondents could answer none or multiple locations. For both boys and girls, sexual violence is more likely to happen in the community but followed closely by the home (almost equal percentages for both).

Physical violence shows percentage of respondents where violence perpetrated during childhood (before age 18) by type of perpetrator. For home this includes parent or adult relative, the school setting includes violence perpetrated by teachers and head masters and community includes violence perpetrated by police, military, employer or other. Percentages may add up to more than 100% across settings because respondents could answer none or multiple perpetrators.

## Risk and protective factors for violence against children

Table 3 highlights statistically significant findings of the association between risk factors and violence in childhood outcomes for boys and girls. Across all forms of violence, including emotional, physical and sexual violence, early experiences of violence are risk factors

for later experiences of different types of violence for both boys and girls. Orphanhood was only a significant risk factor for experiencing emotional violence for boys, but maternal absence was a risk factor that significantly increased girls' risk of experiencing sexual violence.

Table 3: Risk factors for violence against children

Emotional violence		Physical violence		Sexual violence	
♂ Boys	♀ Girls	♂ Boys	♀ Girls	♂ Boys	♀ Girls
Paternal orphanhood before age 13	Physical abuse before age 13	Feeling they have friends they can talk to about important things	Emotional abuse before age 13	Emotional abuse before age 13	Emotional abuse before age 13
Illness of adult in the home	Age between 15-16 years		Illness of adult in the home	Physical abuse before age 13	Physical abuse before age 13
		Socio-Economic Status (SES) in 1st - 4th quintile	SES in 1st and 3rd quintile		SES in 1st, 2nd and 3rd quintile
					Maternal absence from family before age 13

Note: For socioeconomic status, the 1st quintile is the least wealthy and the 5th quintile is the most wealthy.

Another factor that emerged as an associated risk was illness of an adult within the home. This was a significant risk factor for emotional violence against boys and physical violence against girls. Socio-economic status also emerged with both boys and girls in the less wealthy quintiles being at increased risk for physical violence and girls being more at risk for sexual violence.

The gendered nature of relationships such as the unexpected finding of closeness of boys to their peers as a risk factor for physical violence needs to be unpacked to explain why children's assumed social support networks are failing them.

**Protective factors** were also identified in the data and for sexual violence for girls. These included attending school, feeling they have close friends they can talk to, feeling safe and secure in the community and feeling people in the community could be trusted. For boys, the one protective factor against sexual violence in childhood that emerged was having a close relationship with their mother. Being extremely or quite close to their mother was also a protective factor for males against experiencing emotional violence compared to males that had no relationship with their mother. Closeness to either parent was not a

significant predictor among females. However, feeling they could talk to their family about things important to them and also feeling their family cared about them were both protective factors for females against emotional violence.

Feeling teachers care about them was a significant protective factor for boys and girls against experiencing emotional violence while growing up, and for boys (but not girls) it was protective against experiencing physical violence by a family member or adult relative. Those that did not have these caring relationships were more vulnerable to experiencing emotional and physical childhood violence.

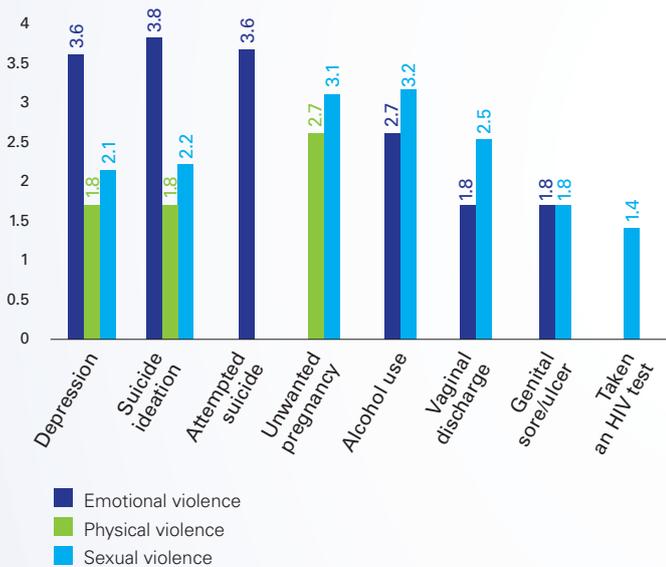
Additionally, safety and trust in the community were important protective factors for both boys and girls against experiencing emotional violence, but in different ways. For boys, feeling safe and secure in the community was a protective factor. For girls, feeling people in the community could be trusted was protective. Though it is impossible from this cross-sectional survey to determine the directionality of the relationship, for those who did not report feeling safety and trust in their community was associated with experiencing childhood emotional violence.

## Health-related outcomes of childhood physical and emotional violence

Figures 5 and 6 highlight the statistically significant associations between experiencing different types of violence in childhood for girls and boys (respectively), and various health behaviours.

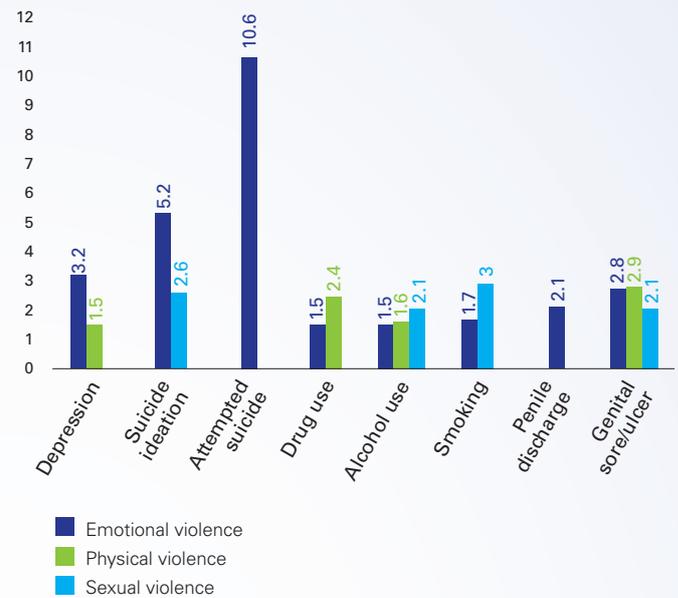
For girls, it can be seen that emotional violence carries the largest burden on mental health including, depression, suicide ideation and suicide attempts with girls who have experienced emotional violence in childhood being over three times more likely to also report depression and suicidal thoughts and attempts than girls who have not. For other health outcomes and risk behaviours, sexual violence plays a larger role for girls. Girls who have experienced sexual violence are three times more likely to also report having an unwanted pregnancy or report alcohol use, than girls who have not experienced sexual violence.

Figure 5: Experience of health-related conditions and behaviours reported by females aged 18-24 years, who had experienced some type of violence before age 18 years



For boys, emotional violence during childhood bears an even higher burden on attempted suicide and suicide ideation. Boys who have experienced emotional violence during childhood are 10 times more likely to also report having attempted suicide than boys who have not experienced emotional violence during childhood. For the other health outcomes and health risk behaviours, unlike girls, all forms of violence seem to equally influence the association with negative health outcomes.

Figure 6: Lifetime experience of health-related conditions and behaviours reported by males aged 18-24 years, who had experienced some type of violence before age 18 years



## Policy and practice implications from the data

### Intervening in the early years for impact during adolescence

Several studies in sub-Saharan Africa show previous experiences of violence increase children's vulnerabilities to experiencing further physical and emotional violence.<sup>4</sup> Findings from the secondary analysis of NBSLEA data show that violence experiences during the early and middle years of childhood (e.g. before the age of 13) increase the likelihood of experiencing further and different types of violence for children and adolescents.<sup>5,6</sup>

Findings show that the most significant risk factors for emotional violence before the age of 18 as reported by females (but not males) was previous experiences of physical abuse before the age of 13, with those girls being three times more likely to subsequently experience emotional abuse than their peers that have not experienced early childhood physical abuse.<sup>6</sup>

Similarly, the most significant risk factor for physical abuse was previous childhood emotional abuse experiences for boys and girls. Both boys and girls that experienced early emotional abuse were more likely to report being threatened or attacked with a weapon or slapped, pushed, punched or hit with an object by a parent or adult relative.<sup>6</sup>

A similar pattern is found with risk factors for child sexual violence. Girls who experienced either physical or emotional violence before adolescence were more likely to experience unwanted touching, attempted or forced sex before the age of 18.<sup>6</sup> For boys, early experiences of either physical or emotional violence increased their likelihood of experiencing unwanted touching, but not other forms of sexual violence.<sup>5</sup>

These findings suggest that many children may experience multiple types of violence during childhood and that early experiences of violence are particularly strong risk factors for multiple and varied victimizations.<sup>5-6</sup> These findings also suggest that early years interventions to prevent abuse may impact on adolescent experiences of violence. Early adolescence may also be a prime time to intervene to prevent early adverse experiences from impacting further exposure to violence during the adolescent and young adulthood years.<sup>7</sup>

### Connecting the dots during adolescence: Linking violence prevention with adolescent health

Findings highlight the burden of violence in childhood on adolescent and young adults' emotional, sexual and reproductive health.<sup>5-6</sup> Table 4 highlights the importance of the period of adolescence for health using global statistics and showcases how emotional and physical violence is also impacting adolescent and young adult well-being and health in Zimbabwe using the NBSLEA data.<sup>5-6</sup>

More work can be done to effectively link violence prevention with adolescent health promotion efforts, and to increase understanding that investment in violence prevention is an investment in adolescent health.

Table 4: The Global Contribution of Adolescence to Key Health Issues and the Health Burden on Adolescents and Young Adults of Violence in Childhood in Zimbabwe<sup>5-6</sup>

Related Sustainable Development Goals (SDGs)	Contribution of adolescence	Health burden on adolescents and young adults of violence in childhood in Zimbabwe	Global end violence goals
<b>SDG 3.1</b> By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births	Girls aged 15–19 years account for 25% of all unsafe abortions	Females who experienced physical violence during childhood are 2-3 times more likely to have an unwanted pregnancy than females who have not experienced physical violence during childhood.	<b>SDG 5.2</b> Eliminate all forms of violence against women and girls <b>SDG 5.3</b> Eliminate all harmful practices such as child, early and forced marriage and female genital mutilation
<b>SDG 3.3</b> By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.	People aged 15–24 years account for 41% of new HIV infections in those older than 15 years HIV is the second leading cause of death in people aged 20–24 years	Girls who have experienced sexual violence in childhood are 1.4 times more likely to have taken an HIV test and 1.8 times more likely to report having a genital sore/ulcer, a potential symptom of a sexually transmitted infection. Boys who have experienced any form of violence during childhood (physical, sexual or emotional) are 2 times more likely to also report penile discharge.	<b>SDG 16.2</b> End abuse, exploitation, trafficking and all forms of violence against children
Respond to the burden of mental disorders	75% of mental disorders present before age 24 years and 50% before 14 years Self-inflicted injury is the second leading cause of death in people aged 10–24 years	Both girls and boys who have experienced emotional violence during childhood are 3 times more likely to report feeling depressed in the last month. Boys who have experienced emotional violence during childhood are 10 times more likely and girls are 3 times more likely to attempt suicide.	<b>SDG 16.2</b> End abuse, exploitation, trafficking and all forms of violence against children
<b>SDG 3.a</b> Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate. <b>SDG 3.5</b> Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	90% of adult smokers are estimated to have started smoking before age 20 years	Boys who have experienced sexual violence during childhood are nearly 3 times more likely to also report smoking as adolescents and young adults.	<b>SDG 16.2</b> End abuse, exploitation, trafficking and all forms of violence against children

## Creating safe and inclusive learning environments

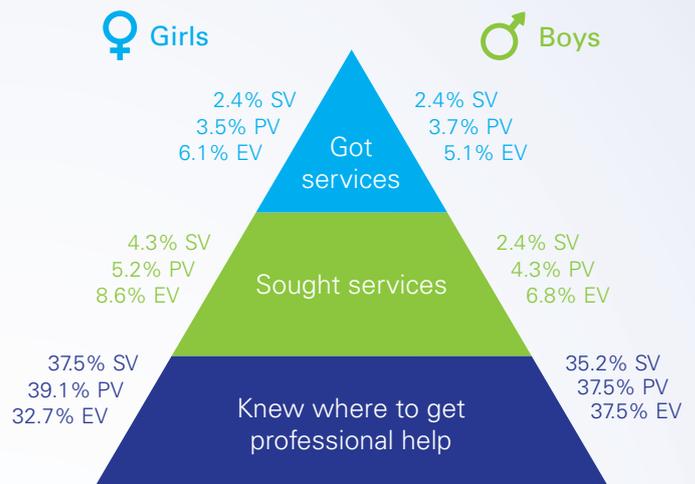
The secondary analysis data highlights how schools - particularly having a positive relationship with teachers - can be protective for children from experiencing violence not only in school but in other settings. Conversely, there is evidence that in some cases through their pedagogies and/or inadequate management structures that schools may be sites of violence rather than spaces for challenging violence and promoting inclusion and social justice.<sup>9</sup> This can be seen in teacher's use of corporal punishment within the classroom setting, despite strong education policies against these practices. Creating safe, non-violent and inclusive learning environments is also enshrined as a target within the Sustainable Development Goals providing a significant opportunity to develop evidence-based programmes that seek to prevent violence within educational settings in Zimbabwe.

## Improving programmes for preventing and responding to violence against children

When it comes to disclosure of different types of violence, global statistics highlight that female victims of sexual violence are least likely to disclose the abuse as opposed to those who experienced either physical violence or both physical and sexual violence.<sup>8</sup> This discrepancy is particularly stark in Zimbabwe when compared with other countries, with 72 per cent of girls and women aged 15 to 49 who experienced sexual violence that never told anyone, in contrast to 48 per cent of those who experienced physical violence and 41 per cent who experienced both physical and sexual violence.<sup>8</sup> From NBSLEA data, nearly half of females and males who experienced sexual violence in childhood told no one about it.<sup>1</sup>

Data indicate that only a very small proportion of boys and girls who knew of a place to go for professional help actually sought support for violence.<sup>1</sup> Figure 7 highlights the percentage of males and females who knew where to get professional help, sought services and received services by type of violence (sexual violence (SV), physical violence (PV) or emotional violence (EV)) experienced during childhood.<sup>1</sup>

Figure 7: Knowledge of services and usage by victims of different types of violence during childhood as reported by 18-24 year olds



Nearly two thirds of males and females do not know where to get professional help for violence experiences and an even smaller percentage seek services. However, for those that do seek services, a large proportion also receives them. Figure 7 highlights that there may be several barriers for adolescents receiving professional care after experiencing violence: 1) barriers to disclosing violence; 2) lack of knowledge of where to get professional help; and 3) seeking help even when services are known. For the latter, Table 5 highlights the reasons for not seeking help for different types of violence experiences in childhood.<sup>1</sup>

Table 5: Adults aged 18-24 years who reported why they did not seek services for incidences of violence prior to the age of 18

Reasons for not seeking services	Sexual Violence		Physical Violence		Emotional Violence	
	Female (n=79) %(95% CI)	Male (n=27) %(95% CI)	Female (n=58) %(95% CI)	Male (n=129) %(95% CI)	Female (n=35) %(95% CI)	Male (n=65) %(95% CI)
Afraid of getting into trouble	25.0 (8.5-41.4)	8.9 (0-20.5)	10.1 (3.1-17.1)	16.4 (7.9-25)	19.8 (5.5-34.1)	17.4 (7.8-28.1)
Embarrassed for self or family	18.7 (2.9-34.5)	20.2 (1.9-38.5)	0.0	2.1 (0.5-1)	6.0 (0-14.6)	9.3 (0-23.6)
Did not want to get abuser in trouble	23.8 (6.4-41.2)	0.0	9.3 (2.8-15.7)	6.0 (2-9.9)	11.0 (1.9-20.2)	10.5 (3.2-17.8)
Did not think it was a problem	31.6 (17.5-45.7)	71.7 (50.9-92.6)	56.9 (45.7-68.1)	58.6 (47.9-69.2)	31.2 (14.2-48.3)	34.9 (21-48.8)

Many young victims do not disclose their experiences or seek help because they do not realize that what they experienced was violence or do not see the violence as a problem. This was the most common reason given for not seeking help for both males and females for all types of abuse.<sup>1</sup>

**“Many young victims do not disclose their experiences or seek help because they do not realize that what they experienced was violence or they do not see the violence as a problem.”**

In addition, just over 25 per cent of women aged 18 to 24 who experienced physical violence as children reported that they did not seek help because they did not feel they needed or wanted it. This was a much less common response among those experiencing sexual or emotional violence.<sup>1</sup>

Despite the barriers to help seeking, some children do reach out for help. In 2014, Childline Zimbabwe received a total of 15,446 reports, 54 per cent of which were about abuse, a rate of 123.9 reports per 100,000 children.<sup>10</sup> Slightly more than one in three reports of abuse received in 2014 were about sexual abuse, followed by neglect (25 per cent), physical abuse (22 per cent), emotional abuse (12 per cent) and bullying (2 per cent) suggesting that the confidential nature of Childline may be particularly helpful for children disclosing sexual abuse (please see Data Briefs 1 and 2 in this series for more information from the Childline data).

## CONCLUSION

This study provides, for the first time, national population-based estimates that describe the nature and magnitude of violence during childhood in Zimbabwe. We have shown that all forms of violence in childhood are significant child welfare and protection issues, which need to be addressed. The study finds evidence for a high lifetime prevalence of all forms of violence against children, affecting a large proportion of the community. Emotional violence in childhood is prevalent and bears the majority of the health consequences for children and young people, especially boys.

This study confirms the importance of violence prevention as a key policy and programmatic priority in Zimbabwe. It also underscores the need to steer resources towards the better understanding the role of family, school and community level variables in driving violence against children and the protective role of families and schools for prevention.

## Acknowledgements

This data brief was written by Dr. Deborah Fry from the University of Edinburgh as part of the Zimbabwe Measuring and Monitoring for Violence Prevention grant commissioned by UNICEF Zimbabwe.

Gratitude goes to the following ZimStat staff who provided valuable insights and ideas, contributed their time and effort towards data analysis, collaborated on the preparation of a separate journal manuscripts for publication based on the data and who work with tireless dedication to enhancing statistical knowledge of key issues in Zimbabwe especially Ms. Mungate, Handrick Chigiji and Tinashe Enock Mwadiwa and the analysis teams of ZimStat.

The work undertaken to prepare this data brief would not have been possible without the support and input from several key UNICEF Zimbabwe staff: Noriko Izumi and Line Baago Rasmussen. Special and warm thanks also goes to Catherine Maternowska from the UNICEF Office of Research who had the original vision for the secondary analysis of data and who leads a global violence prevention research portfolio through the UNICEF Office of Research alongside her colleague, Alina Potts.

## Suggested Citation

Fry, D. Understanding Determinants of Violence in Childhood: A Secondary Analysis of the National Baseline Survey of the Life Experiences of Adolescents in Zimbabwe. Understanding Violence Against Children in Zimbabwe Series, No. 3. Harare: UNICEF, 2016.

This publication is part of the **Understanding Violence Against Children in Zimbabwe Series**. Children from all parts of society may be exposed to physical, sexual and psychological violence, abuse and exploitation. This is a growing concern due to the negative health and developmental consequences for children and society, both at present and in the future. While evidence is relatively limited on the extent of violence and abuse, studies are beginning to suggest that it is a significant problem in Zimbabwe. The Understanding Violence Against Children in Zimbabwe Series aim to contribute to this growing body of evidence to understand better why violence against children is happening and what is driving it. The Series draws data largely from the UNICEF-supported interventions where diverse information is being collected as part of programme monitoring. The Series attempt to give it a closer look at the data and information at hand and dig deeper the issue of violence against children in Zimbabwe. We hope to generate evidence, create deeper understanding of the issue and stimulate discussions – all to better inform programming to address violence against children in Zimbabwe.

This data brief was produced by the University of Edinburgh for UNICEF Zimbabwe in 2016. The opinions and statements presented here do not necessarily represent those of UNICEF, ZimStat or the University of Edinburgh

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