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Child Abuse & Neglect



Research article

Childhood sexual violence in Zimbabwe: Evidence for the epidemic against girls[☆]

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ABSTRACT

Sexual abuse during childhood is a public health and human rights concern throughout the world, including Sub-Saharan Africa. In 2011, Zimbabwe initiated national prevalence data collection on violence against children to inform government policy and programs. We interviewed 567 females and 589 males, aged 18–24 years following standardized and previously tested survey methods from the region. Of females 32.5%, and of males 8.9%, reported experiencing sexual violence before age 18. Most female (62.7%) and male (47.9%) victims of sexual violence experienced more than one incident of sexual violence prior to age 18 years. Three in four females (77.7%) and one in four males (26.7%) of those who experienced sexual violence reported that the first incident was perpetrated by a boyfriend or girlfriend. Few victims received professional help (2.7% of females and 2.4% of males who had reported experiencing sexual violence). Violence against girls is at epidemic levels in Zimbabwe. Most sexual violence against girls occurs within the context of peer relationships. Child victims who seek potentially life-saving support tend not to receive it. This study is evidence of a national public health and child rights emergency in the country and a case for increased, longer-term investment by the government and its development partners in policy reform for enhancing adolescent girls' empowerment and protection.

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Introduction

Reducing violence is fundamental to creating the social conditions for stability and development (Elhawary, Foresti, & Pantuliano, 2011). Despite concern, major gaps in knowledge about the extent of the problem persist (World Health Organization, 2014). Researchers have made a certain amount of progress in some areas. In Zimbabwe, for example, investments in national health surveys in the past decade have resulted in the availability of more robust data on how violence

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affects women. As one instance, the Zimbabwe Demographic Health Survey reported in 2012 that 22% of Zimbabwean women said that their first sexual experience was forced. The same survey noted that 33% of men and 40% of women believed that wife beating is acceptable for some circumstances (ZIMSTAT & ICF International, 2012). These findings are in line with the global multi-country study on sexual violence prevalence led by the World Health Organization (WHO), which estimates that up to 59% of women worldwide experience sexual violence in their lifetimes (García-Moreno, Jansen, Ellsberg, Heise, & Watts, 2005).

Much less progress has been made in obtaining data on childhood sexual violence; it tends to be under-reported and undocumented. The first global effort to document the scale of violence against children found evidence that sexual violence was widespread across multiple settings but that systematic and comprehensive data needed to be collected in many countries (Pinheiro, 2006). Since then, few studies from Africa have used consistent prevalence measures or analyzed risk and protective factors (Meinck, Cluver, Boyes, & Mhlongo, 2014). Evidence from low- and middle-income countries is generally lacking (Veenema, Thornton, & Corley, 2014). Where such data exists, it is likely an underestimate because there are substantial barriers to disclosure (Watts & Zimmerman, 2002). Research on childhood sexual violence across the world employs different definitions of sexual violence against children, making it difficult to compare prevalence (Stoltenberg, van Ijzendoorn, Euser, & Bakermans-Kranenburg, 2011). Researchers also face considerable ethical concerns in undertaking such research (Undie, Mullik, & Askew, 2013).

The United Nations Children's Fund (UNICEF) has noted that under-reporting fuels public misconception that violence is a marginal phenomenon (UNICEF, 2014). Although the 2000 United Nations Millennium Declaration refers to freedom from violence as a fundamental value, no Millennium Development Goal was dedicated to addressing sexual or other forms of violence (United Nations General Assembly, 2000). Consequently, public policy discourse has not attended as much to sexual and other forms of violence against children as to other child rights, including the rights to health and education.

In 2011, Zimbabwe undertook its first nationally representative survey on physical, emotional, and sexual violence against children. The purpose of the study was to examine the nature and extent of violence affecting children in the country (ZIMSTAT, UNICEF, & CCORE, 2013) to inform policy development. To measure the prevalence of violence against children and associated factors, we applied a methodology successfully implemented in three Sub-Saharan African countries (Together for Girls, 2013). In this article, we report on the study results that pertain especially to sexual violence.

Methods

Definitions

We assessed both the lifetime and 12-month prevalence of sexual abuse and violence, in accordance with the WHO global study definition (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). We defined sexual violence for the purposes of the study as including sexual touching, attempted sex, physically forced sex, and pressured sex. *Sex or sexual intercourse* was described to respondents as “someone penetrating your vagina or anus with their penis, hands, fingers, tongue, or other objects, or penetrating your mouth with their penis.” We classified respondents as victims of sexual violence in childhood if they reported having ever experienced any of the following before the age of 18 years: forced intercourse (unwanted intercourse imposed through physical force); coerced intercourse (unwanted intercourse imposed through non-physical pressure); attempted unwanted intercourse; unwanted sexual touching of the respondent (i.e., touching, kissing, grabbing, or fondling of sexual body parts); and forced touching of the perpetrator's sexual body parts. Any respondent who answered “yes” to a specific question was asked a follow-up question about his or her age when the incident occurred. We defined children as any child below 18 years as stipulated in the Convention on the Rights of the Child, ratified by Zimbabwe.

Study Design and Sampling Procedure

We interviewed adolescents and young adults between 13 and 24 years of age for this study. Women and men aged 18–24 years were included to assess the prevalence of violence in those who had lived through the entire age range of interest (under 18 years) at a young enough age so that recall bias would have a negligible effect, as with previous studies of this kind (Reza et al., 2009). At the time of the study, three preceding national violence-against-children surveys in the region had already piloted this age range and the violence measures—Swaziland, Kenya, and Tanzania. We drew a nationally representative sampling frame from the 2002 Zimbabwe Population Census Master Sample to develop a stratified two-stage sample design.

We selected 7,797 households over 223 enumeration areas for inclusion in the survey. When visited, 96% of the households were occupied, and 30% of these had eligible respondents who agreed to participate. At the second stage of sampling, we randomly selected 35 households from the listing for interviews in each enumeration area. The household response rate was 92.9% for males and 91.5% for females. If more than one eligible person was identified in a household, the respondent was randomly selected using the Kish method (Kish, 1949). In all, 2,410 respondents were interviewed, of which 1,062 (44%) were female and 1,348 (56%) were male. Amongst the 18–24 year old age range, 567 were females and 589 were male. A split sample approach was used (separate enumeration areas for males and for females) to protect the confidentiality of respondents and to reduce the chance that a perpetrator and survivor of violence in the same community would both be interviewed.

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