

**STOPPING VIOLENCE
AGAINST CHILDREN**

**The Tanzania Violence
against Children Study and
the National Response**





History

Following the publication of the United Nations Secretary General's (UNSG) *World Report on Violence Against Children (VAC)* in 2006, a specific recommendation was made to develop and implement systematic data collection and research at a national level.

The United Republic of Tanzania has responded to the UNSG's call for action by becoming the first country in Africa to undertake, through a population based survey, a *National Study on Violence Against Children* that measures all forms of violence (sexual, physical and emotional) against both boys and girls.

The *Violence Against Children Study* was commissioned by UNICEF in 2008 and coordinated in collaboration with a research team from the Centre of Disease Control and Prevention (CDC), Atlanta and Muhimbili University for Health and Applied Sciences (MUHAS), Dar es Salaam.

The Multi Sector Task Force

The *Tanzania Violence Against Children Study (TVACS)* has been led by a National Multi-Sector Task Force (MSTF), chaired by the Ministry of Community Development, Gender and Children (MCDGC) and includes members from public and private sectors, including government, parastatal and civil society.

The establishment of this coordinating national body has played a critical role not only in guiding the research study, its implementation and the development of the final report but also in building national ownership to move the research forward into action.

The Results

Sexual violence experienced in childhood

Rates of sexual violence are high: 3 out of every 10 girls and 1 out of every 7 boys reported at least one experience of sexual violence prior to the age of 18. In the past twelve months, 6 % of Tanzanian boys, aged 13 to 17, have experienced at least one incident of sexual violence. The rate is more than double that for Tanzanian girls, at 14 %. Over 6% of girls 13 to 24 years of age who were ever pregnant reported that a least one pregnancy was caused by sexual violence.

Sexual violence occurs multiple times: Of those who had been victims of sexual violence, almost 4 in 10 girls and 3 out of 10 boys had experienced three or more incidents before they reached the age of 18 years.

Sexual touching and attempted intercourse are most common forms of abuse: Tanzanian boys and girls say sexual touching is the most common form of sexual violence, followed by attempted sexual intercourse. 6.9% of girls and 2.9% of boys were physically forced or coerced into sexual intercourse before the age of 18.

First intercourse is often unwanted: Eighteen per cent of Tanzanian boys and twenty nine per cent of girls who first had sex before turning 18 said that their first sexual intercourse was unwanted.

Victims are of all ages: Sexual violence affects children of all ages. About 20 per cent of girls report having their first experience with some form of sexual violence when they are younger than 14 years old; 40 per cent girls are between the ages of 14 and 15; and another 40 per cent are between 16 and 17 at the time of their first sexual violence experience. For boys in the same age group, 16 per cent are younger than 14 at the time of their first unwanted experience; 27 per cent are between 14 and 15 years old; and almost 60 per cent are between 16 and 17 years old.



Use of force is common: Almost half of Tanzanian boys and 7 out of 10 Tanzanian girls say that physical force or threats of it are used to commit unwanted attempted or completed sex. Attackers also use harassment, lies, or trickery against girls 28% of the time, and against boys 19% of the time.

Most sexual assaults occur in a home or school: Sexual violence occurs in someone's house almost half of the time, consistent with the attacker often being someone known to the victim. Forty five per cent of girls experience at least one incident of unwanted touching or attempted sex in their own home. Girls are especially at risk and they experienced at least one incident of unwanted touching or attempted sex while they were on school grounds (17 per cent) or on their way to or from school (26 per cent). About one-quarter (24.2%) of girls said that at least one incident of sexual violence occurred in a field, bush, river or roadway and 10% mentioned a public building such as a business or bar. For boys, more than one-quarter (26.7%) said that at least one incident of sexual violence occurred in a field, bush, river or roadway.

Children often know their sexual attackers: For girls, nearly one-third reported that at least one incident was perpetrated by a neighbor; almost one-third reported strangers, and a quarter reported dating partners. Approximately 1 in 10 girls reported that the perpetrator of at least one incident was a teacher, while about seven percent identified relatives – in most cases either an uncle or a cousin. Almost one in two boys who had experienced sexual violence reported that the perpetrator of at least once incident was a dating partner while a quarter indicated that strangers were responsible.

Most sexual assaults occur in broad daylight: The majority of sexual violence against both girls and boys occurred between noon and 8pm. At least one incident of sexual violence occurs between noon and 5pm by 43.4% of girls and 35.4% of boys. More than one-third of girls and boys said that the sexual violence occurred between the hours of 5pm and 8pm. Very few girls and boys reported sexual violence between the hours of midnight and 07:00.

Most children do not report sexual abuse: About one half of girls and two thirds of boys do not tell anyone about their experience. Over 60% of girls give family or community reasons (with the most common reason being fear of abandonment or family separation) for not telling, while another 26% give personal reasons. For boys, 58% give personal reasons (with the most common reason being not thinking it was a problem), while 36% give family and community reasons. Girls mainly tell a parent (41%) or a friend (36%), while boys mostly tell their friends (71%).

Few children seek services and even fewer receive them: Only about 1 out of 5 girls and 1 out of 10 boys seek services after their experience. Of those, 6 in 10 girls and 3 in 10 boys are successful in receiving them. About 16% of girls and boys would like additional services, including counselling and police or social welfare support.

Physical violence experienced in childhood

Physical violence rates are higher than sexual violence rates: In the past 12 months, over half of Tanzanian boys and girls have experienced physical violence, such as being punched, whipped, kicked, or threatened with a weapon like a gun or knife. Over their childhood, almost three-quarters of both girls (72%) and boys (71%) experience physical violence prior to age 18.

Children are physically abused mostly by parents and teachers: Nearly 60% of Tanzanian girls and boys who report physical abuse (being punched, whipped or kicked) name a relative as the source, fathers and mothers were the most common perpetrators. The level of physical abuse by teachers is alarmingly high- 52.6% of girls and 50.8% of boys experience physical violence by teachers, all before turning 18 years of age

Abuse at home and school is frequent: 46% of Tanzanian girls and boys who experience abuse are punched, kicked, or whipped more than five times by a relative by the age of 18. Approximately one third are physically abused at least one or two times in their childhood. The frequency of abuse by teachers is also alarmingly high: 78% of girls and 67% of boys who have been abused by teachers say they are punched, kicked, or whipped more than five times by a teacher by the age of 18.

Emotional violence experienced in childhood

One quarter of children are emotionally abused: Approximately one quarter of Tanzanian children experience emotional violence, with name calling the most common form (22% for boys; 18% for girls). Almost 9 per cent of girls feel unwanted, and 4 per cent are threatened with abandonment. Over 7 per cent of boys feel unwanted, and almost 5 per cent of boys are threatened with abandonment.

Relatives and neighbours are emotionally abusive: Almost 80% of Tanzanian girls and 65% of boys who experience emotional violence report a relative as their primary abuser. Neighbours are the second most commonly cited source, at almost 20% for girls and 34% for boys in Tanzania. Children who suffer emotional abuse often suffer it from multiple sources: 42% of Tanzanian girls and 38% of boys say they are emotionally abused by more than one person.

Overlapping forms of childhood violence- most children face multiple risks

The overlap and linkages between the three forms of violence highlight the multiple risks faced by Tanzania's children. More than 8 out of 10 girls who experience childhood sexual violence also experience physical violence, while over 4 in 10 also experience emotional violence (on top of sexual and physical violence). For boys who experience sexual violence, 8 in 10 also experience physical violence; and 5 in 10 also experience emotional violence (on top of sexual and physical violence).

Orphans face higher risks

Orphans are more vulnerable to some forms of violence than non-orphans. Sexual violence was experienced before age 18 by 36 per cent of orphaned girls compared with 25 per cent of girls who were not orphaned, while emotional violence was experienced during childhood by 31 per cent of orphaned girls compared with 21 per cent of girls who were not orphaned. Boys who lost their mothers before the age of 18 experienced a higher rate of childhood emotional violence than boys who did not (44 per cent orphaned boys compared with 26 per cent of non-orphans).

Health consequences of violence against children

A number of health and behavioural problems in adolescence and adulthood are associated with experiencing violence in childhood. Sexual violence, in particular, is associated with an increased risk of sexual and reproductive health problems, as well as the transmission of HIV and other sexually transmitted infections. Previous research linking violence against children with poorer health outcomes, coupled with the results of the study, suggest that reducing violence against children may reduce the incidence and costs of future mental and physical health problems in the population.

Sexual abuse is associated with riskier behaviour: In Tanzania, inadequate condom use is more common among females and males with a history of childhood sexual violence than those without: 46% of abused females say they do not use a condom versus 24% of females who have not been abused; 57% of abused Tanzanian males do not use a condom versus 30% of males not abused. Tanzanian females and males with a history of childhood sexual violence are almost twice more likely to have multiple sex partners than those not abused in childhood. Trading sex for money or goods was more prevalent among young girls who had experienced childhood sexual violence, than those without a history of childhood sexual violence.

Sexual violence does not affect HIV testing practices: Tanzanian males and females who have been sexually abused are no more or less likely to have knowledge of HIV testing places than those not abused. Similarly, the rates of HIV testing are essentially the same for sexually abused individuals and those who have not been abused.

Sexual and physical violence are associated with poorer health for women: Tanzanian females who are sexually abused are more likely than females who are not abused to: feel depressed; have feelings of anxiety; report a diagnosis of a sexually transmitted infection; and drink alcohol. Likewise, Tanzanian women who experience physical abuse are more likely than women who do not to: be in fair or poor health; feel anxious; and have suicidal thoughts.

Emotional abuse is taking its toll on Tanzanian men and women: Tanzanian males and females who suffer childhood emotional violence are more likely than those who were not abused to: be in fair or poor health; feel

depressed; feel anxious; and have suicidal thoughts. Additionally, abused males are more likely to drink alcohol than those males not abused.

A National Plan to Respond to Violence against Children in Tanzania

A Multi-Sectoral Approach

The protection of children from violence and abuse requires a multi-sectoral approach. Under the leadership of the MCDGC, the Multi-Sector Task Force recommends actions across a number of sectors including; justice and police, health, education, social welfare, civil society, community and media. No one sector or profession has the skills, knowledge or resources necessary to comprehensively meet all the requirements of a child's protection needs. It is essential therefore that a coordinated response is made by all sectors and professionals involved in working with children and families in need of care and protection. Key features of the National Plan of Action to Respond to Violence Against Children include:

- The development and operationalisation of a comprehensive national legal framework for the protection of children from violence, abuse, neglect and exploitation in line with the Law of the Child Act (2009)
- Law enforcement officials (police force, prosecutors and magistrates) have the capacity to respond effectively to cases of child protection and provide justice to victims of violence and abuse
- Comprehensive and specialized medical services and follow up are available to children who have suffered violence and abuse
- Children's mental and physical health needs around violence prevention, care and treatment are reflected in all national guidelines and standard operating procedures developed in the context of gender-based violence within the health sector
- Children feel safe at school and school management, head teachers and teachers have the capacity to respond to child protection cases in coordination with other national services
- Children and families in need of care and protection are able to access social services and the Department of Social Welfare has the capacity to provide necessary support services and to coordinate the national child protection response
- Civil society and communities are empowered to identify, report and respond to cases of violence and abuse against children
- Community based interventions strengthen the protective factors and reduce societal acceptance of all forms of violence by letting women, men and children know that violence is unacceptable and by educating them about the consequences of violence.
- Children and adults have an increased understanding of the issues of violence and abuse and the services available to respond to child protection cases
- A national Child Helpline is established for safe and actionable responses to threats of, or actual, emotional, physical or sexual violence against children

The achievement of each specific objective involves recommended targets and interventions in each sector. The protection of children from violence and abuse requires an integrated and coordinated national approach.

Only by working together can we stop violence against children