

Ministry of
LOCAL GOVERNMENT
AND RURAL DEVELOPMENT

Report on Violence Against Children Survey (VACS)/ National Survey on Life Experiences and Risk of HIV Infection Among 13-24 Year Old Males and Females in Botswana



STATISTICS BOTSWANA



2019



REPUBLIC OF BOTSWANA

The Ministry of Local Government and Rural Development through the Department of Social Protection is responsible for the protection of children from all forms of exploitation. This is implemented through the Children's Act 2009, the parent child protection legislative document, which also domesticated the UN Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child.



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LIST OF KEY ACRONYMS

Ad Health	National Longitudinal Study of Adolescent Health
BAIS	Botswana AIDS Impact Survey
BSS	HIV/AIDS/STD Behavioral Surveillance Surveys
CSOs	Civil Society Organizations
CDC	United States Centers for Disease Control and Prevention
DHS	Demographic and Health Survey
EAs	Enumeration Areas
HIV	Human Immunodeficiency Virus
MLG&RD	Ministry of Local Government and Rural Development
PEPFAR	United States President's Emergency Plan for AIDS Relief
PSUs	Primary Sampling Units
STIs	Sexually Transmitted Infections
TWG	Technical Working Group
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VACS	Violence Against Children Surveys
WHO	World Health Organization
YRBS	Youth Risk Behavior Survey

Foreword

Violence is a global phenomenon which affects children across the world annually. Its effects are multi-pronged, ranging from physical injuries to mental health and risk behaviours. Botswana as a member of the international community continues to record disturbing trends of violence against children.

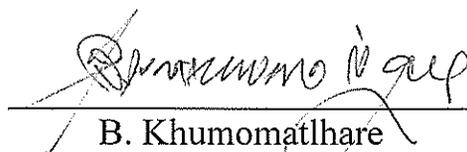
The Violence Against Children Survey (VACS), commissioned to explore the magnitude and nature of violence against children, has considered potential risks and protective factors to guide specific programme actions to prevent violence against children as well as assess the utilisation of services post-violence.

This survey also presents an opportunity to identify existing gaps in the provision of support and violence management continuum to assess the accessibility, responsiveness and friendliness of the current interventions.

Understanding and preventing violence against children is not only a moral imperative but also a good social, public health and human right investment, which equally calls for evidence based advocacy. The findings from the survey are bound to catalyse action across sectors and facilitate open and candid dialogue on violence against children, given that most cases of violence are shrouded in secrecy and silence due to victim-perpetrator relations.

Adverse child experiences can lead to negative and costly mental and physical outcomes which can be prevented if detected and addressed timely through interventions and continuous support. VACS aligns directly with the Government of Botswana's key policy documents and legal instruments such as The Children's Act, 2009; The Domestic Violence Act, 2008; The Child Sexual Abuse Communication Strategy 2010-2014; and Botswana National Plan of Action for Orphans and Vulnerable Children 2010-2016, which all recognise that children have a right to protection and must be allowed to grow and develop their fullest potential. Tools that guide and inform interventions should be well coordinated and synchronized. The onus is on all duty bearers who must ensure that there is clear and broader understanding on children's right to protection.

Children must be empowered to enjoy their rights responsibly and meaningfully participate in programmes that ensure that their voices are heard and there is need for concerted efforts to break the cycle of violence against children, with specific focus on the most vulnerable. We must take action on the strength that the future of this nation rests on these children.



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Acknowledgements

This study on the National Survey on Life Experiences and Risk of HIV amongst 13-24 year old males and females *hereafter* known as The Violence Against Children Survey (VACS) is Botswana's first national survey of violence against both female and male children and the first to include HIV testing globally. The study was made possible through the collaborative effort of many dedicated stakeholders that shared their time and resources until completion of the project.

The Ministry of Local Government and Rural Development (MLGRD)'s Department of Social Protection (DSP) takes this opportunity to extend its appreciation to the United States Government (USG)'s Presidential Emergency Plan for AIDS Relief (PEPFAR) through its US Centres for Disease Control (CDC) and Prevention for availing the funds for the study.

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The success of this study was also dependent on the contribution made by Civil Society Organisations (CSOs) who worked tirelessly to ensure achievement the results. We are grateful to Childline Botswana; Young Women Christian Association (YWCA) and Kagisano Society Women's Shelter.

Much deserved appreciation goes to Statistics Botswana who always avail themselves to support DSP with their expertise and direction on our research projects

We cherish the contribution and dedication provided by the University of Botswana towards this landmark study. The results of the study will go a long way in informing programmes and policies in this country.

Business Botswana has proven that public private partnerships are indeed crucial in addressing predominant issues like child protection and their input towards the study is appreciated.

UNICEF Botswana's support from the inception of this study until its completion is invaluable and for that we are thankful; indeed children's issues are your heartbeat.

This nationwide study was made possible by the selfless services of all social workers from the different Local Authorities who ensured that the study was a success.

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The 5Am Holdings research team delivered their mandate very well according to the objectives of this project. The field work coordinators, field supervisors, field team leaders and interviewers all worked tirelessly to deliver the project.

Lastly but not least gratitude is due to the benevolent DSP staff members from the different divisions who worked diligently from the inception of the study to its completion. Remember that DSP aims at achieving "*Social Functioning for All*" including all children.

Thank you all.



H. Mogatusi

Director Department of Social Protection.

MLGRD

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1. EXECUTIVE SUMMARY

The 2016 Botswana National Survey on Life Experiences and Risk of HIV amongst 13-24 year old males and females *hereafter* known as the violence against children survey (VACS) is the first national survey of violence against both female and male children in Botswana, and the first to include HIV testing globally. The number of interviews covered in the survey were 2,717 males (overall response rate=90.6%) in 282 randomly selected enumeration areas (EAs), and 5,329 females (overall response rate= 90.3%) in 546 EAs. The Botswana VACS was designed to yield lifetime and current experiences of emotional, physical and sexual violations for female and male children from the following age groups: 18-24 year olds who experienced acts of violence prior to age 18 (lifetime events and 13-17 year olds who experienced acts of violence during the 12 months prior to the survey (current events). Additionally, the survey sought to assess risk of HIV amongst 16 to 24 year olds.

The 2016 Botswana VACs was led by the Department of Social Protection of the Ministry of Local Government and Rural Development with guidance from a Technical Working Group (TWG), which consisted of other Botswana Government ministries and institutions, development partners and civil society organizations. A reference group (RG) from the same organizations provided leadership support in the conduct of the survey. Funding for the survey was provided by United States President's Emergency Plan for AIDS Relief (PEPFAR) through the Centers for Disease Control and Prevention (CDC-Botswana), and 5 AM Holdings (PTY) LTD led the field data collection, data analysis and report writing with technical assistance provided by CDC.

Findings from the survey indicate that physical violence is the most common form of violence against children. On average, 28.4% and 43.0% of female and male children in Botswana, respectively experience physical violence before the age of 18. The leading three perpetrators of physical violence amongst females are parents, adult caregivers or adult relatives (14.8%); adults in the community (11.6%); and peers (8.7%). In contrast, the leading perpetrators amongst males are peers (23.2%); parents, adult caregivers or adult relatives (21.1%); and adults in the community (20.9%).

Emotional violence by a parent or caregiver was experienced by 14.1% of females and 13.9% of males, of these experiences, 12.0% and 11.6% were in the last 12 months for females and males respectively.

Prevalence of sexual violence prior to age 18 was 9.3% for females and 5.5% for males, of which 1.8% and 0.2% accounted for physically forced sex amongst females and males, respectively. Amongst those who experienced sexual violence, the most common perpetrator of first incident of each form of sexual violence among females was:

- Sexual touching: classmate/schoolmate, 29.5%.
- Attempted forced sex: family member, 18.9%.
- Physically forced sex: stranger, 50.9%.
- Pressured sex: spouse/boyfriend/girlfriend or romantic partner, 50.9%.

Amongst males, the most common perpetrator of first incident of each form of sexual violence was:

- Sexual touching: classmate/schoolmate, 30.3%.
- Attempted forced sex: friend, 70.4%.
- Physically forced sex: stranger, 70.4%.
- Pressured sex: friend, 37.3%.

Amongst 16-24 year olds, 463 males (23.7% of all eligible 16-24 year olds) and 848 females (21.2% of all eligible 16-24 year olds) completed an HIV test. Amongst the participants who were tested for HIV during the survey, 4.9% of females and 2.2% of males tested positive; however, low uptake of HIV testing did not allow for stable estimates. Prior HIV positive status was ascertained during the survey by self-report indicating that 5.4% of females and 3.1% of males were HIV positive. These measures were combined for overall HIV status of this age group indicating that 6.6% of females and 3.4% of males were HIV positive.

1.1 KEY TERMS AND DEFINITIONS

Violence

“Violence” means any form of physical, emotional or mental injury or violence, neglect, maltreatment and exploitation, including sexual violence, intentional use of physical force or power, threatened or actual, against an individual which may result in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation.

1. Sexual Violence

Sexual violence is defined as including all forms of *sexual violence* and *sexual exploitation* of children. This encompasses a range of acts, including completed non-consensual sex acts, attempted non-consensual sex acts, and abusive sexual contact. This also includes the exploitative use of children for sex. In this survey, questions were posed on four forms of sexual violence as well as sexual exploitation.

Forms of sexual violence include:

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 without permission includes fondling, pinching, grabbing, or touching on or around the respondent’s sexual body parts.

1.1.2. Unwanted Attempted Sex: If anyone ever tried to make the respondent to have sex¹ against their will but did not succeed. They might have tried to physically force the respondent to have sex or they might have tried to pressure the respondent to have sex through harassment, threats and tricks.

1.1.3. Pressured Sex: If anyone ever pressured the respondent to have sex, through harassment, threats or tricks and did succeed to have sex.

1.1.4. Physically Forced Sex: If anyone ever physically forced the respondent to have sex and did succeed to have sex.

2. Physical Violence

Physical violence is defined as the intentional use of physical force with the potential to cause death, disability, injury or harm.

Respondents were asked about physical acts of violence perpetrated by four types of potential perpetrators:

1. Current or previous intimate partners, including a romantic partner, a boyfriend/girlfriend, or a spouse.

¹ Sex or sexual intercourse: Includes vaginal, oral or anal sex.

2. Peers, including people the same age as the respondent not including a boyfriend/girlfriend, spouse, or romantic partner. These may be people the respondent may have known or not known including siblings, schoolmates, neighbors, or strangers.
3. Parents, adult caregivers, or other adult relatives.
4. Adults in the neighborhood such as teachers, police, employers, religious or community leaders, neighbors, or adults the respondent did not know.

For each perpetrator type, respondents were asked about three measures of physical violence:

Has (1) a romantic partner, boyfriend, or husband/ (2) a person the respondent's own age/ (3) a parent, adult caregiver, or other adult relative/ (4) an adult in the neighborhood ever:

- Punched, slapped, kicked, whipped, lashed or poked the respondent with an object.
- Choked, smothered, tried or attempted to drown, or burned the respondent intentionally.
- Cut or threatened the respondent with a knife, screwdriver, softball bat, knobkerrie, gun, or other weapon.

3. Emotional Violence

Emotional violence is defined as a pattern of verbal behavior 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. For the Botswana survey, the definition of emotional violence included if reported having been told the following by parents, adult caregivers or other adult relatives:

- Told by a parent or caregiver that the respondent was not loved, or did not deserve to be loved.
- Told by a parent or caregiver that they wished the respondent had never been born or were dead.
- Was ridiculed or put down, for example was told that the respondent were stupid or useless.

4. Childhood

Childhood is defined as under the age of 18 years. For example, 'emotional violence in childhood' refers to experiences of emotional violence that occurred before the person's 18th birthday.

5. Past 12 months

The 'past 12 months' refers to the year preceding the survey. Survey respondents were asked whether various experiences happened 'in the past 12 months'.

6. Adolescents

Adolescents in this study refers to youth aged 13-17 years

7. Young adults

Young adults in this study refers to youth aged 18-24 years

2. INTRODUCTION

2.1 Background

The Republic of Botswana is a landlocked country situated in Southern Africa and covers a surface area of 581,730 square kilometers. The results of the latest National Population and Housing Census (2011),² estimates the total population at 2,024,904, an increase from 1,680,683 registered in the 2001 Census. According to the 2011 Census, the population comprises of 1,035,833 females and 989,071 males.

Politically, Botswana is a multi-party democracy which holds free and fair elections every five (5) years, the last of which were held in 2014. Policy, accountability and governance institutions are fully fledged and functioning. The branches of government in Botswana comprise the National Assembly, the Executive, the Judiciary and the Ntlo ya Dikgosi (House of Chiefs). Local Government comprises 16 Administrative Districts and 16 District Councils in which district, town and city councillors are regularly elected.

Macro-economic indicators show Botswana as one of the few economic success stories on the African continent. Since independence in 1966, Botswana has made significant socio-economic progress and made a notable transition from the category of Least Developed Countries (LDCs) to an Upper Middle Income Country (MIC). The country is recognized as having one of the highest per-capita incomes in the whole of Africa. Largely as a result of the discovery of diamonds post-independence and vigorous development of the mining sector, Botswana has sustained admirable economic growth. To date, diamonds remain the mainstay of Botswana's economy while the beef industry, tourism and to a limited extent the manufacturing sector have over the years contributed to Botswana's rapid economic growth. Efforts to diversify the economy beyond minerals continue. Despite economic success in Botswana on the whole, the latest World Bank Gini index of wealth disparity³ rates Botswana as 60.5 in 2009, indicating high disparity in wealth distribution in the country.

There is some convergence of ideas between government and the private sector economists, that the Botswana economy will not experience the growth rates recorded in the past. The economic challenges experienced by the country have among other measures resulted in government formulating a cost recovery policy, the introduction of value-added tax and devaluating the national currency. Government Ministries are also expected to reduce their wage bill by at least 5% annually over the next three years⁴. The immediate impact of such reforms has been adverse particularly on the poorest sections of the society who have been hardest hit by inflation.

Women, particularly female-headed households experience greater levels of poverty and have a high dependency ratio⁵. Poverty remains a significant and persistent challenge in Botswana. However, preliminary results of the Botswana Core Welfare Indicators (Poverty) Survey of 2009/10 indicate that the number of individuals living below the Botswana Poverty Datum Line declined from 30.6% of the population in 2002/03 to 20.7% in 2009/10⁴

² Central Statistics Office. (2011). Botswana Population and Housing Census.

³ The World Bank. World Bank open data. (2018). Available at: <http://data.worldbank.org/indicator/>. Accessed March 28, 2018.

⁴ Matambo, O.K. (2012). 2012 Budget Speech. Speech presented at National Assembly, Gaborone.

⁵ Greener, Robert (1997). Impact of HIV/AIDS and Options for Intervention: Results of a Five Company Pilot Study Paper Written for the Botswana National Task Force on AIDS at the Workplace. BIDPA Working Paper #10.

2.2 Constitutional Framework

The Botswana Constitution establishes a republican government with the Executive vested in a president elected by Parliament, which was elected by universal suffrage. The Constitution maintained the advisory role of the chiefs and the entrenchment of the bill of rights. In terms of constitutional development, establishment of the Republic meant that political leadership was to be elected rather than hereditary. Political parties became the vehicles to attain political power.

2.3 Legal, Political and Administrative Measures Adopted to Support the Welfare of the Child.

In order to consolidate national efforts to fully recognize the needs and requirements of the child, the Government of Botswana enacted the Children's Act in 2009. The Act is also an attempt to domesticate the African charter on the Rights and Welfare of the Child (ACRWC).

The Children's Act (2009) ⁶is "An Act to make provision for the promotion and protection of the rights of the child; for the promotion of the physical, emotional, intellectual and social development and general well-being of children; for the protection and care of children; for the establishment of structures to provide for the care, support, protection and rehabilitation of children; and for matters connected therewith". Its date of Commencement is the 19th of June 2009.

2.4 Global Burden and Consequences of Violence

Violence against children is a global economic, social, human rights and public health issue that affects millions of children and youth each year.⁷ It has significant negative health and social impacts throughout the lifespan of the child providing a challenge to the achievement of Sustainable Development Goals (SDGs).⁸ Estimates of past-year prevalence of violence against children showed that a minimum of 50% or more of children in Asia, Africa, and North America experienced past-year violence, and that globally, 1 billion children aged 2 to 17 years experienced such violence.⁹

According to the 1989 Convention on the Rights of the Child articles 19 and 34, all children have the right to be protected against all forms of violence, exploitation, and abuse, including sexual abuse and sexual exploitation¹⁰. A body of research has conclusively established that the impact of violence against children and youth goes far beyond the victim by affecting the families, communities and nations and reaching across generations.^{11,12,13} Children who have experienced emotional, physical, and sexual violence can experience severe short to long-term health and social consequences. Neurobiological and behavioral research indicates that early childhood exposure to violence can affect brain development and thereby increases the child's susceptibility to a range of mental and physical health problems that

⁶ Children's Act in Botswana (2009).

⁷ Hillis, S., Mercy, J., Amobi, A., et al. (2016). Global Prevalence of Past-Year Violence Against Children: A Systematic Review and Minimum Estimates. *Pediatrics*, 137 (3): e 20154079.

⁸ WHO. (2014). Global Status Report on Violence Prevention. WHO Geneva. Switzerland.

⁹ Hillis, S., Mercy, J., Amobi, A., et al. (2016). Global Prevalence of Past-Year Violence Against Children: A Systematic Review and Minimum Estimates. *Pediatrics*, 137 (3): e 20154079.

¹⁰ UNICEF Factsheet, Article 19 and 34 of the Convention on the Rights of the Child, 1989.

¹¹ 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.

¹² Cluver, L., Orkin, M., Boyes, M., Gardner, F., Meinck, F. (2011). Transactional Sex among AIDS-Orphaned and AIDS-Affected Adolescents Predicted by Abuse and Poverty. *Journal of Acquired Immune Deficiency Syndromes*, 58, 336-43. doi: 10.1097/QAI.0b013e31822f0d82.

¹³ Krug, E.G. et al. (eds). (2002). World Report on Violence and Health. WHO Geneva. Switzerland.

can span into adulthood. These problems include anxiety or depressive disorders, cardiovascular problems, and diabetes. Common health-related outcomes of sexual violence include unintended pregnancy and gynecological complications, infection with HIV and sexually transmitted infections (STIs), mental health problems such as depression and post-traumatic stress, and social consequences such as ostracism. Among adolescents and women, the frequency of pregnancy as a result of rape varies from 5 percent to 18 percent, and younger rape victims often have an increased rate of unintended pregnancies.¹⁴

Violence against children is prone to underreporting. Data on injuries treated at the emergency health facilities, police reports and official death statistics¹⁵ do not include complete information regarding physical, emotional and sexual abuse experienced by children. Official homicide statistics often miss information on victim-perpetrator relationships. Routine investigation or post-mortem examination on child deaths is not usually carried out making it difficult to establish precisely numbers of fatalities from abuse. In 2006, the UN Secretary General called on all nations to begin tackling the epidemic of violence against children by collecting robust and generalizable data to inform policies and programming. Following this call, and under the umbrella of the *Together for Girls* Initiative, several countries have undertaken national Violence Against Children Surveys (VACS) that yield nationally representative data on the burden of violence in childhood. Currently, much of what is known about violence against children can be found in these population based surveys and special studies. These studies indicate that physical, sexual and psychological abuse are rampant and undermine the health and wellbeing of millions of children globally. These studies underline that reliance on routinely collected data from health facilities and police is insufficient for the design and monitoring of comprehensive preventive plan addressing these forms of violence. To date, Swaziland, Tanzania, Kenya, Zimbabwe, Haiti, Cambodia, Malawi, Nigeria, Zambia, Laos, Uganda, Rwanda, Honduras, and Botswana have completed data collection for VACS. Several of these countries have released reports on the VACS findings, and the others have reports forthcoming.

Studies have shown that the rates of new HIV infections globally are highest among adolescent females between the aged of 15 and 24 years. This is particularly true in Sub-Sahara Africa. As a result of the “youth bulge” in Africa, the numbers of HIV/AIDS cases among youth are expected to increase significantly if the contributing factors, such childhood sexual violence, are not identified and addressed¹⁶. Gender-based violence is a known driver of HIV infection, for example, females who experience violence in early age are exposed to increased risk of HIV through direct transmission as well as indirectly through increased risk behaviors, diminished power to negotiate condom use, partnering with riskier men, and shared risk factors between violence and HIV. Young women with a history of childhood sexual violence are more likely to engage in behaviors that increase risk for HIV, such as having multiple sexual partners and low or no condom use in the past year¹⁷. Preventing this kind of violence and responding to the needs of victims through policies and relevant statutes are important strategies in reducing the suffering of children and the burden of HIV globally.

To end violence against children around the world, a unique public private partnership of major stakeholder groups came together to focus their words, actions and resources with an objective of

¹⁴ Krug, E.G. et al. (eds). (2002). World Report on Violence and Health. WHO Geneva. Switzerland.

¹⁵ WHO. (2014). Global Status Report on Violence Prevention. WHO Geneva. Switzerland.

¹⁶ UNAIDS, “Global Aids Update.” (2016). Available from:

http://www.unaids.org/en/resources/documents/2016/HIV_estimates_with_uncertainty_bounds_1990-2015.

¹⁷ Chiang L, Chen J, Gladden M, Mercy J, Kwesigabo G, et al. (2015). HIV and Childhood Sexual Violence: Implications for Sexual Risk Behaviors and HIV Testing in Tanzania.” AIDS Education and Prevention 27(5).

holding themselves to account and work together to prevent and respond to violence against children. This partnership termed “The Global Partnership to End Violence Against Children” was thus formed in 2015 and it includes governments, UN agencies, international organizations, civil society, faith groups, the private sector, philanthropic foundations, research practitioners, academics and children themselves. Major partners include the World Health Organization, CDC, the Pan American Health Organization, PEPFAR, Together for Girls, UNICEF, the United Nations office on Drugs and Crime, USAID, and The World Bank. In 2016, the Global Partnership to End Violence Against Children released *INSPIRE: Seven strategies for Ending Violence Against Children*, a technical package that includes evidence-based strategies with demonstrated success in preventing and responding to violence in childhood¹⁸. The seven strategies that INSPIRE encompasses are: Implementation and enforcement of laws; Norms and values; Safe environments; Parent and caregiver support; Income and economic strengthening; Response and support services; and Education and life skills. These strategies aim to create the safe and nurturing environments and relationships that allow children and youth to thrive. In Southern Africa, scientific research on the prevalence and incidence of violence and exploitation of children, adolescents and young adults is still in its nascent stages in most countries including Botswana. However, the search for quality data on the scale and nature of such maltreatment for informing appropriate state planning and budgeting is gaining momentum through the undertaking of this VACS.

2.5 Violence Against Children and Youth in Botswana

Botswana was estimated to have a population of 2 million people as per the 2011 Population and Housing Census, with life expectancy at birth of 66.8 years for females and 62.1 years for males. Of the total population, adolescents aged between 10-19 years constitute 22 percent, making Botswana a young majority nation. Although evidence in the region on the magnitude of various forms of child exploitation, such as child prostitution and child labor, is still difficult to capture, a few development organizations and universities have conducted various types of small-scale surveys on violence against children to establish trends. In Botswana, data related to violence against children can be traced in various studies that indirectly reported violence against children. These studies include the 2012 Botswana Gender Based Violence Indicator study¹⁹, the 2008 National Situation Analysis on Orphans and Vulnerable Children²⁰, the 2012 Botswana Youth Risk Surveillance Survey²¹ and the 2013 Botswana AIDS Impact Survey IV²². All these sources at some point have reported useful data on one or more form of abuse suffered by children from family members, neighbors or from communities they live.

It is clear that violence against children can lead to negative long term effects to the victims and community at large. In Botswana gender based violence contributes to HIV infections. Sexual violence is more prominent among females and it is reported that gender-based violence in Botswana affects nearly two-thirds of all women across the country, and large numbers of children²³. For example, the Botswana Gender Based Violence Indicators Study showed key associations between child abuse and gender based violence: 66% of male perpetrators experienced child abuse themselves, including 24%

¹⁸ World Health Organization. (2016). *INSPIRE: Seven Strategies for Ending Violence Against Children*.

¹⁹ Women’s Affairs Department and Gender Links. (2012). *The Gender Based Violence Indicators Study: Botswana*. Gaborone.

²⁰ Ministry of Local Government, Dept. of Social Services. (2008) *National Situation Analysis on Orphans and Vulnerable Children in Botswana*. Gaborone.

²¹ Ministry of Education and Skills Development. (2012). *First Botswana youth risk behavioural surveillance survey : technical report*. Gaborone.

²² Statistics Botswana. (2013). *Botswana AIDS Impact Survey IV: Statistical Report 2013*. National AIDS Coordinating Agency, Ministry of Health. Gaborone.

²³ Statistics Botswana. (2013). *Botswana AIDS Impact Survey IV: Statistical Report 2013*. National AIDS Coordinating Agency, Ministry of Health. Gaborone.

who experienced child sexual violence; 19.6% of women experienced sexual violence in childhood; and 56% of women witnessed their mothers being abused. The First Botswana Youth Risk Behavioral Surveillance Survey found that 40% of students had been picked on or bullied during the 30 days prior to the survey, 25.1% of students were threatened or injured with a weapon during the 30 days prior to the survey, 28.2% were involved in physical fight and had to be treated by a doctor or nurse during the 12 months prior to the survey, and 13% of sexually experienced students had been raped the first time they had sexual intercourse. The survey also found that 12.8% of sexually experienced students were forced to have sexual intercourse during the 12 months prior to the survey. The Botswana AIDS Impact Survey (BAIS) IV found that 24.8% of females with early sexual debut – sexual intercourse before the age of 15 - reported not giving consent at the time of intercourse. In the population of women aged 15-49 years, an estimated 3.1% reported sex without consent in the last 12 months. The HIV prevalence, determined by positive HIV test during the survey, amongst 13-24 year olds was 10.7% and 4.2% for females and males, respectively. While these studies provide useful information, they were not comprehensive enough in bringing out detailed information regarding the emotional, physical and sexual violence issues experienced by children in Botswana.

It has generally been agreed that most incidents of violence against children are rarely disclosed and remain hidden, partly due to a culture of silence and shame. Furthermore, social norms generally purport the belief that violence against children in the home is a private affair, that physical violence is an acceptable means to discipline and educate children, and that children are expected to submit to the will of their parents, teachers, religious leaders, and other elders and authority figures. Thus, law enforcement officials and others mandated to protect children rarely intervene or enforce those laws that do exist. Furthermore, children are reluctant to report the incidents of violence that are committed against them, sometimes in fear of retribution against themselves or other family members, out of shame or guilt, or due to the belief that they merited such treatment or were, in some way, responsible.

The Government of Botswana acknowledges that a lack of comprehensive data on violence against children has been one of the challenges to plan, implement, monitor and evaluate appropriate policies and programming on child protection.

The lack of sufficient and reliable data on violence against children contributes to the inability of stakeholders to make informed programmatic decisions around the prevention of and response to violence. Evidence to support advocacy, to inform national planning and funding allocation and to monitor the impact of all forms of violence is urgently needed. The population-based data yielded by the VACS can help inform priorities in child protection and child welfare and provide decision makers with national-level data on the magnitude and nature of violence against children and youth. Furthermore, population based data can be used to identify potential risk and protective factors for 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 Botswana, particularly in vulnerable populations such as orphans or street youth.

The data, program and policy initiatives provide a foundation for understanding the Botswana VACS. The 2016 Botswana VACS is the first-ever nationally representative study to estimate the prevalence of sexual, physical, and emotional violence against children and youth in the country. It is also the first-ever VACS in the world to incorporate the HIV testing component. The data from the Botswana VACS are intended to inform programs and policies to end all forms of violence against children and, in so doing, serve as an example to other countries in leveraging high-quality data to drive action to prevent violence and provide services to its victims.

3. METHODOLOGY OF THE VIOLENCE AGAINST CHILDREN SURVEY

3.1 Study Design and Sampling

VACS uses a standardized methodology for measuring physical, emotional and sexual violence against children. The primary purpose of the nationally representative household survey is to estimate (1) the lifetime prevalence of childhood violence, defined as violence occurring before 18 years of age and (2) the prevalence of childhood violence in the 12 months prior to the survey. The Botswana VACS is a cross-sectional household survey of 13-24 year-old females and males, designed to produce national-level estimates of experiences of physical, sexual, and emotional violence in childhood and in the past 12 months as well as to estimate HIV prevalence among 16-24 year olds. The study was also powered to provide estimates of violence by HIV status in the high-burden metropolitan areas of Gaborone and Francistown, however during the study low uptake of HIV testing in high-burden areas did not allow for stable estimates. VACS reflects 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. This age group of 13-24 year olds was selected as the most appropriate population to better understand childhood violence. Children less than 13 years old typically do not have the maturity to be able to answer survey questions, including the more complicated questions on potential risk and protective factors. At the same time limiting the upper age range to 24-year-olds helps either to reduce potential recall bias for childhood experiences, or the inability to accurately recall events in the past. HIV testing was offered to participants aged 16 years and older to establish the HIV prevalence and estimate of violence by HIV status among adolescents and young adults between 16-24 years old.

For data analysis purposes, 13-24 year olds were separated into two age sub-groups: 13-17 year olds and 18-24 year olds. Lifetime prevalence estimates of childhood violence were based on the experiences of participants aged 18-24 years before age 18. Data from 13-17 year-olds generated estimates of the prevalence of violence in the 12 months prior to the survey (referred to throughout this report as “past 12 months”). Estimates of the prevalence of violence in the past 12 months provided information about the current experiences of adolescents as well as the patterns and contexts of violence in Botswana. Although the analyses distinguished results by sex and age group, all VACS respondents were asked the same questions, except questions on pregnancy, which were only to females. Estimates of HIV prevalence are provided for those aged 16-24 years.

3.1.1. Sampling Frame and Sample Size Calculation

The sampling frame was generated based on the 2011 Population and Housing Census. The primary sampling units (PSUs) were the enumeration areas (EAs) from the 2011 Population and Housing census. The sample size for females was determined from a standard cluster sample formula where the estimated prevalence of sexual violence of 11% for males and 11-24% for females was assumed based on the prevalence of sexual violence in previous surveys, with a relative standard error and margin of error (8% for females and males). The sample size was bolstered based on an estimated number of expected HIV positive participants. Oversampling of females was done in two main metropolitan districts with higher burden of HIV amongst the 16-24 year old females, to generate sub-national estimates of violence.

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.²⁴ The split sample approach, consistent with WHO guidelines, served to protect the confidentiality of respondents and eliminate the chance that a perpetrator of sexual violence and a victim of the opposite sex in the same community would both be interviewed.

A three-stage cluster sample survey design was utilized. In the first stage of selection, 594 female EAs and 302 male EAs out of 4,165 EAs were randomly selected with a probability proportional to size of the EAs (the EA size is the number of households it contains). Prior to fieldwork, it was observed that 8 selected male EAs and 23 selected female EAs contained fewer than 50 households and were thus replaced by Statistics Botswana per their standard protocol. Ten male EAs and 20 female EAs were not surveyed for various reasons: Some EAs were not geographically accessible. Access to some EAs was denied, and the boundaries of an EA could not be located. In the second stage of selection, the survey data collection teams conducted a mapping and listing of all structures and households in each selected EAs. The survey teams pre-screened each household in the EA for potential eligible respondents and indicated eligibility status on the household listing form. The survey teams then input the total number of eligible households in the EA into an Access program developed specifically for VACS household selection. The program randomly selected 20 households by equal probability systematic sampling using a random household interval. In cases in which the total number of households exceeded 250, the survey teams segmented the EA into segments of approximately 100 households each. After segmenting the EA, the total number of segments was entered into the Access program, which randomly selected one of the segments. The survey teams kept the paper mapping and listing information separate from the electronic survey data. In stage three of selection, one eligible respondent (female or male depending on the selected EA) was randomly selected by CSPro from the list of all eligible respondents 13-24 years of age in each household and interviewed.

The VACS Botswana sample was designed to provide national estimates of the cross-tabulation between any childhood sexual violence and HIV as well as cross-tabulation between any childhood sexual violence and HIV in the pooled high prevalence areas. The effective sample size was then bolstered for the cluster design of the survey and adjusted for non-response. Non-response adjustments included the household and individual response rates as well as HIV testing response rates along with individual eligibility rate which accounted for households with eligible respondents for HIV testing (females or males aged 16-24). The required sample size also depended on desired level of precision and HIV prevalence in the groups so that the sample could then be further bolstered to allow for the calculation of the desired cross-tabs of childhood sexual violence & HIV.

Sample size for males and females was separately determined from the following standard cluster sample formula:

$$n = Z^2 \frac{P(1 - P)}{e^2} * DEFF$$

²⁴ In this report, EAs meant to survey females are termed “**female EAs**” and those EAs meant to survey males are labelled “**male EAs**”.

Where:

Z = Confidence Interval (95% CI = 1.96)

P = Estimated Prevalence of any childhood sexual violence which is 11.3% for males, 11.2% for females in Gaborone, 24.2% for females in Francistown, and 0.17 for females in remaining districts from the Botswana AIDS Impact Survey (IV).

e = Margin of Error to balance the reality of survey costs with the precision of estimates. A margin of error of 1.8% for males and 1.8-3.8% for females is used, consistent with what was used in other VACS in other African countries.

DEFF = Design Effect (generally set at 2.0)

n = Required Sample Size

The calculation of the adjustments is presented in the table below. The numbers below reflected the minimum number of female and male s by strata needed to show any statistical differences.

Female Sample		P	RSE	Target Completed Interviews	N for Design Effect	Total Households Required to Visit to reach Target Sample Size
Three Strata: 2 Priority Districts and average Rest of Districts (22) with RSE =0.08						
1	Gaborone	0.112	0.08	1,238	2,477	5,760
2	Francistown	0.242	0.08	489	978	2,280
3	Remaining Districts	0.17	0.08	736	1,525	3,560
	Total			2,490	4,980	11,600

Male Sample		P	RSE	Target Completed Interviews	N for Design Effect	Total Households Required to Visit to reach Target Sample Size
One Strata: National with RSE=0.08						
1	National	0.113	0.08	1,226	2,452	5,730

3.2. Survey Questionnaire

Through a collaboration between CDC, UNICEF, and Together for Girls and an expert consultation process, CDC developed a standardized global VACS core questionnaire. Botswana, through the Technical Working Group adapted the core questionnaire to the local setting. The questionnaire drew questions and definitions from several validated survey tools, to (1) compare data on various measures

with other studies as a useful validation, and (2) use measures that had already been field tested in other studies.

The questionnaires and survey protocol for Botswana were adapted through a consultation process with key stakeholders in Botswana who were familiar with the problem of violence against children, child protection, and the cultural context. The questionnaire covered the following topics: demographics; parental relationships, education, general connectedness to family, friends and community, gender beliefs; safety; witnessing violence in the home or community; sexual history and risk-taking behavior; experiences of physical and emotional and sexual violence; violence perpetration, pregnancy; health outcomes and risk behaviors; and violence disclosure, service-seeking and utilization of services. The background characteristics of the study respondents and the Head of Household interview included questions that assessed age, socio-economic status, marital status, work, education, and living situation. The sexual behavior and HIV/AIDS components used questions from the Demographic and Health Survey (DHS), HIV/AIDS/STD Behavioral Surveillance Surveys (BSS), Population-Based HIV Impact Assessments (PHIA), and WHO Multi-Country Study. Sexual behavior, history, and risk-taking questions were divided among the following topics: sexual behavior, including age at first sex and relationship to first sexual partner, whether first sex was wanted or forced, number of sexual partners ever and in the last 12 months, condom use, and pregnancy history. Questions were also asked about HIV testing knowledge, utilization, and most recent test result. The sexual violence module included questions on the forms of sexual violence experienced, including three forms of sexual violence and sexual exploitation, and important information on the circumstances of these incidents, such as the settings where sexual violence occurred and the relationship between the child who experienced violence and the perpetrator. This information was collected on the first and most recent incidents of sexual violence. For example, the most recent event is assessed by asking a question such as “How old were you the last time this happened?” and for the first event “How old were you the first time this happened?” Some of these questions were based on DHS, Youth Risk Behavior Survey (YRBS), and Add Health. Questions regarding the negative health and social consequences, as well as disclosure, service-seeking and utilization related to these events, were also included.

3.2.1. Survey Pilot

Prior to the implementation of the survey, Team Leaders conducted a pilot test of all survey data collection instruments including survey and HIV testing and counseling (HTC) protocols. The pilot test involved conducting interviews and HTC for two days and discussions and feedback for half a day. Six EAs (three rural EAs and three urban EAs for female teams and one rural EA and one urban EA for male teams) that were not sampled for the survey and were not adjacent to selected EAs sampled for the VACS were used for the pilot test. The pilot followed normal VACS protocols including the ‘split sample’ approach, such that the survey for females was conducted in different EAs from the survey for males. For purposes of the pilot, all Team Leaders conducted interviews and those proficient in HTC performed testing and counseling.

The primary purpose of the pilot was to test the questionnaire and survey protocols, including activation of the response plan, the HTC procedures, including hand-off between interviewer and tester, laboratory protocols, and care and treatment referrals. Instead of a systematic sample of households with a random start, convenience sampling was used to select households within each of the pilot sites. Interviewers were instructed to skip a certain number of households, depending on the density of

households in the area, to help ensure confidentiality and anonymity of study participants. In each household, one female between the ages of 13-24 years within the communities designated for females and one male between the ages of 13-24 years within the communities designated for males were selected. Participants in each household were selected based on convenience and to ensure adequate representation in the pilot test of both adolescent (13-17 years) and young adult (18-24 years) participants. The pilot test informed survey implementation and ensured protocols were adequate, including but not limited to community entry, approaching households, informed consent, referral procedures, and HTC procedures. In addition, through administering the pilot, the team leaders were better able to assess willingness to participate, determine length of the study procedures including the questionnaire and HTC, the cultural appropriateness of the questions, and usefulness of job aides. The pilot helped to ensure that the questions being asked most accurately obtained the data it was seeking and that HTC procedures worked well alongside the survey.

3.3. Fieldwork Preparation

3.3.1. Interviewer and Supervisor Selection, Responsibilities, and Training

To help facilitate trust and understanding with respondents, the selection of interviewers was critical. Interviewers selected were male and female Botswana nationals who spoke English and Setswana. In addition, based on the experience of previous VACS surveys, interviewers who had some experience with confidential data collection and health issues were also selected. These criteria were used in hiring interviewers so that the respondent could feel as comfortable as possible with the interviewer and the survey process.

In addition to selecting interviewers, male and female Team Leaders who were responsible for providing direct supervision of the overall survey implementation in the field were also identified. The Team Leaders were trained for ten days along with two Regional Supervisors and a laboratory manager. Team Leaders did not directly participate in the interview process; however, they were responsible for monitoring the status of interviews and HTC at each household during fieldwork. For each sampled household, the Team Leader ensured that each household interview and HTC process was completed appropriately, both through in-person monitoring and through the review of an electronic visit record form. The Team Leaders were trained to ensure that interviewers made call-backs for second and third visits as necessary and to troubleshoot with interviewers who experienced a high refusal rate or other related issues. In addition, Team Leaders ensured that interviewers followed appropriate procedures for obtaining consent for both the interview and for HTC. They also ensured that interviewers provided a list of support services and HIV information to all respondents and that direct referrals for those who needed them are provided. The Team Leaders also led the community entry process, the mapping and listing exercise, including pre-identification of eligible households, and the random selection of households in each newly entered enumeration area. The Team Leader and Regional Supervisor training covered all aspects of the VACS and included focused sessions on overseeing fieldwork and HTC in particular.

Following the Team Leader and Regional Supervisor training described above, the Interviewer training was held for 10 days. During the interviewer training, Team Leaders participated in all sessions and led small assigned groups of interviewers, reviewed training materials, oversaw practice sessions, and provided feedback on performance including interview skills. Training sessions were conducted by CDC

staff to ensure standardized, accurate, sensitive, and safe interviewing techniques with the interviewers. Training was conducted in English. The training sessions covered the following topics, through a variety of methods including classroom lectures, group work, and individual practice:

- Introductory material on training objectives; ground rules; the roles of key partners; and the roles and responsibilities of team leaders/interviewers;
- Introduction to violence including violence as a health and human rights issue; gender; and the epidemiology of violence and its consequences;
- VACS methodology; questionnaires; and other data collection protocols;
- Ethics in human subjects research; informed consent protocols; and interview privacy and confidentiality protocols;
- Electronic data collection, including care and use of the netbooks and using CSPro for data collection;
- Interview tips and techniques;
- Procedures and best practices for community entry;
- Response plan referral services and procedures, including for acute cases;
- Vicarious trauma;
- Integration of HIV testing in VACS; and
- HIV care and treatment referrals.

Both Team Leader and Interviewer trainings emphasized the survey's ethical protocols that protect young people from retribution for participating in survey research on violence. In doing so, it served to protect both the study participant and the field staff. This included emphasizing the need to ensure privacy during the interview and HTC and to ensure confidentiality and the voluntary nature of participation. Procedures included training interviewers to only conduct the interview and HTC if privacy could be ensured. 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 asking questions from a non-sensitive mock questionnaire, asking the person interrupting to leave or finding a different place to conduct the interview) or to reschedule the interview if necessary. Emphasis was also placed on how to conduct the interview with sensitivity and empathy as well as how and when to provide referrals. Interviewers, therefore, were trained to be aware of the effects that questions might have on the respondent and how best to respond, based on the participant's level of distress.

Additional training focused on hand-off procedures between interviewer and HTC staff. For example, interviewers were trained to complete any response plan referrals prior to consenting the participant for HTC and to alert the HTC staff member to prepare to test the participant and were trained on job aides to introduce the HTC staff member to the participant. Data collection staff also received training and job aides related to HTC counseling messages for the study population.

3.4. Fieldwork

Fieldwork was implemented between September 2016 and November 2016.

3.4.1. Inclusion Criteria, Timing and Selection of Households and Respondents

Inclusion criteria for this survey were: living in selected households in Botswana; age 13-24 years at the time of the survey; and fluency in Setswana or English. Survey administration in Setswana and English was consistent with previous national surveys administered across Botswana, including the BAIS and BSS. It was not possible to administer the survey to males and females who did not have the capacity to understand the questions being asked due to an intellectual or physical disability (e.g. hearing or speech impairment), so they were not eligible to participate. Those living or residing in institutions such as hospitals, prisons, nursing homes, and other such institutions were not included in the survey because VACS was household-based. During study implementation, upon entering a randomly selected household, interviewers identified the head of household or the person acting as the head of household at the time to introduce the study and determine eligibility of household members to participate in the study. The head of household was invited to participate in a short survey to assess the socio-economic conditions of the household. When there was more than one eligible participant, interviewers selected one using a random selection program installed on the netbooks. The interviewer made every effort to schedule return visits to the household at times when the selected respondent would be available. However, if the selected respondent was not available after three attempts or if he or she refused to participate, the household was skipped regardless of whether another eligible respondent existed in the household; neither the household nor the eligible respondents were replaced.

3.4.2. Data Collection

Precautions were used to ensure privacy during the interviews. The interviewers were instructed to conduct the interview in a safe and private location such as outside, in a public space without a risk of interruptions (i.e. a community area, school, mosque, or church) or in an appropriate place in the home or yard. Prior to beginning survey work in a new community, the team leader was instructed to seek guidance from the community leader to identify community locations where interviews could be held. Interviewers were instructed to ensure that participants, parents, and household members were comfortable with the location of the interview. If privacy could not be ensured, the interviewer was trained 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 participant was not available after three attempts to contact her/him over the course of two days, 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.

The VACS respondent questionnaire consisted of approximately 300 potential questions and included numerous skip patterns to route the interviewer to the logical sequence of questions based on respondent responses. 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. Data on HIV testing and test results were also collected in CSPro.

3.4.3. HIV Testing

Upon completion of the survey, participants aged 16-24 years were offered HIV testing and counseling (HTC). The age of testing was based on the Botswana National HIV Testing Guidelines which define age

16 as the minimum age at which individuals can consent for HIV testing and receive their own HIV test results. Because it is important that VACS respondents be able to receive their own test results and have a choice about whether or not to share the results with anyone else, 13-15 year olds were not offered testing services.

A trained counselor conducted HIV testing and counseling in a private space. All tested participants received pre-test and post-test counseling and, after confirmation of results, received their HIV test results from the HTC counselor. HIV test results were provided both verbally and in writing. Persons who tested HIV-positive were counseled on the importance of early enrollment in care and treatment and were referred to the local care and treatment clinic. Participants had the opportunity to provide their name and contact information on a referral form for follow up by Ministry of Health and Wellness staff to help link them with care and treatment services. The HTC staff offered to provide assisted disclosure of test results to parents, family members, or sexual partners. Participants who tested HIV-negative received HIV risk reduction messages and referrals for appropriate services (i.e. youth friendly services, clinics, and child welfare services), as needed.

All participants received an informational brochure on HIV/AIDS and the value of knowing their HIV status in Setswana language. The brochure also included information on health facilities in the area that provide care and treatment for HIV/AIDS. The information on HIV/AIDS was integrated into the list of services to ensure that if someone found this brochure that they would not assume that HIV testing had been conducted. All those who tested positive were referred to care and treatment services as per current national Treat All strategy which requires that all HIV positive individuals be initiated on treatment.

3.4.3.1. HIV Sample Collection

Blood samples were collected using finger-prick, and a pipette was used to collect blood from the finger and to drop it into the rapid test device. A drop of blood (~90 ul) was used to perform the test following the Botswana national rapid HIV testing algorithm for participants. An additional few drops (~150- 375 ul) from the same finger prick were used to prepare a dry blood spot (DBS) for rapid HIV test Quality Assurance (QA) testing for those who consented for DBS testing. All DBS cards were immediately labeled with the participant's survey ID and then dried, packaged, and transported appropriately.

3.4.3.2. HIV Testing and Quality Control

Testing was performed according to the Botswana national algorithm and the Ministry of Health and Wellness standard operating procedures (SOPs) using two rapid HIV tests in parallel: KHB and Unigold. Concordant positive or negative test results from test 1 (KHB) and test 2 (Unigold) were considered confirmatory. In cases of discordant results, the 1st Response HIV 1-2-0 (Premier Medical Corporation Ltd) test served as a tie-breaker.

Each tester ran internal quality control checks before commencing testing each day to ensure quality of tests and 10% of the DBS samples were randomly selected for quality assurance testing at the Botswana Harvard HIV Reference Lab (BHHRL). Data collection staff who performed HTC received a five-day training based on the Botswana national HTC curriculum. Additional HTC staff were recruited and trained on integration with VACS.

3.4.3.3. Field Quality Control Checks

The data from the field were aggregated daily by each Team Leader. There were no personal identifiers in the database that could be linked to any participant. The local VACS data center, managed by 5AM, was responsible for performing quality checks, producing regular data reports to provide feedback to data collection staff and improve any issues identified. The subsequent data cleaning and analysis was conducted by 5AM with technical assistance provided by CDC.

3.5. Ethical Considerations

3.5.1. Ethical Review

The Botswana VACS adhered to WHO recommendations on ethics and safety in studies of violence against women as well as WHO and Botswana National guidelines for home-based HTC. The Health Research and Development Committee of the Botswana Ministry of Health and Wellness and the CDC Institutional Review Board independently reviewed and approved the survey to ensure appropriate protections for the rights and welfare of human research participants.

3.5.2. 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.(1-7) In addition, there is evidence that adolescents and young adults are willing to talk about their experiences of violence within a supportive structure.(8) 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. To respond to these needs, the survey team developed multiple ways to link respondents to support.

During survey implementation, all respondents were provided with a list of services, reflecting free programs, services, and amenities currently offered in Botswana, including but not limited to services for violence in case they wanted to seek services on their own. Free direct referrals were also 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, 3) experienced physical, emotional, or sexual violence in the past, 4) were under the age of 18 and exchanged sex for money, goods, or favors in the last 12 months, 5) reported being in immediate danger, or 6) requested help for violence, regardless of what was disclosed in the interview. If the respondent met any of these criteria, the interviewer recorded contact information separately from survey responses and offered contact with the Social and Community Development Office of the MLG&RD Botswana.

Referral to services was offered as a part of the response plan, but participants had the choice to accept or decline the referral. If the respondent indicated that he or she would like a direct referral, the interviewer asked permission to obtain his or her contact information, including name and a safe place or way a social welfare officer could find him or her. Alternatively, when possible, the respondent was given the choice to have the interviewer call a social worker with the Social and Community Development Office at the end of the interview so that the respondent could arrange for a meeting with social worker directly.

For this survey, an 'acute case' was defined as any respondent who self-identified as being in immediate danger. If a respondent indicated to the interviewer that she or he was in immediate danger, then the interviewer activated the response plan for acute cases. In addition to contacting the social worker at the end of the interview, the interviewer immediately alerted her or his team leader to the situation and the team leader immediately called the pre-identified contact at MLG&RD. As a basis of action, MLG&RD made every effort to ensure that the respondent was offered immediate help with removal from the dangerous situation as well as offered appropriate medical, psychosocial, safe housing, reunification, and legal service and program referrals. Of the 10 identified acute cases, 8 respondents agreed to an immediate referral.

As a part of the HTC services provided, the interviewer and HTC staff person were trained to refer participants to the nearest government health center, or the health center of their choice, as needed for HIV testing or care and treatment services. For participants identified as HIV positive during the survey, written test results and a paper referral to the MoHW were provided. HIV positive participants who gave consent also provided their contact information on a referral form so that MoHW officials could facilitate their linkage to care and treatment, in line with the Government of Botswana's 'Treat All' policy.

3.5.3. Survey Informed Consent

For all selected eligible participants under 18 years of age, the parent or primary caregiver provided consent for interviewers to conduct the interview with the eligible participant. Some exceptions, including persons under age 18 who were emancipated, had ever been married, or who ran their own business, did not require parental consent. When seeking permission from the parent or primary caregiver, the study was described as an opportunity to learn more about "young people's health, educational, and life experiences and HIV risk" which is consistent with WHO ethical and safety recommendations regarding obtaining informed consent for participation in surveys that contain questions on domestic violence and ensuring the safety of both respondents and interviewers. 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. However, since the WHO ethical and safety guidelines refer 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 or risk 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. The first step in the informed consent process was to seek consent from the head of household or adult who was acting as such for the Head of Household Interview. After the adult consented to participate in the questionnaire, the interviewer conducted the Head of Household Interview.

If the selected participant was between 13 and 17 years of age, the interviewer asked to speak to the respondent's parent or guardian and sought parental permission to conduct the interview. The parental consent did not ask permission to conduct HIV testing as it was only offered to participants old enough to self-consent. The parent or guardian indicated consent for the respondent's participation verbally and the interviewer documented consent with an electronic signature in the netbook. After obtaining parental consent, the interviewer read an introductory statement to the respondent that described the survey as an opportunity to learn more about young peoples' health, educational, life experiences, and

HIV risk in Botswana. If the respondent agreed to hear more, the interviewer asked the respondent if they could continue talking in private.

Once the interviewer and participant ensured privacy, the interviewer read the contents of a verbal survey assent form. This assent form informed the participants that information they provided on the questionnaire was confidential and anonymous, and that their decision regarding participation was voluntary. Participants 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. Participants were informed that the information they shared was confidential, and identifying information would not be shared with anyone and that they could skip any questions or end participation at any time. Each participant provided assent verbally, and the interviewer documented the assent by electronic signature in the netbook.

In households where the selected participant was an adult (18-24 years old) or a married, business-owning, or emancipated minor (i.e., a child that is independent from their parents by law), a similar consent process was used as described above except that parent or caregiver permission was not necessary. All other procedures covering the introductory information about the survey, verbal consent, assurance of privacy, and participant informed consent were followed.

3.5.4. HIV Testing Informed Consent

Participants aged 16 and older consented separately for the HTC component of the survey following completion of the interview and activation of the response plan if needed. No parental consent was obtained for HTC. Participants consented to a finger prick, HIV testing, and to receive their HIV test results. Participants were informed of the potential for moderate discomfort and the small risk of infection and were assured confidentiality of their personal information including the test result.

3.5. Data Management and Response Rates

3.5.1. 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 B). When calculating the estimates for most measures, missing values were excluded from the analysis.

3.5.2. Response Rates

A total of 11,133 households were visited during the study, 7,232 in female EAs and 3,901 in male EAs (Appendix Table B2). The household response rates were 94.6% from female EAs and 96.5% from male EAs. 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 8,046 individuals aged 13-24 years participated in the Botswana VACS, with 5,329 females and 2,717 males completing the individual questionnaire, yielding an individual response rate of 95.5% for females and 93.9% for males. Additionally, 463 males (23.7% of all eligible) and 848 females (21.2% of all eligible) completed testing for HIV.

The combined household and individual response rates provide an overall response rate for females of 90.3% and for males of 90.6%. Appendix B includes a table showing household and individual response rates. This was reflected in Table 1.1 and accounted for in the response rates. Weighting information for the survey is provided in Appendix B.

3.5.3. Weighted Percentages

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 analyses used SAS 9.3, a statistical package that contains complex sample procedures that incorporate the weights and cluster stage design. By using the appropriate software that considers the complex sample design, accurate standard errors were produced for each estimate.

3.5.4. Differences between Estimates

To evaluate whether differences between any groups or subgroups were significant and not due to random variation, the confidence intervals (CI) for point estimates were compared to determine whether they overlapped or not. For all point estimates, 95% 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” and not due to random chance.

3.5.5. Definition of Unstable Estimates

Estimates based on responses from fewer than 25 respondents are considered unstable in the VACS. An asterisk (“*”), is displayed in tables in place of all unstable estimates. Unstable estimates should be interpreted with caution as they reflect a small number of respondents.

3.5.6 Technical Note to the Reader

Because the national estimates 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. This uncertainty or error is estimated with a 95 percent confidence interval. A 95 percent confidence interval is defined as the percentage range that would include the prevalence estimate for the measure calculated in 95 out of 100 studies that were conducted in the exact same manner. For instance, if the Botswana VACS was conducted independently and simultaneously 100 times using the exact same methods and sample size, the estimate of the percent of 18-24 year old females in Botswana experiencing childhood sexual violence would be between 7.3%% and 11.2% in 95 out of 100 of these studies.

4. BACKGROUND CHARACTERISTICS OF YOUTH

This chapter presents selected background characteristics of the survey population in Botswana by age, sex, education, age of head of household, orphan status, work experience, marital status, age at first marriage, and sexual activity. 'Married' refers to those who were ever married or ever lived with someone as if married.

4.1. Ages of Participants and Heads of Household

Among female and male participants 38.7% and 41.2% were age 13-17 years, respectively (Table 4.1). Most heads of household for female participants were aged 31 years and above with 43.1% of them aged 31 to 50 years and 38.2% aged 51 years or older. Thirty seven percent of heads of household for male participants were aged 31 to 50 years whereas a similar proportion (37.4%) were aged 51 years or older.

4.2. Education Status

Almost all respondents ages 13-24 had ever attended school (98.0% of females and 99.0% of males). A large proportion of both females and males had attended secondary school or higher: 80.7% of females and 83.4% of males (Table 4.1). Among female respondents, 11.8% had attended only primary school or less as compared to 14.7% of male respondents.

4.3. Orphan Status

Orphanhood is defined as the loss of one (single orphan) or both (double orphan) parents before the age of 18. Among females aged 13-17 years, a quarter of them had lost at least one parent (22.0% lost one parent and 2.7% lost both parents). A similar distribution was found among males aged 13-17 years (21.4% lost one parent and 2.0% lost both parents). Most of the respondents aged 18-24 years were not orphans (71.6% of females and 68.9% of males). Among females, 24.4% had lost one parent in childhood and 4.0% lost both parents. Among males, 27.0% lost one parent in childhood and 4.1% lost both parents (Table 4.1).

4.4. Marital Status and Cohabitation

About one in five females (18.3%) and one in ten males (11.1%) aged 18-24 years had ever been married or lived with someone as if married (Table 4.2). Of those who were married or cohabitating, 3.1% of females and 1.9% of males were married or lived with someone as if married before the age of 18. Among respondents aged 13-17 years, only 1.0% of females and 1.7% of males had ever been married or lived with someone as if married. These data suggest that age of marriage or cohabitation commonly occurs after age 18 in Botswana.

4.5. Sexual Activity

About three in four females (75.4%) and seven in ten males (69.9%) aged 18-24 years had ever had sex. Among 18-24 year olds, about one in five females (18.8%) and slightly more than one in four males (28.4%) ever had sex prior to age 18 (Table 4.2). Among youth aged 13-17 years, fewer than one in ten had ever had sex (females, 7.2%; males, 8.0%). Among respondents aged 18-24 years, the average age

of first sex was 18.4 years for females and 17.5 years for males. For youth aged 13-17 years, females' average age at first sex was 15.6 years and for males it was 12.6 years. (Table 4.3).

4.6 Working for Money or Any Other Payment

A majority of females (84.1%) and males (83.1%) aged 18-24 years had ever worked for money or other payment. Among children aged 13-17 years, 24.0% of females and 29.0% of males had ever worked for money or other payment (Table 4.2). Among the 18-24 year-olds who worked in the past year, the most common location of work for females was in the formal offices (28.4%), followed by shop or kiosk (16.9%), other location (16.0%), or a family dwelling (11.8%) (Table 4.4). For males the most common location of work was at a construction site (21.2%), other location (17.5%), a family dwelling (12.3%), a formal office (11.8%), a factory or workshop (11.5%), or different places (mobile) (11.5%). The most common work location for 13-17 year-old females in the past year was at a family dwelling (71.5%), a government program (9.7%), or other location (9.1%; Table 4.5). For 13-17 year-old males the most common locations were at a family dwelling (64.8%), other location (13.5%), or a construction site (9.3%).

5. CHILDHOOD SEXUAL VIOLENCE AND EXPLOITATION: PREVALENCE, PERPETRATORS, AND SERVICE SEEKING

This chapter describes the prevalence and contexts of sexual violence and sexual exploitation against children in Botswana. Four forms of sexual violence were included on the survey: unwanted sexual touching, unwanted attempted forced sex, pressured sex, and physically forced sex (see 'Key Terms and Definitions' in Section B above). Sexual exploitation includes experiences of sex exchanged for material support. The chapter further describes context in which sexual violence occurs as well as service knowledge and utilization for experiences of sexual violence.

5.1. Prevalence of sexual violence

The overall prevalence of lifetime childhood sexual violence and sexual violence in the 12 months preceding the survey are presented in this section. The prevalence of each of the four forms of sexual violence are also described along with age at first experience of sexual violence and experiences of multiple incidents of sexual violence. Multiple incidents include more than one incident of the same form of sexual violence, more than one form of sexual violence, or both. Rates of unwanted first sex, including physically forced or pressured sex at sexual debut, are also presented. In some cases, the number of incidents of sexual violence for females and males were too small to generate stable estimates for certain indicators. These estimates can be found in the tables in Appendix C.

5.1.1. Lifetime prevalence of sexual violence in childhood among 18-24 year olds

During childhood, about one in ten females (9.3%) and one in eighteen males (5.5%) among the 18-24 year olds in Botswana experienced sexual violence (Figure 5.1 and Table 5.1.1). The prevalence of childhood sexual violence overall was significantly higher for females compared to males. The most common form of sexual violence was unwanted sexual touching (females, 5.7%; males, 4.4%), followed by attempted forced sex (females, 3.7%; males, 1.6%), physically forced sex (females, 1.8%; males, 0.2%), and pressured sex (females, 1.0%; males, 0.6%) (Figure 5.2 and Table 5.1.2). The prevalence of forced sexual intercourse at sexual debut was 9.8% among females whose first sex was prior age 18 and 1.7% among males whose first sex was prior age 18 (Table 5.1.6).

Nearly one in four females (22.8%) and one in seven males (13.4%) age 18-24 years who experienced childhood sexual violence had their first incident at or before the age of 13 (Table 5.1.5). About half of females (52.2%) and males (52.3%) experienced the first incident of sexual violence at age 16 or 17 (Table 5.1.5), and about three in five females (63.1%) and males (58.9%) with a history of childhood sexual violence experienced multiple incidents in their lifetime (Table 5.1.4).

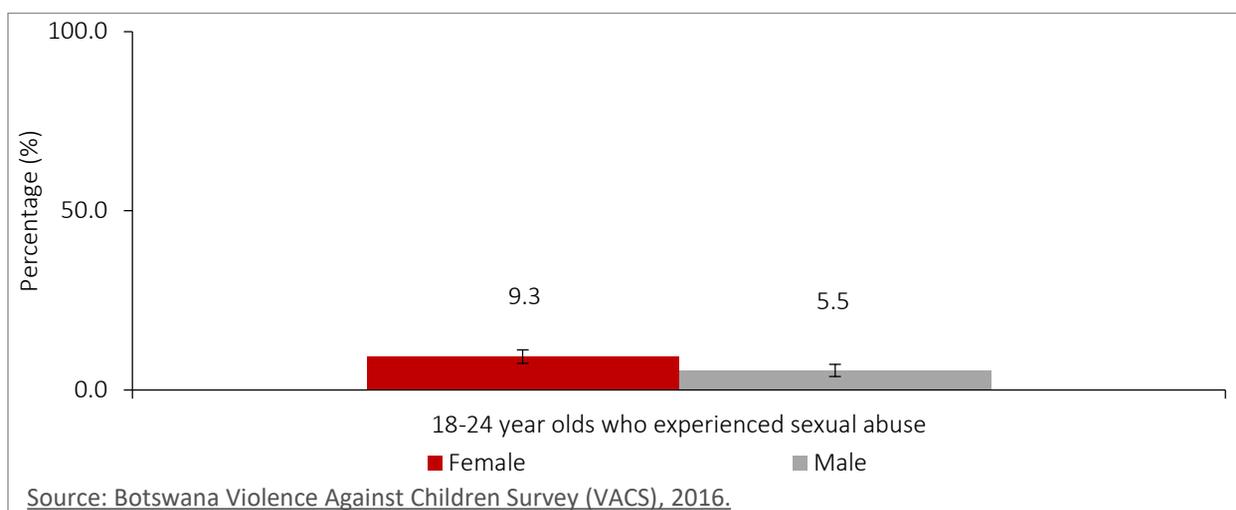


Figure 5.1 Prevalence of sexual violence prior to age 18, among 18-24 year olds – Botswana Violence Against Children Survey (VACS), 2016.

*All figures are presented with 95% confidence intervals represented by the line above and below the bars.

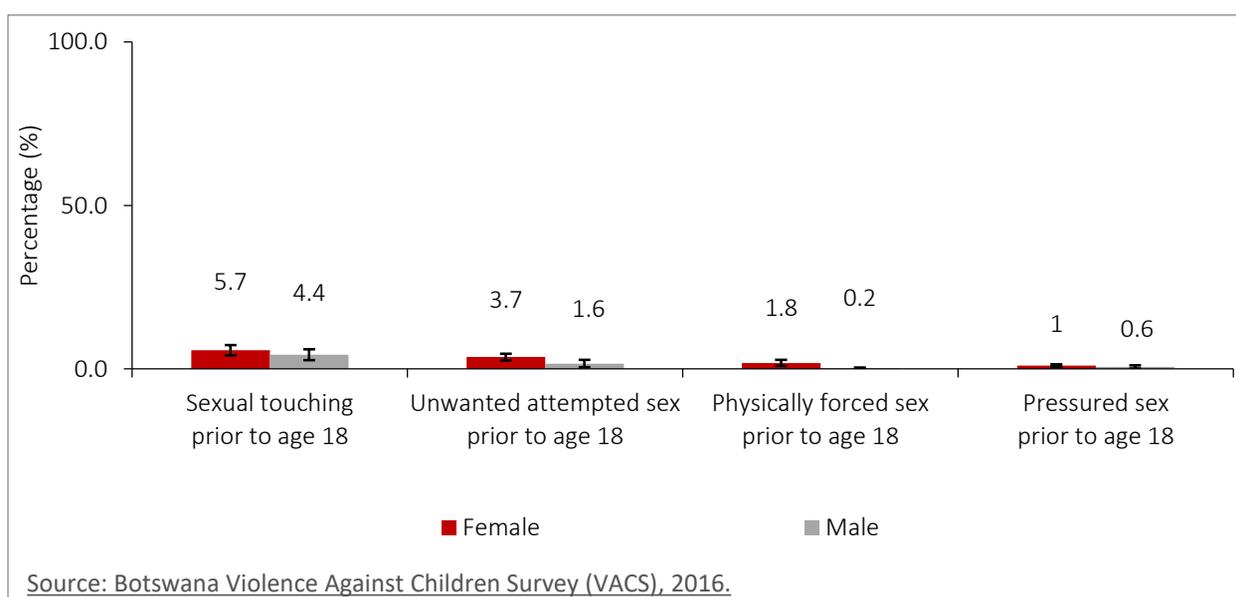


Figure 5.2 Prevalence of different forms of sexual violence prior to age 18, among 18-24 year olds – Botswana Violence Against Children Survey (VACS), 2016.

5.1.2. Prevalence of sexual violence in the past 12 months among 13-17 year olds

In the year preceding the survey, about one in ten females (10.4%) and nearly one in twenty males (4.1%) aged 13-17 years experienced sexual violence (Figure 5.3 and Table 5.2.1). The prevalence of sexual violence in the past year for females was significantly higher than that for males. Females most commonly experienced unwanted sexual touching (7.2%) or unwanted attempted forced sex (3.4%). Similarly, males most commonly experienced unwanted sexual touching (3.0%) and unwanted

attempted sex (1.1%) (Table 5.2.2). In the past year, less than 1% of females and males had experienced physically forced sex and less than 1% had experienced pressured sex (Table 5.2.2). Among children aged 13-17 years who had ever had sexual intercourse, one in four females (25.1%) and one in twenty males (4.6%) experienced unwanted sex at the time of their sexual debut (Table 5.2.7).

More than one in four females (29.5%) and about one in five males (21.2%) who experienced sexual violence in the past 12 months experienced their first incident of sexual violence at or before the age of 13 (Table 5.2.5). About three quarters of females (72.4%) and males (77.7%) who experienced sexual violence in the past 12 months experienced sexual violence multiple times (Table 5.2.4).

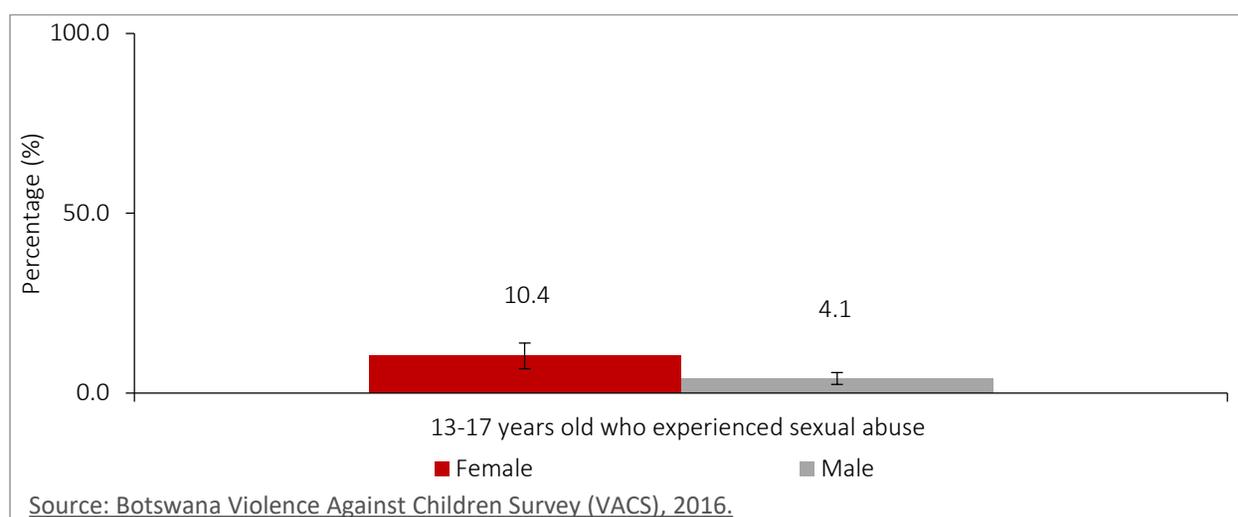


Figure 5.3 Prevalence of any sexual violence in the past 12 months, among 13-17 year olds – Botswana Violence Against Children Survey (VACS), 2016.

5.2. Sexual Exploitation

5.2.1. Lifetime prevalence of sexual exploitation in childhood among 18-24 year olds

About one in five females (18.8%) and more than one in four males (28.4%) aged 18-24 had sex before age 18 (Table 4.2). Among those who had sex before age 18, 3.9% of females and 1.1% of males had received food, favors, gifts, or other material support in exchange for sex in childhood (Table 5.3.1).

5.2.2. Prevalence of sexual exploitation in the past 12 months among 13-17 year olds

Among the 13-17 years olds who have had ever sex (7.2% of females and 8.0% of males), more than three in four females (78.8%) and almost half of males (48.1%) had sex in the past 12 months (data not included in tables). Of those who had sex in the past 12 months, nearly one in three females (30.5%) and no males had received food, favors, gifts, or other material support in exchange for sex in the past 12 months (Table 5.3.2).

5.3. Perpetrators of sexual violence

For each form of sexual violence reported, the perpetrator of the first incident is reported. If a respondent experienced multiple forms of sexual violence, such as unwanted sexual touching and unwanted attempted forced sex, she or he was asked about the perpetrator of the first incident of each form of violence. Since any respondent could have provided up to four perpetrators (one for the first incident of each form of violence experience), the total percentages of perpetrators add up to more than 100%.

For the 18-24 year old age group, all results provide information about the first experiences of sexual violence in childhood (before age 18) among those who experienced any sexual violence in childhood. All data for the 13-17 year age group pertain to most recent experiences of sexual violence in the past 12 months.

All results presented are percentages of the total number of children who experienced lifetime sexual violence in childhood (for those aged 18-24 years) or experienced sexual violence in the past 12 months (for those aged 13-17 years). None of the data presented are percentages of all children in Botswana.

5.3.1. Perpetrators of first incidents of sexual violence in childhood among 18-24 year olds

Among females aged 18-24 years who experienced childhood sexual violence, the most common perpetrator of the first incident of unwanted sexual touching was a classmate or schoolmate (29.5%), a family member for unwanted attempted sex (18.9%), a stranger for physically forced sex (50.9%) and a current or former intimate partner for pressured sex (50.9%; Figure 5.4 and Table 5.5.1a).

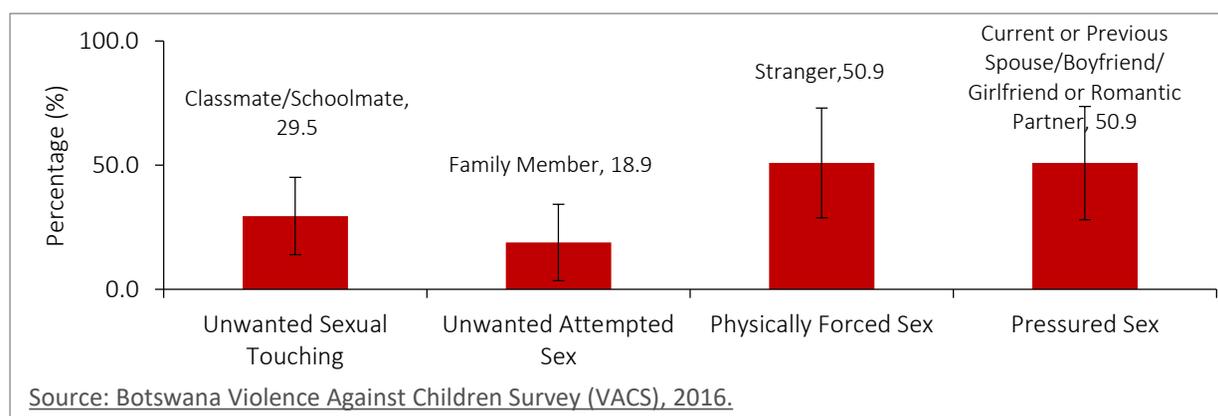


Figure 5.4 Perpetrators of first incidents of sexual violence, among females aged 18-24 years who experienced sexual violence prior to age 18 – Botswana Violence Against Children Survey (VACS), 2016.

The number of incidents of sexual violence among males 18-24 years old was too small to generate stable estimates of perpetrators of first incident of sexual violence (Table 5.5.1b). Among females aged 18-24 years, 36.2% of those who experienced unwanted sexual touching prior to age 18 perceived the perpetrator to be 5 or more years older. Similarly, 41.9% of those who experienced pressured sex, 46.2% of those who experienced physically forced sex, and 61.2% of those who experienced attempted sex perceived the perpetrator to be 5 or more years older. Among males, 26.0% of those who

experienced unwanted sexual touching prior to age 18 perceived the perpetrator to be 5 or more years older. Similarly, 9.9% of those who experienced unwanted attempted sex and 51.9% of those who experienced pressured sex perceived the perpetrator to be 5 or more years older (Table 5.5.3). More than one in four (27.6%) females whose first experience of sexual violence was prior to age 18 were subjected to more than one perpetrator at a time. Multiple perpetrators were present for 11.2% of males who experienced sexual violence prior to age 18 (Table 5.6.3).

5.3.2. Perpetrators of most recent incidents of sexual violence in the past 12 months among 13-17 year olds

Among females who experienced childhood sexual violence in the previous 12 months, the most common perpetrators of the most recent events were classmates or schoolmates for unwanted sexual touching (52.9%) and current or previous intimate partners for unwanted attempted sex (38.6%). The number of incidents of sexual violence in the past 12 months for females were too small to generate stable estimates of perpetrators of forced and pressured sex (Figure 5.5 and Table 5.5.2a). Among males, the most common perpetrators of unwanted sexual touching were classmates or schoolmates (63.4%; Table 5.5.2.b). The number of incidents of sexual violence in the past 12 months for males was too small to generate stable estimates of perpetrators of unwanted attempted sex, forced and pressured sex.

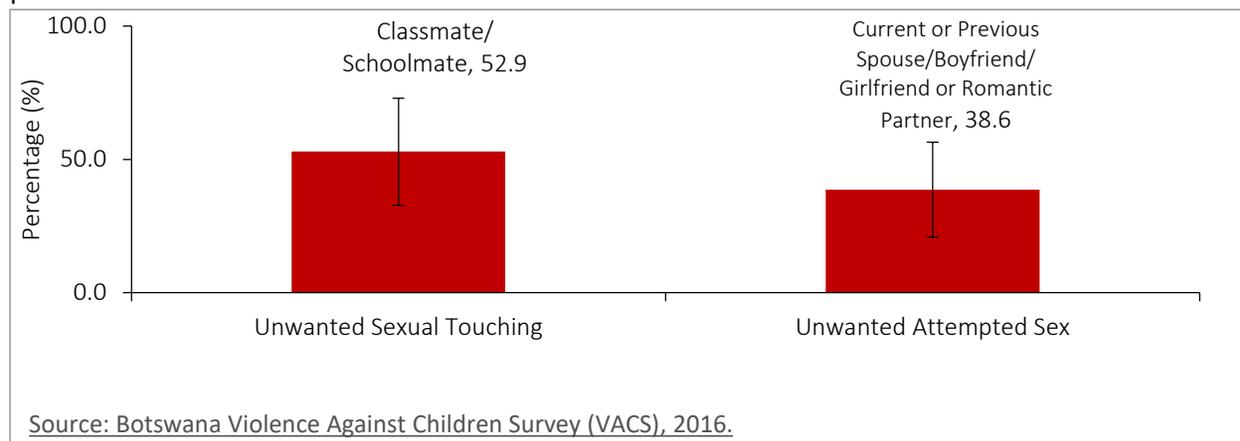


Figure 5.5 Perpetrators of most recent incidents of sexual violence[1], among females aged 13-17 years who experienced sexual violence in the past 12 months – Botswana Violence Against Children Survey (VACS), 2016.

Among females who experienced unwanted sexual touching in the past 12 months, 10% perceived the perpetrator of the most recent incident to be 5 or more years older than she was. Among those who experienced unwanted attempted sex, 28.5% perceived the perpetrator to be 5 or more years older. The number of incidents of forced and pressured sex in the past 12 months for females was too small to generate stable estimates of perpetrators who were perceived to be five years older or more. The number of incidents of sexual violence in the past 12 months for males were too small to generate

stable estimates of perpetrators who were perceived to be five years older or more (Table 5.5.4). Nearly one in five (19.1%) females whose most recent experience of sexual violence was in the past 12 months were subjected to violence by more than one perpetrator at that time. Multiple perpetrators were present for the most recent incidents of sexual violence among 29.9% of males (Table 5.6.4).

5.4. Contexts of sexual violence in childhood

5.4.1. Location and time of day of the first incident of sexual violence in childhood among 18-24 year olds

Among females who experienced sexual violence before age 18, the most common locations of the first incident were at school for unwanted sexual touching (40.9%) and at the respondent's home for unwanted attempted sex (51.6%), physically forced sex (34.5%) and pressured sex (29.7%) (Figure 5.6 and Table 5.7.1.a). First incidents most frequently occurred in the afternoon (16.9%-55.6%) or evening (29.4%-63.7%) (Table 5.8.1.a).

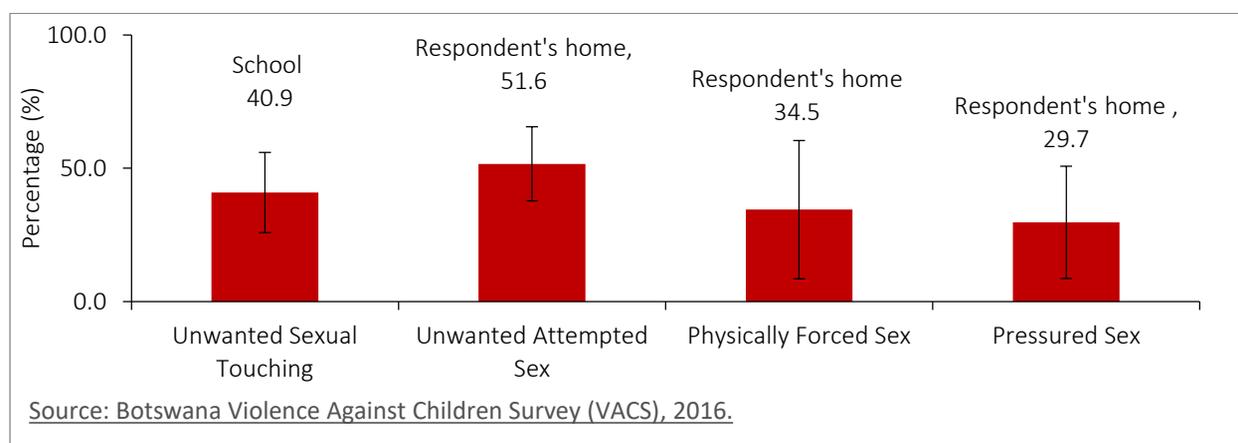


Figure 5.6 Location of first incident of sexual violence[1], among 18-24 year old females who experienced sexual violence prior to age 18 - Botswana Violence Against Children Survey (VACS), 2016.

Among males who experienced sexual violence before age 18, the most common locations of the first incident were at school for unwanted sexual touching (50.4%). The number of incidents of unwanted attempted sex, physically forced, and pressured sex before 18 for males were too small to generate stable estimates of locations. (Table 5.7.1.b). Among males, the first incident usually occurred in the evening (9.1%-29.6%) or late at night (17.0%-76.5%; Table 5.8.1.b).

5.4.2. Location and time of day of the most recent incident of sexual violence in childhood among 13-17 year olds

Among females who experienced sexual violence in the previous 12 months, the most common locations were at school for unwanted touching (57.8%) and at the respondent's home for unwanted attempted sex (38.6%). The number of incidents of physically forced and pressured sex in the past 12 months for females were too small to generate stable estimates of locations (Table 5.7.2.a). For females, the majority of the most recent incidents of unwanted sexual touching occurred in the afternoon

(83.9%) and the most recent incidents of unwanted attempted sex occurred most often in the evening (49.6%). The number of incidents of physically forced and pressured sex in the past 12 months for females were too small to generate stable estimates of time of day (Table 5.8.2.a).

Among males who experienced sexual violence in the previous 12 months, the most common location of the most recent incident was at school for unwanted touching (72.4%). The number of incidents of unwanted attempted sex, physically forced, and pressured sex in the past 12 months for males were too small to generate stable estimates of locations. (Table 5.7.2.b). Males' most recent experiences of sexual touching most often occurred in the afternoon (60.6%). The number of incidents of attempted sex, physically forced sex, and pressured sex in the past 12 months for males were too small to generate stable estimates of time of day (Table 5.8.2.b).

5.5. Disclosure and service-seeking among youth who experienced sexual violence

The objective of this section is to describe the reporting and service seeking behaviors of females and males who experienced at least one incident of sexual violence prior to age 18. The findings presented include whether any incident of sexual violence was disclosed, knowledge of services, and uptake of services. Type of service providers and reasons why services were not received are also described.

5.5.1. Disclosure, knowledge and uptake of services for sexual violence among 18-24 year olds who experienced sexual violence before age 18

Of the 9.3% of females and 5.5% of males who experienced childhood sexual violence, two out of three females (67.8%) and nearly one in two males (47.8%) told someone about an experience of sexual violence. About half of females (46.1%) and males (51.6%) knew of a place to seek help. Twenty one percent of females and 2.6% of males who knew of a place to seek help did seek help, and 18.0% of females and 2.6% of males received help for the experiences of sexual violence (Figure 5.7 and Table 5.9.1). Among youth who told someone, females most commonly told a relative (42.6%) and males most commonly told a friend or neighbor (81.6%) (Table 5.9.6).

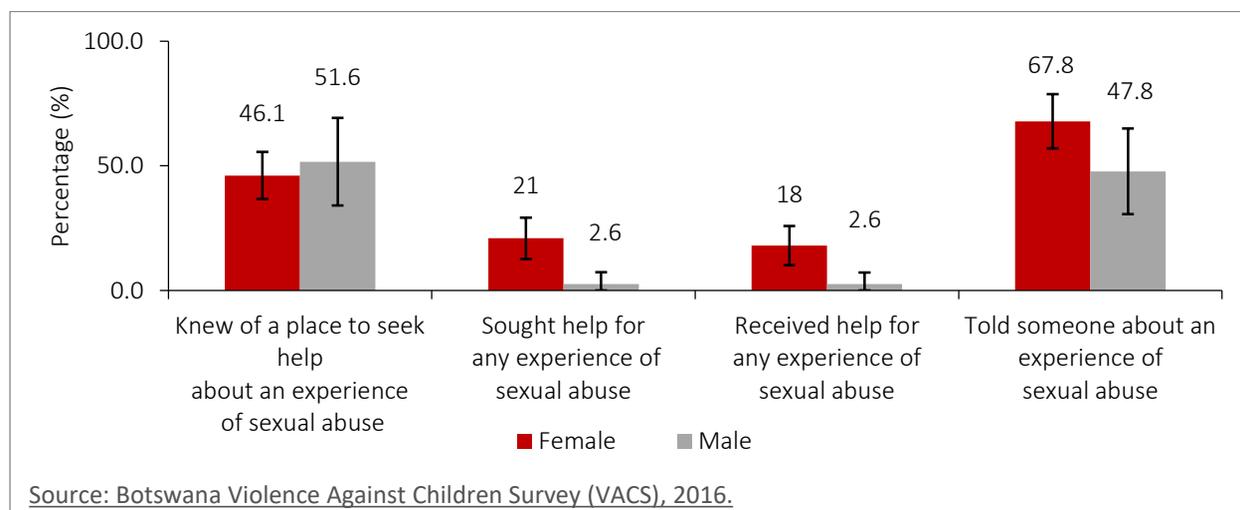


Figure 5.7 Service seeking, receipt of help, and disclosure for any incident of sexual violence, among 18-24 year olds who experienced any sexual violence prior to age 18 – Botswana Violence Against Children Survey (VACS), 2016.

5.5.2. Disclosure, knowledge and uptake of services for sexual violence among 13-17 year olds who experienced sexual violence in the past 12 months

Of the 10.4% of females and 4.1% of males who experienced sexual violence in the past 12 months, 62.4% of females and 42.3% of males told someone about an experience of sexual violence. Forty-one percent of females and 62.4% of males knew of a place to seek help, 8.9% of females and 1.2% of males did seek help, and 8.5% of females and 1.2% of males received help for sexual violence (Figure 5.8 and Table 5.9.2). Among females who told someone about their sexual violence experience, females most often told a relative (53.6%). The number of incidents of sexual violence in the past 12 months for males were too small to generate stable estimates of relationships with person who they told (Table 5.9.7).

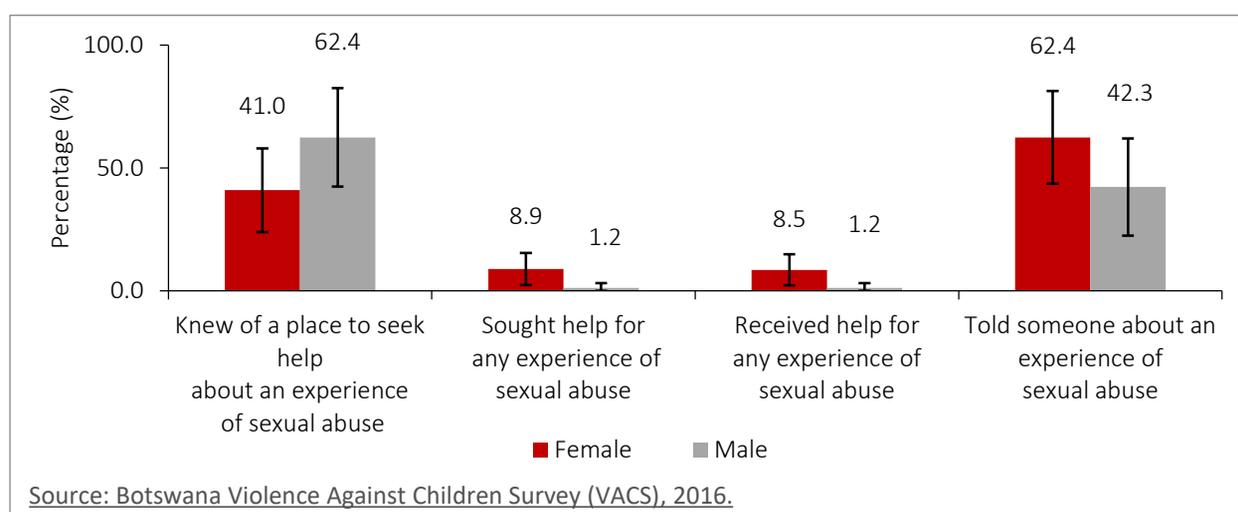


Figure 5.8 Service seeking, receipt of help, and disclosure for any incident of sexual violence, among females and males aged 13-17 years who experienced any sexual violence in the past 12 months – Botswana Violence Against Children Survey (VACS), 2016.

5.5.3. Service-seeking behavior for sexual violence among 18-24 year olds who experienced sexual violence before age 18

Of the individuals who received help for sexual violence, females most often received help from a doctor, nurse, or other health care worker (77.1%) or from police or other security professionals (91.8%). The number of incidents of sexual violence before 18 for males were too small to generate stable estimates of service-seeking behavior (Table 5.9.4).

Females who did not seek services indicated that their most common reasons for not seeking services were that they did not think the violence was a problem (30.1%) or they were embarrassed for themselves or their families (23.6%). Males who did not seek services most frequently said they did not think it was a problem (67.9%) and they did not need or want services (26.7%; Table 5.9.8).

5.5.4 Service-seeking behavior for sexual violence among 13-17 year olds who experienced sexual violence in the past 12 months

The number of incidents of sexual violence in the past 12 months among 13-17 year olds was too small to generate stable estimates of source of services (Table 5.9.5). Females aged 13-17 most often said the reason they did not try and seek services was that they did not need or want services (44.6%). The number of incidents of sexual violence in the past 12 months for males was too small to generate stable estimates of reasons for not seeking services (Table 5.9.10).

6. CHILDHOOD PHYSICAL VIOLENCE: PREVALENCE, PERPETRATORS, AND SERVICE-SEEKING

This section describes the magnitude and contexts of physical violence against children in Botswana (see 'Key Terms and Definitions' in Section B). The perpetrators of childhood physical violence; injuries received and school missed as a result of violence; and disclosure of violence, knowledge and utilization of services are also described.

6.1. Prevalence of physical violence

6.1.1. Lifetime prevalence of physical violence before age 18 among 18-24 year olds

Slightly more than one in four females (28.4%) and nearly one in two (43.0%) aged 18-24 years experienced physical violence in childhood (before age 18), and significantly more males than females experienced physical violence (Figure 6.1 and Table 6.1.1). More than three in four females (78.2%) and males (83.3%) who experienced physical violence in childhood experienced multiple incidents of violence (Table 6.1.3).

About half of females (51.2%) and males (48.4%) who experienced physical violence in childhood experienced their first incident of physical violence between the ages of six and eleven years. Fewer than one in twenty females (3.6%) and males (5.4%) reported experiencing the first incident before age six (Table 6.1.4).

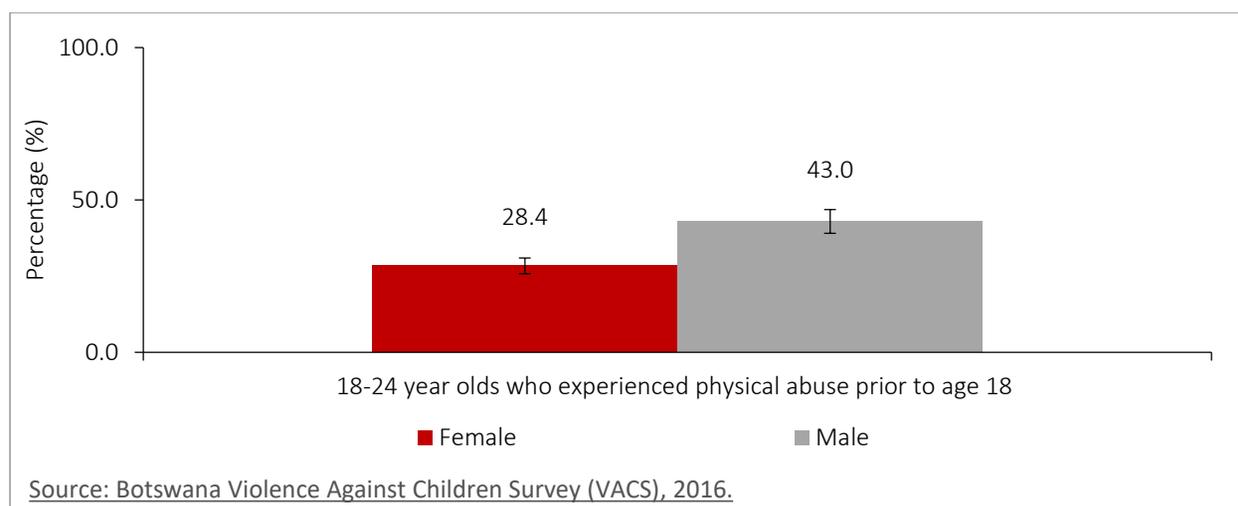


Figure 6.1 Prevalence of physical violence prior to age 18, among 18-24 year olds – Botswana Violence Against Children Survey (VACS), 2016.

6.1.2. Prevalence of physical violence in the past 12 months among 13-17 year olds

Nearly one in three females (29.4%) and males (34.7%) aged 13-17 years experienced physical violence in the past 12 months (Figure 6.2 and Table 6.2.1). More than three in four females (76.4%) and males

(84.1%) who experienced physical violence in the past 12 months experienced multiple incidents of violence (Table 6.2.3).

Among children aged 13-17 years who experienced physical violence in the past 12 months, about one in three females (38.2%) and more than half of males (55.7%) experienced their first incident between the ages of six and eleven years (Table 6.2.4). Of the children aged 13-17 years who experience physical violence in the 12 months, 2.7% of females and 3.8% of males experienced the first incident before the age of six. Significantly more males than females experienced the first incident between ages six and eleven years, and significantly more females than males experienced the first incident of physical violence between the ages of twelve and seventeen years.

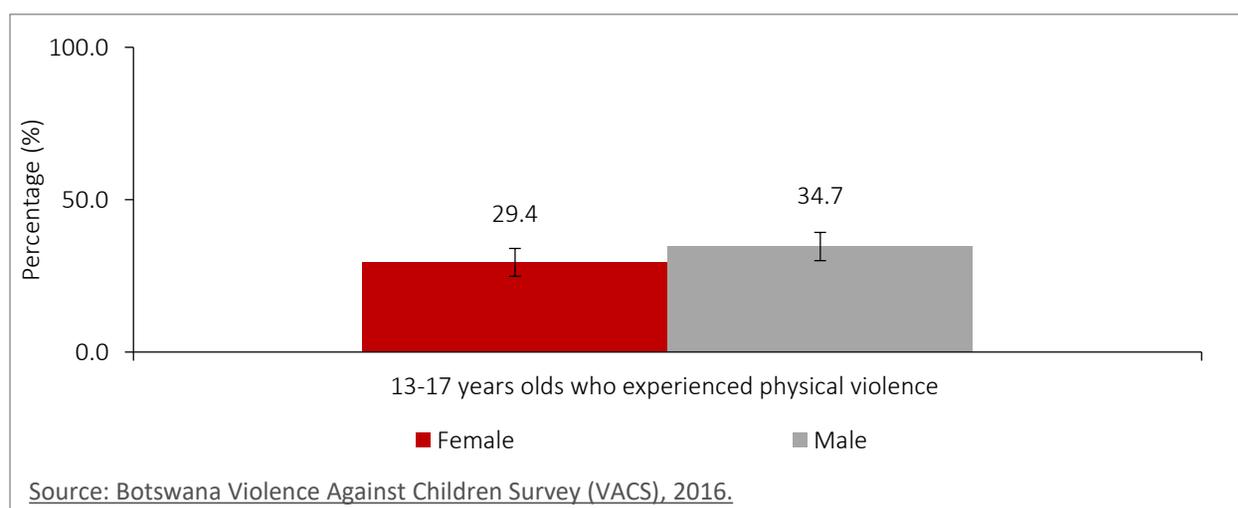


Figure 6.2 Prevalence of physical violence in the past 12 months, among 13-17 year olds – Botswana Violence Against Children Survey (VACS), 2016.

6.2. Perpetrators of physical violence

The prevalence of physical violence in childhood overall is presented along with the prevalence of physical violence experienced by four types of perpetrators: 1) parents, adult caregivers, and other adult relatives; 2) intimate partners; 3) peers; and 4) other adults in the community. For respondents aged 18-24 years who experienced physical violence in childhood from any of the four types of perpetrators, the specific perpetrator of the *first* incident of physical violence in childhood is presented. For respondents aged 13-17 years, the specific perpetrator of the *most recent* incident of violence in the past 12 months within each of the four perpetrator categories is presented.

6.2.1. Perpetrators of first incident of physical violence before age 18 among 18-24 year olds

Parents, adult caregivers, and other adult relatives

About one in seven females (14.8%) and one in five males (20.9%) aged 18-24 years experienced physical violence in childhood by a parent, adult caregiver, or other adult relative (Table 6.1.2). Among youth who experienced physical violence by a parent, adult caregiver, or other adult relative, the most

common perpetrator of the first incident was a mother or stepmother for both females (42.9%) and for males (49.6%) (Figure 6.3 and Table 6.5.3).

Among females and males who experienced physical violence by a parent, adult caregiver, or other adult relative, nearly nine in ten females (88.1%) and more than nine in ten males (92.2%) lived in the same household as the perpetrator at the time of the first incident (Table 6.6.1).

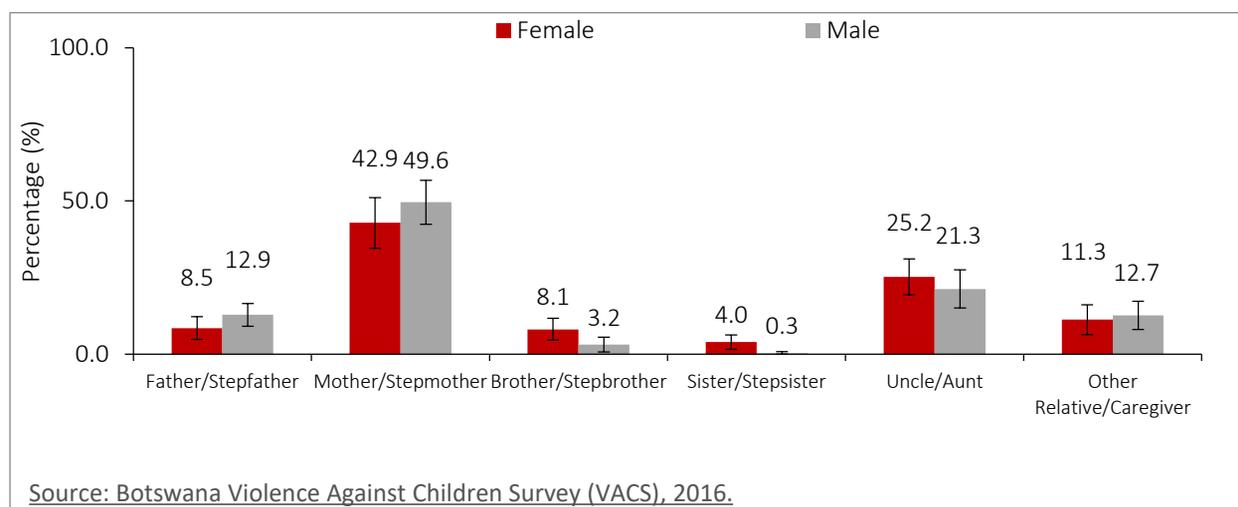


Figure 6.3 Perpetrator of first incident of parent, caregiver, or adult relative physical violence, among 18-24 year olds who experienced such violence prior to age 18 – Botswana Violence Against Children Survey (VACS), 2016.

Peers

Nearly one in ten females (8.7%) and nearly one in four males (23.2%) aged 18-24 years experienced physical violence by a peer in childhood. Males were significantly more likely than females to have experienced physical violence by a peer before age 18 (Table 6.1.2). Among respondents who experienced physical violence in childhood by a peer, more than half experienced the first incident of physical violence by a classmate or schoolmate for both females (56.7%) and males (54.2%) (Figure 6.4 and Table 6.5.2).

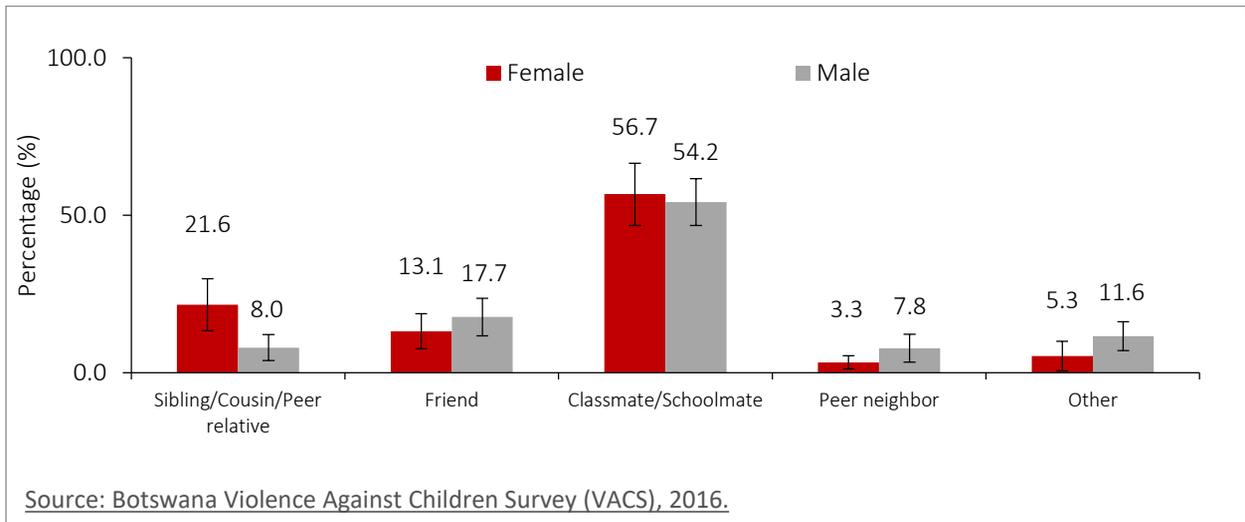


Figure 6.4 Perpetrators of first incident of peer physical violence, among 18-24 year olds who experienced such physical violence prior to age 18 – Botswana Violence Against Children Survey (VACS), 2016.

Adults in the community

About one in five males (21.1%) and nearly one in ten females (11.6%) aged 18-24 years experienced physical violence by a community member in childhood. Males were significantly more likely than females to have experienced physical violence in childhood by a member of the community (Table 6.1.2). The most common perpetrators of the first incident of physical violence by adults in the community were female teachers for both females (53.8%) and males (49.5%) (Figure 6.5 and Table 6.5.4).

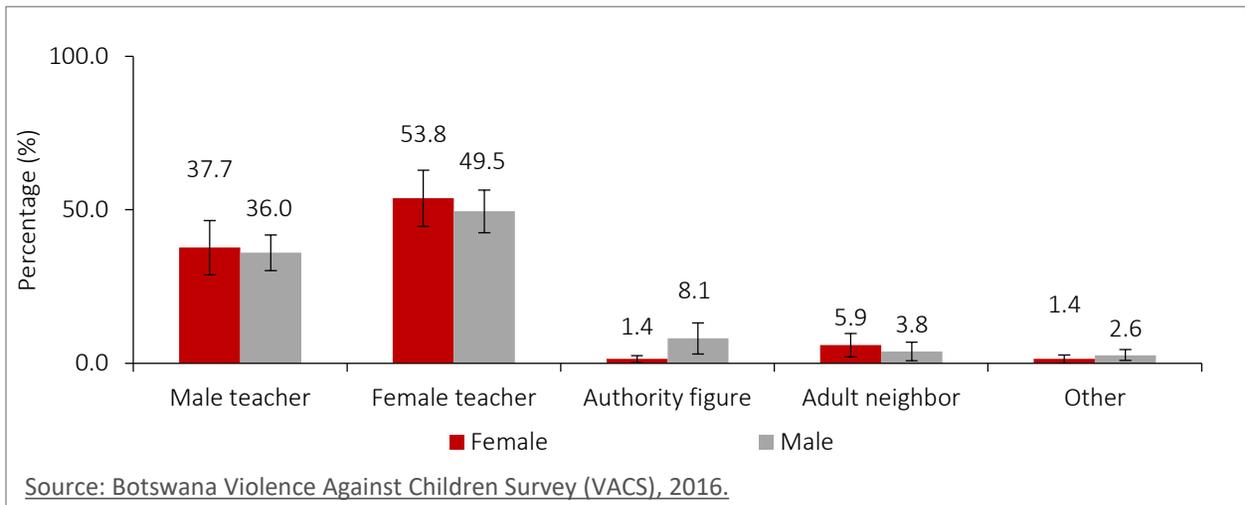


Figure 6.5 Perpetrators of first incident of physical violence by adults in the neighborhood, among 18-24 year olds who experienced such violence prior to age 18 – Botswana Violence Against Children Survey (VACS), 2016.

Intimate partners

Nearly one in twenty females (4.1%) and 1.8% of males aged 18-24 years who had an intimate partner before the age of 18 experienced childhood physical violence by an intimate partner (Table 6.1.2). Number of first incidents were too small to generate stable estimates for type of intimate partner (Table 6.5.1).

6.2.2. Perpetrators of most recent incident of physical violence in the past 12 months among 13-17 year olds

The overall prevalence of violence in the 12 months preceding the survey is presented by perpetrator type. This section also presents the specific perpetrator of the *most recent* incident of physical violence within each perpetrator category.

Parents, adult caregivers, and other adult relatives

Nearly one in thirteen females (7.7%) and males (7.8%) experienced physical violence by a parent, adult caregiver, or other adult relative in the past 12 months (Table 6.2.2). Among females, the most common perpetrator of the most recent incident of physical violence by a parent or caregiver was a mother or stepmother (45.7%) whereas an aunt or uncle were the most common perpetrators among males (37.1%) (Figure 6.6 and Table 6.5.7).

Among children who experienced physical violence by a parent, adult caregiver, or other adult relative in the 12 months preceding the survey, more than nine in ten females (91.4%) and males (95.7%) lived in the same household as the perpetrator at the time of the most recent incident (Table 6.6.2).

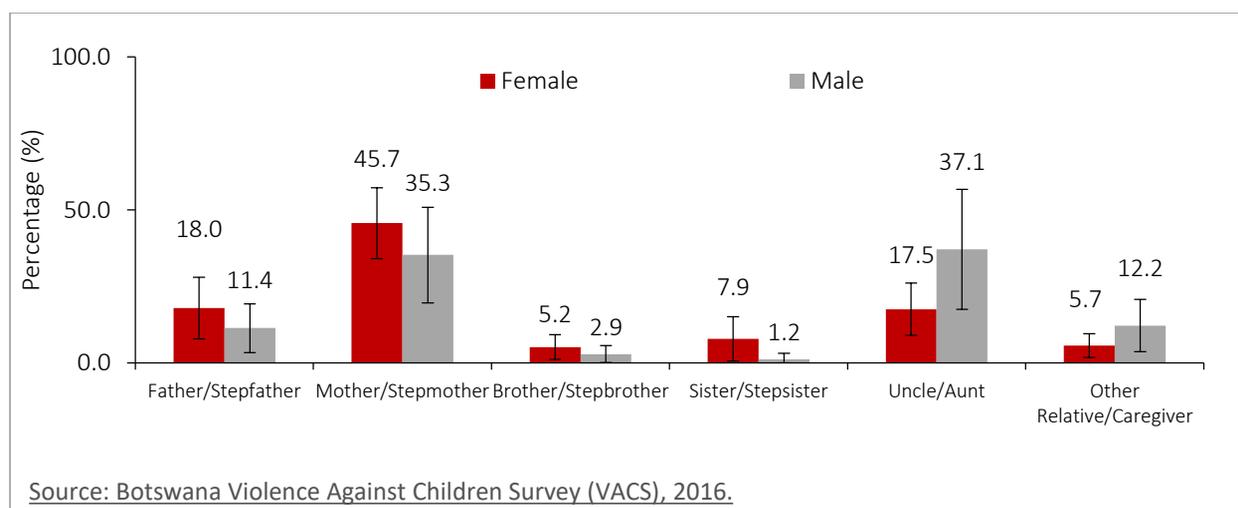


Figure 6.6 Perpetrators of the most recent incident of parent, caregiver, adult relative physical violence, among 13-17 year olds who experienced such violence in the past 12 months – Botswana Violence Against Children Survey (VACS), 2016.

Peers

Significantly more females (14.5%) and males (16.2%) experienced physical violence by a peer in the past 12 months than by a parent, adult caregiver or other adult relative (Table 6.2.2). The most common

perpetrators of the most recent incidence of physical violence by a peer in the past 12 months were classmates or schoolmates (females, 62.4%; males, 56.1%) (Figure 6.7 and Table 6.5.6).

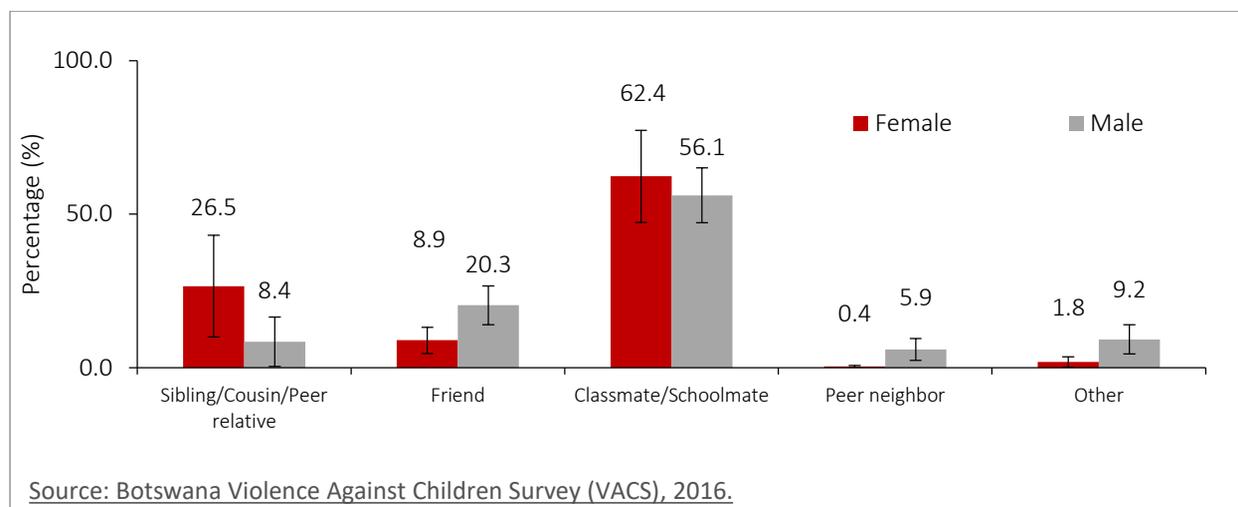


Figure 6.7 Perpetrators of the most recent incident of peer physical violence, among 13-17 year olds who experienced such physical violence in the past 12 months – Botswana Violence Against Children Survey (VACS), 2016.

Other adults in the community

In the past 12 months, about one in seven females (14.7%) and almost one in four males (23.1%) experienced physical violence by an adult in the community (Table 6.2.2), most often by a teacher. Among females who experienced physical violence by an adult in the community in the past 12 months, about half of the perpetrators of the most recent incident of physical violence were female teachers (49.1%) and slightly half were male teachers (45.5%). Males most commonly experienced the most recent incident of physical violence by male teachers (63.7%) and by female teachers (29.8%) (Figure 6.8 and Table 6.5.8).

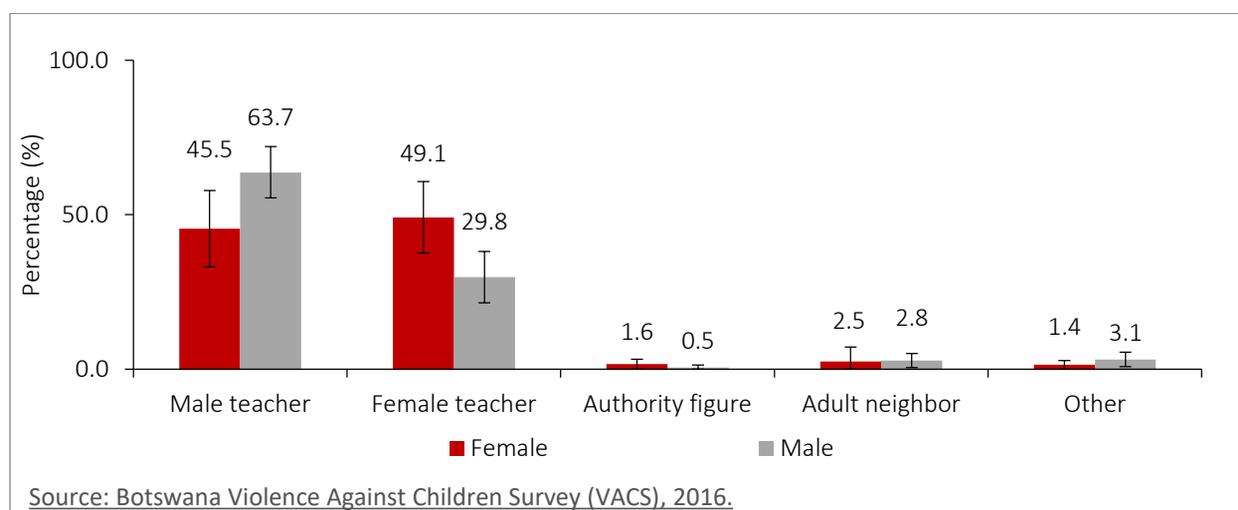


Figure 6.8 Prevalence of most recent incident of physical violence by adults in the neighborhood, among 13-17 year olds who experienced such violence in the past 12 months – Botswana Violence Against Children Survey (VACS), 2016.– Botswana Violence Against Children Survey (VACS), 2016.

Intimate partners

About one in eight ever partnered females (13.1%) and 3% of ever partnered males experienced physical violence by an intimate partner in the past 12 months (Table 6.2.2). In all of these cases, the perpetrators were a current or former boyfriend/girlfriend or romantic partner, and none were a husband/or wife (Table 6.5.5).

6.3. Injury as a result of physical violence

6.3.1. Injury as a result of physical violence before age 18 among 18-24 year olds

In this section, the proportion of females and males who experienced injuries from physical violence in childhood are presented overall and by perpetrator category. Here, ‘injury’ refers to any physical or harm reported by those who experienced physical violence in childhood. Such injuries include: cuts, scratches, bruises, aches, redness or swelling or other minor marks; sprains, dislocations, or blistering; deep wounds, broken bones, broken teeth, or blackened or charred skin; permanent injury or disfigurement. All injuries refer to the first experience of physical violence in childhood within a certain perpetrator category among those who ever experienced physical violence in childhood, among those aged 18-24 years.

About one in six females (17.9%) and one in five males (20.0%) aged 18-24 years received an injury as a result of the first experience of physical violence in childhood (Figure 6.9 and Table 6.4.1). One in four females (23.4%) and 3.3% of males who experienced childhood *intimate partner* physical violence experienced injuries after the first incident. About one in six females (16.7%) and one in ten males (9.1%) who experienced physical violence by a *parent or adult caregiver* received an injury after the first incident. One in ten females (10.0%) and males (9.6%) who experienced physical violence by an *adult in the community* received an injury, and 13.6% of females and 23.2% of males who experienced physical violence by a *peer* received an injury (Table 6.4.2).

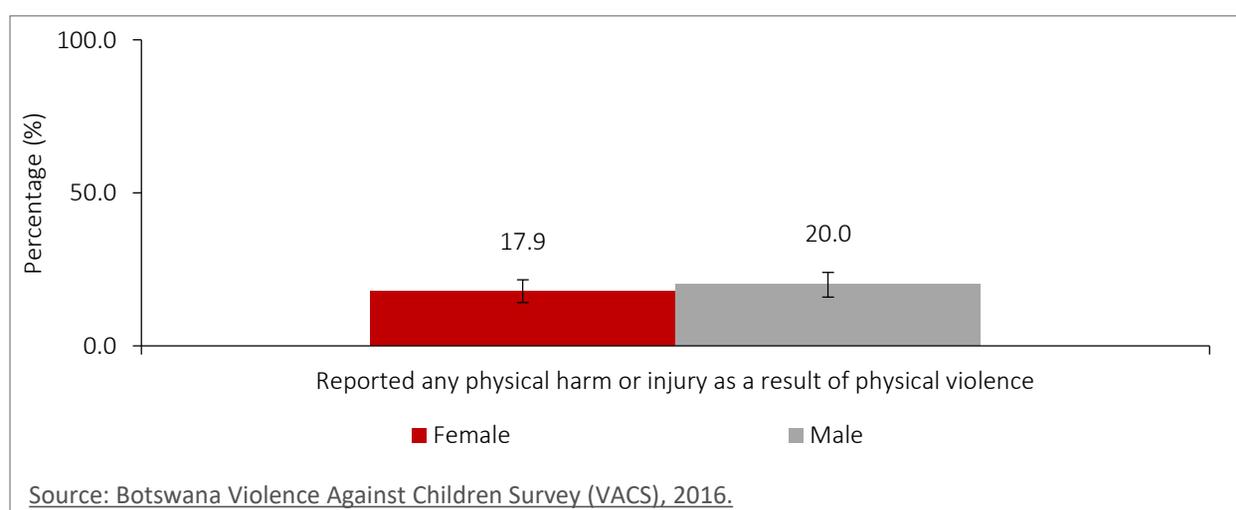


Figure 6.9 Prevalence of experiencing physical harm or injury as a result of first experience of physical violence, among 18-24 year olds who experienced physical violence prior to age 18 – Botswana Violence Against Children Survey (VACS), 2016.

6.3.2. Injury as a result of physical violence in the past 12 months among 13-17 year olds

About one in four females (23.9%) and one in five males (21.8%) aged 13-17 years who experienced any physical violence in the past 12 months received injuries from the most recent incident (Figure 6.10 and Table 6.4.4). Nearly one in three females (30.5%) who experience violence by a *parent or adult caregiver* received an injury; 6.4% of females who experienced violence by an *intimate partner*, 14.3% of females who experienced violence by an *adult in the community*, and 21.7% of females who experienced violence by a *peer* received an injury from the most recent experience. For males, 21.4% who experienced violence by a *parent or adult caregiver*, 16.8% who experience violence by an *adult in the community*, and 22.9% who experienced violence by a *peer* received an injury as a result of the physical violence (Table 6.4.5).

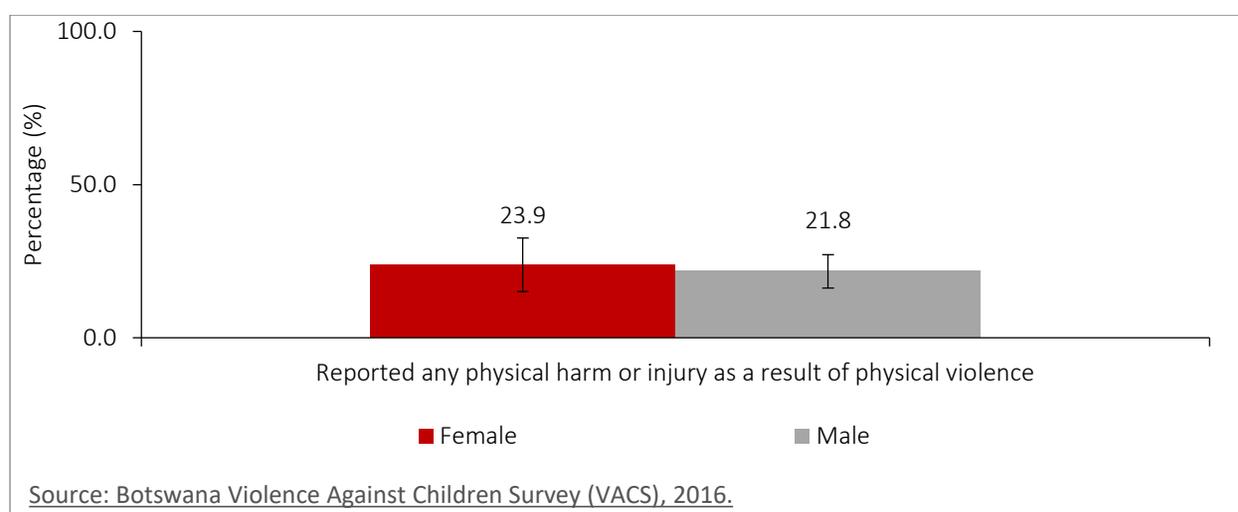


Figure 6.10 Prevalence of experiencing physical harm or injury as a result of the most recent experience of physical violence, among 13-17 year olds who experienced physical violence in the past 12 months – Botswana Violence Against Children Survey (VACS), 2016.

6.4. Witnessing physical violence

Witnessing physical violence in the home was defined as seeing or hearing a parent punched, kicked, or beaten up by another parent or their boyfriend or girlfriend or seeing or hearing a sibling punched, kicked, or beaten by a parent. Witnessing physical violence in the community included seeing anyone outside of the home and family environment get attacked.

6.4.1. Witnessing physical violence before age 18 among 18-24 year olds

About one in four females (26.7%) and slightly more than one in three males (36.8%) aged 18-24 years witnessed physical violence by a parent against another parent or by a parent against a sibling in the home in childhood (Table 6.3.1). About one in three females (32.6%) and nearly half of males (45.9%) witnessed physical violence in the community (Table 6.3.3).

6.4.2. Witnessing physical violence in the past 12 months among 13-17 year olds

About one in ten females (10.3%) and one in seven males (14.0%) aged 13-17 years witnessed physical violence in the home in the past 12 months (Table 6.3.2). More than one half of females (56.9%) and males (60.6%) witnessed physical violence in the community in the past 12 months (Table 6.3.4).

6.5 Disclosure and service-seeking among children who experienced physical violence

Respondents who reported experiencing physical violence were asked whether they ever disclosed or told anyone about the incident. They were also asked if they knew of a place to go to such as a hospital/clinic, police station, child helpline, social and community development (S&CD) office, community NGO, or legal office to go for help. Respondents were then asked if they sought services and whether they received the services they sought.

6.5.1. Disclosure, knowledge and uptake of services for physical violence among 18-24 year olds who experienced physical violence before age 18

Of the one in four females (28.4%) and nearly one in two males (43.0%) aged 18-24 years who experienced physical violence in childhood, two in five females (43.4%) and two in three males (62.7%) knew of a place to go for help. One in ten (10.5%) females and 12.7% of males reported seeking help, and 8.4% of females and 10.3% of males received help for an incident of physical violence (Figure 6.11 and Table 6.7.1). The most common services received by both females (63.3%) and males (71.6%) were from a doctor, nurse, or other health care worker (Table 6.7.4).

Despite low service knowledge and utilization, more than half of females (52.3%) and males (57.5%) told someone about an experience of physical violence in childhood (Table 6.7.1). Of those who told someone, both females (71.6%) and males (57.3%) most commonly told a relative (Table 6.7.6).

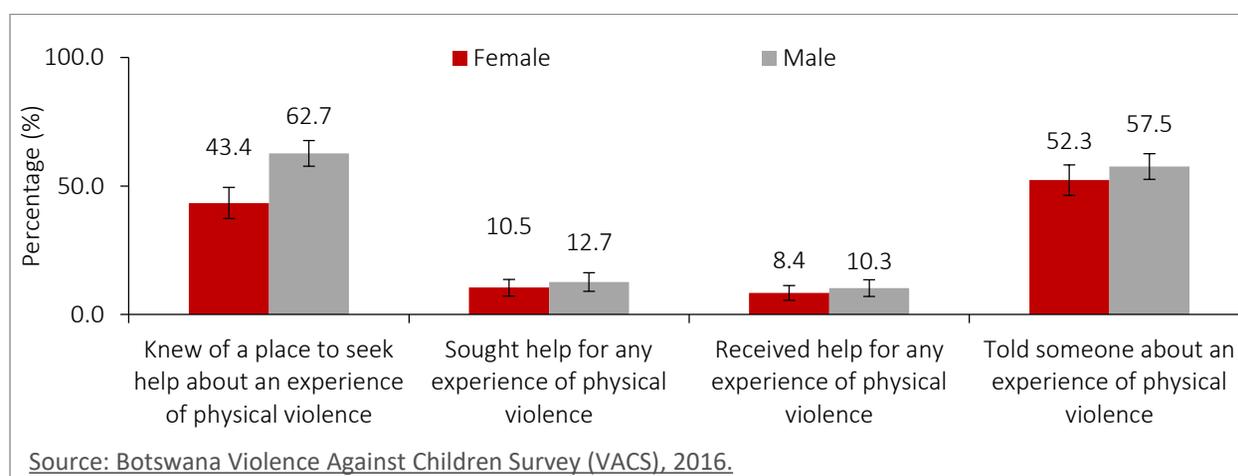


Figure 6.11 Service seeking, receipt of help, and disclosure for any incident of physical violence, among 18-24 year olds who experienced any physical abuse prior to 18 – Botswana Violence Against Children Survey (VACS), 2016.

6.5.2. Disclosure, knowledge and uptake of services for physical violence among 13-17 year olds who experienced physical violence in the past 12 months

Among the nearly one in three females (29.4%) and males (34.7%) aged 13-17 years who experienced physical violence in the past 12 months, 35.9% of females and 57.9% of males knew of a place to get help. Less than one in ten (8.9%) females and 8.8% of males sought help, and 7.3% of females and 7.1% of males received help for an incident of physical violence (Figure 6.12 and Table 6.7.2). Among youth who received services, most females (91.0%) and males (77.7%) received help from a doctor, nurse, or other health care worker (Table 6.7.5).

More than half of females (50.8%) and males (51.9%) aged 13-17 years who experienced physical violence in the past 12 months told someone about their experience (Table 6.7.2). Of those who told someone, the most common person who was told by females (67.2%) and males (74.4%) was a relative (Table 6.7.7).

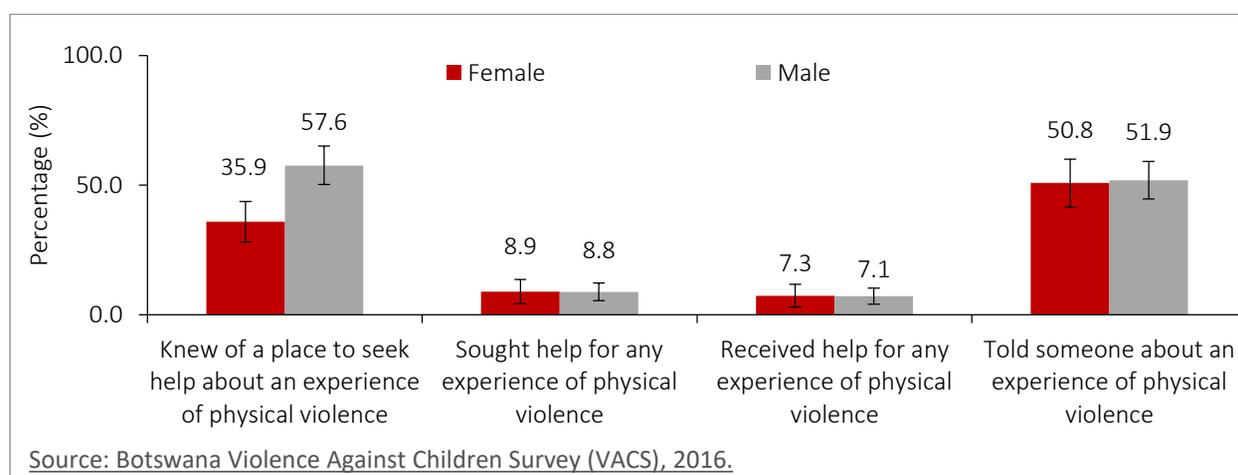


Figure 6.12 Service seeking, receipt of help, and disclosure for any incident of physical violence, among 13-17 year olds who experienced any physical violence in the past 12 months – Botswana Violence Against Children Survey (VACS), 2016.

6.5.3. Service-seeking behaviour for physical violence among 18-24 year olds who experienced physical violence before age 18

Females aged 18-24 years who did not seek services for physical violence in childhood indicated that their most common reason for not seeking services was that they did not want or need services (39.9%) (Table 6.7.8). For males, the most common reason was that they did not think it was a problem (45.9%).

6.5.4. Service-seeking behaviour for physical violence among 13-17 year olds who experienced physical violence in the past 12 months

Children aged 13-17 years who did not seek services for physical violence most commonly indicated that the reason they did not seek services was that they did not think it was a problem (females, 46.7%; males, 39.1%; Table 6.7.10).

7. CHILDHOOD EMOTIONAL VIOLENCE BY PARENTS, ADULT CAREGIVERS, AND OTHER ADULT RELATIVES: PREVALENCE AND PERPETRATORS

This section describes childhood experiences of emotional violence perpetrated by parents, adult caregivers, or other adult relatives. The specific measures of emotional violence included: being told that they were not loved, or did not deserve to be loved; being told someone wished they had never been born or were dead; or being ridiculed or put down, for example being told they were stupid or useless. For those aged 18-24 years, the first perpetrator of emotional violence in childhood is presented while for those aged 13-17 years it is the most recent perpetrator.

7.1. Emotional violence

7.1.1. Emotional violence before age 18 among 18-24 year olds

Approximately one in seven females (14.1%) and males (13.9%) aged 18-24 years experienced emotional violence by a parent, adult caretaker, or other adult relative in childhood (Figure 7.1 and Table 7.1.1). Of these, about three out of four females (76.0%) and four out of five males (80.5%) experienced multiple incidents of emotional violence (Table 7.1.2). For about three in ten females (30.7%) and one in three males (35.3%) who experienced emotional violence before age 18, the first incident occurred between the ages of six and eleven years. About two thirds of females (68.7%) and males (63.6%) experienced the first incident between the ages of twelve and seventeen years (Table 7.1.3).

For females aged 18-24 years, the most common perpetrator of the first incident of emotional violence was an uncle/aunt (30.8%); for males, the most common perpetrator was also an uncle/aunt (33.3%) (Table 7.3.1). About three in four victims of emotional violence lived in the same household as the perpetrator when the first incident of emotional violence occurred (Table 7.4.1).

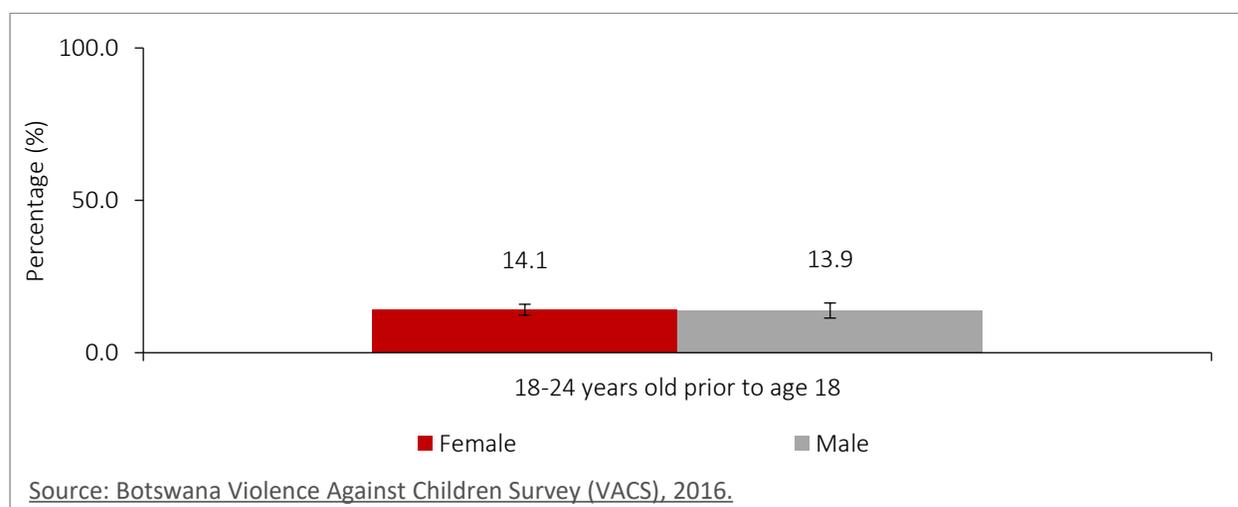


Figure 7.1 Prevalence of emotional violence by a parent, adult caregiver, or adult relative prior to age 18, among 18-24 year olds – Botswana Violence Against Children Survey (VACS), 2016.

7.1.2. Emotional violence in the past 12 months among 13-17 year olds

More than one in ten females (12.0%) and males (11.6%) aged 13-17 years experienced emotional violence by a parent, adult caregiver, or other adult relative in the 12 months before the survey (Figure 7.2 and Table 7.2.1). A large majority of females (83.6%) and males (77.5%) who experienced emotional violence in the past 12 months experienced multiple incidents of emotional violence (Table 7.2.2). For about four out of five females (82.2%) and males (80.2%) who experienced emotional violence, the first incident occurred between the ages of twelve and seventeen years (Table 7.2.3).

Among females who experienced any emotional violence in the past 12 months, a mother or stepmother was the most common perpetrator of the most recent incident for females (41.9%) and males (40.6%) (Table 7.3.2). About four out of five females (79.1%) and males (88.6%) lived in the same household as the perpetrator at the time of the most recent incident of emotional violence (Table 7.4.2).

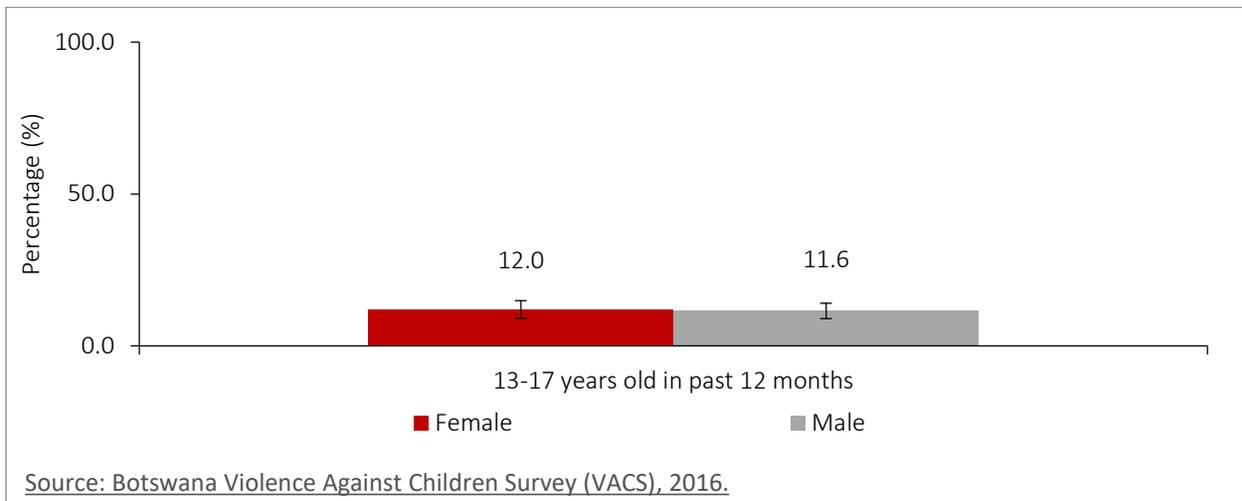


Figure 7.2 Prevalence of emotional violence in the past 12 months by a parent, caregiver, or adult relative among 13-17 year olds– Botswana Violence Against Children Survey (VACS), 2016.

8. OVERLAP OF TYPES OF VIOLENCE: SEXUAL, PHYSICAL, AND EMOTIONAL VIOLENCE

Although specific forms of violence have a distinctive nature and can occur in isolation, attempts to ‘categorize’ violence can be somewhat artificial given the boundaries between acts of violence often become blurred. For example, sexual violence is often inflicted through the use of physical violence and/or psychological intimidation. The survey investigated ‘overlaps’ in the three types of violence. Overlaps could happen in one of two ways: (1) violence could occur simultaneously, such as when a child is being emotionally and physically subjected to violence at the same time; and (2) violence could occur to the same child, but at different points in time. The overlap of sexual, physical, and emotional violence experienced before the age of 18 are described here. Here, ‘sexual violence’ includes the four forms of sexual violence only (not sexual exploitation).

8.1. Overlap of sexual, physical or emotional violence

8.1.1. Overlap of violence before age 18 among 18-24 year olds

Two out of five females (39.6%) and one in two males (49.0%) aged 18-24 years experienced one or more types of violence during childhood. Nearly one in ten females (9.2%) and males (10.6%) experienced two types of violence in childhood, such as sexual and physical or physical and emotional, and less than 2% of females (1.8%) and males (1.1%) experienced all three types of violence in childhood: sexual, physical, and emotional (Figure 8.1 and Table 8.1.1).

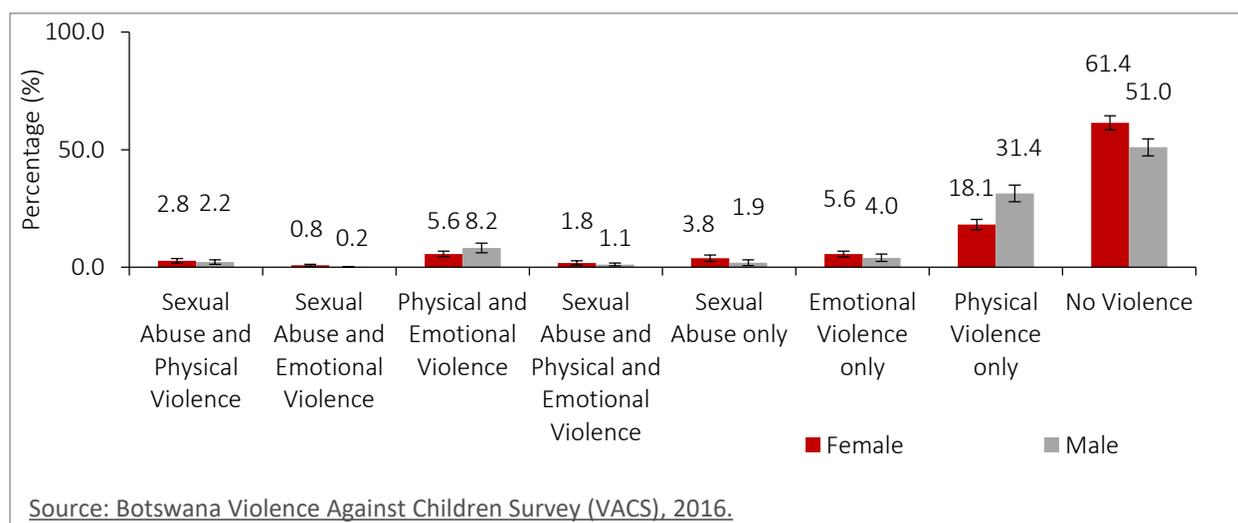


Figure 8.1 Violence experienced prior to age 18, among 18-24 year old females and males – Botswana Violence Against Children Survey (VACS), 2016.

8.1.2. Overlap of violence in the past 12 months among 13-17 year olds

In the 12 months preceding the survey, two in five females (37.3%) and males (39.3%) aged 13-17 years experienced one or more types of violence. About 7.5% of females and 8.3% of males experienced two types of violence, and 3.5% of females and 1.3% of males experienced all three types of violence in the past 12 months (Figure 8.2 and Table 8.2.1).

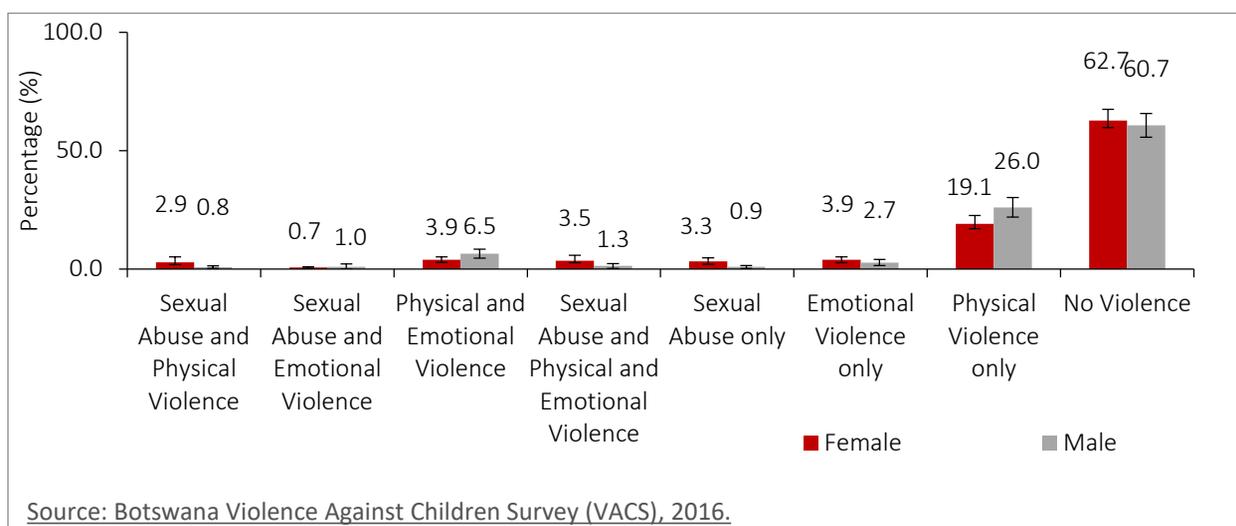


Figure 8.2 Prevalence of different types of violence and multiple forms of violence experienced in the past 12 months, among 13-17 year olds – Botswana Violence Against Children Survey (VACS), 2016.

9. HEALTH CONDITIONS ASSOCIATED WITH SEXUAL, PHYSICAL, AND EMOTIONAL VIOLENCE

This section describes health-related outcomes among those who experienced sexual, physical, or emotional violence in childhood compared to those who did not experience violence. The health outcomes described include: moderate and serious mental distress in the past 30 days; alcohol intoxication in the past 30 days; cigarette smoking in the past 30 days; substance use in the past 30 days; self-harm behaviors, suicidal ideation, and suicide attempts; and symptoms or diagnosis of sexually transmitted infections (STIs). Health outcomes that do not specify 'in the past 30 days' may have occurred at any time in the person's life (ever). Pregnancy among females as a result of unwanted completed sex, pressured or physically forced sex, and missed school after sexual violence are also described.

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 in the past month. Each response is scored 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.

Significant associations between experiences of violence in childhood and health outcomes are presented here and should be interpreted with the following considerations: (1) reported significance is based on the overlapping CI method (described in Section 2: Methods), and additional analyses will likely find additional associations, and (2) reported significance does not take into consideration any potential confounding variables which could provide alternate explanations for the associations.

9.1. Experiences of Sexual, Physical, and Emotional Violence, Current Health Status, and Missed School

9.1.1. Experiences of sexual, physical, and emotional violence before age 18 and current mental health status among 18-24 year olds

The proportion of females aged 18-24 years who experience moderate or serious mental distress in the past 30 days did not differ significantly between those who experienced sexual violence compared to those who did not, and between those who experienced physical violence compared to those who did not (Figure 9.1 and Table 9.1.1). Significantly more females who experienced emotional violence experienced moderate (43.8%) and serious (16.1%) mental distress compared to those who did not experience emotional violence (moderate, 32.0%; serious, 6.6%). Among females who experienced completed pressured or physically forced sex before age 18, 6.2% became pregnant as a result (Table 9.4.1). Proportions for being intoxicated, smoking cigarettes or chewing tobacco, and substance use in the past 30 days as well as self-harm and symptoms or diagnosis of an STI are presented in Table 9.2.1.

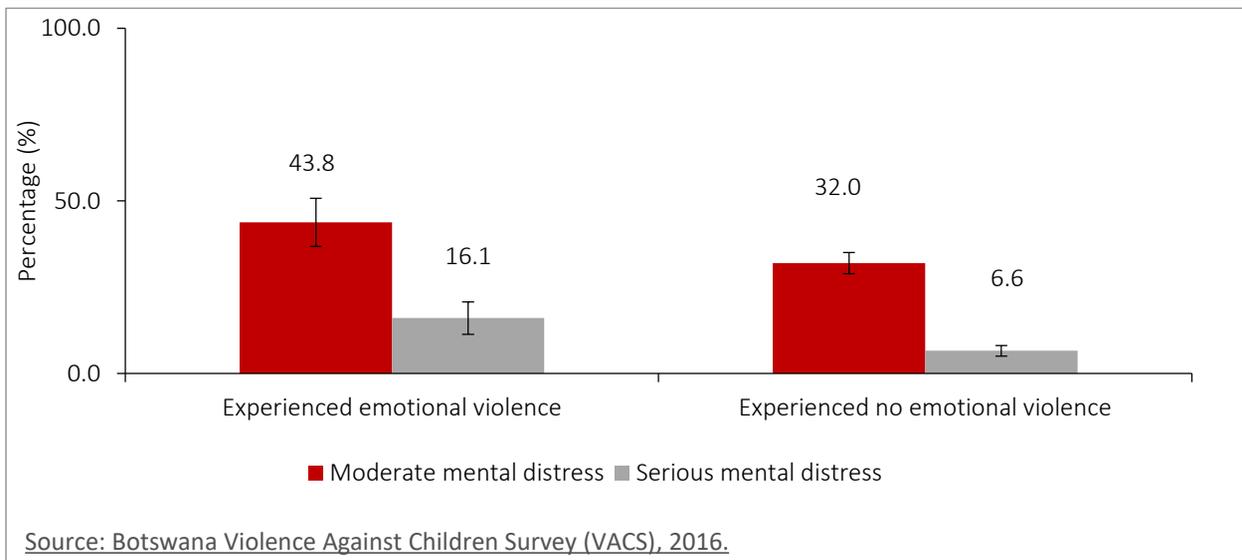


Figure 9.1 Prevalence of moderate[1] and serious[2] mental distress in the past 30 days and experiences of various types of violence prior to age 18, among 18-24 year old females – Botswana Violence Against Children Survey (VACS), 2016.

Among males aged 18-24 years, the proportion of moderate mental distress in the past 30 days was significantly higher for those who experienced childhood sexual violence (58.0%) compared to those who did not (30.6%), for those who experienced physical violence (39.2%) compared to those who did not (26.7%), and for those who experienced emotional violence (44.4%) compared to those who did not (28.9%) (Figure 9.2 and Table 9.1.2). Proportions for being intoxicated, smoking cigarettes or chewing tobacco, and substance use in the past 30 days as well as self-harm and symptoms or diagnosis of an STI are presented in Table 9.2.2.

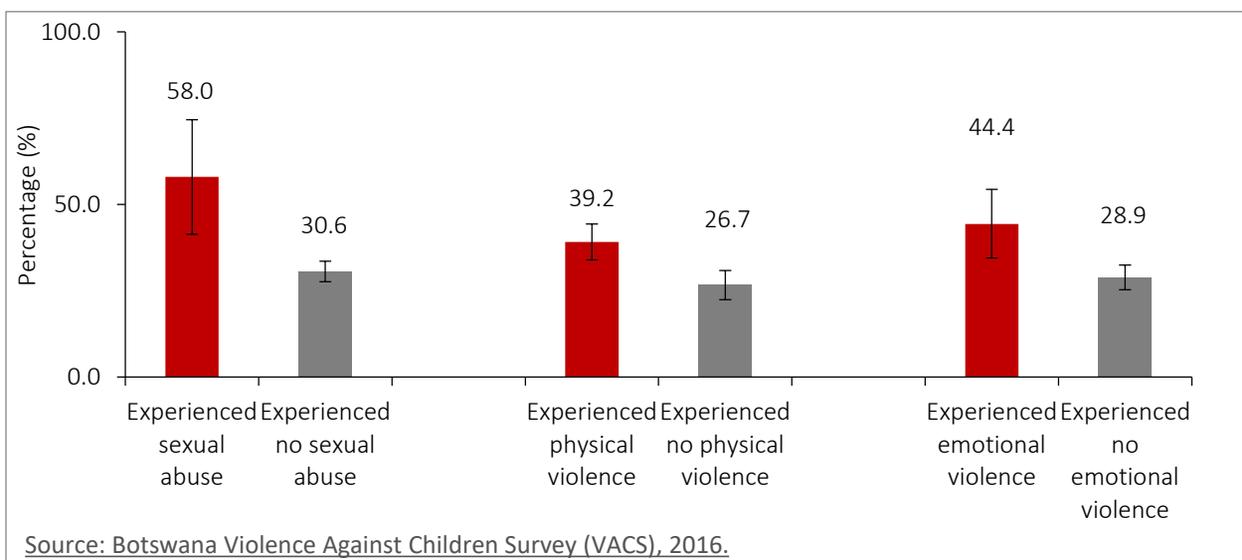


Figure 9.2 Prevalence of moderate[1] mental distress in the past 30 days and experiences of various types of violence prior to age 18, among 18-24 year old males – Botswana Violence Against Children Survey (VACS), 2016.

9.1.2. Experiences of sexual, physical, and emotional violence in the past 12 months and current mental health status among 13-17 year olds

Females aged 13-17 years who experienced sexual violence in the past 12 months were significantly more likely to report moderate mental distress in the past 30 days (44.7%) compared to females who did not experience sexual violence (19.9%). Females who experienced emotional violence also had significantly higher rates of moderate mental distress (39.8% compared to 20.1%). The rates of moderate mental distress were not significantly different for females who experienced physical violence (26.9%) compared to those who did not (20.6%) (Table 9.1.3). Proportions of being intoxicated, smoking cigarettes or chewing tobacco, and substance use in the past 30 days as well as self-harm and symptoms or diagnosis of an STI are presented in Table 9.2.3. Among females who reported pressured or forced sex, 9.9% reported a pregnancy as a result (Table 9.4.2).

Among males aged 13-17 years who experienced sexual violence in the past 12 months, 50.4% experienced moderate mental distress in the past 30 days, compared to 18.1% who did not experience sexual violence, a statistically significant difference. The difference in moderate mental distress among males who experienced emotional violence (43.2%) compared to those who did not (16.4%) was also statistically significant. Mental distress did not differ significantly between males who experienced physical violence (23.5%) and those who did not (17.2%; Table 9.1.4). Proportions for being intoxicated, smoking cigarettes or chewing tobacco, and substance use in the past 30 days as well as self-harm and symptoms or diagnosis of an STI are presented in Table 9.2.4.

9.1.3. Missed school due to physical or sexual violence among 18-24 year olds who experienced sexual violence before age 18

Close to one in ten females (9.5%) and one in twenty males (5.6%) aged 18-24 years who experienced sexual violence in childhood ever missed school as a result (Table 5.9.3). About one in ten females (10.6%) and males (10.8%) who experienced physical violence in childhood missed school due to an experience of physical violence (Table 6.7.3).

9.1.4. Missed school due to physical or sexual violence among 13-17 year olds who experienced sexual violence in the past 12 months

Nearly one in ten females (8.0%) aged 13-17 years who experienced sexual violence in the past 12 months missed school as a result (Table 5.9.3); none of the males reported missing school as a result of sexual violence. About one in ten females (10.4%) and males (9.5%) who experienced physical violence in the past 12 months missed school as a result of their experience (Table 6.7.3).

10. SEXUAL RISK-TAKING BEHAVIORS AND EXPOSURE TO VIOLENCE IN CHILDHOOD

This section examines the association between exposure to violence in childhood and sexual risk-taking behaviors, including multiple sexual partners, infrequent condom use, and sexual exploitation (sex in exchange for material support or other help in the past 12 months). Multiple sexual partners is defined as two or more sexual partners. Infrequent condom use is defined as never or sometimes using condoms if unmarried or married with two or more partners in the past 12 months.

The analyses were restricted to those aged 19-24 years to ensure the exposure to violence in childhood and risk-taking behaviors are separated in time. The inclusion of only those aged 19 and older ensures that exposure to violence in childhood preceded involvement in current sexual risk-taking behaviors since someone who was 18 at the time of the survey may have experienced both childhood violence (at age 17) and risk-taking behaviors within the past 12 months, confounding the temporality of the association.

10.1. Sexual risk-taking behaviors in the past 12 months among 19-24 year olds

Among those who had sexual intercourse in the past 12 months, nearly one in eight females (13.0%) and more than one in four males (28.8%) had two or more sex partners in the past 12 months, a difference that is statistically significant. Slightly more than one in three females (38.4%) and nearly one in four males (23.6%) reported infrequent condom use in the past 12 months, also a statistically significant difference. In the past 12 months, about one in twenty females (4.0%) and males (3.7%) had sex because the person provided them with material support or other help (Figure 10.1 and Table 10.1).

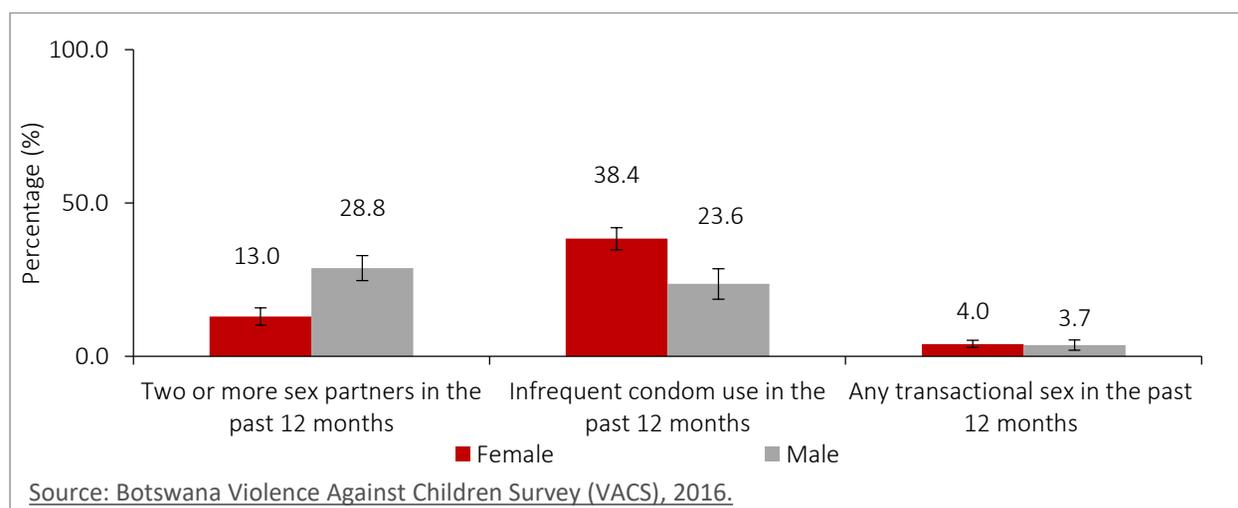


Figure 10.1 Sexual risk taking behaviors in the past 12 months, among 19-24 year olds who had sexual intercourse in the past 12 months – Botswana Violence Against Children Survey (VACS), 2016.

10.2. Sexual risk-taking behaviors in the past 12 months and exposure to sexual, physical, and emotional violence before age 18 among 19-24 year olds

For females and males, the proportion of having multiple sex partners and infrequent condom use did not differ by experiences of sexual violence in childhood (Tables 10.2.1 and 10.2.2). Multiple sex partners in the past 12 months by experience of physical violence in childhood is presented in Table

10.3.1 and infrequent condom use is presented in Table 10.3.2. For females and males, the proportion of having multiple sex partners and infrequent condom use did not differ by experiences of emotional violence in childhood (Tables 10.4.1 and 10.4.2).

11. HIV/AIDS TESTING KNOWLEDGE, BEHAVIORS, AND SELF-REPORTED STATUS AND EXPERIENCES WITH CHILDHOOD SEXUAL VIOLENCE

This section describes knowledge of HIV testing services and HIV testing behaviors among females and males overall and among those who experienced any sexual violence before age 18 compared to those who did not. Results of HIV testing and self-reported HIV status are also presented.

Although unwanted sexual touching and unwanted attempted sexual intercourse are low risk for direct HIV transmission, all forms of sexual violence may increase the risk of HIV indirectly through diminished ability to negotiate safe sex and engagement in sexual risk-taking behaviors later in life and are included here.

11.1. General Knowledge and Behaviors Related to HIV Testing

11.1.1. General knowledge and behaviors related to HIV testing among 13-17 year olds and 18-24 year olds who had ever had sex

Knowledge of where to seek HIV testing was high among both 13-17 year olds and 18-24 year olds. Among 18-24 year olds who had ever had sex (See section 3.5 on Sexual Activity), 98.4% of females and 97.2% of males knew where to go for an HIV test. For the 13-17 year olds who ever had sex, 95.6% of females and 98.0% of males knew where to go. About two in five females (40.9%) and three in five males (58.5%) aged 13-17 years who had sex had never been tested for HIV. One in ten females (9.0%) and one in five males (22.0%) aged 18-24 years who had sex had never been tested for HIV. Of those who were tested, most had received their test results (females aged 13-17 years, 97.4%; males aged 13-17 years, 100%; females aged 18-24 years, 98.6%; males aged 18-24 years, 98.5%) (Figure 11.1, Figure 11.2, and Table 11.1).

Of those who have had sex but were never tested for HIV, the most common reasons cited by 18-24 year olds for not getting tested were “other,” (females, 50.0%; males, 41.8%), followed by not wanting to know if they have HIV (females, 19.3%; males, 19.4%) and not needing the test or being low risk (females, 13.9%; males, 19.9%). Among the 13-17 year olds who had never been tested for HIV, the most common reasons were that they did not need the test or were low risk (females, 54.5%; males, 29.7%). For females, the second most common reason was “other” (16.3%). For males, the second-most common reason was having no knowledge about HIV tests (27.9%), followed by not wanting to know if they have HIV (20.5%) (Tables 11.4.1 and 11.4.2 respectively).

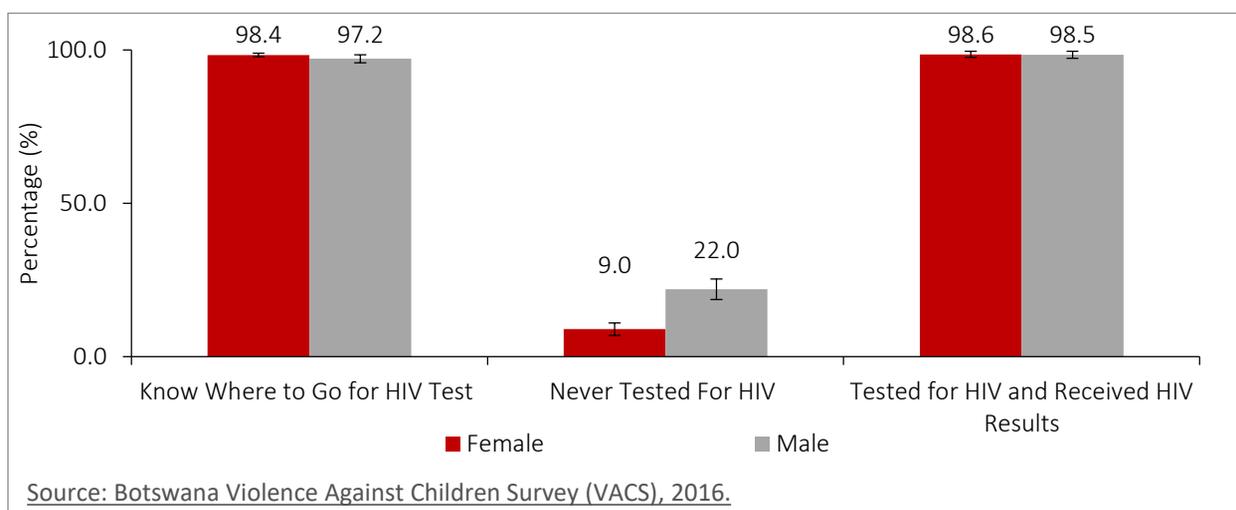


Figure 11.1 HIV testing knowledge and behavior among 18-24 year olds who have ever had sexual intercourse – Botswana Violence Against Children Survey (VACS), 2016.

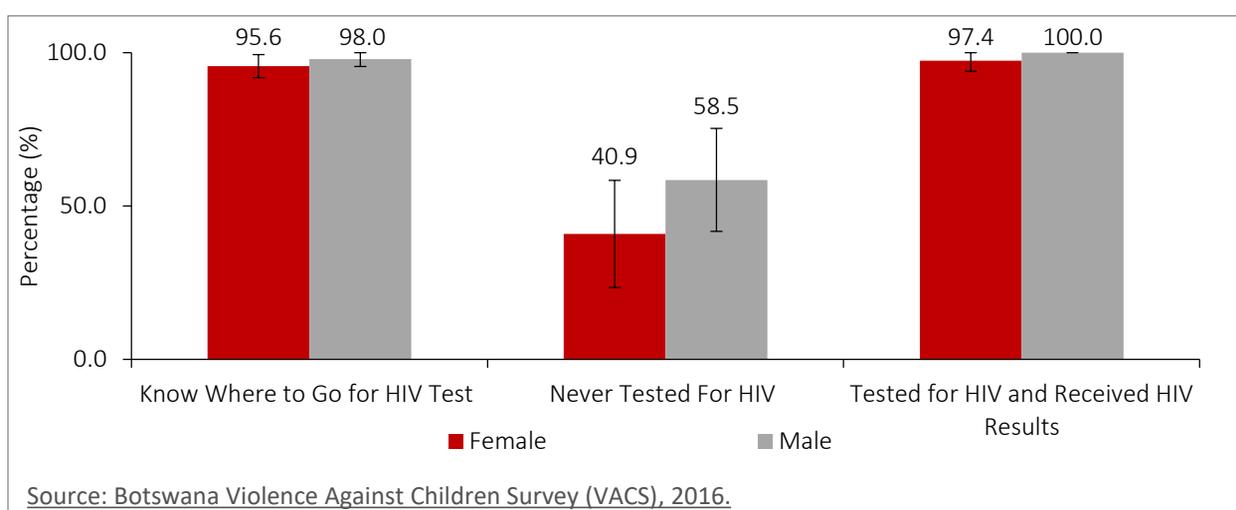


Figure 11.2 HIV testing knowledge and behavior among 13-17 year olds who ever had sexual intercourse – Botswana Violence Against Children Survey (VACS), 2016.

11.1.2. Knowledge and behaviors related to HIV testing and sexual violence before age 18 (for 18-24 year olds who ever had sex) and in the past 12 months (for 13-17 year olds who ever had sex)

There were no significant differences between 18-24 year olds who experienced childhood sexual violence and those who did not on knowledge of where to get an HIV test, and having been tested for HIV for either females or males. Males who experienced sexual violence were slightly more likely to have received their results (100%) than those who did not experience sexual violence (98.4%) (Tables 11.2.1 and 11.2.2). There were also no significant differences between 13-17 year olds who experienced sexual violence in the past 12 months on any of the HIV knowledge and testing behaviors (Tables 11.3.1 and 11.3.2).

11.2. HIV status

This section describes HIV status of survey respondents. HIV status was determined through HIV rapid test results or self-report of a prior HIV test. Of all eligible participants aged 16-24, 6.6% of females and 3.4% of males tested positive during the survey or reported a prior positive HIV test (Figure 11.3 and Table 13.1.1). There were no statistically significant differences for HIV status for experiencing any violence (Table 13.1.2), sexual violence (Table 13.1.3), physical violence (Table 13.1.4), and emotional violence (Table 13.1.5), for females or males.

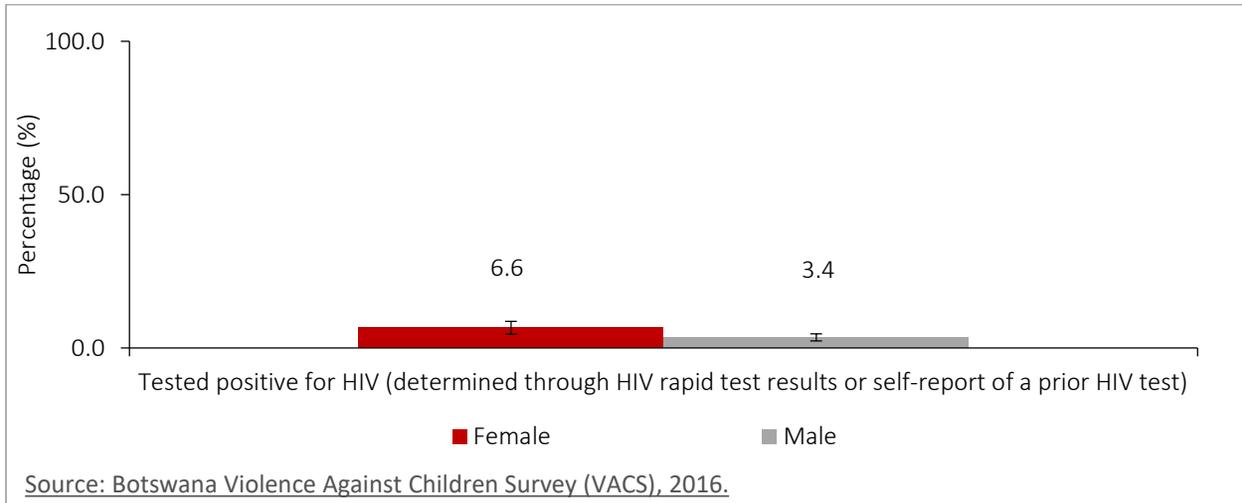


Figure 11.3 Prevalence of testing positive for HIV determined through HIV rapid test result or self-report of a prior HIV test, among 16-24 year olds – Botswana Violence Against Children Survey (VACS), 2016.

12. BELIEFS ABOUT GENDER AND VIOLENCE, AND VIOLENCE PERPETRATION

12.1. Beliefs about Partner Violence

This section examines beliefs toward the use of physical violence by husbands against their wives. All survey respondents were asked if it was right for a husband to hit or beat his wife under five different circumstances: if she goes out without telling him, if she does not take care of the children, if she argues with him, if she refuses to have sex with him, or if she is suspected of having an affair

For the 18-24 year olds, fewer than one in ten females (8.3%) and 12.2% of males believed it was acceptable for a man to beat his wife in one or more circumstances. The most widely accepted reason among females was if she does not take care of the children (4.8%) and for males was if she is suspected of having an affair (6.1%) (Figure 12.1 and Table 12.1).

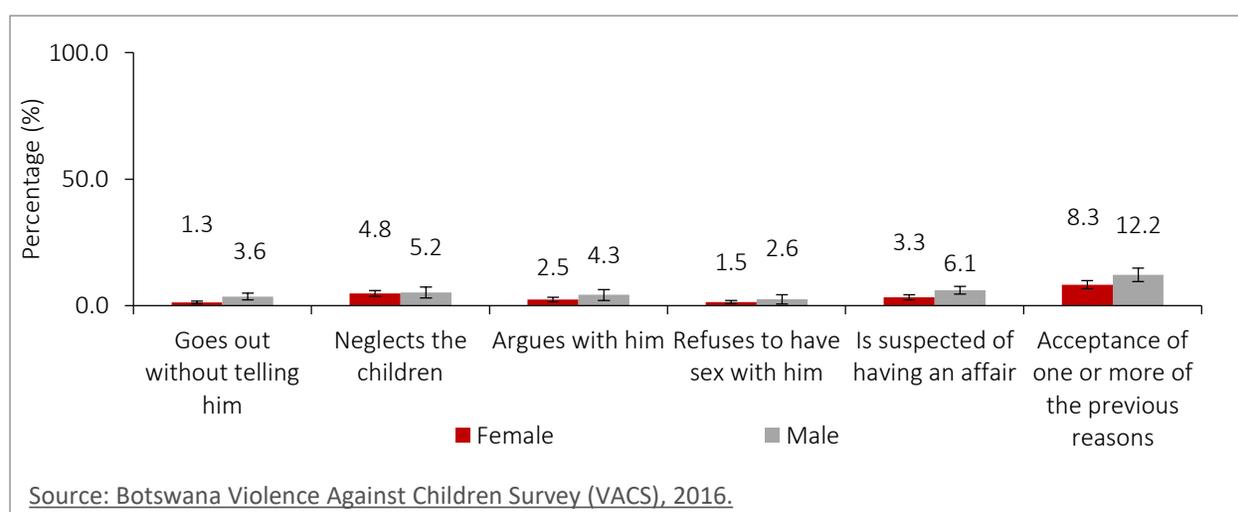


Figure 12.1 Attitudes about the acceptance of intimate partner violence, among 18-24 year olds – Botswana Violence Against Children Survey (VACS), 2016.

For 13-17 year olds, 12.6% of females and 11.5% of males believed it was acceptable for a man to beat his wife for one or more reasons. The most widely accepted reason among females was if she neglects the children (8.6%), and for males was if she is suspected of having an affair (6.5%) (Figure 12.2 and Table 12.1).

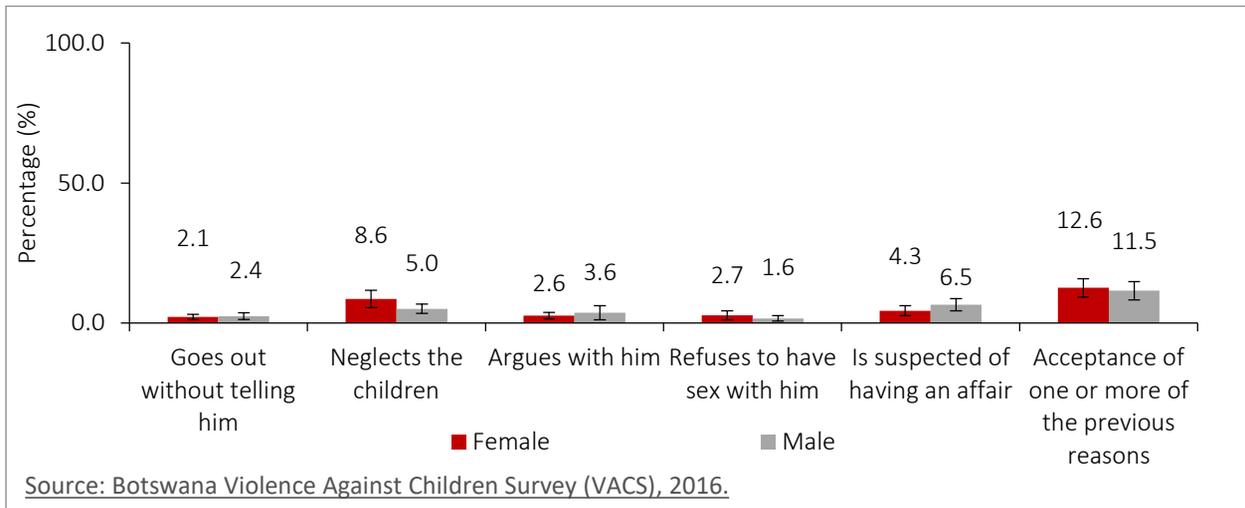


Figure 12.2 Attitudes about the acceptance of intimate partner violence, among 13-17 year olds – Botswana Violence Against Children Survey (VACS), 2016.

12.2. Beliefs about Gender in Sexual Practices and Intimate Partner Violence

The survey also examined the prevalence of beliefs towards the role of gender in sexual practices and intimate partner violence, including: men, not women, should decide when to have sex; men need more sex than women; men need to have sex with other women even if they have good relationships with their wives; women who carry condoms have sex with a lot of men; and a woman should tolerate violence to keep her family together.

Among the 18-24 year olds, nearly three in ten females (30.9%) and about half of males (48.5%) endorsed one or more beliefs about gender, sexual practices, or intimate partner violence (Figure 12.3 and Table 12.2). The most commonly endorsed belief about gender was that men need more sex than women (females, 24.0%; males, 32.6%). Males also commonly endorsed the belief that women who carry condoms are “loose” (31.1%).

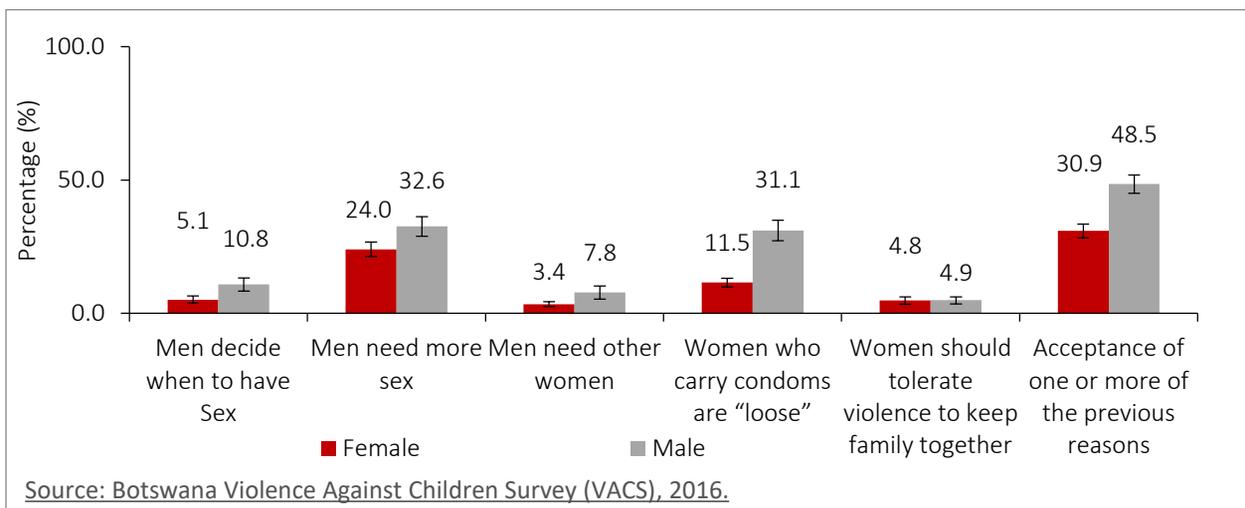


Figure 12.3 Beliefs about gender, sexual practices, and intimate partner violence, among 18-24 year olds – Botswana Violence Against Children Survey (VACS), 2016.

For 13-17 year olds, about one in four females (26.9%) and one in three males (32.2%) endorsed one or more beliefs toward the role of gender in sexual practices and intimate partner violence (Figure 12.4 and Table 12.2). The most commonly held belief about gender was that men need more sex than women (females, 16.3%; males, 21.6%), followed by women who carry condoms are “loose” (females, 12.4%; males, 19.7%).

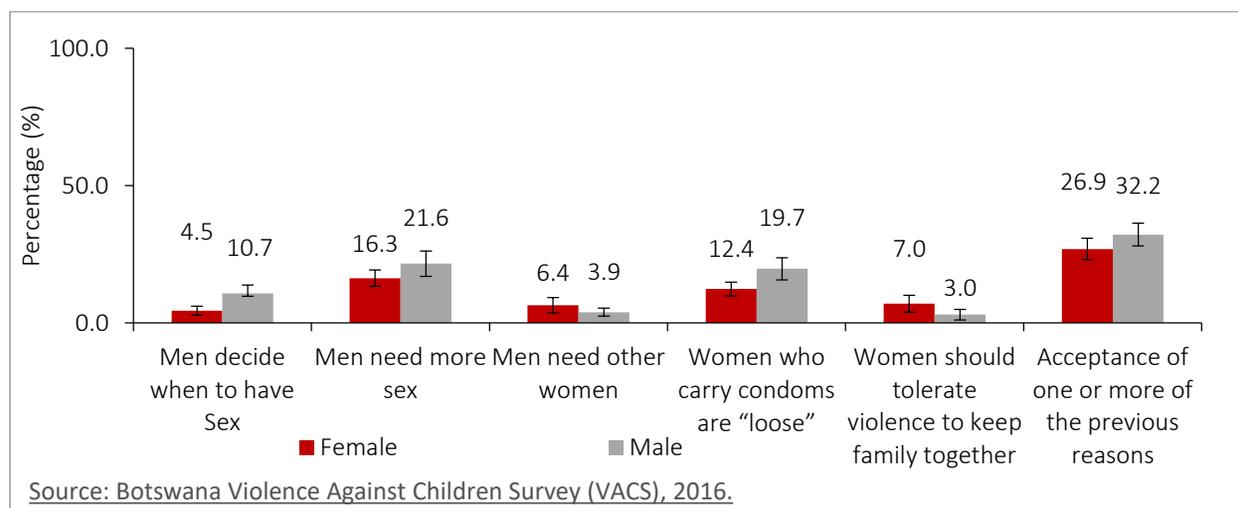


Figure 12.4 Beliefs about gender, sexual practices, and intimate partner violence, among 13-17 year olds – Botswana Violence Against Children Survey (VACS), 2016.

12.3. Prevalence of Violence Perpetration

This section presents the combined lifetime prevalence of sexual and physical violence perpetration among 18-24 and 13-17 year old females and males. Here, violence includes the physical violence measures of: punching, kicking, whipping, lashing, or poking with an object; choking, smothering, trying to drown, or intentionally burning; or using or threatening to use a weapon, such as a knife, gun, screwdriver, softball bat, knobkerrie or other weapon; as well as the sexual violence measure of forcing a current or former intimate partner or someone else to have sex when they did not want to. This section also presents rates of perpetration of violence by experiences of sexual violence and physical violence in childhood. Respondents were asked if they had ‘ever’ perpetrated the measures of violence, so it is not possible to determine when the perpetration happened.

12.3.1. Prevalence of any violence perpetration among 18-24 year olds

More than one in ten females (12.7%) and one in five males (22.1%) ever perpetrated any physical violence against another person (Figure 12.5 and Table 12.3.1). Males were significantly more likely to have perpetrated violence than females.

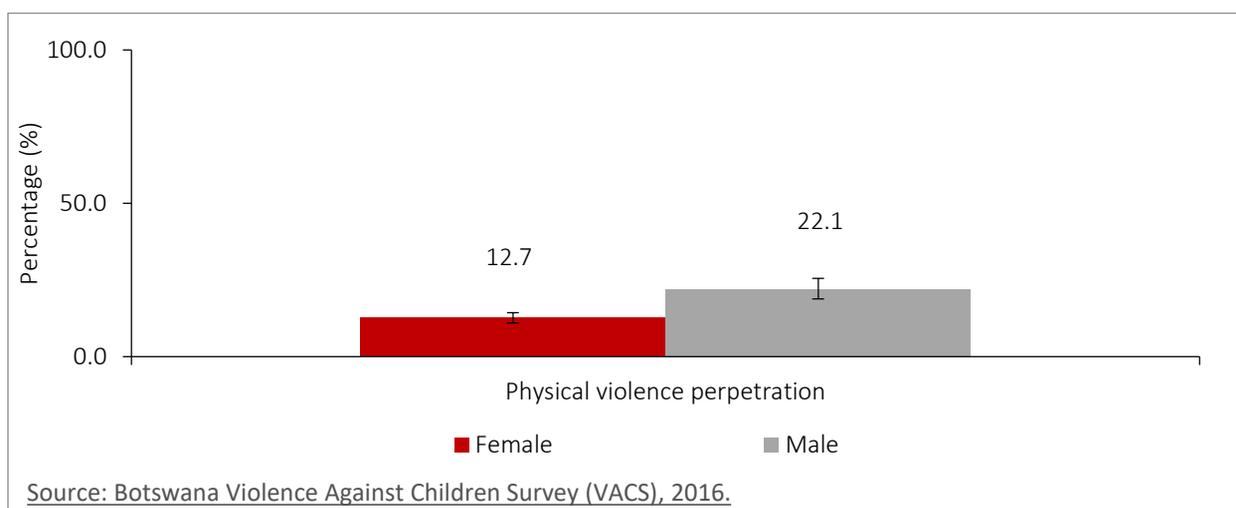


Figure 12.5 Prevalence of physical violence perpetration, among 18-24 year olds – Botswana Violence Against Children Survey (VACS), 2016.

About one in four females (24.8%) and males (28.9%) who experienced physical violence in childhood had ever perpetrated violence against someone else, compared with fewer than one in ten females (7.9%) and one in five males (17.1%) who did not experience physical violence in childhood. These differences between childhood violence victimization and physical violence perpetration are statistically significant for both females and males (Table 12.3.3). About three in ten females (30.9%) and two in five males (40.3%) who experienced childhood sexual violence perpetrated physical violence, compared to one in ten females (10.9%) and one in five males (21.2%) who did not experience sexual violence. These differences are also statistically significant.

12.3.2. Prevalence of any violence perpetration among 13-17 year olds

One in ten females (9.0%) and males (9.9%) perpetrated violence against another person (Figure 12.6 and Table 12.3.2). One in six females (16.8%) and males (15.4%) who experienced physical violence in the past 12 months perpetrated physical violence, compared to 5.8% of females and 7.0% of males who did not experience physical violence in the past 12 months (Table 12.3.4). The difference for females is statistically significant. One in five females (20.2%) and males (22.4%) who experienced sexual violence in the past 12 months perpetrated physical violence, compared to 7.8% of females and 9.4% of males who did not experience sexual violence in the past 12 months. The difference for females is also statistically significant.

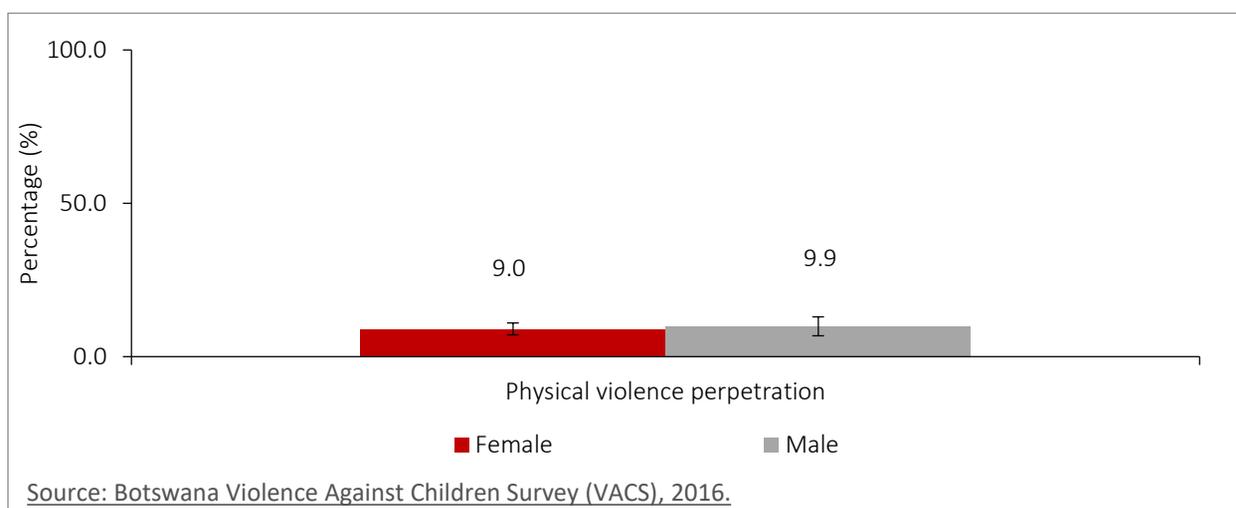


Figure 12.6 Prevalence of physical violence perpetration, among 13-17 year olds – Botswana Violence Against Children Survey (VACS), 2016.

12.4. Prevalence of intimate partner violence perpetration

Violence perpetration against intimate partners (intimate partner violence), including both forcing someone to have sex and physical violence (defined in section 12.3), are described in this section. As in previous sections, intimate partner refers to a current or previous boyfriend, girlfriend, romantic partner, husband or wife and ever-partnered refers to someone who has ever had an intimate partner.

12.4.1. Prevalence of intimate partner violence perpetration among ever-partnered 18-24 year olds

Among all females who ever had a partner, one in ten (9.1%) had ever used violence against an intimate partner. Significantly more ever-partnered males perpetrated intimate partner violence (16.5%) (Table 12.3.5).

Ever-partnered females (17.4%) who experienced childhood physical violence were significantly more likely to report ever using violence against an intimate partner than females who did not experience physical violence (5.7%) (Figure 12.7 and Table 12.3.7). For males, the difference between those who did experience childhood physical violence (19.5%) and those who did not (14.1%) was not statistically significant. Females who experienced childhood sexual violence were also significantly more likely to perpetrate violence towards an intimate partner (22.0%) compared to females who did not experience childhood sexual violence (7.7%). For males, the difference between those who experienced childhood sexual violence (13.7%) and those who did not (16.7%) was not statistically significant.

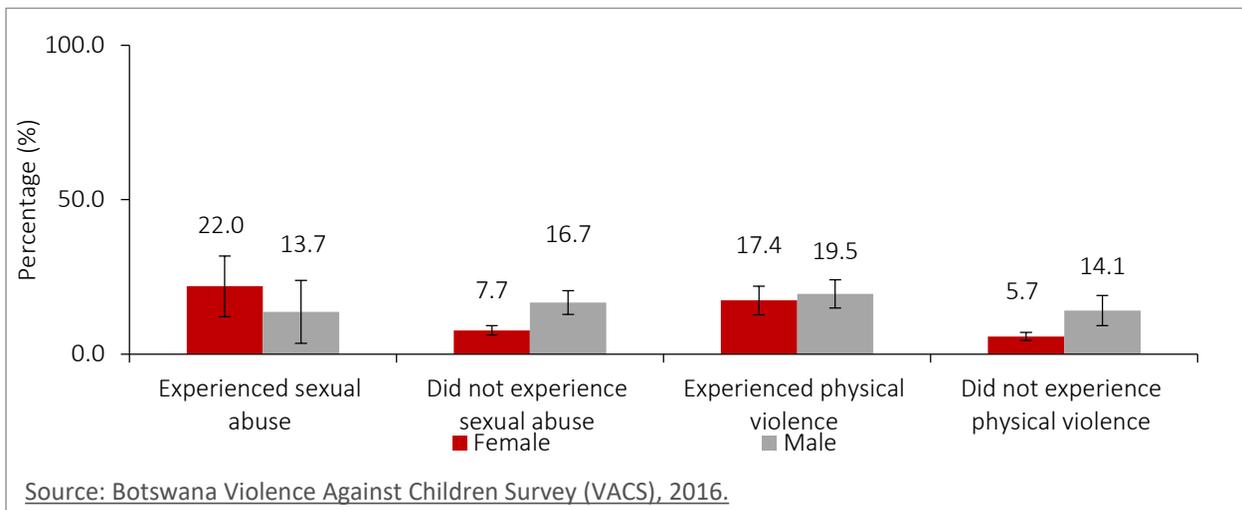


Figure 12.7 Prevalence of intimate partner violence perpetration by experience of sexual violence or physical violence prior to age 18, among 18-24 year olds who ever had a partner – Botswana Violence Against Children Survey (VACS), 2016.

12.4.2. Prevalence of intimate partner violence perpetration among ever-partnered 13-17 year olds

Overall, fewer than one in ten females (7.5%) and males (6.2%) who ever had a partner had perpetrated intimate partner violence (Table 12.3.6). There were no statistically significant differences in intimate partner violence perpetration between females or males who experienced physical violence in the past 12 months and those who did not (Figure 12.8 and Table 12.3.8). Similarly, there was no significant difference in intimate partner violence perpetration by experience of sexual violence among females or males.

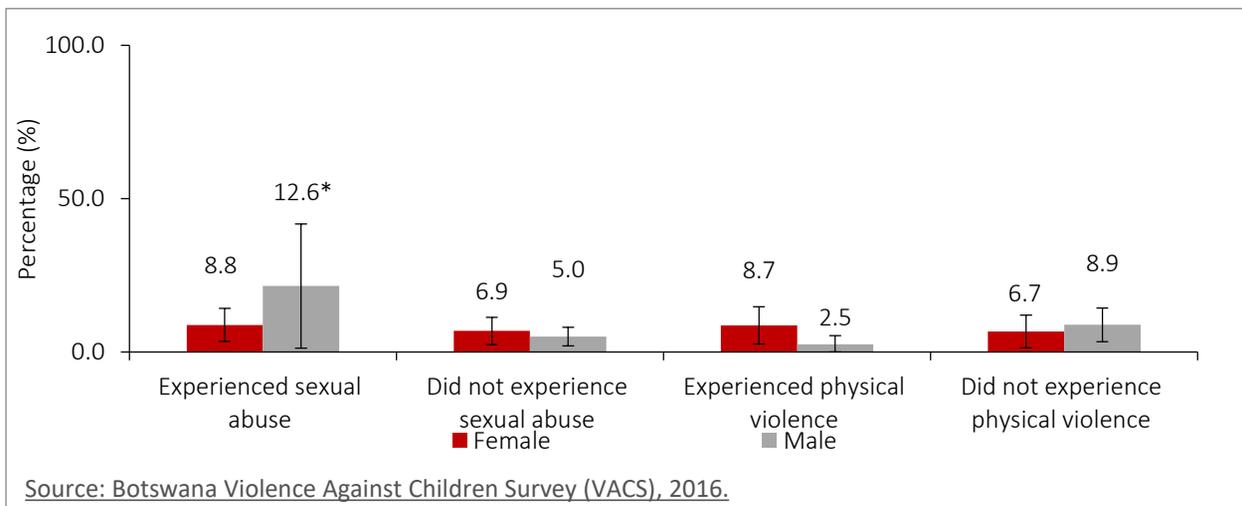


Figure 12.8 Prevalence of intimate partner violence perpetration by experience of sexual violence or physical violence in the past 12 months, among 13-17 year olds who ever had a partner – Botswana Violence Against Children Survey (VACS), 2016.

13. VIOLENCE AGAINST FEMALES BY GEOGRAPHIC AREA

This section presents violence against females by geographic area, including data on the oversampled areas of Gaborone and Francistown.

13.1. Violence prior to age 18 by geographic area, among 18-24 year old females

For 18-24 year olds, the prevalence of sexual, physical, and emotional violence types were all higher in Gaborone than in Francistown. They were also somewhat higher than the national prevalence. However, these differences were not statistically significant (Figure 13.1 and Table 14.1.1).

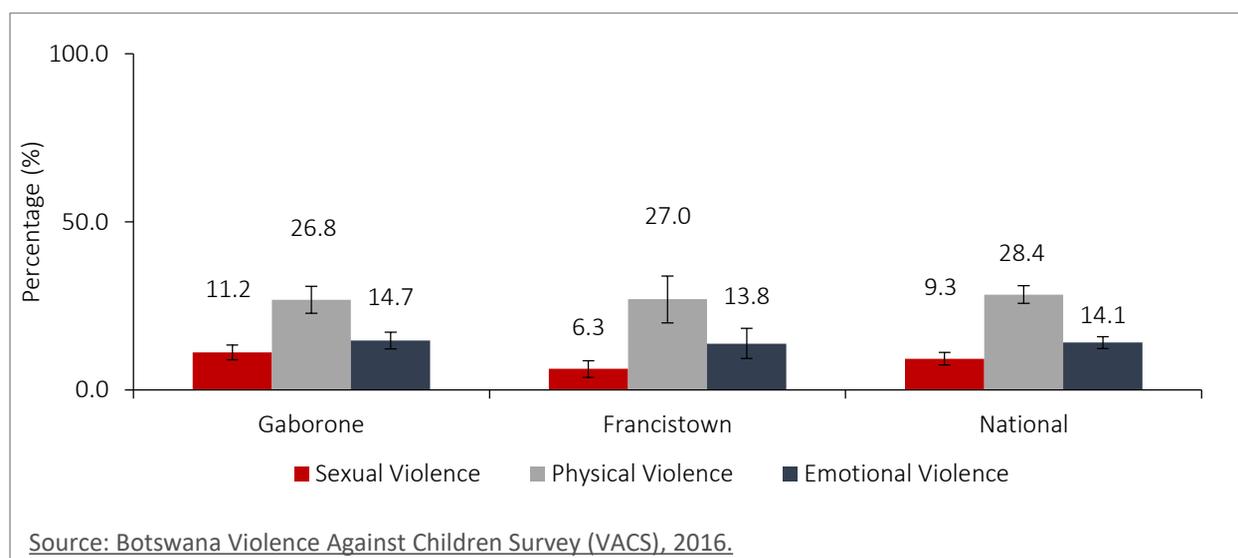


Figure 13.1 Prevalence of violence experienced prior to 18, by geographic area, among female 18-24 year olds – Botswana Violence Against Children Survey (VACS), 2016.

13.2. Violence in past 12 months by geographic area, among 13-17 year old females

There were some differences in the prevalence of different types of violence among 13-17 year olds in the past 12 months by geographic area. For example, rates of sexual violence were significantly higher in Gaborone than Francistown. (Figure 13.2 and Table 14.1.2).

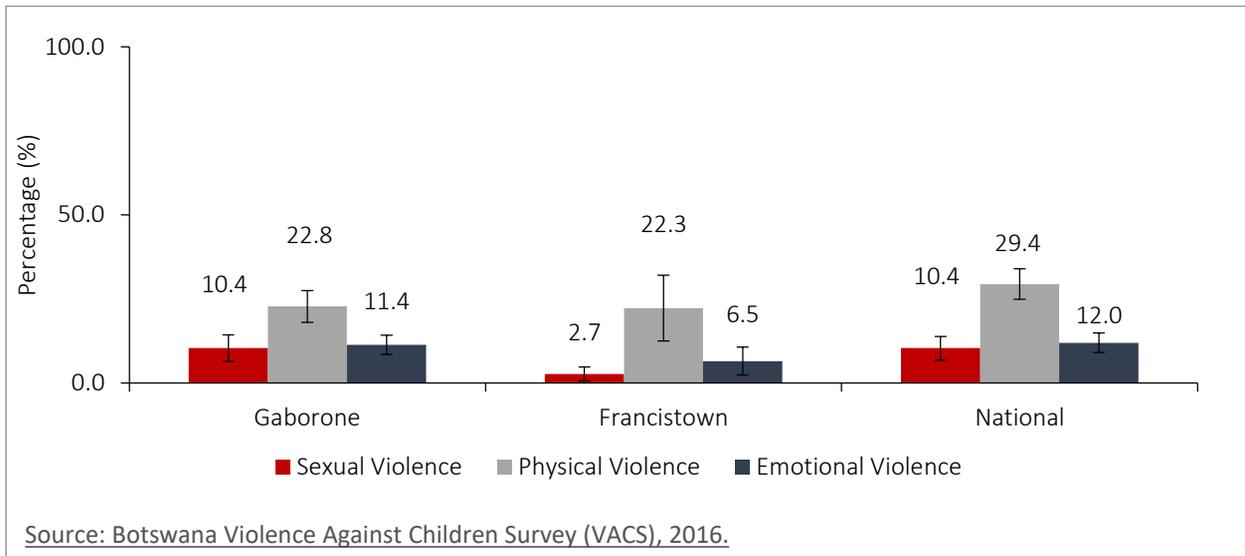


Figure 13.2 Prevalence of violence experienced in the past 12 months, by geographic area, among female 13-17 year olds – Botswana Violence Against Children Survey (VACS), 2016.

14 DISCUSSION AND RECOMMENDATIONS

The Botswana VACS is the first nationally representative data on the prevalence and epidemiology of sexual, physical, and emotional violence among female and male youth in Botswana. This report describes the burden, contexts, and health consequences for violence against children and adolescents including HIV risk. It also explores the overlap between sexual, physical, and emotional violence and the services sought and utilized for incidents of sexual violence and physical violence. Although HIV testing uptake was low, the Botswana VACS is the first to offer HIV testing as part of the survey protocol. The wealth of information provided by the VACS can guide prevention efforts that are uniquely adapted to the context of Botswana.

14.1. Key findings

Violence against children and youth in Botswana is common. Approximately two out of five females (39%) and one half of males (49%) aged 18-24 years experienced one or more forms of violence - sexual, physical, or emotional - in childhood. In the year preceding the survey, two in five females (37%) and males (39%) aged 13-17 years experienced one or more forms of violence. Physical violence was the most common, followed by emotional violence and sexual violence for both females and males. Females were significantly more likely to experience sexual violence, and males were significantly more likely to experience physical violence. These patterns are consistent with other surveys from African countries in finding that physical violence is most common, and that females are more vulnerable to sexual violence while males are more vulnerable to physical violence.

In comparing the overall prevalence of physical, sexual and emotional violence in Botswana compared to other VACS countries in Africa, the VACS found that violence is somewhat less common in Botswana compared to many other countries. There are several potential explanations for lower prevalence of violence in Botswana compared to other countries. For example, some of the key demographic and risk factor patterns that often accompany violence against children and youth were different in Botswana. In the majority of VACS countries, the VACS findings have indicated that intimate partners are the most common perpetrators of sexual violence and physical violence among 13-24 year olds, and against females in particular. In Botswana, very few females were married or living with a partner before the age of 18 (3%), and only 18% of 18-24 year old women were married or living with a partner. This delay in marriage and cohabitating partnerships may contribute to the significant reduction in the risk of violence that happens in intimate relationships.

Participation in education was also higher in Botswana compared to other African VACS countries. More than 80% of both females and males completed secondary school or higher. Education is a strong protective factor for violence, as it strengthens youths' skills and opens economic opportunities that help reduce vulnerabilities to violent relationships and contexts. This pattern is also reflected in Botswana by fact that the rates of never attended school or completed less than primary school were very low, at less than 5% for both females and males. Interestingly, there were no gender disparities in school attendance between females and males, further providing context for understanding the lower prevalence of violence.

Data on work participation also revealed some important contextual information. Work among 13-17 year old adolescents was relatively low, at 24% for females and 29% for males. Most work locations for adolescents were in a family dwelling, not outside the home. Compared to VACS findings in other African countries, relatively fewer adolescents participated in paid or compensated work. This may reflect higher participation in school compared to work and implies that adolescents are less likely to be exposed to situations outside the home where they may experience violence or exploitation before the age of 18. In contrast, work participation among 18-24 year olds was higher compared to other African countries, with 84% of females and 83% of males participating in paid or compensated work. These findings may reflect greater economic opportunities for young adults, which further reduces risk for violence. In fact, the location of work for young adults was most commonly in an office, shop, or a construction site (for males), and not in a family dwelling. These types of occupations may provide greater economic benefit and reflect the need for more skilled work.

14.1.1. Sexual violence

Approximately 9% of females and 6% of males experienced childhood sexual violence, and 10% of females and 4% of males aged 13-17 years experienced sexual violence in the past year. Among 18-24 year-olds who experienced any sexual violence, the majority of female (63%) and male (60%) victims did not experience sexual violence as an isolated incident; they experienced multiple incidents of sexual violence in childhood. This finding highlights the need to identify victims after their first incident of violence and provide services and enhance protection for youth to stop the cycle of revictimization. Although the prevalence of sexual violence in Botswana is lower than for other VACS countries in the region, for one in ten females the first experience of sexual intercourse was from physically forced or coerced sex. This finding provides a striking sense of the burden of sexual violence against females. About half (48%) of 18-24 year old females and males had their first experience of sexual violence at age 15 or younger, indicating that prevention efforts should target younger age groups to prevent sexual violence in late childhood.

14.1.2. Physical violence

Physical violence in childhood was the most common form of violence among both 18-24 year old females (28%) and males (43%). In the year preceding the survey, 29% of 13-17 year old females and 35% of adolescent males experienced physical violence. The majority of females and males of all ages who experienced physical violence experienced multiple incidents of childhood physical violence. Among 18-24 year olds, more than half of both females and males experienced physical violence at age 11 or earlier, indicating that early and middle childhood is a vulnerable time for physical violence among children. Understanding the reasons children are subjected to physical violence at younger ages will be critical for prevention efforts targeting parents and caretakers.

14.1.3. Emotional violence

The prevalence of emotional violence from a parent or caregiver prior to age 18 was similar for both 18-24 year old females (14%) and males (14%), and comparatively lower than other African VACS countries. In the past year, 12% of 13-17 year old females and males experienced emotional violence. As is the case with sexual and physical violence, emotional violence rarely occurs as an isolated incident, with

more than 75% of victims reporting multiple events for all age groups. The age of first experience of emotional violence by parents and adult caregivers was later than the age of onset of sexual and physical violence. For 18-24 year olds, the first incident occurred after age 12 for 69% of females and 64% of males, and for 13-17 year olds the first incident occurred after age 12 for 82% of females and 80% of males. These findings indicate that the age of onset for emotional violence is somewhat later than other countries in Africa. In light of the lower prevalence of sexual and physical violence in Botswana, the later onset of emotional violence may reflect a protective effect in that children are less vulnerable to emotionally abusive relationships in early and middle childhood.

14.1.4. Overlap across types of violence

Among 18-24 year olds, 61% of females and 51% of males experienced no childhood violence, and 11% of females and 12% of males experienced two or more forms of violence. These findings related to the overlap among multiple forms of violence are lower is typically seen in other countries in Africa. Youth who experienced any violence were more likely to experience only one form, rather than multiple forms. This pattern of results was also reflected in the findings related to violence in the past year among adolescents. These results further shed light on the lower prevalence of violence in Botswana and indicate that among children who experience any violence, the likelihood that they are experiencing multiple forms is relatively low. These findings suggest that prevention and protection efforts need to be targeted to the specific contexts and experiences of different forms of violence, to best identify victims and address their needs.

14.2. Perpetrators of violence

Violence is most often perpetrated by persons known to the victims. This was reflected in the results of data on perpetrators of sexual and physical violence. Some common patterns emerged in the data related to perpetrators of sexual violence. For the more moderate forms of violence (unwanted sexual touching and unwanted attempted sex), the most common perpetrators of both childhood violence and violence in the past year for the females were classmates or schoolmates. Family members and intimate partners were also common perpetrators of unwanted attempted sex. For the more severe forms of violence (pressured and physically forced sex), the most common perpetrators for females were strangers, neighbors, and partners. These findings suggest that prevention efforts should focus on ensuring safe and healthy relationships, particularly for early intimate relationships in adolescence, as well as among peers and within families. For males, the most common perpetrators of the more moderate forms of violence were classmates and partners. For the more serious forms, the most common perpetrators were strangers and friends. Partners as perpetrators were less common among males than females, suggesting that sexual violence in Botswana is a reflection of gender patterns in relationships. Efforts to prevent sexual violence may target females' and males' dating and friend relationships and focus on increasing protection in children's home environments.

The Botswana VACS included information about physical violence across four perpetrator categories: (1) intimate partners, (2) peers, (3) parents, adult caregivers, or other adult relatives, and (4) community members. For 18-24 year old females, the most common perpetrators of physical violence in childhood were parents, adult caregivers, or adult relatives. For 13-17 year old girls, the most common perpetrators of physical violence in the past year were adults in the community/neighborhoods or peers. These findings suggest that young adult women may reflect experiences of physical violence in childhood, whereas adolescent females were explicitly asked about more recent experiences. As reflected in the data on the onset of physical violence, about half of females report onset at or before age 11. These results suggest that the people most likely to perpetrate physical violence against females are parents or adult caregivers in early and middle childhood, and this pattern shifts to neighbors and peers later into adolescence. For males of both age groups, the most common perpetrators of childhood violence were peers, although parents and adults in the community/neighborhood were also somewhat common. In the past year, the most common perpetrators for 13-17 year old males were adults in the community/neighborhood. These results reflect findings in the field that males are more likely to engage in fighting and violence against peers in childhood than females.

Physical violence by parents and adult caregivers often reflects physical discipline practices, which may be propelled by cultural, social or religiously driven norms. To prevent physical violence in childhood, effective efforts can focus on parent, caregiver, and educator education to build positive and non-violent methods for encouraging desired behaviors and on coping with difficult child behaviors or stressors on caregivers and educators. For males, efforts to improve peer conflict management could decrease perpetration and victimization rates.

Among those who experienced emotional violence by parents, adult caregivers, or other adult relatives, the most common perpetrator sub-type was mothers or stepmothers for both age groups and for both females and males. These findings further indicate that programs that focus on strengthening parents'

skills in building nurturing relationships with children have the potential to have long-lasting effects on children and youth in Botswana.

14.3. Service utilization

Findings related to service seeking and service receipt for both sexual violence and physical violence suggest that despite the existence of widely available services and knowledge of the availability of services among youth, access to and utilization of services is low. Help-seeking among victims of sexual and physical violence was markedly low for both females and males. Fewer than 10% of victims sought services for either sexual or physical violence, with the exception of the 18-24 year old females seeking help for sexual violence (21%). On the other hand, when they did seek services, youth often received them.

Both female and male children may be reluctant to report sexual, physical, and emotional violence due to fears of stigma, humiliation, discrimination, or retaliation from perpetrators. Another reason children may not report violence or access services is that they may view violence as acceptable or not a problem. Efforts to encourage safe disclosure and service seeking for victims of violence can ensure that they receive needed support.

14.4. Health conditions associated with violence

The Botswana VACS assessed a variety of health conditions and health behaviors among youth, including mental distress, alcohol use, smoking, substance use, suicidal ideation and attempts, and STIs. The prevalence of these behaviors and health conditions generally did not differ significantly between victims of violence and those who did not experience violence. However, there are a number of findings overall that merit significant consideration. First, the prevalence of mental distress in the past 30 days were quite high for both females and males, and for both age groups. These results indicate that there are unmet needs for addressing the mental health and well-being of adolescents and young adults in Botswana. Second, about one in three females and two in three males had been drunk in the past 30 days, across both age groups. The high rates of youth drinking indicate a need for programs and policies that limit the harms from alcohol misuse, particularly among young people at a time when alcohol is likely to have a negative impact on brain development. Third, the findings related to suicide suggest a significant need to address the risk of suicide among youth. In particular, among those who experienced sexual violence 32% of 13-17 year old females and 6.0% of males had thought of suicide and, of those, about half of females and males had attempted suicide. These results are eye-opening and, taken together with the findings related to mental distress, suggest opportunities to engage youth in accessing services to prevent suicide.

14.5. Beliefs and attitudes related to gender and violence

The results related to beliefs and attitudes towards gender and violence provide a snapshot into the norms that may drive gender-based violence. In general, youth in Botswana did not endorse beliefs and attitudes supportive of intimate partner violence. These results were lower than what is commonly found in other countries in Africa, and suggest an additional protective context that may explain the lower rates of sexual violence and violence in intimate relationships reflected in the VACS. Nonetheless,

the findings indicate that there are opportunities to engage both males and females in efforts to combat harmful gender norms, as the acceptability of intimate partner violence did emerge among approximately one in ten respondents. Attitudes and beliefs related to sexual behavior reflected gender-related beliefs about sexuality and relationships, among both females and males. These findings reflect the cultural and social context and may highlight opportunities to encourage and teach a more nuanced understanding of gender role in relationships and sexual relationships.

14.6. Violence and HIV risk

Experiences of childhood violence impact sexual risk taking behavior and increase risk for HIV. In general, sexual risk-taking behavior as measured by having multiple sex partners and infrequent condom use was common among both females and males. These behaviors did not differ for victims of sexual, physical, or emotional violence, but these results point to the need for greater education about HIV risk and helping youth understand ways to protect themselves from HIV. They also indicate the need for targeted violence and HIV prevention among vulnerable adolescents and young adults.

HIV testing knowledge was high for both females and males, but HIV testing for the younger age group was relatively low. About 41% of females and 59% of males aged 13-17 years who had ever had sex, had never been tested for HIV. These results reflect a lack of awareness of risk and possible missed opportunities to reach youth who may benefit from HIV counseling and testing services. HIV testing and self-report results indicate that around 7% of females and 3% of males were HIV positive. These findings, taken together with findings on sexual risk behavior and test history, indicate that that outreach efforts that engage youth in HIV risk education and practices to protect themselves from HIV are warranted.

14.7. Strengths and limitations

The VACS is Botswana's first nationally representative data on the burden of sexual, physical, and emotional violence against children and youth. There are important strengths and limitations to consider when interpreting the data. The sampling strategy ensured the data are nationally representative, and random sampling using a stratified three-stage cluster design allowed for calculation of weighted estimates. The individual response rates were high at about 90% for both females and males, indicating that the survey yielded reliable, representative data and low likelihood of non-response bias. Interviewer training was intensive to ensure professionalism and strengthen their ability to build rapport with respondents, especially in light of the sensitive nature of the survey. Another benefit of the survey is the level of detail obtained on the context of violence. For example, multiple surveys collect data on whether or not violence occurred, but few collect data specific events of violence. The rich contextual data in the Botswana VACS highlights findings that can inform programmatic and policy strategies to address the burden of violence against children and youth. Another strength of the VACS is that it relies on a core questionnaire that is consistent across African countries. This allows for cross-country comparison. Most importantly, the process of planning the VACS that involved deep engagement with the Botswana government agencies, partners, and stakeholders can bolster country ownership of the data and results, and encourage efforts to use the data to prevent and respond to violence against children and youth in Botswana.

There are also limitations that must be taken into account. Because the VACS involves a household survey, certain populations have been excluded or missed, such as children residing in institutions, residential care, or justice systems. Street children are also not included in the sampling frame. Similarly, children and youth who are living away from home to attend school would not have been available to participate in the survey. Children were also excluded from the study if they had a disability that prevented them from understanding or responding to the interview or from being interviewed in private. Children residing outside the home, in vulnerable settings, or living with disabilities could be at higher risk for violence; future studies should address the burden among these special populations.

Another limitation is that the survey only collects data on the first and most recent episodes of each type of violence when individuals reported multiple instances of violence. This results in the potential for missing important contextual detail on certain violent events affecting respondents. This approach is necessary to keep the survey at an acceptable length for respondents. The VACS is also vulnerable to potential recall bias. Respondents are asked to report retrospectively on experiences from their past. The study does not include respondents over the age of 24 to maximize the respondents' ability to recall events from childhood; however, there is still a chance respondents do not accurately recall the details of their experiences.

Another possible limitation is that some respondents may not be comfortable disclosing personal and sensitive life experiences with strangers, thus providing an underestimate of the prevalence of violence. This may be especially true if the perpetrator is known to the victim and/or present in the home during the interview, even though the survey was conducted in privacy. The survey was not conducted unless interviewers could ensure privacy to reduce the risk of retaliation for participation and increase confidentiality, and interviewers underwent extensive training to maximize rapport-building with respondents. Finally, the survey moves through sensitive questions in a graduated manner to help build comfort of respondents with their interviewer. These strategies are in place to minimize participants' concerns with disclosure.

Finally, a large national HIV testing campaign was conducted in the weeks prior to the implementation of VACS and may have contributed to the low HIV testing uptake observed during the survey. The small testing numbers resulted in unstable estimates based on the rapid-test results alone. These data were combined with HIV status ascertained by self-report to produce more stable estimates that can be examined in the context of violence.

14.8. Conclusions

The Botswana VACS provides powerful information that can be used to inform prevention efforts in the specific context of Botswana. Similar to other African VACS countries, the Botswana results indicate that boys are more susceptible to physical violence and girls are more susceptible to sexual violence. Service utilization by children who experience violence in Botswana is low and efforts are warranted to ensure safe disclosure and service seeking behavior. Mental health as an outcome of violence is a significant problem in Botswana and suggests a targeted opportunity for intervention and programming. Gender norms and beliefs of children in Botswana highlight the need for the youth to be taught an understanding of gender roles in relationships. The VACS HIV data reflect the need for outreach efforts that engage youth in risk education. The dedication partners have taken in this survey signals a strong

commitment to assure that the findings of the Botswana VACS will make a significant contribution to the prevention of violence against children in Botswana.

14.9. Recommendations by the Government of Botswana

The results of the survey offer an opportunity for Botswana to take a lead in addressing the problem of violence against children, by focusing on immediate and future prevention and response programs. Critical in the development and implementation of response mechanisms is fostering partnerships amongst government agencies in public health, education and justice, non-governmental organizations that address these and related issues, as well as international organizations with technical expertise. In response to the survey results, the following are recommended for immediate and future consideration by the Government of Botswana and her partners.

14.9.1. Immediate Objectives

- Share the results of this survey broadly with the people of Botswana using appropriate and applicable forums. This should be preceded by sharing the findings with senior Government officials, Political Leaders and Cabinet, and Ntlo ya Dikgosi (House of Chiefs) in preparation for a high level national launch presided over by the highest office in the country where possible to give the survey results attention and impetus.
- Facilitate the development of a national response plan based on the results from the Data to Action Workshop conducted in September, 2017. This includes the development and implementation of a communication strategy to raise awareness about findings of the survey.
- Strengthen collaboration across civil society organizations and stimulate a civil society response to complement Government-led child protection and prevention response services as well as advocacy and awareness.
- Support community norms change programming to reduce the acceptance of violence in communities through programs such as SASA²⁵!
- Integrate efforts to address violence against children into existing clinical services. Adapt WHO's guidance, "Responding to children and adolescents who have been sexually abused: WHO clinical guidelines"²⁶.
- Improve infrastructure for addressing health-related issues such as HIV/AIDS and reproductive health.
- Integrate violence prevention programs into the national school curriculum. Consider implementing targeted violence prevention programs such as IMpower for children and youth most at risk²⁷.
- Conduct in-depth secondary analysis of the VACS data to assess epidemiological patterns, risk and protective factors that can further inform prevention strategies and public policies. Specifically, further secondary analyses will be conducted to assess violence in Gaborone and Francistown.

²⁵ Michau L. (2008). The SASA! Activist Kit for Preventing Violence against Women and HIV. Raising Voices, Kampala.

²⁶ WHO. (2017). Responding to children and adolescents who have been sexually abused: WHO clinical guidelines. Geneva: World Health Organization.

²⁷ IMpower. (2018) Retrieved from www.nomeansnoworldwide.org/

14.9.2. Medium Term Objectives

- Develop a national plan to prevent violence against children in Botswana. This includes implementation of the Child Protection Regulations²⁸ (2015) and to operationalization of the Children's Act²⁹, as well as building a framework to clarify roles and responsibilities of different Government institutions and those of other key stakeholders.
- Use data to establish benchmarks from neighboring countries that have implemented VACS prior to Botswana, and identify and implement evidence-based and promising prevention strategies for violence against children programs that have shown success to facilitate an efficient response to violence against children in Botswana.
- Develop and implement a public information campaign, and conduct social mobilization initiatives directed at older children and youth explaining the different forms of violence (sexual, physical and emotional), and raising awareness of where to go for additional information and help. Priority locations for the campaigns should be guided by the prevalence and patterns of violence against children issues.
- Identify champions of combating violence against children, which can include survivors of violence as well as family members, community members, and supporters and advocates who can assist in the dissemination of anti-violence campaigns.
- Strengthen increase capacity for providing safe shelter and counselling as well as other related services for child victims of violence.
- Build capacity in handling cases of violence against children in critical sectors, such as schools, health and police for easy identification of such cases. Such capacity building could include appropriate utilization of technology to assist in identification of cases and connection to services.
- Utilize strong community level forums such as *Kgotla* meetings to educate parents and other adults and stakeholders about the problem of violence against children and ways to protect their children from it and to recognize the signs of abuse if it has already occurred.
- Strengthen and expand appropriate legal protections for children and initiate legal consequences for perpetrators.
- Integrate assessment of indicators of violence against children in other national surveys when feasible.
- Review and align national protection services ensuring that violence against children is adequately addressed.
- Track data on perpetrators of sexual violence against children to identify potential high-risk repeat offenders.

14.9.3. Long Term Objectives

²⁸ Ministry of Local Government. (2016). Child Protection Regulations 2015.

²⁹ Children's Act in Botswana (2009).

- Set up effective national surveillance systems to monitor, detect and facilitate timely response to cases of violence against children.
- Increase Botswana's national capacity to address the problem of violence against children by hiring more technical personnel, developing monitoring and evaluation mechanisms, and increasing coordination among organizations addressing the problem.
- Continue to conduct VACS every five years with a view to assess and monitor changes in prevalence as well as measure success of response mechanisms to address the problem.
- Conduct similar studies targeting special populations that are at increased risk for violence or related health problems but could not be included in the current survey such as children with disabilities, children living in institutions, etc.
- Develop communication strategies that also incorporate various forms of media to counter social norms and practices that support violence against children.
- Share the experiences from Botswana with other countries in the Southern African Development Community region, and use VACS data to inform the integration of prevention of violence against children into other regional actions and priorities such as prevention of child trafficking.
- Collaborate with communities to revive the traditional and cultural practices that are determined by communities to be good initiatives to teach children good behavior and conflict resolution between peers.
- Establish one-stop centers for addressing issues of abuse that improve victims' access to all needed services.

APPENDIX A: CONTRIBUTORS

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APPENDIX B: WEIGHTING PROCEDURES AND QUALITY ASSURANCE

The 2016 Botswana Violence Against Children Survey (VACS) was a nationally representative household survey of all non-institutionalized females and males aged 13-24 years designed to produce data on sexual, physical, and emotional violence in childhood.

The sampling frame was originally compiled Statistics Botswana based on the 2011 Botswana Population Census. The country was divided into small areas called Enumeration Areas (EAs), which are the primary sampling units for this study. The EAs are convenient areas carved out from localities or group of localities to serve as units of enumeration during censuses and surveys. The sampling frame provided by Stats Botswana consists of 4,165 EAs containing 326,792 households and 491,161 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 11.3% for males and 11.2-24.2% for females, 8% margin of error, and a design effect of 2.0. The calculated sample size based on these assumptions was 2,452 completed interviews for males and 4,980 completed interviews for females. Within each strata, sample size was determined based on prevalence of sexual violence against children and was bolstered based on estimated number of expected HIV positive respondents. Oversampling of females was done in districts with higher burden of HIV amongst the 16-24 year old females. Two main metropolitan districts were selected based on their economic nature and the national prioritization for HIV programming.

Adjustment to the sample size for eligibility as well as non-response resulted in a target of 11,582 households in 594 EAs for the female sample and 5,702 households in 302 EAs for the male sample.

B.1. Stages of Selection

The VACS utilized a three-stage stratified sample design. In the first stage, a total of 896 EAs were selected using probabilities proportional to the population size. In the second stage, a fixed number of 20 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. EAs with less than 50 households were excluded from the study to protect respondents' confidentiality.

B.2. Weighting procedure

Weighting is a method used to obtain parameters from the data set resulting from sampling in order to represent the total population. The 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 differential non-response in the sample; and (Step 3) post-stratification calibration adjustment of weights to known population totals.

B.2.1. 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.

B.2.2. Sampling Allocation

In Step 2, base weights were adjusted to compensate for the losses in the sample outcome due to non-response (see Appendix B Table B2 for response rates). In this step, non-response adjustments were made for non-responding EAs, households, and respondents. Due to some non-responding EAs, non-response adjustments were made at the PSU-level for female and male EAs. The household-level non-response adjustment was performed by using weighted data by province and EA. For the person-level non-response adjustment, weighting cells were formed taking province, age group (13-17 or 18-24), and sex into account.

B.2.3. 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.

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

where:

- [1] = Completed Household Survey, 1 person selected
- [2] = Completed Household Survey, no eligible in household
- [3] = Unoccupied/ Abandoned
- [4] = Household Survey Not Completed
- [5] = Demolished
- [6] = Household Refusal

The corresponding household-level weighting class adjustment was computed as one divided by the weighted household response rate for each sampled EA.

B.2.4. 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.

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

Where:

- [1] = Completed Individual Survey
- [2] = Selected Respondent Refusal
- [3] = Selected Respondent Incapacitated
- [4] = Other Individual Non-response
- [5] = Not Eligible

Table B2: Household and Individual Response Rates by Sex – Botswana VACS, 2016

<i>Household</i>	Females	Males
Completed Household – 1 person selected	5673	3075
Completed Household – No Eligible in Household	281	78
Household Survey Not Completed	411	318
Household Refusal	779	369
Unoccupied/ abandoned	9	14
Demolished	79	47
Total	7232	3901
<i>Household Response Rate</i>	94.6%	96.5%
Individual		
Completed Individual Survey	5329	2717
Not eligible	1265	706
Selected Individual Later Determined Ineligible (incapacitated)	11	12
Selected Respondent Refused	187	107
Other Individual Non-Response	432	353
Total	7228	3895
<i>Individual Response Rate</i>	95.5%	93.9%
* Overall Response Rate	90.3%	90.6%

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

B.2.5. 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 CSO statistical 2014 population projections distributed by province, age category (13-17 and 18-24), household location, and gender. These variables were used to form weighting cells. The number of respondents was too small to calibrate by age group in some provinces—in these instances, the age groups were combined and the calibration was calculated.

B.2.6. 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.

B.2.7. 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*. This indicates that variation in sample weights increases the variation of estimates by these *Meff* factors respectively.

APPENDIX C: BOTSWANA VACS DATA TABLES

Table 4.1. Demographic characteristics of 13-24 year olds by gender - Botswana Violence Against Children Survey (VACS), 2016

	Females		Males	
	% (95% CI)		% (95% CI)	
Age	Females (n=5329)		Males (n=2700)	
13-17 years old	2032	38.7 (35.9 – 41.4)	1135	41.2 (38.0 – 44.5)
18-24 years old	3297	61.3 (58.6 – 64.1)	1565	58.8 (55.5 – 62.0)
Education Status	Females (n=5324)		Males (n=2699)	
Never attended school	2.0 (1.2 - 2.8)		1.0 (0.5 - 1.5)	
Less than primary school	0.1 (0.0 - 0.3)		0.1 (0.0 - 0.2)	
Primary School	11.7 (9.7 - 13.8)		14.6 (12.1 - 17.1)	
Post primary/Vocational	5.5 (4.1 - 6.9)		1.0 (0.5 - 1.5)	
Secondary school	59.0 (56.6 - 61.3)		63.3 (60.3 - 66.2)	
Higher than secondary school	21.7 (19.6 - 23.8)		20.1 (17.4 - 22.7)	
Age of Head of Household	Females (n=5117)		Males (n=2599)	
<=18 years old	0.6 (0.3 - 0.9)		1.7 (1.0 - 2.3)	
19-30 years old	18.1 (16.1 - 20.1)		23.9 (21.2 - 26.6)	
31-50 years old	43.1 (40.5 - 45.6)		37.0 (34.3 - 39.7)	
51+ years old	38.2 (35.3 - 41.4)		37.4 (34.1 - 40.7)	
Orphan Status (13-17 year olds)	Females (n=1626)		Males (n=926)	
Not an orphan	75.2 (71.6 - 78.9)		76.6 (71.8 - 81.4)	
Lost one parent	22.0 (18.5 - 25.6)		21.4 (16.8 - 26.0)	
Lost both parents	2.7 (1.4 - 4.0)		2.0 (0.7 - 3.4)	
Orphan Status prior to age 18 (18-24 year olds)	Females (n=2644)		Males (n=1265)	
Not an orphan prior to age 18	71.6 (68.8 - 74.4)		68.9 (64.9 - 72.9)	
Lost one parent prior to 18 years	24.4 (21.9 - 26.9)		27.0 (23.1 - 30.9)	
Lost both parents prior to 18 years	4.0 (2.7 - 5.3)		4.1 (2.7 - 5.6)	

Note: CI = confidence interval.

Table 4.2. Demographic characteristics of 13-24 year-olds by gender - Botswana Violence Against Children Survey (VACS), 2016

	Females		Males	
	n	% (95% CI)	n	% (95% CI)
Ever Been Married or Lived with Someone as if Married		Females		Males
13-17 years old	2023	1.0 (0.5 - 1.5)	1132	1.7 (0.0 - 3.9)
18-24 years old	3284	18.3 (15.8 - 20.7)	1560	11.1 (8.9 - 13.3)
Ever Married or Lived with Someone as if Married prior to age 18 (18-24 year olds)		Females		Males
18-24 years old	3275	3.1 (2.0 - 4.1)	1559	1.9 (1.0 - 2.7)
Ever had Sex		Females		Males
13-17 years old	2024	7.2 (4.4 - 10.1)	1126	8.0 (5.1 - 10.9)
18-24 years old	3248	75.4 (72.5 - 78.3)	1540	69.9 (66.8 - 73.0)
Ever had Sex prior to age 18 (18-24 year olds)		Females		Males
18-24 years old	3140	18.8 (16.6 - 21.1)	1454	28.4 (25.6 - 31.3)
Ever Worked for Money or Other payment		Females		Males
13-17 years old	112	24.0 (11.1 - 36.9)	155	29.0 (14.6 - 43.3)
18-24 years old	614	84.1 (79.78- 88.4)	432	83.1 (78.7 - 87.5)

Note: CI = confidence interval.

Table 4.3. Mean age of first sex[1], among those who have had sex by gender – Botswana Violence Against Children Survey (VACS), 2016

Mean age (years) of first sex	Females		Males	
	n	Mean (95% CI)	n	Mean (95% CI)
13-17 years old	134	15.6 (15.1 - 16.2)	81	12.6 (9.2 - 16.0)
18-24 years old	2408	18.4 (18.3 - 18.5)	985	17.5 (17.3 - 17.7)

Note: CI = confidence interval.

[1] First sex includes vaginal, oral, or anal intercourse.

Table 4.4. Location of work among 18-24 year olds who have worked in the past year – Botswana Violence Against Children Survey (VACS), 2016

Location Worked in Past Year	Females (n=614)	Males (n=432)
	% (95% CI)	% (95% CI)
At family dwelling	11.8 (8.0 - 15.5)	12.3 (8.0 - 16.6)
Formal Office	28.4 (21.9 - 35.0)	11.8 (7.6 - 16.1)
Factory/Workshop	4.9 (2.7 - 7.2)	11.5 (8.0 - 15.0)
Construction site	1.8 (0.6 - 3.0)	21.2 (15.3 - 27.1)
Shop/Kiosk	16.9 (12.9 - 20.9)	7.6 (4.9 - 10.3)
Restaurant/hotel/cafe/bar	6.6 (4.3 - 8.9)	6.1 (3.0 - 9.2)
Different places (mobile)	5.8 (2.2 - 9.4)	11.5 (6.5 - 16.4)
Government programs	7.8 (4.6 - 11.0)	0.6 (0.0 - 1.3)
Other[1]	16.0 (10.7 - 21.3)	17.5 (13.0 - 21.9)

Note: CI = confidence interval.

[1]Other includes: farm/gardens; mine/quarry, fixed, street or market stall; pond/lake/river; and other.

Table 4.5. Location of work among 13-17 year olds who have worked in the past year – Botswana Violence Against Children Survey (VACS), 2016

	Females (n=122)	Males (n=155)
	% (95% CI)	% (95% CI)
At family dwelling	71.5 (58.3 - 84.7)	64.8 (50.5 - 79.1)
Formal Office	1.6 (0.0 - 3.9)	0.4 (0.0 - 1.3)
Factory/Workshop	0	1.4 (0.1 - 2.8)
Construction site	0	9.3 (0.0 - 23.0)
Shop/Kiosk	5.3 (1.0 - 9.7)	1.6 (0.0 - 3.6)
Restaurant/hotel/cafe/bar	2.8 (0.0 - 7.2)	0
Different places (mobile)	0	8.1 (0.0 - 16.4)
Government programs	9.7 (0.0 - 20.6)	0.9 (0.0 - 2.3)
Other[1]	9.1 (2.2 - 16.0)	13.5 (6.7 - 20.2)

Note: CI = confidence interval.

[1] Other includes: farm/gardens; mine/quarry, fixed, street or market stall; pond/lake/river; and other.

Table 5.1.1 Prevalence of sexual violence[1] prior to age 18, among 18-24 year olds – Botswana Violence Against Children Survey (VACS), 2016

	Females (n=3282)	Males (n=1559)
	% (95% CI)	% (95% CI)
18-24 year olds who experienced sexual violence	9.3 (7.5 - 11.2)	5.5 (3.8 - 7.2)

Note: CI = confidence interval.

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

Table 5.1.2 Prevalence of different forms of sexual violence[1] prior to age 18, among 18-24 year olds – Botswana Violence Against Children Survey (VACS), 2016

Forms of sexual violence	Females (n=3282)	Males (n=1559)
	% (95% CI)	% (95% CI)
Sexual touching prior to age 18	5.7 (4.2 - 7.3)	4.4 (2.7 - 6.0)
Unwanted attempted sex prior to age 18	3.7 (2.6 - 4.7)	1.6 (0.5 - 2.8)
Physically forced sex prior to age 18	1.8 (0.9 - 2.8)	0.2 (0.0 - 0.4)
Pressured sex[2] prior to age 18	1.0 (0.6 - 1.4)	0.6 (0.1 - 1.1)

Note: CI = confidence interval.

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

[2] Pressured sex includes: threats, harassment, or tricking.

Table 5.1.3 Prevalence of unwanted completed sex[1] prior to age 18, among 18-24 year olds – Botswana Violence Against Children Survey (VACS), 2016

	Females (n=3273)	Males (n=1551)
	% (95% CI)	% (95% CI)
Experienced unwanted completed sex prior to age 18	2.4 (1.4 - 3.3)	0.6 (0.1 - 1.0)

Note: CI = confidence interval.

[1] Unwanted completed sex includes: physically forced sex and pressured sex.

Table 5.1.4 Prevalence of experiencing more than one incident of sexual violence[1], among 18-24 year olds who experienced at least one incident of sexual violence prior to age 18 – Botswana Violence Against Children Survey (VACS), 2016

Experienced more than one incident of sexual violence	Females (n=272)	Males (n=57)
	% (95% CI)	% (95% CI)
18-24 year olds	63.1 (52.7 - 73.6)	58.9 (39.5 - 78.3)

Note: CI = confidence interval.

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

Table 5.1.5 Age of first experience of sexual violence[1], among 18-24 year olds who experienced any sexual violence prior to age 18 – Botswana Violence Against Children Survey (VACS), 2016

Age (years) of first experience of sexual violence	Females (n=282)	Males (n=67)
	% (95% CI)	% (95% CI)
13 or younger	22.8 (14.7 - 31.0)	13.4 (4.0 - 22.7)
14-15	25.0 (16.4 - 33.5)	34.4 (17.0 - 51.7)
16-17	52.2 (41.9 - 62.5)	52.3 (34.7 - 69.8)

Note: CI = confidence interval.

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

Table 5.1.6 Prevalence of unwanted sexual intercourse at first sexual experience, among 18-24 year olds whose first sexual intercourse was prior to age 18 – Botswana Violence Against Children Survey (VACS), 2016

First incident of sexual intercourse was unwanted among 18-24 year olds whose first sex was prior to age 18	Females (n=629)	Males (n=406)
	% (95% CI)	% (95% CI)
18-24 years old prior to age 18	9.8 (7.1 - 12.6)	1.7 (0.1 - 3.3)

Note: CI = confidence interval.

Table 5.2.1 Prevalence of any sexual violence [1] in the past 12 months, among 13-17 year olds – Botswana Violence Against Children Survey (VACS), 2016

	Females (n=2026)	Males (n=1134)
	% (95% CI)	% (95% CI)
13-17 years old who experienced sexual violence	10.4 (6.8 - 13.9)	4.1 (2.4 - 5.7)

Note: CI = confidence interval.

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

Table 5.2.2 Prevalence of different forms of sexual violence[1] in the past 12 months, among 13-17 year olds – Botswana Violence Against Children Survey (VACS), 2016

	Females (n=2026)	Males (n=1134)
	% (95% CI)	% (95% CI)
Sexual touching in the past 12 months	7.2 (4.1 - 10.4)	3.0 (1.7 - 4.4)
Unwanted attempted sex in the past 12 months	3.4 (2.2 - 4.7)	1.1 (0.2 - 2.0)
Physically forced sex in the past 12 months	0.7 (0.2 - 1.1)	0
Pressured sex[2] in the past 12 months	0.8 (0.0 - 1.6)	0.1 (0.0 - 0.2)

Note: CI = confidence interval.

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

[2] Pressured sex includes: threats, harassment, or tricking.

Table 5.2.3 Prevalence of unwanted completed sex[1] in the past 12 months, among 13-17 year olds – Botswana Violence Against Children Survey (VACS), 2016

	Females (n=2025)	Males (n=1122)
	% (95% CI)	% (95% CI)
13-17 years old	1.3 (0.4 - 2.1)	0.1 (0.0 - 0.2)

Note: CI = confidence interval.

[1] Unwanted completed sex includes: physically forced sex and pressured sex.

Table 5.2.4 Prevalence of experiencing more than one incident of sexual violence[1], among 13-17 year olds who experienced at least one incident of sexual violence in the past 12 months – Botswana Violence Against Children Survey (VACS), 2016

Experienced more than one incident of sexual violence	Females (n=143)	Males (n=37)
	% (95% CI)	% (95% CI)
13-17 years old	72.4 (59.3 - 85.4)	77.7 (59.9 - 95.5)

Note: CI = confidence interval.

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

Table 5.2.5 Age of first experience of sexual violence[1], among 13-17 year olds who experienced any sexual violence in the past 12 months – Botswana Violence Against Children Survey (VACS), 2016

Age (years) of first experience of sexual violence	Females (n=143)	Males (n=36)
	% (95% CI)	% (95% CI)
13 or younger	29.5 (12.1 - 46.8)	21.2 (7.8 - 34.6)
14-15	48.4 (30.0 - 66.9)	50.0 (28.9 - 71.1)
16-17	22.1 (11.9 - 32.3)	28.8 (8.5 - 49.2)

Note: CI = confidence interval.

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

Table 5.2.6 Mean age of first sexual violence[1], among 13-17 year olds who experienced sexual violence in the past 12 months – Botswana Violence Against Children Survey (VACS), 2016

Mean age (years) of first sexual violence	Females (n=143)	Males (n=36)
	Mean (95% CI)	Mean (95% CI)
13-17 years old	14.2 (13.5-14.9)	14.2 (13.1-15.4)

Note: CI = confidence interval.

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

Table 5.2.7 Prevalence of unwanted sexual intercourse at first sexual experience, among 13-17 year olds who had ever had sexual intercourse – Botswana Violence Against Children Survey (VACS), 2016

First incident of sexual intercourse was unwanted among 13-17 year olds who had ever had sex	Females (n=136)	Males (n=81)
	% (95% CI)	% (95% CI)
13-17 years old	25.1 (12.0 - 38.1)	4.6 (0.0 - 11.1)

Note: CI = confidence interval.

Table 5.3.1 Prevalence of transactional sex[1] prior to age 18, among 18-24 year olds who had sex before age 18 – Botswana Violence Against Children Survey (VACS), 2016

Transactional sex prior to age 18	Females (n=637)	Males (n=408)
	% (95% CI)	% (95% CI)
18-24 years old prior to age 18	3.9 (1.7 - 6.0)	1.1 (0.0 - 2.2)

Note: CI = confidence interval.

[1] Transactional sex includes receiving money, gifts, food, or favors in exchange for sex.

Table 5.3.2 Prevalence of transactional sex[1] in the past 12 months, among 13-17 year olds who had sex in the past 12 months – Botswana Violence Against Children Survey (VACS), 2016

Transactional sex in the past 12 months	Females (n=97)	Males (n=55)
	% (95% CI)	% (95% CI)
13-17 years old in the past 12 months	30.5 (3.1 - 58.0)	0

Note: CI = confidence interval.

[1] Transactional sex includes receiving money, gifts, food, or favors in exchange for sex.

Table 5.5.1.a Perpetrators of first incidents of sexual violence[1], among females aged 18-24 years who experienced sexual violence prior to age 18 – Botswana Violence Against Children Survey (VACS), 2016

Perpetrator	Unwanted Sexual Touching (n=151)	Unwanted Attempted Sex (n=125)	Physically Forced Sex (n=55)	Pressured Sex (n=35)
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Current or Previous Spouse/Boyfriend/Girlfriend or Romantic Partner	5.4 (0.6 - 10.2)	14.8 (7.8 - 21.7)	24.9 (11.3 - 38.4)	50.9 (28.1 - 73.7)
Family Member	5.3 (1.4 - 9.2)	18.9 (3.5 - 34.3)	4.6 (0.0 - 9.9)	3.5 (0.0 - 7.5)
Authority Figure[2]	1.3 (0.0 - 2.5)	2.2 (0.0 - 5.9)	0	0
Neighbor	4.5 (0.4 - 8.7)	13.3 (0.0 - 27.5)	6.7 (0.0 - 16.8)	18.8 (0.0 - 41.2)
Classmate/Schoolmate	29.5 (14.0 - 45.1)	7.0 (2.3 - 11.7)	2.0 (0.0 - 5.9)	0
Friend	16.4 (8.5 - 24.2)	14.4 (6.6 - 22.2)	4.2 (0.0 - 10.8)	0
Stranger	18.5 (8.6 - 28.4)	13.1 (4.7 - 21.5)	50.9 (28.8 - 73.0)	22.6 (4.2 - 41.1)
Other	19.1 (9.9 - 28.3)	16.3 (6.5 - 26.2)	6.8 (0.1 - 13.5)	4.2 (0.0 - 10.1)

Note: CI = confidence interval.

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

[2] Authority figure: includes teacher, police/security person, employer, neighborhood/religious leader.

Table 5.5.1.b Perpetrators of first incidents of sexual violence[1], among males aged 18-24 years who experienced sexual violence prior to age 18 – Botswana Violence Against Children Survey (VACS), 2016

Perpetrator	Unwanted Sexual Touching (n=51)	Unwanted Attempted Sex (n=18)	Physically Forced Sex (n=2)	Pressured Sex (n=7)
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Current or Previous Spouse/Boyfriend/Girlfriend or Romantic Partner	7.3 (0.3 - 14.2)	1.3 (0.0 - 4.0)*	0*	7.2 (0.0 - 21.8)*
Family Member	0	0*	0*	0*
Authority Figure[2]	8.2 (0.0 - 19.4)	0*	0*	0*
Neighbor	1.2 (0.0 - 3.6)	7.0 (0.0 - 16.5)*	0*	33.8 (0.0 - 75.9)*
Classmate/Schoolmate	30.3 (14.0 - 46.7)	5.8 (0.0 - 14.3)*	0*	0*
Friend	28.6 (9.4 - 47.7)	70.4 (42.6 - 98.1)*	29.6 (0.0 - 87.6)*	37.3 (0.0 - 77.4)*
Stranger	5.9 (0.0 - 13.9)	8.0 (0.0 - 23.7)*	70.4 (12.4 - 100.0)*	21.7 (0.0 - 58.9)*
Other	18.4 (1.7 - 35.2)	7.5 (0.0 - 22.5)*	0*	0*

Note: CI = confidence interval.

*Denominator less than 25.

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

[2] Authority figure: includes teacher, police/security person, employer, neighborhood/religious leader.

Table 5.5.2a Perpetrators of most recent incidents of sexual violence[1], among females aged 13-17 years who experienced sexual violence in the past 12 months – Botswana Violence Against Children Survey (VACS), 2016

Perpetrator	Unwanted Sexual Touching (n=101)	Unwanted Attempted Sex (n=59)	Physically Forced Sex (n=14)	Pressured Sex (n=13)
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Current or Previous Spouse/Boyfriend/Girlfriend or Romantic Partner	9.8 (0.4 - 19.1)	38.6 (20.8 - 56.4)	15.3 (0.0 - 35.3)*	63.9 (29.1 - 98.7)*
Family Member	2.1 (0.0 - 4.6)	4.0 (0.0 - 9.3)	0*	0*
Authority Figure[2]	0	1.6 (0.0 - 4.7)	0*	0*
Neighbor	1.9 (0.0 - 3.9)	14.5 (0.0 - 32.8)	28.9 (0.0 - 59.0)*	10.8 (0.0 - 27.6)*
Classmate/Schoolmate	52.9 (32.8 - 72.9)	11.6 (2.6 - 20.7)	0*	0*
Friend	11.8 (3.6 - 20.0)	18.6 (6.2 - 31.1)	4.7 (0.0 - 13.8)*	4.1 (0.0 - 12.6)*
Stranger	18.6 (0.0 - 42.0)	4.8 (0.1 - 9.4)	19.1 (0.0 - 40.4)*	8.1 (0.0 - 20.1)*
Other	3.0 (0.0 - 6.1)	6.1 (0.4 - 11.8)	32.1 (1.2 - 62.9)*	13.1 (0.0 - 31.8)*

Note: CI = confidence interval.

*Denominator less than 25.

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

[2] Authority figure: includes teacher, police/security person, employer, neighborhood/religious leader.

Table 5.5.2b Perpetrators of most recent incidents of sexual violence[1], among males aged 13-17 years who experienced sexual violence in the past 12 months – Botswana Violence Against Children Survey (VACS), 2016

Perpetrator	Unwanted Sexual Touching (n=32)	Unwanted Attempted Sex (n=11)	Physically Forced Sex (n=0)	Pressured Sex (n=1)
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Current or Previous Spouse/Boyfriend/Girlfriend or Romantic Partner	28.5 (7.6 - 49.4)	74.8 (47.3 - 100.0)*	0*	0*
Family Member	0	4.9 (0.0 - 14.8)*	0*	0*
Authority Figure[2]	1.1 (0.0 - 3.2)	0*	0*	0*
Neighbor	0	0*	0*	0*
Classmate/Schoolmate	63.4 (40.1 - 86.6)	20.3 (0.0 - 44.8)*	0*	0*
Friend	3.8 (0.0 - 11.1)	0*	0*	100.0 (100.0 - 100.0)*
Stranger	1.9 (0.0 - 5.7)	0*	0*	0*
Other	1.3 (0.0 - 3.8)	0*	0*	0*

Note: CI = confidence interval.

*Denominator less than 25..

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

[2] Authority figure: includes teacher, police/security person, employer, neighborhood/religious leader.

Table 5.5.3. Perpetrators of sexual violence perceived to be 5 or more years older, among 18-24 year olds who experienced first incidents of sexual violence[1] prior to age 18 – Botswana Violence Against Children Survey (VACS), 2016

Perpetrator of sexual violence perceived to be 5 or more years older	Females		Males	
	n	% (95% CI)	n	% (95% CI)
Unwanted sexual touching	137	36.2 (23.7 - 48.7)	50	26.0 (8.4 - 43.5)
Unwanted attempted sex	117	61.2 (48.6 - 73.8)	19	9.9 (0.0 - 25.3)*
Physically forced sex	37	46.2 (26.0 - 66.3)	2	0*
Pressured sex	26	41.9 (16.8 - 67.1)	6	51.9 (7.0 - 96.8)*

Note: CI = confidence interval.

*Denominator less than 25.

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

Table 5.5.4. Perpetrators of sexual violence perceived to be 5 or more years older, among 13-17 year olds who experienced most recent incidents of sexual violence[1] in the past 12 months – Botswana Violence Against Children Survey (VACS), 2016

Perpetrator of sexual violence perceived to be 5 or more years older	Females		Males	
	n	% (95% CI)	n	% (95% CI)
Unwanted sexual touching	89	10.0 (2.5 - 17.4)	32	0
Unwanted attempted sex	32	28.5 (1.0 - 55.9)	9	5.6 (0.0 - 17.3)*
Physically forced sex	6	82.6 (56.7 - 100.0)*	0	0*
Pressured sex	5	100.0 (100.0 - 100.0)*	0	0*

Note: CI = confidence interval. *Denominator less than 25.

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

Table 5.6.3. Prevalence of more than one perpetrator during the first incident of sexual violence[1] prior to age 18, among 18-24 year olds who experienced sexual violence prior to 18– Botswana Violence Against Children Survey (VACS), 2016

More than one perpetrator at first event of sexual violence prior to age 18	Females (n=280)	Males (n=68)
	% (95% CI)	% (95% CI)
18-24 years old prior to age 18	27.6 (16.2 - 39.0)	11.2 (2.4 - 20.0)

Note: CI = confidence interval. [1] Sexual violence includes: sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.

Table 5.6.4. Prevalence of more than one perpetrator at their most recent incident of sexual violence[1] in the past 12 months, among 13-17 year olds who experienced sexual violence in the past 12 months – Botswana Violence Against Children Survey (VACS), 2016

More than one perpetrator at most recent event of sexual violence in the past 12 months	Females (n=144)	Males (n=36)
	% (95% CI)	% (95% CI)
13-17 years old in the past 12 months	19.1 (7.3 - 30.9)	29.9 (9.3 - 50.5)

Note: CI = confidence interval.

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

Table 5.7.1.a Location of first incident of sexual violence[1], among 18-24 year old females who experienced sexual violence prior to age 18 - Botswana Violence Against Children Survey (VACS), 2016

	Unwanted Sexual Touching (n=151)	Unwanted Attempted Sex (n=129)	Physically Forced Sex (n=54)	Pressured Sex (n=33)
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Respondent's home	22.2 (13.8 - 30.6)	51.6 (37.8 - 65.5)	34.5 (8.5 - 60.4)	29.7 (8.6 - 50.8)
Perpetrator's home	12.7 (3.4 - 21.9)	20.5 (12.3 - 28.7)	30.6 (14.7 - 46.5)	22.6 (4.0 - 41.2)
Someone else's home	6.7 (1.8 - 11.6)	4.5 (0.3 - 8.8)	1.7 (0.0 - 4.1)	6.6 (0.0 - 15.7)
On a road/street	7.5 (2.9 - 12.0)	7.9 (2.7 - 13.1)	19.1 (2.2 - 36.0)	23.6 (2.3 - 45.0)
Market/Shop	0.4 (0.0 - 1.0)	0.5 (0.0 - 1.4)	0	0
School	40.9 (25.9 - 55.9)	7.0 (2.1 - 11.9)	0	11.2 (0.0 - 27.4)
Lake, river or other body of water	0	0	2.9 (0.0 - 8.6)	2.1 (0.0 - 6.3)
Other[2]	9.6 (2.1 - 17.1)	8.0 (1.9 - 14.1)	11.2 (0.0 - 27.4)	4.2 (0.0 - 10.3)

Note: CI = confidence interval.

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

[2] Other includes: inside a car/bus, field or other natural area, bar/restaurant/disco club, and other.

Table 5.7.1.b Location of first incident of sexual violence[1], among 18-24 year old males who experienced sexual violence prior to age 18 - Botswana Violence Against Children Survey (VACS), 2016

	Unwanted Sexual Touching (n=51)	Unwanted Attempted Sex (n=19)	Physically Forced Sex (n=2)	Pressured Sex (n=7)
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Respondent's home	22.9 (5.3 - 40.6)	62.9 (32.8 - 93.0)*	0*	28.8 (0.0 - 66.5)*
Perpetrator's home	6.9 (0.0 - 14.2)	10.5 (0.0 - 26.6)*	70.4 (12.4 - 100.0)*	55.5 (14.2 - 96.8)*
Someone else's home	1.3 (0.0 - 4.0)	5.6 (0.0 - 14.0)*	0*	0*
On a road/street	4.0 (0.0 - 10.9)	0*	0*	0*
Market/Shop	0	0*	0*	0*
School	50.4 (32.0 - 68.8)	18.8 (0.0 - 38.2)*	29.6 (0.0 - 87.6)*	9.1 (0.0 - 27.1)*
Lake, river or other body of water	0	0*	0*	0*
Other[2]	14.4 (0.0 - 30.6)	2.3 (0.0 - 5.7)*	0*	6.6 (0.0 - 20.0)*

Note: CI = confidence interval.

*Denominator less than 25.

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

[2] Other includes: inside a car/bus, field or other natural area, bar/restaurant/disco club, and other.

Table 5.7.2.a Location of most recent incident of sexual violence[1], among 13-17 year old females who experienced sexual violence in the past 12 months - Botswana Violence Against Children Survey (VACS), 2016

	Unwanted Sexual Touching (n=101)	Unwanted Attempted Sex (n=38)	Physically Forced Sex (n=10)	Pressured Sex (n=6)
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Respondent's Home	22.6 (0.0 - 45.4)	38.6 (12.6 - 64.6)	53.6 (17.5 - 89.7)*	49.8 (7.3 - 92.2)*
Perpetrator's Home	6.9 (0.0 - 14.5)	28.3 (11.9 - 44.6)	8.1 (0.0 - 23.8)*	19.9 (0.0 - 54.8)*
Someone else's Home	1.5 (0.0 - 3.9)	3.8 (0.0 - 9.2)	0*	0*
On a road/street	8.3 (1.1 - 15.6)	11.2 (0.0 - 23.5)	19.5 (0.0 - 52.9)*	24.1 (0.0 - 63.7)*
Market/Shop	0.6 (0.0 - 1.4)	0.7 (0.0 - 2.1)	0*	0*
School	57.8 (37.6 - 78.1)	15.0 (2.5 - 27.4)	0*	0*
Lake, river or other body of water	0	0	0*	0*
Other[2]	2.3 (0.0 - 5.0)	2.5 (0.0 - 7.3)	18.8 (0.0 - 45.1)*	6.2 (0.0 - 18.8)*

Note: CI = confidence interval.

*Denominator less than 25.

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

[2] Other includes: inside a car/bus, field or other natural area, bar/restaurant/disco club, and other.

Table 5.7.2.b Location of most recent incident of sexual violence[1], among 13-17 year old males who experienced sexual violence in the past 12 months - Botswana Violence Against Children Survey (VACS), 2016

	Unwanted Sexual Touching (n=32)	Unwanted Attempted Sex (n=9)	Physically Forced Sex (n=0)	Pressured Sex (n=0)
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Respondent's Home	0.3 (0.0 - 0.9)	31.3 (0.0 - 71.2)*	0*	0*
Perpetrator's Home	5.4 (0.0 - 12.0)	5.6 (0.0 - 17.3)*	0*	0*
Someone else's Home	0	0*	0*	0*
On a road/street	15.4 (0.0 - 36.2)	41.1 (0.0 - 93.0)*	0*	0*
Market/Shop	3.7 (0.0 - 8.9)	6.7 (0.0 - 20.6)*	0*	0*
School	72.4 (51.6 - 93.2)	15.3 (0.0 - 38.3)*	0*	0*
Lake, river or other body of water	0	0*	0*	0*
Other[2]	2.7 (0.0 - 6.7)	0*	0*	0*

Note: CI = confidence interval.

*Denominator less than 25.

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

[2] Other includes: inside a car/bus, field or other natural area, bar/restaurant/disco club, and other.

Table 5.8.1.a Time of day of first incident of sexual violence[1], among 18-24 year old females who experienced sexual violence prior to age 18 - Botswana Violence Against Children Survey (VACS), 2016

Time of day[2]	Unwanted Sexual Touching (n=150)	Unwanted Attempted Sex (n=127)	Physically Forced Sex (n=54)	Pressured Sex (n=35)
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Morning	8.6 (2.5 - 14.8)	12.6 (0.0 - 25.5)	2.9 (0.0 - 7.4)	0
Afternoon	55.6 (41.9 - 69.2)	32.2 (19.5 - 45.0)	19.7 (7.0 - 32.4)	16.9 (0.0 - 35.6)
Evening	29.4 (17.8 - 40.9)	38.3 (23.6 - 53.0)	47.1 (21.0 - 73.1)	63.7 (42.2 - 85.2)
Late at night	6.4 (2.3 - 10.6)	16.9 (8.4 - 25.4)	30.4 (3.2 - 57.5)	19.4 (4.1 - 34.7)

Note: CI = confidence interval.

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

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

Table 5.8.1.b Time of day of first incidents of any sexual violence[1], among 18-24 year old males who experienced sexual violence prior to age 18 - Botswana Violence Against Children Survey (VACS), 2016

Time of day[2]	Unwanted Sexual Touching (n=48)	Unwanted Attempted Sex (n=19)	Physically Forced Sex (n=2)	Pressured Sex (n=7)
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Morning	15.5 (2.6 - 28.3)	0*	0*	7.2 (0.0 - 21.8)*
Afternoon	39.8 (20.9 - 58.7)	40.6 (4.3 - 77.0)*	0*	7.2 (0.0 - 21.6)*
Evening	27.8 (11.2 - 44.3)	22.3 (0.7 - 43.8)*	29.6 (0.0 - 87.6)*	9.1 (0.0 - 27.1)*
Late at night	17.0 (0.0 - 36.2)	37.1 (0.0 - 75.3)*	70.4 (12.4 - 100.0)*	76.5 (48.3 - 100.0)*

Note: CI = confidence interval.

*Denominator less than 25.

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

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

Table 5.8.2.a Time of day of most recent incidents of any sexual violence[1], among 13-17 year old females who experienced sexual violence in the past 12 months - Botswana Violence Against Children Survey (VACS), 2016

Time of day[2]	Unwanted Sexual Touching (n=100)	Unwanted Attempted Sex (n=59)	Physically Forced Sex (n=14)	Pressured Sex (n=13)
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Morning	5.2 (0.0 - 10.4)	0.2 (0.0 - 0.6)	2.2 (0.0 - 6.5)*	33.7 (0.0 - 71.2)*
Afternoon	83.9 (74.1 - 93.7)	39.0 (19.6 - 58.4)	5.1 (0.0 - 12.5)*	1.9 (0.0 - 5.8)*
Evening	8.2 (2.4 - 14.0)	49.6 (31.4 - 67.8)	77.4 (55.0 - 99.8)*	59.5 (25.4 - 93.7)*
Late at night	2.7 (0.0 - 5.4)	11.2 (3.0 - 19.4)	15.4 (0.0 - 36.1)*	4.9 (0.0 - 15.1)*

Note: CI = confidence interval.

*Denominator less than 25.

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

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

Table 5.8.2.b Time of day of most recent incidents of any sexual violence[1], among 13-17 year old males who experienced sexual violence in the past 12 months - Botswana Violence Against Children Survey (VACS), 2016

Time of day[2]	Unwanted Sexual Touching (n=32)	Unwanted Attempted Sex (n=11)	Physically Forced Sex (n=0)	Pressured Sex (n=1)
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Morning	14.1 (0.3 - 27.9)	0*	0*	0*
Afternoon	60.6 (39.4 - 81.8)	15.3 (0.0 - 37.1)*	0*	100.0 (100.0 - 100.0)*
Evening	23.6 (3.2 - 44.1)	84.7 (62.9 - 100.0)*	0*	0*
Late at night	1.7 (0.0 - 5.0)	0*	0*	0*

Note: CI = confidence interval.

*Denominator less than 25.

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

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

Table 5.9.1. Service seeking, receipt of help, and disclosure for any incident of sexual violence[1], among 18-24 year olds who experienced any sexual violence prior to age 18 – Botswana Violence Against Children Survey (VACS), 2016

	Females (n=282)	Males (n=68)
	% (95% CI)	% (95% CI)
Knew of a place to seek help about an experience of sexual violence	46.1 (36.7 - 55.6)	51.6 (34.1 - 69.2)
Sought help for any experience of sexual violence	21.0 (12.7 - 29.2)	2.6 (0.0 - 7.4)
Received help for any experience of sexual violence	18.0 (10.2 - 25.9)	2.6 (0.0 - 7.3)
Told someone about an experience of sexual violence	67.8 (57.0 - 78.7)	47.8 (30.6 - 65.0)

Note: CI = confidence interval.

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

Table 5.9.2. Service seeking, receipt of help, and disclosure for any incident of sexual violence[1], among 13-17 year olds who experienced any sexual violence in the past 12 months – Botswana Violence Against Children Survey (VACS), 2016

	Females (n=144)	Males (n=38)
	% (95% CI)	% (95% CI)
Knew of a place to seek help about an experience of sexual violence	41.0 (23.9 - 58.0)	62.4 (42.4 - 82.5)
Sought help for any experience of sexual violence	8.9 (2.4 - 15.4)	1.2 (0.0 - 3.2)
Received help for any experience of sexual violence	8.5 (2.2 - 14.9)	1.2 (0.0 - 3.2)
Told someone about an experience of sexual violence	62.4 (43.6 - 81.3)	42.3 (22.5 - 62.0)

Note: CI = confidence interval.

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

Table 5.9.3. Females and males who missed school as a result of any childhood sexual violence[1] – Botswana Violence Against Children Survey (VACS), 2016

Missed school due to an experience of sexual violence	Females		Males	
	n	% (95% CI)	n	% (95% CI)
18-24 year olds who experienced any sexual violence prior to age 18	278	9.5 (3.8 - 15.1)	68	5.6 (0.0 - 14.0)
13-17 year olds who experienced any sexual violence in the past 12 months	142	8.0 (0.6 - 15.3)	37	0

Note: CI = confidence interval.

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

Table 5.9.4. Source of service receipt for any incident of sexual violence[1], among 18-24 year olds who experienced any sexual violence prior to age 18 and received help – Botswana Violence Against Children Survey (VACS), 2016

	Females (n=50)	Males (n=2)
	% (95% CI)	% (95% CI)
Doctor, nurse, or other health care worker	77.1 (60.5 - 93.6)	0*
Police or other security personnel	91.8 (84.9 - 98.8)	5.3 (0.0 - 19.2)*
Legal professional	26.8 (0.0 - 56.7)	0*
Social worker or counselor	42.7 (19.1 - 66.3)	0*
Helpline	1.8 (0.0 - 4.8)	94.7 (80.8 - 100.0)*

Note: CI = confidence interval.

*Denominator less than 25.

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

Table 5.9.5. Source of service receipt for any incident of sexual violence[1], among 13-17 year olds who experienced any sexual violence in the past 12 months and received help – Botswana Violence Against Children Survey (VACS), 2016

	Females (n=14)	Males (n=2)
	% (95% CI)	% (95% CI)
Doctor, nurse, or other health care worker	39.6 (5.1 - 74.1)*	0*
Police or other security personnel	24.5 (0.0 - 50.4)*	100.0 (100.0 - 100.0)*
Legal professional	2.8 (0.0 - 8.6)*	21.6 (0.0 - 68.8)*
Social worker or counselor	82.6 (63.7 - 100.0)*	21.6 (0.0 - 68.8)*
Helpline	0*	21.6 (0.0 - 68.8)*

Note: CI = confidence interval.

*Denominator less than 25.

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

Table 5.9.6. Relationship with person who was told about any incident of sexual violence[1], among 18-24 year olds who experienced any sexual violence prior to age 18 and who told someone – Botswana Violence Against Children Survey (VACS), 2016

Person who was told about sexual violence	Females (n=140)	Males (n=31)
	% (95% CI)	% (95% CI)
Told a relative	42.6 (29.8 - 55.3)	15.4 (1.4 - 29.3)
Told a spouse, boyfriend/girlfriend, partner	9.3 (1.3 - 17.3)	1.6 (0.0 - 4.8)
Told a friend/neighbor	41.7 (30.7 - 52.6)	81.6 (66.6 - 96.5)
Told a service provider or authority figure[2]	1.8 (0.1 - 3.4)	0
Told someone else	15.1 (7.4 - 22.8)	3.0 (0.0 - 7.6)

Note: CI = confidence interval.

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

[2] Service provider or authority figure includes: NGO worker, teacher, employer, neighborhood leader, traditional healer, religious leader.

Table 5.9.7. Relationship with person who was told about any incident of sexual violence[1], among 13-17 year olds who experienced any sexual violence in the past 12 months and who told someone – Botswana Violence Against Children Survey (VACS), 2016

Person who was told about sexual violence	Females (n=71)	Males (n=16)
	% (95% CI)	% (95% CI)
Told a relative	53.6 (31.9 - 75.4)	15.0 (0.0 - 31.5)*
Told a spouse, boyfriend/girlfriend or partner	2.4 (0.0 - 6.4)	0*
Told a friend/neighbor	38.0 (18.5 - 57.4)	85.0 (68.5 - 100.0)*
Told a service provider or authority figure[2]	3.7 (0.3 - 7.0)	4.1 (0.0 - 12.2)*
Told someone else	8.7 (1.3 - 16.0)	0*

Note: CI = confidence interval. *Denominator less than 25.

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

[2] Service provider or authority figure includes: NGO worker, teacher, employer, neighborhood leader, traditional healer, religious leader.

Table 5.9.8. Reasons for not seeking services for sexual violence[1], among 18-24 year olds who experienced any sexual violence prior to age 18 and did not seek services – Botswana Violence Against Children Survey (VACS), 2016

Reasons for not seeking services	Females (n=86)	Males (n=36)
	% (95% CI)	% (95% CI)
Afraid of getting in trouble	13.1 (3.7 - 22.4)	2.3 (0.0 - 6.3)
Embarrassed for self or my family	23.6 (7.9 - 39.3)	3.2 (0.0 - 7.7)
Could not afford services	0.9 (0.0 - 2.6)	0
Dependent on perpetrator	3.2 (0.0 - 9.2)	0
Perpetrator threatened me	0.6 (0.0 - 1.8)	0
Did not think it was a problem	30.1 (17.5 - 42.8)	67.9 (49.1 - 86.7)
Felt it was my fault	4.3 (0.0 - 10.7)	0
Afraid of being abandoned	1.6 (0.0 - 4.6)	0
Did not need/want services	21.2 (10.7 - 31.7)	26.7 (9.3 - 44.1)
Services too far/not available	0	0
Other	1.4 (0.0 - 3.4)	0

Note: CI = confidence interval.

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

Table 5.9.9. Experiences of individual, relationship, and structural-level barriers for not seeking services for incidents of sexual violence[1], among 18-24 year olds who experienced any sexual violence prior to age 18 and did not seek services – Botswana Violence Against Children Survey (VACS), 2016

Females and males who experienced any sexual violence prior to age 18 and did not try to seek services because...	Females (n=86)	Males (n=36)
	% (95% CI)	% (95% CI)
Individual-level Barriers[2]	92.3 (85.3 - 99.3)	100.0 (100.0 - 100.0)
Relationship-level Barriers[3]	5.4 (0.0 - 12.1)	0
Structural-level Barriers[4]	0.9 (0.0 - 2.6)	0
Other Barriers	1.4 (0.0 - 3.4)	0

Note: CI = confidence interval.

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

[2] 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 / felt it was my fault.

[3] Relationship-level Barriers: dependent on perpetrator / perpetrator threatened me / afraid of being abandoned.

[4] Structural-level Barriers: could not afford services / services too far.

Table 5.9.10. Reasons for not seeking services for sexual violence[1], among 13-17 year olds who experienced any sexual violence in the past 12 months and did not seek services – Botswana Violence Against Children Survey (VACS), 2016

Reasons for not seeking services	Females (n=44)	Males (n=20)
	% (95% CI)	% (95% CI)
Afraid of getting in trouble	10.7 (0.0 - 22.8)	0*
Embarrassed for self or my family	3.3 (0.0 - 7.6)	3.2 (0.0 - 9.7)*
Could not afford services	0	0*
Dependent on perpetrator	0	0*
Perpetrator threatened me	0	0*
Did not think it was a problem	34.0 (8.6 - 59.5)	68.6 (44.7 - 92.4)*
Felt it was my fault	4.3 (0.0 - 12.9)	0*
Afraid of being abandoned	0	0*
Did not need/want services	44.6 (9.5 - 79.7)	28.2 (5.4 - 50.9)*
Services too far/not available	2.5 (0.0 - 7.7)	0*
Other	0.5 (0.0 - 1.7)	0*

Note: CI = confidence interval.

*Denominator less than 25.

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

Table 5.9.11. Experiences of individual, relationship, and structural-level barriers for not seeking services for incidents of sexual violence[1], among 13-17 year olds who experienced any sexual violence in the past 12 months and did not seek services – Botswana Violence Against Children Survey (VACS), 2016

Females and males who experienced any sexual violence[1] prior to age 18 and did not try to seek services because...	Females (n=44)	Males (n=20)
	% (95% CI)	% (95% CI)
Individual-level Barriers[2]	96.9 (91.6 - 100.0)	100.0 (100.0 - 100.0)*
Relationship-level Barriers[3]	0	0*
Structural-level Barriers[4]	2.5 (0.0 - 7.7)	0*
Other Barriers	0.5 (0.0 - 1.7)	0*

Note: CI = confidence interval.

*Denominator less than 25.

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

[2] 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 / felt it was my fault.

[3] Relationship-level Barriers: dependent on perpetrator/ perpetrator threatened me / afraid of being abandoned.

[4] Structural-level Barriers: could not afford services / services too far.

Table 6.1.1. Prevalence of physical violence[1] prior to age 18, among 18-24 year olds – Botswana Violence Against Children Survey (VACS), 2016

	Females (n=3295)	Males (n=1563)
	% (95% CI)	% (95% CI)
18-24 year olds who experienced physical abuse prior to age 18	28.4 (25.8 - 31.0)	43.0 (39.1 - 46.9)

Note: CI = confidence interval.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, or other weapon.

Table 6.1.2. Prevalence of physical violence[1] prior to age 18 by perpetrator, among 18-24 year olds – Botswana Violence Against Children Survey (VACS), 2016

Perpetrator of physical violence prior to age 18	Females		Males	
	n	% (95% CI)	n	% (95% CI)
Intimate partner[2]	2799	4.1 (2.8 - 5.3)	1151	1.8 (0.7 - 3.0)
Parent or adult relative	3262	14.8 (12.7 - 16.9)	1541	20.9 (17.8 - 24.1)
Adult in the community/neighborhood	3275	11.6 (9.4 - 13.8)	1549	21.1 (18.0 - 24.1)
Peer	3277	8.7 (7.1 - 10.2)	1539	23.2 (20.4 - 26.0)

Note: CI = confidence interval.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, or other weapon.

[2] Among those who have an intimate partner.

Note: Percents may sum to >100% as youth may experience violence from more than one person.

Table 6.1.3. Prevalence of experiencing more than one incident of physical violence[1], among 18-24 year olds who experienced at least one incident of physical violence prior to age 18 – Botswana Violence Against Children Survey (VACS), 2016

Experienced more than one incident of physical violence	Females (n=850)	Males (n=675)
	% (95% CI)	% (95% CI)
18-24 year olds	78.2 (72.8 - 83.6)	83.3 (79.0 - 87.6)

Note: CI = confidence interval.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, or other weapon.

Table 6.1.4. Age of first experience of physical violence[1], among 18-24 year olds who experienced any physical violence prior to age 18 – Botswana Violence Against Children Survey (VACS), 2016

Age (years) of first experience of physical violence	Females (n=841)	Males (n=648)
	% (95% CI)	% (95% CI)
5 or younger	3.6 (2.2 - 5.1)	5.4 (3.2 - 7.5)
6-11	51.2 (45.2 - 57.2)	48.4 (43.1 - 53.8)
12-17	45.2 (39.4 - 50.9)	46.2 (40.5 - 52.0)

Note: CI = confidence interval.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon.

Table 6.2.1. Prevalence of physical violence[1] in the past 12 months, among 13-17 year olds – Botswana Violence Against Children Survey (VACS), 2016

	Females (n=2030)	Males (n=1135)
	% (95% CI)	% (95% CI)
13-17 years olds who experienced physical violence	29.4 (24.9 - 34.0)	34.7 (30.0 - 39.3)

Note: CI = confidence interval.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, or other weapon.

Table 6.2.2. Prevalence of physical violence[1] in the past 12 months by perpetrator, among 13-17 year olds – Botswana Violence Against Children Survey (VACS), 2016

Perpetrator of physical violence in the past 12 months	Females		Males	
	n	% (95% CI)	n	% (95% CI)
Intimate partner[2]	377	13.1 (2.8 - 23.4)	215	3.0 (0.2 - 5.8)
Parent or adult relative	2027	7.7 (6.0 - 9.4)	1132	7.8 (5.4 - 10.2)
Adult in the community/neighborhood	2024	14.7 (11.2 - 18.3)	1133	23.1 (19.0 - 27.3)
Peer	2026	14.5 (11.2 - 17.8)	1128	16.2 (13.2 - 19.2)

Note: CI = confidence interval.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, or other weapon.

[2] Among those who have an intimate partner.

Note: Percents may sum to >100% as youth may experience violence from more than one person.

Table 6.2.3. Prevalence of experiencing more than one incident of physical violence[1], among 13-17 year olds who experienced at least one incident of physical violence in the past 12 months – Botswana Violence Against Children Survey (VACS), 2016

Experienced more than one incident of physical violence	Females (n=491)	Males (n=403)
	% (95% CI)	% (95% CI)
13-17 year olds	76.4 (67.0 - 85.7)	84.1 (79.2 - 88.9)

Note: CI = confidence interval.

Table 6.2.4. Age of first experience of physical violence[1], among 13-17 year olds who experienced any physical violence in the past 12 months – Botswana Violence Against Children Survey (VACS), 2016

Age (years) of first experience of physical violence	Females (n=480)	Males (n=394)
	% (95% CI)	% (95% CI)
5 or younger	2.7 (0.2 - 5.2)	3.8 (1.8 - 5.7)
6-11	38.2 (29.3 - 47.1)	55.7 (48.4 - 63.1)
12-17	59.1 (50.1 - 68.1)	40.5 (33.1 - 48.0)

Note: CI = confidence interval.

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

Table 6.3.1. Prevalence of witnessing physical violence in the home[1] prior to age 18, among 18-24 year olds – Botswana Violence Against Children Survey (VACS), 2016

	Females (n=3286)	Males (n=1562)
	% (95% CI)	% (95% CI)
Witnessed physical violence prior to age 18	26.7 (24.0 - 29.4)	36.8 (33.0 - 40.6)

Note: CI = confidence interval.

[1] 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 brothers or sisters.

Table 6.3.2. Prevalence of witnessing physical violence in the home[1] in the past 12 months, among 13-17 year olds – Botswana Violence Against Children Survey (VACS), 2016

	Females (n=2017)	Males (n=1127)
	% (95% CI)	% (95% CI)
Witness physical violence in the past 12 months	10.3 (8.1 - 12.5)	14.0 (10.8 - 17.2)

Note: CI = confidence interval.

[1] 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 brothers or sisters.

Table 6.3.3. Prevalence of witnessing physical violence in the neighborhood[1] prior to age 18, among 18-24 year olds – Botswana Violence Against Children Survey (VACS), 2016

	Females (n=3276)	Males (n=1561)
	% (95% CI)	% (95% CI)
Witnessed physical violence prior to age 18	32.6 (29.6 - 35.6)	45.9 (41.2 - 50.5)

Note: CI = confidence interval.

[1] Witnessing physical violence in the neighborhood includes: seeing someone get attacked outside of your home and family environment.

Table 6.3.4. Prevalence of witnessing physical violence in the neighborhood[1] in the past 12 months, among 13-17 year olds – Botswana Violence Against Children Survey (VACS), 2016

	Females (n=439)	Males (n=291)
	% (95% CI)	% (95% CI)
Witnessed physical violence in the past 12 months	56.9 (48.5 - 65.4)	60.6 (52.0 - 69.1)

Note: CI = confidence interval.

[1] Witnessing physical violence in the neighborhood includes: seeing someone get attacked outside of your home and family environment.

Table 6.4.1. Prevalence of experiencing physical harm or injury as a result of first experience of physical violence [1], among 18-24 year olds who experienced physical violence prior to age 18 – Botswana Violence Against Children Survey (VACS), 2016

	Females (n=856)	Males (n=669)
	% (95% CI)	% (95% CI)
Experienced injury as a result of physical violence	17.9 (14.2 - 21.6)	20.0 (16.0 - 24.0)

Note: CI = confidence interval.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, or other weapon.

Table 6.4.2. Prevalence of experiencing physical harm or injury as a result of the first experience of physical violence [1], among 18-24 year olds who experienced physical violence prior to age 18, by perpetrator – Botswana Violence Against Children Survey (VACS), 2016

18-24 year olds prior to age 18	Females		Males	
	n	% (95% CI)	n	% (95% CI)
Intimate partner[2]	104	23.4 (12.0 - 34.8)	22	3.3 (0.0 - 9.9)*
Parent or adult relative	454	16.7 (11.2 - 22.2)	304	9.1 (5.6 - 12.7)
Adult in the community/neighborhood	327	10.0 (5.5 - 14.6)	350	9.6 (5.3 - 13.9)
Peer	278	13.6 (7.7 - 19.4)	342	23.2 (17.7 - 28.7)

Note: CI = confidence interval.

* Denominator less than 25.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, or other weapon.

[2] Among those who have an intimate partner.

Note: Percents may sum to >100% as youth may experience violence from more than one person.

Table 6.4.3. Types of physical harm or injury experienced as a result of physical violence[1] prior to age 18, among 18-24 year olds who experienced any harm or injury as a result of their first experience of physical violence – Botswana Violence Against Children Survey (VACS), 2016

Type of injury or harm	Female (n=856)	Male (n=669)
	% (95% CI)	% (95% CI)
A only: Cuts, scratches, bruises, aches, redness, swelling, or other minor marks	12.1 (9.2 - 15.1)	16.1 (12.2 - 20.0)
B only: Sprains, dislocations, or blistering	0.7 (0.0 - 2.0)	0
C only: Deep wounds, broken bones, broken teeth, or blackened or charred skin	0.1 (0.0 - 0.3)	0.2 (0.0 - 0.7)
D only: Permanent injury or disfigurement	0.1 (.0 - 0.4)	0
A+B	1.4 (0.3 - 2.6)	0.8 (0.0 - 1.8)
A+C	1.7 (0.1 - 3.4)	0.7 (0.0 - 1.5)
A+D	0.2 (0.0 - 0.5)	1.3 (0.2 - 2.4)
B+C	0	0
B+D	0	0
C+D	0	0.2 (0.0 - 0.5)
A+B+C	0.5 (0.0 - 1.0)	0.0 (0.0 - 0.1)
A+B+D	0.3 (0.0 - 1.0)	0.1 (0.0 - 0.4)
B+C+D	0	0
A+C+D	0.4 (0.0 - 0.8)	0.4 (0.0 - 0.9)
A+B+C+D	0.2 (0.0 - 0.6)	0
No injury	82.1 (78.4 - 85.8)	80.0 (76.0 - 84.0)

Note: CI = confidence interval.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon.

Table 6.4.4. Prevalence of experiencing physical harm or injury as a result of the most recent experience of physical violence[1], among 13-17 year olds who experienced physical violence in the past 12 months – Botswana Violence Against Children Survey (VACS), 2016

	Females (n=495)	Males (n=403)
	% (95% CI)	% (95% CI)
13-17 years old in the past 12 months	23.9 (15.1 - 32.6)	21.8 (16.3 - 27.2)

Note: CI = confidence interval.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon.

Table 6.4.5. Prevalence of experiencing physical harm or injury as a result of the most recent experience of physical violence[1], among 13-17 year olds who experienced physical violence in the past 12 months, by perpetrator – Botswana Violence Against Children Survey (VACS), 2016

13-17 years old in the past 12 months	Females		Males	
	n	% (95% CI)	n	% (95% CI)
Intimate partner[2]	27	6.4 (0.0 - 14.8)	10	0*
Parent or adult relative	147	30.5 (19.7 - 41.2)	91	21.4 (11.9 - 31.0)
Adult in the community/neighborhood	240	14.3 (4.0 - 24.7)	260	16.8 (10.2 - 23.4)
Peer	242	21.7 (7.8 - 35.5)	196	22.9 (14.7 - 31.1)

Note: CI = confidence interval.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, or other weapon.

[2] Among those who have an intimate partner.

Note: Percents may sum to >100% as youth may experience violence from more than one person.

Table 6.4.6. Types of physical harm or injury experienced as a result their most recent experience of physical violence[1], among 13-17 year olds who experienced any harm or injury as a result of physical violence in the past 12 months – Botswana Violence Against Children Survey (VACS), 2016

13-17 year olds who experienced any physical violence[1] in the past 12 months	Female (n=495)	Male (n=403)
	% (95% CI)	% (95% CI)
A only: Cuts, scratches, bruises, aches, redness, swelling, or other minor marks	13.0 (6.5 - 19.4)	15.6 (10.3 - 20.8)
B only: Sprains, dislocations, or blistering	0.6 (0.0 - 1.5)	0.4 (0.0 - 1.0)
C only: Deep wounds, broken bones, broken teeth, or blackened or charred skin	0	0.2 (0.0 - 0.7)
D only: Permanent injury or disfigurement	0	0
A+B	2.8 (0.6 - 4.9)	0.4 (0.0 - 0.8)
A+C	0.6 (0.0 - 1.1)	2.0 (0.0 - 4.5)
A+D	0.5 (0.0 - 1.0)	0.7 (0.0 - 1.5)
B+C	0	0
B+D	0	0
C+D	0	0
A+B+C	1.1 (0.0 - 3.1)	1.1 (0.0 - 2.2)
A+B+D	3.9 (0.0 - 10.9)	0.3 (0.0 - 0.8)
B+C+D	0	0
A+C+D	0.7 (0.0 - 1.4)	0.1 (0.0 - 0.3)
A+B+C+D	0.9 (0.0 - 1.9)	1.0 (0.0 - 2.3)
No injury	76.1 (67.4 - 84.9)	78.2 (72.8 - 83.7)

Note: CI = confidence interval.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon.

Table 6.5.1. Perpetrators of first incident of intimate partner physical violence[1], among 18-24 year olds who experienced such violence prior to age 18 – Botswana Violence Against Children Survey (VACS), 2016

Perpetrator of first incident of intimate partner physical violence	Females (n=103)	Males (n=21)
	% (95% CI)	% (95% CI)
Boyfriend/Girlfriend/Romantic Partner (current or previous)	98.8 (97.0 - 100.0)	100.0 (100.0 - 100.0)*
Husband/Wife or Ex-Husband/Ex-Wife	1.2 (0.0 - 3.0)	0*

Note: CI = confidence interval.

*Denominator less than 25.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, or other weapon.

Table 6.5.2. Perpetrators of first incident of peer physical violence[1], among 18-24 year olds who experienced such physical violence prior to age 18 – Botswana Violence Against Children Survey (VACS), 2016

Perpetrator of first incident of peer physical violence	Females (n=277)	Males (n=339)
	% (95% CI)	% (95% CI)
Sibling/Cousin/Peer relative	21.6 (13.4 - 29.8)	8.0 (3.9 - 12.1)
Friend	13.1 (7.6 - 18.7)	17.7 (11.7 - 23.6)
Classmate/Schoolmate	56.7 (46.8 - 66.5)	54.2 (46.8 - 61.6)
Peer neighbor	3.3 (1.2 - 5.4)	7.8 (3.4 - 12.2)
Other	5.3 (0.6 - 10.0)	11.6 (7.0 - 16.2)

Note: CI = confidence interval.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, or other weapon.

Table 6.5.3. Perpetrator of first incident of parent, caregiver, or adult relative physical violence[1], among 18-24 year olds who experienced such violence prior to age 18 – Botswana Violence Against Children Survey (VACS), 2016

Perpetrator of first incident of parent, caregiver, or adult relative physical violence	Females (n=453)	Males (n=301)
	% (95% CI)	% (95% CI)
Father/Stepfather	8.5 (4.8 - 12.3)	12.9 (9.1 - 16.6)
Mother/Stepmother	42.9 (34.6 - 51.1)	49.6 (42.4 - 56.7)
Brother/Stepbrother	8.1 (4.6 - 11.7)	3.2 (0.8 - 5.6)
Sister/Stepsister	4.0 (1.6 - 6.3)	0.3 (0.0 - 0.9)
Uncle/Aunt	25.2 (19.4 - 31.1)	21.3 (15.1 - 27.5)
Other Relative/Caregiver	11.3 (6.4 - 16.1)	12.7 (8.1 - 17.3)

Note: CI = confidence interval.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, or other weapon.

Table 6.5.4. Prevalence of first incident of physical violence[1] by adults in the neighborhood, among 18-24 year olds who experienced such violence prior to age 18 – Botswana Violence Against Children Survey (VACS), 2016

Perpetrator of first incident of physical violence by an adult in the neighborhood	Females (n=322)	Males (n=345)
	% (95% CI)	% (95% CI)
Male teacher	37.7 (28.8 - 46.5)	36.0 (30.2 - 41.8)
Female teacher	53.8 (44.6 - 62.9)	49.5 (42.5 - 56.4)
Authority figure[2]	1.4 (0.2 - 2.5)	8.1 (3.0 - 13.1)
Adult neighbor	5.9 (2.0 - 9.7)	3.8 (0.8 - 6.8)
Other	1.4 (0.0 - 2.7)	2.6 (0.9 - 4.4)

Note: CI = confidence interval.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, or other weapon.

[2] Authority figure: includes police/security person, employer, neighborhood/religious leader.

Table 6.5.5. Prevalence of most recent incident of intimate partner physical violence[1], among 13-17 year olds who experienced such violence in the past 12 months – Botswana Violence Against Children Survey (VACS), 2016

Perpetrator of most recent incident of intimate partner physical violence	Females (n=27)	Males (n=10)
	% (95% CI)	% (95% CI)
Boyfriend/Girlfriend/Romantic Partner (current or previous)	100.0 (100.0 - 100.0)	100.0 (100.0 - 100.0)*
Husband/Wife or Ex-Husband/Ex-Wife	0	0*

Note: CI = confidence interval.

*Denominator less than 25.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon.

Table 6.5.6. Perpetrators of the most recent incident of peer physical violence[1], among 13-17 year olds who experienced such physical violence in the past 12 months – Botswana Violence Against Children Survey (VACS), 2016

Perpetrator of most recent incident of peer physical violence	Females (n=241)	Males (n=196)
	% (95% CI)	% (95% CI)
Sibling/Cousin/Peer relative	26.5 (10.0 - 43.1)	8.4 (0.4 - 16.5)
Friend	8.9 (4.6 - 13.1)	20.3 (14.0 - 26.6)
Classmate/Schoolmate	62.4 (47.3 - 77.4)	56.1 (47.2 - 65.1)
Peer neighbor	0.4 (0.0 - 0.7)	5.9 (2.4 - 9.5)
Other	1.8 (0.1 - 3.5)	9.2 (4.4 - 14.0)

Note: CI = confidence interval.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon.

Table 6.5.7. Perpetrators of the most recent incident of parent, caregiver, adult relative physical violence[1], among 13-17 year olds who experienced such violence in the past 12 months – Botswana Violence Against Children Survey (VACS), 2016

Perpetrator of most recent event of parent, caregiver, or adult relative physical violence	Females (n=147)	Males (n=91)
	% (95% CI)	% (95% CI)
Father/Stepfather	18.0 (7.9 - 28.0)	11.4 (3.4 - 19.3)
Mother/Stepmother	45.7 (34.1 - 57.3)	35.3 (19.6 - 50.9)
Brother/Stepbrother	5.2 (1.2 - 9.3)	2.9 (0.1 - 5.7)
Sister/Stepsister	7.9 (0.7 - 15.1)	1.2 (0.0 - 3.2)
Uncle/Aunt	17.5 (9.0 - 26.1)	37.1 (17.5 - 56.7)
Other Relative/Caregiver	5.7 (1.8 - 9.6)	12.2 (3.7 - 20.8)

Note: CI = confidence interval.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon.

Table 6.5.8. Prevalence of most recent incident of physical violence[1] by adults in the neighborhood, among 13-17 year olds who experienced such violence in the past 12 months – Botswana Violence Against Children Survey (VACS), 2016

Perpetrator of most recent event of physical violence by an adult in the neighborhood	Females (n=239)	Males (n=258)
	% (95% CI)	% (95% CI)
Male teacher	45.5 (33.1 - 57.8)	63.7 (55.4 - 72.1)
Female teacher	49.1 (37.6 - 60.7)	29.8 (21.5 - 38.1)
Authority figure[2]	1.6 (0.0 - 3.2)	0.5 (0.0 - 1.3)
Adult neighbor	2.5 (0.0 - 7.1)	2.8 (0.5 - 5.1)
Other	1.4 (0.0 - 2.8)	3.1 (0.8 - 5.5)

Note: CI = confidence interval.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon.

[2] Authority figure: includes police/security person, employer, neighborhood/religious leader.

Table 6.6.1. Females and males aged 18-24 whose parent or adult relative lived within the same household as them when the first event of any physical violence[1] occurred by the parent or adult relative prior to age 18 - Botswana Violence Against Children Survey (VACS), 2016

	Females (n=455)	Males (n=305)
	% (95% CI)	% (95% CI)
Parent/adult relative perpetrator lived within same household	88.1 (83.8 - 92.3)	92.2 (88.8 - 95.6)

Note: CI = confidence interval.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon.

Table 6.6.2. Females and males aged 13-17 whose parent or adult relative lived within the same household as them when the first event of any physical violence[1] occurred by the parent or adult relative in the past 12 months - Botswana Violence Against Children Survey (VACS), 2016

	Females (n=147)	Males (n=91)
	% (95% CI)	% (95% CI)
Parent/adult relative perpetrator lived within same household	91.4 (83.2 - 99.6)	95.7 (91.7 - 99.8)

Note: CI = confidence interval.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon.

Table 6.7.1. Service seeking, receipt of help, and disclosure for any incident of physical violence [1] among 18-24 year olds who experienced any physical abuse prior to 18 – Botswana Violence Against Children Survey (VACS), 2016

	Females (n=858)	Males (n=677)
	% (95% CI)	% (95% CI)
Knew of a place to seek help about an experience of physical violence	43.4 (37.3 - 49.4)	62.7 (57.7 - 67.7)
Sought help for any experience of physical violence	10.5 (7.2 - 13.7)	12.7 (9.0 - 16.3)
Received help for any experience of physical violence	8.4 (5.5 - 11.3)	10.3 (7.0 - 13.5)
Told someone about an experience of physical violence	52.3 (46.3 - 58.2)	57.5 (52.6 - 62.5)

Note: CI = confidence interval.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon.

Table 6.7.2. Service seeking, receipt of help, and disclosure for any incident of physical violence[1] among 13-17 year olds who experienced any physical violence in the past 12 months – Botswana Violence Against Children Survey (VACS), 2016

	Females (n= 495)	Males (n=403)
	% (95% CI)	% (95% CI)
Knew of a place to seek help about an experience of physical violence	35.9 (28.1 - 43.7)	57.6 (50.2 - 65.1)
Sought help for any experience of physical violence	8.9 (4.3 - 13.6)	8.8 (5.4 - 12.2)
Received help for any experience of physical violence	7.3 (2.9 - 11.7)	7.1 (4.0 - 10.3)
Told someone about an experience of physical violence	50.8 (41.5 - 60.0)	51.9 (44.7 - 59.1)

Note: CI = confidence interval.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon.

Table 6.7.3. Females and males who missed school as a result of any childhood physical violence[1]– Botswana Violence Against Children Survey (VACS), 2016

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 prior to age 18	847	10.6 (7.5 - 13.8)	665	10.8 (7.6 - 14.0)
13-17 year olds who experienced any physical violence in the past 12 months	490	10.4 (3.9 - 16.9)	402	9.5 (6.4 - 12.5)

Note: CI = confidence interval.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon.

Table 6.7.4. Source of service receipt for any incident of physical violence[1] among 18-24 year olds who experienced any physical violence prior to age 18 and received help – Botswana Violence Against Children Survey (VACS), 2016

	Females (n=88)	Males (n=64)
	% (95% CI)	% (95% CI)
Doctor, nurse, or other health care worker	63.3 (48.9 - 77.6)	71.6 (55.0 - 88.3)
Police or other security personnel	50.9 (34.8 - 66.9)	48.3 (30.9 - 65.7)
Legal professional	2.2 (0.0 - 4.7)	7.1 (0.0 - 15.9)
Social worker or counselor	25.5 (15.6 - 35.3)	28.4 (15.1 - 41.7)
Helpline	0.2 (0.0 - 0.6)	3.4 (0.0 - 10.0)

Note: CI = confidence interval.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon.

Table 6.7.5. Source of service receipt for any incident of physical violence[1] among 13-17 year olds who experienced any physical violence in the past 12 months and received help – Botswana Violence Against Children Survey (VACS), 2016

	Females (n=37)	Males (n=34)
	% (95% CI)	% (95% CI)
Doctor, nurse, or other health care worker	91.0 (81.5 - 100.0)	77.7 (62.5 - 92.9)
Police or other security personnel	19.0 (2.7 - 35.3)	36.3 (15.8 - 56.8)
Legal professional	2.7 (0.0 - 7.4)	15.1 (0.0 - 32.6)
Social worker or counselor	19.5 (3.2 - 35.9)	21.1 (2.4 - 39.8)
Helpline	0	7.5 (0.0 - 18.9)

Note: CI = confidence interval.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon.

Note: Percents may sum to >100% as categories not mutually exclusive.

Table 6.7.6. Relationship with person who was told about any incident of physical violence[1] among 18-24 year olds who experienced physical violence prior to age 18 who and told someone– Botswana Violence Against Children Survey (VACS), 2016

Person who was told about physical violence	Females (n=402)	Males (n=294)
	% (95% CI)	% (95% CI)
Told a relative	71.6 (65.2 - 77.9)	57.3 (49.7 - 65.0)
Told a spouse, boyfriend/girlfriend or partner	2.0 (0.0 - 5.0)	1.2 (0.0 - 2.5)
Told a friend/neighbor	29.3 (23.0 - 35.6)	48.8 (40.2 - 57.5)
Told a service provider or authority figure[2]	4.6 (2.5 - 6.8)	8.0 (3.9 - 12.2)
Told someone else	1.7 (0.0 - 3.3)	11.0 (5.6 - 16.4)

Note: CI = confidence interval.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon.

Note: Percents may sum to >100% as categories not mutually exclusive.

Table 6.7.7. Relationship with person who was told about any incident of physical violence[1] among 18-24 year olds who experienced any physical violence in the past 12 months and who told someone – Botswana Violence Against Children Survey (VACS), 2016

Person who was told about physical violence	Females (n=239)	Males (n=164)
	% (95% CI)	% (95% CI)
Told a relative	67.2 (57.4 - 77.0)	74.4 (65.6 - 83.1)
Told a spouse, boyfriend/girlfriend or partner	0.7 (0.0 - 1.6)	0
Told a friend/neighbor	27.1 (18.7 - 35.6)	35.6 (25.4 - 45.7)
Told a service provider or authority figure[2]	16.4 (8.3 - 24.5)	1.6 (0.0 - 3.5)
Told someone else	1.2 (0.0 - 3.0)	2.1 (0.0 - 4.1)

Note: CI = confidence interval.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon.

Note: Percents may sum to >100% as categories not mutually exclusive.

Table 6.7.8. Reasons for not seeking services for physical violence[1], among 18-24 year olds who experienced any physical violence prior to age 18 and did not seek services – Botswana Violence Against Children Survey (VACS), 2016

Reasons for not seeking services	Females (n=64)	Males (n=328)
	% (95% CI)	% (95% CI)
Afraid of getting in trouble	7.6 (0.0 - 17.2)	5.8 (2.4 - 9.1)
Embarrassed for self or my family	4.1 (0.0 - 12.0)	2.4 (0.9 - 4.0)
Could not afford services	0	0
Could not reach services	6.6 (0.6 - 12.5)	3.0 (0.0 - 6.2)
Dependent on perpetrator	0	0.6 (0.0 - 1.5)
Perpetrator threatened me	0	0.0 (0.0 - 0.1)
Did not think it was a problem	20.1 (7.8 - 32.4)	45.9 (39.7 - 52.1)
Felt it was my fault	20.1 (7.1 - 33.1)	13.4 (9.0 - 17.8)
Did not need/want services	39.9 (18.3 - 61.4)	27.7 (21.6 - 33.7)
Unsatisfactory/negative prior experience	0	1.0 (0.0 - 2.3)
Other	1.7 (0.0 - 4.0)	0.1 (0.0 - 0.2)

Note: CI = confidence interval.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon.

Note: Percents may sum to >100% as categories not mutually exclusive.

Table 6.7.9. Experiences of individual, relationship, and structural-level barriers for not seeking services for incidents of physical violence[1], 18-24 year olds who experienced any physical violence prior to age 18 and did not seek services – Botswana Violence Against Children Survey (VACS), 2016

Females and males who experienced any physical violence prior to age 18 and did not try to seek services because...	Females (n=64)	Males (n=328)
	% (95% CI)	% (95% CI)
Individual-level Barriers[2]	31.8 (16.9 - 46.7)	54.1 (47.6 - 60.7)
Relationship-level Barriers[3]	26.7 (12.6 - 40.7)	17.0 (11.7 - 22.4)
Structural-level Barriers[4]	0	0
Other Barriers	41.5 (20.1 - 62.9)	28.8 (22.6 - 35.0)

Note: CI = confidence interval.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon.

Note: Percents may sum to >100% as categories not mutually exclusive.

Table 6.7.10. Reasons for not seeking services for physical violence[1] among 13-17 year olds who experienced any physical violence in the past 12 months and did not seek services – Botswana Violence Against Children Survey (VACS), 2016

Reasons for not seeking services	Females (n=30)	Males (n=177)
	% (95% CI)	% (95% CI)
Afraid of getting in trouble	0	9.8 (3.5 - 16.0)
Embarrassed for self or my family	0	2.1 (0.0 - 5.2)
Could not afford services	0	0
Could not reach services	9.4 (0.0 - 21.3)	1.6 (0.0 - 3.6)
Dependent on perpetrator	0	0
Perpetrator threatened me	0	1.9 (0.0 - 4.5)
Did not think it was a problem	46.7 (21.4 - 71.9)	39.1 (28.9 - 49.3)
Felt it was my fault	9.6 (0.7 - 18.5)	19.0 (10.2 - 27.7)
Afraid of being abandoned	0	0.8 (0.0 - 1.7)
Did not need/want services	34.3 (6.4 - 62.2)	23.7 (15.0 - 32.4)
Unsatisfactory/negative prior experience	0	0.5 (0.0 - 1.4)
Other	0	1.6 (0.0 - 4.7)

Note: CI = confidence interval.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon.

Note: Percents may sum to >100% as categories not mutually exclusive.

Table 6.7.11. Experiences of individual, relationship, and structural-level barriers for not seeking services for incidents of physical violence[1, among 13-17 year olds who experienced any physical violence in the past 12 months and did not seek services – Botswana Violence Against Children Survey (VACS), 2016

Females and males who experienced any physical violence in the past 12 months and did not try to seek services because...	Females (n=30)	Males (n=177)
	% (95% CI)	% (95% CI)
Individual-level Barriers[2]	46.7 (21.4 - 71.9)	53.7 (43.4 - 63.9)
Relationship-level Barriers[3]	19.0 (4.0 - 34.0)	20.6 (11.7 - 29.5)
Structural-level Barriers[4]	0	0
Other Barriers	34.3 (6.4 - 62.2)	25.7 (16.8 - 34.6)

Note: CI = confidence interval.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon.

Note: Percents may sum to >100% as categories not mutually exclusive.

Table 7.1.1. Prevalence of emotional violence[1] by a parent, adult caregiver, or adult relative prior to age 18, 18-24 year olds – Botswana Violence Against Children Survey (VACS), 2016

	Females (n=3234)	Males (n=1533)
	% (95% CI)	% (95% CI)
18-24 years old prior to age 18	14.1 (12.3 - 15.9)	13.9 (11.4 - 16.3)

Note: CI = confidence interval.

[1] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed or put down.

Table 7.1.2. Prevalence of experiencing more than one incident of emotional violence[1], 18-24 year olds who experienced at least one incident of emotional violence prior to age 18 – Botswana Violence Against Children Survey (VACS), 2016

Experienced more than one incident of emotional violence	Females (n=442)	Males (n=217)
	% (95% CI)	% (95% CI)
18-24 year olds	76.0 (69.1 - 82.8)	80.5 (71.4 - 89.7)

Note: CI = confidence interval.

[1] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed or put down.

Table 7.1.3. Age of first experience of emotional violence[1] among 18-24 year olds who experienced any emotional violence prior to age 18 – Botswana Violence Against Children Survey (VACS), 2016

Age (years) of first experience of emotional violence	Female (n=432)	Male (n=199)
	% (95% CI)	% (95% CI)
5 or younger	0.7 (0.0 - 1.3)	1.0 (0.0 - 2.5)
6-11	30.7 (24.1 - 37.2)	35.3 (24.9 - 45.8)
12-17	68.7 (62.1 - 75.2)	63.6 (53.1 - 74.1)

Note: CI = confidence interval.

[1] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed or put down.

Table 7.2.1. Prevalence of emotional violence[1] in the past 12 months by a parent, caregiver, or adult relative among 13-17 year olds by gender – Botswana Violence Against Children Survey (VACS), 2016

Emotional violence by a parent/adult caregiver/adult relative in the past 12 months	Female (n=2028)	Male (n=1131)
	% (95% CI)	% (95% CI)
13-17 years old in past 12 months	12.0 (9.1 - 14.9)	11.6 (9.0 - 14.1)

Note: CI = confidence interval.

[1] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed or put down.

Table 7.2.2. Prevalence of experiencing more than one incident of emotional violence[1] among 13-17 year olds who experienced at least one incident of emotional violence in the past 12 months by gender – Botswana Violence Against Children Survey (VACS), 2016

Experienced more than one incident of emotional violence	Female (n=206)	Male (n=115)
	% (95% CI)	% (95% CI)
13-17 years old	83.6 (75.9 - 91.3)	77.5 (68.7 - 86.3)

Note: CI = confidence interval.

[1] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed or put down.

Table 7.2.3. Age of first experience of emotional violence [1] among 13-17 year olds who experienced any emotional violence in the past 12 months by gender– Botswana Violence Against Children Survey (VACS), 2016

	Female (n=192)	Male (n=101)
	% (95% CI)	% (95% CI)
5 or younger	0.5 (0.0 - 1.5)	0.5 (0.0 - 1.4)
6-11	17.3 (8.8 - 25.8)	19.3 (10.0 - 28.7)
12-17	82.2 (73.6 - 90.8)	80.2 (70.9 - 89.6)

Note: CI = confidence interval.

[1] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed or put down.

Table 7.3.1. Perpetrator of first incident of emotional violence[1] among 18-24 year olds who experienced emotional violence by a parent, caregiver, or other adult relative prior to age 18 by gender – Botswana Violence Against Children Survey (VACS), 2016

Perpetrator	Female (n=441)	Male (n=206)
	% (95% CI)	% (95% CI)
Father/Step Father	12.0 (7.3 - 16.8)	11.7 (5.2 - 18.2)
Mother/Step Mother	29.9 (23.0 - 36.8)	32.0 (21.7 - 42.4)
Brother/Step Brother	7.6 (4.3 - 10.8)	1.6 (0.0 - 3.2)
Sister/Step Sister	5.4 (3.0 - 7.7)	2.1 (0.1 - 4.1)
Uncle/Aunt	30.8 (25.2 - 36.4)	33.3 (24.0 - 42.6)
Other Relative/Caregiver	15.1 (10.0 - 20.1)	19.2 (11.8 - 26.7)

Note: CI = confidence interval.

[1] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed or put down.

Table 7.3.2. Perpetrator of most recent incident of emotional violence[1] among 13-17 year olds who experienced emotional violence by a parent, caregiver, or other adult relative in the past 12 months – Botswana Violence Against Children Survey (VACS), 2016

Perpetrator	Female (n=206)	Male (n=115)
	% (95% CI)	% (95% CI)
Father/Step Father	6.6 (2.6 - 10.6)	7.4 (2.1 - 12.8)
Mother/ Step Mother	41.9 (27.5 - 56.4)	40.6 (28.5 - 52.7)
Brother/Step brother	2.6 (0.0 - 5.7)	10.1 (2.7 - 17.5)
Sister/Step Sister	9.9 (2.6 - 17.3)	1.2 (0.0 - 2.7)
Uncle/Aunt	24.8 (14.6 - 35.0)	25.6 (12.2 - 38.9)
Other Relative/Caregiver	14.2 (8.4 - 20.0)	15.1 (7.7 - 22.5)

Note: CI = confidence interval.

[1] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed or put down.

Table 7.4.1. Females and males aged 18-24 whose parent or adult relative lived within the same household as them when the first event of any emotional violence[1] by this parent or adult relative occurred prior to age 18 - Botswana Violence Against Children Survey (VACS), 2016

	Female (n=433)	Male (n=217)
	% (95% CI)	% (95% CI)
Parent/adult relative perpetrator lived within same household	74.7 (68.2 - 81.2)	77.6 (69.8 - 85.5)

Note: CI = confidence interval.

[1] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed or put down.

Table 7.4.2. Females and males aged 13-17 whose parent or adult relative lived within the same household as them when the most recent event of any emotional violence[1] by this parent or adult relative occurred in the past 12 months - Botswana Violence Against Children Survey (VACS), 2016

	Female (n=207)	Male (n=114)
	% (95% CI)	% (95% CI)
Parent/adult relative perpetrator lived within same household	79.1 (70.3 - 87.8)	88.6 (82.4 - 94.8)

Note: CI = confidence interval.

[1] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed or put down.

Table 8.1.1. Prevalence of different types of violence and multiple forms of violence experienced prior to age 18 by gender, 18-24 year olds – Botswana Violence Against Children Survey (VACS), 2016

	Female (n=3295)	Male (n=1564)
	% (95% CI)	% (95% CI)
Sexual violence[1] only	3.8 (2.5 - 5.2)	1.9 (0.7 - 3.2)
Physical Violence[2] only	18.1 (16.0 - 20.3)	31.4 (27.8 - 34.9)
Emotional Violence[3] only	5.6 (4.4 - 6.8)	4.0 (2.4 - 5.6)
Sexual violence and Physical Violence	2.8 (1.8 - 3.7)	2.2 (1.2 - 3.2)
Sexual violence and Emotional Violence	0.8 (0.4 - 1.2)	0.2 (0.0 - 0.3)
Physical and Emotional Violence	5.6 (4.5 - 6.8)	8.2 (6.2 - 10.2)
Sexual violence and Physical and Emotional Violence	1.8 (1.0 - 2.7)	1.1 (0.5 - 1.8)
No Violence	61.4 (58.4 - 64.4)	51.0 (47.3 - 54.6)

Note: CI = confidence interval.

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

[2] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon by intimate partner, parent/adult relative, adult in the community/neighborhood or peer.

[3] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed or put down by a parent, adult caregiver, or other adult relative.

Table 8.2.1. Prevalence of different types of violence and multiple forms of violence experienced in the past 12 months by gender, 13-17 year olds – Botswana Violence Against Children Survey (VACS), 2016

	Female (n=2030)	Male (n=1135)
	% (95% CI)	% (95% CI)
Sexual violence[1] only	3.3 (1.9 - 4.7)	0.9 (0.3 - 1.5)
Physical Violence[2] only	19.1 (15.6 - 22.6)	26.0 (21.9 - 30.2)
Emotional Violence[3] only	3.9 (2.7 - 5.1)	2.7 (1.5 - 4.0)
Sexual violence and Physical Violence	2.9 (0.7 - 5.1)	0.8 (0.3 - 1.4)
Sexual violence and Emotional Violence	0.7 (0.3 - 1.0)	1.0 (0.0 - 2.1)
Physical and Emotional Violence	3.9 (2.6 - 5.2)	6.5 (4.6 - 8.4)
Sexual violence and Physical and Emotional Violence	3.5 (1.1 - 5.8)	1.3 (0.3 - 2.3)
No Violence	62.7 (57.9 - 67.5)	60.7 (55.7 - 65.7)

Note: CI = confidence interval.

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

[2] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon by intimate partner, parent/adult relative, adult in the community/neighborhood or peer.

[3] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed or put down by a parent, adult caregiver, or other adult relative.

Table 9.1.1. Prevalence of moderate[1] and serious[2] mental distress in the past 30 days and experiences of various types of violence prior to age 18, among 18-24 year old females – Botswana Violence Against Children Survey (VACS), 2016

	Moderate mental distress	Serious mental distress
	% (95% CI)	% (95% CI)
Experienced sexual violence[3] (n=282)	41.1 (30.6 - 51.7)	9.2 (5.3 - 13.0)
Experienced no sexual violence (n=2996)	32.6 (29.7 - 35.5)	8.0 (6.4 - 9.6)
Experienced physical violence[4] (n=858)	38.4 (32.5 - 44.2)	10.6 (7.5 - 13.6)
Experienced no physical violence (n=2430)	32.2 (28.5 - 35.8)	7.1 (5.4 - 8.7)
Experienced emotional violence[5] (n=445)	43.8 (36.8 - 50.8)	16.1 (11.4 - 20.8)
Experienced no emotional violence (n=2782)	32.0 (28.9 - 35.1)	6.6 (5.1 - 8.1)

Note: CI = confidence interval.

[1] Moderate mental distress 5<K6 scale<13

[2] Serious mental distress K6 scale>13

[3] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.

[4] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon. by intimate partner, parent/adult relative, adults in the community/neighborhood or peer.

[5] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed or put down.

Table 9.1.2. Prevalence of moderate[1] and serious[2] mental distress in the past 30 days, and experiences of various types of violence prior to age 18, among 18-24 year old males – Botswana Violence Against Children Survey (VACS), 2016

	Moderate mental distress	Serious mental distress
	% (95% CI)	% (95% CI)
Experienced sexual violence[3] (n=68)	58.0 (41.4 - 74.6)	11.9 (0.0 - 26.0)
Experienced no sexual violence (n=1486)	30.6 (27.6 - 33.6)	3.8 (2.5 - 5.1)
Experienced physical violence[4] (n=676)	39.2 (34.0 - 44.4)	3.8 (2.3 - 5.4)
Experienced no physical violence (n=881)	26.7 (22.4 - 30.9)	4.6 (2.4 - 6.7)
Experienced emotional[5] violence (n=218)	44.4 (34.5 - 54.4)	1.9 (0.1 - 3.6)
Experienced no emotional violence (n=1309)	28.9 (25.3 - 32.5)	4.6 (2.9 - 6.3)

Note: CI = confidence interval.

[1] Moderate mental distress 5<K6 scale<13

[2] Serious mental distress K6 scale>13

[3] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.

[4] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon by intimate partner, parent/adult relative, adult in the community/neighborhood or peer.

[5] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed or put down.

Table 9.1.3. Prevalence of moderate[1] and serious[2] mental distress in the past 30 days and experiences of various types of violence in the past 12 months, 13-17 year old females – Botswana Violence Against Children Survey (VACS), 2016

	Moderate mental distress	Serious mental distress
	% (95% CI)	% (95% CI)
Experienced sexual violence[3] (n=144)	44.7 (28.8 - 60.6)	4.8 (1.4 - 8.3)
Experienced no sexual violence (n=1877)	19.9 (17.1 - 22.7)	7.0 (3.6 - 10.4)
Experienced physical violence[4] (n=495)	26.9 (19.1 - 34.6)	9.9 (0.9 - 18.9)
Experienced no physical violence (n=1530)	20.6 (17.1 - 24.2)	5.4 (3.1 - 7.7)
Experienced emotional[5] violence (n=207)	39.8 (27.8 - 51.8)	9.8 (4.3 - 15.4)
Experienced no emotional violence (n=1816)	20.1 (16.8 - 23.4)	6.3 (2.9 - 9.8)

Note: CI = confidence interval.

[1] Moderate mental distress 5<K6 scale<13

[2] Serious mental distress K6 scale>13

[3] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.

[4] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon. by intimate partner, parent/adult relative, adult in the community/neighborhood or peer.

[5] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed or put down.

Table 9.1.4. Prevalence of moderate[1] and serious[2] mental distress in the past 30 days and experiences of various types of violence in the past 12 months, 13-17 year old males – Botswana Violence Against Children Survey (VACS), 2016

	Moderate mental distress	Serious mental distress
	% (95% CI)	% (95% CI)
Experienced sexual violence[3] (n=38)	50.4 (28.8 - 72.1)	9.2 (0.1 - 18.3)
Experienced no sexual violence (n=1095)	18.1 (14.6 - 21.6)	1.0 (0.4 - 1.5)
Experienced physical violence[4] (n=403)	23.5 (17.7 - 29.3)	2.1 (0.6 - 3.6)
Experienced no physical violence (n=731)	17.2 (12.7 - 21.7)	0.9 (0.2 - 1.5)
Experienced emotional[5] violence (n=115)	43.2 (30.1 - 56.3)	3.0 (0.4 - 5.6)
Experienced no emotional violence (n=1015)	16.4 (12.8 - 19.9)	1.1 (0.4 - 1.7)

Note: CI = confidence interval.

[1] Moderate mental distress 5<K6 scale<13

[2] Serious mental distress K6 scale>13

[3] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.

[4] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon by intimate partner, parent/adult relative, adult in the community/neighborhood or peer.

[5] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed or put down.

Table 9.2.1. Health conditions associated with sexual violence[1] or physical[2] or emotional[3] violence prior to age 18 by gender, 18-24 year old females – Botswana Violence Against Children Survey (VACS), 2016

	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]	Symptoms/Diagn osis of STI[5]
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Experienced sexual violence	50.3 (39.8 - 60.8)	34.3 (20.1 - 48.5)	12.4 (5.2 - 19.6)	6.1 (0.1 - 12.2)	29.2 (19.7 - 38.7)	43.3 (33.4 - 53.2)	68.0 (54.1 - 81.9)	29.7 (19.1 - 40.2)
n	282	152	280	280	282	282	118	282
Experienced no sexual violence	40.6 (37.5 - 43.7)	35.7 (31.4 - 40.1)	9.0 (7.3 - 10.7)	2.0 (0.9 - 3.1)	7.3 (6.0 - 8.7)	16.2 (14.1 - 18.4)	49.7 (41.3 - 58.1)	12.1 (10.5 - 13.7)
n	2996	1329	2985	2976	2992	2993	482	2994
Experienced physical violence	48.9 (42.6 - 55.3)	37.8 (30.8 - 44.8)	10.1 (7.1 - 13.1)	3.2 (1.1 - 5.4)	15.0 (11.0 - 19.0)	28.9 (23.1 - 34.7)	54.1 (41.1 - 67.2)	18.3 (14.3 - 22.4)
n	858	416	856	850	858	858	224	855
Experienced no physical violence	39.3 (35.6 - 42.9)	35.0 (29.9 - 40.0)	8.9 (7.1 - 10.8)	2.1 (0.8 - 3.4)	7.1 (5.5 - 8.7)	14.6 (12.5 - 16.6)	53.2 (45.3 - 61.2)	11.8 (10.1 - 13.5)
n	2430	1072	2419	2416	2425	2427	378	2430
Experienced emotional violence	59.9 (53.0 - 66.8)	36.5 (28.8 - 44.2)	12.0 (8.6 - 15.4)	3.6 (0.0 - 7.5)	18.9 (13.4 - 24.4)	32.0 (25.6 - 38.3)	55.7 (44.1 - 67.4)	19.5 (14.3 - 24.6)
n	445	236	442	441	445	444	157	445
Experienced no emotional violence	38.6 (35.4 - 41.9)	35.6 (30.8 - 40.4)	8.8 (7.0 - 10.7)	2.2 (1.0 - 3.4)	7.6 (5.9 - 9.3)	16.1 (13.9 - 18.2)	53.1 (43.7 - 62.6)	12.7 (10.8 - 14.5)
n	2782	1219	2772	2764	2777	2780	419	2779

Note: CI = confidence interval.

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

[2] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon by intimate partner, parent/adult relative, adult in the community/neighborhood or peer.

[3] Emotional violence includes: being told that you were unloved or did not deserve to be loved, that they wished you were dead or had never been born, ridiculed or put down.

[4] Among those who experienced thoughts of suicide.

[5] STI (sexually transmitted illness) symptoms include: genital sore/ulcer.

Table 9.2.2. Health conditions associated with sexual violence[1] or physical[2] or emotional[3] violence prior to age 18, among 18-24 year old males – Botswana Violence Against Children Survey (VACS), 2016

	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]	Symptoms/ Diagnosis of STI[5]
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Experienced sexual violence	69.9 (56.8 - 83.0)	59.1 (42.1 - 76.1)	25.3 (10.5 - 40.2)	28.1 (13.4 - 42.9)	14.5 (0.8 - 28.3)	11.0 (2.9 - 19.1)	21.1 (0.0 - 44.3)*	10.6 (1.8 - 19.5)
n	68	50	67	68	68	68	9	68
Experienced no sexual violence	34.4 (31.2 - 37.7)	66.4 (62.0 - 70.9)	29.0 (25.1 - 32.8)	13.1 (10.2 - 16.1)	5.3 (3.8 - 6.8)	7.9 (6.1 - 9.7)	32.0 (20.5 - 43.6)	9.1 (6.7 - 11.5)
n	1486	893	1480	1488	1479	1487	124	1488
Experienced physical violence	43.0 (37.8 - 48.2)	61.5 (55.3 - 67.7)	26.7 (21.9 - 31.5)	15.6 (11.6 - 19.6)	7.8 (4.8 - 10.7)	11.1 (7.9 - 14.3)	34.2 (18.1 - 50.2)	9.7 (6.2 - 13.2)
n	676	434	673	676	676	676	71	677
Experienced no physical violence	31.2 (26.5 - 36.0)	69.4 (63.9 - 74.9)	30.3 (25.3 - 35.3)	12.8 (9.1 - 16.6)	4.3 (2.5 - 6.0)	5.7 (4.0 - 7.5)	26.9 (13.8 - 40.0)	8.9 (5.5 - 12.3)
n	881	512	877	883	872	881	62	882
Experienced emotional violence	46.3 (36.3 - 56.3)	73.4 (64.8 - 82.0)	35.3 (25.7 - 44.9)	23.2 (15.1 - 31.4)	9.8 (4.5 - 15.0)	16.6 (10.1 - 23.2)	52.6 (29.6 - 75.6)	12.3 (6.2 - 18.3)
n	218	148	218	219	219	219	35	219
Experienced no emotional violence	33.5 (29.5 - 37.5)	65.4 (60.8 - 70.1)	28.1 (23.8 - 32.3)	12.6 (9.5 - 15.7)	4.8 (3.2 - 6.3)	6.3 (4.6 - 8.0)	23.3 (13.0 - 33.7)	9.0 (6.5 - 11.5)
n	1309	777	1302	1310	1299	1308	93	1310

Note: CI = confidence interval.

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

[2] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon by intimate partner, parent/adult relative, adult in the community/neighborhood or peer.

[3] Emotional violence includes: being told that you were unloved or did not deserve to be loved, that they wished you were dead or had never been born, ridiculed or put down.

[4] Among those who experienced thought of suicide.

[5] STI (sexually transmitted illness) symptoms include: genital sore/ulcer.

Table 9.2.3. Health conditions associated with sexual violence[1] or physical[2] or emotional[3] violence in the past 12 months, among 13-17 year old females – Botswana Violence Against Children Survey (VACS), 2016

	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]	Symptoms/ Diagnosis of STI[5]
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Experienced sexual violence	49.5 (33.5 - 65.6)	37.3 (21.0 - 53.6)	3.9 (0.2 - 7.6)	1.1 (0.0 - 2.5)	14.7 (4.8 - 24.5)	31.8 (16.9 - 46.6)	55.3 (31.4 - 79.2)	16.8 (0.0 - 34.4)
n	144	51	143	143	144	144	50	144
Experienced no sexual violence	26.9 (22.1 - 31.7)	31.3 (19.5 - 43.0)	10.2 (7.4 - 13.0)	0.5 (0.2 - 0.9)	5.0 (3.2 - 6.9)	5.9 (4.5 - 7.4)	45.7 (33.9 - 57.6)	2.5 (1.6 - 3.4)
n	1877	221	1878	1876	1876	1877	136	1874
Experienced physical violence	36.8 (27.6 - 46.0)	38.9 (19.1 - 58.7)	8.9 (3.5 - 14.3)	0.8 (0.1 - 1.4)	10.4 (5.3 - 15.5)	13.7 (9.4 - 18.0)	62.2 (48.1 - 76.4)	6.5 (0.0 - 13.6)
n	495	95	493	495	494	494	82	490
Experienced no physical violence	26.1 (21.9 - 30.2)	29.0 (19.2 - 38.7)	9.8 (6.8 - 12.9)	0.5 (0.1 - 0.9)	4.2 (2.6 - 5.8)	6.5 (4.4 - 8.6)	38.0 (23.2 - 52.8)	3.0 (1.8 - 4.1)
n	1530	178	1532	1528	1530	1531	104	1532
Experienced emotional violence	49.7 (36.3 - 63.0)	26.5 (13.0 - 40.1)	8.4 (3.1 - 13.6)	1.1 (0.0 - 2.2)	21.3 (11.9 - 30.8)	29.1 (18.3 - 39.8)	60.9 (43.1 - 78.7)	15.2 (0.0 - 31.0)
n	207	66	205	206	207	207	63	207
Experienced no emotional violence	26.4 (21.3 - 31.5)	34.0 (22.3 - 45.7)	9.7 (6.9 - 12.5)	0.5 (0.1 - 0.9)	3.9 (2.2 - 5.7)	5.8 (4.1 - 7.5)	41.5 (27.6 - 55.5)	2.5 (1.5 - 3.4)
n	1816	207	1818	1815	1816	1816	123	1813

Note: CI = confidence interval.

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

[2] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon by intimate partner, parent/adult relative, adult in the community/neighborhood or peer.

[3] Emotional violence includes: being told that you were unloved or did not deserve to be loved, that they wished you were dead or had never been born, ridiculed or put down.

[4] Among those who experienced thoughts of thinking of suicide.

[5] STI (sexually transmitted illness) symptoms include: genital sore/ulcer.

Table 9.2.4. Health conditions associated with sexual violence[1] or physical[2] or emotional[3] violence in the past 12 months, among 13-17 year old males – Botswana Violence Against Children Survey (VACS), 2016

	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]	Symptoms/Diagn osis of STI[5]
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Experienced sexual violence	59.6 (39.9 - 79.3)	41.3 (11.6 - 70.9)	11.5 (1.1 - 21.9)	12.6 (0.0 - 30.5)	11.3 (0.4 - 22.3)	6.0 (0.0 - 12.2)	57.0 (8.2 - 100.0)*	15.8 (0.6 - 31.0)
n	38	16	38	38	38	38	4	38
Experienced no sexual violence	19.0 (15.4 - 22.7)	56.4 (44.7 - 68.2)	8.5 (6.1 - 10.9)	1.5 (0.1 - 2.8)	3.7 (2.3 - 5.2)	3.4 (2.1 - 4.8)	32.3 (16.3 - 48.3)	1.8 (0.9 - 2.6)
n	1095	185	1085	1086	1082	1090	45	1092
Experienced physical violence	25.6 (19.6 - 31.6)	49.4 (34.4 - 64.5)	9.9 (6.0 - 13.8)	1.5 (0.3 - 2.6)	5.8 (3.1 - 8.5)	6.1 (3.2 - 9.0)	43.6 (21.6 - 65.6)	3.1 (1.0 - 5.2)
n	403	97	402	401	401	403	28	401
Experienced no physical violence	18.1 (13.5 - 22.6)	58.9 (42.9 - 74.8)	8.0 (5.2 - 10.7)	2.2 (0.0 - 4.5)	3.1 (1.4 - 4.7)	2.1 (0.8 - 3.4)	19.3 (0.0 - 41.1)*	1.9 (0.8 - 3.0)
n	731	104	722	724	720	726	21	730
Experienced emotional violence	46.2 (32.9 - 59.5)	54.9 (33.4 - 76.3)	4.9 (0.8 - 9.1)	5.1 (0.0 - 12.2)	9.6 (3.3 - 15.8)	9.5 (3.3 - 15.7)	49.7 (17.3 - 82.1)*	6.5 (0.4 - 12.5)
n	115	35	114	115	114	115	14	115
Experienced no emotional violence	17.4 (13.8 - 21.1)	56.1 (43.4 - 68.7)	9.1 (6.6 - 11.6)	1.5 (0.0 - 3.0)	3.3 (1.9 - 4.7)	2.7 (1.5 - 4.0)	26.8 (10.1 - 43.6)	1.7 (0.9 - 2.6)
n	1015	165	1006	1006	1003	1010	35	1012

Note: CI = confidence interval.

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

[2] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon by intimate partner, parent/adult relative, adult in the community/neighborhood or peer.

[3] Emotional violence includes: being told that you were unloved or did not deserve to be loved, that they wished you were dead or had never been born, ridiculed or put down.

[4] Among those who experienced thoughts of thinking of suicide.

[5] STI (sexually transmitted illness) symptoms include: genital sore/ulcer.

Table 9.4.1. Prevalence of pregnancy[1] as a result of sexual violence, among 18-24 year old females who experienced unwanted completed sex[2] prior to age 18 – Botswana Violence Against Children Survey (VACS), 2016

	Females (n=178)
	% (95% CI)
Pregnancy as a result of unwanted completed sex	6.2 (1.9 - 10.5)

Note: CI = confidence interval.

[1] Survey asks about pregnancy as a result of either first or last episode of unwanted completed sex.

[2] Unwanted completed sex includes: physically forced sex and pressured sex.

Table 9.4.2. Prevalence of pregnancy[1] as a result of sexual violence, among 13-17 year old females who ever experienced unwanted completed sex[2] – Botswana Violence Against Children Survey (VACS), 2016

	Females (n=29)
	% (95% CI)
Pregnancy as a result of unwanted completed sex	9.9 (0.0 - 20.2)

Note: CI = confidence interval.

[1] Survey asks about pregnancy as a result of either first or last episode of unwanted completed sex.

[2] Unwanted completed sex includes: physically forced sex and pressured sex.

Table 10.1. Sexual risk taking behaviors in the past 12 months, among 19-24 year olds who had sexual intercourse in the past 12 months – Botswana Violence Against Children Survey (VACS), 2016

	Females		Males	
	n	% (95% CI)	n	% (95% CI)
Two or more sex partners in the past 12 months	1753	13.0 (10.2 - 15.8)	716	28.8 (24.7 - 32.9)
Infrequent condom use in the past 12 months[1]	1739	38.4 (34.7 - 42.0)	707	23.6 (18.6 - 28.6)
Transactional sex in the past 12 months[2]	1825	4.0 (2.9 - 5.2)	773	3.7 (2.0 - 5.3)

Note: CI = confidence interval.

[1] Infrequent condom use: never or sometimes use condoms in the past 12 months.

[2] Transactional sex includes receiving money, gifts, food, or favors in exchange for sex.

Table 10.2.1. Prevalence of having multiple sexual partners[1] in the past 12 months by experience of sexual violence[2] prior to age 18 by gender, 19-24 year olds who had sexual intercourse in the past 12 months – Botswana Violence Against Children Survey (VACS), 2016

	Females		Males	
	n	% (95% CI)	n	% (95% CI)
Experienced sexual violence	145	23.6 (10.2 - 36.9)	34	38.8 (19.8 - 57.7)
Never experienced sexual violence	1608	12.0 (9.4 - 14.6)	680	28.0 (23.9 - 32.0)

Note: CI = confidence interval.

[1] Multiple sexual partners: 2 or more sexual partners in the past 12 months.

[2] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.

Table 10.2.2. Infrequent condom use in the past 12 months[1] by experience of sexual violence[2] prior to age 18 by gender, 19-24 year olds who had sexual intercourse in the past 12 months – Botswana Violence Against Children Survey (VACS), 2016

	Females		Males	
	n	% (95% CI)	n	% (95% CI)
Experienced sexual violence	143	48.3 (35.3 - 61.2)	33	18.6 (3.2 - 34.1)
Never experienced sexual violence	1596	37.4 (33.7 - 41.1)	673	23.7 (18.8 - 28.7)

Note: CI = confidence interval.

[1] Infrequent condom use: never or sometimes use condoms in the past 12 months.

[2] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.

Table 10.3.1. Prevalence of having multiple sexual partners[1] in the past 12 months by experience of physical violence[2] prior to age 18 by gender, 19-24 year olds who had sexual intercourse in the past 12 months – Botswana Violence Against Children Survey (VACS), 2016

	Females		Males	
	n	% (95% CI)	n	% (95% CI)
Experienced physical violence	447	16.9 (10.6 - 23.2)	341	32.9 (26.6 - 39.2)
Never experienced physical violence	1306	11.6 (8.8 - 14.3)	375	25.1 (19.3 - 30.9)

Note: CI = confidence interval.

[1] Multiple sexual partners: 2 or more sexual partners in the past 12 months.

[2] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown,

burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon.

Table 10.3.2. Infrequent condom use in the past 12 months[1] by experience of physical violence[2] prior to age 18 by gender, 19-24 year olds who had sexual intercourse in the past 12 months – Botswana Violence Against Children Survey (VACS), 2016

	Females		Males	
	n	% (95% CI)	n	% (95% CI)
Experienced physical violence	443	44.7 (37.9 - 51.6)	335	27.5 (19.3 - 35.8)
Never experienced physical violence	1296	36.0 (31.6 - 40.3)	372	20.1 (13.5 - 26.7)

Note: CI = confidence interval.

[1] Infrequent condom use: never or sometimes use condoms in the past 12 months.

[2] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon.

Table 10.4.1. Prevalence of having multiple sexual partners in the past 12 months[1] by experience of emotional violence[2] prior to age 18 by gender, 19-24 year olds who had sexual intercourse in the past 12 months – Botswana Violence Against Children Survey (VACS), 2016

	Females		Males	
	n	% (95% CI)	n	% (95% CI)
Experienced emotional violence	238	13.0 (6.7 - 19.3)	114	40.2 (28.4 - 51.9)
Never experienced emotional violence	1482	12.9 (10.1 - 15.7)	584	26.4 (22.0 - 30.7)

Note: CI = confidence interval.

[1] Multiple sexual partners: 2 or more sexual partners in the past 12 months.

[2] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed or put down.

Table 10.4.2. Infrequent condom use in the past 12 months[1] by experience of emotional violence[2] prior to age 18 and by gender, 19-24 year olds who had sexual intercourse in the past 12 months – Botswana Violence Against Children Survey (VACS), 2016

	Females		Males	
	n	% (95% CI)	n	% (95% CI)
Experienced emotional violence	237	44.7 (35.0 - 54.4)	113	26.3 (13.9 - 38.8)
Never experienced emotional violence	1470	36.9 (33.0 - 40.9)	576	22.2 (17.0 - 27.5)

Note: CI = confidence interval.

[1] Infrequent condom use: never or sometimes use condoms in the past 12 months.

[2] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed or put down.

Table 11.1. HIV testing knowledge and behavior among 13-24 year olds who ever had sexual intercourse by gender – Botswana Violence Against Children Survey (VACS), 2016

13-17 year olds who ever had sex	Females		Males	
	n	% (95% CI)	n	% (95% CI)
HIV Testing Knowledge				
Know Where to Go for HIV Test	140	95.6 (91.9 - 99.4)	83	98.0 (95.5 - 100.0)
HIV Testing Behavior				
Never Tested For HIV	141	40.9 (23.4 - 58.4)	83	58.5 (41.8 - 75.3)
Tested for HIV and Received HIV Results	95	97.4 (94.0 - 100.0)	43	100.0 (100.0 - 100.0)
18-24 year olds who ever had sex	Females		Males	
HIV Testing Knowledge				
Know Where to Go for HIV Test	2513	98.4 (97.8 - 99.0)	1070	97.2 (95.9 - 98.5)
HIV Testing Behavior				
Never Tested For HIV	2511	9.0 (6.9 - 11.0)	1070	22.0 (18.6 - 25.3)
Tested for HIV and Received HIV Results	2280	98.6 (97.6 - 99.6)	838	98.5 (97.3 - 99.6)

Note: CI = confidence interval.

Table 11.2.1.1. HIV testing knowledge and behavior among 18-24 year old females who have ever had sexual intercourse, by experience of childhood sexual violence[1] – Botswana Violence Against Children Survey (VACS), 2016

	HIV/AIDS Testing Knowledge		HIV/AIDS Testing Behavior	
	Know Where to Go for HIV Test	Never Tested For HIV	Tested for HIV and Received HIV Results	
	% (95% CI)	% (95% CI)	% (95% CI)	
Experienced sexual violence	97.8 (95.5 - 100.0)	10.2 (4.4 - 15.9)	99.3 (98.0 - 100.0)	
n	219	219	196	
Did not experience sexual violence	98.5 (97.9 - 99.1)	8.9 (6.7 - 11.0)	98.5 (97.4 - 99.6)	
n	2288	2286	2078	

Note: CI = confidence interval.

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

Table 11.2.2. HIV testing knowledge and behavior among 18-24 year old males who have ever had sexual intercourse, by experience of childhood sexual violence[1] – Botswana Violence Against Children Survey (VACS), 2016

	HIV/AIDS-Testing Knowledge		HIV/AIDS-Testing Behavior	
	Know Where to Go for HIV Test % (95% CI)	Never Tested For HIV % (95% CI)	Tested for HIV and Received HIV Results % (95% CI)	
Experienced sexual violence	95.4 (88.2 - 100.0)	28.7 (14.2 - 43.3)	100.0 (100.0 - 100.0)	
n	55	55	39	
Did not experience sexual violence	97.3 (96.0 - 98.6)	21.7 (18.1 - 25.3)	98.4 (97.2 - 99.6)	
n	1012	1012	796	

Note: CI = confidence interval.

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

Table 11.3.1. HIV testing knowledge and behavior among 13-17 year old females who have ever had sexual intercourse, by experience of sexual violence in the past 12 months[1] – Botswana Violence Against Children Survey (VACS), 2016

	HIV/AIDS Testing Knowledge		HIV/AIDS Testing Behavior	
	Know Where to Go for HIV Test % (95% CI)	Never Tested For HIV % (95% CI)	Tested for HIV and Received HIV Results % (95% CI)	
Experienced sexual violence	97.7 (93.9 - 100.0)	52.5 (23.5 - 81.5)	93.3 (83.8 - 100.0)*	
n	34	34	24	
Did not experience sexual violence	93.9 (88.3 - 99.4)	32.0 (20.2 - 43.9)	99.6 (98.8 - 100.0)	
n	105	106	70	

Note: CI = confidence interval.

*Denominator less than 25.

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

Table 11.3.2. HIV testing knowledge and behavior among 13-17 year old males who have ever had sexual intercourse, by experience of sexual violence in the past 12 months[1] – Botswana Violence Against Children Survey (VACS), 2016

	HIV/AIDS Testing Knowledge		HIV/AIDS Testing Behavior	
	Know Where to Go for HIV Test % (95% CI)	Never Tested For HIV % (95% CI)	Tested for HIV and Received HIV Results % (95% CI)	
Experienced sexual violence	100.0 (100.0 - 100.0)*	53.5 (7.0 - 100.0)*	100.0 (100.0 - 100.0)*	
n	8	8	2	
Did not experience sexual violence	97.8 (95.1 - 100.0)	59.1 (41.2 - 77.0)	100.0 (100.0 - 100.0)	
n	74	74	40	

Note: CI = confidence interval.

*Denominator less than 25.

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

Table 11.4.1. Reason for not getting tested for HIV by gender, 18-24 year olds who ever had sex but were never tested for HIV – Botswana Violence Against Children Survey (VACS), 2016

Reasons for not testing for HIV	Females (n=156)	Males (n=201)
	% (95% CI)	% (95% CI)
No knowledge about HIV test	2.4 (0.0 - 4.8)	4.6 (0.0 - 9.9)
Don't know where to get HIV test	0.7 (0.0 - 2.1)	3.2 (0.0 - 6.9)
Test costs too much	0	0.4 (0.0 - 1.2)
Transport to test site is too much	0	0.4 (0.0 - 0.9)
Test site too far away	7.2 (1.9 - 12.4)	5.3 (2.1 - 8.5)
Afraid husband/partner will know about test/test results	0.3 (0.0 - 0.9)	0.4 (0.0 - 1.1)
Afraid others will know about test/test results	5.6 (2.4 - 8.9)	4.4 (0.2 - 8.6)
Don't need test/low risk	13.9 (4.9 - 22.9)	19.9 (12.0 - 27.9)
Don't want to know if I have HIV	19.3 (10.4 - 28.2)	19.4 (12.1 - 26.7)
Husband/partner has tested	0.6 (0.0 - 1.7)	0.2 (0.0 - 0.6)
Other	50.0 (38.2 - 61.8)	41.8 (31.8 - 51.9)

Note: CI = confidence interval.

Table 11.4.2. Reason for not getting tested for HIV by gender, 13-17 year olds who ever had sex but were never tested for HIV – Botswana Violence Against Children Survey (VACS), 2016

Reasons for not testing for HIV	Females (n=32)	Males (n=33)
	% (95% CI)	% (95% CI)
No knowledge about HIV test	9.4 (0.0 - 21.3)	27.9 (0.0 - 66.3)
Don't know where to get HIV test	0.9 (0.0 - 2.7)	1.1 (0.0 - 3.5)
Test costs too much	0	0
Transport to test site is too much	0	0.8 (0.0 - 2.4)
Test site too far away	0	1.0 (0.0 - 3.0)
Afraid husband/partner will know about test/test results	0	1.0 (0.0 - 3.1)
Afraid others will know about test/test results	5.7 (0.0 - 15.3)	1.3 (0.0 - 4.0)
Don't need test/low risk	54.5 (14.2 - 94.8)	29.7 (4.0 - 55.4)
Don't want to know if I have HIV	13.1 (0.0 - 28.1)	20.5 (0.0 - 47.3)
Husband/partner has tested	0	0
Other	16.3 (0.0 - 34.3)	16.7 (2.3 - 31.2)

Note: CI = confidence interval.

Table 12.1. Attitudes about the acceptance of intimate partner violence by gender, 13-24 year olds – Botswana Violence Against Children Survey (VACS), 2016

	It is acceptable for a husband to beat his wife if she						
	Goes out without telling him	Neglects the children	Argues with him	Refuses to have sex with him	Is suspected of having an affair	Acceptance of one or more of the previous reasons	
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	
Female 13-17 years (n=2032)	2.1 (1.2 - 3.1)	8.6 (5.5 - 11.6)	2.6 (1.4 - 3.7)	2.7 (1.1 - 4.3)	4.3 (2.6 - 6.1)	12.6 (9.3 - 15.8)	
Female 18-24 years (n=3297)	1.3 (0.8 - 1.8)	4.8 (3.7 - 6.0)	2.5 (1.6 - 3.4)	1.5 (0.9 - 2.1)	3.3 (2.3 - 4.3)	8.3 (6.7 - 9.9)	
Male 13-17 years (n=1135)	2.4 (1.2 - 3.6)	5.0 (3.4 - 6.7)	3.6 (1.1 - 6.1)	1.6 (0.6 - 2.6)	6.5 (4.3 - 8.7)	11.5 (8.2 - 14.8)	
Male 18-24 years (n=1565)	3.6 (2.3 - 5.0)	5.2 (3.1 - 7.4)	4.3 (2.1 - 6.4)	2.6 (0.7 - 4.4)	6.1 (4.6 - 7.7)	12.2 (9.6 - 14.9)	

Note: CI = confidence interval.

Table 12.2. Beliefs about gender, sexual practices, and intimate partner violence by gender, 13-24 year olds – Botswana Violence Against Children Survey (VACS), 2016

	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 of the previous reasons
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Female 13-17 years (n=2032)	4.5 (2.8 - 6.1)	16.3 (13.3 - 19.3)	6.4 (3.6 - 9.2)	12.4 (9.8 - 14.9)	7.0 (3.8 - 10.1)	26.9 (23.0 - 30.8)
Female 18-24 years (n=3297)	5.1 (3.8 - 6.5)	24.0 (21.3 - 26.7)	3.4 (2.5 - 4.3)	11.5 (9.9 - 13.1)	4.8 (3.4 - 6.2)	30.9 (28.3 - 33.5)
Male 13-17 years (n=1135)	10.7 (7.5 - 13.8)	21.6 (17.0 - 26.2)	3.9 (2.5 - 5.4)	19.7 (15.7 - 23.7)	3.0 (1.1 - 4.9)	32.2 (28.0 - 36.4)
Male 18-24 years (n=1565)	10.8 (8.3 - 13.3)	32.6 (28.9 - 36.3)	7.8 (5.3 - 10.2)	31.1 (27.2 - 34.9)	4.9 (3.5 - 6.2)	48.5 (45.0 - 51.9)

Note: CI = confidence interval.

Table 12.3.1. Prevalence of physical violence[1] perpetration by gender, 18-24 year olds – Botswana Violence Against Children Survey (VACS), 2016

	Females (n=3294)	Males (n=1562)
	% (95% CI)	% (95% CI)
Physical violence perpetration	12.7 (11.0 - 14.3)	22.1 (18.8 - 25.5)

Note: CI = confidence interval.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon, or forcing another person to have sex when they did not want to.

Table 12.3.2. Prevalence of physical violence[1] perpetration by gender, 13-17 year olds – Botswana Violence Against Children Survey (VACS), 2016

	Females (n=2028)	Males (n=1128)
	% (95% CI)	% (95% CI)
Physical violence perpetration	9.0 (7.1 - 11.0)	9.9 (6.8 - 13.0)

Note: CI = confidence interval.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon, or forcing another person to have sex when they did not want to.

Table 12.3.3. Prevalence of physical violence[1] perpetration by experience of sexual violence[2] and physical violence[3] prior to age 18 by gender, 18-24 year olds – Botswana Violence Against Children Survey (VACS), 2016

	Females		Males	
	n	% (95% CI)	n	% (95% CI)
Experienced sexual violence	282	30.9 (20.8 - 40.9)	68	40.3 (24.7 - 55.8)
Did not experience sexual violence	3000	10.9 (9.2 - 12.5)	1489	21.2 (17.8 - 24.5)
Experienced physical violence	858	24.8 (20.2 - 29.4)	676	28.9 (23.5 - 34.3)
Did not experience physical violence	2436	7.9 (6.5 - 9.3)	885	17.1 (13.1 - 21.1)

Note: CI = confidence interval.

[1] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon, or forcing another person to have sex when they did not want to.

Table 12.3.4. Prevalence of physical violence[1] perpetration by experience of sexual violence[2] and physical violence[3] by gender in the past 12 months, among 13-17 year olds – Botswana Violence Against Children Survey (VACS), 2016

	Females		Males	
	n	% (95% CI)	n	% (95% CI)
Experienced sexual violence	144	20.2 (11.7 - 28.7)	38	22.4 (7.4 - 37.4)
Did not experience sexual violence	1880	7.8 (5.8 - 9.7)	1089	9.4 (6.2 - 12.5)
Experienced physical violence	493	16.8 (12.3 - 21.3)	400	15.4 (10.7 - 20.1)
Did not experience physical violence	1535	5.8 (4.0 - 7.7)	728	7.0 (2.8 - 11.2)

Note: CI = confidence interval.

[1] Violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon, or forcing another person to have sex when they did not want to.

[2] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.

[3] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon.

Table 12.3.5. Prevalence of physical intimate partner[1] violence perpetration[2] by gender, 18-24 year olds who ever had a partner – Botswana Violence Against Children Survey (VACS), 2016

	Females (n=2812)	Males (n=1154)
	% (95% CI)	% (95% CI)
Perpetrated physical intimate partner violence	9.1 (7.3 - 10.8)	16.5 (12.9 - 20.1)

Note: CI = confidence interval.

Table 12.3.6. Prevalence of physical intimate partner[1] violence perpetration[2] by gender, 13-17 year olds who ever had a partner – Botswana Violence Against Children Survey (VACS), 2016

	Females (n=379)	Males (n=217)
	% (95% CI)	% (95% CI)
Perpetrated physical intimate partner violence	7.5 (4.0 - 10.9)	6.2 (2.9 - 9.4)

Note: CI = confidence interval.

[1] Intimate partner includes: current or previous boyfriend, girlfriend, romantic partner, husband or wife.

[2] Violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon, or forcing another person to have sex when they did not want to.

Table 12.3.7. Prevalence of intimate partner[1] violence perpetration[2] by experience of sexual violence[3] or physical violence[4] prior to age 18 by gender, 18-24 year olds who ever had a partner – Botswana Violence Against Children Survey (VACS), 2016

	Use of violence against an intimate partner			
	Females		Males	
	n	% (95% CI)	n	% (95% CI)
Experienced sexual violence	256	22.0 (12.1 - 31.8)	56	13.7 (3.5 - 23.9)
Did not experience sexual violence	2547	7.7 (6.2 - 9.2)	1093	16.7 (12.9 - 20.5)
Experienced physical violence	744	17.4 (12.7 - 22.0)	528	19.5 (14.9 - 24.1)
Did not experience physical violence	2068	5.7 (4.4 - 7.0)	626	14.1 (9.2 - 19.0)

Note: CI = confidence interval.

[1] Intimate partner includes: current or previous boyfriend, girlfriend, romantic partner, husband or wife.

[2] Violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon, or forcing another person to have sex when they did not want to.

[3] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.

[4] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon.

Table 12.3.8. Prevalence of intimate partner[1] violence perpetration[2] by experience of sexual violence[3] or physical violence[4] by gender in the past 12 months, 13-17 year olds who ever had a partner – Botswana Violence Against Children Survey (VACS), 2016

	Use of violence against an intimate partner			
	Females		Males	
	n	% (95% CI)	n	% (95% CI)
Experienced sexual violence	84	8.8 (3.5 - 14.2)	16	21.6 (1.3 - 41.8)*
Did not experience sexual violence	293	6.9 (2.4 - 11.3)	201	5.0 (2.0 - 8.1)
Experienced physical violence	115	8.7 (2.6 - 14.8)	104	2.5 (0.0 - 5.3)
Did not experience physical violence	264	6.7 (1.4 - 12.0)	113	8.9 (3.4 - 14.3)

Note: CI = confidence interval.

*Denominator less than 25.

[1] Intimate partner includes: current or previous boyfriend, girlfriend, romantic partner, husband or wife.

[2] Violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon, or forcing another person to have sex when they did not want to.

[3] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.

[4] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon.

Table 13.1.1 Prevalence of testing positive for HIV by gender, 16-24 year olds – Botswana Violence Against Children Survey (VACS), 2016

	Females		Males	
	n	% (95% CI)	n	% (95% CI)
Positive HIV rapid test during survey	972	4.9 (0.2 – 9.6)	513	2.2 (0.3 – 4.1)
Self-reported prior HIV positive test	2856	5.4 (4.3 – 6.6)	1363	3.1 (1.9 – 4.3)
Tested positive for HIV [1]	3067	6.6 (4.5 - 8.7)	1465	3.4 (2.3 - 4.6)

Note: CI = confidence interval.

[1] Determined through HIV rapid test results or self-report of a prior HIV test.

Table 13.1.2 Prevalence of testing positive for HIV[1] by experience of violence[2,3,4] by gender, 16-24 year olds – Botswana Violence Against Children Survey (VACS), 2016

	Females		Males	
	n	% (95% CI)	n	% (95% CI)
Experienced any violence and tested positive for HIV	1750	6.8 (3.7 - 9.8)	949	3.3 (1.8 - 4.8)
Experienced no violence and tested positive for HIV	1317	6.3 (3.7 - 8.9)	516	3.6 (1.8 - 5.5)

Note: CI = confidence interval.

[1] Determined through HIV rapid test results or self-report of a prior HIV test.

[2] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.

[3] Physical violence includes: punching, slapping, kicking, whipping, lashing, or poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon by intimate partner, parent/adult relative, adult in the community/neighborhood or peers.

[4] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed or put down by a parent, adult caregiver, or other adult relative.

Table 13.1.3. Prevalence of testing positive for HIV[1] by experience of sexual violence[2] by gender, 16-24 year olds – Botswana Violence Against Children Survey (VACS), 2016

	Females		Males	
	n	% (95% CI)	n	% (95% CI)
Experienced any sexual violence and tested positive for HIV	674	8.0 (1.7 - 14.2)	169	4.3 (0.2 - 8.4)
Experienced no sexual violence and tested positive for HIV	2381	6.2 (4.6 - 7.7)	1292	3.3 (2.1 - 4.5)

Note: CI = confidence interval.

[1] Determined through HIV rapid test results or self-report of a prior HIV test.

[2] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.

Table 13.1.4. Prevalence of testing positive for HIV[1] by experience of physical violence[2] by gender, 16-24 year olds – Botswana Violence Against Children Survey (VACS), 2016

	Females		Males	
	n	% (95% CI)	n	% (95% CI)
Experienced any physical violence and tested positive for HIV	1324	5.8 (4.3 - 7.3)	828	3.5 (1.8 - 5.2)
Experienced no physical violence and tested positive for HIV	1743	7.2 (3.7 - 10.8)	637	3.3 (1.8 - 4.9)

Note: CI = confidence interval.

[1] Determined through HIV rapid test results or self-report of a prior HIV test.

[2] Physical violence includes: punching, slapping, kicking, whipping, lashing, or poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon by intimate partner, parent/adult relative, adult in the community/neighborhood or peers.

Table 13.1.5. Prevalence of testing positive for HIV[1] by experience of emotional violence[2] and gender, 16-24 year olds – Botswana Violence Against Children Survey (VACS), 2016

	Females		Males	
	n	% (95% CI)	n	% (95% CI)
Experienced any emotional violence and tested positive for HIV	730	6.4 (4.2 - 8.5)	334	3.1 (0.4 - 5.8)
Experienced no emotional violence and tested positive for HIV	2334	6.6 (3.8 - 9.3)	1130	3.5 (2.3 - 4.7)

Note: CI = confidence interval.

[1] Determined through HIV rapid test results or self-report of a prior HIV test.

[2] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed or put down.

Table 14.1.1. Prevalence of violence experienced prior to 18 years of age, by geographic area, female 18-24 year olds – Botswana Violence Against Children Survey (VACS), 2016

	Gaborone (n=1804)	Francistown (n=494)	National (n=3297)
	% (95% CI)	% (95% CI)	% (95% CI)
Sexual violence[1]	11.2 (9.0 – 13.4)	6.3 (3.8 – 8.7)	9.3 (7.5 – 11.2)
Physical Violence[2]	26.8 (22.8 – 30.8)	27.0 (20.0 – 33.9)	28.4 (25.8 – 31.0)
Emotional Violence[3]	14.7 (12.2 – 17.2)	13.8 (9.4 – 18.3)	14.1 (12.3 – 15.9)

Note: CI = confidence interval.

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

[2] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon by intimate partner, parent/adult relative, adult in the community/neighborhood or peer.

[3] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed or put down by a parent, adult caregiver, or other adult relative.

Table 14.1.2. Prevalence of violence experienced in the past 12 months, by geographic area, female 13-17 year olds – Botswana Violence Against Children Survey (VACS), 2016

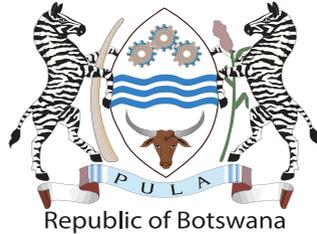
	Gaborone (n=956)	Francistown (n=326)	National (n=2032)
	% (95% CI)	% (95% CI)	% (95% CI)
Sexual violence[1]	10.4 (6.4 – 14.3)	2.7 (0.7 – 4.8)	10.4 (6.8 – 13.9)
Physical Violence[2]	22.8 (18.1 – 27.5)	22.3 (12.5 – 32.1)	29.4 (24.9 – 34.0)
Emotional Violence[3]	11.4 (8.5 – 14.2)	6.5 (2.4 – 10.7)	12.0 (9.1 – 14.9)

Note: CI = confidence interval.

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

[2] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon by intimate partner, parent/adult relative, adult in the community/neighborhood or peer.

[3] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed or put down by a parent, adult caregiver, or other adult relative.



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