



VIOLENCE AGAINST CHILDREN SURVEY IN LAO PDR

FULL REPORT



FOREWORD

The Ministry of Planning and Investment's Lao Statistics Bureau and the National Commission for Mothers and Children conducted Lao PDR's first national Violence against Children Survey in late 2014. This survey – only the second such survey to have been completed in the Asia-Pacific region – provides national estimates to describe the magnitude and nature of physical, emotional and sexual violence experienced by children in Lao PDR. The survey took place in collaboration with the Ministry of Labour and Social Welfare and the Lao Women's Union, with technical support from UNICEF and the Centers for Disease Control and Prevention (CDC).

This report presents the detailed findings of the survey and is an important step in the nation's endeavour to gather and disseminate new data on childhood vulnerabilities. These data are essential for better understanding the prevalence and circumstances of violence against children and will inform a range of violence prevention, early intervention and response initiatives to enhance the protection of children in Lao PDR from all forms of violence. This will support implementation of the National Plan of Action on the Prevention and Elimination of Violence against Women and Violence against Children 2014-2020.

Violence against children is unacceptable in any form and under any circumstance. All children everywhere deserve the opportunity to live and thrive in an environment free from violence. The Government of Lao PDR is committed to preventing violence from occurring, holding perpetrators to account for their actions and making sure there is support available to those children who have experienced violence in any shape or form. It is hoped that the evidence provided in this report will be a catalyst for change and motivation for further investments in research and action on this important issue.

On behalf of the National Steering Committee for the Violence against Children Survey, we would like to take this opportunity to thank all Government agencies, international organizations and individuals who have contributed to conducting this survey, from the very beginning of the planning and preparation process through to the final publication of this report. Your continued commitment and engagement will be vital as we move forward with putting the recommendations into practice.

Finally, we would like to express our sincere gratitude to UNICEF for their ongoing technical and financial assistance to implement this survey, CDC for their technical support and the Australian Department for Foreign Affairs and Trade for their funding contribution.



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LIST OF KEY ACRONYMS

ASEAN	Association of Southeast Asian Nations
CDC	Centers for Disease Control and Prevention
CSPro	Census and Survey Processing System
EA	Enumeration area
HIV	Human immunodeficiency virus
LWU	Lao Women’s Union
MoLSW	Ministry of Labour and Social Welfare
MoPS	Ministry of Public Security
NCMC	National Commission for Mothers and Children
NGO	Non-governmental organization
SAS	Statistical Analysis System
SDG	Sustainable Development Goal
SPSS	Statistical Package for the Social Sciences
STI	Sexually transmitted infection
UNICEF	United Nations Children’s Fund
WHO	World Health Organization

SUMMARY TABLE OF FINDINGS

Table 1. Summary of key findings of the Lao PDR Violence against Children Survey

Issue	Indicator	Female (%)	Male (%)
Physical violence	Physical violence during childhood	15.0	16.9
	Physical violence by a parent, guardian, adult caregiver or other adult relative during childhood	11.6	8.7
	Physical violence by an adult in the community during childhood	0.7	2.1
	Physical violence by an intimate partner during childhood	1.8	0.7
	Physical violence by a peer during childhood	3.7	9.8
	Witnessing physical violence at home during childhood	24.6	24.3
	Witnessing physical violence in the community during childhood	25.8	30.2
Emotional violence	Emotional violence by a parent, guardian, adult caregiver or adult relative during childhood	24.2	17.7
Sexual violence	Sexual abuse during childhood	7.3	12.0
	Unwanted sexual touching during childhood	6.0	9.2
	Unwanted attempted sex during childhood	1.4	2.2
	Pressured sex during childhood	1.0	1.5
	Physically forced sex during childhood	1.4	1.4
	Unwanted completed sex during childhood	1.8	2.1
	Sexual exploitation during childhood	0.0	0.2
	Non-contact sexual violence during childhood	0.0	0.2
	First sexual intercourse prior to age 18 was unwanted (among 18 to 24 year olds)	4.8	1.7
Overlap of types of violence	Any violence during childhood	34.3	35.1
	One type of violence during childhood	23.6	25.1
	Two types of violence during childhood	9.5	8.7
	Three types of violence during childhood	1.2	1.3
Health outcomes of violence	Multiple sexual partners (among 19 to 24 year olds who had sexual intercourse in the past 12 months)	0.2	14.1
	Infrequent condom use (among 19 to 24 year olds who had sexual intercourse in the past 12 months)	9.3	33.9
	Any transactional sex (among 19 to 24 year olds who had sexual intercourse in the past 12 months)	0.6	1.1
	Know where to go for an HIV test (among 18 to 24 year olds who have ever had sexual intercourse)	7.0	33.1

	Know where to get an HIV test (among 18 to 24 year olds who have ever had sexual intercourse and experienced sexual abuse during childhood)	12.1	50.6
	Ever tested for HIV (among 18 to 24 year olds who have ever had sexual intercourse)	2.6	4.1
	Ever tested for HIV (among 18 to 24 year olds who have ever had sexual intercourse and experienced sexual abuse during childhood)	4.4	4.6
Disclosure of violence and service seeking behaviours	Received services for physical violence during childhood	0.0	14.8
	Received services for sexual abuse during childhood	0.0	26.2
Attitudes towards violence and the role of gender (among 18 to 24 year olds)	Endorsement of spousal violence in one or more circumstances	60.8	37.6
	Belief that a woman should tolerate violence to keep her family together	82.5	75.4
	Belief that women who carry condoms have sex with a lot of men	59.6	72.3

EXECUTIVE SUMMARY

The national Violence against Children Survey – the first of its kind in Lao PDR – was implemented by the Lao Statistics Bureau and the National Commission for Mothers and Childrenⁱ, in collaboration with the Ministry of Labour and Social Welfare and the Lao Women’s Union, with technical and financial support from UNICEF and CDC. The nationally representative household survey, for which data were collected between October and November 2014, provides estimates of the prevalence of physical, emotional and sexual violence against children and information about the circumstances in which violence occurs.

The survey used a four-stage clustered sample design that yields separate estimates of experiences of violence prior to age 18 for both females and males. A total of 1,911 individuals participated in the survey in urban and rural areas across Lao PDR – 988 females and 923 males. This produced an individual response rate of 96.3 for females and 93 per cent for males. The survey was conducted in different enumeration areas (EAs) for females and males to protect the confidentiality of respondents and eliminate the chance that a perpetrator of violence and the victim in the same community would both be interviewed.

Questionnaires were administered to randomly selected, eligible household members between 13 to 24 years of age. The survey therefore estimates lifetime prevalence of violence in childhood, defined as violence occurring before 18 years of age, and prevalence of violence in childhood in the 12 months prior to the survey among 13 to 17 year olds. A short questionnaire was also administered to an adult in the household to build rapport with the family and to determine current socio-economics of the household.

Similar to national surveys on violence against children in several other countries in Asia and in other parts of the world, the results reveal that violence in childhood is a common reality in Lao PDR. One in six children experienced at least one form of physical violence before the age of 18. More than a quarter of children witnessed physical violence at home and almost a third witnessed physical violence in the community. Roughly a quarter of children in Lao PDR experienced emotional violence at home and 1 in 10 experienced some form of sexual abuse as a child. Only 15 per cent of children ever received the support they need to recover from their experiences of sexual abuse. These results have significant implications for the design and implementation of Lao PDR’s prevention and response programmes to address violence against children.

KEY FINDINGS

Physical violence against children

Physical violence was the most commonly reported type of violence by all participants regardless of age or sex. Nearly 1 in 7 females (15 per cent) and 1 in 6 males (16.9 per cent) experienced at least one form of physical violence before the age of 18. Approximately 56.2 per cent of females and 67.2 per cent of males experienced more than one incident of physical violence during childhood. Almost half of females (48.2 per cent) and males (48.3 per cent) first experienced physical violence as a child between the ages of 6 and 11.

The most commonly reported perpetrators of physical violence among females during childhood were parents, guardians, adult caregivers or other adult relatives (11.6 per cent) and among males the most common perpetrators were peers (9.8 per cent). Females were most likely to experience physical violence as a child by their mothers or stepmothers (65.2 per cent), while males were most likely to experience physical violence by their father or stepfathers (63.3 per cent). More than a third of females (39.3 per cent) and a quarter of males (24.7 per cent) experienced physical injury as a result of physical violence in childhood.

With respect to witnessing physical violence, a quarter of females and males witnessed physical violence at home during childhood – 24.6 per cent and 24.3 per cent, respectively. Furthermore, almost a third of males (30.2 per cent) and a quarter of females (25.8 per cent) witnessed physical violence in the community in childhood.

ⁱ In 2017, the National Commission for Mothers and Children and the National Commission for the Advancement of Women were merged to form the National Commission for the Advancement of Women, Mothers and Children.

Emotional violence against children

Emotional violence by a parent, guardian, adult caregiver or other adult relative in childhood was experienced by 1 in 4 females (24.2 per cent) and around 1 in 6 males (17.7 per cent). The majority of females (61.9 per cent) and males (90.6 per cent) experienced multiple incidents of emotional violence as a child. More than half of females (52.9 per cent) and males (55.1 per cent) experienced their first incident of emotional violence in childhood between 12 and 17 years of age, while 43.6 per cent of females and 39.7 per cent of males experienced their first incident between 6 and 11 years of age.

The overwhelming majority of females who experienced emotional violence as a child identified their mother or stepmother as the perpetrator (65.8 per cent). Among males, the most commonly reported perpetrator was their father or stepfather (49.5 per cent), followed by their mother or stepmother (31 per cent).

Sexual violence against children

Around 1 in 14 females (7.3 per cent) and 1 in 8 males (12 per cent) experienced some form of sexual abuse as a child. Males were therefore significantly more likely to report experiencing sexual abuse in childhood compared to females. Of those who experienced sexual abuse in childhood, 63.2 per cent of females and 79.3 per cent of males experienced more than one incident of sexual abuse. The most common form of sexual abuse was unwanted sexual touching.

The most commonly reported perpetrators of sexual abuse among females in childhood were spouses or romantic partners (54.4 per cent) and friends (25.1 per cent), while males most frequently experienced sexual abuse by a family member (34.7 per cent) or friend (28.3 per cent). Males (40.3 per cent) were significantly more likely to report multiple perpetrators at the first incident of sexual abuse, compared to females (8.9 per cent). The vast majority of perpetrators of sexual abuse of females were male (89.9 per cent), while perpetrators of sexual abuse of males were both female (51.9 per cent) and male (44.4 per cent).

Around half of females and males who experienced sexual abuse as a child reported that the first incident took place when they were 16 or 17 years old. Approximately 21.7 per cent of females and 36.4 per cent of males experienced their first incident of sexual abuse when they were 13 years old or younger. Sexual abuse most often occurred in a home setting – someone else’s home, the respondent’s home or the perpetrator’s home. The majority of incidents took place in the evening or afternoon.

With respect to sexual exploitation, only a small percentage of males (0.2 per cent) engaged in transactional sex as a child i.e. receiving food, favours or gifts in exchange for sex. As regards non-contact sexual violence, only 0.2 per cent of males experienced participating in a sex photo or video or showing sexual body parts in front of a webcam, camera or mobile phone in childhood. No females reported engaging in transactional sex or experiencing non-contact sexual violence in childhood.

Overlap of types of violence

More than a third of females (34.3 per cent) and males (35.1 per cent) experienced some form of violence during childhood – either one or multiple incidents. Around a quarter of females and males experienced one type of violence only in childhood, while 1 in 10 females and males experienced two or more types of violence. Both females and males were most likely to experience emotional violence only as a child compared to all other types and combinations of violence.

Health outcomes of violence

For both females and males aged 18 to 24, no health outcomes were directly associated with violence in childhood. However, those who experienced violence as a child generally reported higher levels of mental distress and, in many cases, higher levels of smoking, substance use and symptoms and diagnosis of STIs, compared to those who did not experience violence in childhood. Furthermore, the percentage of females who experienced emotional violence or sexual abuse in childhood and reported ever intentionally hurting themselves or ever thinking of suicide was generally higher than females who did not experience emotional violence or sexual abuse in childhood.

Among 13 to 17 year old females, exposure to childhood violence was associated with a range of short-term health consequences. For example, females aged 13 to 17 who experienced physical violence in the past 12 months were significantly more likely to have contemplated suicide (12.8 per cent), compared to females

who did not experience physical violence in the past 12 months (0.8 per cent). With regard to emotional violence, more than half of females in this age category (51.8 per cent) who experienced emotional violence in the past 12 months reported mental distress, compared to 15.4 per cent with no history of emotional violence. There were no significant associations of violence in the past 12 months with health outcomes for males.

Sexual risk-taking behaviour

For both females and males, there was no significant association between sexual risk-taking behaviours and childhood violence. However, significant differences were found in risk-taking behaviours among females and males in the past 12 months, regardless of their experiences of violence. For example, males who had sexual intercourse in the previous 12 months were significantly more likely to report having multiple sexual partners (14.1 per cent) than females (0.2 per cent). Likewise, infrequent condom use was more prevalent among males who had sexual intercourse in the past 12 months (33.9 per cent) than females (9.3 per cent).

HIV/AIDS testing knowledge and testing behaviours

With regard to general knowledge and behaviours relating to HIV testing, only 7 per cent of females and more than a third of males (33.1 per cent) aged 18 to 24 who have ever had sexual intercourse in childhood knew where to go for an HIV test, while only 2.6 per cent of females and 4.1 per cent of males were actually tested for HIV.

Among females and males aged 18 to 24 who experienced sexual abuse during childhood, there is a significant difference in knowledge of where to get an HIV test. Only 12.1 per cent of females reported knowing where to get an HIV test, compared to 50.6 per cent of males. Meanwhile, only a small percentage of females (4.4 per cent) and males (4.6 per cent) aged 18 to 24 who had ever had sexual intercourse and experienced sexual abuse as a child reported that they were tested for HIV.

Disclosure of violence and service-seeking behaviours

Around a third of females and males who experienced physical violence during childhood told someone about their experience – 35.7 per cent among females and 32.3 per cent among males. Among females who told someone about their experience of physical violence, 60.3 per cent told a relative, 48 per cent told a friend or neighbour and only 3.3 per cent told a service provider or authority figure. The data for males was not available. Only 2.6 per cent of females knew of a place to seek help about an experience of physical violence and 5.2 per cent about an experience of sexual abuse during childhood, compared to 46.6 per cent and 57.8 per cent of males, respectively.

In total, 17.4 per cent of males sought help and 14.8 per cent of males received help for an incident of physical violence during childhood. Furthermore, 32.6 per cent of males sought help and 26.2 per cent received help for experiences of sexual abuse during childhood. However, not a single female reported seeking or receiving services for experiences of physical violence or sexual abuse in childhood.

Among those who experienced physical violence in childhood, 1 in 10 females (10 per cent) and 1 in 14 males (7.2 per cent) missed school as a result of their experience. Among those who experienced sexual abuse as a child, 1 in 11 females (8.7 per cent) and 1 in 8 males (12.2 per cent) missed school as a result of their experience.

Attitudes towards violence and the role of gender

Females aged 18 to 24 were significantly more likely than males to endorse one or more circumstances in which it is acceptable for a husband to beat his wife – 60.8 per cent compared to 37.6 per cent, respectively. Among females, the most commonly accepted justification for a husband to beat his wife was if she does not take care of the children, followed by arguing with him. Among males, the most common reasons were if she argues with him and if she does not take care of the children. In the same age group, 82.5 per cent of females and 75.4 per cent of males believe that a woman should tolerate violence to keep her family together. Furthermore, males were significantly more likely than females to believe that women who carry condoms have sex with a lot of men – 72.3 per cent and 59.6 per cent, respectively.

Among 18 to 24 year olds, males were more likely than females to have used violence against a current or previous partner or husband – 6.7 per cent, compared to 2.7 per cent. Females who experienced physical violence during childhood were more than five times more likely to use violence against an intimate partner than those who experienced no physical violence as a child. Meanwhile, males who experienced some form of sexual abuse in childhood were almost three times more likely to use violence against an intimate partner than males who did not experience sexual abuse as a child. However the differences in relation to perpetration of violence were not found to be statistically significant.

Findings of the self-administered reporting

Using the anonymous reporting, 8.3 per cent of females and 5.9 per cent of males reported experiencing physical violence during childhood, while 14.8 per cent of females and 9.4 per cent of males reported experiencing emotional violence as a child. Furthermore, 14.1 per cent of females and 14.9 per cent of males reported experiencing sexual abuse as a child. The most common type of child sexual abuse experienced in childhood using the self-administered method was unwanted sexual touching, reported by 10.2 per cent of females and 10.1 per cent of males. Unwanted attempted sex was the second most frequently reported type of child sexual abuse in childhood by both females (6.2 per cent) and males (5 per cent). In addition, 4.4 per cent of females and 3.4 per cent of males reported physically forced sex, while 3.1 per cent of females and 4.9 per cent of males reported pressured sex during childhood.

KEY RECOMMENDATIONS

The results of this survey indicate that more can and should be done to prevent violence against children in Lao PDR, to ensure that all children who experience violence receive coordinated and timely referral to and receipt of high quality services, and to reduce the risk that violence is repeated or escalates. To effectively address violence against children in support of the implementation of the National Plan of Action on the Prevention and Elimination of Violence against Women and Violence against Children 2014-2020, a comprehensive set of recommendations are proposed across the following key areas:

Enhancing the enabling environment

- Disseminate and implement laws and policies that protect children from violence
- Develop and implement systematic national data collection and research
- Strengthen the capacity of all those who work with and for children
- Enhance management and coordination in child protection
- Increase financial investment to protect children from violence

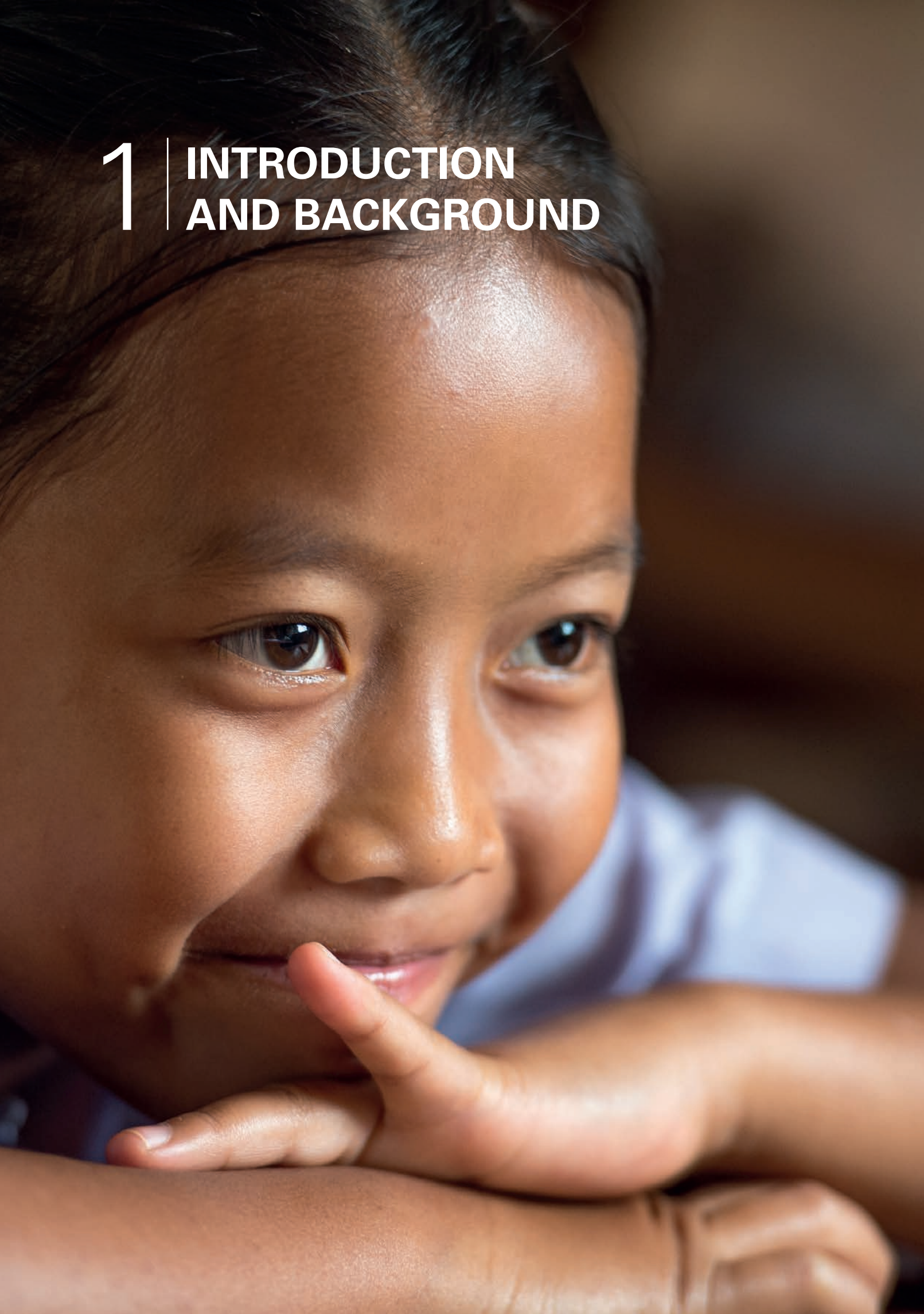
Preventing violence against children

- Change attitudes and behaviours that encourage violence
- Address the underlying causes of violence
- Create protective environments for children
- Empower children to protect themselves

Responding to violence against children

- Provide timely referral and access to appropriate support services
- Bring perpetrators to justice and preventing re-offending

1 | INTRODUCTION AND BACKGROUND



SECTION 1: INTRODUCTION AND BACKGROUND

1.1 Introduction

In recent years the magnitude and severity of violence against children has become an increasing focus of research agendas worldwide. Several global studies, including the 2006 United Nations Secretary-General's World Report on Violence against Children, the World Health Organization (WHO) Global Status Report on Violence Prevention 2014, and the 2014 UNICEF report "Hidden in Plain Sight", have shown that violence is widely prevalent in all societies. The United Nations World Report was the first and most comprehensive global study on all forms of violence against children and reported astonishingly high levels of violence in multiple settings, including in the home and family, in schools, in care and justice systems, in the work place and community. Perpetrators include parents, family members, teachers, caretakers, law enforcement authorities and other children.

While the United Nations World Report on Violence against Children succeeded in garnering attention to this important issue, the recent approval of the Sustainable Development Goals (SDGs) has made the elimination of all forms of violence against children a global priority, in particular Target 16.2 (see Box 1). The personal attendance of the President of Lao PDR at the SDG adoption ceremony highlighted the country's commitment to this important global agenda, within it the obligation to ensure that every child grows up free from violence and exploitation¹.

Box 1: Sustainable Development Goal Targets related to violence against children

- Provide safe, non-violent, inclusive and effective learning environments for all (Target 4a)
- Ensure all learners acquire knowledge... [for] promotion of a culture of peace and non-violence (Target 4.7)
- Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation (Target 5.2)
- Eliminate all harmful practices, such as child, early and forced marriage, and female genital mutilation (Target 5.3)
- End child labour in all its forms, including recruitment and use of child soldiers (Target 8.7)
- Significantly reduce all forms of violence and related death rates everywhere (Target 16.1)
- End abuse, exploitation, trafficking and all forms of violence against and torture of children (Target 16.2)
- Promote the rule of law at the national and international levels, and ensure equal access to justice for all (Target 16.3)
- Provide legal identity for all, including birth registration (Target 16.9)
- Strengthen relevant national institutions, including through international cooperation, for building capacity at all levels, in particular in developing countries, to prevent violence and combat terrorism and crime (Target 16a)

Physical, emotional and sexual violence can have wide-ranging consequences for children and families and society as a whole. Exposure to violence at an early age can affect children's brain development and their ability to learn, and can lead to a variety of behavioural and emotional issues². Children exposed to violence can experience severe short- and long-term health problems³ and are at increased risk of developing long-lasting diseases as adults such as heart disease, cancer, chronic lung disease, liver disease, stroke, diabetes, obesity, high blood pressure and overall poor health^{4,5}. The stress of long-term violence can also lead to anxiety, which makes victims more vulnerable to depression, attempted suicide, and learning, attention and memory difficulties.⁶ It can also lead to reduced school performance, including an increased likelihood for children to drop out or repeat a year.⁷

Furthermore, victims of violence in childhood are more likely to come into conflict with the law and to engage in high-risk behaviours as adolescents and adults, such as alcohol and drug abuse, sexual promiscuity, and unsafe sexual behaviour⁸. They are also more likely to grow up to become perpetrators of violence themselves⁹. Children who experience sexual violence are also more likely to experience sexually transmitted infections, including HIV, and girls experience higher levels of unwanted pregnancy.^{10,11} Given the serious and lasting impact of violence on children, it is important to understand the scale and nature of the problem in order to develop effective prevention and response initiatives that help keep children safe from harm.

As in many other countries, violence against children, including child sexual abuse and severe physical violence, remains an issue in Lao PDR. The few qualitative studies and quantitative surveys that have been conducted to date show that children are at risk or become victims of violence at home, in the community, and in schools. In many cases, the very people who are supposed to protect children, such as parents and other family members, as well as teachers and other adults in the community, are the ones committing violence against children.

Despite the seriousness of the issue, there has been limited national data on the prevalence of violence against children in Lao PDR and the circumstances under which it occurs. Evidence to support awareness raising, to inform national policy, planning and funding allocation and to implement and monitor programs to address all forms of violence was therefore urgently needed. In response to this concern, and to determine priorities in child protection and child welfare, the Government of Lao PDR, with technical and financial support from UNICEF and CDC, has conducted the first ever national survey to determine the magnitude of violence against children in Lao PDR. The main objectives of the Lao PDR Violence against Children Survey are to:

- Estimate the national prevalence of physical, emotional and sexual violence against boys and girls.
- Identify risk and protective factors for the different forms of violence against children to inform stakeholders and guide prevention.
- Identify the health and social consequences associated with violence against children.
- Assess the knowledge and utilization of medical, psychosocial, legal, and protective services available for children who have experienced sexual, emotional and physical violence.
- Identify areas for further research.
- Make recommendations to relevant ministries in Lao PDR, United Nations agencies and international and national non-governmental organizations (NGOs) on developing, improving and enhancing prevention and response strategies to address violence against children as part of a larger, comprehensive, multisectoral approach to child protection.

The findings from the survey will be used to better understand the scope, different forms and contexts of violence against children in Lao PDR, including its underlying risk and protective factors. This information will be used by the Government to develop and implement more targeted and informed prevention and response programs to address all forms of violence against children.

1.2 Background

In Lao PDR, a growing body of evidence from various quantitative and qualitative data sources suggests that violence likely affects a large number of children. According to the Lao Social Indicator Survey 2011-2012¹², 76 per cent of Lao children aged 2 to 14 are subject to at least one form of psychological aggression or physical punishmentⁱⁱ from an adult in their home. Of these, 77 per cent are boys and 74 per cent are girls. In addition, the percentage of children experiencing these forms of violence remains high across all education levels of household heads and wealth quintiles.

The findings also showed that 8 per cent of Lao children experience severe physical punishment from an adult in their household, a figure that increases with decreasing education levels of household heads and wealth quintiles. Ten per cent of children whose household heads have no education experience severe physical punishment compared to 4 per cent of children whose household heads have higher education. The

ⁱⁱ These data are not directly comparable to data from the Violence against Children Survey as the latter did not collect information on punishment.

percentage of children from the poorest quintile who experience severe physical punishment is more than twice that of children from the richest quintile (11 per cent and 5 per cent, respectively). Children from rural areas without road access (12 per cent) experience more severe physical violence than children in urban areas (8 per cent).

Little is known about the specific risk and protective factors for violence against children in Lao PDR. While some qualitative studies provide information on the risks and impact of some forms of violence against children, in particular trafficking, they are mostly limited in scale and cannot be generalized. Furthermore, less focus has been given to understanding protective factors for violence against children. Some factors, such as whether a parent has died, whether a child is still living with their biological parents, parent education level, relationship quality with parents, and perceived family and social support, have implications for identifying children at highest risk for violence and therefore help to determine how best to prioritize and allocate available prevention resources. A greater understanding of the risk and protective factors influencing violence against children can help to guide prevention strategies designed to safeguard against these risks and strengthen the efforts of concerned sectors in child protection.

In addition, there is evidence that suggests social norms may contribute to violence against children in Lao PDR, including the social acceptability of violence in relationships. In Lao PDR, social and cultural norms generally purport the belief that violence against children in the home is a private affair and that physical violence is an acceptable way to discipline and educate a child. Some 42 per cent of adults in Lao PDR believe that physical punishment is necessary to properly raise a child¹³. This opinion varies considerably across provinces, from a low of 7 per cent in Luangnamtha to a high of 94 per cent in Oudomxay¹⁴. Forty-six per cent of respondents with no education believe that a child needs to be physically punished compared to only 27 per cent of respondents with higher education¹⁵. Meanwhile, children are reluctant to report incidents of violence committed against them, sometimes in fear of retribution against themselves or family members, out of shame or guilt, or due to the belief that they merited such treatment or were in some way responsible¹⁶.

Box 2: International conventions relating to violence against children ratified/acceded to by Lao PDR

- Convention on the Rights of the Child: ratified in 1991
- First Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict: acceded to in 2006
- Second Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography: acceded to in 2006
- Convention on the Elimination of All Forms of Discrimination against Women: ratified in 1981
- ILO Convention 182 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour: ratified in 2005
- Optional Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime: acceded to in 2003

In response to these issues, violence against children is receiving increasing levels of awareness as an important child rights, social, health and child protection challenge in Lao PDR. As such, the Government of Lao PDR has put violence against children high on its political agenda and has taken measures towards protecting children from all forms of violence. At the international level, Lao PDR has committed to the 2030 Agenda for Sustainable Development and signed key international conventions relating to violence against children (see Box 2). The Convention on the Rights of the Child, in particular, has provided important guidance for national efforts to build a protective environment for all children in Lao PDR. In 2011, the United Nations Committee on the Rights of the Child considered the second periodic report of Lao PDR and recommended that the Government pursue the following in relation to violence against children:

- Consolidate a national system of data collection, analysis and dissemination, and a research agenda on violence against children.
- Prohibit all forms of corporal punishment of children in all settings and promote the use of alternative forms of discipline.
- Develop a comprehensive strategy to address violence against children.

- Develop explicit legislation that bans all forms of violence against children.
- Establish a mechanism to identify the number of cases and the extent of violence, abuse, neglect, maltreatment and exploitation.
- Provide access and adequate services for children as victims of violence.

In response to these recommendations, the Government of Lao PDR has made progress in several areas and will continue to strengthen the response to violence against children, in particular access to quality child protection services, in follow up to the findings of this survey.

Box 3: Regional commitments by Lao PDR in relation to violence against children

- ASEAN Regional Plan of Action on the Elimination of Violence against Children, 2014
- New Delhi Declaration on South-South Cooperation on the Rights of the Child, 2013
- ASEAN Declaration on the Elimination of Violence against Women and Violence against Children, 2013
- ASEAN Declaration against Human Trafficking, particularly Women and Children, 2004

At the regional level, Lao PDR has committed to several important declarations relating to violence against children. This includes the 2014 ASEAN Regional Plan of Action on the Elimination of Violence against Children, the 2013 New Delhi Declaration on South-South Cooperation on the Rights of the Child and the 2013 ASEAN Declaration on the Elimination of Violence against Women and Violence against Children, which encourages Member States to report on efforts to eliminate violence against women and violence against children.

At the national level, important progress has been made in recent years towards establishing a comprehensive legal and policy framework to address violence against children. Most significant is the passing of a new Law on Preventing and Combatting Violence against Women and Violence against Children, which was promulgated in January 2015. The law prohibits physical, emotional, sexual and economic violence against women and children in all settings and includes prevention, protection and assistance to women

and children who have experienced violence. It explicitly states that no custom, tradition or belief should be invoked to justify violence and, for the first time, introduces specific protection and assistance measures for victims of violence.

Other relevant laws include the Law on the Protection of the Rights and Interests of Children (2007), which defines principles, rules and measures related to the management, monitoring and inspection of implementation of the protection of the rights and interests of children in Lao PDR. This law includes legal measures to punish those who commit offences towards children in order to ensure that children are in full physical, moral and mental health. Furthermore, the Law on Development and Protection of Women (2004) includes provisions to eradicate all forms of discrimination against women and to prevent and combat trafficking in women and children and domestic violence. According to this law, women and children who are victims of domestic violence have the right to seek assistance and report to police officials for remedial action in accordance with regulations and laws. Finally, the 2008 Family Law of Lao PDR specifically references parental violence against children and states that “if parents do not meet their obligations in the education of their children, exceed their parental rights, make use of violence and ill-treatment to them, the court may withdraw their parental rights (Article 32)”. However, the type of violence that would lead to the withdrawal of parental rights is not defined.

The key policy document guiding Lao PDRs efforts to address violence against children is the National Plan of Action on the Prevention and Elimination of Violence against Women and Violence against Children 2014-2020, a first of its kind for Lao PDR. Developed jointly by the National Commission for Mothers and Children and the National Commission for the Advancement of Women, the National Plan of Action seeks to address violence against children through a coordinated multisectoral approach that combines knowledge, skills and resources from sectors and professions that have roles and responsibilities in preventing and eliminating violence against children.

With the legal and policy framework firmly in place, timely and complete data is warranted to develop prevention and response initiatives for effective implementation of the National Plan of Action on the Prevention and Elimination of Violence against Women and Violence against Children. To this effect, the

Lao PDR Violence against Children Survey provides comparable, national population-based estimates which describe the magnitude and nature of the issue, as well as the epidemiologic patterns of risk and protective factors of violence experienced by children in Lao PDR. On a country level, this study is aligned with key government priorities in child protection, most notably the National Plan of Action on the Prevention and Elimination of Violence against Women and Violence against Children. It also follows the thematic direction of the UN in conducting studies aimed at protecting children and young adults.¹⁷ The results of this survey will serve as an important baseline national estimate of violence against children for future interventions and prevention strategies.

Box 4: National laws and policies relating to violence against children

- Law on Preventing and Combatting Violence against Women and Children (2015)
- Law on the Protection of the Rights and Interests of Children (2007)
- Law on Development and Protection of Women (2004)
- Law on Juvenile Criminal Procedure (2013)
- Family Law (2008)
- Labour Law (2013)
- Trafficking in Persons Law (2016)
- National Plan of Action on the Prevention and Elimination of Violence against Women and Violence against Children 2014-2020
- National Strategy and Plan of Action on the Prevention and Elimination of Child Labour for the Period 2014-2020

1.3 Survey process

In 2012, an introductory workshop on the Violence against Children Survey took place in Lao PDR, supported by UNICEF and CDC. At the workshop, the Ministry of Planning and Investment's Lao Statistics Bureau, presented for the first time the Lao Social Indicator Survey findings on violence against children, which served as an impetus for conducting more comprehensive research on violence against children. As a result of the workshop, through the National Commission for Mothers and Children, the Government of Lao PDR took the leadership to pursue the coordination of the Violence against Children Survey, with data collection implemented by the Lao Statistics Bureau. A national Steering Committee, consisting of government officials from the National Commission for Mothers and Children, the Lao Statistics Bureau, the Ministry of Labour and Social Welfare and the Lao Women's Union, was subsequently established by the Minister of Planning and Investment to oversee, coordinate and implement the survey and to ensure that the findings are followed up with appropriate policies and programs. The Steering Committee has been instrumental in adapting the survey to the local cultural context and enabling and fostering broad ownership of the study and building local capacity to generate reliable data on violence against children.

Following the workshop, a number of meetings were held to plan, develop, provide inputs, and agree on the objectives and use of the survey in Lao PDR. Further technical meetings discussed the sample design, the survey process, the survey questionnaire and the response plan to support respondents who had experienced violence. All participating partners from the national and sub-national level who were involved in the preparation process have additionally worked in their respective sectors to promote the Violence against Children Survey to other relevant partners. The Lao Statistics Bureau was given responsibility to implement the survey in Lao PDR with technical assistance for planning and conducting fieldwork and processing and analysing data provided by UNICEF Lao PDR and CDC.

2 | METHODOLOGY



SECTION 2: METHODOLOGY

2.1 Study design and sampling

The 2014 Violence against Children Survey in Lao PDR was a national household survey of 13 to 24ⁱⁱⁱ year olds to retrospectively assess physical, emotional and sexual violence against children (before 18 years of age). The survey used a four-stage clustered sample design, with statistically valid sample sizes calculated based on available data from previous country surveys.

The sampling frame was originally compiled by the Lao Statistics Bureau for the national Census 2015. The sampling strategy involved selecting EAs—the primary sampling unit based on geographical subdivisions determined by the Lao Statistics Bureau—from the national sampling frame using probability proportional to size followed by the selection of a fixed number of 30 households by equal probability systematic sampling. Lastly, one eligible respondent (female or male) was randomly selected from the list of all eligible (female or male) respondents. The Lao PDR sampling frame consisted of 7,047 villages, 1,070,888 households and 5,993,170 persons.

In the first stage of selection, a total of 209 villages were selected out of 8,622 villages in the sampling frame using probability proportional to size with allocation by urban, rural with road and rural without road. At this stage the villages were allocated as either female or male. In the second stage, 209 EAs were selected from the 209 villages. In the third stage, a fixed number of 30 households were selected by equal probability systematic sampling. In the fourth 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 to 24 years of age in each household and administered the questionnaire. This study design yielded nationally representative prevalence estimates of violence for (a) girls and female youth aged 13 to 24 and (b) boys and male youth aged 13 to 24.

To calculate separate male and female prevalence estimates for violence victimization, a split sample approach was used, meaning the survey for females was conducted in different EAs than the survey for males. This approach was used to protect the confidentiality of respondents, and eliminate the chance that a perpetrator of sexual violence and the victim in the same community would both be interviewed.

Prior to the implementation of the survey, a mapping and listing team from the Lao Statistics Bureau visited all of the 68 selected villages that required mapping and listing. These villages were those in the sample with more than 250 households and which required segmentation to maximize efficiency in the field so that teams were not in very large villages with large sampling intervals. Once the villages were segmented and an EA was selected, a new mapping and listing of structures and households was performed in each of the selected EAs by trained staff of the Lao Statistics Bureau. The updated list (with names of the head of households) was given to the Lao Statistics Bureau who selected the fixed number of 30 households using a specially designed program in the Census and Survey Processing System (CSPPro). The maps and lists were given to the team leaders with the 30 sampled households clearly identified on the household list. The household list was never connected to the survey data because the survey data was collected electronically on password protected netbooks and the list of household names was in hardcopy format and stored in the Lao Statistics Bureau offices to which only authorized staff had access. The names from the list were never recorded on the netbooks and can never be connected to the questionnaire data.

For the 141 villages with only one EA, i.e. villages with less than 250 households, survey teams used a different method of enumeration. On entering the village, the team leader met with the village chief to ask for the total number of households in that village. This was compared to the number of households provided by the Lao Statistics Bureau. If there was a minimal discrepancy, the survey team asked the village chief to share any maps or household lists to help identify the village boundaries and to identify which structures were households, where there were multiple households within one structure and where structures were not households. The team leader entered the total number of households into CSPPro to generate a random sample of 30 households. The survey team then identified the northwest corner of the village and the first house and moved through the village in a serpentine fashion selecting the pre-identified households.

ⁱⁱⁱ Data for 13 to 17 year olds is used to produce estimates for the 12 months prior to the survey (12 month victimization rate), whereas data for 18 to 24 year olds produces lifetime estimates of violence for events prior to age 18.

2.2 Questionnaires

Three questionnaires were used in this study: a household questionnaire administered to the head of (or acting head of) each household, and a male or female questionnaire administered to the selected respondent aged 13 to 24. These questionnaires were based on standardized global questionnaires developed by CDC, UNICEF and other leading scientists using questions and definitions from a number of well-respected international and national survey tools.^{iv} They also drew on lessons learned from other countries who previously implemented a national Violence against Children Survey. The questionnaires were then adapted in-country through extensive review and consultation by key Government stakeholders, a process that was led by the Lao Statistics Bureau with technical support from UNICEF. The final questionnaires were reviewed and approved by a multi-sectoral Steering Committee made up of representatives from several different ministries.

The household questionnaire collected information on the general characteristics of the household, including basic household demographics and questions to assess if there were any vulnerable children living in the household. The male and female respondent questionnaires collected information on the following topics: demographics; parental relations; gender attitudes; education; family, friends, and community support; sexual behaviour and practices; sex in exchange for money or goods; pregnancy; HIV testing; experiences of physical, emotional, and sexual violence; health outcomes associated with exposure to violence; disclosure of violence; and utilization and barriers to services. The background characteristics of the study respondents and the head of household survey included questions that assess age, socio-economic status, marital status, work status, education, and living situation.

The questionnaires were translated into and administered in Lao. The translation was further tested and revised during training and pilot testing.

2.3 Alternate methodology for self-reporting

In an effort to triangulate the interviewer-administered survey questions on violence, an alternate methodology was introduced in Lao PDR to capture the responses to violence questions using a self-administered and anonymous method. This involved repeating six key violence questions at the end of the respondent questionnaire, however instead of verbally answering “yes” or “no”, respondents were given a card by the interviewer to anonymously record their answer. Respondents were asked to circle a smiley face if they did not experience that particular type of violence and circle a sad face if they did experience that type of violence. After completing all six questions, respondents placed their answers inside an envelope and sealed it before passing it back to the interviewer.

2.4 Planning and preparation for fieldwork

2.4.1 Selection and training of data collection teams

To help facilitate trust and understanding with respondents, the selection of interviewers for this survey was critical. Interviewers were males and females who were Lao and could fluently speak Lao and who were culturally sensitive. In addition, based on the findings from qualitative work in previous Violence against Children Surveys, priority was given to interviewers who physically looked young so that respondents felt they were sharing sensitive information with someone who was more like a peer as opposed to an authority figure. These criteria were used in hiring interviewers so that the respondent could feel comfortable, to the maximum extent possible, with the interviewer and the survey process. Priority was also given to candidates with past experience in survey research and/or research on sensitive topics. The interviewers and supervisors were selected by the Lao Statistics Bureau with guidance from the Steering Committee and UNICEF. Additional selection criteria included education level, the area where they lived and worked, as well as past work experience and performance.

^{iv} These include: the Demographic and Health Survey; National Intimate Partner and Sexual Violence Surveillance System; the Child Sexual Assault Survey; Longitudinal Studies of Child Abuse and Neglect; ISPCAN Child Abuse Screening Tool; HIV/AIDS/STD Behavioural Surveillance Surveys; Youth Risk Behaviour Survey; National Longitudinal Study of Adolescent Health; World Health Organization Multi-country Study on Women’s Health and Domestic Violence against Women; Behavioural Risk Factor Surveillance System; Hopkins Symptoms Checklist; Multi Cluster Indicator Survey; and Global School-based Health Survey.

Nine interview teams were selected for male EAs and eight teams for female EAs. Each survey team was composed of four interviewers and one team leader. As an additional precaution to ensure confidentiality and trust, team members were not assigned to administer the survey in a community where they were likely to know or be known by any of the respondents.

In addition to selecting interviewers, the Lao Statistics Bureau identified male and female team leaders who were responsible for providing direct supervision of the overall survey implementation in the field. Male team leaders supervised teams composed of male interviewers, whereas female team leaders supervised teams composed of female interviewers. Team leaders did not directly participate in the interview process; however they were responsible for ensuring that interviewers followed appropriate procedures for obtaining consent and providing a list of support services to all respondents and/or direct referrals for those who needed them.

A total of 12 days training was provided for team leaders and the Lao Statistics Bureau survey coordinators in September 2014 and an additional 12 days for all interviewers in October 2014. Team leaders also participated and contributed to the training of interviewers. Sessions were conducted by CDC, the Lao Statistics Bureau and UNICEF to ensure standardized, accurate, sensitive and safe interviewing techniques. Training was conducted primarily in Lao. The training sessions covered: the purpose of the study; data collection and design; electronic data collection; procedures for and importance of maintaining confidentiality; sensitivity toward study subjects; the importance of securing and maintaining privacy during the interview; referral services and procedures; identification and response to adverse effects; quality assurance and quality control of data; interviewer safety as well as referral services and procedures for the interviewers, and human subjects research protection. Additional sessions were held to discuss interviewers' attitudes and beliefs towards violence, and to ensure interviewers were comfortable talking about violence, in particular sexual violence.

Team leaders participated in all aspects of the training, with focused sessions on sampling procedures, data management and aggregation using electronic data collection protocols, assignment of sampling areas, and the proper communication chain to deal with arising technical issues.

Particular emphasis throughout the training was placed on how to conduct the interview with sensitivity and empathy as well as how and when interviewers should provide referrals to respondents who reported experiences of violence. Interviewers were instructed, however, not to provide any counselling, but to offer a list of local services and sources of support to all study participants, and to offer direct referral services to respondents who became upset or who indicated that they did not feel safe in their current living situation, or who had experienced abuse of any form in the past 12 months.

2.4.2 Pilot test

A pilot test was conducted by male and female team leaders in September 2014. The pilot test took place in two rural EAs (one female and one male) in Vientiane province and two urban EAs (one female and one male) in Vientiane Capital. These EAs were not included in the study sample. The team leaders conducted the pilot after their comprehensive 12-day training. The pilot test consisted of two days in the field interviewing respondents and piloting all survey protocols and one day for discussion and feedback from the team leaders.

The survey design for the pilot test also utilized a "split sample" approach so that the survey for girls was conducted in different EAs to the survey for boys. As with the national survey, this approach was implemented to protect the confidentiality of respondents and helped eliminate the chance that a perpetrator of a sexual assault and the victim in the same community would both be interviewed.

Given that the primary purpose of the pilot was to test the questionnaire and other survey tools, convenience sampling was used to select households within each of the pilot sites, instead of a systematic sample of households with a random start (as for the main survey). This ensured adequate representation in the pilot test based on gender and the various age groups (i.e. 13 to 15 years, 16 to 17 years, and 18 to 24 years) and from urban and rural settings. Interviewers were instructed to skip a certain number of households in order to help ensure confidentiality and anonymity of survey participants. In each household, one female between the ages of 13 to 24 years old was selected within the communities designated for females and one male between the ages of 13 to 24 years old within the communities designated for males. Questionnaire data was never linked to households or individual names and all data was non-identifiable.

The pilot test was an important precursor to finalizing the survey tools as it helped inform the survey procedures, including but not limited to: community entry, approaching households, gaining consent, as well as the referral process. In addition, administering the questionnaire in the pilot test provided useful information on the willingness of respondents to participate, average length of interviews, translation of the questionnaire and the cultural appropriateness of the questions. This helped to ensure the questions were being asked accurately and were obtaining the intended data. The information obtained from the pilot was used to revise and improve the utility of the survey tools.

2.5 Fieldwork

Fieldwork took place in all 17 provinces and Vientiane Capital between mid-October and the end of November 2014. Data was collected by male and female interview teams consisting of one team leader and four interviewers from the National Commission for Mothers and Children, the Ministry of Labour and Social Welfare and the Lao Statistics Bureau.

2.5.1 Inclusion and exclusion criteria for survey respondents

Inclusion criteria for this survey were males and females living in selected households in Lao PDR who were 13 to 24 years of age and speak Lao. Males and females older than 24 were excluded from the survey because of a desire to focus on understanding violence against children, and the fact that recall bias becomes a greater issue the further a respondent is from the target age range.

Males and females with mental disabilities who did not have the capacity to understand the questions being asked and those with physical disabilities (e.g. hearing and speech impairment) that prevented the interviewer from oral administration of the survey were excluded as specific skills (e.g. sign language) and survey tools would be required to interview these groups. It is acknowledged that people living with disabilities may be at even greater risk of violence than the general population. However, since this survey is not designed to produce statistically stable estimates of violence in this sub-population, this issue would be best addressed in a separate study.

Children living in institutions, such as prisons, orphanages and boarding schools, and children living on the street were also excluded from the survey.

2.5.2 Selection of households and respondents

Upon entering a selected household, interviewers confirmed that they were in the correct sampled household by asking the first name of the head of household and comparing this to the list of sampled households. Once the interview team correctly identified the sampled household, they asked to speak with the head of household or the person representing the head of household in order to introduce the survey and complete a household census to determine eligibility of household members to participate in the survey. In cases where a head of household was a female or male 13 to 24 years old, she or he was included in the household listing and was eligible for selection as the respondent. In this case, she or he completed the household questionnaire and the respondent questionnaire. For households with more than one eligible respondent, the CSPro software randomly selected one respondent for interview.

After selecting an eligible participant, the interviewer first asked for consent from the head of household to participate in a short (15 minute) survey about the household. If there was no eligible respondent, the interviewer still asked for consent from the head of household to participate in the household survey. The purpose of the head of household survey was twofold: firstly, to assess the socioeconomic conditions of the household, and secondly, to build rapport with the head of household by providing the head of household an opportunity to participate in the survey.

For all selected eligible respondents under 18 years of age, interviewers first obtained the permission of the parent/primary caregiver for participation in the survey. Once permission was obtained, informed consent was sought from the respondent.

If the selected respondent was not available after three attempts or refused to participate, the household was skipped regardless of whether another eligible respondent existed in the household. The household was not replaced.

2.5.3 Electronic data collection

Data for this survey was collected electronically using a netbook, with the operating systems Windows 7 or 8, and the specialized survey collection software CSPro V5.0. Each interviewer used the software to conduct the interviews and collect the data in real time.

The electronic data collection system included a series of graphical screens for data entry, skip pattern programming, consistency checks programming and a validation component to check the validity of entered data. Given the complexity of the skip patterns and logic sequencing in the core survey questionnaire, electronic data collection helped eliminate routing errors, reduced interviewer training on skip pattern sequencing, reduced data inconsistencies, and eliminated the need for data entry and thus data entry errors.

2.5.4 Data backup and aggregation during fieldwork

At the end of each day, a local backup of data was created in each interviewer's netbook and was manually verified by the team leader. Each team leader aggregated the data daily and transmitted it electronically to the designated data management centre every few days (when internet access was available). An encryption process protected the data during the transmission.

2.5.5 Assuring privacy during interviews

Several precautions were used to ensure privacy during the respondent interviews. The interviewers were trained to identify, in consultation with the respondent and head of household, a private space that was safe and private outside the house, unless it was determined that a private space inside the house was safer and more appropriate. All interviewers were given plastic mats to help facilitate the use of a private space i.e. in the garden under a tree.

If the interview was interrupted, interviewers were trained in ways to offer and take the respondent to an appropriate place. Interviewers were also trained to handle interruptions (e.g. by switching to a non-sensitive survey which was saved on the netbook used for data collection). The respondent was briefed on this technique before the interview began so he/she would follow the cues of the interviewer.

If privacy could not be ensured, interviewers were instructed to reschedule the interview for another time. If the interview was rescheduled, the interviewer and respondent determined a time and place to meet while the survey team was still in the community. If the interview could not be rescheduled while the survey team was in the selected community, the interview was considered incomplete. If the respondent was not available after three attempts to contact her/him, the household was omitted and not replaced. The initial visit record form of the survey tool had a section that allowed the survey team to track household or respondent refusals, incomplete interviews as well as interviews that needed to be rescheduled. The name of the respondent was not written on any of the survey forms and the completed survey form did not contain any identifying information.

2.5.6 In-field quality control checks

Fieldwork was monitored on an ongoing basis by a team of experienced survey coordinators from the Lao Statistics Bureau. This ensured the quality of data collection and quickly identified any problems that required additional technical assistance from UNICEF or CDC.

2.6 Ethical considerations

2.6.1 Ethical review

The Lao PDR Violence against Children Survey underwent an in-country ethical review process through the National Ethics Committee for Health Research under the National Institute of Public Health, which independently reviewed and approved the survey protocol. This helped ensure that the practices and protections for respondents were ethical and sound and in adherence with the WHO guidelines on safety and ethics in studies of violence against women.

2.6.2 Response plan

A survey response plan was put in place to provide services for respondents who were screened to need and want help for past or current experiences of physical, emotional or sexual violence. Respondents who became upset during the interview; shared at any point during the interview that he or she did not feel safe in his or her current living situation and was likely to experience recurrent violence; or had experienced violence in the past, were offered assistance and a referral to counselling and support services. The response plan formed part of a commitment to meet ethical standards and minimize risks when conducting research with children and young people.

In addition, a general list of service providers was given to all survey respondents at the end of the interview, identifying education and vocational training support, medical assistance, counselling and support services, services for people living with a disability, and legal assistance. Interviewers were instructed to indicate which organizations and agencies provide services for violence, so that the respondents clearly understood where to obtain and how to access the necessary services.

Development of the response plan was led by the National Commission for Mothers and Children in collaboration with the Ministry of Labour and Social Welfare, the Ministry of Public Security, the Lao Women's Union and NGOs at the national and subnational level, with technical support from UNICEF. A two-day training workshop on the survey response plan was held for around 70 provincial government counterparts nationwide as well as key focal points from central level. The referral process was as follows:

- STEP 1:** After completing the questionnaire, the respondent requests a referral.
- STEP 2:** The interviewer completes the referral form and gives the form to the team leader. The team leader immediately contacts the Provincial Commission for Mothers and Children focal point to alert them about the referral and to relay the information on the referral form.
- STEP 3:** The Provincial Commission for Mothers and Children focal point contacts the appropriate provincial department, NGO service provider and/or National Government counterpart to respond to the needs of the respondent.

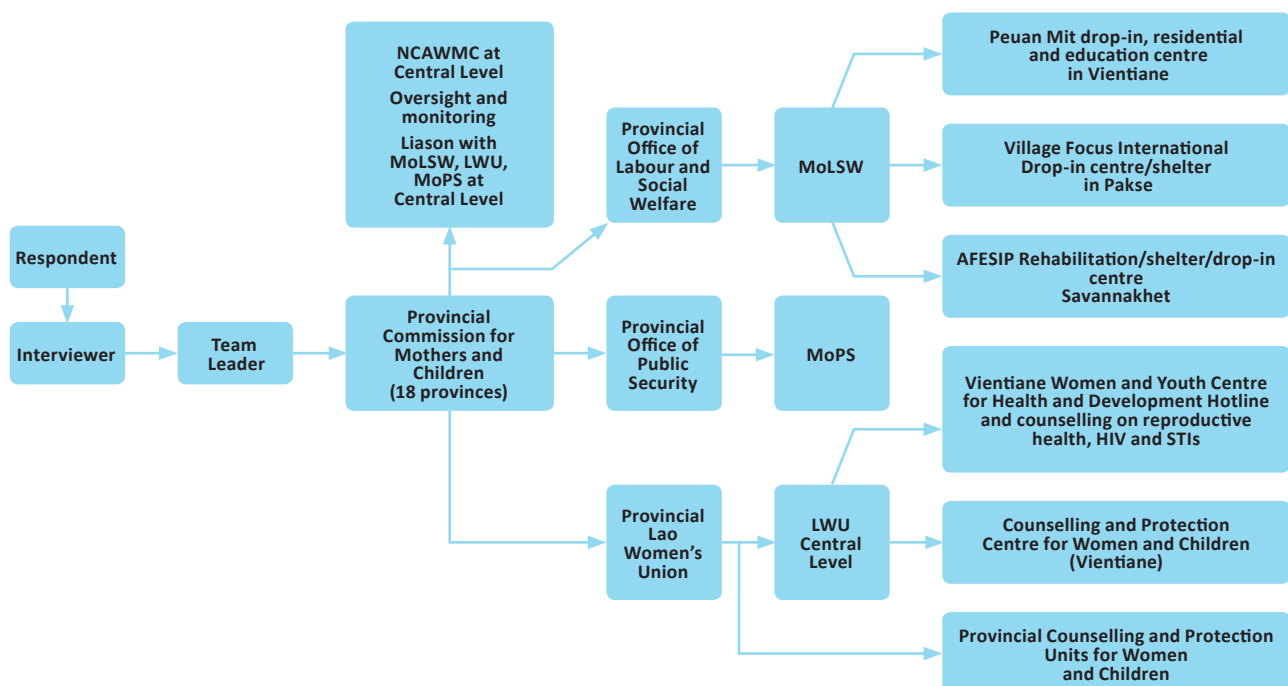


Figure 2.1. Referral process for the Violence against Children Survey response plan in Lao PDR

Despite intensive preparations and a readiness to respond to survey participants who had experienced violence and requested a referral, only one case was referred to the local authorities for further support. This is not indicative of the number of cases of violence that were found during data collection, but more likely a reflection of the current lack of demand for such services. This could be due to a number of factors, including lack of services across the country (particularly outside large urban areas), distance to available services, issues surrounding discrimination, or lack of confidence in the ability of service providers to meet the needs of respondents. In follow up to the Violence against Children Survey, the Government is working to expand and improve access to and delivery of community-based services for victims of violence, exploitation and abuse.

2.6.3 Informed consent

Full and informed consent was sought from all participants before participating in an interview. For all selected eligible respondents under 18 years of age, permission was first obtained from the parent/primary caregiver. Interviewers were trained to determine if the head of the household or another household member was accountable for the child's health and welfare in order to ensure that the responsible person provided permission for the respondent. The interviewer informed the parent/primary caregiver that the survey was both voluntary and confidential.

When the respondent was a child (under the age of 18), consent was required by the parent or guardian for the child to participate in the survey. The only exception was children who lived in child-headed households. Even with full consent from the parent or guardian, the child also had to agree to participate in the survey. Both parent/guardian and child had to consent before conducting an interview. If a parent agreed and a child did not agree, the selected child was not included in the survey.

When getting permission from the parent or guardian for their dependent child to participate in the survey, interviewers provided the respondent and parents/guardians with information about the study, including the risks and benefits from their participation. This ensured that respondents and parents were aware of the nature and subject matter of the questions. However, only selected information about the content of the survey was given to parents and primary guardians. Parents and primary guardians were informed that sensitive topics were included in the survey, but the interviewer was careful not to make any reference to violence that may be occurring in the home or being perpetrated by the head of household or other household members. This helped to protect the respondents and their privacy.

2.7 Quality control, data management and response rates

2.7.1 Data management

The data management processes were performed using a control panel developed in Microsoft Access and data tools available in CSPro V5.0. At the end of each day a local backup was created in each interviewer's netbook. The team leader was then responsible for manual verification of the data collection of each interviewer. After the pertinent information was verified, the team leader inserted an encrypted USB flash drive and performed a backup of each interviewer's data into the USB through the use of the control panel. Once the team's data was collected, the team leader inserted the same encrypted USB in the team leader's netbook and performed a backup and aggregation process through the use of the control panel. Upon completion, the team leader used the control panel to encrypt and transmit the data electronically by email to the designated data centre. The control panel uses a pre-set program installed in the team leader's computer to automate this transmission. The encryption process protected the data during the transmission. In addition to the encryption, the CSPro files electronically transmitted did not contain meaningful data.

The data received from all teams during data collection was received and centralized in a designated data management centre. Staff from the Lao Statistics Bureau received training and technical assistance to set up the centre and provide support for data and technical issues to teams in the field. Decryption software and instructions were provided during training.

To ensure data security, the data management centre computer/server was password protected, and all files presented in the computer were encrypted and contained no meaningful data. In addition to the encryption of the data, the Lao Statistics Bureau coordinated daily backups of the data to an external storage source to be kept on a secure space off-site.

The data management centre played a crucial role in monitoring data from the field. Data was expected at least two times per week for each team, though this varied depending on internet access. The Lao Statistics Bureau’s data management team were responsible for the reception, decryption and monitoring during this process. A detailed reporting of key indicators took place on a weekly basis, which enabled any adjustments to be made if problems arose.

2.7.2 Privacy of respondent data

There were no unique identifiers in the database that could ever be linked to a participant. Furthermore, all netbooks, in which the data entry system was installed and used, were password protected. In addition to this first layer of protection, access to the data entry system was protected by a control panel designed to limit the use of the system during training and fieldwork. Once the designated end date was reached, the panel disabled all access to the data entry system. In addition to this secondary layer of protection, all files present in the netbook that contained survey data were encrypted and contained no meaningful data.

2.7.3 Response rates

A total of 6,281 households were visited during data collection across Lao PDR: 2,948 households for females and 3,333 households for males. The household response rates were 96.5 per cent for females and 97.0 per cent for males (Table 2.1). Within all visited households, a household census was conducted to determine whether an eligible male or female respondent resided in the household. As a result, 1,911 individuals aged 13 to 24 years participated in the Lao PDR Violence against Children Survey. A total of 988 females and 923 males completed the individual questionnaire, yielding an individual response rate of 96.3 per cent for females and 93.0 per cent for males. The combined household and individual response rates provide an overall response rate for females of 92.9 per cent and a response rate for males of 90.2 per cent. Table A2 in Appendix A shows household and individual response rates by gender. Reasons for uncompleted interviews include the respondent refused, the respondent was not home at the time of the survey, and the respondent was unable to communicate in the Lao language.

Table 2.1 Response rates for the Lao PDR Violence against Children Survey

Response rates	Female (%)	Male (%)
Overall response rate	92.9	90.2
Individual response rate	96.3	93.0
Household response rate	96.5	97.0

2.8 Data processing

2.8.1 Data cleaning

Data cleaning was conducted immediately following data collection.

2.8.2 Weighting procedures

Weighting is a method used to obtain parameters from survey data. The data for this survey was weighted to obtain parameters that represent the total population of Lao PDR. A three step weighting procedure was applied, incorporating:

- Step 1: computation of base weight for each sample respondent;
- Step 2: adjustment of the base weights for non-response;
- Step 3: post-stratification calibration adjustment of weights to known population totals.

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

In Step 2, base weights were adjusted to compensate for the losses in the sample outcome due to non-response (see Table A2 showing household and individual response rates in Appendix A). In this step, non-response adjustments were made for non-responding enumeration areas, non-responding households and non-responding respondents. In Lao PDR, all selected EAs participated in the survey so non-response adjustments for enumeration areas did not need to be made. The non-response adjustment for households was performed by using weighted data by urban/rural location and enumeration area. For the non-response adjustment for individual respondents, weighting cells were formed taking into account location, age group (13 to 17 or 18 to 24) and gender. In the final stage of the weighting process (Step 3), calibration adjustment was carried out to adjust weights to conform with the Lao Statistics Bureau's 2013 population projections distributed by location, age group (13 to 17 or 18 to 24) and gender. These variables were used to form weighting cells. Tables A7 and A8 (see Appendix A) present the post-stratification calibration adjustment factors for female and male EAs. Weighted point estimates and 95% confidence intervals were produced using SAS 9.3.

CDC and the Lao Statistics Bureau produced a complete description of the findings, including reporting frequencies and percentages on the principal variables of interest. Charts and diagrams were used to display data. Tables were created to illustrate distributions of characteristics associated with sexual behaviour and practices; physical, emotional, and sexual violence; and utilization of health care services, counselling services, and other services utilized by respondents.

2.9 Data analysis

The statistical packages SAS (version 9.3) and SPSS (version 22) were used for data management and analysis to produce weighted point estimates and standard error calculations. SAS is the standard statistical package used in countries implementing the national Violence against Children Surveys, while SPSS is typically used for data analysis in national surveys by the Lao Statistics Bureau. A mixed approach was therefore used, with the initial analysis of core indicators for the preliminary report in SPSS and additional complex analysis in SAS for the main survey report. As such, the results in this report may vary slightly from those developed in SPSS and presented in the preliminary report. All results were calculated using sampling weights to yield nationally representative estimates.

Data has typically been analysed separately for males and females. The respondents were partitioned into two sub-groups for analysis: a 13 to 17 age group and an 18 to 24 age group. The 13 to 17 age group yields information on events occurring in the past 12 months (current estimates of violence against children). Lifetime estimates of violence during childhood are based on responses from participants aged 18 to 24 reporting on their experiences prior to age 18.

For the alternate methodology, data was analysed separately for females and males for the 18 to 24-year-old age category using Excel. The data was then compared to the lifetime prevalence estimates of violence in childhood (defined as violence occurring before the age of 18) for the six main types of violence measured.

2.10 Technical notes to reader

2.10.1 Weighted percentages and 95 per cent confidence intervals

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

2.10.2 Differences between estimates

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

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

2.10.3 Definition of unstable estimates

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

2.10.4 Treatment of missing data

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

2.11 Strengths and limitations

The Lao PDR Violence against Children Survey has a number strengths and weaknesses that must be considered when interpreting the findings. As in all countries where violence against children surveys have been conducted, the sheer lack of data on different forms of violence against children in Lao PDR was one of the major barriers to address it. A national survey of this nature – the first comprehensive research on violence against children in Lao PDR – is therefore critical to understanding the scale of the problem and generating concrete actions to protect children from violence and prevent it from happening in the first place.

The process of preparing and implementing the survey has been invaluable in and of itself. The inter-sectoral and collaborative nature of the preparatory process has enhanced broad ownership of the survey and helped to build capacity among Government agencies to conduct research on violence against children. It is hoped that this will pave the way for future surveys on violence against children to measure progress over time. The process has also increased general levels of awareness about the issue among national counterparts across sectors and at all levels. This is set to continue through broad dissemination of the data nationwide and cross-sectoral follow up action to the survey findings.

Another core strength of this survey is its comprehensive methodology and survey tools, which have previously been tried and tested in several countries in Africa and Asia and allow for comparison with other countries conducting these surveys. The methodology incorporated a strong ethical approach to protect individual respondents and to ensure that cases of violence identified in the survey were offered referral to counselling and support services in a timely and confidential manner. Whilst the number of cases requesting referral in Lao PDR was minimal, the process of developing the survey response plan allowed for a comprehensive examination of existing response mechanisms – an important precursor to expanding services for children who have experienced violence.

As in other countries that have implemented national Violence against Children Surveys, the individual and household response rates in Lao PDR were relatively high, owing to a strong survey design, well-trained data collection teams and a willingness of household and respondents to participate. An additional strength of this survey is the depth of information collected, notably on the context and circumstances of physical violence and sexual abuse. This information can considerably enhance both prevention and response efforts.

As with all surveys of this nature, there are also several important limitations. Firstly, as a national household survey the findings do not allow provincial level estimates of the prevalence of violence and the specific circumstances in which it occurs. Whilst this was agreed with survey partners at the outset, provincial estimates may have allowed for more tailored responses at the local level. Secondly, information was collected about the first and most recent incidents of each type of violence only. Therefore, contextual information around additional incidents of violence was not collected. Furthermore, due to the complexity of the survey, some respondents may have had difficulty understanding some of the questions, especially if their first language was not Lao. However, interviewers received comprehensive training to guide respondents clearly through the questions in order to minimize confusion among participants.

In household surveys, prevalence estimates of violence in childhood are likely to be underestimated due to under-reporting. Evidence suggests that it is not uncommon for adults who experienced violence as a child to have no memory of the incidents, particularly when it took place at a young age and by someone well known to them.¹⁸ Further research indicates that respondents are less likely to disclose violence if the perpetrators are known to them.¹⁹ Respondents may also feel uncomfortable disclosing incidents of violence to a stranger, particularly more sensitive incidents of sexual abuse. To triangulate data from the interviewer-administered questions and to explore differences with anonymous reporting, a core set of self-administered questions were introduced in Lao PDR. While further exploration of this method is needed, initial results indicate an increase in disclosure of the more sensitive questions on sexual abuse.

A further limitation of household surveys is that they are not designed to provide data for specific sub-population groups and therefore do not capture violence experienced by all groups of children such as those living in institutions and in places of detention, children living on the street and children with disabilities. These children are often among those at highest risk of violence, so the findings from the survey are likely to be conservative estimates of the true prevalence of violence against children. Thus, further research to explore violence among these specific groups of children is warranted.

One of the main limitations for Lao PDR – a country with a large representation of ethnic minorities – is that the survey was only conducted in Lao. Some of the main minority languages do not have a written form that can be used to standardize interviews in these languages. Therefore, if heads of household or respondents were unable to speak Lao, they were unable to participate in the survey and the household was listed as incomplete. In some villages, this resulted in low levels of completion rates. This may also have affected the true prevalence of violence against children as local customs of some ethnic minorities may or may not contribute to higher levels of violence against children.

A further potential limitation in a country like Lao PDR is the use of netbooks for electronic data collection. While the advantages of using this technology are plentiful, not least to eliminate routing errors, reduce training on skip pattern sequencing and reduce data entry time and errors, the overall impact on disclosure in countries with hard-to-reach communities that have had little to no exposure to such technology has yet to be fully explored. Further research into this issue and the potential impact on data – particularly in the Asian context – may be warranted.

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



3

HOUSEHOLD AND RESPONDENT
CHARACTERISTICS

SECTION 3: HOUSEHOLD AND RESPONDENT CHARACTERISTICS

This section describes selected household and respondent characteristics from the Violence against Children Survey. Household characteristics include age and ethnicity of the head of household, place of residence i.e. urban, rural with road or rural without road, and economic status of the household. Respondent characteristics include gender and age distribution, educational status, orphan status, marital status, sexual activity, and working for money or other payment.

Questions about household and respondent characteristics were asked in this survey because they provide information on child vulnerability and may be associated with the risk of violence in childhood. For example, educational attainment, orphan status, time spent working, marital status and the age at which marriage took place, may all be associated with an increased or decreased risk of violence.

3.1 Household characteristics

3.1.1 Age of head of household

The average age of the head of household was similar for female and male respondents (Table 3.1 and Appendix Table 3.1). For females, the age of the head of household was most often reported as 31 to 50 years (51.5 per cent), followed by 51 years or above (39 per cent) and 19 to 30 years (9.4 per cent). Only a small number of female respondents reported that the head of household was 18 years or under (0.1 per cent).

Among male respondents, 31 to 50 years was also the most commonly reported age of the head of household (55.8 per cent). A further 38.7 per cent of males reported the head of household to be 31 to 50 years of age, while a smaller percentage (5.6 per cent) reported the head of household to be 19 to 30 years of age.

Table 3.1. Background characteristics of the survey households

Background characteristic		Female (%)	Male (%)
Age of head of household	<=18 years old	0.1	0.0
	19 to 30 years old	9.4	5.6
	31 to 50 years old	51.5	55.8
	51+ years old	39.0	38.7
Place of residence	Urban	30.2	28.3
	Rural with road	64.0	65.1
	Rural without road	5.8	6.5

3.1.2 Place of residence

The number of villages selected in the survey sample was directly proportional to the number of urban and rural areas with and without road in Lao PDR. The majority of female and male households were located in rural areas with road—64 per cent and 65.1 per cent, respectively (Table 3.2). A further 30.2 per cent of female households and 28.3 per cent of male households were located in urban areas, while 5.8 per cent of female households and 6.5 per cent of male households were located in rural areas without road. The allocation of female and male respondents by place of residence was therefore similar.

3.1.3 Ethnicity of head of household

Heads of households from 33 ethnic groups were represented in the Violence against Children Survey (Table 3.2). The overwhelming majority (58.7 per cent) of heads of households were of Lao ethnicity. The other main ethnic groups represented by heads of households were Khmou (11.5 per cent), Akha (5.5 per cent), Phouthay (3.5 per cent), Tai (2.6 per cent) and Katang (2.3 per cent).

Table 3.2. Distribution of respondents by ethnic group

Ethnic group	Number (n)	Per cent (%)
Lao	1,122	58.7
Khmou	220	11.5
Akha	106	5.5
Phouthay	67	3.5
Tai	49	2.6
Katang	43	2.3
Makong	36	1.9
Brao	34	1.8
Lahu	24	1.3
Katu	22	1.2
Other	188	9.7
Total	1,911	100.0

3.2 Characteristics of respondents

3.2.1 Gender and age distribution

In total, 1,911 respondents participated in the Lao PDR Violence against Children Survey – 988 females and 923 males (Table 3.3 and Appendix Table 3.1). Of the 988 females, 467 were aged between 13 and 17, while 521 were aged between 18 and 24. Of the 923 males who took part in the survey, 480 were between the ages of 13 and 17 and 443 were between the ages of 18 and 24. In percentage terms, among female respondents, 44.4 per cent were aged 13 to 17 years and 55.6 per cent were aged between 18 and 24 years. Among males, 48.6 per cent were aged 13 to 17 years and 51.4 were between 18 and 24 years.

Table 3.3 Distribution of respondents by gender and age group

Age group	Female		Male		Total	
	n	%	n	%	n	%
13 to 17 years old	467	44.4	480	48.6	947	49.6
18 to 24 years old	521	55.6	443	51.4	964	50.4
Total	988	100.0	923	100.0	1,911	100.0

3.2.2 Education status

All respondents were asked whether they had ever attended school and what was the highest level of schooling they had completed. The majority of respondents had completed at least primary education or higher, 87.9 per cent among females and 85.8 per cent among males (Table 3.4 and Appendix Table 3.1). Around 12 per cent of females and 14.2 per cent of males have either never attended school or did not complete primary education. More than twice as many males (9.8 per cent) had completed less than primary education compared to females (4.3 per cent), while more males (51.1 per cent) had completed primary education compared to females (40.6 per cent). Conversely, more females (38.6 per cent) had completed secondary education compared to males (28.2 per cent). Only 8.7 per cent of females and 6.5 per cent of males had completed higher than secondary level education.

3.2.3 Orphan status

To assess respondents' orphanhood status, the survey asked about the survival status of their biological parents. Single orphan was defined as having lost one parent and double orphan was defined as having lost both parents. Among 13 to 17 year olds, approximately 1 in 11 females (8.4 per cent) and 1 in 10 males (10.2 per cent) were either single or double orphans (Table 3.4 and Appendix Table 3.1). The majority of 13 to 17 year olds—91.6 per cent of females and 89.8 per cent of males—were not orphans.

Single and double orphan status among 18 to 24 year olds prior to age 18 occurred in similar proportions to the 13 to 17 year old age group. Among females age 18 to 24, 9.4 per cent were single or double orphans during childhood and among males 8.9 per cent were single or double orphans during childhood. The majority of 18 to 24 year old females and males were not orphans prior to age 18—90.6 per cent and 91.1 per cent, respectively.

Table 3.1. Background characteristics of the survey households

Background characteristic		Female (%)	Male (%)
Education status	Never attended school	7.7	4.4
	Less than primary school	4.3	9.8
	Primary school	40.6	51.1
	Secondary school	38.6	28.2
	Higher than secondary school	8.7	6.5
Orphan status (13 to 17 year olds)	Lost one parent only	8.0	9.4
	Lost both parents	0.4	0.8
	Not an orphan	91.6	89.8
Orphan status prior to age 18 (18 to 24 year olds)	Lost one parent only	9.0	8.9
	Lost both parents	0.4	0.0
	Not an orphan	90.6	91.1
Ever been married or lived with someone as if married	13 to 17 year olds	8.7	3.0
	18 to 24 year olds	56.7	29.7
	18 to 24 year olds (prior to age 18)	23.4	6.0
Ever had sex	13 to 17 year olds	10.5	14.2
	18 to 24 year olds	61.3	61.7
	18 to 24 year olds (prior to age 18)	27.9	26.6
Engaged in any work during the past week	13 to 17 year olds	49.9	77.4
	18 to 24 year olds	57.3	78.3

3.2.4 Marital status

Both female and male respondents were asked whether they have ever been married or lived with someone as if married. More than half of the females aged 18 to 24 (56.7 per cent) reported ever being married or having lived with someone as if married, while 29.7 per cent of males in the same age group reported ever being married or living with someone as if married (Table 3.4 and Appendix Table 3.2). Within the 13 to 17 year age category, 8.7 per cent of the female respondents had been married or lived with someone as if married, while only 3 per cent of males had ever been married or lived with someone as if married. In both age groups, females were significantly more likely to have been married or lived with someone as if married compared to males.

Within the 18 to 24 year old age group, 23.4 per cent of females and 6 per cent of males reported being married or having lived with someone as if married prior to age 18. This represents a fourfold difference between females and males.

3.2.5 Sexual activity

When respondents were asked if they had ever had sex, 10.5 per cent of females and 14.2 per cent of males aged 13 to 17 reported that they had (Table 3.4 and Appendix Table 3.2). Among 18 to 24 year olds, 61.3 per cent of females and 61.7 per cent of males reported that they had ever had sex. Of these, 27.9 per cent of females and 26.6 per cent of males had sex before the age of 18. The data show no significant gender differences with regard to sexual activity.

3.2.6 Working for money or any other payments

Respondents were asked if they had engaged in any work of at least one hour as an employee, self-employed or unpaid family worker in the past week. The results show significant differences in engagement in work in the past week between females and males in both age categories. Among 13 to 17 year olds, half of all females (49.9 per cent) were engaged in work during the past week compared to more than three quarters of males (77.4 per cent) (Table 3.4 and Appendix Table 3.2). In the 18 to 24 year old age group, 57.3 per cent of females reported engaging in work compared to 78.3 per cent of males.

4

PHYSICAL VIOLENCE



SECTION 4: PHYSICAL VIOLENCE

Summary of key findings

Prevalence and patterns of physical violence during childhood

- Nearly 1 in 7 females (15 per cent) and 1 in 6 males (16.9 per cent) experienced physical violence during childhood.
- Approximately 56.2 per cent of females and 67.2 per cent of males experienced more than one incident of physical violence during childhood.
- Almost half of females (48.2 per cent) and males (48.2 per cent) first experienced physical violence during childhood between the ages of 6 and 11.
- The most commonly reported perpetrators of physical violence among females during childhood were parents, guardians, adult caregivers or other adult relatives (11.6 per cent) and among males the most common perpetrators were peers (9.8 per cent).
- Females were most likely to experience physical violence during childhood by their mothers/stepmothers (65.2 per cent), while males were most likely to experience physical violence by their father/stepfathers (63.3 per cent).
- More than a third of females (39.3 per cent) and a quarter of males (24.7 per cent) experienced physical injury as a result of physical violence during childhood.
- A quarter of females and males witnessed physical violence in the home during childhood 24.6 per cent and 24.3 per cent respectively.
- Almost a third of males (30.2 per cent) and a quarter of females (25.8 per cent) witnessed physical violence in the community during childhood.

Prevalence and patterns of physical violence in the 12 months prior to the survey

- Around 1 in 15 females (6.6 per cent) and 1 in 12 males (8.2 per cent) experienced physical violence in the past 12 months.
- Approximately 74.4 per cent of females and 95.1 per cent of males experienced multiple incidents of physical violence in the past 12 months.
- The majority of females (60.5 per cent) and males (62.6 per cent) reported first experiencing physical violence between the ages of 12 and 17.
- The most commonly reported perpetrators of physical violence among females in the last 12 months were parents, guardians, adult caregivers or other adult relatives (5 per cent) and among males the most common perpetrators were peers (5.3 per cent).
- A third of females (33.3 per cent) and almost a third of males (30.8 per cent) experienced physical harm or injury as a result of physical violence in the past 12 months.
- In the previous 12 months, 10.2 per cent of females reported witnessing physical violence in the home, compared to 4.9 per cent of males.

This section describes the prevalence of physical violence during childhood in Lao PDR and the exposure of children to physical violence in the 12 months preceding the survey. It also presents data on the different perpetrators of physical violence i.e. parents, guardians, adult caregivers or other adult relatives, adults in the community, intimate partners and peers, and describes any physical harm or injuries sustained as a result of physical violence. This is followed by data on witnessing physical violence in the home and in the community by strangers or people known well to the respondents.

In this survey, respondents were asked about experiences of three measures of physical violence:^v punching, kicking, whipping, or beating with an object; choking, smothering, trying to drown, or burning intentionally; and using or threatening to use a knife, gun or other weapon. The survey specifically asked about physical acts of violence perpetrated by:

- **Intimate partners:** people with whom the respondent has had a romantic relationship. This includes, romantic partners, and husbands/wives. The respondent does not need to have had a sexual relationship with this person for them to qualify as a partner. However, they must consider the relationship to be romantic.
- **Peers:** people who are the same or a similar age as the respondent, not including a husband or romantic partner. These include people who the respondent may or may not know such as siblings, schoolmates, neighbours or strangers.
- **Parents, guardians, adult caregivers and other adult relatives:** This includes biological parents, adoptive or step-parents, other adult relatives (such as aunts, uncles, and grandparents) and relatives that may be closer to the age of the respondent (such as adult siblings and adult cousins).
- **Adults in the community:** a wide variety of people (non-relatives) in the community that the respondent may or may not already know. This includes teachers, police, employers, religious persons or community leaders, neighbours, village authorities, or adult strangers.

4.1 Physical violence

Nearly 1 in 7 females (15 per cent) and 1 in 6 males (16.9 per cent) experienced some form of physical violence during childhood (Figure 4.1 and Appendix Table 4.1). In the 12 months prior to the survey, 6.6 per cent of females experienced physical violence, compared to 8.2 per cent of males.

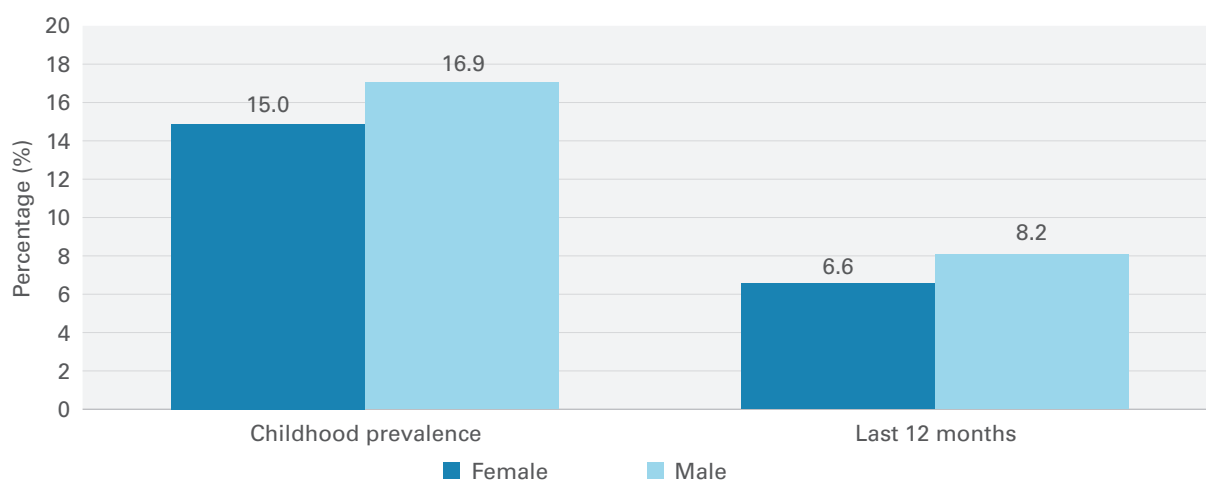


Figure 4.1 Physical violence during childhood and in the past 12 months

Of those who experienced physical violence during childhood, 56.2 per cent of females and 67.2 per cent of males experienced more than one incident of physical violence (Figure 4.2 and Appendix Table 4.2). Among those who experienced physical violence in the 12 months preceding the survey, 74.4 per cent of females and 95.1 per cent of males experienced multiple incidents of physical violence.

Almost half of females (48.2 per cent) and males (48.3 per cent) first experienced physical violence as a child between the ages of 6 and 11, while 39.7 per cent of females and 44.3 per cent of males first experienced physical violence in childhood between 12 and 17 years of age (Figure 4.2 and Appendix Table 4.3). Approximately 12.1 per cent of females and 7.5 per cent of males experienced their first incident of physical violence during childhood at five years or below.

^v The agreed terms and definitions used for the Violence against Children Survey in Lao PDR are in line with internationally recognized definitions and technical terms relating to violence against children. They are consistent with the terms and definitions used in other national Violence against Children Surveys to allow for future comparison across countries and regions. The definitions vary from those used in the 2015 Law on Preventing and Combatting Violence against Women and Children and the National Plan of Action on the Prevention and Elimination of Violence against Women and Violence against Children 2014-2020 as the survey definitions were agreed before the processes for the development of the law and national plan of action began.

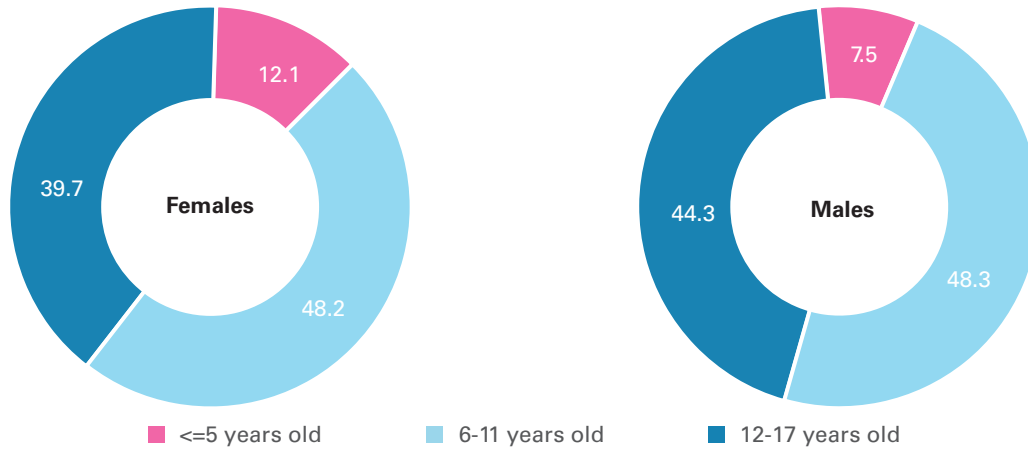


Figure 4.2 Age at first incident of physical violence during childhood

Of those who experienced physical violence in the past 12 months, the majority of females and males reported first experiencing physical violence between the ages of 12 and 17 – 60.5 per cent and 62.6 per cent, respectively (Figure 4.3 and Appendix Table 4.4). Around a third of females (39.5 per cent) and males (32.3 per cent) first experienced physical violence between 6 and 11 years old. Only 5.2 per cent of males reported experiencing their first incident of physical violence at five years or younger.

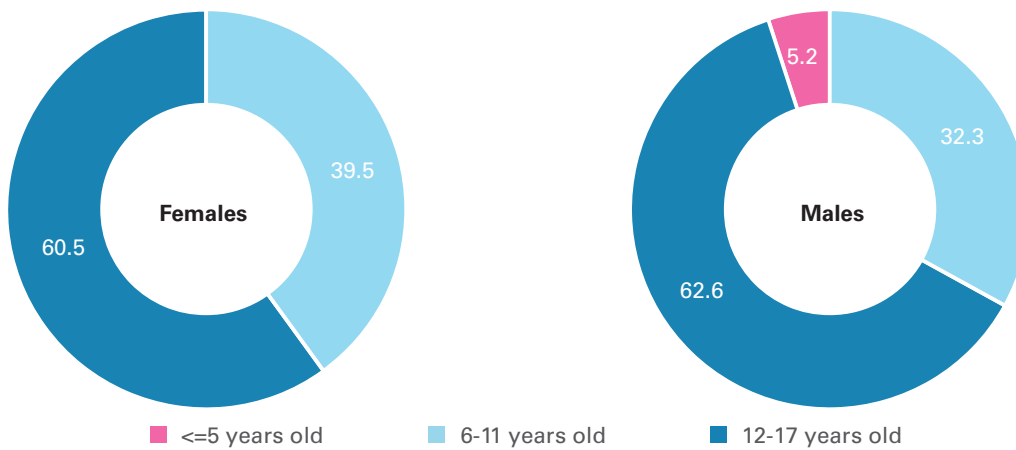


Figure 4.3 Age at first incident of physical violence in the past 12 months

4.2 Perpetrators of physical violence

Respondents were surveyed about their specific relationship with the perpetrator of the last or most recent incident of physical violence. These questions were asked because understanding the relationship between the respondent and perpetrator is important for improving prevention and response programming.

4.2.1 Perpetrators of physical violence during childhood

The most commonly reported perpetrators of physical violence among females during childhood were parents, guardians, adult caregivers or other adult relatives (11.6 per cent), followed by peers (3.7 per cent), intimate partners (1.8 per cent) and adults in the community (0.7 per cent) (Figure 4.4 and Appendix Table 4.5).

While females most frequently reported parents, guardians, adult caregivers or other adult relatives as the perpetrators of physical violence during childhood, males were most likely to experience physical violence during childhood by peers (9.8 per cent), followed closely by parents, guardians, adult caregivers or other adult relatives (8.7 per cent). A smaller percentage of males experienced physical violence during childhood by adults in the community (2.1 per cent) and intimate partners (0.7 per cent).

Comparing types of perpetrators by gender, three times as many males (2.1 per cent) experienced physical violence by adults in their community during childhood compared to females (0.7 per cent). However, more than twice as many females (1.8 per cent) experienced physical violence by an intimate partner during childhood as males (0.7 per cent). One in ten males (9.8 per cent) experienced physical violence by peers during childhood, nearly three times as many females (3.7 per cent).

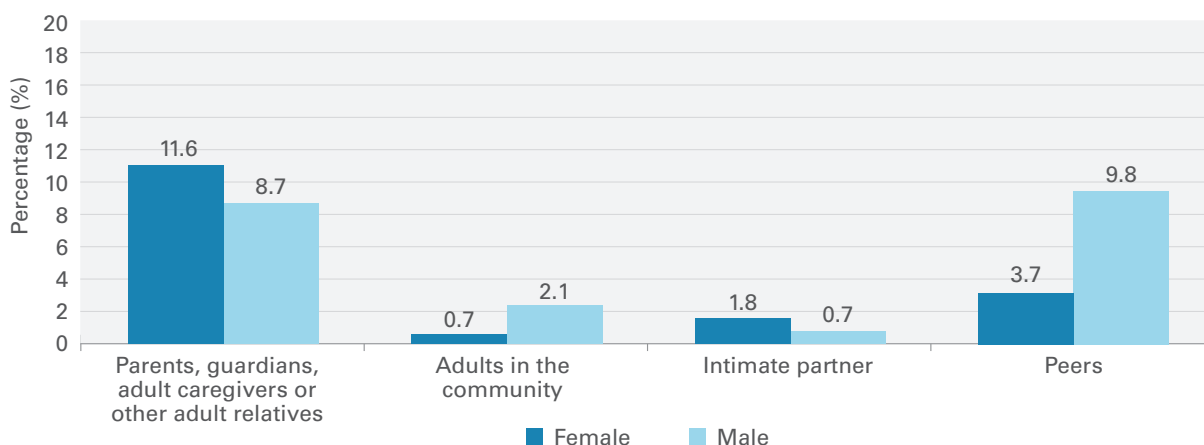


Figure 4.4 Physical violence during childhood by type of perpetrator

Among females who experienced physical violence by a parent, guardian, adult caregiver or other adult relative during childhood, mothers/stepmothers were most commonly identified as the perpetrator of the first incident of physical violence (65.2 per cent), followed by fathers/stepfathers (30.2 per cent) (Figure 4.5 and Appendix Table 4.6). Brothers/stepbrothers (2.4 per cent), uncles/aunts (1.2 per cent) and other relatives/caregivers (1 per cent) were identified as perpetrators of the first incident of physical violence among females in far fewer cases.

The majority of males who experienced physical violence by a parent, guardian, adult caregiver or other adult relative reported fathers/stepfathers as the perpetrator of the first incident of physical violence (63.3 per cent). This was followed by mothers/stepmothers (23.1 per cent), brothers/stepbrothers (10.1 per cent) and, to a much lesser extent, uncles/aunts (2.1 per cent) and sisters/stepmothers (1.4 per cent). Males were therefore twice as likely to experience physical violence by fathers or stepfathers, while females were almost three times more likely to experience physical violence by mother or stepmothers. These findings are statistically significant.

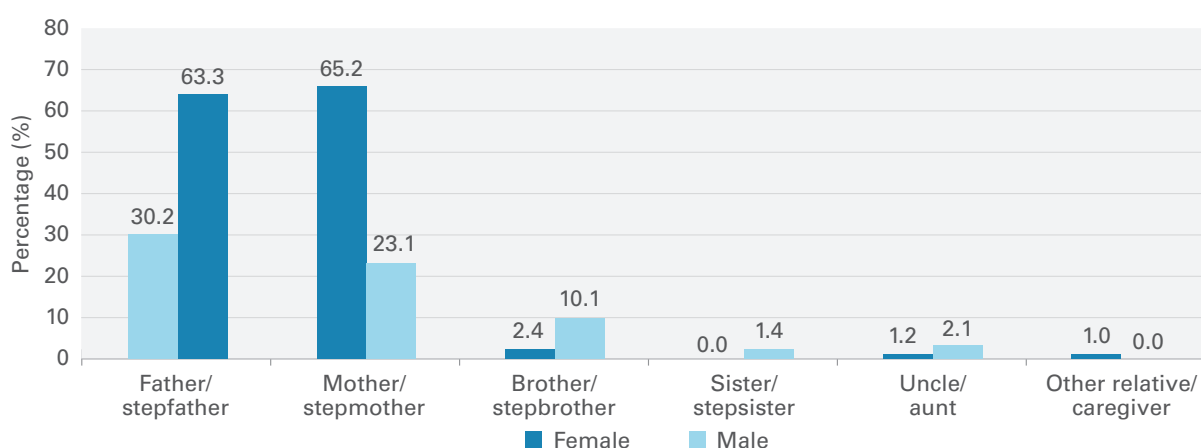


Figure 4.5 Physical violence by a parent, guardian, adult caregiver or other adult relative during childhood by perpetrator of first incident

Among those who experienced physical violence by a parent, guardian, adult caregiver or other adult relative during childhood, 95.8 per cent of females and 92.1 per cent of males reported that the perpetrator lived within the same household (Appendix Table 4.15).

With regard to physical violence by peers during childhood, males most frequently identified friends as the perpetrator of the first incident of physical violence (71.7 per cent) (Figure 4.6 and Appendix Table 4.9). A further 24.1 per cent identified classmates/schoolmates and 4.2 per cent identified peer neighbours as the perpetrators. Insufficient data was available among females to examine perpetrators of physical violence during childhood by peers.

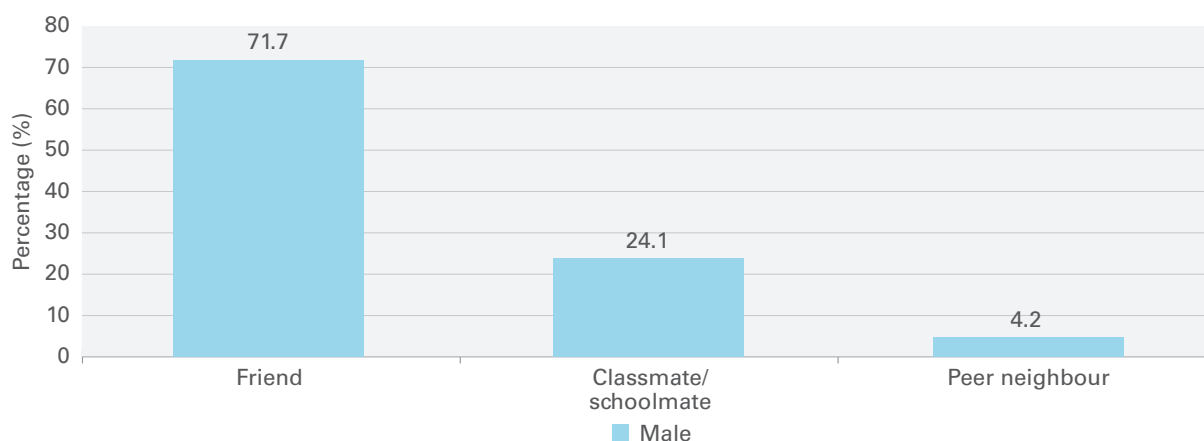


Figure 4.6 Physical violence by a peer during childhood by perpetrator of first incident of physical violence

There were too few cases among females and males to differentiate between other types of perpetrators of physical violence, namely adults in the community and intimate partners (Appendix Tables 4.7 and 4.8).

4.2.2 Perpetrators of physical violence in the past 12 months

In the 12 months preceding the survey, similar patterns were found in the types of perpetrators of physical violence as during childhood. More females (5 per cent) reported experiencing physical violence by a parent, guardian, adult caregiver or other adult relative in the 12 months prior to the survey than males (3.5 per cent) (Figure 4.7 and Appendix Table 4.10). A higher percentage of males (0.6 per cent) experienced physical violence by adults in their community in the past 12 months, compared to females (0.2 per cent), although overall levels were relatively low. However, in the year preceding the survey more males (2.2 per cent) experienced intimate partner violence than females (0.6 per cent), the reverse of levels found during childhood. Finally, in the 12 months prior to the survey more males (5.3 per cent) reported experiencing physical violence by a peer than females (2.7 per cent).

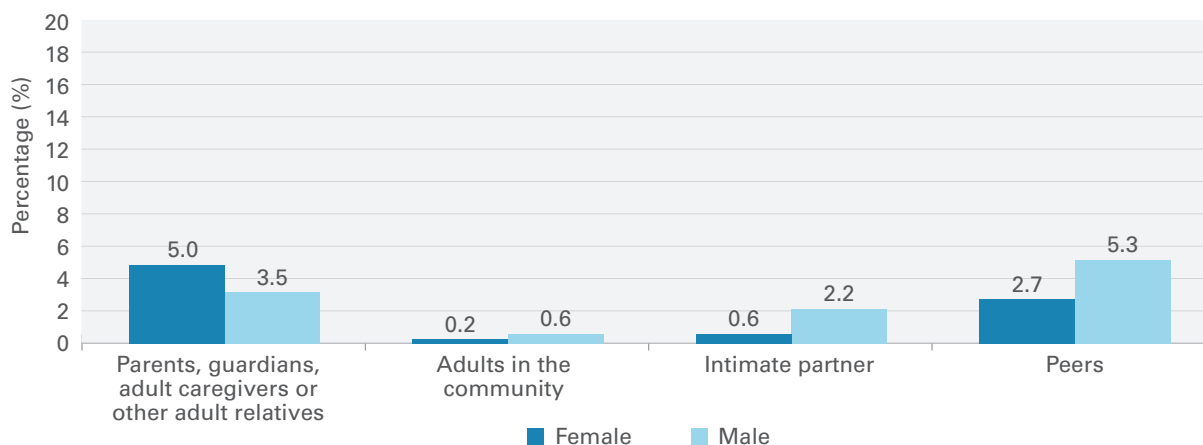


Figure 4.7 Physical violence in the past 12 months by type of perpetrator

A breakdown of the types of perpetrators of the most recent incident of physical violence by parents, guardians, adult caregivers or other adult relatives, adults in the community, intimate partners and peers was not possible due to the lack of responses in these categories (Appendix Tables 4.11; 4.12; 4.13 and 4.14).

4.3 Physical injury as a result of physical violence

The survey examined physical injury as a result of physical violence in childhood and in the past 12 months by asking respondents whether or not they were injured during the last or most recent incident of physical violence for each of the four categories of perpetrator. It also explored the specific nature of the injuries incurred during the last or most recent incident of physical violence. Injuries were categorized as a) cuts, scratches, bruises, aches, redness or swelling or other minor marks; b) sprains, dislocations, or blistering; c) deep wounds, broken bones, broken teeth, or blackened or charred skin; and d) permanent injury or disfigurement.

More than a third of females (39.3 per cent) and a quarter of males (24.7 per cent) experienced physical injury as a result of physical violence during childhood (Appendix Table 4.16). Of those who experienced physical violence by a parent, guardian, adult caregiver or other adult relative during childhood, 33.3 per cent of females and 24.2 per cent of males reported physical harm or injury as a result (Appendix Table 4.17). Of males who experienced physical violence by a peer during childhood, 16.8 per cent experienced physical harm or injury as a result.

In all cases of injuries experienced by females (39.3 per cent), the types of injuries sustained were reported to be cuts, scratches, bruises, aches, redness or swelling or other minor marks (Figure 4.8 and Appendix Table 4.18). Among males, the majority of injuries reported were cuts, scratches, bruises, aches, redness or swelling or other minor marks (22.7 per cent), while 2 per cent of males experienced both cuts, scratches, bruises, aches, redness or swelling or other minor marks and sprains, dislocations, or blistering.

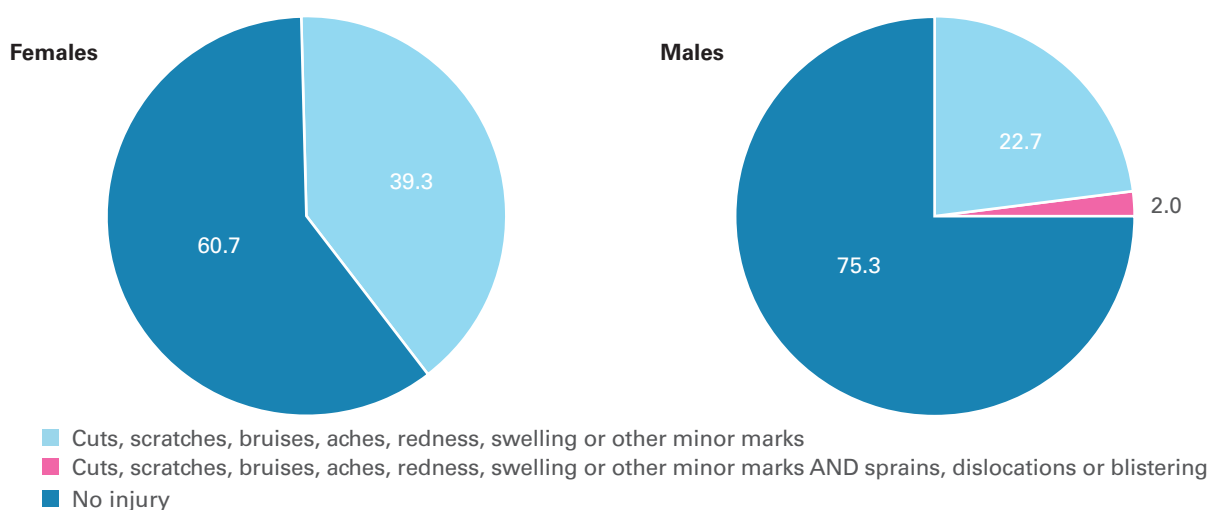


Figure 4.8 Physical harm or injury as a result of the first experience of physical violence during childhood

With regard to physical violence in the past 12 months, a third of females (33.3 per cent) and almost a third of males (30.8 per cent) experienced physical harm or injury as a result of physical violence (Appendix Table 4.19). Approximately 30.8 per cent of females who experienced physical harm or injury as a result of physical violence in the 12 months prior to the survey reported cuts, scratches, bruises, aches, redness or swelling or other minor marks (Figure 4.9 and Appendix Table 4.21). A further 2.5 per cent received sprains, dislocations, or blistering in addition to cuts, scratches, bruises, aches, redness or swelling or other minor marks (27.5 per cent). The majority of injuries sustained by males as a result of physical violence in the preceding 12 months were also cuts, scratches, bruises, aches, redness or swelling or other minor marks. Additionally, 3.3 per cent of males experienced a combination of cuts, scratches, bruises, aches, redness or swelling or other minor marks, sprains, dislocations or blistering, and deep wounds, broken bones, broken teeth or blackened or charred skin.

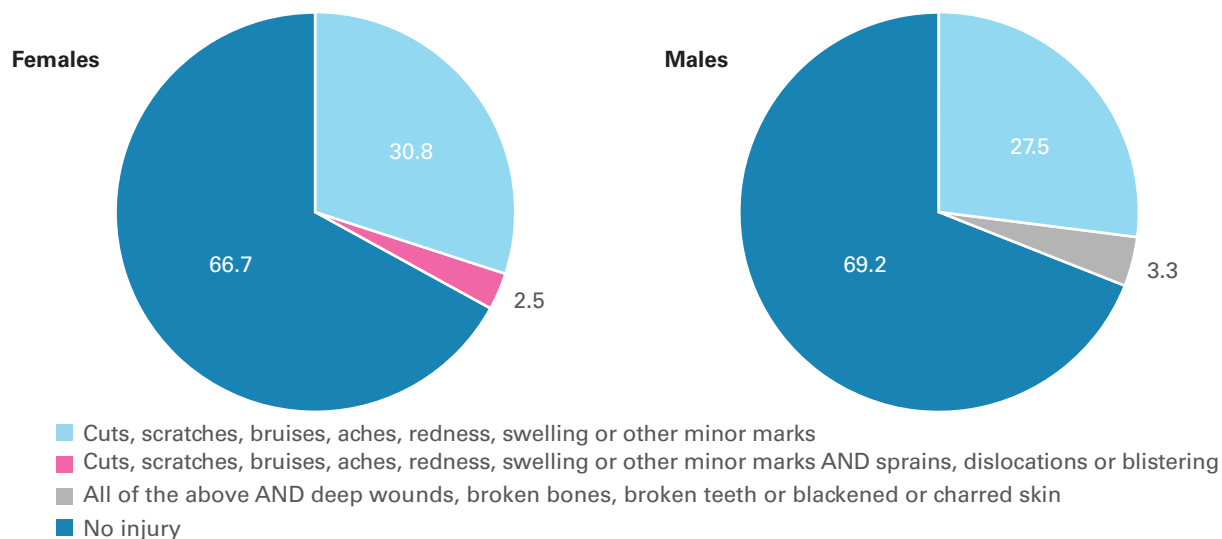


Figure 4.9 Physical harm or injury as a result of the first experience of physical violence in the past 12 months

4.4 Witnessing physical violence

To explore the circumstances of physical violence in more detail, the survey asked respondents whether they had witnessed any physical violence in the home or community during childhood and in the previous 12 months by strangers or people known well to them. Witnessing violence in the home included seeing or hearing a parent being punched, kicked or beaten up by the other parent or a romantic partner, or seeing or hearing a parent punch, kick or beat a brother or sister. Witnessing community violence included seeing anyone getting attacked in the community or another community.

These questions were asked because witnessing violence may be associated with experiencing violence in childhood or later in life, with perpetrating violence, or with harmful gender norms. Furthermore, witnessing violence in childhood can have similar effects on cognitive, behavioural and social development as directly experiencing violence.

4.4.1 Witnessing physical violence in the home

Around a quarter of females and males witnessed physical violence in the home during childhood — 24.6 per cent and 24.3 per cent respectively (Figure 4.10 and Appendix Table 4.22). In the 12 months prior to the survey, 10.2 per cent of females reported witnessing physical violence in the home, twice as many as males (4.9 per cent).

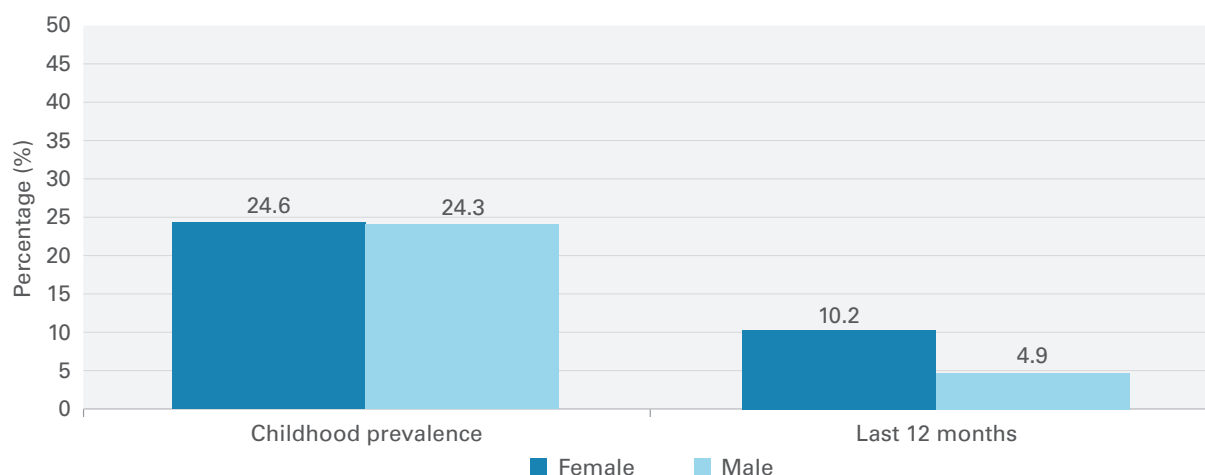


Figure 4.10 Witnessing physical violence at home during childhood and in the past 12 months

4.4.2 Witnessing physical violence in the community

Almost a third of males (30.2 per cent) and a quarter of females (25.8 per cent) witnessed physical violence in the community during childhood (Figure 4.11 and Appendix Table 4.23). In the 12 months preceding the survey, 15.3 per cent of females and 11.8 per cent of males witnessed physical violence in the community.

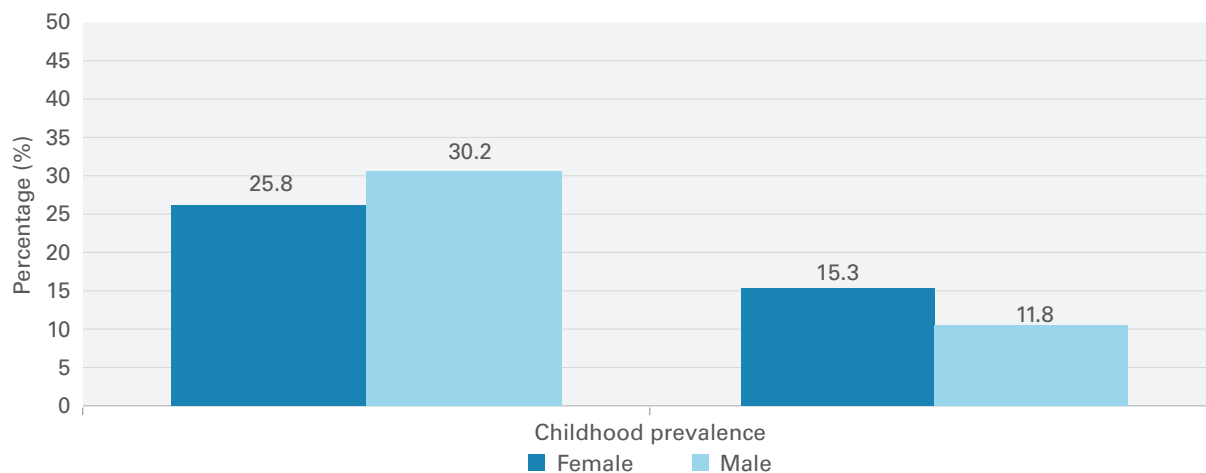


Figure 4.11 Witnessing physical violence in the community during childhood

5 | EMOTIONAL VIOLENCE



SECTION 5: EMOTIONAL VIOLENCE

Summary of key findings

Prevalence and patterns of emotional violence during childhood

- Overall, 24.2 per cent of females (1 in 4) experienced emotional violence by a parent, guardian, adult caregiver or other adult relative during childhood compared to 17.7 per cent of males (around 1 in 6).
- The majority of females (61.9 per cent) and males (90.6 per cent) experienced multiple incidents of emotional violence during childhood.
- More than half of females (52.9 per cent) and males (55.1 per cent) experienced their first incident of emotional violence during childhood between 12 and 17 years of age, while 43.6 per cent of females and 39.7 per cent of males experienced their first incident between 6 and 11 years of age.
- Among females, the most common perpetrator of emotional violence during childhood was mothers/stepmothers (65.8 per cent) and among males the most common perpetrator was fathers/stepfathers (49.5 per cent).

Prevalence and patterns of physical violence in the 12 months prior to the survey

- Around 1 in 10 females (9.6 per cent) and 1 in 10 males (10.1 per cent) experienced emotional violence by a parent, guardian, adult caregiver or other adult relative in the past 12 months.
- The majority of females (60.4 per cent) and males (91.4 per cent) experienced multiple incidents of emotional violence in the past 12 months.
- Approximately three quarters (76.4 per cent) of females and males reported experiencing their first incident of emotional violence between the age of 12 and 17.
- The most frequently reported perpetrators of emotional violence in the past 12 months were mothers or stepmothers (56 per cent) among females and fathers or stepfathers (53.9 per cent) among males.

This section presents the childhood prevalence of emotional violence by parents, guardians, adult caregivers or other adult relatives and current patterns of emotional violence in the 12 months prior to the survey. It also provides data on experiences of multiple incidents of emotional violence, the age at which emotional violence was first experienced and the most common perpetrator among parents, guardians, adult caregivers and other adult relatives. Unlike physical violence, the questions on emotional violence only collected information about violence committed by a parent, guardian, adult caregiver or other adult relative.

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

- Told the respondent that they were not loved, or did not deserve to be loved
- Said they wished the respondent had never been born or was dead
- Ridiculed the respondent or put them down (for example said that they were stupid or useless).

5.1 Emotional violence

One in four females (24.2 per cent) and 1 in 6 males (17.7 per cent) experienced emotional violence by a parent, guardian, adult caregiver or other adult relative during childhood (Figure 5.1 and Appendix Table 5.1). In the 12 months prior to the survey, similar levels of emotional violence by a parent, guardian, adult caregiver or other adult relative were reported among females and males — 9.6 per cent and 10.1 per cent, respectively.

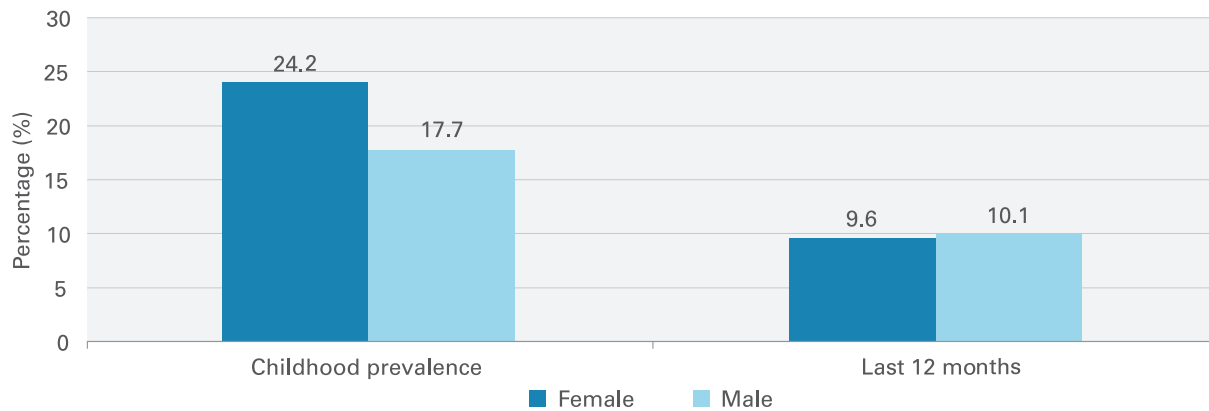


Figure 5.1 Emotional violence by a parent, guardian, adult caregiver or other adult relative during childhood and in the past 12 months

Of those who experienced emotional violence in childhood, 61.9 per cent of females and 90.6 per cent of males experienced multiple incidents of emotional violence (Appendix Table 5.2). Likewise, of the females and males who experienced emotional violence in the past 12 months, 60.4 per cent of females and 91.4 per cent of males experienced multiple incidents of emotional violence. This suggests that emotional violence is chronic and repetitive. In both childhood and the past 12 months, males were significantly more likely than females to experience emotional violence.

Among females and males who experienced emotional violence during childhood, the majority reported that the first incident occurred between the ages of 12 and 17 – 52.9 per cent and 55.1 per cent, respectively (Figure 5.2 and Appendix Table 5.3). Additionally, 43.6 per cent of females and 39.7 per cent of males first experienced emotional violence between 6 and 11 years of age. Only a small percentage first experienced emotional violence under 5 years of age – 3.5 per cent among females and 5.2 per cent among males.

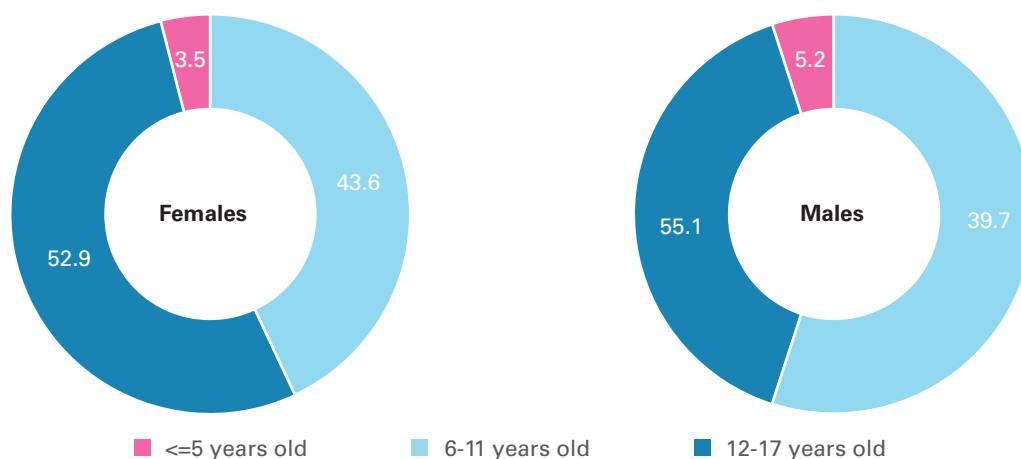


Figure 5.2 Age at first incident of emotional violence during childhood

Among females and males who experienced emotional violence in the 12 months prior to the survey, the age at which they experienced the first incident of emotional violence was the same. More than three quarters of females and males (76.4 per cent) experienced their first incident between 12 and 17 years old, while almost a quarter (23.6 per cent) first experienced emotional violence between 6 and 11 years of age (Figure 5.3 and Appendix Table 5.4). No females or males reported experiencing their first incident of emotional violence under the age of 5.

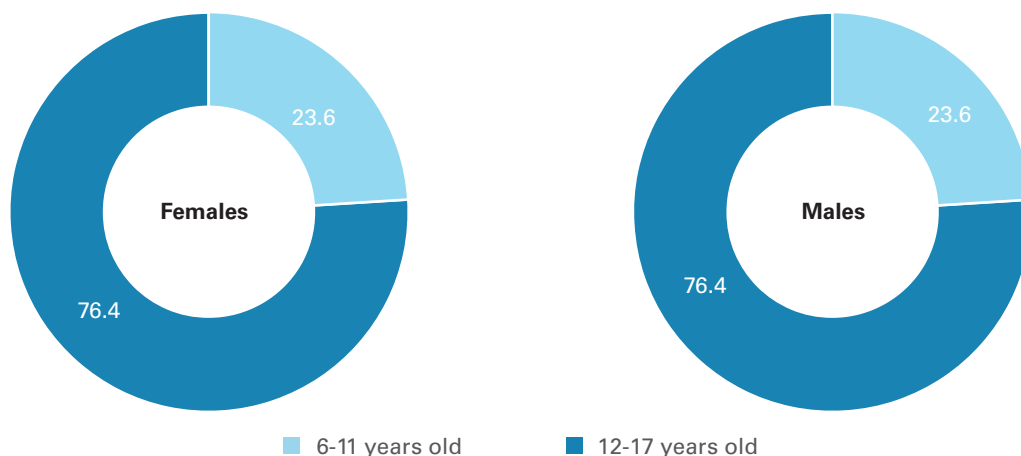


Figure 5.3 Age at first incident of emotional violence in the past 12 months

5.2 Perpetrators of emotional violence

To further explore the types of perpetrators of emotional violence, the survey asked respondents about the most common perpetrator of the first or most recent incident of emotional violence among parents, guardians, adult caregivers and other adult relatives (such as mother, father, grandparent and sibling).

The overwhelming majority of females who experienced emotional violence as a child identified their mother/stepmother as the perpetrator (65.8 per cent) (Figure 5.4 and Appendix Table 5.5). Other perpetrators reported among females were brothers/stepbrothers (9.1 per cent), fathers/stepfathers (8.8 per cent), sisters/step sisters (6 per cent), uncles/aunts (5.5 per cent) and other relatives (4.8 per cent). Among males who experienced emotional violence during childhood, the most frequently reported perpetrator was their father/stepfather (49.5 per cent), followed by mothers/stepmothers (31 per cent) and to a lesser extent brothers/stepbrothers (7.5 per cent), uncles/aunts (7.1 per cent), sisters/step sisters (4.1 per cent) and other relatives (0.9 per cent). The differences between females and males in respect of perpetration by a mother/stepmother and father/stepfather were found to be statistically significant.

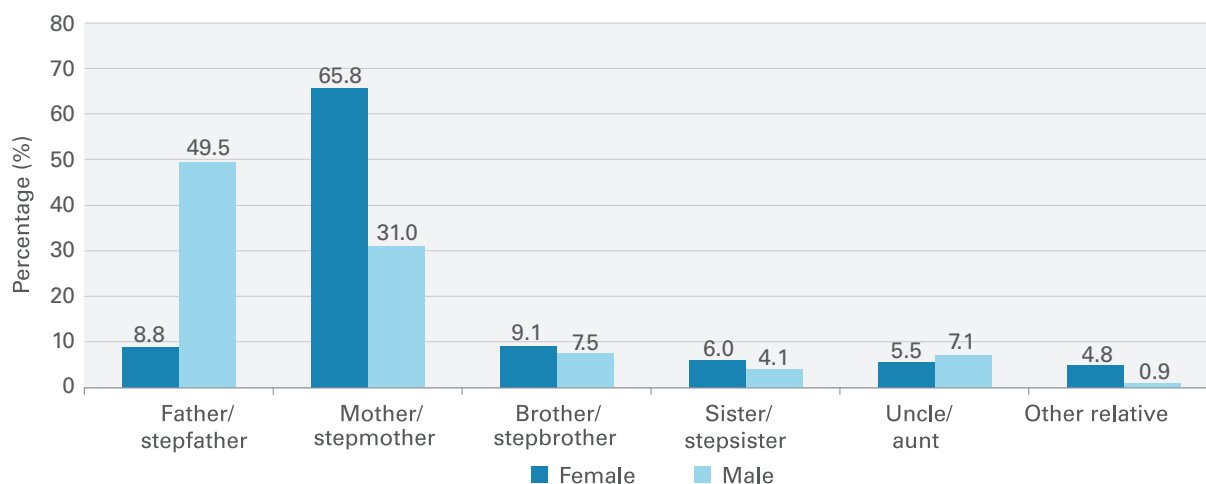


Figure 5.4 Emotional violence by a parent, guardian, adult caregiver or other adult relative during childhood by perpetrator of first incident

The most frequently identified perpetrator among females who experienced emotional violence in the past 12 months was mothers/stepmothers (56 per cent) (Figure 5.5 and Appendix Table 5.6). Uncles/aunts (14.5 per cent) were reported as the second most common perpetrator among females, followed by brothers/stepbrothers (12.2 per cent), fathers/stepfathers (9.7 per cent) and sisters/stepsisters (7.6 per cent). Males, on the other hand, most often identified fathers/stepfathers (53.9 per cent) as the perpetrator of the most recent incident of emotional violence in the preceding 12 months. In just under a third of cases (31 per cent), males also identified mothers/stepmothers as the perpetrator, followed by sisters/stepsisters (5.9 per cent), brothers/stepbrothers (5.1 per cent), and other relatives (4.1 per cent).

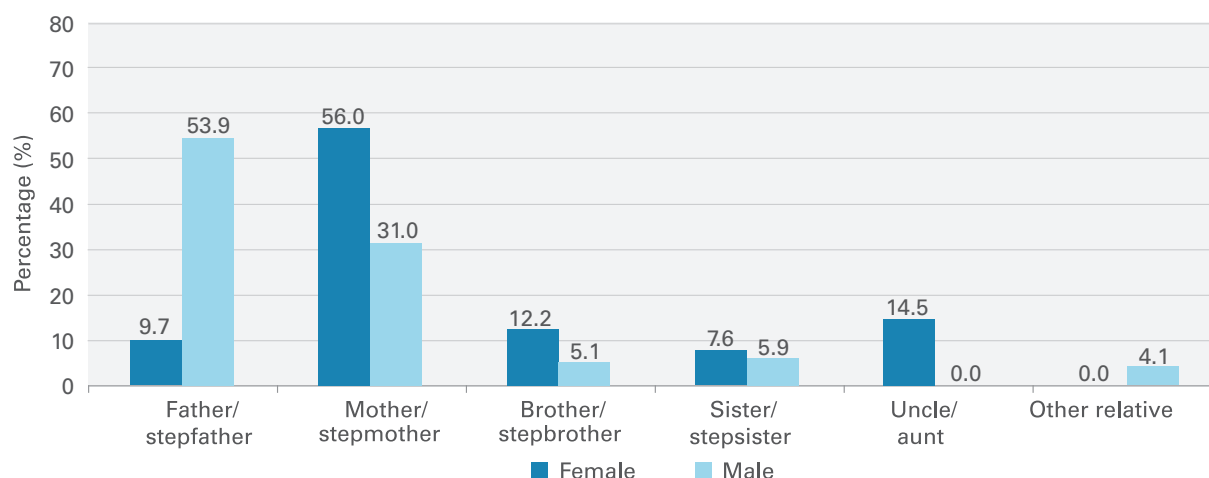


Figure 5.5 Emotional violence by a parent, guardian, adult caregiver or other adult relative in the past 12 months by perpetrator of most recent incident

Of those who experienced emotional violence during childhood, 86.2 per cent of females and 86.4 per cent of males reported that the perpetrator lived within the same household during the first incident of violence (Appendix Table 5.7). In the 12 months prior to the survey, the majority of perpetrators of emotional violence were also reported to be living within the same household – 84.9 per cent among females and 93.7 per cent among males (Appendix Table 5.7).



6 | SEXUAL VIOLENCE

SECTION 6: SEXUAL VIOLENCE

Summary of key findings

Prevalence and patterns of sexual violence during childhood

- More males reported experiencing sexual abuse during childhood, compared to females - 12 per cent (1 in 8), compared to 7.3 per cent (1 in 14).
- Males were more likely to experience all types of child sexual abuse than females.
- The most common type of sexual abuse experienced by females and males during childhood was unwanted sexual touching – 6 per cent and 9.2 per cent, respectively.
- Of those who experienced sexual abuse during childhood, 63.2 per cent of females and 79.3 per cent of males experienced more than one incident of sexual abuse.
- Approximately 21.7 per cent of females and 36.4 per cent of males experienced their first incident of sexual abuse when they were 13 years old or younger.
- The most commonly reported perpetrators of sexual abuse among females during childhood were spouses or romantic partners (54.4 per cent) and friends (25.1 per cent), while males most frequently experienced sexual abuse by a family member (34.7 per cent) or friend (28.3 per cent).
- Males (40.3 per cent) were significantly more likely to report multiple perpetrators at the first incident of sexual abuse, compared to females (8.9 per cent).
- The vast majority of perpetrators of sexual abuse of females were male (89.9 per cent), while perpetrators of sexual abuse of males were both female (51.9 per cent) and male (44.4 per cent).
- Sexual abuse of females and males most often occurred in a home setting – 70.3 per cent and 62.4 per cent, respectively.
- The majority of incidents of sexual abuse took place in the evening or afternoon.

Prevalence and patterns of sexual violence in the 12 months prior to the survey

- In the past 12 months, 4.1 per cent of females and 6.2 per cent of males reported experiencing some form of sexual abuse after abuse.
- Unwanted sexual touching was the most common type of sexual abuse experienced by females (3.6 per cent) and males (5.4 per cent) in the past 12 months.

This section describes the prevalence of sexual violence during childhood and in the 12 months prior to the survey. Sexual violence is defined as including all forms of sexual abuse and sexual exploitation of children. This encompasses a range of offences, including completed non-consensual sex acts (i.e. rape), attempted non-consensual sex acts, abusive sexual contact (i.e. unwanted sexual touching) and non-contact sexual abuse (e.g. threatened sexual violence, exhibitionism, verbal sexual harassment). This also includes the inducement or coercion of a child to engage in any unlawful or psychologically harmful sexual activity, the exploitative use of children in prostitution or other unlawful sexual practices, and the exploitative use of children in pornographic performances and materials.

The four types of sexual abuse measured in this survey are unwanted sexual touching, unwanted attempted sex, physically forced sex and pressured sex:

- **Touching in a sexual way without permission:** this includes fondling, pinching, grabbing, or touching the respondent on or around their sexual body parts without their permission. Sexual touching does not include trying or forcing the respondent to have sex.
- **Unwanted attempted sex:** someone tried to physically force or pressure the respondent into having sex (vaginal, oral or anal sex, or the insertion of an object into the anus or vagina) without their permission, but sex did not happen.
- **Physically forced sex:** if anyone ever physically forced the respondent to have sex (vaginal, oral or anal sex, or the insertion of an object into the anus or vagina) regardless of whether the respondent did or did not fight back.

- **Pressured sex:** if anyone ever pressured the respondent to have sex (vaginal, oral or anal sex, or the insertion of an object into the anus or vagina) when they did not want to and sex happened. Pressured sex may involve threats, harassment or tricking the other person to have sex.

Two types of sexual exploitation are measured in this survey, namely transactional sex and non-contact sexual violence/exploitation:

- **Transactional sex:** if anyone has ever given the respondent money, food, favours or other gifts to have sexual intercourse or perform any other sexual acts with them.
- **Non-contact sexual violence/exploitation:** if anyone ever forced the respondent to participate in a sex photo or video or forced them to show their sexual body parts in front of a webcam, camera or mobile phone whether they wanted to or not.

6.1 Sexual abuse

To determine the prevalence of child sexual abuse in Lao PDR, respondents were asked if they had experienced any of the four types of sexual abuse measured in the survey (sexual touching, attempted forced sex, physically forced sex or pressured sex). Respondents were then asked a set of questions to determine whether they had experienced multiple incidents of sexual abuse, the age at first incident of sexual abuse, respondents whose first experience of sexual intercourse during childhood was unwanted, and the different perpetrators of sexual abuse. The survey also examined the most common locations in which sexual abuse took place and what time of day the sexual abuse occurred.

Overall, 7.3 per cent of females and 12 per cent of males reported experiencing some form of sexual abuse during childhood (Figure 6.1 and Appendix Table 6.1). Of those who experienced sexual abuse during childhood, 63.2 per cent of females and 79.3 per cent of males experienced more than one incident of sexual abuse (Appendix Table 6.2).

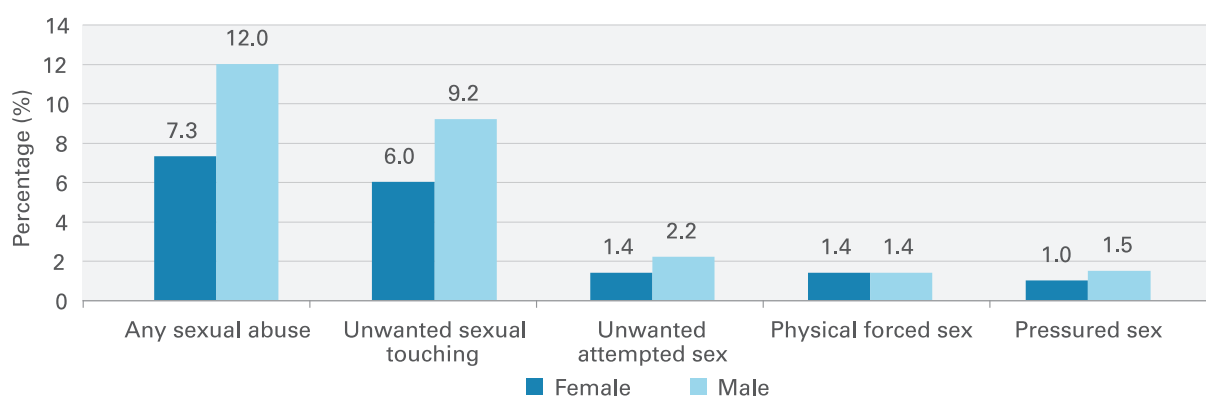


Figure 6.1 Sexual abuse during childhood by type of sexual abuse

The most common type of child sexual abuse experienced by females and males during childhood was unwanted sexual touching – 6 per cent and 9.2 per cent, respectively (Figure 6.1 and Appendix Table 6.3). A total of 1.4 per cent of females and 2.2 per cent of males reported experiencing unwanted attempted sex as a child. Additionally, 1.4 per cent of females and 1.4 per cent of males reported experiencing physically forced sex and 1 per cent of females and 1.5 per cent of males experienced pressured sex during childhood. In total, 1.8 per cent of females and 2.1 per cent of males experienced unwanted completed sex (either completed pressured or physically forced sex) during childhood (Appendix Table 6.5).

In the 12 months prior to the survey 4.1 per cent of females and 6.2 per cent of males reported experiencing some form of sexual abuse (Figure 6.2 and Appendix Table 6.1). There were too few cases of females and males who experienced sexual abuse in the past 12 months to produce statistically reliable estimates for whether they experienced multiple incidents of sexual abuse (Appendix Table 6.2).

Unwanted sexual touching was the most common type of sexual abuse reported by both females (3.6 per cent) and males (5.4 per cent) in the past 12 months (Figure 6.2 and Appendix Table 6.4). Females and males were equally as likely to experience unwanted attempted sex in the last 12 months (0.9 per cent), while no females and only 0.3 per cent of males reported any physically forced sex.

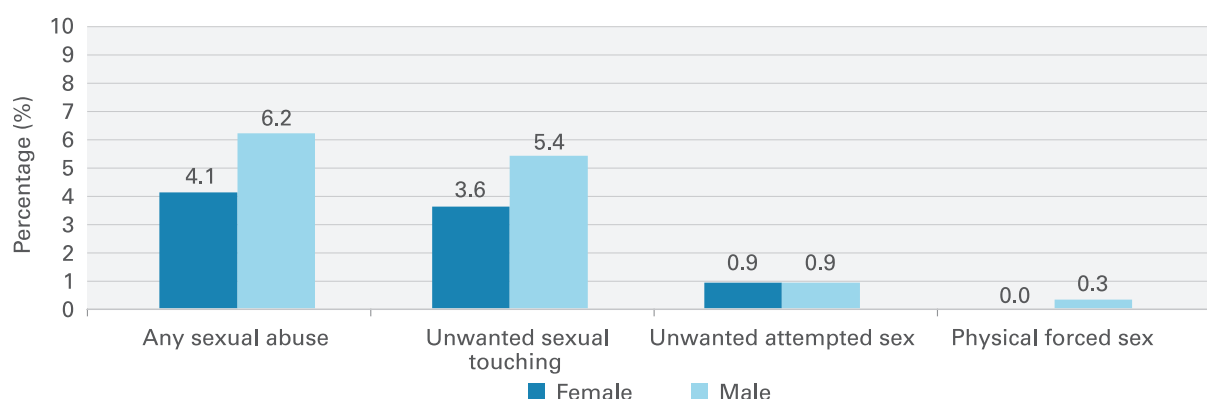


Figure 6.2 Sexual abuse in the past 12 months by type of sexual abuse

6.1.1 Age at first incident of sexual abuse

Among females who experienced sexual abuse during childhood, over half (53.3 per cent) reported that the first incident took place between the ages of 16 and 17 (Figure 6.3 and Appendix Table 6.6). A quarter (25 per cent) reported that the first incident occurred between 14 and 15 years of age, while 21.7 per cent reported that the first incident was at 13 years or younger.

The majority of males (46.1 per cent) experienced their first incident of child sexual abuse when they were 16 or 17 years old, while 36.4 per cent experienced their first incident at 13 years of younger. A further 17.6 per cent experienced their first incident of sexual abuse at 14 or 15 years of age.

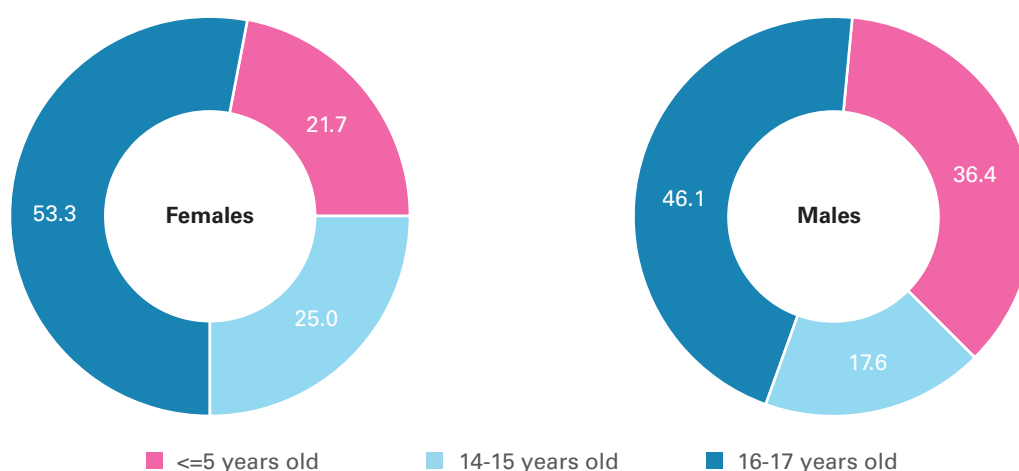


Figure 6.3 Age at first incident of sexual abuse during childhood

Insufficient data was available to provide estimates of the age at first incident of sexual abuse among females and males who experienced sexual abuse in the 12 months prior to the survey (Appendix Table 6.7).

6.1.2 First sexual intercourse was unwanted

Of the 18 to 24 year olds who first had sexual intercourse during childhood, 4.8 per cent of females reported their first sexual intercourse as unwanted compared to 1.7 per cent of males (Figure 6.4 and Appendix Table 6.8). Among those aged 13 to 17 who had ever had sexual intercourse, females (8.3 per cent) were significantly more likely than males (0 per cent) to report their first incident of sexual intercourse as unwanted.

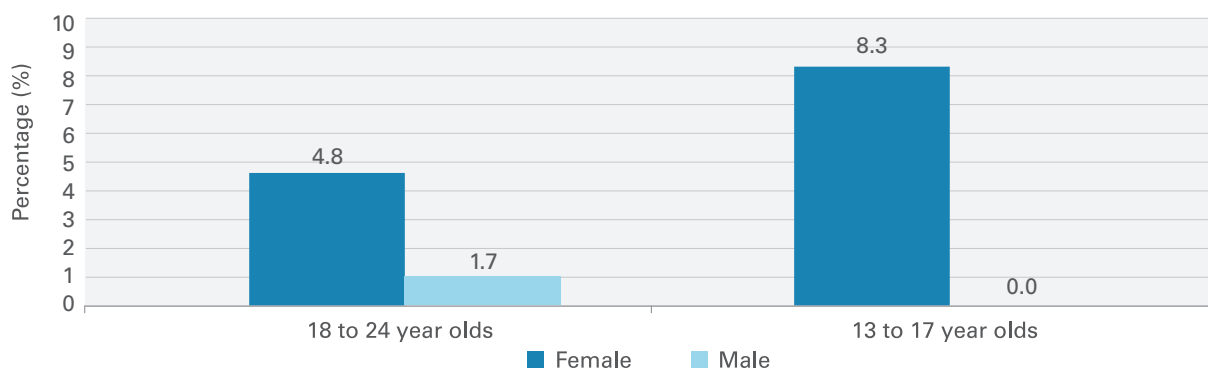


Figure 6.4 First experience of sexual intercourse during childhood was unwanted

6.1.3 Perpetrators of sexual abuse

Understanding the relationship between child victims of violence and perpetrators of sexual abuse is important for prevention and response efforts. To explore this relationship in more detail, the survey asked respondents about their specific relationship to the perpetrator of the type of sexual abuse they reported (unwanted sexual touching, unwanted attempted sex, pressured sex or physically forced sex). Respondents were also asked questions to determine the age difference between children who experienced sexual abuse and their perpetrators, the gender of the perpetrator and the prevalence of multiple perpetrators.

National prevalence estimates by type of perpetrator are presented for the first reported incident of sexual abuse among females and males who experienced at least one type of sexual abuse during childhood. For the most recent incident of sexual abuse among females and males who experienced sexual abuse in the past 12 months, the sample size was not large enough to produce statistically reliable estimates (Appendix Tables 6.10; 6.11; 6.12 and 6.14).

The most commonly reported perpetrators of sexual abuse among females during childhood were spouses or romantic partners (54.4 per cent) and friends (25.1 per cent) (Figure 6.5 and Appendix Table 6.9). A smaller proportion of females experienced sexual abuse by a classmate/schoolmate (10.5 per cent), stranger (8.2 per cent), authority figure (6.6 per cent) and neighbour (1.8 per cent). Among males, the most frequently reported perpetrators were family members (34.7 per cent), friends (28.3 per cent) and spouses or romantic partners (15.3 per cent), followed to a lesser extent by classmates/schoolmates (9.1 per cent), strangers (8 per cent) and neighbours (5 per cent).

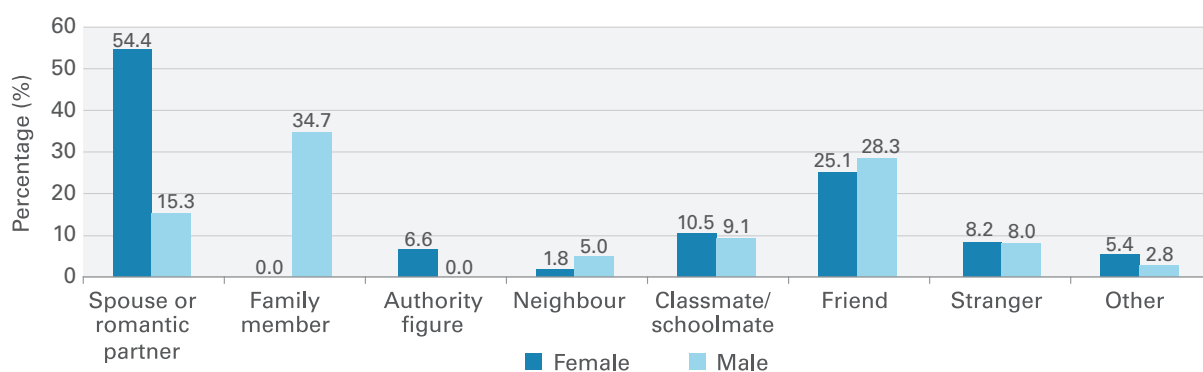


Figure 6.5 Sexual abuse in childhood by type of perpetrator

The data show that females are significantly more likely than males to experience sexual abuse during childhood by a spouse or romantic partner, while males are significantly more likely than females to experience sexual abuse during childhood by a family member. These findings are critical to improving the targeting of prevention programmes.

There is a significant difference in the percentage of females and males who reported that more than one perpetrator was present at the first incident of sexual abuse during childhood. Among females, 8.9 per cent reported multiple perpetrators at the first incident of sexual abuse, compared to 40.3 per cent of males (Figure 6.6 and Appendix Table 6.11). Among those who experienced sexual abuse during childhood, 31 per cent of females and 44.4 per cent of males perceived their perpetrator to be five or more years older (Appendix Table 6.12).

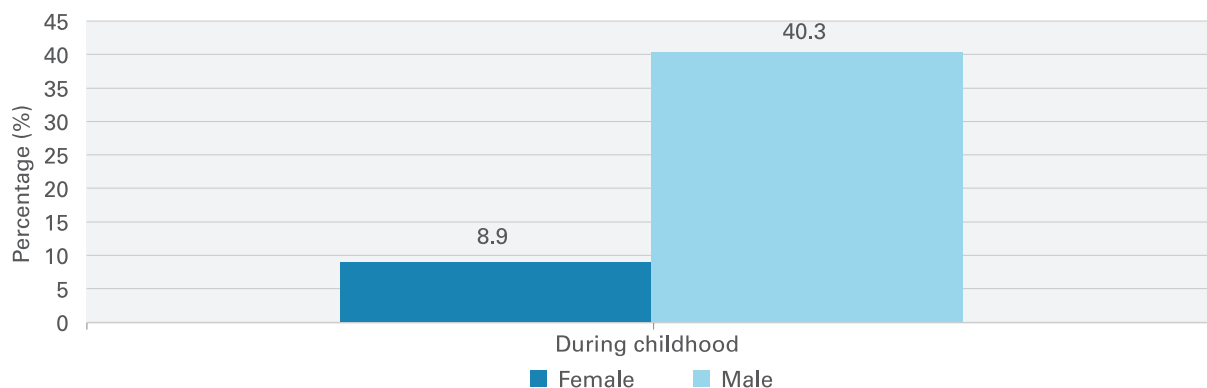


Figure 6.6 More than one perpetrator at the first incident of sexual abuse in childhood

Females were twice as likely as males to report male only perpetrators of the first incident of sexual abuse during childhood – 89.9 per cent and 44.4 per cent, respectively (Figure 6.7 and Appendix Table 6.13). Likewise, males were significantly more likely than females to report female only perpetrators of the first incident of sexual abuse during childhood (51.9 per cent and 6.9 per cent, respectively). Only a small percentage of females (3.2 per cent) and males (3.7 per cent) reported both male and female perpetrators of the first incident of sexual abuse during childhood.

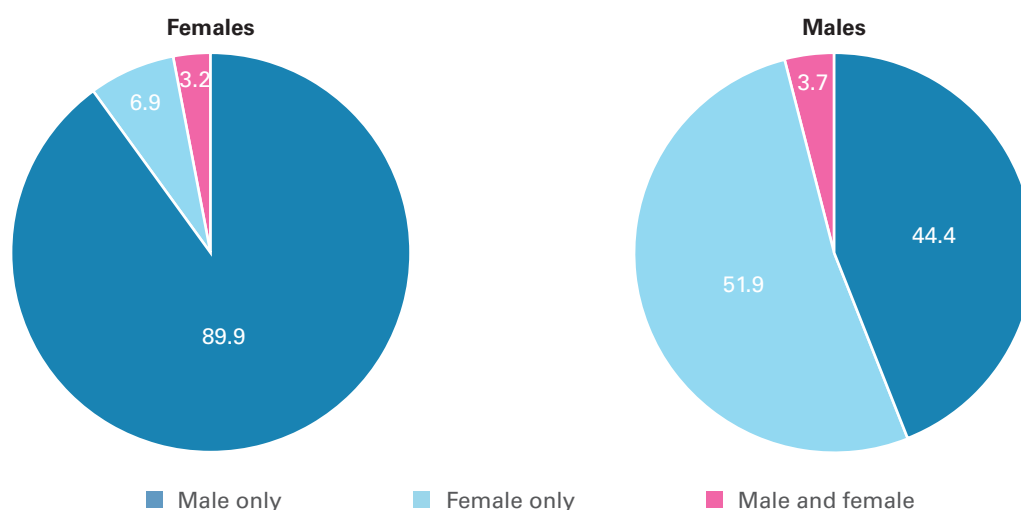


Figure 6.7 Gender of perpetrator of first incident of sexual abuse during childhood

6.1.4 Location where sexual abuse occurred

To better understand patterns of violence and contributing risk factors, respondents were asked to identify the location where they experienced the incidents of sexual abuse. To produce lifetime estimates respondents were asked about the first incident of sexual abuse and to produce estimates for the 12 months prior to the survey respondents were asked about the most recent incident of sexual abuse. However, data are only presented for lifetime estimates as there were insufficient responses to calculate estimates for the past 12 months.

The most common location in which the first incident of sexual abuse occurred among females during childhood was in someone else’s home (26.1 per cent), followed by the respondent’s home (23 per cent), the perpetrator’s home (21.2 per cent) and in a bar, restaurant, disco or club (19.6 per cent) (Figure 6.8 and Appendix Table 6.15). The most frequently reported location by males was overwhelmingly the respondent’s home (33.4 per cent). Other locations identified by males include the perpetrator’s home (17.9 per cent), a bar, restaurant, disco or club (14.3 per cent) and someone else’s home (11.1 per cent). A school was identified as the location of the first incident of sexual abuse among 6.3 per cent of females and 9.8 per cent of males.

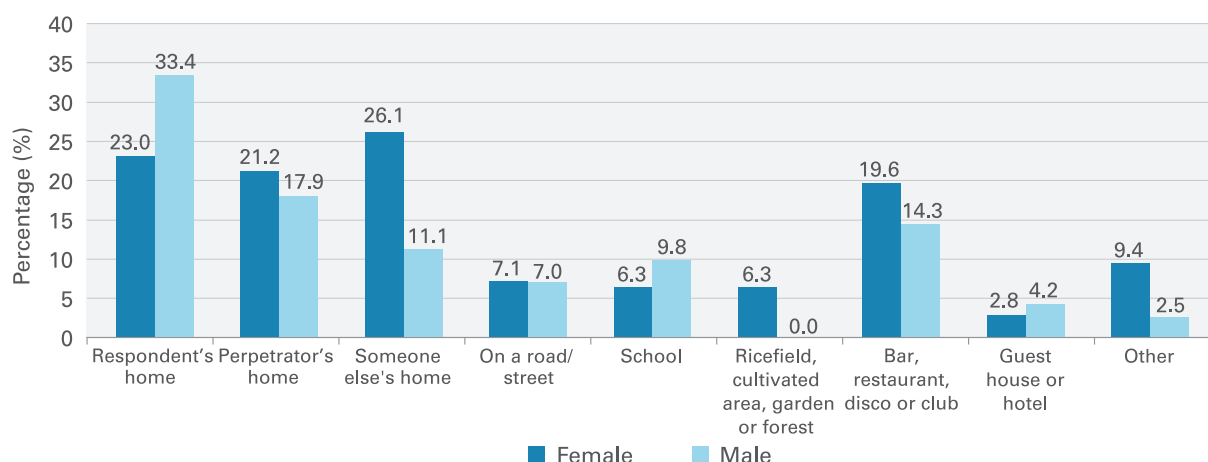


Figure 6.8 Location of first incident of sexual abuse in childhood

NOTE: “other” includes market/shop, inside a car/bus, a lake, river or other body of water, or another location

6.1.5 Time of day when sexual abuse occurred

To further understand patterns of violence and contributing risk factors, respondents were asked to identify the time of day when the incident of sexual abuse took place. Times of day included morning (sunrise to noon), afternoon (noon to sunset), evening (sunset to midnight) and late at night (midnight to sunrise). Lifetime estimates were calculated from responses about the first incident of sexual abuse and estimates for the 12 months prior to the survey were produced from responses about the most recent incident of sexual abuse. Once more, there were insufficient responses to calculate estimates for the past 12 months.

Among females and males who experienced sexual abuse during childhood, the first incident of sexual abuse most often took place in the evening – 55.1 per cent and 57.1 per cent, respectively (Figure 6.9 and Appendix Table 6.17). Afternoon was the second most frequent time of day when the first incident of sexual abuse occurred, reported by 36.7 per cent of females and 17.7 per cent of males. This was followed by late at night (16 per cent of females and 16.9 per cent of males) and morning (4.1 per cent of females and 13.3 per cent of males).

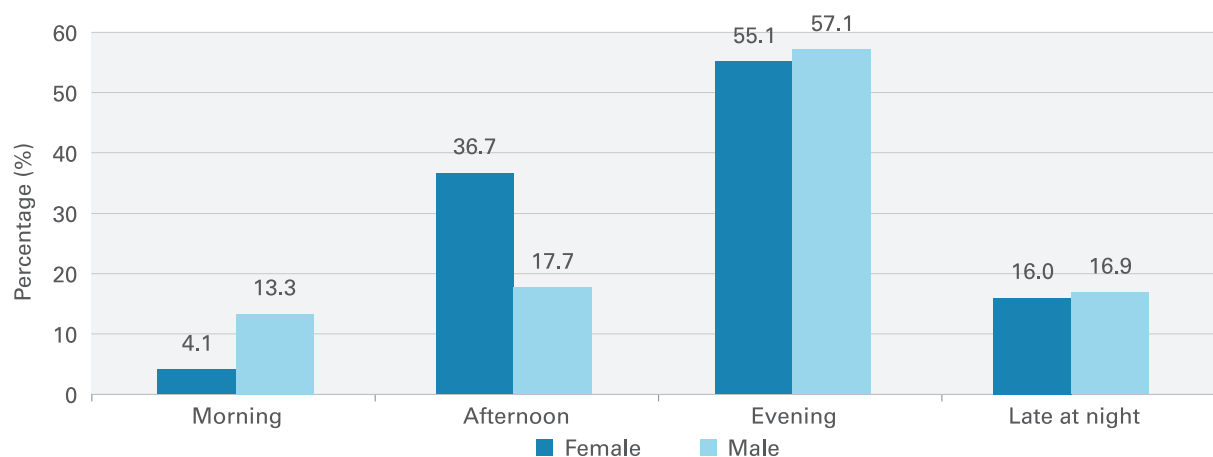


Figure 6.9 Time of day of the first incident of sexual abuse in childhood

6.2 Sexual exploitation

Sexual exploitation is a broad category of sexual violence, which includes coercing another person into participating in sexual activities such as through the exchange of money, goods, favours or other gifts. Individuals may be at a higher risk of exploitation through transactional sex if they have a history of childhood violence or if they perceive that they are unable to meet their basic needs without participating in survival sex.

In this survey, respondents were asked if they had ever received food, favours or any other gifts in exchange for sex and whether they had ever participated in a sex photo or video, or shown their sexual body parts in front of a webcam, camera or mobile phone.

Only a small percentage of males (0.2 per cent) engaged in transactional sex during childhood i.e. receiving any food, favours or gifts in exchange for sex (Appendix Table 6.19). No females reported any such incidents. In the 12 months prior to the survey, the reverse was seen, with 0.2 per cent of females receiving food, favours or gifts in exchange for sex, compared to no males.

With regard to non-contact sexual violence, only 0.2 per cent of males experienced participating in a sex photo or video or showing sexual body parts in front of a webcam, camera or mobile phone during childhood (Appendix Table 6.20). Meanwhile, 0.4 per cent of males reported participating in such activities in the previous 12 months. No females reported experiencing non-contact sexual violence in childhood or in the past 12 months.



**7 | OVERLAP OF TYPES
OF VIOLENCE**

SECTION 7: OVERLAP OF TYPES OF VIOLENCE

Summary of key findings

Prevalence of all forms of violence during childhood

- More than a third of females (34.4 per cent) and males (35 per cent) experienced some form of violence during childhood.
- 1 in 10 females and males experienced two or more types of violence during childhood.
- Both females and males were most likely to experience emotional violence only during childhood, 13.6 per cent and 9.4 per cent, respectively.
- Twice as many males (6.6 per cent) experienced sexual abuse only during childhood, compared to females (3.4 per cent).
- More males reported experiencing both physical violence and sexual abuse during childhood (2 per cent), compared to females (0.4 per cent).

Prevalence of all forms of violence in the 12 months prior to the survey

- 1 in 6 females (15.6 per cent) and 1 in 5 males (19.9 per cent) experienced some form of violence in the past 12 months.
- Both females and males were most likely to experience one type of violence only in the 12 months prior to the survey— 11.7 per cent and 15.3 per cent, respectively.
- More males reported experiencing both physical and emotional violence in the past 12 months (2.1 per cent), compared to females (1.4 per cent).

This section describes the overlap between the different types of violence measured in this survey: physical and emotional violence and sexual abuse. It presents data on the number of females and males who have experienced one type of violence only, two types of violence or all three types of violence. There are two ways that violence can overlap: firstly, when two types of violence occur simultaneously—such as when a child experiences physical and emotional violence at the same time—and secondly, when a child experiences two types of violence at different points in time.

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

7.1 Types of violence experienced by children

Similar patterns in types of violence experienced during childhood were found among females and males. More than a third of females (34.4 per cent) and males (35 per cent) experienced some form of violence during childhood i.e. one or multiple forms of violence (Figure 7.1 and Appendix Table 7.1). Around a quarter of females and males—23.6 per cent and 25.1 per cent, respectively—experienced one type of violence only during childhood, while 10.7 per cent of females and 10 per cent of males experienced two or more types of violence during childhood. A total of 9.5 per cent of females and 8.7 per cent of males experienced two types of violence during childhood. Only 1.2 per cent of females and 1.3 per cent of males experienced all three types of violence during childhood.

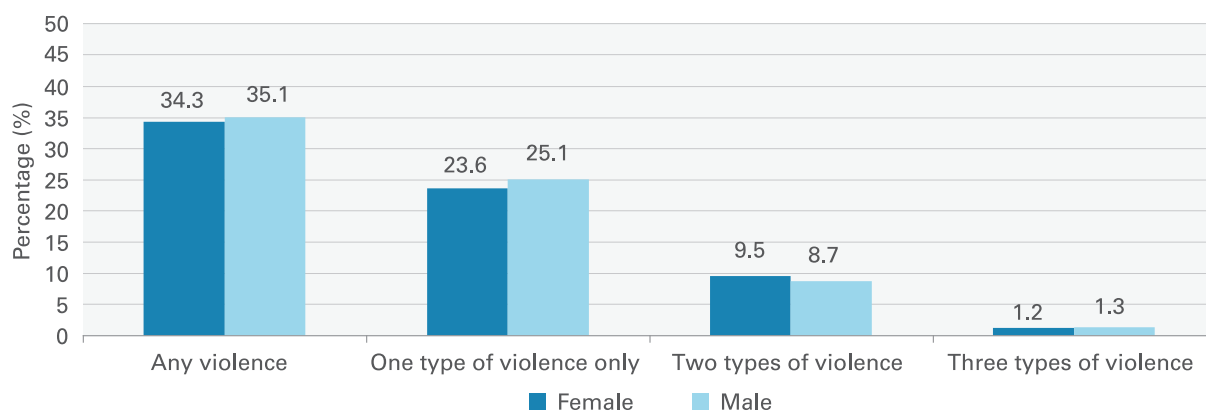


Figure 7.1 Overlap between types of violence experienced during childhood

In the 12 months prior to the survey, 15.6 per cent of females and 19.9 per cent of males experienced one or more types of violence (Figure 7.2 and Appendix Table 7.2). Among females, 11.7 per cent experienced one type of violence only in the past 12 months, compared to 15.3 per cent of males. Meanwhile, 3.1 per cent of females and 4.4 per cent of males experienced two of the three types of violence, and 0.8 per cent of females experienced all three types of violence in the past 12 months. The latter only applies to females, as not a single male reported experiencing all three types of violence in the past year.

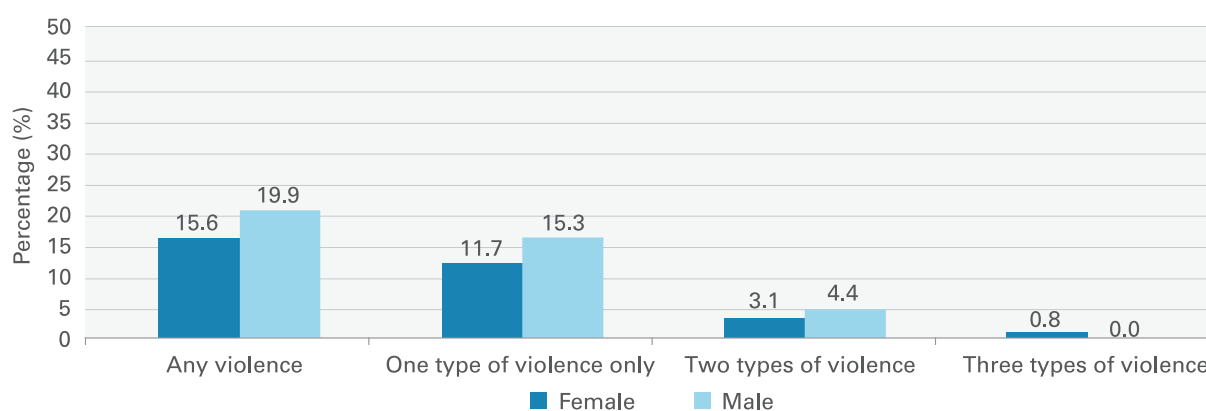


Figure 7.2 Overlap between types of violence experienced in the past 12 months

NOTE: Total does not sum exactly to 100 per cent due to rounding

7.2 Co-occurrence of violence during childhood

Females were most likely to experience emotional violence only during childhood (13.6 per cent), compared to all other types and combinations of violence (Figure 7.3 and Appendix Table 7.1). This was followed by physical and emotional violence (6.8 per cent) and physical violence only (6.6 per cent). A smaller percentage of females experienced sexual abuse only (3.4 per cent), emotional violence and sexual abuse (2.3 per cent), and physical violence and sexual abuse (0.4 per cent) during childhood.

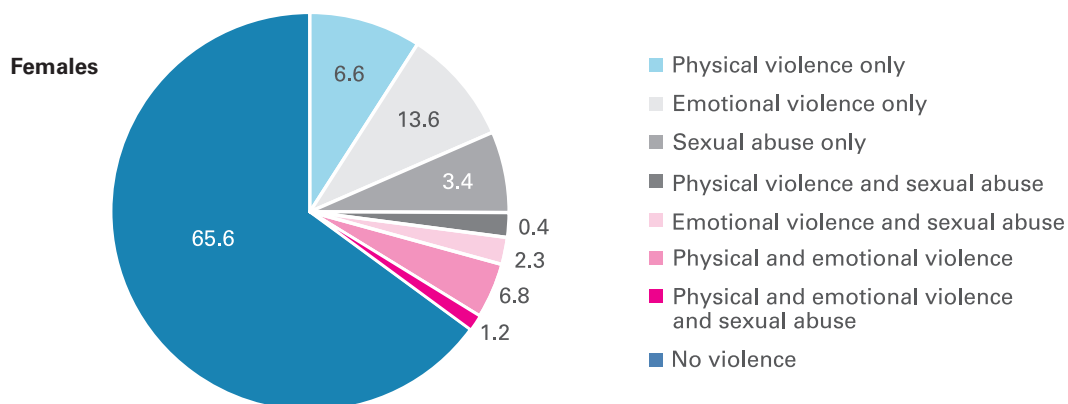


Figure 7.3 Types of violence experienced by females during childhood

Males were most likely to experience emotional violence only during childhood (9.4 per cent), followed closely by physical violence only (9.1 per cent) and sexual abuse only (6.6 per cent) (Figure 7.4 and Appendix Table 7.1). Two per cent of males experienced both physical violence and sexual abuse, 2.2 per cent experienced both emotional violence and sexual abuse and 4.5 per cent experienced both physical and emotional violence during childhood.

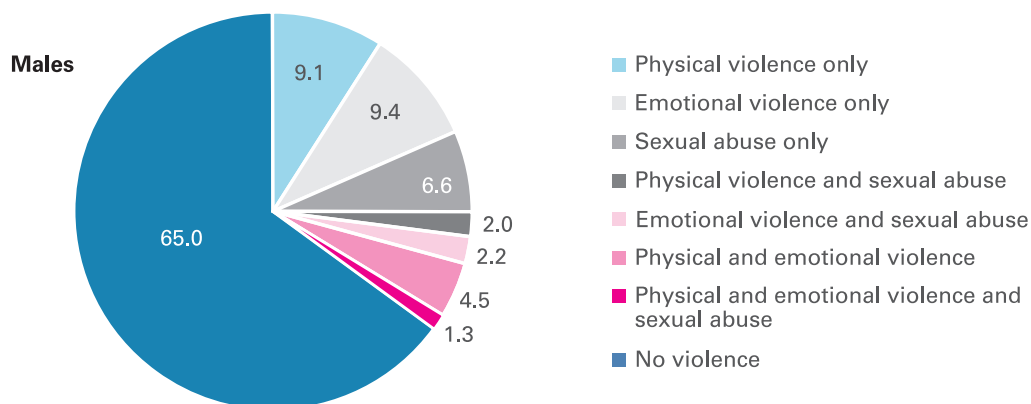


Figure 7.4 Types of violence experienced by males during childhood

When comparing the types of violence experienced by gender, both females and males were most likely to experience emotional violence only during childhood, 13.6 per cent and 9.4 per cent, respectively. Twice as many males (6.6 per cent) experienced sexual abuse only during childhood, compared to females (3.4 per cent). Furthermore, males were five times more likely to experience physical violence and sexual abuse (2 per cent) during childhood, compared to females (0.4 per cent).

7.3 Co-occurrence of violence in the past 12 months

In the 12 months prior to the survey, females were most likely to experience emotional violence only (5.7 per cent) and physical violence only (4.3 per cent) (Figure 7.5 and Appendix Table 7.2). Other types of violence experienced by females in the past 12 months were found to be much lower: 1.7 per cent experienced sexual violence only, 1.7 per cent emotional violence and sexual abuse, 1.4 per cent physical and emotional violence, and 0.8 per cent physical and emotional violence and sexual abuse.

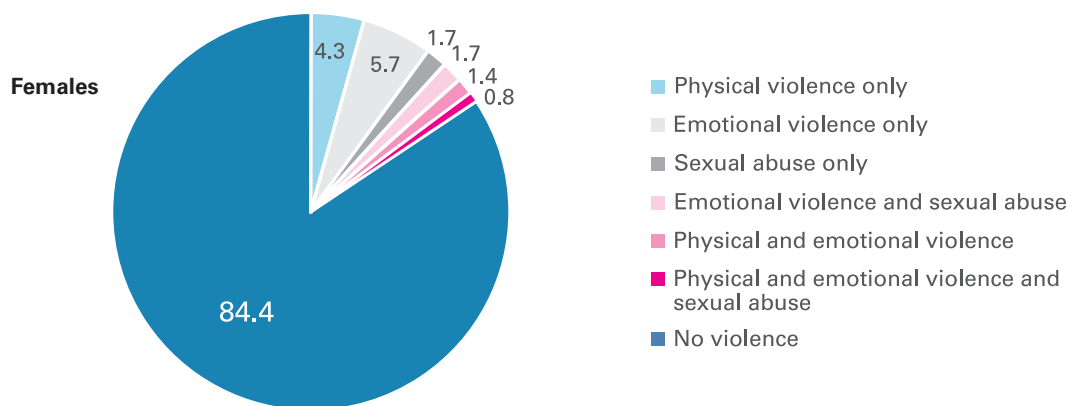


Figure 7.5 Types of violence experienced by females in the last 12 months

Among males, 6.8 per cent experienced emotional violence only in the past 12 months, 4.7 per cent experienced physical violence only and 3.8 per cent experienced sexual abuse only (Figure 7.6 and Appendix Table 7.2). Only a small percentage of males experienced two of the three types of violence in the 12 months prior to the survey: physical violence and sexual abuse (1.3 per cent), emotional violence and sexual abuse (1 per cent) and physical and emotional violence (2.1 per cent).

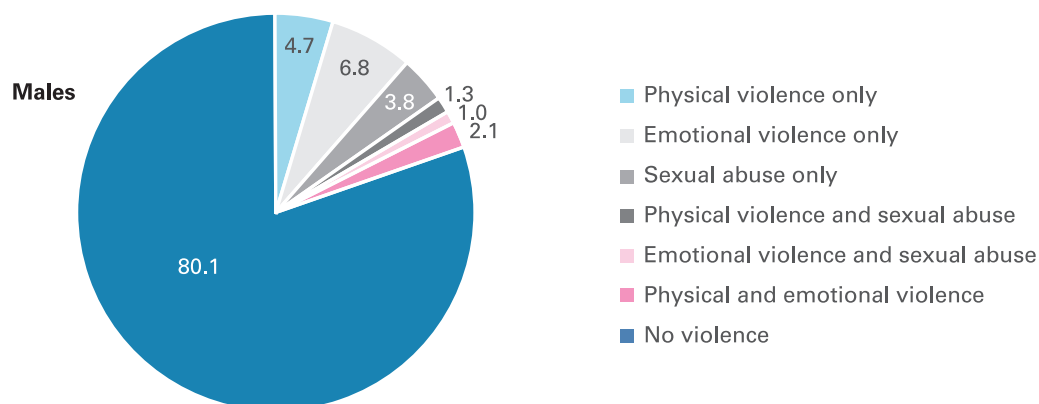



Figure 7.6 Types of violence experienced by males in the last 12 months

Patterns in the types of violence experienced by females and males in the past 12 months were similar. Both showed highest levels of emotional violence only, followed by physical violence only and sexual abuse only. Males were almost twice as likely to experience physical and emotional violence in the past 12 months (2.1 per cent), compared to females (1.4 per cent). On the other hand, 0.8 per cent of females experienced physical and emotional violence and sexual abuse, however all three types of violence were not experienced by males.



HEALTH OUTCOMES OF PHYSICAL AND EMOTIONAL VIOLENCE AND SEXUAL ABUSE

8

SECTION 8: HEALTH OUTCOMES OF PHYSICAL AND EMOTIONAL VIOLENCE AND SEXUAL ABUSE

Summary of key findings

Health outcomes among 18 to 24 year olds who experienced violence in childhood

- For both females and males 18 to 24 years of age, no health outcomes were directly associated with violence in childhood. However, those who experienced violence in childhood generally reported higher levels of mental distress, compared to those who did not experience violence in childhood.
- Only 12.1 per cent of females aged 18 to 24 who experienced sexual abuse reported knowing where to get an HIV test, compared to 50.6 per cent of males.
- Only a small percentage of females (4.4 per cent) and males (4.6 per cent) aged 18 to 24 who had ever had sexual intercourse and experienced sexual abuse in childhood reported being tested for HIV.

Health outcomes among 13 to 17 year olds who experienced violence in the past 12 months

- Emotional violence experienced by 13 to 17 year old females in the past 12 months was associated with higher prevalence of mental distress.
- Females aged 13 to 17 who experienced physical violence in the past 12 months were significantly more likely to have contemplated suicide (12.8 per cent), compared to females who did not experience physical violence in the past 12 months (0.8 per cent).
- There were no significant associations of violence in the past 12 months with health outcomes for males.

Sexual risk-taking behaviours among 19 to 24 year olds

- Males who had sexual intercourse in the previous 12 months were significantly more likely to report having multiple sexual partners (14.1 per cent) than females (0.2 per cent).
- Infrequent condom use was more prevalent among males who had sexual intercourse in the past 12 months (33.9 per cent) than females (9.3 per cent).
- For both females and males, there was no significant association between sexual risk-taking behaviours and childhood violence.

Epidemiological studies have documented the impact of violence against children on the short to long-term health and emotional well-being of children. Evidence shows that early childhood exposure to violence can affect brain development and increase a child's susceptibility to a range of mental and physical health problems that can span into adulthood, including anxiety or depressive disorders, cardiovascular health problems and diabetes.^{20,21,22} Common health-related outcomes of sexual violence, in particular, include unintended pregnancy and gynaecological 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.^{23,24}

This section explores the association between physical and emotional violence and sexual abuse in childhood and a number of different health outcomes, including mental distress in the past 30 days, intoxication in the past 30 days, smoking in the past 30 days, substance use in the past 30 days, symptoms of STIs, and self-harm, suicidal thoughts and suicide attempts. Pregnancy among females who experienced unwanted completed sex was also assessed, however the sample size was not sufficient in either age category to calculate reliable estimates.

Childhood violence has also been associated with sexual risk-taking behaviours among adolescents and adults.^{25,26,27} This section also describes the prevalence of selected risk behaviours, including multiple sexual partners (two or more partners), infrequent condom use (never or sometimes use condoms) and engaging in transactional sex (receiving food, favours or gifts in exchange for sex). It also explores the association between the three types of childhood violence (physical and emotional violence and sexual abuse) and sexual risk-taking behaviours in the past 12 months among females and males.

The prevention of violence is further important to contribute to the prevention of HIV transmission and other STIs. Victims of sexual violence are at increased risk of directly contracting HIV and other STIs, particularly those who experience significant associated physical trauma.^{28,29,30} To explore these associations, this section presents data on HIV testing knowledge and behaviours among females and males who have ever had sexual intercourse and among those who have experienced at least one incident of sexual abuse during childhood and in the past 12 months. Although unwanted sexual touching and unwanted attempted sexual intercourse are low risk for direct HIV exposure, all types of sexual abuse may increase the risk of HIV indirectly by impacting a person’s ability to negotiate safe sex and increasing the likelihood of engagement in sexual risk-taking behaviours later in life.^{31,32}

8.1 Experiences of violence and mental health status

Mental health in the past 30 days was measured using the Kessler Psychological Distress Scale (K6), which consists of six questions that assess a person’s general emotional state during a defined period of time. Each question response is given a score between 0 (none of the time) and 4 (all of the time) and combined for a total 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.

8.1.1 Experiences of violence in childhood and mental health

Females aged 18 to 24 who experienced physical or emotional violence or sexual abuse during childhood were more likely to report experiencing mental distress (both moderate and serious) in the past 30 days, compared to females who did not experience any type of violence in childhood (Table 8.1 and Appendix Tables 8.1 and 8.5). However, the results were not statistically significant.

Generally, the percentage of females aged 18 to 24 who experienced emotional violence or sexual abuse in childhood and reported ever intentionally hurting themselves or ever thinking of suicide was higher than females who did not experience emotional violence or sexual abuse in childhood. For example, among 18 to 24 year old females with a history of sexual abuse in childhood, 6.6 per cent ever intentionally hurt themselves and 4.1 per cent ever thought of suicide, compared to 3.2 per cent and 1.6 per cent, respectively, among females with no history of sexual abuse in childhood. However, the relationship between these two types of violence and self-harm and suicide ideation showed no statistically significant results.

Table 8.1 Mental distress, self-harm and suicide ideation among 18 to 24 year old females who did and did not experience physical or emotional violence or sexual abuse during childhood

Type of violence	Mental distress in the past 30 days	Moderate mental distress in the past 30 days	Serious mental distress in the past 30 days	Ever intentionally hurt themselves	Ever thought of suicide
	%	%	%	%	%
Physical violence	22.8	17.7	5.2	2.6	1.2
No physical violence	18.3	17.0	1.3	3.6	1.9
Emotional violence	24.4	20.3	4.1	5.6	3.6
No emotional violence	17.4	16.2	1.2	2.8	1.2
Sexual abuse	33.1	25.7	7.4	6.6	4.1
No sexual abuse	17.8	16.4	1.4	3.2	1.6

Among 18 to 24 year old males, those who experienced emotional violence or sexual abuse during childhood reported higher levels of mental distress than those with no history of violence in childhood (Table 8.2 and Appendix Tables 8.2 and 8.6). With regard to physical violence, however, the reverse was observed. Those who did not experience physical violence in childhood reported higher levels of mental distress (14.2 per cent)—both moderate and serious—compared to males who did experience physical violence in childhood (11.8 per cent). However, the differences observed between those who did and did not experience violence in relation to mental distress were not statistically significant.

Mixed results were also found with regard to levels of self-harm and suicide ideation among males who did and did not experience different types of violence during childhood. For example, 0.7 per cent of males who experienced physical violence in childhood reported ever intentionally hurting themselves, compared to 2 per cent among those who did not experience physical violence in childhood. Reports of suicide ideation were observed in equal measures among males who did and did not experience physical violence during childhood (0.6 per cent). For sexual abuse, however, reports among males in this age group of ever intentionally hurting themselves in childhood was higher for those with a history of sexual abuse than for those who did not experience sexual abuse—5.7 per cent compared to 1.2 per cent, respectively. Overall, there were no significant differences between 18 to 24 year old males with or without experiences of any type of violence and self-harm or suicide ideation.

Table 8.2 Mental distress, self-harm and suicide ideation among 18 to 24 year old males who did and did not experience physical or emotional violence or sexual abuse during childhood

Type of violence	Mental distress in the past 30 days	Moderate mental distress in the past 30 days	Serious mental distress in the past 30 days	Ever intentionally hurt themselves	Ever thought of suicide
	%	%	%	%	%
Physical violence	11.8	9.8	2.0	0.7	0.6
No physical violence	14.2	11.5	2.6	2.0	0.6
Emotional violence	18.1	17.5	0.7	1.4	0.6
No emotional violence	12.5	9.6	3.0	1.2	0.0
Sexual abuse	21.7	19.8	1.9	5.7	0.0
No sexual abuse	12.7	10.1	2.6	1.2	0.7

8.1.2 Experiences of violence in the past 12 months and mental health

Females aged 13 to 17 who experienced physical violence in the 12 months prior to the survey were more likely to report mental distress and self-harm (Table 8.3 and Appendix Tables 8.3 and 8.7). However, the results are not statistically significant. Females in this age group who experienced physical violence in the last 12 months were significantly more likely to have ever thought of suicide (12.8 per cent), compared to females who did not experience physical violence in the past 12 months (0.8 per cent). Females were therefore 16 times more likely to have ever thought of suicide if they experienced physical violence in the last year.

Emotional violence experienced by 13 to 17 year old females in the past 12 months was associated with higher prevalence of mental distress, in particular moderate mental distress. Specifically, more than half of females in this age category (51.8 per cent) who experienced emotional violence in the past 12 months reported mental distress, compared to 15.4 per cent with no history of emotional violence in the past 12 months.

An analysis of experiences of sexual abuse and mental health status among 13 to 17 year old females was not possible as the sample size was insufficient to calculate reliable estimates for those with a history of sexual abuse.

Table 8.3 Mental distress, self-harm and suicide ideation among 13 to 17 year old females who did and did not experience physical or emotional violence or sexual abuse in the past 12 months

Experience of violence	Mental distress in the past 30 days	Moderate mental distress in the past 30 days	Serious mental distress in the past 30 days	Ever intentionally hurt themselves	Ever thought of suicide
	%	%	%	%	%
Physical violence	31.4	22.3	9.1	18.1	12.8
No physical violence	18.0	16.8	1.2	3.1	0.8
Emotional violence	51.8	44.1	7.7	7.5	8.1
No emotional violence	15.4	14.3	1.1	3.7	0.9
Sexual abuse	*	*	*	*	*
No sexual abuse	17.9	16.1	1.8	3.6	1.3

Generally, males between the ages of 13 and 17 who experienced physical or emotional violence in the past 12 months were more likely to report poor mental health outcomes, self-harm and suicide ideation, compared to those who did not experience violence (Table 8.4 and Appendix Tables 8.4 and 8.8). For example, more than a fifth (23.2 per cent) of males aged 13 to 17 who experienced physical violence in the past 12 months reported mental distress—18.2 per cent moderate mental distress and 5 per cent serious mental distress. In comparison, among males of the same age who did not experience physical violence in the past 12 months, 11.4 per cent reported mental distress, with 9 per cent reporting moderate mental distress and 2.4 per cent reporting serious mental distress. However, the results between those who did or did not experience physical or emotional violence are not statistically significant.

With regard to sexual abuse, no association could be explored as the sample size was too small to produce statistically reliable estimates for those who had experienced sexual abuse.

Table 8.4 Mental distress, self-harm and suicide ideation among 13 to 17 year old males who did and did not experience physical or emotional violence or sexual abuse in the past 12 months

Experience of violence	Mental distress in the past 30 days	Moderate mental distress in the past 30 days	Serious mental distress in the past 30 days	Ever intentionally hurt themselves	Ever thought of suicide
	%	%	%	%	%
Physical violence	23.2	18.2	5.0	1.6	6.6
No physical violence	11.4	9.0	2.4	1.2	0.7
Emotional violence	17.5	13.5	3.9	0.0	4.1
No emotional violence	11.9	9.4	2.4	1.3	0.8
Sexual abuse	*	*	*	*	*
No sexual abuse	11.8	9.1	2.6	1.2	1.1

8.2 Experiences of violence and general health outcomes

8.2.1 Experiences of violence in childhood and general health status

There were no significant differences between females or males aged 18 to 24 who did or did not experience violence and poor general and reproductive health outcomes (Table 8.5 and Appendix Tables 8.5 and 8.6). However, in many cases, results appear to be higher for those who experienced some form of violence and patterns are similar among females and males. For example, females aged 18 to 24 who experienced physical violence as a child reported higher levels of smoking (11.7 per cent, compared to 7 per cent), substance use (2.4 per cent, compared to 0.2 per cent) and symptoms and diagnosis of STIs (16.6 per cent, compared to 14.7 per cent) than those who did not experience physical violence in childhood. Among males of the same age, 44.4 per cent with a history of physical violence reported smoking, 8 per cent reported substance use and 10.4 per cent reported symptoms and diagnosis of STIs compared to those with no history of physical violence (39.8 per cent, 3 per cent and 7.5 per cent, respectively).

Similar patterns among females and males were found with regard to emotional violence, with higher reports of being drunk and substance use among those who had experienced emotional violence as a child. Likewise, females and males who experienced sexual abuse were more likely than those who did not to report being drunk and having symptoms and diagnosis of STIs.

Table 8.5 Alcohol inebriation, smoking status, substance abuse and STI diagnosis and symptoms among females and males who did and did not experience physical or emotional violence or sexual abuse during childhood

Experience of violence	Being drunk in the past 30 days %	Smoking in the past 30 days %	Substance use in the past 30 days %	Symptoms/diagnosis of STIs %
FEMALES				
Physical violence	28.8	11.7	2.4	16.6
No physical violence	29.0	7.0	0.2	14.7
Emotional violence	32.4	4.2	1.5	13.3
No emotional violence	28.0	8.9	0.2	15.7
Sexual abuse	35.9	0.0	0.0	27.4
No sexual abuse	28.4	8.3	0.6	14.0
MALES				
Physical violence	59.8	44.4	8.0	10.4
No physical violence	61.9	39.8	3.0	7.5
Emotional violence	63.6	38.8	8.4	6.8
No emotional violence	60.9	40.8	2.7	8.0
Sexual abuse	69.2	48.8	1.0	11.7
No sexual abuse	60.4	39.5	4.2	7.4

8.2.2 Experiences of violence in the past 12 months and general health status

Among females aged 13 to 17, those with a history of physical violence in the last 12 months reported higher levels of being drunk and symptoms and diagnosis of STIs than those with no history of violence (Table 8.6 and Appendix Tables 8.7 and 8.8), although these results were not significant. Likewise, males aged 13 to 17 who experienced physical or emotional violence in the past 12 months reported higher rates of being drunk, smoking and substance use in the past 30 days, however they were not statistically different from those who did not experience physical or emotional violence.

For sexual abuse, the sample size was not large enough to ascertain statistically reliable estimates for those who had experienced sexual abuse. Therefore, associations between those who did and did not experience sexual abuse were not possible.

Table 8.6 Alcohol inebriation, smoking status, substance abuse and STI diagnosis and symptoms among females and males who did and did not experience physical or emotional violence or sexual abuse in the past 12 months

Experience of violence	Being drunk in the past 30 days %	Smoking in the past 30 days %	Substance use in the past 30 days %	Symptoms/diagnosis of STIs %
FEMALES				
Physical violence	27.7	5.3	0.0	10.2
No physical violence	22.5	5.8	0.2	4.9
Emotional violence	35.4	2.1	0.0	14.7
No emotional violence	21.4	6.1	0.2	4.3
Sexual abuse	*	*	*	*
No sexual abuse	22.3	6.0	0.2	5.0

MALES				
Physical violence	44.9	23.9	5.0	5.1
No physical violence	32.8	17.2	1.9	3.7
Emotional violence	36.1	22.8	5.8	2.7
No emotional violence	33.6	16.7	1.8	4.0
Sexual abuse	*	*	*	*
No sexual abuse	30.9	17.6	2.0	2.4

8.3 Sexual risk-taking behaviours and exposure to violence in childhood

To explore the prevalence of sexual risk-taking behaviours, respondents who have had sex were asked about the number of sexual partners they have had in the past 12 months, how often they used a condom (always, sometimes or never) and whether they had received food, favours or gifts in exchange for sex. The age group 19 to 24 is used for these analyses in order to temporally separate exposure to violence in childhood and recent sexual risk-taking behaviours. This ensures that exposure to childhood violence preceded involvement in current sexual risk-taking behaviours and that there is no confusion between the directionality of the association between exposure to violence and sexual risk-taking behaviours. Otherwise, measures of sexual risk-taking such as multiple sexual partners may include and overlap with experiences of childhood sexual violence. Females and males 18 years of age were excluded because sexual risk-taking behaviours over the past 12 months may include sexual experience or sexual violence that occurred prior to turning 18.

8.3.1 Sexual risk-taking behaviours among 19 to 24 year olds in the past 12 months

Among females who reported having sexual intercourse in the past 12 months, only 0.2 per cent reported having multiple sexual partners (Figure 8.1 and Appendix Table 8.11). Males, on the other hand, were significantly more likely to report having multiple sexual partners (14.1 per cent). Males who had sexual intercourse in the preceding 12 months were also three times as likely to report infrequent condom use compared to females – 33.9 per cent and 9.3 per cent, respectively. With regard to transactional sex, only 0.6 per cent of females and 1.1 per cent of males reported engaging in transactional sex in the last 12 months.

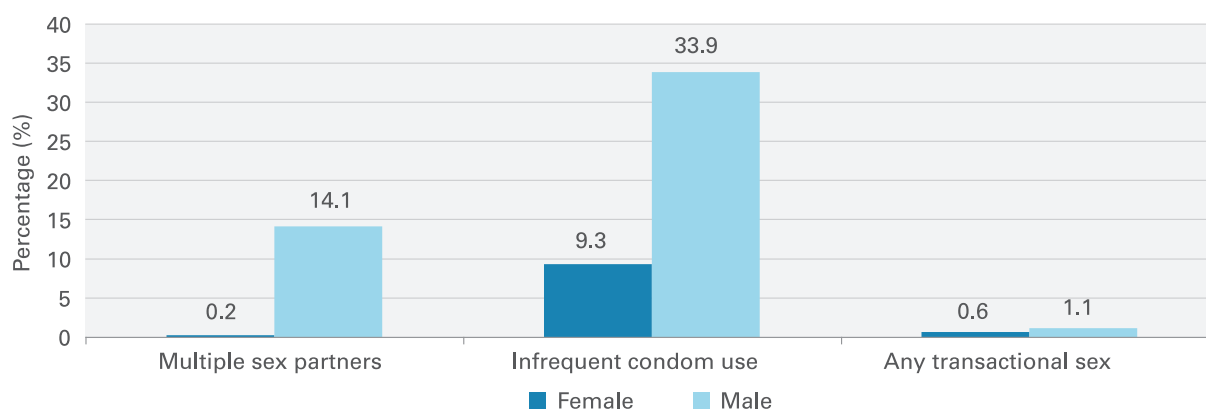


Figure 8.1 Sexual risk-taking behaviours by 19 to 24 year olds who had sexual intercourse in the past 12 months

The difference in condom use and multiple sexual partners between females and males who reported having sexual intercourse but did not experience any of the three types of violence measured are statistically significant (Appendix Tables 8.12-8.17). For example, males who did not experience sexual abuse were significantly more likely to report infrequent condom use (34.4 per cent), compared to females who did not experience sexual abuse (7.6 per cent). Similarly, males who did not experience physical violence were significantly more likely to report infrequent condom use (34.5 per cent), compared to females who did not experience physical violence (8.6 per cent).

With regard to multiple sexual partners, no females who had sexual intercourse in the past 12 months and who did not experience physical or emotional violence or sexual abuse reported having multiple sexual partners. Males, on the other hand, reported multiple sexual partners in all these cases—13.7 per cent, 15.3 per cent and 14.7 per cent, respectively. These differences between females and males were statistically significant.

8.3.2 Sexual risk-taking behaviours and exposure to sexual abuse in childhood

Among 19 to 24 year olds who reported having sexual intercourse in the past 12 months, 2.4 per cent of females who experienced some form of sexual abuse during childhood reported having multiple sexual partners (Appendix Table 8.12). In contrast, there were no reports of having multiple sexual partners among females with no history of sexual abuse in childhood. Among males who had sexual intercourse in the past 12 months, 12.2 per cent of those who experienced childhood sexual abuse reported multiple sexual partners, compared to 14.7 per cent of males who did not experience childhood sexual abuse. Overall, there was no statistically significant difference with regard to multiple sexual partners among females or males who did or did not experience sexual abuse in childhood.

With respect to condom use, 28 per cent of females with a history of sexual abuse in childhood reported infrequent condom use, compared to 7.6 per cent among those with no experience of childhood sexual abuse (Appendix Table 8.13). Among males, the reverse was found, with 32.5 per cent of those who experienced sexual abuse in childhood reporting infrequent condom use in comparison to 34.4 per cent among those who did not experience sexual abuse prior to 18. These results were not statistically significant.

8.3.3 Sexual risk-taking behaviours and exposure to physical violence in childhood

Among females aged 19 to 24 who had sexual intercourse in the past 12 months and who experienced physical violence during childhood, 1.9 per cent reported multiple sexual partners in the last 12 months (Appendix Table 8.14). Not a single female without a history of physical violence in childhood reported multiple sexual partners over the last year. Among males, 15.7 per cent of those who experienced physical violence in childhood had multiple sexual partners in the past 12 months, compared to 13.7 per cent among those who did not experience physical violence in childhood. These differences were not statistically significant.

Females with a history of physical violence in childhood were almost twice as likely to report infrequent condom use as those with no experience of physical violence during childhood (15.5 per cent compared to 8.6 per cent, respectively) (Appendix Table 8.15). Among males, those with no experience of physical violence in childhood were more likely to report infrequent condom use (34.5 per cent) than those who did experience physical violence in childhood (31.9 per cent). However, these results were not statistically significant.

8.3.4 Sexual risk-taking behaviours and exposure to emotional violence in childhood

Among females who had sexual intercourse in the past 12 months and who experienced emotional violence in childhood, only 0.8 per cent reported multiple sexual partners in the last year (Appendix Table 8.16). In comparison, there were no reports of multiple sexual partners among females with no history of emotional violence in childhood. For males, the figures were quite different. Among those who experienced emotional violence in childhood, 6.6 per cent had multiple sexual partners in the past 12 months, compared to 15.3 per cent of males who did not experience emotional violence during childhood. The relationship between these results was not statistically significant.

With regard to condom use, females who did not experience emotional violence in childhood were twice as likely to report infrequent condom use in the past 12 months (10.9 per cent), compared to 5.3 per cent of females who did experience emotional violence in childhood (Appendix Table 8.17). Among males, the opposite was observed. Those with a history of emotional violence in childhood were much more likely to report infrequent condom use (51.7 per cent), compared to those with no history of emotional violence in childhood (29 per cent). However, the differences were not found to be statistically significant.

8.4 HIV testing knowledge and behaviours

To assess knowledge of HIV testing services among females and males who have ever had sexual intercourse, respondents were asked if they knew where people could go for HIV testing. To assess their health-seeking behaviours, they were also asked if they had ever been tested for HIV. If the respondent confirmed that they had never been tested for HIV, they were asked the main reason why to provide an indicator of barriers to HIV testing. If the respondent confirmed they had been tested for HIV, they were asked if they received the results of their test. However, this last question did not produce a large enough sample to provide statistically reliable estimates.

8.4.1 General knowledge and behaviours related to HIV testing

Among females aged 18 to 24 who had ever had sexual intercourse, 7 per cent knew of a place to go for an HIV test, while only 2.6 per cent received an HIV test (Figure 8.2 and Appendix Table 8.18). In comparison, 33.1 per cent of males who had ever had sexual intercourse knew where to go for an HIV test and 4.1 per cent had ever received an HIV test. Males were therefore more than four times as likely to know where to go for an HIV test as females, a result that is statistically significant.

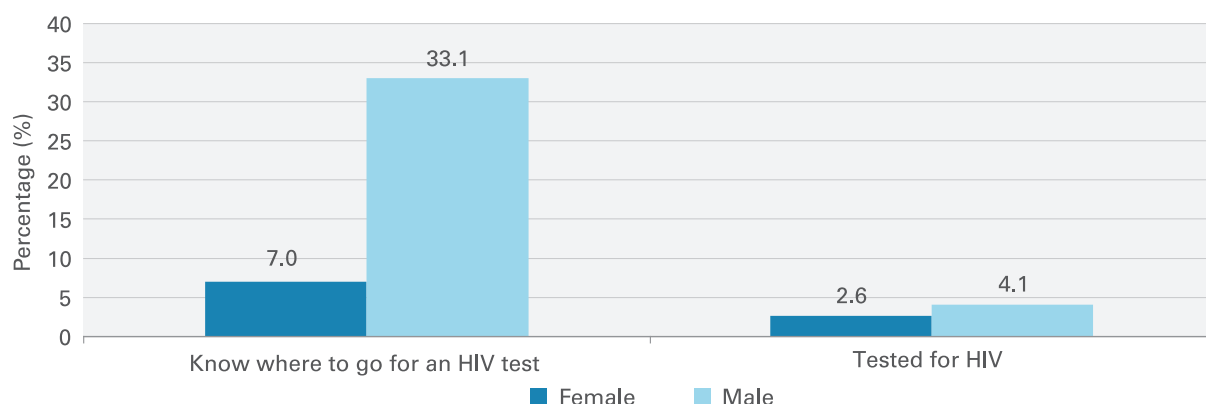


Figure 8.2. HIV testing knowledge and behaviour among 18 to 24 year olds who have ever had sexual intercourse

Among 13 to 17 year olds who had ever had sexual intercourse, 22 per cent of males knew where to go for an HIV test compared to 10 per cent of females (Figure 8.3 and Appendix Table 8.18). This difference, however, was not statistically significant. Only a small percentage of 13 to 17 year old females and males had ever been tested for HIV – 6.8 per cent and 4.5 per cent, respectively.

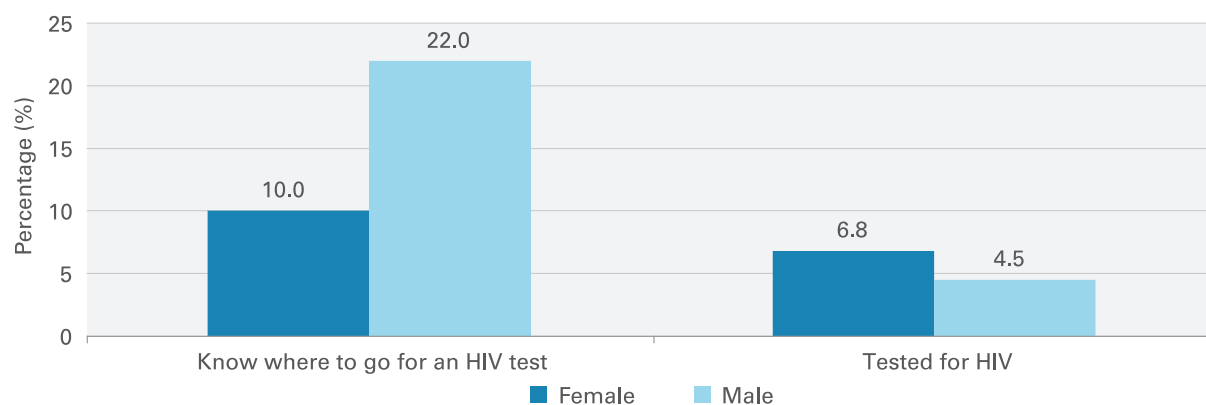


Figure 8.3 HIV testing knowledge and behaviour among 13 to 17 year olds who have ever had sexual intercourse

In terms of barriers to HIV testing, the main reasons among 18 to 24 year olds for never being tested for HIV were 'don't need test/low risk' and 'no knowledge about HIV test'. Specifically, 52.4 per cent of females and 59.9 per cent of males said they don't need the test and/or they were low risk, while 34.6 per cent of females and 23.5 per cent of males said they had no knowledge about the HIV test (Appendix Table 8.23). A further 7.9 per cent of females and 10.2 per cent of males reported that they didn't know where to get an HIV test.

Other reasons reported by a much smaller percentage of females and males include the test costs too much, the test site is too far away, afraid the spouse/partner or others would know about the HIV test or test results, and don't want to know if they have HIV.

Similar reasons for never being tested for HIV were given by 13 to 17 year olds: don't need test/low risk (49.5 per cent of females and 51.7 per cent of males), no knowledge about HIV test (37.9 per cent of females and 29.6 per cent of males) and don't know where to get an HIV test (8.4 per cent of females and 10.5 per cent of males) (Appendix Table 8.24). Other reasons were: the test costs too much, transport to the test site is too much, the test site is too far away, afraid the spouse/partner or others would know about the HIV test or test results, don't want to know if I have HIV, and can't get treatment if I have HIV.

8.4.2 Sexual abuse and knowledge and behaviours related to HIV testing

There is a significant difference in knowledge of where to get an HIV test between females and males aged 18 to 24 who experienced sexual abuse during childhood. Only 12.1 per cent of females reported knowing where to get an HIV test, compared to 50.6 per cent of males (Figure 8.4 and Appendix Tables 8.19 and 8.20). Among 18 to 24 year olds who have ever had sexual intercourse and experienced sexual abuse during childhood, only 4.4 per cent of females and 4.6 per cent of males reported that they were tested for HIV. The vast majority of females and males in this age group who reported experiencing sexual abuse have therefore never been tested for HIV.

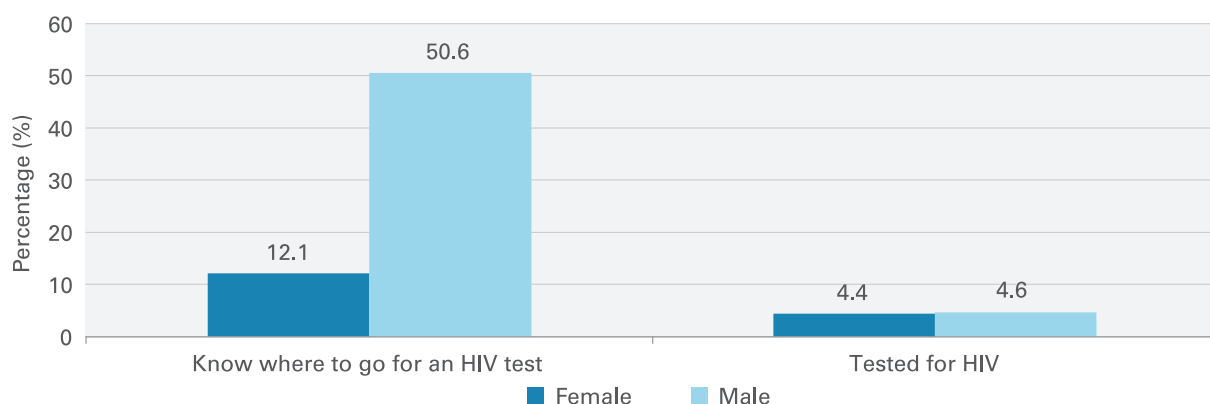


Figure 8.4 HIV testing knowledge and behaviour among 18 to 24 year olds who have ever had sexual intercourse and experienced sexual abuse during childhood

Similarly, there is a significant difference in knowledge of where to get an HIV test between females and males aged 18 to 24 who did not experience sexual abuse during childhood. Only 6.5 per cent of females who did not experience sexual abuse during childhood know where to get an HIV test, compared to 29.6 per cent of males (Figure 8.5 and Appendix Tables 8.19 and 8.20). Furthermore, only 2.5 per cent of females and 4.0 per cent of males were actually tested for HIV. Therefore, most females and males aged 18 to 24 who have had sexual intercourse but did not experience sexual abuse during childhood have never been tested for HIV.

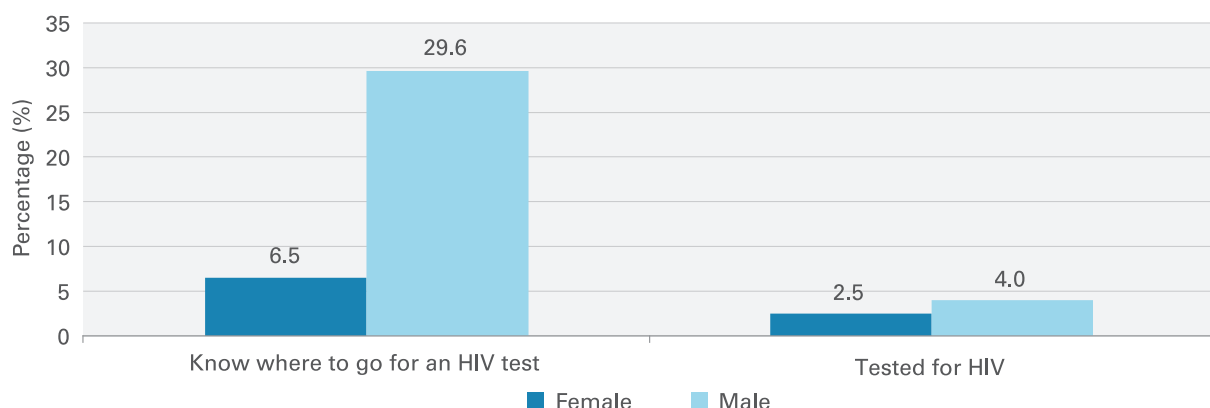


Figure 8.5 HIV testing knowledge and behaviour among 18 to 24 year olds who have ever had sexual intercourse and did not experience sexual abuse during childhood

Among 13 to 17 year olds who ever had sexual intercourse, the sample size was too small to calculate reliable estimates for those who had experienced sexual abuse. However, among those who did not experience sexual abuse, 10.4 per cent of females knew where to go for an HIV test and 7.1 per cent had been tested for HIV (Appendix Table 8.21). Meanwhile, 23.9 per cent of males aged 13 to 17 who had ever had sexual intercourse but had not experienced sexual abuse knew where to go for an HIV test and 4.9 per cent had ever been tested for HIV.



9

**DISCLOSURE OF VIOLENCE,
SERVICE-SEEKING
BEHAVIOURS AND SCHOOL
ABSENTEEISM DUE TO
CHILDHOOD VIOLENCE**

SECTION 9: DISCLOSURE OF VIOLENCE, SERVICE-SEEKING BEHAVIOURS AND SCHOOL ABSENTEEISM DUE TO CHILDHOOD VIOLENCE

Summary of key findings

- Around a third of females and males who experienced physical violence during childhood told someone about their experience – 35.7 per cent among females and 32.3 per cent among males.
- Only 2.6 per cent of females knew of a place to seek help about an experience of physical violence and 5.2 per cent about an experience of sexual abuse during childhood, compared to 46.6 per cent and 57.8 per cent of males, respectively.
- In total, 17.4 per cent of males sought help and 14.8 per cent of males received help for an incident of physical violence during childhood. Furthermore, 32.6 per cent of males sought help and 26.2 per cent received help for experiences of sexual abuse during childhood.
- No females reported seeking or receiving services for experiences of physical violence or sexual abuse during childhood.
- Only 3.3 per cent of females who told someone about their experience of physical violence during childhood told a service provider or authority figure.
- Overall, 1 in 10 females (10 per cent) and 1 in 11 males (8.9 per cent) missed school as a result of physical violence experienced in the past 12 months. Furthermore, 1 in 11 females (8.7 per cent) and 1 in 8 males (12.2 per cent) missed school as a result of sexual abuse experienced during childhood.

This section describes the reporting and service seeking behaviours of females and males who have experienced physical violence and sexual abuse during childhood and in the 12 months prior to the survey. It examines whether incidents of violence were disclosed to anyone, whether there is an awareness of services available and whether professional services were sought and received. Respondents were also asked about who they received help from, who they told about their experiences of violence and the reasons why professional services were not sought or received. However, limited data is presented in these categories because in most cases the sample size was not large enough to calculate statistically reliable estimates.

9.1 Disclosure and service-seeking behaviours for physical violence

Around a third of females and males who experienced at least one incident of physical violence during childhood told someone about their experience – 35.7 per cent among females and 32.3 per cent among males (Figure 9.1 and Appendix Table 9.1). Significant differences were found in knowledge of where to seek help and services sought and received by females and males for experiences of physical violence during childhood. Only 2.6 per cent of females knew of a place to seek help about an experience of physical violence, compared to 46.6 per cent of males. No females reported seeking or receiving help for an experience of physical violence during childhood, while 17.4 per cent of males sought help and 14.8 per cent of males received help for at least one experience of physical violence during childhood.

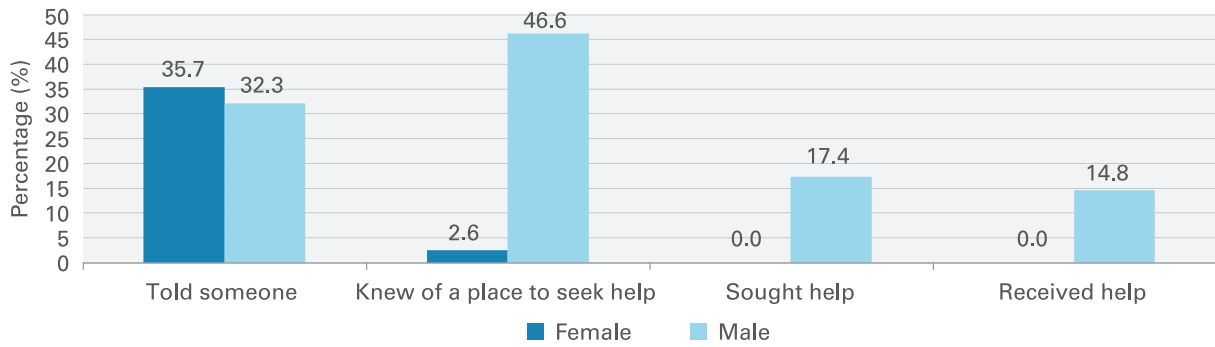


Figure 9.1 Disclosure, service awareness, service seeking and service usage among females and males who experienced physical violence during childhood

Among females and males who experienced at least one incident of physical violence in the 12 months prior to the survey, 42.7 per cent and 33.5 per cent, respectively, told someone about their experience (Figure 9.2 and Appendix Table 9.2). Similar to physical violence during childhood, significant differences were found among females and males regarding knowledge of where to seek help, and services sought and received for experiences of physical violence in the past 12 months. Only 8.5 per cent of females, compared to 40.5 per cent of males, knew of a place to seek help for their experiences of physical violence in the last 12 months. Around 11.3 per cent of males sought help for an experience of physical violence and 9.6 per cent of males received help for an experience of violence in the last 12 months. However, no females were found to have either sought or received help for an incident of physical violence in the 12 months prior to the survey.

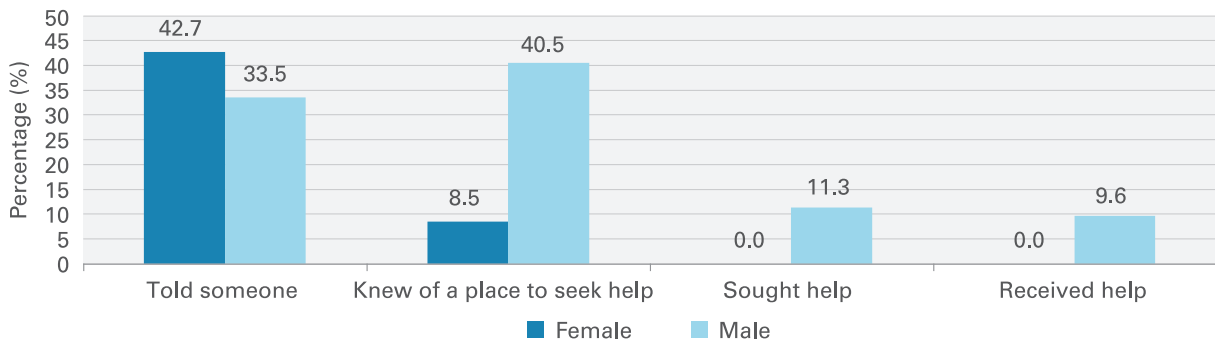


Figure 9.2 Disclosure, service awareness, service seeking and service usage among females and males who experienced physical violence in the past 12 months

Among females who told someone about their experience of physical violence during childhood, 60.3 per cent told a relative, 48 per cent told a friend or neighbour and only 3.3 per cent told a service provider or authority figure (Figure 9.3 and Appendix Table 9.5). The data for males is not provided as the sample size was too small to provide statistically reliable estimates.

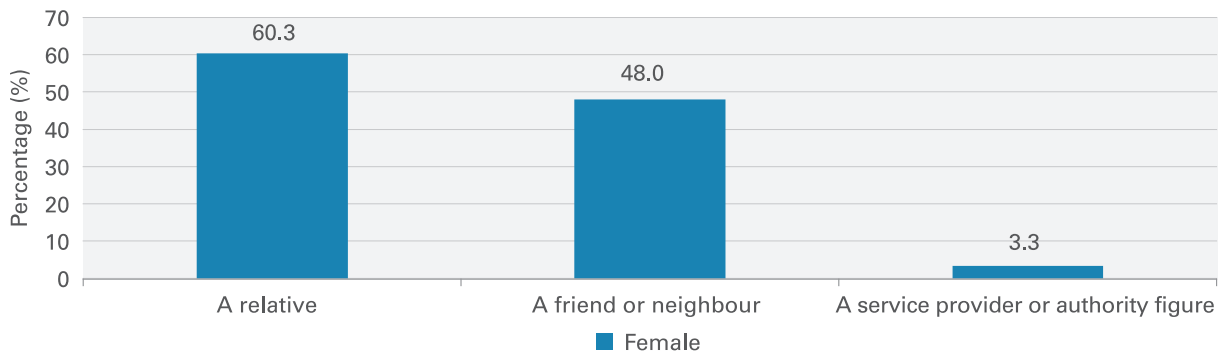


Figure 9.3 Disclosure and reporting of physical violence among females during childhood

Females who experienced physical violence during childhood and in the past 12 months reported missing school due to an experience of physical violence at the same rate (10 per cent) (Figure 9.4 and Appendix Table 9.11). Males were slightly less likely than females to have missed school as a result of physical violence – 7.2 per cent among males who experienced physical violence during childhood and 8.9 per cent among males who experienced physical violence in the past 12 months.

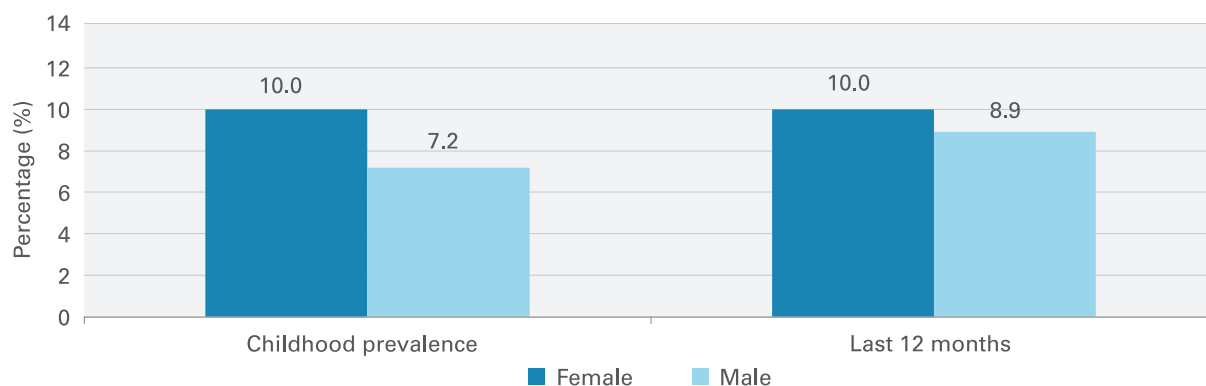


Figure 9.4 Missed school as a result of physical violence experienced during childhood and in the past 12 months

9.2 Disclosure and service-seeking behaviours for sexual violence

The differences in disclosure and service-seeking behaviours among females and males in childhood were all found to be statistically significant. Only 13.8 per cent of females who experienced sexual abuse during childhood told someone about their experience, compared to almost half of all males (46.8 per cent) (Figure 9.5 and Appendix Table 9.12). Patterns in knowledge of services and service-seeking behaviours for experiences of sexual abuse were similar to those for physical violence. Only 5.2 per cent of females knew of a place to seek help for an experience of sexual abuse during childhood, compared to 57.8 per cent of males. Furthermore, 32.6 per cent of males sought help and 26.2 per cent of males received help for an incident of sexual abuse during childhood. However, not a single female reported seeking or receiving such services.

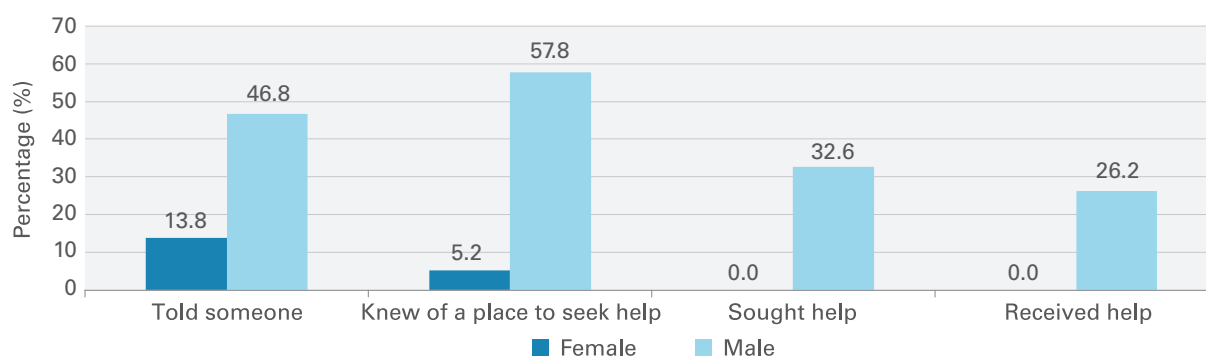


Figure 9.5 Disclosure, service awareness, service seeking and service usage among females and males who experienced sexual abuse during childhood

Among females and males who experienced sexual abuse during childhood who told someone or received help, there were insufficient responses to differentiate by who they told or type of service provider for both males and females, to assess reasons for why help was not sought, or to determine individual, relationship and structural-level barriers (Appendix Tables 9.14; 9.16; 9.18; and 9.19).

Among females who experienced sexual abuse during childhood, 1 in 11 (8.7 per cent) missed school as a result of their experience (Figure 9.6 and Appendix Table 9.22). Among males, 1 in 8 (12.2 per cent) missed school as a result of sexual abuse experienced during childhood. Among females and males who experienced sexual abuse in the past 12 months, there were insufficient responses to determine reliable estimates.

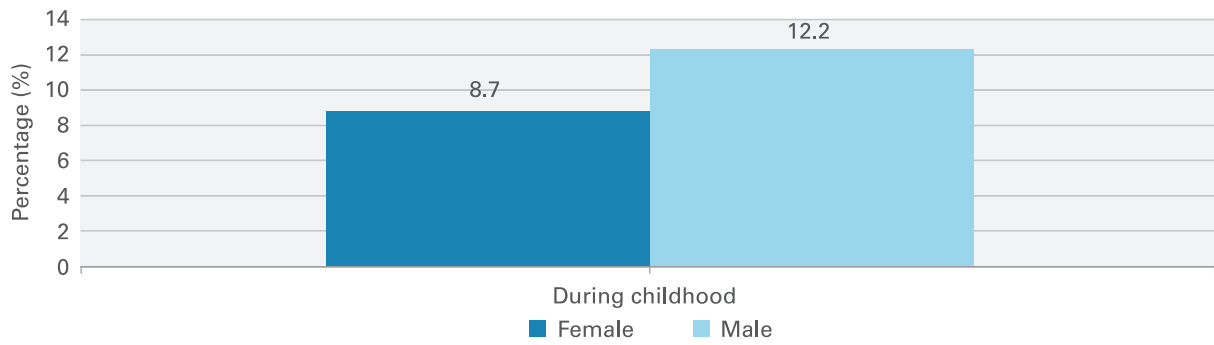
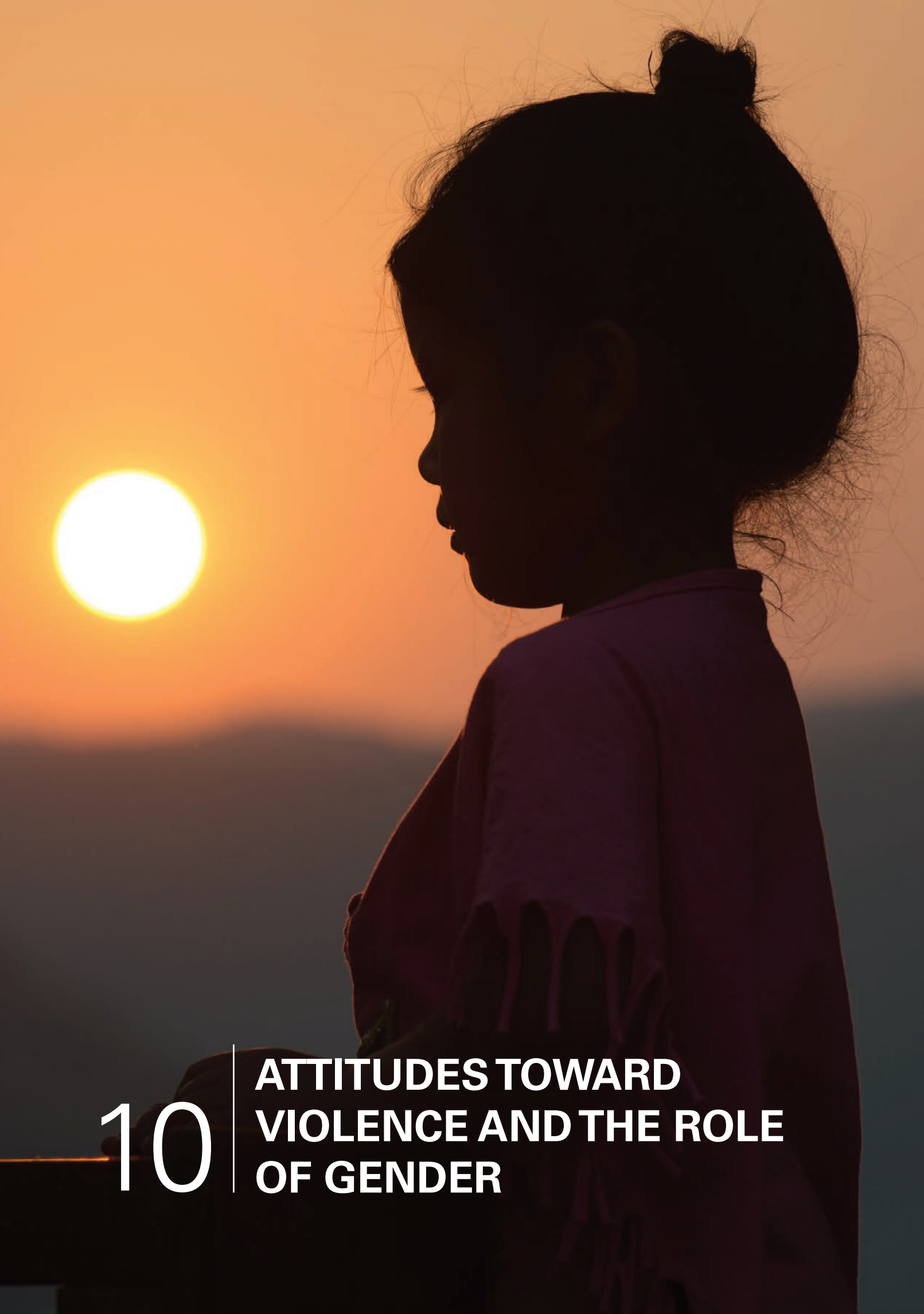


Figure 9.6 Missed school as a result of sexual abuse experienced during childhood



10

**ATTITUDES TOWARD
VIOLENCE AND THE ROLE
OF GENDER**

SECTION 10: ATTITUDES TOWARD VIOLENCE AND THE ROLE OF GENDER

Summary of key findings

Attitudes among 18 to 24 year olds

- Among 18 to 24 year olds, 60.8 per cent of females believe it is acceptable for a husband to beat his wife under one or more circumstances, compared to 37.6 per cent of males.
- Among 18 to 24 year olds, 82.5 per cent of females and 75.4 per cent of males believe that a woman should tolerate violence to keep her family together.
- Males were significantly more likely than females to believe that women who carry condoms have sex with a lot of men – 72.3 per cent and 59.6 per cent, respectively.
- Among 18 to 24 year olds, more males (6.7 per cent) reported using violence against a current or previous partner or husband, compared to females (2.7 per cent).
- Females who experienced physical violence during childhood (9.1 per cent) were more than five times more likely to use violence against an intimate partner than those who experienced no physical violence during childhood (1.6 per cent).
- Males who experienced some form of sexual abuse during childhood (15.0 per cent) were almost three times more likely to use violence against an intimate partner than males who did not experience sexual abuse during childhood (5.2 per cent).

Attitudes among 13 to 24 year olds

- Among 13 to 17 year olds, 53.3 per cent of females and 41.7 per cent of males believe it is acceptable for a husband to beat his wife under one or more circumstances.
- Among 13 to 17 year olds, 77.4 per cent of females and 74.5 per cent of males believe that a woman should tolerate violence to keep her family together.
- Among 13 to 17 year olds, more males (6.2 per cent) reported using violence against an intimate partner, compared to females (3.5 per cent).

This section examines attitudes towards the use of physical violence by husbands against their wives. It explores the most common reasons respondents believed it was acceptable for a husband to beat his wife, beliefs about the role of gender in sexual practices and intimate partner violence, and using physical violence against or forcing an intimate partner to have sex when they did not want to. Societal and individual gender attitudes can all be associated with an increased or decreased risk of violence.

10.1 Attitudes towards spousal violence

To measure attitudes towards spousal violence, both female and male respondents were asked if a husband was justified in hitting or beating his wife under one or more of the following 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 burns the food.

Among 18 to 24 year olds, females were significantly more likely than males to endorse one or more circumstances in which it is acceptable for a husband to beat his wife – 60.8 per cent compared to 37.6 per cent, respectively (Figure 10.1 and Appendix Table 10.1). Among females in this age category, the most commonly accepted justification for a husband to beat his wife was if she does not take care of the children (48.4 per cent), followed by arguing with him (28.6 per cent) and refusing to have sex with him (23.4 per cent). Among males aged 18 to 24, the most common reason was if she argues with him (21.3 per cent), followed closely by not taking care of the children (20.8 per cent). The only circumstances in which there was no

significant difference between females and males were if the wife burns the food and if she argues with him. In the former, 7.4 per cent of females justified a husband beating his wife, compared to 8 per cent of males. In the latter, 28.6 per cent of females justified the behaviour, compared to 21.3 per cent of males.

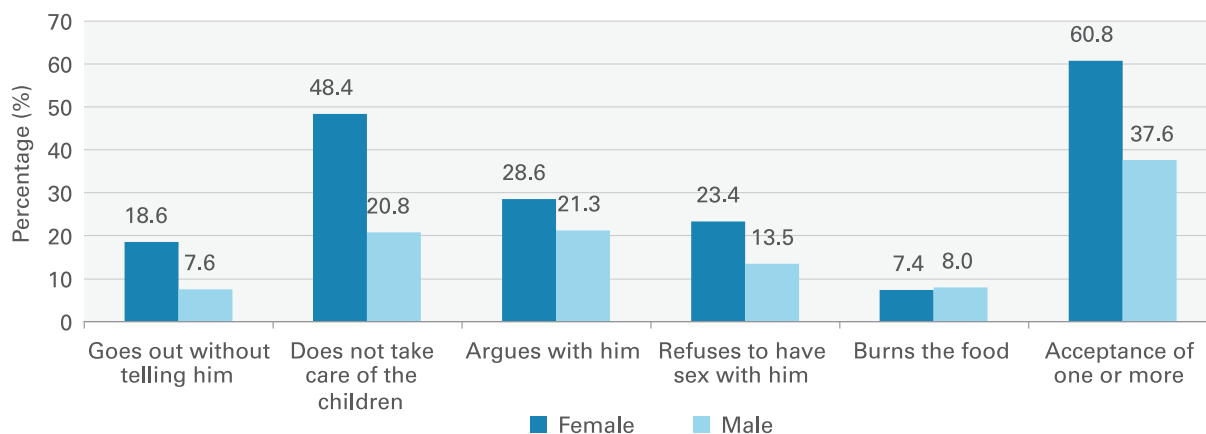


Figure 10.1 Endorsement by 18 to 24 year olds of one or more circumstances in which spousal violence is acceptable

In the 13 to 17 year old age category, higher rates of endorsement of one or more circumstances in which it is acceptable for a husband to beat his wife were found among females (53.3 per cent), compared to males (41.7 per cent), although the differences were not statistically significant. (Figure 10.2 and Appendix Table 10.1). Not taking care of the children was the most commonly accepted reason by both females and males aged 13 to 17 – 41.3 per cent and 26 per cent, respectively. This difference was statistically significant. The second most common reason was if she argues with him – 24.5 per cent among females and 22.6 per cent among males. Going out without telling him was a circumstance accepted equally by females (13.8 per cent) and males (13.4 per cent), as was burning the food – 7.7 per cent among females and 8.5 per cent among males.

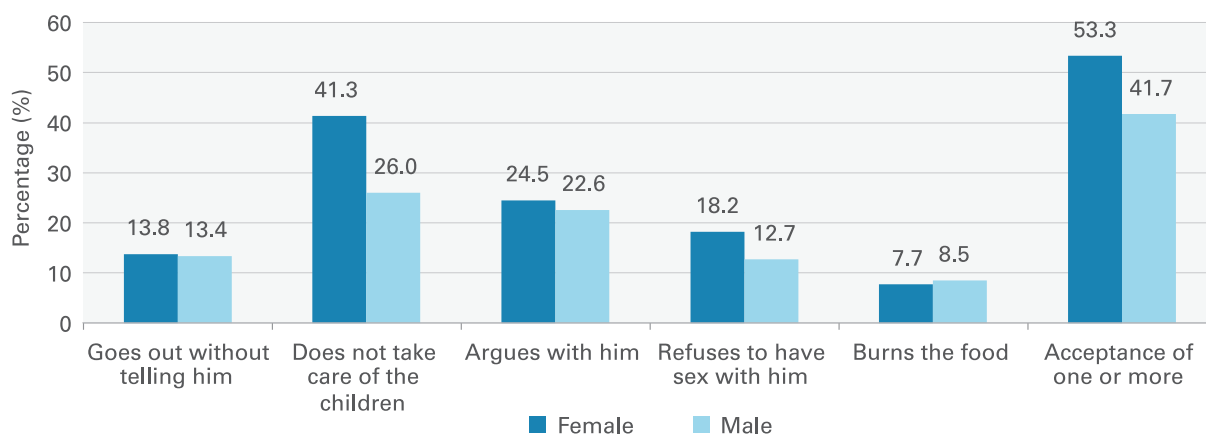


Figure 10.2 Endorsement by 13 to 17 year olds of one or more circumstances in which spousal violence is acceptable

10.2 Attitudes towards the role of gender in sexual practices and intimate partner violence

To understand prevailing beliefs about the role of gender in sexual practices and intimate partner violence, the survey asked respondents whether they believe that 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.

Females and males aged 18 to 24 endorsed one or more of these beliefs in equal proportions – 94.5 per cent among females and 93.7 per cent among males (Figure 10.3 and Appendix Table 10.2). The most widely held belief by both females and males in this age category was that a woman should tolerate violence to keep her family together – 82.5 per cent and 75.4 per cent, respectively. Males (72.3 per cent) were significantly more likely than females (59.6 per cent) to believe that women who carry condoms have sex with a lot of men. Males (51.2 per cent) were also more likely than females (45.9 per cent) to believe that men, not women, should decide when to have sex. Females, on the other hand, were more likely than males to believe that men need more sex than women (78.7 per cent, compared to 68.8 per cent) and men need to have sex with other women (60.4 per cent, compared to 51.3 per cent). However, these differences were not statistically significant.

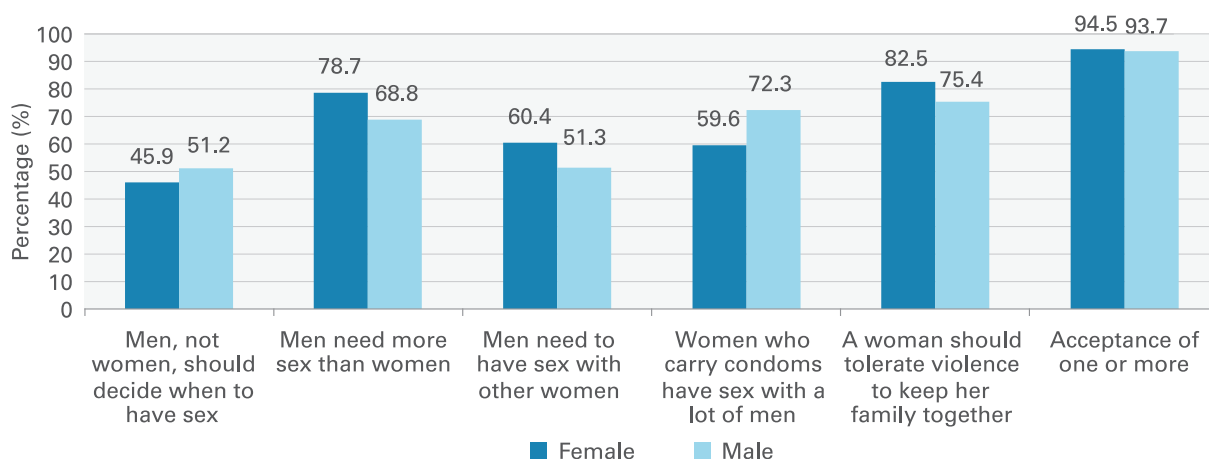


Figure 10.3 Endorsement of one or more beliefs about the role of gender in sexual practices and intimate partner violence among 18 to 24 year olds

Among females and males in the 13 to 17 year old age category, endorsement of beliefs about the role of gender in sexual practices and intimate partner violence was at similar rates to 18 to 24 year olds. In total, 93.9 per cent of females and 87.9 per cent of males held one or more of these beliefs (Figure 10.4 and Appendix Table 10.2). The most frequently cited belief by females aged 13 to 17 was that men need more sex than women (78 per cent). This belief was also held among 64.7 per cent of males. This difference between females and males was statistically significant. The second most widely held belief by females was that a woman should tolerate violence to keep her family together (77.4 per cent). This belief was the most commonly reported belief among males, with 74.5 per cent of males believing that a woman should tolerate violence to keep her family together. Among 13 to 17 year olds, the belief that women who carry condoms have sex with a lot of men was reported at similar rates among females (65.1 per cent) and males (63.5 per cent). This is different from the 18 to 24 year old age group where there is a 12.7 percentage point difference between females (59.6 per cent) and males (72.3 per cent).

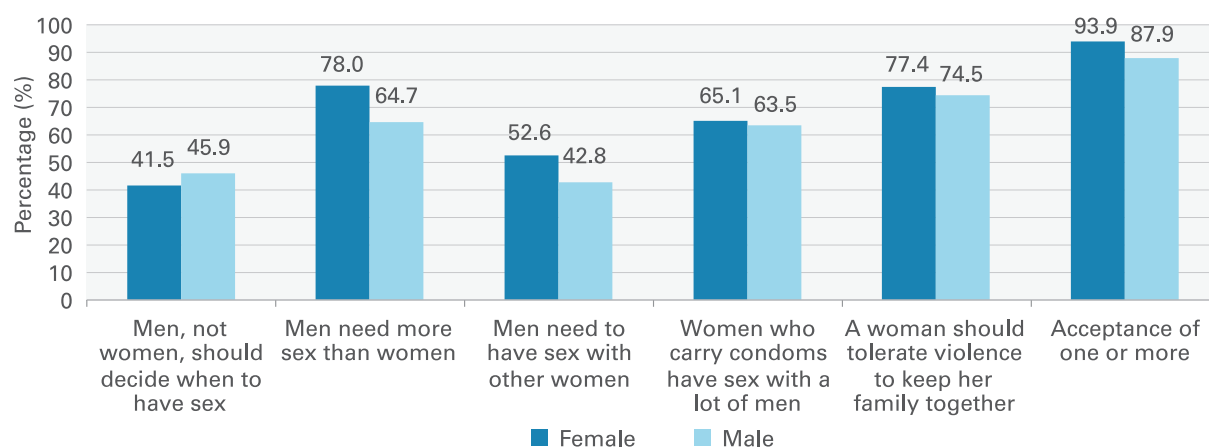


Figure 10.4 Endorsement of one or more beliefs about the role of gender in sexual practices and intimate partner violence among 13 to 17 year olds

10.3 Perpetration of intimate partner violence among children and young people

Perpetration of intimate partner violence was measured through questions about the respondent’s use of physical violence against an intimate partner and forcing an intimate partner to have sex when they did not want to. Perpetration of intimate partner violence was then explored in the context of the perpetrators own experiences of physical violence or sexual abuse during childhood. These questions are asked to measure whether experiencing or being exposed to violence is related to perpetration of violence.

In both the 13 to 17 and 18 to 24 year old age groups, males were significantly more likely than females to have used violence against a current or previous partner or husband, however the differences were not found to be statistically significant. Among 13 to 17 year olds, 6.2 per cent of males used violence against an intimate partner, compared to 3.5 per cent of females (Figure 10.5 and Appendix Tables 10.3 and 10.4). Among 18 to 24 year olds, 6.7 per cent of males used violence against an intimate partner, compared to 2.7 per cent of females.

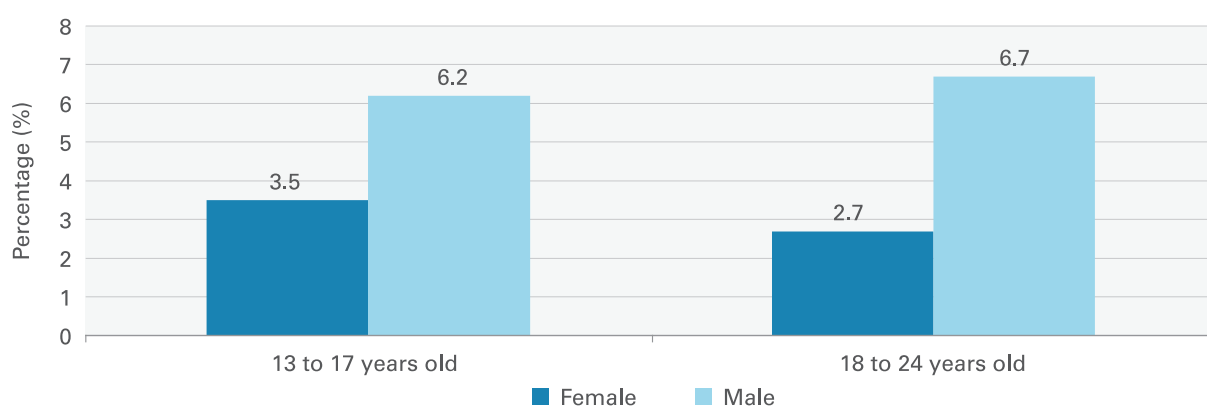


Figure 10.5 Perpetration of intimate partner violence by 13 to 17 year olds and 18 to 24 year olds

Overall, there were no significant differences between females and males who experienced physical violence or sexual abuse during childhood and those who did not. Nevertheless, females who experienced physical violence in childhood (9.1 per cent) were more than five times more likely to report using violence against an intimate partner than those who experienced no physical violence during childhood (1.6 per cent) (Figure 10.6 and Appendix Table 10.5). Among males, there was no association between the use of violence against a partner and prior experience of physical violence during childhood. In fact, males who experienced physical violence in childhood (5.3 per cent) were less likely to use physical violence against an intimate partner than males who had not experienced violence (7 per cent). Males who experienced some form of sexual abuse during childhood (15 per cent) were almost three times more likely to use violence against an intimate partner than males who did not experience sexual abuse during childhood (5.2 per cent).

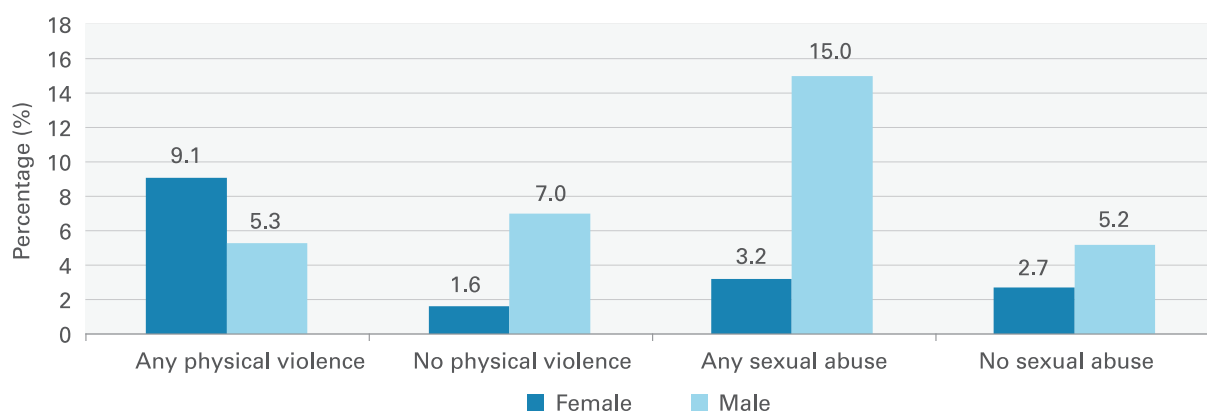


Figure 10.6 Experiences of violence during childhood among perpetrators of intimate partner violence

The sample size for both females and males aged 13 to 17 who did or did not experience physical violence and sexual abuse in the past 12 months was too small to ascertain reliable estimates (Appendix Table 10.6).



11

**FINDINGS OF THE
SELF-ADMINISTERED
REPORTING**

SECTION 11: FINDINGS OF THE SELF ADMINISTERED REPORTING

Summary of key findings

Physical and emotional violence and sexual abuse during childhood

- Among females, 8.3 per cent experienced physical violence, 14.8 per cent experienced emotional violence and 14.4 per cent experienced sexual abuse during childhood.
- Among males, 5.9 per cent experienced physical violence, 9.4 per cent experienced emotional violence and 14.9 per cent experienced sexual abuse during childhood.
- The most common type of child sexual abuse experienced during childhood was unwanted sexual touching, followed by unwanted attempted sex.

Physical and emotional violence and sexual abuse in the past 12 months

- Among females, 9.9 per cent experienced physical violence, 13.4 per cent experienced emotional violence and 10.3 per cent experienced sexual abuse in the past 12 months.
- Among males, 10 per cent experienced physical violence, 6.5 per cent experienced emotional violence and 11.7 per cent experienced sexual abuse in the past 12 months.
- Unwanted sexual touching and unwanted attempted sex were the most common reported types of sexual abuse experienced in the past 12 months, followed closely by physically forced sex and pressured sex.

This section presents the findings of the self-administered questions on violence, which were asked of respondents at the end of the face-to-face interview. This method was used to measure whether there were any differences in disclosure of physical and emotional violence and sexual abuse using anonymous reporting (the responses to these questions were not revealed to the interviewer at any time). Data is presented for 18 to 24 year olds (childhood prevalence) and 13 to 17 year olds (past 12 months). The six questions measured using this method were:

1. Has anyone ever punched you, kicked you, whipped you or hit you with an object?^{vi}
2. Has a parent, adult caregiver or adult relative ever told you that you were not loved, or did not deserve to be loved, said they wished you had never been born or were dead, or ever ridiculed you or put you down, for example said that you were stupid or useless?
3. Has anyone ever touched you in a sexual way without your permission?
4. Has anyone ever tried to make you have sex against your will, but did not succeed?
5. Has anyone ever physically forced you to have sex and did succeed?
6. Has anyone ever pressured you to have sex, through harassment, threats or tricks?

^{vi} Respondents were only asked about one measure of physical violence using this method, however in the face-to-face interviews they were asked about three measures of physical violence (punching, kicking, whipping, or beating with an object; choking, suffocating, trying to drown, or burning intentionally; and using or threatening to use a knife, gun or other weapon).

11.1 Physical and emotional violence and sexual abuse during childhood

Using the anonymous reporting, 8.3 per cent of females and 5.9 per cent of males reported experiencing physical violence during childhood (Figure 11.1), while 14.8 per cent of females and 9.4 per cent of males reported experiencing emotional violence during childhood. Furthermore, 14.4 per cent of females and 14.9 per cent of males reported experiencing sexual abuse as a child.

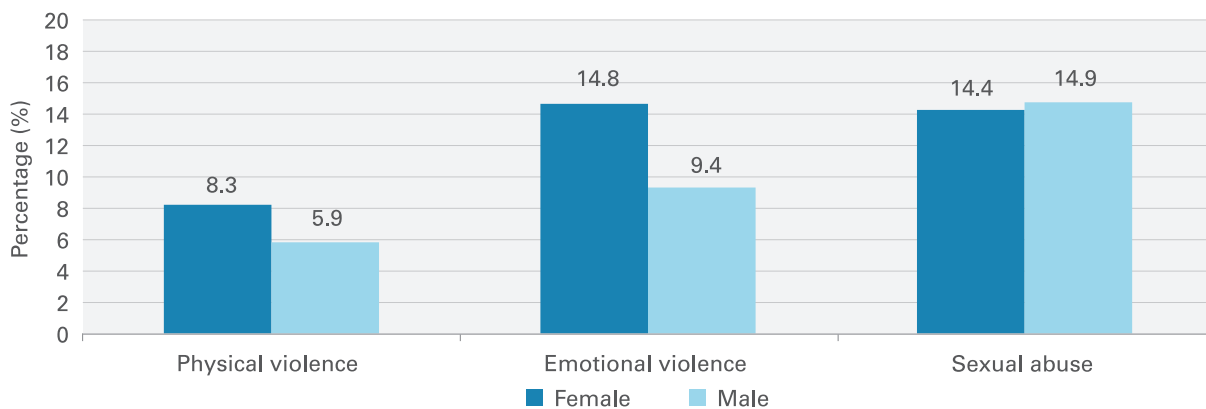


Figure 11.1 Percentage of females and males who reported different forms of violence in childhood using self-administered reporting

The most common type of child sexual abuse experienced in childhood using the self-administered method was unwanted sexual touching, reported by 10.2 per cent of females and 10.1 per cent of males (Figure 11.2). Unwanted attempted sex was the second most frequently reported type of child sexual abuse in childhood by both females (6.2 per cent) and males (5 per cent). In addition, 4.4 per cent of females and 3.4 per cent of males reported physically forced sex, while 3.1 per cent of females and 4.9 per cent of males reported pressured sex during childhood.

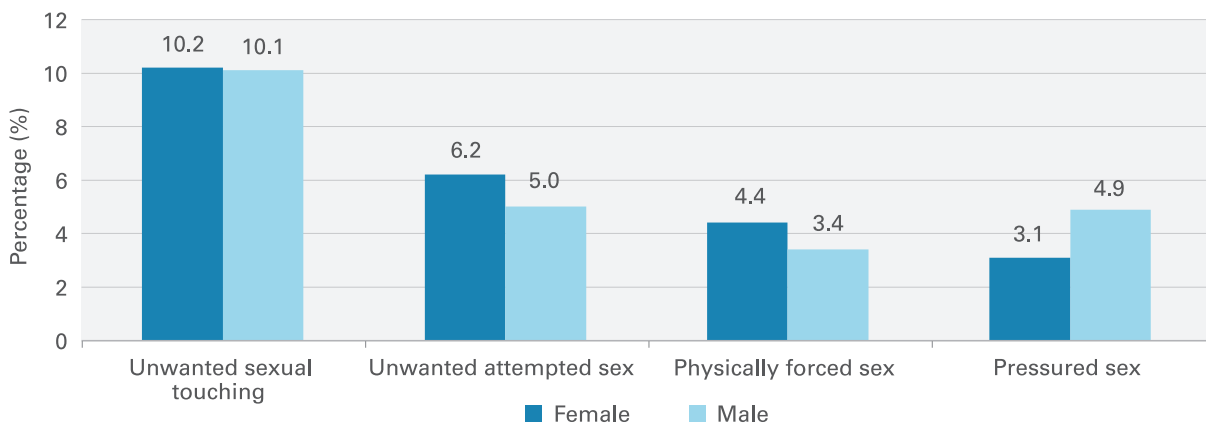


Figure 11.2 Percentage of females and males who reported different forms of sexual abuse in childhood using self-administered reporting

11.2 Physical and emotional violence and sexual abuse in the past 12 months

In the 12 months prior to the survey, females and males were equally as likely to experience physical violence (9.9 per cent and 10 per cent, respectively), according to the self-administered reporting (Figure 11.3). With respect to emotional violence, females (13.4 per cent) were more than twice as likely to report such violence in the past 12 months, compared to males (6.5 per cent). Males (11.7 per cent) were slightly more likely to report experiencing sexual abuse in the past 12 months, compared to females (10.3 per cent).

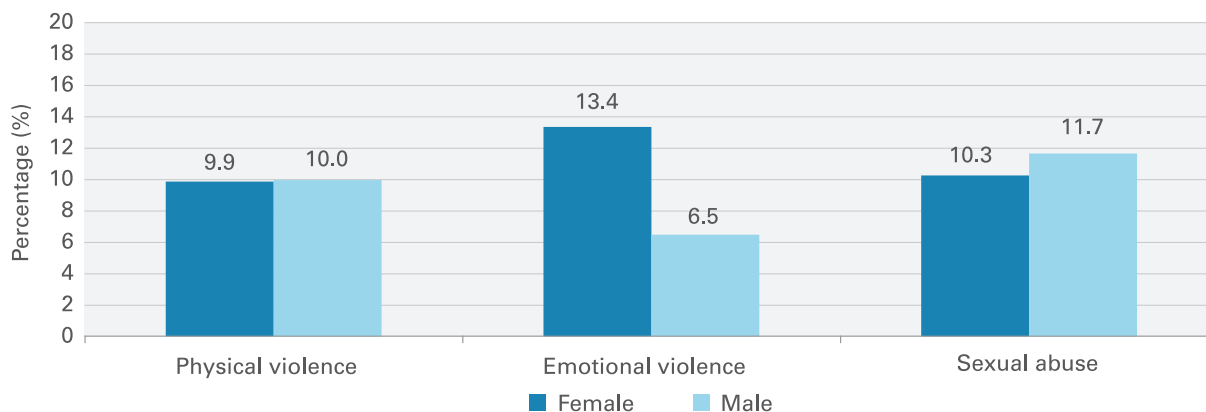


Figure 11.3 Percentage of females and males who reported different forms of violence in the past 12 months using self-administered reporting

Based on anonymous reporting, the most common type of child sexual abuse experienced in the 12 months preceding the survey was unwanted sexual touching, reported by 7.1 per cent of females and 7.2 per cent of males (Figure 11.4). The second most common type of child sexual abuse reported in the past 12 months by females and males was unwanted attempted sex (3.5 per cent and 3.8 per cent, respectively), followed by physically forced sex – 3 per cent among females and 2.8 per cent among males. Additionally, 2 per cent of females and 3 per cent of males reported experiencing pressured sex in the past 12 months.

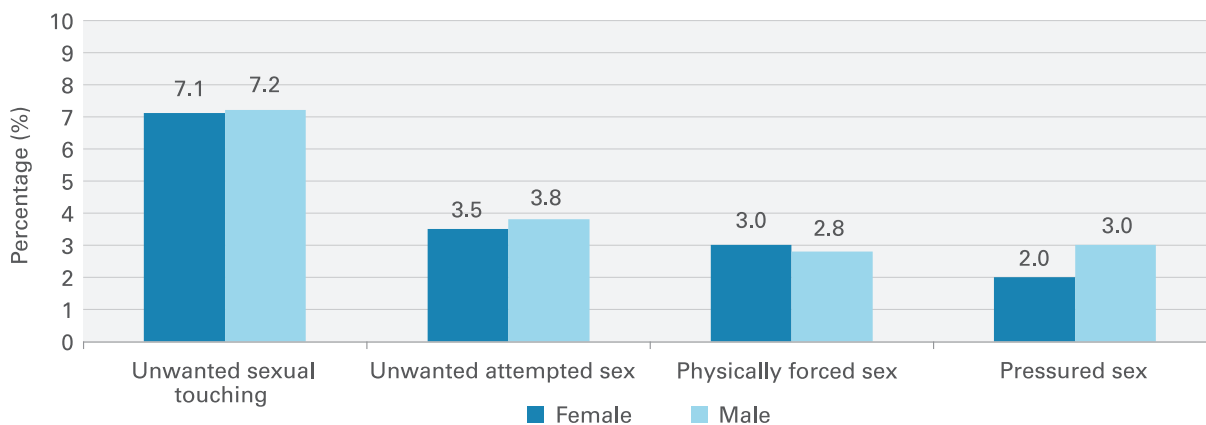


Figure 11.4 Percentage of females and males who reported different forms of sexual abuse in the past 12 months using self-administered reporting



12

**DISCUSSION OF KEY
FINDINGS AND THEIR
IMPLICATIONS**

SECTION 12: DISCUSSION OF KEY FINDINGS AND THEIR IMPLICATIONS

This report presents the findings of the national Violence against Children Survey in Lao PDR, which provides – for the first time – comprehensive nationally representative data on the prevalence of physical, emotional and sexual violence against children. These data are essential for better understanding the patterns, circumstances and contributing factors of violence in Lao PDR to enhance knowledge around this complex issue. They also provide important insights as to how to target and organize multi-sector national prevention and response strategies and policies.

12.1 Key findings

12.1.1 Prevalence of different forms of violence

Similar to national surveys on violence against children in several other countries in Asia and in other parts of the world, the results of this survey reveal that violence in childhood is a common reality in Lao PDR. Nearly 1 in 7 females and 1 in 6 males experienced at least one form of physical violence before the age of 18. Roughly a quarter of females and 1 in 6 males experienced emotional violence at home and 1 in 14 females and 1 in 8 males experienced some form of sexual abuse as a child. For all three types of violence, the vast majority of children experienced more than one incident.

Witnessing violence was also common for children growing up in Lao PDR. A quarter of females and males reported witnessing physical violence at home during childhood. Likewise, almost a third of males and a quarter of females reported witnessing physical violence in the community as a child. Witnessing domestic violence is now widely recognized as a form of violence against children in its own right and often co-occurs with other forms of violence in childhood^{33,34} particularly physical or emotional violence. Children living in families where domestic violence commonly occurs can experience toxic stress and complex trauma, which can affect the developing brain and lead to long-term psychological effects^{35,36}. As violence between intimate partners is overwhelmingly gendered, with the majority of incidents involving a female victim and a male perpetrator,³⁷ witnessing domestic violence may be a contributing factor in fuelling social norms that condone violence against women and girls. It can also be a contributing factor in later perpetration of violence by adults against their own children.

12.1.2 Prevalence of violence using self-administered reporting

This survey used a self-administered reporting method for six core violence questions to compare responses with interviewer-administered questions. This complimentary methodology – used for the first time in a national Violence against Children Survey of this kind – aimed to provide a more complete understanding of the prevalence of different forms of violence against children in Lao PDR. The use of this method is a positive contribution to developing robust alternative approaches to measure violence against children and it is expected that the findings and experience of using this alternative approach will contribute to the design of future surveys of this nature.

The anonymous reporting resulted in substantially lower reports of physical and emotional violence among females and males during childhood compared to face-to-face reporting. The research design did not allow for exploration of why these differences in disclosure were observed and further research would be warranted to explore the reasons in detail. In contrast, significantly higher reports of sexual abuse in childhood were found using the anonymous method, particularly among females. Females were more than one-and-a-half times more likely to report unwanted sexual touching and more than four times more likely to report unwanted attempted sex using the anonymous method. Similarly, males were more than twice as likely to report unwanted attempted sex as in face-to-face reporting. With respect to physically forced sex, the reported prevalence by females increased more than threefold and among males it more than doubled using the self-administered method. Likewise, females and males were more than three times as likely to report pressured sex through anonymous reporting.

These differences observed are consistent with other studies that have found that respondents often find it easier to disclose highly stigmatized behaviours using anonymous formats³⁸. Studies of sensitive topics such as sexual behaviour³⁹ sexual abuse⁴⁰ and coerced sex⁴¹ have consistently found higher reporting using anonymous or computerized methods than face-to-face reporting. Other research using this method has also noted that women, in particular, may have different (cultural or other) reasons for disclosing differently using different methods⁴². For example, some women may feel more comfortable disclosing sexual abuse face-to-face rather than anonymously or vice-versa. However, other factors for both females and males may have influenced the findings of the anonymous method. For instance, respondents had already been exposed to the interviewer-administered questionnaire so they were used to answering questions about violence. It is unknown the extent to which that exposure could have potentially influenced the results of this alternative method. Again, further research would be required to determine how these factors came into play in the Lao context.

12.1.3 Perpetrators of violence

For both females and males, the findings show that children are most likely to face violence by people they know. Parents, caregivers and other relatives were found to be the most common perpetrators of physical violence, although males in particular also experienced physical violence at the hands of their peers. Similarly, emotional violence was mainly perpetrated by parents and relatives. In the case of females, mothers were the most likely perpetrators of emotional violence, while emotional violence against males came from both fathers and mothers. These findings are not surprising as children spend most of their time with parents and caregivers and are reliant on them for care, nurture and protection.

Unlike physical and emotional violence, a far greater number of children experienced sexual abuse by adults who were not in a caregiving role. However, children were still most often sexually abused by people they know and trust. Among females, spouses and partners were overwhelmingly the main perpetrators of sexual abuse, followed by friends and classmates. Among males, family members were the most commonly reported perpetrators, followed closely by friends and, to a lesser extent, spouses or partners. In only a small number of cases, sexual abuse was carried out by strangers. Although males constituted the majority of perpetrators of sexual abuse of females in Lao PDR, female perpetrators were also reported in over half the cases of sexual abuse of males. This finding is quite surprising as evidence generally indicates that sexual abuse of children – including male children – tends to be carried out by male perpetrators⁴³. Furthermore, 40 per cent of males reported experiencing their first incident of childhood sexual abuse at the hands of more than one perpetrator. These findings may be partially explained by the higher prevalence of sexual touching reported by male children, which may be carried out by (multiple) females and males alike. Having a better understanding of those who commit violence can help to develop more effective prevention strategies for reducing the incidence of childhood violence.

12.1.4 Age at first experience of violence

Among those who experienced sexual abuse as a child, a fifth of females and over a third of males reported their first incident at 13 years of age or under. For physical violence, around half of females and males experienced their first incident between the ages of 6 and 11, while 1 in 8 females and 1 in 13 males first experienced physical violence below the age of 5. Around 40 per cent of females and males reporting emotional violence experienced their first incident between the ages of 6 and 11, with the majority reporting multiples incidents. These data suggest that emotional violence is both persistent and long-term, undermining a child's mental wellbeing during critical developmental years.

12.1.5 Context of sexual abuse

For both females and males, sexual abuse most commonly took place in a home – the child's home, the perpetrator's home or someone else's home, places where risk of detection is low. This concurs with the finding that child sexual abuse is frequently perpetrated by spouses, partners and family members. The high incidence of sexual abuse in homes – places assumed to be safe – highlights the hidden nature of sexual abuse and presents a significant challenge for prevention and response. Other locations in which sexual abuse frequently took place include bars, restaurants or discos, and schools. While the majority of experiences in these locations are likely to have been sexual touching, it shows nonetheless that children are also vulnerable to sexual abuse in public places.

12.1.6 Unwanted sexual intercourse

The survey highlighted that females were more likely to report their first experience of sexual intercourse as unwanted, particularly those in the 13 to 17 year old age category. This variation in prevalence may, in part, reflect different social attitudes towards female sexuality and sexual behaviour. In other countries, for example, strong social restrictions on women expressing a desire to have sex have been linked with greater tendency to report their first sexual intercourse as forced⁴⁴. In the Lao context, the high levels of unwanted first sexual experience are likely related to sexual initiation by husband's, especially as many women still tend to marry young, rather than sexual abuse by another perpetrator. However, more in-depth research would be needed to explore this issue further.

12.1.7 Health outcomes of violence

Childhood experiences of violence were found to be associated with a number of negative health outcomes in females, but not in males. Physical violence was associated with a higher likelihood of contemplating suicide in females aged 13 to 17. Furthermore, emotional violence was associated with a higher prevalence of mental distress in females of the same age. These findings are consistent with the vast array of research indicating that child exposure to violence can impact the development of the brain and subsequent vulnerability to a broad range of mental and physical health problems over the short and long term.^{45,46,47,48} Reducing the prevalence of violence against children in Lao PDR is therefore likely to reduce the incidence and cost of future mental and physical health problems in the population.

In Lao PDR, experiences of childhood sexual abuse were unrelated to knowledge of where to get an HIV test and being tested for HIV for both females and males. However, females who had experienced childhood sexual abuse were far less likely to know where to get an HIV test compared to males. This was also true for females and males who did not experience sexual abuse. The vast majority of females and males who experienced sexual abuse as a child had never been tested for HIV. When exploring barriers to HIV testing among those who had ever had sexual intercourse, a third of females and a fifth of males aged 18 to 24 reported no knowledge about the HIV test. Lack of knowledge was even higher among 13 to 17 year olds. Improving access to information about HIV and related services, especially for women and girls, is therefore needed.

The prevalence of sexual risk-taking behaviours – also generally associated with increased risk of HIV transmission – were not found to be associated with exposure to any of the three measures of childhood violence in Lao PDR. However, multiple sexual partners and infrequent condom use were found to be substantially higher among 19 to 24 year old males who had sexual intercourse in the past 12 months than among females. This points to higher risk-taking behaviours among young males and may increase their exposure to STIs and transmission of HIV.

12.1.8 Service-seeking behaviours

In Lao PDR, one of the most important findings of this survey is the poor knowledge and utilization of services by females. Females who experienced physical violence or sexual abuse as a child occasionally told someone about their experience, but never sought or received services. The survey found that only a small minority of females who experienced violence knew of a place to seek help. In comparison, around half of males who experienced physical violence or sexual abuse knew where to access support. Given that more than a third of females experienced harm or injury as a result of physical violence, these findings are concerning. While the overall availability of services for experiences of violence are limited in Lao PDR, further research would nonetheless be warranted to explore the differences in knowledge of and access to services between females and males.

12.1.9 Attitudes towards violence

Data from the survey show that the use of violence by husbands against their wives is socially accepted. Over 60 per cent of females and 37.6 per cent of males aged 18 to 24 believed it is acceptable for a husband to beat his wife under certain circumstances. Similarly, among 13 to 17 year olds, 53.3 per cent of females and 41.7 per cent of males condoned such violence. Previous national research on attitudes towards gender roles reported similar findings.⁴⁹ In addition, 4 in 5 females and 3 in 4 males aged 18 to 24 believe a woman should tolerate violence to keep the family together. Levels were equally high among 13 to 17 year olds. These

data suggest that traditional beliefs about gender roles are still firmly engrained in Lao society, particularly among women themselves. These norms can create and reinforce an acceptable climate for violence and therefore highlight the need for prevention and response strategies to address beliefs (especially women's own beliefs) about the role of women and men in society.

12.1.10 Comparisons with other countries

In comparison to other countries^{vii} that have conducted the survey, the overall prevalence of violence against children in Lao PDR was generally lower. The proportion of females and males reporting physical violence in childhood was the lowest of all countries and significantly lower than neighbouring Cambodia where more than half of females and males reported physical violence as a child⁵⁰. Given the recent history of violence and trauma in Cambodia and the lack of support services to help recover from such experiences, one could expect to find higher levels of physical violence compared to Lao PDR. In Lao PDR, the levels of witnessing physical violence in the home during childhood (approximately 25 per cent among females and males) were substantially lower than in surveyed countries in Africa where between half and two thirds of females and males witnessed physical violence in the home. Nevertheless, the levels were higher than in Cambodia, which reported 15.3 per cent among females and 18.1 per cent among males. In relation to emotional violence, the findings were generally comparable to other countries. Lao PDR, however, is one of only two countries (the other is Nigeria) where females reported higher prevalence of emotional violence compared to males.

Overall, the reported level of childhood sexual abuse in Lao PDR (7.3 per cent among females and 12 per cent among males) was among the lowest of all surveyed countries, second only to Cambodia where 4.4 per cent of females and 5.6 per cent of males reported having experienced sexual abuse. The striking difference in Cambodia and Lao PDR with regard to sexual abuse is the higher prevalence reported among males. In Lao PDR, estimates for males were among the highest of all surveyed countries (only Kenya, Malawi and Haiti reported higher prevalence among males at the time of writing). However, as the findings of the self-administered reporting indicate, these differences may in fact be marginal and may be due to cultural factors affecting disclosure or acknowledgement of sexual abuse among females in the Asian context. Indeed, previous research on comparatively lower rates of sexual abuse in Asia have concluded that some estimates have almost certainly been affected by inhibited disclosure.⁵¹ Other studies have shown a reluctance of victims to talk about their victimization with others, even in a research setting.⁵² Until complementary research is undertaken to explore these issues further in the Lao context, caution must be taken when interpreting the results.

12.2 Implications for prevention and response

Violence against children erodes the strong foundation that children need for leading healthy and productive lives. Research from around the world shows that exposure to violence during childhood can influence subsequent vulnerability to a broad range of mental and physical health problems, ranging from anxiety disorders and depression to cardiovascular disease and diabetes⁵³. It can damage the emotional, cognitive, and physical development of children and, ultimately, impact economic development by degrading the contribution of affected children to the human capital of their community and country.

The 2006 United Nation's Secretary General's Study on Violence against Children documented the full range and scale of this problem on a global level making explicit that violence against children is both a public health and human rights challenge.⁵⁴ This study and its findings represent a critical step in addressing violence against children in Lao PDR by providing reliable information on the magnitude and characteristics of the issue. The results of this survey will help the Government of Lao PDR to enhance its efforts to address violence against children and establish a stronger foundation for both prevention and response, nested within a nationally-supported child protection system.

Identifying national estimates of violence is an essential first step towards preventing violence and making the institutions that provide protection and services to children accountable. The obligation for all States to work toward the elimination of violence against children is recognized by the Convention on the Rights of

^{vii} Comparisons for physical and emotional violence and sexual abuse were made with Cambodia, Kenya, Malawi, Nigeria, Tanzania, Zambia and Zimbabwe. For witnessing physical violence, data for comparison were only available for Cambodia, Malawi, Nigeria and Zambia.

the Child, ratified by Lao PDR in 1991. Efforts to prevent violence, therefore, form part of the government's national commitments to uphold the right of each child to his or her human dignity and physical integrity. This commitment is further reflected in the recent and timely passage of the Law on Preventing and Combatting Violence against Women and Violence against Children (2015) and the approval of the National Plan of Action on the Prevention and Elimination of Violence against Women and Violence against Children (2014). Accompanying procedures that provide standards for identifying, referring and responding to cases of child violence will help to ensure effective implementation of laws and policies that protect children from violence and will serve as a critical component of a child protection system in Lao PDR.

The survey and its results highlight a tremendous opportunity to support the Lao government in its response to violence against children. The survey results lay bare the fact that additional prevention and response efforts are necessary to address the needs of Lao PDR's future generation. It is critical that international partners and donors recognize that direct support to government structures (ministries, district level governments and community structures that form part of these reporting structures) is needed to ensure not only that children are protected but that these efforts are sustained. Such collaboration will require an understanding of children's vulnerability as it is represented in the findings of this survey, with specific measures to prevent and respond to violence against children and protect children most at risk. As understandings of violence emerge from this survey, then definitions of vulnerability will likely need to be reviewed and reassessed in order to fully capture and protect Lao PDR's most vulnerable children.

An important foundation for collaboration around the results of this survey was borne through the multisectoral Steering Committee that steered the survey process forward and the broader consultations that debated and contextualized the findings. This has set the stage for future collaboration across all key sectors to ensure concrete follow up interventions and initiatives to address violence against children in an integrated manner. Given the scarcity of resources allocated for child protection, it will be critical to build on existing prevention and response initiatives, including those across more recognized structures such as public health and education, making a planned multisectoral response all the more important.

13

RECOMMENDATIONS



SECTION 13: RECOMMENDATIONS

The results of this survey indicate that more can and should be done to prevent violence against children in Lao PDR, to ensure that all children who experience violence receive coordinated and timely referral to and receipt of high quality services, and to reduce the risk that violence is repeated or escalates. To effectively address violence against children in line with the 8th National Socio-economic Development Plan (2016-2020) and the global SDGs—specifically SDG 16 on ending abuse, exploitation, trafficking and all forms of violence against children—and in support of the implementation of the National Plan of Action on the Prevention and Elimination of Violence against Women and Violence against Children 2014-2020, the following recommendations are proposed across three main areas:

- **Enhancing the enabling environment** by disseminating and implementing laws and policies that protect children from violence, developing and implementing systematic national data collection and research, strengthening the capacity of all those who work with and for children, enhancing management and coordination in child protection, and increasing financial investment to protect children from violence.
- **Preventing violence against children** by changing attitudes and behaviours that encourage violence, supporting parents, caregivers and families, empowering children to protect themselves, and addressing the gender dimension of violence.
- **Responding to violence against children** by providing timely referral and access to appropriate support services, and bringing perpetrators to justice and preventing re-offending.

13.1 Enhancing the enabling environment

13.1.1 Disseminate and implement laws and policies that protect children from violence

Implementing and enforcing laws and policies that protect children sends a strong message to society that violence is unacceptable and will be punished. In Lao PDR, the legal and policy framework to protect children from violence has been considerably strengthened in recent years. The challenge is now to ensure that existing and newly approved laws and policies that protect children from violence are widely disseminated, effectively enforced and implemented by child protection actors at all levels. This will require enhanced political commitment, adequate budgeting, awareness raising and dissemination, capacity building and effective monitoring.

- Ensure wide dissemination of new laws and policies that protect children from violence across all sectors and levels, including through development of communication materials for village heads, Village Mediation Units, Child Protection Networks, communities and parents to increase their understanding and knowledge. Work closely with village authorities, clan leaders/community elders and mass organizations operating at the community level to disseminate and raise awareness on these materials.
- Develop secondary legislation and implementation guidelines to further clarify roles and responsibilities of different sectors and actors in the implementation of new and existing laws and policies that protect children from violence, in particular the Law on Protection of the Rights and Interests of Children, the Law on Preventing and Combatting Violence against Women and Violence against Children and the Law on Juvenile Criminal Procedures.
- Develop guidelines for implementing, monitoring and reporting on the National Plan of Action for the Prevention and Elimination of Violence against Women and Violence against Children 2014-2020. These guidelines should identify adequate human and financial resources to support its implementation.
- Develop a comprehensive national policy and plan of action on child protection systems development. The policy should clarify institutional roles and responsibilities as well as coordination structures and mechanisms across sectors. It should address gaps in the current system and mechanisms as identified through this survey and other key child protection assessments and research conducted to date.

13.1.2 Develop and implement systematic national data collection and research

Increasing the knowledge base on violence against children – where it occurs, in what forms, and which age groups and communities are most affected – is essential for effective advocacy and programming and setting targets to monitor progress over time. Likewise, collection and sharing of data between agencies is vital to achieving good outcomes for children experiencing violence. In Lao PDR, significant research in the area of violence against children, and child protection more broadly, has been conducted in recent years. However, there are still several important gaps and a need to ensure that information and data on the issue will continue to be available over the long-term.

- Continue to advocate for and build national awareness and capacity to generate and gather data on violence against children. This should continue to build on the strong partnership established with the Lao Statistics Bureau of the Ministry of Planning and Investment in the implementation of this survey to ensure systematic gathering of disaggregated data on violence against children to shape the national regulatory and policy framework and to feed into national planning and budgeting processes.
- Establish and pilot an Information Management System across the social welfare, education, health, agriculture, police and legal sectors to collect disaggregated data on violence against children. This should link information on all cases handled at community level (e.g. through Child Protection Networks, Village Mediation Units and Counselling and Protection Centres for Women and Children) with the central level. Document lessons learned and develop a strategy for national scale-up.
- Integrate key indicators and questions from the Violence against Children Survey, with appropriate ethical protection for respondents, into ongoing national surveys such as the Lao Social Indicator Survey to strengthen the focus on child protection within routine national surveys.
- Continue to analyse the survey data to explore the underlying risk and environmental factors contributing to violence (e.g. education, place of residence, orphanhood and economic status) that can be used to further guide intervention efforts.
- Conduct in-depth research into a) the barriers faced by girls and boys in accessing services for experiences of childhood violence and b) violence against specific groups of children who were not captured in this household survey, such as children living in institutions, children in detention, children in boarding schools and children with disabilities.
- Conduct periodic national Violence against Children Surveys to track prevalence and measure trends in violence against children over time.

13.1.3 Strengthen the capacity of all those who work with and for children

Identifying and responding to violence against children requires an effective workforce of professionals and non-professionals. In Lao PDR, the capacity of key line ministries to develop and manage the child protection system is steadily improving as demonstrated through the adoption of highly technical and progressive legal and policy documents bringing the regulatory and policy framework into greater compliance with international standards. Capacity development, however, will need to be sustained and further enhanced, with special attention and support to the labour and social welfare sector, which is critical to the future development of the child protection system.

- Support the labour and social welfare and justice sectors and other key child protection partners to strengthen their knowledge and skills to plan for, develop and manage the delivery of quality child protection services for victims of violence. South-to south cooperation and enhanced participation in regional fora, especially ASEAN, should continue.
- Strengthen the capacity of child protection service providers, justice professionals, social workers and health care workers to identify, refer and assist children at risk of or experiencing violence, including through individual case management, counselling, and psychosocial support.
- In accordance with the 8th National Socio-Economic Development Plan, establish the social work profession and develop a costed National Plan of Action for Social Work Development to increase the number and capacity of qualified social workers to respond to child violence. Actions to strengthen the social work workforce should be aligned with the Three Builds roll-out.

- Establish a dedicated child protection staff position at the district level, with specific responsibilities for strengthening linkages and improving communication between village, district and provincial levels, as well as data collection, support to Child Protection Networks and capacity building of local actors.
- Provide pre-service and in-service training on child rights and child protection for all those who work with and for children at all levels across the social welfare, education, health and justice sectors to ensure high quality services for children.
- Develop and integrate child rights/child justice modules into the professional teaching curriculum for law enforcement, judges, prosecutors and lawyers, including the Police Academy/schools and the Judicial Institute for Judges, Prosecutors and Lawyers to ensure sustainable capacity development as well as effective implementation and enforcement of newly adopted laws that protect children from violence.
- Develop and implement codes of conduct and clear standards of practice, incorporating the prohibition and rejection of all forms of violence in line with Lao laws and policies, for all duty bearers that have direct contact with children.

13.1.4 Enhance management and coordination in child protection

Multi-sector coordination on child protection remains a challenge in Lao PDR as responsibility for child protection is currently spread across a number of government sectors at both the national and sub-national levels. The majority of coordination forums are issue-focused, such as the Juvenile Justice Coordination Committees, the Anti-Trafficking Committee, the National Committee for Disabled People and the Elderly, and Committees for the Protection and Assistance of Children. While it can be useful to have thematic coordination mechanisms or working groups, it is equally necessary to have a lead national coordination body to ensure that important linkages between thematic areas are made and addressed in a more systematic manner.

- Strengthen the Committee for the Protection and Assistance of Children at national level to operate as a national level coordination body on child protection responsible for overseeing the development of the child protection system across all sectors and levels. This body should have clear oversight authority as well as monitoring and evaluation functions. Establish and operationalize the Committees at provincial level to coordinate and advise on local child protection and assistance-related issues and to feed best practices and trends up to national level to inform policies and programming.
- Develop systems and procedures to improve coordination between the different actors working to protect children from violence at national down to village level. This may include the village authorities, representatives from mass organizations, teachers and health volunteers. Coordination systems and procedures for joint planning, information sharing and cohesive service delivery should be developed as part of the national child and family welfare system plan. Effective strategies for ensuring the transmission of information from the local to the district, provincial and national levels are also required.
- Establish and implement a national monitoring system around the prevention of violence against children, building a response that triangulates data among the social welfare, education, police and legal, and health sectors in order to develop a multisectoral surveillance system to track long-term trends in this issue.

13.1.5 Increase financial investment to protect children from violence

Despite a genuine political commitment by the Government of Lao PDR to establish a child protection system to protect children from all forms of violence (as evidenced by the significantly improved policy and regulatory environment), the ability to implement new policies and laws is hampered by lack of financial resources. New policies and laws are not costed before they are passed, making it difficult to implement them in practice. This is particularly true when they require the establishment of new institutions or services. In spite of the lack of detailed financial information, it is clear that the current level of financial investment in the child protection system is insufficient to sustain even a minimal level of services.

- Strengthen capacities of key child protection partners, especially in the labour and social welfare and justice sectors to effectively mainstream protecting children from violence into national and local planning and budgeting by making a clear case for social investments and budgeting for child protection.

- Conduct a comprehensive assessment of resources available for violence prevention and response programmes to inform practical strategic planning. Detailed information on available financial and human resources is required to determine what is currently possible, as well as what would be required to bring proposed plans to scale nationwide.
- Develop costing estimates and a sustainable funding plan for the institutions mandated by new laws and policies to protect children from violence. Mapping the functions required, ensuring efficient coordination and integrating certain functions into existing systems and networks, such as health outreach/networks and parent-teacher associations, could achieve significant cost savings.
- Develop a detailed financial and human resource strategy/plan for protecting children from violence. This should be an integral component of the national policy and plan of action on child protection systems development and based on current and projected capacity in order to ensure that the proposed system design is realistic and operational. A key component of this financial and resource plan should be the establishment of the social work profession and the development of family support and community-based child protection services.

13.2 Preventing violence against children

13.2.1 Change attitudes and behaviours that encourage violence

Rules or expectations of behaviour—norms—within a cultural or social group can encourage violent behaviour. Norms that may lead to violence against children include the belief that female children are less vulnerable than male children, that physical punishment is an acceptable part of raising a child, and that physical violence is an acceptable way to resolve conflicts. Interventions that challenge and help to change such norms by improving attitudes towards women (including attitudes of women themselves), promoting respectful and non-violent relationships and ensuring that all people living in Lao PDR reject the use of violence in all circumstances can help prevent and reduce violence in children’s lives.

- Disseminate the survey findings widely—and in user-friendly formats—among government officials and key stakeholders at national and subnational level to increase knowledge about the problem and impact of violence against children.
- As part of Lao PDR’s #ENDviolence against children initiative, continue implementing a public information campaign to raise awareness about violence against children and to sensitize the public about the harmful effects that violence has on children at all levels of society and across all sectors, including through TV, radio, social media and outreach activities.
- Develop and implement a long-term social and behaviour change communication campaign to challenge attitudes and practices that promote violence. This should address the harmful social norms that contribute to violence against children, whilst reinforcing positive behaviours and practices that protect children from violence.
- Integrate prevention messages on violence against children and gender equality into the school curriculum and promote the use of non-violent teaching and learning methods among education staff to eliminate and prevent physical punishment in schools.
- Create environments for community dialogue on violence against children in collaboration with village authorities and well-known and respected clan leaders/community elders to stimulate change in community member’s attitudes that accept and tolerate violence.

13.2.2 Support parents, caregivers and families

Providing parents and caregivers with child-rearing strategies and techniques that promote children’s wellbeing can help to address a range of individual and family risk factors associated with childhood violence. Programmes can be implemented at the community level as well as among at-risk populations. Such initiatives also have the potential to prevent the life-long negative consequences of violence for mental and physical health, education and, ultimately, for broader social and economic development.

- Strengthen the capacity of community-based outreach activities and programmes—including through Child Protection Networks—to increase parents’ and caregivers’ knowledge about child development, to educate them about the impact of violence against children, and to promote positive parent-child interactions, including the use of non-violent forms of child discipline.
- Identify best practices and lessons learned with respect to parenting support interventions for child violence prevention in the Asia-Pacific region and explore, in particular, the piloting of intensive parenting support programmes (such as home visitation) for families where children are at high risk of violence.

13.2.3 Empower children to protect themselves

Many factors can contribute to violence against children, including poverty, struggles with academic achievement, low self-esteem and self-discipline, and a lack of information on risks, vulnerabilities and where to seek help. Giving children and adolescents the skills to cope and manage risks and challenges without the use of violence and to seek appropriate support when violence does occur is crucial for reducing violence against children in schools, homes and communities.⁵⁵

- Integrate school-based education on the prevention of violence against children into the revised teaching curriculum and guidelines for primary and secondary schools to strengthen life skills education in schools, empowering children and adolescents to solve problems cooperatively and protect themselves from violence throughout their lives.
- Implement child participation activities in schools and communities to encourage and empower children to share their experiences and express their views on matters that affect them.
- Actively engage children in all aspects of prevention, response and monitoring of violence against children to ensure their experiences are taken into account and their voices are listened to, heard and respected.

13.2.4 Address the gender dimension of violence against children

The data generated in this survey highlight the fact that violence in childhood affects females and males differently, that knowledge of and access to services differ substantially according to gender, and that social acceptance of the use of violence against wives is highly prevalent. Unequal power relations between men and women and adherence to rigid gender stereotypes that deny women and girls equal rights, have an important influence in sustaining patterns of violence against girls.

- Ensure that all policies and programmes to address violence against children are designed and implemented from a gender perspective, taking into account the different risks and vulnerabilities facing girls and boys in respect of violence.
- Work with the media to promote non-violent values and positive media representation of women and girls and implement guidelines to ensure full respect for the rights of the child in all media coverage.

13.3 Responding to violence against children

13.3.1 Provide timely identification, referral and access to appropriate support services

Violence against children can lead to a range of serious health and social outcomes costly to both individuals and society. Minimizing these consequences requires a variety of treatment and support services, including counselling, psycho-social, legal and medical services. The findings from this survey indicate that there is a lack of knowledge and availability of, as well as access to, family-support and community-based child protection services for victims of violence. The majority of services that do exist are concentrated in the Capital and a few provincial centres and largely focus on provision of support to trafficking victims or other specific categories of children.

- Expand and improve the availability, delivery of and access to quality services for children and families by strengthening and/or diversifying family support and community-based child protection services to prevent violence and respond to children in need of protection.

- Model both fixed site and mobile/outreach services in selected provinces with clear linkages across the child welfare, child justice, health and education systems to ensure early identification and timely referral to appropriate and confidential counselling and support services. Document lessons learned and best practices for scaling-up nationwide.
- Develop and put in place standard operating procedures for effective referral and case management. These procedures should clearly specify when an intervention is required, who is responsible for taking action and the specific steps to be taken. These procedures can only be developed once services are in place for referral.
- Work within a multi-sectoral framework to ensure clear and simple guidelines for the identification, treatment, care, follow-up and prevention of violence against children within the health sector. Provide timely access to free emergency medical treatment and care to all children exposed to violence, and improve access to information about HIV and related services, especially for women and girls.
- Establish mobile Legal and Social Defence Teams to provide support and assistance to children in contact with the law, including child victims of violence. Ensure that free legal support is available to all child victims of violence.
- Develop National Minimum Standards of Care for Children and ensure their effective application in all centres, shelters and organizations providing care and support for child victims of violence.

13.3.2 Bring perpetrators to justice and prevent re-offending

Concrete actions to stop perpetrators from committing violence in the first place, to effectively bring them to justice when they have committed violence, and to change their behaviours to prevent re-offending will build confidence in the Lao justice system and deter others from committing acts of violence against children in the future.

- Ensure that all perpetrators of violence against children are brought to justice and held accountable through appropriate criminal, civil and administrative proceedings and sanctions.
- Establish specialised units to handle cases involving children in the justice sector at central, provincial and district levels. This is foreseen under the Law on Protection of the Rights and Interests of Children and the Law on Juvenile Criminal Procedures. This would require the appointment of dedicated and trained staff, including an appropriate number of female staff, to handle cases involving children.
- Provide training on mediation and handling of cases involving children for Village Administration, police, prosecutors and courts. This should make specific reference to cases involving violence against a child and clearly convey that no mediation should be offered for crimes involving child sexual abuse in accordance with the Law on Juvenile Criminal Procedures.
- Develop child-sensitive procedures for investigating cases of violence, which avoid subjecting the victim to multiple interviews and examinations and ensure that child witnesses are treated sensitively and their privacy respected.
- Ensure that all persons convicted of violent offenses and sexual abuse of children are prevented from working with children.

ENDNOTES

- ¹ United Nations General Assembly, *Transforming our World: The 2030 agenda for sustainable development*, New York, United Nations, 2015.
- ² National Research Council and Institute of Medicine, *From neurons to neighborhoods: the science of early childhood development*, Committee on Integrating the Science of Early Childhood Development, edited by Jack P. Schonkoff and Deborah A. Phillips, Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education, Washington, DC: National Academy Press, 2000.
- ³ United Nations Secretary-General's Study on Violence against Children. Available from: <http://www.unicef.org/violencestudy/Pinheiro> P.S., *World report on violence against children: United Nations Secretary-General's study on violence against children*, Geneva, World Health Organization Department of Child and Adolescent Health and Development, 2006
- ⁴ Felitti, V., et al., *The relationship of adult health status to childhood abuse and household dysfunction*. *American Journal of Preventative Medicine*, vol. 14, no. 4, May 1998, pp. 245-258.
- ⁵ Kendall-Tackett, K., *Treating the lifetime health effects of childhood victimization*, 2003, Civic Research Institute, Inc: Kingston.
- ⁶ Jewkes, R., P. Sen, and C. Garcia-Morena, *Sexual Violence*, in *World Report on Violence and Health*, E. Krug, et al., Editors. 2002, World Health Organization: Geneva. p. 147-182.
- ⁷ UNICEF Lao PDR. *Fact sheet on Violence against Children in Lao PDR*. 2014.
- ⁸ Ramiro LS, Madrid BJ, Brown DW. *Adverse childhood experiences (ACE) and health-risk behaviours among adults in a developing country setting*. *Child Abuse and Neglect*. September 2010.
- ⁹ Millet LS., Kohl PL., Jonson-Reid M., Drake B., and M. Petra. *Child maltreatment victimization and subsequent perpetration of young adult intimate partner violence: an exploration of mediating factors*. *Child Maltreatment*, 2013. 18(2): 71-84.
- ¹⁰ Jewkes, R., P. Sen, and C. Garcia-Moreno, *Sexual Violence*, in *World Report on Violence and Health*, E. Krug, et al., Editors. 2002, World Health Organization: Geneva. p. 147-182.
- ¹¹ Reza, A., et al., *Sexual violence and its health consequences for female children in Swaziland: a cluster survey study*. *Lancet*, 2009. 373.
- ¹² Ministry of Health and Lao Statistics Bureau. *The Lao Social Indicator Survey, 2012*. Vientiane, Lao PDR.
- ¹³ Ministry of Health and Lao Statistics Bureau. *The Lao Social Indicator Survey, 2012*. Vientiane, Lao PDR.
- ¹⁴ Ministry of Health and Lao Statistics Bureau. *The Lao Social Indicator Survey, 2012*. Vientiane, Lao PDR.
- ¹⁵ Ministry of Health and Lao Statistics Bureau. *The Lao Social Indicator Survey, 2012*. Vientiane, Lao PDR.
- ¹⁶ UNICEF Lao PDR. *Factsheet on Violence against Children in Lao PDR*. 2014.
- ¹⁷ United Nations Secretary-General's Study on Violence against Children. Available from: http://www.unicef.org/violencestudy/presskits/2%20Study%20findings_Press%20kit%20EN.pdf
- ¹⁸ Williams LM. *Recall of childhood trauma: A prospective study of women's memories of child sexual abuse*. *Journal of Consulting and Clinical Psychology*. 1994;62(6):1167-1176.
- ¹⁹ Ullman, SE: *Social Reactions to Child Sexual Abuse Disclosures: A Critical Review*, *Journal of Child Sexual Abuse*. 2002; 12(1): 89-121.
- ²⁰ National Research Council and Institute of Medicine. *From neurons to neighborhoods: the science of early childhood development*. in *Committee on Integrating the Science of Early Childhood Development*. Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. 2000. Washington, DC: National Academy Press.
- ²¹ Felitti, V., et al., *The relationship of adult health status to childhood abuse and household dysfunction*. *American Journal of Preventative Medicine*, 1998. 14: p. 245-58.
- ²² Kendall-Tackett, K., *Treating the lifetime health effects of childhood victimization*, 2003, Civic Research Institute, Inc: Kingston.
- ²³ Jewkes, R., P. Sen, and C. Garcia-Moreno, *Sexual Violence*, in *World Report on Violence and Health*, E. Krug, et al., Editors. 2002, World Health Organization: Geneva. p. 147-182.
- ²⁴ Reza, A., et al., *Sexual violence and its health consequences for female children in Swaziland: a cluster survey study*. *Lancet*, 2009. 373.
- ²⁵ Jewkes R, Sen P, and Garcia-Moreno C. *Sexual Violence*. In *World Report on Violence and Health*. Krug EG, Dahlberg LL, Mercy JA, Zwi AB, and Lozano R, Eds.; Geneva: World Health Organization. 2002: 147-182.
- ²⁶ Jones DJ, Runyan DK, Lewis T, Litrownik AJ, Black MM, Wiley T, English DE, Proctor LJ, Jones BL, Nagin DS. *Trajectories of childhood sexual abuse and early adolescent HIV/AIDS risk behaviors: the role of other maltreatment, witnessing violence, and child gender*. *Journal of Clinical Child Adolescent Psychology*. 2010; 39(5): 667-80.
- ²⁷ Ramiro LS, Madrid BJ, Brown DW. *Adverse childhood experiences (ACE) and health-risk behaviours among adults in a developing country setting*. *Child Abuse and Neglect*. September 2010.
- ²⁸ UNAIDS, UNFPA, and UNIFEM, *Women and HIV/AIDS: Confronting the Crisis*, 2004: Geneva.
- ²⁹ Human Rights Watch, *Suffering in Silence: The Links Between Human Rights Abuses and HIV Transmission to Girls in Zambia*, 2002.

- ³⁰ Puri, M., J. Tamang, and I. Shah, Suffering in silence: consequences of sexual violence within marriage among young women in Nepal. *BMC Public Health*, 2011. 11(29).
- ³¹ Campbell J, Baty ML, Ghandour RM, Stockman JK, Wagman J. The intersection of intimate partner violence against women and HIV/AIDS: a review. *International Journal of Injury Control and Safety Promotion*. 2008; 15(4), 221-231.
- ³² WHO. Violence against Women and HIV/AIDS: Setting the Research Agenda. Meeting Report. Geneva: World Health Organization. 23-25 October, 2000.
- ³³ Holt, S., Buckley, H., & Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse and Neglect*, 32, 797-810.
- ³⁴ Jouriles, E., McDonald, R., Smith, A., Heyman, R., & Garrido, E. (2008). Child abuse in the context of domestic violence: Prevalence, explanations, and practice implications. *Violence & Victims*, 23(2), 221-235.
- ³⁵ Cross, T. P., Mathews, B., Tonmyr, L., Scott, D., & Ouimet C. (2012). Child welfare policy and practice on children's exposure to domestic violence. *Child Abuse & Neglect*, 36,210-16.doi:10.1016/j.chiabu.2011.11.004
- ³⁶ Perry, B. (2001). Violence and childhood: How persisting fear can alter the developing child's brain. In D. Schetky & E. Benedek (Eds.), *Text book of child and adolescent forensic psychiatry* (pp. 221-238). Washington, D.C.: American Psychiatric Press Inc.
- ³⁷ Holt, S., Buckley, H., & Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse and Neglect*, 32, 797-810.
- ³⁸ Claudia García-Moreno et al. (2005) WHO multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses. World Health Organization.
- ³⁹ Turner CF et al. Adolescent sexual behavior, drug use and violence: increased reporting with computer survey technology. *Science*, 1998, 280:867-873.
- ⁴⁰ Olsson A et al. Sexual abuse during childhood and adolescence among Nicaraguan men and women: population-based anonymous survey. *Child Abuse and Neglect*, 2000, 24:1579-1589.14. Stock JL et al. Adolescent pregnancy and
- ⁴¹ Hewett PC, Mensch BS, Erulkar AS. Consistency in the reporting of sexual behaviour by adolescent girls in Kenya: a comparison of interviewing methods. *Sexually Transmitted Infections*, 2004, 80(Suppl. II):S43-S48.
- ⁴² Claudia García-Moreno et al. (2005) WHO multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses. World Health Organization.
- ⁴³ Peter, T. (2009). Exploring taboos: Comparing male- and female-perpetrated child sexual abuse. *Journal of Interpersonal Violence*, 24(7), 1111-1128.
- ⁴⁴ Claudia García-Moreno et al. (2005) WHO multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses. World Health Organization.
- ⁴⁵ Jewkes R, Sen P, and Garcia-Moreno C. Sexual Violence. In *World Report on Violence and Health*. Krug EG, Dahlberg LL, Mercy JA, Zwi AB, and Lozano R, Eds.; Geneva: World Health Organization. 2002: 147-182.
- ⁴⁶ Putnam FW. Ten-year research update review: child sexual abuse. *Journal of the American Academy of Child and Adolescent Psychiatry*. 2003; 42(3):269-78.
- ⁴⁷ Repetti RL, Taylor SE, Seeman TE. Risky families: family social environments and the mental and physical health of offspring. *Psychological Bulletin*. 2002; 128(2):330-66.
- ⁴⁸ Cutajar MC, Mullen PE, Ogloff JR, Thomass SD, Wells DLm Spataro J. Psychopathology in a large cohort of sexually abused children followed up to 43 years. *Child Abuse and Neglect*. September 2010.
- ⁴⁹ Ministry of Health and Lao Statistics Bureau. *The Lao Social Indicator Survey, 2012*. Vientiane, Lao PDR.
- ⁵⁰ Ministry of Women's Affairs, UNICEF Cambodia, US Centers for Disease Control and Prevention. *Findings from Cambodia's Violence against Children Survey 2013*. Cambodia: Ministry of Women's Affairs, 2014.
- ⁵¹ Finkelhor, D., et al, Explaining lower rates of sexual abuse in China. *Child Abuse and Neglect*, 2013.
- ⁵² Tang, C.S.-k. (2002). Childhood experience of sexual abuse among Hong Kong Chinese college students. *Child Abuse and Neglect*, 26, 23.
- ⁵³ National Research Council and Institute of Medicine. *From Neurons to Neighbourhoods: The Science of Early Childhood Development*. Committee on Integrating the Science of Early Childhood Development. Shonkoff JP, Phillips DA (eds.). Board on Children, Youth, and Families, Commission on Behavioural and Social Sciences and Education. Washington, D.C.: National Academy Press, 2000.
- ⁵⁴ Pinheiro PS. *World Report on Violence against Children*. Geneva: United Nations, 2006.
- ⁵⁵ UNICEF. 2014. *Ending violence against children: Six strategies for action*. New York.

APPENDIX A: ACKNOWLEDGMENTS

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APPENDIX C: KEY TERMS AND DEFINITIONS

The agreed terms and definitions used for the Violence against Children Survey in Lao PDR are in line with internationally recognized definitions and technical terms relating to violence against children. They are consistent with the terms and definitions used in other national violence against children surveys to allow for future comparison across countries and regions.

1. Physical violence

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

- 1. Intimate partners:** people with whom the respondent has had a romantic relationship. This includes boyfriends/girlfriends, romantic partners, fiancés, live-in partners and husbands/wives. The respondent does not need to have had a sexual relationship with this person for them to qualify as a partner. However, they must consider the relationship to be romantic.
- 2. Peers:** people who are the same or a similar age as the respondent, not including a husband or romantic partner. These include people who the respondent may or may not know, such as siblings, schoolmates, neighbours or strangers.
- 3. Parents, guardians, adult caregivers and other adult relatives:** This includes biological parents, adoptive or step-parents, other adult relatives (such as aunts, uncles, and grandparents) and relatives that may be closer to the age of the respondent (such as adult siblings and adult cousins).
- 4. Adults in the community:** a wide variety of people (non-relatives) in the community that the respondent may or may not already know. This includes teachers, police, employers, religious persons or community leaders, neighbours, village authorities or adult strangers.

2. Emotional violence

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

- Told the respondent that they were not loved, or did not deserve to be loved
- Said they wished the respondent had never been born or was dead
- Ridiculed the respondent or put them down (for example, said that they were stupid or useless).

3. Sexual violence

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

3.1 Sexual abuse

In this survey, questions were asked about four types of sexual abuse:

- **Touching in a sexual way without permission:** this includes fondling, pinching, grabbing, or touching the respondent on or around their sexual body parts without their permission. Sexual touching does not include trying or forcing the respondent to have sex.
- **Unwanted attempted sex:** someone tried to physically force or pressure the respondent into having sex (vaginal, oral or anal sex, or the insertion of an object into the anus or vagina) without their permission, but sex did not happen.
- **Physically forced sex:** if anyone ever physically forced the respondent to have sex (vaginal, oral or anal sex, or the insertion of an object into the anus or vagina) regardless of whether the respondent did or did not fight back.
- **Pressured sex:** if anyone ever pressured the respondent to have sex (vaginal, oral or anal sex, or the insertion of an object into the anus or vagina) when they did not want to and sex happened. Pressured sex may involve threats, harassment, coercion, bribes or tricking the other person to have sex.

Sex or sexual intercourse: means vaginal, oral or anal sex, or the insertion of an object into the respondent's vagina or anus.

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

3.3 Non-contact sexual violence/exploitation: If anyone ever forced the respondent to participate in a sex photo or video or forced them to show their sexual body parts in front of a webcam, camera or mobile phone whether they wanted to or not.

APPENDIX D: OVERVIEW OF SURVEY QUESTIONS

Three questionnaires were used in this survey: a household questionnaire, a male questionnaire and a female questionnaire.

Household questionnaire

The household questionnaire collected information on the following:

- Demographics of the household
- Socio-economic situation of the household
 - Water and sanitation
 - Fuel
 - Housing structure and household items
 - Livestock and land use for agriculture by the household
 - Bank account owned by the household
- Child vulnerability within the household
 - Basic needs
 - Migration
 - Disability

Respondent questionnaires

The male and female questionnaires collected information on the following topics:

- *Background of respondent.* Questions about the respondent's age, education, friendships, work, parents, marriage and partnerships.
- *Gender attitudes.* Questions about general attitudes towards gender roles.
- *Safety.* Questions about how safe respondents feel in their community.
- *Witnessing physical violence.* Questions about witnessing physical violence by strangers or people respondents know in the home or in the community.
- *Physical violence victimization and services.* Questions about the respondent's experiences of three measures of physical violence perpetrated by an intimate partner; a peer; a parent, guardian, adult caregiver or other adult relative; and adults in the community. This was followed by questions exploring whether respondents have accessed services and other sources of support for physical violence.
- *Emotional violence victimization.* Questions about the respondent's experiences of three measures of emotional violence by a parent, guardian, adult caregiver or other adult relative.
- *Sexual behaviour.* Questions about whether the respondent has ever engaged in sexual activity, pregnancy (female questionnaire only), sexual history and risk taking.
- *Sexual exploitation.* Questions about exchanging money, goods or favours for sex.
- *Non-contact sexual violence.* Questions about participation in sex photos or videos, or showing of sexual body parts in front of a webcam, camera or mobile phone.
- *Sexual violence victimization and services.* Questions about the respondent's experiences of three measures of unwanted sexual contact by a romantic partner, family member, friend or stranger. This was followed by questions exploring whether respondents have accessed services and other sources of support for sexual violence.
- *Perpetration of violence.* Questions about whether the respondent has ever been physically or sexually violent towards another person.

- *Substance abuse and health.* Questions about the respondent's use of alcohol, cigarettes and drugs, their mental health, and HIV and sexually transmitted infections.
- *Responding to sensitive questions.* Questions that were used to conclude the interview, and to document the respondent's feelings about the interview.

APPENDIX E: WEIGHTING PROCEDURES, QUALITY ASSURANCE, AND ESTIMATES OF SAMPLING ERROR

Background on sampling framework

The 2014 Lao PDR Violence against Children survey is a nationally representative household survey of females and males aged 13 to 24 years and is designed to produce data on sexual, physical, and emotional violence in childhood.

The sampling frame was originally compiled by the Lao Statistics Bureau for the 2015 national census. The sample design involved selecting EAs with more than 50 household to protect the confidentiality of respondents. The sampling frame provided by the Lao Statistics Bureau consists of 7,047 villages containing 1,070,888 household and 5,993,170 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 sexual violence and the female who was the victim of the 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 of +/-4.0%
- An estimated prevalence of sexual violence against children of 50%
- A design effect of 2.0.

The calculated sample size based on these assumptions was 1,200 completed interviews for males and 1,200 completed interviews for females. Adjustment to the sample size for eligibility as well as non-response resulted in a target of 3,333 household in 111 EAs for the male sample and 2,948 household in 98 EAs for the female sample.

Stages of selection

The 2014 Lao PDR Violence against Children survey utilized a four-staged stratified sample design. In the first stage a total of 209 villages was selected probability proportional to size with urban/rural allocation. The 209 selected villages were stratified by sex (male or female). In the second stage, 209 EAs were randomly selected from the 209 villages (one EA per village). In the third stage, a fixed number of 30 household were selected using equal probability systematic sampling. In the last stage, one eligible respondent (female or male) was randomly selected from the list of all eligible female or male respondents 13-24 years of age in each household and administered the questionnaire. Villages containing more than 250 household were segmented into smaller EAs to obtain a sample of geographic areas that were of suitable size for the field teams.

Sampling allocation

Table A1: Allocation of 209 EAs by urban and rural location

Location	Total	Male	Female
Urban	60	32	28
Rural with road	134	71	63
Rural without road	15	8	7
<i>Total</i>	209	111	98

Weighting Procedure

Weighting

Weighting is a method used to obtain parameters from the data set resulting from sampling so as to represent the total population. The Violence against Children survey uses a three step weighting procedure:

- Step 1: computation of base weight for each sample respondent;
- Step 2: adjustment of the base weights for non-response;
- Step 3: post-stratification calibration adjustment of weights to known population totals.

Base weight

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

Adjustment for unit non-response

In Step 2, base weights are adjusted to compensate for the losses in the sample outcome due to non-response (see Table A2 for household and individual response rates). In this step, non-response adjustments are made for non-responding EAs, non-responding household and non-responding respondents. In Lao PDR all selected EAs participated in the survey so non-response adjustments for EAs did not need to be made. The non-response adjustment for household was performed by using weighted data by urban/rural location and EA. For the non-response adjustment for individual respondents, weighting cells were formed taking into account location, age group (13-17 or 18-24), and sex. In the Violence against Children survey protocol, it is recommended that any non-response adjustment component for household or individual respondents that exceeds 3.00 should be set to 3.00. For the 2014 Lao PDR Violence against Children survey, there were no values larger than 3.0 in the adjustment factors for non-response for either household or individual respondents.

Household response rate

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

$$\text{Household response rate} = \frac{[1]+[2]}{[1] + [2] + [4] + [6] + [7]}$$

where:

- [1] = Completed household survey, one person selected
- [2] = Completed household survey, no-one selected
- [3] = Unoccupied/vacant/abandoned
- [4] = Household survey not completed
- [5] = Demolished
- [6] = Household refusal
- [7] = Other household non-response
- [8] = Household respondent incapacitated

The corresponding household weighting class adjustment was computed as one divided by the weighted household response rate for each sampled EA. Tables A3 and A4 list all household non-response adjustment factors for female and male EAs.

Individual response rate

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

$$\text{Individual response rate} = \frac{[1]}{[1] + [2] + [4]}$$

where:

- [1] = Completed individual survey
- [2] = Selected respondent refusal
- [3] = Selected respondent incapacitated
- [4] = Other individual non-response
- [5] = Selected individual later determined ineligible
- [6] = Not eligible

Table A2: Household and individual response rates by gender

Household	Female	Male
Completed household – one person selected	1062	1022
Completed household – no eligible in household	1700	2112
Household survey not completed	93	71
Household refusal	7	12
Unoccupied/vacant/abandoned household	20	63
Demolished	0	0
Household respondent incapacitated	26	9
Other household non-response	0	15
Total	2908	3304
Household response rate	96.5	97.0

Individual	Female	Male
Completed individual survey	988	923
Not eligible	0	0
Selected individual later determined ineligible	36	30
Selected respondent refused	25	39
Other individual non-response	13	30
Total	1062	1022
Individual response rate	96.3	93.0
Overall response rate*	92.9	90.2

*Overall response rate = Household response rate * Individual response rate

Table A3: Household non-response adjustments for female enumeration areas

PSU	Household non-response adjustment	PSU	Household non-response adjustment	PSU	Household non-response adjustment
102009	1.035714286	808024	1	1305076	1.333333333
103030	1.111111111	808031	1.2	1305116	1.038461539
103036	1.034482759	808044	1	1308046	1.2
105001	1.076923077	901039	1.037037037	1309037	1.153846154
105003	1.2	901108	1.217391304	1309038	1.071428571
106022	1.208333333	902116	1.034482759	1309058	1.111111111
106029	1.037037037	904017	1.173913044	1309074	1.071428571
106030	1.034482759	907047	1.035714286	1309101	1.071428571
106032	1.037037037	1001068	1.034482759	1309147	1.034482759
106095	1	1002052	1.035714286	1311043	1.034482759
107026	1	1004015	1.111111111	1313046	1

108011	1.071428571	1005042	1.071428571	1401095	1
108016	1.034482759	1006017	1.071428571	1403002	1
108035	1.071428571	1010007	1.071428571	1405006	1
109026	1.16	1101078	1.037037037	1405015	1
206014	1	1103020	1.034482759	1406052	1
207001	1	1103051	1	1501005	1
301008	1	1104004	1.217391304	1502049	1
301028	1	1104061	1.034482759	1502068	1
501045	1	1105097	1.034482759	1504041	1
605058	1	1105174	1	1602018	1
702061	1	1201091	1	1605010	1
703028	1	1201116	1	1605039	1
703061	1.034482759	1204127	1	1606057	1
706208	1.076923077	1207008	1	1607017	1
708040	1.16	1207058	1	1608015	1
801069	1	1209027	1	1608058	1
801122	1.034482759	1301016	1.071428571	1702024	1
803060	1	1302036	1	1702042	1
806033	1.071428571	1302108	1	1703001	1
807058	1	1304074	1.368421053	1705014	1
807060	1	1304091	1.363636364	1705027	1
807066	1.034482759	1304133	1.15		

Table A4: Household non-response adjustments for male enumeration areas

PSU	Household non-response adjustment	PSU	Household non-response adjustment	PSU	Household non-response adjustment
101005	1.23809524	605131	1	1304028	1
101019	1.12	606161	1	1304048	1
101035	1.23809524	607104	1	1307064	1.25
102034	1	608089	1.2	1308012	1
102035	1	610113	1	1308044	1.03703704
102039	1.03448276	701100	1	1308138	1
103011	1.07692308	701147	1	1309161	1
103032	1.2173913	701148	1	1310064	1
104019	1.16	704030	1	1311067	1
104031	1.11538462	803061	1	1311077	1
106041	1.11538462	806002	1	1312090	1.03448276
107029	1.07142857	806053	1	1401013	1.03571429
107049	1.11538462	810001	1.03448276	1403060	1
108006	1.07692308	902021	1	1404026	1.11111111
108007	1.11111111	906011	1	1405048	1.07142857
201085	1	1001002	1.18181818	1406101	1
205071	1	1001076	1.07407407	1407050	1
207013	1	1003022	1.11538462	1504019	1.07142857
304006	1	1010018	1	1601015	1

304046	1.03448276	1101023	1.03448276	1602001	1.07692308
401018	1.03703704	1101047	1.03448276	1602010	1.03448276
401022	1	1101076	1	1602069	1
401091	1.07142857	1102003	1.03571429	1602079	1.03571429
401152	1	1103029	1.03448276	1603051	1
402048	1	1103054	1.07142857	1603062	1
405014	1	1104002	1	1604015	1
406009	1.03448276	1105206	1	1604073	1
406137	1.03448276	1201042	1.07142857	1605022	1
501084	1	1201102	1	1606073	1
502038	1.03448276	1201103	1.03703704	1610014	1
504074	1.11111111	1201120	1.03448276	1701030	1
505035	1.15384615	1204144	1	1702009	1.08333333
601032	1.03448276	1301022	1.03571429	1801007	1.5
601056	1.11111111	1301025	1.13043478	1805016	1.07407407
602017	1.03571429	1301061	1.03448276		
605084	1.03448276	1302032	1		
605088	1	1303039	1		
605125	1	1303062	1		

Table A5: Individual non-response adjustment factors for enumeration areas

Province	Age category	Female	Male
1	13 to 17	1.089387	1.199431
1	18 to 24	1.013558	1.266641
2	13 to 17	1	1
2	18 to 24	1	1
3	13 to 17	1	1
3	18 to 24	1	1
5	13 to 17	1	1
5	18 to 24	1	1
6	13 to 17	1	1
6	18 to 24	1	1
7	13 to 17	1	1.213847
7	18 to 24	1	1.189726
8	13 to 17	1	1
8	18 to 24	1	1
9	13 to 17	1	1
9	18 to 24	1.174298	1
10	13 to 17	1.049862	1
10	18 to 24	1.176427	1
11	13 to 17	1	1.429616
11	18 to 24	1.178572	1.138937
12	13 to 17	1.045341	1.032069
12	18 to 24	1	1.037094
13	13 to 17	1.098629	1.045583

13	18 to 24	1.138985	1.239874
14	13 to 17	1	1
14	18 to 24	1	1.043311
15	13 to 17	1	1
15	18 to 24	1	1
16	13 to 17	1	1.142857
16	18 to 24	1	1.101923
17	13 to 17	1	1.080965
17	18 to 24	1	1

Post-stratification calibration adjustment

In the final stage of the weighting process (Step 3), calibration adjustment was done to adjust weights to conform with the Lao Statistics Bureau 2013 population projections distributed by location, age group (13-17 or 18-24), and gender. These variables were used to form weighting cells. Tables A6 and A7 present the post-stratification calibration adjustment factors for female and male EAs.

Table A6: Calibration adjustments for female enumeration areas

Age category	Weighted sum of sample	Census	Calibration
13 to 17	226106.2	396,853	1.755162
18 to 24	259802	496,489	1.911028

Table A7: Calibration adjustments for male enumeration areas

Age category	Weighted sum of sample	Census	Calibration
13 to 17	226106.2	394748	1.745852
18 to 24	259802	489345	1.883531

Final weights

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

Effect of variable sample weights on the precision of survey weights

Variation in sample weights can increase the amount of sampling error in survey estimates and lead to larger standard errors of these estimates. The multiplicative increase in the variance of survey estimates depends on how variable the weights are for the set of sample observations that are used to produce the estimates. The more variable the weights are, the larger is the value of Meff. In Table 8 the values of Meff are shown for females and males. This indicates that variation in sample weights increases the variation of estimates by these Meff factors respectively.

Table A8: Multiplicative effect overall

	n	Meff
Female	988	1.25352
Male	923	1.38070

Estimates of sampling error

Sampling errors for the Lao PDR Violence against Children survey are calculated for selected variables considered to be of primary interest. The results are presented in Tables 9 and 10 by sex. These tables present the value of the statistic (R), its standard error (SE), the number of unweighted (N) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits ($R \pm 1.96SE$), for each variable. The DEFT is considered undefined when the standard error considering simple random sample is zero (when the estimate is close to 0 or 1).

Table A9: Sampling errors for female sample

Indicator	Age group	Uweighted sample size	Estimate per cent	Standard error of per cent	95% lower limit	95% upper limit	Relative error	Design effect
Any sexual violence in childhood	18-24 years prior to age 18	521	7.3	1.2	5.2	10.2	0.170	1.201
	13-17 years in the past 12 months	467	4.1	1.0	2.6	6.6	0.237	1.157
Reported experiencing any unwanted sexual touching	18-24 years prior to age 18	521	6.0	1.2	4.0	8.9	0.199	1.335
	13-17 years in the past 12 months	448	3.6	0.9	2.2	6.0	0.260	1.217
Reported experiencing any unwanted attempted sex	18-24 years prior to age 18	521	1.4	0.5	0.7	2.9	0.363	1.003
	13-17 years in the past 12 months	462	0.9	0.4	0.4	2.2	0.453	0.901
Reported experiencing any pressured sex	18-24 years prior to age 18	520	1.0	0.5	0.4	2.5	0.487	1.215
	13-17 years in the past 12 months	466	zero					
Reported experiencing any physically forced sex	18-24 years prior to age 18	520	1.4	0.5	0.7	2.7	0.343	0.879
	13-17 years in the past 12 months	466	zero					
Reported experiencing any unwanted completed sex	18-24 years prior to age 18	520	1.8	0.6	0.9	3.4	0.335	1.055
	13-17 years in the past 12 months	466	zero					
Reported experiencing non-contact sexual abuse (participation in a sex photo, video, webcam)	18-24 years prior to age 18	521	0.4	0.2	0.1	1.4	0.707	0.931
	13-17 years	466	1.0	0.5	0.4	2.6	0.490	1.166

Reported receiving services for any incident of sexual abuse, among those who experienced at least one incident of sexual abuse in the specified time period	18-24 years prior to age 18	42	zero					
	13-17 years in the past 12 months	22	zero					
Reported that they had told someone about any experience of sexual abuse where at least one incident of sexual abuse occurred	18-24 years prior to age 18	42	13.8	5.1	6.5	27.1	0.367	0.856
	13-17 years in the past 12 months	22	24.7	10.4	9.8	49.7	0.422	1.034
Reported receiving any money, food, gifts, or other favours to have sexual intercourse or to perform other sexual acts	18-24 years prior to age 18	520	zero					
	13-17 years in the past 12 months	467	0.2	0.2	0	1.2	0.998	0.828
Reported that the first incident of sexual intercourse was unwanted	18-24 years (first intercourse occurred prior to age 18)	161	4.8	1.7	2.4	9.6	0.355	1.000
	13-17 years (who had sex)	46	8.3	4.3	2.9	21.7	0.519	1.190
Reported experiencing any physical violence	18-24 years prior to age 18	521	15.0	1.8	11.9	18.9	0.117	1.270
	13-17 years in the past 12 months	467	6.6	1.6	4.0	10.5	0.242	1.958
Reported experiencing any physical violence by an adult household member	18-24 years prior to age 18	519	11.6	1.6	8.7	15.2	0.140	1.346
	13-17 years in the past 12 months	413	5.6	1.7	3.0	10.2	0.307	2.358
Reported experiencing any physical violence by an authority figure	18-24 years prior to age 18	520	0.7	0.5	0.2	2.5	0.647	1.579
	13-17 years in the past 12 months	461	0.2	0.2	0	1.4	1.004	0.897
Reported experiencing any physical violence by a peer	18-24 years prior to age 18	520	3.7	1.1	2.1	6.6	0.294	1.760
	13-17 years in the past 12 months	455	2.7	0.8	1.5	4.8	0.292	1.115
Reported experiencing any emotional violence by an adult household member	18-24 years prior to age 18	521	24.0	2.1	20.1	28.3	0.087	1.249
	13-17 years in the past 12 months	467	9.6	1.5	6.9	13.0	0.160	1.291

Table A10: Sampling errors for male sample

Indicator	Age group	Uweighted sample size	Estimate per cent	Standard error of per cent	95% lower limit	95% upper limit	Relative error	Design effect
Any sexual violence in childhood	18-24 years prior to age 18	443	12.0	1.6	9.3	15.5	0.131	1.025
	13-17 years in the past 12 months	480	6.2	1.6	3.6	10.3	0.265	2.174
Reported experiencing any unwanted sexual touching	18-24 years prior to age 18	442	9.2	1.5	6.7	12.6	0.162	1.169
	13-17 years in the past 12 months	458	5.4	1.4	3.2	9.1	0.266	1.912
Reported experiencing any unwanted attempted sex	18-24 years prior to age 18	439	2.2	0.8	1.1	4.4	0.342	1.159
	13-17 years in the past 12 months	477	0.9	0.8	0.2	4.5	0.091	7.622
Reported experiencing any pressured sex	18-24 years prior to age 18	442	1.5	0.7	0.6	3.9	0.491	1.622
	13-17 years in the past 12 months	480	zero					
Reported experiencing any physically forced sex	18-24 years prior to age 18	441	1.4	0.7	0.5	3.6	0.477	1.408
	13-17 years in the past 12 months	479	0.3	0.3	0	1.9	0.994	1.23
Reported experiencing any unwanted completed sex	18-24 years prior to age 18	443	2.1	0.8	1.0	4.6	0.398	1.502
	13-17 years in the past 12 months	480	0.3	0.3	0	1.9	0.994	1.23
Reported experiencing non-contact sexual abuse (participation in a sex photo, video, webcam)	18-24 years prior to age 18	442	0.2	0.2	0	1.2	1.000	0.753
	13-17 years	479	0.3	0.2	0.1	1.0	0.699	0.589
Reported receiving services for any incident of sexual abuse, among those who experienced at least one incident of sexual abuse in the specified time period	18-24 years prior to age 18	53	26.2	5.8	16.4	39.2	0.223	0.961
	13-17 years in the past 12 months	23	20.5	15.6	3.8	63	0.760	3.916

Reported that they had told someone about any experience of sexual abuse where at least one incident of sexual abuse occurred	18-24 years prior to age 18	53	46.8	6.7	34.1	60.0	0.144	0.995
	13-17 years in the past 12 months	23	43.8	14.2	19.9	70.9	0.325	2.164
Reported receiving any money, food, gifts, or other favours to have sexual intercourse or to perform other sexual acts	18-24 years prior to age 18	440	0.2	0.2	0	1.2	1.003	0.733
	13-17 years in the past 12 months	480	zero					
Reported that the first incident of sexual intercourse was unwanted	18-24 years (first intercourse occurred prior to age 18)	117	1.7	1.7	0.2	11.1	0.995	2.037
	13-17 years (who had sex)	66	zero					
Reported experiencing any physical violence	18-24 years prior to age 18	442	16.9	2.1	13.1	21.4	0.124	1.369
	13-17 years in the past 12 months	477	8.2	1.5	5.7	11.8	0.186	1.457
Reported experiencing any physical violence by an adult household member	18-24 years prior to age 18	437	8.7	1.6	6.1	12.5	0.183	1.395
	13-17 years in the past 12 months	418	3.9	1.0	2.4	6.4	0.251	1.060
Reported experiencing any physical violence by an authority figure	18-24 years prior to age 18	441	2.1	0.7	1.1	4.2	0.352	1.176
	13-17 years in the past 12 months	462	0.6	0.4	0.2	1.9	0.594	0.952
Reported experiencing any physical violence by a peer	18-24 years prior to age 18	438	9.8	1.6	7.0	13.4	0.164	1.270
	13-17 years in the past 12 months	431	5.9	1.5	3.6	9.7	0.252	1.698
Reported experiencing any emotional violence by an adult household member	18-24 years prior to age 18	435	17.7	2.2	13.7	22.6	0.127	1.494
	13-17 years in the past 12 months	478	10.1	1.8	7.0	14.3	0.181	1.723

APPENDIX F: DATA TABLES

Table 3.1 Per cent distribution of male and female respondents by select background characteristics

Background characteristic		Females % (95% CI [§])	Males % (95% CI [§])
Age group	13-17 years old	44.4 (40.7 - 48.1)	48.6 (44.6 - 52.5)
	18-24 years old	55.6 (51.9 - 59.3)	51.4 (47.5 - 55.4)
Education status	Never attended school	7.7 (4.2 - 11.2)	7.7 (4.2 - 11.2)
	Less than primary school	4.3 (2.7 - 6.0)	4.3 (2.7 - 6.0)
	Primary school	40.6 (35.8 - 45.5)	40.6 (35.8 - 45.5)
	Secondary school	38.6 (34.0 - 43.2)	38.6 (34.0 - 43.2)
	Higher than secondary school	8.7 (5.4 - 12.0)	8.7 (5.4 - 12.0)
Reported head of household age	<=18	0.1 (0.0 - 0.4)	0.1 (0.0 - 0.4)
	19-30	9.4 (7.0 - 11.7)	9.4 (7.0 - 11.7)
	31-50	51.5 (47.3 - 55.8)	51.5 (47.3 - 55.8)
	51+	39.0 (34.8 - 43.1)	39.0 (34.8 - 43.1)
Orphanhood (13-17 year olds)	Lost one parent, but not both parents	8.0 (5.4 - 10.6)	9.4 (6.6 - 12.1)
	Lost both parents	0.4 (0.0 - 1.2)	0.8 (0.0 - 1.8)
	Not an orphan	91.6 (88.9 - 94.3)	89.8 (87.0 - 92.6)
Orphanhood prior to age 18 (18-24 year olds)	Lost one parent, but not both parents	9.0 (6.6 - 11.4)	8.9 (6.0 - 11.7)
	Lost both parents	0.4 (0.0 - 0.9)	0
	Not an orphan	90.6 (88.1 - 93.1)	91.1 (88.3 - 94.0)

[§] 95% confidence interval

Table 3.2 Per cent distribution of male and female respondents by select background characteristics by age group

Background characteristic	Age group	Females		Males	
		n	% (95% CI [§])	n	% (95% CI [§])
Ever been married or lived with someone as if married	13-17 years old	467	8.7 (5.6 - 11.9)	479	3.0 (1.3 - 4.6)
	18-24 years old	521	56.7 (51.0 - 62.4)	443	29.7 (24.3 - 35.2)
Ever married or lived with someone as if married prior to age 18	18-24 years old	520	23.4 (18.7 - 28.0)	443	6.0 (3.1 - 8.9)
Ever had sex	13-17 years old	467	10.5 (7.1 - 14.0)	478	14.2 (10.5 - 17.9)
	18-24 years old	520	61.3 (55.7 - 66.9)	442	61.7 (56.6 - 66.7)
Ever had sex prior to age 18	18-24 years old	520	27.9 (22.9 - 33.0)	437	26.6 (22.1 - 31.1)
Ever worked for money or any other payment	13-17 years old	467	49.9 (42.8 - 56.9)	479	77.4 (73.0 - 81.8)
	18-24 years old	521	57.3 (51.8 - 62.7)	443	78.3 (73.6 - 83.1)

[§] 95% confidence interval

Table 4.1 Per cent of females and males who experienced physical violence during childhood and in the past 12 months

Reported experiencing physical violence	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
During childhood	521	15.0 (11.6 - 18.5)	442	16.9 (12.7 - 21.0)
In the past 12 months	467	6.6 (3.4 - 9.7)	480	8.2 (5.2 - 11.2)

[§] 95% confidence interval

Table 4.2 Per cent of females and males who experienced more than one incident of physical violence during childhood and in the past 12 months

More than one incident of physical violence	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
During childhood	77	56.2 (43.0 - 69.4)	75	67.2 (54.8 - 79.5)
In the past 12 months	32	74.4 (60.5 - 88.2)	38	95.1 (89.7 - 100.0)

[§] 95% confidence interval

Table 4.3 Age at which females and males experienced their first incident of physical violence during childhood

Age at first incident	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
<=5 years old	12	12.1 (2.4 - 21.9)	11	7.5 (0.2 - 14.8)
6-11 years old	48	48.2 (34.4 - 62.0)	48	48.3 (33.9 - 62.6)
12-17 years old	39	39.7 (26.5 - 52.8)	44	44.3 (31.5 - 57.0)
Total (n)	75	100.0 (75)	75	100.0 (75)

[§] 95% confidence interval

Table 4.4 Age at which females and males experienced their first incident of physical violence in the past 12 months

Age at first incident	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
<=5 years old	0	0 (0.0 - 11.1)	5	5.2 (0.0 - 11.1)
6-11 years old	39	39.5 (20.1 - 58.9)	32	32.3 (13.4 - 51.2)
12-17 years old	60	60.5 (41.1 - 79.9)	62	62.6 (43.5 - 81.6)
Total (n)	31	100.0 (31)	36	100.0 (36)

[§] 95% confidence interval

Table 4.5 Per cent of females and males who experienced physical violence during childhood, by type of perpetrator

Type of perpetrator	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Intimate partner	465	1.8 (0.5 - 3.1)	326	0.7 (0.0 - 1.4)
Parent, guardian, adult caregiver or other adult relative	519	11.6 (8.4 - 14.8)	437	8.7 (5.6 - 11.9)
Adult in the community	520	0.7 (0.0 - 1.6)	441	2.1 (0.6 - 3.6)
Peer	520	3.7 (1.6 - 5.9)	438	9.8 (6.6 - 12.9)

[§] 95% confidence interval

Table 4.6 Per cent of females and males who reported physical violence by a parent, guardian, adult caregiver or other adult relative during childhood, by perpetrator of first incident

Perpetrator of first incident	Females	Males
	% (95% CI [§])	% (95% CI [§])
Father/step father	30.2 (16.5 - 43.9)	63.3 (44.6 - 81.9)
Mother/step mother	65.2 (51.0 - 79.3)	23.1 (7.4 - 38.9)
Brother/step brother	2.4 (0.0 - 7.2)	10.1 (0.0 - 25.9)
Sister/step sister	0	1.4 (0.0 - 4.2)
Uncle/aunt	1.2 (0.0 - 3.4)	2.1 (0.0 - 6.1)
Other relative/caregiver	1.0 (0.0 - 3.1)	0
Total (n)	100.0 (60)	100.0 (41)

[§] 95% confidence interval

Table 4.7 Per cent of females and males who reported physical violence by adults living in the community during childhood, by perpetrator of first incident

Perpetrator of first incident	Females	Males
	% (95% CI [§])	% (95% CI [§])
Male teacher	*	*
Female teacher	*	*
Authority figure	*	*
Adult neighbour/community member	*	*
Other community adult/religious person	*	*
Total (n)	100.0 (3)	100.0 (8)

*Cell size less than 25

[§] 95% confidence interval

Table 4.8 Per cent of females and males who reported physical violence by an intimate partner during childhood, by perpetrator of first incident

Perpetrator of first incident	Females	Males
	% (95% CI [§])	% (95% CI [§])
Boyfriend/girlfriend/romantic partner	*	*
Husband/wife	*	*
Total (n)	100.0 (8)	100.0 (3)

*Cell size less than 25

[§] 95% confidence interval

Table 4.9 Per cent of females and males who reported physical violence by a peer during childhood, by perpetrator of first incident

First perpetrators of physical violence by a peer	Females	Males
	% (95% CI [§])	% (95% CI [§])
Sibling/cousin/peer relative	*	0
Friend	*	71.7 (55.8 - 87.6)
Classmate/schoolmate	*	24.1 (8.5 - 39.6)
Peer neighbour	*	4.2 (0.0 - 10.0)
Other peer	*	0
Total (n)	100.0 (17)	100.0 (44)

*Cell size less than 25

§ 95% confidence interval

Table 4.10 Per cent of females and males who experienced physical violence in the past 12 months, by type of perpetrator

Type of perpetrator	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Intimate partner	178	0.6 (0.0 - 1.7)	123	2.2 (0.0 - 5.2)
Parent, guardian, adult caregiver or other adult relative	467	5.0 (1.9 - 8.0)	479	3.5 (1.8 - 5.2)
Adult in the community	467	0.2 (0.0 - 0.6)	480	0.6 (0.0 - 1.2)
Peer	467	2.7 (1.1 - 4.2)	478	5.3 (2.7 - 8.0)

§ 95% confidence interval

Table 4.11 Per cent of females and males who reported physical violence in the past 12 months by a parent, guardian, adult caregiver or other adult relative, by perpetrator of most recent incident

Perpetrator of most recent incident	Females	Males
	% (95% CI [§])	% (95% CI [§])
Father/step father	*	*
Mother/step mother	*	*
Brother/step brother	*	*
Sister/step sister	*	*
Uncle/aunt	*	*
Other relative/caregiver	*	*
Total (n)	100.0 (24)	100.0 (17)

*Cell size less than 25

§ 95% confidence interval

Table 4.12 Per cent of females and males who reported physical violence by adults in the community in the past 12 months, by perpetrator of most recent incident

Perpetrator of most recent incident	Females	Males
	% (95% CI [§])	% (95% CI [§])
Male teacher	*	*
Female teacher	*	*
Authority figure	*	*
Adult neighbour/community member	*	*
Other community adult/religious person	*	*
Total (n)	100.0 (1)	100.0 (2)

*Cell size less than 25

§ 95% confidence interval

Table 4.13 Per cent of females and males who reported physical violence by an intimate partner in the past 12 months, by perpetrator of most recent incident

Perpetrator of most recent incident	Females	Males
	% (95% CI [§])	% (95% CI [§])
Boyfriend/girlfriend/romantic partner	*	*
Husband/wife	*	*
Total (n)	100.0 (1)	100.0 (2)

*Cell size less than 25

§ 95% confidence interval

Table 4.14 Per cent of females and males who reported physical violence by a peer in the past 12 months, by perpetrator of most recent incident

Perpetrator of most recent incident	Females	Males
	% (95% CI [§])	% (95% CI [§])
Sibling/cousin/peer relative	*	*
Friend	*	*
Classmate/schoolmate	*	*
Peer neighbour	*	*
Other peer	*	*
Total (n)	100.0 (12)	100.0 (23)

*Cell size less than 25

§ 95% confidence interval

Table 4.15 Per cent of females and males who experienced physical violence by a parent, guardian, adult caregiver or other adult relative during childhood and in the past 12 months and reported that the perpetrator lived in the same household

Parent, guardian, adult caregiver or other adult relative lived in the same household	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
During childhood	60	95.8 (90.0 - 100.0)	41	92.1 (77.4 - 100.0)
In the past 12 months	24	*	17	*

[§] 95% confidence interval

*Cell size less than 25

Table 4.16 Per cent of females and males who reported physical harm or injury as a result of physical violence during childhood

Reported physical harm or injury	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
During childhood	77	39.3 (25.2 - 53.3)	77	24.7 (14.1 - 35.4)

[§] 95% confidence interval

Table 4.17 Per cent of females and males who reported physical harm or injury as a result of physical violence during childhood, by perpetrator

Perpetrator	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Intimate partner	10	*	3	*
Parent, guardian, adult caregiver or other adult relative	60	33.3 (18.9 - 47.6)	41	24.2 (10.8 - 37.6)
Adult in the community	3	*	9	*
Peer	17	*	44	16.8 (5.1 - 28.6)

*Cell size less than 25

[§] 95% confidence interval

Table 4.18 Per cent of females and males who reported specific physical harm or injury as a result of physical violence during childhood

Categories of harm or injury	Females	Males
	% (95% CI [§])	% (95% CI [§])
A only: Cuts, scratches, bruises, aches, redness, swelling or other minor marks	39.3 (25.2 - 53.3)	22.7 (12.5 - 32.9)
B only: Sprains, dislocations or blistering	0	0
C only: Deep wounds, broken bones, broken teeth, or blackened or charred skin	0	0
D only: Permanent injury or disfigurement	0	0
A+B	0	2.0 (0.0 - 6.0)
A+C	0	0
A+D	0	0
B+C	0	0
B+D	0	0
C+D	0	0
A+B+C	0	0
A+B+D	0	0
B+C+D	0	0
A+C+D	0	0
A+B+C+D	0	0
No Injury	60.7 (46.7 - 74.8)	75.3 (64.6 - 85.9)
Total (n)	100.0 (77)	100.0 (77)

[§] 95% confidence interval

Table 4.19 Per cent of females and males who reported physical harm or injury as a result of physical violence in the past 12 months

Reported physical harm or injury	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
In the past 12 months	32	33.3 (18.3 - 48.3)	38	30.8 (12.9 - 48.7)

[§] 95% confidence interval

Table 4.20 Per cent of females and males who reported physical harm or injury as a result of physical violence in the past 12 months, by perpetrator

Perpetrator	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Intimate partner	1	*	2	*
Parent, guardian, adult caregiver or other adult relative	24	*	17	*
Adult in the community	1	*	3	*
Peer	12	*	23	*

*Cell size less than 25

§ 95% confidence interval

Table 4.21 Per cent of females and males who reported specific physical harm or injury as a result of physical violence in the past 12 months

Categories of harm or injury	Females	Males
	% (95% CI [§])	% (95% CI [§])
A only: Cuts, scratches, bruises, aches, redness, swelling, or other minor marks	30.8 (16.0 - 45.6)	27.5 (10.1 - 45.0)
B only: Sprains, dislocations, or blistering	0	0
C only: Deep wounds, broken bones, broken teeth, or blackened or charred skin	0	0
D only: Permanent injury or disfigurement	0	0
A+B	2.5 (0.0 - 7.4)	0
A+C	0	0
A+D	0	0
B+C	0	0
B+D	0	0
C+D	0	0
A+B+C	0	3.3 (0.0 - 9.6)
A+B+D	0	0
B+C+D	0	0
A+C+D	0	0
A+B+C+D	0	0
No Injury	66.7 (51.7 - 81.7)	69.2 (51.3 - 87.1)
Total (n)	100.0 (32)	100.0 (38)

§ 95% confidence interval

Table 4.22 Per cent of females and males who witnessed physical violence in the home during childhood and in the past 12 months

Witnessed physical violence in the home during childhood	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
During childhood	126	24.6 (20.3 - 28.9)	108	24.3 (19.2 - 29.4)
In the past 12 months	47	10.2 (7.2 - 13.3)	25	4.9 (2.4 - 7.3)

[§] 95% confidence interval

Table 4.23 Per cent of females and males who witnessed physical violence in the community during childhood

Witnessed physical violence in the community during childhood	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
During childhood	134	25.8 (21.1 - 30.5)	137	30.2 (25.2 - 35.2)
In the past 12 months	70	15.3 (11.5 - 19.0)	55	11.8 (8.0 - 15.6)

[§] 95% confidence interval

Table 5.1 Per cent of females and males who experienced emotional violence during childhood and in the past 12 months

Experienced emotional violence	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
During childhood	519	24.2 (20.0 - 28.3)	434	17.7 (13.2 - 22.2)
In the past 12 months	467	9.6 (6.5 - 12.6)	478	10.1 (6.5 - 13.7)

[§] 95% confidence interval

Table 5.2 Per cent of females and males who experienced more than one incident of emotional violence during childhood and in the past 12 months

Experienced more than one incident of emotional violence	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
During childhood	125	61.9 (52.2 - 71.5)	84	90.6 (84.4 - 96.7)
In the past 12 months	45	60.4 (42.6 - 78.2)	44	91.4 (82.8 - 100.0)

[§] 95% confidence interval

Table 5.3 Age at which females and males experienced their first incident of emotional violence during childhood

Age at first incident	Females	Males
	% (95% CI [§])	% (95% CI [§])
<=5 years old	3.5 (0.0 - 7.1)	5.2 (0.9 - 9.5)
6-11 years old	43.6 (33.7 - 53.5)	39.7 (26.6 - 52.7)
12-17 years old	52.9 (42.6 - 63.2)	55.1 (41.5 - 68.7)
Total (n)	100.0 (124)	100.0 (85)

[§] 95% confidence interval

Table 5.4 Age at which females and males experienced their first incident of emotional violence in the past 12 months

Age at first incident	Females	Males
	% (95% CI [§])	% (95% CI [§])
<=5 years old	0	0
6-11 years old	23.6 (10.5 - 36.7)	23.6 (1.6 - 45.6)
12-17 years old	76.4 (63.3 - 89.5)	76.4 (54.4 - 98.4)
Total (n)	100.0 (45)	100.0 (40)

[§] 95% confidence interval

Table 5.5 Per cent of females and males who experienced emotional violence during childhood, by perpetrator of first incident

First perpetrators of emotional violence	Females	Males
	% (95% CI [§])	% (95% CI [§])
Father/step father	8.8 (3.2 - 14.4)	49.5 (38.0 - 60.9)
Mother/ step mother	65.8 (55.1 - 76.4)	31.0 (20.0 - 42.0)
Brother/step brother	9.1 (2.0 - 16.2)	7.5 (0.8 - 14.2)
Sister/step sister	6.0 (0.8 - 11.1)	4.1 (0.2 - 7.9)
Uncle/aunt	5.5 (1.2 - 9.9)	7.1 (0.4 - 13.8)
Other relative/caregiver	4.8 (1.0 - 8.7)	0.9 (0.0 - 2.6)
Total (n)	100.0 (125)	100.0 (86)

[§] 95% confidence interval

Table 5.6 Per cent of females and males who experienced emotional violence in the past 12 months, by perpetrator of most recent incident

Most recent perpetrators of emotional violence	Females		Males	
		% (95% CI [§])		% (95% CI [§])
Father/step father		9.7 (1.8 - 17.6)		53.9 (35.5 - 72.4)
Mother/step mother		56.0 (38.4 - 73.5)		31.0 (15.0 - 47.0)
Brother/step brother		12.2 (1.4 - 23.1)		5.1 (0.0 - 11.0)
Sister/step sister		7.6 (0.0 - 17.5)		5.9 (0.0 - 15.2)
Uncle/aunt		14.5 (1.9 - 27.2)		0
Other relative/caregiver		0		4.1 (0.0 - 9.7)
Total (n)		100.0 (44)		100.0 (44)

[§] 95% confidence interval

Table 5.7 Per cent of females and males who experienced emotional violence and reported the perpetrator lived in the same household during the first incident of violence

Perpetrator lived within the same household	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
During childhood	127	86.2 (79.4 - 93.0)	87	86.4 (77.5 - 95.3)
In the past 12 months	45	84.9 (74.1 - 95.7)	44	93.7 (87.5 - 99.9)

[§] 95% confidence interval

Table 6.1 Per cent of females and males who experienced sexual abuse during childhood and in the past 12 months

Experienced sexual abuse	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
During childhood	521	7.3 (4.9 - 9.8)	443	12.0 (8.9 - 15.1)
In the past 12 months	467	4.1 (2.2 - 6.1)	480	6.2 (3.0 - 9.4)

[§] 95% confidence interval

Table 6.2 Per cent of females and males who experienced more than one incident of sexual abuse during childhood and in the past 12 months

Multiple incidents of sexual abuse	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
During childhood	42	63.2 (47.6 - 78.9)	53	79.3 (66.9 - 91.7)
In the past 12 months	22	*	22	*

[§] 95% confidence interval

Table 6.3 Per cent of females and males who experienced different types of sexual abuse during childhood

Experienced during childhood...	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Any unwanted sexual touching	521	6.0 (3.6 - 8.4)	442	9.2 (6.3 - 12.2)
Any unwanted attempted sex	521	1.4 (0.4 - 2.5)	439	2.2 (0.7 - 3.7)
Physically forced sex	520	1.4 (0.5 - 2.3)	441	1.4 (0.1 - 2.7)
Any pressured sex	520	1.0 (0.0 - 1.9)	442	1.5 (0.0 - 3.0)

[§] 95% confidence interval

Table 6.4 Per cent of females and males who experienced different types of sexual abuse in the past 12 months

Experienced in the past 12 months...	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Any unwanted sexual touching	467	3.6 (1.8 - 5.5)	480	5.4 (2.6 - 8.3)
Any unwanted attempted sex	467	0.9 (0.1 - 1.7)	479	0.9 (0.0 - 2.4)
Physically forced sex	466	0	480	0.3 (0.0 - 0.8)
Any pressured sex	466	0	480	0

[§] 95% confidence interval

Table 6.5 Per cent of females and males who experienced unwanted completed sex during childhood and in the past 12 months

Experienced unwanted completed sex	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
During childhood	520	1.8 (0.6 - 2.9)	443	2.1 (0.5 - 3.8)
In the past 12 months	466	0	480	0.3 (0.0 - 0.8)

[§] 95% confidence interval

Table 6.6 Age at which females and males first experienced sexual abuse during childhood

Age at which first experienced sexual abuse	Females	Males
	% (95% CI [§])	% (95% CI [§])
<=13 years old	21.7 (6.7 - 36.6)	36.4 (21.7 - 51.1)
14-15 years old	25.0 (10.3 - 39.7)	17.6 (5.1 - 30.0)
16-17 years old	53.3 (37.3 - 69.4)	46.1 (30.1 - 62.1)
Total [¶] (n)	100.0 (41)	100.0 (53)

[§] 95% confidence interval

[¶] Total may not sum to exactly 100.0 percent because of rounding

Table 6.7 Age at which females and males first experienced sexual abuse in the past 12 months

Age at which first experienced sexual abuse	Females	Males
	% (95% CI [§])	% (95% CI [§])
<=13 years old	*	*
14-15 years old	*	*
16-17 years old	*	*
Total [¶] (n)	100.0 (22)	100.0 (22)

[§] 95% confidence interval

*Cell size less than 25

Table 6.8 Per cent of females and males whose first incident of sexual intercourse was unwanted

First incident of sexual intercourse was unwanted	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
During childhood	161	4.8 (1.5 - 8.2)	117	1.7 (0.0 - 4.9)
In the past 12 months	46	8.3 (0.0 - 17.0)	66	0

[§] 95% confidence interval

Table 6.9 Perpetrators of first incident of sexual abuse during childhood

Perpetrators of first incident of sexual abuse	Females	Males
	% (95% CI [§])	% (95% CI [§])
Spouse or romantic partner	54.4 (38.2 - 70.6)	15.3 (4.8 - 25.7)
Family member	0	34.7 (20.1 - 49.3)
Authority figure ¹	6.6 (0.0 - 16.2)	0
Neighbour	1.8 (0.0 - 5.2)	5.0 (0.0 - 10.9)
Classmate/schoolmate	10.5 (1.8 - 19.2)	9.1 (1.2 - 17.0)
Friend	25.1 (11.4 - 38.9)	28.3 (12.1 - 44.4)
Stranger	8.2 (0.0 - 18.3)	8.0 (0.0 - 16.6)
Other	5.4 (0.0 - 11.3)	2.8 (0.0 - 6.7)
Total [¶] (n)	(42)	(52)

[§] 95% confidence interval

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

¹ Authority figure includes: teacher, police/security person, employer, or village authority/village youth leader/ethnic group leader/group leader

Table 6.10 Perpetrators of most recent incident of sexual abuse in the past 12 months

Perpetrators of most recent incident of sexual abuse	Females	Males
	% (95% CI [§])	% (95% CI [§])
Spouse or romantic partner	*	*
Family member	*	*
Authority figure ¹	*	*
Neighbour	*	*
Classmate/schoolmate	*	*
Friend	*	*
Stranger	*	*
Other	*	*
Total [¶] (n)	(22)	(22)

[§] 95% confidence interval

¹ Authority figure includes: teacher, police/security person, employer, or village authority/village youth leader/ethnic group leader/group leader

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

Table 6.11 Per cent of females and males who reported that more than one perpetrator was present during the first/most recent incident of sexual abuse

More than one perpetrator	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
During childhood (first incident)	42	8.9 (0.0 - 18.6)	52	40.3 (26.7 - 53.9)
In the past 12 months (most recent incident)	22	*	22	*

[§] 95% confidence interval

Table 6.12 Per cent of perpetrators of sexual abuse perceived to be five or more years older

Perpetrator perceived to be five or more years older	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
During childhood	42	31.0 (14.4 - 47.6)	51	44.4 (30.4 - 58.3)
In the past 12 months	21	*	22	*

[§] 95% confidence interval

Table 6.13 Per cent of females and males who experienced sexual abuse during childhood, by gender of perpetrator of first incident of sexual abuse

Gender of perpetrator of first incident of sexual abuse	Females	Males
	% (95% CI [§])	% (95% CI [§])
Male only perpetrator	89.9 (79.6 - 100.0)	44.4 (26.7 - 62.1)
Female only perpetrator	6.9 (0.0 - 16.2)	51.9 (34.5 - 69.3)
Male and female perpetrator	3.2 (0.0 - 7.9)	3.7 (0.0 - 8.7)
Total (n)	100.0 (42)	100.0 (52)

[§] 95% confidence interval

Table 6.14 Per cent of females and males who experienced sexual abuse in the past 12 months, by gender of perpetrator of most recent incident of sexual abuse

Gender of perpetrator of first incident of sexual abuse	Females	Males
	% (95% CI [§])	% (95% CI [§])
Male only perpetrator	*	*
Female only perpetrator	*	*
Male and female perpetrator	*	*
Total (n)	100.0 (22)	100.0 (22)

[§] 95% confidence interval

* Cell size less than 25

Table 6.15 Location of first incident of sexual abuse during childhood

Location	Females	Males
	% (95% CI [§])	% (95% CI [§])
Respondent's home	23.0 (8.8 - 37.2)	33.4 (18.7 - 48.0)
Perpetrator's home	21.2 (7.3 - 35.2)	17.9 (5.6 - 30.2)
Someone else's home	26.1 (11.1 - 41.2)	11.1 (0.0 - 22.1)
On a road/street	7.1 (0.0 - 15.3)	7.0 (0.0 - 14.7)
School	6.3 (0.0 - 13.6)	9.8 (2.1 - 17.4)
Rice field, cultivated area, garden, or forest	6.3 (0.0 - 13.5)	0
Bar, restaurant, disco, or club	19.6 (7.3 - 31.9)	14.3 (4.1 - 24.6)
Guest house or hotel	2.8 (0.0 - 7.0)	4.2 (0.0 - 12.1)
Other ¹	9.4 (0.0 - 20.2)	2.5 (0.0 - 5.9)
Total [¶] (n)	(42)	(52)

[§] 95% confidence interval

¹ Other includes: market/shop, inside a car/bus, a lake, river or other body of water, or another location

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

Table 6.16 Location of first incident of sexual abuse in the past 12 months

Location	Females	Males
	% (95% CI [§])	% (95% CI [§])
Respondent's home	*	*
Perpetrator's home	*	*
Someone else's home	*	*
On a road/street	*	*
School	*	*
Rice field, cultivated area, garden, or forest	*	*
Bar, restaurant, disco, or club	*	*
Guest house or hotel	*	*
Other ¹	*	*
Total [¶] (n)	(21)	(22)

[§] 95% confidence interval

¹ Other includes: market/shop, inside a car/bus, a lake, river or other body of water, or another location

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

Table 6.17 Time of day of the first incident of sexual abuse during childhood

Time of day of first incident of sexual abuse	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Morning		4.1 (0.0 - 9.6)		13.3 (3.5 - 23.1)
Afternoon		36.7 (23.8 - 49.7)		17.7 (5.8 - 29.5)
Evening		55.1 (37.2 - 73.0)		57.1 (42.2 - 72.0)
Late at night		16.0 (2.8 - 29.1)		16.9 (5.7 - 28.0)
Total [¶] (n)		(42)		(52)

[§] 95% confidence interval

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

Table 6.18 Time of day of the most recent incident of sexual abuse in the past 12 months

Time of day of most recent incident of sexual abuse	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Morning		*		*
Afternoon		*		*
Evening		*		*
Late at night		*		*
Total [#] (n)		(22)		(22)

[§] 95% confidence interval

Table 6.19 Per cent of females and males who received any food, favours or gifts in exchange for sex

Received any money, food, gifts or other favours in exchange for sex during childhood	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
During childhood	520	0 (0.0 - 0.5)	440	0.2 (0.0 - 0.5)
In the past 12 months	467	0.2 (0.0 - 0.5)	480	0

[§] 95% confidence interval

Table 6.20 Per cent of females and males who experienced non-contact sexual violence

Experienced non-contact sexual violence during childhood	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
During childhood	521	0 (0.0 - 0.5)	443	0.2 (0.0 - 0.5)
In the past 12 months	467	0 (0.0 - 1.2)	480	0.4 (0.0 - 1.2)

[§] 95% confidence interval

¹Non-contact sexual violence includes: participating in a sex photo or video or showing sexual body parts in front of a webcam

Table 7.1 Distribution of reported types of violence experienced during childhood

Types of violence	Females	Males
	% (95% CI [§])	% (95% CI [§])
Physical violence only	6.6 (4.2 - 9.0)	9.1 (6.1 - 12.2)
Emotional violence only	13.6 (9.8 - 17.4)	9.4 (6.0 - 12.8)
Sexual abuse only	3.4 (1.9 - 4.9)	6.6 (4.2 - 8.9)
Physical violence and sexual abuse	0.4 (0.0 - 0.8)	2.0 (0.6 - 3.4)
Emotional violence and sexual abuse	2.3 (0.8 - 3.9)	2.2 (0.7 - 3.7)
Physical and emotional violence	6.8 (4.6 - 9.1)	4.5 (2.3 - 6.6)
Physical and emotional violence and sexual abuse	1.2 (0.3 - 2.2)	1.3 (0.1 - 2.5)
No violence	65.6 (60.7 - 70.6)	65.0 (59.6 - 70.4)
Total [¶] (n)	100.0 (521)	100.0 (443)

[§]95% confidence interval

[¶]Total may not sum to exactly 100.0 per cent because of rounding

Table 7.2 Distribution of reported type of violence experienced in the past 12 months

Types of violence	Females	Males
	% (95% CI [§])	% (95% CI [§])
Physical violence only	4.3 (1.7 - 7.0)	4.7 (2.6 - 6.9)
Emotional violence only	5.7 (3.3 - 8.0)	6.8 (3.8 - 9.9)
Sexual abuse only	1.7 (0.5 - 2.8)	3.8 (1.1 - 6.6)
Physical violence and sexual abuse	0	1.3 (0.2 - 2.4)
Emotional violence and sexual abuse	1.7 (0.5 - 2.8)	1.0 (0.0 - 2.3)
Physical and emotional violence	1.4 (0.3 - 2.5)	2.1 (0.5 - 3.7)
Physical and emotional violence and sexual abuse	0.8 (0.0 - 1.8)	0
No violence	84.4 (80.2 - 88.7)	80.1 (74.8 - 85.5)
Total (n)	100.0 (467)	100.0 (480)

[§]95% confidence interval

Table 8.1 Per cent of females who reported moderate and serious mental distress among those who did and did not experience sexual abuse or physical or emotional violence during childhood

Females who reported experiencing during childhood...	n	Mental health and violence in the past 30 days...	
		Moderate mental distress ¹ % (95% CI [§])	Serious mental distress ² % (95% CI [§])
Any sexual abuse	42	25.7 (12.6 - 38.9)	7.4 (0.0 - 17.7)
No sexual abuse	479	16.4 (13.0 - 19.8)	1.4 (0.5 - 2.4)
Any physical violence	77	17.7 (8.2 - 27.1)	5.2 (0.0 - 10.9)
No physical violence	444	17.0 (13.6 - 20.4)	1.3 (0.3 - 2.2)
Any emotional violence	127	20.3 (12.1 - 28.5)	4.1 (0.0 - 8.2)
No emotional violence	392	16.2 (12.8 - 19.6)	1.2 (0.2 - 2.1)

[§] 95% confidence interval

¹ Moderate mental distress K6 score ≥ 4 but < 10

² Serious mental distress K6 score ≥ 10

Table 8.2 Per cent of males who reported moderate and serious mental distress among those who did and did not experience sexual abuse or physical or emotional violence during childhood

Males who reported experiencing during childhood...	n	Mental health and violence in the past 30 days...	
		Moderate mental distress ¹ % (95% CI [§])	Serious mental distress ² % (95% CI [§])
Any sexual abuse	53	19.8 (7.1 - 32.4)	1.9 (0.0 - 5.8)
No sexual abuse	390	10.1 (5.8 - 14.3)	2.6 (1.2 - 4.0)
Any physical violence	77	9.8 (3.6 - 15.9)	2.0 (0.0 - 5.1)
No physical violence	365	11.5 (7.0 - 16.1)	2.6 (1.2 - 4.0)
Any emotional violence	87	17.5 (9.1 - 25.9)	0.7 (0.0 - 2.0)
No emotional violence	347	9.6 (5.7 - 13.4)	3.0 (1.4 - 4.6)

[§] 95% confidence interval

¹ Moderate mental distress K6 score ≥ 4 but < 10

² Serious mental distress K6 score ≥ 10

Table 8.3 Per cent of females who reported moderate and serious mental distress among those who did and did not experience sexual abuse or physical or emotional violence in the past 12 months

Females who reported experiencing in the past 12 months...	Mental health and violence in the past 30 days...		
	n	Moderate mental distress ¹	Serious mental distress ²
		% (95% CI [§])	% (95% CI [§])
Any sexual abuse	22	*	*
No sexual abuse	445	16.1 (11.8 - 20.3)	1.8 (0.6 - 3.0)
Any physical violence	32	22.3 (8.6 - 36.0)	9.1 (0.0 - 20.0)
No physical violence	435	16.8 (12.3 - 21.2)	1.2 (0.2 - 2.2)
Any emotional violence	45	44.1 (26.6 - 61.6)	7.7 (0.3 - 15.2)
No emotional violence	422	14.3 (10.4 - 18.2)	1.1 (0.1 - 2.1)

[§] 95% confidence interval

¹ Moderate mental distress K6 score ≥ 4 but < 10

² Serious mental distress K6 score ≥ 10

Table 8.4 Per cent of males who reported moderate and serious mental distress among those who did and did not experience sexual abuse or physical or emotional violence in the past 12 months

Males who reported experiencing in the past 12 months...	Mental health and violence in the past 30 days...		
	n	Moderate mental distress ¹	Serious mental distress ²
		% (95% CI [§])	% (95% CI [§])
Any sexual abuse	23	*	*
No sexual abuse	457	9.1 (5.6 - 12.7)	2.6 (1.2 - 4.0)
Any physical violence	39	18.2 (7.2 - 29.1)	5.0 (0.0 - 14.8)
No physical violence	441	9.0 (5.7 - 12.4)	2.4 (1.2 - 3.5)
Any emotional violence	44	13.5 (1.1 - 26.0)	3.9 (0.0 - 9.4)
No emotional violence	434	9.4 (5.9 - 13.0)	2.4 (1.1 - 3.8)

[§] 95% confidence interval

¹ Moderate mental distress K6 score ≥ 4 but < 10

² Serious mental distress K6 score ≥ 10

Table 8.5 Per cent of females who reported health outcomes among those who did and did not experience sexual abuse or physical or emotional violence during childhood

Females who reported experiencing during childhood...	Respondents who reported...							
	Mental distress in the past 30 days		Being drunk in the past 30 days		Smoking in the past 30 days		Substance use in the past 30 days	
	n	% (95% CI [§])	n	% (95% CI [§])	n	% (95% CI [§])	n	% (95% CI [§])
Any sexual abuse	42	33.1 (17.6 - 48.6)	40	35.9 (20.5 - 51.4)	42	0	42	0
No sexual abuse	479	17.8 (14.4 - 21.3)	430	28.4 (22.3 - 34.4)	479	8.3 (4.4 - 12.2)	476	0.6 (0.0 - 1.4)
Any physical violence	77	22.8 (11.2 - 34.5)	74	28.8 (16.7 - 40.9)	77	11.7 (3.5 - 19.9)	77	2.4 (0.0 - 7.0)
No physical violence	444	18.3 (14.8 - 21.7)	396	29.0 (23.1 - 34.9)	444	7.0 (2.7 - 11.3)	441	0.2 (0.0 - 0.6)
Any emotional violence	127	24.4 (15.8 - 33.0)	126	32.4 (23.4 - 41.4)	127	4.2 (0.0 - 8.4)	127	1.5 (0.0 - 4.5)
No emotional violence	392	17.4 (13.9 - 20.9)	342	28.0 (21.8 - 34.2)	392	8.9 (4.7 - 13.1)	389	0.2 (0.0 - 0.7)

[§] 95% confidence interval

Table 8.5 (continued). Per cent of females who reported health outcomes among those who did and did not experience sexual abuse or physical or emotional violence during childhood

Females who reported experiencing during childhood...	Respondents who reported...							
	Ever intentionally hurt themselves		Ever thought of suicide		Ever attempted suicide ¹		Symptoms/ diagnosis of STI ²	
	n	% (95% CI [§])	n	% (95% CI [§])	n	% (95% CI [§])	n	% (95% CI [§])
Any sexual abuse	42	6.6 (0.0 - 16.3)	42	4.1 (0.0 - 9.8)	2	*	42	27.4 (13.4 - 41.5)
No sexual abuse	479	3.2 (1.0 - 5.4)	479	1.6 (0.0 - 3.4)	6	*	479	14.0 (10.7 - 17.3)
Any physical violence	77	2.6 (0.0 - 6.0)	77	1.2 (0.0 - 3.7)	1	*	77	16.6 (7.9 - 25.3)
No physical violence	444	3.6 (1.4 - 5.8)	444	1.9 (0.2 - 3.6)	7	*	444	14.7 (11.1 - 18.4)
Any emotional violence	127	5.6 (0.2 - 11.0)	127	3.6 (0.0 - 8.4)	3	*	127	13.3 (7.5 - 19.1)
No emotional violence	392	2.8 (0.9 - 4.7)	392	1.2 (0.1 - 2.4)	5	*	392	15.7 (12.1 - 19.4)

[§] 95% confidence interval

* Cell size less than 25

¹ Among those who reported thinking of suicide

² Symptoms include: genital sore or ulcer

Table 8.6 Per cent of males who reported health outcomes among those who did and did not experience sexual abuse or physical or emotional violence during childhood

Males who reported experiencing during childhood...	Respondents who reported...							
	Mental distress in the past 30 days		Being drunk in the past 30 days		Smoking in the past 30 days		Substance use in the past 30 days	
	n	% (95% CI [§])	n	% (95% CI [§])	n	% (95% CI [§])	n	% (95% CI [§])
Any sexual abuse	53	21.7 (8.9 - 34.5)	52	69.2 (55.9 - 82.5)	53	48.8 (33.3 - 64.4)	53	1.0 (0.0 - 2.9)
No sexual abuse	390	12.7 (8.1 - 17.2)	370	60.4 (53.8 - 66.9)	389	39.5 (33.4 - 45.6)	390	4.2 (1.8 - 6.6)
Any physical violence	77	11.8 (5.1 - 18.5)	76	59.8 (47.7 - 71.8)	77	44.4 (32.1 - 56.7)	77	8.0 (1.3 - 14.7)
No physical violence	365	14.2 (9.3 - 19.0)	345	61.9 (55.3 - 68.6)	364	39.8 (33.5 - 46.1)	365	3.0 (0.7 - 5.2)
Any emotional violence	87	18.1 (9.9 - 26.4)	83	63.6 (49.0 - 78.1)	87	38.8 (27.8 - 49.8)	87	8.4 (1.5 - 15.3)
No emotional violence	347	12.5 (8.2 - 16.8)	332	60.9 (54.7 - 67.1)	346	40.8 (34.5 - 47.0)	347	2.7 (0.6 - 4.9)

[§] 95% confidence interval

Table 8.6 (continued). Per cent of males who reported health outcomes among those who did and did not experience sexual abuse or physical or emotional violence during childhood

Males who reported experiencing during childhood...	Respondents who reported...							
	Ever intentionally hurt themselves		Ever thought of suicide		Ever attempted suicide ¹		Symptoms/ diagnosis of STI ²	
	n	% (95% CI [§])	n	% (95% CI [§])	n	% (95% CI [§])	n	% (95% CI [§])
Any sexual abuse	53	5.7 (0.0 - 12.3)	53	0	0	*	53	11.7 (2.2 - 21.3)
No sexual abuse	390	1.2 (0.0 - 2.5)	390	0.7 (0.0 - 1.9)	0	*	389	7.4 (4.6 - 10.3)
Any physical violence	77	0.7 (0.0 - 2.2)	77	0.6 (0.0 - 1.8)	1	*	77	10.4 (2.2 - 18.5)
No physical violence	365	2.0 (0.0 - 4.0)	365	0.6 (0.0 - 1.8)	1	*	364	7.5 (4.7 - 10.2)
Any emotional violence	87	1.4 (0.0 - 3.3)	87	0.6 (0.0 - 1.7)	0	*	87	6.8 (1.6 - 11.9)
No emotional violence	347	1.2 (0.0 - 2.4)	347	0	0	*	346	8.0 (5.1 - 11.0)

[§] 95% confidence interval

* Cell size less than 25

¹ Among those who reported thinking of suicide

² Symptoms include: genital sore or ulcer

Table 8.7 Per cent of females who reported health outcomes among those who did and did not experience sexual abuse or physical or emotional violence in the past 12 months

Females who reported experiencing in the past 12 months...	Respondents who reported...							
	Mental distress in the past 30 days		Being drunk in the past 30 days		Smoking in the past 30 days		Substance use in the past 30 days	
	n	% (95% CI [§])	n	% (95% CI [§])	n	% (95% CI [§])	n	% (95% CI [§])
Any sexual abuse	22	*	20	*	22	*	22	*
No sexual abuse	445	17.9 (13.6 - 22.2)	385	22.3 (18.0 - 26.7)	444	6.0 (2.1 - 9.9)	443	0.2 (0.0 - 0.5)
Any physical violence	32	31.4 (17.3 - 45.6)	28	27.7 (11.2 - 44.3)	32	5.3 (0.0 - 13.2)	32	0
No physical violence	435	18.0 (13.5 - 22.5)	377	22.5 (18.4 - 26.6)	434	5.8 (1.9 - 9.6)	433	0.2 (0.0 - 0.5)
Any emotional violence	45	51.8 (36.2 - 67.4)	42	35.4 (18.4 - 52.5)	45	2.1 (0.0 - 4.7)	45	0
No emotional violence	422	15.4 (11.4 - 19.4)	363	21.4 (17.1 - 25.7)	421	6.1 (2.1 - 10.2)	420	0.2 (0.0 - 0.5)

[§] 95% confidence interval

* Cell size less than 25

Table 8.7 (continued). Per cent of females who reported health outcomes among those who did and did not experience sexual abuse or physical or emotional violence in the past 12 months

Females who reported experiencing in the past 12 months...	Respondents who reported...							
	Ever intentionally hurt themselves		Ever thought of suicide		Ever attempted suicide ¹		Symptoms/ diagnosis of STI ²	
	n	% (95% CI [§])	n	% (95% CI [§])	n	% (95% CI [§])	n	% (95% CI [§])
Any sexual abuse	22	*	22	*	2	*	22	*
No sexual abuse	445	3.6 (1.5 - 5.7)	445	1.3 (0.4 - 2.3)	7	*	445	5.0 (2.7 - 7.3)
Any physical violence	32	18.1 (4.9 - 31.4)	32	12.8 (2.7 - 23.0)	4	*	32	10.2 (0.0 - 22.1)
No physical violence	435	3.1 (1.1 - 5.1)	435	0.8 (0.1 - 1.6)	5	*	435	4.9 (2.7 - 7.1)
Any emotional violence	45	7.5 (0.0 - 15.0)	45	8.1 (0.2 - 15.9)	4	*	45	14.7 (1.9 - 27.5)
No emotional violence	422	3.7 (1.5 - 5.9)	422	0.9 (0.1 - 1.8)	5	*	422	4.3 (2.3 - 6.2)

[§] 95% confidence interval

* Cell size less than 25

¹ Among those who reported thinking of suicide

² Symptoms include: genital sore or ulcer

Table 8.8 Per cent of males who reported health outcomes among those who did and did not experience sexual abuse or physical or emotional violence in the past 12 months

Males who reported experiencing in the past 12 months...	Respondents who reported...							
	Mental distress in the past 30 days		Being drunk in the past 30 days		Smoking in the past 30 days		Substance use in the past 30 days	
	n	% (95% CI [§])	n	% (95% CI [§])	n	% (95% CI [§])	n	% (95% CI [§])
Any sexual abuse	23	*	20	*	23	*	23	*
No sexual abuse	457	11.8 (8.2 - 15.3)	426	30.9 (25.6 - 36.2)	457	17.6 (13.4 - 21.8)	457	2.0 (0.2 - 3.8)
Any physical violence	39	23.2 (9.6 - 36.7)	35	44.9 (24.8 - 64.9)	39	23.9 (9.7 - 38.0)	39	5.0 (0.0 - 14.5)
No physical violence	441	11.4 (8.0 - 14.8)	411	32.8 (26.7 - 38.9)	441	17.2 (12.8 - 21.5)	441	1.9 (0.1 - 3.8)
Any emotional violence	44	17.5 (4.4 - 30.6)	40	36.1 (17.8 - 54.4)	44	22.8 (9.4 - 36.2)	44	5.8 (0.0 - 14.4)
No emotional violence	434	11.9 (8.3 - 15.4)	405	33.6 (27.6 - 39.6)	434	16.7 (12.5 - 20.8)	434	1.8 (0.0 - 3.6)

[§] 95% confidence interval

* Cell size less than 25

Table 8.8 (continued). Per cent of males who reported health outcomes among those who did and did not experience sexual abuse or physical or emotional violence in the past 12 months

Males who reported experiencing in the past 12 months...	Respondents who reported...							
	Ever intentionally hurt themselves		Ever thought of suicide		Ever attempted suicide ¹		Symptoms/ diagnosis of STI ²	
	n	% (95% CI [§])	n	% (95% CI [§])	n	% (95% CI [§])	n	% (95% CI [§])
Any sexual abuse	23	*	23	*	1	*	23	*
No sexual abuse	457	1.2 (0.2 - 2.3)	457	1.1 (0.0 - 2.3)	4	*	456	2.4 (0.9 - 3.9)
Any physical violence	39	1.6 (0.0 - 4.9)	39	6.6 (0.0 - 16.5)	2	*	39	5.1 (0.0 - 11.7)
No physical violence	441	1.2 (0.2 - 2.3)	441	0.7 (0.0 - 1.5)	3	*	440	3.7 (0.2 - 7.3)
Any emotional violence	44	0	44	4.1 (0.0 - 12.1)	1	*	44	2.7 (0.0 - 8.0)
No emotional violence	434	1.3 (0.2 - 2.4)	434	0.8 (0.0 - 1.7)	4	*	433	4.0 (0.3 - 7.7)

[§] 95% confidence interval

* Cell size less than 25

¹ Among those who reported thinking of suicide

² Symptoms include: genital sore or ulcer

Table 8.9 Per cent of females who reported pregnancy as a result of unwanted completed sex during childhood

Per cent reporting pregnancy	n	Reported ever getting pregnant as a result of unwanted completed sex	Reported never getting pregnant as a result of unwanted completed sex
		% (95% CI [§])	% (95% CI [§])
Females 18-24 years old	23	*	*

[§] 95% confidence interval

* Cell size less than 25

Table 8.10 Per cent of females who reported pregnancy as a result of unwanted completed sex in the past 12 months

Per cent reporting pregnancy	n	Reported ever getting pregnant as a result of unwanted completed sex	Reported never getting pregnant as a result of unwanted completed sex
		% (95% CI [§])	% (95% CI [§])
Females 13-17 years old	4	*	*

[§] 95% confidence interval

* Cell size less than 25

Table 8.11 Sexual risk-taking behaviours in the past 12 months among 19 to 24 years olds who had sexual intercourse in the past 12 months

19 to 24 year olds who reported...	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Multiple sexual partners ¹	269	0.2 (0.0 - 0.6)	180	14.1 (7.1 - 21.2)
Infrequent condom use ²	265	9.3 (5.6 - 13.0)	170	33.9 (24.8 - 43.1)
Any transactional sex ³	268	0.6 (0.0 - 1.9)	178	1.1 (0.0 - 2.4)

[§] 95% confidence interval

¹ Multiple sexual partners: two or more sexual partners

² Infrequent condom use includes: never or sometimes use condoms

³ Transactional sex includes: receiving food, favours, or any gifts in exchange for sex

Table 8.12 Multiple sexual partners¹ in the previous 12 months by experience of sexual abuse during childhood, among 19 to 24 years olds who had sexual intercourse in the past 12 months

19 to 24 year olds who experienced during childhood...	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Any sexual abuse	25	2.4 (0.0 - 7.2)	35	12. (0.2 - 24.2)
No sexual abuse	244	0	145	14.7 (7.1 - 22.2)

[§] 95% confidence interval

¹ Multiple sexual partners: two or more sexual partners

Table 8.13 Infrequent condom use¹ in the previous 12 months by experience of sexual abuse during childhood, among 19 to 24 years olds who had sexual intercourse in the past 12 months

19 to 24 year olds who experienced during childhood...	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Any sexual abuse	25	28.0 (8.7 - 47.3)	34	32.5 (12.3 - 52.6)
No sexual abuse	240	7.6 (4.1 - 11.0)	136	34.4 (24.0 - 44.8)

[§] 95% confidence interval

¹ Infrequent condom use: never or sometimes use condoms

Table 8.14 Multiple sex partners¹ in the previous 12 months by experience of physical violence during childhood, among 19 to 24 years olds who had sexual intercourse in the past 12 months

19 to 24 year olds who experienced during childhood...	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Any physical violence	30	1.9 (0.0 - 5.6)	34	15.7 (1.7 - 29.8)
No physical violence	239	0	146	13.7 (6.6 - 20.9)

[§] 95% confidence interval

¹ Multiple sexual partners: two or more sexual partners

Table 8.15 Infrequent condom use¹ in the previous 12 months by experience of physical violence during childhood, among 19 to 24 years olds who had sexual intercourse in the past 12 months

19 to 24 year olds who experienced during childhood...	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Any physical violence	29	15.5 (2.8 - 28.2)	33	31.9 (15.5 - 48.3)
No physical violence	236	8.6 (4.9 - 12.3)	137	34.5 (24.3 - 44.7)

[§] 95% confidence interval

¹ Infrequent condom use: never or sometimes use condoms

Table 8.16 Multiple sex partners¹ in the previous 12 months by experience of emotional violence during childhood, among 19 to 24 years olds who reported having sexual intercourse in the past 12 months

19 to 24 year olds who experienced during childhood...	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Any emotional violence	70	0.8 (0.0 - 2.3)	42	6.6 (0.0 - 14.4)
No emotional violence	197	0	135	15.3 (6.6 - 24.0)

[§] 95% confidence interval

¹ Multiple sexual partners: two or more sexual partners

Table 8.17 Infrequent condom¹ use by experience of emotional violence during childhood, among 19 to 24 years olds who had sexual intercourse in the past 12 months

19 to 24 year olds who experienced during childhood...	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Any emotional violence	68	5.3 (0.7 - 10.0)	42	51.7 (34.3 - 69.1)
No emotional violence	195	10.9 (6.4 - 15.5)	125	29.0 (19.6 - 38.4)

[§] 95% confidence interval

¹ Multiple sexual partners: two or more sexual partners

Table 8.18 HIV testing knowledge and behaviour among females and males who have ever had sexual intercourse, by age group

Age group	HIV testing knowledge and behaviour among those who ever had sexual intercourse	Females		Males	
		n	% (95% CI [§])	n	% (95% CI [§])
13 to 17 year olds	HIV-testing knowledge				
	Know where to go for HIV test	46	10.0 (0.0 - 23.0)	67	22.0 (12.0 - 32.1)
	HIV-testing behaviour				
	Never tested For HIV	46	93.2 (80.4 - 100.0)	67	95.5 (90.4 - 100.0)
	Tested for HIV, received HIV results	2	*	3	*
18 to 24 year olds	HIV-testing knowledge				
	Know where to go for HIV test	342	7.0 (4.2 - 9.9)	283	33.1 (25.8 - 40.4)
	HIV-testing behaviour				
	Never tested for HIV	348	97.4 (95.5 - 99.2)	283	95.9 (93.4 - 98.4)
	Tested for HIV, received HIV results	10	*	14	*

[§] 95% confidence interval

* Cell size less than 25

Table 8.19 HIV-testing knowledge and behaviour among females who have ever had sexual intercourse, by experiences of sexual abuse in childhood

Females who experienced during childhood...	HIV-testing knowledge		HIV-testing behaviour			
	Know where to go for HIV test		Never tested for HIV		Tested for HIV, received HIV results	
	n	% (95% CI [§])	n	% (95% CI [§])	n	% (95% CI [§])
Any sexual abuse	32	12.1 (0.9 - 23.4)	32	95.6 (89.0 - 100.0)	2	*
No sexual abuse	310	6.5 (3.5 - 9.5)	316	97.5 (95.6 - 99.5)	8	*

[§] 95% confidence interval

* Cell size less than 25

Table 8.20 HIV-testing knowledge and behaviour among males who have ever had sexual intercourse, by experiences of sexual abuse during childhood

Males who experienced during childhood...	HIV-testing knowledge		HIV-testing behaviour			
	Know where to go for HIV test		Never tested for HIV		Tested for HIV, received HIV results	
	n	% (95% CI [§])	n	% (95% CI [§])	n	% (95% CI [§])
Any sexual abuse	44	50.6 (32.7 - 68.5)	44	95.4 (88.9 - 100.0)	2	*
No sexual abuse	239	29.6 (22.4 - 36.8)	239	96.0 (93.2 - 98.8)	12	*

[§] 95% confidence interval

* Cell size less than 25

Table 8.21 HIV-testing knowledge and behaviour among females who have ever had sexual intercourse, by experiences of sexual abuse in the past 12 months

Females who experienced in the past 12 months...	HIV-testing knowledge		HIV-testing behaviour			
	Know where to go for HIV test		Never tested for HIV		Tested for HIV, received HIV results	
	n	% (95% CI [§])	n	% (95% CI [§])	n	% (95% CI [§])
Any sexual abuse	2	*	2	*	0	*
No sexual abuse	44	10.4 (0.0 - 23.9)	44	92.9 (79.5 - 100.0)	0	*

[§] 95% confidence interval

* Cell size less than 25

Table 8.22 HIV-testing knowledge and behaviour among males who have ever had sexual intercourse, by experiences of any sexual abuse in the past 12 months

Males who experienced in the past 12 months...	HIV-testing knowledge		HIV-testing behaviour			
	Know where to go for HIV test		Never tested for HIV		Tested for HIV, received HIV results	
	n	% (95% CI [§])	n	% (95% CI [§])	n	% (95% CI [§])
Any sexual abuse	6	*	6	*	0	*
No sexual abuse	61	23.9 (13.6 - 34.1)	61	95.1 (89.8 - 100.0)	0	*

[§] 95% confidence interval

* Cell size less than 25

Table 8.23 Reasons for never being tested for HIV during childhood

Reason were never tested for HIV	Females	Males
	% (95% CI [§])	% (95% CI [§])
No knowledge about HIV test	34.6 (29.4 - 39.9)	23.5 (17.6 - 29.4)
Don't know where to get HIV test	7.9 (4.1 - 11.7)	10.2 (6.5 - 13.9)
Test costs too much	0.9 (0.0 - 1.9)	0.7 (0.0 - 1.6)
Transport to test site is too much	0	0
Test site too far away	1.8 (0.5 - 3.1)	0.3 (0.0 - 0.8)
Afraid spouse/partner will know about test/test results	0.7 (0.0 - 1.7)	0
Afraid others will know about test/test results	0.6 (0.0 - 1.3)	1.1 (0.0 - 2.1)
Don't need test/low risk	52.4 (47.5 - 57.3)	59.9 (53.3 - 66.4)
Don't want to know if I have HIV	0.9 (0.0 - 1.9)	1.7 (0.4 - 3.1)
Can't get treatment if I have HIV	0	0
Other	0.1 (0.0 - 0.4)	2.6 (0.7 - 4.5)
Total (n)	100.0 (447)	100.0 (403)

[§]95% confidence interval

Table 8.24 Reasons for never being tested for HIV in the past 12 months

Reason were never tested for HIV	Females	Males
	% (95% CI [§])	% (95% CI [§])
No knowledge about HIV test	37.9 (32.5 - 43.3)	29.6 (24.0 - 35.2)
Don't know where to get HIV test	8.4 (4.1 - 12.7)	10.5 (6.9 - 14.2)
Test costs too much	0.2 (0.0 - 0.6)	0.5 (0.0 - 1.1)
Transport to test site is too much	0.5 (0.0 - 1.3)	0
Test site too far away	1.4 (0.0 - 3.2)	0.4 (0.0 - 0.9)
Afraid spouse/partner will know about test/test results	0.2 (0.0 - 0.5)	0
Afraid others will know about test/test results	0.3 (0.0 - 0.8)	0.3 (0.0 - 0.6)
Don't need test/low risk	49.5 (44.8 - 54.3)	51.7 (45.5 - 57.9)
Don't want to know if I have HIV	0.9 (0.0 - 2.2)	5.4 (0.0 - 11.5)
Can't get treatment if I have HIV	0.1 (0.0 - 0.3)	0.1 (0.0 - 0.4)
Other	0.7 (0.0 - 1.5)	1.5 (0.1 - 2.9)
Total (n)	100.0 (403)	100.0 (434)

[§] 95% confidence interval

Table 9.1 Per cent of females and males who reported service awareness/use and disclosure of violence among those who experienced physical violence during childhood

Experienced physical violence during childhood and...	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Knew of a place to seek help about an experience of physical violence	76	2.6 (0.0 - 5.7)	77	46.6 (34.8 - 58.3)
Sought help for any experience of physical violence	76	0	76	17.4 (7.4 - 27.5)
Received help for any experience of physical violence	77	0	77	14.8 (5.1 - 24.5)
Told someone about an experience of physical violence	77	35.7 (23.1 - 48.4)	76	32.3 (20.4 - 44.2)

[§] 95% confidence interval

Table 9.2 Per cent of females and males who reported service awareness/use and disclosure of violence among those who experienced physical violence in the past 12 months

Experienced physical violence in the past 12 months and...	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Knew of a place to seek help about an experience of physical violence	32	8.5 (0.1 - 16.8)	39	40.5 (20.5 - 60.5)
Sought help for any experience of physical violence	32	0	39	11.3 (0.0 - 25.2)
Received help for any experience of physical violence	32	0	39	9.6 (0.0 - 23.1)
Told someone about an experience of physical violence	32	42.7 (24.6 - 60.8)	39	33.5 (18.9 - 48.1)

[§] 95% confidence interval

Table 9.3 Per cent of males who received help for an incident of physical violence and who they got help from, among those who experienced physical violence during childhood

Experienced physical violence during childhood	Males	
	n	% (95% CI [§])
A doctor, nurse or other healthcare worker	11	*
A village authority officer	11	*
Village security, police or other security personnel	11	*
A lawyer, judge, magistrate or other legal professional	11	*
A social worker or counsellor	11	*

[§] 95% confidence interval

* Cell size less than 25

Table 9.4 Per cent of males who received help for an incident of physical violence and who they got help from, among those who experienced physical violence in the past 12 months

Experienced physical violence in the past 12 months	Males	
	n	% (95% CI [§])
A doctor, nurse or other healthcare worker	2	*
A village authority officer	2	*
Village security, police or other security personnel	2	*
A lawyer, judge, magistrate or other legal professional	2	*
A social worker or counsellor	2	*

[§] 95% confidence interval

* Cell size less than 25

Table 9.5 Per cent of females and males who disclosed to someone about physical violence and who they told, among those who experienced physical violence during childhood

Who they told...	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
A relative	27	60.3 (38.7 - 81.9)	15	*
A spouse or romantic partner	27	0	15	*
A friend or neighbour	27	48.0 (26.1 - 70.0)	15	*
A service provider or authority figure ¹	27	3.3 (0.0 - 9.7)	15	*
Someone else ²	27	0	15	*
A relative	27	60.3 (38.7 - 81.9)	15	*

[§] 95% confidence interval

* Cell size less than 25

¹ Service provider and authority figure includes: NGO worker, teacher, employer, head of village/village authority, religious person

² Someone else includes: Traditional healer and other

Table 9.6. Per cent of females and males who disclosed to someone about physical violence and who they told, among those who experienced physical violence in the past 12 months

Who they told...	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
A relative	11	*	9	*
A spouse or romantic partner	11	*	9	*
A friend or neighbour	11	*	9	*
A service provider or authority figure ¹	11	*	9	*
Someone else ²	11	*	9	*
A relative	11	*	9	*

[§] 95% confidence interval

* Cell size less than 25

¹ Service provider and authority figure includes: NGO worker, teacher, employer, head of village/village authority, religious person

² Someone else includes: Traditional healer and other

Table 9.7 Per cent of females and males who reported various reasons why they did not try to seek services for physical violence, among those who experienced physical violence during childhood

Experienced physical violence during childhood and did not try to seek services because...	Females	Males
	% (95% CI [§])	% (95% CI [§])
Afraid of getting in trouble	*	*
Embarrassed for self/family	*	*
Could not afford services	*	*
Dependent on perpetrator	*	*
Perpetrator threatened me	*	*
Family member or friend told me not to tell	*	*
Did not think it was a problem	*	*
Felt it was my fault	*	*
Afraid of being abandoned	*	*
Did not need/want services	*	*
Other	*	*
Total (n)	100.0 (3)	100.0 (17)

[§] 95% confidence interval

* Cell size less than 25

Table 9.8 Per cent of females and males who reported individual, relationship and structural-level barriers for why they did not try to seek services for physical violence, among those who experienced physical violence during childhood

Barriers reported	Females	Males
	% (95% CI [§])	% (95% CI [§])
Individual-level barriers ¹	*	*
Relationship-level barriers ²	*	*
Structural-level barriers ³	*	*
Other barriers	*	*
Total (n)	100.0 (3)	100.0 (17)

[§] 95% confidence interval

¹ Individual-level barriers include: afraid of getting in trouble, embarrassed for self/family, did not think it was a problem, felt it was my fault, did not need/want services

² Relationship-level barriers include: dependent on perpetrator, perpetrator threatened me, family member or friend told me not to tell, afraid of being abandoned

³ Structural-level barriers include: could not afford services

Table 9.9 Per cent of females and males who reported various reasons why they did not try to seek services for physical violence, among those who experienced physical violence in the past 12 months

Experienced physical violence in the past 12 months and did not try to seek services because...	Females	Males
	% (95% CI [§])	% (95% CI [§])
Afraid of getting in trouble	*	*
Embarrassed for self/family	*	*
Could not afford services	*	*
Dependent on perpetrator	*	*
Perpetrator threatened me	*	*
Family member or friend told me not to tell	*	*
Did not think it was a problem	*	*
Felt it was my fault	*	*
Afraid of being abandoned	*	*
Did not need/want services	*	*
Other	*	*
Total (n)	100.0 (2)	100.0 (8)

[§] 95% confidence interval

* Cell size less than 25

Table 9.10 Per cent of females and males who reported individual, relationship and structural-level barriers for why they did not try to seek services for physical violence, among those who experienced any physical violence in the past 12 months

Type of barrier	Females	Males
	% (95% CI [§])	% (95% CI [§])
Individual-level barriers ¹	*	*
Relationship-level barriers ²	*	*
Structural-level barriers ³	*	*
Other barriers	*	*
Total (n)	100.0 (2)	100.0 (8)

[§] 95% confidence interval

¹ Individual-level barriers include: afraid of getting in trouble, embarrassed for self/family, did not think it was a problem, felt it was my fault, did not need/want services

² Relationship-level barriers include: dependent on perpetrator, perpetrator threatened me, family member or friend told me not to tell, afraid of being abandoned

³ Structural-level barriers include: could not afford services

Table 9.11 Per cent of females and males who missed school as a result of physical violence experienced during childhood

Missed school due to an experience of physical violence	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Experienced physical violence during childhood	69	10.0 (2.8 - 17.1)	75	7.2 (0.4 - 14.0)
Experienced physical violence in the past 12 months	29	10.0 (0.0 - 21.6)	39	8.9 (1.3 - 16.6)

[§] 95% confidence interval

Table 9.12 Per cent of females and males who reported service awareness/use and disclosure for experiences of sexual abuse during childhood

Experienced sexual abuse during childhood and...	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Knew of a place to seek help about an experience of sexual abuse	42	5.2 (0.0 - 11.4)	53	57.8 (43.9 - 71.8)
Sought help for any experience of sexual abuse	42	0	53	32.6 (19.4 - 45.8)
Received help for any experience of sexual abuse	42	0	53	26.2 (14.7 - 37.7)
Told someone about an experience of sexual abuse	42	13.8 (3.8 - 23.8)	53	46.8 (33.5 - 60.1)

[§] 95% confidence interval

Table 9.13 Per cent of females and males who reported service awareness/use and disclosure for experiences of sexual violence in the past 12 months

Experienced sexual abuse in the past 12 months and...	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Knew of a place to seek help about an experience of sexual abuse	22	*	23	*
Sought help for any experience of sexual abuse	22	*	23	*
Received help for any experience of sexual abuse	22	*	23	*
Told someone about an experience of sexual abuse	22	*	23	*

[§] 95% confidence interval

Table 9.14 Per cent of males who received help for any incident of sexual abuse during childhood and who they got help from

Experienced sexual abuse during childhood and received help from...	Males	
	n	% (95% CI [§])
A doctor, nurse or other healthcare worker	15	*
A village authority officer	15	*
Village security, police or other security personnel	15	*
A lawyer, judge, magistrate, or other legal professional	15	*
A social worker or counsellor	15	*

[§] 95% confidence interval

* Cell size less than 25

Table 9.15 Per cent of males who received help for any incident of sexual abuse in the past 12 months and who they got help from

Experienced sexual abuse in the past 12 months and received help from...	Males	
	n	% (95% CI [§])
A doctor, nurse or other healthcare worker	2	*
A village authority officer	2	*
Village security, police or other security personnel	2	*
A lawyer, judge, magistrate, or other legal professional	2	*
A social worker or counsellor	2	*

[§] 95% confidence interval

* Cell size less than 25

Table 9.16 Per cent of females and males who disclosed to someone about an incident of sexual abuse during childhood and who they told

Experienced sexual abuse during childhood and told...	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
A relative	7	*	10	*
A spouse or partner	7	*	10	*
A friend or neighbour	7	*	10	*
A service provider or authority figure ¹	7	*	10	*
Someone else	7	*	10	*
A relative	7	*	10	*

[§] 95% confidence interval

¹ Service provider or authority figure includes: NGO worker, teacher, employer, or head of village/village authority

Table 9.17 Per cent of females and males who disclosed to someone about an incident of sexual abuse in the past 12 months and who they told

Experienced sexual abuse in the past 12 months and told...	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
A relative	5	*	6	*
A spouse or partner	5	*	6	*
A friend or neighbour	5	*	6	*
A service provider or authority figure ¹	5	*	6	*
Someone else	5	*	6	*
A relative	5	*	6	*

[§] 95% confidence interval

¹ Service provider or authority figure includes: NGO worker, teacher, employer, or head of village/village authority

Table 9.18 Per cent of females and males who experienced sexual abuse during childhood and reported various reasons why they did not try to seek services for incidents of sexual abuse

Experienced sexual abuse during childhood and did not try to seek services because...	Females	Males
	% (95% CI [§])	% (95% CI [§])
Afraid of getting in trouble	*	*
Embarrassed for self/family	*	*
Could not afford services	*	*
Dependent on perpetrator	*	*
Perpetrator threatened me	*	*
Family member or friend told me not to tell	*	*
Did not think it was a problem	*	*
Felt it was my fault	*	*
Afraid of being abandoned	*	*
Did not need/want services	*	*
Other	*	*
Total (n)	100.0 (3)	100.0 (10)

[§] 95% confidence interval

* Cell size less than 25

Table 9.19 Per cent of females and males who reported individual, relationship and structural-level barriers for why they did not try to seek services for incidents of sexual abuse during childhood

Type of barrier	Females	Males
	% (95% CI [§])	% (95% CI [§])
Individual-level barriers ¹	*	*
Relationship-level barriers ²	*	*
Structural-level barriers ³	*	*
Other barriers	*	*
Total (n)	100.0 (3)	100.0 (10)

[§] 95% confidence interval

* Cell size less than 25

¹ Individual level barriers include: afraid of getting in trouble, embarrassed for self/family, did not think it was a problem, felt it was my fault, or did not need/want services

² Relationship-level barriers include: dependent on perpetrator, perpetrator threatened me, family member or friend told me not to tell, or afraid of being abandoned.

³ Structural-level barriers include: could not afford services

Table 9.20 Per cent of respondents who experienced any sexual abuse in the past 12 months and reported various reasons why they did not try to seek services for incidents of sexual abuse

Experienced sexual abuse in the past 12 months and did not try to seek services because...	Females	Males
	% (95% CI [§])	% (95% CI [§])
Afraid of getting in trouble	*	*
Embarrassed for self/family	*	*
Could not afford services	*	*
Dependent on perpetrator	*	*
Perpetrator threatened me	*	*
Family member or friend told me not to tell	*	*
Did not think it was a problem	*	*
Felt it was my fault	*	*
Afraid of being abandoned	*	*
Did not need/want services	*	*
Other	*	*
Total (n)	100.0 (2)	100.0 (4)

[§] 95% confidence interval

* Cell size less than 25

Table 9.21 Per cent of females and males who reported individual, relationship and structural-level barriers for why they did not try to seek services for incidents of sexual abuse in the past 12 months

Type of barrier	Females	Males
	% (95% CI [§])	% (95% CI [§])
Individual-level barriers ¹	*	*
Relationship-level barriers ²	*	*
Structural-level barriers ³	*	*
Other barriers	*	*
Total (n)	100.0 (2)	100.0 (4)

[§] 95% confidence interval

* Cell size less than 25

¹ Individual level barriers include: afraid of getting in trouble, embarrassed for self/family, did not think it was a problem, felt it was my fault, or did not need/want services

² Relationship-level barriers include: dependent on perpetrator, perpetrator threatened me, family member or friend told me not to tell, or afraid of being abandoned.

³ Structural-level barriers include: could not afford services

Table 9.22 Per cent of females and males who missed school as a result of sexual abuse experienced during childhood

Missed school due to an experience of sexual abuse	n	Females	n	Males
		% (95% CI [§])		% (95% CI [§])
Experienced sexual abuse during childhood	40	8.7 (0.0 - 19.9)	53	12.2 (2.1 - 22.3)
Experienced sexual abuse in the past 12 months	22	*	23	*

[§] 95% confidence interval

* Cell size less than 25

Table 10.1 Endorsement of one or more circumstances where it is acceptable for spousal violence, by gender and age group

	Acceptance of a husband beating his wife if she...											
	Goes out without telling him		Does not take care of the children		Argues with him		Refuses to have sex with him		Burns the food		Acceptance of one or more	
	n	% (95% CI [§])	n	% (95% CI [§])	n	% (95% CI [§])	n	% (95% CI [§])	n	% (95% CI [§])	n	% (95% CI [§])
Female												
13 to 17 years	445	13.8 (10.2 - 17.4)	452	41.3 (35.9 - 46.8)	448	24.5 (19.8 - 29.1)	427	18.2 (13.8 - 22.5)	455	7.7 (4.9 - 10.5)	459	53.3 (47.5 - 59.1)
18 to 24 years	514	18.6 (14.5 - 22.7)	516	48.4 (44.0 - 52.9)	512	28.6 (23.9 - 33.2)	506	23.4 (18.8 - 28.0)	514	7.4 (4.7 - 10.1)	521	60.8 (56.7 - 64.8)
Male												
13 to 17 years	441	13.4 (9.2 - 17.5)	437	26.0 (20.9 - 31.0)	437	22.6 (17.2 - 28.0)	405	12.7 (9.2 - 16.2)	450	8.5 (5.5 - 11.5)	463	41.7 (35.1 - 48.2)
18 to 24 years	423	7.6 (5.0 - 10.2)	422	20.8 (15.6 - 25.9)	421	21.3 (16.7 - 25.8)	416	13.5 (9.8 - 17.2)	427	8.0 (4.8 - 11.2)	434	37.6 (32.0 - 43.1)

[§] 95% confidence interval

Table 10.2 Endorsement of one or more beliefs about the role of gender in sexual practices and intimate partner violence, by gender and age

	Acceptance of a husband beating his wife if she...											
	Men, not women, should decide when to have sex		Men need more sex than women		Men need to have sex with other women		Women who carry condoms have sex with a lot of men		A women should tolerate violence to keep family together		Acceptance of one or more	
	n	% (95% CI [§])	n	% (95% CI [§])	n	% (95% CI [§])	n	% (95% CI [§])	n	% (95% CI [§])	n	% (95% CI [§])
Female												
13 to 17 years	408	41.5 (35.4 - 47.6)	417	78.0 (72.5 - 83.4)	433	52.6 (46.7 - 58.6)	426	65.1 (59.1 - 71.0)	451	77.4 (72.0 - 82.7)	458	93.9 (91.6 - 96.2)
18 to 24 years	496	45.9 (41.0 - 50.8)	508	78.7 (74.5 - 82.8)	506	60.4 (55.7 - 65.1)	487	59.6 (53.8 - 65.5)	520	82.5 (78.5 - 86.4)	521	94.5 (92.2 - 96.9)
Male												
13 to 17 years	405	45.9 (40.5 - 51.3)	425	64.7 (58.5 - 70.8)	436	42.8 (37.6 - 48.0)	431	63.5 (57.4 - 69.5)	432	74.5 (69.8 - 79.3)	466	87.9 (83.5 - 92.2)
18 to 24 years	411	51.2 (44.9 - 57.6)	423	68.8 (61.9 - 75.6)	428	51.3 (45.5 - 57.1)	419	72.3 (65.5 - 79.1)	421	75.4 (70.4 - 80.5)	441	93.7 (90.4 - 97.0)

[§] 95% confidence interval

Table 10.3 Percentage of 18 to 24 years olds who reported using violence against a current or previous partner

	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Used violence against a current or previous partner	467	2.7 (1.1 - 4.3)	332	6.7 (3.2 - 10.1)

[§] 95% confidence interval

Table 10.4 Percentage of 13 to 17 years olds who reported using violence against a current or previous partner

	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Used violence against a current or previous partner	178	3.5 (0.0 - 7.0)	124	6.2 (1.7 - 10.8)

[§] 95% confidence interval

Table 10.5 Experiences of violence during childhood among perpetrators of intimate partner violence

	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Any physical violence	70	9.1 (2.0 - 16.1)	66	5.3 (0.0 - 11.3)
No physical violence	397	1.6 (0.1 - 3.0)	266	7.0 (3.0 - 11.0)
Any sexual abuse	41	3.2 (0.0 - 7.9)	49	15.0 (2.5 - 27.5)
No sexual abuse	426	2.7 (1.0 - 4.4)	283	5.2 (2.2 - 8.2)

[§] 95% confidence interval

Table 10.6 Experiences of violence in the past 12 months among perpetrators of intimate partner violence

	Females		Males	
	n	% (95% CI [§])	n	% (95% CI [§])
Any physical violence	9	*	17	*
No physical violence	169	1.8 (0.0 - 4.5)	107	6.1 (0.7 - 11.4)
Any sexual abuse	13	*	12	*
No sexual abuse	165	3.7 (0.0 - 7.5)	112	3.0 (0.0 - 6.6)

[§] 95% confidence interval

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