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.

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.
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

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.
Perpetrators of childhood sexual abuse:

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

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.

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.

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.
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.

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.

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.
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.

   Experienced more than one incident of emotional violence

   ![Infographic](image)

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 STIs 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.
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 three in ten 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.
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.

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.

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.

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

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

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