



REPORT

VIOLENCE AGAINST CHILDREN
AND YOUNG WOMEN IN MALAWI

FINDINGS FROM A NATIONAL
SURVEY 2013





Published by

THE MINISTRY OF GENDER, CHILDREN,
DISABILITY AND SOCIAL WELFARE,
REPUBLIC OF MALAWI



Funding and support from
CDC, UK aid and UNICEF.

© December 2014



FOREWORD



The Government of Malawi is a party to the UN Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC), which call upon Member States to be committed to the protection and provision of the rights of children. All member states are obliged to tirelessly work towards the elimination of violence against children as enshrined in these agreements.

If violence against children were considered a disease that maims and kills, there would have been little problems convincing Malawian leaders, decision-makers, chiefs, children and parents of the need for immediate, resolute action. Well-supported immunization and vaccination programmes would have been implemented and household campaigns would have been conducted to prevent the transmission of the disease. Unfortunately, violence against children remains a silent and hidden destroyer of lives. It often happens in the home, private and public places. It is typically perpetrated by the powerful against the powerless; by family members, teachers, friends and other trusted people. It is therefore difficult to prevent. Violated children normally tell someone when they are abused, but almost never receive help.

It is time to break the silence. Considered from the personal wellbeing perspective, this is a national emergency. The Violence Against Children and Young People in Malawi survey (VACS) sheds light on the hidden crisis. It reveals that more than 60% of all Malawians were violated during their childhood. The violation hampers their emotional, physical and intellectual development. Moreover, the long-term behavioral and health consequences for the victims of violence have been well documented and are enhanced by VACS. The evidence from VACS establishes that young adults who suffered childhood abuse experience higher rates of mental distress, greater prevalence of smoking and alcohol abuse, more frequent procurement of sexually transmitted infections (STIs) and higher rates of self-harming behaviors as adults. Violence also affects their ability to be responsible and productive citizens and future parents.

VACS is the first national survey of its kind, and provides a unique opportunity for the Government of Malawi to come join hands with stakeholders from various sectors and collaborate towards the achievement of the common goal of protecting better the most vulnerable in the society and ending violence against children and young people. The fight to end violence against children and young people will require a cooperative, multi-sectoral response to address the problem. Determined and combined efforts from line ministries, departments and government agencies, law enforcement, district councils, local NGOs, the private sector, communities, families and development partners are crucial in stamping out violence against children and young people. More focus needs to be placed on preventing violence before it is even done by raising awareness on the costs of VACS and addressing the harmful social norms that promote it.

Ending violence against children and young people is especially important because violence against children affects the entire society. If sexual violence against girls is not addressed, there is very little hope of stamping out the spread of HIV. If children are not safe from violence in schools, the goals of providing quality education for all will never be attained. If the violation of Malawian children is allowed, there is little prospect of breaking the intergenerational cycle of violence.

On behalf of the Government of Malawi, I share with you the Violence Against Children and Young People Survey, Malawi's first ever baseline on the prevalence of violence against children and young people. Let the findings of the survey be a launching point for discussion, debate and ultimately resolute action that ends violence against children in Malawi. Let us join hands to uproot the violence evil in Malawi society.

DR. MARY SHAWA
SECRETARY FOR GENDER,
CHILDREN, DISABILITY &
SOCIAL WELFARE

CONTENTS



FOREWORD	1
FIGURES	5
SECTION A CONTRIBUTORS	13
SECTION B KEY TERMS AND DEFINITIONS	17
SECTION C EXECUTIVE SUMMARY	21
SECTION 1 INTRODUCTION, BACKGROUND, AND METHODS	33
SECTION 2 RESPONDENT CHARACTERISTICS	58
SECTION 3 THE PREVALENCE OF CHILDHOOD SEXUAL VIOLENCE, PERPETRATORS OF SEXUAL ABUSE, CONTEXT OF SEXUAL ABUSE, AND SERVICE-SEEKING BEHAVIORS OF SEXUAL ABUSE SURVIVORS	63
SECTION 4 THE PREVALENCE OF CHILDHOOD PHYSICAL VIOLENCE, PERPETRATORS OF PHYSICAL VIOLENCE, AND SERVICE- SEEKING BEHAVIOR OF SURVIVORS OF PHYSICAL VIOLENCE	83
SECTION 5 THE PREVALENCE OF CHILDHOOD EMOTIONAL VIOLENCE, AND PERPETRATORS OF EMOTIONAL VIOLENCE	104

SECTION 6 MULTIPLE TYPES OF VIOLENCE: SEXUAL, PHYSICAL, AND EMOTIONAL VIOLENCE	111
SECTION 7 HEALTH OUTCOMES OF SEXUAL, PHYSICAL, AND EMOTIONAL VIOLENCE	117
SECTION 8 SEXUAL RISK-TAKING BEHAVIORS AND EXPOSURE TO CHILDHOOD VIOLENCE	134
SECTION 9 HIV/AIDS TESTING BEHAVIORS AND TESTING KNOWLEDGE AND ASSOCIATION WITH CHILDHOOD SEXUAL ABUSE	139
SECTION 10 ATTITUDES TOWARD SPOUSAL VIOLENCE AND THE ROLE OF GENDER IN SEXUAL PRACTICES AND INTIMATE PARTNER VIOLENCE	147
SECTION 11 DISCUSSION AND RECOMMENDATIONS	155
APPENDIX A WEIGHTING PROCEDURES, QUALITY ASSURANCE, AND ESTIMATES OF SAMPLING ERROR	173
APPENDIX B 2013 VACS MALAWI DATA TABLES	188

FIGURES



SECTION 3: THE PREVALENCE OF CHILDHOOD SEXUAL VIOLENCE, PERPETRATORS OF SEXUAL ABUSE, CONTEXT OF SEXUAL ABUSE, AND SERVICE-SEEKING BEHAVIORS OF SEXUAL ABUSE SURVIVORS

- Figure 3.1 Types of sexual abuse prior to age 18, as reported by respondents 18 to 24 years old
- Figure 3.2 Unwanted completed sexual abuse (pressured or physically forced sex) prior to age 18, as reported by respondents 18 to 24 years old
- Figure 3.3 First incident of sexual intercourse was unwanted among 18 to 24 year olds whose first sexual intercourse was prior to age 18
- Figure 3.4 Experiencing any type of sexual abuse in the last 12 months, as reported by respondents 13 to 17 years old
- Figure 3.5 Experiencing sexual abuse prior to age 18 by perpetrator of most recent event of sexual abuse, as reported by respondents 18 to 24 years old
- Figure 3.6 Perpetrators perceived to be 5 or more years older, as reported by respondents 18 to 24 years old who experienced their first incident of sexual abuse prior to age 18
- Figure 3.7 Experiencing sexual abuse in the past 12 months by perpetrator of most recent event of sexual abuse, as reported by respondents 13 to 17 years old
- Figure 3.8 Location of first incident of sexual abuse among 18–24 year olds who experienced sexual abuse prior to age 18
- Figure 3.9 Location of most recent incident of sexual abuse among 13 to 17 year olds who experienced sexual abuse in the last 12 months
- Figure 3.10 Disclosure and reporting of sexual abuse among 18-24 year olds who experienced sexual abuse prior to age 18
- Figure 3.11 Disclosure, Service Seeking and Service Usage among Malawian Victims of Child Sexual Abuse aged 13-17 in the past 12 months, Malawi VACS, 2013
- Figure 3.12 Disclosure and reporting of sexual abuse among 13 to 17 year olds who experienced sexual abuse in the last 12 months

SECTION 4: THE PREVALENCE OF CHILDHOOD PHYSICAL VIOLENCE, PERPETRATORS OF PHYSICAL VIOLENCE, AND SERVICE-SEEKING BEHAVIOR OF SURVIVORS OF PHYSICAL VIOLENCE

- Figure 4.1 Physical violence experienced prior to age 18, as reported by respondents 18 to 24 years old
- Figure 4.2 Perpetrators of physical violence prior to age 18, as reported by respondents 18 to 24 years old
- Figure 4.3 Physical violence experienced in the past 12 months, as reported by respondents 13 to 17 years old
- Figure 4.4 Perpetrators of physical violence in the past 12 months, as reported by respondents 13 to 17 years old
- Figure 4.5 Witnessing physical violence at home and in the community prior to age 18, as reported by respondents 18 to 24 years old
- Figure 4.6 Witnessing physical violence at home and in the community in the last 12 months, as reported by respondents 13 to 17 years old
- Figure 4.7 Physical violence by a peer prior to age 18 by perpetrator of first incident of physical violence, as reported by victims of peer violence 18 to 24 years old
- Figure 4.8 Physical violence by a parent, adult caregiver, or adult relative prior to age 18 by perpetrator of first incident of physical violence, as reported by victims of parent/adult relative violence 18 to 24 years old
- Figure 4.9 Physical violence by adults living in the community prior to age 18 by perpetrator of first incident of physical violence, as reported by victims of community adult violence 18 to 24 years old
- Figure 4.10 Physical violence by a peer in the last 12 months by perpetrator of most recent incident of physical violence, as reported by victims of peer violence 13 to 17 years old
- Figure 4.11 Physical violence by a parent, adult caregiver, or adult relative in the last 12 months by perpetrator of most recent incident of physical violence, as reported by victims of parent/adult relative violence 13 to 17 years old
- Figure 4.12 Physical violence by adults living in the community in the last 12 months by perpetrator of most recent incident of physical violence, as reported by victims of community adult violence 13 to 17 years old

- Figure 4.13 Disclosure, Service Seeking and Service Usage among Malawian Victims of Child Physical Violence aged 18-24, Malawi VACS, 2013
- Figure 4.14 Disclosure and reporting of physical violence among 18 to 24 year olds who experienced physical violence prior to age 18
- Figure 4.15 Disclosure, Service Seeking & Service Usage among Malawian Victims of Child Physical Violence in the past 12 months aged 13-17
- Figure 4.16 Disclosure and reporting of physical violence among 13 to 17 year olds who experienced physical violence in the last 12 months

SECTION 5: THE PREVALENCE OF CHILDHOOD EMOTIONAL VIOLENCE, AND PERPETRATORS OF EMOTIONAL VIOLENCE

- Figure 5.1 Age at first incident of emotional violence, as reported by victims 13 to 17 years old
- Figure 5.2 Emotional violence by a parent, adult caregiver, or adult relative prior to age 18 by perpetrator of first incident of emotional violence, as reported by victims 18 to 24 years old
- Figure 5.3 Emotional violence by a parent, adult caregiver, or adult relative in the last 12 months by perpetrator of most recent incident of emotional violence, as reported by victims 13 to 17 years old

SECTION 6: MULTIPLE TYPES OF VIOLENCE: SEXUAL ABUSE AND PHYSICAL AND EMOTIONAL VIOLENCE

- Figure 6.1 Types of violence experienced prior to age 18, as reported by females 18 to 24 years old
- Figure 6.2 Types of violence experienced prior to age 18, as reported by males 18 to 24 years old
- Figure 6.3 Types of violence experienced in the last 12 months, as reported by females 13-17 years old
- Figure 6.4 Types of violence experienced in the last 12 months, as reported by males 13-17 years old

SECTION 7: HEALTH OUTCOMES OF SEXUAL, PHYSICAL, AND EMOTIONAL VIOLENCE

- Figure 7.1 Moderate and serious mental distress among females 18 to 24 years old who did and did not experience childhood sexual abuse prior to age 18
- Figure 7.2 Suicidal ideation and alcohol inebriation among females 18 to 24 years old who did and did not experience sexual abuse prior to age 18
- Figure 7.3 Moderate and serious mental distress among males 18 to 24 years old who did and did not experience childhood sexual abuse prior to age 18
- Figure 7.4 Moderate and serious mental distress among females 13 to 17 years old who did and did not experience childhood sexual abuse in the last 12 months
- Figure 7.5 Moderate and serious mental distress among males 13 to 17 years old who did and did not experience childhood sexual abuse in the last 12 months
- Figure 7.6 Self-harm, suicidal ideation, and STI diagnosis and symptoms among males 13 to 17 years old who did and did not experience childhood sexual abuse in the last 12 months
- Figure 7.7 Moderate and serious mental distress among females 18 to 24 years old who did and did not experience childhood physical violence prior to age 18
- Figure 7.8 Suicidal ideation and STI diagnosis and symptoms among females 18 to 24 years old who did and did not experience physical violence prior to age 18
- Figure 7.9 Moderate and serious mental distress among males 18 to 24 years old who did and did not experience physical violence prior to age 18
- Figure 7.10 Moderate and serious mental distress among females 13 to 17 years old who did and did not experience physical violence in the last 12 months
- Figure 7.11 Alcohol inebriation and smoking status among females 13 to 17 years old who did and did not experience childhood physical violence in the last 12 months
- Figure 7.12 Moderate and serious mental distress among males 13 to 17 years old who did and did not experience physical violence in the last 12 months

- Figure 7.13 Moderate and serious mental distress among females 18 to 24 years old who did and did not experience emotional violence prior to age 18
- Figure 7.14 Moderate and serious mental distress among males 18 to 24 years old who did and did not experience emotional violence prior to age 18
- Figure 7.15 Alcohol inebriation, self-harm, and suicidal ideation among males 18 to 24 years old who did and did not experience emotional violence prior to age 18
- Figure 7.16 Moderate and serious mental distress among females 13 to 17 years old who did and did not experience emotional violence in the last 12 months
- Figure 7.17 Moderate and serious mental distress among males 13 to 17 years old who did and did not experience emotional violence in the last 12 months

SECTION 8: SEXUAL RISK-TAKING BEHAVIORS AND EXPOSURE TO CHILDHOOD VIOLENCE

- Figure 8.1 Sexual risk taking behaviours in the past 12 months, as reported by respondents 19-24 years old

SECTION 9: HIV/AIDS TESTING BEHAVIORS AND TESTING KNOWLEDGE AND ASSOCIATION WITH CHILDHOOD SEXUAL ABUSE

- Figure 9.1 HIV testing knowledge and behavior, as reported by respondents 18 to 24 years old who had ever had sexual intercourse
- Figure 9.2 HIV testing knowledge and behavior, as reported by respondents 13 to 17 years old who had ever had sexual intercourse
- Figure 9.3 HIV testing knowledge and behavior, as reported by respondents 18 to 24 years old who ever had sex and experienced sexual abuse prior to age 18
- Figure 9.4 HIV testing knowledge and behavior, as reported by respondents 18 to 24 years old who ever had sex and did not experience sexual abuse prior to age 18

- Figure 9.5 HIV testing knowledge and behavior, as reported by respondents 13 to 17 years old who ever had sex and experienced sexual abuse in the past 12 months
- Figure 9.6 HIV testing knowledge and behavior, as reported by respondents 13 to 17 years old who ever had sex and did not experience sexual abuse in the past 12 months
- Figure 9.7 HIV testing knowledge and behavior, as reported by male respondents 13 to 24 years old who did not experience sexual abuse
- Figure 9.8 HIV testing knowledge and behavior, as reported by female respondents 13 to 24 years old who did not experience sexual abuse

SECTION 10: ATTITUDES TOWARD SPOUSAL VIOLENCE AND THE ROLE OF GENDER IN SEXUAL PRACTICES AND INTIMATE PARTNER VIOLENCE

- Figure 10.1 Endorsement of one or more circumstances where spousal violence is acceptable, as reported by respondents 18 to 24 years olds
- Figure 10.2 Endorsement of one or more circumstances where spousal violence is acceptable, as reported by respondents by 13-17 year olds
- Figure 10.3 Endorsement of one or more circumstances where gender biases towards sexual practices and intimate partner violence is acceptable, as reported by 18-24 year olds
- Figure 10.4 Endorsement of one or more circumstances where gender biases towards sexual practices and intimate partner violence is acceptable, as reported by 13-17 year olds
- Figure 10.5 Perpetration of intimate partner violence, as reported by 13 to 24 year olds
- Figure 10.6 Perpetrator's experience of violence before age 18, as reported by respondents 18 to 24 years old



VIOLENCE AGAINST CHILDREN AND YOUNG WOMEN IN MALAWI

FINDINGS FROM A NATIONAL SURVEY 2013

The Ministry of Gender, Children, Disability and Social Welfare (MoGCDSW), the Center for Social Research at the University of Malawi, the United Nations Children's Fund in Malawi (UNICEF Malawi), the President's Emergency Plan For Aids Relief (PEPFAR) conducted the Violence Against Children and Young Women survey in Malawi (VACS Malawi), with funding provided by the UK government. The technical guidance and coordination of this study was provided by the Centers for Disease Control and Prevention (CDC) and implemented by the Center for Social Research at the University of Malawi.

Funding for the implementation and coordination of the survey was provided by the Government of the UK.

Photo Credit:

All photos © UNICEF/2014/Siddhartha Ganesh

CITATION

Ministry of Gender, Children, Disability and Social Welfare of the Republic of Malawi, United Nations Children's Fund, The Center for Social Research at the University of Malawi, and the Centers for Disease Control and Prevention. Violence against Children and Young Women in Malawi: Findings from a National Survey, 2013. Lilongwe, Malawi: Government of Malawi, 2014.

Disclaimer

The findings and conclusions of this report are those of the authors and do not necessarily represent the official position of the United Nations Children's Fund or the US Centers for Disease Control and Prevention.

CDC authors conducted weighting and data analysis in support of this report and consulted with the government of the Republic of Malawi on evidence based strategies to prevent violence against children and youth. Any policy recommendations contained within this document with regard to budget allocations or statutory changes are the recommendations of the government of the Republic of Malawi and do not reflect an endorsement of the CDC or the U.S. Government.





STUDY TECHNICAL GUIDANCE AND SUPPORT

Ministry of Gender, Children, Disability and Social Welfare

Dr. Mary Shawa, Principal Secretary
 Mr. McKnight Kalanda, Director of Child Development Affairs
 Mr. Willard Manjolo, Director of Social Welfare
 Mr. Justin Hamela, Principal Gender Development Affairs

Center for Social Research of the University of Malawi

Dr. Alister Munthali, Associate Professor and Director
 Richard Tambulasi, Associate Professor
 Blessings Chinsinga, Associate Professor
 Peter Mvula, Senior Research Fellow
 Joseph Chunga, Associate Professor

United Nations Children's Fund (UNICEF) - Malawi

Nankali Maksud, Child Protection Chief
 Bruce Grant, Child Protection Chief
 Brendan Ross, Child Protection Specialist
 Asefa Tolessa Dano, Child Protection Specialist
 Thadeo Kuntembwe, Monitoring and Evaluation Officer
 Martin Nkuna, Child Protection Officer

Centers for Disease Control and Prevention, U.S.

James Mercy, PhD, Special Advisor for Global Activities, Division of Violence Prevention
 Juliette Lee, MPH, Epidemiologist
 Veronica Lea, MPH, Epidemiologist
 Jose Luis Carlosama, Computer Programmer
 Jessie Gleckel, MPH, Epidemiologist
 Laura Chiang, MA, Behavioral Scientist
 Ashleigh Howard, MA, Research Analyst
 Leah Gilbert, MD, EIS Officer
 Viani Ramirez, MPH, Data Analyst
 Howard Kress, PhD, Behavioral Scientist

Centers for Disease Control and Prevention, Malawi

Sundeeep K. Gupta, MD, MPH, DTMTH Country Director
 Nellie Wadonda-Kabondo, PhD, Epidemiologist
 Mr. Adam Wolkon, Epidemiologist

Multi-Sectoral Task Force

Catholic Relief Services
Centers for Disease Control and Prevention (CDC) Malawi
Centre for Human Rights and Rehabilitation
Centre for Social Research (CSR)
Centre for Youth and Children's Affairs
District Social Welfare office (Chiradzulu, Zomba and Blantyre)
Eye of the Child
Foundation for Children Rights
Malawi College of Medicine
Malawi Human Rights Commission
Malawi Human Rights Resource Centre
Malawi Police Service
Ministry of Disability and Elderly Affairs
Ministry of Education (MoE)
Ministry of Gender Children, Disability and Social Welfare (MoGCDSW)
Ministry of Health
Ministry of Justice
Ministry of Labour
National Child Justice Forum
National statistics Office
Norwegian Church Aid
Plan Malawi
Relief (PEPFAR)
Save the Children Malawi
UN Women
UNFPA
UNICEF Malawi
United States Agency for International Development
United States President's Emergency Plan for AIDS
WHO
World Vision
Youth Net and Counseling (YONECO)
Youth Watch Society

NATIONAL FIELD STUDY TEAM
Center for Social Research of the University of Malawi

FIELD TEAM LEADERS

Jere Brenda	Kaundama Ernest
Khonje Patricia	Kuntumanji Grant
Makwakwa Chrissie	Mangani Alfred
Sususwele Fagness	Masumbu Mwayi
Tizola Elizabeth	Nyaka Gervasio
Swila Hannah	Nyemba Maurice
Chauma Chikondi	Zgambo Atusaye

INTERVIEWERS

Bisika Linda	Gondwe Ethel	Manjamkhosi Consolata	Nembo Atusunje
Chaika Grace	Kacheche Tapiwa	Mapemba Charity	Ngwira Atupele
Chamba Funny	Kadaluka Talele	Maulidi Patricia	Nkhoma Alice
Chilopa Annie	Kalea Emma	Mbewe Lekeleni	Phiri Chazira
Chimwendo Grace	Kalitera Linda	Mbowani Shamira	Sakala Angela
Chirwa Dorothy	Kalogwire Naomi	Mhango Mara	Sibale Mary
Chuma Patricia	Limbuni Clara	Mhango Olivia	Tambuli Agnes
Dembo Linda	Magwede Lisa	Mwiyeriwa Margret	Zikapanda Priscila
Giva Isabel	Makanjira Eluby	Ndhlovu Ruth	Zibophe Brecious
Nyirenda Oswald	Chirwa Lloyd	Madula Mayamiko	Mtewa Andrew
Phiri Elisha	Chizimba Henry	Makenzie Onesmo	Mughogho
Stanley Christopher	Gondwe Devlyn	Mang'anya Samuel	Chawanangwa
Abraham Enoch	Governor Edward	Mazalale Masiye	Mussa Razak
Banda Madalitso	Hara Damascus	Mazuza Alick	Mvula Paul
Bvumbwe Henry	Kaponda Gilbert	Mdolo Boniface	Ng'oma Julius
Chabwera Wesley	Kaundama Harlod	Mitambo Vincent	Phalaza William
Chaguzo Macleen	Kavala Vincent	Mkaombe Alexander	Shaba Lameck
Chipiko Emmanuel	Liphale Dyton	Msiska James	

**DATA ANALYSIS AND
REPORT WRITING**

Nankali Maksud, Child Protection Chief, UNICEF Malawi

Brendan Ross, Child Protection Specialist, UNICEF Malawi

Juliette Lee, MPH, Epidemiologist, CDC

Deepali Patel, MPH, Epidemiologist, CDC

Veronica Lea, MPH, Epidemiologist, CDC

James Mercy, PhD, Behavioral Scientist, CDC

Howard Kress, PhD, Behavioral Scientist, CDC



D.S.S.
USE ONLY

KBCDSS



1. SEXUAL VIOLENCE

Sexual violence is defined as including all forms of sexual abuse and sexual exploitation of children. This encompasses a range of offences, including completed non-consensual sex acts (i.e., rape), attempted non-consensual sex acts, abusive sexual contact (i.e., unwanted touching), and non-contact sexual abuse (e.g., threatened sexual violence, exhibitionism, verbal sexual harassment). This also includes the inducement or coercion of a child to engage in any unlawful or psychologically harmful sexual activity; the exploitative use of children in prostitution or other unlawful sexual practices; and the exploitative use of children in pornographic performances and materials. In this survey, questions were posed on four types of sexual abuse and four types of sexual exploitation:

1.1 Sexual Abuse

Sexual abuse is defined as including:

1.1.1 Unwanted Sexual Touching: if anyone, male or female, ever touched the respondent in a sexual way without their permission, but did not try and force the respondent to have sex. Touching in a sexual way included fondling, pinching, grabbing, or touching the respondent on or around their sexual body parts.

1.1.2 Unwanted Attempted Sex: if anyone ever tried to make the respondent have sex (vaginal, oral, or anal sex or the insertion of an object into an anus or vagina) without their permission but did not succeed.

1.1.3 Physically Forced Sex: if anyone ever physically forced the respondent to have sex (vaginal, oral, or anal sex or the insertion of an object into an anus or vagina) regardless of whether the respondent did or did not fight back.

1.1.4 Pressured Sex: if anyone ever pressured the respondent to have sex (vaginal, oral, or anal sex or the insertion of an object into an anus or vagina) when they did not want to and sex happened. When someone pressures someone else into sex, it could involve things like threats, harassment, or tricking the other person into having sex.

1.2 Sexual Exploitation: If anyone has ever given the respondent money, food, gifts, or any favours to have sexual intercourse or perform any other sexual acts with them

1.3 Non-contact Sexual Violence/Exploitation: If anyone ever forced the respondent to be in a sex photo or video or forced to show their sexual body parts in front of a webcam whether they wanted to or not.

More sexual violence related definitions:

- **Unwanted Completed Sex:** a combination of physically forced and pressured sex as defined above.
- **Sexual Intercourse for Females:** Includes vaginal, oral or anal sex or the insertion of an object into the respondent's vagina or anus.
- **Sexual Intercourse for Males:** Includes vaginal, oral or anal sex or the insertion of an object into the respondent's anus.

2. PHYSICAL VIOLENCE

Physical acts of violence such as being punched, kicked, whipped, or beat with an object, choked, smothered, tried to drown, burned, scalded intentionally, or used or threatened with weapon such as a knife or other weapon. In this survey, respondents were specifically asked about physical acts of violence perpetrated by:

1. Intimate partners - husband, boyfriend or romantic partners,
2. Peers - people the same age as the respondent not including a romantic partner, husband, or boyfriend/girlfriend. This includes siblings, schoolmates, neighbors or strangers the respondent may or may not have known.
3. Parents or adult caregivers and other adult relatives.
4. Adults in the community – adults such as teachers, police, employers, religious or community leaders, or neighbors.

Physical acts of violence were measured as:

- If someone ever punched, kicked, whipped, or beat the respondent with an object
- If someone ever choked, smothered, tried to drown, or burned the respondent intentionally
- If someone ever used or threatened the respondent with a knife or other weapon


3. EMOTIONAL VIOLENCE

Emotional violence is defined as a pattern of verbal behaviour over time or an isolated incident that is not developmentally appropriate and supportive and that has a high probability of damaging a child's mental health, or his/her physical, mental, spiritual, moral or social development. Emotional acts of violence such as being told you were not loved, someone wished you had never been born or being ridiculed or put down. In this survey, we specifically asked about emotional acts of violence perpetrated by parents or caregivers:

- If someone ever told the respondent that they were not loved, or did not deserve to be loved
- If someone ever said they wished the respondent had never been born or were dead
- If someone ever ridiculed the respondent or put them down (for example said that they were stupid or useless)



The 2013 Violence against Children and Young Women Survey (VACS) Malawi is the first national survey of violence against children in the Republic of Malawi. Implemented in September and October of 2013, VACS Malawi is a nationally representative household survey of females and males 13 to 24 years of age that is based on a multi-stage cluster design that yields separate estimates of experiences of sexual, physical, and emotional violence prior to age 18 years for both females and males in Malawi.

1,029 females
with an overall response rate
84.4% 

 1,133 males
with an overall response rate
83.4%

There were a total of 2,162 completed interviews: 1,029 females with an overall response rate 84.4% and 1,133 males with overall response rate 83.4%. The primary purpose of the survey was to estimate the (1) lifetime prevalence of childhood violence, defined as violence occurring before 18 years of age and (2) prevalence of childhood violence in the 12 months prior to the survey among 13 to 17 year olds.

The survey included a short questionnaire for an adult in the household to build rapport with the family and to determine current socioeconomics of the household as well as a second questionnaire for the primary respondent aged between 13-24 years.

This questionnaire included the following topics:

demographics; parental relations; family, friends and community support; school experiences; sexual behavior and practices; physical, emotional, and sexual violence; perpetration of sexual violence; health outcomes associated with exposure to violence; and utilization and barriers to health services.



have experienced at least one incident of sexual abuse prior to the age of 18.

The findings from the survey indicate that violence against children is a serious problem in Malawi: one out of five females and one out of seven males in Malawi have experienced at least one incident of sexual abuse prior to the age of 18 years. In addition, almost half of all females and two-thirds of males experienced physical violence prior to 18 years, and approximately one-fourth to one-fifth experienced emotional violence. Nearly one-fourth of all children experienced multiple forms of violence. The results of this survey have significant implications for the design and implementation of Malawian-specific prevention and response programs and policies to address abuse and violence against children.

The 2013 VACS Malawi would not have been possible without the partnership and collaboration between the Centers for Disease Control and Prevention (CDC), United Nations Children’s Fund (UNICEF), The Ministry of Gender, Children, Disability and Social Welfare, The Center for Social Research at the University of Malawi (CSR), the President’s Emergency Plan For Aids Relief (PEPFAR), the Together for Girls Partnership and the UK Government.

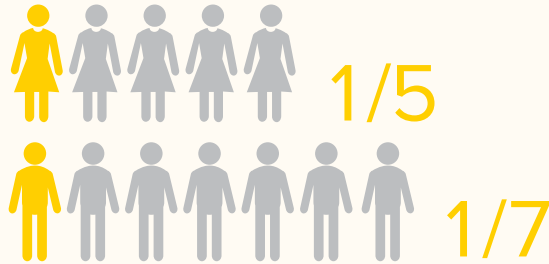




KEY FINDINGS

Sexual Violence against Children

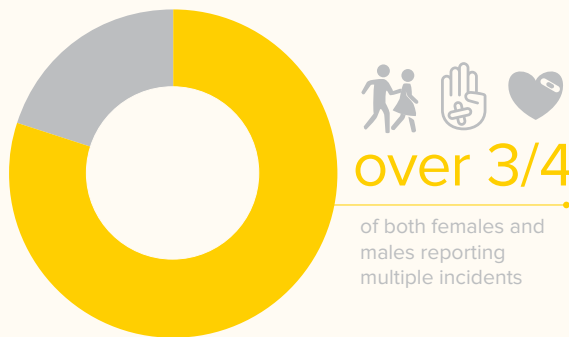
1 Prevalence of childhood sexual violence (sexual abuse and exploitation):



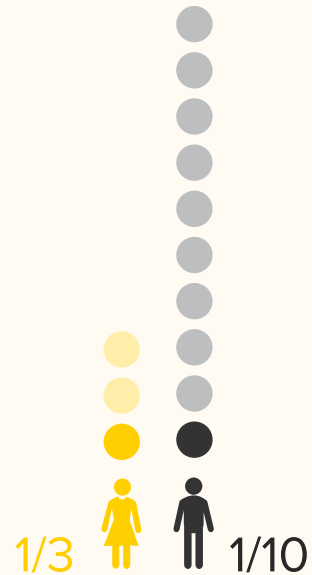
One out of five females and one out of seven males aged 18 to 24 years in Malawi experienced at least one incident of sexual abuse before turning 18 years of age.

Among those who experienced at least one incident of sexual abuse prior to age 18 years, 68.4% of females and 74.4% of males had multiple incidents (i.e., two or more incidents) of sexual abuse.

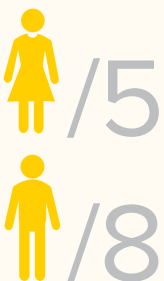
The most common form of sexual abuse experienced by both females and males before the age of 18 was unwanted attempted sex, followed by unwanted sexual touching.



In the 12 months preceding the survey, nearly one out of five females and one out of eight males aged 13 to 17 years experienced at least one incident of sexual abuse, with over three quarters of both females and males reporting multiple incidents. The average age of first incident of sexual abuse was 12-14 years.



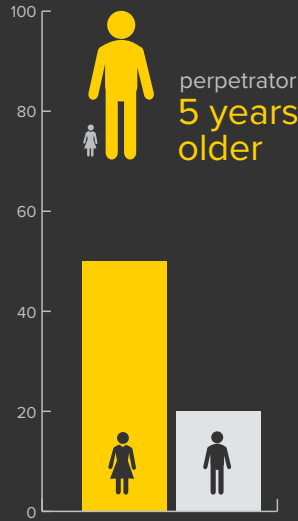
Of those who had their first sexual intercourse prior to age 18, one out of three females and one out of ten males experienced their first sexual intercourse as unwilling, meaning that they were forced or coerced to engage in sexual intercourse.



2 Perpetrators of childhood sexual abuse:

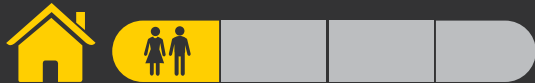


Boyfriends or romantic partners, friends, or classmates were the most frequent perpetrators of first incidents of child sexual abuse.

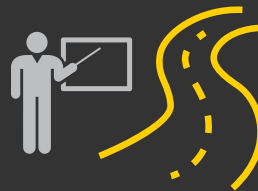


Half of females and one-fifth of males aged 18 to 24 years and one-quarter of both females and males aged 13 to 17 years who experienced sexual abuse prior to age 18 perceived the perpetrator of their first incident of sexual abuse to be at least five years older than they were at the time of the incident.

3 Where the sexual abuse occurred:

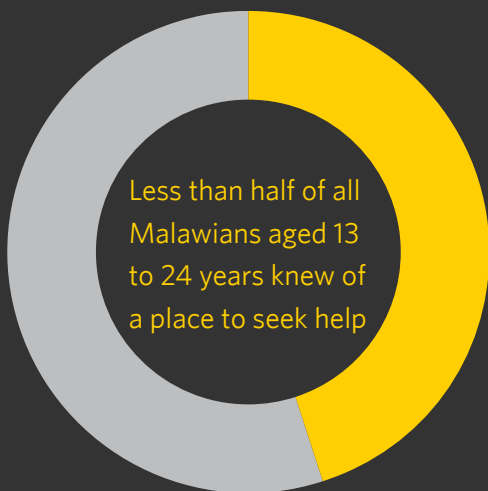


Almost one in four of both females and males aged 18 to 24 years who had experienced sexual abuse prior to age 18 indicated that at least one of their experiences of sexual abuse took place in their own home or the home of the perpetrator.



Among 13 to 17 year old females and males the most common location for the most recent incident of sexual abuse occurring during the last year was on a road or in school.

4 When the sexual abuse occurred: Among females aged 13 to 24 years, afternoon was the most commonly reported time of day when the incident of sexual abuse occurred. Among males, evening was the most commonly reported time of day.

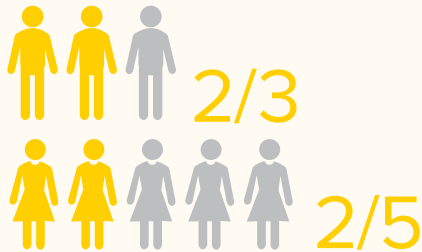


5 Service uptake for sexual violence: Two-thirds of females and males aged 18 to 24 years who experienced child sexual abuse prior to age 18 years told someone about an incident of sexual abuse, but fewer than 10% received professional services. Almost two-thirds of females and half of males aged 13 to 17 years who experienced child sexual abuse prior to age 18 years told someone about an incident of sexual abuse, but 3% or fewer received professional services.

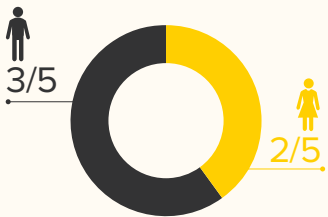


Physical Violence against Children

1 Prevalence of childhood physical violence:

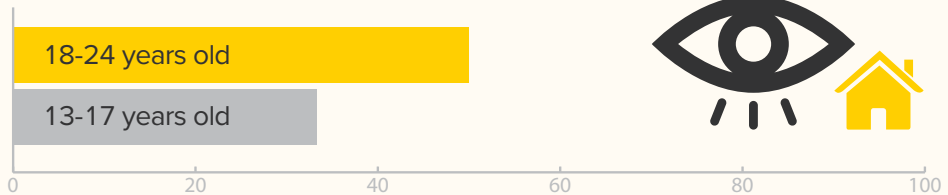


Two in five females and two in three males aged 18 to 24 years in Malawi experienced physical violence prior to the age of 18 years.

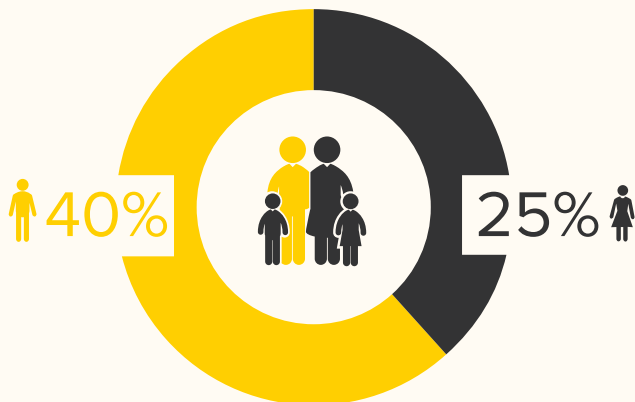


Approximately two in five females and three in five males aged 13 to 17 years experienced physical violence in the 12 months prior to the survey.

Half of Malawians aged 18 to 24 years and one-third of Malawians aged 13 to 17 years reported witnessing violence in the home.



2 Perpetrators of childhood physical violence:

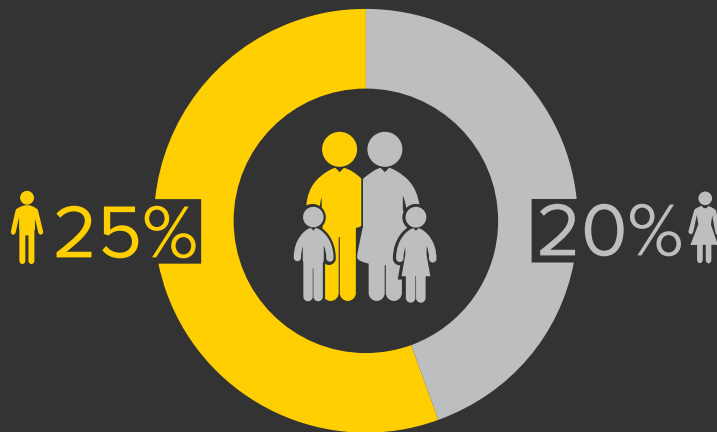


Among 18 to 24 year olds who experienced physical violence before turning 18, one quarter of females and 40% of males reported physical violence perpetrated by an adult family member, and one in five females and two in five males reported a peer as the perpetrator.

Reported a peer as the perpetrator



Reported an adult family member as the perpetrator



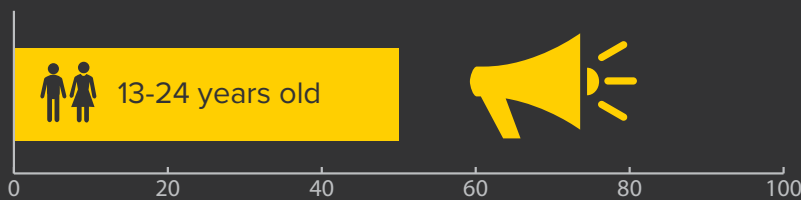
Among 13 to 17 year olds, one-fifth of females and one-fourth of males reported an adult family member as the perpetrator, while one-fifth of females and one-third of males reported a peer.



Reported a peer as the perpetrator

3

Service uptake for physical violence:



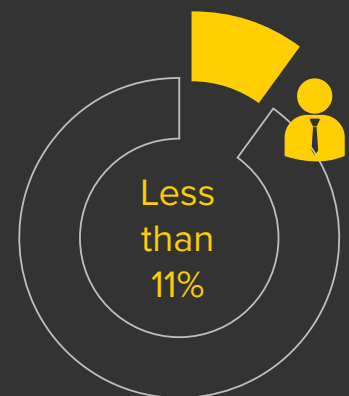
Told someone about an incident of physical violence

Half to two-thirds of females and males aged 13 to 24 years who experienced child physical violence prior to age 18 years told someone about an incident of physical violence,

but fewer than 11% received professional services.

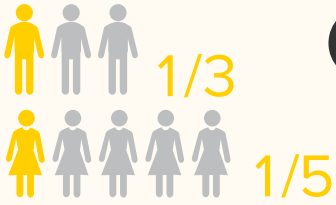
The most commonly cited reason for not seeking help was not seeing the violence as a problem. One-third of females aged 13 to 17 years old also reported feeling that the violence was their own fault.

Reported feeling that the violence was their own fault



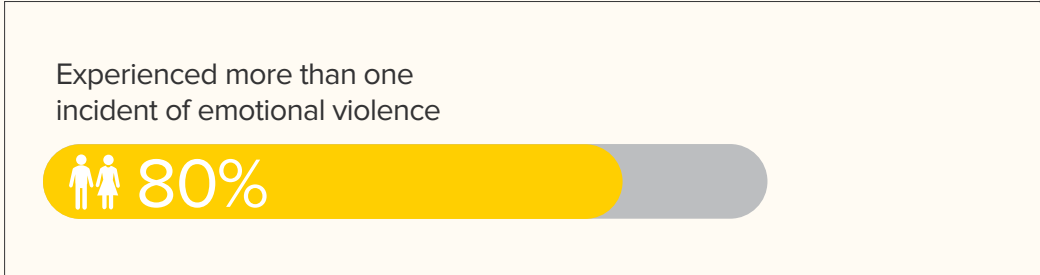


Emotional Violence against Children

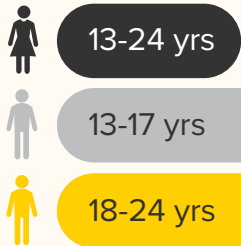
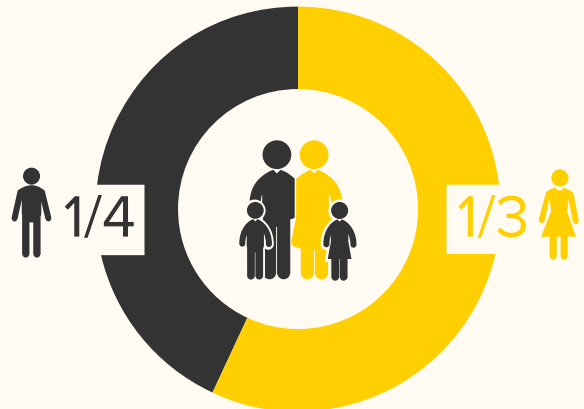


1 Emotional violence experienced in childhood: Approximately one in five females and one in three males in Malawi experienced emotional violence prior to turning 18 years of age, with four in five of both females and males experiencing more than one incident of emotional violence.

Males aged 18 to 24 years most frequently reported their first incident of emotional violence between ages 6 and 11 years.



2 Perpetrators of childhood emotional violence: Parents were the most frequent perpetrators of emotional violence in childhood, with one-third to one-quarter of females and males reporting their mother or stepmother as the most common perpetrator.



One in seven females aged 13 to 24 years, one in five males aged 13 to 17 years, and one in three males aged 18 to 24 years reported their father or stepfather as the most common perpetrator.



Overlap of Sexual Abuse and, Physical, and Emotional Violence in Childhood

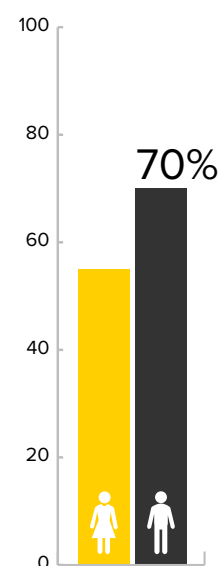
Sexual abuse, physical, and emotional violence commonly overlapped in childhood in Malawi. Over half of females and approximately 70% of males aged 13 to 24 years experienced some form of violence prior to age 18. One-third or more experienced two forms of violence, and 5-7% experienced all three forms of violence.

HEALTH OUTCOMES OF SEXUAL ABUSE AND, PHYSICAL, AND EMOTIONAL VIOLENCE

Malawians aged 13 to 24 years who experienced any sexual abuse prior to age 18 were significantly more likely to have experienced mental distress in the past 30 days as compared to those who did not experience childhood sexual abuse. Additionally, females aged 18 to 24 years who experienced childhood sexual abuse were significantly more likely to have been drunk in the past 30 days or to have ever thought of suicide as compared to those who did not experience childhood sexual abuse. With regards to 13 to 17 year olds, Malawian females who experienced sexual abuse were significantly more likely to have STI symptoms compared to those who did not experience sexual abuse; while males who experienced sexual abuse were significantly more likely to have ever intentionally hurt themselves, to have ever thought of suicide, or to have symptoms of STI compared to non-victims.

Relative to those who did not report physical violence, females aged 18 to 24 years who experienced physical violence prior to age 18 were significantly more likely to report having thought of suicide, to have experienced mental distress in the past 30 days, or have reported symptoms of STIs, while victims aged 13 to 17 years were significantly more likely to report having been drunk or smoked in the past 30 days. Males aged 13 to 24 years who experienced physical violence were significantly more likely than male non-victims to have experienced mental distress in the past 30 days. Male victims aged 18 to 24 years were also significantly more likely to have been drunk in the past 30 days, while those aged 13 to 17 years who experienced physical violence were also significantly more likely to have intentionally hurt themselves.

Experienced some form of violence prior to age 18

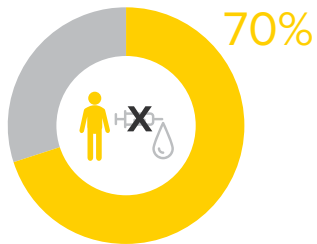




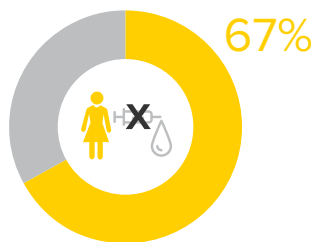
Both females and males aged 13 to 24 years who experienced emotional violence prior to age 18 were significantly more likely to experience mental distress compared to those who did not experience emotional violence.



1 in 5 females have a history of childhood sexual abuse



7 in 10 had never taken an HIV test
13-17 years



2 in 3 had never taken an HIV test
13-17 years

Female and male victims aged 18 to 24 years were significantly more likely to have thought of suicide, and male victims were also significantly more likely to have ever intentionally hurt themselves.

VIOLENCE AND SEXUAL RISK TAKING BEHAVIOR

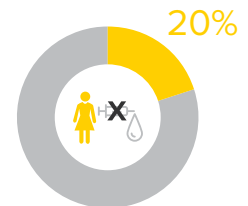
The study examined the prevalence of sexual risk taking behaviors in the 12 months prior to the survey among 19 to 24 year olds and their association with childhood violence, in order to ensure exposure to childhood violence preceded involvement in sexual risk taking behavior. Among 19 to 24 year old females, one in five of those with a history of childhood sexual abuse, one in seven of those who experienced childhood physical violence, and one in seven of those with a history of childhood emotional violence reported infrequent condom use. Among 19 to 24 year old males, one in three with experience of childhood sexual abuse, physical abuse, or emotional abuse reported infrequent condom use.

SEXUAL ABUSE AND HIV/AIDS TESTING KNOWLEDGE AND TESTING BEHAVIORS

Among females aged 18 to 24 years who had experienced childhood sexual abuse prior to age 18, nine in ten knew where to go for an HIV test, but two in ten had never been tested. Among male victims, nine in ten knew where to go for an HIV test, but three in ten had never been tested. Among 13 to 17 year old female victims, two in three knew where to go for an HIV test, but two in three had never been tested. Among 13 to 17 year old male victims, nine in ten knew where to go for an HIV test, but seven in ten had never been tested.



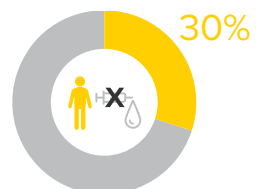
9 in 10 knew where to go for an HIV test
18-24 years



2 in 10 had never been tested



9 in 10 knew where to go for an HIV test
18-24 years



3 in 10 had never been tested

ATTITUDES TOWARDS SPOUSAL VIOLENCE AND THE ROLE OF GENDER IN SEXUAL PRACTICES AND INTIMATE PARTNER VIOLENCE

Two in five females and one in five males aged 18 to 24 believe it is acceptable for a man to beat his wife if she goes out without telling him, if she neglects the children, if she argues with him, if she refuses to have sex with him, or if she burns the food.

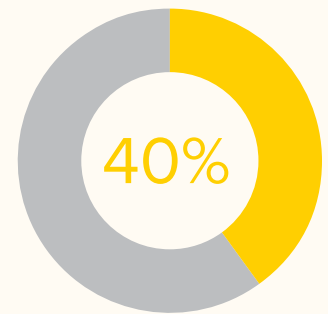


The most commonly accepted reason for a man to beat his wife is if she neglects their children.

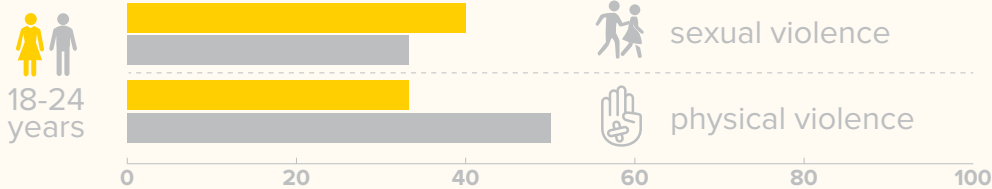


Nine out of ten females and eight out of ten males aged 18 to 24 years endorsed one of the following gender biases:

that men should decide when to have sex, that men need more sex than women, that men need other women, that women who carry condoms are “loose”, and that women should tolerate violence in order to keep their family together.



Malawians aged 13 to 24 years believe a woman should tolerate violence to keep the family together.



Two in five females and one in three males aged 18 to 24 years who experienced sexual abuse prior to age 18 reported using violence against a partner. One in three females and nearly half of males aged 18 to 24 years who experienced physical violence prior to age 18 reported using violence against a partner.

KEY RECOMMENDATIONS

Violence against children not only has profound consequences on the individual child and his/her family, but the community and society at large. The data presented in VACS Malawi provide a strong foundation for the development of prevention and response strategies in Malawi. Some key strategies include:



- Increase safe, stable and nurturing relationships (SSNRs) between children and their parents and caregivers: Training and home visitation programs provide practical skills for parents to manage the stress of childrearing, while also identifying potential areas for education and social support.



- Develop life skills in children and adolescents: Pro-social skills provide children with the means to manage anger and conflict in relationships. Such programs can be implemented through the full school cycle, including preschool and afterschool programs. .



- Promote gender equality to prevent violence against women: Gender stereotypes increase women's vulnerability while reducing their ability to seek services for harm. Programs to address gender inequality can be situated in schools, in communities, and in public education initiatives. Additionally, programs that increase women's access to education, employment, and services can also reduce their vulnerability.



- Change cultural and social norms that support violence: Acceptability of violence is a barrier to child protection. In-school programs and public education initiatives can be utilized to change norms around the use of violence. Policies that increase accountability can also help reduce violence.



- Reduce violence through victim identification, care and support programs: Stigma around violent victimization prevents survivors of violence (or those vulnerable to violence) from seeking care and support. Strengthening systems of support and normalizing care-seeking can reduce violence and increase service uptake. Strategies to identify and refer victims, health provider training, child advocacy programs, and provision of mental health services are all essential elements in reducing violence in Malawi.



INTRODUCTION, BACKGROUND, AND METHODS

1.1 INTRODUCTION

Violence against children is a global human rights and public health issue, with significant negative health and social impacts throughout the lifespan. The Convention on the Rights of the Child states that all children have the right to be protected against all forms of violence, exploitation, and abuse, including sexual abuse and sexual exploitation.¹ The short- and long-term effects of such violence and exploitation are severe, not only for the victims, but also for families and communities, and constitute a serious societal concern.² Violence against children includes all forms of sexual, physical, or psychological abuse, injury, maltreatment, or exploitation, neglect or negligent treatment. It occurs across many different contexts, and the perpetrators of violence against children may be both adults and children, including: parents, guardians, and other caregivers; other family members; friends, acquaintances, and neighbors; strangers; authority figures such as teachers, police, and clergy; employers; and other adults from organizations working with children.³

There are few data on the prevalence of violence against children worldwide. Available information, however, including the United Nations Secretary-General's Study on Violence against Children, indicates that violence against children is an issue that exists across the globe.⁴ A study on child disciplinary practices at home, with data from 35 low- and middle-income countries, indicates that on average, three in four children between the ages of 2 and 14 were subjected to some kind of violent discipline, more often psychological than physical.⁵

Additionally, sexual violence against children is particularly pressing. In 2002, the World Health Organization (WHO) estimated that 150 million girls and 73 million boys under the age of 18 had experienced sexual violence involving physical contact.⁶ The 2005 WHO Multi-Country Study on Women's Health and Domestic Violence Against Women found that between 1% and 21% of women surveyed experienced sexual abuse before the age of 15.⁷ Using comparable study designs and methods, national prevalence surveys in Swaziland (2007), Tanzania (2009), Kenya (2010), and Zimbabwe (2012) all found that about 3 out of 10 females aged 18 to 24 years experienced some form of sexual violence as a child.⁸

150 million girls and 73 million boys under the age of 18 had experienced sexual violence involving physical contact

Violence against children, in all of its forms, can have a profound impact on core aspects of emotional, behavioral, physical, and social health and development throughout life. These consequences may vary depending on a child's age when abused, the duration and severity of the abuse or neglect, whether the perpetrator was a family member, the child's innate resiliency, and co-occurrence with other maltreatment or adverse exposures, such as the mental health of the parents, substance abuse by the parents, or violence in the home.⁹

Direct experience of violence by parents, caregivers, and others has been associated with a number of emotional and behavioral problems in adolescence and adulthood, including aggression, conduct disorder, substance abuse, poor academic performance, anxiety, depression, reduced self-esteem, and suicidal behavior.¹⁰ In addition, exposure to or witnessing of violence has also been associated with a variety of behavioral health risks such as smoking and obesity and specific health problems such as injury, diabetes, and ischemic heart disease.¹¹ In addition, exposure can have negative consequences for cognitive development, including language deficits and reduced cognitive functioning.¹² Moreover, exposure can lead to social stigma and discrimination against the child and his or her family, such as in cases of sexual violence. Violence not only has profound consequences on the individual child and his/her family, but the community and society at large. It raises questions about what is permissible and can result in on-going cycles of re-victimization and reoccurrence of violence. The threat and the acts of violence present in the community impacts not only the children who have experienced it, but those who have not. Despite the scientific evidence showing an unacceptably high prevalence of violence against children worldwide, this critical human rights, health, and social problem has not received adequate attention in many countries.

Violence not only has profound consequences on the individual child and his/her family, but the community and society at large

Malawi has consistently had some of the poorest development indicators, including poverty, food insecurity, and HIV prevalence, in sub-Saharan Africa, circumstances which have the potential to increase the vulnerability of all children and young women

Malawi is of particular importance in the study of violence against children and young women. Throughout the last several decades, Malawi has consistently had some of the poorest development indicators, including poverty, food insecurity, and HIV prevalence, in sub-Saharan Africa, circumstances which have the potential to increase the vulnerability of all children and young women. In addition, there is a large population of children who are orphans, work in agricultural or domestic settings, and/or do not attend school, which constitute an unusually large proportion of children who might be particularly vulnerable to violence. Although there have been no nationally representative data on violence against children in Malawi to date, available studies have uncovered high rates of physical and sexual violence experienced in childhood, particularly among girls and very young children. The UN has included protecting children from violence as a major thematic effort, and set forth the task of developing child protection programs. The lack of national estimates and rigorous epidemiologic studies on violence against children and young women has been one of the major barriers towards effective action in Malawi.

In response to concerns regarding such violence, especially sexual violence, the Ministry of Gender, Children, Disability and Social Welfare (MoGCDSW), the Center for Social Research at the University of Malawi, the United Nations Children's Fund in Malawi (UNICEF Malawi), and the President's Emergency Plan For Aids Relief (PEPFAR) conducted the Violence Against Children and Young Women survey in Malawi (VACS Malawi), with technical guidance and assistance from the CDC and with funding provided by the UK government, to determine the magnitude of violence against children and to study the epidemiologic patterns of risk factors for violence. VACS systematically measures the prevalence (lifetime and current) and consequences of physical, emotional, and sexual violence against children, and enhances countries' capacity to design, implement, and evaluate violence prevention programs and build successful child protection systems.

The key objectives of VACS Malawi are to:

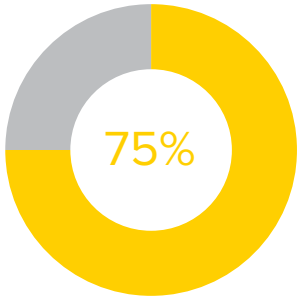
- Provide information that will guide policies and strategies to prevent, identify, and respond to violence against children;
- Estimate the national lifetime prevalence of sexual, physical, and emotional violence against children (occurring before 18 years of age);
- Identify risk and protective factors for sexual, physical, and emotional violence against children;
- Recognize the health and social consequences of violence against children;
- Assess the knowledge and use of medical, psychosocial, legal, and protective services available for children who have experienced sexual and physical violence in Malawi as well as barriers to accessing such services; and
- Identify areas for further research.



1.2 BACKGROUND

Violence against children and young women is a global human rights violation that spans every country worldwide and affects millions of children each year. According to the World Report on Violence and Health, child abuse or maltreatment “constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment, or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development, or dignity in the context of a relationship of responsibility, trust or power”.¹³ Clearly, the impact of violence against children goes far beyond the initial incident, and victims of emotional, physical, and sexual violence can experience severe short to long-term health and social consequences.¹⁴ Neurobiological and behavioral research indicates that early childhood exposure to violence can affect brain development and thereby increase the child’s susceptibility to a range of mental and physical health problems that can span into adulthood including anxiety or depressive disorders, cardiovascular health problems, and diabetes.¹⁵

VACS Malawi is the 8th VACS survey, following those completed in Swaziland, Tanzania, Kenya, Zimbabwe, Haiti, Cambodia, and Indonesia.



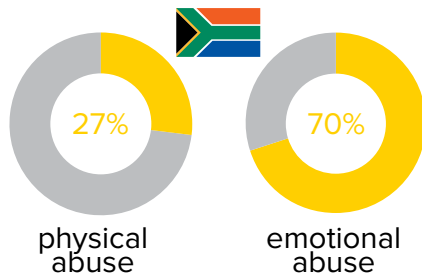
Children who have experienced physical violence prior to age 18 by an adult or intimate partner

Although little research on the topic has been done in Africa and the developing world specifically, sexual violence in these settings is linked to an additional host of morbidities due to lower access to timely and comprehensive healthcare following instances of sexual abuse. Sexual violence in the developing world is linked to increased incidence of debilitating obstetric issues, such as traumatic fistula and incontinence, and very early marriage is strongly linked to increased incidence of obstetric fistula and physical violence.¹⁶ Both sexual assault and high-risk cultural practices such as early marriage, sexual initiation rites, and adolescent circumcision practices can furthermore carry a greatly increased risk of HIV transmission in sub-Saharan Africa, particularly among young women and girls who may experience significant associated physical trauma.¹⁷



Studies in Zimbabwe have found that teachers were frequent perpetrators of emotional and physical violence against children

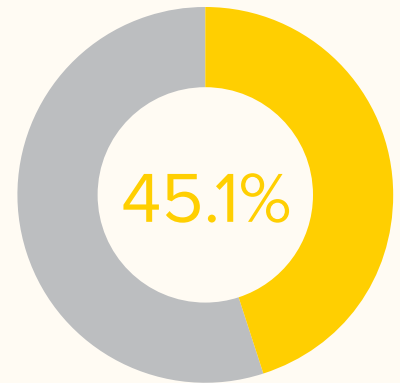
In recent years, studies throughout the world have demonstrated the high prevalence of violence against children and young women in a variety of countries and cultures. CDC has conducted several nationally-representative studies on violence against children in sub-Saharan Africa which have revealed high rates of violence in these populations. A 2007 national prevalence survey in Swaziland found that nearly 1 in 4 females experienced physical violence as a child and approximately 3 in 10 females experienced emotional violence as a child.¹⁸ A similar 2009 national prevalence survey in Tanzania found that almost three quarters of both male and female children have experienced physical violence prior to age 18 by an adult or intimate partner and 1 in 4 children have experienced emotional violence by an adult prior to age 18.¹⁹ A study among high school students in South Africa found that 27% of students surveyed reported physical abuse during childhood and over 70% reported emotional abuse.²⁰ Studies in Zimbabwe have found that teachers were frequent perpetrators of emotional and physical violence against children²¹, and most countries in Africa do not enforce laws against corporal punishment in schools.²²



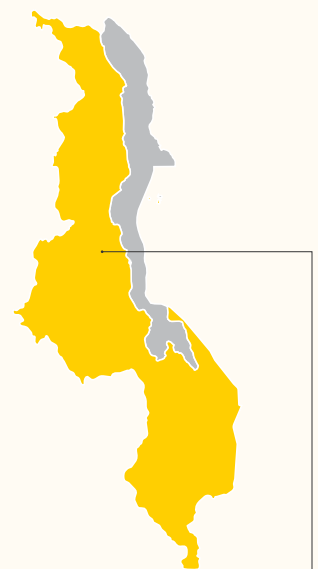
3 in 10 females experienced emotional violence as a child

The problem of sexual violence is especially acute, both in Sub-Saharan Africa and globally. Sexual violence is defined in the World Report on Violence and Health as “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work”.²³ Quantitative studies in Africa show that the percentage of women aged 16 years and older who report having been sexually assaulted in the previous 5 years range from 0.8% in Botswana to 4.5% in Uganda.²⁴ The 2007 VAC survey in Swaziland found that approximately 1 in 3 females experienced some form of sexual violence as a child, and the 2009 VAC survey in Tanzania found that nearly 3 in 10 females have experienced sexual violence prior to age 18.²⁵

The country of Malawi represents an important setting for the study of violence against children and young women. Malawi, a landlocked nation in southeastern Africa, has a population of approximately 16.3 million, including 45.1% who are under the age of 14 years and whose population has a median age of 17.1 years.²⁶ This represents an extremely high percentage of children in the overall population as compared to other countries. Malawi is one of Africa’s most densely populated and least developed countries, ranked 171 out of 187 countries in the 2011 Human Development Report.²⁷ With approximately 80% of the population living in rural areas, and 40% of households living on less than one dollar a day, Malawi has some of the world’s lowest health indicators, including life expectancy (52.31 years), adult literacy (62.7%), infant mortality (79 deaths/1,000 live births), maternal mortality (510 deaths/100,000 live births), and physician density (0.019 physicians/1,000 population).²⁸ Infectious disease and HIV present a high burden in Malawi, with approximately 11% adult prevalence of HIV and only 8% of households using improved sanitation facilities.²⁹



45.1% Malawians are under the age of 14 years



Malawi is one of Africa’s most densely populated and least developed countries



Life expectancy

52.31 years



Adult literacy

62.7%



Infant mortality

79 deaths/1,000 births



Maternal mortality

510 deaths/100,000 births



Physician density

0.019 / 1,000 people



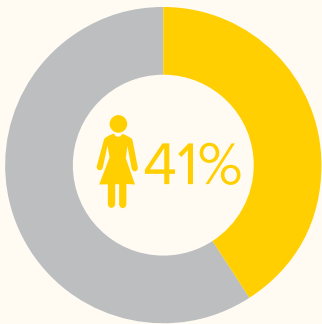
49.6% of girls are married before their 18th birthday



26% of Malawian children aged 5-14 years are involved in child labor activities



10.1% of boys and 9.5% of girls aged 6-13 years are not in school



Women in Malawi who experience physical or sexual violence

While these health indicators have improved steadily over the past decade, they remain exceedingly low, and these conditions in addition to widespread poverty and food instability result in high levels of vulnerability among Malawian children. The Multiple Indicator Cluster Survey in Malawi (MICS) reports that 49.6% of girls are married before their 18th birthday and that 26% of Malawian children aged 5-14 years are involved in child labor activities, including economic or domestic work.³⁰ The 2010 DHS survey in Malawi found that 10.1% of boys and 9.5% of girls aged 6-13 years are not in school, and recorded stunting in 47% and severe stunting in 20% of children under 5, indicative of long-term food insecurity.³¹ Forty-one percent of women in Malawi experience physical or sexual violence, and an estimated 2.4 million Malawian children grow up in violent homes, witnessing domestic violence and experiencing its negative effects.³² Furthermore, the growing HIV epidemic in the country has led to an increase in the number of children without one or both parents and has contributed to overall economic and social instability within the home. DHS found that, among children under 18, 19% are not living with either biological parent and that 17% are orphaned or vulnerable due to extended parental illness, including an estimated 650,000 orphans attributed to AIDS.³³ These figures are likely to be underestimates due to omission of street children and children in institutional settings from the study. Children who are not attending school, are orphans, marry as minors, or are working underage constitute particularly vulnerable populations of children. Malawi thus deserves particular consideration due to the variety of social and economic factors that may be influencing the prevalence of child vulnerability and violence.

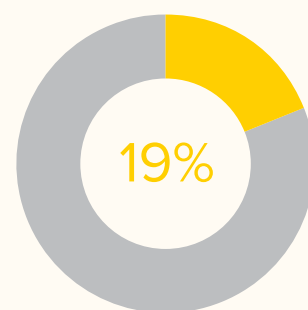
In response to the issues listed above, violence against young men, women, and children is receiving increasing levels of awareness as an important social and health problem with far-ranging consequences in Malawi. In 2005 and 2006, the Government of Malawi passed the National Plan of Action for Orphaned and other Vulnerable Children and the Protection against Domestic Violence Act, both intended to provide protections and prevent household abuses against women and children, including physical, sexual, psychological, or financial abuse, exploitation, property dispossession, stigma, and discrimination.³⁴ According to the Malawi Ministry of Gender, Children, Disability and Social Welfare, the Government of Malawi recognizes violence against women and children as an impediment to poverty reduction and a factor for HIV infection of vulnerable groups.³⁵ The government has furthermore ratified the Convention on the Rights of a Child³⁶ and in July 2010

enacted the Child Care, Protection, and Justice Bill, which prohibits subjecting a child to any “social or customary practice that is harmful to the health or general development of the child”, thus providing the potential for wide protections.³⁷

While some studies focused on adult women have raised awareness of violence against children, there is very little in the literature about violence against boys and about Malawian children’s perceptions of violence. This has made it difficult (based on current data) to establish national estimates of the true magnitude of violence against children or to compare across country estimates. The national response to the problem of violence in Malawi will be enhanced by expanding the perception of violence as a public health problem as well as a human rights, criminal, and gender issue, particularly at the community level.³⁸ The public health approach utilizes epidemiologic and population-based studies to make informed decisions on how best to prevent violence against children³⁹, and to develop independent estimates of the magnitude of the problem affecting children nationwide.⁴⁰

The lack of sufficient and reliable data contributes to the inability of agencies to make informed programmatic decisions around violence, particularly sexual violence, against children and young women. One way to address this gap in health information on violence against children and young women is to collect population based data through survey techniques. In order to determine health priorities, population based data can provide decision makers with an overview of the magnitude and nature of the health problem that is occurring at a national level. Further, population based data can be used to identify potential risk and protective factors for sexual violence in order to develop effective prevention strategies. Finally, the prevention of sexual violence could also potentially contribute to the prevention of HIV/AIDS transmission in Malawi. This is a particularly poignant issue in Malawi due to extremely high adult prevalence rates of HIV and the approximate 50% of child vulnerability attributed to AIDS.⁴¹ Thereby, disrupting violence-related HIV transmission in Malawi could serve as a high-impact mechanism to interrupt the cycle of child vulnerability and abuse.

An estimated 2.4 million Malawian children grow up in violent homes, witnessing domestic violence and experiencing its negative effects



Among children under 18, 19% are not living with either biological parent and 17% are orphaned or vulnerable due to extended parental illness, including an estimated 650,000 orphans attributed to AIDS

It is important to emphasize that little is known about the specific risk and protective factors for sexual violence against children and young women in Malawi. Important factors to assess include those that have been identified from available studies in other countries, as well as those that may be unique to Malawi. For example, factors related to family and parenting may be important, such as the degree of parental involvement or whether a parent has died, how long a respondent lived with each biological parent, reasons why they may no longer be living with a parent, parent education level, relationship quality with parents, and perceived family and social support. Although some of these factors are not readily modifiable, these associations would have implications for identifying those at highest risk for violence and therefore help to determine how best to identify and allocate available prevention resources. These risk and protective factors were selected and reviewed with the input from in-country stakeholders. Partners anticipate that a greater understanding of the risk and protective factors influencing violence against children and young women could guide the development of prevention strategies designed to buffer against these risks and bolster facets of protection.

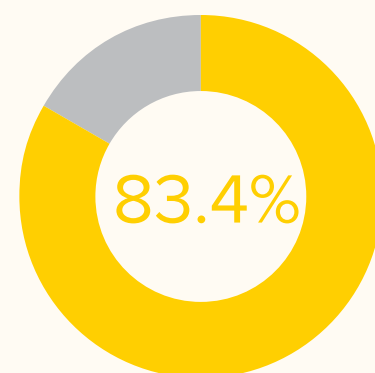
Though violence against children and young women is preventable, in order to develop and implement effective prevention strategies, timely and more complete data are needed. VACS Malawi sought to provide, for the first time, comparable, national population-based estimates which describe the magnitude and nature of the problem, as well as the epidemiologic patterns of risk and protective factors of violence experienced by children and young women in Malawi for the purpose of developing and implementing effective prevention strategies. The results of this Violence Against Children and Young Women Survey will serve as a baseline national estimate for violence against children and young women for future interventions and prevention strategies.

1.3 METHODS

The 2013 VACS Malawi was a cross-sectional household survey of 13 to 24 year old females and males designed to produce national-level estimates. Cross-sectional surveys reflect a randomly selected, representative subset of the population, at one specific point in time, providing estimates of indicators of interest at an acceptable level of precision by age group, sex, and other socio-demographic factors. Thirteen to 24 year olds were selected as the population that most closely approximated the age of interest to better understand childhood violence. In agreement with UNICEF it was determined that children less than 13 years old would not have the maturity to be able to answer the survey questions, including the more complicated questions on potential risk and protective factors.

In this report, the 13 to 24 year olds were separated into two age sub-groups for analysis: a 13 to 17 age group and an 18 to 24 age group. Lifetime prevalence estimates of childhood violence were based on responses from participants aged 18 to 24 reporting on their experiences prior to the age of 18. The 13 to 17 age group yielded information on events occurring in the past 12 months preceding the survey, thus representing current estimates and allowing the examination of current patterns and contexts of childhood violence in Malawi.

VACS Malawi included a short questionnaire for an adult in the household to build rapport with the family and to determine current socioeconomics of the household. The respondent questionnaire for 13 to 24 year olds includes the following topics: demographics; socioeconomic status; parental relations; education; general connectedness to family, friends, and community; marital status; sexual behavior and practices; sex in exchange for money or goods; pregnancy; HIV/AIDS testing; experiences of physical, emotional, and sexual violence; health outcomes associated with exposure to violence; and utilization and barriers to health services. A multi-stage, geographically clustered sample design was used to produce nationally representative data. There were a total of 2,162 completed interviews: 1,029 females with an overall response rate 84.4% and 1,133 males with overall response rate 83.4%.



There were a total of 2,162 completed interviews: 1,029 females with an overall response rate 84.4% and 1,133 males with overall response rate 83.4%.

1.3.1 Study Design and Sampling: Study Design, Sampling Frame, Sampling Size Calculation

VACS Malawi was a national household survey using a four-stage cluster sample survey design in Malawi between April 2013 and May 2013. The Malawi VACS study design incorporated a sub-sample of first stage primary sampling units (PSUs) from the 2010 Malawi Demographic Health Survey (MDHS). The MDHS sampling frame was originally compiled by the National Statistics Office (NSO) for the 2008 national population and housing census. The PSUs were the enumeration areas (EAs) from the 2008 Malawi population and housing census. The sampling strategy involves selecting EAs – the primary sampling unit (PSU) based on geo-political units. The sampling frame provided by NSO consists of 9,145 EAs containing 2,892,913 households and 13,077,160 persons.

In the first stage of selection for the 2010 MDHS, 849 EAs out of 9,145 EAs were selected with a probability proportional to size of the EAs (the EA size is the number of households it contains). In the second stage of selection, a total of 212 EAs were selected with a probability proportional to size stratified by region (North, Central, and South). A mapping and listing team, primarily composed of team leaders identified for the actual survey, visited all of the randomly selected EAs from the first stage of sampling, to map and list all structures within each EA. In stage three, a fixed number of 30 households were selected by equal probability systematic sampling. There is no information that links the household name or unique identifiers with the survey; all data is non-identifiable. Finally in stage four, one eligible respondent (female or male depending on the selected EA) was randomly selected from the list of all eligible respondents (females or males) 13-24 years of age in each household and administered the questionnaire. Relatively large EAs (containing greater than 250 households) required further geographic subsampling in order to obtain a sample of geographic areas that were of suitable size for the field teams. Sample size is determined from a standard cluster sample formula where the estimated prevalence of 30% for childhood sexual violence was assumed based on previous VACS studies conducted in Tanzania, Kenya, and Zimbabwe.

To calculate separate male and female prevalence estimates for violent victimization, a split sample approach was used. This means that the survey for females was conducted in different EAs than the survey for males. The split sample approach served to protect the confidentiality of respondents and eliminated the chance that a male perpetrator of a sexual assault and the female who was the victim of his sexual assault in the same community would both be interviewed. The design also eliminated the chance that a female perpetrator and a male victim of sexual violence from the same community would both be interviewed.

During survey implementation, upon entering a randomly selected household, interviewers identified the head of household or the person representing the head of household in order to introduce the study and to complete a household list to determine eligibility of household members to participate in the study. The head of household was also requested to participate in a short (15 minute) survey to assess the socioeconomic conditions of the household. When there was more than one eligible participant, interviewers randomly selected one respondent using a random selection program installed on the netbooks. If there was no eligible participant, the head of household was still requested to participate in the household questionnaire. If the selected respondent was not available after three attempts or refused to participate, the household was skipped regardless of whether another eligible respondent existed in the household; the household was not replaced.

1.3.2 Survey Questionnaires

The development of a standardized global questionnaire was led by CDC and UNICEF scientists along with extensive external consultation. The questionnaire draws questions and definitions from a number of well-respected survey tools, to (1) compare data on various measures with other studies as a useful validation and an interesting comparison and (2) use measures that have already been field tested in other studies. In addition, the questionnaire has been previously implemented in five other countries (i.e., Swaziland, Tanzania, Kenya, Zimbabwe, and Haiti) after being adapted based on vital country-level review by stakeholders.

The following international and violence surveys helped to inform the questionnaire:

- Malawi Demographic and Health Survey (DHS)
- National Intimate Partner and Sexual Violence Surveillance System (NISVSS)
- The Child Sexual Assault Survey (CSA)
- Longitudinal Studies of Child Abuse and Neglect (LONGSCAN)
- ISPCAN Child Abuse Screening Tool (ICAST)
- HIV/AIDS/STD Behavioral Surveillance Surveys (BSS)
- Youth Risk Behavior Survey (YRBS)
- National Longitudinal Study of Adolescent Health (Add Health)
- World Health Organization (WHO) Multi-country Study on Women's Health and Domestic Violence against Women
- Behavioral Risk Factor Surveillance System (BRFSS)
- Hopkins Symptoms Checklist

Consultation with key informants from Malawi and input from stakeholders who are familiar with the problem of violence against children, child protection, and the cultural context helped to adapt the questionnaire and survey protocol for Malawi. Prior to fieldwork implementation the questionnaire also underwent cognitive lab testing by the NCHS/QDRL (CDC National Center for Health Statistics Questionnaire Design Research Laboratory) as well as a separate qualitative assessment by UNICEF Malawi and the Center for Social Research at the University of Malawi. The cognitive lab testing and qualitative assessment aimed to further qualify VACS questions in order to inform the national quantitative study and inform the final VACS Malawi survey instrument. The cognitive lab specifically assessed what the survey questions measured and recommended changes to the survey instrument.

The questionnaire included the following topics: demographics; parental relations, family, friends and community support, school experiences, sexual behavior and practices; physical, emotional, and sexual violence; perpetration of sexual violence, health outcomes associated with exposure to violence; and utilization and barriers to health services. The background characteristics of the study respondents and the head of household survey included questions that assess age, socioeconomic status, marital status, work status, education, and living situation. The sexual behavior and HIV/AIDS component utilized questions from the DHS, BSS, and WHO Multi-country study. Sexual behavior questions were divided among the following topics: sexual behavior, including sex in exchange for money or goods, pregnancy, and HIV/AIDS testing.

The sexual violence module, the primary focus of the study, included questions on the types of sexual violence experienced and important information on the circumstances of these incidents, such as the settings where sexual violence occurred and the relationship between the victim and perpetrator. This information was collected on the first and most recent incidents of sexual violence. In addition, several questions assessing potential risk and protective factors, including attitudes around sexual violence, were developed. Some of these questions were based on DHS, YRBS, and Add Health. Questions regarding the negative health and social consequences, as well as health-seeking behaviors related to these events, were also included.

The questionnaire was administered in Chichewa and Tumbuka. All parties reviewed the questionnaire to ensure definitions and question context remained comprehensive and intact. The pilot (see section 1.3.3) provided an opportunity to test the questionnaire to ensure that the intent of questions was consistent after translation and appropriate for the Malawian context.

1.3.3 Planning and Preparation for Fieldwork: Pilot, Training

Prior to the implementation of this national household survey, a pilot test of the survey was conducted in Malawi. The lead interviewers (team leads) conducted the pilot as part of their 12-day training on human subjects protections and interviewing on sensitive topics.

For the pilot we selected four communities (i.e., two rural and two urban) that were not selected as primary sampling units (PSUs) in the sampling frame. As in previous administrations, the survey design utilized a “split sample” approach, such that the survey for girls was conducted in different PSUs as the survey for boys. Thus, there was one community in each of the selected rural and urban settings for the pilot that was designated for interviewing males and females separately.

The primary purpose of the pilot was to test the questionnaire and to test the response plan. Instead of randomly selecting respondents in each household as described for the national survey, respondents were selected to ensure adequate representation based on gender and the various age groups (i.e., 13-15, 16-17 years, and 18-24 years) from rural and urban settings. The pilot was able to inform the survey proceedings, including but not limited to: approaching households, consent process, as well as the referral process. In addition, through administering the questionnaire in the pilot we were better able to assess willingness to participate, length of the questionnaire and the cultural appropriateness of the questions. This helped to ensure that the questions being asked most accurately obtained the data the questionnaire was seeking. The information obtained from the pilot was used to revise the instrument to improve its utility.

To help facilitate trust and understanding with respondents, the selection of interviewers for this survey was a critical aspect of this study. Interviewers were male and female Malawians, spoke local languages, and were culturally sensitive. In addition, based on the experience of previous VACS studies, interviewers had some experience with confidential data collection and health issues, and looked physically young. These criteria were used in hiring selections so that the respondent could feel maximally comfortable with the interviewer and the survey process. The interviewers and team lead interviewers were selected by the Center for Social Research at the University of Malawi with guidance from CDC. Additional selection criteria included education level, the area where they live and work, and job experience and performance. As an additional precaution to ensure confidentiality and trust, team composition and assignments were such that team members were not assigned to administer the survey in a community where they were likely to know or be known by any of the respondents.

In addition to selecting interviewers, we also identified male and female team leaders who were responsible for providing direct supervision of the overall survey implementation in the field. Team leaders did not directly participate in the interview process; however, they were responsible for checking the questionnaires for completeness and accuracy and providing immediate comments to the interviewer detailing any errors or absence of data collection. In addition, team leaders ensured that interviewers followed appropriate procedures for obtaining consent and providing a list of support services to all respondents and/or direct referrals for those who need them. Team leaders participated in all aspects of the training, with focused sessions on sampling procedures and assignment of sampling areas.

Training sessions were held for approximately 30 days total for the entire team, including field supervisors, team leads, and interviewers. Sessions were conducted by the Center for Social Research at the University of Malawi, UNICEF Malawi, and CDC staff to ensure standardized, accurate, sensitive and safe interviewing techniques with the interviewers. Training was conducted primarily in English and Chichewa. The training sessions covered the following topics: (1) background on the purpose of the study and on data collection and design; (2) a participatory review of the questionnaire and practice interview techniques in class, including role playing; (3) use and handling procedures of netbooks and electronic data collection procedures; (4) sampling procedures and assignment of sampling areas; (5) the procedures for and importance of maintaining confidentiality; (6) sensitivity toward study subjects; (7) the importance of securing and maintaining privacy during the interview; (8) referral services and procedures; (9) identification and response to adverse effects; (10) discussions about interviewers' attitudes and beliefs towards violence, particularly sexual violence; (11) interviewer safety as well as referral services and procedures for the interviewers; (12) quality assurance and quality control of data; and (13) human subjects research protection.

Part of the interviewer training emphasized the need to ensure privacy during the interview and to keep participation itself private. Procedures to ensure privacy of participation included training interviewers to only conduct the interview if privacy could be assured; if the interview was interrupted, interviewers were trained in ways to offer and take the respondent to a private area. Interviewers were also trained to handle interruptions (e.g., by going to a non-sensitive section of the questionnaire and asking those questions first).

1.3.4 Fieldwork: Timing and Selection of Households and Respondents, Data Collection Procedures, In field Quality Control Checks

Inclusion criteria for this study were males and females living in selected households in Malawi who were 13 to 24 years of age at time of survey, and who speak Chichewa or Tumbuka. The survey was administered in Chichewa and Tumbuka and is consistent with previous national surveys administered across Malawi. Males and females older than 24 were excluded from the study because of a desire to focus on understanding violence against children and youth; recall bias becomes a greater issue the further away from the target age range. Males and females with mental disabilities who did not have the capacity to understand the questions being asked and those with physical disabilities (e.g., hearing and speech impairment) that prevented the interviewer from administering the surveys were also excluded from the study. Those living/residing in institutions such as hospitals, prisons, nursing homes, and other such institutions were not included in the survey.

Precautions were used to ensure privacy during the interviews. The interviewers were instructed to take respondents to someplace safe and private outside the house, unless it was determined that a private space in the house was safer and more appropriate. If privacy could not be ensured, the interviewer was instructed to reschedule for another time while the survey team was still in the community. If the interview could not be rescheduled while the survey team was in the selected community, the interview was considered incomplete. If the respondent was not available after three attempts to contact her/him, the household was omitted and not replaced. The initial visit record form of the survey tool had a section that allowed the survey team to track incomplete interviews as well as interviews that needed to be rescheduled.

For the previous VACS surveys in Swaziland, Tanzania, Kenya, Zimbabwe, and Haiti, data were collected using paper and pencil mode. VACS Malawi used electronic notepads for data collection. The VACS core instrument consisted of 1,107 potential questions and was developed with numerous skip patterns to route the interviewer to the logical sequence of questions based on respondent response. Given the complexity of the skip patterns and logic sequencing, electronic data collection eliminated routing error, reduced training on skip pattern sequencing, and reduced data entry errors.

The data from the field were aggregated daily by each team lead and field supervisor. There were no unique identifiers in the database that could ever be linked to a participant. Data cleaning and preliminary data analysis was done immediately following data collection so that prompt feedback could be provided to partners. This initial feedback from the study results included descriptive information on the main variables of interest. More detailed analysis of anonymized data was subsequently undertaken by the Center for Social Research, UNICEF Malawi, and CDC.

1.3.5 Ethical Considerations: Review, Informed Consent, Referrals

Ethical Review

World Health Organization (WHO) guidelines⁴² on ethics and safety in studies of violence against women were adhered to in this national survey. The U.S. CDC's Institutional Review Board (IRB), and the Malawian National Commission for Science and Technology Ethical Review Board, which protects the rights and welfare of human research subjects, independently reviewed and approved the study.

Referrals

There is evidence that the majority of adult women find that talking about their experiences of violence is beneficial and appreciate having the opportunity to be asked questions about it.⁴³ In addition, there is evidence that adolescents and young adults are willing to talk about their experiences of abuse within a supportive structure.⁴⁴ Nevertheless, respondents may recall frightening, humiliating, or painful experiences, which may cause a strong emotional response. Additionally, respondents could be currently experiencing violence and want immediate assistance with the situation and or counseling. In order to respond to these needs, the survey team developed multiple ways to link respondents to support.

First, all respondents were provided with a list of services, reflecting free programs, services, and amenities currently offered in Malawi, including but not limited to services for violence. Free direct referrals were offered to those who: 1) became upset during the interview, 2) felt unsafe in his or her current living situation, including in his or her home or community, and was likely to experience recurrent violence, 3) experienced physical, emotional or sexual abuse in the past 12 months, or 4) requested help for past or current experiences of violence. If the respondent indicated that he or she wanted a direct referral, the interviewer recorded contact information separately from survey responses and offered contact with a social worker.

In the instance of an acute case, defined as any respondent who self-identified as being in immediate danger, the interviewer immediately alerted her or his team lead, who then immediately called the point of contact at the Center for Social Research. Appropriate action plans for acute cases were conducted on a case-by-case basis in order to best respond to the individual situation and to ensure that the respondent was not placed in any additional danger. The Center for Social Research made every effort to ensure that the respondent was offered immediate help in removal from the dangerous situation as well as offered appropriate medical, psychosocial, and legal service and program referrals.

Informed Consent

For all selected eligible respondents under 18 years of age, it was necessary to first obtain the permission of the parent/primary caregiver to speak with the eligible respondent. When seeking permission from the parent/primary caregiver, the survey was described as an opportunity to learn more about “young people’s health, educational, and life experiences.” More specifically, WHO ethical and safety recommendations were followed regarding how to obtain informed consent for participation in a survey that contains questions on domestic violence in such a way that safety issues are taken into consideration for both the respondent and the interviewer.⁴⁵ According to the WHO guidelines, it was important that the survey not be introduced into the household and wider community as a survey on violence. Instead, it should be framed as a study on health and life experiences. However, since the WHO ethical and safety guidelines are in reference to violence research involving adults, this guideline was adapted to inform parents and primary caregivers as fully as possible about the content of the survey without risking possible retaliation against children for their participation. As such, the study description provided to parents/primary caregivers mentioned “community violence” as part of a list of broad topics, such as access to health services and education, but no reference was made to violence that might be occurring in the home.

Once an eligible female was selected in the female EA, a local-speaking *female* who was a trained interviewer read the contents of an initial information form that introduced the survey as an opportunity to learn more about young peoples’ health, educational, and life experiences in Malawi; likewise, a similar procedure was followed for males, including a local-speaking *male* who was a trained interviewer. The trained interviewer obtained informed assent in the households where the selected respondent was a minor (13-17 years old). Once the interviewer and respondent ensured privacy, the trained interviewer read the contents of a verbal assent form. This assent form informed the respondents that information they provided was anonymous, and that their decision regarding participation was voluntary. Respondents were also told that if they chose to participate, information about their sexual activity, HIV, and their experiences with physical, emotional and sexual violence would be asked. Respondents were informed that the information they shared was confidential and not shared with anyone. Informed verbal assent was obtained from each respondent at the end of the assent form.

In households where the selected respondent was an adult (18-24 years old), emancipated minor, or lived in a child-headed household, a similar consent process was used as described above except that the parental/caregiver permission was not necessary. These respondents were still administered the initial information form described above. Once the initial information form was read, verbal consent to provide more information about the study was obtained from each participant. Once the interviewer and respondent ensured privacy, the trained interviewer read the contents of a verbal consent form.

1.3.6 Quality Control and Data Management and Response Rates

Electronic data collection using netbooks and CSPro software eliminated routing errors, reduced data inconsistencies, and reduced interviewer training needs.

During fieldwork, the data were aggregated and transmitted daily by each supervisor and survey coordinator. There were no unique identifiers in the database that could ever be linked to a participant. Data cleaning and preliminary data analysis was done immediately following data collection so that prompt feedback could be provided to partners.

Data Analysis

The statistical package SAS (version 9.3) was used for data management and analysis to produce weighted point estimates and standard error calculations. All results were calculated using sampling weights to yield nationally representative estimates (see Appendix A).

Response Rates

A total of 6,326 households were visited during the study. The households visited for each of the two groups were: 2,638 for females and 3,688 for males. The household response rates were 94.4% for females and 95.5% for males. Within all visited households, a household census was conducted to determine whether an eligible respondent resided in the household. As a result, a total of 2,126 individuals aged 13 to 24 years participated in the Malawi VACS with 1,029 females and 1,133 males completing the individual questionnaire, yielding an individual response rate of 89.5% for females and 87.4% for males.

The combined household and individual response rates provide an overall response rate for females of 84.4% and for males of 83.4%. Appendix A includes a table showing household and individual response rates. This was reflected in Table 1.1 and accounted for in the response rates.

Weighting

Weighting is a method used to obtain representative parameter estimates from survey data.

CDC weighted the data to obtain parameters that represent the total population of Malawi. A three step weighting procedure was applied, incorporating: (Step 1) computation of base weight for each sample respondent; (Step 2) adjustment of the base weights for non-response; and (Step 3) post-stratification calibration adjustment of weights to known population totals.

The base weight of a respondent in any probability sample is simply one divided by the overall selection probability for the respondent given the steps completed in selecting the respondent (Step 1). Calculations in this stage included probabilities of selection of enumeration areas, selection of households, gender specification, and selection of eligible individuals.

In Step 2, base weights were adjusted to compensate for the losses in the sample outcome due to non-response (Appendix A includes table A2 showing household and individual response rates). In this step non-response adjustments were made for non-responding enumeration areas, non-responding households and non-responding respondents. There was one non-responding enumeration area in the female datasets. The household-level non-response adjustment was performed by using weighted data by region and enumeration area. For the person-level non-response adjustment, weighting cells were formed taking into account region, age group (13-17 or 18-24), and gender. In the final stage of the weighting process (Step 3), calibration adjustment was done to adjust weights to conform with NSO 2013 population projections distributed by urbanization, age group (13-17 or 18-24), and gender. These variables were used to form weighting cells. Appendix A tables A7 and A8 present the post-stratification calibration adjustment factors for female and male enumeration areas. CDC produced weighted point estimates and 95% confidence intervals using SAS 9.3.

CDC, MoGCDSW, and the Center for Social Research produced a complete description of the findings, including reporting frequencies and percentages on the principal variables of interest. Charts and diagrams were used to display data. Tables were created to illustrate distributions of characteristics associated with sexual behavior and practices; physical, emotional, and sexual violence; and utilization of health care services, counseling services, and other services utilized by respondents.

1.4 TECHNICAL NOTES TO READER

1.4.1 Weighted Percentages and 95 Percent Confidence Intervals

Because the results presented in this report are based on a sample rather than a census, there is a degree of uncertainty and error associated with the estimates. Sampling weights were created and applied to each individual record to adjust for the probability of selection; differential non-response; and calibration to the census population. All VACS Malawi analysis was conducted using a statistical software package (e.g., R, SAS 9.2/9.3; SPSS v18, STATA) that contains complex sample procedures that incorporate the weights and cluster stage design. By using the appropriate software that takes into account the complex sample design, accurate standard errors were produced for each estimate.

1.4.2 Differences between Estimates

Two methods were used in this report to statistically “test” for differences between groups. The first method was to compare confidence intervals (CI) for point estimates to determine whether they overlapped or not. For all point estimates, CIs were calculated. The CI overlap method is a conservative method and it determines statistical difference by comparing the CI for two estimates — if the CIs do not overlap then the estimates are considered “statistically different.”

The second method used was to calculate *p*-values using logistic regression. A *p*-value less than 0.05 was considered to be statistically significant to reject the null hypothesis that there was no difference between groups. This method is a more sensitive approach to detecting statistical significance and was used to examine associations of primary interest in this report. These included: associations between childhood sexual abuse, physical and emotional violence and health outcomes and risk behaviors (i.e., serious mental distress, alcohol use, and tobacco use, ever thought of suicide, ever attempted suicide, and diagnosis or symptom of a sexually transmitted infection). For these associations the crude model was not adjusted for potential confounders, or factors that might have an effect on the risk of violence.

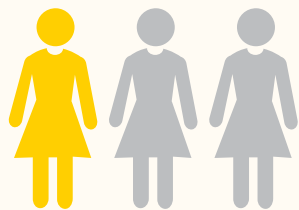
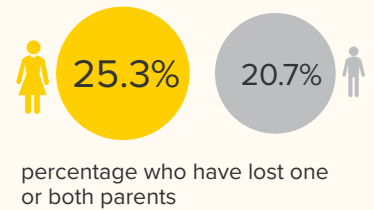
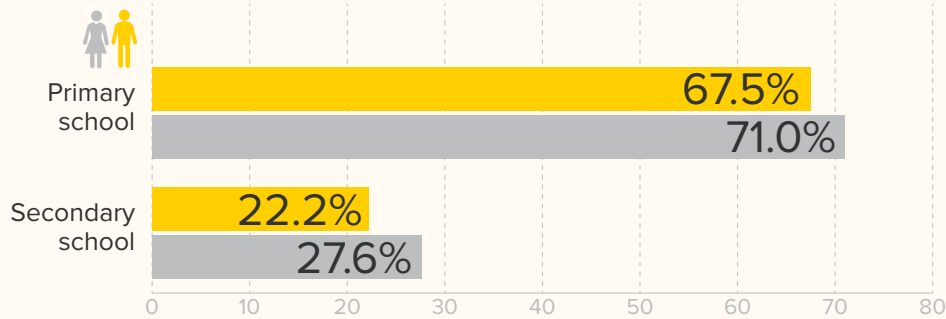
1.4.3 Definition of Unstable Estimates

For VACS, estimates based on responses from fewer than 25 respondents are considered unstable. An asterisk, or *, is displayed in tables in place of all unstable estimates.

1.4.4 Treatment of Missing Data

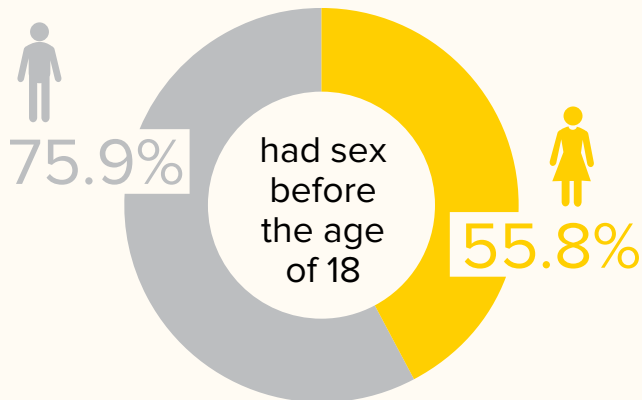
When calculating the national estimates for most measures, missing values were excluded from the analysis.





1 in 3 females were married or lived as if married prior to age 18

18 to 24 years old



HIGHLIGHTS

This section covers select respondent characteristics from the VACS Malawi, including age, sex, age of head of household, educational status, orphan status, marital status, working for money or other payment, and sexual activity.

2.1 GENDER AND AGE DISTRIBUTION

There were 1029 females aged 13 to 24 years and 1133 males aged 13 to 24 years who participated in the VACS Malawi. Among females, 43.1% were 13 to 17 years old, and 56.9% were 18 to 24 years old. Of the males, 47.3% were aged 13 to 17 years and 52.7% were aged 18 to 24 years old (Appendix Table 2.1).

2.2 AGE OF HEAD OF HOUSEHOLD

The age of the head of household was lower for females than for males, on average. For females, it was most often reported as 19 to 30 years of age (43.2%), while 31 to 50 years of age was the second most reported age range (33.8%). The average age of the head of household for 13 to 17 year old females was 45 years, while for 18 to 24 year olds, it was 32 years.

For males, the age of the head of household was most often reported as 31 to 50 years old (47.5%), followed by 51+ years of age (28.2%). The average age among 13 to 17 year old males was 45 years, and while for 18 to 24 year olds, it was 38 years. Less than 1% of either males or females reported a minor as head of household (Appendix Table 2.1).

2.3 EDUCATION STATUS

The majority of both males (67.5%) and females (71.0%) attended primary school, and approximately one-fourth of Malawians aged 13 to 24 year old attended secondary school - 22.2% of females and 27.6% of males. Less than 5% of either males or females never attended school, and less than 1.0% did not progress to primary school. Across all school levels, there was no significant difference in educational attainment between females and males (Appendix Table 2.1).

2.4 ORPHAN STATUS

Among 13 to 17 year olds, approximately one-quarter of females and one-fifth of males were either single (lost one parent) or double (lost both parents) orphans. The majority of 13 to 17 year olds - 74.7% of females and 79.3% of males - were not orphans (Appendix Table 2.1).

Single and double orphanhood occurred in similar proportion among 18 to 24 year olds as among 13 to 17 year olds.

2.5 MARITAL STATUS

Among 13 to 17 year-olds, 8.8% of females reported that they had been married or lived with someone as if married, while 1.8% of males aged 13 to 17 years reported the same, a difference that is statistically significant. Females aged 18 to 24 years old were also significantly more likely to report being married or living with someone as if married than males aged 18 to 24 years - 77.9% versus 33.4%, respectively.

Additionally, 18 to 24 year olds were asked about marital status prior to age 18, with 27.0% of females and 3.1% of males reporting being married or living with someone as if married prior to age 18, a difference that is statistically significant (Appendix Table 2.2).

2.6 SEXUAL ACTIVITY

When asked about having ever had sex, 19.8% of females and 34.7% of males between 13 to 17 years old reported doing so. Among 18 to 24 year olds, 87.2% of females and 75.9% of males have ever had sex, with 55.8% of females and 50.4% of males doing so before age 18 (Appendix Table 2.2).

2.7 WORKING FOR MONEY OR ANY OTHER PAYMENTS

Both males and females reported ever working for money or other payments at similar rates. Among 13 to 17 year olds, 60.4% of females and 59.9% of males reported having worked for money or other payment. Among 18 to 24 year olds, 66.8% of females and 69.1% of males reported having done so (Appendix Table 2.2).

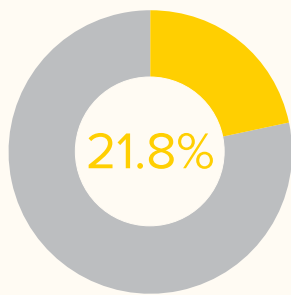


SECTION 3

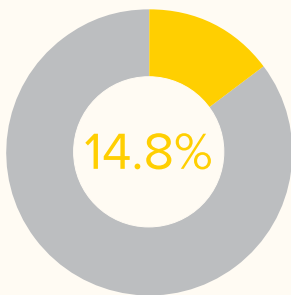


THE PREVALENCE OF CHILDHOOD SEXUAL VIOLENCE, PERPETRATORS OF SEXUAL ABUSE, CONTEXT OF SEXUAL ABUSE, AND SERVICE-SEEKING BEHAVIORS OF SEXUAL ABUSE SURVIVORS

PREVALENCE AND PATTERNS OF SEXUAL ABUSE - CHILDHOOD (18-24 year old respondents)



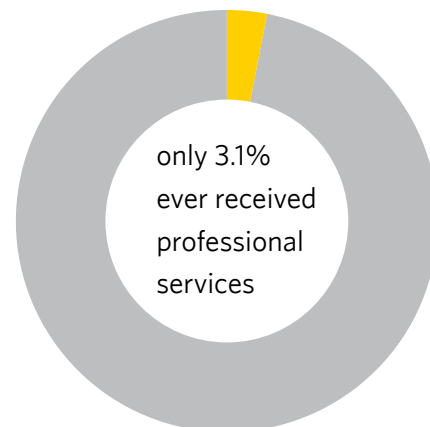
Female victims aged 18-24 who experienced multiple incidents of sexual abuse



Male victims aged 18-24 who experienced multiple incidents of sexual abuse

- Of females aged 18-24 - 1 in 5 (21.8%) experienced sexual abuse prior to the age of 18; with two thirds (68.4%) of victims experiencing multiple incidents of sexual abuse. The average age for the first incident of sexual abuse was 14.3 years. The perpetrator was often reported as a spouse, boyfriend or romantic partner (33.4%), followed by a classmate/schoolmate (15.5%). Almost half (48.6%) of the victims reported that the perpetrator was perceived to be 5 or more years older. The first incident of sexual abuse usually occurred in the afternoon (61.5%), at the perpetrator or victim's home (28.3% and 22.1% respectively). Approximately two thirds (61.2%) who were sexually abused in childhood told someone about the abuse (usually a friend), but only 9.0% ever received professional services.
- Of males aged 18-24 - 1 in 7 (14.8%) experienced sexual abuse prior to the age of 18; with three quarters (74.4%) of victims experiencing multiple incidents of sexual abuse. The average age of the first incident was 13.9 years. The perpetrator was often reported as a friend (29.1%), followed by a classmate/schoolmate (19.2%). One in five reported that the perceived the perpetrator to be 5 or more years older. The first incident of sexual abuse usually occurred at the victim's or perpetrator's home (23.2% and 21.1% respectively). Two thirds (64.7%) who were sexually abused told someone about the abuse (usually a friend), but only 5.9% ever received professional services.

Six in 10 (59.8%) who were sexually abused told someone about the abuse



PREVALENCE AND PATTERNS OF SEXUAL ABUSE - 12 MONTHS PRIOR TO SURVEY (13-17 year old respondents)

- Of females aged 13-17 - 1 in 5 (22.8%) experienced sexual abuse in the 12 months prior to the survey; with 3 out of 4 (76.3%) victims experiencing multiple incidents. The average age of the first incident of sexual abuse was 13.5 years. The perpetrator was often a classmate/school mate, (31.8%) followed by a boyfriend, romantic partner or spouse (25.9%). One quarter (26.7%) of the victims reported that the perpetrator was perceived to be 5 or more years older. The first incident of sexual abuse usually occurred on the road (29.0%) or at the victim's home (18.8%). Six in 10 (59.8%) who were sexually abused told someone about the abuse (usually a relative, but they also told friends), however only 3.1% ever received professional services.
- Of males aged 13-17 - 1 in 8 (12.7%) experienced sexual abuse in the 12 months prior to the survey; with 8 in 10 victims experiencing multiple incidents. The average age of the first incident was 12.8 years. The perpetrator was often a friend (47.9%). One quarter (24.4%) of victims reported that the perpetrator was perceived to be 5 or more years older. The first incident usually happened at school (20.6%) or in a field or natural area (15.5%) in the afternoon. Half of those who were sexually abused in the past year (54.1%) told someone about sexual abuse (usually a friend or a relative), however, only 1.1% ever received professional services.



The average age of the first incident of sexual abuse was 13.5 years



The average age of the first incident of sexual abuse was 12.8 years



1.1% ever received professional services



Half of those who were sexually abused in the past year (54.1%) told someone about sexual abuse

HIGHLIGHTS

Sexual violence is defined as including all forms of sexual abuse and sexual exploitation of children. This encompasses a range of offenses, including unwanted completed sex acts (i.e., rape), attempted nonconsensual sex acts, abusive sexual contact (i.e., unwanted touching), and non-contact sexual abuse (e.g., threatened sexual violence, exhibitionism, verbal sexual harassment). This also includes the inducement or coercion of a child to engage in any unlawful or psychologically harmful sexual activity; the exploitative use of children in prostitution or other unlawful sexual practices; and the exploitative use of children in pornographic performances and materials.

3.1 SEXUAL ABUSE

This section describes the national prevalence of sexual abuse of children in Malawi. Four types of child sexual abuse are examined in this survey: (1) unwanted touching in a sexual way, such as unwanted touching, kissing, grabbing, or fondling; (2) unwanted attempted sex in which the perpetrator used physical coercion or pressure but did not succeed in completing sex; (3) pressured sex in which the child was pressured in a non-physical way to have sex against his or her will and sex occurred; and (4) physically forced sex in which the child was physically forced to have sex against his or her will. The most common ages at which sexual abuse first occurred for males and females, the types of sexual abuse experienced by children, and demographic variables that may be associated with childhood sexual abuse are also highlighted.

3.1.1 Sexual Abuse: 18-24 Year Olds Prior to Age 18

Malawians aged 18 to 24 years were asked about their experience of sexual abuse prior to the age of 18. Among females, 21.8% reported experiencing any of the four types of child sexual abuse mentioned above, and among males, 14.8% (Figure 3.1). Of those reporting at least one incident of sexual abuse prior to age 18, 68.4% of females and 74.4% of males experienced multiple incidents (i.e., experiencing more than one event of the same type of sexual abuse, experiencing more than one type of sexual abuse, or both) (Appendix Tables 3.1.1; 3.1.4).

The most common type of sexual abuse experienced by both females and males during childhood was unwanted attempted sex – 11.5% and 9.7%, respectively; followed by unwanted sexual touching – 8.1% and 6.9%, respectively. Females (6.7%) were significantly more likely than males (1.9%) to report experiencing unwanted completed sex (either completed pressured or physically forced sex) before the age of 18 (Figures 3.1; 3.2 and Appendix Tables 3.1.2; 3.1.3).

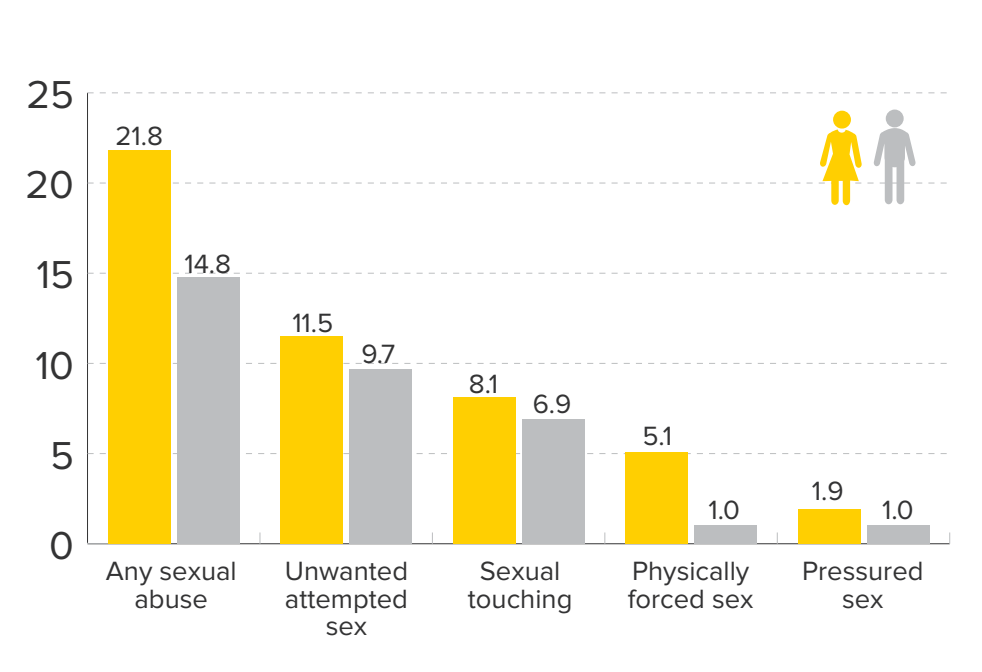


Figure 3.1 Types of sexual abuse prior to age 18, as reported by respondents 18 to 24 years old

NOTE: “Any sexual abuse” includes any of the four types of sexual abuse referenced in this survey: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex.

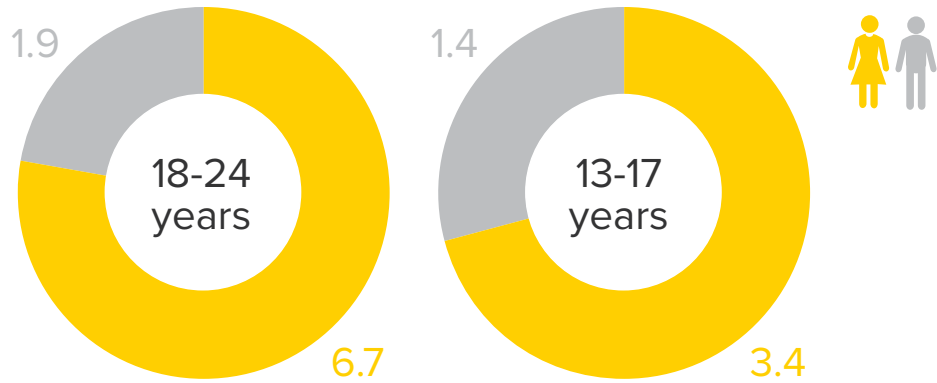


Figure 3.2 Unwanted completed sexual abuse (pressured or physically forced sex) prior to age 18

The majority of females aged 18 to 24 years old who experienced sexual abuse during childhood (71.3%) had their first incident of sexual abuse between 14 to 17 years old, with 28.7% under the age of 14. Males' experiences were similar, with 68.1% reporting the first incident between 14 to 17 years of age, and 31.9% under the age of 14. The average age for first incident of sexual abuse was 14.3 years for 18 to 24 year old females and 13.9 years for 18 to 24 year old males (Appendix Table 3.1.5).

For those whose first sexual intercourse was prior to age 18, 37.7% of 18 to 24 year old females reported the incident as unwanted, while 9.8% of males did likewise (Figure 3.3 and Appendix Table 3.1.6).

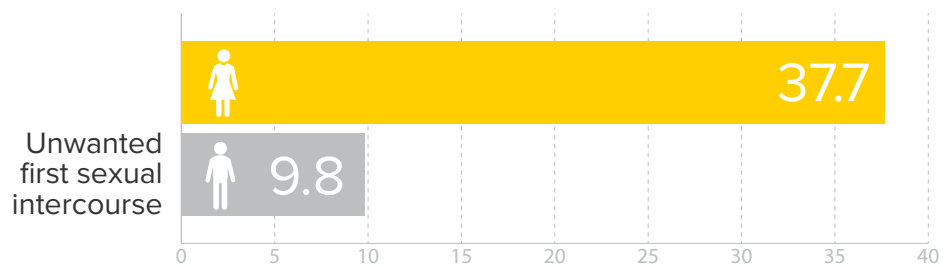


Figure 3.3 First incident of sexual intercourse was unwanted among 18 to 24 year olds whose first sexual intercourse was prior to age 18

3.1.2 Sexual Abuse: 13-17 Year Olds in the 12 Months Prior to the Survey

Data collected on experiences of sexual abuse in the year preceding the survey among 13 to 17 year olds allow the examination of current patterns and contexts of abuse in Malawi.

Females aged 13 to 17 years old reported significantly higher rates of sexual abuse compared to males aged 13 to 17 years old (22.8% and 12.7%, respectively). Of those reporting sexual abuse, over three quarters of both females and males experienced multiple incidents of abuse (76.3% and 79.3%, respectively) (Figure 3.4 and Appendix Tables 3.2.1; 3.2.4).

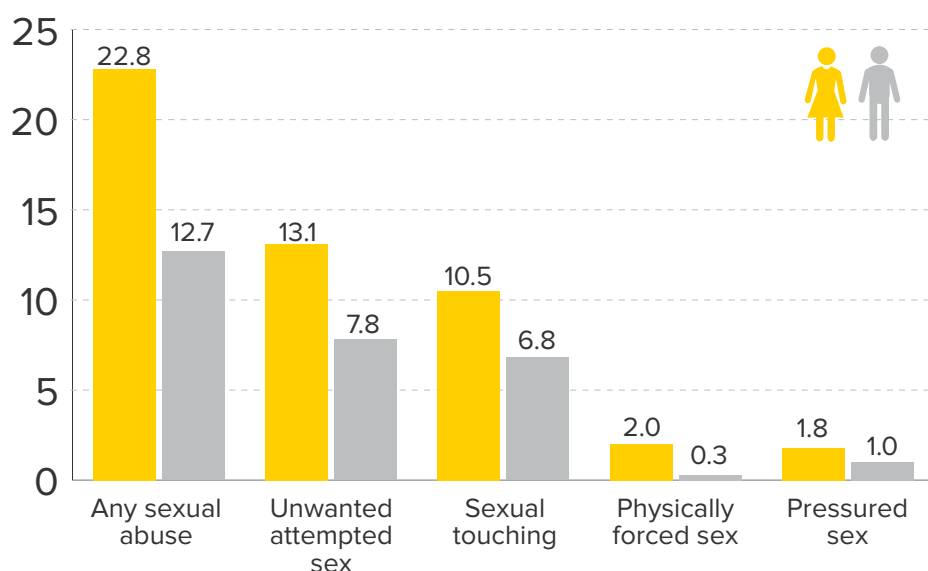


Figure 3.4 Experiencing any type of sexual abuse in the last 12 months, as reported by respondents 13 to 17 years old

Unwanted attempted sex was the most common type of sexual abuse experienced by both females and males aged 13 to 17 years old in the last 12 months (13.1% and 7.8%, respectively). For males, this was followed closely by unwanted sexual touching (6.8%). Unwanted sexual touching was also the second most common type for females at 10.5%. 3.4% of females and 1.4% of males between 13 to 17 years old reported experiencing unwanted completed sex (either physically forced or pressured) in the past 12 months (Figures 3.1; 3.2 & Appendix Table 3.2.2; 3.2.3).

Among females aged 13 to 17 years of age who experienced sexual abuse in the past 12 months, 88.5% reported the first incident occurred prior to the age of 16, with almost half before the age of 13 (48.6%). Among males, 87.0% reported experiencing their first incident of sexual abuse before the age of 16 years, with more than half before age 13 (60.7%). The average age of first incident of sexual abuse for 13 to 17 year old females was 13.5 years and 12.8 years for 13 to 17 year old males (Appendix Table 3.2.5).

Of the 13 to 17 year olds who ever had sexual intercourse, 52.0% of females reported their first incident of sexual intercourse as unwanted, while 16.8% of males reported the same, a difference that is statistically significant (Appendix Table 3.2.6).

3.2 SEXUAL EXPLOITATION

This section describes the national prevalence of sexual exploitation of children in Malawi, defined as receiving money or receiving goods (in the form of food, gifts, or other favors) in exchange for sex. It also describes the percentage of respondents who experienced non-contact sexual violence, defined here as participating in a sex photo or video or showing sexual body parts in front of a webcam.

3.2.1 Sexual Exploitation: 18-24 Year Olds Prior to Age 18

Among 18 to 24 year olds who reported childhood violence, 2.9% of females and 1.1% of males received money, goods or favors in exchange for sex (Appendix Table 3.3.1).

With regard to non-contact sexual violence experienced during childhood, in the form of participating in a sex photo or video or showing sexual body parts in front of a webcam, 0.1% of females and 0.6% of males reported such (Appendix Table 3.4.1).

3.2.2 Sexual Exploitation: 13-17 Year Olds in the Past 12 Months Prior to the Survey

Among 13 to 17 year olds, 3.7% of females and 1.3% of males reported receiving any money, goods, or favors in exchange for sex in the past 12 months (Appendix Table 3.3.2).

No females or males aged 13 to 17 years experienced non-contact sexual violence by participating in a sex photo or video or showing their sexual body parts in front of a webcam in the past year (Appendix Table 3.4.2).

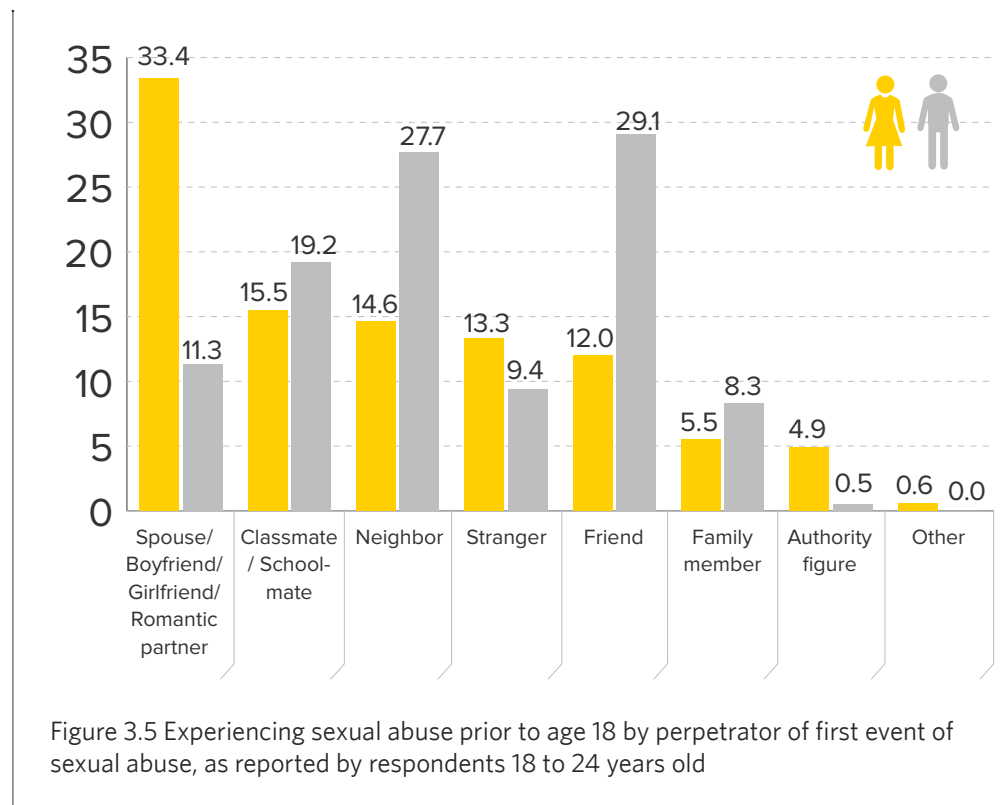
3.3 PERPETRATORS OF SEXUAL ABUSE

This section explores the relationship between perpetrators of sexual abuse and victims of violent encounters, as reported by female and male Malawians aged 13 to 24 years. Understanding the relationship between survivors and perpetrators, and how this might differ by type of violence and sex of the child, is critical to understanding the root causes of violence and, therefore, improving the targeting of prevention programmes.

National prevalence estimates by perpetrator type are presented for the first reported incident of sexual abuse among 18 to 24 year olds who experienced at least one type of sexual abuse (unwanted sexual touching, unwanted attempted sex, pressured sex, or physically forced sex) prior to age 18. Similarly, national prevalence estimates by perpetrator type are presented for the most recent incident of sexual abuse among 13 to 17 year olds who experienced sexual abuse in the 12 months prior to the survey. Age differences between children and perpetrators, sex of perpetrator, and prevalence of multiple perpetrators are also highlighted.

3.3.1 Perpetrators of Sexual Abuse: 18-24 Year Olds Prior to Age 18

Malawians aged 18 to 24 years who experienced sexual abuse prior to age 18 were asked about the perpetrator of their first incident of sexual abuse. For females, romantic or intimate partner was the most commonly reported perpetrator of first incident of sexual abuse (33.4%), followed by classmate/schoolmate (15.5%), neighbor (14.6%), stranger (13.3%), and friend (12.0%). For males, friend (29.1%) was the most commonly reported perpetrator of first incident of sexual abuse, followed by neighbor (27.7%), classmate/schoolmate (19.2%), and romantic or intimate partner (11.3%). Females were significantly more likely than males to report an intimate or romantic partner as a perpetrator (Figure 3.5 and Appendix Table 3.5.1).



The age difference between children who experienced sexual abuse and their perpetrators provides an indication of the extent to which older persons in a society are able to exploit the vulnerability of children in order to commit sexual abuse. Females (48.6%) were significantly more likely than males (19.7%) to perceive the perpetrator to be 5 or more years older (Figure 3.6 and Appendix Table 3.5.3).

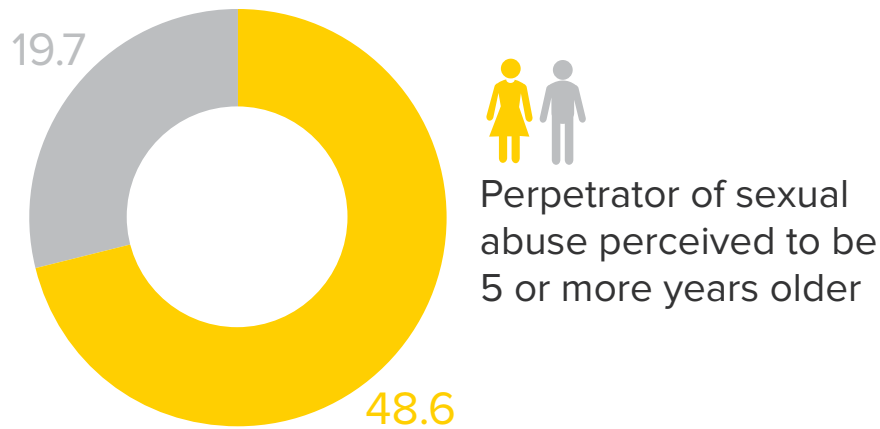


Figure 3.6 Perpetrators perceived to be 5 or more years older, as reported by respondents 18 to 24 years old who experienced their first incident of sexual abuse prior to age 18

Females and males reported multiple perpetrators at the first event of sexual abuse at similar rates – 14.4% and 18.4%, respectively (Appendix Table 3.6.3).

3.3.2 Perpetrators of Sexual Abuse: 13-17 Year Olds in the 12 Months Prior to the Survey

Malawians aged 13 to 17 years who experienced sexual abuse in the 12 months prior to the survey were asked about the perpetrator of their most recent incident of sexual abuse, to examine current patterns and contexts of abuse in Malawi. Among females, classmate/schoolmate (31.8%) was the most commonly reported perpetrator of most recent incident of sexual abuse, followed by intimate or romantic partner (25.9%), friend (17.1%), neighbor (14.3%), and family member (12.4%). Among males, friend (47.9%) was the most commonly reported perpetrator, followed by neighbor (16.6%), classmate/schoolmate (14.8%), and family member (11.7%). Males were significantly more likely than females to report a friend as the perpetrator (Figure 3.7 and Appendix Table 3.5.2).

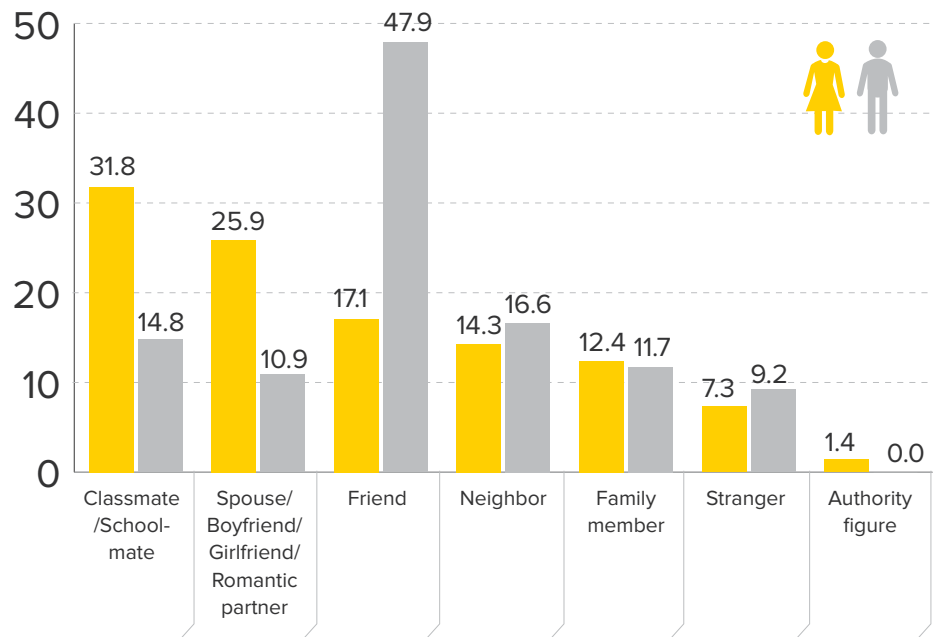


Figure 3.7 Perpetrators of most recent event of sexual abuse¹ as reported by respondents 13-17 years old who experienced any sexual abuse in the past 12 months

Females and males perceived the perpetrator of their most recent experience of sexual abuse to be 5 or more years older at similar rates (26.7% and 24.4%, respectively) (Appendix Table 3.5.4).

By sex of perpetrator for the most recent event of sexual abuse, females were significantly more likely than males to report male only perpetrators (94.8% and 17.9%, respectively), and males were significantly more likely than females to report only female perpetrators (76.8% and 4.4%, respectively) (Appendix Table 3.6.2).

Females and males reported more than one perpetrator of sexual abuse at the most recent event in the past 12 months of any subtype of abuse at similar rates - 38.7% and 35.3%, respectively (Appendix Table 3.6.4).

3.4 LOCATION WHERE SEXUAL ABUSE OCCURRED

To better understand the context of sexual abuse, Malawians were asked about the location of the first reported incident by sub-type of sexual abuse (defined as unwanted sexual touching, unwanted attempted sex, pressured sex, or physically forced sex). Some Malawians experienced multiple sub-types of sexual abuse, but possibly at different locations. Prevalence estimates of the location of incidents of all sub-types of sexual abuse are presented below for both age groups; those aged 18 to 24 years old who experienced sexual abuse prior to age 18 and 13 to 17 year olds who experienced sexual abuse in the 12 months prior to the survey.

3.4.1 Location Where First Incident of Sexual Abuse Occurred: 18-24 Year Olds Prior to Age 18

The most common location reported among 18-24 year old females who experienced sexual abuse prior to age 18 was in the perpetrator's home (28.3%), followed by her own home (22.1%), in school (20.4%), and on a road (15.6%). The most common location reported among 18 to 24 year old males who experienced sexual abuse prior to age 18 was in his own home (23.2%), followed by in the perpetrator's home (21.1%), on a road (18.3%), in school (13.9%), in a field or other natural area (11.0%), and someone else's home (10.9%). Between females and males, there were no statistical differences across locations (Figure 3.8 and Appendix Table 3.7.1).

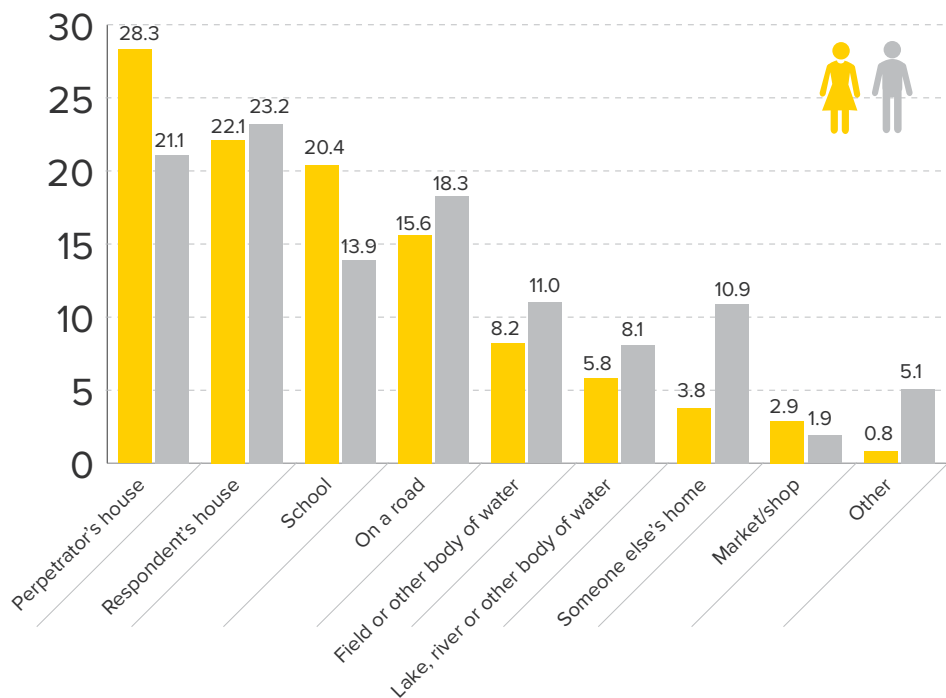


Figure 3.8 Location of first incident of sexual abuse among 18–24 year olds who experienced sexual abuse prior to age 18

NOTE: "other" includes inside a car/bus, bar/restaurant/disco/club, workplace, lodge/guesthouse, public gatherings/place-- including weddings, village functions, church functions, stadium, Zambwe clinic.

3.4.2 Location Where Most Recent Incident of Sexual Abuse Occurred: 13-17 Year Olds in the 12 Months Prior to the Survey

To report on the current patterns and context in Malawi, data on the location of the most recent experience of sexual abuse were analyzed for the 13 to 17 year olds who experienced sexual abuse in the 12 months prior to the survey. Among females, the most common location reported was on a road (29.0%), followed by in her own home (18.8%), in the perpetrator's home (13.9%), "other" locations (13.0%), which include locations such as inside a vehicle, restaurant, club or public gathering place, and body of water (11.3%). Among males, the most common reported location was in school (20.6%), followed by in a field or other natural area (15.5%), on a road (15.0%), in his own home (14.9%), in the perpetrator's home (13.6%), and in someone else's home (10.6%). Between females and males, there were no statistical differences across locations (Figure 3.9 and Appendix Table 3.7.2).

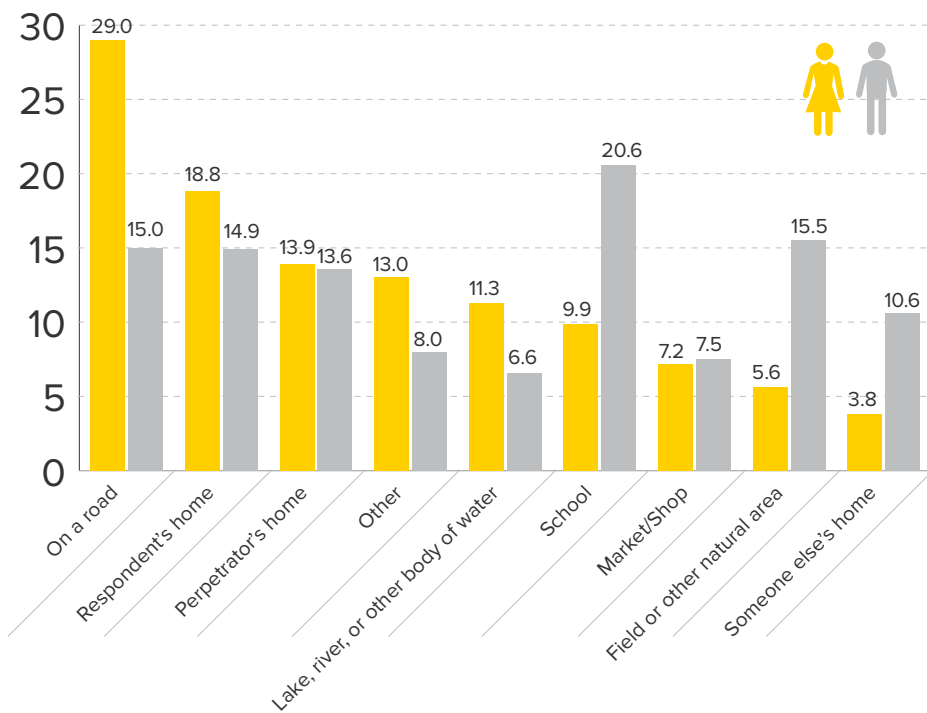


Figure 3.9 Location of most recent incident of sexual abuse among 13 to 17 year olds who experienced sexual abuse in the last 12 months

NOTE: Other includes inside a car/bus, bar/restaurant/disco/club, workplace, lodge/guesthouse, public gatherings/place-- including weddings, village functions, church functions, stadium, Zambwe clinic

3.5 WHEN THE INCIDENTS OF SEXUAL ABUSE OCCURRED

To assess temporal risk factors, data were analyzed for both age groups on the time of day in which the incident of sexual abuse occurred, and by subtype of sexual abuse (first incident for 18 to 24 year olds; most recent incident for 13 to 17 year olds). Prevalence estimates of the time of day of incidents of all subtypes of sexual abuse are presented here for both age groups.

Among females aged 18 to 24 who experienced childhood sexual abuse, afternoon was the most frequent time of day (61.5%), followed by evening (28.0%), morning (16.2%), and late at night (3.0%) for the first sexual abuse. Females were significantly more likely to experience sexual abuse in the afternoon, compared to any other time of day or night. Among males, evening was the most reported time of day (56.2%), followed by afternoon (36.9%), morning (16.1%), and late at night (2.9%). There were no significant differences between females and males by time of day (Appendix Table 3.8.1).

Among females aged 13 to 17 years old who had experienced sexual abuse in the 12 months prior to the survey, the most frequent time of day for the most recent sexual abuse was afternoon (53.0%), followed by evening (40.3%), morning (11.0%), and late at night (3.1%). Among males, the most frequent time of day reported was evening (47.4%), afternoon (46.0%), and morning (14.9%). Both females and males were significantly more likely to report afternoon or evening, compared to morning or late at night (Appendix Table 3.8.2).

3.6 SERVICE-SEEKING BEHAVIORS OF CHILDREN WHO HAVE EXPERIENCED SEXUAL ABUSE

The main objective of this section is to describe the reporting and service seeking behaviours of Malawians who experienced at least one incident of sexual abuse prior to age 18 years. This section describes whether any incidents of sexual abuse were ever disclosed to anyone and whether professional services were received. Reasons why professional services were not received in addition to the types of services desired are also highlighted here.

3.6.1 Disclosure and Reporting of Sexual Abuse Among 18-24 Year Olds Who Experienced Sexual Abuse Prior to Age 18

Among 18 to 24 year old females who reported sexual abuse, 24.0% knew of a place to seek help about an experience of childhood sexual abuse, 9.6% sought help, and 9.0% received help. Among male victims of sexual abuse, 16.9% knew of a place to seek help about an experience of childhood sexual abuse, 5.9% sought help, and 5.9% received help. When asked about telling someone about any experience of sexual abuse, 61.2% of females and 64.7% of males reported doing so (Figure 3.10 and Appendix Table 3.9.1).

Among female victims, 11.3% reported missing school because of an experience of sexual abuse and 7.6% of males reported the same (Figure 3.10 and Appendix Table 3.9.3).

Among 18-24 year olds with a history of childhood sexual abuse, females who told someone about their experience most often reported telling a friend (46.1%), followed by a relative (35.2%) and a service provider or authority figure (13.6%). Males most often told a friend (63.1%) followed by a relative (32.7%). Females were more likely than males to disclose an incident of sexual abuse to a service provider or authority figure (13.6% and 0.0%, respectively). (Appendix Table 3.9.6)

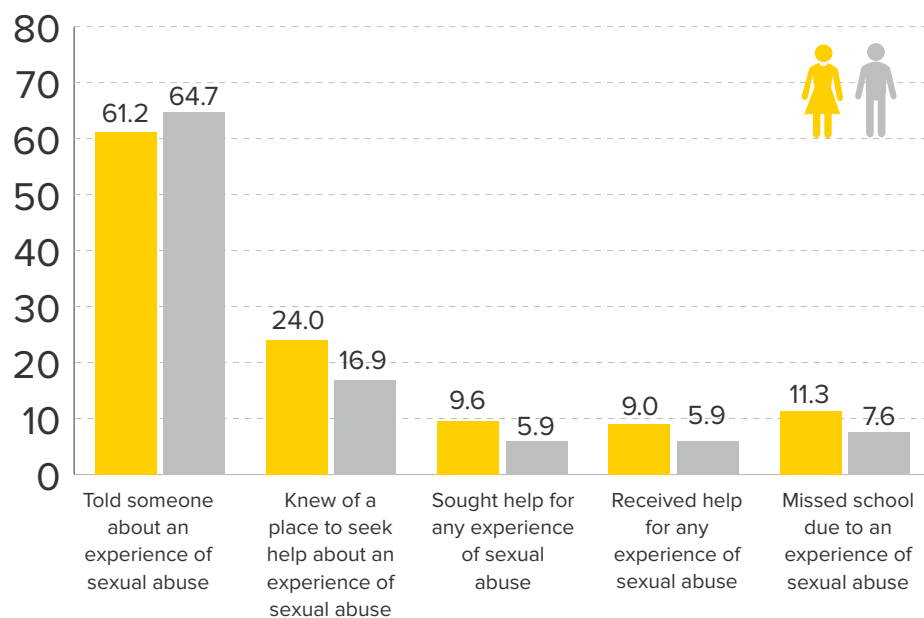


Figure 3.10 Disclosure and reporting of sexual abuse among 18-24 year olds who experienced sexual abuse prior to age 18

3.6.2 Disclosure and Reporting of Sexual Abuse Among 13-17 Year Olds Who Experienced Sexual Abuse in the 12 Months Prior to the Survey

Data were analyzed for Malawians aged 13 to 17 years who experienced sexual abuse in the 12 months preceding the survey to provide a current pattern of support-seeking behaviour. Among females, 26.5% knew of a place to seek help about an experience of sexual abuse, 7.7% sought help for any experience of sexual abuse, and 3.1% received help. Among males, 44.7% knew of a place to seek help about an experience of sexual abuse, 5.1% sought help for any experience of sexual abuse, and 1.1% received help. When asked about disclosure of sexual abuse, 59.8% of females and 54.1% of males reported telling someone (Figure 3.11 and Appendix Table 3.9.2).

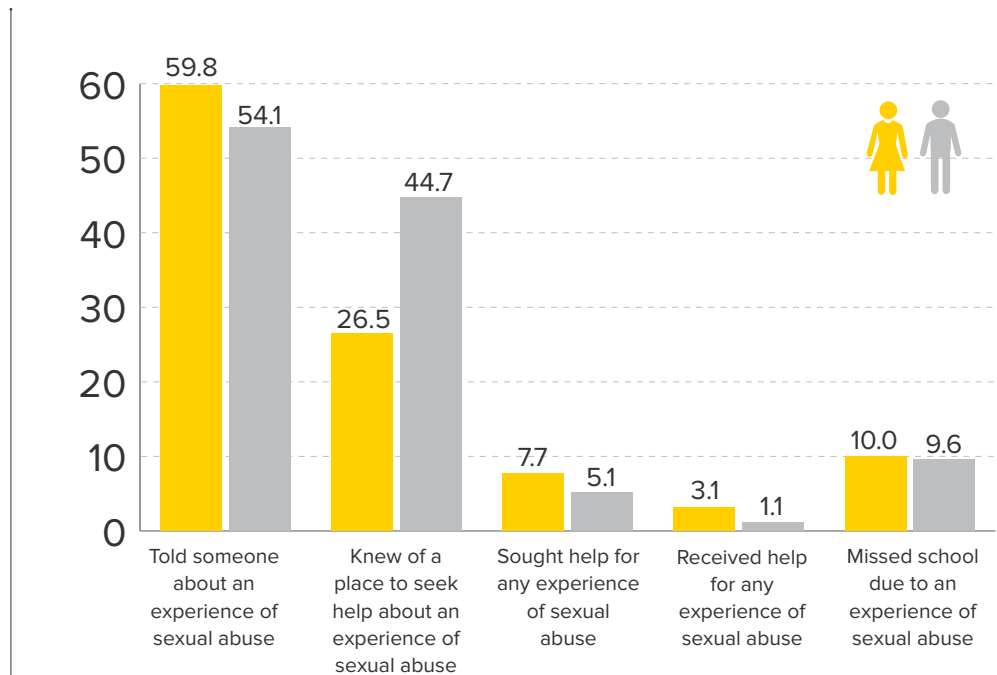


Figure 3.11 Disclosure, Service Seeking and Service Usage among Malawian Victims of Child Sexual Abuse aged 13-17 in the past 12 months, Malawi VACS, 2013

Among females, 10.0% reported missing school due to an experience of sexual abuse, while 9.6% of males reported the same (Figure 3.11 and Appendix Table 3.9.3).

Among 13-17 year olds who experienced sexual abuse in the 12 months prior to the survey, females who told someone about their experience most often reported telling a relative (53.3%), followed by a friend (42.2%), and a service provider or authority figure (5.0%). Males most often told a friend (67.0%), followed by a relative (32.4%), and a service provider or authority figure (3.3%). Among females and males, disclosure to friends and relatives were significantly higher than disclosure to a service provider, authority figure, or someone else (Figure 3.12 and Appendix Table 3.9.7).

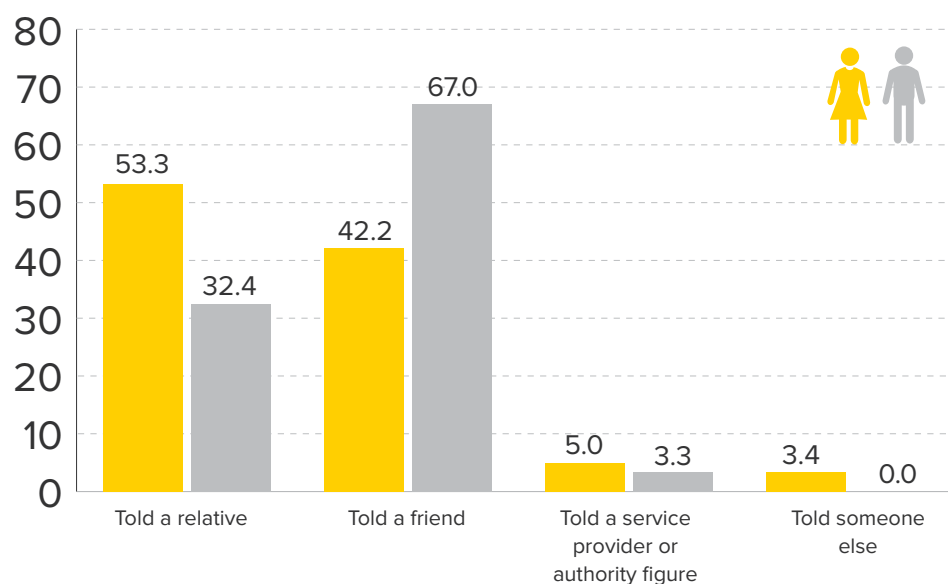


Figure 3.12 Disclosure and reporting of sexual abuse among 13 to 17 year olds who experienced sexual abuse in the last 12 months

Note: relatives include parents, siblings and other relatives

3.6.3 Service-seeking Behavior for Sexual Violence Among 18-24 Year Olds Who Experienced Sexual Abuse Prior to Age 18

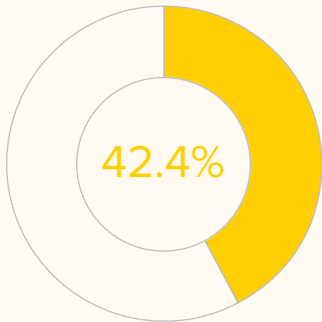
Among those who sought help, there were insufficient responses to differentiate by type of service provider for both males and females, or to assess reasons for why help was not sought (Appendix Table 3.9.4; 3.9.8; 3.9.9).

3.6.4 Service-seeking Behavior for Sexual Abuse Among 13-17 Year Olds Who Experienced Sexual Abuse in the 12 Months Prior to the Survey

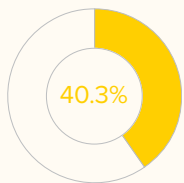
Likewise, among 13-17 year olds who experienced sexual abuse in the past 12 months who sought help, there were insufficient responses to differentiate by type of service provider for both males and females, or to assess reasons for why help was not sought (Appendix Table 3.9.5; 3.9.10; 3.9.11).



SECTION 4



Of females aged 18-24 - 4 in 10 (42.4%) experienced physical abuse prior to the age of 18



Two in 5 females (40.3%) reported they did not seek help because they did not see the abuse as a problem



Of males aged 18-24 - almost two thirds (64.5%) experienced physical abuse prior to the age of 18

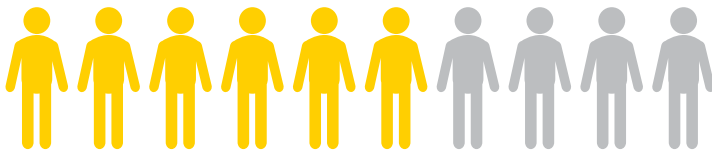
THE PREVALENCE OF CHILDHOOD PHYSICAL VIOLENCE, PERPETRATORS OF PHYSICAL VIOLENCE, AND SERVICE-SEEKING BEHAVIOR OF SURVIVORS OF PHYSICAL VIOLENCE

PREVALENCE AND PATTERNS OF PHYSICAL ABUSE - CHILDHOOD (18-24 Year old respondents)

- Of females aged 18-24 - 4 in 10 (42.4%) experienced physical abuse prior to the age of 18, with more than half (52.3%) of victims experiencing their first incident between 6 and 11 years. Of those who experienced childhood physical abuse, almost 8 in 10 (78.8%) experienced multiple incidents. One quarter of Malawian females (24.3%) reported childhood physical abuse by a parent/adult relative; almost 1 in 5 (17.0%) reported abuse by a childhood peer and 16.6% reported experiencing childhood violence by an adult community member. Among those who experienced childhood physical abuse 1 in 5 (19.9%) experienced physical injury as a result of abuse and 1 in 5 (17.2%) reported missing school as a result of childhood physical abuse. Half (49.5%) witnessed violence in the home before turning 18. Of those that were abused, two thirds (64.0%) told someone about abuse, but only 10.3% received services. Two in 5 females (40.3%) reported they did not seek help because they did not see the abuse as a problem.
- Of males aged 18-24 - almost two thirds (64.5%) experienced physical abuse prior to the age of 18, and of those 63.8% reported experiencing the first incident between the ages of 6-11. Of those who experienced childhood physical abuse almost 9 in 10 (88.2%) reported multiple incidents. Two in 5 Malawian males (40.5%) reported childhood physical abuse by a parent/adult relative; almost 4 in 10 (37.3%) reported abuse by a childhood peer, and one third (34.0%) reported experiencing childhood violence by an adult community member. Among those who experienced childhood physical abuse 1 in 5 (20.9%) experienced physical injury as a result of abuse and 1 in 5 (17.7%) reported missing school as a result of childhood physical abuse. Over half (55.4%) witnessed violence in the home prior to age 18. Of those who were abused, half (50.8%) told someone about abuse, but only 4.8% ever received services. Half (54.5%) of males did not report because they did not see it as a problem.

PREVALENCE AND PATTERNS OF PHYSICAL ABUSE - 12 MONTHS PRIOR TO SURVEY (13-17 year old respondents)

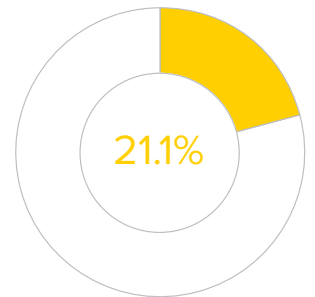
- Of females aged 13-17 – 2 in 5 (40.9%) experienced physical abuse in the past 12 months, with 8 in 10 (83.2%) victims experiencing multiple incidents. One in 5 Malawian females (21.1%) reported physical abuse by an adult community member; 20.6% reported physical abuse by a parent/adult relative and 18.8% reported physical abuse by a peer. Among those who experienced physical abuse, 15.6% reported a physical injury as a result of abuse. Three in 10 (29.2%) Malawian girls reported witnessing abuse in the home. Of those who were abused 6 in 10 (59.9%) told someone about abuse, but only 11.3% received services. Most reported they did not get services because they did not see it as a problem or thought it was their fault (36.8% and 33.6%, respectively).
- Of males aged 13-17 – 6 in 10 (59.5%) experienced abuse in the past 12 months, with 8 in 10 (85.6%) victims experiencing multiple incidents. Over a third 35.1% of Malawian males reported physical abuse by a peer, 1 in 3 (31.5%) reported abuse by an adult community member, and 1 in 4 (27.7%) reported abuse by a parent/adult relative. Among those who experienced physical abuse one quarter (26.9%) reported a physical injury as a result of abuse. One in 3 (29.5%) boys reported witnessing abuse in the home. Of those who were abused 59.2% told someone about abuse, but only 6.1% received services. Most did not get services because they did see it as a problem (36.3%)



Of males aged 13-17 – 6 in 10 (59.5%) experienced abuse in the past 12 months



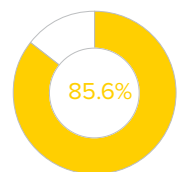
Of females aged 13-17 – 2 in 5 (40.9%) experienced physical abuse in the past 12 months



One in 5 Malawian females (21.1%) reported physical abuse by an adult community member



Percentage of boys who did not get services because they did not view it as a problem



8 in 10 male (85.6%) victims experience multiple incidents

HIGHLIGHTS

This section describes the national prevalence of physical violence against children in Malawi. Physical violence includes punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife or other weapon. Physical violence by type of perpetrator, age of first experience, experience of multiple incidents, and witnessing of physical violence in the home (hearing or seeing a parent punch, kick or beat your other parent, their boyfriend or girlfriend or your sibling) and in the community (seeing someone attacked) are described.

4.1 PHYSICAL VIOLENCE

Data on four types of perpetrators are examined in this survey: (1) intimate partner; (2) peer; (3) parent or adult relative; and (4) adult community members. Distribution of age and proportion of respondents experiencing multiple incidents of physical violence are also highlighted.

4.1.1 Physical Violence: 18-24 Year Olds Prior to Age 18

Malawians aged 18 to 24 years old were asked about experiencing physical violence prior to age 18; 42.4% of females and 64.5% of males reported experiencing any physical violence (including: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife or other weapon), a difference between the two genders that is statistically significant. Among those, the majority of females (52.3%) and males (63.8%) reported first experiencing such violence between the ages of 6 and 11 years old, followed by 42.4% of females and 29.7% of males reporting their first experience between 12 and 17 years old. Over five percent of females and males (5.3% and 6.5% respectively) reported first experiencing physical violence at age 5 or younger (Figure 4.1 and Appendix Tables 4.1.1; 4.1.4).

Additionally, from those 18 to 24 year olds who reported experiencing physical violence prior to the age of 18, 78.8% of females and 88.2% of males reported experiencing multiple incidents of physical violence (Appendix Table 4.1.3).

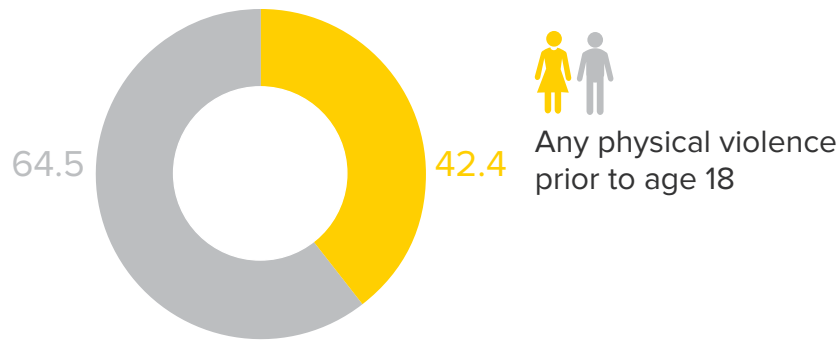


Figure 4.1 Physical violence experienced prior to age 18, as reported by respondents 18 to 24 years old

By type of perpetrator, differences in responses of females and males were statistically significant for parents or adult relatives, community members, or peers. Among females, 24.3% reported experiencing physical violence by a parent or relative, 16.6% by a community member, and 17.0% by a peer. Among males, 40.5% reported experiencing physical violence by a parent or relative, 34.0% by a community member, and 37.3% by a peer. For physical violence perpetrated by an intimate partner, 6.9% of females reported the experience compared to 2.1% of males (Figure 4.2 and Appendix Table 4.1.2).

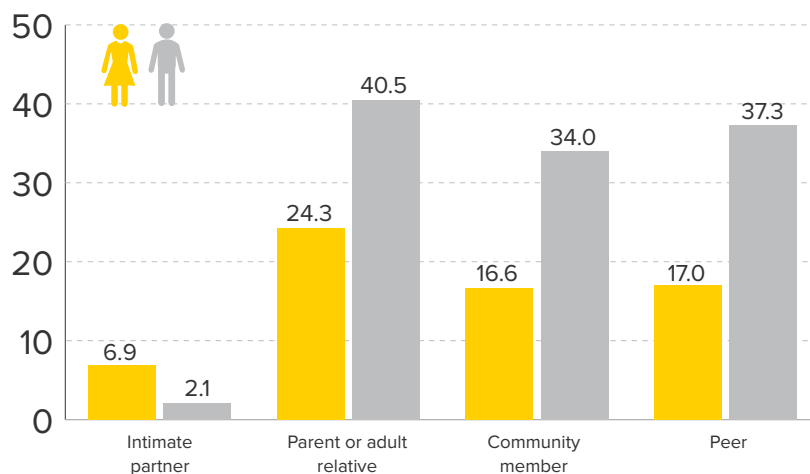


Figure 4.2 Perpetrators of physical violence prior to age 18, as reported by respondents 18 to 24 years old

4.1.2 Physical Violence: 13-17 Year Olds in the Past 12 Months Prior to the Survey

To report on the current patterns and context in Malawi, 13 to 17 years olds were asked about experiencing physical violence – including punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife or other weapon – in the past 12 months prior to the survey. Among females, 40.9% reported experiencing physical violence, while 59.5% of males reported such an experience, a difference that is statistically significant (Figure 4.3 and Appendix Table 4.2.1). Of the 13 to 17 year olds who experienced physical violence in the past 12 months prior to the survey, the majority of females (52.8%) reported first experiencing physical violence between ages 12 to 17 years, while the majority of males (53.9%) reported their first experience between 6 to 11 years old. The second largest percentage of females (44.5%) reported first experiencing physical violence between ages 6-11 years, and the second largest percentage of males (39.5%) between 12 and 17 years of age. 2.7% of females and 6.6% of males reported first experiencing violence at age 5 or younger (Appendix Table 4.2.4).

Additionally, among those 13 to 17 year olds experiencing physical violence in the last 12 months prior to the survey, 83.2% of females and 85.6% of males reported multiple incidents (Appendix Table 4.2.3).

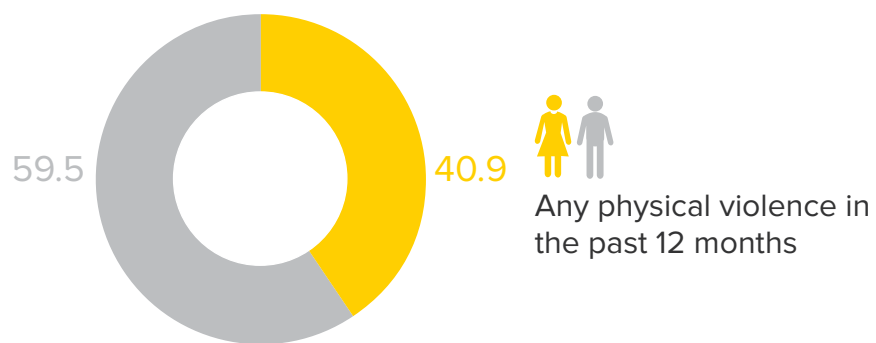


Figure 4.3 Physical violence experienced in the past 12 months, as reported by respondents 13 to 17 years old

With regard to physical violence by type of perpetrator, 18.8% of females and 35.1% of males reported experiencing physical violence by a peer. For physical violence perpetrated by an intimate partner, 4.1% of females reported the experience compared to 1.2% of males; for parent or adult relative, 20.6% of females versus 27.7% of males; and for community members, 21.1% of females compared to 31.5% of males. By type of perpetrator, differences between females and males aged 13 to 17 years were statistically significant for physical violence by peers (Figure 4.4 and Appendix Table 4.2.2).

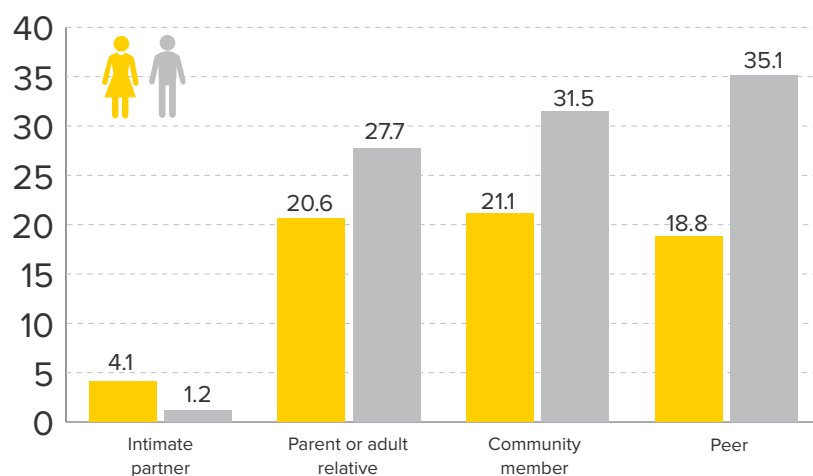


Figure 4.4 Perpetrators of physical violence in the past 12 months, as reported by respondents 13 to 17 years old

4.1.3 Physical Injury as a Result of Physical Violence: 18-24 Year Olds Prior to Age 18

This study also examined physical injury as a result of physical violence. Similar numbers of females (19.9%) and males (20.9%) aged 18 to 24 years reported experiencing physical injury as a result of physical violence prior to age 18 (Appendix Table 4.4.1). By type of perpetrator, females were most likely to report injury from an intimate partner (30.9%), while males were more likely to report a peer (19.2%) (Appendix Table 4.4.2). Cuts, scratches, bruises, aches, redness, swelling, or other minor marks were the most common type of injury reported by both females (11.0%) and males (10.7%) who experienced injury as a result of physical violence prior to age 18 (Appendix Table 4.4.3).

4.1.4 Physical Injury as a Result of Physical Violence: 13-17 Year Olds in the Past 12 Months

Data on physical injury as a result of physical violence in the 12 months prior to the survey by adult household members and authority figures in the community among 13 to 17 year olds was also examined, to develop a picture of the current context of violence. Among females, 15.6% reported experiencing physical injury as a result of physical violence; among males, 26.9% (Appendix Table 4.4.4). Females were most likely to report a community member as the perpetrator of physical harm or injury due to physical violence (16.2%), while males were more likely to report a peer (25.7%) (Appendix Table 4.4.5). Cuts, scratches, bruises, aches, redness, swelling, or other minor marks without more serious injuries were the most common type of injury reported by both females (7.0%) and males (14.3%) who experienced injury as a result of physical violence in the 12 months prior to the survey (Appendix Table 4.4.6).

4.2 WITNESSING PHYSICAL VIOLENCE AT HOME AND IN THE COMMUNITY

Participants of both age groups were surveyed regarding their experience of witnessing physical violence both in the home (hearing or seeing a parent punch, kick or beat the other parent, their boyfriend or girlfriend or a sibling) and in the community (seeing someone in the community attacked). Witnessing violence in the home or community can have similar effects on cognitive, behavioral, and social development as being the primary victim of violence. Children who witness physical violence can be more likely to resort to violence to resolve conflict, and are at greater risk for anxiety, depression, and poor school performance and social competence.⁴⁶

Of those aged 18 to 24 years, 49.5% of females reported witnessing physical violence prior to age 18 in the home, while 55.4% of males reported the same. Witnessing physical violence at home was significantly more likely than witnessing physical violence in the community, with 28.2% of females and 38.8% of males reporting the latter (Figure 4.5 and Appendix Tables 4.3.1; 4.3.3).

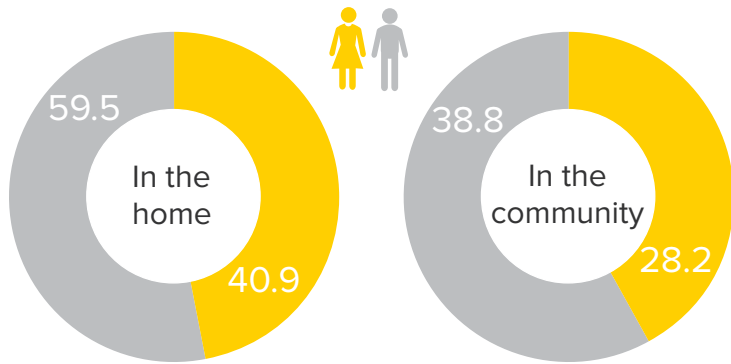


Figure 4.5 Witnessing physical violence at home and in the community prior to age 18, as reported by respondents 18 to 24 years old

Of those aged 13 to 17 years, 29.2% of females reported witnessing physical violence in the last 12 months prior to the survey in the home, while 29.5% of males said the same. Witnessing violence in the community occurred at similar rates, with 22.1% of females and 23.4% of males observing someone being attacked in the community (Figure 4.6 and Appendix Table 4.3.2; 4.3.4).

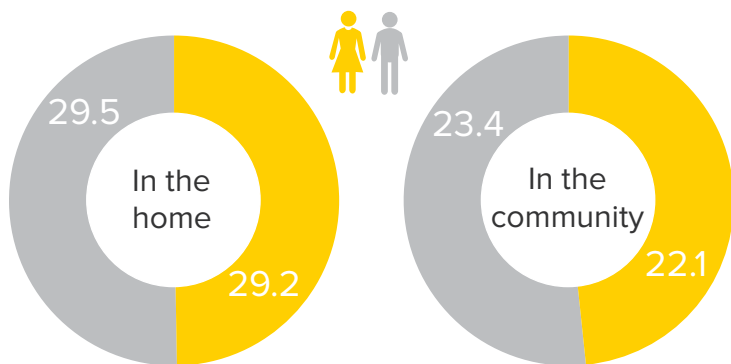


Figure 4.6 Witnessing physical violence at home and in the community in the last 12 months, as reported by respondents 13 to 17 years old

4.3 PERPETRATORS OF PHYSICAL VIOLENCE

This section explores the relationship between perpetrators of physical violence and victims of violent encounters, as reported by female and male Malawians aged 13 to 24 years. Understanding the relationship between survivors and perpetrators (intimate partners; peers; parents, caregivers, and other adult relatives; and adults in the community such as teachers, authority figures, and known and unknown adults/community members), and how this might differ by type of violence and sex of the child, is critical to understanding the root causes of violence and, therefore, improving the targeting of prevention programmes.

Information was collected from 18 to 24 year olds who experienced physical violence (punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon) before age 18 and 13 to 17 year olds who experienced physical violence in the 12 months prior to the survey, to examine the specific types of perpetrators, by first or most recent incident of childhood physical violence.

4.3.1 Perpetrators of Physical Violence: 18-24 Year Olds Prior to Age 18

Among 18 to 24 year old females who experienced physical violence by an intimate partner prior to the age of 18 (which represents 6.9% of all of the physical violence perpetrators), 17.2% identified the perpetrator as a boyfriend/romantic partner, and 82.8% identified the perpetrator as a husband. There were insufficient responses among the males to differentiate between types of intimate partner (Appendix Table 4.5.1).

Among females aged 18-24 who were victimized by a peer (17.0% of total perpetrators), friends were most often identified as the perpetrator of first incident of physical violence (57.7%), followed by classmate/schoolmate (17.2%) and sibling/cousin/peer relative (16.4%). Males aged 18-24 who were victimized by a peer (37.3% of all perpetrators) were also significantly more likely to identify friends as the perpetrator of first incident of physical violence (47.0%), followed by classmate/schoolmate (24.9%) and sibling/cousin/peer relative (19.5%). (Figure 4.7 and Appendix Table 4.5.2).

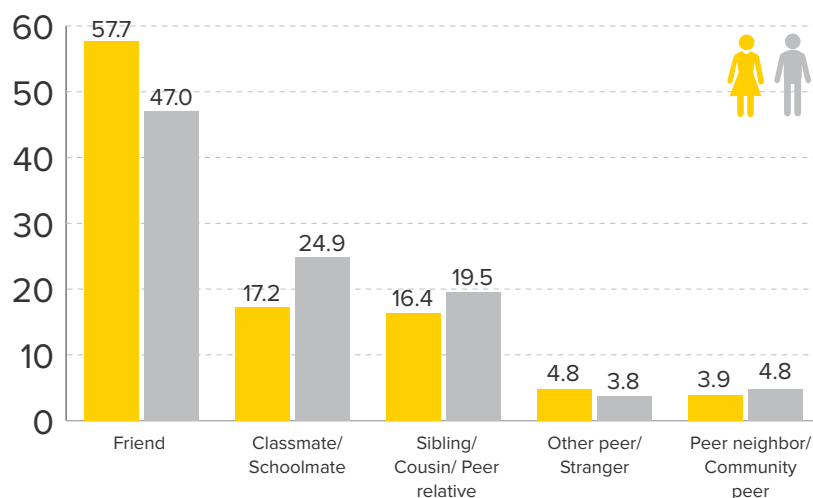


Figure 4.7 Physical violence by a peer prior to age 18 by perpetrator of first incident of physical violence, as reported by victims of peer violence 18 to 24 years old. Peer violence represents 17.0% of all female physical violence and 37.3% of all male physical violence.

Among females aged 18 to 24 who were victimized by a parent or adult caregiver or relative (24.3% of all violence perpetration), female victims were more likely to report mother or stepmother as the perpetrator of first incident of physical violence (46.1%) than any other type, while male victims of childhood physical violence by parent or adult caregiver or relative (representing 40.5% of all violence perpetration against males) were significantly more likely to report father or stepfather (50.9%) than any other type (Figure 4.8 and Appendix Table 4.5.3). This difference in the rate of same-gender parent as perpetrator was significant between females and males, with females being more likely to report mother as the perpetrator compared to males (46.1% vs 24.0% respectively), and males being more likely to report father as the perpetrator compared to females (50.9% vs 16.6%, respectively) (Figure 4.8 and Appendix 4.5.3). While males reported the opposite-gender parent as the second most frequent perpetrator (24.0%), females reported uncle/aunt as the second most frequent perpetrator (19.0%) (Appendix Table 4.5.3).

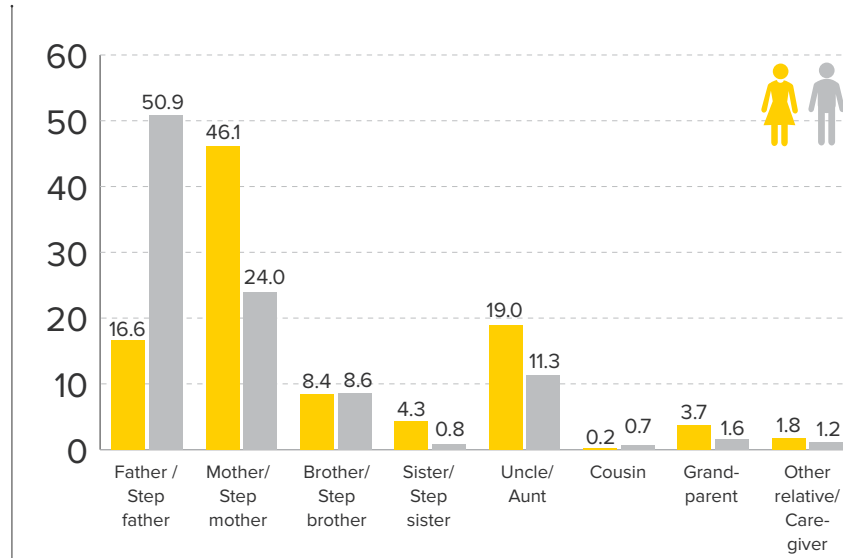


Figure 4.8 Physical violence by a parent, adult caregiver, or adult relative prior to age 18 by perpetrator of first incident of physical violence, as reported by victims of parent/adult relative violence 18 to 24 years old. For females parent or adult caregiver/relative represent 24.3% of all perpetrators of violence, while this category represents 40.5% of all violence perpetrators against males.

With regards to childhood physical violence perpetrated by an adult in the community (16.6% of all violence perpetrators against females and 34.0% of perpetration against males), both female and male victims were significantly more likely to report male teachers as the perpetrator of first incident of physical violence compared to other types (68.6% and 63.0%, respectively) (Figure 4.13 and Appendix Table 4.5.4). Males who were victimized by an adult in the community during childhood were also significantly more likely to report a female teacher (21.9%) compared to other types of adults in the community (Figure 4.9 and Appendix Table 4.5.4).

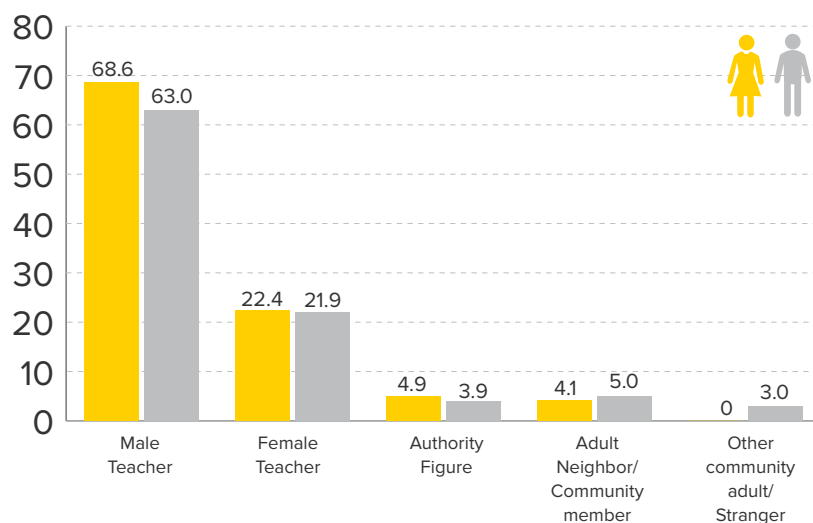


Figure 4.9 Physical violence by adults living in the community prior to age 18 by perpetrator of first incident of physical violence, as reported by victims of community adult violence 18 to 24 years old. This category represents 16.6% of all violence perpetrators against females and 34% of perpetration against males.

4.3.2 Perpetrators of Physical Violence: 13-17 Year Olds in the 12 Months Prior to the Survey

To develop a picture of current patterns and context of childhood physical violence, Malawians aged 13 to 17 years who experienced physical violence in the 12 months prior to the survey were asked about the perpetrators of the most recent incidence of physical violence.

There were insufficient responses to determine type of intimate partner, among both females and males (Appendix Table 4.5.5.)

Among Malawians aged 13 to 17 years who were victimized by a peer in the past 12 months (comprising 18.8 and 35.1% of all violence perpetration respectively), female and male victims most frequently reported friends as the perpetrator of the most recent incident of physical violence (42.4% and 41.5%, respectively), followed by classmate/schoolmate (30.8% vs 23.1%), and sibling/cousin/peer relative (16.6% and 15.4%, respectively) (Figure 4.10 and Appendix Table 4.5.6).

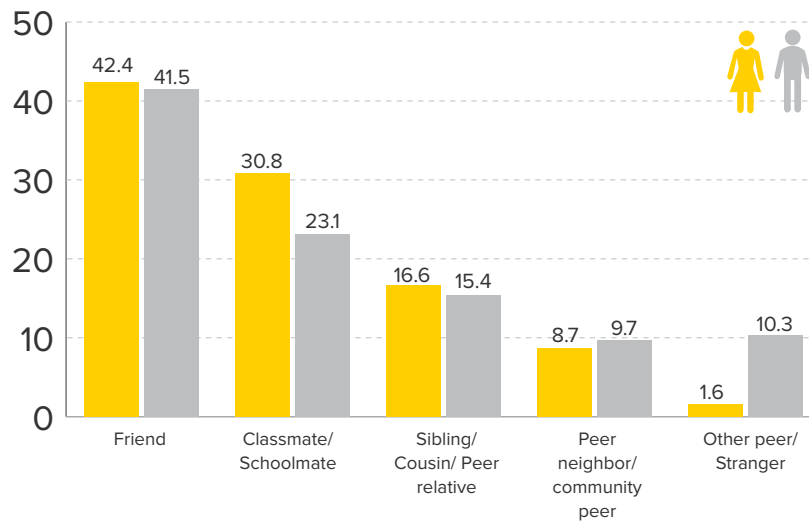


Figure 4.10 Physical violence by a peer in the last 12 months by perpetrator of most recent incident of physical violence, as reported by victims of peer violence 13 to 17 years old. Peer violence represents 18.8% of all perpetrators against girls and 35.1% of all perpetrators against boys.

Among Malawians aged 13 to 17 years who experienced physical violence by an adult caregiver or relative in the past 12 months (20.6% of all perpetration against females and 27.7% against males), female victims most frequently reported mother or stepmother (37.7%) and uncle/aunt (29.9%) as the perpetrator of most recent incident of physical violence. Male victims most frequently reported father/stepfather (34.4%) and mother/stepmother (26.7%). Females were significantly more likely to report mother/stepmother (37.7%) compared to father/stepfather (7.7%), while males reported both parents at similar rates. Males were significantly more likely than females to report father/stepfather (34.4% vs 7.7%, respectively) as the perpetrator of the most recent incident of physical violence (Figure 4.11 and Appendix Table 4.5.7).

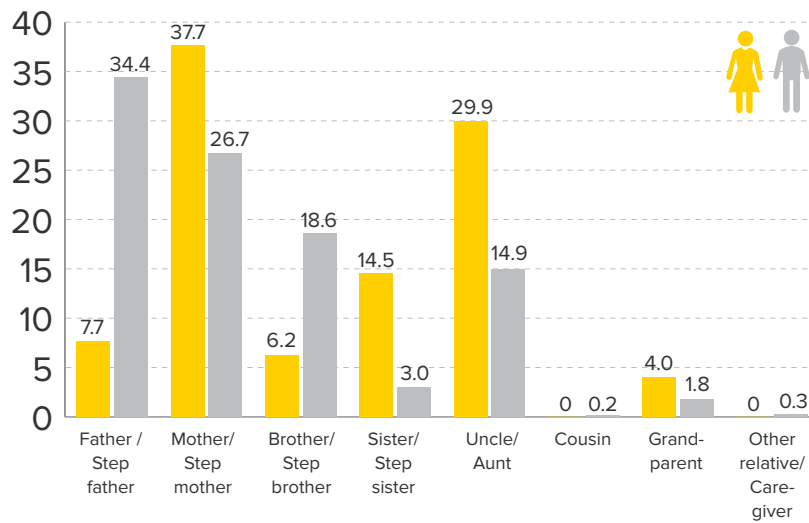


Figure 4.11 Physical violence by a parent, adult caregiver, or adult relative in the last 12 months by perpetrator of most recent incident of physical violence, as reported by victims of parent/adult relative violence 13 to 17 years old. This category represents 20.% of perpetrators against girls and 27.7% against boys.

With regards to childhood physical violence perpetrated by an adult in the community in the past 12 months (21.1% of perpetrators against females, and 31.5% against males), both female and male victims aged 13-17 years were significantly more likely to report male teachers as the perpetrator of most recent incident of physical violence (71.5% and 69.3%, respectively) than any other type. Female teachers were the second most commonly reported perpetrator of physical violence by type of adult in the community, among both females (16.6%) and males (17.2%) (Figure 4.12 and Appendix Table 4.5.8).

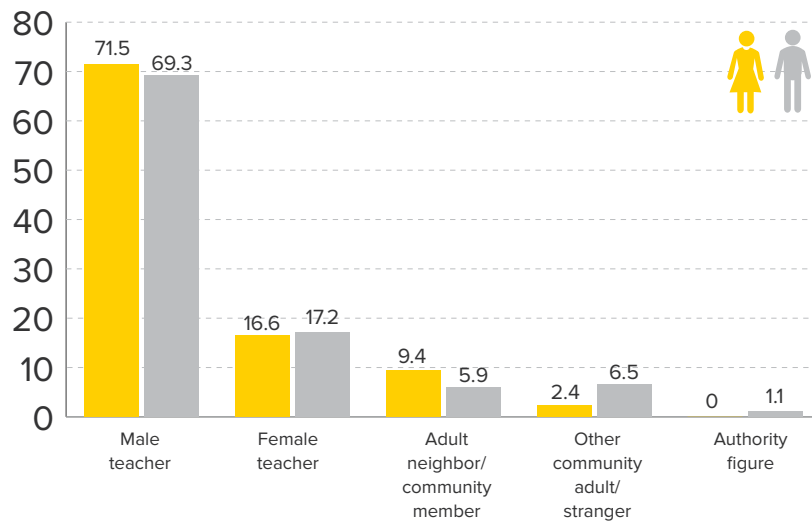


Figure 4.12 Physical violence by adults living in the community in the last 12 months by perpetrator of most recent incident of physical violence, as reported by victims of community adult violence 13 to 17 years old. This category represents 21.1% of all perpetrators of physical violence against females and 31.5% against males.

4.4 SERVICE-SEEKING BEHAVIORS OF CHILDREN WHO HAVE EXPERIENCED PHYSICAL VIOLENCE

The main objective of this section is to describe the reporting and service seeking behaviors of Malawians who experienced at least one incident of physical violence prior to age 18 years. This section describes whether any incidents of physical violence were ever disclosed to anyone and whether professional services were received. Reasons why professional services were not received in addition to the types of services desired are also highlighted here.

4.4.1 Disclosure and Reporting of Physical Violence Among 18-24 Year Olds Who Experienced Physical Violence Prior to Age 18

Among females aged 18 to 24 years old who experienced childhood physical violence, 21.7% knew of a place to seek help, 10.9% sought help, and 10.3% received help. Among males, 26.2% knew of a place to seek help, 6.4% sought help, and 4.8% received help for an experience of physical violence (Figure 4.13 and Appendix Table 4.7.1).

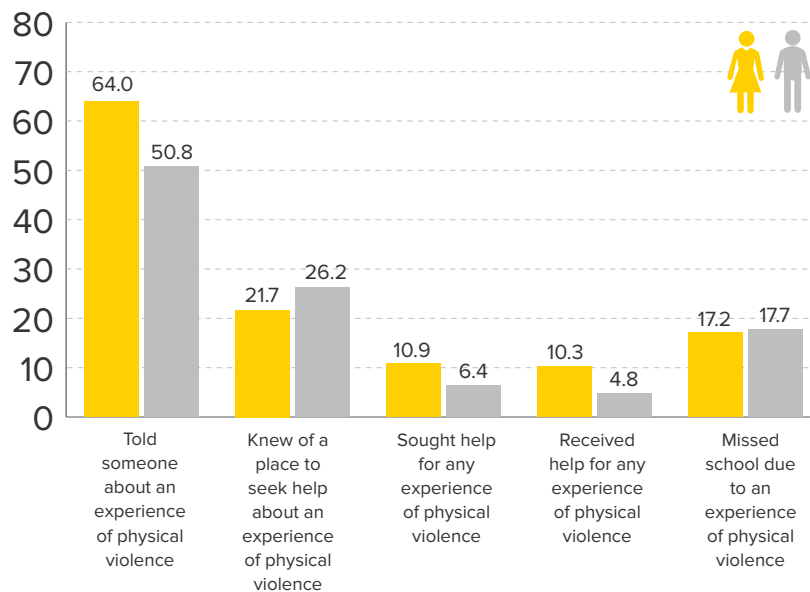


Figure 4.13 Disclosure, Service Seeking and Service Usage among Malawian Victims of Child Physical Violence aged 18-24, Malawi VACS, 2013

Patterns of reporting and disclosure of physical violence for Malawians aged 18 to 24 years who experienced physical violence during childhood were examined with females significantly more likely than males to tell someone about an experience of physical violence (64.0% vs 50.8%, respectively) (Appendix Table 4.7.1). Both females and males reported missing school due to an experience of physical violence at similar rates (17.2% vs 17.7%, respectively) (Figure 4.13 and Appendix Table 4.7.3).

Among 18 to 24 year olds with a history of childhood physical violence, females who told someone about their experience most often reported telling a relative (52.6%), followed by a friend (38.0%) and a service provider or authority figure (11.4%). Males most often told a relative (66.7%), followed by a parent (53.1%), a friend (36.1%), and a service provider or authority figure (8.5%). Disclosure to relatives and friends was significantly higher than disclosure to service providers, authority figures, or someone else for both females and males (Figure 4.14 and Appendix Table 4.7.6).

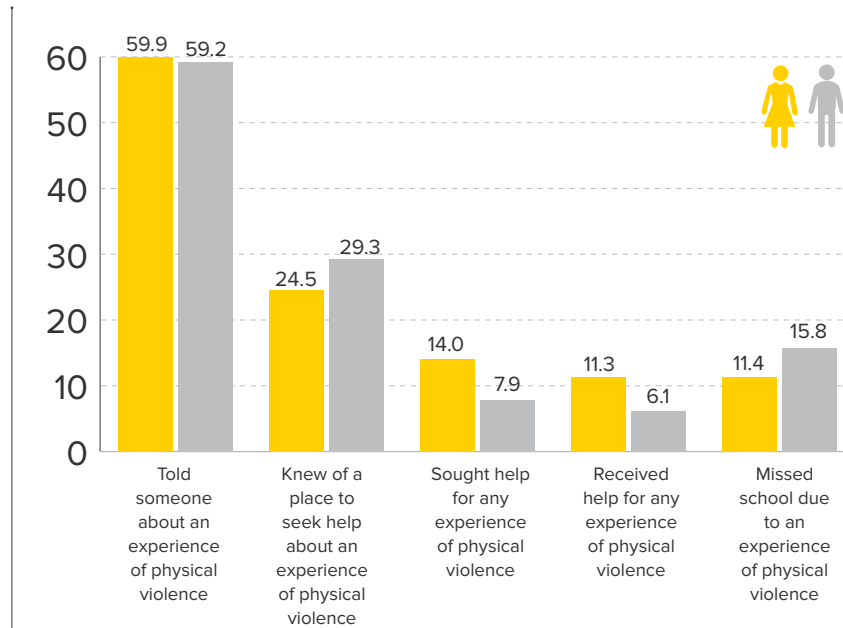


Figure 4.14 Disclosure and reporting of physical violence among 18 to 24 year olds who experienced physical violence prior to age 18.

NOTE: Relatives include parents, siblings and other relatives.

4.4.2 Disclosure and Reporting of Physical Violence Among 13-17 Year Olds Who Experienced Physical Violence in the 12 Months Prior to the Survey

Among females aged 13 to 17 years old who experienced physical violence in the 12 months preceding the survey, 24.5% knew of a place to seek help, 14.0% sought help, and 11.3% received help. Among males, 29.3% knew of a place to seek help, 7.9% sought help, and 6.1% received help for an experience of physical violence (Figure 4.15 and Appendix Table 4.7.2).

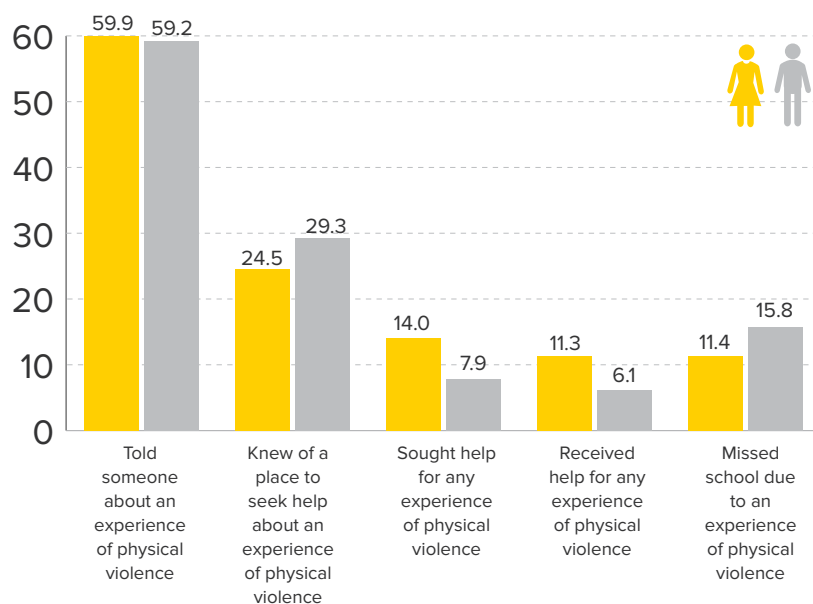


Figure 4.15 Disclosure, Service Seeking and Service Usage among Malawian Victims of Child Physical Violence in the past 12 months aged 13-17

Among 13 to 17 year olds who had experienced physical violence in the 12 months preceding the survey, females who told someone about their experience most often reported telling a relative (52.8%), followed by a friend (28.3%) and a service provider or authority figure (5.7%). Males most often told a relative (65.1%), followed by a friend (34.8%) and a service provider or authority figure (9.6%) (Figure 4.16 and Appendix Table 4.7.7).

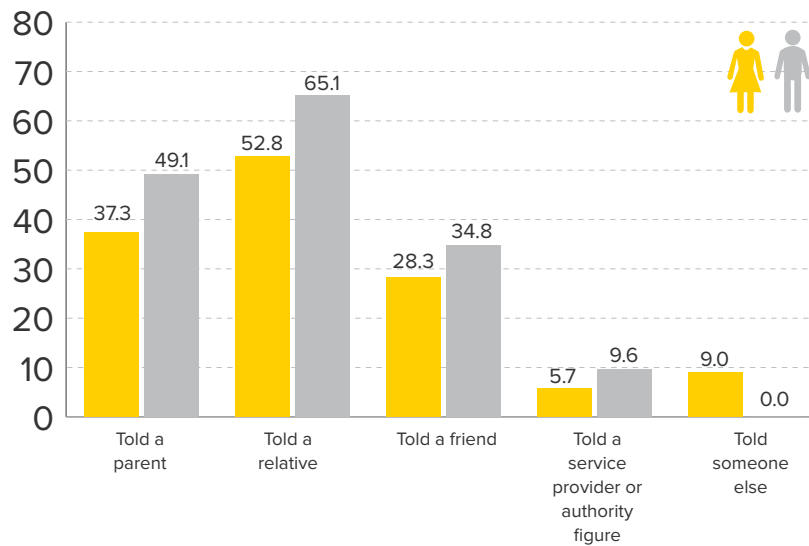


Figure 4.16 Disclosure and reporting of physical violence among 13 to 17 year olds who experienced physical violence in the last 12 months

NOTE: Relatives include parents, siblings and other relatives

4.4.3 Service-seeking Behavior for Physical Violence Among 18-24 Year Olds Who Experienced Physical Violence Prior to Age 18

Among those who sought help, there were insufficient responses to differentiate by type of service provider for both males and females (Appendix Table 4.7.4).

When asked why services were not sought, both females and males were significantly more likely to cite individual-level barriers (81.3% and 82.0%, respectively), compared to relationship-level barriers (4.8% and 8.6%, respectively), structural-level barriers (8.9% and 3.6%, respectively), or other barriers (5.0% and 5.8%, respectively) (Appendix Table 4.7.9). Individual level barriers include: afraid of getting in trouble / embarrassment for self or family/ did not think it was a problem/ did not need or want services/ did not think it useful/helpful; relationship-level barriers comprise dependent on perpetrator/ perpetrator threatened me/ afraid of being abandoned / did not want abuser to get in trouble/ was prevented by relative(s); and structural level barriers are: could not afford services/ did not know how to go about it/ could not afford transport or services too far.

Females most often reported that they did not think the physical violence was a problem (40.3%), followed by feeling it was their fault (16.1%), being afraid of getting in trouble (12.4%), and not needing or wanting services (10.9%). Males were significantly more likely to report not thinking that the physical violence was a problem (54.5%) than any other reason, followed by feeling like it was their fault (11.6%), and not needing or wanting services (8.0%) (Appendix Table 4.7.8).

4.4.4 Service-seeking Behavior for Physical Violence Among 13-17 Year Olds Who Experienced Physical Violence in the 12 Months Prior to the Survey

Among those who sought help, there were insufficient responses to differentiate by type of service provider for both males and females (Appendix Table 4.7.5).

When asked why services were not sought, both females and males were significantly more likely to cite individual-level barriers (98.1% and 81.2%, respectively) compared to relationship-level barriers (1.9% and 6.4%, respectively), structural-level barriers (0.0% and 8.9%, respectively), and other barriers (0.0% and 3.5%, respectively) (Appendix Table 4.7.11).

Females reported most often that they thought the physical violence was not a problem (36.8%), felt it was their fault (33.6%), and did not want or need services (19.0%). Males also most often reported that they did not think the physical violence was a problem (36.3%), followed by feeling like it was their fault (17.8%), did not want or need services (13.8%), and being afraid of getting in trouble (13.3%) (Appendix Table 4.7.10).



THE PREVALENCE OF CHILDHOOD EMOTIONAL VIOLENCE, AND PERPETRATORS OF EMOTIONAL VIOLENCE

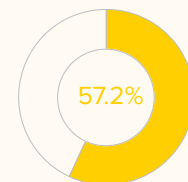


PREVALENCE AND PATTERNS OF EMOTIONAL VIOLENCE - CHILDHOOD (18-24 Year old respondents)

- Of females aged 18-24 - 1 in five (20.3%) reported experiencing emotional violence in childhood, with 84.8% of victims reporting emotional violence on multiple occasions. Approximately two thirds of victims (64.1%) reported experiencing their first incident of violence between the ages of 12 and 17. Perpetrators of childhood emotional violence were most frequently reported as parents, aunts or uncles.
- Of males aged 18-24 - over a quarter (28.8%) reported experiencing childhood emotional violence, with 86.2% of victims reporting emotional violence on multiple occasions. Over half (57.2%) of victims reported experiencing their first incident of abuse being between the ages of 6 and 11. Perpetrators of childhood emotional violence were most frequently reported as parents or brothers.



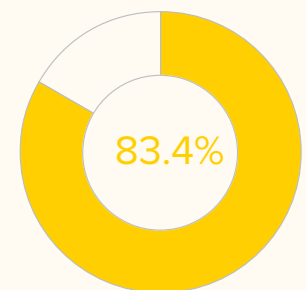
Of females aged 18-24 - 1 in five (20.3%) reported experiencing emotional violence in childhood



Over half (57.2%) of male victims reported experiencing their first incident of abuse being between the ages of 6 and 11

PREVALENCE AND PATTERNS OF EMOTIONAL VIOLENCE - 12 MONTHS PRIOR TO SURVEY (13-17 year old respondents)

- Of females aged 13-17 - 1 in five (22.7%) reported experiencing emotional violence in the past 12 months, with 83.4% of victims experiencing emotional violence on multiple occasions. Seven in ten (71.2%) who experienced emotional violence in the past 12 months reported experiencing their first incident of emotional violence between the ages of 12 and 17 years. The perpetrators were most frequently reported as the parents, aunt or uncle.
- Of males aged 13-17 - one quarter (25.8%) reported experiencing emotional violence in the past 12 months, with 87.3% of victims experiencing emotional violence on multiple occasions. Six in ten (61.8%) who experienced emotional violence in the past 12 months reported experiencing their first incident of emotional violence between the ages of 12 and 17 years. The perpetrators were most frequently reported as the parents.



83.4% of female victims (13-17 yrs) experience emotional violence on multiple occasions

HIGHLIGHTS

5.1 EMOTIONAL VIOLENCE

This section describes the national prevalence of emotional violence perpetrated by parents, adult caregivers or other adult relatives against children in Malawi. Emotional violence examined in this survey includes: being ridiculed or put down, told they were unloved or did not deserve to be loved, or told that they wished they were dead or had never been born. The age at which emotional violence was first experienced and the experience of multiple incidents of emotional violence are also highlighted.

5.1.1 Emotional Violence: 18-24 Year Olds Prior to Age 18

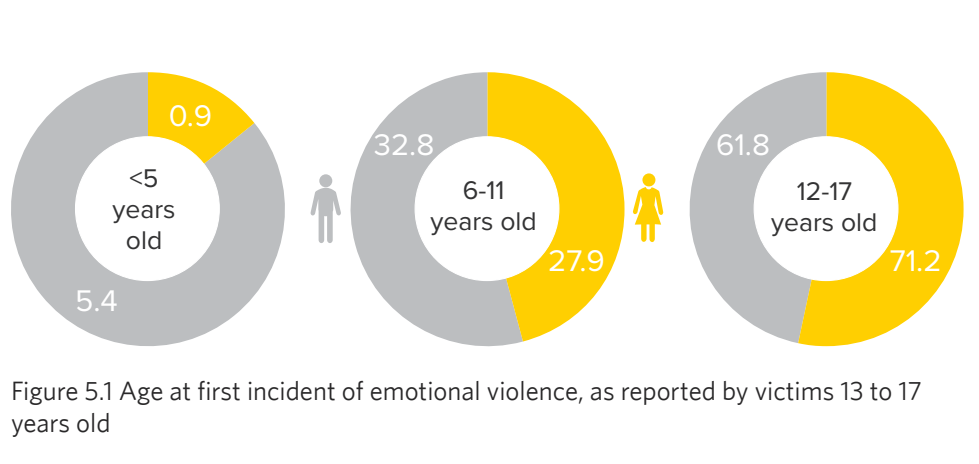
Malawians aged 18 to 24 years old were asked about their experience of emotional violence prior to the age of 18 years. Among females, 20.3% reported experiencing emotional violence, while among males, 28.8% reported the same (Appendix Table 5.1.1). Of those who reported experiencing any emotional violence during childhood, females and males reported experiencing multiple incidents in similar proportions – 84.8% and 86.2%, respectively – suggesting that emotional violence is long-term and repetitive (Appendix Table 5.1.2).

Among 18 to 24 year olds who had experienced emotional violence prior to age 18, the age at which a respondent first experienced such violence was also examined. Among females, the majority (64.1%) were between the ages of 12 and 17 years at first incident, while among males, the majority (57.2%) was between the ages of 6 and 11 years. For females, the next largest group (32.0%) reported first experiencing emotional violence between ages 6-11 years; for males, the second largest group (39.3%) reported first experiencing emotional violence between 12 to 17 years of age. Few respondents, either female (3.9%) or male (3.5%), reported experiencing emotional violence at 5 years of age or younger (Appendix Table 5.1.3).

5.1.2 Emotional Violence: 13-17 Year Olds in the Past 12 Months

Examining experiences of emotional violence in the 12 months preceding the survey among 13 to 17 year olds allows the survey to collect the current pattern and context of violence in Malawi. Among females, 22.7% reported experiencing emotional violence in the past 12 months, and 25.8% among males (Appendix Table 5.2.1). Of these, 83.4% of females and 87.3% of males reported experiencing more than one incident of emotional violence (Appendix Table 5.2.2).

Among 13-17 year olds who had experienced any emotional violence in the 12 months prior to the survey, age of first experience was also examined. Both females and males most often reported first experiencing emotional violence between the ages of 12 to 17 years - 71.2% and 61.8%, respectively (Figure 5.1 and Appendix Table 5.2.3). Approximately a quarter (27.9%) of female victims experienced their first incident of emotional violence between 6 and 11 years, and less than one percent reported experiencing their first incident of emotional violence at five years and below. Among males, one third of victims (32.8%) reported experiencing their first incident of emotional violence between the ages of 6 and 11 years, and 5.4% reported experiencing their first incident of emotional violence at age 5 years and below (Figure 5.1 and Appendix Table 5.2.3).



5.2 PERPETRATORS OF EMOTIONAL VIOLENCE

This section describes emotional violence (being told that they were unloved, wished they were dead or had never been born, or ridiculed or put down) in childhood perpetrated by parents, caregivers, and other adult relatives. Information was collected from 18 to 24 year olds who experienced emotional violence before age 18 and 13 to 17 year olds who experienced emotional violence in the 12 months prior to the survey to examine the specific types of perpetrators, by first or most recent incident of childhood emotional violence.

Understanding the relationship between survivors and perpetrators, and how this might differ by type of violence and sex of the child, is critical to understanding the root causes of violence and, therefore, improving the targeting of prevention programmes.



5.2.1 Perpetrators of Emotional Violence: 18-24 Years Olds Prior to Age 18

Malawians aged 18 to 24 years who had experienced emotional violence prior to age 18 by a parent, caregiver, or other adult relative were queried regarding the perpetrator of their first incident. Females most frequently identified mothers/stepmothers as the perpetrator of emotional violence (35.7%), followed by uncle/aunt (19.4%), and fathers/stepfathers (17.5%). Males most frequently identified fathers/stepfathers (28.6%), followed by mothers/stepmothers (24.0%), brothers/stepbrothers (19.9%), and uncle/aunt (12.9%) (Figure 5.2 and Appendix Table 5.3.1).

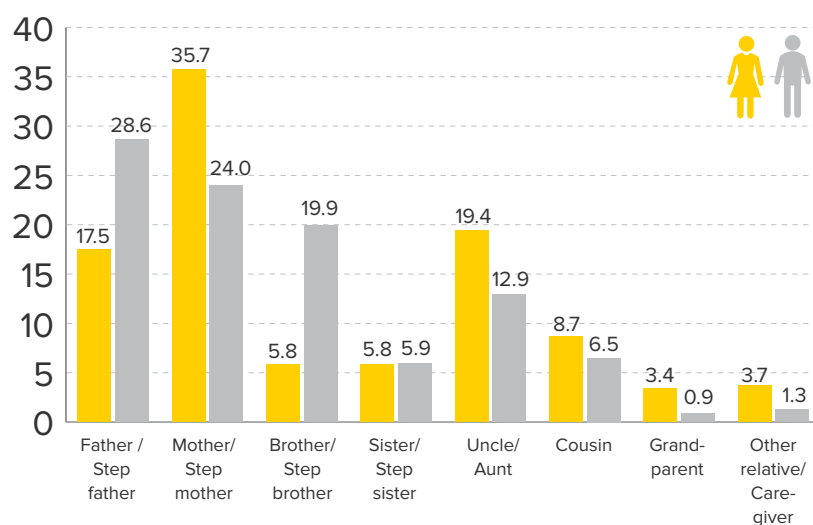


Figure 5.2 Emotional violence by a parent, adult caregiver, or adult relative prior to age 18 by perpetrator of first incident of emotional violence, as reported by victims 18 to 24 years old

5.2.2 Perpetrators of Emotional Violence: 13-17 Year Olds in the past 12 Months

To assess the current picture and context of childhood emotional violence in Malawi, 13 to 17 year olds were asked about the perpetrators of the most recent incident of emotional violence in the past 12 months by a parent, caregiver, or other adult relative. Both females and males most frequently reported mothers/stepmothers as the perpetrator (40.1% and 29.7%, respectively), followed by fathers/stepfathers (15.4% vs 20.9%, respectively), and uncle/aunt (14.9% and 14.9%, respectively) (Figure 5.3 and Appendix Table 5.3.2).

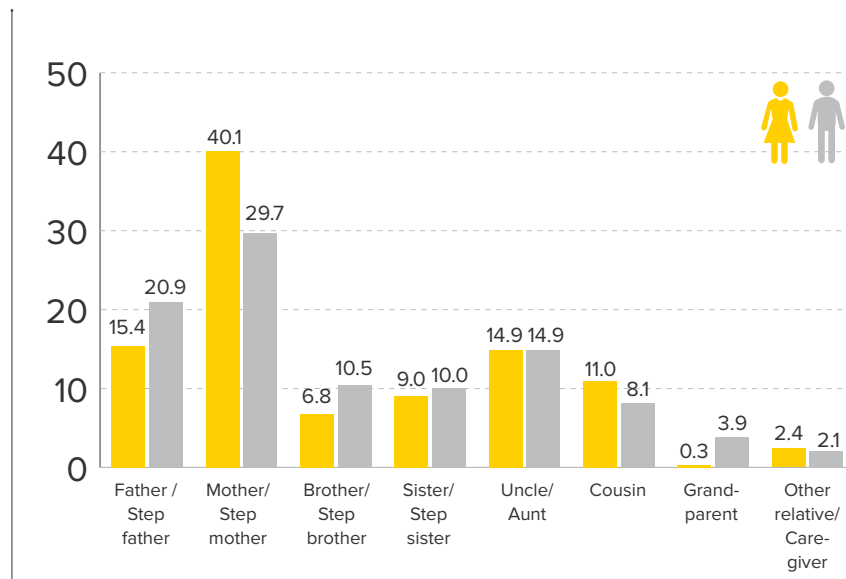


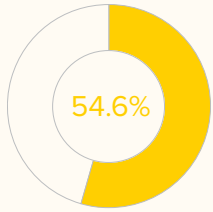
Figure 5.3 Emotional violence by a parent, adult caregiver, or adult relative in the last 12 months by perpetrator of most recent incident of emotional violence, as reported by victims 13 to 17 years old



SECTION 6



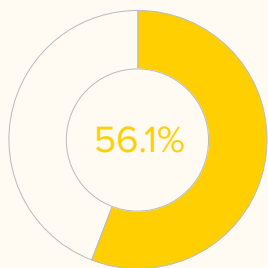
MULTIPLE TYPES OF VIOLENCE: SEXUAL, PHYSICAL, AND EMOTIONAL VIOLENCE



Of females aged 18-24 – 54.6% reported experiencing some form of abuse (sexual, physical or emotional) during childhood



Of males aged 18-24 – 70.5% reported experiencing some form of abuse (sexual, physical or emotional) during childhood



Of females aged 13-17 – 56.1% reported experiencing some form of abuse (sexual, physical or emotional) in the last 12 months

PREVALENCE OF ALL FORMS OF VIOLENCE - CHILDHOOD (18-24 Year old respondents)

- Of females aged 18-24 – 54.6% reported experiencing some form of abuse (sexual, physical or emotional) during childhood, among those 31.9% experienced one form, 15.7% experienced two forms of violence and 7.0% experienced all forms.
- Of males aged 18-24 – 70.5% reported experiencing some form of abuse (sexual, physical or emotional) during childhood, among those 40.7% experienced one form, 22.1% experienced two forms of violence and 7.7% experienced all forms.

PREVALENCE OF ALL FORMS VIOLENCE - 12 MONTHS PRIOR TO SURVEY (13-17 year old respondents)

- Of females aged 13-17 – 56.1% reported experiencing some form of abuse (sexual, physical or emotional) in the last 12 months, among those 31.0% experienced one form, 20.0% experienced two forms of violence and 5.1% experienced all forms.
- Of males aged 13-17 – 67.9% reported experiencing some form of abuse (sexual, physical or emotional) in the past 12 months, among those 43.5% experienced one form, 18.8% experienced two forms of violence and 5.7% experienced all forms.



Of males aged 13-17 – 67.9% reported experiencing some form of abuse

HIGHLIGHTS

6.1 CHILDREN WHO HAVE EXPERIENCED ANY TYPE OF VIOLENCE: SEXUAL ABUSE, OR PHYSICAL OR EMOTIONAL VIOLENCE

This section focuses on the overlap between the three types of violence/abuse measured in this study: sexual abuse, physical violence, and emotional violence. These types of violence and abuse might overlap in one of two ways: 1) they might occur simultaneously, such as when a child is being emotionally and physically abused at the same time; and 2) they can occur to the same child, but at different points in time.

Recognizing the overlap between different types of violence highlights how violent incidents can co-occur, or how it is possible that one type of violence could lead to another. It also can indicate the need to identify cross-cutting risk and protective factors that have the potential to address multiple forms of violence at the same time. Examining the distribution of the multiple occurrence of violence can provide a more comprehensive picture and profile of children's experiences with sexual abuse, physical violence, and emotional violence.

6.1.1 Co-occurrence of Violence: 18-24 Year Olds Prior to Age 18

Among 18 to 24 year old females, 54.6% experienced some form of abuse/violence prior to age 18 (Figure 6.1 and Appendix Table 6.1.1). Among Malawian females aged 18 to 24, 31.9% experienced only one form (sexual, physical, or emotional), and 15.7% experienced two forms of violence. Seven percent of 18 to 24 year old females experienced all three forms of violence prior to age 18. Females aged 18 to 24 years were significantly more likely to experience physical violence only (19.9%), compared to all other categories of violence (Figure 6.1 and Appendix Table 6.1.1).

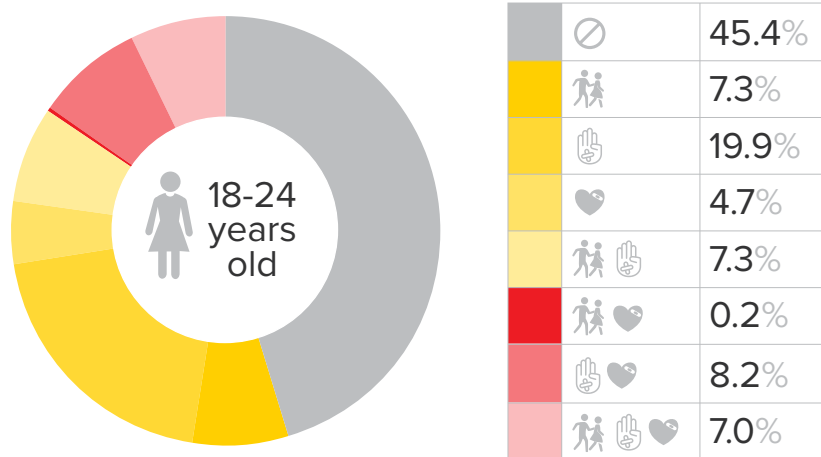


Figure 6.1 Types of violence experienced prior to age 18, as reported by females 18 to 24 years old

Among males, 70.5% experienced some form of abuse/violence prior to age 18 (Figure 6.2 and Appendix Table 6.1.1). Among Malawian males aged 18 to 24, 40.7% experienced only one form of violence and 22.1% experienced two forms of violence. Among males aged 18 to 24 years, 7.7% experienced all three forms of violence prior to age 18. Males aged 18 to 24 years were significantly more likely to experience physical violence or physical and emotional violence than all other categories of violence (Figure 6.2 and Appendix Table 6.1.1).

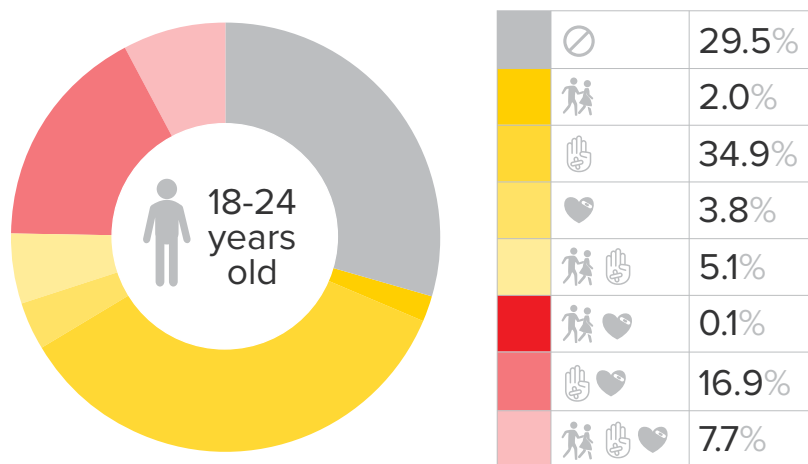


Figure 6.2 Types of violence experienced prior to age 18, as reported by males 18 to 24 years old

Among respondents aged 18 to 24 years of age, males (70.5%) were significantly more likely to experience violence compared to females (54.6%) (Appendix Table 6.1.1). Males were also significantly more likely to experience physical violence than females (34.9% versus 19.9%, respectively), while females were significantly more likely to experience sexual abuse (7.3% versus 2.0%, respectively). Males were also significantly more likely to experience physical and emotional violence combined compared to females (16.9% vs 8.2%, respectively). Both females and males experienced all three types of violence at similar rates (Appendix Table 6.1.1).

6.1.2 Co-occurrence of Violence: 13-17 Year Olds in the Past 12 Months

Examining the overlap of sexual abuse, physical violence, and emotional violence in the 12 months preceding the survey among 13 to 17 year olds allows for a better understanding of current patterns of childhood violence in Malawi.

Among 13 to 17 year old females, 56.1% experienced at least one form of violence in the last 12 months, 31.0% experienced one form of violence (sexual, physical, or emotional), and 20.0% experienced two forms of violence. 5.1% of females aged 13 to 17 years have experienced all three types of violence in the last 12 months (Figure 6.3 and Appendix Table 6.2.1).

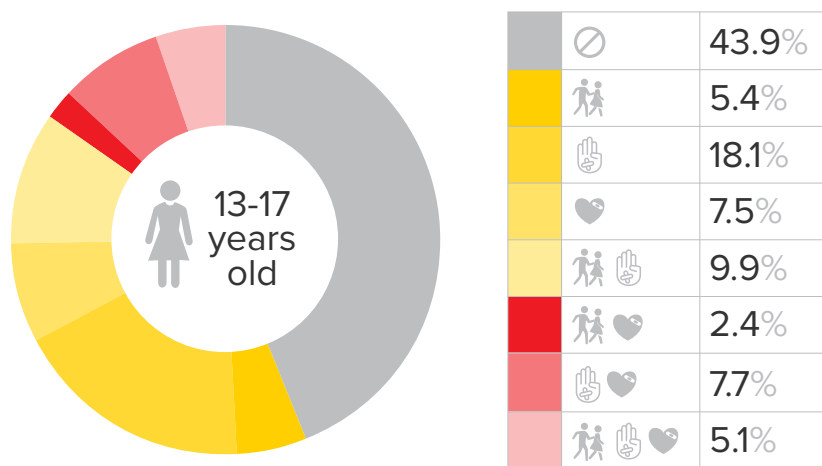
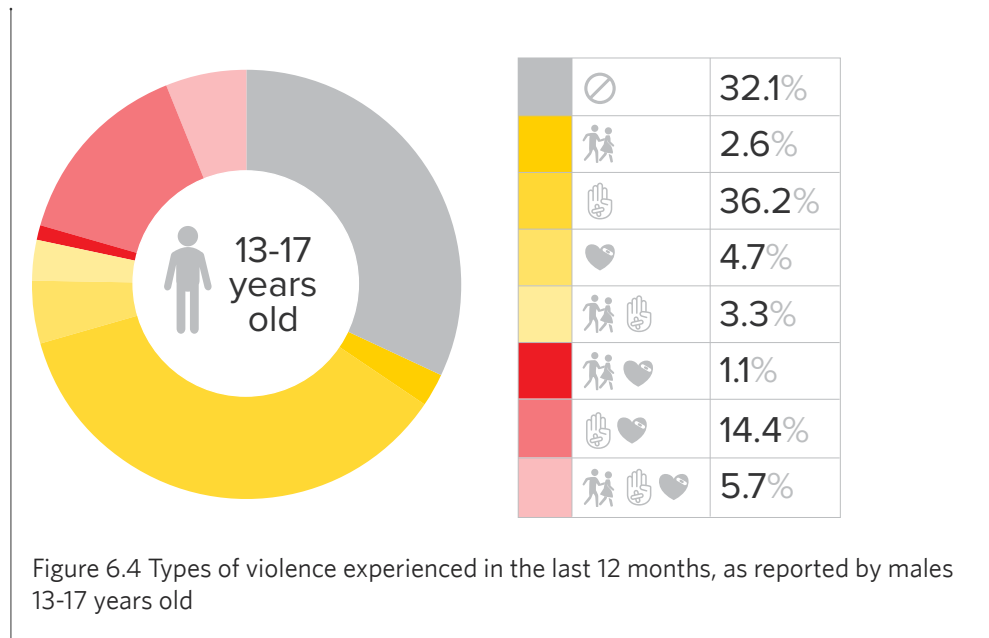


Figure 6.3 Types of violence experienced in the last 12 months, as reported by females 13-17 years old

Among 13 to 17 year old males, 67.9% experienced at least one form of violence in the last 12 months (Figure 6.4 and Appendix Table 6.2.1). Among 13 to 17 year old Malawian males, 43.5% experienced one form of violence and 18.8% experienced two forms of violence in the last 12 months. 5.7% of males aged 13 to 17 years had experienced all three forms of violence in the last 12 months. Among 13 to 17 year old males, the difference between the proportions experiencing physical violence and physical and emotional violence, is statistically significant (Appendix Table 6.2.1).



Rates of single types or combined types of violence were similar between females and males, but males were significantly more likely to experience physical violence than females (36.2% vs 18.1%, respectively).



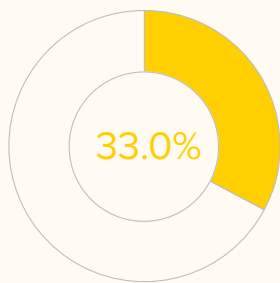
SECTION 7



HEALTH OUTCOMES OF SEXUAL, PHYSICAL, AND EMOTIONAL VIOLENCE



Among women aged 18-24, those who were sexually abused in childhood were significantly more likely to have experienced moderate or serious mental distress in the past 30 days



33.0% of women reported getting pregnant as a result of unwanted completed sex

HEALTH OUTCOMES - CHILDHOOD (18-24 Year old respondents)

- Among women aged 18-24, those who were sexually abused in childhood were significantly more likely than those who were not to report having been drunk in the past 30 days, to have experienced moderate or serious mental distress in the past 30 days and to have ever thought of suicide. Those who experienced physical violence in childhood were significantly more likely to report having thought of suicide, to have experienced mental distress in the past 30 days or have reported symptoms of STIs. Those who experienced emotional violence in childhood, were significantly more likely to report having ever thought of suicide or to have had mental distress in the past 30 days.
- Additionally, 33.0% of women reported getting pregnant as a result of unwanted completed sex.
- Men aged 18-24 who experience emotional violence in childhood were significantly more likely than those who were not to report having experienced moderate or serious mental distress in the past 30 days. Those who experienced physical violence in childhood, were significantly more likely to report serious mental distress and to have been drunk in the past 30 days. Those who experienced emotional violence in childhood, were significantly more likely to have been drunk in the past 30 days, to have ever intentionally hurt themselves, to have ever thought of suicide, and to have experienced mental distress in the past 30 days.



Men aged 18-24 who experienced emotional violence in childhood were significantly more likely to have ever thought of suicide

HEALTH OUTCOMES (13-17 year old respondents)

- Girls aged 13-17, those who were sexually abused in the past 12 months were significantly more likely than those who were not to report having experienced moderate or serious mental distress in the past 30 days and to have an STI diagnosis or symptoms. Those who experienced physical violence in the past 12 months were significantly more likely to report having been drunk or smoked in the past 30 days. Those who experienced emotional violence in the past 12 months were significantly more likely to report moderate and serious mental distress in the past 30 days.
- Among boys aged 13-17, those who were sexually abused in the past 12 months were significantly more likely to report having experienced moderate or serious mental distress in the past 30 days, to have ever intentionally hurt themselves, to have ever thought of suicide, and to have symptoms of STIs. Those who experienced physical violence in the past 12 months were significantly more likely to have ever intentionally hurt themselves and to have experienced mental distress in the past 30 days. Among those who experienced emotional violence in the past 12 months were significantly more likely to report moderate and serious mental distress in the past 30 days.



Girls aged 13-17 who experienced physical violence in the past 12 months were significantly more likely to report having been drunk or smoked in the past 30 days



Among boys aged 13-17 those who were sexually abused in the past 12 months were significantly more likely to report having ever intentionally hurt themselves

HIGHLIGHTS

This section describes health outcomes reported by those who experienced sexual abuse, physical, or emotional violence compared to those who did not experience such abuse/violence. Specifically these health outcomes include moderate and serious mental distress in the past 30 days, intoxication in the past 30 days, smoking in the past 30 days, substance use in the past 30 days, self-harm, suicidal ideation, suicide attempts, and symptoms of STIs. Pregnancy amongst females was also assessed. Mental health in the past 30 days was measured using the Kessler Psychological Distress Scale (K6) which consists of 6 questions that assess a person's general emotional state during a defined time period. Each question response is given a possible score between 0 (none of the time) and 4 (all of the time) and summed for a total possible score between 0 and 24. A score between 5 and 12 points indicates moderate mental distress and a score of 13 points or higher indicates serious mental distress.

To examine the significance of these associations logistic regression was used to calculate the probability (*p*-value) that the associations would occur by chance. *P*-values less than $p=0.05$ were considered statistically significant.

7.1 EXPERIENCES OF CHILDHOOD SEXUAL ABUSE AND CURRENT HEALTH STATUS



7.1.1 Experiences of Childhood Sexual Abuse and Current Health Status Among 18 to 24 Year Olds Prior to the Age 18

Over half of females (52.5%) aged 18 to 24 years old who experienced sexual abuse prior to the age of 18 reported experiencing moderate or serious mental distress in the past 30 days (41.9% and 10.6%, respectively) (Figure 7.1 and Appendix Table 7.1.1).

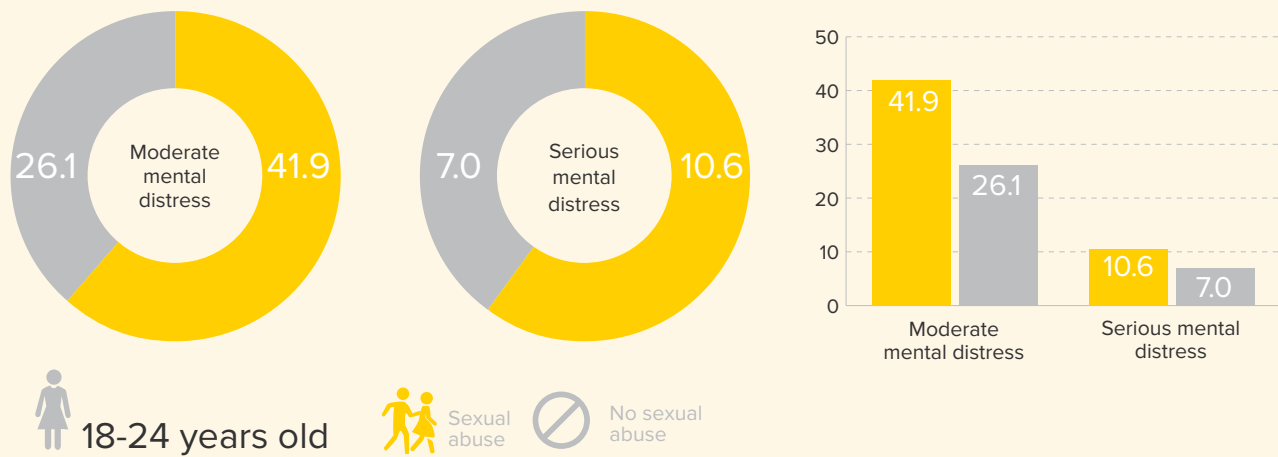


Figure 7.1 Moderate and serious mental distress among females 18 to 24 years old who did and did not experience childhood sexual abuse prior to age 18

Females aged 18 to 24 years who experienced sexual abuse prior to age 18 were significantly more likely than those who did not experience sexual abuse to have been drunk in the past 30 days (14.9% vs 6.8%), experience mental distress (moderate or serious mental distress) (52.6% vs 33.1%), and to have ever thought of suicide (15.0% vs 6.4%) (Figure 7.1 and Appendix Table 7.2.1). Additionally, among those who experienced sexual abuse in childhood, 4.9% reported smoking in the past 30 days, 1.9% ever hurt themselves intentionally, and 9.0% reported symptoms of STIs (Appendix Table 7.2.1).

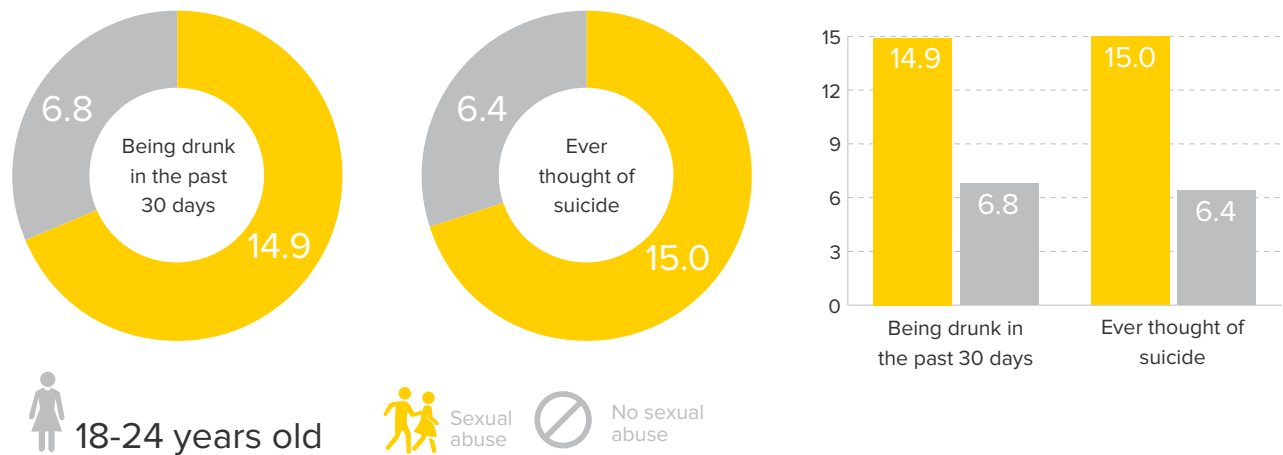


Figure 7.2 Suicidal ideation and alcohol inebriation among females 18 to 24 years old who did and did not experience sexual abuse prior to age 18

Two thirds of males aged 18 to 24 years old who experienced childhood sexual abuse reported experiencing moderate or serious mental distress in the past 30 days (54.4% and 11.1%, respectively) (Figure 7.3 and Appendix Table 7.1.2). Males who experienced sexual abuse prior to the age of 18 were significantly more likely than those who did not experience sexual abuse to report experiencing mental distress in the past 30 days (moderate or serious mental distress) (65.5% vs 33.3%). Additionally of those males who were sexually abused, 31.0% reported being drunk in the past 30 days, 8.5% reported smoking in the past 30 days, 4.8% reported substance use in the past 30 days, 7.2% ever hurt themselves intentionally, 8.0% ever thought of suicide, and 16.7% of them reported symptoms of STIs (Appendix Table 7.2.2).

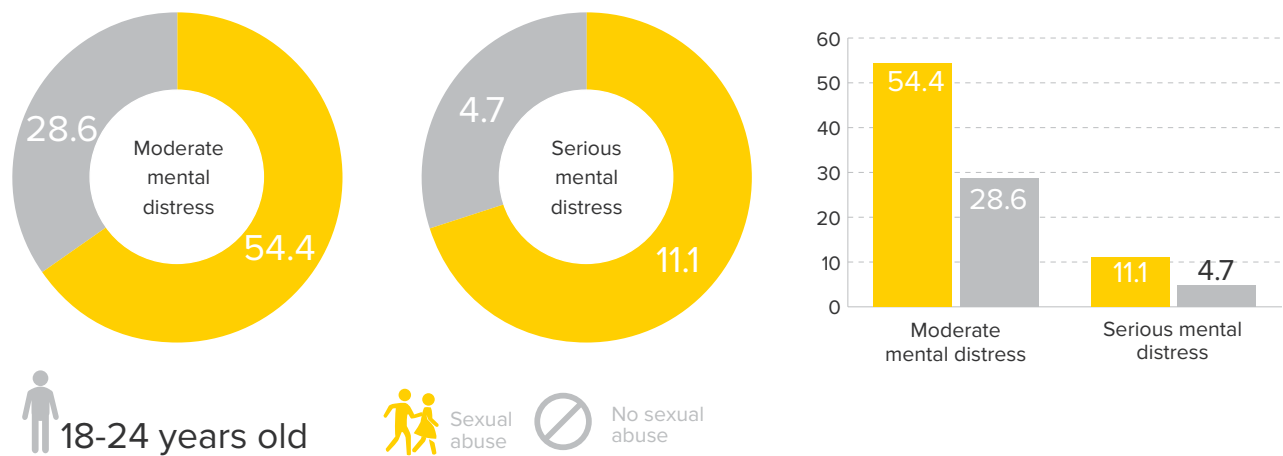


Figure 7.3 Moderate and serious mental distress among males 18 to 24 years old who did and did not experience childhood sexual abuse prior to age 18

7.1.2. Experiences of Childhood Sexual Violence and Current Health Status Among 13 to 17 Year Olds in the 12 Months Prior to the Survey

Data collected on experiences of sexual abuse and current health status in the year preceding the survey among 13 to 17 year olds allows for the examination of current patterns and contexts of abuse in Malawi. Four in ten females aged 13 to 17 years old who experienced sexual abuse in the past 12 months reported experiencing moderate or serious mental distress in the past 30 days (38.7% and 2.1%, respectively) (Figure 7.4 and Appendix Table 7.1.3).

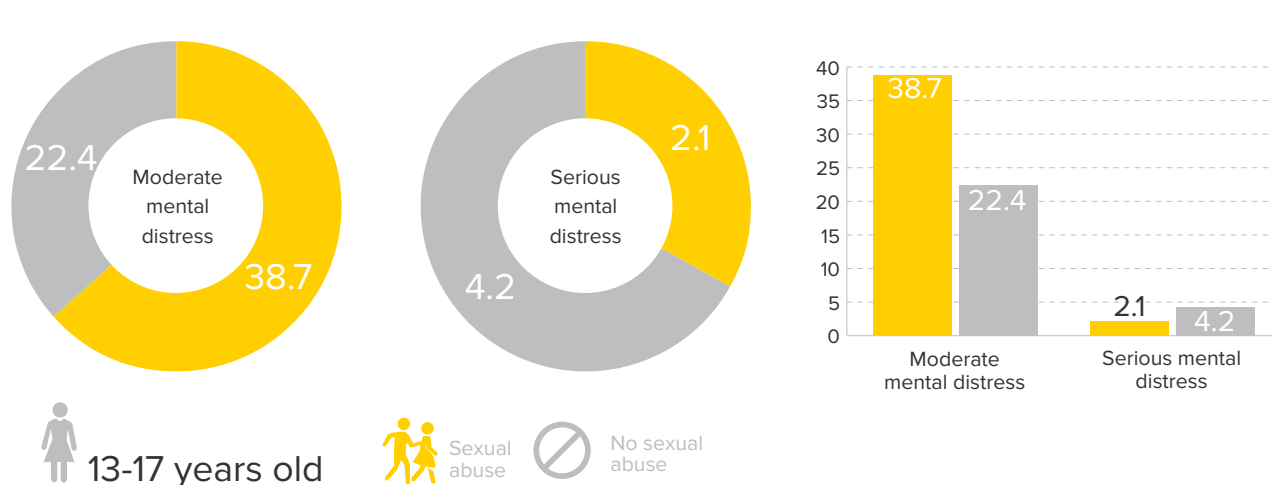


Figure 7.4 Moderate and serious mental distress among females 13 to 17 years old who did and did not experience childhood sexual abuse in the last 12 months

Females 13 to 17 years old who reported sexual abuse in the 12 months preceding the survey were significantly more likely to experience an STI diagnosis or symptoms as compared to those who did not experience sexual abuse (14.6% vs 3.0%, respectively). Additionally, among those who experienced sexual abuse in the past 12 months, 22.0% reported being drunk in the last 30 days, 3.4% smoked in the past 30 days, 2.3% ever hurt themselves intentionally, and 2.3% ever thought of suicide (Appendix Table 7.2.3).

Over half of males aged 13 to 17 years of age who experienced sexual abuse in the past 12 months reported experiencing moderate or serious mental distress in the past 30 days (38.4% and 19.4%, respectively) (Figure 7.5 and Appendix Table 7.1.4). Male victims of sexual abuse in the past 12 months were significantly more likely to report mental distress (moderate and serious mental distress) in the past 30 days than those who did not experience sexual abuse (57.8% vs 26.6%) (Appendix Table 7.2.4).

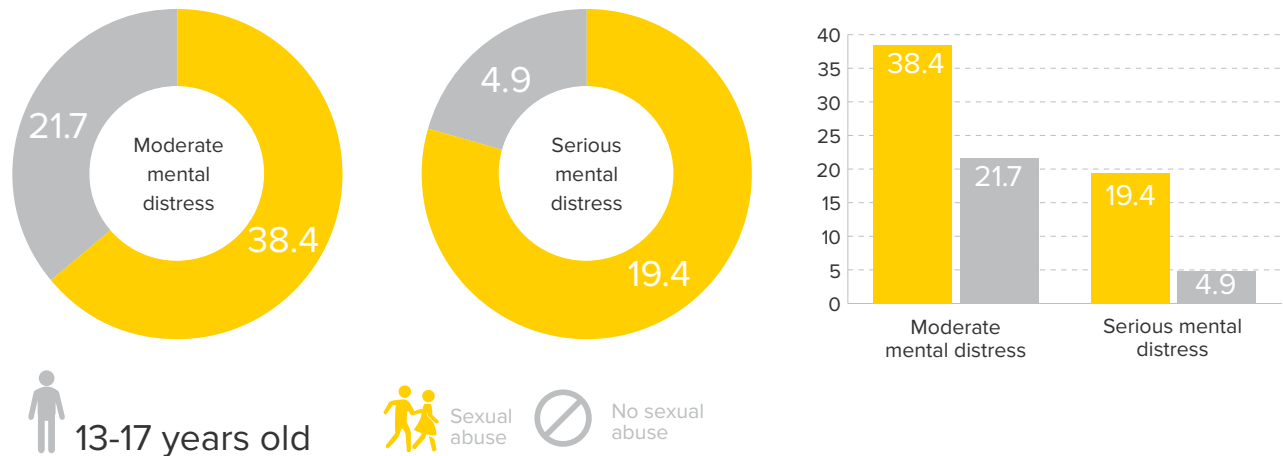


Figure 7.5 Moderate and serious mental distress among males 13 to 17 years old who did and did not experience childhood sexual abuse in the last 12 months

Males aged 13 to 17 years who experienced sexual abuse in the 12 months prior to the survey were significantly more likely than those who did not experience sexual abuse to have ever intentionally hurt themselves (13.7% vs 5.1%), ever thought of suicide (6.0% vs 1.1%), and to have symptoms of STIs (13.7% vs 6.5%) (Figure 7.6 and Appendix Tables 7.2.4). Further, among those who experienced sexual abuse in the past 12 months, 12.4% reported being drunk in the past 30 days, 5.6% smoked in the past 30 days, and 1.4% reported substance use in the past 30 days (Appendix Table 7.2.4).

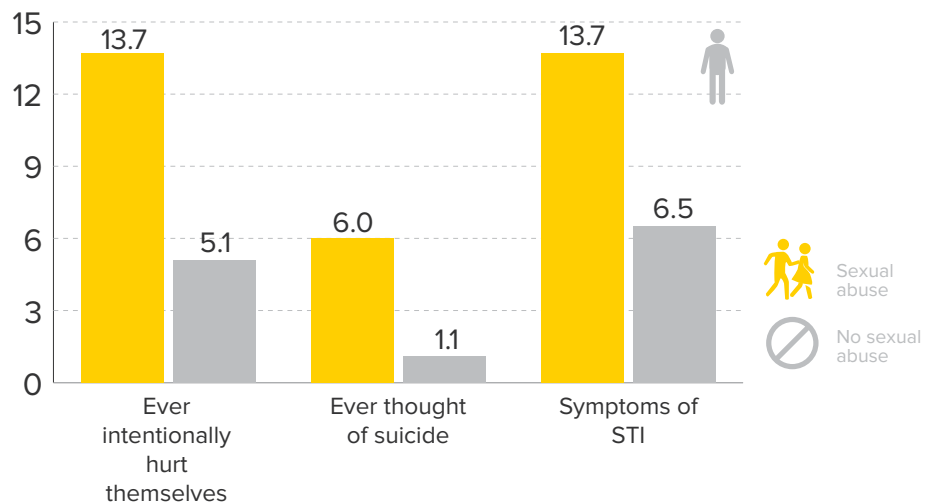


Figure 7.6 Self-harm, suicidal ideation, and STI diagnosis and symptoms among males 13 to 17 years old who did and did not experience childhood sexual abuse in the last 12 months

7.2 EXPERIENCES OF CHILDHOOD PHYSICAL VIOLENCE AND CURRENT HEALTH STATUS



7.2.1 Experiences of Childhood Physical Violence and Current Health Status Among 18 to 24 Year Olds Prior to the Age 18

Four in 10 females aged 18 to 24 years, who experienced physical violence prior to age 18 reported moderate or serious mental distress in the past 30 days (38.6% and 9.2%, respectively (Figure 7.7 and Appendix Table 7.1.1).

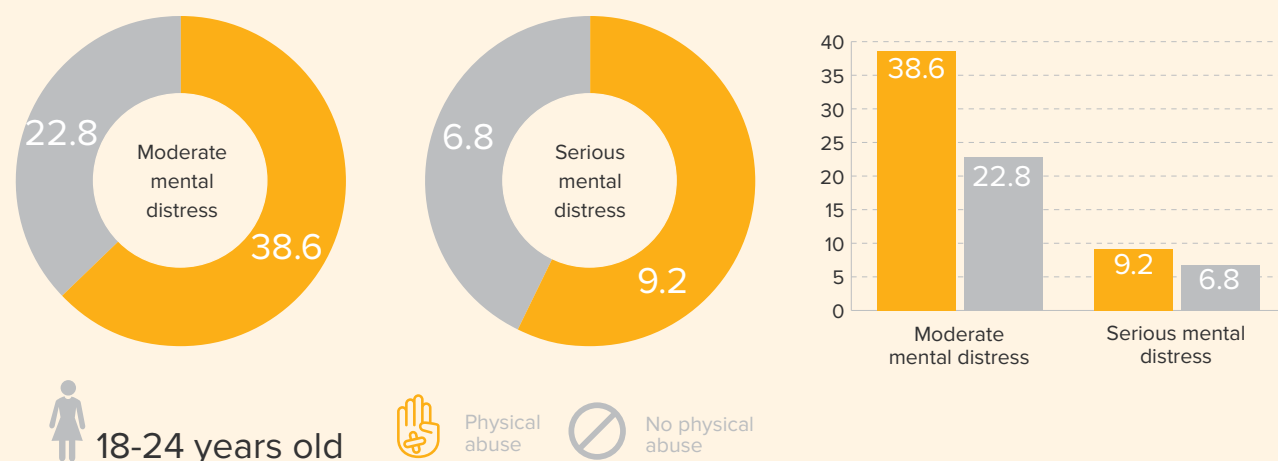


Figure 7.7 Moderate and serious mental distress among females 18 to 24 years old who did and did not experience childhood physical violence prior to age 18

Females aged 18 to 24 years of age who experienced physical violence prior to age 18 years were significantly more likely than those who did not experience physical violence during childhood to have thought of suicide (13.7% vs 4.3%), experienced mental distress (moderate or serious mental distress) (47.9% vs 29.6%), or to have reported symptoms of STIs (11.6% vs 5.6%) (Figure 7.8 and Appendix Table 7.2.1). Those who experienced physical violence prior to age 18 were significantly less likely to have smoked in the past 30 days compared to those who did not experience physical violence (2.8% vs 7.8%, respectively) (Appendix Table 7.2.1). Among females who experienced physical violence prior to age 18, 4.7% reported being drunk in the past 30 days, 2.9% ever hurt themselves intentionally, and 19.4% ever attempted suicide (Appendix Table 7.2.1).

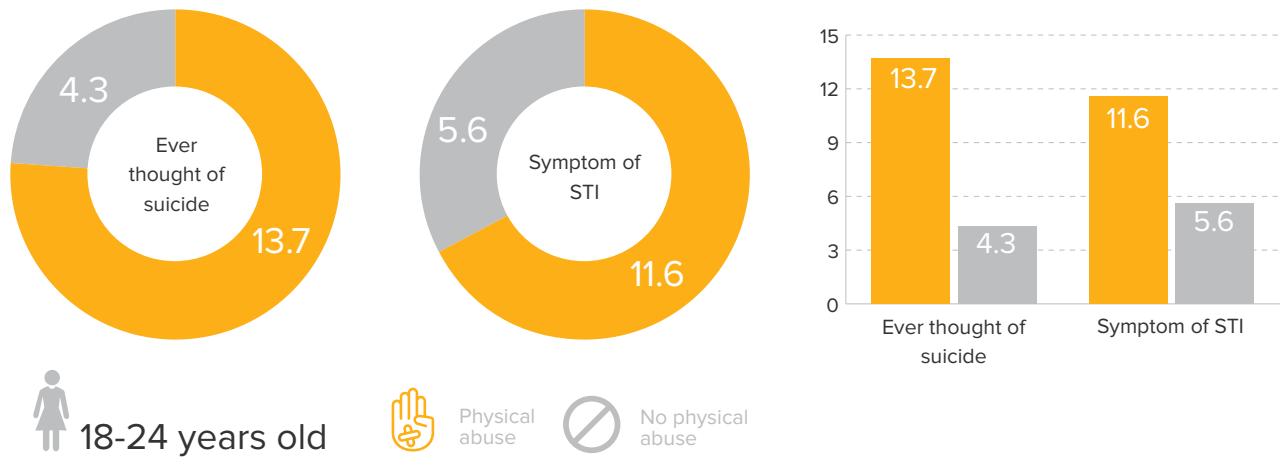


Figure 7.8 Suicidal ideation and STI diagnosis and symptoms among females 18 to 24 years old who did and did not experience physical violence prior to age 18

Males aged 18 to 24 years of age who had experienced physical violence prior to age 18 were significantly more likely to report serious mental distress in the past 30 days than those who did not experience physical violence (7.9% vs 1.5%). Among those who had experienced childhood physical violence, 35.7% reported moderate mental distress (Figure 7.9 and Appendix Table 7.1.2).

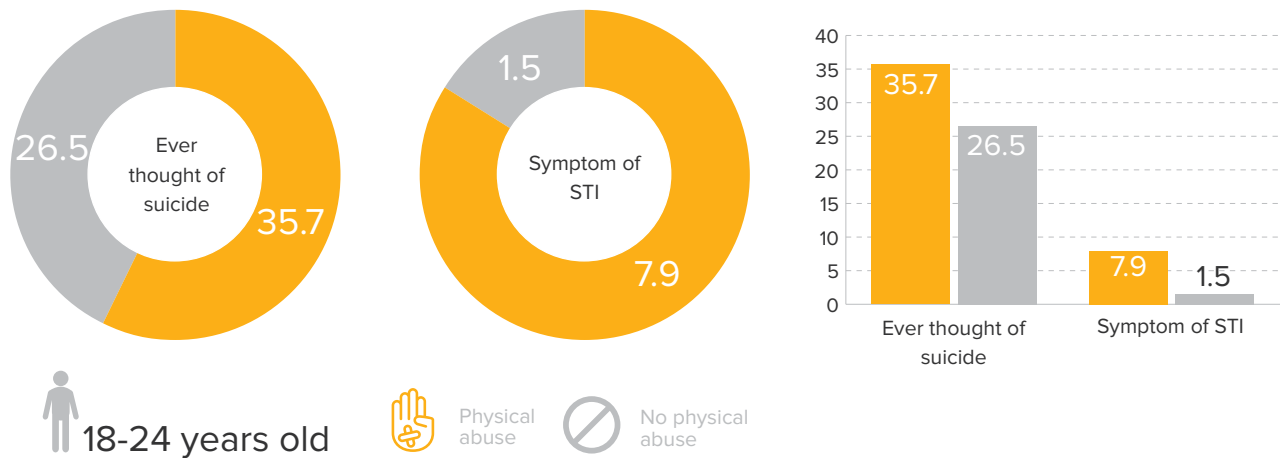


Figure 7.9 Suicidal ideation and STI diagnosis and symptoms among males 18 to 24 years old who did and did not experience physical violence prior to age 18

Males 18 to 24 years old who experienced physical violence prior to age 18 were significantly more likely than those who did not experience physical violence to have been drunk in the past 30 days (29.1% vs 19.9%) or experienced mental distress (moderate or serious mental distress (43.6% vs 28.0%). Among those who experienced physical violence prior to age 18, 13.4% smoked in the past 30 days, 3.5% reported substance use in the past 30 days, 6.3% ever intentionally hurt themselves, 5.2% ever thought of suicide, and 14.7% reported symptoms of STIs (Appendix Table 7.2.2).

7.2.2. Experiences of Childhood Physical Violence and Current Health Status Among 13 to 17 Year Olds in the 12 Months Prior to the Survey

Data collected on experiences of physical violence and current health status in the year preceding the survey among 13 to 17 year olds allows for the examination of current patterns and contexts of abuse in Malawi. One third of females aged 13 to 17 years who experienced physical violence in the last 12 months reported moderate or serious mental distress (29.3% and 3.3% respectively) (Figure 7.10 and Appendix Table 7.1.3).

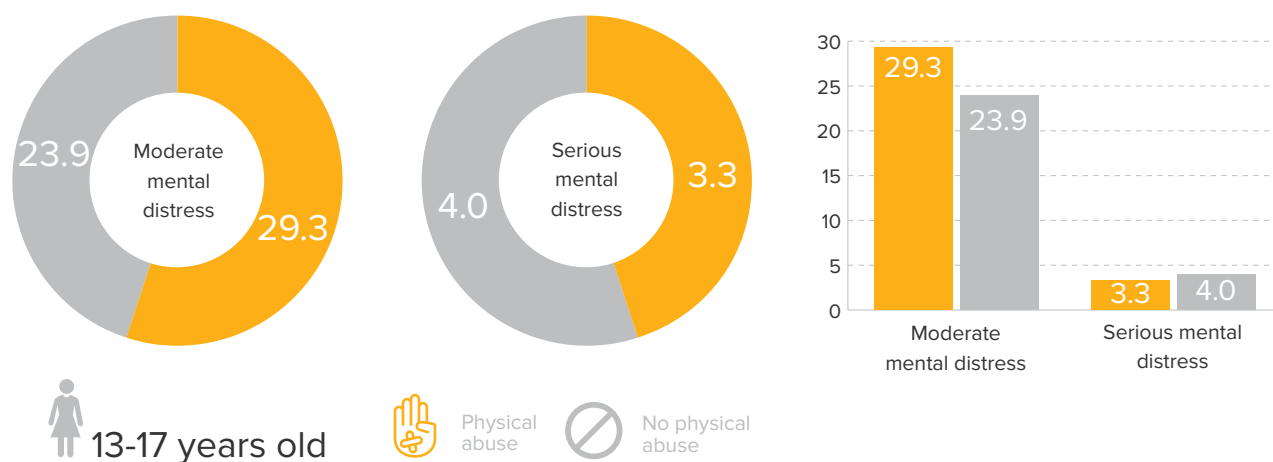


Figure 7.10 Moderate and serious mental distress among females 13 to 17 years old who did and did not experience physical violence in the last 12 months

Females aged 13 to 17 years with experience of physical violence in the 12 months prior to the survey were significantly more likely than those who did not experience physical violence to have been drunk in the past 30 days (20.3% vs 5.4%) or to have smoked in the past 30 days (9.1% vs 2.2%) (Figure 7.11 and Appendix Table 7.2.3). Additionally, 2.0% ever intentionally hurt themselves, 2.0% ever thought of suicide, and 7.2% reported symptoms of STIs (Appendix Table 7.2.3).

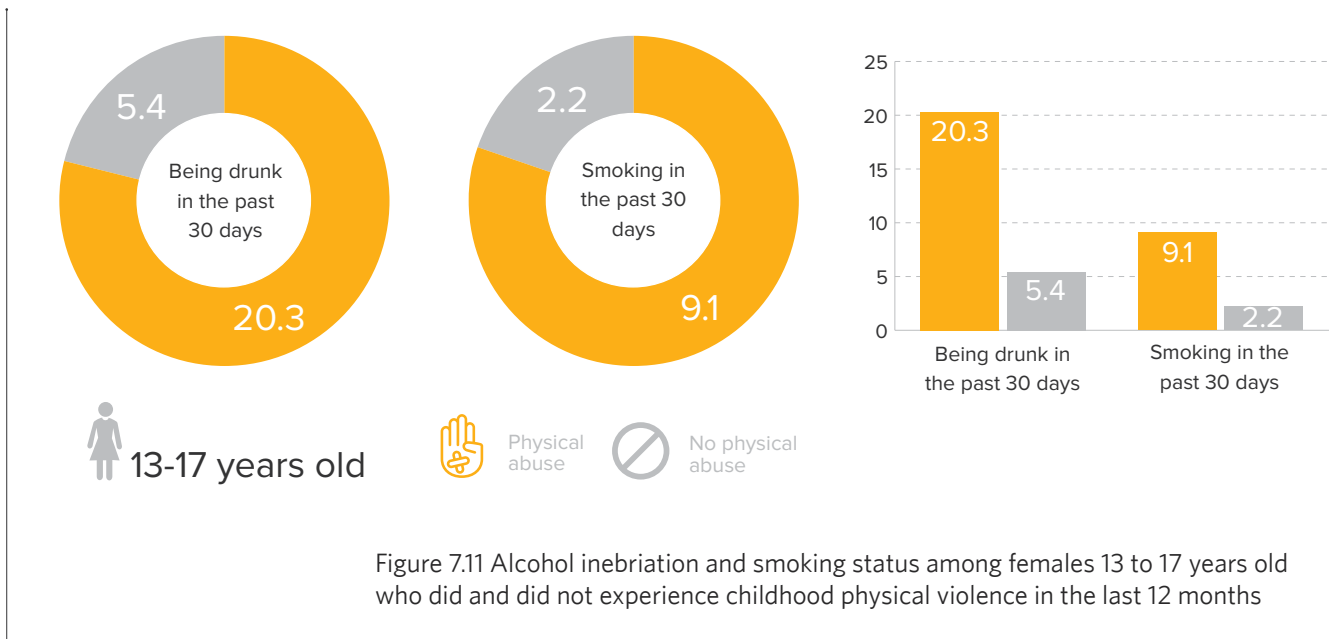


Figure 7.11 Alcohol inebriation and smoking status among females 13 to 17 years old who did and did not experience childhood physical violence in the last 12 months

Among males aged 13 to 17 years who experienced physical violence in the last 12 months, 28.9% reported moderate mental distress and 7.1% reported serious mental distress (Figure 7.12 and Appendix Table 7.1.4).

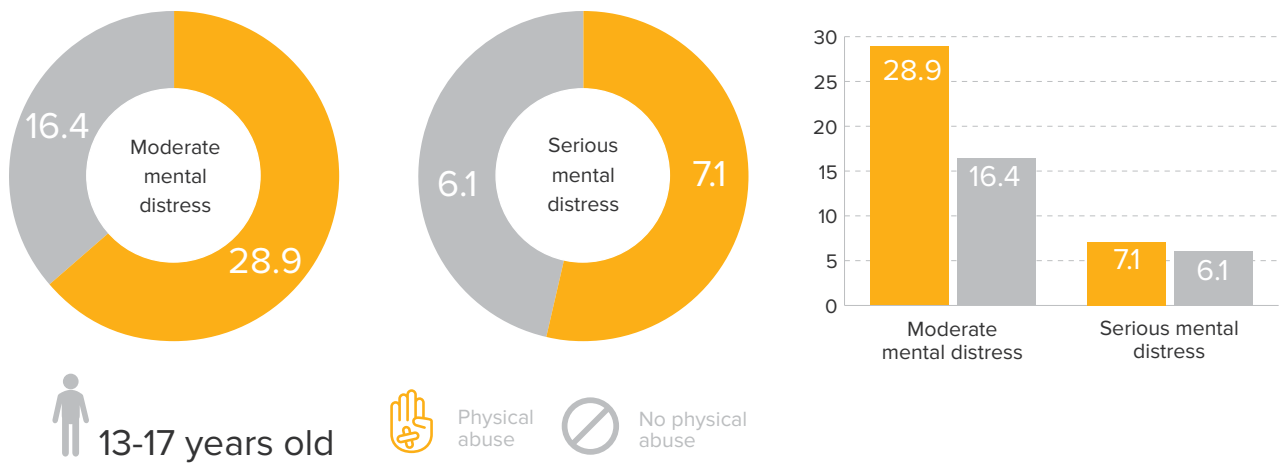


Figure 7.12 Moderate and serious mental distress among males 13 to 17 years old who did and did not experience physical violence in the last 12 months

Males aged 13 to 17 years who experienced physical violence in the past 12 months were significantly more likely than those who did not experience physical violence to have ever intentionally hurt themselves (8.0% vs 3.6%) or experienced mental distress (moderate or serious mental distress (36.1% vs 22.5%). Among those who experienced physical violence in the 12 months preceding the survey, 18.5% reported being drunk in the past 30 days, 8.6% reported smoking in the past 30 days, 1.1% reported substance use in the past 30 days, and 8.5% reported symptoms of STIs (Appendix Table 7.2.4).



7.3 EXPERIENCES OF CHILDHOOD EMOTIONAL VIOLENCE AND CURRENT HEALTH STATUS

7.3.1 Experiences of Childhood Emotional Violence and Current Health Status Among 18 to 24 Year Olds Prior to the Age 18

Over half of females aged 18 to 24 years, who experienced emotional violence prior to age 18 reported moderate or serious mental distress in the past 30 days (46.0% and 13.3%, respectively) (Figure 7.13 and Appendix Table 7.1.1).

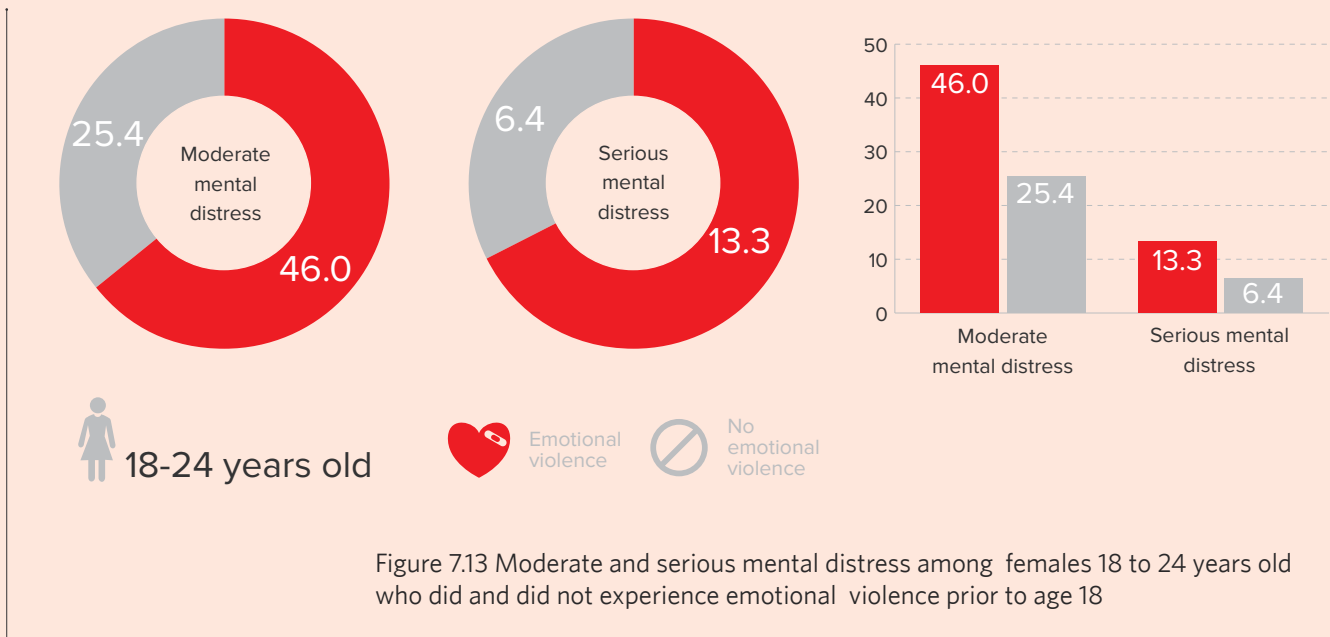


Figure 7.13 Moderate and serious mental distress among females 18 to 24 years old who did and did not experience emotional violence prior to age 18

Those who experienced emotional violence were significantly more likely than those who did not experience emotional violence to have ever thought of suicide (22.0% vs 4.8%), or experienced mental distress (moderate or serious mental distress) in the past 30 days (59.3% vs 31.9%)(Appendix Table 7.2.1). For those who had experienced childhood emotional violence, 5.7% reported being drunk in the past 30 days, 3.8% reported smoking in the past 30 days, 2.5% ever intentionally hurt themselves, 6.0% ever attempted suicide, and 12.1% reported symptoms of STIs (Appendix Table 7.2.1).

Among males aged 18 to 24 years, those who experienced emotional violence prior to age 18 reported experiencing moderate and serious mental distress (40.1% and 8.7%, respectively) (Figure 7.14 and Appendix Table 7.1.2).

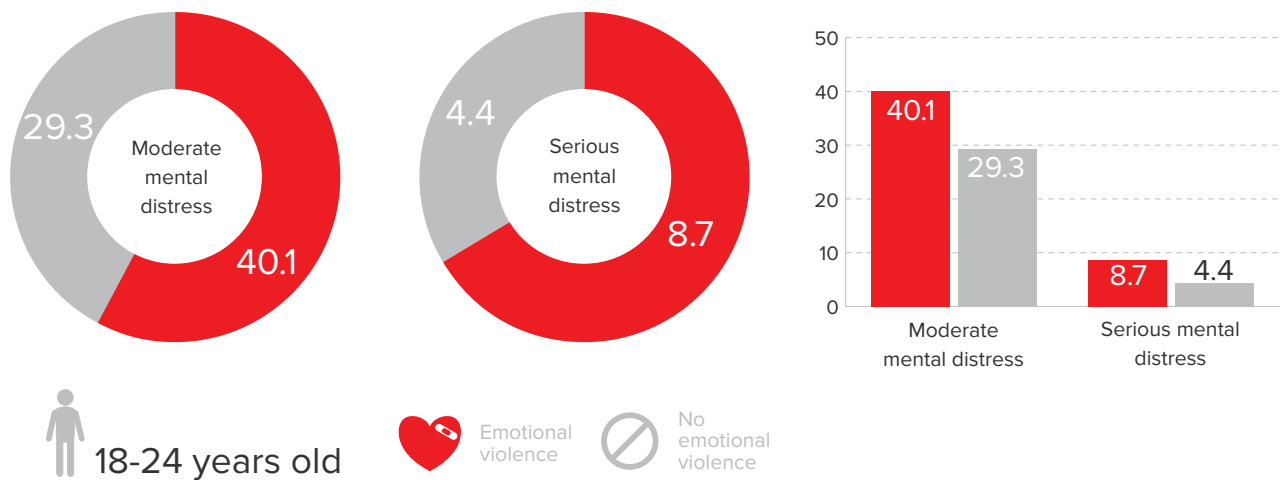


Figure 7.14 Moderate and serious mental distress among males 18 to 24 years old who did and did not experience emotional violence prior to age 18

Males aged 18 to 24 years who experienced emotional violence prior to age 18 were significantly more likely than those who did not experience emotional violence to have been drunk in the past 30 days (36.9% vs 21.9%), to have ever intentionally hurt themselves (10.9% vs 2.8%), to have ever thought of suicide (9.2% vs 3.0%), and experienced mental distress (moderate or serious mental distress) in the past 30 days (48.8% vs 33.7%) (Figure 7.15 and Appendix Table 7.2.2). Additionally, 15.4% reported smoking in the past 30 days, 4.9% reported substance use in the past 30 days, and 17.9% reported symptoms of STIs (Appendix Table 7.2.2).

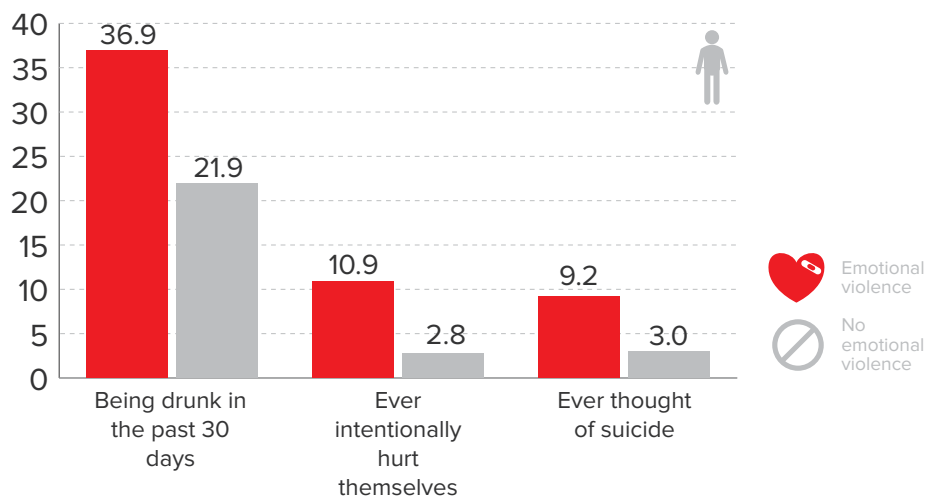
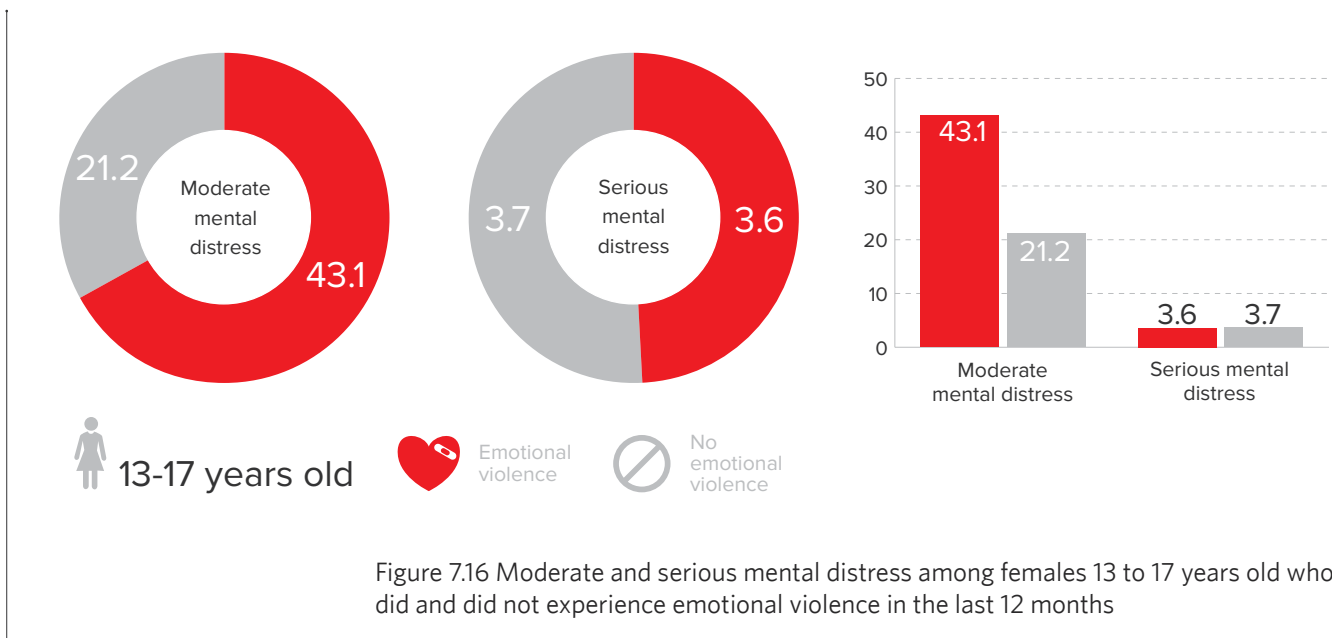


Figure 7.15 Alcohol inebriation, self-harm, and suicidal ideation among males 18 to 24 years old who did and did not experience emotional violence prior to age 18

7.3.2. Experiences of Childhood Emotional Violence and Current Health Status Among 13 to 17 Year Olds in the Past 12 Months

Data collected on experiences of emotional violence and current health status in the year preceding the survey among 13 to 17 year olds allows the examination of current patterns and contexts of abuse in Malawi. Almost half of females aged 13 to 17 years who experienced emotional violence in the last 12 months reported moderate or serious mental distress (43.1% and 3.6%, respectively) (Figure 7.16 and Appendix Table 7.1.3). Those who experienced emotional violence were significantly more likely than those who did not to experience mental distress (moderate or serious mental distress) in the past 30 days (46.7% vs 24.9%) (Appendix Table 7.2.3).



Among females who reported emotional violence in the past 12 months, 7.5% reported being drunk in the past 30 days, 5.2% reported smoking in the past 30 days, 6.5% ever intentionally hurt themselves, 2.9% ever thought of suicide, and 3.4% reported symptoms of STIs (Appendix Table 7.2.3).

More than four in ten males aged 13 to 17 years of age who experienced emotional violence in the past 12 months reported moderate or serious mental distress (34.9% and 13.3%, respectively) (Figure 7.17 and Appendix Table 7.1.4). Male victims of emotional violence were significantly more likely to report mental distress (moderate or serious mental distress) in the past 30 days than those who did not experience emotional violence (48.2% vs 24.5%) (Appendix Table 7.2.4).

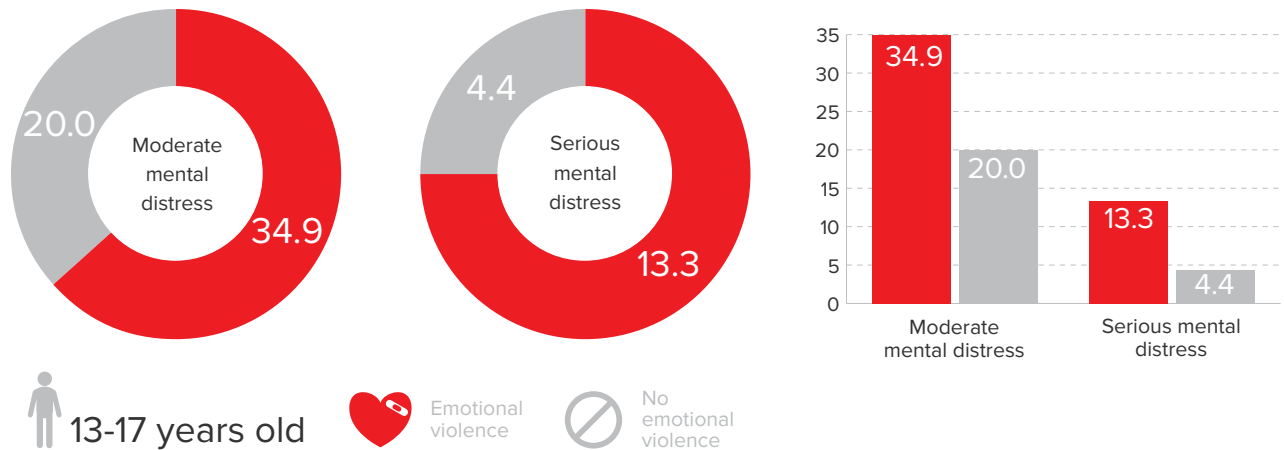
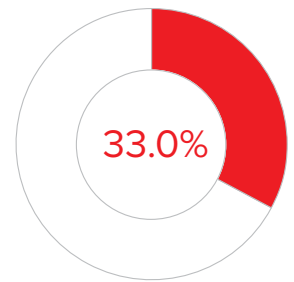


Figure 7.17 Moderate and serious mental distress among males 13 to 17 years old who did and did not experience emotional violence in the last 12 months

Additionally of those who experienced childhood emotional violence, 13.8% reported being drunk in the past 30 days, 7.7% reported smoking in the past 30 days, 1.3% reported substance use in the past 30 days, 9.9% ever intentionally hurt themselves, 2.4% ever thought of suicide, and 8.1% reported symptoms of STIs (Appendix Table 7.2.4).

7.4 EXPERIENCES OF CHILDHOOD SEXUAL VIOLENCE AND PREGNANCY

Data were analyzed for Malawian females aged 13 to 24 years on pregnancy and unwanted completed sex. Among 18 to 24 year olds who experienced sexual abuse 33.0% reported getting pregnant as a result of unwanted completed sex. Among 13 to 17 year olds, data were insufficient to determine rates (Appendix Tables 7.3.1; 7.3.2).



33.0% of women reported getting pregnant as a result of unwanted completed sex

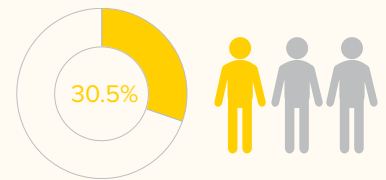


SEXUAL RISK-TAKING BEHAVIORS AND EXPOSURE TO CHILDHOOD VIOLENCE

- 1 in 3 (30.5%) sexually active males aged 19 to 24 years reported infrequent condom use in the past 12 months
- 1 in 10 (9.1%) sexually active females aged 19 to 24 years reported infrequent condom use in the past 12 months
- 1 in 5 males aged 19 to 24 years who experienced sexual abuse or emotional violence prior to age 18 reported having multiple sex partners in the past 12 months



Females aged 19 to 24 years reported infrequent condom use in the past 12 months



1 in 3 (30.5%) sexually active males aged 19 to 24 years reported infrequent condom use in the past 12 months



1 in 5 males aged 19 to 24 years reported having multiple sex partners in the past 12 months

HIGHLIGHTS

This section examines the prevalence of sexual risk-taking behavior – including multiple sexual partners, infrequent condom use, and transactional sex in the past 12 months – and childhood violence. The analyses were restricted to females and males 19 to 24 years of age. The primary reason for focusing on sexual risk-taking behavior among 19 to 24 year olds is to ensure that the exposure to childhood violence and risk taking behaviors are separated in time. This ensures that exposure to childhood violence preceded involvement in sexual risk-taking behaviors, and that there is no confusion between the directionality of the association between exposure to violence and sexual risk-taking behaviors.

8.1 SEXUAL RISK-TAKING BEHAVIORS: 19-24 YEAR OLDS IN THE PAST 12 MONTHS

Among females who reported having sexual intercourse in the past 12 months, 2.4% reported having two or more sex partners in the past 12 months, 9.1% reported infrequent condom use in the past 12 months, and 1.6% reported engaging in transactional sex in the last 12 months.

Among males, 19.8% reported having two or more sex partners in the last 12 months, 30.5% reported infrequent condom use in the last 12 months, and 1.6% reported engaging in transactional sex in the last 12 months. Males were significantly more likely than females to have two or more sex partners and to use condoms infrequently (Figure 8.1 and Appendix Table 8.1).

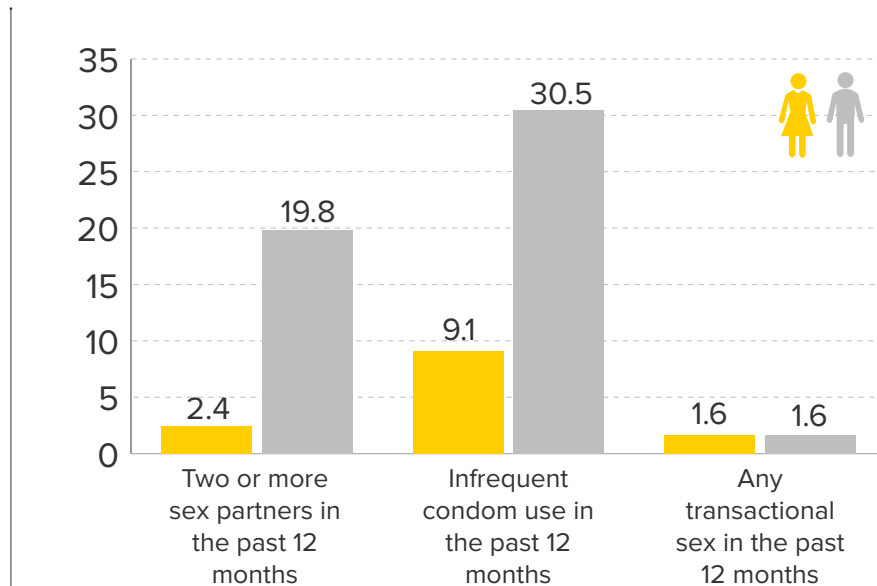


Figure 8.1 Sexual risk taking behaviours in the past 12 months, as reported by respondents 19-24 years old

8.2 SEXUAL RISK-TAKING BEHAVIORS AND EXPOSURE TO CHILDHOOD SEXUAL ABUSE: 19-24 YEAR OLDS PRIOR TO AGE 18

Among females aged 19 to 24 years with a history of sexual abuse prior to age 18, who reported having sexual intercourse in the past 12 months, approximately one in 10 had multiple sex partners compared to 0.8% who did not experience sexual abuse prior to age 18. Among males who had sexual intercourse in the past 12 months, one quarter of those who experienced childhood sexual abuse reported multiple sex partners, compared to 19.1% among those who did not experience childhood sexual abuse (Appendix Table 8.2.1).

Among sexually active 19 to 24 year olds with experience of childhood sexual abuse, 19.9% of females and 32.8% of males used condoms infrequently in the past 12 months (Appendix Table 8.2.2).

8.3 SEXUAL RISK-TAKING BEHAVIORS AND EXPOSURE TO CHILDHOOD PHYSICAL VIOLENCE: 19-24 YEAR OLDS PRIOR TO AGE 18

Among 19 to 24 year olds who reported having sexual intercourse in the past 12 months, 3.9% of females with experience of childhood physical violence had multiple sex partners in the past 12 months, compared to 1.4% of females with no experience of physical violence prior to age 18. Among males, 21.2% of those with childhood physical violence had multiple sex partners in the past 12 months, compared to 16.6% of those who did not experience physical violence during childhood (Appendix Table 8.3.1).

Among females aged 19 to 24 years who experienced physical violence prior to age 18, 13.9% reported using condoms infrequently in the past year, compared to those who did not experience physical violence (6.0%). Among males, 27.8% of those who experienced childhood physical violence reported infrequent condom use in the past year compared to 36.3% of those who did not experience physical violence prior to age 18 (Appendix Table 8.3.2).

8.4 SEXUAL RISK-TAKING BEHAVIORS AND EXPOSURE TO CHILDHOOD EMOTIONAL VIOLENCE: 19-24 YEAR OLDS PRIOR TO AGE 18

Among females aged 19 to 24 years who reported having sexual intercourse in the past 12 months, 9.8% of those with a history of emotional violence prior to age 18 had multiple sex partners in the past 12 months, compared to 0.7% of those who did not experience emotional violence prior to age 18. Among sexually active males, 28.3% of those who experienced emotional violence prior to age 18 had multiple sex partners in the past year, compared to 16.0% of those who did not experience emotional violence prior to age 18 (Appendix Table 8.4.1).

Among females aged 19 to 24 years who experienced emotional violence prior to age 18, 12.5% reported using condoms infrequently in the past year, compared to those who did not experience emotional violence (8.4%). Among males, 36.1% of those who experienced childhood emotional violence reported infrequent condom use in the past year compared to 27.8% of those who did not experience emotional violence prior to age 18 (Appendix Table 8.4.2).



SECTION 9



HIV/AIDS TESTING BEHAVIORS AND TESTING KNOWLEDGE AND ASSOCIATION WITH CHILDHOOD SEXUAL ABUSE



aged 18 to 24 years who have had sexual intercourse and have not been tested for HIV



13 to 17 year olds who have had sexual intercourse and have not been tested for HIV

- 9 out of 10 Malawians aged 18 to 24 years know where to go for an HIV test
- 1 out of 3 Malawian males and 1 out of 10 females aged 18 to 24 years who have had sexual intercourse have not been tested for HIV
- Among 13 to 17 year olds who have had sexual intercourse, 7 out of 10 males and half of females have not been tested for HIV
- Among 18 to 24 year olds who have experienced sexual abuse prior to the age of 18, 1 out of 3 males and 1 out of 5 females have never been tested for HIV

9 out of 10 Malawians

aged 18 to 24 years know where to go for an HIV test

HIGHLIGHTS

Among 13 to 17 years who have experienced sexual abuse in the year preceding the survey, 7 out of 10 males and 2 out of 3 females have never been tested for HIV. The main objective of this section is to describe the knowledge of HIV testing services and HIV testing behaviors of Malawians who experienced at least one incident of sexual abuse prior to age 18. Although unwanted sexual touching and unwanted attempted sexual intercourse are low risk for direct HIV exposure, all types of sexual abuse may increase the risk of HIV indirectly by impacting a person's ability to negotiate safe sex and engagement in sexual risk-taking behaviors later in life.

9.1 GENERAL KNOWLEDGE AND BEHAVIORS RELATED TO HIV TESTING

Among 18 to 24 year olds who have ever had sexual intercourse, 94.7% of females and 93.8% of males reported that they knew where to go for an HIV test. Males (32.1%) were significantly more likely than females (11.8%) to never have been tested. Among those who were tested for HIV, 95.7% of females and 95.4% of males had received their results (Figure 9.1 and Appendix Table 9.1).

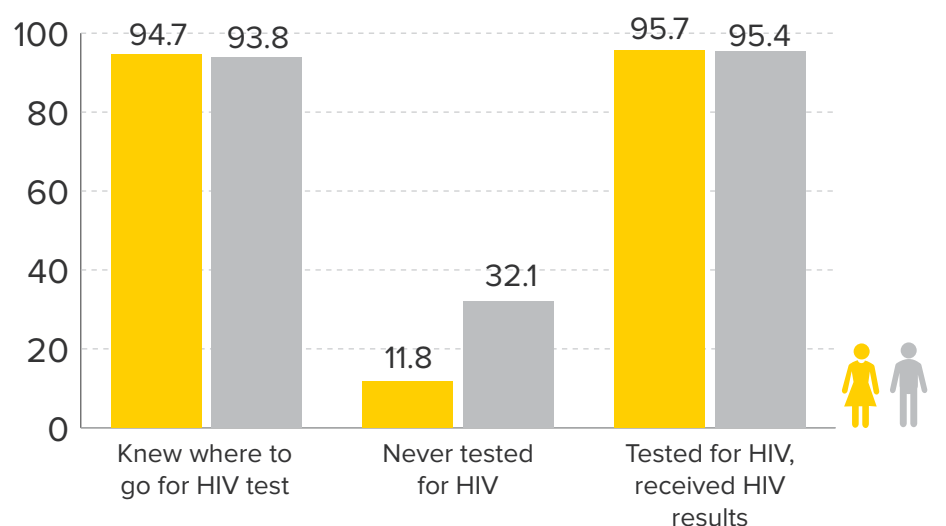


Figure 9.1 HIV testing knowledge and behavior, as reported by respondents 18 to 24 years old who had ever had sexual intercourse

Among 13 to 17 year olds who had ever had sexual intercourse, 71.9% of females, compared to 91.7% of males, knew where to go for an HIV test, a difference that is statistically significant. Half of females (50.7%) and the majority of males (70.3%) had never been tested for HIV. Of those who had been tested, 95.5% of females and 88.0% of males had received their results (Figure 9.2 and Appendix Table 9.1).

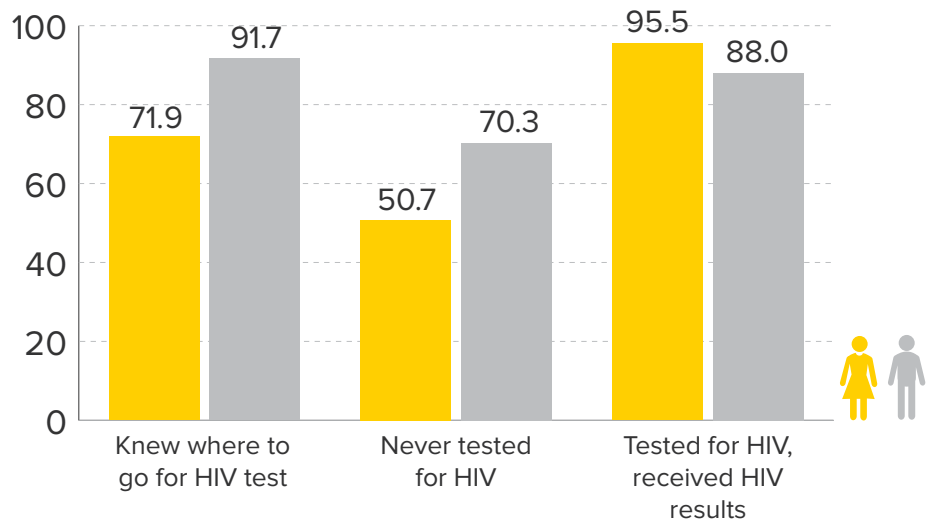


Figure 9.2 HIV testing knowledge and behavior, as reported by respondents 13 to 17 years old who had ever had sexual intercourse

9.2 SEXUAL ABUSE AND KNOWLEDGE AND BEHAVIORS RELATED TO HIV TESTING:

18-24 Year Olds Prior to Age 18

Among 18 to 24 year old females who ever had sexual intercourse, 93.5% of those experiencing sexual abuse prior to age 18 knew where to go for an HIV test and 19.9% had never been tested for HIV (Figure 9.3 and Appendix Table 9.2.1). In comparison, 95.1% of those who reported no sexual abuse knew where to go for an HIV test, and 9.5% had never been tested for HIV (Figure 9.4 and Appendix Table 9.2.1). Of those who were tested, 100.0% of those who had experienced sexual abuse prior to age 18 had received their results, compared to 94.6% of those who had not experienced sexual abuse prior to age 18 (Appendix Table 9.2.1).

Among 18 to 24 year old males who ever had sexual intercourse, 93.4% of those experiencing sexual abuse prior to age 18 knew where to go for an HIV test and 34.9% had never been tested for HIV (Figure 9.3 and Appendix Table 9.2.2). In comparison, 93.9% of those who reported no sexual abuse knew where to go for an HIV test, and 31.6% had never been tested for HIV (Figure 9.4 and Appendix Table 9.2.2). Of those who were tested for HIV, 96.6% of those who had experienced sexual abuse prior to age 18 had received their results, compared to 95.2% of those who had not experienced sexual abuse prior to age 18 (Appendix Table 9.2.2).

Between females and males aged 18 to 24 years with no experience of sexual abuse prior to age 18, females (9.5%) were significantly less likely to have never been tested for HIV than males (31.6%) (Appendix Tables 9.2.1; 9.2.2).

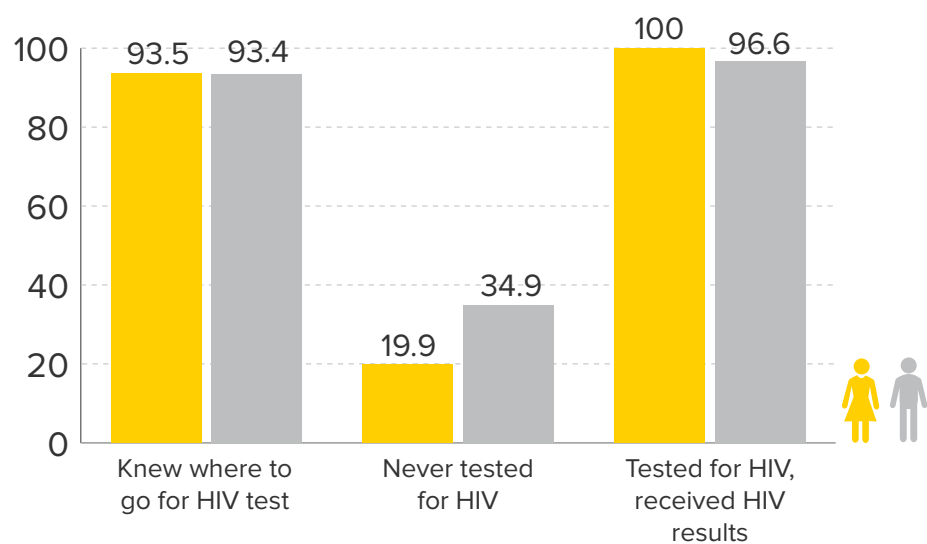


Figure 9.3 HIV testing knowledge and behavior, as reported by respondents 18 to 24 years old who ever had sex and experienced sexual abuse prior to age 18

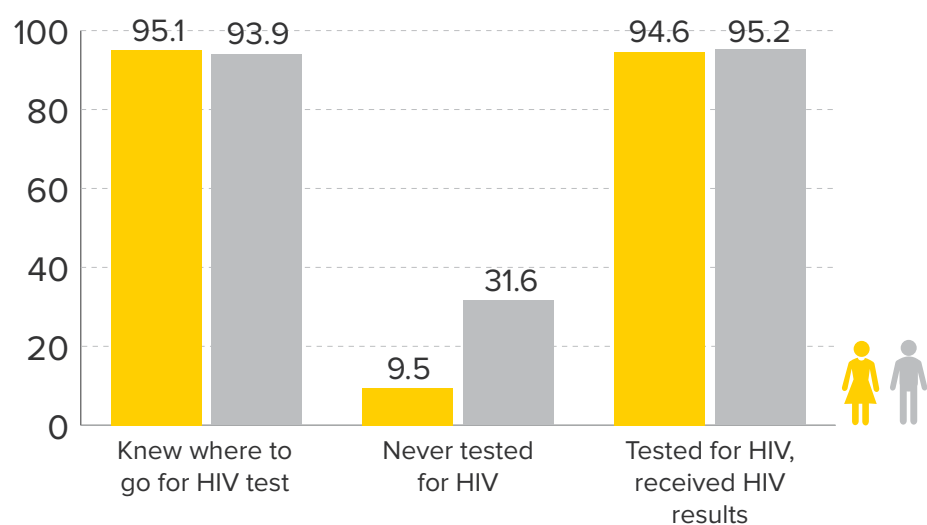


Figure 9.4 HIV testing knowledge and behavior, as reported by respondents 18 to 24 years old who ever had sex and did not experience sexual abuse prior to age 18

9.3 SEXUAL ABUSE AND KNOWLEDGE AND BEHAVIORS RELATED TO HIV TESTING:

13-17 Year Olds in the Past 12 Months Prior to the Survey

Data collected on experiences of sexual abuse in the year preceding the survey among 13 to 17 year olds allow the examination of current patterns and contexts of abuse in Malawi.

Among 13 to 17 year old females who ever had sexual intercourse, 69.4% of those experiencing sexual abuse in the past 12 months knew where to go for an HIV test and 64.2% had never been tested for HIV. In comparison, 73.0% of those who reported no sexual abuse in the past 12 months knew where to go for an HIV test and 45.2% had never been tested for HIV. Of those who were tested for HIV, 98.2% of those who had not experienced sexual abuse in the past 12 months had received their results (Figures (9.5; 9.6 and Table 9.3.1).

Among 13 to 17 year old males who ever had sexual intercourse, 94.3% of those experiencing sexual abuse in the past 12 months knew where to go for an HIV test and 71.0% had never been tested for HIV. In comparison, 90.9% of those who reported no sexual abuse in the past 12 months knew where to go for an HIV test and 70.0% had never been tested for HIV. Of those who were tested for HIV, 85.7% of those who had not experienced sexual abuse in the past 12 months had received their results (Figures (9.5; 9.6 and Appendix Table 9.3.2).

Between females and males aged 13 to 17 years with no experience of sexual abuse in the past 12 months, males (70.0%) were significantly more likely to have never been tested for HIV than females (45.2%) (Figure 9.6 and Appendix Tables 9.3.1; 9.3.2).

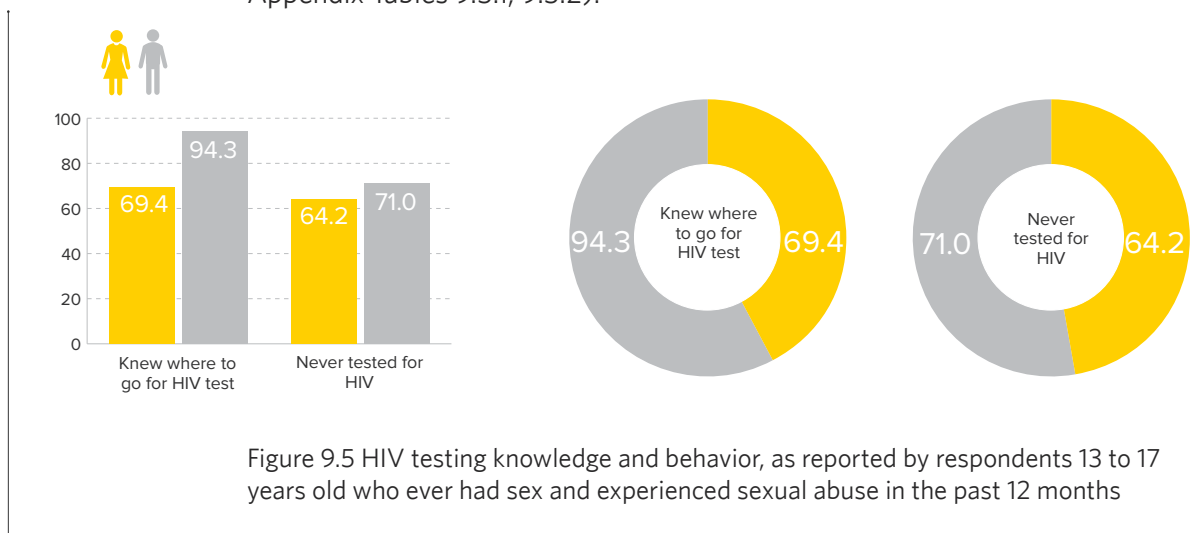


Figure 9.5 HIV testing knowledge and behavior, as reported by respondents 13 to 17 years old who ever had sex and experienced sexual abuse in the past 12 months

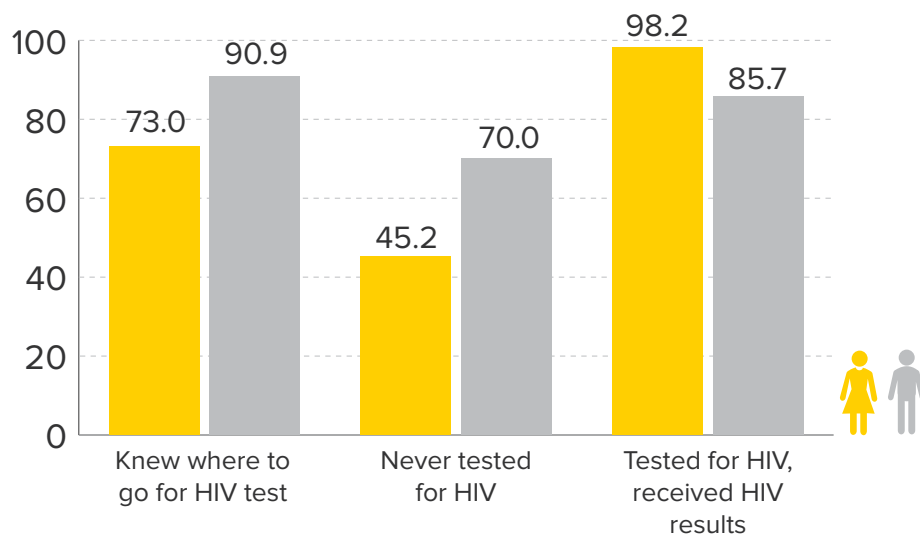


Figure 9.6 HIV testing knowledge and behavior, as reported by respondents 13 to 17 years old who ever had sex and did not experience sexual abuse in the past 12 months

Among 13 to 17 year old males and 18 to 24 year old males with no experience of childhood sexual abuse who ever had sex, those in the older group (31.6%) were significantly less likely to have never been tested for HIV than those in the younger group (70.0%) (Figure 9.7 and Appendix Tables 9.2.2; 9.3.2).

Among 13 to 17 year old females and 18 to 24 year old females with no experience of childhood sexual abuse who ever had sex, those in the older group were significantly more likely to know where to go for an HIV test (95.1%) and significantly less likely to have never been tested for HIV (9.5%) than those in the younger group (73.0% and 45.2%, respectively). Additionally, among females with a history of childhood sexual abuse, those aged 13 to 17 years were significantly more likely to have never been tested for HIV than 18 to 24 year olds (64.2% and 19.9%, respectively) (Figure 9.8 and Appendix Tables 9.3.1; 9.2.1).

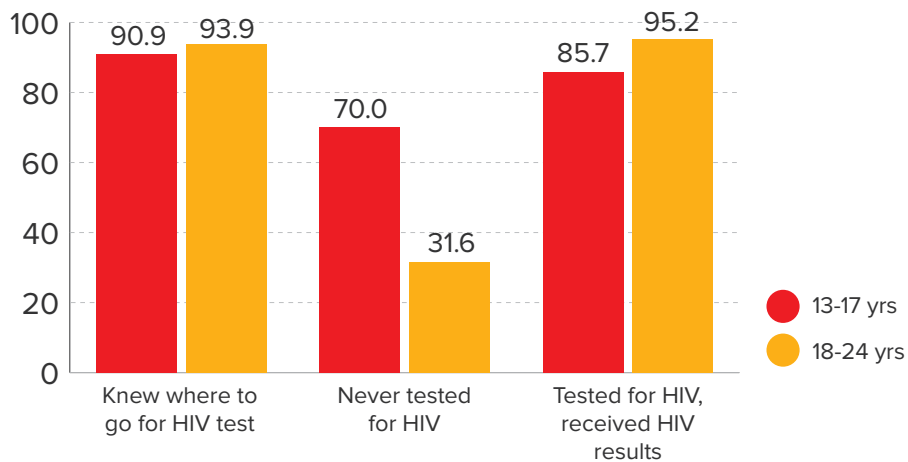


Figure 9.7 HIV testing knowledge and behavior, as reported by male respondents 13 to 24 years old who did not experience sexual abuse

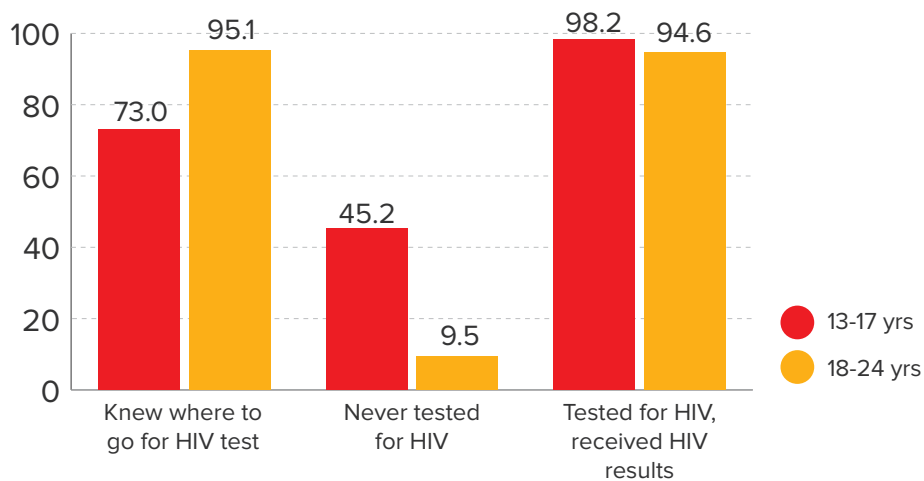


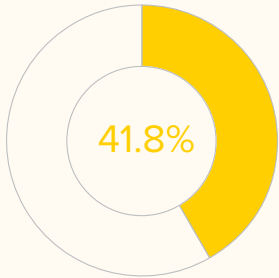
Figure 9.8 HIV testing knowledge and behavior, as reported by female respondents 13 to 24 years old who did not experience sexual abuse



SECTION 10



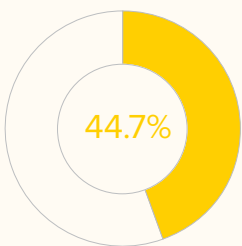
ATTITUDES TOWARD SPOUSAL VIOLENCE AND THE ROLE OF GENDER IN SEXUAL PRACTICES AND INTIMATE PARTNER VIOLENCE



Of females aged 18 to 24 – 2 in 5 (41.8%) believe it is acceptable for a husband to beat his wife under one or more circumstances



9 in 10 (91.5%) endorsed one or more negative gender biases



2 in 5 males aged 13-17 (44.7%) believe a woman should tolerate violence to keep the family together

ATTITUDES - (18-24 year old respondents)

- Of females aged 18 to 24 – 2 in 5 (41.8%) believe it is acceptable for a husband to beat his wife under one or more circumstances, 9 in 10 (91.5%) endorsed one or more negative gender biases, 2 in 5 (40.8%) believed a woman should tolerate violence to keep the family together, and 1 in 5 (21.7%) disclosed that they had used violence against a partner.
- Of males aged 18 to 24 – 1 in 5 (23.8%) believe it is acceptable for a husband to beat his wife under one or more circumstances, 4 in 5 (82.4%) endorsed one or more negative gender biases, 2 in 5 (39.9%) believed a woman should tolerate violence to keep the family together, and 2 in 5 (38.5%) disclosed that they had used violence against a partner.

ATTITUDES - (13-17 year old respondents)

- Of females aged 13 to 17 – 2 in 5 (40.4%) believe it is acceptable for a husband to beat his wife under one or more circumstances, 7 in 10 (72.7%) endorsed one or more negative gender biases, 2 in 5 (38.7%) believed a woman should tolerate violence to keep the family together, and 1 in 7 (16.8%) disclosed that they had used violence against a partner.
- Of males aged 13 to 17 – 2 in 5 (38.3%) believe it is acceptable for a husband to beat his wife under one or more circumstances, 4 in 5 (82.1%) endorsed one or more negative gender biases, 2 in 5 (44.7%) believed a woman should tolerate violence to keep the family together, and 2 in 5 (37.8%) disclosed that they had used violence against a partner.
- The most commonly accepted reason for a husband beating his wife was if she neglected the children.
- The most common gender bias towards sexual practices was the belief that women who carry condoms are “loose”.

HIGHLIGHTS

10.1 ATTITUDES TOWARD SPOUSAL VIOLENCE

This section examines attitudes and acceptance toward the use of physical violence in marriage by husbands against their wives. In the survey, respondents were asked if a husband was justified in hitting or beating his wife under five different circumstances: if she goes out without telling him, if she neglects the children, if she argues with him, if she refuses to have sex with him, or if she burns the food.

Among 18 to 24 year old Malawians, females (41.8%) were significantly more likely than males (23.8%) to justify a husband beating his wife under one or more of these circumstances (Figure 10.1 and Appendix Table 10.1).

Among 13 to 17 year old Malawians, 40.4% of females and 38.3% of males believed that one or more of these circumstances justified a husband beating his wife (Figure 10.2 and Appendix Table 10.1).

Neglecting the children was the most commonly accepted reason by both females and males of both age groups - 25.0% of females aged 18 to 24; 26.3% of females aged 13 to 17 years; 11.7% of males aged 18 to 24 years; and 20.0% of males aged 13 to 17 years. The second most common reason among 18 to 24 year old females was if she refused to have sex with him (20.8%); among 13 to 17 year old females, the second most common reason was if she went out without telling him (19.8%). Males aged 18 to 24 years cited if she argued with him as the second most common reason (8.0%), while males aged 13 to 17 years said if she went out without telling him (15.9%) (Figures 10.1; 10.2 and Appendix Table 10.1).

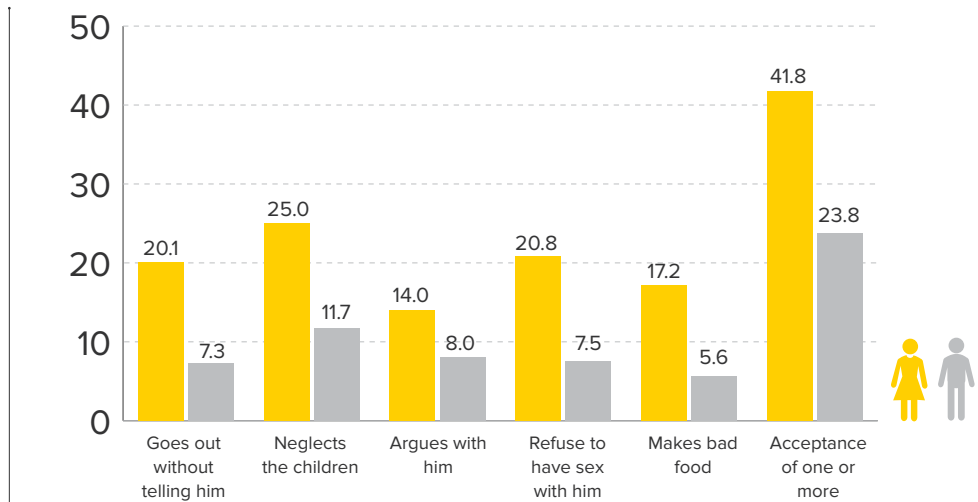


Figure 10.1 Endorsement of one or more circumstances where spousal violence is acceptable, as reported by respondents 18 to 24 years old

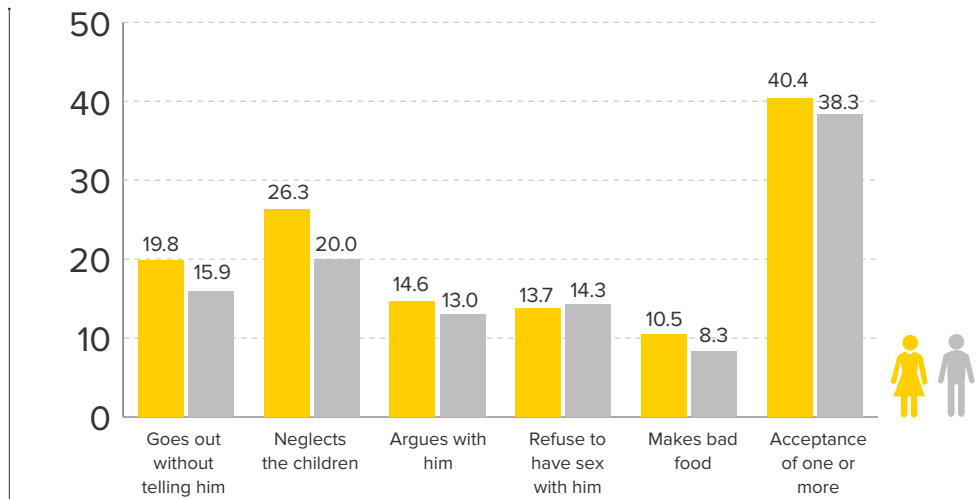


Figure 10.2 Endorsement of one or more circumstances where spousal violence is acceptable, as reported by respondents 13 to 17 years old

10.2 ATTITUDES TOWARD THE ROLE OF GENDER IN SEXUAL PRACTICES AND INTIMATE PARTNER VIOLENCE

The survey also examined attitudes towards the role of gender in sexual practices and intimate partner violence including: that men should decide when to have sex, that men need more sex than women, that men need other women, that women who carry condoms are “loose”, and that women should tolerate violence in order to keep their family together.

Among females, 18 to 24 year olds (91.5%) were significantly more likely to endorse one or more of these attitudes than 13 to 17 year olds (72.7%). Males aged 18 to 24 years and 13 to 17 years endorsed one or more of these attitudes at similar rates (82.4% versus 82.1%, respectively) (Figures 10.3; 10.4 and Appendix Table 10.2).

The most commonly cited circumstance justifying a gender bias towards sexual practice and intimate partner violence was the belief that women who carry condoms are “loose” across all four groups – 70.1% of females aged 18 to 24 years, 62.4% of females aged 13 to 17 years, 65.1% of males aged 18 to 24 years, and 66.6% of males aged 13 to 17 years. Additionally, 40.8% of 18 to 24 year old females and 38.7% of females aged 13 to 17 years believe that women should tolerate violence to keep the family together. Among males, the proportions were similar, with 39.9% of 18 to 24 year olds and 44.7% of 13 to 17 year olds believing the same (Figures 10.3; 10.4 and Appendix Table 10.2).

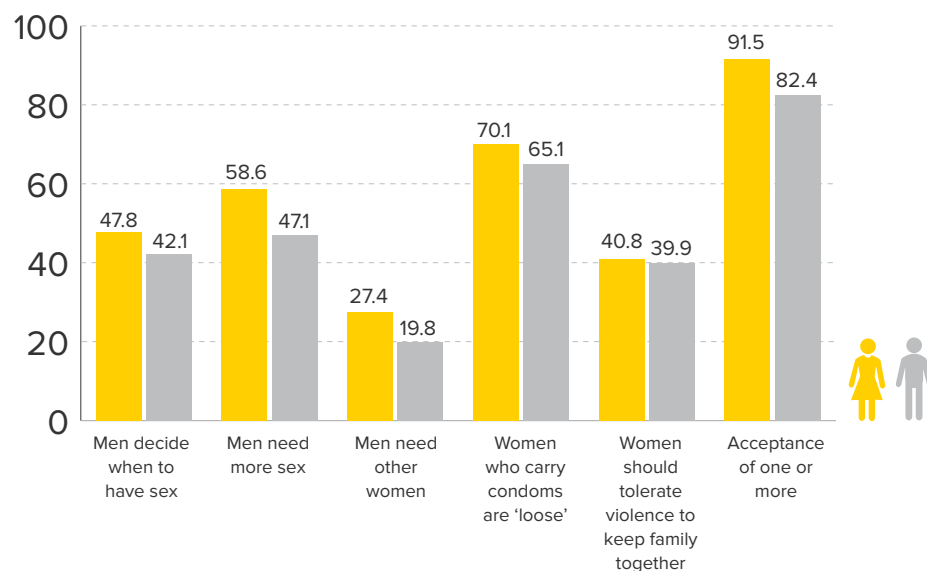


Figure 10.3 Endorsement of one or more circumstances where gender biases towards sexual practices and intimate partner violence is acceptable, as reported by 18-24 year olds

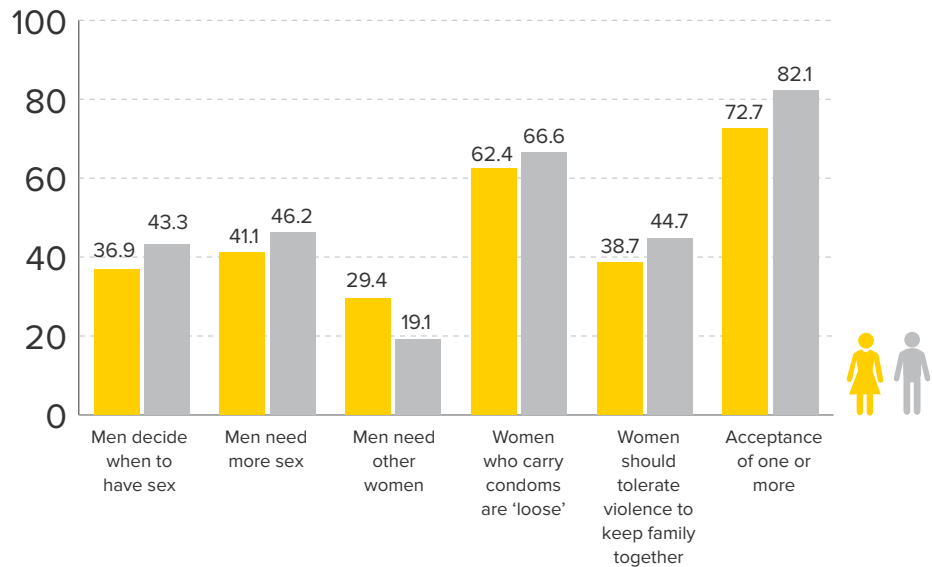


Figure 10.4 Endorsement of one or more circumstances where gender biases towards sexual practices and intimate partner violence is acceptable, as reported by 13-17 year olds

10.3 PREVALENCE OF INTIMATE PARTNER VIOLENCE AMONG CHILDREN AND YOUTH

Perpetration of violence, defined as punching, kicking, whipping, or beating with an object, choking, smothering, trying to drown, or intentionally burning or scalding, or forcing non-consensual sexual intercourse or any other sex acts, against a current or former partner among 13-24 year olds was also assessed. Additionally, perpetration of violence and its association with childhood experience of violence are also highlighted here.

Among 18 to 24 year olds and 13 to 17 year olds, males (38.5% and 37.8%, respectively) were significantly more likely than females (21.7% and 16.8%, respectively) to have used violence against a current or previous partner, wife, or husband (Figure 10.5 and Appendix Tables 10.3.1 and 10.3.2).

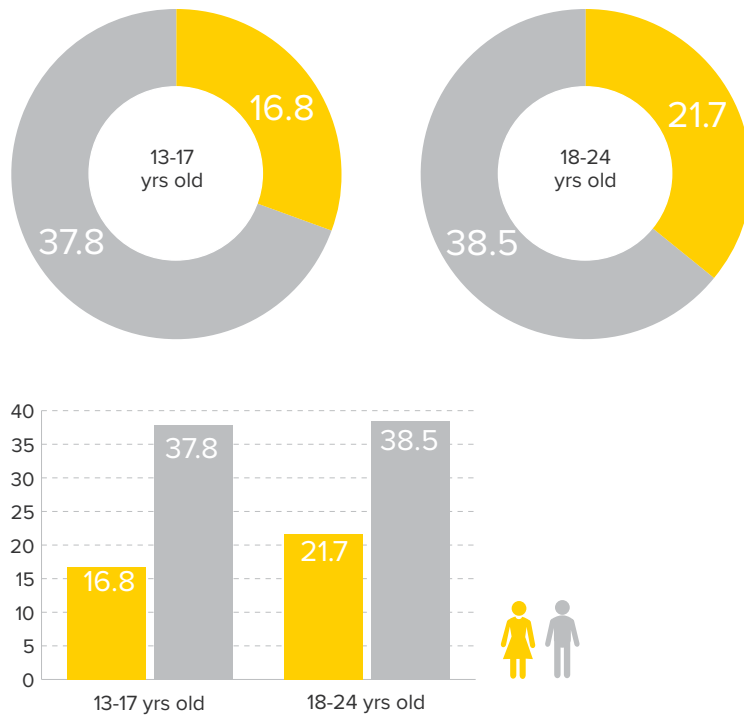


Figure 10.5 Perpetration of intimate partner violence, as reported by 13 to 24 year olds

Among female Malawians aged 18 to 24 years old, there was no association between use of violence against a partner and prior experience of sexual abuse or physical violence before age 18. Among males, those with experience of childhood sexual abuse (62.0%) were significantly more likely to use violence against a partner than those with no experience of childhood sexual abuse (34.4%). Likewise, 18 to 24 year old male Malawians with experience of childhood physical violence (46.8%) were significantly more likely to use violence against a partner than those with no experience of childhood physical violence (23.4%) (Figure 10.6 and Appendix Table 10.3.4).

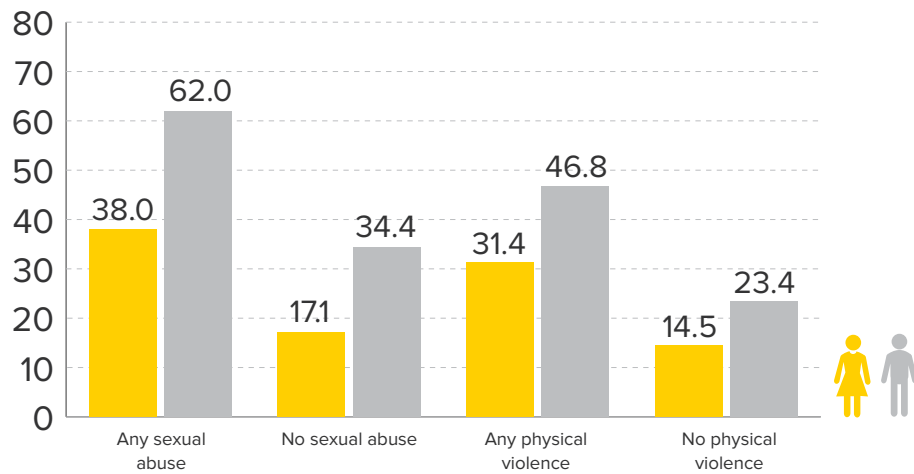


Figure 10.6 Perpetrator's experience of violence before age 18, as reported by respondents 18 to 24 years old

Data on perpetration of partner violence and own experience of violence in the 12 months preceding the survey were analyzed for Malawians aged 13 to 17 years to develop a picture of the current prevalence and context of violence. There were no significant differences between females who experienced violence and those who did not. Males who experienced sexual abuse in the 12 months preceding the survey (64.7%) were more likely to use violence against a partner than males who did not experience sexual abuse (33.9%). Similarly, males who experienced physical violence in the 12 months preceding the survey (46.7%) were significantly more likely to use violence against a partner than those who did not experience physical violence (24.8%) (Appendix Table 10.3.5).



DISCUSSION AND RECOMMENDATIONS

VACS Malawi provides the first nationally representative data on the prevalence of sexual, physical, and emotional violence among female and male children in Malawi

VACS Malawi provides the first nationally representative data on the prevalence of sexual, physical, and emotional violence among female and male children in Malawi. This report describes the context and conditions under which violence against children occurs in Malawi as well as some key health consequences. The report also explores the overlap between sexual, physical, and emotional violence for children and the services sought and utilized for incidents of sexual abuse and physical violence, and the relationship between exposure to sexual abuse and HIV testing patterns and high risk sexual behaviors.

Violence against children erodes the strong foundation that children require for leading healthy and productive lives, impacting vulnerability and leading to a broad range of health problems. Furthermore, prior research suggests that victims of childhood violence, particularly male victims, are more likely to become perpetrators of violence later in life.⁴⁷ Violence against children not only has profound consequences on the individual child and his/her family, but the community and society at large.

The 2006 United Nation's Secretary General's Study of Violence against Children documented the full range and scale of this problem on a global level, making explicit the concept that violence against children is both a public health and human rights challenge.⁴⁸ Based on the report, the UN and governments around the world established a global agenda to promote the protection of children from violence and to establish systems of response for the children affected by violence. VACS Malawi represents a critical step in the recognition of these goals and is critical in moving forward an agenda aimed at strengthening the protection of children in Malawi and the prevention of violence.

Data from VACS Malawi offer rich opportunities to build upon these initial findings and identify risk and protective factors critical for the development of effective prevention programs and policies. The findings will also allow a deeper analysis of the intersecting contexts in which multiple forms of violence occur in order to determine cross-cutting causal factors that have the potential to impact multiple forms of violence. In addition, a better understanding of the co-occurrence of sexual, physical, and emotional violence can help prepare providers to provide comprehensive service care for children affected by violence as well as offer an opportunity to identify cross-cutting risk and protective factors that have the potential to impact multiple forms of violence. A greater appreciation of these factors can increase the utility of these data for guiding the development of prevention and response strategies.

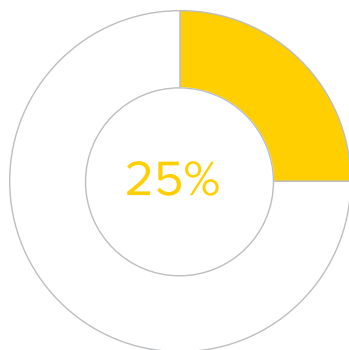
11.1 DISCUSSION

11.1.1 Key Findings

The results of this study indicate that sexual, physical, and emotional violence against children is highly prevalent in Malawi. A substantial proportion of both females and males have been exposed to sexual abuse (1 out of 5 females and 1 out of 7 males), physical violence (nearly half of females and 2 out of 3 males), and emotional violence (about 1 in 5 females and 1 in 4 males) as children. Moreover, these violent incidents were not isolated events. The majority of females and males who experienced child sexual abuse, in fact, had multiple incidents of sexual abuse; further, 1 out of 4 children in Malawi experienced more than one type of violence.

Up to one-half of female and male victims reported their first incident of sexual abuse prior to the age of 13. Unwanted attempted sex was the most common type of abuse, followed by unwanted sexual touching, with similar patterns for females and males. Therefore, it is critical that prevention strategies to address the problem of child sexual abuse in Malawi include both girls and boys.

In other national VAC surveys, the prevalence of sexual abuse in the 12 months prior to the surveys has been substantively lower among 13–17 year old girls than among childhood rates for their 18–24 year old counterparts. This finding is as expected, since the younger 13–17 year old age group would have a shorter time period during which exposure to violence might occur. However, in Malawi the prevalence of sexual abuse in the 12 months prior to the survey among females 13 to 17 year olds was similar to rates experienced by those aged 18–24 during childhood. The high prevalence of violence experienced by 13–17 year old females may reflect an increasing trend of sexual abuse, especially among girls. Thus, it will be important to monitor the prevalence of sexual abuse among children over time.



1 out of 4 children in Malawi experienced more than one type of violence

The results of this study indicate that sexual, physical, and emotional violence against children is highly prevalent in Malawi



All forms of violence — sexual, physical, and emotional — are common for children growing up in Malawi and the perpetrators of this violence are often well known to the children



Sexual abuse most commonly took place in a home

All forms of violence — sexual, physical, and emotional — are common for children growing up in Malawi and the perpetrators of this violence are often well known to the children. Child sexual abuse against both girls and boys was most commonly perpetrated by dating or romantic partners and friends or classmates. In addition, neighbours and family members were also common perpetrators of child sexual abuse. In relation to physical violence, one quarter to one third of all females and males under age 18 years were punched, kicked, whipped, beaten with an object, choked, smothered, forcibly submerged, burned or scalded intentionally, or threatened or attacked with a weapon by a parent or adult relative. Teachers were the most common authority figure in the community to use physical violence against both female and male children. VACS Malawi data indicated that a third of both boys and girls aged 13-24 years believe that parents need to use physical violence when he or she misbehaves. One in ten boys and girls aged 13-24 think it is appropriate for a child to use violence in order to resolve conflicts. These findings suggest that physical acts of violence may play an important role in disciplinary action or punishment used by adult household members and authority figures in the community.

Corporal punishment is illegal in the penal system and public institutions of Malawi per the Constitution, but not in the home or in private schools. Although this study cannot distinguish whether physical violence by a teacher was related to punishment or other factors, physical violence by teachers, especially male teachers, was a common experience for both female and male children and included being punched, kicked, whipped, or beaten with an object.

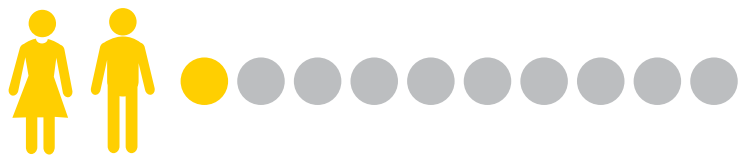
For both females and males aged 18 to 24 years, sexual abuse most commonly took place in a home, either the home of the child who experienced the sexual abuse or the home of the perpetrator. The high prevalence of sexual abuse in the of home of the child or someone else's home, places assumed to be safe, underscores the hidden nature of sexual abuse and presents a significant challenge to preventing and responding to sexual abuse in Malawi. However, among females and males aged 13 to 17 years, common locations included school and roads, suggesting children are also vulnerable in the community.

Among Malawian children who experienced emotional violence, more than half of males and a third of females reported their first incident began between age 6 and 11 with four out of five reporting multiple incidents. These data suggest that emotional violence is both persistent and long-term, undermining a child's mental wellbeing during crucial developmental years.

A third to one half of Malawian children witnessed physical violence in the home, and one quarter to one third witnessed it in the community, suggesting normalization of violence. It is equally imperative that discussions around these norms are addressed in and by the communities themselves to ensure that protective mechanisms for children are found and can be strengthened within Malawian culture, rather than imposing values from outside.

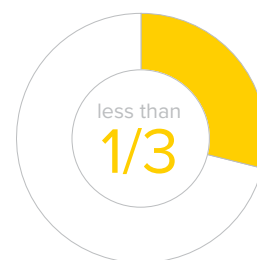
Both reporting of violence and subsequent access to and utilization of services in Malawi are poor. Those who experienced child sexual abuse sometimes told someone about their experience, but rarely sought or received services. The majority of females and males who reported an incident, told someone other than a trained service provider, most commonly a friend or relative. Less than a quarter of females and males aged 18 to 24 years and females aged 13 to 17 years, and less than half of males aged 18 to 24 years knew of a place to seek help.

Among those who experienced childhood physical violence, less than one third of females and males knew of a place to seek help, and only 1 in 10 females and males received any type of professional services. The most common reason cited for not seeking help for physical violence was that they did not perceive it to be a problem. Given that a quarter of females and males reported an injury as a result of physical violence, this finding is concerning.



Only 1 in 10 females and males received any type of professional services

More than half of males and a third of females reported their first incident began between age 6 and 11

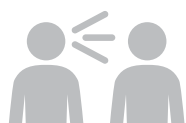


Of those who experienced childhood physical violence, less than one third of females and males knew of a place to seek help

Three strategies to promote service-seeking behavior:



Educating children that any type of violence is a problem and that reporting and receiving services are important



Overcoming the social pressures that inhibit children who experience such incidents from reporting what has happened to them



Ensuring that when children seek services, those services are available and provided with sensitivity and a high quality of care

Three potential strategies for improving and strengthening the utilization of legal, health, and social response services for sexual abuse and physical violence by children in Malawi include: first, educating children that any type of violence is a problem and that reporting and receiving services are important; second, overcoming the social pressures that inhibit children who experience such incidents from reporting what has happened to them, and third, ensuring that when children seek services, those services are available and provided with sensitivity and a high quality of care. In improving and strengthening access to services, it is also important to consider disincentives for service utilization among children, such as the potential for retaliation from their abusers. Equally important is the provision of information to people who children naturally identify as their advocates — relatives and friends, and trusted authority figures. Referrals to the appropriate pool of services must begin close to the site of where the abuse and violence typically occurs — in homes and neighbourhoods — with trusted and capable adults and young people engaged in the process.

In Malawi, as has been shown worldwide, exposure to violence as a child was associated with a range of short-term health consequences, including sexually transmitted infections and suicidal ideation. These findings are consistent with decades of research in the neurobiological, behavioural, and social sciences that indicate, quite conclusively, that childhood exposure to violence can impact the development of the brain and subsequent vulnerability to a broad range of mental and physical health problems, ranging from the short-term consequences identified in this study to long-term health conditions such as cardiovascular disease and diabetes.⁴⁹ Reducing the prevalence of violence against children in Malawi is, therefore, likely to reduce the incidence and costs of future mental and physical health problems in the population.

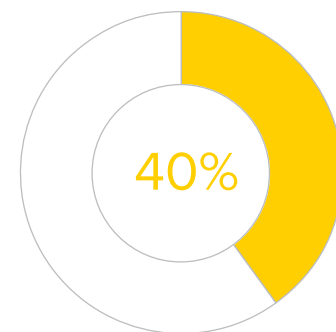
This study also examined self-reported patterns of HIV/AIDS testing knowledge and behavior in relation to childhood sexual abuse. Despite most females and males knowing where to go for an HIV test, more than half of 13 to 17 year olds who have ever had sexual intercourse have not been tested for HIV. However, that rate drops among 18-24 year olds to a third or less. Additionally, data on beliefs around sexual practices indicated that the most common gender bias is that women who carry condoms are “loose”. These findings highlight the need to increase awareness of the risk for HIV and to increase access to HIV testing for children.

Finally, this survey provided useful data regarding cultural norms influencing the occurrence and continuation of violence against children. Results show that social acceptance of the use of violence by husbands against their wives was highly prevalent among 13 to 24 year olds, with over a third of females aged 13 to 24 years and males aged 13 to 17 years reporting that a man is justified in hitting or beating his wife under certain circumstances. Similarly, a fifth of males aged 18 to 24 years old reported that a man is justified in hitting or beating his wife under certain circumstances. Females aged 18 to 24 years were significantly more likely than females aged 13 to 17 years to endorse these attitudes, while 40% of all females and males believe a woman should tolerate violence to keep the family together.

At the same time, a fifth of females and more than a third of males reported using violence against a partner. In summary, these findings, coupled with the high prevalence of physical violence against girls and boys, raise urgent questions regarding how to reverse the social and cultural legitimacy of violence in Malawi.

11.1.2 Strengths and Limitations

The VACS in Malawi is the first study to provide nationally-representative estimates of violence against children in this country. Interviewers obtained high individual and household response rates among eligible participants, reflecting a strong design, well-trained interviewers, and a national willingness to participate. These study strengths also provide confidence that the sample interviewed was representative of 18 to 24 year olds and 13 to 17 year olds in Malawi. An additional strength of this study is the depth of information collected, notably on the context and circumstances for sexual abuse. Large-scale health surveys typically ask only a few questions on sexual and other forms of violence. The breadth of information on the context of violence against children, especially sexual abuse, can considerably enhance both prevention and response efforts.



40% of all females and males believe a woman should tolerate violence to keep the family together



The findings in this report are subject to at least four limitations. First, since this is a household survey, the experiences of children living outside of family care (e.g., street children, children living in orphanages) are not included. These children are likely to be at higher risk for victimization, so the results from a household sample are likely conservative estimates of the true prevalence. Second, data were collected on first and most recent event of sexual abuse for each of the four types of sexual abuse (i.e., unwanted touching, unwanted attempted sex, pressured sex, and physically forced sex) experienced. Therefore, contextual data for respondents who experienced more than two events of a particular type of sexual abuse were not collected. Third, prevalence estimates are based on self-reports and might underestimate the actual prevalence. Previous research suggests that it is not uncommon for adults who have experienced child abuse to have no memory of that abuse, particularly when that abuse occurred at a young age and by someone well known to the victim.⁵⁰ Prior research suggests that some respondents may have been less likely to disclose an incident if the perpetrator was known to them.⁵¹ Last, the survey relied on self-reported HIV testing behavior and STI symptoms and self-reported diagnosis. Future studies using biomarkers from respondents could further explore the relationship between sexual abuse victimization and HIV/STIs.

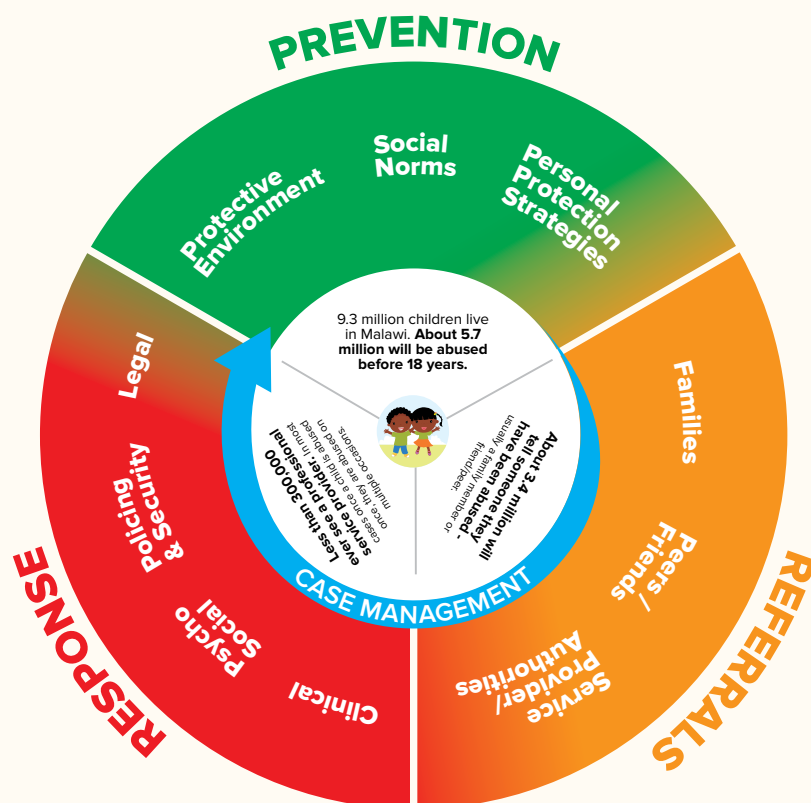
The magnitude of the problem of violence against children and the contexts and circumstances under which these occurred are critically important to understanding next steps toward strengthening the protection of children in Malawi and the prevention of violence. Indeed, the data from this survey offer rich opportunities for further analysis of issues around violence against children. In future studies, it will be important to build upon these initial findings and explore risk and protective factors for violence against children. A better understanding of these factors can increase the utility of these data for guiding the development of prevention strategies and response.

11.1.3 Implications for Prevention and Response

This study, and the results herein, represent a critical step in addressing the problem of violence against children in Malawi by providing evidence in its most basic form — information on the magnitude and characteristics of the problem. The results of this survey will help the Government of Malawi to enhance their efforts to raise awareness of violence against children and establish a stronger foundation for both prevention and response.

The study results underscore the fact that additional prevention and response efforts are necessary to address the needs of Malawi’s children. In other settings, direct support to government structures (ministries, district level governments and community structures that form part of these reporting structures) by international partners and donors has helped to ensure not only that children are protected but that these efforts are sustained. Such collaboration will require an understanding of children’s vulnerability as it is represented in the study findings, with specific measures to prevent and respond to violence against children and protect children most at risk. As further understanding of violence in Malawi emerges from this study, then definitions of vulnerability will likely need to be reviewed and reassessed in order to fully capture and protect Malawi’s children.

National and international stakeholders alike recognize that preventing violence against children in Malawi is complicated by the influence of poverty and a limited social protection framework. It will be critical to build on existing prevention and response initiatives across more recognized structures such as public health, education, and those aimed at addressing specific and well recognized health problems, such as HIV/AIDS — making the planned multi-sectoral response all the more important.



National and international stakeholders alike recognize that preventing violence against children in Malawi is complicated by the influence of poverty and a limited social protection framework



11.2 RECOMMENDATIONS

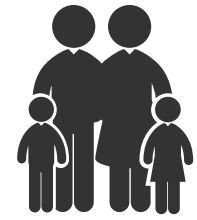
The results of this survey have significant implications for preventing violence in Malawi. More could be done to prevent violence; to ensure that abused children are referred to professional service providers; and, to ensure that service provision is readily available and of a high quality. In order to address these key elements, efforts could be made to implement evidence-informed strategies that prevent violence against children as well as to strengthen cross-sector child protection systems and responses. The following Action Framework, proposed by Mercy, et al.⁵² identifies critical elements required to achieve a strong foundation to prevent violence:

- Develop a National Action Plan and identify a lead agency
- Enhance the capacity for collecting data
- Increase collaboration and the exchange of information
- Implement and evaluate specific actions to prevent violence
- Strengthen care and support systems for survivors

11.2.1 Evidence-informed Strategies and Promising Practices for Preventing Violence Against Children

Evidence-informed prevention strategies are an integral component of preventing violence in Malawi. The following six strategies are based on WHO evidence on violence prevention.⁵³ It is important to note that each of these strategies incorporate primary, secondary, and tertiary prevention strategies.

Increase safe, stable and nurturing relationships between children and their parents and caregivers



Safe, stable, and nurturing relationships (SSNR) between children and their caregivers are the antithesis of maltreatment and other adverse exposures that occur during childhood and compromise health over the lifespan. Young children experience their world through their relationships with parents and caregivers. These relationships are fundamental to the healthy development of the brain and, consequently, the development of physical, emotional, social, behavioral, and intellectual capacities. The following recommendations seek to prevent violence against children by promoting SSNRs:

- Parenting training programs that educate parents and caretakers in parenting skills such as child rearing and management strategies are usually centre-based and delivered in groups; these programs can reduce levels of violence experienced by children.⁵⁴
- Home visitation programs use trained personnel to provide family support, health advice, child development education, and life coaching for parents to improve parental care-giving skills and prevent child maltreatment.⁵⁵
- Programs that combine parenting education with child education and incorporate social support may reduce both child maltreatment and youth violence later in life.⁵⁶
- Media (print, radio, television) and other technological interventions (involving on-line or text message components) may increase awareness and provide education regarding child and youth violence; however, these interventions have not been extensively evaluated.⁵⁷



Develop life skills in children and adolescents

Providing children with social skills that promote positive, respectful and cooperative peer relationships can prevent violence. Social skills that can contribute to violence prevention include those that help children manage anger, solve problems pro-socially, adopt a social perspective, resolve conflicts and enhance their moral development. The following recommendations seek to help children and youth develop life skills that can prevent violence:

- Preschool enrichment programs that equip children with academic and social skills to increase their chances of success in educational and social settings appear promising.⁵⁸
- School-based social development programs that seek to improve social and emotional skills and promote positive behavior among children and youth. Evidence suggests that social development programs may reduce violence among adolescents. Life skills development can also help women and girls develop strategies to negotiate safer sex relationships which may prevent HIV transmission.⁵⁹
- Academic enrichment programs aim to strengthen academic performance by providing study support and offering recreational activities outside normal school hours; such programs, which focus on youth development, may reduce the potential for young people's subsequent participation in the perpetration of violence.⁶⁰



Promote gender equality to prevent violence against women

Promoting gender equality and equity is a foundational pillar in the prevention of violence. The complex cultural differences in gender behaviors and roles often create unequal power relations between men and women, with a wide-ranging impact on society. Such inequalities increase the vulnerability of girls and young women to sexual, physical, and emotional violence by men, and they hinder the ability of female victims to seek and receive services and support. Violence prevention strategies that promote gender equality can be broken into three categories: School-based interventions, community interventions and media interventions.

- School-based interventions seek to address and influence gender norms and equality at an early age before gender stereotypes have a chance to become deeply embedded in children and youth. Promising approaches include dating violence prevention programs that work to increase knowledge about intimate partner violence and HIV prevention, and to promote better communication and healthier, more equitable relationships. School-based interventions that address teachers, as well as friends and classmates, as perpetrators of violence can reduce levels of violence, especially among girls.⁶¹
- Community interventions improve gender equality and empower women by reducing economic inequality, strengthening women's economic position, and positively influencing gender norms and stereotypes. Promising strategies that empower women by improving economic status and sexual health include micro-credit programs and life-skills training programs.⁶²
- Media interventions raise awareness on issues of violence that disproportionately affect girls and women and convey healthy behaviors to large populations through mass media channels such as television, the radio and the Internet. Media interventions that engage with the local community and culture have proven to be the most successful at modifying behaviors and promoting gender equality.⁶³
- Life skills development programs, such as literacy programs and vocational education programs can empower girls and young women and therefore have the potential to reduce violence.
- Information, education and communication campaigns promote changes in community attitudes, knowledge and behavior surrounding issues of violence, and may include such topics as gender-based violence prevention, available support services in the district and conflict resolution.
- Designing effective services and facilities can provide children and youth a safer environment and, thereby help reduce violence.



Change cultural and social norms that support violence

Cultural norms influence the acceptability of the use of violence in relationships with both girls and boys. Such norms can either promote violence or protect against it in relationships with children. For example, the widely accepted use of violence, particularly physical violence, as a normal method of discipline in childrearing is endemic worldwide. Interventions that alter cultural norms supportive of violence have great potential to prevent and reduce violence behavior. Although evidence to support such interventions is in early stages of development, a number of areas for promising practices in reducing violence against both girls and boys have been identified.

- Cultural and social norms in Malawi greatly influence individual behavior, including the use of violence as a means of discipline by both parents/relatives and authority figures. In response to the high prevalence of violence among children due to disciplinary action, interventions that address cultural and social norms and encourage alternatives to physical discipline appear to be an important component of preventing and reducing violence against children.⁶⁴
- Survey findings showed that sexual abuse was commonly perpetrated by dating or romantic partners for girls. Teen dating violence prevention programs that address the social norms that underlie these behaviors and promote healthy teen relationships may be adopted.⁶⁵
- Mass-media campaigns are considered promising by many, as they may raise public awareness on the issues highlighted in the report, such as physical violence against children and male violence against girls; such campaigns may help address social and cultural norms that legitimize such violence, and may prepare the ground for a strengthened response system to reduce abuse and violence among children and youth.⁶⁶
- Laws, policies, and other legal reform efforts that improve the criminal justice system and hold perpetrators of violence accountable can aid in altering norms linked to violence by making clear that these behaviors are unacceptable and thus reduce overall levels of violence.⁶⁷

Reducing violence through victim identification, care and support programs

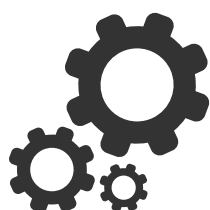


The consequences of violence against children are costly, common, destructive, and often permanent and hidden. Furthermore, violence compromises the health and well-being of individuals, families, communities, and nations. The cyclical nature of violence is well-recognized, with children who begin as victims commonly growing up to become adults who are perpetrators. In Malawi, access to and use of services for victims of violence should be strengthened. Specifically, such services should be integrated into those that target common consequences of violence, including HIV/AIDS, mental health, and reproductive health services.

- Programs that educate health care providers aid efforts to monitor, identify, treat and intervene in cases of violence. Moreover, education programs promote a fuller understanding of violence and can increase victim identification.⁶⁸
- Screening programs that are implemented universally or among at-risk populations seek to increase identification of victims of violence. Once identified, appropriate interventions and support services can be recommended.⁶⁹
- Following identification, the provision of mental health and social services to support children who have experienced sexual abuse may improve their mental health.⁷⁰
- The goal of child advocacy programs is to provide comprehensive, coordinated, and multi-agency services that care for and support vulnerable children who are victims of violence.⁷¹

11.2.2 General Recommendations for Strengthening Cross-sector Child Protection Systems and Responses

There is a strong appreciation for the critical role of linking strong child protection systems with formal and informal community networks in order to maximize the effectiveness of efforts to prevent violence against children and to protect them from its harmful effects. The following recommendations address a comprehensive approach to systems strengthening, which involves both formal and informal sectors.



Systems-Strengthening

- Stimulate a civil society response to complement government-led prevention and response services as well as to enhance awareness and sustained action.
- Develop and begin to implement a communication strategy to raise awareness on the issues highlighted in the report, particularly to address social and cultural norms that legitimize violence, and to prepare the ground for a strengthened reporting, referral, and response system to abuse and violence against children.
- Continue to support the lead government ministries in order to coordinate prevention and response for violence against children. Such a multi-sectoral response would engage social welfare, police and legal system, education, public health, health care, and organizations and groups working on HIV/AIDS, gender-based violence, and other related areas at the national, regional, and local level.
- In light of the survey findings, describe existing levels of service provision to respond to children who have experienced violence, including capacity for places of safety for children and counseling services, and identify priority areas for support.
- Develop and implement a public information campaign directed at older children and youth that engages them on the barriers they face for reporting and identifies strategies to facilitate children and youth finding information and help.

- Build support for child-focused organizations that work toward ending violence against children. Ensure that children themselves are involved in monitoring and reporting harmful practices in their communities as well as challenging the endorsement of violence.

Monitoring and Evaluation



- Develop and implement a monitoring and evaluation (M&E) system to track evidence from selected departments and help determine how child protection systems can best address violence against children and develop a strategy for national scale up.
- Based on selected intervention results within the first year, develop a national monitoring and evaluation system around the prevention of violence against children and response that triangulates data among the social welfare, education, police and legal, and health to develop a multi-sectoral surveillance system to track long-term trends in this problem.
- Integrate key indicators and questions from the Violence Against Children and Young Women Survey, with appropriate ethical protection for respondents, into ongoing national surveys to strengthen the focus on child protection within routine national surveys.
- Continue to analyze these survey data to uncover patterns that can inform prevention strategies and public policies, including the understanding of risk and protective factors to steer intervention efforts. This effort should be complemented by qualitative inquiry to deepen understandings of the context of violence and appropriate responses.
- Conduct further research into violence against specific groups of children who were not captured in this household survey, such as children living on the street or in institutions.

These recommendations should be considered in light of the culture of Malawi as well as current activities and programs focused on prevention and response to violence that are already being implemented. The results and recommendations in this report offer a significant opportunity to build a strategy for protecting children from violence and, thereby, create a more secure future for the people of Malawi.



WEIGHTING PROCEDURES, QUALITY ASSURANCE, AND ESTIMATES OF SAMPLING ERROR

The 2013 Malawi VACS was a nationally representative household survey of all non-institutionalized women and men aged 13 to 24 years designed to produce data on sexual, physical, and emotional violence in childhood.

The sampling frame was originally compiled by the National Statistics Office (NSO) for the 2008 national population and housing census. The sample design involved selecting EAs – the primary sampling unit (PSU) based on geo-political units. The sampling frame provided by NSO consists of 9,145 EAs containing 2,892,913 households and 13,077,160 persons.

To calculate separate male and female prevalence estimates for violence victimization, a split sample approach was used. This means that the survey for females was conducted in different EAs than the survey for males. The split sample approach serves to protect the confidentiality of respondents, and eliminates the chance that a male perpetrator of a sexual assault and the female who was the victim of his sexual assault in the same community would both be interviewed. The design also eliminates the chance that a female perpetrator and a male victim of sexual violence from the same community would both be interviewed in the selected EA.

The following assumptions were used to estimate the sample size: 95% confidence interval (CI) of +/-2.0% around an estimated prevalence of sexual violence against children of 30%, and a design effect of 2.0. The calculated sample size based on these assumptions was 1008 completed interviews for males and 1008 completed interviews for females. Adjustment to the sample size for eligibility as well as non-response resulted in a target of 2,678 households in 89 EAs for the female sample and 3,692 households in 123 EAs for the male sample.

STAGES OF SELECTION

The 2013 Malawi VACS utilized a four-staged stratified sample design. In the first stage a total of 212 EAs was selected probability proportional to size stratified by region (North, Central, and South). In the second stage, a fixed number of 30 households were selected using equal probability systematic sampling. In the last stage, one eligible respondent (female or male depending on the selected EA) was randomly selected from the list of all eligible respondents (females or males) 13-24 years of age in each household and administered the questionnaire. For EAs containing greater than 250 households segmentation was conducted to obtain a sample of geographic areas that were of suitable size for the field teams.

SAMPLING ALLOCATION

Table A1: Allocation of 212 PSU by Region - Violence Against Children and Young Women Survey in Malawi, 2013

Region	Total	Male	Female
Northern	27	16	11
Southern	95	55	40
Central	89	52	38
Total	212	123	89

WEIGHTING PROCEDURE

Weighting

Weighting is a method used to obtain parameters from the data set resulting from sampling so as to represent the total population. VACS used a three step weighting procedure: (Step 1) computation of base weight for each sample respondent; (Step 2) adjustment of the base weights for non-response; and (Step 3) post-stratification calibration adjustment of weights to known population totals.

Base Weight

Base weights were calculated that are inversely proportional to the overall selection probabilities for each sample respondent (Step 1). Calculations in this stage included probabilities of selection of EAs, selection of households, gender specification, and selection of eligible individuals.

Adjustment for Unit Non-response

In Step 2, base weights were adjusted to compensate for the losses in the sample outcome due to non-response (Appendix Table A2 shows household and individual response rates). In this step, non-response adjustments were made for non-responding EAs, non-responding households and non-responding respondents. Due to some non-responding enumeration areas (EAs), nonresponse adjustments were made at the PSU-level for female EAs (Appendix Table A6 present PSU-level nonresponse adjustment factors for female and male EAs). The household-level non-response adjustment was performed by using weighted data by region and EA. For the person-level non-response adjustment, weighting cells were formed taking into account, region, age group (13-17 or 18-24), and sex. In the VACS protocol, it is recommended that any household- or person-level non-response adjustment component that exceeds 3.00, should be set to 3.00. For the 2013 Malawi VACS, there were no values larger than 3.0 in either the household-level and the person-level adjustment factors for non-response.

HOUSEHOLD-LEVEL RESPONSE RATE

Using the household disposition codes, the household-level response rates were computed separately for each sample EA using the formula below.

$$\text{Household-Level Response Rate} = \frac{[1]+[2]}{[1] + [2] + [4] + [6] + [7]}$$

where:

- [1] = Completed Household Survey, 1 person selected
- [2] = Completed Household Survey, no one selected
- [3] = Unoccupied/Vacant/Abandoned
- [4] = Household Survey Not Completed
- [5] = Demolished
- [6] = Household refusal
- [7] = Other Household non-response
- [8] = Household respondent incapacitated

The corresponding household-level weighting class adjustment was computed as one divided by the weighted household response rate for each sampled EA. Appendix Table A3 and A4 lists all household-level nonresponse adjustment factors for female and male EAs.

PERSON-LEVEL RESPONSE RATE

Person-level non response adjustment was performed by using individual-level response rate calculating formula by a combination of weighting class variables. As with the household adjustment component, the person-level adjustment component was computed as one divided by the weighted person-level response rate for each weighting cell. Appendix Table A5 reflects the person-level non-response adjustment factors for female and male EAs.

$$\text{Individual-Level Response Rate} = \frac{[1]}{[1] + [2] + [4]}$$

where:

[1] = Completed Individual Survey

[2] = Selected respondent refusal

[3] = Selected respondent incapacitated

[4] = Other individual non response

[5] = Selected Individual Later Determined Ineligible

[6] = Not Eligible

Table A2: Household and Individual Response Rates by Sex - Violence Against Children and Young Women Survey in Malawi, 2013

Household	Female	Male
Completed Household - 1 person selected	1164	1314
Completed Household - No Eligible in household	1304	2168
Household Survey not completed	115	121
Household Refusal	28	30
Unoccupied/vacant/abandoned household	19	31
Demolished	1	2
Household respondent incapacitated	3	10
Other Household Non-response	4	12
Total	2638	3688
Household Response Rate	94.4%	95.5%

Individual	Female	Male
Completed Individual Survey	1029	1133
Not eligible	0	0
Selected Individual later determined ineligible	1	1
Selected Respondent Refused	37	44
Selected Respondent incapacitated	13	16
Other Individual Non-response	84	120
Total	1164	1314
Individual Response Rate	89.5%	87.4%
OVERALL Response Rate*	84.4%	83.4%

*Overall Response Rate = Household Response Rate * Individual Response Rate

Table A3: Household-level Nonresponse Adjustments for Female Enumeration Areas - Malawi Violence Against Children and Young Women Survey, 2013

REGION	PSU	HOUSEHOLD NON-RESPONSE ADJUSTMENT	REGION	PSU	HOUSEHOLD NON-RESPONSE ADJUSTMENT	REGION	PSU	HOUSEHOLD NON-RESPONSE ADJUSTMENT
1	10101055	1.03448	2	20602071	1	3	30403029	1.03448
1	10120705	1.2	2	20609033	1.15385	3	30403052	1
1	10220712	1.07143	2	20615013	1	3	30403095	1.03448
1	10301018	1.07143	2	20703016	1	3	30601026	1
1	10307010	1	2	20704012	1	3	30602003	1.03704
1	10401038	1.15385	2	20705065	1	3	30602021	1
1	10506021	1.03448	2	20706012	1	3	30705045	1
1	10506052	1	2	20801001	1.03571	3	30708027	1.11538
1	10509003	1.15385	2	20805012	1.11538	3	30708047	1.03448
1	10510014	1.03571	2	20807007	1.12	3	30709096	1.11111
2	20101014	1	2	20903040	1.07692	3	30721754	1.11111
2	20109012	1.03571	2	20904032	1.07407	3	30802015	1
2	20111021	1.03448	2	20907005	1.15385	3	30806066	1
2	20120729	1.03448	2	21051006	1.03448	3	31001072	1.26087
2	20201018	1.11111	2	21054006	1	3	31001102	1.07143
2	20203021	1.03571	2	21079012	1.07143	3	31006003	1.03448
2	20203036	1.03571	2	21087008	1	3	31105902	1
2	20205015	1.11111	2	21088011	1.03448	3	31109007	1.03448
2	20301003	1	3	30101058	1.11111	3	31201060	1.03448
2	20301011	1.16	3	30101087	1.03448	3	31303003	1
2	20304052	1.03448	3	30103038	1.07143	3	31303018	1.07143
2	20305051	1	3	30103057	1	3	31531011	1.2
2	20306020	1.03448	3	30105059	1.03448	3	31531017	1.36364
2	20402080	1.07143	3	30106801	1.07692	3	31534001	1.07143
2	20404018	1	3	30108021	1.15385	3	31540003	1.11538
2	20406030	1.07143	3	30201005	1	3	31540006	1.42857
2	20501046	1.07407	3	30203047	1	3	31545005	1.2
2	20506015	1	3	30212005	1	3	31550002	1.25
2	20507063	1.15385	3	30302009	1			
2	20520702	1.03448	3	30307029	1.03448			

Table A4: Household-level Nonresponse Adjustments for Male Enumeration Areas - Malawi Violence Against Children and Young Women Survey, 2013

REGION	PSU	HOUSEHOLD NON-RESPONSE ADJUSTMENT	REGION	PSU	HOUSEHOLD NON-RESPONSE ADJUSTMENT	REGION	PSU	HOUSEHOLD NON-RESPONSE ADJUSTMENT
1	10101001	1.12	2	20602037	1.03448	3	30602028	1.03704
1	10101017	1.04	2	20607051	1.07143	3	30620702	1.15385
1	10101038	1.11111	2	20612002	1.07143	3	30703015	1.03448
1	10101071	1.03704	2	20702013	1	3	30709073	1
1	10103001	1.15385	2	20703028	1	3	30711030	1
1	10105016	1	2	20705016	1	3	30721752	1.03448
1	10306007	1.2	2	20705079	1.03448	3	30801213	1.11111
1	10401013	1.07143	2	20706040	1	3	30802805	1
1	10401024	1	2	20801036	1.03571	3	30901053	1.03448
1	10401803	1.11111	2	20801804	1	3	30901103	1
1	10403010	1.07143	2	20806044	1.03448	3	30901118	1
1	10405004	1	2	20807025	1.03571	3	30901138	1.03448
1	10501140	1.07143	2	20820712	1	3	30901159	1.03448
1	10520706	1.16	2	20904017	1	3	30901172	1.03448
1	10520710	1.15385	2	20905010	1	3	30901182	1.07143
1	10520711	1.11111	2	20908094	1	3	30902807	1
2	20106013	1.03571	2	20920703	1.03448	3	30903004	1
2	20111003	1.03571	2	21033003	1.52941	3	30903014	1
2	20112022	1.03571	2	21037028	1.2	3	31001016	1.03571
2	20120716	1.2	2	21052019	1	3	31001027	1.11111
2	20201006	1.07143	2	21055010	1	3	31001119	1.07143
2	20201044	1.03571	2	21066018	1	3	31002807	1.30435
2	20202901	1.03448	2	21066028	1	3	31003012	1
2	20203030	1	2	21069001	1.11111	3	31007011	1
2	20205004	1	2	21080008	1.03448	3	31101013	1.03846
2	20205028	1.03448	2	21086013	1.16	3	31102003	1.07143
2	20220711	1.07143	2	21087028	1	3	31105016	1.07143
2	20303009	1	3	30101009	1.07143	3	31120709	1.16667
2	20305012	1	3	30101034	1	3	31201049	1.07143
2	20305061	1.03448	3	30102015	1	3	31201071	1.03571
2	20306004	1	3	30105038	1.07143	3	31201096	1.07143
2	20401041	1.07143	3	30120708	1.07143	3	31201120	1.03448
2	20403002	1	3	30203005	1	3	31204003	1.03448
2	20404037	1.07143	3	30203060	1.03571	3	31535011	1
2	20405011	1.03571	3	30222772	1	3	31536006	1.03448
2	20421809	1	3	30222785	1.03448	3	31537006	1
2	20503004	1	3	30302048	1.03704	3	31540012	1.03448
2	20505034	1.11111	3	30305080	1	3	31546005	1.15385
2	20507049	1.03448	3	30402003	1	3	31546012	1.11538
2	20507083	1	3	30403004	1	3	31552020	1.15385
2	20520707	1.03448	3	30602017	1.11111	3	31555007	1

Table A5: Person-level Nonresponse Adjustment Factors for Enumeration Areas - Malawi Violence Against Children and Young Women Survey, 2013

Region	Age Category	Female	Male
3	13 to 17	1.20145	1.1673
3	18 to 24	1.09874	1.16574
2	13 to 17	1.12475	1.11188
2	18 to 24	1.03286	1.09284
1	13 to 17	1.20413	1.14061
1	18 to 24	1.06141	1.24418

Table A6: PSU-level Nonresponse Adjustment Factors for Enumeration Areas - Malawi Violence Against Children and Young Women Survey, 2013

Region	Female	Male
1	1.073005561	1
2	1	1
3	1	1

Post-stratification Calibration Adjustment

In the final stage of the weighting process (Step 3), calibration adjustment was done to adjust weights to conform with the NSO statistical 2013 population projections distributed by region, age group (13-17 or 18-24), and gender. These variables were used to form weighting cells. Appendix Table A7 and A8 present the post-stratification calibration adjustment factors for female and male EAs.

Table A7: Calibration Adjustments for Female Enumeration Areas - Malawi Violence Against Children and Young Women Survey, 2013

Region	Age Category	Weighted Sum of Sample	Census	Calibration
1	13 to 17	189,252	99,723	0.52693
1	18 to 24	124,372	122,027	0.98115
2	13 to 17	390,832	305,185	0.78086
2	18 to 24	391,994	391,684	0.99921
3	13 to 17	539,282	309,727	0.57433
3	18 to 24	545,540	430,182	0.78854

Table A8: Calibration Adjustments for Male Enumeration Areas - Malawi Violence Against Children and Young Women Survey, 2013

Region	Age Category	Weighted Sum of Sample	Census	Calibration
3	13 to 17	77,682	97,351	1.2532
3	18 to 24	42,217	106,340	2.51887
2	13 to 17	377,503	301,573	0.79886
2	18 to 24	288,174	340,083	1.18013
1	13 to 17	395,697	308,029	0.77845
1	18 to 24	326,562	341,420	1.0455

Final Weights

The final weights assigned to each responding unit were computed as the product of the base weights, the non-response adjustment factors and post-stratification calibration adjustment factors. The final weights were used in all analysis to produce estimates of population parameters in SAS V9.3.

Effect of Variable Sample Weights on the Precision of Survey Weights

Variation in sample weights can increase the amount of sampling error in survey estimates and lead to larger standard errors of these estimates. The multiplicative increase in the variance of survey estimates depends on how variable the weights are for the set of sample observations that are used to produce the estimates. The more variable the weights are, the larger is the value of *Meff*. In Appendix Table A9 the values of *Meff* are shown for females and males. This indicates that variation in sample weights increases the variation of estimates by these *Meff* factors respectively.

Table A9: Multiplicative Effect Overall - Malawi Violence Against Children and Young Women Survey, 2013

	n	Meff
Female	1029	2.01
Male	1133	1.87

Estimates of Sampling Error

Sampling errors for the Malawi VACS are calculated for selected variables considered to be of primary interest. The results are presented in Appendix Tables A10 and A11 by gender. These tables present the value of the statistic (R), its standard error (SE), the number of unweighted (N) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits ($R \pm 1.96SE$), for each variable. The DEFT is considered undefined when the standard error considering simple random sample is zero (when the estimate is close to 0 or 1).

Table A10: Sampling errors for female sample – Malawi Violence Against Children and Young Women Survey (VACS), 2013.

Indicator	Age Group	Unweighted count	Estimate percent	Standard Error of Percent	Design Effect	95% Lower Limit	95% Upper Limit	Relative Error
Any Childhood Sexual Violence	18-24 years old prior to age 18	574	21.8	2.0604	1.4264	17.7	25.9	0.095
	13-17 years old in the past 12 months	455	22.8	2.5868	1.7247	17.7	28.0	0.113
Reported experiencing any sexual touching	18-24 years old prior to age 18	574	8.1	1.7414	2.3423	4.6	11.5	0.215
	13-17 years old in the past 12 months	454	10.5	2.3068	2.5628	5.9	15.1	0.220
Reported experiencing any unwanted attempted sex	18-24 years old prior to age 18	572	11.5	1.57	1.3819	8.4	14.6	0.137
	13-17 years old in the past 12 months	453	13.1	2.8486	3.2279	7.4	18.7	0.217
Reported experiencing any pressured sex	18-24 years old prior to age 18	574	1.9	0.9059	2.4785	0.1	3.7	0.477
	13-17 years old in the past 12 months	455	1.8	0.7314	1.3738	0.3	3.3	0.406
Reported experiencing physically forced sex	18-24 years old prior to age 18	573	5.1	1.5314	2.7709	2.1	8.1	0.300
	13-17 years old in the past 12 months	455	2.0	0.6684	1.0556	0.6	3.3	0.334
Reported experiencing non-contact sexual abuse (participation in a sex photo, video, webcam)	18-24 years old prior to age 18	574	0.1	0.0745	0.4346	0.0	0.2	0.745
Reported talking to or receiving services for any incident of sexual abuse 1, among those who experienced at least one incident of sexual abuse	18-24 years old prior to age 18	118	9.6	6.9905	6.568	0.0	23.5	0.728
	13-17 years old in the past 12 months	95	7.7	3.8756	1.9895	0.0	15.4	0.503
Reported they had told someone about any experience of sexual abuse where at least one incident of sexual abuse occurred	18-24 years old prior to age 18	119	61.2	5.0251	1.2554	51.3	71.2	0.082
	13-17 years old in the past 12 months	96	59.8	6.0924	1.4663	47.6	71.9	0.102
Reported receiving any money, food, gifts, or other favors to have sexual intercourse or to perform other sexual acts	18-24 years old prior to age 18	574	2.9	1.0796	2.3613	0.8	5.1	0.372
	13-17 years old in the past 12 months	455	3.7	1.9064	4.6911	0.0	7.4	0.515
Reported that first incident of sexual intercourse was unwanted	18-24 years old prior to age 18	285	37.7	4.4871	2.8755	28.8	46.6	0.119
	13-17 years old in the past 12 months	94	52.0	5.1294	1.18	41.8	62.2	0.099

Table A10: Sampling errors for female sample – Malawi Violence Against Children and Young Women Survey (VACS), 2013 – continued

Indicator	Age Group	Unweighted count	Estimate percent	Standard Error of Percent	Design Effect	95% Lower Limit	95% Upper Limit	Relative Error
Reported experiencing any physical violence	18-24 years old prior to age 18	574	42.4	4.011	3.7737	34.5	50.4	0.095
	13-17 years old in the past 12 months	455	40.9	5.1703	5.0225	30.6	51.1	0.126
Reported experiencing any physical violence by an adult household member	18-24 years old prior to age 18	570	24.3	2.7391	2.3226	18.8	29.7	0.113
	13-17 years old in the past 12 months	455	20.6	4.3816	5.3308	11.9	29.3	0.213
Reported experiencing any physical violence by an authority figure	18-24 years old prior to age 18	573	16.6	2.9292	3.5395	10.8	22.5	0.176
	13-17 years old in the past 12 months	455	21.1	2.8253	2.178	15.5	26.7	0.134
Reported experiencing any physical violence by a peer	18-24 years old prior to age 18	569	17.0	2.1955	1.9417	12.6	21.4	0.129
	13-17 years old in the past 12 months	455	18.8	3.7235	4.1263	11.4	26.2	0.198
Reported experiencing any emotional violence by an adult household member	18-24 years old prior to age 18	571	20.3	2.4103	2.0492	15.5	25.1	0.119
	13-17 years old in the past 12 months	454	22.7	2.5163	1.6369	17.7	27.7	0.111

Table A11: Sampling errors for male sample - Malawi Violence Against Children and Young Women Survey (VACS), 2013.

Indicator	Age Group	Unweighted count	Estimate percent	Standard Error of Percent	Design Effect	95% Lower Limit	95% Upper Limit	Relative Error
Any Childhood Sexual Violence	18-24 years old prior to age 18	518	14.8	2.3389	2.238	10.2	19.5	0.158033784
	13-17 years old in the past 12 months	615	12.7	1.9361	2.0807	8.8	16.5	0.152448819
Reported experiencing any sexual touching	18-24 years old prior to age 18	516	6.9	1.5237	1.8711	3.8	9.9	0.220826087
	13-17 years old in the past 12 months	614	6.8	1.1939	1.377	4.4	9.2	0.175573529
Reported experiencing any unwanted attempted sex	18-24 years old prior to age 18	516	9.7	1.9695	2.2708	5.8	13.6	0.203041237
	13-17 years old in the past 12 months	615	7.8	1.3175	1.4888	5.2	10.4	0.168910256
Reported experiencing any pressured sex	18-24 years old prior to age 18	517	1.0	0.4599	1.1354	0.1	1.9	0.4599
	13-17 years old in the past 12 months	615	1.0	0.5045	1.5594	0.0	2.0	0.5045
Reported experiencing physically forced sex	18-24 years old prior to age 18	517	1.0	0.7016	2.6814	0.0	2.3	0.7016
	13-17 years old in the past 12 months	614	0.3	0.2304	0.9406	0.0	0.8	0.768
Reported experiencing any unwanted completed sex (physically forced or pressured)	18-24 years old prior to age 18	518	1.9	0.8358	1.912	0.3	3.6	0.439894737
	13-17 years old in the past 12 months	615	1.4	0.6721	2.0684	0.0	2.7	0.480071429
Reported experiencing non-contact sexual abuse (participation in a sex photo, video, webcam)	18-24 years old prior to age 18	518	0.6	0.6277	3.2516	0.0	1.9	1.046166667
Reported talking to or receiving services for any incident of sexual abuse 1, among those who experienced at least one incident of sexual abuse	18-24 years old prior to age 18	78	5.9	2.9569	1.2188	0.0	11.7	0.501169492
	13-17 years old in the past 12 months	80	1.1	1.1617	0.9408	0.0	3.4	1.056090909
Reported they had told someone about any experience of sexual abuse where at least one incident of sexual abuse occurred	18-24 years old prior to age 18	78	64.7	7.0848	1.6923	50.7	78.7	0.109502318
	13-17 years old in the past 12 months	80	54.1	6.5822	1.3786	41.1	67.2	0.121667283
Reported receiving any money, food, gifts, or other favors to have sexual intercourse or to perform other sexual acts	18-24 years old prior to age 18	516	1.1	0.5351	1.3119	0.1	2.2	0.486454545
	13-17 years old in the past 12 months	614	1.3	0.4911	1.1938	0.3	2.2	0.377769231

Table A11: Sampling errors for male sample - Malawi Violence Against Children and Young Women Survey (VACS), 2013. - continued

Indicator	Age Group	Unweighted count	Estimate percent	Standard Error of Percent	Design Effect	95% Lower Limit	95% Upper Limit	Relative Error
Reported that first incident of sexual intercourse was unwanted	18-24 years old prior to age 18	250	9.8	2.0551	1.3878	5.8	13.9	0.209704082
	13-17 years old in the past 12 months	194	16.8	4.4575	2.6121	8.0	25.6	0.265327381
Reported experiencing any physical violence	18-24 years old prior to age 18	518	64.5	2.9797	2.006	58.6	70.4	0.046196899
	13-17 years old in the past 12 months	615	59.5	2.9154	2.165	53.7	65.2	0.048998319
Reported experiencing any physical violence by an adult household member	18-24 years old prior to age 18	511	40.5	3.34	2.3613	33.9	47.1	0.082469136
	13-17 years old in the past 12 months	614	27.7	3.0734	2.89	21.6	33.8	0.110953069
Reported experiencing any physical violence by an authority figure	18-24 years old prior to age 18	513	34.0	3.0291	2.0937	28.0	40.0	0.089091176
	13-17 years old in the past 12 months	613	31.5	2.8092	2.2397	25.9	37.0	0.089180952
Reported experiencing any physical violence by a peer	18-24 years old prior to age 18	516	37.3	2.7427	1.6572	31.8	42.7	0.073530831
	13-17 years old in the past 12 months	615	35.1	3.0272	2.4714	29.1	41.0	0.086245014
Reported experiencing any emotional violence by an adult household member	18-24 years old prior to age 18	511	28.8	2.2947	1.311	24.2	33.3	0.079677083
	13-17 years old in the past 12 months	614	25.8	2.8627	2.6217	20.2	31.5	0.110957364

Table 2.1. Percent distribution of male and female respondents by select background characteristics - Malawi Violence Against Children Survey (VACS), 2013.

	Females	Total	Males	Total
	% (95% CI[§])	[n]	% (95% CI)	[n]
Age Group				
13-17 years old	43.1 (37.2 - 49.0)	100.0 [1029]	47.3 (42.6 - 52.0)	100.0 [1133]
18-24 years old	56.9 (51.0 - 62.8)		52.7 (48.0 - 57.4)	
Education Status				
Never attended school	4.9 (2.9 - 6.9)	100.0 [1028]	3.2 (2.0 - 4.4)	100.0 [1133]
Less than primary school	0.4 (0.0 - 0.9)		0.0 (0.0 - 0.1)	
Primary school	71.0 (63.8 - 78.3)		67.5 (62.1 - 72.9)	
Secondary school	22.2 (15.6 - 28.8)		27.6 (22.3 - 33.0)	
Higher than secondary school	1.5 (0.3 - 2.7)		1.7 (0.1 - 3.2)	
Reported Head of Household A				
<=18	0.7 (0.2 - 1.2)	100.0 [972]	0.9 (0.3 - 1.6)	100.0 [1082]
19-30	43.2 (36.5 - 49.8)		23.4 (20.2 - 26.5)	
31-50	33.8 (28.0 - 39.5)		47.5 (43.7 - 51.4)	
51+	22.4 (18.9 - 25.8)		28.2 (24.9 - 31.5)	
Orphanhood¹ (13-17 year olds)				
Not an orphan	74.7 (68.8 - 80.5)	100.0 [452]	79.3 (74.7 - 84.0)	100.0 [613]
Lost one Parent, but not Both Parents	21.8 (16.5 - 27.1)		17 (12.8 - 21.2)	
Lost Both Parents	3.5 (1.6 - 5.5)		3.7 (1.8 - 5.6)	
Orphanhood¹ prior to age 18 (18-24 year olds)				
Not an orphan prior to age 18	73.0 (67.9 - 78.2)	100.0 [557]	72.9 (67.7 - 78.0)	100.0 [508]
Lost one Parent prior to 18 years, but not Both Parents	21.0 (16.8 - 25.3)		20.9 (16.6 - 25.1)	
Lost Both Parents prior to 18 years	5.9 (2.9 - 8.9)		6.3 (3.7 - 8.9)	

[§] 95% confidence interval

¹ Orphanhood: single - loss of one parent, double - loss of both parents.

Table 2.2. Percent distribution of male and female respondents by select background characteristics - Malawi Violence Against Children Survey (VACS), 2013.

	Females	Total	Males	Total
	% (95% CI [§])	[n]	% (95% CI [§])	[n]
Ever Been Married or Lived with Someone as if Married				
13-17 years old	8.8 (4.5 - 13.1)	100.0 [455]	1.8 (0.4 - 3.3)	100.0 [615]
18-24 years old	77.9 (71.3 - 84.5)	100.0 [574]	33.4 (27.4 - 39.5)	100.0 [518]
Ever Married or Lived with Someone as if Married prior to age 18 (18-24 year olds)				
18-24 years old	27.0 (19.3 - 34.7)	100.0 [573]	3.1 (1.2 - 5.0)	100.0 [517]
Ever had Sex				
13-17 years old	19.8 (11.8 - 27.7)	100.0 [455]	34.7 (27.4 - 42.1)	100.0 [614]
18-24 years old	87.2 (81.8 - 92.7)	100.0 [572]	75.9 (69.7 - 82.1)	100.0 [515]
Ever had Sex prior to age 18 (18-24 year olds)				
18-24 years old	55.8 (48.6 - 63.0)	100.0 [566]	50.4 (43.6 - 57.3)	100.0 [510]
Ever Worked for Money or any other payment				
13-17 years old	60.4 (52.4 - 68.4)	100.0 [455]	59.9 (54.4 - 65.4)	100.0 [615]
18-24 years old	66.8 (58.6 - 74.9)	100.0 [574]	69.1 (63.5 - 74.6)	100.0 [518]

Table 3.1.1 Percent of Malawians aged 18-24 years who reported experiencing any sexual abuse¹ prior to age 18 - Malawi Violence Against Children Survey (VACS), 2013.

Reported experiencing any sexual abuse ¹ prior to age 18	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
18-24 years old prior to age 18	574	21.8 (17.7 - 25.9)	518	14.8 (10.2 - 19.5)

[§] 95% confidence interval

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

Table 3.1.2. Percent of Malawians aged 18-24 years who reported experiencing types of sexual violence abuse¹ prior to age 18 - Malawi Violence Against Children Survey (VACS), 2013.

18-24 years old prior to age 18	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Reported experiencing any sexual touching prior to age 18	574	8.1 (4.6 - 11.5)	516	6.9 (3.8 - 9.9)
Reported experiencing any unwanted attempted sex prior to age 18	572	11.5 (8.4 - 14.6)	516	9.7 (5.8 - 13.6)
Reported experiencing physically forced sex prior to age 18	573	5.1 (2.1 - 8.1)	517	1.0 (0.0 - 2.3)
Reported experiencing any pressured sex ² prior to age 18	574	1.9 (0.1 - 3.7)	517	1.0 (0.1 - 1.9)

[§] 95% confidence interval.

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

² Pressured sex includes: threats, harassment, luring, or tricking.

Table 3.1.3. Percent of Malawians aged 18-24 years who reported experiencing any unwanted completed sex³ prior to age 18 - Malawi Violence Against Children Survey (VACS), 2013.

Reported experiencing any unwanted completed sex prior to age 18	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
18-24 years old prior to age 18	574	6.7 (3.7 - 9.8)	518	1.9 (0.3 - 3.6)

[§] 95% confidence interval

³ Unwanted completed sex includes: physically forced sex and pressured sex.

Table 3.1.4. Percent of Malawians aged 18-24 years who experienced more than one incident of sexual abuse¹, among those who experienced at least one incident of sexual abuse prior to age 18 years - Malawi Violence Against Children Survey (VACS), 2013

Multiple incidents of sexual abuse ¹ among those who experienced at least one incident of sexual abuse prior to age 18 years	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
18-24 years old prior to age 18	118	68.4 (54.3 - 82.5)	78	74.4 (61.7 - 87.0)

§ 95% confidence interval

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

Table 3.1.5. Distribution of age at which Malawians aged 18-24 years first experienced her/his first incident of sexual abuse¹, among 18-24 year olds who experienced any sexual abuse prior to age 18 years - Malawi Violence Against Children Survey (VACS), 2013

Age (years) at which first experienced her/his first incident of sexual abuse ¹	Females	Males
	% (95% CI [§])	% (95% CI [§])
<=13	28.7 (17.1 - 40.3)	31.9 (16.2 - 47.7)
14-15	35.5 (18.8 - 52.3)	23.0 (12.8 - 33.1)
16-17	35.8 (23.0 - 48.6)	45.1 (30.1 - 60.0)
Total (n)	100.0 (118)	100.0 (78)

§ 95% confidence interval

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex

Table 3.1.6. Percent of Malawians aged 18-24 years who reported that their first incident of sexual intercourse was unwanted, among those whose first sexual intercourse was prior to age 18 – Malawi Violence Against Children Survey (VACS), 2013.

Reported that first incident of sexual intercourse was unwanted among 18-24 year olds whose first sex was prior to age 18	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
	285	37.7 (28.8 - 46.6)	250	9.8 (5.8 - 13.9)

§ 95% confidence interval

Table 3.2.1 Percent of Malawians aged 13-17 years who reported experiencing any sexual abuse¹ in the past 12 months – Malawi Violence Against Children Survey (VACS), 2013.

Reported experiencing any sexual abuse ¹ in the past 12 months	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
13-17 years old	455	22.8 (17.7 - 28.0)	615	12.7 (8.8 - 16.5)

§ 95% confidence interval

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

Table 3.2.2. Percent of Malawians aged 13-17 years who reported experiencing types of sexual abuse¹ in the past 12 months – Malawi Violence Against Children Survey (VACS), 2013.

13-17 years old	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Reported experiencing any sexual touching	454	10.5 (5.9 - 15.1)	614	6.8 (4.4 - 9.2)
Reported experiencing any unwanted attempted sex	453	13.1 (7.4 - 18.7)	615	7.8 (5.2 - 10.4)
Reported experiencing any physically forced sex	455	2.0 (0.6 - 3.3)	614	0.3 (0.0 - 0.8)
Reported experiencing any pressured sex ²	455	1.8 (0.3 - 3.3)	615	1.0 (0.0 - 2.0)

§ 95% confidence interval

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

² Pressured sex includes: threats, harassment, luring, or tricking.

Table 3.2.3. Percent of Malawians aged 13-17 years who reported experiencing any unwanted completed sex³ in the past 12 months - Malawi Violence Against Children Survey (VACS), 2013.

Reported experiencing any unwanted completed sex ³ in the past 12 months	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
13-17 years old	455	3.4 (1.4 - 5.3)	615	1.4 (0.0 - 2.7)

§ 95% confidence interval

³Unwanted completed sex includes: physically forced sex and pressured sex.

Table 3.2.4. Percent of Malawians aged 13-17 years who experienced more than one incident of sexual abuse¹, among those who experienced at least one incident of sexual abuse in the past 12 months - Malawi Violence Against Children Survey (VACS), 2013

Multiple incidents of sexual abuse ¹ among those who experienced at least one incident of sexual abuse	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
13-17 years old	95	76.3 (64.6 - 87.9)	80	79.3 (66.0 - 92.6)

§ 95% confidence interval

¹Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex

Table 3.2.5. Distribution of age at which Malawians aged 13-17 years first experienced her/his first incident of sexual abuse¹, among 13-17 year olds who experienced any sexual abuse in the past 12 months - Malawi Violence Against Children Survey (VACS), 2013

Age (years) at which first experienced her/his first incident of sexual abuse ¹	Females	Males
	% (95% CI [§])	% (95% CI [§])
<=13	48.6 (32.6 - 64.5)	60.7 (46.0 - 75.4)
14-15	39.9 (25.2 - 54.7)	26.3 (11.9 - 40.6)
16-17	11.5 (2.9 - 20.1)	13.0 (4.0 - 22.0)
Total (n)	100.0 (95)	100.0 (79)

§ 95% confidence interval

¹Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

Table 3.2.6. Percent of Malawians aged 13-17 years who reported that their first incident of sexual intercourse was unwanted, among those who had ever had sexual intercourse - Malawi Violence Against Children Survey (VACS), 2013.

Reported that first incident of sexual intercourse was unwanted among 13-17 year olds who had ever had sex	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
	94	52.0 (41.8 - 62.2)	194	16.8 (8.0 - 25.6)

[§] 95% confidence interval

Table 3.3.1. Percent of Malawians aged 18-24 years who reported receiving any money, food, gifts, or other favors in exchange for sex prior to age 18 - Malawi Violence Against Children Survey (VACS), 2013.

Reported receiving any money, food, gifts, or other favors in exchange for sex prior to age 18	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
18-24 years old	574	2.9 (0.8 - 5.1)	516	1.1 (0.1 - 2.2)

[§] 95% confidence interval

Table 3.3.2. Percent of Malawians aged 13-17 years who reported receiving any money, food, gifts, or other favors in exchange for sex in the past 12 months - Malawi Violence Against Children Survey (VACS), 2013.

Reported receiving any money, food, gifts, or other favors in exchange for sex in the past 12 months	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
13-17 years old	455	3.7 (0.0 - 7.4)	614	1.3 (0.3 - 2.2)

[§] 95% confidence interval

Table 3.4.1. Percent of Malawians aged 18-24 years who reported experiencing non-contact sexual violence⁴ prior to age 18 - Malawi Violence Against Children Survey (VACS), 2013.

Reported experiencing non-contact sexual violence prior to age 18	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
13-17 years old	574	0.1 (0.0 - 0.2)	518	0.6 (0.0 - 1.9)

[§] 95% confidence interval

⁴Non-contact sexual violence includes: participating in a sex photo or video or showing sexual body parts in front of a webcam

Table 3.4.2. Percent of Malawians aged 13-17 years who reported experiencing non-contact sexual violence⁴ in the past 12 months - Malawi Violence Against Children Survey (VACS), 2013.

Reported experiencing non-contact sexual violence in the past 12 months	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
13-17 years old	454	0	614	0

[§] 95% confidence interval

⁴Non-contact sexual violence includes: participating in a sex photo or video or showing sexual body parts in front of a webcam

Table 3.5.1. Perpetrators of first event of sexual abuse¹ as reported by respondents 18-24 years old who experienced any sexual abuse prior to age 18 - Malawi Violence Against Children Survey (VACS), 2013.

	Females	Males
	% (95% CI [§])	% (95% CI [§])
Spouse/ Boyfriend/ Girlfriend or Romantic Partner	33.4 (23.1 - 43.6)	11.3 (2.3 - 20.3)
Family Member	5.5 (0.0 - 11.1)	8.3 (0.8 - 15.7)
Authority Figure ⁵	4.9 (0.0 - 10.2)	0.5 (0.0 - 1.5)
Neighbor	14.6 (4.8 - 24.4)	27.7 (10.2 - 45.2)
Classmate/Schoolmate	15.5 (4.8 - 26.1)	19.2 (7.9 - 30.5)
Friend	12.0 (3.2 - 20.7)	29.1 (16.2 - 42)
Stranger	13.3 (3.9 - 22.8)	9.4 (1.3 - 17.5)
Other	0.6 (0.0 - 1.5)	0
Total (n)	(119)	(78)

[§] 95% confidence interval

⁵Authority figure: includes teacher, police/security person, employer, community/religious leader.

[#] Total sum may be greater than 100% because respondents could have identified multiple perpetrators for the first incident of sexual abuse

Table 3.5.2. Perpetrators of most recent event of sexual abuse¹ as reported by respondents 13-17 years old who experienced any sexual abuse in the past 12 months – Malawi Violence Against Children Survey (VACS), 2013.

	Females	Males
	% (95% CI[§])	% (95% CI[§])
Spouse/ Boyfriend/ Girlfriend or Romantic Partner	25.9 (13.1 - 38.8)	10.9 (1.7 - 20.1)
Family Member	12.4 (2.7 - 22.1)	11.7 (3.3 - 20.1)
Authority Figure ⁵	1.4 (0.0 - 3.8)	0
Neighbor	14.3 (4.8 - 23.7)	16.6 (6.9 - 26.3)
Classmate/Schoolmate	31.8 (7.5 - 56.1)	14.8 (3.4 - 26.2)
Friend	17.1 (6.8 - 27.4)	47.9 (34.4 - 61.5)
Stranger	7.3 (0.9 - 13.7)	9.2 (2.9 - 15.4)
Other	0	0
Total (n)	(96)	(80)

[§] 95% confidence interval

¹ Sexual abuse includes: sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

⁵ Authority figure: includes teacher, police/security person, employer, community/religious leader.

[#] Total sum may be greater than 100% because respondents could have identified multiple perpetrators for the first incident of sexual abuse

Table 3.5.3 Percent of perpetrators perceived to be 5 or more years older, by respondents aged 18-24 years who reported experiencing first incident of sexual abuse¹ prior to age 18- Malawi Violence Against Children Survey (VACS), 2013.

	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Perpetrator of sexual abuse¹ perceived to be 5 or more years older	113	48.6 (32.2 - 64.9)	78	19.7 (7.6 - 31.8)

[§] 95% confidence interval

¹ Sexual abuse includes: sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

Table 3.5.4 Percent of perpetrators perceived to be 5 or more years older, by respondents aged 13-17 years who reported experiencing most recent incident of sexual abuse¹ in the past 12 months- Malawi Violence Against Children Survey (VACS), 2013.

	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Perpetrator of sexual abuse¹ perceived to be 5 or more years older	93	26.7 (13.1 - 40.2)	79	24.4 (12.5 - 36.3)

[§] 95% confidence interval

¹ Sexual abuse includes: sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

Table 3.6.1 Percent of respondents aged 18-24 years who reported experiencing any sexual abuse¹ prior to age 18 by gender of perpetrator of first event of sexual abuse - Malawi Violence Against Children Survey (VACS), 2013.

	Females	Males
	% (95% CI [§])	% (95% CI [§])
Male Perpetrators	89.8 (76.2 -100)	1.8 (0 - 5.2)
Female Perpetrators	9.5 (0.0 - 23.2)	98.2 (94.8 - 100)
Male & Female Perpetrators	0.7 (0.0-2.2)	-
Total# (n)	(119)	(78)

[§] 95% confidence interval

¹ Sexual abuse includes: sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

Table 3.6.2 Percent of respondents aged 13-17 years who reported experiencing any sexual abuse¹ in the past 12 months by gender of perpetrator of most recent event of sexual abuse - Malawi Violence Against Children Survey (VACS), 2013.

	Females		Males	
	% (95% CI [§])		% (95% CI [§])	
Male Perpetrators	94.8 (89.3 - 100)		17.9 (5.4 - 30.3)	
Female Perpetrators	4.4 (0.0 - 9.8)		76.8 (64.2 - 89.5)	
Male & Female Perpetrators	0.8 (0.0 - 2.3)		5.3 (0.5 - 10.2)	
Total (n)	100.0 (96)		100.0 (80)	

[§] 95% confidence interval

¹ Sexual abuse includes: sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

Table 3.6.3 Percent of respondents aged 18-24 years who reported that more than one perpetrator was present during the first event of any sexual abuse¹ experienced prior to age 18 - Malawi Violence Against Children Survey (VACS), 2013.

	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
More than 1 perpetrator at first event of sexual abuse¹	119	14.4 (5.9 - 22.9)	78	18.4 (9.7 - 27.1)

[§] 95% confidence interval

¹ Sexual abuse includes: sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

Table 3.6.4 Percent of respondents aged 13-17 years who reported that more than one perpetrator was present at their most recent event of any sexual abuse¹ in the past 12 months - Malawi Violence Against Children Survey (VACS), 2013.

	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
More than 1 perpetrator at most recent event of sexual abuse¹	96	38.7 (26.4 - 51.1)	80	35.3 (22.0 - 48.6)

§ 95% confidence interval

¹ Sexual abuse includes: sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex

Table 3.7.1. Location of First Incident of Sexual Abuse¹ Among 18-24 Year Olds Who Experienced Sexual Abuse¹ Prior to Age 18- Malawi Violence Against Children Survey (VACS), 2013.

Location	Any Sexual Abuse ¹ Prior to age 18	
	Females	Males
	% (95% CI [§])	% (95% CI [§])
Respondent's Home	22.1 (9.4 - 34.8)	23.2 (7.7 - 38.7)
Perpetrator's Home	28.3 (12.6 - 44.1)	21.1 (11.6 - 30.6)
Someone else's Home	3.8 (0.8 - 6.8)	10.9 (0.8 - 21.1)
On a road	15.6 (7.7 - 23.4)	18.3 (7.4 - 29.2)
Market/Shop	2.9 (0.0 - 6.2)	1.9 (0.0 - 4.7)
School	20.4 (9.0 - 31.7)	13.9 (5.4 - 22.3)
Lake, river, or other body of water	5.8 (0.0 - 13.8)	8.1 (0.0 - 22)
Field or other natural area	8.2 (1.2 - 15.2)	11.0 (3.3 - 18.8)
Other[¶]	0.8 (0.0 - 2.1)	5.1 (0.0 - 12.2)
Total* (n)	(117)	(77)

§ 95% confidence interval

¹ Sexual violence includes: sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

¶ Other: Includes inside a car/bus, bar/restaurant/disco/club, workplace, lodge/guesthouse, public gatherings/place-- including weddings, village functions, church functions, stadium, zambwe clinic.

Total sum may be greater than 100% because respondents could have identified a different location for each type of sexual abuse experienced

Table 3.7.2. Location of Most Recent Incident of Sexual Abuse¹ Among 13-17 Year Olds Who Experienced Sexual Abuse in the past 12 Months- Malawi Violence Against Children Survey (VACS), 2013.

Location	Any Sexual Abuse ¹	
	Females	Males
	% (95% CI [§])	% (95% CI [§])
Respondent's Home	18.8 (7.9 - 29.7)	14.9 (6.2 - 23.6)
Perpetrator's Home	13.9 (4.6 - 23.2)	13.6 (4.5 - 22.6)
Someone else's Home	3.8 (0.0 - 8.8)	10.6 (2.5 - 18.6)
On a road	29.0 (13.7 - 44.3)	15.0 (4.6 - 25.4)
Market/Shop	7.2 (0.1 - 14.4)	7.5 (1.3 - 13.7)
School	9.9 (3.4 - 16.4)	20.6 (7.6 - 33.6)
Lake, river, or other body of water	11.3 (3.0 - 19.6)	6.6 (0.0 - 13.5)
Field or other natural area	5.6 (0.0 - 11.3)	15.5 (5.6 - 25.5)
Other[¶]	13.0 (0.0 - 33.1)	8.0 (0.0 - 17.0)
Total# (n)	(95)	(79)

[§] 95% confidence interval

¹ Sexual abuse includes: sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

[¶]Other: Includes inside a car/bus, bar/restaurant/disco/club, workplace, lodge/guesthouse, public gatherings/place-- including weddings, village functions, church functions, stadium, Zambwe clinic.

[#] Total sum may be greater than 100% because respondents could have identified a different location for each type of sexual abuse experienced

Table 3.8.1. Time of day of the first incident of sexual abuse¹ prior to age 18, as reported by 18-24 year olds who experienced any sexual abuse¹ prior to age 18 - Malawi Violence Against Children Survey (VACS), 2013.

Time of Day	Any Sexual Abuse ¹ Prior to age 18	
	Females	Males
	% (95% CI [§])	% (95% CI [§])
Morning [¶]	16.2 (5.4 - 26.9)	16.1 (5.7 - 26.4)
Afternoon	61.5 (47.0 - 75.9)	36.9 (20.1 - 53.7)
Evening	28.0 (12.0 - 44.1)	56.2 (39.6 - 72.8)
Late at night	3.0 (0.0 - 6.3)	2.9 (0.0 - 6.9)
Total# (n)	(118)	(78)

[§] 95% confidence interval

[¶] Morning refers to sunrise-noon, afternoon refers to noon-sunset, evening refers to sunset-midnight, late at night refers to midnight-sunrise.

¹ Sexual abuse includes: sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

Total sum may be greater than 100% because respondents could have identified a different time of day for each type of sexual abuse experienced.

Table 3.8.2. Time of day of the most recent incident of sexual abuse¹, as reported by 13-17 year olds who experienced any sexual abuse in the past 12 months - Malawi Violence Against Children Survey (VACS), 2013.

Time of Day	Any Sexual Abuse ¹	
	Females	Males
	% (95% CI [§])	% (95% CI [§])
Morning [¶]	11.0 (3.5 - 18.5)	14.9 (5.2 - 24.7)
Afternoon	53.0 (37.3 - 68.7)	46.0 (34.2 - 57.8)
Evening	40.3 (23.5 - 57.1)	47.4 (32.3 - 62.6)
Late at night	3.1 (0.0 - 7.8)	0
Total# (n)	(96)	(80)

[§] 95% confidence interval

[¶] Morning refers to sunrise-noon, afternoon refers to noon-sunset, evening refers to sunset-midnight, late at night refers to midnight-sunrise.

¹ Sexual abuse includes: sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

Total sum may be greater than 100% because respondents could have identified a different time of day for each act of sexual abuse experienced i.e. the time of day at which first sexual touching occurred may be different from the time of day at which first attempted sex occurred.

Table 3.9.1 Percent of respondents aged 18-24 years who experienced any sexual abuse¹ prior to age 18 and services for sexual abuse¹ - Malawi Violence Against Children Survey (VACS), 2013.

18- 24 year olds who experienced any sexual abuse ¹ prior to age 18	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Knew of a place to seek help about an experience of sexual abuse ¹	118	24.0 (12.7 - 35.3)	78	16.9 (6.3 - 27.5)
Sought help for any experience of sexual abuse ¹	118	9.6 (0.0 - 23.5)	78	5.9 (0.0 - 11.7)
Received help for any experience of sexual abuse ¹	119	9.0 (0.0 - 22.8)	78	5.9 (0.0 - 11.7)
Told someone about an experience of sexual abuse ¹	119	61.2 (51.3 - 71.2)	78	64.7 (50.7 - 78.7)

[§] 95% confidence interval

¹ Sexual abuse includes: sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

Table 3.9.2 Percent of respondents aged 13-17 years who experienced any sexual violence¹ in the past 12 months and services for sexual abuse¹ - Malawi Violence Against Children Survey (VACS), 2013.

13- 17 year olds who experienced any sexual violence ¹ in the past 12 months	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Knew of a place to seek help about an experience of sexual abuse ¹	95	26.5 (12.1 - 41.0)	79	44.7 (31.7 - 57.7)
Sought help for any experience of sexual abuse ¹	95	7.7 (0.0 - 15.4)	79	5.1 (0.0 - 10.5)
Received help for any experience of sexual abuse ¹	96	3.1 (0.0 - 7.6)	80	1.1 (0.0 - 3.4)
Told someone about an experience of sexual abuse ¹	96	59.8 (47.6 - 71.9)	80	54.1 (41.1 - 67.2)

[§] 95% confidence interval

¹ Sexual abuse includes: sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

Table 3.9.3 Percent of respondents who missed school as a result of any sexual abuse¹ experienced during childhood - Malawi Violence Against Children Survey (VACS), 2013.

Missed school due to an experience of sexual abuse ¹	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
18- 24 year olds who experienced any sexual abuse ¹ prior to age 18	119	11.3 (3.1 - 19.5)	77	7.6 (0.1 - 15.1)
13- 17 year olds who experienced any sexual abuse ¹ in the past 12 months	96	10.0 (1.8 - 18.1)	79	9.6 (1.6 - 17.6)

[§] 95% confidence interval

¹ Sexual abuse includes: sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

Table 3.9.4. Percent of respondents aged 18-24 years who received help for any incident of sexual abuse¹ and who they got help from among those who experienced any sexual abuse¹ prior to age 18 – Malawi Violence Against Children Survey (VACS), 2013.

18- 24 year olds who experienced any sexual abuse ¹ prior to age 18	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Received help for SV from a Doctor nurse or other health care worker	2	*	5	*
Received help for SV from Police or other security personnel	2	*	5	*
Received help for SV from a Lawyer, Judge, magistrate or legal professional	2	*	5	*
Received help for SV from a Social worker or counselor	2	*	5	*
Received help for SV from Helpline, phone, internet, website	2	*	5	*

[§] 95% confidence interval

* Cell size less than 25

¹ Sexual abuse includes: sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

Table 3.9.5. Percent of respondents aged 13-17 years who received help for any incident of sexual abuse¹ in the past 12 months and who they got help from among those who experienced any sexual abuse¹- Malawi Violence Against Children Survey (VACS), 2013.

13- 17 year olds who experienced any sexual abuse ¹	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Received help for SV from a Doctor nurse or other health care worker	3	*	1	*
Received help for SV from Police or other security personnel	3	*	1	*
Received help for SV from a Lawyer, Judge, magistrate or legal professional	3	*	1	*
Received help for SV from a Social worker or counselor	3	*	1	*
Received help for SV from Helpline, phone, internet, website	3	*	1	*

[§] 95% confidence interval

* Cell size less than 25

¹ Sexual abuse includes: sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

Table 3.9.6 Percent of respondents aged 18-24 years who disclosed to someone about any incident of sexual abuse¹ and who they told among those who experienced any sexual abuse¹ prior to age 18 – Malawi Violence Against Children Survey (VACS), 2013.

18- 24 year olds who experienced any sexual abuse ¹ prior to age 18	Females		Males	
	n	% (95% CI [§])	N	% (95% CI [§])
Told a parent (mother or father)	68	15.4 (4.9 - 25.8)	46	17.9 (0.1 - 35.7)
Told a relative	68	35.2 (18.5 - 52.0)	46	32.7 (10.3 - 55.2)
Told a spouse, boyfriend/girlfriend or partner	68	3.9 (0.0 - 11.5)	46	0
Told a friend	68	46.1 (28.0 - 64.2)	46	63.1 (41.5 - 84.8)
Told a service provider or authority figure ⁷	68	13.6 (1.0 - 26.2)	46	0
Told someone else	68	0	46	0

[§] 95% confidence interval

¹ Sexual abuse includes: sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

⁷ Service provider or authority figure includes: Neighbor, NGO worker, Teacher, Employer, Community leader, Religious leader.

Table 3.9.7 Percent of respondents aged 13-17 years who disclosed to someone about any incident of sexual abuse¹ and who they told among those who experienced any sexual abuse¹ in the past 12 months – Malawi Violence Against Children Survey (VACS), 2013.

13-17 year olds who experienced any sexual abuse ¹	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Told a parent (mother or father)	58	37.7 (10.9 - 64.6)	48	15.7 (5.0 - 26.4)
Told a relative	58	53.3 (30.1 - 76.5)	48	32.4 (17.7 - 47.2)
Told a spouse, boyfriend/girlfriend or partner	58	0	48	0
Told a friend	58	42.2 (20.3 - 64.1)	48	67.0 (52.8 - 81.2)
Told a service provider or authority figure ⁷	58	5.0 (0.0 - 11.4)	48	3.3 (0.0 - 7.7)
Told someone else	58	3.4 (0.0 - 10.2)	48	0

[§] 95% confidence interval

¹ Sexual abuse includes: sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

⁷ Service provider or authority figure includes: Neighbor, NGO worker, Teacher, Employer, Community leader, Religious leader.

Table 3.9.8. Percent of respondents aged 18-24 who reported various reasons why they did not try to seek services for incidents of sexual abuse¹, among those who experienced any sexual abuse¹ prior to age 18 – Malawi Violence Against Children Survey (VACS), 2013.

Respondents who experienced any sexual abuse ¹ prior to age 18 and did not try to seek services because...	Females	Males
	% (95% CI [§])	% (95% CI [§])
Afraid of getting in trouble	*	*
Embarrassed for self or my family	*	*
Could not afford services	*	*
Dependent on perpetrator	*	*
Perpetrator threatened me	*	*
Did not think it was a problem	*	*
Felt it was my fault	*	*
Afraid of being abandoned	*	*
Did not need/want services	*	*
Did not know how to go about it	*	*
Did not think it useful/helpful	*	*
Did not want abuser to get in trouble	*	*
Was prevented by relatives	*	*
Could not afford transportation/services too far	*	*
Other	*	*
Total (n)	100.0(23)	100.0 (12)

[§] 95% confidence interval

* Cell size less than 25

¹ Sexual abuse includes: sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

Table 3.9.9. Percent of respondents aged 18-24 who reported individual, relationship, and structural-level barriers for why they did not try to seek services for incidents of sexual abuse¹, among those who experienced any sexual abuse¹ prior to age 18 – Malawi Violence Against Children Survey (VACS), 2013.

	Females	Males
	% (95% CI [§])	% (95% CI [§])
Individual-level Barriers ⁸	*	*
Relationship-level Barriers ⁹	*	*
Structural-level Barriers ¹⁰	*	*
Other Barriers	*	*
Total (n)	100 (23)	100 (12)

[§] 95% confidence interval

¹ Sexual abuse includes: sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

⁸ Individual-level Barriers: Afraid of getting in trouble / embarrassment for self or family/ did not think it was a problem/ did not need or want services/ Did not think it useful/helpful.

⁹ Relationship-level Barriers: dependent on perpetrator/ perpetrator threatened me/ Afraid of being abandoned / did not want abuser to get in trouble/ was prevented by relative(s).

¹⁰ Structural-level Barriers: Could not afford services/ Did not know how to go about it/ Could not afford transport or services too far.

Table 3.9.10. Percent of respondents aged 13-17 who reported various reasons why they did not try to seek services for incidents of sexual abuse¹, among those who experienced any sexual abuse¹ in the past 12 months - Malawi Violence Against Children Survey (VACS), 2013.

Respondents who experienced any sexual abuse ¹ in the past 12 months and did not try to seek services because...	Females	Males
	% (95% CI [§])	% (95% CI [§])
Afraid of getting in trouble	*	*
Embarrassed for self or my family	*	*
Could not afford services	*	*
Dependent on perpetrator	*	*
Perpetrator threatened me	*	*
Did not think it was a problem	*	*
Felt it was my fault	*	*
Afraid of being abandoned	*	*
Did not need/want services	*	*
Did not know how to go about it	*	*
Did not think it useful/helpful	*	*
Did not want abuser to get in trouble	*	*
Was prevented by relatives	*	*
Could not afford transportation/services too far	*	*
Other	*	*
Total (n)	100.0 (16)	100.0 (24)

[§] 95% confidence interval

* Cell size less than 25

¹ Sexual abuse includes: sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

Table 3.9.11. Percent of respondents aged 13-17 who reported individual, relationship, and structural-level barriers for why they did not try to seek services for incidents of sexual abuse¹, among those who experienced any sexual abuse¹ in the past 12 months - Malawi Violence Against Children Survey (VACS), 2013.

	Females	Males
	% (95% CI [§])	% (95% CI [§])
Individual-level Barriers ⁸	*	*
Relationship-level Barriers ⁹	*	*
Structural-level Barriers ¹⁰	*	*
Other Barriers	*	*
Total (n)	100.0 (16)	100.0 (24)

[§] 95% confidence interval

¹ Sexual abuse includes: sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

⁸ Individual-level Barriers: Afraid of getting in trouble / embarrassment for self or family/ did not think it was a problem/ did not need or want services/ Did not think it useful/helpful.

⁹ Relationship-level Barriers: dependent on perpetrator/ perpetrator threatened me/ Afraid of being abandoned / did not want abuser to get in trouble/ was prevented by relative(s).

¹⁰ Structural-level Barriers: Could not afford services/ Did not know how to go about it/ Could not afford transport or services too far.

Table 4.1.1. Percent of Malawians aged 18-24 years who reported experiencing any physical violence¹ prior to age 18 - Malawi Violence Against Children Survey (VACS), 2013.

Reported experiencing any physical violence ¹ prior to age 18	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
18-24 years old prior to age 18	574	42.4 (34.5 - 50.4)	518	64.5 (58.6 - 70.4)

[§] 95% confidence interval

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon

Table 4.1.2. Percent of Malawians aged 18-24 years who reported experiencing any physical violence¹ by an intimate partner, parent or adult relative, or community member, or peer prior to age 18 – Malawi Violence Against Children Survey (VACS), 2013.

18-24 years old prior to age 18	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Intimate partner	548	6.9 (3.3 - 10.4)	448	2.1 (0.3 - 4.0)
Parent or adult relative	570	24.3 (18.8 - 29.7)	511	40.5 (33.9 - 47.1)
Community member	573	16.6 (10.8 - 22.5)	513	34.0 (28.0 - 40.0)
Peer	569	17.0 (12.6 - 21.4)	516	37.3 (31.8 - 42.7)

§ 95% confidence interval

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon

Table 4.1.3. Percent of Malawians aged 18-24 years who reported experiencing more than one incident of physical violence¹, among those who experienced at least one incident of physical violence¹ prior to age 18– Malawi Violence Against Children Survey (VACS), 2013.

Reported experiencing more than one incident of physical violence ¹ , among those who experienced at least one incident of physical violence ¹ prior to age 18	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
18-24 years old prior to age 18	275	78.8 (72.5 - 85.0)	345	88.2 (84.3 - 92.1)

§ 95% confidence interval

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon

Table 4.1.4. Distribution of age at which Malawians aged 18-24 years first experienced her/his first incident of physical violence¹, among 18-24 year olds who experienced any physical violence prior to age 18 years - Malawi Violence Against Children Survey (VACS), 2013.

Age (years) at which first experienced her/his first incident of physical violence ¹	Females	Males
	% (95% CI [§])	% (95% CI [§])
<=5 years old	5.3 (2.6 - 7.9)	6.5 (4.0 - 8.9)
6-11 years old	52.3 (43.5 - 61.1)	63.8 (55.7 - 71.8)
12-17 years old	42.4 (33.7 - 51.1)	29.7 (22.1 - 37.4)
Total (n)	100.0 (269)	100.0 (335)

§ 95% confidence interval

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon

Table 4.2.1. Percent of respondents aged 13-17 years who reported experiencing any physical violence¹ in the past 12 months - Malawi Violence Against Children Survey (VACS), 2013.

Reported experiencing any physical violence ¹ in the past 12 months	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
13-17 years old	455	40.9 (30.6 - 51.1)	615	59.5 (53.7 - 65.2)

§ 95% confidence interval

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon

Table 4.2.2 Percent of Malawians aged 13-17 years who reported experiencing any physical violence¹ by an intimate partner, parent or adult relative or community member or peer in the past 12 months by type of violence – Malawi Violence Against Children Survey (VACS), 2013.

13-17 years old in the past 12 months	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Intimate partner	171	4.1 (0.0 - 9.4)	226	1.2 (0.0 - 2.6)
Parent or adult relative	455	20.6 (11.9 - 29.3)	614	27.7 (21.6 - 33.8)
Community member	455	21.1 (15.5 - 26.7)	613	31.5 (25.9 - 37.0)
Peer	455	18.8 (11.4 - 26.2)	615	35.1 (29.1 - 41.0)

§ 95% confidence interval

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon

Table 4.2.3. Percent of Malawians aged 13-17 years who reported experiencing more than one incident of physical violence¹, among those who experienced at least one incident of physical violence¹ in the past 12 months – Malawi Violence Against Children Survey (VACS), 2013.

Reported experiencing more than one incident of physical violence ¹ , among those who experienced at least one incident of physical violence ¹ in the past 12 months	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
13-17 years old	186	83.2 (71.0 - 95.4)	371	85.6 (81.4 - 89.8)

§ 95% confidence interval

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon

Table 4.2.4. Distribution of age at which Malawians aged 13-17 years first experienced her/his first incident of physical violence¹, among 13-17 year olds who experienced any physical violence in the past 12 months - Malawi Violence Against Children Survey (VACS), 2013

Age (years) at which first experienced her/his first incident of physical violence ¹	Females	Males
	% (95% CI [§])	% (95% CI [§])
<=5 years old	2.7 (0.3 - 5.1)	6.6 (3.7 - 9.5)
6-11 years old	44.5 (22.6 - 66.4)	53.9 (46.0 - 61.9)
12-17 years old	52.8 (30.3 - 75.4)	39.5 (31.2 - 47.8)
Total (n)	100.0 (184)	100.0 (369)

§ 95% confidence interval

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon

Table 4.3.1. Percent of Malawians aged 18-24 years who reported witnessing any physical violence in the home² prior to age 18 - Malawi Violence Against Children Survey (VACS), 2013.

Reported witnessing any physical violence in the home ² prior to age 18	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
18-24 years old prior to age 18	571	49.5 (43.0 - 56.0)	517	55.4 (49.1 - 61.8)

§ 95% confidence interval

²Witnessing physical violence in the home includes: hearing or seeing a parent punch, kick or beat your other parent, their boyfriend or girlfriend or your sibling

Table 4.3.2. Percent of Malawians aged 13-17 years who reported witnessing any physical violence in the home² in the past 12 months- Malawi Violence Against Children Survey (VACS), 2013.

Reported witnessing any physical violence in the home ² in the past 12months	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
13-17 years old	451	29.2 (22.7 - 35.6)	614	29.5 (24.2 - 34.7)

[§] 95% confidence interval

² Witnessing physical violence in the home includes: hearing or seeing a parent punch, kick or beat your other parent, their boyfriend or girlfriend or your sibling

Table 4.3.3. Percent of Malawians aged 18-24 years who reported witnessing physical violence in the community³ prior to age 18 - Malawi Violence Against Children Survey (VACS), 2013.

Reported witnessing physical violence in the community ³ prior to age 18	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
18-24 years old prior to age 18	574	28.2 (22.8 - 33.7)	517	38.8 (32.2 - 45.4)

[§] 95% confidence interval

³ Witnessing physical violence in the community includes: seeing someone get attacked in the community.

Table 4.3.4. Percent of Malawians aged 13-17 years who reported witnessing physical violence in the community³ in the past 12 months- Malawi Violence Against Children Survey (VACS), 2013.

Reported witnessing physical violence in the community ³ in the past 12months	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
13-17 years old	454	22.1 (15.7 - 28.5)	614	23.4 (18.5 - 28.3)

[§]95% confidence interval

³Witnessing physical violence in the community includes: seeing someone get attacked in the community.

Table 4.4.1. Percent of respondents aged 18-24 years who reported any physical harm or injury as the result of any experience of physical violence¹ prior to age 18 - Malawi Violence Against Children Survey (VACS), 2013.

Reported any physical injury as a result of physical violence ¹	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
18-24 years old prior to age 18	274	19.9 (12.4 - 27.4)	345	20.9 (15.0 - 26.8)

[§]95% confidence interval

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon

Table 4.4.2. Percent of respondents aged 18-24 years who reported any physical harm or injury as the result of any experience of physical violence¹ prior to age 18 by perpetrator - Malawi Violence Against Children Survey (VACS), 2013.

18-24 year olds who experienced any physical violence ¹ prior to age 18	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Intimate partner	32	30.9 (10.9 - 50.8)	9	*
Parent or adult relative	157	14.8 (5.0 - 24.6)	209	11.6 (5.7 - 17.4)
Community member	113	21.0 (8.2 - 33.8)	173	12.2 (5.5 - 18.9)
Peer	100	8.7 (2.0 - 15.5)	203	19.2 (11.8 - 26.7)

[§]95% confidence interval

*Cell size less than 25.

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon

Table 4.4.3. Percent of respondents aged 18-24 years who reported specific physical harm or injury as a result of any experience of physical violence¹ prior to age 18 - Malawi Violence Against Children Survey (VACS), 2013.

18-24 year olds who experienced any physical violence ¹ prior to age 18	Females	Males
	% (95% CI [§])	% (95% CI [§])
A only : Cuts, scratches, bruises, aches, redness, swelling, or other minor marks	11.0 (5.3 - 16.7)	10.7 (6.6 - 14.9)
B only : Sprains, dislocations, or blistering	0.5 (0.0 - 1.2)	0.9 (0 - 2.2)
C only : Deep wounds, broken bones, broken teeth, or blackened or charred skin	0.5 (0.0 - 1.4)	0.7 (0 - 1.5)
D only : Permanent injury or disfigurement	0 (0)	0 (0)
A+B	2.2 (0.0 - 4.8)	2.6 (0.0 - 6.0)
A+C	0.2 (0.0 - 0.5)	2.2 (0.5 - 4.0)
A+D	0	0.2 (0.0 - 0.6)
B+C	0.3 (0.0 - 0.9)	0.1 (0.0 - 0.4)
B+D	0.2 (0.0 - 0.7)	0
C+D	0.5 (0.0 - 1.6)	0
A+B+C	0.9 (0.0 - 2.1)	1.7 (0.0 - 3.7)
A+B+D	0	1.3 (0.0 - 2.9)
B+C+D	0	0.3 (0.0 - 1.0)
A+C+D	2.8 (0.0 - 6.8)	0.0 (0.0 - 0.1)
A+B+C+D	0.5 (0.0 - 1.1)	0.0 (0.0 - 0.1)
No Injury	80.3 (72.8 - 87.7)	79.1 (73.2 - 85.0)
Total (n)	100 (276)	100 (345)

§95% confidence interval

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon

Table 4.4.4. Percent of respondents aged 13-17 years who reported any physical harm or injury as the result of any experience of physical violence¹ in the past 12 months - Malawi Violence Against Children Survey (VACS), 2013.

Reported any physical injury as a result of physical violence ¹ in the past 12 months	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
13-17 years old	186	15.6 (6.8 - 24.5)	371	26.9 (21.2 - 32.5)

§95% confidence interval

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon

Table 4.4.5. Percent of respondents aged 13-17 years who reported any physical harm or injury as the result of any experience of physical violence¹ in the past 12 months by perpetrator - Malawi Violence Against Children Survey (VACS), 2013.

13-17 year olds who experienced any physical violence ¹ in the past 12 months	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Intimate partner	8	*	5	*
Parent or adult relative	87	13.3 (1.5 - 25.1)	170	16.8 (9.4 - 24.2)
Community member	99	16.2 (6.1 - 26.2)	197	21.8 (14.4 - 29.2)
Peer	84	13.1 (3.2 - 23.0)	222	25.7 (18.0 - 33.3)

§95% confidence interval

*Cell size less than 25

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon

Table 4.4.6. Percent of respondents aged 13-17 years who reported specific physical harm or injury as a result of any experience of physical violence¹ in the past 12 months – Malawi Violence Against Children Survey (VACS), 2013.

13-17 year olds who experienced any physical violence ¹ in the past 12 months	Females	Males
	% (95% CI [§])	% (95% CI [§])
A only : Cuts, scratches, bruises, aches, redness, swelling, or other minor marks	7.0 (2.0 - 11.9)	14.3 (9.9 - 18.6)
B only : Sprains, dislocations, or blistering	0.2 (0.0 - 0.5)	1.1 (0.0 - 2.5)
C only : Deep wounds, broken bones, broken teeth, or blackened or charred skin	0.7 (0.0 - 2.1)	0.1 (0.0 - 0.4)
D only : Permanent injury or disfigurement	0	0.2 (0.0 - 0.5)
A+B	2.5 (0.0 - 5.8)	2.7 (1.1 - 4.4)
A+C	2.4 (0.1 - 4.7)	1.8 (0.3 - 3.3)
A+D	0.5 (0.0 - 1.5)	0.2 (0.0 - 0.6)
B+C	0	0.2 (0.0 - 0.6)
B+D	0	0
C+D	0	0
A+B+C	0.3 (0.0 - 0.7)	3.2 (1.1 - 5.3)
A+B+D	0.3 (0.0 - 1.0)	0.1 (0.0 - 0.2)
B+C+D	0	0.5 (0.0 - 1.3)
A+C+D	0.3 (0.0 - 0.9)	0.5 (0.0 - 1.0)
A+B+C+D	1.5 (0.0 - 4.4)	2.0 (0.4 - 3.6)
No Injury	84.4 (75.5 - 93.2)	73.1 (67.5 - 78.8)
Total (n)	100.0 (186)	100.0 (371)

§95% confidence interval

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon

Table 4.5.1 Percent of respondents aged 18-24 years who reported any physical violence¹ by an intimate partner prior to age of 18, by perpetrator of first incident - Malawi Violence Against Children Survey (VACS), 2013.

18-24 year olds who reported physical violence ¹ by an intimate partner prior to age 18	Females	Males
	% (95% CI [§])	% (95% CI [§])
Boyfriend/Girlfriend/Romantic Partner	17.2 (2.7 - 31.8)	*
Husband/Wife	82.8 (68.2 - 97.3)	*
Total (n)	(32)	(9)

[§] 95% confidence interval

*Cell size less than 25.

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon

Table 4.5.2 Percent of respondents aged 18-24 years who reported any physical violence¹ by a peer prior to age 18, by perpetrator of first incident - Malawi Violence Against Children Survey (VACS), 2013.

18-24 year olds who reported physical violence ¹ by a peer prior to age 18	Females	Males
	% (95% CI [§])	% (95% CI [§])
Sibling/Cousin/Peer relative	16.4 (6 - 26.9)	19.5 (10.5 - 28.6)
Friend	57.7 (44.1 - 71.4)	47.0 (37.4 - 56.5)
Classmate/Schoolmate	17.2 (8.2 - 26.2)	24.9 (17.0 - 32.8)
Peer neighbor/Community peer	3.9 (0.4 - 7.4)	4.8 (1.2 - 8.4)
Other peer/Stranger	4.8 (0.0 - 10.7)	3.8 (0.1 - 7.5)
Total (n)	(99)	(203)

[§]95% confidence interval

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon

Table 4.5.3 Percent of respondents aged 18-24 years who reported any physical violence¹ by a parent/adult caregiver/adult relative prior to age 18, by perpetrator of first incident - Malawi Violence Against Children Survey (VACS), 2013.

18-24 year olds who reported physical violence ¹ by a parent/ adult caregiver/adult relative prior to age 18	Females	Males
	% (95% CI [§])	% (95% CI [§])
Father/Step Father	16.6 (9.5 - 23.7)	50.9 (42.2 - 59.7)
Mother/ Step Mother	46.1 (35.3 - 56.9)	24.0 (16.8 - 31.2)
Brother/Step brother	8.4 (2.7 - 14.1)	8.6 (3.4 - 13.8)
Sister/Step Sister	4.3 (0 - 9.9)	0.8 (0.0 - 2.1)
Uncle/ Aunt	19.0 (5.5 - 32.5)	11.3 (3.9 - 18.7)
Cousin	0.2 (0.0 - 0.6)	0.7 (0.0 - 1.7)
Grandparent	3.7 (0.4 - 7)	1.6 (0.0 - 3.9)
Other Relative/Caregiver	1.8 (0 - 4.4)	1.2 (0.0 - 2.5)
Total (n)	(158)	(209)

[§]95% confidence interval

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon

Table 4.5.4 Percent of respondents aged 18-24 years who reported any physical violence¹ by adults living in the community prior to age 18, by perpetrator of first incident - Malawi Violence Against Children Survey (VACS), 2013.

18-24 year olds who reported physical violence ¹ by adults living in the community prior to age 18	Females	Males
	% (95% CI [§])	% (95% CI [§])
Male Teacher	68.6 (55.3 - 81.9)	63.0(53.8 - 72.3)
Female Teacher	22.4 (9.4 - 35.3)	21.9(12.4 - 31.4)
Authority Figure ⁴	4.9 (0 - 12)	3.9(0.1 - 7.7)
Adult Neighbor/Community member	4.1 (0.6 - 7.7)	5.0(1.2 - 8.8)
Other community adult/Stranger	0	3.0(0.0 - 6.2)
Total (n)	(113)	(173)

[§]95% confidence interval

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon

⁴Authority figure: includes police/security person, employer, community/religious leader

Table 4.5.5 Percent of respondents aged 13-17 years who reported any physical violence¹ by an intimate partner in the past 12 months, by perpetrator of most recent incident - Malawi Violence Against Children Survey (VACS), 2013.

13-17 year olds who reported physical violence ¹ by an intimate partner in the past 12 months	Females	Males
	% (95% CI [§])	% (95% CI [§])
Boyfriend/Girlfriend/Romantic Partner	*	*
Husband/Wife	*	*
Total (n)	(8)	(5)

[§]95% confidence interval

*Cell size less than 25

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon

Table 4.5.6 Percent of respondents aged 13-17 years who reported any physical violence¹ by a peer in the past 12 months, by perpetrator of most recent incident - Malawi Violence Against Children Survey (VACS), 2013.

13-17 year olds who reported physical violence ¹ by a peer in the past 12 months	Females	Males
	% (95% CI [§])	% (95% CI [§])
Sibling/Cousin/Peer relative	16.6 (5.3 - 27.8)	15.4 (8.7 - 22.1)
Friend	42.4 (32.8 - 52)	41.5 (32.5 - 50.5)
Classmate/Schoolmate	30.8 (14.1 - 47.5)	23.1 (14.4 - 31.8)
Peer neighbor/Community peer	8.7 (1.5 - 15.9)	9.7 (5.2 - 14.3)
Other peer/Stranger	1.6(0.0 - 4.5)	10.3 (4.7 - 15.8)
Total (n)	(84)	(221)

[§]95% confidence interval

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon

Table 4.5.7 Percent of respondents aged 13-17 years who reported any physical violence¹ in the past 12 months by a parent/adult caregiver/adult relative, by perpetrator of most recent incident - Malawi Violence Against Children Survey (VACS), 2013.

13-17 year olds who reported physical violence ¹ by a parent/ adult caregiver /adult relative in the past 12 months	Females	Males
	% (95% CI [§])	% (95% CI [§])
Father/Step Father	7.7 (1.0 - 14.4)	34.4 (24.2 - 44.7)
Mother/ Step Mother	37.7 (18.2 - 57.1)	26.7 (15.9 - 37.5)
Brother/Step brother	6.2 (0.0 - 13.0)	18.6 (10.3 - 27.0)
Sister/Step Sister	14.5 (0.5 - 28.5)	3.0 (0.0 - 6.6)
Uncle/ Aunt	29.9 (13.5 - 46.2)	14.9 (9 - 20.8)
Cousin	0	0.2 (0.0 - 0.5)
Grandparent	4.0 (0.0 - 8.6)	1.8 (0.0 - 4.1)
Other Relative/Caregiver	0	0.3 (0.0 - 1.0)
Total (n)	(87)	(168)

[§]95% confidence interval

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon

Table 4.5.8 Percent of respondents aged 13-17 years who reported any physical violence¹ by people living in the community in the past 12 months, by perpetrator of most recent incident - Malawi Violence Against Children Survey (VACS), 2013.

13-17 year olds who reported physical violence by people living in the community in the past 12 months	Females	Males
	% (95% CI [§])	% (95% CI [§])
Male Teacher	71.5 (62.0 - 81.1)	69.3 (60.5 - 78.2)
Female Teacher	16.6 (6.5 - 26.7)	17.2 (9.5 - 24.9)
Authority Figure ⁴	0	1.1 (0.0 - 3.3)
Adult Neighbor/Community member	9.4 (1.7 - 17.0)	5.9 (1.3 - 10.4)
Other community adult/Stranger	2.4 (0 - 5.5)	6.5 (1.2 - 11.9)
Total (n)	(99)	(197)

[§]95% confidence interval

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon

⁴Authority figure: includes police/security person, employer, community/religious leader

Table 4.6.1 Percent of respondents aged 18-24 years who experienced childhood physical violence¹ by a parent or adult relative and reported that the parent or adult relative lived within the same household - Malawi Violence Against Children Survey (VACS), 2013.

Any physical violence ¹ by a parent or adult relative living within the same household	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
18-24 years old prior to age 18	158	94.0 (88.4 - 99.6)	208	89.8 (85.0 - 94.7)

[§]95% confidence interval

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon

Table 4.6.2 Percent of respondents aged 13-17 years who experienced physical violence¹ by a parent or adult relative in the past 12 months and reported that the parent or adult relative lived within the same household - Malawi Violence Against Children Survey (VACS), 2013.

Any physical violence in the past 12 months by a parent or adult relative living within the same household	Any Physical Violence ² by a parent or adult relative			
	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
13-17 years old	86	95.5 (91.0 - 99.9)	169	81.1 (74.1 - 88.0)

[§]95% confidence interval

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon

Table 4.7.1 Percent of respondents aged 18-24 years who reported service awareness/ use among those who experienced any physical violence¹ prior to age 18 - Malawi Violence Against Children Survey (VACS), 2013.

18-24 year olds who experienced any physical violence ¹ prior to age 18	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Knew of a place to seek help about an experience of physical violence	274	21.7 (13.3 - 30.0)	344	26.2 (20.3 - 32.2)
Sought help for any experience of physical violence	274	10.9 (2.3 - 19.4)	344	6.4 (3.4 - 9.5)
Received help for any experience of physical violence	276	10.3 (1.8 - 18.8)	345	4.8 (2.4 - 7.3)
Told someone about an experience of physical violence	275	64.0 (57.5 - 70.6)	344	50.8 (44.4 - 57.1)

[§]95% confidence interval

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon

Table 4.7.2 Percent of respondents aged 13-17 years who reported service awareness/use among those who experienced any physical violence¹ in the past 12 months – Malawi Violence Against Children Survey (VACS), 2013.

13-17 year olds who experienced any physical violence ¹ in the past 12 months	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Knew of a place to seek help about an experience of physical violence ¹	184	24.5 (13.8 - 35.2)	370	29.3 (23.6 - 35.1)
Sought help for any experience of physical violence ¹	184	14.0 (4.9 - 23.0)	370	7.9 (4.1 - 11.7)
Received help for any experience of physical violence ¹	186	11.3 (1.9 - 20.7)	371	6.1 (3.1 - 9.1)
Told someone about an experience of physical violence ¹	186	59.9 (42.7 - 77.1)	371	59.2 (51.8 - 66.6)

[§]95% confidence interval

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon

Table 4.7.3. Percent of respondents who missed school as a result of any physical violence¹ experienced during childhood – Malawi Violence Against Children Survey (VACS), 2013.

Missed school due to an experience of physical violence	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
18-24 year olds who experienced any physical violence ¹ prior to age 18	274	17.2 (10.9 - 23.4)	344	17.7 (12.3 - 23.1)
13-17 year olds who experienced any physical violence ¹ in the past 12 months	186	11.4 (4.5 - 18.4)	369	15.8 (11.9 - 19.7)

[§]95% confidence interval

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon.

Table 4.7.4. Percent of respondents aged 18-24 years who received help for any incident of physical violence¹ and who they got help from among those who experienced any physical violence¹ prior to age 18 - Malawi Violence Against Children Survey (VACS), 2013.

18-24 year olds who experienced any physical violence ¹ prior to age 18	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Received help for physical violence ¹ from a Doctor nurse or other health care worker	17	*	22	*
Received help for physical violence ¹ from Police or other security personnel	17	*	22	*
Received help for physical violence ¹ from a Lawyer, Judge, magistrate or legal professional	17	*	22	*
Received help for physical violence ¹ from a Social worker or counselor	17	*	22	*
Received help for physical violence ¹ from Helpline, phone, internet, website	17	*	22	*

[§]95% confidence interval

*Cell size less than 25

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon

Table 4.7.5. Percent of respondents aged 13-17 years who received help for any incident of physical violence¹ and who they got help from among those who experienced any physical violence¹ in the past 12 months- Malawi Violence Against Children Survey (VACS), 2013.

13- 17 year olds who experienced any physical violence ¹ in the past 12 months	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Received help for physical violence ¹ from a Doctor nurse or other health care worker	13	*	24	*
Received help for physical violence ¹ from Police or other security personnel	13	*	24	*
Received help for physical violence ¹ from a Lawyer, Judge, magistrate or legal professional	13	*	24	*
Received help for physical violence ¹ from a Social worker or counselor	13	*	24	*
Received help for physical violence ¹ from Helpline, phone, internet, website	13	*	24	*

[§]95% confidence interval

*Cell size less than 25

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon

Table 4.7.6. Percent of respondents aged 18-24 years who disclosed to someone about any incident of physical violence¹ and who they told among those who experienced any physical violence¹ prior to age 18 - Malawi Violence Against Children Survey (VACS), 2013.

18- 24 year olds who experienced any physical violence ¹ prior to age 18	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Told a parent (mother or father)	158	37.7 (28.4 - 47.0)	180	53.1 (41.8 - 64.4)
Told a relative	158	52.6(39.3 - 66.0)	180	66.7(56.6 - 76.8)
Told a spouse, boyfriend/girlfriend or partner	158	0	180	0.4(0.0 - 1.3)
Told a friend	158	38.0(28.1 - 47.9)	180	36.1(24.5 - 47.7)
Told a service provider or authority figure	158	11.4 (4.2 - 18.7)	180	8.5(3.4 - 13.6)
Told someone else	158	0.8(0.0 - 1.9)	180	0.4(0.0 - 1.1)

[§]95% confidence interval

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon

Table 4.7.7. Percent of respondents aged 13-17 years who disclosed to someone about any incident of physical violence¹ and who they told among those who experienced any physical violence¹ in the past 12 months- Malawi Violence Against Children Survey (VACS), 2013.

13-17 year olds who experienced any physical violence ¹ in the past 12 months	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Told a parent (mother or father)	104	37.3 (27.1 - 47.5)	223	49.1 (39.1 - 59.1)
Told a relative	104	52.8(36.1 - 69.5)	223	65.1(54.2 - 75.9)
Told a spouse, boyfriend/girlfriend or partner	104	0	223	0
Told a friend	104	28.3(19.4 - 37.1)	223	34.8(27.2 - 42.5)
Told a service provider or authority figure	104	5.7(0.0 - 11.9)	223	9.6(3.7 - 15.6)
Told someone else	104	1.9(0.0 - 5.9)	223	0

[§]95% confidence interval

*Cell size less than 25

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon

Table 4.7.8. Percent of female respondents aged 18-24 years who reported various reasons why they did not try to seek services for incidents of physical violence¹, among those who experienced any physical violence¹ prior to age 18 - Malawi Violence Against Children Survey (VACS), 2013.

18-24 year olds who experienced any physical violence ² prior to age 18 and did not try to seek services because...	Females	Males
	% (95% CI [§])	% (95% CI [§])
Afraid of getting in trouble	12.4(0.0 - 26.1)	4.2(0.0 - 10.0)
Embarrassed for self or my family	1.5(0.0 - 4.6)	0
Could not afford services	0	1.1 (0.0 - 2.9)
Dependent on perpetrator	4.8(0.0 - 12.4)	5.1(0.0 - 12.0)
Perpetrator threatened me	0	0
Did not think it was a problem	40.3(21.9 - 58.7)	54.5(38.9 - 70.1)
Felt it was my fault	16.1(1.5 - 30.7)	11.6(3.6 - 19.6)
Afraid of being abandoned	0	0
Did not need/want services	10.9(0.0 - 24.2)	8.0(1.1 - 15.0)
Did not know how to go about it	7.2(0.0 - 18.4)	0
Did not think it useful/helpful	0	3.6(0.0 - 10.5)
Did not want abuser to get in trouble	0	3.6(0.0 - 10.5)
Was prevented by relatives	0	0
Could not afford transportation/services too far	1.7(0.0 - 5.1)	2.5(0.0 - 7.4)
Other	5.0(0.0 - 14.7)	5.8(0.0 - 12.4)
Total (n)	100.0 (36)	100.0 (67)

[§]95% confidence interval

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon

Table 4.7.9. Percent of respondents aged 18-24 years who reported individual, relationship, and structural-level barriers for why they did not try to seek services for incidents of physical violence¹, among those who experienced any physical violence¹ prior to age 18 - Malawi Violence Against Children Survey (VACS), 2013.

	Females	Males
	% (95% CI[§])	% (95% CI[§])
Individual-level Barriers ⁵	81.3 (65.8 - 96.8)	82.0 (67.3 - 96.7)
Relationship-level Barriers ⁶	4.8 (0.0 - 12.4)	8.6 (0.0 - 18)
Structural-level Barriers ⁷	8.9 (0.0 - 20.4)	3.6 (0.0 - 8.9)
Other Barriers	5.0 (0.0 - 14.7)	5.8 (0.0 - 12.4)
Total (n)	100.0 (36)	100.0 (67)

[§]95% confidence interval

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon

⁵ Individual-level Barriers: Afraid of getting in trouble / embarrassment for self or family/ did not think it was a problem/ did not need or want services/ Did not think it useful/helpful.

⁶ Relationship-level Barriers: dependent on perpetrator/ perpetrator threatened me/ Afraid of being abandoned / did not want abuser to get in trouble/ was prevented by relative(s).

⁷ Structural-level Barriers: Could not afford services/ Did not know how to go about it/ Could not afford transport or services too far.

Table 4.7.10. Percent of female respondents aged 13-17 years who reported various reasons why they did not try to seek services for incidents of physical violence¹, among those who experienced any physical violence¹ in the past 12 months- Malawi Violence Against Children Survey (VACS), 2013.

13-17 year olds who experienced any physical violence ¹ in the past 12 months and did not try to seek services because...	Females	Males
	% (95% CI [§])	% (95% CI [§])
Afraid of getting in trouble	8.7(0.0 - 19.9)	13.3(2.3 - 24.3)
Embarrassed for self or my family	0	0
Could not afford services	0	1.4(0.0 - 4.1)
Dependent on perpetrator	0.6(0.0 - 1.9)	2.0(0.0 - 5.1)
Perpetrator threatened me	0	2.8(0.0 - 8.2)
Did not think it was a problem	36.8(8.2 - 65.3)	36.3(21.6 - 50.9)
Felt it was my fault	33.6(0.3 - 66.9)	17.8(7.7 - 27.9)
Afraid of being abandoned	1.3(0.0 - 3.9)	0
Did not need/want services	19.0(1.7 - 36.3)	13.8(4.1 - 23.6)
Did not know how to go about it	0	5.3(0.0 - 11.0)
Did not think it useful/helpful	0	0
Did not want abuser to get in trouble	0	0.7(0.0 - 2.0)
Was prevented by relatives	0	0.9(0.0 - 2.8)
Could not afford transportation/services too far	0	2.2(0.0 - 5.4)
Other	0	3.5(0.0 - 7.2)
Total (n)	100.0 (29)	100.0 (74)

[§]95% confidence interval

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon

Table 4.7.11. Percent of respondents aged 13-17 years who reported individual, relationship, and structural-level barriers for why they did not try to seek services for incidents of physical violence¹, among those who experienced any physical violence¹ in the past 12 months- Malawi Violence Against Children Survey (VACS), 2013.

	Females	Males
	% (95% CI [§])	% (95% CI [§])
Individual-level Barriers ⁵	98.1 (94.2 - 100)	81.2 (70.5 - 91.9)
Relationship-level Barriers ⁶	1.9 (0.0 - 5.8)	6.4 (0.0 - 13.0)
Structural-level Barriers ⁷	0	8.9 (1.2 - 16.7)
Other barriers	0	3.5 (0.0 - 7.2)
Total (n)	100 (29)	100 (74)

[§]95% confidence interval

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon

⁵Individual-level Barriers: Afraid of getting in trouble / embarrassment for self or family/ did not think it was a problem/ did not need or want services/ Did not think it useful/helpful.

⁶Relationship-level Barriers: dependent on perpetrator/ perpetrator threatened me/ Afraid of being abandoned / did not want abuser to get in trouble/ was prevented by relative(s).

⁷Structural-level Barriers: Could not afford services/ Did not know how to go about it/ Could not afford transport or services too far.

Table 5.1.1. Percent of Malawians aged 18-24 years who reported experiencing any emotional violence¹ prior to age 18 - Malawi Violence Against Children Survey (VACS), 2013.

Reported experiencing any emotional violence ¹ prior to age 18	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
18-24 years old prior to age 18	571	20.3 (15.5 - 25.1)	511	28.8 (24.2 - 33.3)

[§]95% confidence interval

¹Emotional violence includes: being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.

Table 5.1.2. Percent of Malawians aged 18-24 years who reported experiencing more than one incident of emotional violence¹, among those who experienced at least one incident of emotional violence¹ prior to age 18- Malawi Violence Against Children Survey (VACS), 2013.

Reported experiencing more than one incident of emotional violence ¹ , among those who experienced at least one incident of emotional violence ¹ prior to age 18	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
18-24 years old prior to age 18	132	84.8 (77.2 - 92.4)	157	86.2 (79.2 - 93.2)

[§]95% confidence interval

¹Emotional violence includes: being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.

Table 5.1.3. Distribution of age at which Malawians aged 18-24 years experienced her/his first incident of emotional violence¹, among 18-24 year olds who experienced any emotional violence¹ prior to age 18 years - Malawi Violence Against Children Survey (VACS), 2013.

Age (years) at which first experienced her/his first incident of emotional violence ¹	Females	Males
	% (95% CI [§])	% (95% CI [§])
<=5 years old	3.9(0.4 - 7.4)	3.5(1.1 - 5.9)
6-11 years old	32.0(20.5 - 43.5)	57.2(46.0 - 68.5)
12-17 years old	64.1 (52.8 - 75.4)	39.3(28.4 - 50.2)
Total (n)	100.0 (128)	100.0 (153)

[§]95% confidence interval

¹Emotional violence includes: being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.

Table 5.2.1. Percent of respondents aged 13-17 years who reported experiencing any emotional violence¹ by a parent or caregiver in the past 12 months – Malawi Violence Against Children Survey (VACS), 2013.

Reported experiencing any emotional violence ¹ in the past 12 months	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
13-17 years old	454	22.7(17.7 - 27.7)	614	25.8(20.2 - 31.5)

[§]95% confidence interval

¹Emotional violence includes: being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.

Table 5.2.2. Percent of Malawians aged 13-17 years who reported experiencing more than one incident of emotional violence¹, among those who experienced at least one incident of emotional violence¹ in the past 12 months – Malawi Violence Against Children Survey (VACS), 2013.

Reported experiencing more than one incident of emotional violence ¹ , among those who experienced at least one incident of emotional violence ¹ in the past 12 months	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
13-17 years old	107	83.4(74.1 - 92.6)	179	87.3(82.1 - 92.5)

[§]95% confidence interval

¹Emotional violence includes: being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.

Table 5.2.3. Distribution of age at which Malawians aged 13-17 years experienced her/his first incident of emotional violence¹, among 13-17 year olds who experienced any emotional violence in the past 12 months – Malawi Violence Against Children Survey (VACS), 2013.

Age (years) at which first experienced her/his first incident of emotional violence ¹	Females	Males
	% (95% CI [§])	% (95% CI [§])
<=5 years old	0.9(0.0 - 2.6)	5.4(1.2 - 9.6)
6-11 years old	27.9(17.4 - 38.5)	32.8(23.4 - 42.2)
12-17 years old	71.2(60.7 - 81.6)	61.8(53.0 - 70.6)
Total (n)	100.0 (100)	100.0 (173)

[§]95% confidence interval

¹Emotional violence includes: being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.

Table 5.3.1. Percent of respondents aged 18-24 years who reported any experience of emotional violence¹ by a parent, adult caregiver, or other adult relative prior to age 18, by perpetrator of first incident - Malawi Violence Against Children Survey (VACS), 2013.

18-24 year olds who reported emotional violence ¹ by a parent, adult caregiver, or other adult relative prior to age 18	Females	Males
	% (95% CI [§])	% (95% CI [§])
Father/Step Father	17.5 (9.2 - 25.7)	28.6 (19.6 - 37.6)
Mother/ Step Mother	35.7 (25.2 - 46.2)	24.0 (16.5 - 31.6)
Brother/Step brother	5.8 (1.3 - 10.3)	19.9 (9.8 - 30.0)
Sister/Step Sister	5.8 (1.6 - 10.1)	5.9 (0.9 - 10.9)
Uncle/ Aunt	19.4 (11.4 - 27.3)	12.9 (6.8 - 18.9)
Grandparent	8.7 (1.5 - 15.8)	6.5 (0.9 - 12.1)
Cousin	3.4 (0.2 - 6.6)	0.9 (0.0 - 2.5)
Other Relative/Caregiver	3.7 (0.5 - 6.9)	1.3 (0.0 - 2.8)
Total (n)	(126)	(156)

[§]95% confidence interval

¹Emotional violence includes: being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down

Table 5.3.2. Percent of respondents aged 13-17 years who reported any experience of emotional violence¹ by a parent, adult caregiver, or other adult relative in the past 12 months, by perpetrator of most recent incident - Malawi Violence Against Children Survey (VACS), 2013.

13-17 year olds who reported emotional violence ¹ by a parent, adult caregiver, or other adult relative in the past 12 months	Females	Males
	% (95% CI [§])	% (95% CI [§])
Father/Step Father	15.4 (0.0 - 31.9)	20.9 (12.7 - 29.2)
Mother/ Step Mother	40.1 (27.6 - 52.6)	29.7 (19.4 - 40.1)
Brother/Step brother	6.8 (0.0 - 14.6)	10.5 (4.8 - 16.2)
Sister/Step Sister	9.0 (0.8 - 17.2)	10.0 (3.2 - 16.7)
Uncle/ Aunt	14.9 (3.8 - 26)	14.9 (7.7 - 22)
Grandparent	11.0 (4.1 - 18)	8.1 (3.2 - 12.9)
Cousin	0.3 (0.0 - 1)	3.9 (0.0 - 11.2)
Other Relative/Caregiver	2.4 (0.0 - 5)	2.1 (0.0 - 4.2)
Total (n)	(105)	(178)

[§]95% confidence interval

¹Emotional violence includes: being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down

Table 6.1.1. Distribution of reported type of violence experienced prior to age 18, among 18-24 year old respondents - Malawi Violence Against Children Survey (VACS), 2013.

Types of Violence	Females	Males
	% (95% CI [§])	% (95% CI [§])
Sexual Abuse ¹ only	7.3 (4.4 - 10.2)	2.0 (0.3 - 3.6)
Physical Violence ² only	19.9 (14.0 - 25.7)	34.9 (29.5 - 40.4)
Emotional Violence ³ only	4.7 (2.6 - 6.8)	3.8 (1.8 - 5.9)
Sexual Abuse and Physical Violence	7.3 (4.2 - 10.4)	5.1 (2.3 - 7.8)
Sexual Abuse and Emotional Violence	0.2 (0.0 - 0.5)	0.1 (0.0 - 0.4)
Physical and Emotional Violence	8.2 (4.8 - 11.7)	16.9 (13.2 - 20.6)
Sexual Abuse, Physical, and Emotional Violence	7.0 (3.9 - 10.2)	7.7 (4.3 - 11.1)
No Violence	45.4 (38.4 - 52.3)	29.5 (24.2 - 34.9)
Total (n)	100.0 (574)	100.0 (518)

[§]95% confidence interval

¹Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

²Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon by intimate partner, parent/adult relative, community member or peer

³Emotional violence includes: being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.

Table 6.2.1. Distribution of reported type of violence experienced among 13-17 year old respondents - Malawi Violence Against Children Survey (VACS), 2013.

Types of Violence	Females	Males
	% (95% CI [§])	% (95% CI [§])
Sexual Abuse ¹ only	5.4 (2.6 - 8.2)	2.6 (0.7 - 4.6)
Physical Violence ² only	18.1 (11.4 - 24.8)	36.2 (30.3 - 42)
Emotional Violence ³ only	7.5 (3.6 - 11.3)	4.7 (2.3 - 7.0)
Sexual Abuse ¹ and Physical Violence	9.9 (4.0 - 15.9)	3.3 (1.8 - 4.8)
Sexual Abuse ¹ and Emotional Violence	2.4 (0.3 - 4.5)	1.1 (0.0 - 2.6)
Physical and Emotional Violence	7.7 (4.2 - 11.2)	14.4 (10.6 - 18.1)
Sexual Abuse ¹ , Physical, and Emotional Violence	5.1 (2.3 - 7.8)	5.7 (3.2 - 8.1)
No Violence	43.9 (33.3 - 54.5)	32.1 (26.9 - 37.4)
Total (n)	100.0 (455)	100.0 (615)

[§]95% confidence interval

¹Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

²Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon by intimate partner, parent/adult relative, community member or peer

³Emotional violence includes: being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.

Table 7.1.1. Percent of Malawian females aged 18-24 years who reported moderate and serious mental distress among those who did and did not experience sexual abuse¹ or physical² or emotional³ violence prior to age 18 – Malawi Violence Against Children Survey (VACS), 2013.

	Mental Health & Violence		
	In the past 30 days		
	n	Moderate mental distress ⁴	Serious mental distress ⁵
		% (95% CI ⁵)	% (95% CI ⁵)
Reported experiencing any sexual abuse ¹ prior to age 18	119	41.9(30.1 - 53.7)	10.6(1.7 - 19.6)
Reported experiencing no sexual abuse ¹ prior to age 18	455	26.1 (19.8 - 32.4)	7.0 (4.2 - 9.8)
Reported experiencing any physical violence ² prior to age 18	276	38.6(28.8 - 48.5)	9.2(4.3 - 14.2)
Reported experiencing no physical violence ² prior to age 18	298	22.8 (16.1 - 29.6)	6.8 (3.1 - 10.5)
Reported experiencing any emotional violence ³ prior to age 18	132	46.0(30.7 - 61.3)	13.3(2.3 - 24.2)
Reported experiencing no emotional violence ³ prior to age 18	439	25.4 (19.3 - 31.6)	6.4 (3.5 - 9.4)

⁵95% confidence interval

¹Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

²Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon by intimate partner, parent/adult relative, community member or peer

³Emotional violence includes: being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.

⁴Moderate mental distress $5 \leq K6 < 13$

⁵Serious mental distress $K6 > 13$

Table 7.1.2. Percent of Malawian males aged 18-24 years who reported moderate and serious mental distress among those who did and did not experience sexual abuse¹ or physical² or emotional³ violence prior to age 18 – Malawi Violence Against Children Survey (VACS), 2013.

	Mental Health & Violence		
	In the past 30 days		
	n	Moderate mental distress ⁴	Serious mental distress ⁵
% (95% CI ⁵)		% (95% CI ⁵)	
Reported experiencing any sexual abuse ¹ prior to age 18	78	54.4(41.6 - 67.2)	11.1(2.8 - 19.5)
Reported experiencing no sexual abuse ¹ prior to age 18	440	28.6(23.0 - 34.3)	4.7(2.5 - 6.8)
Reported experiencing any physical violence ² prior to age 18	345	35.7(29.5 - 41.9)	7.9(4.4 - 11.4)
Reported experiencing no physical violence ² prior to age 18	173	26.5(17.3 - 35.7)	1.5(0.0 - 3.4)
Reported experiencing any emotional violence ³ prior to age 18	157	40.1(30.9 - 49.4)	8.7(4.0 - 13.4)
Reported experiencing no emotional violence ³ prior to age 18	354	29.3(22.1 - 36.5)	4.4(1.9 - 7.0)

⁵95% confidence interval

¹Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

²Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon by intimate partner, parent/adult relative, community member or peer

³Emotional violence includes: being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.

⁴Moderate mental distress $5 \leq K6 < 13$

⁵Serious mental distress $K6 > 13$

Table 7.1.3. Percent of Malawian females aged 13-17 years who reported moderate and serious mental distress among those who did and did not experience sexual abuse¹ or physical² or emotional³ violence in the past 12 months -- Malawi Violence Against Children Survey (VACS), 2013.

	Mental Health & Violence		
	In the past 30 days		
	n	Moderate mental distress ⁴ % (95% CI ⁵)	Serious mental distress ⁵ % (95% CI ⁵)
Reported experiencing any sexual abuse ¹ in the past 12 months	96	38.7(23.1 - 54.3)	2.1(0.0 - 4.8)
Reported experiencing no sexual abuse ¹ in the past 12 months	359	22.4(15.5 - 29.4)	4.2(0.8 - 7.6)
Reported experiencing any physical violence ² in the past 12 months	186	29.3(20.8 - 37.9)	3.3(0.4 - 6.1)
Reported experiencing no physical violence ² in the past 12 months	269	23.9(15.0 - 32.8)	4.0(0.0 - 8.1)
Reported experiencing any emotional violence ³ in the past 12 months	107	43.1(25.4 - 60.8)	3.6(0.0 - 7.2)
Reported experiencing no emotional violence ³ in the past 12 months	347	21.2(13.9 - 28.5)	3.7(0.4 - 7.1)

⁵95% confidence interval

¹Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

²Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon by intimate partner, parent/adult relative, community member or peer

³Emotional violence includes: being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.

⁴Moderate mental distress $5 \leq K6 < 13$

⁵Serious mental distress $K6 > 13$

Table 7.1.4. Percent of Malawian males aged 13-17 years who reported moderate and serious mental distress among those who did and did not experience sexual abuse¹ or physical² or emotional³ violence in the past 12 months -- Malawi Violence Against Children Survey (VACS), 2013.

	Mental Health & Violence		
	In the past 30 days		
	n	Moderate mental distress ⁴	Serious mental distress ⁵
		% (95% CI [§])	% (95% CI [§])
Reported experiencing any sexual abuse ¹ in the past 12 months	80	38.4(26.9 - 49.9)	19.4(6.4 - 32.4)
Reported experiencing no sexual abuse ¹ in the past 12 months	535	21.7(17.1 - 26.3)	4.9(1.6 - 8.1)
Reported experiencing any physical violence ² in the past 12 months	371	28.9(22.8 - 35.1)	7.1(3.6 - 10.7)
Reported experiencing no physical violence ² in the past 12 months	244	16.4(10.4 - 22.4)	6.1(1.5 - 10.8)
Reported experiencing any emotional violence ³ in the past 12 months	179	34.9(26.6 - 43.2)	13.3(5.9 - 20.7)
Reported experiencing no emotional violence ³ in the past 12 months	435	20.0(14.8 - 25.3)	4.4(0.7 - 8.2)

[§]95% confidence interval

¹Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

²Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon by intimate partner, parent/adult relative, community member or peer

³Emotional violence includes: being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.

⁴Moderate mental distress $5 \leq K6 < 13$

⁵Serious mental distress $K6 > 13$

Table 7.2.1. Percent of Malawian females aged 18-24 years who reported health outcomes among those who did and did not experience sexual abuse¹ or physical² or emotional³ violence prior to age 18 – Malawi Violence Against Children Survey (VACS), 2013.

	Health Outcomes & Violence																										
	Mental distress in the past 30 days						Being drunk in the past 30 days			Smoking in the past 30 days			Substance use in the past 30 days			Ever intentionally hurt themselves			Ever Thought of Suicide			Ever Attempted Suicide ⁴			Symptom of STI ⁵		
	n	P-Value	% (95% CI)	n	P-Value	% (95% CI)	n	P-Value	% (95% CI)	n	P-Value	% (95% CI)	n	P-Value	% (95% CI)	n	P-Value	% (95% CI)	n	P-Value	% (95% CI)	n	P-Value	% (95% CI)	n	P-Value	% (95% CI)
Reported experiencing any sexual abuse ¹ prior to age 18	119	<0.0001	52.6 (44.8 - 60.3)	118	0.0013	14.9 (1.6 - 28.1)	119	0.785	4.9 (0.0 - 10.4)	119	0	0	119	0.0339	1.9 (0.0 - 4.0)	119	0.0033	15.0 (5.4 - 24.6)	20	0.7505	0	119	0.0017	9.0 (2.4 - 15.6)			
Reported experiencing no sexual abuse ¹ prior to age 18	455		33.1 (27.7 - 38.6)	452		6.8 (2.8 - 10.8)	454		5.9 (1.8 - 10.0)	455	0	0	455	0.4878	3.6 (0.0 - 7.9)	455		6.4 (3.2 - 9.6)	32		12.4 (0.3 - 24.6)	455		7.9 (4.8 - 11.0)			
Reported experiencing any physical violence ² prior to age 18	276	0.0007	47.9 (39.1 - 56.7)	274	0.0696	4.7 (1.3 - 8.0)	276	0.0378	2.8 (0.0 - 5.8)	276	0	0	276	0.838	2.9 (0.0 - 6.1)	276	0.0033	13.7 (7.4 - 20.1)	31		19.4 (0.0 - 44.8)	276		11.6 (7.5 - 15.7)			
Reported experiencing no physical violence ² prior to age 18	298		29.6 (23.8 - 35.4)	296		11.4 (2.0 - 20.8)	297		7.8 (3.1 - 12.5)	298	0	0	298		3.5 (0.0 - 8.7)	298		4.3 (1.2 - 7.3)	21		0	298		5.6 (2.7 - 8.5)			
Reported experiencing any emotional violence ³ prior to age 18	132	<0.0001	59.3 (46.1 - 72.6)	131	0.4724	9.3 (0.0 - 11.5)	132	0.4968	3.8 (0.0 - 9.1)	132	0	0	132	0.7044	2.5 (0.0 - 5.0)	132	<0.0001	22.0 (11.9 - 32.0)	27		6.0 (0.0 - 16.4)	132		12.1 (5.8 - 18.4)			
Reported experiencing no emotional violence ³ prior to age 18	439		31.9 (27.1 - 36.6)	436		9.3 (1.8 - 16.7)	438		6.2 (2.3 - 10.1)	439	0	0	439		3.4 (0.0 - 7.6)	439		4.8 (1.7 - 7.8)	23		0	439		7.2 (3.8 - 10.5)			

¹95% confidence interval

* Cell size less than 25

²Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

³Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon by intimate partner, parent/adult relative, community member or peer

⁴Emotional violence includes: being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.

⁵Among those who reported thinking of suicide

⁶Symptoms include: abnormal vaginal discharge or genital sore/ulcer

Table 7.2.2. Percent of Malawian males aged 18-24 years who reported health outcomes among those who did and did not experience sexual abuse¹ or physical² or emotional³ violence prior to age 18 – Malawi Violence Against Children Survey (VACS), 2013.

	Health Outcomes & Violence																										
	Respondents who reported...																										
	Mental distress in the past 30 days			Being drunk in the past 30 days			Smoking in the past 30 days			Substance use in the past 30 days			Ever Intentionally hurt themselves			Ever Thought of Suicide			Ever Attempted Suicide ⁴			Symptom of STI ⁵					
n	P-Value	% (95% CI)	n	P-Value	% (95% CI)	n	P-Value	% (95% CI)	n	P-Value	% (95% CI)	n	P-Value	% (95% CI)	n	P-Value	% (95% CI)	n	P-Value	% (95% CI)	n	P-Value	% (95% CI)	n	P-Value	% (95% CI)	
Reported experiencing any sexual abuse prior to age 18	78		65.5 (53.4-77.7)	72		31.0 (19.4-42.5)	78		8.5 (1.4-15.6)	78		4.8 (0.2-9.4)	78		7.2 (0.0-15.7)	78		8.0 (0.6-15.4)	6		*	78		16.7 (2.2-31.2)			
Reported experiencing no sexual abuse ¹ prior to age 18	440	<0.001	33.3 (26.5-40.1)	394	0.3129	25.0 (19.5-30.5)	434	0.3783	13.7 (9.7-17.8)	440	0.5688	2.9 (1.0-4.8)	440	0.2142	5.0 (2.5-7.5)	440	0.2142	4.2 (2.0-6.3)	21	*	*	440	0.4409	11.7 (8.2-15.2)			
Reported experiencing any physical violence ² prior to age 18	345		43.6 (36.4-50.8)	315		29.1 (22.7-35.5)	343		13.4 (8.9-17.8)	345		3.5 (1.5-5.4)	345		6.3 (3.2-9.5)	345		5.2 (2.5-7.9)	22		*	345		14.7 (9.2-20.3)			
Reported experiencing no physical violence ² prior to age 18	173	0.0055	28.0 (18.8-37.3)	151	0.0472	19.9 (12.8-26.9)	170	0.6153	12.3 (6.7-17.8)	173	0.2056	2.6 (0.0-5.4)	173	0.602	3.5 (0.5-6.5)	173	0.602	3.9 (0.1-7.7)	5	*	*	173	0.1328	8.2 (3.1-13.4)			
Reported experiencing any emotional violence ³ prior to age 18	157		48.8 (39.5-58.2)	139		36.9 (26.2-47.6)	156		15.4 (8.5-22.4)	157		4.9 (0.9-8.8)	157		10.9 (4.2-17.7)	157		9.2 (3.7-14.7)	16		*	157		17.9 (9.8-26.1)			
Reported experiencing no emotional violence ³ prior to age 18	354	0.0156	33.7 (25.8-41.6)	321	0.0082	21.9 (16.2-27.6)	350	0.2484	12.1 (7.9-16.3)	354	0.0038	2.5 (0.6-4.5)	354	0.0163	2.8 (0.7-4.9)	354	0.0163	3.0 (0.8-5.2)	11	*	*	354	0.1083	10.2 (5.5-14.9)			

¹95% confidence interval

* Cell size less than 25

²Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

³Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon by intimate partner, parent/adult relative, community member or peer

⁴Emotional violence includes: being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.

⁵Among those who reported thinking of suicide

⁶Symptoms include: abnormal discharge from penis or sore/ulcer on or near penis

Table. 7.2.3. Percent of Malawian females aged 13-17 years who reported health outcomes among those who did and did not experience sexual abuse¹ or physical² or emotional³ violence- Malawi Violence Against Children Survey (VACS), 2013.

	Health Outcomes & Violence																											
	Respondents who reported...																											
	Mental distress in the past 30 days			Being drunk in the past 30 days			Smoking in the past 30 days			Substance use in the past 30 days			Ever Intentionally hurt themselves			Ever Thought of Suicide			Ever Attempted Suicide ⁴			Symptom of STP ⁵						
n	P-Value	% (95% CI)	n	P-Value	% (95% CI)	n	P-Value	% (95% CI)	n	P-Value	% (95% CI)	n	P-Value	% (95% CI)	n	P-Value	% (95% CI)	n	P-Value	% (95% CI)	n	P-Value	% (95% CI)	n	P-Value	% (95% CI)		
Reported experiencing any sexual abuse ¹ in the past 12 months	96		40.8 (24.2-57.4)	95		22.0 (0.0-47.8)	96		3.4 (0.0-8.4)	96		0		0		2.3 (0.0-4.9)	96		2.3 (0.0-5.3)	4		*	96		*	96		14.6 (7.1-22.2)
Reported experiencing no sexual abuse ¹ in the past 12 months	359	0.1259	26.6 (20.0-33.3)	350	0.1949	8.4 (2.9-13.8)	359	0.5662	5.5 (0.3-10.6)	359	NA	0	0.3347	4.5 (1.5-7.5)	359	0.9825	2.3 (0.6-4.0)	9	*	2.3 (0.6-4.0)	359		*	359		*	3.0 (0.8-5.2)	
Reported experiencing any physical violence ² in the past 12 months	186		32.6 (23.9-41.3)	182	0.0007	20.3 (7.7-32.9)	186		9.1 (0.0-18.3)	186		0	0.1714	2.0 (0.0-4.3)	186		2.0 (0.0-4.0)	7		2.0 (0.0-4.0)	186		*	186		*	7.2 (3.4-10.9)	
Reported experiencing no physical violence ² in the past 12 months	269	0.5569	27.9 (17.9-38.0)	263		5.4 (1.3-9.6)	269	0.0305	2.2 (0.0-4.7)	269	NA	0		5.3 (1.4-9.3)	269	0.6473	2.5 (0.6-4.5)	6	*	2.5 (0.6-4.5)	269		*	269		*	4.6 (0.9-8.3)	
Reported experiencing any emotional violence ³ in the past 12 months	107		46.7 (29.2-64.3)	106	0.3899	12.7 (4.1-21.3)	107		5.2 (0.0-11.0)	107		0	0.3543	6.5 (0.0-13.5)	107		2.9 (0.0-6.1)	6	*	2.9 (0.0-6.1)	107		*	107		*	3.4 (0.0-7.0)	
Reported experiencing no emotional violence ³ in the past 12 months	347	0.0338	24.9 (17.7-32.2)	338		5.0 (0.0-10.0)	347	0.9576	2.2 (0.0-4.7)	347	NA	0		3.3 (0.5-6.0)	347	0.5726	2.1 (0.5-3.8)	7	*	2.1 (0.5-3.8)	347		*	347		*	6.3 (2.6-10.0)	

¹95% confidence interval

*Cell size less than 25

¹Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

²Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon by intimate partner, parent/adult relative, community member or peer

³Emotional violence includes: being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.

⁴Among those who reported thinking of suicide

⁵Symptoms include: abnormal vaginal discharge or genital sore/ulcer

Table 7.2.4. Percent of Malawian males aged 13-17 years who reported health outcomes among those who did and did not experience sexual abuse¹ or physical² or emotional³ violence- Malawi Violence Against Children Survey (VACS), 2013.

		Health Outcomes & Violence Respondents who reported...																								
		Mental distress in the past 30 days			Being drunk in the past 30 days			Smoking in the past 30 days			Substance use in the past 30 days			Ever Intentionally hurt themselves			Ever Thought of Suicide			Ever Attempted Suicide ⁴			Symptom of STP ⁵			
		n	P-Value	% (95% CI) ⁵	n	P-Value	% (95% CI)	n	P-Value	% (95% CI)	n	P-Value	% (95% CI)	n	P-Value	% (95% CI)	n	P-Value	% (95% CI)	n	P-Value	% (95% CI)	n	P-Value	% (95% CI)	
Reported experiencing any sexual abuse ¹ in the past 12 months	80		57.8 (45.3 - 70.3)	66		12.4 (4.3 - 20.5)	74		5.6 (0.4 - 10.7)	74		1.4 (0.0 - 3.5)	80		13.7 (5.7 - 21.7)	80		6.0 (0.0 - 12.4)	4		*	4		80		13.7 (5.6 - 21.8)
Reported experiencing no sexual abuse ¹ in the past 12 months	535	<0.0001	26.6 (22.0 - 31.2)	476	0.3009	18.1 (11.7 - 24.5)	522	0.3604	9.0 (4.1 - 13.8)	523	0.5844	0.8 (0.0 - 1.7)	535	0.0114	5.1 (2.5 - 7.7)	535		11 (0.2 - 1.9)	8		*	8		535	0.0312	6.5 (4.1 - 8.8)
Reported experiencing any physical violence ² in the past 12 months	371		36.1 (30.6 - 41.5)	327		18.5 (10.3 - 26.6)	359		8.6 (3.1 - 14.0)	361		1.1 (0.0 - 2.3)	371		8.0 (4.7 - 11.3)	371		2.3 (0.5 - 4.1)	9		*	9		371		8.5 (5.1 - 11.9)
Reported experiencing no physical violence ² in the past 12 months	244	0.01	22.5 (15.1 - 30.0)	215	0.5726	15.8 (9.8 - 21.8)	237	0.9868	8.5 (4.2 - 12.8)	236	0.5716	0.5 (0.0 - 1.4)	244	0.0441	3.6 (0.8 - 6.4)	244	0.1669	0.8 (0.0 - 1.9)	3		*	3		244	0.2857	5.8 (2.4 - 9.1)
Reported experiencing any emotional violence ³ in the past 12 months	179		48.2 (39.9 - 56.6)	158		13.8 (8.8 - 18.8)	176		7.7 (3.8 - 11.6)	176		1.3 (0.0 - 3.6)	179		9.9 (4.7 - 15.1)	179		2.4 (0.0 - 5.2)	4		*	4		179		8.1 (3.5 - 12.8)
Reported experiencing no emotional violence ³ in the past 12 months	435	<0.0001	24.5 (19.2 - 29.8)	383	0.189	18.7 (11.6 - 25.7)	419	0.7421	8.8 (3.2 - 14.5)	420	0.5809	0.7 (0.0 - 1.5)	435	0.0796	4.9 (2.1 - 7.7)	435	0.5107	1.5 (0.2 - 2.7)	8		*	8		435	0.7145	7.1 (4.3 - 10.0)

⁵95% confidence interval

*Cell size less than 25

¹Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

²Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon by intimate partner, parent/adult relative, community member or peer

³Emotional violence includes: being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.

⁴Among those who reported thinking of suicide

⁵Symptoms include: abnormal discharge from penis or sore/ulcer on or near penis

Table 7.3.1. Percent of Malawian females aged 18-24 years who reported pregnancy, among those who experienced unwanted completed sex¹ - Malawi Violence Against Children Survey (VACS), 2013.

	Reported ever getting pregnant as result of unwanted completed sex ¹	Reported never getting pregnant as result of unwanted completed sex ¹
	% (95% CI [§])	% (95% CI [§])
18-24 years old prior to age 18	33.0 (16.0 - 50.1)	67.0 (49.9 - 84.0)
Total (n)	69	

[§]95% confidence interval

¹Unwanted completed sex includes: physically forced sex and pressured sex.

Table 7.3.2. Percent of Malawian females aged 13-17 years who reported pregnancy, among those who experienced unwanted completed sex¹ - Malawi Violence Against Children Survey (VACS), 2013.

	Reported ever getting pregnant as result of unwanted completed sex ¹	Reported never getting pregnant as result of unwanted completed sex ¹
	% (95% CI [§])	% (95% CI [§])
13-17 years old	*	*
Total (n)	11	

[§]95% confidence interval

*Cell size less than 25

¹Unwanted completed sex includes: physically forced sex and pressured sex

Table 8.1. Sexual risk taking behaviors in the past 12 months among 19-24 years olds who reported having sexual intercourse in the past 12 months - Malawi Violence Against Children Survey (VACS), 2013.

	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Two or more sex partners ¹ in the past 12 months	366	2.4 (0.2 - 4.6)	244	19.8 (13.7 - 25.8)
Infrequent condom use ² in the past 12 months	364	9.1 (4.7 - 13.6)	241	30.5 (22.4 - 38.5)
Any transactional sex ³ in the past 12 months	488	1.6 (0.2 - 3.1)	408	1.6 (0.1 - 3.0)

[§]95% confidence interval

¹Multiple sexual partners in the past 12 months: 2 or more sexual partners in the past 12 month

²Infrequent condom use in the past 12 months: never or sometimes use condoms in the past 12 month

³Transactional sex includes receiving money, gifts, food, or favors for sex

Table 8.2.1 Multiple sexual partners¹ in the previous 12 months by experience of sexual abuse⁴ prior to age 18, among 19-24 years olds who reported having sexual intercourse in the past 12 months - Malawi Violence Against Children Survey (VACS), 2013.

	Multiple sexual partners ¹ in the past 12 months			
	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Reported experiencing any sexual violence ⁴ prior to age 18	70	9.7 (0.0 - 20.0)	32	25.0 (7.4 - 42.5)
Reported experiencing no sexual abuse ⁴ prior to age 18	296	0.8 (0.0 - 2.1)	212	19.1 (12.5 - 25.6)

[§]95% confidence interval

¹Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

⁴Multiple sexual partners in the past 12 months: 2 or more sexual partners in the past 12 month

Table 8.2.2 Infrequent condom use² in the previous 12 months by experience of sexual abuse⁴ prior to age 18, among 19-24 years olds who reported having sexual intercourse in the past 12 months – Malawi Violence Against Children Survey (VACS), 2013.

	Infrequent condom use ² in the past 12 months			
	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Reported experiencing any sexual abuse ⁴ prior to age 18	69	19.9 (2.9 - 36.9)	32	32.8 (10.9 - 54.7)
Reported experiencing no sexual abuse ⁴ prior to age 18	295	6.8 (3.1 - 10.5)	209	30.1 (21.6 - 38.7)

[§]95% confidence interval

²Infrequent condom use in the past 12 months: never or sometimes use condoms in the past 12 month.

⁴Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex.

Table 8.3.1 Multiple sex partners¹ in the previous 12 months by experience of physical violence⁵ prior to age 18, among 19-24 years olds who reported having sexual intercourse in the past 12 months – Malawi Violence Against Children Survey (VACS), 2013.

	Multiple sexual partners ¹ in the past 12 months			
	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Reported experiencing any physical violence ⁵ prior to age 18	164	3.9 (0.0 - 8.7)	167	21.2 (13.2 - 29.2)
Reported experiencing no physical violence ⁵ prior to age 18	202	1.4 (0.0 - 3.2)	77	16.6 (6.5 - 26.8)

[§]95% confidence interval

¹Multiple sexual partners in the past 12 months: 2 or more sexual partners in the past 12 month.

⁵Physical violence includes: slapping or pushing or punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning, using or threatening to use a gun, knife or other weapon.

Table 8.3.2. Infrequent condom use² in the previous 12 months by experience of physical violence⁵ prior to age 18, among 19-24 years olds who reported having sexual intercourse in the past 12 months – Malawi Violence Against Children Survey (VACS), 2013.

	Infrequent condom use ² in the past 12 months			
	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Reported experiencing any physical violence ⁵ prior to age 18	163	13.9 (5.8 - 22.0)	166	27.8 (18.9 - 36.7)
Reported experiencing no physical violence ⁵ prior to age 18	201	6.0 (1.7 - 10.3)	75	36.3 (22.9 - 49.8)

[§]95% confidence interval

²Infrequent condom use in the past 12 months: never or sometimes use condoms in the past 12 month.

⁵Physical violence includes: slapping or pushing or punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning, using or threatening to use a gun, knife or other weapon.

Table 8.4.1. Multiple sex partners¹ in the previous 12 months by experience of emotional violence⁶ prior to age 18, among 19-24 years olds who reported having sexual intercourse in the past 12 months – Malawi Violence Against Children Survey (VACS), 2013.

	Multiple sexual partners ¹ in the past 12 months			
	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Reported experiencing any emotional violence ⁶ prior to age 18	83	9.8 (0.2 - 19.4)	75	28.3 (13.9 - 42.8)
Reported experiencing no emotional violence ⁶ prior to age 18	283	0.7 (0.0 - 1.5)	167	16.0 (9.6 - 22.3)

[§]95% confidence interval

¹Multiple sexual partners in the past 12 months: 2 or more sexual partners in the past 12 month.

⁶Emotional violence includes: being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.

Table 8.4.2. Infrequent condom² use by experience of emotional violence⁶ prior to age 18, among 19-24 years olds who reported having sexual intercourse in the past 12 months - Malawi Violence Against Children Survey (VACS), 2013.

	Infrequent condom use ⁵ in the past 12 months			
	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Reported experiencing any emotional violence ⁶ prior to age 18	82	12.5 (4.4 - 20.6)	74	36.1 (22.9 - 49.3)
Reported experiencing no emotional violence ⁶ prior to age 18	282	8.4 (3.2 - 13.6)	165	27.8 (18.2 - 37.5)

[§]95% confidence interval

²Infrequent condom use in the past 12 months: never or sometimes use condoms in the past 12 month.

⁶Emotional violence includes: being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.

Table 9.1. HIV testing knowledge and behavior among Malawians aged 13 to 24 years who have ever had sexual intercourse- Malawi Violence Against Children Survey (VACS), 2013.

	HIV testing knowledge and behavior among Malawians who ever had sexual intercourse by age			
	Female		Male	
	n	% (95% CI[§])	n	% (95% CI[§])
13-17 year olds				
HIV-Testing Knowledge				
Know Where to Go for HIV Test	96	71.9 (59.1 - 84.8)	195	91.7 (87.5 - 95.9)
HIV-Testing Behavior				
Never Tested For HIV	96	50.7 (40.3 - 61.0)	195	70.3 (60.7 - 79.8)
Tested for HIV, Received HIV Results	45	95.5 (90.2 - 100.0)	65	88.0 (76.1 - 99.8)
18-24 year olds				
HIV-Testing Knowledge				
Know Where to Go for HIV Test	507	94.7 (92.2 - 97.2)	397	93.8 (90.3 - 97.3)
HIV-Testing Behavior				
Never Tested For HIV	507	11.8 (7.0 - 16.6)	397	32.1 (25.6 - 38.6)
Tested for HIV, Received HIV Results	461	95.7 (91.6 - 99.9)	278	95.4 (92.5 - 98.3)

Table 9.2.1. HIV testing knowledge and behavior among Malawian females aged 18-24 years who have ever had sexual intercourse by experiences of childhood sexual abuse¹ - Malawi Violence Against Children Survey (VACS), 2013.

	HIV testing & sexual abuse ¹ among females who ever had sexual intercourse		
	HIV/AIDS-Testing Knowledge	HIV/AIDS-Testing Behavior	
	Know Where to Go for HIV Test	Never Tested For HIV	Tested for HIV, Received HIV Results
	% (95% CI [§])	% (95% CI [§])	% (95% CI [§])
Reported experiencing any sexual abuse¹ prior to age 18	93.5 (85.6 - 100.0)	19.9 (5.7 - 34.1)	100.0 (100.0 - 100.0)
n	104	104	91
Reported no sexual abuse¹ prior to age 18	95.1 (92.3 - 97.8)	9.5 (4.5 - 14.4)	94.6 (89.5 - 99.8)
n	403	403	370

[§]95% confidence interval

¹Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex.

Table 9.2.2 HIV testing knowledge and behavior among Malawian males aged 18-24 years who have ever had sexual intercourse by experiences of childhood sexual abuse¹ - Malawi Violence Against Children Survey (VACS), 2013.

	HIV testing & sexual abuse ¹ among males who ever had sexual intercourse		
	HIV/AIDS-Testing Knowledge	HIV/AIDS-Testing Behavior	
	Know Where to Go for HIV Test	Never Tested For HIV	Tested for HIV, Received HIV Results
	% (95% CI [§])	% (95% CI [§])	% (95% CI [§])
Reported experiencing any sexual abuse¹ prior to age 18	93.4 (86.7 - 100.0)	34.9 (19.1 - 50.8)	96.6 (91.4 - 100.0)
n	60	60	39
Reported no sexual abuse¹ prior to age 18	93.9 (90.1 - 97.6)	31.6 (24.2 - 39.0)	95.2 (92.0 - 98.5)
n	337	337	239

[§]95% confidence interval

¹Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

Table 9.3.1. HIV Testing Knowledge and Behavior among Malawian females aged 13-17 years old who have ever had sexual intercourse by experiences of any sexual abuse¹ in the past 12 months – Malawi Violence Against Children Survey (VACS), 2013.

	HIV testing & sexual abuse ¹ among females who ever had sexual intercourse		
	HIV/AIDS-Testing Knowledge	HIV/AIDS-Testing Behavior	
	Know Where to Go for HIV Test	Never Tested For HIV	Tested for HIV, Received HIV Results
	% (95% CI [§])	% (95% CI [§])	% (95% CI [§])
Reported experiencing any sexual abuse¹ in the past 12 months	69.4 (48.9 - 89.9)	64.2 (43.6 - 84.8)	*
n	33	33	10
Reported no sexual abuse¹ in the past 12 months	73.0 (57.7 - 88.3)	45.2 (32.8 - 57.6)	98.2 (94.7 - 100.0)
n	63	63	35

[§]95% confidence interval

*Cell size less than 25.

¹Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex.

Table 9.3.2. HIV testing knowledge and behavior among Malawian males aged 13-17 years old who have ever had sexual intercourse by experiences of any sexual abuse¹ in the past 12 months – Malawi Violence Against Children Survey (VACS), 2013.

	HIV testing & sexual abuse ¹ among males who ever had sexual intercourse		
	HIV/AIDS-Testing Knowledge	HIV/AIDS-Testing Behavior	
	Know Where to Go for HIV Test	Never Tested For HIV	Tested for HIV, Received HIV Results
	% (95% CI [§])	% (95% CI [§])	% (95% CI [§])
Reported experiencing any sexual abuse¹ in the past 12 months	94.3 (86.6 - 100)	71.0 (53.5 - 88.5)	*
n	44	44	16
Reported no sexual abuse¹ in the past 12 months	90.9 (85.8 - 95.9)	70.0 (59.5 - 80.6)	85.7 (70.8 - 100.0)
n	151	151	49

[§]95% confidence interval

*Cell size less than 25.

¹Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex.

Table 9.4.1 Reasons for never being tested for HIV as reported by respondents aged 18-24 who ever had sexual intercourse – Malawi Violence Against Children Survey (VACS), 2013.

Respondents aged 18-24	Females	Males
	% (95% CI [§])	% (95% CI [§])
No knowledge about HIV test	3.9 (0.0 - 8.7)	1.9 (0.0 - 4.0)
Don't know where to get HIV test	4.0 (0.0 - 8.2)	3.1 (0.2 - 5.9)
Test costs too much	4.0 (0.0 - 11.8)	0
Transport to test site is too much	3.5 (0.0 - 10.0)	2.7 (0.0 - 5.8)
Test site too far away	2.8 (0.0 - 6.3)	5.1 (1.3 - 8.9)
Afraid husband/partner will know about test/test results	0.1 (0.0 - 0.3)	0.4 (0.0 - 1.2)
Afraid others will know about test/test results	4.2 (0.0 - 10.8)	0.4 (0.0 - 1.1)
Don't need test/low risk	43.7 (21.7 - 65.7)	55.7 (46.0 - 65.5)
Don't want to know if i have HIV	13.3 (3.2 - 23.5)	10.0 (4.8 - 15.3)
Can't get treatment if i have HIV	0	0
Unable to find time	0.6 (0.0 - 1.7)	5.2 (1.8 - 8.7)
No reason	18.9 (0.0 - 38.1)	5.1 (1.1 - 9.0)
Afraid of needles/test process	0	1.7 (0.0 - 5.0)
Believes/was told test is for older persons	0	1.2 (0.0 - 3.7)
Other	0.9 (0.0 - 2.5)	7.4 (0.7 - 14.1)
Total (n)	100.0 (70)	100.0 (181)

[§]95% confidence interval

Table 9.4.1 Reasons for never being tested for HIV as reported by respondents aged 13-17 who ever had sexual intercourse - Malawi Violence Against Children Survey (VACS), 2013.

Respondents aged 13-17	Females	Males
	% (95% CI ^s)	% (95% CI ^s)
No knowledge about HIV test	13.8 (6.8 - 20.9)	4.6 (2.3 - 6.9)
Don't know where to get HIV test	10.2 (5.7 - 14.6)	4.8 (2.1 - 7.5)
Test costs too much	0	0
Transport to test site is too much	1.5 (0.0 - 3.2)	2.4 (0.5 - 4.4)
Test site too far away	5.2 (0.0 - 11.1)	3.8 (1.8 - 5.7)
Afraid husband/partner will know about test/test results	0.6 (0.0 - 1.5)	0.0 (0.0 - 0.1)
Afraid others will know about test/test results	1.0 (0.0 - 2.0)	2.1 (0.4 - 3.9)
Don't need test/low risk	55.5 (44.3 - 66.8)	57.5 (51.2 - 63.8)
Don't want to know if i have HIV	4.5 (1.8 - 7.1)	4.7 (2.3 - 7.1)
Can't get treatment if i have HIV	0	1.1 (0.0 - 3.2)
Unable to find time	1.3 (0.0 - 3.2)	3.5 (0.0 - 7.0)
No reason	3.6 (1.3 - 5.9)	3.8 (1.4 - 6.2)
Afraid of needles/test process	0.5 (0.0 - 1.2)	0
Believes/was told test is for older persons	1.5 (0.0 - 3.2)	8.6 (4.7 - 12.5)
Other	0.9 (0.0 - 2.2)	3.1 (1.2 - 5.0)
Total (n)	100.0 (305)	100.0 (418)

^s95% confidence interval

Table 10.1 Endorsement of one or more circumstances where it is acceptable for spousal violence by sex and age - Malawi Violence Against Children Survey (VACS), 2013.

	Attitudes Regarding Spousal Abuse & Violence											
	Acceptance of a husband beating his wife if she:											
	Goes out Without Telling Him		Neglects the Children		Argues with Him		Refuse to have Sex with Him		Burns the food		Acceptance of one or more	
	n	% (95% CI ^a)	n	% (95% CI ^a)	n	% (95% CI ^a)	n	% (95% CI ^a)	n	% (95% CI ^a)	n	% (95% CI ^a)
Female												
13-17 years	449	19.8 (15.4 - 24.3)	444	26.3 (20.1 - 32.5)	448	14.6 (11.2 - 18.0)	429	13.7 (9.8 - 17.6)	454	10.5 (6.1 - 15.0)	455	40.4 (32.0 - 48.8)
18-24 years	572	20.1 (12.7 - 27.6)	571	25.0 (18.0 - 32.1)	571	14.0 (9.8 - 18.3)	568	20.8 (14.9 - 26.7)	574	17.2 (12.5 - 21.8)	574	41.8 (36.0 - 47.5)
Male												
13-17 years	608	15.9 (12.5 - 19.3)	605	20.0 (15.1 - 24.8)	606	13.0 (9.1 - 16.8)	592	14.3 (9.7 - 19.0)	610	8.3 (4.8 - 11.9)	612	38.3 (33.1 - 43.5)
18-24 years	515	7.3 (5.1 - 9.5)	517	11.7 (7.4 - 16.0)	516	8.0 (4.4 - 11.5)	513	7.5 (4.5 - 10.5)	516	5.6 (3.2 - 8.0)	517	23.8 (18.6 - 29.0)

^a95% confidence interval

Table 10.2 Endorsement of one or more circumstances where it is acceptable for gender biases towards sexual practices and intimate partner violence by sex and age - Malawi Violence Against Children Survey (VACS), 2013.

	Attitudes regarding sex											
	Men Decide when to have Sex		Men Need More Sex		Men Need Other Women		Women Who Carry Condoms are "loose"		Women Should Tolerate Violence to Keep Family Together		Acceptance of one or more	
	n	% (95% CI ^a)	n	% (95% CI ^a)	n	% (95% CI ^a)	n	% (95% CI ^a)	n	% (95% CI ^a)	n	% (95% CI ^a)
Female												
13-17 years	397	36.9 (29.8 - 44.0)	378	41.1 (34.8 - 47.4)	411	29.4 (19.7 - 39.0)	423	62.4 (50.4 - 74.4)	447	38.7 (29.6 - 47.8)	453	72.7 (66.0 - 79.4)
18-24 years	558	47.8 (38.2 - 57.5)	551	58.6 (52.0 - 65.1)	564	27.4 (14.7 - 40.2)	558	70.1 (65.9 - 74.3)	569	40.8 (34.1 - 47.5)	574	91.5 (87.5 - 95.4)
Male												
13-17 years	560	43.4 (38.7 - 48.0)	561	46.2 (40.6 - 51.8)	577	19.1 (14.2 - 23.9)	589	66.6 (61.7 - 71.5)	608	44.7 (39.8 - 49.6)	611	82.1 (78.8 - 85.5)
18-24 years	512	42.1 (35.9 - 48.4)	504	47.1 (40.3 - 53.8)	516	19.8 (15.1 - 24.5)	509	65.1 (58.0 - 72.3)	514	39.9 (33.7 - 46.0)	518	82.4 (77.1 - 87.8)

^a95% confidence interval

Table 10.3.1 Percentage of 18-24 years olds who reported using violence¹ against a current or previous partner – Malawi Violence Against Children Survey (VACS), 2013.

	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Any Violence ¹ against a partner/wife/husband	574	21.7 (13.6 - 29.8)	518	38.5 (31.9 - 45.1)

[§]95% confidence interval

¹Violence includes: punching, kicking, whipping, or beating with an object, choking, smothering, trying to drown, or intentionally burning or scalding a current or previous partner or spouse or forcing a current or previous partner or spouse to have sexual intercourse or perform any other sex acts when they did not want to.

Table 10.3.2 Percentage of 13-17 years olds who reported using violence¹ against a current or previous partner – Malawi Violence Against Children Survey (VACS), 2013.

	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Any Violence ¹ against a partner/wife/husband	455	16.8 (12.4 - 21.1)	615	37.8 (31.8 - 43.9)

[§]95% confidence interval

¹Violence includes: punching, kicking, whipping, or beating with an object, choking, smothering, trying to drown, or intentionally burning or scalding a current or previous partner or spouse or forcing a current or previous partner or spouse to have sexual intercourse or perform any other sex acts when they did not want to.

Table 10.3.4 Percent of Malawian females aged 18-24 years who reported using violence¹ against a partner among those who did and did not experience sexual abuse² or physical violence³ prior to age 18 - Malawi Violence Against Children Survey (VACS), 2013

	Use of violence ¹ against a partner			
	n	Female	n	Male
		% (95% CI [§])		% (95% CI [§])
Reported experiencing any sexual abuse ² prior to age 18	119	38.0 (15.3 - 60.8)	78	62.0 (49.1 - 74.9)
Reported experiencing no sexual abuse ² prior to age 18	455	17.1 (12.0 - 22.3)	440	34.4 (27.5 - 41.3)
Reported experiencing any physical violence ³ prior to age 18	276	31.4 (21.0 - 41.9)	345	46.8 (39.9 - 53.6)
Reported experiencing no physical violence ³ prior to age 18	298	14.5 (5.4 - 23.6)	173	23.4 (14.7 - 32.1)

[§]95% confidence interval

¹Violence includes: punching, kicking, whipping, or beating with an object, choking, smothering, trying to drown, or intentionally burning or scalding a current or previous partner or spouse or forcing a current or previous partner or spouse to have sexual intercourse or perform any other sex acts when they did not want to.

²Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex.

³Physical violence includes: slapping or pushing or punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning, using or threatening to use a gun, knife or other weapon.

Table 10.3.5 Percent of Malawian females aged 13-17 years who reported using violence¹ against a partner among those who did and did not experience sexual abuse² or physical violence³ – Malawi Violence Against Children Survey (VACS), 2013

	Use of violence ¹ against a partner			
	n	Female	n	Male
		% (95% CI [§])		% (95% CI [§])
Reported experiencing any sexual abuse ² in the past 12 months	96	24.6 (11.3 - 37.8)	80	64.7 (52 - 77.4)
Reported experiencing no sexual abuse ² in the past 12 months	359	14.5 (10.0 - 19.0)	535	33.9 (27.8 - 40)
Reported experiencing any physical violence ³ in the past 12 months	186	21.8 (10.0 - 33.6)	371	46.7 (38.5 - 54.8)
Reported experiencing no physical violence ³ in the past 12 months	269	13.3 (9.0 - 17.7)	244	24.8 (17.6 - 32.0)

[§]95% confidence interval

¹Violence includes: punching, kicking, whipping, or beating with an object, choking, smothering, trying to drown, or intentionally burning or scalding a current or previous partner or spouse or forcing a current or previous partner or spouse to have sexual intercourse or perform any other sex acts when they did not want to.

²Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex.

³Physical violence includes: slapping or pushing or punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning, using or threatening to use a gun, knife or other weapon.

ENDNOTES

- 1 Articles 19 and 34 of the Convention on the Rights of the Child, 1989.
- 2 Long, S. (2011). Protecting Children Affected by HIV Against Abuse, Exploitation, Violence, and Neglect.
Arlington, VA: USAID's AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1.
Cluver, L. Orkin, M., Boyes, M., Gardner, F., Meinck, F. (2011). Transactional Sex Amongst AIDS-Orphaned and AIDS-Affected Adolescents Predicted by Abuse and Extreme Poverty, *Journal of Acquired Immune Deficiency Syndromes*, 58, 336-34.
Krug EG et al., eds. *World report on violence and health*. Geneva, World Health Organization, 2002.
- 3 Krug EG et al., eds. *World report on violence and health*. Geneva, World Health Organization, 2002.
- 4 The United Nations Secretary-General's Study on Violence against Children. 2006.
Available at <http://www.unicef.org/violencestudy/index.html>.
- 5 UNICEF, *Child Disciplinary Practices at Home: Evidence from a Range of Low- and Middle-Income Countries*,
New York, 2010.
- 6 Krug EG et al., eds. *World report on violence and health*. Geneva, World Health Organization, 2002.
- 7 World Health Organization (2005). *Multi-country study on women's health and domestic violence against women*. Geneva, Switzerland.
- 8 Reza A., Breiding, M., Gulaid, J., Mercy, J., Blanton, C., Mthethwaet Z., et al. (2009). Sexual violence and its health consequences for female children in Swaziland: a cluster survey study. *The Lancet*, 373, 1966-1972.

- Violence against Children in Tanzania: Findings from a National Survey, 2009. Summary Report on the Prevalence of Sexual, Physical and Emotional Violence, Context of Sexual Violence, and Health and Behavioral Consequences of Violence Experienced in Childhood. Dar es Salaam, Tanzania: United Nations Children's Fund Tanzania Country Office, Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, and Muhimbili University of Health and Sciences, 2011.
- Violence against Children in Kenya: Findings from a National Survey, 2010. Summary Report on the Prevalence of Sexual, Physical and Emotional Violence, Context of Sexual Violence, and Health and Behavioral Consequences of Violence Experienced in Childhood. Nairobi, Kenya: United Nations Children's Fund Kenya Country Office, Division of Violence Prevention, National Center for Injury Prevention and Control, U.S. Centers for Disease Control and Prevention, and the Kenya National Bureau of Statistics, 2012.
- 9 Repetti RL, Taylor SE, Seeman TE. Risky families: family social environments and the mental and physical health of offspring. *Psychological Bulletin*. 2002; 128(2):330-66.
- Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, et al. The relationship of adult health status to childhood abuse and household dysfunction. *American Journal of Preventive Medicine*. 1998; 14:245-58.
- 10 Krug EG et al., eds. *World report on violence and health*. Geneva, World Health Organization, 2002.
- 11 Krug EG et al., eds. *World report on violence and health*. Geneva, World Health Organization, 2002.
- 12 Kendall-Tackett KA, Echenrode J. The effects of neglect on academic achievement and disciplinary problems: a developmental perspective. *Child Abuse and Neglect*. 1996; 20:161-69.

- 13 WRVH
- 14 United Nations' Secretary General Study on Violence Against Children. Available from: http://www.unicef.org/violencestudy/presskits/2%20Study%20findings_Press%20kit%20EN.pdf.
- 15 National Research Council and Institute of Medicine. From neurons to neighborhoods: the science of early childhood development. in Committee on Integrating the Science of Early Childhood Development. Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. 2000. Washington, DC: National Academy Press.
- Felitti, V., et al., The relationship of adult health status to childhood abuse and household dysfunction. *American Journal of Preventative Medicine*, 1998. 14: p. 245-58.
- Kendall-Tackett, K., *Treating the lifetime health effects of childhood victimization*, 2003, Civic Research Institute, Inc: Kingston.
- 16 Peterman, A. and K. Johnson, Incontinence and trauma: Sexual violence, female genital cutting and proxy measures of gynecological fistula. *Social Science & Medicine*, 2009. 68: p. 971-979.
- Jewkes, R., et al., Relationship dynamics and teenage pregnancy in South Africa. *Social Science & Medicine*, 2001. 52: p. 733-744.
- Cook, R.J., B.M. Dickens, and S. Syed, Obstetric fistula: the challenge to human rights. *International Journal of Gynecology and Obstetrics*, 2004. 87(1): p. 72-77.
- Hilton, P., Vesico-vaginal fistulas in developing countries. *International Journal of Gynecology and Obstetrics*, 2003. 82: p. 285-295.
- 17 UNAIDS, UNFPA, and UNIFEM, *Women and HIV/AIDS: Confronting the Crisis*, 2004: Geneva.
- Human Rights Watch, *Suffering in Silence: The Links Between Human Rights Abuses and HIV Transmission to Girls in Zambia*, 2002.
- 18 Reza, A., et al., Sexual violence and its health consequences for female children in Swaziland: a cluster survey study. *Lancet*, 2009. 373.
- 19 *Violence Against Children in Tanzania: Findings From a National Survey 2009. Summary Report on the Prevalence of Sexual, Physical and Emotional Violence, Context of Sexual Violence, and Health and Behavioural Consequences of Violence Experienced in Childhood.*, UNICEF Tanzania, et al., Editors. 2011.
- 20 Madu, S.N., Prevalence of child psychological, physical, emotional, and ritualistic abuse among high school students in Mpumalanga Province, South Africa. *Psychological Reports*, 2001. 89: p. 431-444.

- 21 Shumba, A., Epidemiology and etiology of reported cases of child physical abuse in Zimbabwean primary schools. *Child Abuse & Neglect*, 2001. 25(2): p. 265-277.
- Shumba, A., The nature, extent and effects of emotional abuse on primary school pupils by teachers in Zimbabwe. *Child Abuse & Neglect*, 2002. 26: p. 783-791.
- 22 Zuberi, F., Assessment of Violence against Children in the Eastern and Southern Africa Region: Results of an Initial Desk Review for the UN Secretary General's Study on Violence against Children, 2005.
- 23 Jewkes, R., P. Sen, and C. Garcia-Morena, Sexual Violence, in *World Report on Violence and Health*, E. Krug, et al., Editors. 2002, World Health Organization: Geneva. p. 147-182.
- 24 Jewkes, R., P. Sen, and C. Garcia-Morena, Sexual Violence, in *World Report on Violence and Health*, E. Krug, et al., Editors. 2002, World Health Organization: Geneva. p. 147-182.
- 25 Reza, A., et al., Sexual violence and its health consequences for female children in Swaziland: a cluster survey study. *Lancet*, 2009. 373.
- Violence Against Children in Tanzania: Findings From a National Survey 2009. Summary Report on the Prevalence of Sexual, Physical and Emotional Violence, Context of Sexual Violence, and Health and Behavioural Consequences of Violence Experienced in Childhood., UNICEF Tanzania, et al., Editors. 2011.
- 26 Central Intelligence Agency. *The World Factbook: Malawi*. 2012 [cited 2012 June 15]; Available from: <https://www.cia.gov/library/publications/the-world-factbook/geos/mi.html>.
- 27 United Nations Development Programme, *Human Development Report 2011*, 2011, United Nations Development Programme: New York, NY.
- 28 Central Intelligence Agency. *The World Factbook: Malawi*. 2012 [cited 2012 June 15]; Available from: <https://www.cia.gov/library/publications/the-world-factbook/geos/mi.html>.
- UNICEF, *Malawi Annual Report 2010*, 2010, UNICEF: Malawi Country Office.
- 29 Central Intelligence Agency. *The World Factbook: Malawi*. 2012 [cited 2012 June 15]; Available from: <https://www.cia.gov/library/publications/the-world-factbook/geos/mi.html>.
- UNAIDS. *Malawi country profile*. 2009; Available from: <http://www.unaids.org/en/regionscountries/countries/malawi/>.

- 30 National Statistical Office and United Nations Children’s Fund, Multiple Indicator Cluster Survey 2006: Malawi, 2008: Zomba, Malawi.
- 31 Demographic and Health Survey, Malawi Demographic and Health Survey 2010, 2010: Zomba, Malawi.
- 32 Demographic and Health Survey, Malawi Demographic and Health Survey 2010, 2010: Zomba, Malawi.
- 33 UNAIDS. Malawi country profile. 2009; Available from: <http://www.unaids.org/en/regionscountries/countries/malawi/>.
Demographic and Health Survey, Malawi Demographic and Health Survey 2010, 2010: Zomba, Malawi.
- 34 Ministry of Gender Child Welfare and Community Services [Malawi]. Protection against (prevention of) domestic violence act 5 of 2006. 2006; Available from: http://www.chr.up.ac.za/undp/domestic/docs/legislation_13.pdf.
Sibale, B. and T. Nthambi, Mid Term Review of the National Plan of Action (NPA) for Orphaned and Other Vulnerable Children, 2008, Centre for Development Management: Lilongwe, Malawi.
- 35 Ministry of Women and Child Development [Malawi], National response to combat gender-based violence, 2008, Government of Malawi: Lilongwe, Malawi.
- 36 Office of the United Nations High Commissioner for Human Rights. Convention on the Rights of the Child. 1989; Available from: <http://www2.ohchr.org/english/law/crc.htm>.
- 37 Parliament of Malawi. Child Care Protection and Justice Act. June 2010; Available from: <http://www.malawilii.org/mw/legislation/act/2010/22>.
- 38 Runyan, D., et al., Child Abuse and Neglect by Parents and Other Caregivers, in World Report on Violence and Health, E. Krug, et al., Editors. 2002, World Health Organization: Geneva. p. 147-182.
- 39 Sibale, B. and T. Nthambi, Mid Term Review of the National Plan of Action (NPA) for Orphaned and Other Vulnerable Children, 2008, Centre for Development Management: Lilongwe, Malawi.
- 40 Finkelhor, D., et al., The Juvenile Victimization Questionnaire: reliability, validity, and national norms. Child Abuse Negl, 2005. 29(4): p. 383-412.

- 41 Sibale, B. and T. Nthambi, Mid Term Review of the National Plan of Action (NPA) for Orphaned and Other Vulnerable Children, 2008, Centre for Development Management: Lilongwe, Malawi.
- 42 World Health Organization, *Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women*, 2001, Department of Gender and Women's Health, World Health Organization: Geneva, Switzerland.
- 43 UNICEF, At a Glance: Haiti. UNICEF and partners help child domestic workers in Haiti regain their rights ,
Available from: http://www.unicef.org/infobycountry/haiti_39418.html
Kessler, R.C., Barker, P.R., Colpe, L.J., Epstein, J.F., Gfroerer, J.C., Hiripi, E., Howes, M.J., Normand, S.L.T.,
Manderscheid, R.W., Walters, EE, Zaslavsky AM. Screening for serious mental illness in the general population.
Arch Gen Psychiatry. 2003 Feb;60(2):184-9.
J. Prochaska, H. Sung, W. Max, Y. Shi, M. Ong.(2012). Validity study of the K6 scale as a measure of moderate
mental distress based on mental health treatment need and utilization. Int. J. Methods Psychiatr.
Res.
21(2): 88-97.
Putnam FW. Ten-year research update review: child sexual abuse. Journal of the American
Academy of Child
and Adolescent Psychiatry. 2003; 42(3): 269-78.
Ramiro LS, Madrid BJ, Brown DW. Adverse childhood experiences (ACE) and health-risk behaviors
among
adults in a developing country setting. Child Abuse and Neglect. 2010; 34(11): 842-55.
Glasser et al. Cycle of child sexual abuse: links between being a victim and becoming a perpetrator.
British
Journal of Psychiatry. 2001 Dec;179:482-94.
Jewkes et al. Rape perpetration by young, rural South Africa men: Prevalence, patterns and risk
factors.
Social Science and Medicine. 2006, volume 63, Issue 11, 2949-2961.

- 44 WHO. *The Cycles of Violence: The relationship between childhood maltreatment and the risk of later becoming a victim or perpetrator of violence.* World Health Organization, Geneva. 2007
- 45 World Health Organization, *Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women, 2001,* Department of Gender and Women's Health, World Health Organization: Geneva, Switzerland.
- 46 Jaffe PG, Hurley DJ, Wolfe D. Children's observations of violence: I. Critical issues in child development and intervention planning. *Can J Psychiatry.* 1990;35:466-70.
- Jaffe PG, Wolfe D, Wilson S, Zak L. Similarities in behavioral and social maladjustment among child victims and witnesses to family violence. *Am J Orthopsychiatry.* 1986;56(1):142-5.
- Edleson JL. Children's witnessing of adult domestic violence. *J Interpers Violence.* 1999;14:839-70.
- Attala JM, Bauza K, Pratt H, Vieira D. Integrative review of effects on children of witnessing domestic violence. *Issues Compr Pediatr Nurs.* 1995;18:163-72.
- 47 WHO. *The Cycles of Violence: The relationship between childhood maltreatment and the risk of later becoming a victim or perpetrator of violence.* World Health Organization, Geneva. 2007
- Glasser et al. Cycle of child sexual abuse: links between being a victim and becoming a perpetrator. *British Journal of Psychiatry.* 2001 Dec;179:482-94.
- Jewkes et al. Rape perpetration by young, rural South Africa men: Prevalence, patterns and risk factors. *Social Science and Medicine.* 2006, volume 63, Issue 11, 2949-2961.
- 48 The United Nations Secretary-General's Study on Violence against Children. 2006. Available at <http://www.unicef.org/violencestudy/index.html>.
- 49 Repetti RL, Taylor SE, Seeman TE. Risky families: family social environments and the mental and physical health of offspring. *Psychological Bulletin.* 2002; 128(2):330-66.
- Kessler, R.C., Barker, P.R., Colpe, L.J., Epstein, J.F., Gfroerer, J.C., Hiripi, E., Howes, M.J., Normand, S.L.T., Manderscheid, R.W., Walters, EE, Zaslavsky AM. Screening for serious mental illness in the general population. *Arch Gen Psychiatry.* 2003 Feb;60(2):184-9.
- J. Prochaska, H. Sung, W. Max, Y. Shi, M. Ong.(2012). Validity study of the K6 scale as a measure of moderate mental distress based on mental health treatment need and utilization. *Int. J. Methods Psychiatr. Res.* 21(2): 88-97.
- Jewkes R, Sen P, and Garcia-Moreno C. Sexual Violence. *In World Report on Violence and Health.* Krug EG, Dahlberg LL, Mercy JA, Zwi AB, and Lozano R, Eds.; Geneva: World Health Organization. 2002: 147-182.

Testa M, VanZile-Tamsen C, and J Livingston. Childhood sexual abuse, relationship satisfaction, and sexual risk taking in a community sample of women. *Journal of Consulting and Clinical Psychology*. 2005; 73(6): 1116-1124.

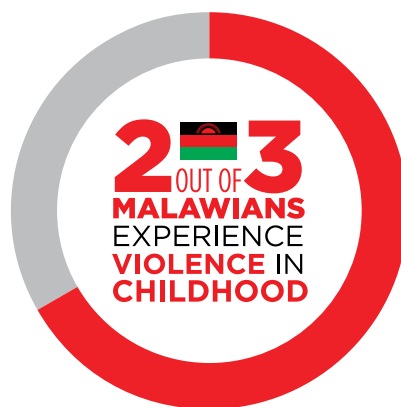
Cutajar MC, Mullen PE, Ogloff JR, Thomass SD, Wells DLm Spataro J. Psychopathology in a large cohort of sexually abused children followed up to 43 years. *Child Abuse and Neglect*. September 2010 (E-published ahead of print).

- 50 Williams LM. Recall of childhood trauma: a prospective study of women's memories of child sexual abuse. *J Consult Clin Psychol* 1994; 62: 1167-76.
- 51 Ullman, SE: Social Reactions to Child Sexual Abuse Disclosures: A Critical Review, *Journal of Child Sexual Abuse*. 2002; 12(1): 89-121.
- 52 Mercy JA, Butchart A, Rosenberg ML, Dahlberg L, Harvey A. Preventing violence in developing countries: a framework for action. *International Journal of Injury Control and Safety Promotion*. 2008;15(4):197-208.
- 53 World Health Organization. *Violence prevention: the evidence*. 2009. Available at: <http://www.who.int/violenceprevention/publications/en/index.html>. Accessed February 20, 2013.
- 54 Knerr W, Gardner F, and Cluver L. Improving positive parenting skills and reducing harsh and abusive parenting in low- and middle-income countries: A systematic review. *Prevention Science*. 2013. DOI 10.1007/s11121-012-0314-1.
- 55 MacMillan HL et al. Interventions to prevent child maltreatment and associated impairment. *Lancet*. 2008; DOI:10.1016/S0140-6736(08)61708-0.
- 56 Barlow J, Simkiss D, Stewart-Brown S. Interventions to prevent or ameliorate child physical abuse and neglect: findings from a systematic review of reviews. *Journal of Children's Services*, 2006, 1:6-28.
- 57 Sanders MR, Montgomery DT, Brechman-Toussaint ML. The mass media and the prevention of child behavior problems: the evaluation of a television series to promote positive outcomes for parents and their children. *Journal of Child Psychology and Psychiatry*, 2000, 41:939-948.

- 58 Schweinhart L et al. *Lifetime effects: the High/Scope Perry Preschool Study through age 40*. Ypsilanti, MI, High/Scope Press, 2005.
- Reynolds AJ, Ou SR, Topitzes JW. Paths of effects of early childhood intervention on educational attainment and delinquency: a confirmatory analysis of the Chicago Child-Parent Centers. *Child Development*, 2004, 75:1299-1328.
- Reynolds AJ, Temple JA, Ou SR. School-based early intervention and child well-being in the Chicago Longitudinal Study. *Child Welfare*, 2003, 82:633-656.
- Reynolds AJ et al. Effects of a School-based, early childhood intervention on adult health and wellbeing: a 19-year follow-up of low-income families. *Archive of Pediatrics & Adolescent Medicine*, 2007, 161:730- 739.
- 59 Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The Impact of Enhancing Students' Social and Emotional Learning: A Meta-Analysis of School-based Universal Interventions. *Child Development*, 82(1), 405-432.
- Gavin, L. E., Catalano, R. F., David-Ferdon, C., Gloppen, K. M., & Markham, C. M. (2010). A Review of Positive Youth Development Programs That Promote Adolescent Sexual and Reproductive Health. *Journal of Adolescent Health*, 46 (3, Supplement), S75-S91.
- Hahn R, Fuqua-Whitley D, Wethington H, et al. Effectiveness of universal School-based programs to prevent violent and aggressive behavior: a systematic review. *American Journal of Preventive Medicine*, 2007; 33(2S):S114-29.
- 60 Murray LF, Belenko S. CASASTART: a community based, school-centered intervention for high-risk youth. *Substance Use & Misuse*, 2005, 40:913-933.
- SAMHSA national registry of evidence-based programs and practices. (http://www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=121, accessed 5 February 2009).
- Grossman J et al. *Multiple choices after school: findings from the Extended-Service Schools initiative*. Philadelphia, Public/Private Enterprises, 2002.
- 61 Hickman LJ, Jaycox LH, Aronoff J. Dating violence among adolescents: prevalence, gender distribution, and prevention programme effectiveness. *Trauma, Violence and Abuse*, 2004, 5: 123-142.
- Avery-Leaf S, Cascardi, M. Dating violence education: prevention and early intervention strategies. In: Schewe PA, ed. *Preventing violence in relationships: interventions across the life span*. Washington, DC, American Psychological Association, 2002.
- Foshee VA et al. Assessing the effects of the dating violence prevention program "Safe Dates" using random coefficient regression modeling. *Prevention Science*, 2005, 6:245-257.
- Foshee VA et al. An evaluation of safe dates an adolescent dating violence prevention programme. *American Journal of Public Health*, 1998, 88:45-50.

- 62 Pronyk PM et al. Effect of a structural intervention for the prevention of intimate-partner violence and HIV in rural South Africa: a cluster randomized trial. *Lancet*, 2006, 368:1973-83.
- 63 Usdin S, Scheepers E, Goldstein S et al. Achieving social change on gender-based violence: a report on the impact evaluation on Soul City's fourth series. *Social Science and Medicine*, 2005, 61:2434-2445.
- Solorzano I et al. *Catalyzing personal and social change around gender, sexuality, and HIV: impact evaluation of Puntos de Encuentro's communication strategy in Nicaragua*. Washington, DC, Population Council, 2008.
- 64 Brookmeyer, K. A., Henrich, C. C., & Schwab-Stone, M. (2005). Adolescents Who Witness Community Violence: Can Parent Support and Prosocial Cognitions Protect Them From Committing Violence? *Child Development*, 76(4), 917-929.
- Lansford, J. E., & Dodge, K. A. (2008). Cultural Norms for Adult Corporal Punishment of Children and Societal Rates of Endorsement and Use of Violence. *Parenting*, 8(3), 257-270.
- 65 *Choose Respect campaign* (<http://www.chooserespect.org>, accessed 17 March 2009).
- 66 Snyder LB, Hamilton MA. A meta-analysis of U.S. Health campaign effects on behavior: emphasize enforcement, exposure, and new information, and beware the secular trend. In Hornik R, ed. *Public Health Communication: Evidence for Behaviour Change*. Hillsdale, NJ, Lawrence Erlbaum Associates, 2002.
- 67 Durrant JE. Evaluating the success of Sweden's corporal punishment ban. *Child Abuse and Neglect*, 1999, 23:435-448.0.
- Durrant JE. From mopping up the damage to preventing the flood: The role of social policy in the prevention of violence against children. *Social Policy Journal of New Zealand*, 2006, 27:1-17.
- 68 Ronnberg AKM, Hammerstrom A. Barriers within the health care system to dealing with sexualized violence: a literature review. *Scandinavian Journal of Public Health*, 2000, 28:222-229.
- Cann K et al. Domestic violence: a comparative study of survey levels of detection, knowledge, and attitudes in healthcare workers. *Public Health*, 2001, 115:89-95.

- 69 Olive P. Care for emergency department patients who have experienced domestic violence: a review of the evidence base. *Journal of Clinical Nursing*, 2007, 16:1736-1748.
- Colombini M, Mayhew S, Watts C. Health-sector responses to intimate partner violence in low-and middle- income settings: a review of current models, challenges and opportunities. *Bulletin of the World Health Organization*, 2008, 86:635-642.
- 70 MacDonald G, Higgins JPT, Ramchandani P. Cognitive-behavioural interventions for children who have been sexually abused. *Cochrane Database of Systematic Reviews*, Issue 4. Art.No.:CD001930. DOI:10.1002/14651858.CD001930.pub2.
- 71 Shadion A et al. *Executive summary. Findings from the MCAC cost-benefit analysis of community responses to child maltreatment*. (<http://www.nationalcac.org/professionals/research/CBA%20Executive%20Summary.pdf>. accessed 27 November 2008)
- Wolfeich P, Loggins B. Evaluation of the children's advocacy center model: efficiency, legal and revictimization outcomes. *Child and Adolescent Social Work Journal*, 2007, 24:333-352.



#ENDviolence

This document is published by the Government of the Republic of Malawi with assistance from UNICEF Malawi.

Government of Malawi © December 2014