# A National Study on the Drivers of Violence Affecting Children in Swaziland
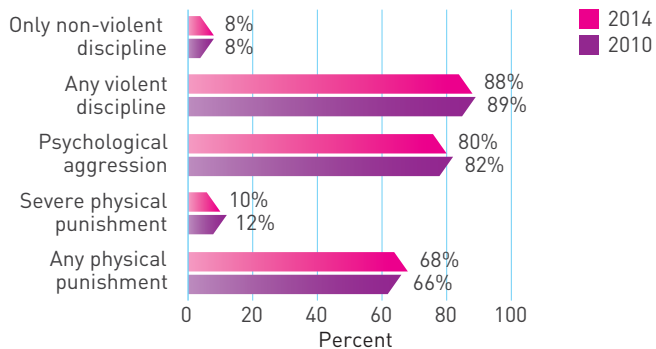
## *Synthesis of Findings*

**S**waziland is leading efforts globally to build an evidence base for preventing violence against children by being one of the first countries to undertake and publish results from a national Research to Policy and Practice Process (R3P) 'Drivers of Violence Affecting Children' Study. This methodology was pioneered by UNICEF's Office of Research in partnership with the University of Edinburgh. The study was led by the Multi-Sectorial Task Team on Violence (MTTV) which is coordinated by the Swaziland Deputy Prime Minister's Office to oversee all violence related activities, with academic leads from the University of Edinburgh and the University of Swaziland. The study was funded by PEPFAR and supported by UNICEF Swaziland. **This study systematically and comprehensively engages with the existing data and a wide range of respondents to understand *why* violence happens and what can be done *to prevent it*.** In addition, Swaziland is the first country to map these drivers of violence – or factors at the institutional and structural levels that create the conditions in which violence is more likely to occur – onto strategies that are highly likely or proven to be effective at preventing violence. This analysis will ensure that findings from this innovative study are used to inform evidence-based programming and policies that are grounded in the context and experiences of Swaziland.



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## Prevalence of violent discipline

**Percentage of children according to method of disciplining the child by age**

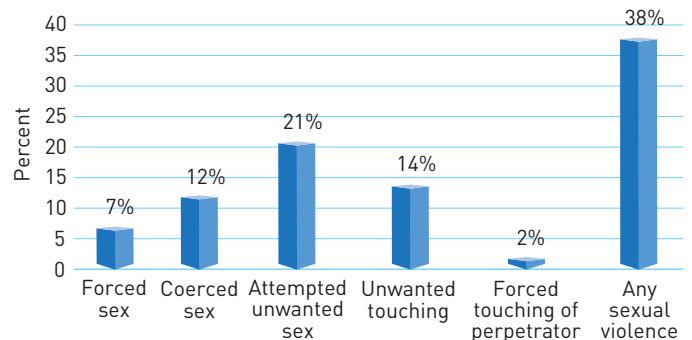| Method | 2014 | 2010 |
|---|---|---|
| Only non-violent discipline | 8% | 8% |
| Any violent discipline | 88% | 89% |
| Psychological aggression | 80% | 82% |
| Severe physical punishment | 10% | 12% |
| Any physical punishment | 68% | 66% |

Percent (x-axis: 0, 20, 40, 60, 80, 100)

**Source:** CSO 2011 and 2015: Multiple Indicator Cluster Survey data.

Nearly three-quarters of children experience routine violence in the form of violent discipline
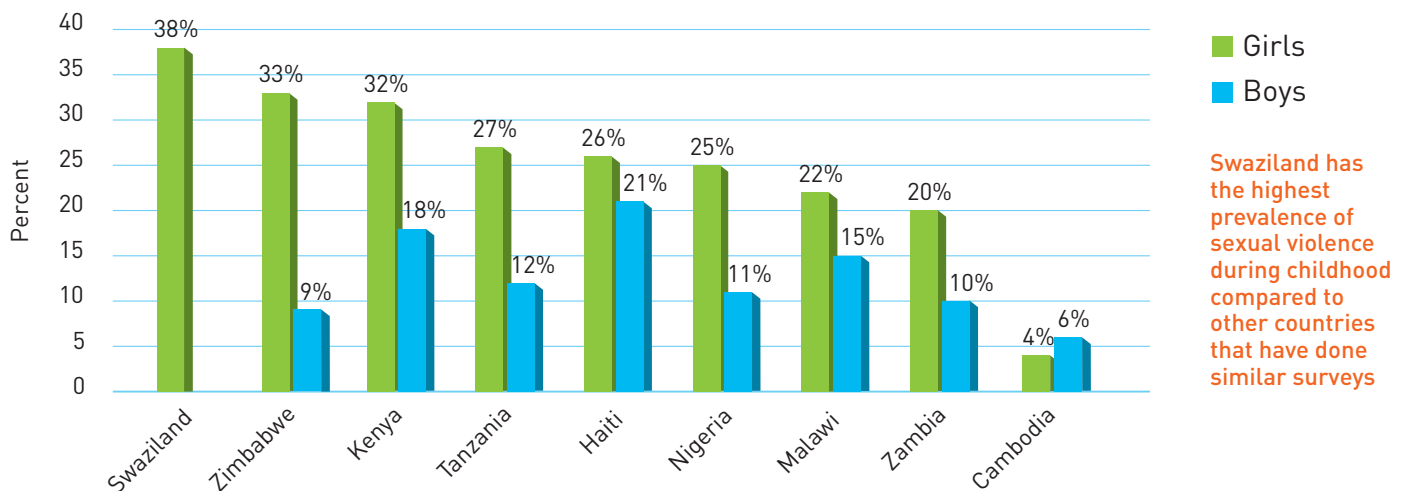
## Prevalence of sexual violence against children

**Percentage of females ages 18-24 reporting experiencing sexual violence before the age of 18**

| Category | Percent |
|---|---|
| Forced sex | 7% |
| Coerced sex | 12% |
| Attempted unwanted sex | 21% |
| Unwanted touching | 14% |
| Forced touching of perpetrator | 2% |
| Any sexual violence | 38% |

**Source:** 2007 Violence Against Children Survey (VACS) Data, Reza et al., 2007.

More than 1 in every 3 girls reported experiencing some form of sexual violence during childhood

**Global Comparisons: Prevalence of sexual violence prior to the age of 18 reported by females and males ages 18-24, VACS Data**

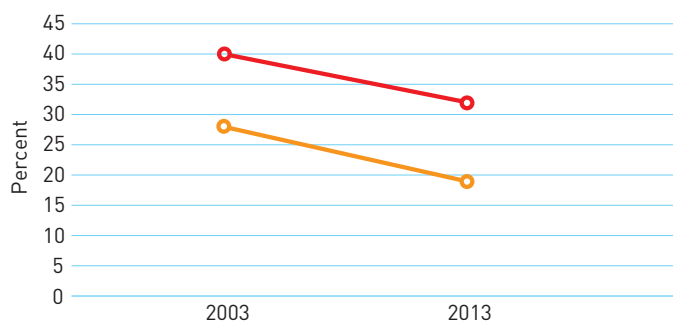| Country | Girls | Boys |
|---|---|---|
| Swaziland | 38% | |
| Zimbabwe | 33% | 9% |
| Kenya | 32% | 18% |
| Tanzania | 27% | 12% |
| Haiti | 26% | 21% |
| Nigeria | 25% | 11% |
| Malawi | 22% | 15% |
| Zambia | 20% | 10% |
| Cambodia | 4% | 6% |

**Source:** Mercy, 2015.

Swaziland has the highest prevalence of sexual violence during childhood compared to other countries that have done similar surveys

## Bullying and physical fighting in schools

**Declines in physical fighting and bullying between 2003 and 2013 in Swaziland**

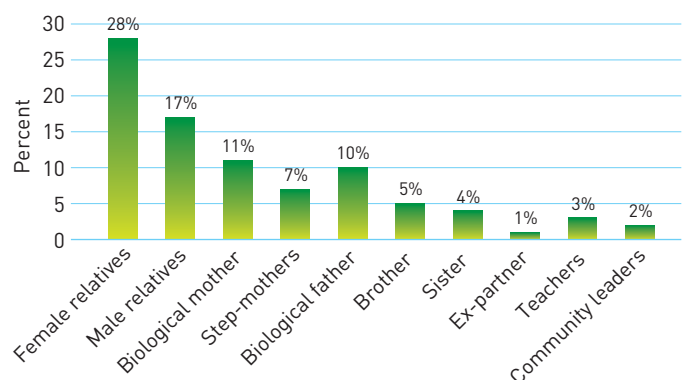| Year | Bullied 1 or more days in the past month | Physical fight in the past year |
|---|---|---|
| 2003 | 40% | 28% |
| 2013 | 32% | 19% |

— Bullied 1 or more days in the past month
— Physical fight in the past year

**Source:** Global School-based Health Survey 2003 and 2013.

There have been declines in the last decade in the prevalence of bullying and physical fighting in school for both boys and girls

## Prevalence of emotional violence

**Perpetrators of emotional violence against children, VACS data**

| Perpetrator | Percent |
|---|---|
| Female relatives | 28% |
| Male relatives | 17% |
| Biological mother | 11% |
| Step-mothers | 7% |
| Biological father | 10% |
| Brother | 5% |
| Sister | 4% |
| Ex-partner | 1% |
| Teachers | 3% |
| Community leaders | 2% |

**Source:** Analyses conducted for this study, Meinck et al., forthcoming.

Nearly 3 in every 10 (28.5%) girls reported experiencing emotional violence during childhood mostly from family members

## Family secrets

"**Tibi Tendlu**" leads to many risk factors that may:

- Prevent children from telling anyone about violence they experience
- Keep community and family members from intervening when they see a child being harmed
- Present community and institutional barriers to professionals and others such as teachers seeking to help the child
- Give the perpetrator a sense of impunity – such that they can continue abusing children without consequences

*There is something called
"keeping it within the family",
if by chance the neighbours hear
about child abuse they are
afraid to report because they
will fight saying
'you took our problems and
shared them with the police'
- Professional*

**Reluctance to get involved
in others' family matters
(community norms)**



**"Tibi Tendlu"or
Family Secrets
(interpersonal factors)**

**Lack of confidentiality
in reporting
(institutional factors)**

Tibi Tendlu creates a cycle of violence that is reinforced by institutional and community-level drivers such as lack of confidential reporting mechanisms for both adults and children and community reluctance to get in involved in family matters.
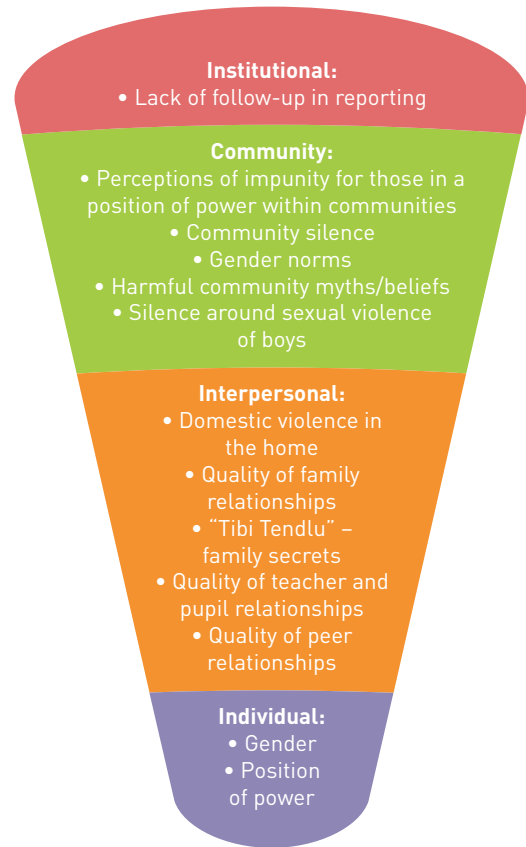
**400**

**For every girl**
1
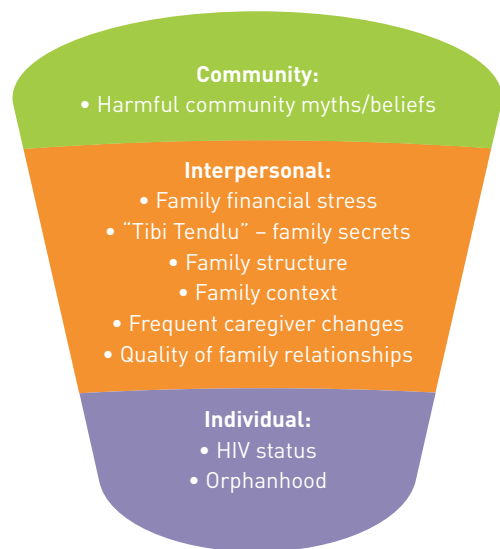who has experienced sexual violence and is known to Social Welfare Services

there are another **400** girls who have **never received help** for experiencing sexual violence during childhood.

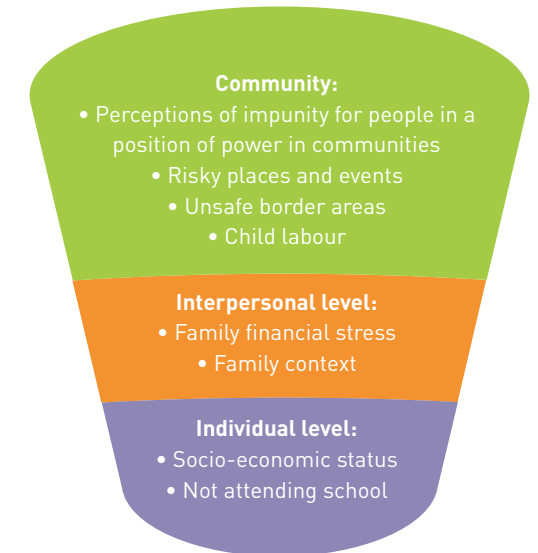# Drivers of violence affecting children: A Socio-Ecological Model*

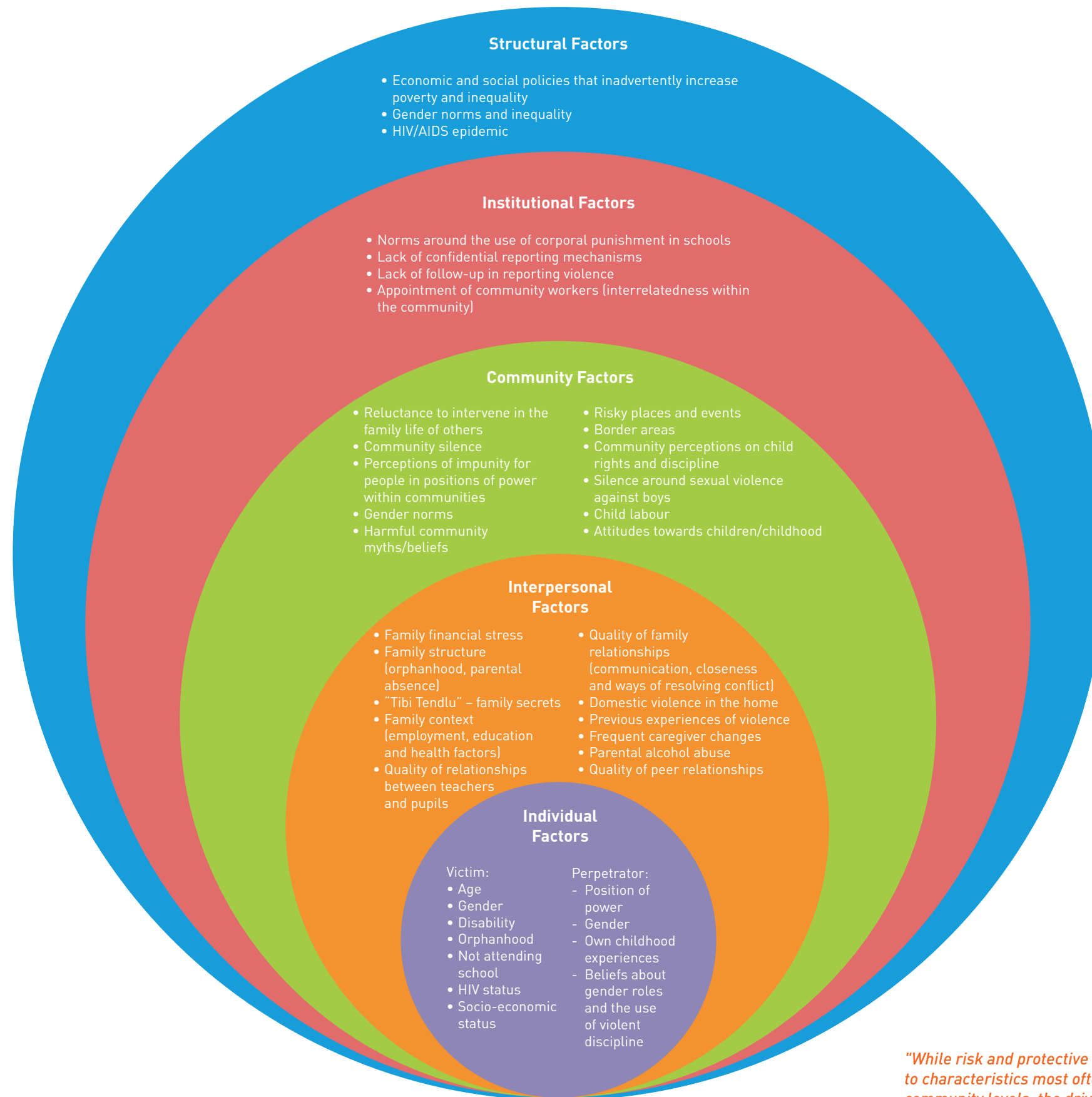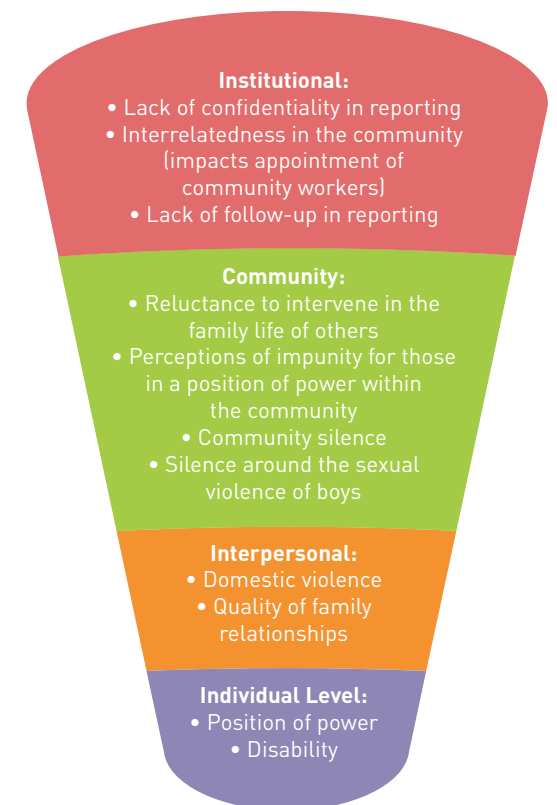**1. Negative gender norms and inequality drives VAC by influencing the following risk factors:**

**Institutional:**
• Lack of follow-up in reporting

**Community:**
• Perceptions of impunity for those in a position of power within communities
• Community silence
• Gender norms
• Harmful community myths/beliefs
• Silence around sexual violence of boys

**Interpersonal:**
• Domestic violence in the home
• Quality of family relationships
• "Tibi Tendlu" – family secrets
• Quality of teacher and pupil relationships
• Quality of peer relationships

**Individual:**
• Gender
• Position of power

**2. HIV/AIDS Epidemic drives VAC by influencing the following risk factors:**

**Community:**
• Harmful community myths/beliefs

**Interpersonal:**
• Family financial stress
• "Tibi Tendlu" – family secrets
• Family structure
• Family context
• Frequent caregiver changes
• Quality of family relationships

**Individual:**
• HIV status
• Orphanhood

**Structural Factors**
• Economic and social policies that inadvertently increase poverty and inequality
• Gender norms and inequality
• HIV/AIDS epidemic

**Institutional Factors**
• Norms around the use of corporal punishment in schools
• Lack of confidential reporting mechanisms
• Lack of follow-up in reporting violence
• Appointment of community workers (interrelatedness within the community)

**Community Factors**
• Reluctance to intervene in the family life of others
• Community silence
• Perceptions of impunity for people in positions of power within communities
• Gender norms
• Harmful community myths/beliefs
• Risky places and events
• Border areas
• Community perceptions on child rights and discipline
• Silence around sexual violence against boys
• Child labour
• Attitudes towards children/childhood

**Interpersonal Factors**
• Family financial stress
• Family structure (orphanhood, parental absence)
• "Tibi Tendlu" – family secrets
• Family context (employment, education and health factors)
• Quality of relationships between teachers and pupils
• Quality of family relationships (communication, closeness and ways of resolving conflict)
• Domestic violence in the home
• Previous experiences of violence
• Frequent caregiver changes
• Parental alcohol abuse
• Quality of peer relationships

**Individual Factors**

Victim:
• Age
• Gender
• Disability
• Orphanhood
• Not attending school
• HIV status
• Socio-economic status

Perpetrator:
- Position of power
- Gender
- Own childhood experiences
- Beliefs about gender roles and the use of violent discipline

**3. Economic and social policies that inadvertently increase poverty and inequality are a driver of VAC by influencing the following risk factors:**

**Community:**
• Perceptions of impunity for people in a position of power in communities
• Risky places and events
• Unsafe border areas
• Child labour

**Interpersonal level:**
• Family financial stress
• Family context

**Individual level:**
• Socio-economic status
• Not attending school

**4. Notions of 'Tibi Tendlu' or family secrets drive violence against children by influencing the following risk factors:**

**Institutional:**
• Lack of confidentiality in reporting
• Interrelatedness in the community (impacts appointment of community workers)
• Lack of follow-up in reporting

**Community:**
• Reluctance to intervene in the family life of others
• Perceptions of impunity for those in a position of power within the community
• Community silence
• Silence around the sexual violence of boys

**Interpersonal:**
• Domestic violence
• Quality of family relationships

**Individual Level:**
• Position of power
• Disability

Based on data from all three phases of this study.

* Model developed by Brofenbrenner (1994) and adapted by Maternowska et al (2016) specifically for violence against children.
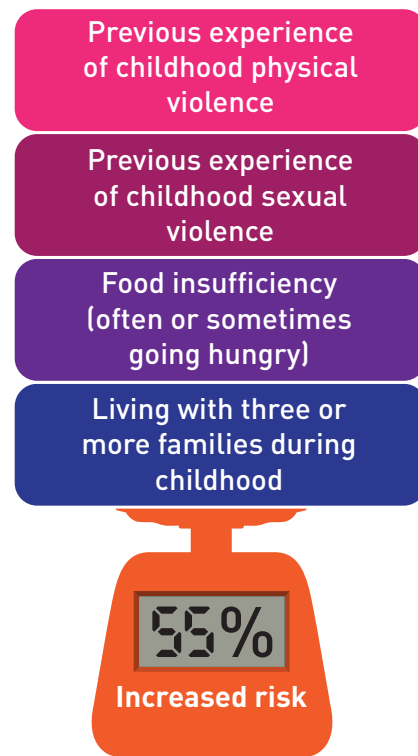
*"While risk and protective factors reflect the likelihood of violence occurring due to characteristics most often measured at the individual, interpersonal, and community levels, the drivers refer to macro-level structural institutional factors that influence a child's risk of, or protection from, violence."*[4]

# IMPACT OF VIOLENCE AGAINST CHILDREN

## Multiple exposure to risks increases the likelihood of experiencing violence during childhood

*"It's even tougher for the orphaned girl because, even if she does want to take good care of herself, she will be pushed by circumstances like hunger. She is more vulnerable to men who will want to take advantage and bribe her."*
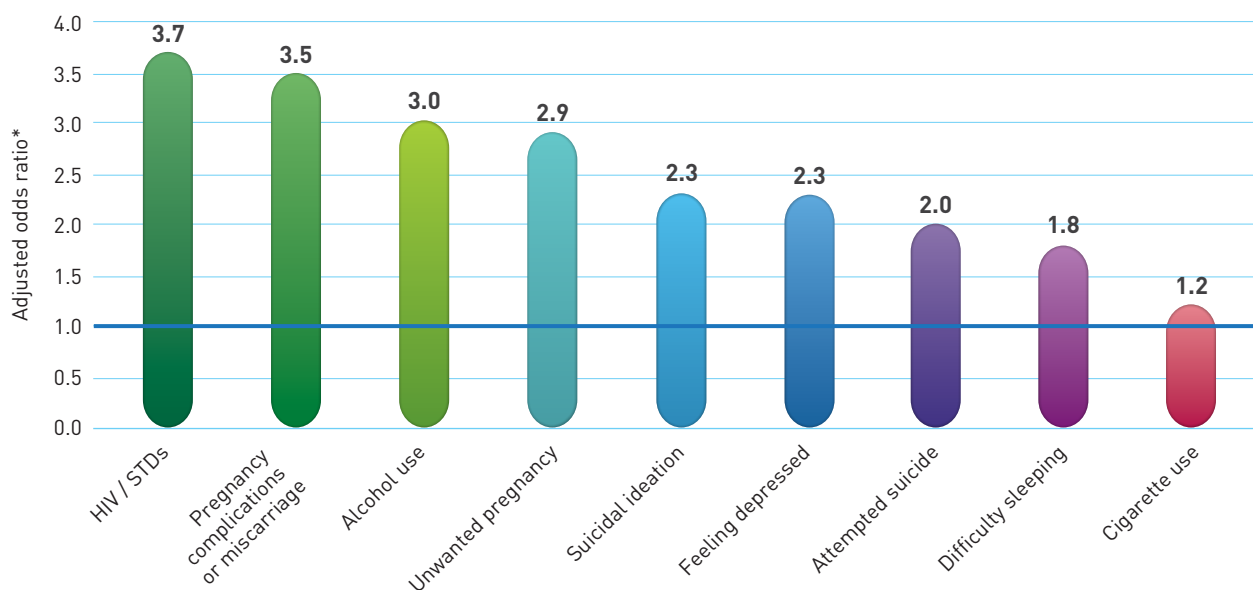
*- Parent/Caregiver*

Girls increased risk for experiencing emotional violence during childhood data from the Violence Against Children Survey, 2007

Food insufficiency (often or sometimes going hungry)

Living with three or more families during childhood

**22%**

**Increased risk**

Previous experience of childhood physical violence

Previous experience of childhood sexual violence

Food insufficiency (often or sometimes going hungry)

Living with three or more families during childhood

**55%**

**Increased risk**

**Source:** Meinck et al., forthcoming

## The impacts of sexual violence on children's health and risk behaviours

Self-reports of lifetime experience of health-related conditions and behaviours reported by girls and women aged 13–24 years, who had experienced sexual violence before age 18 years

Adjusted odds ratio*

| Category | Value |
|---|---|
| HIV / STDs | 3.7 |
| Pregnancy complications or miscarriage | 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 |

**Source:** Reza et al., 2009

Experiencing violence during childhood increases girls' risk of HIV or other sexually transmitted infections by nearly 4 times compared to girls who have never experienced sexual violence. Sexual violence in childhood also impacts significantly on teenage pregnancy, alcohol use, suicide and depression among girls.

# RECOMMENDATIONS

| Strategy | To address identified risk factors | Recommendations to inspire new action |
|---|---|---|
| **Implementation and enforcement of laws** | - Addresses institutional factors related to norms and responses to violence.<br>- Addresses interpersonal factors on substance abuse, family structure and domestic violence in the home. | • Align the Education Act 1988 and School Rules and Regulations Act 1997 with the Child Protection and Welfare Act *(short-term)*<br>• Review policies and ensure they are gender-responsive and respond to ending VAC in line with this INSPIRE framework and the SDG targets *(short-term)*<br>• Ban corporal punishment in all settings *(long-term)* |
| **Norms and values** | Addresses risk factors across all levels including for the gender norms and inequality pathway, the "Tibi Tendlu" pathway and also norms around child rights and discipline. | • Include parents in national dialogues on preventing VAC *(short-term)*<br>• Challenge gender norms and harmful notions of masculinity and encourage positive male involvement (e.g. through programmes like MenEngage) *(medium-term)*<br>• Scale up Ministry of Education programme on positive discipline in schools *(medium-term)* |
| **Safe environments** | - Addresses community risk factors related to place (e.g. risky places and events, border areas).<br>- Addresses interpersonal risk factors related to substance abuse and domestic violence<br>- Addresses individual risk factors that put orphans, out-of-school and children with disabilities at increased risk of violence. | • Ensure all schools have full-time guidance counselors according to policy *(short-term)*<br>• Strengthen community-based child protection structures *(short- and medium-term)*<br>• Provide at least 1 half-way/safe house in each region for children in need of a safe place *(medium-term)* |
| **Parent and caregiver support** | - Addresses underlying structural level factors.<br>- Addresses all individual and interpersonal factors related to families.<br>- Enhances protective factors through family strengthening. | • Continue skill building initiatives for positive parenting strategies and family strengthening *(short-term)*<br>• Raise awareness among community groups about caring for orphans *(short-term)*<br>• Implement programmes and policies to end domestic violence and coordinate with VAC recommendations *(medium- to long-term)* |
| **Income and economic strengthening** | - Addresses the underlying structural level factors.<br>- Addresses interpersonal factors of domestic violence in the home and family financial stress. | • Provide educational opportunities that equip children with entrepreneurial skills *(medium- to long-term)*.<br>• Explore cash transfer/community provision for orphan and abandoned children *(long-term)*.<br>• Provide increased vocational educational opportunities for parents/caregivers *(long-term)*. |
| **Response and support services** | - Addresses the structural risk factors related to HIV/AIDS.<br>- Addresses community risk factors related to a lack of confidential spaces for reporting and support.<br>- Addresses interpersonal risk factors related to alcohol abuse and domestic violence. | • Strengthen case management, reporting and referral mechanisms *(short-term)*<br>• Ensure the school toll-free helpline for education is available to all children *(short- and medium term)*<br>• Explore the possibility of scaling-up One-Stop Centre services within communities *(medium- to long-term)* |
| **Education and life skills** | - Addresses individual and interpersonal level risk factors related to temperament, anger management, coping with financial and other stress, quality of family and other relationships, drug and alcohol use and domestic violence.<br>- Enhances protective factors related to school attendance. | • Provide life skills (especially around relationships and sexuality) education regularly and taught separately to boys and girls *(short- and medium-term)*<br>• Capacity building initiatives for teachers for preventing VAC *(short- and medium-term)*<br>• Workshops / sensitization meetings for the community on: children's rights, VAC, caring for a non-biological child, to dispel myths and around the topic of trafficking *(short- and medium-term)* |

**Source for strategies and icons:** INSPIRE Framework from WHO et al., 2016.

## Monitoring and evaluation
One strong recommendation is to develop a gender-based violence (GBV) household survey with a VAC component that measures violence against both boys and girls. This survey initiative would:
• Engage with many partners
• Link questions with Sustainable Development Goal (SDG) indicators and targets
• Link questions with GBV indicators

## Multi-sectorial actions and coordination
The Multi-Sectorial Task Team on Violence (MTTV) coordinated through the Deputy Prime Minister's Office (DPMO) will follow-up on these recommendations and will work with key stakeholders around advocacy efforts for preventing violence against children.

# METHODOLOGY AND NEXT STEPS

## Methodology

The study began with a **systematic review** of all the qualitative and quantitative literature on the prevalence and drivers of violence affecting children (Phase 1), with 29 studies identified and reviewed, and is complimented by a **secondary analysis** of the existing Violence Against Children Survey data (Phase 2).

From these two pieces, a deeper, more focused **qualitative study** (Phase 3) was conducted through focus group discussions with a total of 332 respondents and an additional 41 in-depth interviews with seven different types of respondents (opinion leaders, professionals, paraprofessionals, parent/caregivers, adolescents, out of school children and transport operators) to explore and expand upon the key findings from Phases 1 and 2 in order to develop prevention programmes and inform policy.

This short summary is complemented by a full technical report: The Swaziland Deputy Prime Minister's Office (DPMO), the University of Edinburgh (UoE), the University of Swaziland (UNISWA) and the United Nations Children's Fund (UNICEF), *A National Study on the Drivers of Violence Affecting Children in Swaziland*, Mbabane: UNICEF Swaziland, 2016

## Next steps ⟫⟫⟫

- Data will be **presented back to the communities** that took part in the study

- Study findings will be used to help the government form a **national strategy for violence prevention**

- The study will be launched and used for advocacy purposes for **the International Day of the Girl Child,** for **the 16 days of activism to end gender-based violence** and for **UNICEF's 75th anniversary**.

- **Multi-Sectorial Task Team on Violence (MTTV)** will engage with and take forward the recommendations from the study including using findings for advocacy, policy change, and for testing and scaling-up prevention initiatives.

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10. World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), Global Partnership to End Violence Against Children, Pan American Health Organization (PAHO), President's Emergency Plan for AIDS Relief (PEPFAR), Together for Girls, United Nations Children's Fund (UNICEF), United Nations Office on Drugs and Crime (UNODC), United States Agency for International Development (USAID), & the World Bank. (2016). INSPIRE: *Seven strategies for ending violence against children*. Geneva: WHO.
11. Xaba, M. (2013). Global School-based Student Health Survey, Swaziland: 2013 Fact Sheet. Mbabane: Ministry of Health.
12. Xaba, M. (2003). Global School-based Student Health Survey, Swaziland: 2003 Fact Sheet. Mbabane: Ministry of Health.