MOBILIZING ACTION TO ADDRESS VIOLENCE AGAINST CHILDREN: NATIONAL SURVEYS IN SWAZILAND and TANZANIA

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Overview

- Rationale for National Surveys of Violence Against Children
- Key Survey Findings: Swaziland and Tanzania
- Link to Prevention
Together for Girls: A Global Partnership

- Centers for Disease Control and Prevention
- United Nations Children’s Fund
- President’s Emergency Plan for AIDS Relief
- The Joint United Nations Programme on HIV/AIDS
- World Health Organization
- United Nations Development Fund for Women
- United Nations Population Fund
- Becton, Dickinson and Company
- CDC Foundation
- Nduna Foundation
- Grupo ABC

Generate data to guide action
Support governments in evidence-based prevention and response
Mobilize action through communication strategies
Key Rationale for National Surveys

- **Children** are at high risk of violence worldwide
- **Human rights** problem of enormous proportions
- Cross-cutting and long-term implications for public health
- Compelling implications for economic and social development
- Magnitude and impact is not well understood
- Need for a catalyst for action
Impact of Violence on Children
Past Year Exposure to Selected Categories of Violence, NatSCEV, United States, 2008

Global Estimates of Sexual Violence Against Children

- 18.0% of girls and 7.6% of boys experience child sexual abuse – based on studies between 1980 and 2008
- 150 million girls and 73 million boys experienced sexual violence with physical contact in 2002
- Nearly half of all sexual assaults against females occur when they are children

Children More Victimized than Adults

Source: National Crime Victimization Survey, 2000
The Influence of Violence Against Children Throughout Life

- Violence Against Children
- Social, Emotional, & Cognitive Impairment
- Adoption of Health-risk Behaviors
- Disease, Disability, and Social Problems
- Early Death

Birth → Death
# Health Impacts of Violence Against Children

## Health-risk Behaviors
- Sexual promiscuity
- Sexual perpetration
- Alcohol abuse
- Illicit/injected drug use
- Smoking

## Mental health and well-being
- Depression, post-traumatic stress disorder (PTSD)
- Aggression
- Anxiety
- Somatic complaints
- Attempted suicide
- Social ostracism
- Anxiety
- Academic achievement
- Revictimization
- Unwanted pregnancy

## Disease and Injury
- STDs, including HIV
- Gynecological problems
- Heart disease
- Diabetes
- Stroke
- Cancer
- Suicide
Paths Leading From Childhood Sexual Violence to HIV

- Childhood Sexual Violence
- Direct Transmission
- Compromised Negotiation
- HIV Risk Behaviors
- HIV Infection
Toxic Stress Damages Brain Architecture

- Excessive and repeated stress causes the release of chemicals that impair cell growth and interfere with the formation of healthy neural circuits in the brain.

- Toxic stress can damage the brain’s stress response system and contribute to premature aging of the body.

Key Survey Findings: Swaziland and Tanzania
Swaziland

- Landlocked—bordering Mozambique and South Africa
- Population is about 1.2 million; 38% are under age 15
- Among countries with highest adult HIV prevalence: 34.5%
- 2006: Swaziland/UNICEF/CDC formed partnership to conduct a national survey
Acknowledgements
Swaziland, 2007

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The Survey Participants
All the Survey Team Members
Population about 40 million; 51% are under age 15

152/187 on the Human Development Index (2011)

Life expectancy is about 50 years

2008: Tanzania/UNICEF/CDC formed partnership to conduct a national survey
Acknowledgements
Tanzania, 2009

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Childhood sexual violence is any sexual act perpetrated against the will of or by coercion of a person <18 years old by anyone regardless of their relationship to the victim.
Purposes of the National Surveys in Swaziland and Tanzania

- Describe magnitude and nature of the problem
- Assess health consequences
- Identify potential risk and protective factors
- Assess utilization of services
- Help guide prevention programs and policies
Multi-Sectoral Task Forces

- Government Ministries
- Local Non-Governmental Organizations
  - e.g., Swaziland Action Group Against Abuse
- Universities
  - e.g., Muhimbili University
- UNICEF Country Office
- UN Agencies
  - e.g., UNFPA, UNAIDS, WHO
- USG In-country Offices
  - e.g., USAID, CDC
Methods

- National household survey
- Three-stage cluster sample survey design
- Randomly select one eligible female or male aged 13-24 years in each household
- Swaziland – girls only; Tanzania – girls and boys
- Extensive efforts to protect child respondents
Key Survey Metrics

Swaziland
- Girls (13-24) with no regional estimates
- Total sample size = 1,244
- 95.7% response rate

Tanzania
- Girls and Boys (13-24) with regional estimates for Zanzibar
- Total sample size = 3,743
- 96.8% response rate
Sexual Violence Prior to Age 18 Reported by Female Respondents, Swaziland - 2007 and Tanzania - 2009

Sexual Violence Prior to Age 18 Reported by Female and Male Respondents, Tanzania, 2009

Sexual Violence Prior to Age 18 Reported by Female and Male Respondents, Mainland Tanzania and Zanzibar, 2009

<table>
<thead>
<tr>
<th></th>
<th>Swaziland</th>
<th>Tanzania</th>
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</thead>
<tbody>
<tr>
<td><strong>Primary perpetrators:</strong></td>
<td>Male neighbors- 32.3%</td>
<td>Male neighbors- 32.2%</td>
</tr>
<tr>
<td></td>
<td>Boyfriends - 26.2%</td>
<td>Strangers - 32.0%</td>
</tr>
<tr>
<td></td>
<td>Relatives - 14.0%</td>
<td>Boyfriends - 24.7%</td>
</tr>
<tr>
<td></td>
<td>(excludes parents)</td>
<td></td>
</tr>
<tr>
<td><strong>Age Difference:</strong></td>
<td>60% 5 or more years older</td>
<td>40% 10 or more years older</td>
</tr>
</tbody>
</table>
Association Between Childhood Sexual Violence and Selected Health Conditions, Females 13–24 Years Old, Swaziland, 2007

*Adjusted for age, community setting, SES, and orphan status

- HIV / STDs: 3.7
- Pregnancy Complications: 3.5
- Alcohol Use: 3.0
- Unwanted Pregnancy: 2.9
- Suicidal Ideation: 2.3
- Feeling Depressed: 2.3
- Attempted Suicide: 2.0
- Difficulty Sleeping: 1.8
- Cigarette Use: 1.2


SES, Socioeconomic status
STDs, Sexually transmitted diseases
None or Infrequent Condom Use in the Previous 12 Months by Experiences of Childhood Sexual Violence - As Reported by 19-24 Year Olds Who Ever Had Sex, Tanzania 2009

<table>
<thead>
<tr>
<th>Experience of Childhood Sexual Violence</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experienced</td>
<td>46.1%</td>
<td>56.9%</td>
</tr>
<tr>
<td>Did not Experience</td>
<td>24.4%</td>
<td>30.2%</td>
</tr>
</tbody>
</table>

Multiple Sex Partners in the Previous 12 Months by Experiences of Childhood Sexual Violence - As Reported by 19 to 24 Year Olds Who Ever Had Sex, Tanzania, 2009

Disclosure and Service Usage by Victims of Child Sexual Violence, Tanzania, 2009

- **Girls**
  - 52.3% Told someone about sexual violence
  - 22.0% Sought services for sexual violence
  - 13.0% Received services for sexual violence

- **Boys**
  - 31.4% Told someone about sexual violence
  - 11.5% Sought services for sexual violence
  - 3.7%* Received services for sexual violence

*Estimate is unstable*

Risk/Protective Factors for Sexual Violence Against Girls - Swaziland, 2007

Protective factors:
- Close relationship with mother

Risk Factors:
- Currently not attending school
- Awareness of student/teacher sexual relationships
- Exposure to emotional abuse
- Ever witnessed someone being sexually assaulted

Links to Prevention
The Plasticity of the Nervous System and the Ability to Change Behavior Patterns Decrease Over Time

- Because brain circuits stabilize over time, the energy costs of altering circuits (and therefore behavior) increase as the brain matures.

- It’s easier and more efficient to get it right the first time than to try to fix it later.

Key Actions Needed to Prevent and Control Violence Against Children

- Increase safe, stable and nurturing relationships between children and their caretakers
- Protect vulnerable children
- Promote gender equality
- Establish and enforce legal protections
- Increase access of women and girls to income and productive resources
- Integrate response with those addressing other public health problems (e.g., HIV)
- Change social norms and myths
The Fataki Campaign

- Reduce acceptance of cross-generational relationships that contribute to unsafe sex
- Morogoro, Tanzania
  Percent of people who said they could do something increased from 64% to 88%

Source: Heath C. Switch: How to change things when change is hard. Broadway Books: New York, pp. 234-239
Families Matter

- Promote positive parenting skills about sexuality and sexual risk reduction
  - Targets parents/caretakers children 9–12 years old
  - Educational intervention in 5 sessions

- Rural, Western Kenya
  - Enhanced communication:
    - Proportion of children asking parents about a sexual topic increased from 14% to 50%

Impacts of the Swaziland Study

Protection for sexual offense victims in Swaziland

By Jabulile Phakathi

MBABANE, Swaziland, 30 December 2008 – In response to concern about the alarming rates of violence against children documented in a 2007 national study conducted by UNICEF and the US Centers for Disease Control, Swaziland has established its first Sexual Offenses Unit for children and young people.

Swaziland's Chief Justice, Richard Banda, cuts the ribbon to open the country's first Sexual Offences Unit. Witnessing are (from left): Justice Monakgeng, UNICEF Representative Dr. Jama Gulaid and Ministry of Justice and Constitutional Affairs Principal Secretary Sicelo Dlamini.

Housed in the Magistrate's Court, the unit has a child-friendly interview room, offices for five prosecutors and a resource centre for staff.
Scope of Policy and Programs Influenced by the Violence Against Children Survey in Swaziland

Examples
- Sexual Offenses Bill
- Child Welfare Bill
- Gender, children’s and education policies strengthened
- National education campaign
- Weekly children's radio program
- Every police station has trained officers
- First shelter established for survivors
- First counselling center established
- First child-friendly court established
Tanzanian Multi-Sector Task Force: A National Response to Violence Against Children

- Comprehensive child protection response
  - Education
  - Social Welfare
  - Legal and Justice
  - Public Health
  - Community

- State and Civil Society Partnerships
- Local Government Service Delivery
- Public Awareness Campaign
Completed and Planned Surveys of Violence Against Girls and Boys

- Haiti
- Cambodia
- Philippines
- Kenya
- Tanzania
- Malawi
- Zimbabwe
- Swaziland
- Cambodia
The Strategic Importance of Preventing Violence Against Children

- Viable programmatic and policy options exist
- Influences many different health outcomes over the life course
- Substantial cumulative impact on health
- Addresses health disparities
- Influence other desirable outcomes (e.g., human capital formation)
- Scientifically grounded
- Politically feasible
The healthy development of all children benefits society by providing a solid foundation for economic productivity, responsible citizenship, strong communities, and a secure nation.

Source: Center for the Developing Child, Harvard University
For more information

Visit CDC’s National Center for Injury Prevention and Control web site:

www.cdc.gov/ncipc
Disclaimer

The findings and conclusions of this presentation have not been formally disseminated by the Centers for Disease Control and Prevention and should not be construed to represent any agency determination or policy.