



Republic of Zambia

REPORT

VIOLENCE AGAINST CHILDREN IN
ZAMBIA
FINDINGS FROM A NATIONAL
SURVEY, 2014



PUBLICATION INFORMATION AND SUGGESTED CITATION

The Government of the Republic of Zambia conducted the 2014 Violence against Children Survey (VACS). The United States Centers for Disease Control and Prevention (CDC) provided technical guidance. Financial support for the coordination and implementation of the survey was provided by United Nations Children's Fund (UNICEF), the United States President's Emergency Plan for AIDS Relief (PEPFAR) and Save the Children International (SCI).

Recommended citation:

Ministry of Youth, Sport and Child Development, Ministry of Community Development and Social Services, University of Zambia, United Nations Children's Fund, Save the Children International, United States Centers for Disease Control and Prevention, *Violence against Children in Zambia: Findings from a national survey, 2014*, Ministry of Youth, Sport and Child Development, Lusaka, 2018.

Disclaimer

The conclusions and recommendations of this report are those of the authors and do not necessarily represent the official position of UNICEF, SCI or the CDC.

Table of Contents

TABLE OF CONTENTS	iii
SECTION A: CONTRIBUTORS	xii
FOREWORD	xvi
ACKNOWLEDGEMENTS	xvii
EXECUTIVE SUMMARY	xviii
SECTION B: KEY TERMS AND DEFINITIONS	xix
LIST OF KEY ACRONYMS	xxi
SECTION 1: INTRODUCTON AND BACKGROUND	1
1.1 Introduction	1
1.2 Background	4
1.3 Methods	5
1.3.1 Preparation and coordination	5
1.3.2 Study design and sampling	5
1.3.2.1 Study design	5
1.3.2.2 Sampling frame and sample size calculation	5
1.3.2.3 Survey questionnaire development	6
1.3.3 Fieldwork preparation	7
1.3.3.1 Interviewer and supervisor selection, responsibilities, and training	7
1.3.3.2 Survey pilot	8
1.3.4 Fieldwork	8
1.3.4.1 Inclusion criteria, timing and selection of households and respondents	8
1.3.4.2 Data collection procedures	9
1.3.4.3 Field quality control checks	9
1.3.5 Ethical considerations	9
1.3.5.1 Ethical review	9
1.3.5.2 Referrals	9
1.3.5.3 Informed consent	10
1.3.6 Data management and response rates	10
1.3.6.1 Data analysis	10
1.3.6.2 Response rates	11
1.3.6.3 Weighting	11
1.3.7 Technical notes to the reader	11

1.3.7.1 Weighted percentages and 95 percent confidence intervals	11
1.3.7.2 Differences between estimates	11
1.3.7.3 Definition of unstable estimates	12
1.3.7.4 Treatment of missing data	12
SECTION 2: RESPONDENT CHARACTERISTICS	13
2.1 Sex and age distribution	13
2.2 Education status	13
2.3 Age of head of household	15
2.4 Orphan status	15
2.5 Working in the previous 12 Months	15
2.6 Marital status	16
2.7 Sexual activity	16
SECTION 3: SEXUAL VIOLENCE IN CHILDHOOD – PREVALENCE, PERPETRATORS, AND SERVICE-SEEKING BEHAVIOUR	17
3.1 Sexual abuse	17
3.1.1 Sexual abuse: 18-24 year olds prior to age 18	17
3.1.2 Sexual abuse: 13-17 year olds in the 12 months prior to the survey	19
3.2 Perpetrators of sexual abuse	20
3.2.1 Perpetrators of sexual abuse: 18-24 year olds prior to age 18	20
3.2.2 Perpetrators of sexual abuse: 13-17 year olds in the 12 months prior to the survey	22
3.3 Location where sexual abuse occurred	23
3.3.1 Location where first incident of sexual abuse occurred: 18-24 year olds prior to age 18	23
3.3.2 Location where most recent incident of sexual abuse occurred: 13-17 year olds in the 12 months prior to the survey	24
3.4 When the incidents of sexual abuse occurred	24
3.5 Disclosure and service-seeking behaviours of respondents who experienced childhood sexual abuse	25
3.5.1 Service-seeking behaviour for sexual violence among 18-24 year olds who experienced sexual abuse prior to age 18	25
3.5.2 Service-seeking behaviour for sexual abuse among 13-17 year olds who experienced sexual abuse in the 12 months prior to the survey	26
3.5.3 Awareness of childline Zambia	26
3.6 Sexual exploitation	27
SECTION 4: PHYSICAL VIOLENCE IN CHILDHOOD - PREVALENCE, PERPETRATORS, AND SERVICE-SEEKING BEHAVIOUR	28
4.1 Experience of physical violence	28
4.1.1 Physical violence: 18-24 years old (prior to age 18)	28
4.1.2 Physical violence: 13-17 year olds in the 12 months prior to the survey	29
4.2 Witnessing physical violence at home and in the community	31

4.3 Injury as a result of physical violence	32
4.4 Perpetrators of physical violence	33
4.4.1 Perpetrators of physical violence: 18-24 Year olds prior to age 18	33
4.4.2 Perpetrators of physical violence: 13-17 year olds in the 12 months prior to the survey	35
4.5 Disclosure and service-seeking behaviours of children who have experienced physical violence	36
4.5.1 Disclosure among 18-24 year olds who experienced physical violence prior to age 18	37
4.5.2 Disclosure among females and males aged 13-17 year olds who experienced physical violence in the 12 months prior to the survey	38
4.5.3 Service-seeking behaviour among females and males aged 18-24 Year olds who experienced violence prior to age 18	39
4.5.4 Service-seeking behaviour among females and males aged 13-17 year olds who experienced violence in the previous 12 months	39
4.5.5 Awareness of childline Zambia by experience of physical violence	40
SECTION 5: EMOTIONAL VIOLENCE IN CHILDHOOD – PREVALENCE AND PERPETRATORS	41
5.1 Emotional violence	41
5.1.1 Emotional violence: among respondents aged 18-24 (prior to age 18)	41
5.1.2 Emotional violence: respondents aged 13-17 years old in the previous 12 months	42
5.2 Perpetrators of emotional violence	42
5.2.1 Perpetrators of emotional violence: among respondents aged 18-24 Year olds prior to age 18	42
5.2.2 Perpetrators of emotional violence: among respondents aged 13-17 year olds in the previous 12 months	43
5.3 Location of peer emotional violence	44
5.3.1 Location of peer emotional violence: among respondents aged 18-24 years old prior to age 18	44
5.3.2 Location of peer emotional violence: among respondents aged 13-17 years old in the previous 12 months	45
SECTION 6: OVERLAP OF VIOLENCE: SEXUAL ABUSE, PHYSICAL AND EMOTIONAL VIOLENCE	46
6.1 Children who have experienced any violence	46
6.1.1 Co-occurrence of violence: among respondents aged 18-24 years old prior to age 18	46
6.2.1 Co-occurrence of violence: among respondents aged 13-17 year olds in the previous 12 months	47
SECTION 7: INTIMATE PARTNER VIOLENCE-VICTIMISATION AND PERPETRATION	48
7.1 Intimate Partner Violence Victimization	48
7.1.1 Physical Violence	48
7.1.2. Sexual Violence	49
7.2 Intimate partner violence perpetration	50
7.2.1 Perpetration of intimate partner violence	50

7.2.2. Perpetration of intimate partner violence by experience of violence in childhood	50
SECTION 8: HEALTH OUTCOMES OF SEXUAL ABUSE, PHYSICAL AND EMOTIONAL VIOLENCE	52
8.1 Experiences of sexual abuse in childhood and current health status	52
8.1.1 Experiences of sexual abuse in childhood and current health status among 18- 24 year olds	52
8.1.2. Experiences of sexual abuse in childhood and current health status among 13- 17 year olds in the 12 months prior to the survey	54
8.2 Experiences of physical violence in childhood and current health status	55
8.2.1 Experiences of physical violence in childhood and current health status among 18-24 year olds	55
8.2.2. Experiences of physical violence in childhood and current health status among 13-17 year olds in the 12 months prior to the survey	56
8.3 Experiences of emotional violence in childhood and current health status	56
8.3.1 Experiences of emotional violence in childhood and current health status among 18- 24 year olds prior to age 18	56
8.3.2. Experiences of emotional violence in childhood and current health status among 13-17 year olds in the previous 12 months	58
8.4 Experiences of unwanted completed sex and pregnancy	59
SECTION 9: SEXUAL RISK-TAKING BEHAVIOURS AND EXPOSURE TO CHILDHOOD VIOLENCE	60
9.1 Sexual risk-taking behaviours: 19-24 year olds in the previous 12 months	60
9.2 Sexual risk-taking behaviours and exposure to sexual abuse in childhood: 19-24 year olds	61
9.3 Sexual risk-taking behaviours and exposure to physical violence in childhood: 19-24 year olds	61
9.4 Sexual risk-taking behaviours and exposure to emotional violence in childhood: 19-24 year olds	61
SECTION 10: HIV TESTING BEHAVIOURS, HIV TESTING KNOWLEDGE, AND ASSOCIATION WITH CHILDHOOD SEXUAL ABUSE	62
10.1 General knowledge and behaviours related to HIV testing	62
10.2 HIV Testing Knowledge and Behaviours by Sexual Abuse among 18-24 Year-Olds Prior to Age 18	63
10.3 HIV testing knowledge and behaviours by sexual abuse in the 12 months prior to the survey	64
10.4 Reasons for not testing for HIV	65
SECTION 11: BELIEFS TOWARDS GENDER AND VIOLENCE	66
11.1 Beliefs towards spousal violence	66
11.2 Beliefs towards the role of gender in sexual practices and intimate partner violence	67
SECTION 12: DISCUSSION	69
Key findings	69
Sexual violence in childhood	69
Physical violence in childhood	70
Emotional violence in childhood	70

Overlap of types of violence	71
Service utilisation	71
Intimate partner violence-victimisation and perpetration	71
Health outcomes of sexual abuse, physical and emotional violence	71
Sexual risk-taking behaviours and exposure to violence in childhood	72
HIV testing behaviours, HIV testing knowledge, and association with sexual abuse in childhood	72
Beliefs toward gender and violence	72
Strengths and limitations of data collection	73
Implications for prevention and response	73
SECTION 13: SECTOR SPECIFIC RESPONSES	75
13.1 Role of social protection sector	75
13.2 Role of health sector	75
13.3 Role of education sector	76
13.4. Role of justice sector	77
SECTION 14: RECOMMENDATIONS	79
APPENDIX A: WEIGHTING PROCEDURES, QUALITY ASSURANCE, AND ESTIMATES OF SAMPLING ERROR	81
APPENDIX B: DATA TABLES	92
REFERENCES	170

List of Figures

Figure 1.1:	Per cent distribution of females and males aged 18-24 years who reported physical violence prior to age 18	2
Figure 1.2:	Per cent distribution of females and males aged 18-24 years who reported physical violence prior to age 18	3
Figure 2.1:	Highest level of education attained by females and males aged 13-17 years – Zambia VACS, 2014	14
Figure 2.2:	Highest level of education attained by females and males aged 18-24 years – Zambia VACS, 2014	14
Figure 2.3:	Orphan status among females and males aged 13-17 years – Zambia VACS, 2014	15
Figure 2.4:	Percent distribution of females and males aged 13-24 years who were married or living with someone as if married prior to age 18 – Zambia VACS, 2014	16
Figure 3.1:	Prevalence of any sexual abuse and different types of sexual abuse among females and males aged 18-24 years who experienced sexual abuse prior to age 18 – Zambia VACS, 2014	18
Figure 3.2:	Prevalence of unwanted first intercourse at sexual initiation, among females and males aged 18-24 years who had sexual intercourse prior to age 18 – Zambia VACS, 2014	19
Figure 3.3:	Prevalence of any sexual abuse in the previous 12 months among females and males aged 13-17 years – Zambia VACS, 2014	19
Figure 3.4:	Prevalence of unwanted intercourse at sexual initiation, among females and males aged 13-17 years who had ever had sexual intercourse – Zambia VACS, 2014	20
Figure 3.5:	Perpetrators of the first incident of sexual abuse, among females and males aged 18-24 years who experienced sexual abuse prior to age 18—Zambia VACS, 2014	21
Figure 3.6:	Perpetrators of the first incident of sexual abuse perceived to be 5 or more years older, among females and males aged 18-24 years who experienced sexual abuse prior to age 18—Zambia H-Well, 2014	21
Figure 3.7:	Sex of perpetrator of first incident of sexual abuse, among females and males aged 18-24 years who experienced sexual abuse prior to age 18 – Zambia H-Well, 2014	22
Figure 3.8:	Perpetrators of most recent incident of sexual abuse, among females and males aged 13-17 years who experienced any sexual abuse in the previous 12 months – Zambia H-Well, 2014	23
Figure 3.9:	Location of the first incident of sexual abuse, among females and males aged 18-24 years who experienced sexual abuse prior to age 18 – Zambia H-Well, 2014	24
Figure 3.10:	Time of day of first experience of sexual abuse, among females and males aged 18-24 years who experienced sexual abuse prior to age 18 – Zambia H-Well, 2014	25

Figure 3.11:	Service awareness and use for sexual abuse, disclosure of sexual abuse and missed school for any incident of sexual abuse, among 18-24 year-olds who experienced sexual abuse prior to age 18 – Zambia VACS, 2014	26
Figure 4.1:	Prevalence of physical violence prior to age 18, among females and males aged 18-24 years – Zambia VACS, 2014	28
Figure 4.2:	Prevalence physical violence among 18-24 year olds who experienced physical violence prior to age 18, by perpetrator of physical violence – Zambia VACS, 2014	29
Figure 4.3:	Prevalence of physical violence in the previous 12 months, among females and males aged 13-17 years old – Zambia VACS, 2014	30
Figure 4.4:	Prevalence physical violence among 13-17 year olds who experienced physical violence in the past 12 months, by perpetrator of physical violence – Zambia VACS, 2014	30
Figure 4.5:	Prevalence of witnessing physical violence in the home and in the community among females and males aged 18-24 years – Zambia VACS, 2014	31
Figure 4.6:	Prevalence of witnessing physical violence in the home and in the community in the previous 12 months among females and males aged 13-17 years – Zambia VACS, 2014	32
Figure 4.11:	Perpetrators of the most recent incident of peer physical violence, among 13-17 year-olds who experienced any physical violence by a peer in the previous 12 months – Zambia VACS, 2014	35
Figure 4.12:	Perpetrators of the most recent incident of parent, adult caregiver, or other adult relative physical violence, among 13-17 year-olds who experienced any physical violence by a parent, caregiver, or adult relative in the previous 12 months – Zambia VACS, 2014	36
Figure 4.13:	Perpetrators of the most recent incident of community adult physical violence, among 13-17 year-olds who experienced any physical violence by an adult in the community in the previous 12 months – Zambia VACS, 2014	36
Figure 4.14:	Service awareness and use for physical violence, disclosure of violence, and missed school for any incident of physical violence, among 18-24 year-olds who experienced physical violence prior to age 18 – Zambia VACS, 2014	37
Figure 4.15:	Relationship with person who was told about any incident of physical violence, among 18-24 year olds who experienced physical violence prior to age 18 and told someone about it – Zambia VACS, 2014	38
Figure 4.16:	Service awareness and use for physical violence, disclosure of violence, and missed school for any incident of physical violence, among 13-17 year-olds who experienced physical violence in the previous 12 months – Zambia VACS, 2014	38
Figure 4.17:	Relationship with person who was told about any incident of physical violence, among 13-17 year olds who experienced physical violence in the past 12 months and told someone about it – Zambia VACS, 2014	39
Figure 5.1:	Age at first experience of violence by a parent, adult caregiver or other adult relative, among 13-17 year olds who experienced emotional violence in the previous 12 months—Zambia VACS, 2014	42
Figure 5.2:	Perpetrators of the first incident of emotional violence by a parent, adult caregiver, or other adult relative, among 18-24 year olds who experienced emotional violence prior to age 18 – Zambia VACS, 2014	43
Figure 5.3:	Perpetrators of the first incident of emotional violence by a peer, among 18-24 year olds who experienced peer emotional violence prior to age 18 – Zambia VACS, 2014	43

Figure 5.4:	Perpetrators of the most recent incident of emotional violence by a parent, adult caregiver, or other adult relative, among 13-17 year olds who experienced emotional violence in the past 12 months – Zambia VACS, 2014	44
Figure 5.5:	Perpetrators of the most recent incident of emotional violence by a peer, among 13-17 year olds who experienced peer emotional violence in the past 12 months – Zambia VACS, 2014	44
Figure 6.1:	Prevalence of different types of violence and overlap among types of violence experienced prior to age 18, among 18-24 year old females and males – Zambia VACS, 2014	47
Figure 6.2:	Prevalence of different types of violence and overlap among types of violence experienced in the past 12 months among 13-17 year old females and males – Zambia VACS, 2014	47
Figure 7.1:	Lifetime and past 12-month prevalence of intimate partner violence victimisation among females and males aged 15-24 years who ever had an intimate partner – Zambia VACS, 2014	49
Figure 7.2:	Proportion of females and males whose first incident of sexual abuse was perpetrated by a current or previous intimate partner, among 15-24 year old ever-partnered females and males who experienced any sexual abuse – Zambia VACS, 2014	49
Figure 7.3:	Prevalence of intimate partner violence perpetration among 15-24 year old females and males who ever had a partner – Zambia VACS, 2014	50
Figure 7.4:	Prevalence of intimate partner violence perpetration among 15-24 year old females and males who ever had a partner, by experience of sexual abuse or physical violence prior to age 18 – Zambia VACS, 2014	51
Figure 8.1:	Prevalence of serious mental distress among 18-24 year old females by experience of sexual abuse prior to age 18 – Zambia VACS, 2014	53
Figure 8.2:	Prevalence of any mental distress among 18-24 year old females by experience of sexual abuse prior to age 18 – Zambia VACS, 2014	53
Figure 8.3:	Prevalence of having ever intentionally hurt oneself, among 18-24 year old males by experience of sexual abuse prior to age 18 – Zambia VACS, 2014	54
Figure 8.4:	Prevalence of various health outcomes among 13-17 year old females by experience of sexual abuse in the past 12 months – Zambia VACS, 2014	54
Figure 8.5:	Prevalence of moderate mental distress among 18-24 year old males by experience of physical violence prior to age 18 – Zambia VACS, 2014	55
Figure 8.6:	Prevalence of mental distress and substance abuse among 18-24 year old males by experience of physical violence prior to age 18 – Zambia VACS, 2014	56
Figure 8.7:	Prevalence of moderate mental distress among 18-24 year old females by experience of emotional violence prior to age 18 – Zambia VACS, 2014	57
Figure 8.8:	Prevalence of various health outcomes among 18-24 year old females by experience of emotional violence prior to age 18 – Zambia VACS, 2014	57
Figure 8.9:	Prevalence of various health outcomes among 18-24 year old males by experience of emotional violence prior to age 18 – Zambia VACS, 2014	58
Figure 8.10:	Prevalence of various health outcomes among 13-17 year old females by experience of emotional violence in the past 12 months – Zambia VACS, 2014	58
Figure 8.11:	Prevalence of having intentionally hurt oneself among 13-17 year old males by experience of emotional violence in the past 12 months – Zambia VACS, 2014	59
Figure 9.1:	Prevalence of sexual risk taking behaviours in the past 12 months, among 19-24 year old females and males who had sex in the past 12 months – Zambia VACS, 2014	60

Figure 10.1:	HIV testing knowledge and behaviour among females and males 18-24 years old who have ever had sexual intercourse – Zambia VACS, 2014	62
Figure 10.2:	HIV testing knowledge and behaviour among females and males 13-17 years old who have ever had sexual intercourse – Zambia VACS, 2014	63
Figure 10.3:	HIV testing knowledge and behaviour among females 18-24 years old who have ever had sexual intercourse, by experiences of childhood sexual abuse – Zambia VACS, 2014	63
Figure 10.4:	HIV testing knowledge and behaviour among males 18-24 years old who have ever had sexual intercourse, by experiences of childhood sexual abuse – Zambia VACS, 2014	64
Figure 10.5:	HIV Testing Knowledge and Behaviour among females 13-17 years old who have ever had sexual intercourse, by experiences of any sexual abuse in the previous 12 months – Zambia VACS, 2014	64
Figure 10.6:	HIV Testing Knowledge and Behaviour among males 13-17 years old who have ever had sexual intercourse, by experiences of any sexual abuse in the previous 12 months – Zambia VACS, 2014	65
Figure 11.1:	Endorsement of one or more circumstances where spousal violence is acceptable, among 18-24 year old females and males – Zambia VACS, 2014	66
Figure 11.2:	Endorsement of one or more circumstances where spousal violence is acceptable, among 13-17 year old females and males – Zambia VACS, 2014	67
Figure 11.3:	Endorsement of one or more circumstances where gender biases towards sexual practices and intimate partner violence are acceptable, among 18-24 year old females and males – Zambia VACS, 2014	67
Figure 11.4:	Endorsement of one or more circumstances where gender biases towards sexual practices and intimate partner violence are acceptable, among 13-17 year old females and males – Zambia VACS, 2014	68

SECTION A: CONTRIBUTORS

STUDY TECHNICAL GUIDANCE AND SUPPORT

In-country Study Technical Coordinator
Chabila C. Mapoma

University of Zambia Department of Population Studies

Nkuye Moyo
Million Phiri
Emmanuel Tembo
Andrew Banda
Elizabeth T. Nyirenda
Audrey M. Kalindi
Caroline Banda
Mwewa Kasonde
Chota Mutila
Nsanzya Maambo
Valentine Mainga
David Mulemena
Milika Sikaluzwe
Nancy Choka

Central Statistical Office

Iven Sikanyiti
Emma Phiri Shamalimba
Cecilia M. Munjita
Bruce Sianyeuka
Owen Siyoto
Godwin Sichone
Chisuwa Sandu
Etambuyu Lukonga

Ministry of Community Development and Social Services

Anna Mubukwanu-Sibanze
Mwangala Namushi-Kalila
Mercy Muyenga-Daka
Quincy Maonde

Ministry of Youth, Sport and Child Development

John C. Zulu
Nicholas Banda
Chimuka Hamusunse
Fidelis Mboma
Aliel Tembo

Save the Children International, Zambia

Tamer Kirolos
Yanjanani Makewana
Oberty Maambo
Bertha Kabengele Mbozi
Martha Kyakilika
Beyant Kabwe
Mary Chavula
Chilobe M. Kambikambi

UNICEF Zambia

Maud Droogleever Fortuyn
Innocent Kasongo Mofya
Van Chi Pham
Julian Mwila
Sylvi Hill

United States Centers for Disease Control and Prevention, Headquarters Staff

Jose Luis Carlosama
Laura Chiang
Leah Gilbert
Byron Hernandez
Ashleigh Howard
Howard Kress
Ansley Lemons
Viani Ramirez
Jennifer Whitmill
Veronica Lea

United States Centers for Disease Control and Prevention, Zambia Field Office

James McAuley
Lawrence Marum
Martha Conkling
Nzali Kancheya
Rukaiyah Ginwalla-Lakhi
Peter J. Chipimo
Stephanie Rutledge

National Steering Committee Institutions/Organizations

Children in Need Network
Christian Council of Zambia
Evangelical Fellowship of Zambia
Human Rights Commission
Ministry of Chiefs and Traditional Affairs
Ministry of Community Development, and Social Services
Ministry of Gender
Ministry of General Education
Ministry of Health
Ministry of Home Affairs
Ministry of Information and Broadcasting Services
Ministry of Justice
Ministry of Labour and Social Security
Ministry of Youth, Sport and Child Development
National AIDS Council
Plan Zambia
Save the Children
United Nations Children's Fund
United States Agency for International Development
United States Centers for Disease Control and Prevention
World Vision
Zambia Agency for Persons with Disabilities
Zambia Episcopal Conference

NATIONAL FIELD STUDY TEAM

REGIONAL STATISTICIANS

Janet Ncheke Zulu
Richard Kaela
Zex Siamukompe

Robinson Sinkamba
 Mate
 Stephen Ngenda
 Batista Chilopa
 Alfeyo Chimpungu
 Borniface Hachoongo

TEAM LEADERS

Moses Mwila
 Petronella Nachela
 Justin Hambamba
 Ireen Mombotwa
 Japhet Phiri
 Susan Nambeye
 Shadreck Sinyangwe
 Mary Chonganya
 Michelo Choongo
 Mwiinga Kalonga
 Nasilele Amatende
 Lontia Sakala
 Humphrey Mpimpa
 Susan Kamuti
 Mutombu Kanganja
 Racheal Chisoja
 William Kawiro
 Nalukui Malamo
 Winstone Hanjawa
 Mwilu Kawele
 Nsama Sampa

ENUMERATORS BY PROVINCE

Central Province

Mwewa Chilufya	Enumerator
David Muyongo	Enumerator
James Dokowe	Enumerator
Gladson Kunda	Enumerator
Martha Mulenga Sekwila	Enumerator
Dalitso Tembo	Enumerator
Dorothy Banda	Enumerator
Natasha Tumiwa	Enumerator

Copperbelt Province

Chiwonisko Chirwa	Monitor
Lydia Musonda	Enumerator
Queen Nalwamba	Enumerator
Misozi Kanyenda	Enumerator
Shalom Nachela	Enumerator
Jane Siambelele	Enumerator
Ruth Kapandila	Enumerator
Luyando Kawilila	Enumerator
Martin Kaela	Enumerator
Enerst Kawila	Enumerator
Mpanji Simwinda	Enumerator
Chanda Kalombo	Enumerator
Geoffrey Sitwala	Enumerator

Eastern Province

Martha Mtonga	Enumerator
Esther Banda	Enumerator
Winnie Dulani	Enumerator
Tisiyenji Phiri	Enumerator
Grace Mudenda	Enumerator
Julius Nyasulu	Enumerator
Cade Kapayi	Enumerator
Innocent Mwale	Enumerator
Abraham Banda	Enumerator
Geoffrey Kaichole	Enumerator

Luapula Province

Kombe Chitwala	Enumerator
Colazia Tembo	Enumerator
Petronella Mwansa	Enumerator
Micheal Katongo	Enumerator
Paul Nkandu	Enumerator
Levy Kalunga	Enumerator

Lusaka Province

Nshimbi Muma	Enumerator
Deborah Kateula	Enumerator
April Ngosa	Enumerator
Sharon Chomba	Enumerator

Josephine Hamainda	Enumerator
Mary Chowa	Enumerator
Kabaso Chibwe	Enumerator
Kaunda Chama	Enumerator
Lazarus Zulu	Enumerator
Kalobwe Bwale	Enumerator
Mazuba Hachoongo	Enumerator
Ian Mizinga	Enumerator
Albert Mondwa	Enumerator
Themba Neta	Enumerator

Muchinga/Northern Province

Sonile Simango	Enumerator
Maria T. Phiri	Enumerator
Ruth Nachilima	Enumerator
Lydia Mpotela	Enumerator
Mulenga Chipalo	Enumerator
Daniel Chiliboyi	Enumerator
Pimpa Milimo	Enumerator
Kelvin Mbewe	Enumerator
Pharay Choza	Enumerator
Moses Manyela	Enumerator
Tomas Changala	Enumerator

North-western Province

Martin C. Mawichi	Enumerator
Damian Sikuka	Enumerator
Humphrey Kafunya	Enumerator
Angela Chanda	Enumerator
Thumba Maliti	Enumerator

Southern Province

Mwangala Malamo	Enumerator
Mwangala Imasiku	Enumerator
Ruth Musanvu	Enumerator
Esther Musandu	Enumerator
Nambayo Tambamana	Enumerator
Dixie Pwele	Enumerator
Choolwe Muchoka	Enumerator
Valentine Mainga	Enumerator
Paul Masheke	Enumerator
Hydin Imakumbili	Enumerator

Western Province

Mbololwa Sikananu	Enumerator
Juliet Chimbungule	Enumerator
Lumba Nyambe	Enumerator
Oberty Siazilemu	Enumerator
Obby Ngombe	Enumerator
Kembwe Likando	Enumerator

Data Manager

Catherine Mwape (posthumous)

Materials Translation

Muliilo Book Design and Development

Foreword

The fundamental responsibility of ensuring the protection and well-being of children lies entirely with the Government. It is against this background that the Zambian Government in 2014 embarked on conducting the first national survey on violence against children. The main objectives of the survey were to:

1. Estimate the national prevalence of sexual, physical and emotional violence perpetrated against children;
2. Identify risk and protective factors for physical, emotional and sexual violence against children;
3. Identify the health and social consequences associated with violence against children;
4. Assess the knowledge and utilization of medical, psychosocial, legal, and protective services available for children who have experienced sexual and physical violence;
5. Make recommendations to relevant line ministries and stakeholders to address violence against children as part of a larger, comprehensive, multi-sectoral approach to child protection; and
6. Identify areas for further research.

The Government recognizes the need to not only provide a policy framework, but also to ensure the availability of quality services to child victims of violence, so that children's services are more responsive to their needs and help them grow to be responsible, productive, healthy citizens.

It is therefore the wish of Government that these findings are supported.



Hon. Moses Mawere MP
Minister of Youth, Sport and Child Development

Acknowledgments

I would like to acknowledge the contribution of various line ministries, local and international cooperating partners that participated in this process, particularly: the Ministry of Youth, Sport and Child Development (MYSCD); Ministry of Community Development and Social Services (MCDSS); Central Statistical Office (CSO); the University of Zambia – Department of Population Studies (UNZA DPS); United Nations Children's Fund (UNICEF); the Governments of Ireland and Sweden on the Government of the Republic of Zambia-United Nations Joint Programme on Gender-Based Violence; the Governments of Ireland, Sweden, Finland and United Kingdom Department for International Development (DfID) on the Government of the Republic of Zambia-United Nations Joint Programme on Social Protection; the United States Centers for Disease Control (CDC), who provided technical support, as well as the President's Emergency Plan for AIDS Relief (PEPFAR) and Save the Children International (SCI) who provided both technical and financial support. Without this support it would not have been possible to complete this important survey.

I further extend my gratitude to Dr. Chabila C. Mapoma, Mr. Iven Sikanyiti, Mr. Nkuye Moyo and the technical working group for their tireless and focussed efforts in the entire process of the survey.

I also take this opportunity to thank the members of the general public for their cooperation during the household listing stage and data collection process. In particular, I acknowledge the enumerators and the respondents for sparing their valuable time to administer and respond to the survey instruments.



Joe Kapembwa (Mr.)

Permanent Secretary

Ministry of Youth, Sport and Child Development

**The Ministry of Gender and Child Development hosted the VACS because of the presence of the Department of Child Development Portfolio. However, with the realignment of ministries in 2015 that saw the Department of Child Development shift to the Ministry of Youth and Sport, the child mandate/portfolio has therefore moved to the Ministry of Youth, Sport and Child Development, which now becomes the lead ministry for the VACS.*

Executive Summary

The 2014 Zambia Violence against Children Survey (VACS) is the first national survey of violence against children. It is a cross-sectional household survey of 13–24-year-olds, designed to produce national-level estimates of experiences of physical, sexual, and emotional violence in childhood.

A total of 2,770 households for females and 3,324 households for males were selected for the survey. Out of these, 1,819 individuals aged 13–24 years (891 females and 928 males) participated in the study. Overall individual response rates were 86.8 per cent and 85.6 per cent for females and males, respectively.

The survey was designed to include a household questionnaire to be administered to an adult respondent to determine current socioeconomic dynamics of the household and a second, relatively longer questionnaire, for selected primary respondents aged 13–24 years.

Results show that violence against children is a problem and is rife in Zambia. The co-occurrence of violence overall and of different types of violence is prominent. Half of females and males experienced at least one type of violence in their childhood.

Female respondents aged 18–24 years were more likely to report experiencing sexual abuse than males in the same age group. Females were also more likely to experience physically forced sex in childhood compared to males. One in three females and two in five males aged 18–24 years experienced physical violence prior to age 18. A quarter of male and female respondents aged 13–17 years experienced physical violence 12 months prior to the survey. Findings from the survey show that one in five females and one in six males aged 18–24, experienced emotional violence.

The most frequent perpetrators of the first incident of sexual abuse prior to age 18 for females and males were spouses, boyfriends/girlfriends, romantic partners and friends. Parents, adult caregivers or other adult relatives were the most frequent perpetrators of physical violence prior to age 18.

Sexually active males (aged 19–24) were more likely to have had multiple sexual partners and infrequent condom use in the 12 months preceding the survey, compared to females in the same age group. Nine in ten respondents aged 18–24 who reported having had sexual intercourse knew where to get an HIV test. Two out of three sexually active males and half of sexually active females aged 13–17 were never tested for HIV. One out of six sexually active females and one in three sexually active males aged 18–24 had never been tested for HIV.

Females and males who had experienced childhood sexual abuse had similar rates of HIV testing to those who had not experienced childhood sexual abuse. The most common reason for not getting tested for HIV, endorsed by one out of three was that individuals felt they did not need the test or were low risk. One in six also indicated that they did not want to know whether they had HIV.

Knowledge and utilization of services for victims and survivors of all forms of violence against children are low. Only one in five females and one in four males who experienced childhood sexual abuse knew of a place to go for help; fewer than one in ten male victims of childhood sexual abuse received professional services for any experience of sexual abuse.

Results in this study show that there is a great need to have well-coordinated response strategies, programmes and policies by both Government and all stakeholders to address abuse and violence against children.

SECTION B: KEY TERMS AND DEFINITIONS

For the purpose of the Zambia VACS, the following definitions were applied:

1. Sexual violence

Sexual violence is defined as including all forms of *sexual abuse* and *sexual exploitation* of children. This encompasses a range of acts, including completed non-consensual sex acts (i.e. rape), attempted non-consensual sex acts, abusive sexual contact (i.e. unwanted touching), and non-contact sexual abuse (e.g. threatened sexual violence, exhibitionism, verbal sexual harassment).

This also includes the inducement or coercion of a child to engage in any unlawful or psychologically harmful sexual activity; the exploitative use of children in prostitution or other unlawful sexual practices, and the exploitative use of children in pornographic performances and materials.

The survey posed questions on four types of sexual abuse and two types of sexual exploitation.

Sexual abuse

- 1. Unwanted sexual touching:** If anyone ever touched the respondent in a sexual way without their permission, but did not try and force the respondent to have sex. Touching in a sexual way without permission includes fondling, pinching, grabbing, or touching on or around sexual body parts.
- 2. Unwanted attempted sex:** If anyone ever tried to make the respondent have sex (vaginal, oral or anal sex or the insertion of an object into an anus or vagina) without their permission but did not succeed.
- 3. Physically forced sex:** If anyone ever physically forced the respondent to have sex (vaginal, oral or anal sex or the insertion of an object into an anus or vagina) and sex happened.
- 4. Pressured sex:** If anyone ever pressured the respondent to have sex (vaginal, oral or anal sex or the insertion of an object into an anus or vagina) when they did not want to, and sex happened. This could also involve threats, harassment or tricking the respondent into having sex.

Sexual exploitation

- 1. Transactional sex:** If anyone has ever given the respondent money, food, gifts or any favours in exchange for sex.
- 2. Non-contact sexual violence:** If the respondent ever participated in a sex photo or video, or showed their sexual body parts in front of a camera, whether they wanted to or not.

Additional relevant definitions:

- **Unwanted completed sex:** Either physically forced or pressured sex.
- **Sex or sexual intercourse:** Includes vaginal, oral or anal sex or the insertion of an object into the vagina or anus.
- **Sexually active:** A respondent who reported having sex (wanted or unwanted) within the 12 months preceding the survey.

2. Physical violence

Physical violence is defined as the intentional use of physical force with the potential to cause death, disability, injury or harm. VACS indicators of physical violence included punching, kicking, whipping, beating with an object, choking, suffocating, attempted drowning, intentional burning, using or threatening with a knife, gun or any other weapon.

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

- 1. Intimate partners** including a romantic partner, a boyfriend/girlfriend or a spouse. Note: people who have had intimate partners are referred to in this report as 'ever been partnered'.
- 2. Peers,** including people of the same age as the respondent, not including a boyfriend/girlfriend, spouse or romantic partner. These include people the respondent may or may not know, such as siblings, schoolmates, neighbours or strangers.
- 3. Parents, adult caregivers or other adult relatives.**
- 4. Adults in the community** such as teachers, police, employers, religious or community leaders,

neighbours, or adults the respondent did not know.

For each of the four perpetrator types listed above, respondents were asked about three measures of physical violence: Has (1) a current or previous romantic partner, girlfriend/boyfriend, or husband/wife; (2) a person your own age; (3) a parent, adult caregiver, or other adult relative; or (4) one of these people [adult in the neighbourhood] ever:

- Punched, kicked, whipped, or beat respondent with an object?
- Choked, smothered, tried to drown, or burned respondent intentionally?
- Used or threatened respondent with a knife, gun, or other weapon?

3. Emotional violence

Emotional violence is defined as a pattern of verbal behaviour over time or an isolated incident that is not developmentally appropriate and supportive and that has a high probability of damaging a child's mental health, or his/her physical, cognitive, spiritual, moral or social development. In this survey, respondents were specifically asked about emotional acts of violence perpetrated by parents, adult caregivers, other adult relatives, or peers.

1. Has a parent, adult caregiver or other adult relative ever:

- Told the respondent that she/he was not loved, or did not deserve to be loved?
- Said they wished the respondent had never been born or was dead?
- Ever ridiculed the respondent or put her/him down, for example said that she/he was stupid or useless?

2. Has a person the respondent's own age ever:

- Made the respondent feel scared or sad because they were calling her/him names, saying mean things to her/him, or saying they didn't want her/him around?
- Told lies or spread rumours about the respondent, or tried to make others dislike her/him?
- Excluded the respondent on purpose from their group of friends, or completely ignored her/him?

LIST OF KEY ACRONYMS

SCAP	Child Sexual Assault Survey
Ad Health	National Longitudinal Study of Adolescent Health
AIDS	Acquired Immunodeficiency Syndrome
BREC	Biomedical Research and Ethics Committee
BRFSS	Behavioural Risk Factor Surveillance System
BSS	HIV/AIDS/STD Behavioural Surveillance Surveys
CDC	United States Centers for Disease Control and Prevention
CHW	Community Health Worker
CI	Confidence Intervals
CRA	Child's Rights Act
CRC	United Nations Convention on the Rights of the Child
CSA	Child Sexual Assault Survey
CSE	Comprehensive Sexuality Education
CSO	Central Statistical Office
CSOs	Civil Society Organizations
CSPRO	Census and Survey Processing System
CWAC	Community Welfare Assistance Committee
DfID	Department for International Development
DHS	Demographic and Health Survey
DMC	Data Management Centre
EA	Enumeration Area
ECD	Early Childhood Development
EDC	Electronic Data Collection
EMIS	Education Management Information System
EPSS	Equal Probability Systematic Sampling
FBO	Faith-Based Organization
GBV	Gender-Based Violence
GSBHS	Global School-Based Student Health Survey
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
ICAST	ISPCAN Child Abuse Screening Tool
IRB	Internal Review Board
ISPCAN	International Society for the Prevention of Child Abuse and Neglect
LONGSCAN	Longitudinal Studies of Child Abuse and Neglect
MCDSS	Ministry of Community Development and Social Services
MGCD	Ministry of Gender and Child Development
MICS 4	Multi Cluster Indicator Survey
MoCTA	Ministry of Chiefs and Traditional Affairs
MoG	Ministry of Gender
MoGE	Ministry of General Education
MoH	Ministry of Health
MYSKD	Ministry of Youth, Sport and Child Development
NGO	Non-Governmental Organization

NISVSS	National Intimate Partner and Sexual Violence Surveillance System
NPC	National Population Commission of Zambia
OSC	One Stop Centre
PEPFAR	United States President's Emergency Plan for AIDS Relief
PSS	Probability Proportional to Size
PTSD	Post Traumatic Stress Disorder
PSU	Primary Sampling Units
P-Value	Probability Value
RS	Regional Statistician
SAS	Statistical Analysis Software
SCI	Save the Children International
SCT	Social Cash Transfer
SOP	Standard Operating Procedures
SRGBV	School-Related Gender-Based Violence
STD	Sexually Transmitted Disease
STIs	Sexually Transmitted Infections
TFCBT	Trauma Focused Cognitive Behavioural Therapy
UN	United Nations
UNICEF	United Nations Children's Fund
UNZA DPS	University of Zambia, Department of Population Studies
UNZA	University of Zambia
US	United States
USAID	United States Agency for International Development
VAC	Violence against Children
VACS	Violence against Children Survey
WHDVAW	Women Health and Domestic Violence Against Women
WHO	World Health Organisation
WLSA	Women and Law in Southern Africa
YRBS	Youth Risk Behaviour Survey
ZDHS	Zambia Demographic and Health Survey
ZP-VSU	Zambia Police Victim Support Unit

SECTION 1: INTRODUCTON AND BACKGROUND

1.1 Introduction

Violence against children is a problem affecting over one billion children and youth annually worldwide. ¹Violence and exploitation of children undermines the victims' social, economic and human rights, with significant negative health and social consequences that can affect them throughout their lifespans. Violence against children includes all forms of sexual, physical, emotional or psychological abuse, as well as other forms of injury, maltreatment, exploitation, neglect, or negligent treatment.

Besides direct physical injury resulting from violence, the health impacts of violence include disabilities, depression, reproductive and physical health problems. Violence also increases the risk of engaging in behaviours that have a negative impact on health, such as smoking, high-risk sexual behaviour, and alcohol and drug misuse².

Perpetrators of violence against children can be both adults and other children, including but not limited to parents, guardians, family members, friends, acquaintances, and other adults in the community. Violence occurs across different contexts and in many settings such as the home, schools, within care and justice systems, the workplace and public spaces in the community.

In 1989, the United Nations adopted and opened for ratification and accession the Convention on the Rights of the Child (CRC), which Zambia signed on 30 September 1990. The CRC states that all children have the right to be protected against all forms of violence, exploitation and abuse “irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status”³. Over the last decade, children's rights to protection have gained increased recognition on international, regional and national agendas.

Despite this increased attention, data on the prevalence of violence against children worldwide are still limited. Additionally, as seen with violence against women, violence against children is subject to under-reporting in official statistics, police reports and hospital data.² In 2006, the United Nations issued the *World Report on Violence against Children*, which revealed the grim reality of violence experienced regularly by children worldwide. This report highlighted the unfortunate truth that the lack of data surrounding violence against children undermines potential solutions.⁴

In sub-Saharan Africa, scientific research on the prevalence and incidence of child violence, abuse, neglect and exploitation is still in its nascent stages. However, the search for quality data on the scale and nature of such maltreatment for the purpose of informing appropriate state planning and budgeting is gaining momentum. Although evidence concerning the magnitude of various forms of child exploitation, such as child prostitution and child labour in the region, is still difficult to capture, a few development organizations and universities are making progress. These organizations have conducted small-scale surveys on violence against children in an attempt to extrapolate findings.^{5,6,7,8}

The disclosure rate following violence is very low, partly due to a culture of silence and shame. Furthermore, social norms surrounding violence generally support the beliefs that violence perpetrated against children in the home is a private affair, physical violence is an acceptable way to discipline and educate children, and children are expected to submit to the will of their parents, teachers, religious leaders and other elders or authority figures. As a result, law enforcement officials and others mandated to protect children rarely intervene or enforce laws that exist.

In addition, children are reluctant to report incidents of violence that are committed against them, sometimes for fear of retribution, out of shame or guilt, or due to the belief that they merited such treatment or were, in some way, responsible. Findings from country-specific studies, documentation of various cases of violence, abuse and exploitation across the region, as well as the discussions which were held during the lead-up and follow-up to the United Nations Study, have all underscored the gravity of the problem, with some attempting to demonstrate its scale.⁹

Drawing from 190 countries, the United Nations Children's Fund (UNICEF's) 2014 publication, *Hidden in Plain Sight: A statistical analysis of Violence against Children*, showed that in 2012 alone, 95,000 children and young people under the age of 20 were killed. Further, almost one billion children between the ages of two and fourteen experienced physical punishment by their caregivers on a regular basis. An estimated 120 million girls under the

age of 20 have been subjected to forced sexual intercourse or other forced sexual acts at some point in their lives.⁹

Unfortunately, it was not possible to make a reliable global estimate of sexual violence against boys due to a lack of comparable data in most countries, although it is known from other research studies that boys are also at risk of sexual violence. The Violence Against Children Surveys (VACS) conducted in Zimbabwe and Kenya found that child sexual abuse prevalence among boys was 9 per cent and 18 per cent, respectively.^{9,10}

In line with UNICEF's rates, and as seen in Figure 1.1, the VACS found that child sexual abuse was quite common among girls in Kenya (32 per cent), the Republic of Tanzania (27 per cent), Swaziland (38 per cent), Zimbabwe (33 per cent), Malawi (22 per cent) and Nigeria (25 per cent). Physical violence rates tend to be even higher.^{10,11,12,13,14,15}

As can be seen in Figure 1.2, the VACS found that the lifetime prevalence of physical violence prior to age 18 was 66 per cent among girls and 73 per cent among boys in Kenya, 50 per cent among girls and 52 per cent among boys in Nigeria, and 64 per cent among girls and 76 per cent among boys in Zimbabwe.^{10;11;15}

The VACS also revealed that emotional violence by a parent, adult caregiver or other adult relative was pervasive globally. For example, 35 per cent of girls and 27 per cent of boys in Haiti, 29 per cent of girls and 39 per cent of boys in Zimbabwe, 19 per cent of girls and 25 per cent of boys in Cambodia, and 20 per cent of girls and 29 per cent of boys in Malawi experienced emotional violence prior to the age of 18.^{10;14;15;16;17}

Figure 1.1: Percent distribution of Females and Males Aged 18-24 years who reported Physical Violence Prior to Age 18

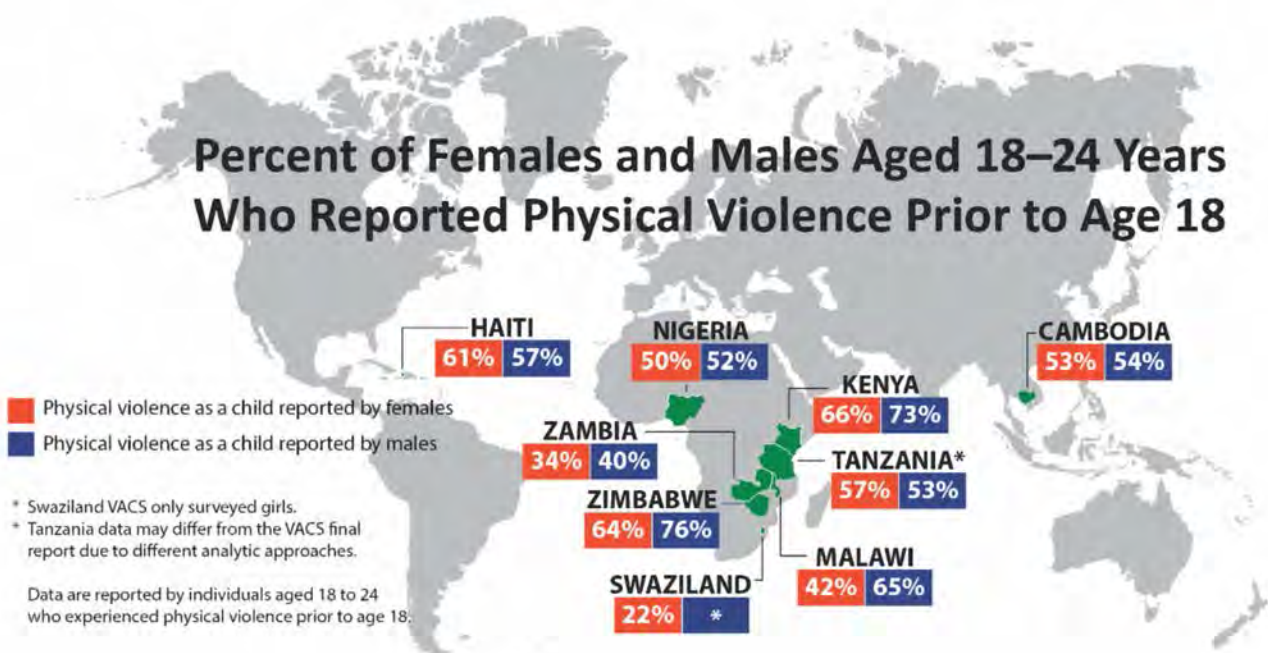
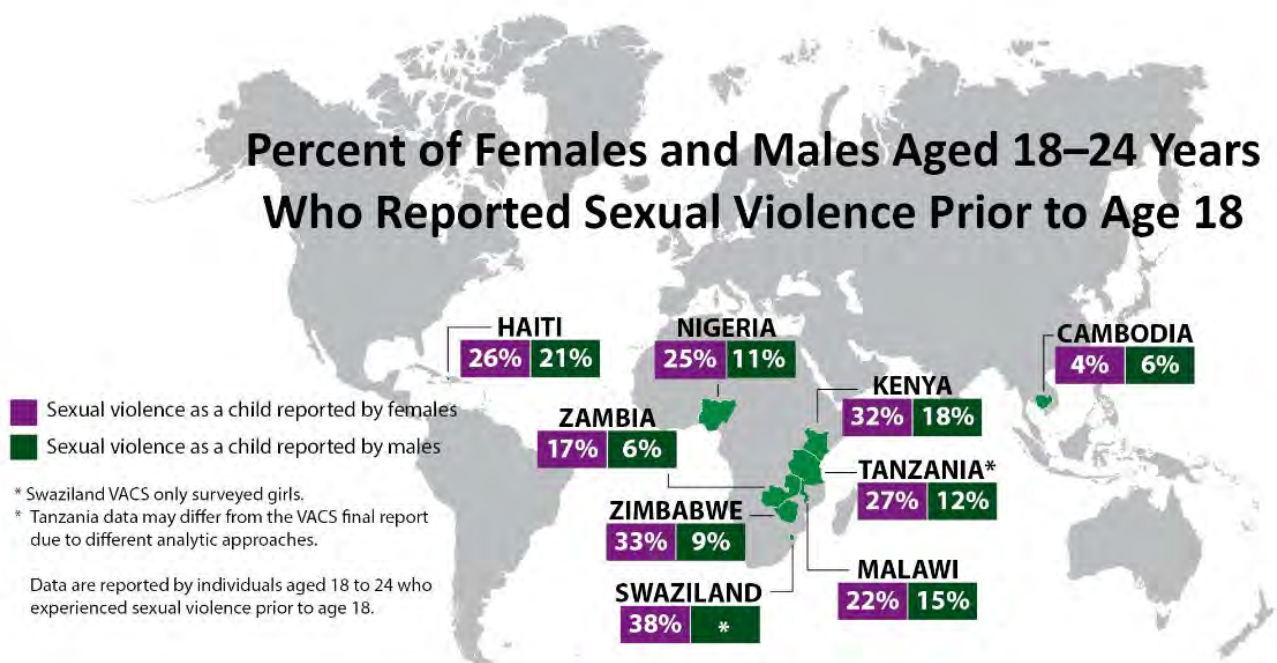


Figure 1.2: Percent distribution of females and males aged 18-24 years who reported Sexual Violence prior to age 18



Violence against children is a serious problem, but it is not inevitable. It is preventable through efforts such as those recommended in the INSPIRE Technical Package, developed through a coalition of partners and released in 2016. INSPIRE includes seven strategies: implementation and enforcement of laws; norms and values; safe environments; parent and caregiver support; income and economic strengthening; response and support services, and education and life skills.¹⁸

However, in order to develop and implement effective prevention strategies, comprehensive data are needed. TheVACS research initiative, in Zambia, sought to provide comparable, national, population-based estimates describing the magnitude and nature of the problem; as well as the epidemiological patterns of risk and protective factors of violence experienced by children. The purpose is to provide the evidence base to develop and implement effective prevention strategies tailored specifically to Zambia.

This study followed the thematic direction of the UN in developing studies aimed at protecting children and young adults from all forms of violence. At the country level, it was aligned with Government priorities on child protection that had been set in the Ministry of Youth, Sport and Child Development (MYSCD), Ministry of Community Development and Social Services (MCDSS), and the Victim Support Unit of the Zambia Police Service.¹⁹ The results of this survey are expected to serve as a baseline national estimate for future interventions and prevention strategies.

1.2 Background

Located in southern Africa, Zambia has a population of approximately 15.023 million; the majority are young people with a median age of 16.7 years (16.6 years for males and 16.8 years for females). Over half (66 per cent) of the population is under 24 years of age.^{20,21}

Zambia has an average life expectancy of 58 years and a fertility rate of 6 births per woman (data as of 2013). The under-5 mortality rate has declined from 191 deaths per 1000 live births in 1992 to 75 deaths per 1,000 live births in 2014.^{19,20,22}

Approximately 61 per cent of the adult population is literate, with 6.5 as the average (mean) number of years spent in school. Close to 76 per cent of the population lives on less than US\$2 each day.²⁴

At the national level, few studies have been done to address violence against children. The Zambia Demographic and Health Survey (ZDHS) measures violence against women aged 15–49 years. In 2007, results from the ZDHS show that 47 per cent of women aged 15–49 had ever experienced physical violence, 17 per cent ever experienced any sexual violence, and 26 per cent experienced emotional violence.²⁵ In 2014, the picture improved, with 39 per cent of women aged 15–49 reporting having ever experienced physical violence, 17 per cent reporting sexual violence and 24 per cent experiencing emotional violence.

The Global School-Based Student Health Survey (GSHS) conducted in 2004 was designed to include children. It found that students were exposed to alcohol and marijuana consumption and that more than a quarter had sex before age 13.²⁶

Another study conducted in 2008 confined to four districts in Zambia representing 4 of the 9 provinces (namely, Chadiza, Chibombo, Mansa and Mazabuka) also focused on children. Results from this study indicated that girls in higher grades were more prone to sexual assault than other students. Boys in the higher grades were more exposed to corporal punishment. This study also observed that sexual violence and bullying go unnoticed, or are undercover as caregivers (i.e., parents, teachers and elders) were unaware of their prevalence.²⁷

In June/July 2011, the Population Council carried out a Knowledge, Attitude and Behaviour survey that assessed knowledge, attitudes, and practices of school-related gender-based violence (SRGBV) among children aged 14–18 years in eight schools of the Lusaka and Chongwe districts. The report showed that 24 per cent of boys and girls experienced someone touching them in a sexual way, and 26.7 per cent exposed themselves in a sexual way.

In relation to SRGBV, girls were most afraid of male students (23.4 per cent), followed by male teachers (18.3 per cent). Three times the proportion of boys (1.8 per cent) compared to girls (0.5 per cent) had forced a schoolmate to have sex. This survey also found high rates of violence and victimization by peers across all categories and in all schools. Boys had higher rates of teacher violence and victimization than girls.²⁸

Another study conducted by Cornell Law School and Women and Law in Southern Africa (WLSA) interviewed 105 female students in grades 7–12 (aged 12–22 years) in seven schools in Lusaka (urban, rural and peri-urban). Fifty-seven students (54 per cent of students interviewed) said that they had personally experienced some form of sexual violence or harassment by a teacher, student, or men they encountered while travelling to and from school.

In total, 88 students (84 per cent of students interviewed) had personally experienced such abuse or knew of classmates who had experienced it. More than half said that they knew of teachers at their current or former school who had sex or entered into relationships with students. A 2010 qualitative study looking at local perceptions of mental health, found that child sexual abuse was one of the most frequent traumas and closely linked to HIV/AIDS.³⁰

As evidenced by these studies, violence against children is a significant problem in Zambia, both at home and in school. Although a number of studies have begun uncovering the problem of violence against children, many were conducted at the local level in confined districts, most were school-based, and few have focused on the prevalence of violence in the home or community, in younger children, or at a national level. Previous studies were limited in scope or generalizability, and the magnitude of the problem of violence against children and its risk and protective factors remained largely unknown before VACS.

1 The Department of Child Development was formerly in the Ministry of Gender and Child Development

The Government of Zambia acknowledged that lack of comprehensive data on violence against children is one of the gaps and challenges to plan, implement, monitor and evaluate appropriate policies and programming for child protection. This lack of sufficient and reliable data contributes to the inability of both government and other agencies to make informed programmatic decisions around violence against children. As a result, evidence to support advocacy, inform national planning and funding allocation, and monitor the impact of all forms of violence is urgently needed.

In order to address this information gap, it was pertinent to conduct a national survey to collect population-based data. To determine priorities in child protection and child welfare, population-based data would provide decision makers with national-level data on the magnitude and nature of violence against children; it would also help identify potential risk and protective factors for violence and abuse in order to develop effective prevention strategies.

1.3 Methods

1.3.1 Preparation and coordination

The University of Zambia Department of Population Studies (UNZA DPS), the Central Statistical Office (CSO), Ministry of Gender and Child Development (MGCD)**, MYSCD, MCDSS, CDC, UNICEF and SCI worked in partnership to prepare and conduct this study since September 2013. The UNZA DPS and CSO led the survey implementation in collaboration with key ministries, as well as UNICEF. The CDC, both the US-based Headquarters and Zambia Country Office's collaboration was instrumental throughout the preparation and technical support of the study.

A Steering Committee was established to oversee the survey process. The Committee was led by MGCD and included broad governmental representation from key line ministries of the Government of Zambia, UNICEF, and other national partners. Committee members had the mandate to review survey instruments, review survey findings and provide feedback, develop a response plan to the findings of the survey, and leverage resources for the national response.

1.3.2 Study design and sampling

1.3.2.1 Study design

The Zambia VACS 2014 was a cross-sectional household survey of 13–24-year-old females and males designed to produce national-level estimates of experiences of physical, sexual, and emotional violence in childhood. This group of 13–24-year-olds were selected as the most appropriate population to survey in order to better understand childhood violence for two reasons: 1) children less than 13 years old would not have the maturity to be able to answer survey questions, including the more complicated questions on potential risk and protective factors; and 2) recall bias, or the inability to accurately recall events in the past related to childhood experiences, is minimized among respondents aged 24 and younger.^{31;32;33;34;35}

For analysis purposes, 13–24-year-olds were separated into two age sub-groups: 13–17-year-olds and 18–24-year-olds. Lifetime prevalence of childhood violence was based on data from participants aged 18–24 reporting on their experiences prior to the age of 18. Current prevalence of violence in the past 12 months was based on data from 13–17-year-olds reporting on events occurring in the 12 months prior to the survey.

These data allowed examination of current patterns and contexts of childhood violence in Zambia. Although the analyses differ by age group, all VACS respondents were asked the same questions, except for those on pregnancy, which were only asked to females.

1.3.2.2 Sampling frame and sample size calculation

The survey was designed to provide national estimates. The updated list of 25,000 enumeration areas (EAs) for the 2010 Census of Population and Housing provided the sampling frame for the survey. The total population used to draw the sample was based on the 2013 CSO census projected estimates. Primary sampling units (PSUs) were EAs based on geographical subdivisions determined and delimited by CSO. The sample size was determined from a standard cluster sample formula where an estimated prevalence of 30 per cent for sexual violence in childhood was assumed based on previous VAC surveys conducted in the United Republic of Tanzania, Kenya and Zimbabwe.

A three-stage stratified sample survey design was used. In the first stage of selection, a total of 248 EAs were selected using probability proportional to size (PPS), yielding 113 EAs for females and 135 EAs for males. In the second stage, 25 households were selected in every EA using equal probability systematic sampling (EPSS), with a possibility of segmentation where the EA had more than 250 households. In total, 2,770 households for females and 3,324 households for males were selected.

In the third stage, a representative sample of 2,016 females and males was selected for the survey (1,008 females and 1,008 males). One eligible respondent (female or male, depending on the selected EA) was randomly selected from the list of all eligible respondents 13–24 years of age in each household and administered the questionnaire upon full consent. Out of the 2,016 representative sample, a total of 1,819 females and males participated (891 females and 928 males).

To calculate prevalence separately for females and males for violence victimization, a split sample approach was used. This means that the survey for females and the survey for males were conducted in different EAs. The split sample approach also served to protect the privacy and safety of respondents and eliminated the chance for both a male perpetrator of sexual violence, and the female who was sexually assaulted in the same community to be interviewed.

1.3.2.3 Survey questionnaire development

The VACS was implemented in nine countries prior to Zambia (Cambodia, Haiti, Indonesia, Kenya, Malawi, Nigeria, Swaziland, the United Republic of Tanzania, Zimbabwe). Based on lessons learned from implementing the VACS in these countries, CDC scientists, UNICEF and the Together for Girls Secretariat, along with extensive external consultation, developed a standardized global VACS core questionnaire.

Zambia was the second country to apply the core questionnaire, after Nigeria in 2014. The questionnaire drew questions and definitions from a number of well-respected survey tools in order to compare data on various measures with other studies as a useful validation, and use measures that had already been field tested in other studies.

The following international and violence surveys informed the questionnaire:

- Demographic and Health Survey (DHS)
- National Intimate Partner and Sexual Violence Surveillance System (NISVSS)
- The Child Sexual Assault Survey (CSA)
- Longitudinal Studies of Child Abuse and Neglect (LONGSCAN)
- ISPCAN Child Abuse Screening Tool (ICAST)
- HIV/AIDS/STD Behavioural Surveillance Surveys (BSS)
- Youth Risk Behaviour Survey (YRBS)
- National Longitudinal Study of Adolescent Health (Ad Health)
- World Health Organisation (WHO) Multi-country Study on Women's Health and Domestic Violence against Women
- Behavioural Risk Factor Surveillance System (BRFSS)
- Hopkins Symptoms Checklist
- Multi Cluster Indicator Survey (MICS 4)
- Global School-Based Health Survey (GSBHS)

The questionnaire and survey protocol for Zambia were adapted through a consultative process with key stakeholders who were familiar with the problem of violence against children, child protection, and the cultural context.

The questionnaire covered the following topics: demographics; parental relationships; education; general connectedness to family, friends and community; gender beliefs; safety; witnessing violence in the home or community; sexual history and risk taking behaviour; experiences of physical and emotional violence and sexual abuse and exploitation; violence perpetration; pregnancy; health outcomes and health risk behaviours; and disclosure, service-seeking and utilization of services.

Background characteristics of respondents and the head of household survey included questions that assessed age, socio-economic status, marital status, work, education and living situation.

The sexual behaviour and HIV/AIDS components utilized questions from the DHS, BSS, and WHO Multi-Country Study. Sexual behaviour, history, and risk taking questions were divided among the following topics: sexual behaviour, including age at first sex and relationship to first sexual partner; whether first sex was wanted, or

forced; number of sexual partners ever and in the last 12 months; condom use, and pregnancy history. Following the violence modules, questions were also asked about HIV testing knowledge and utilization.

The sexual violence module included questions on the types of sexual violence experienced, including three forms of sexual abuse and sexual exploitation, and important information on the circumstances of these incidents, such as the settings where sexual violence occurred and the relationship between the victim and perpetrator. Questions regarding the negative health and social consequences, as well as disclosure, service-seeking and utilization related to these events, were also included.

1.3.3 Fieldwork preparation

1.3.3.1 Interviewer and supervisor selection, responsibilities and training

To help facilitate trust and understanding with respondents, it was critical to select capable interviewers. Interviewers were male and female Zambian nationals who spoke at least one of the survey languages, were culturally sensitive, and had some experience with confidential data collection and health issues. These criteria were used in hiring field staff so that 13–24-year-old respondents could feel as comfortable as possible with the interviewer and the survey process.

The interviewers and team leaders were selected by CSO and UNZA with guidance from the VACS Steering Committee and CDC, as requested. Additional selection criteria included education level, language skills, job experience and training performance. As a precaution to ensure confidentiality and trust, team composition and assignments ensured 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, male and female team leaders were identified to provide direct supervision of the overall survey implementation in the field. Team leaders were trained for 10 days followed by a two-day pilot testing period. The provincial oversight role was given to Regional Statisticians (RS) permanently employed by CSO and located in all the nine provinces of Zambia. The role of the RSs was to provide quality assurance and administrative support during fieldwork. The RSs were expected to visit their assigned survey teams during data collection to ensure that survey protocols were being followed, particularly the response plan, and to assist with any logistical challenges in the field.

Team leaders did not directly participate in the interview process. They were responsible for monitoring the status of interviews at each household during fieldwork and debriefing with their interviewers afterwards. For each sampled household, the team leader ensured that interviews were completed appropriately both through in-person monitoring and review of an electronic visit record form. Team leaders were trained to ensure that interviewers made call-backs for second and third visits as necessary and were asked to troubleshoot with interviewers experiencing a high refusal rate or other challenges. In addition, team leaders ensured that interviewers followed appropriate procedures for obtaining consent and providing a list of support services to all respondents. They also ensured that interviewers provided direct referrals for respondents who needed them.

After the team leader training, there were 10 days of interviewer training, followed by a day of field practice. During the interviewer training, team leaders participated in all sessions and led small groups of interviewers in an overview of training materials, providing guidance on interview skills. CSO, UNZA, key line ministries, CDC, and other study partners conducted sessions with interviewers to ensure standardized, accurate, sensitive and safe interviewing techniques. Training was conducted primarily in English.

The training sessions included a variety of methods such as classroom lectures, group work and individual practice covering the following topics:

- Introductory material on training objectives, ground rules, the roles of key partners, and the roles and responsibilities of team leaders/interviewers;
- Introductory material on violence including violence as a health and human rights issue, gender, and the epidemiology of violence and its consequences;
- The VACS methodology, questionnaires and other data collection protocols;
- Ethics in human subjects research, informed consent protocols, and interview privacy and confidentiality protocols;
- Introduction to electronic data collection, including care and use of the netbooks and using the Census and Survey Processing System (CSPPro) for data collection on the netbooks;
- Interview tips and techniques;
- Community entry;

- Response plan referral services and procedures, including for acute cases;
- Vicarious trauma; and
- HIV referrals.

Both trainings (team leader and interviewer) emphasized the survey's ethical protocols that protect young people from retribution for participating in a survey on violence, and in doing so, served to protect the safety of field staff as well. This included emphasizing the need to ensure privacy during the interview and to continually ensure confidentiality and the voluntary nature of participation. Procedures included training interviewers to only conduct the interview if privacy was ensured.

If the interview was interrupted, interviewers were trained how to offer and take the respondent to a private area. Interviewers were also trained to handle interruptions (e.g., by asking questions from a non-sensitive mock questionnaire, asking the person interrupting to leave or finding a different place to conduct the interview) or when necessary, to reschedule the interview.

Emphasis was also placed on how to conduct the interview with sensitivity and empathy as well as how and when to provide referrals. Interviewers were trained to be aware of the effects that questions could have on the respondent and on how best to respond, based on the participant's level of distress.

1.3.3.2 Survey pilot

Prior to the implementation of the survey, a pilot test was conducted. The team leaders conducted the pilot together with selected monitors. The pilot consisted of two days: one for fieldwork and the other for discussion and feedback.

Four communities (two rural and two urban) that were not selected as PSUs in the sampling frame were used for the pilot. The pilot followed normal VACS protocols including the 'split sample' approach, such that the survey for girls was conducted in different PSUs as the survey for boys. This ensured that there was one community in each of the selected rural and urban settings for the pilot designated for interviewing females and males separately.

The primary purpose of the pilot was to test the questionnaire and survey protocols, including activation of the response plan. Instead of a systematic sample of households with a random start, convenience sampling was used to select households within each of the pilot sites. Interviewers were instructed to skip a certain number of households, depending on the density of households in the area, in order to help ensure confidentiality and anonymity of study participants. In each household, one female between the ages of 13–24 years within the communities designated for females and one male between the ages of 13–24 years within the communities designated for males was selected.

The pilot was able to inform survey proceedings, including but not limited to community entry, approaching households, the consent process, and the referral process. In addition, through administering the questionnaire in the pilot, the team leaders were better able to assess willingness to participate, length of the questionnaire and the cultural appropriateness of some questions. This helped to ensure that the questions asked obtained the data the survey was seeking.

1.3.4 Fieldwork

Data collection took place between August and September 2014.

1.3.4.1 Inclusion criteria, timing and selection of households and respondents

Inclusion criteria for this study were females and males living in selected households in Zambia who were 13–24 years old at the time of the survey, and who spoke English, Bemba, Kaonde, Lozi, Lunda, Luvale, Nyanja, or Tonga – the eight languages in which the survey was administered.

Females and males who did not have the capacity to understand languages of instructions or the questions being asked due to an intellectual or physical disability (e.g., hearing or speech impairment) were excluded from the study. Those living or residing in institutions such as hospitals, prisons, nursing homes, and other such institutions, as well as children living outside of family care (i.e. on the streets) were also not included.

During survey implementation, upon entering a randomly selected household, interviewers identified the head of household or their representative in order to introduce the study and to determine eligibility of household

members to participate. The head of household was also requested to participate in a short (15 minute) household survey to assess the socio-economic status of the household.

If a household had more than one eligible participant, interviewers randomly selected only one respondent using a random selection programme installed on their netbooks. If there was no eligible participant, the head of household was still requested to participate in the household questionnaire. In situations where a household had an eligible respondent who was not available at the time of the interview, interviewers made every effort to schedule return visits to get an interview with the selected respondent. However, if the selected respondent was not available after three attempts or refused to participate, the household was skipped regardless of whether another eligible respondent was present in the household. Neither the household nor the eligible respondent were replaced.

1.3.4.2 Data collection procedures

Precautions were used to ensure privacy during interviews. Interviewers were instructed to conduct interviews in a safe and private location such as outside, in a public space without risk of interruption (i.e. a community area, school, or church) or in an appropriate place in the home or yard. Prior to beginning survey work in a new community, the team leader was instructed to seek guidance from the community leaders on appropriate community locations to conduct private interviews with respondents in case households were not suitable.

At the start of the interview, interviewers were instructed to ensure that respondents, parents, and household members were comfortable with the location. If privacy could not be ensured, the interviewer was instructed to reschedule. 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 over the course of two days, the household was omitted and not replaced. The initial visit record form of the survey tool had a section that allowed the survey team to track incomplete interviews as well as interviews that needed to be rescheduled.

The Zambia VACS used netbooks, an electronic data collection tool, installed with CSPro software for data collection. The VACS respondent questionnaire consisted of approximately 460 questions and included numerous skip patterns to route the interviewer to the logical sequence of questions based on responses provided. Given the complexity of the skip patterns and logic sequencing, electronic data collection eliminated possible routing errors, reduced training on skip pattern sequencing, and reduced data entry errors.

1.3.4.3 Field quality control checks

Each team leader aggregated daily the data coming from the field. Data cleaning and preliminary data analysis was done immediately following data collection to prompt quick feedback to interviewers and partners. Initial feedback from study results included descriptive information on the main variables of interest. CDC subsequently led more detailed analysis of anonymized data in collaboration with UNZA DPS and CSO.

1.3.5 Ethical considerations

1.3.5.1 Ethical review

The Zambia VACS adhered to WHO recommendations on ethics and safety in studies of violence against women.³⁵ The CDC's Institutional Review Board and Zambia's Biomedical Research and Ethics Committee (BREC) independently reviewed and approved the study.

1.3.5.2 Referrals

There is evidence suggesting that the majority of adult women find talking about their experiences of violence as beneficial and therefore appreciate the opportunity to be asked questions about it.³⁵ In addition, there is evidence that adolescents and young adults are willing to talk about their experiences of abuse within a supportive structure. Nevertheless, respondents may recall frightening, humiliating, or painful experiences, which may cause a strong emotional response. It is possible that respondents could be currently experiencing violence and want immediate assistance with the situation and/or counselling. The survey team developed multiple ways to link respondents to appropriate support in order to respond to these needs.

During the survey, all respondents were provided with a list of services reflecting free programmes, services, and amenities currently offered in Zambia, including but not limited to services for victims of violence. Free direct referrals were offered to those who: 1) became upset during the interview, 2) felt unsafe in their current living situations, including in their homes or communities, 3) experienced physical, emotional or sexual violence in the

previous 12 months, 4) were under the age of 18 and exchanged sex for food, favours or gifts in the last 12 months, 5) reported being in immediate danger, or 6) requested help for violence, regardless of what was disclosed in the interview. If the respondent met any of these criteria, the interviewer recorded contact information separately from survey responses and offered contact with a social worker from the MCDSS.

If the respondent requested a direct referral, the interviewers asked permission to obtain his/her contact information, including the name and a safe place or way a social worker could find him/her. Alternatively, where possible, the respondent was given the choice to have the interviewer call the social worker at the end of the interview so that the respondent could make arrangements for a meeting with the social worker directly.

For this study, an acute case was defined as any respondent who self-identified as being in immediate danger. If a respondent indicated to the interviewer that she/he was in immediate danger, the interviewer activated the response plan for acute cases. The interviewer immediately alerted her/his team leader who immediately called the pre-identified contact at the MCDSS. As a basis of action, the focal point at the MCDSS made every effort to ensure that the child was offered immediate help in removal from the dangerous situation, as well as offered appropriate medical, psychosocial, and/or legal services.

The survey did not specifically ask respondents their HIV status, but HIV services were included in the broader list of services. Additionally, if the respondent disclosed an HIV positive status or requested services, the interviewer referred the respondent to the nearest government health facility.

1.3.5.3 Informed consent

For all selected eligible respondents under 18 years of age, it was necessary to first obtain consent from the parent or primary caregiver to speak with the eligible respondent. When seeking consent from the parent or primary caregiver, the survey was described as an opportunity to learn more about “young people's health, educational, and life experiences.” WHO ethical and safety recommendations were followed in obtaining consent.³⁵

The first step in the informed consent process was to seek consent from the head of household or adult acting as head of household for the household questionnaire. After the adult consented to participate the interviewer conducted the head of household interview.

Second, if it was determined that the selected respondent was between 13 and 17 years of age, the interviewer asked to speak to the respondents' parent or guardian and sought parental permission to conduct the interview. The parent or guardian was asked to provide verbal consent. Upon obtaining parental consent, the interviewer read the contents of an initial information form that introduced the survey. If the respondent agreed to hear more about the survey, the interviewer asked the respondent for permission to continue talking in private.

Once the interviewer and respondent ensured privacy, the interviewer read the contents of a verbal assent form. This assent form informed the respondents that responses they provided were anonymous, and that their decision regarding participation was voluntary. Respondents were also informed that if they chose to participate, information about their sexual activity, HIV, and their experiences with physical, emotional and sexual violence would be asked. They were also informed that the information they shared was confidential and assured of their right to refuse to respond to any questions or end participation at any time. Informed assent was obtained from each respondent verbally.

In households where the selected respondent was an adult (18–24 years old), married, an emancipated minor (i.e., a child that is independent from their parents by law), or lived in a child-headed household, a similar consent process was used, except that the parent or caregiver's permission was not sought. These respondents were also administered the initial information form. Once the initial information form was read, verbal consent to provide more information about the study was obtained. After the interviewer and respondent ensured privacy, she/he read the informed consent form and obtained verbal consent.

1.3.6 Data management and response rates

1.3.6.1 Data analysis

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

1.3.6.2 Response rates

A total of 6,094 households were visited during the study, 2,770 for females and 3,324 for males. The household response rates were 93.3 per cent for females and 94.4 per cent for males. Within all visited households, a household census was conducted to determine whether an eligible respondent was present. As a result, a total of 1,819 individuals aged 13–24 participated in the Zambia VACS with 891 females and 928 males completing the individual questionnaire, yielding an individual response rate of 86.8 per cent for females and 85.6 per cent for males.

The combined household and individual response rates provide an overall response rate for females of 80.9 per cent and for males of 80.8 per cent. Table A2 in Appendix A shows household, individual and overall response rates.

1.3.6.3 Weighting

A three-step weighting procedure was applied: step one, computation of base weight for each sample respondent; step two, adjustment of the base weights for non-response; and step three, 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 one). Calculations in this stage included probabilities of selection of EAs, selection of households, sex specification, and selection of eligible individuals.

In step two, base weights were adjusted to compensate for losses in the sample outcome due to non-response. In this step, non-response adjustments were made for non-responding EAs, non-responding households and non-responding respondents. Due to some non-responding EAs, non-response adjustments were made at the PSU-level for female and male EAs. Appendix A, Table A6 presents PSU-level non-response adjustment factors for female and male EAs. Weighted data by province and EA was used to perform household-level non-response adjustment. For the person-level non-response adjustment, weighting cells were formed taking province, age group (13–17 or 18–24), and sex into account.

The VACS protocol recommends that any household- or person-level non-response adjustment component that exceeds 3.0 should be set to 3.0. However, for this survey, there were no values larger than 3.0 in either the household-level or the person-level adjustment factors for non-response. In the final stage of weighting (step three), calibration adjustment was done to adjust weights and conform with the 2014 population projections distributed by province, age group (13–17 or 18–24), household location, and gender. These variables were used to form weighting cells. Appendix A, Tables A7 and A8 present the post-stratification calibration adjustment factors for female and male EAs.

1.3.7 Technical notes to the reader

1.3.7.1 Weighted percentages and 95 per cent confidence intervals

There is a degree of uncertainty and error associated with estimates because the results presented in this report are based on a sample rather than a census. 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 Zambia VACS analysis was conducted using SAS 9.3, a statistical package that contains complex sample procedures that incorporate the weights and cluster stage design. Thus, using SAS it was possible to produce accurate standard errors for each estimate.

1.3.7.2 Differences between estimates

In this report, two methods were used to test for differences between groups. The first method was to compare confidence intervals (CI) for point estimates to determine whether they overlapped or not. The CI overlap method is a conservative method used to determine statistical differences by comparing the CIs for two estimates — if CIs do not overlap, then 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 statistically significant to reject the null hypothesis, which assumes that there were no differences between groups.

This method is a more sensitive approach to detecting statistical significance and was used to examine associations of primary interest in this report. These included associations between childhood sexual abuse,

physical and emotional violence, and health outcomes and risk behaviours (i.e., serious mental distress, alcohol and tobacco use, thoughts of suicide, suicide attempts, and diagnosis or symptoms of a sexually transmitted infection). For these associations, the crude model was not adjusted for potential confounders, or factors that might affect the risk of violence.

1.3.7.3 Definition of unstable estimates

For VACS, estimates based on responses from fewer than 25 respondents were considered unstable. Data based on small samples or populations are subject to greater variability and any statistic with an unweighted denominator less than 25 has been suppressed and replaced with an asterisk (*) in the cell and footnoted at the bottom of the table.

1.3.7.4 Treatment of missing data

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

SECTION 2: RESPONDENT CHARACTERISTICS

HIGHLIGHTS

- Overall, 891 females and 928 males aged 13–24 years participated in the 2014 Zambia VACS.
- Approximately 6 per cent of young adult males and 5 per cent of young adult females had never attended school.
- More than half of both young adult females and males completed either secondary school or higher.
- About one in three females and one in four males aged 18–24 had lost one or both parents prior to age 18.
- More than half of young adult females were married or living with a partner, compared to about one in four young adult males, and this difference was statistically significant.
- About 1 in 10 adolescent females were married or living with someone as if married, compared to about 1 in 20 males.
- Almost half of young adult females and males reported ever having had sex prior to age 18.
- Among adolescents, more than 1 in 4 females and about 1 in 3 males reported ever having had sex.

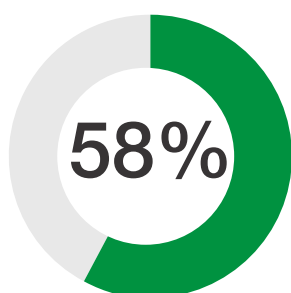
This section covers selected demographic and socio-economic characteristics of survey respondents, including age, sex, education, reported age of head of household, orphan hood, work status, marital status, age at first marriage and sexual activity.

2.1 Sex and age distribution

A total of 891 females and 928 males aged 13–24 years participated in the Zambia VACS. Among females, 45.8 per cent were aged 13–17 years and 54.2 per cent were aged 18–24 years. Of the males, 45.2 per cent were aged 13–17 years and 54.8 per cent were aged 18–24 years (Appendix B Table 2.1a).

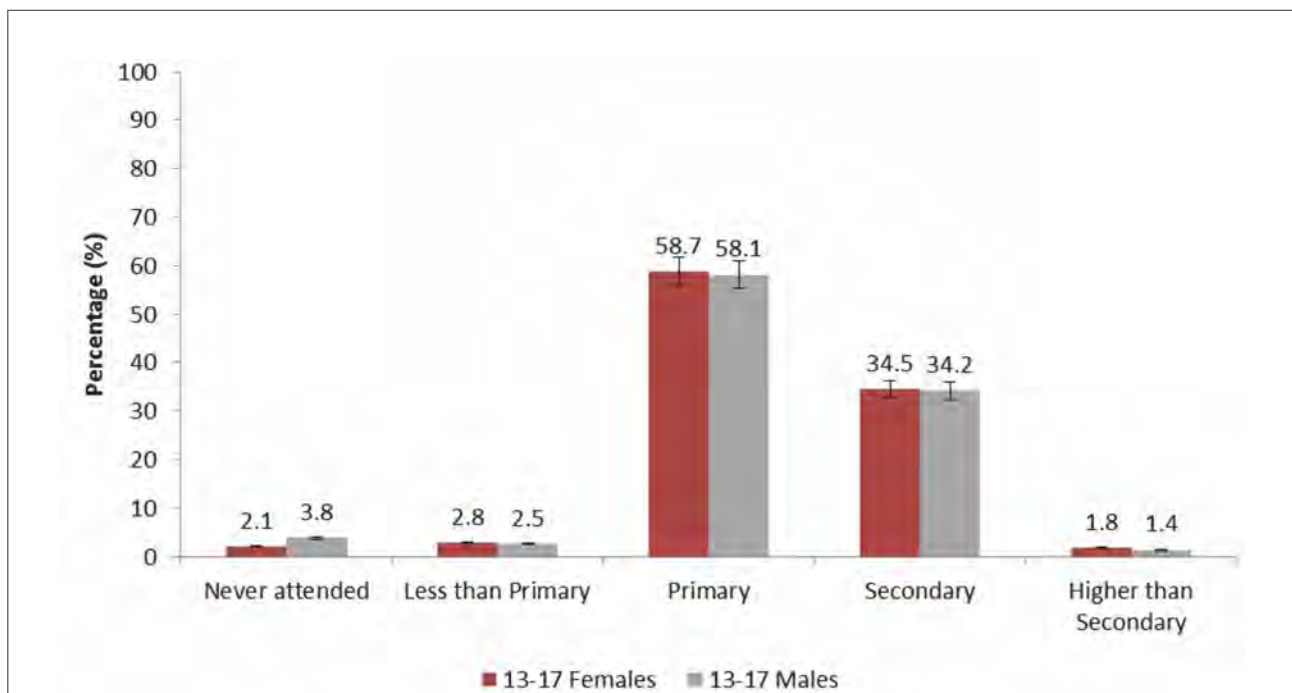
2.2 Education status

Figure 2.1, below shows the highest level of education of females and males aged 13–17. One in 25 (3.8 per cent) males and one in 50 (2.1 per cent) females aged 13–17 never attended school. Over half of both males (58.1 per cent) and females (58.7 per cent) attended or completed primary school; 34.2 per cent of males and 34.5 per cent of females attended or completed secondary school. As for higher education, only 1.8 per cent of females and 1.4 per cent of males reported higher than secondary school education status (Appendix B Table 2.1a).



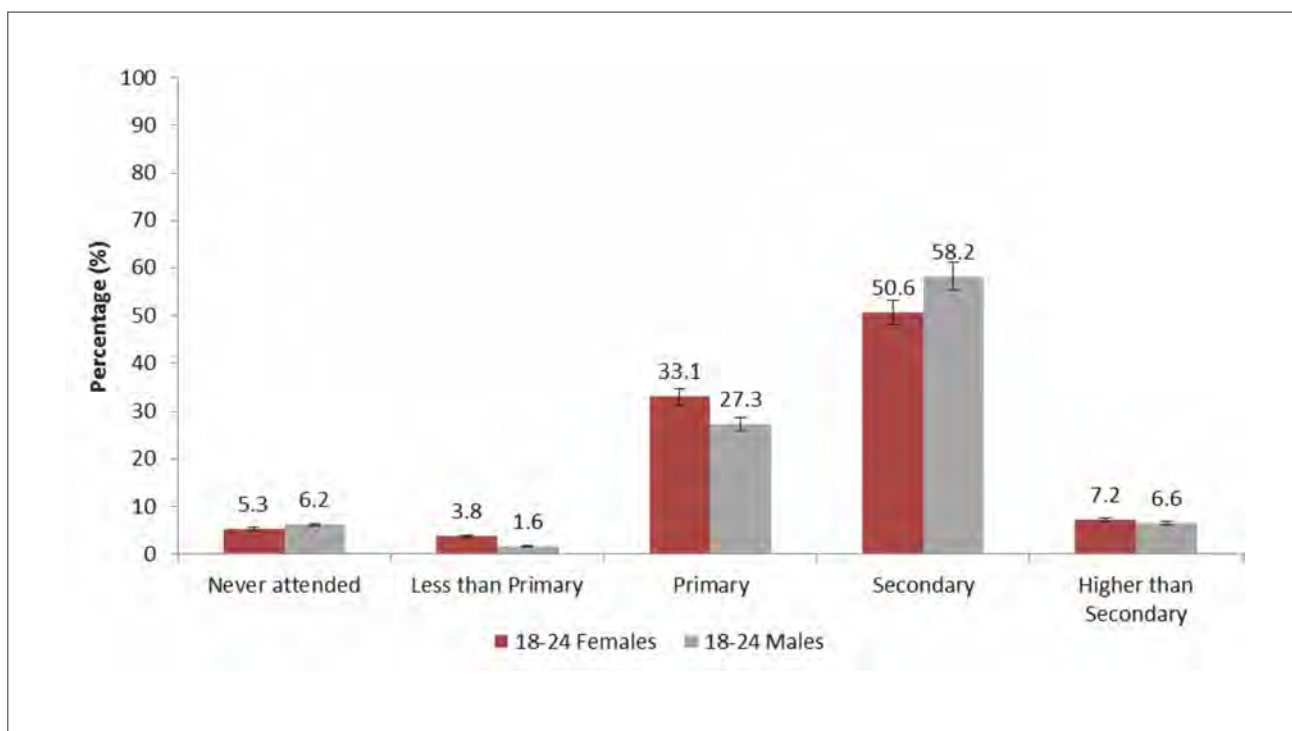
Over half of both males (58.1%) and females (58.7%) attended or completed primary school

Figure 2.1: Highest level of education attained by females and males aged 13-17 years – Zambia VACS,2014



Among 18–24-year-olds, 6.2 per cent of males and 5.3 per cent of females never attended school, as shown in Figure 2.2. About one in three females (33.1 per cent) and one in four males (27.3 per cent) attended or completed primary school. At least half of both sexes (50.6 per cent females and 58.2 per cent males) attended or completed secondary school, while only 6.6 per cent males and 7.2 per cent females reported higher than secondary school status (Appendix B Table 2.1a).

Figure 2.2: Highest level of education attained by females and males aged 18-24 years – Zambia VACS, 2014



2.3 Age of head of household

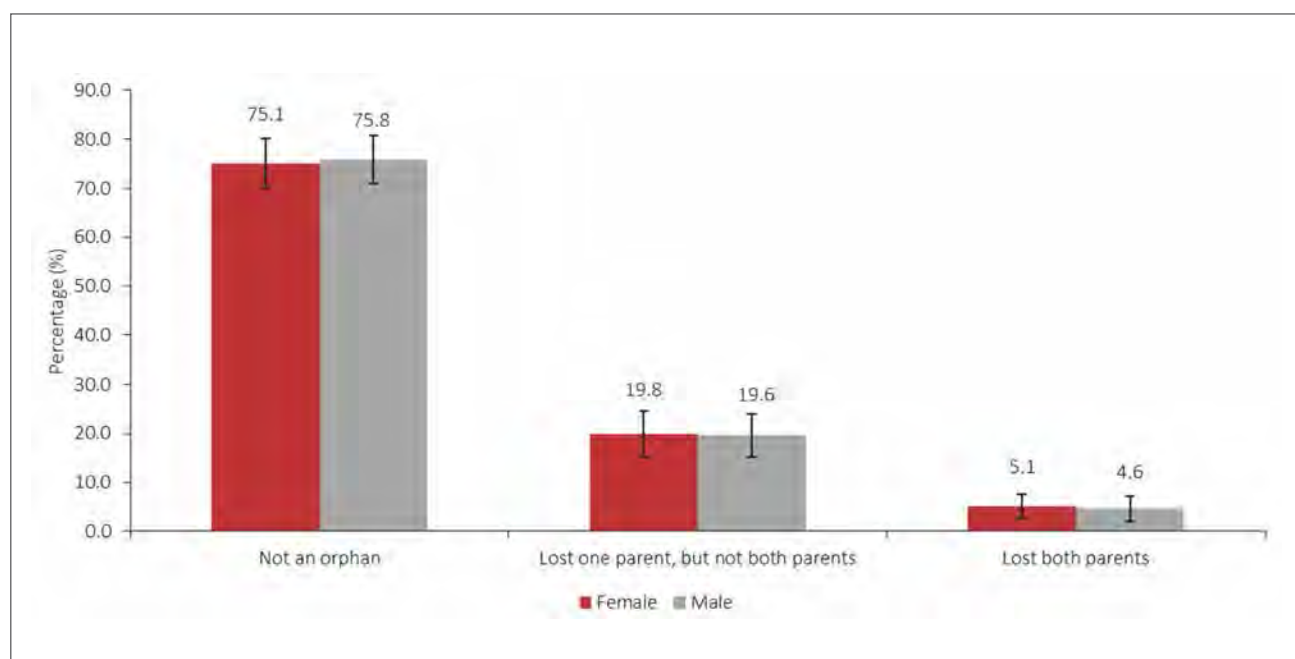
The average reported age of the head of household was 41.6 years for females. Most female youth lived in a household where the age of the head of household was 31–50 years (49.0 per cent); and fewest lived in a household with the head of household age 51+ (23.8 per cent). The average age of the head of household for 13–17-year-old females was 45.0 years old, and 38.7 years for 18–24-year-olds (Appendix B Tables 2.1b).

For males, the average age of the head of household was 43.6 years, and most lived in a household where the head of household was 31–50 years old (51.4 per cent), followed by 51+ years of age (29.1 per cent). The average age of the head of household among 13–17-year-old males was 46.3 years, and 41.4 years for 18–24-year-olds. Few households (1.1 per cent males and 0.1 per cent females) reported a child as head of household (Appendix B Tables 2.1b).

2.4 Orphan status

Figure 2.3 shows the percentage distribution of females and males aged 13–17 years by orphan status. About one in five females and males (19.8 per cent and 19.6 per cent respectively) were single orphans (lost one parent) while 5.1 per cent of females and 4.6 per cent of males were double orphans (lost both parents). The majority of 13–17-year-olds (75.8 per cent of males and 75.1 per cent of females) were not orphans (Appendix B Table 2.1b). Among 18–24-year-olds, 65.6 per cent of females and 76.7 per cent of males were not orphans in childhood (Appendix B Table 2.1b).

Figure 2.3: Orphan status among females and males aged 13-17 years – Zambia VACS, 2014



2.5 Working in the previous 12 months

Males were significantly more likely than females to report having worked in the previous 12 months, both among 13–17-year-olds (48.2 per cent and 23.4 per cent, respectively) and 18–24-year-olds (70.4 per cent and 33.5 per cent, respectively; Appendix B Table 2.1b).

Among those who reported working, the majority of females aged 13–17 years reported working on a farm or garden (38.8 per cent), or a family dwelling (32.1 per cent; Appendix B Table 2.2a). Similarly, 18–24-year-old females reported working on a farm or garden (30.7 per cent), a family dwelling (18.5 per cent), or a shop/kiosk (10.0 per cent). A high percentage of females aged 18–24 years (32.2 per cent) worked in another location, including a formal office, mine or quarry, restaurant, café, bar or hotel, fixed, street or market stall, pond, lake or river, or anywhere else (Appendix B Tables 2.2a and 2.2b).

Of the males aged 13–17 years who reported working in the previous 12 months, 50.2 per cent worked at a family

dwelling, while 24.9 per cent worked at a farm or garden. Males aged 18–24 years mostly worked at a family dwelling (30.7 per cent), a farm/garden (23.7 per cent), or a construction site (9.2 per cent) (Appendix B Tables 2.2a and 2.2b).

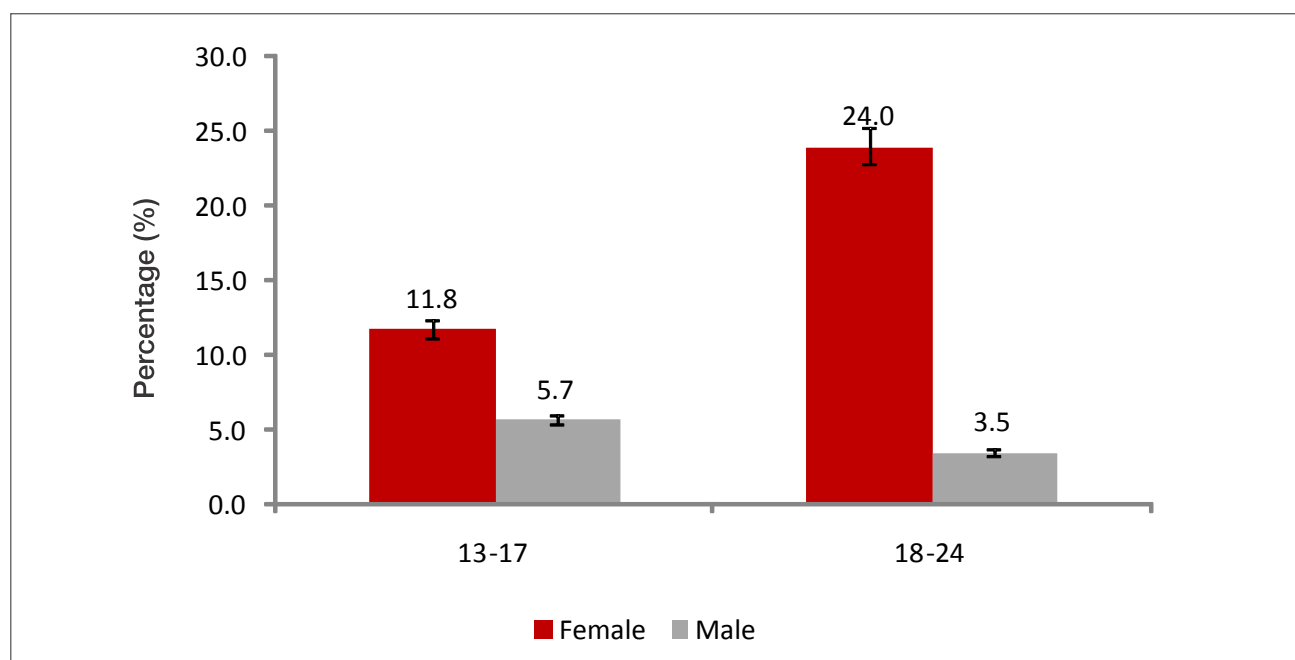
2.6 Marital status

Females were twice as likely as males to report ever being married or living with someone as if married, among both 13–17-year-olds (females, 11.8 per cent; males, 5.7 per cent) and 18–24-year-olds (females, 55.9 per cent; males, 24.7 per cent). The difference between 18–24-year-old females and males is statistically significant (Appendix B Table 2.3).

In Zambia, it is not legal for men or women to get married until they are 21 years of age by statutory law. However, customary law allows boys or girls to get married when they reach puberty with parental consent, so many youth, particularly girls, are married before they turn 21.

Figure 2.4 shows percentage distribution of females and males aged 18–24 and 13–17 years who were married or living with someone as if married prior to age 18. Females aged 18–24 were significantly more likely to report being married or living with someone as if married prior to age 18, compared to males (24.0 per cent and 3.5 per cent, respectively; Appendix B Table 2.3). About one in ten (11.8 per cent) females aged 13–17 were married or living with someone as if married, compared to 5.7 per cent of males the same age group (Appendix B Table 2.3). More than half of 18–24-year-old females were married (55.9 per cent), compared to one in four 18–24-year-old males (24.7 per cent). Among 18–24-year-olds, the average age at first marriage was significantly younger for females (18.1 years) compared to males (19.0 years).

Figure 2.4: Per cent distribution of females and males aged 13-24 years who were married or living with someone as if married prior to age 18 – Zambia VACS, 2014



2.7 Sexual activity

When asked about ever having had sex, 28.1 per cent of females and 32.5 per cent of males aged 13–17 years reported having had sexual intercourse. Among 18–24-year-olds, 81.1 per cent of females and 68.7 per cent of males reported ever having sex. Nearly half of females (47.6 per cent) and males (42.4 per cent) had sex prior to age 18 (Appendix B Table 2.3).

Among the 13–17-year-olds who had sex, the average age at first sex was significantly younger among males (12.7 years) than females (14.3 years). Among the 18–24-year-olds who had sex, the average age at first sex was similar between males (16.4 years) and females (16.8 years); Appendix B Table 2.3).

SECTION 3: SEXUAL VIOLENCE IN CHILDHOOD PREVALENCE, PERPETRATORS, AND SERVICE-SEEKING BEHAVIOUR

HIGHLIGHTS

- Females aged 18–24 years were twice as likely (20.3 per cent) as males (10.0 per cent) to have experienced sexual abuse in childhood.
- Females aged 13–17 years were three times as likely (16.6 per cent) to experience any sexual abuse in the last 12 months as their male counterparts (5.6 per cent).
- The most common perpetrators of the first incident of sexual abuse among females aged 18–24 (51.6 per cent) were intimate partners (spouses, boyfriends, romantic partners). They were also the most common perpetrators of the most recent incident of sexual abuse among females aged 13–17 (33.8 per cent).
- Friends were the most common perpetrators (34.6 per cent) of the first incident of sexual abuse among males aged 18–24 years.
- Only 7.2 per cent of males aged 18–24 years who experienced sexual abuse prior to age 18 received professional services for any experience of sexual abuse. In this age group, no females who experienced childhood sexual abuse received professional services for an experience of sexual abuse (0.0 per cent).

This section describes the national prevalence and patterns of sexual violence against children in Zambia, including the context in which it occurs, perpetrators, and children's knowledge of services and help-seeking behaviour for sexual violence.

3.1 Sexual abuse

Respondents were asked about four types of child sexual abuse:

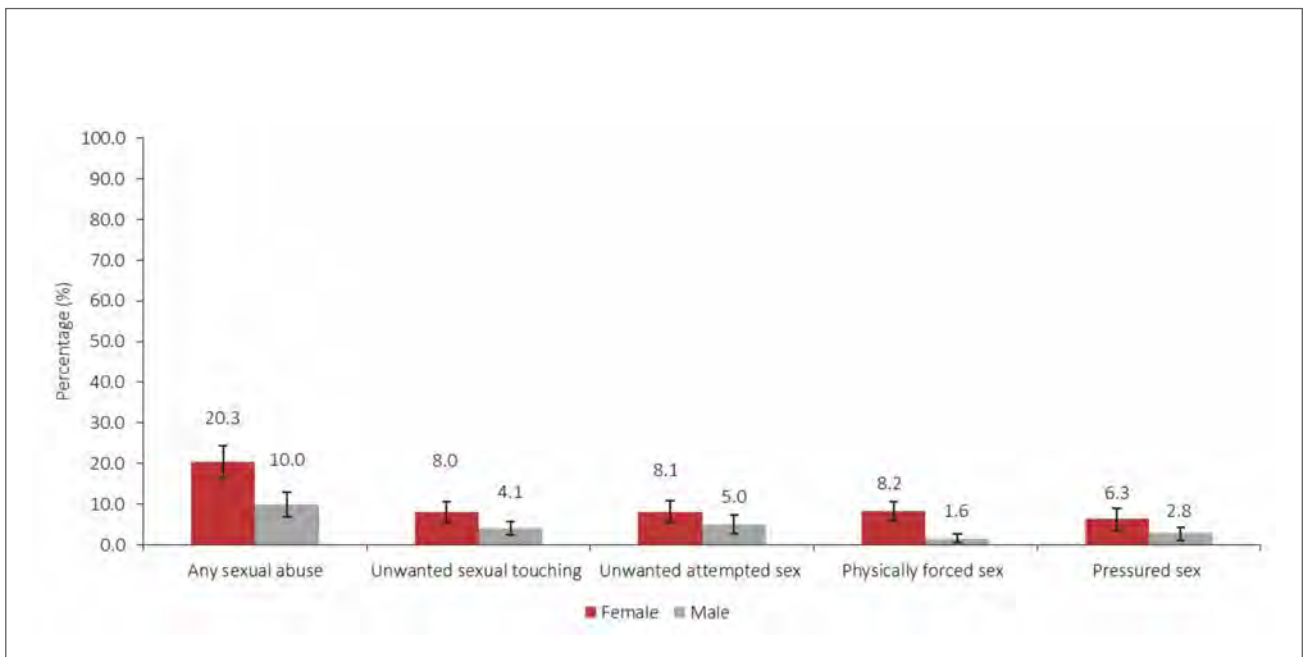
- Unwanted touching in a sexual way, including fondling, pinching, grabbing, or touching on or around his/her sexual body parts;
- Unwanted attempted sex in which the perpetrator tried to make the respondent have sex against his/her will but did not succeed;
- Physically forced sex in which the respondent was physically forced to have sex; and
- Pressured sex in which the respondent was pressured to have sex through harassment, threats, or tricks, and sex occurred.

Highlighted below is the prevalence of sexual abuse (including unwanted completed sex – a combination of forced sex and pressured sex), the most common ages at which sexual abuse first occurred, the types of sexual abuse experienced, as well as demographic variables that may be associated with sexual abuse in childhood.

3.1.1 Sexual abuse: 18–24-year-olds prior to age 18

Figure 3.1 shows the percentage distribution of females and males aged 18–24 years who reported experiencing sexual abuse prior to age 18. Females (20.3 per cent) were significantly more likely to report experiencing sexual abuse in childhood, compared to males (10.0 per cent). The most common type of sexual abuse experienced by females was physically forced sex (8.2 per cent), while for the males it was unwanted attempted sex (5.0 per cent; Appendix B Table 3.1.2). Females were significantly more likely than males to report physically forced sex (8.2 per cent and 1.6 per cent, respectively). Females were also significantly more likely to report experiencing unwanted completed sex (either physically forced sex or pressured sex) than males (12.1 per cent and 3.8 per cent, respectively; Appendix B Tables 3.1.1, 3.1.2, and 3.1.3).

Figure 3.1: Prevalence of any sexual abuse and different types of sexual abuse among females and males aged 18-24 years who experienced sexual abuse prior to age 18 – Zambia VACS, 2014

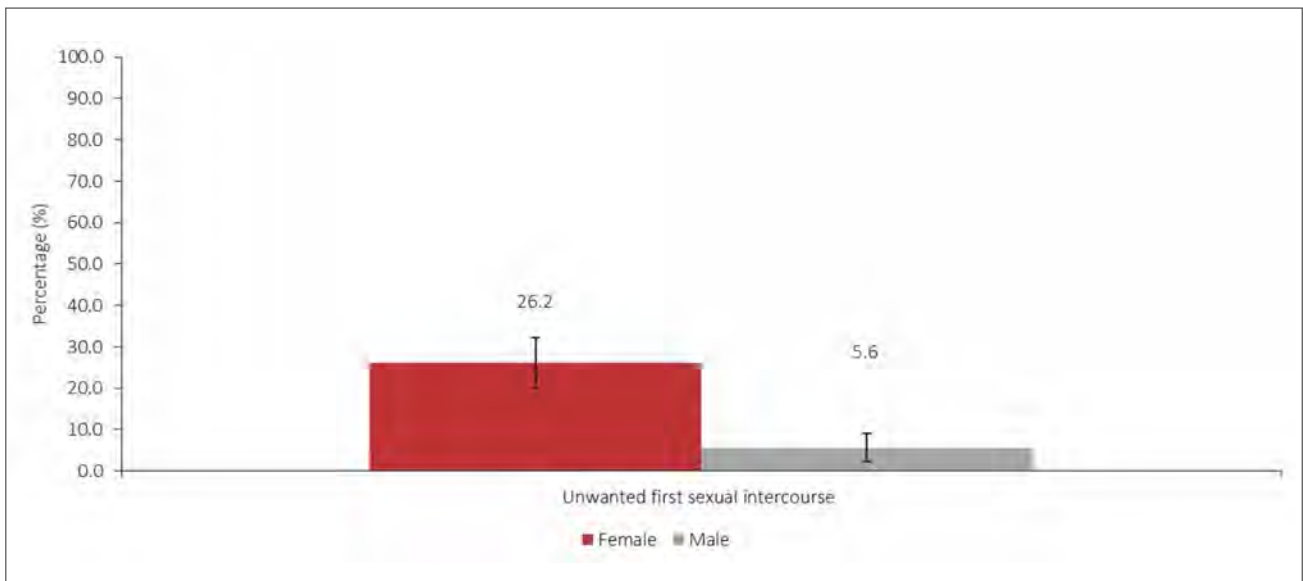


Of those reporting at least one incident of sexual abuse prior to age 18, 66.0 per cent of females and 78.8 per cent of males experienced multiple incidents of sexual abuse (this could include experiencing more than one event of the same type of sexual abuse, experiencing more than one type of sexual abuse, or both; Appendix B Table 3.1.4).

Half of females and males aged 18–24 years who experienced sexual abuse during childhood experienced their first incident of sexual abuse between the ages of 16–17 (females, 50.7 per cent; males, 51.4 per cent). Almost a third of females (28.4 per cent) and males (33.5 per cent) who experienced sexual abuse in childhood experienced their first incident of sexual abuse at age 13 years or younger (Appendix B Table 3.1.5).

Figure 3.2 shows the percentage distribution of females and males aged 18–24 years whose first incident of sexual intercourse was unwanted. For those whose first sexual intercourse was prior to age 18, females (26.2 per cent) were significantly more likely than males (5.6 per cent) to report the incident as unwanted (Appendix B Table 3.1.6).

Figure 3.2: Prevalence of unwanted first sexual intercourse, among females and males aged 18–24 years who had sexual intercourse prior to age 18 – Zambia VACS, 2014

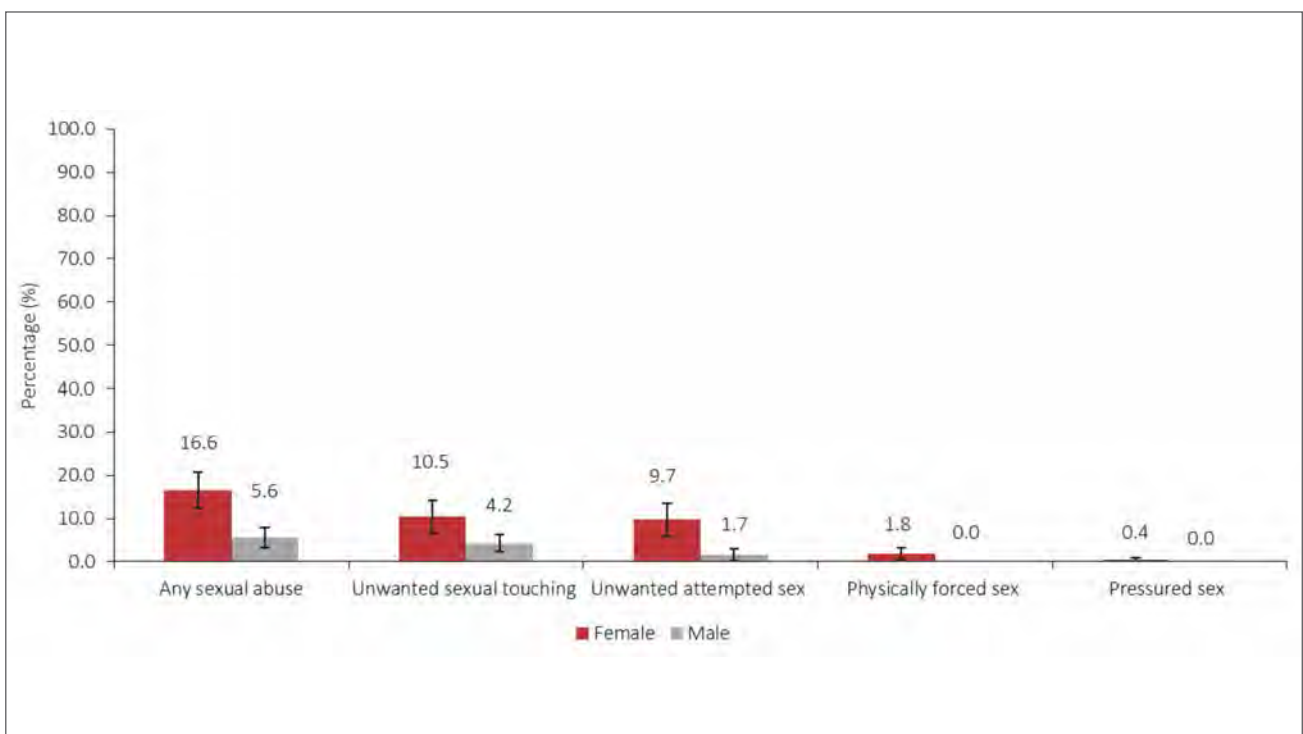


3.1.2 Sexual abuse: 13–17-year-olds in the 12 months prior to the survey

Figure 3.3 shows the percentage distribution of females and males aged 13–17 years who experienced sexual abuse in the 12 months prior to the survey. Females reported significantly higher rates of sexual abuse in the 12 months prior to the survey compared to males in the same age group (16.6 per cent and 5.6 per cent, respectively; Appendix B Table 3.2.1).

Sexual touching was the most common type of sexual abuse experienced by both females and males. Females were significantly more likely to experience sexual touching than males (10.5 per cent and 4.2 per cent, respectively; Appendix B Table 3.2.2). Females were also significantly more likely than males to report experiencing unwanted attempted sex (9.7 per cent and 1.7 per cent, respectively). Males in this age group did not report any physically forced or pressured sex in the 12 months prior to the survey (Appendix B Table 3.2.2).

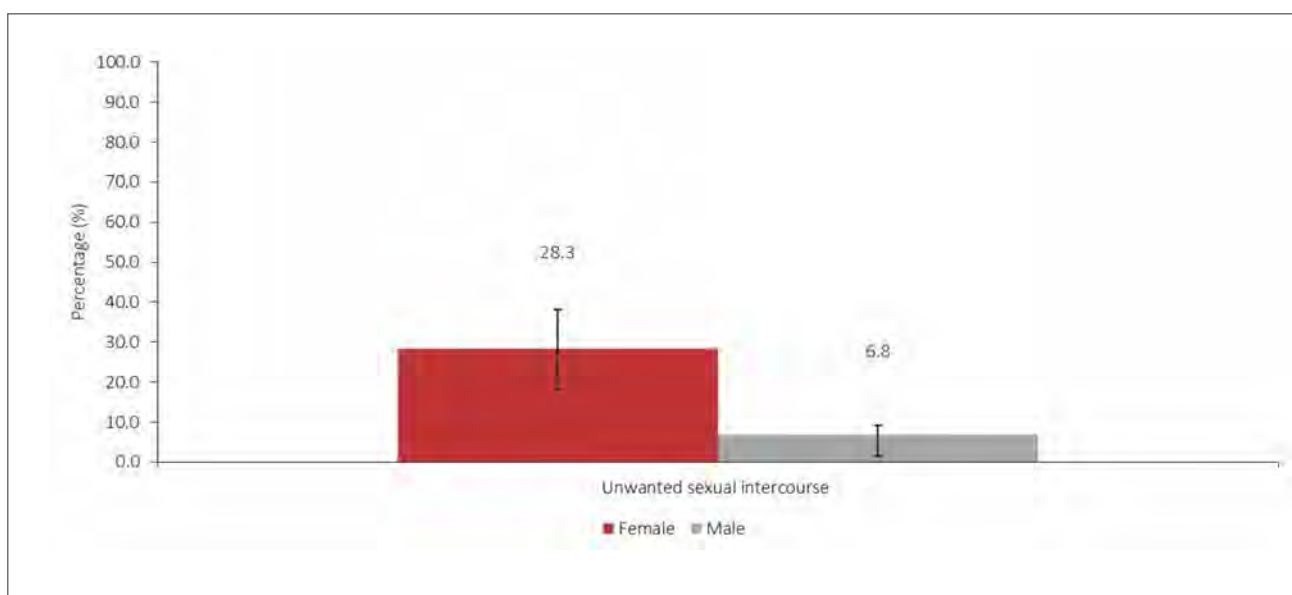
Figure 3.3: Prevalence of any sexual abuse and different types of sexual abuse among females and males aged 13-17 years who experienced sexual abuse in the previous 12 months – Zambia VACS, 2014



An analysis of the data on females aged 13–17 years reporting sexual abuse in the 12 months prior to the survey shows that 63.7 per cent experienced multiple incidents of sexual abuse (Appendix B Table 3.2.4). Females who experienced sexual abuse reported their first incident most often occurred between the ages of 14–15 years (54.2 per cent) and about a third reported having their first incidents occur at 13 years or younger (29.0 per cent; Appendix B, Table 3.2.5). There was insufficient data to assess the age at which multiple incidents of the first sexual abuse occurred among the males aged 13–17 years.

Figure 3.4 shows the percentage distribution of females and males aged 13–17 years whose first sexual intercourse was unwanted, among those who had ever had sexual intercourse. About 28.3 per cent of the females reported their first incident of sexual intercourse as unwanted, while 6.8 per cent of males reported the same; a difference that is statistically significant (Appendix B, Table 3.2.6).

Figure 3.4: Prevalence of unwanted intercourse at sexual initiation, among females and males aged 13-17 years who had ever had sexual intercourse – Zambia VACS, 2014



3.2 Perpetrators of sexual abuse

Understanding the relationship between children who experience violence and the perpetrators who commit the violence, and how this might differ by type of violence and sex of the child, can contribute towards improving the targeting of prevention programmes.

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

3.2.1 Perpetrators of sexual abuse: 18–24-year-olds prior to age 18

Females and males aged 18–24 years who experienced sexual abuse before 18 were asked about the perpetrators of their first abuse. Figure 3.5 shows that the females who experienced childhood sexual abuse were significantly more likely to report a spouse/boyfriend/romantic partner (51.6 per cent) as the perpetrator of their first incident of sexual abuse. About a quarter of the males (26.8 per cent) reported a spouse or romantic partner as the perpetrator. Males most frequently reported a friend (34.6 per cent) as the perpetrator (Appendix B, Table 3.3.1).

Figure 3.5: Perpetrators of the first incident of sexual abuse, among females and males aged 18-24 years who experienced sexual abuse prior to age 18—Zambia VACS, 2014

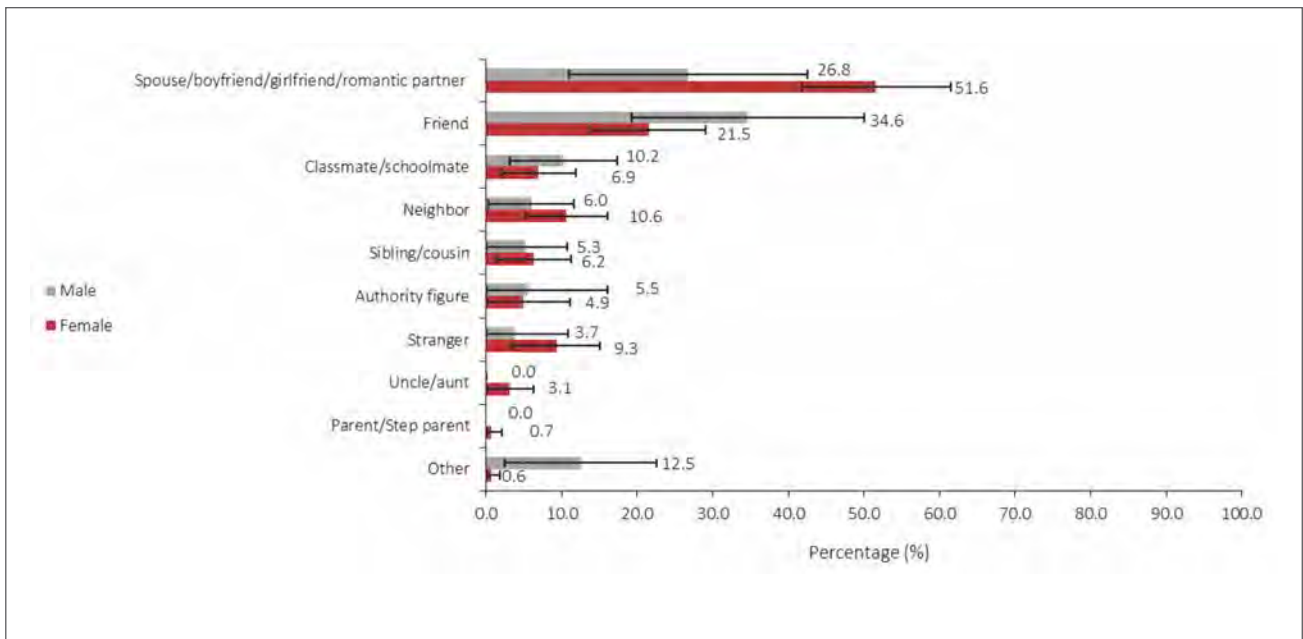


Figure 3.6, below, shows the percentage distribution of perpetrators perceived to be five or more years older by females and males reporting their first incidents of sexual abuse before age 18. Nearly half of the females (43.5 per cent) and over one fifth of the males (21.2 per cent) perceived their abusers to be five or more years older than themselves (Appendix B, Table 3.3.3).

Figure 3.6: Perpetrators of the first incident of sexual abuse perceived to be five or more years older, among females and males aged 18-24 years who experienced sexual abuse prior to age 18—Zambia VACS, 2014

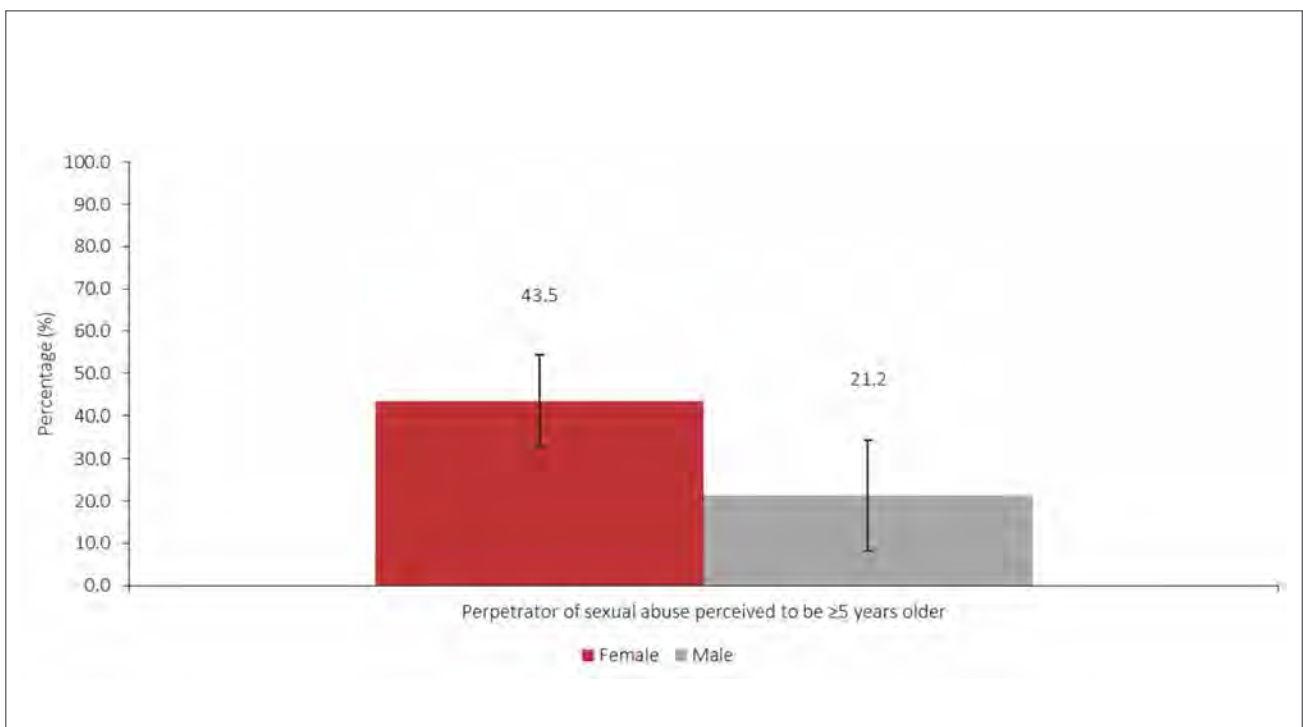
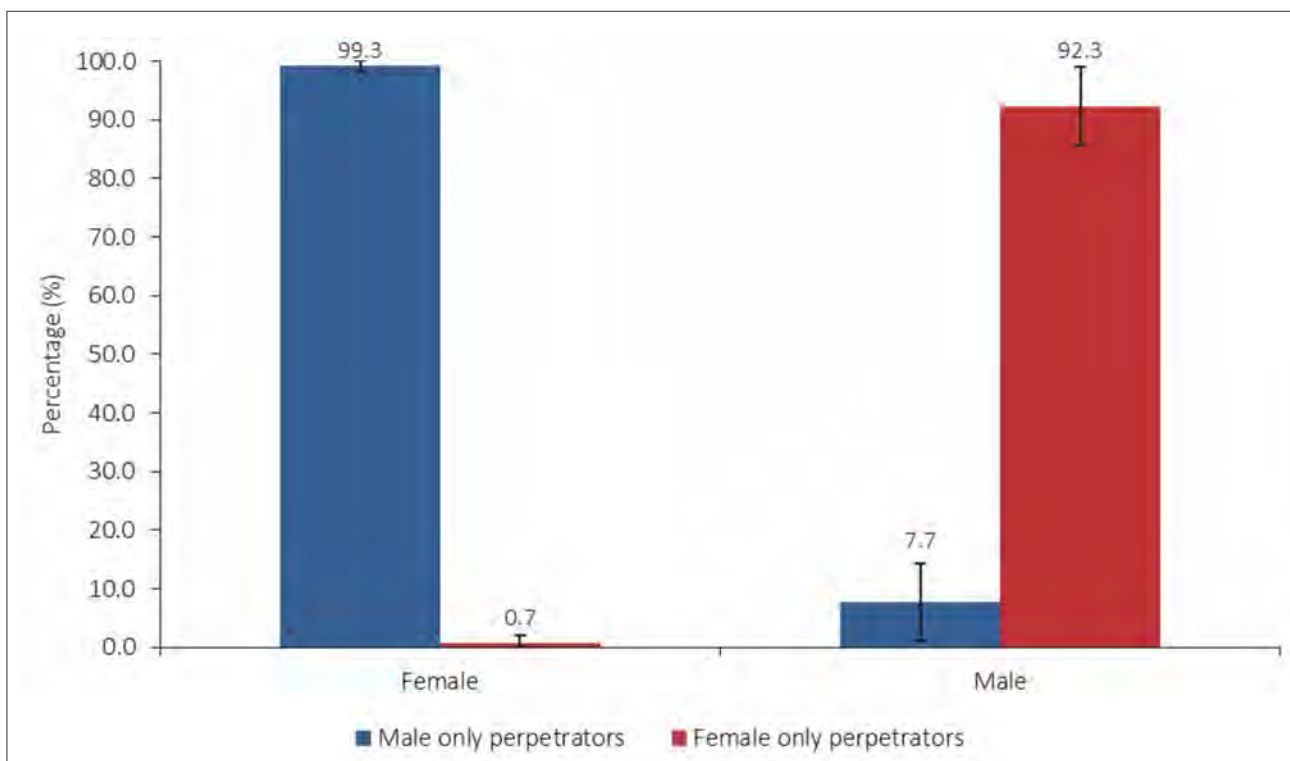


Figure 3.8 shows the percentage distribution of the sex of perpetrators of first sexual abuse among females and males aged 18–24 years who experienced sexual abuse prior to age 18. Females were significantly more likely than males to report only male perpetrators (99.3 per cent and 7.7 per cent, respectively), and males were significantly more likely than females to report only female perpetrators as their first sexual abusers (92.3 per cent and 0.7 per cent, respectively; Appendix B, Table 3.4.1).

Figure 3.7: Sex of perpetrator of first incident of sexual abuse, among females and males aged 18-24 years who experienced sexual abuse prior to age 18 – Zambia VACS, 2014

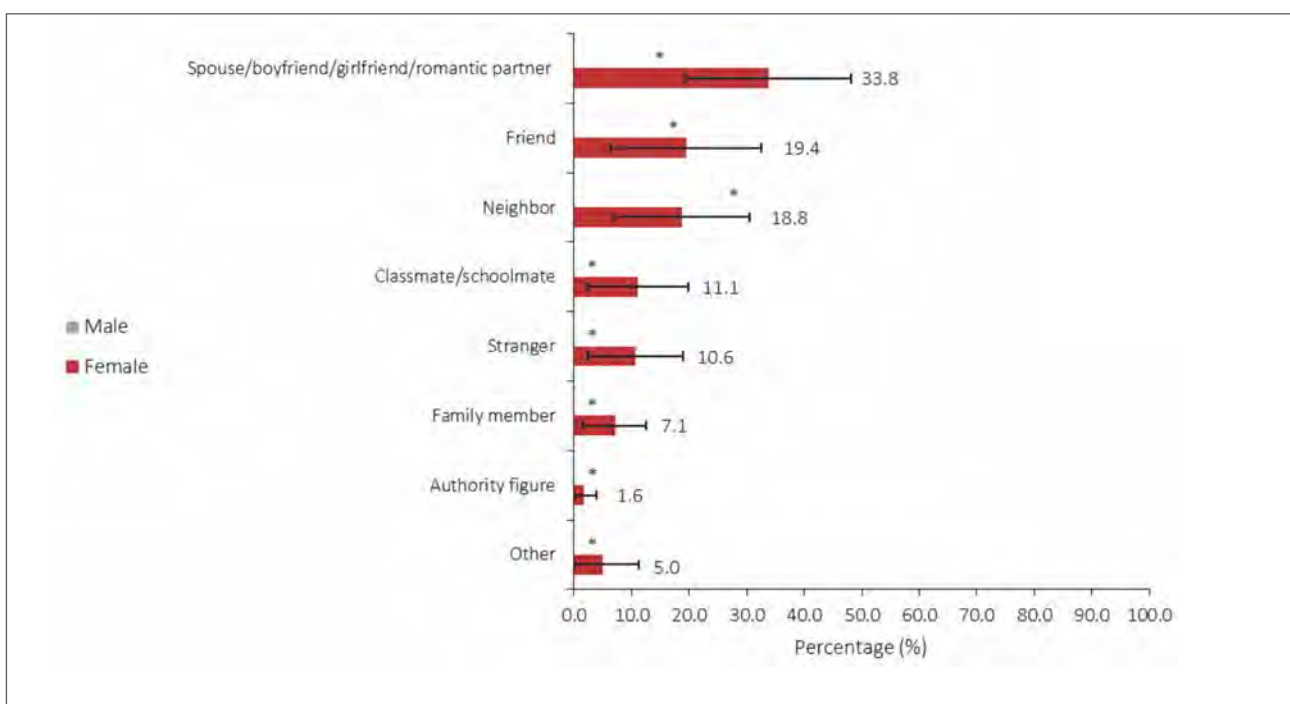


About one in four males (27.4 per cent) reported multiple perpetrators at the first event of sexual abuse, and one in ten females (11.3%; Appendix B Table 3.4.3).

3.2.2 Perpetrators of sexual abuse: 13–17-year-olds in the 12 months prior to the survey

Among females aged 13–17 years who experienced sexual abuse in the 12 months prior to the survey, the data on the perpetrators of their most recent incident of sexual abuse allows examination of current patterns and contexts of abuse in Zambia. Figure 3.8 below shows the percentage distribution of females and males aged 13–17 years who experienced sexual abuse in the previous 12 months, by perpetrators of the most recent incident of sexual abuse. Females most frequently reported a spouse/boyfriend/romantic partner as perpetrators of the most recent incident of sexual abuse (33.8 per cent), followed by friends (19.4 per cent) and neighbors (18.8 per cent; Appendix B Table 3.3.2).

Figure 3.8: Perpetrators of most recent incident of sexual abuse, among females and males aged 13-17 years who experienced any sexual abuse in the previous 12 months – Zambia VACS, 2014



*There was an insufficient number of male responses to produce reliable estimates.

Over one third of the female victims (36.2 per cent) perceived the perpetrators of their most recent abuse to be five or more years older (Appendix B, Table 3.3.4). Female victims in this age group reported only male perpetrators. Further, 17.5 per cent of the females aged 13–17 who experienced sexual abuse reported that more than one perpetrator was present at the most recent event of sexual abuse (Appendix B, Tables 3.4.2 and 3.4.4).

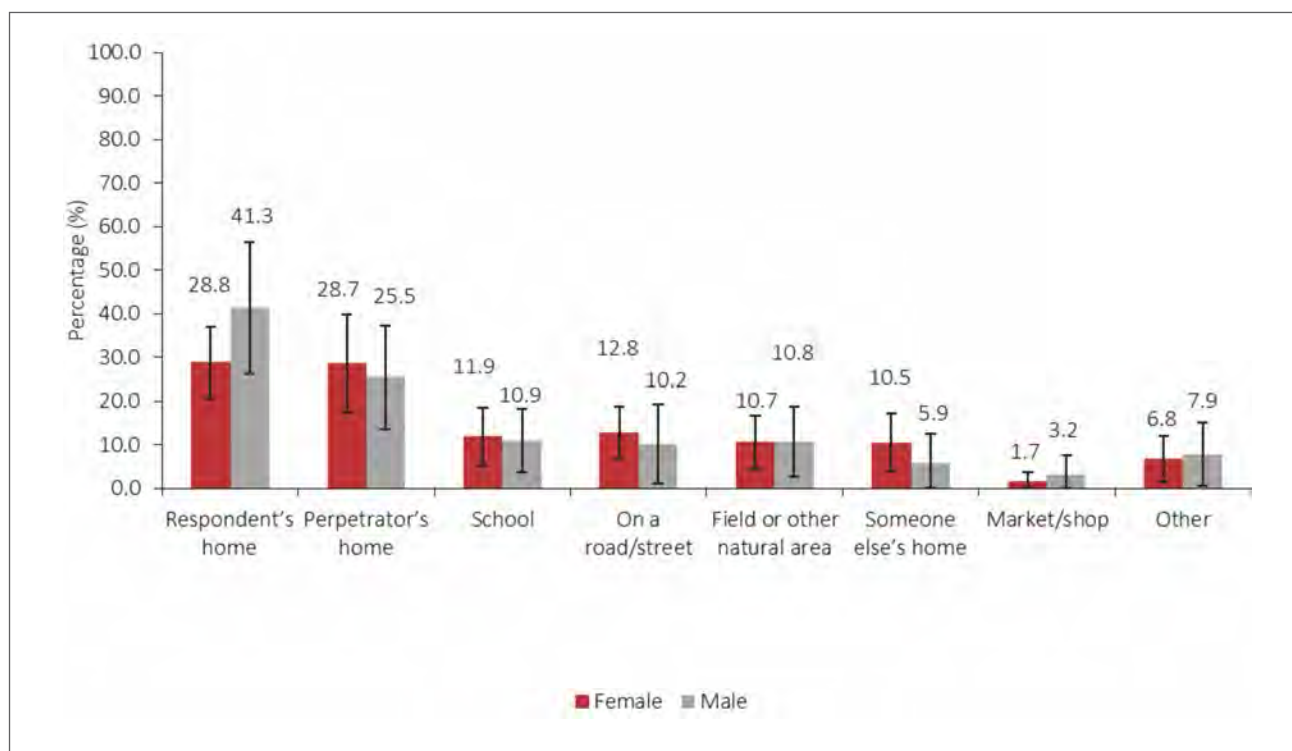
3.3 Location where sexual abuse occurred

To understand the context of sexual abuse better, respondents were asked about the location of the first and most recent incidents by sub-type of sexual abuse (defined as unwanted sexual touching, unwanted attempted sex, pressured sex, or physically forced sex). Some females and males experienced multiple sub-types of sexual abuse, which may have occurred at the same location or at different locations. Prevalence estimates of the locations of incidents of all sub-types of sexual abuse are presented below for both age groups. These are the location of the first incident among 18–24-year-olds who experienced sexual abuse prior to age 18, and the location of the most recent incident among 13–17-year-olds who experienced sexual abuse in the 12 months prior to the survey.

3.3.1 Location of the first incident of sexual abuse: 18–24-year-olds prior to age 18

Figure 3.9 shows the location of the first incident of sexual abuse among females and males aged 18–24 years who experienced sexual abuse prior to age 18. Both females and males aged 18–24 years who experienced sexual abuse prior to age 18 were most likely to report their own home (28.8 per cent and 41.3 per cent, respectively) or the perpetrator's home (28.7 per cent and 25.5 per cent, respectively) as the most common location of the first incident of sexual abuse. The third most commonly reported location for females was on the road or street (12.8 per cent), and for males was in school (10.9 per cent). For both females and males, the first incident of sexual abuse was significantly more likely to happen at their own home than on the road or street, or at school (Appendix B, Table 3.5.1).

Figure 3.9: Location of the first incident of sexual abuse, among females and males aged 18-24 years who experienced sexual abuse prior to age 18 – Zambia VACS, 2014



3.3.2 Location of the most recent incident of sexual abuse: 13–17-year-olds in the 12 months prior to the survey

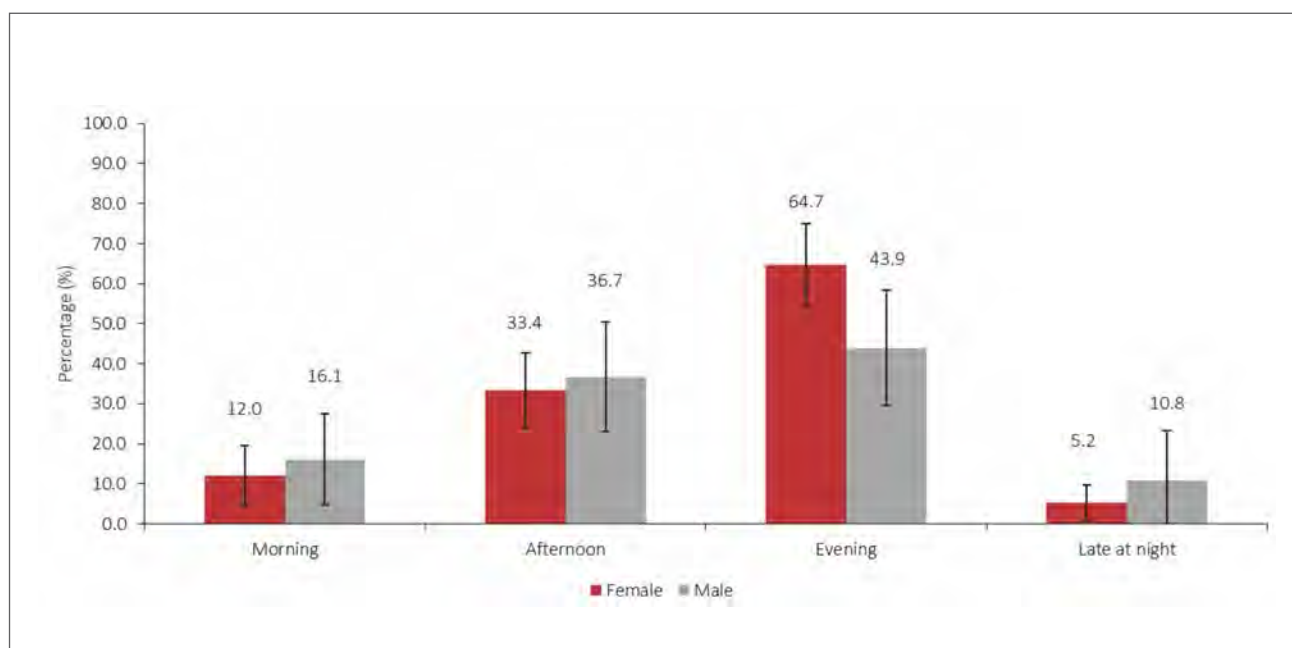
Among females, the most common location of the most recent incident of sexual abuse occurred on a road or street (30.4 per cent), followed by the perpetrator's home (23.1 per cent), in her own home (18.0 per cent), or in school (11.4 per cent). There were not enough data to differentiate location of sexual abuse among males in this age group (Appendix B, Table 3.5.2).

3.4 When the incidents of sexual abuse occurred

To assess temporal risk factors, data were analyzed for both age groups on the time of day in which the incident of sexual abuse occurred (first incident for 18–24-year-olds; most recent incident for 13–17-year-olds). Prevalence estimates of the time of day of incidents of all sub-types of sexual abuse are presented in this section for both age groups.

Figure 3.10, below, shows the percentage distribution of time of day of first experience of any sexual abuse, among females and males aged 18–24 years who experienced sexual abuse. Among females and males who experienced any sexual abuse prior to age 18, the first incident of sexual abuse happened most often in the evening (64.7 per cent and 43.9 per cent, respectively), followed by the afternoon (33.4 per cent and 36.7 per cent, respectively). Females were significantly more likely to experience sexual abuse in the evening than any other time of day (Appendix B, Table 3.6.1).

Figure 3.10: Time of day of first experience of sexual abuse, among females and males aged 18-24 years who experienced sexual abuse prior to age 18 – Zambia VACS, 2014



Similarly, among females aged 13–17 years who experienced sexual abuse in the 12 months prior to the survey, the most recent incidents of sexual abuse took place most often in the evenings (47.4 per cent) and afternoons (33.8 per cent). There were insufficient male data to differentiate sexual abuse experience in the previous 12 months by time of day (Appendix B, Table 3.6.2).

3.5 Disclosure and service-seeking behaviours of respondents who experienced childhood sexual abuse

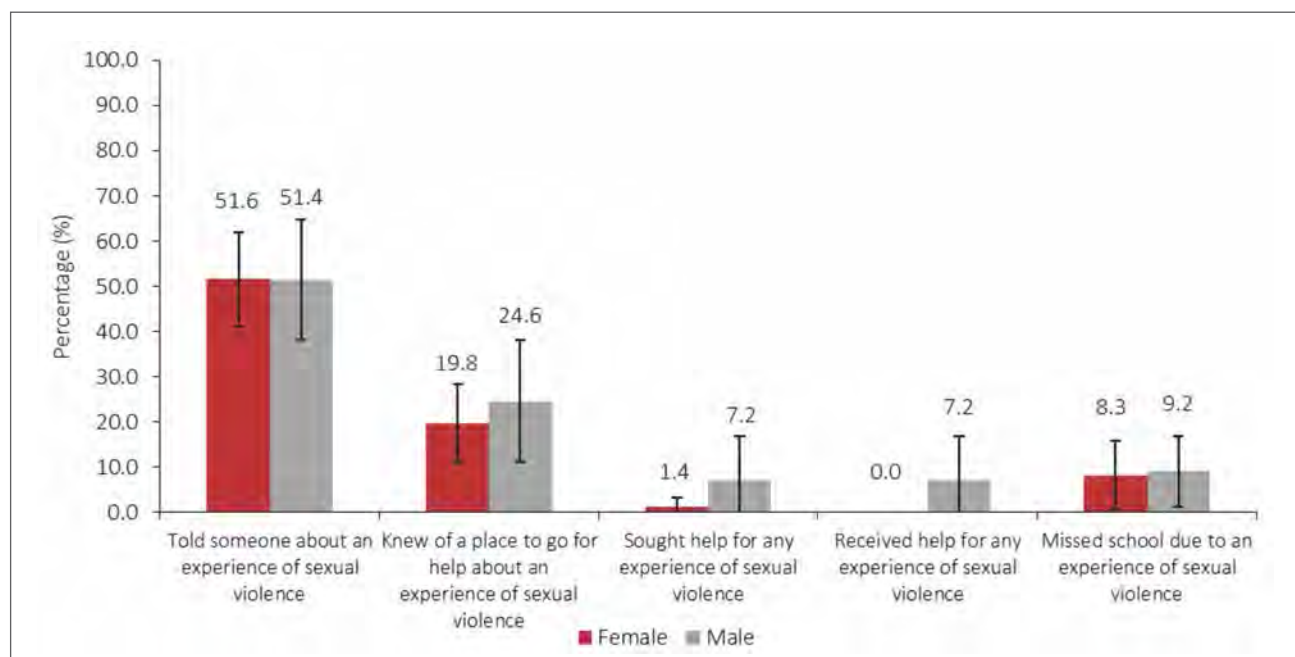
The main objective of this section is to describe the service-seeking behaviours of females and males who experienced at least one incident of sexual abuse prior to age 18. The findings presented include disclosure of the incidents of sexual abuse and whether or not the victims of abuse received professional services.

3.5.1 Service-seeking behaviour for sexual violence among 18–24-year-olds who experienced sexual abuse prior to age 18

Among those respondents, aged 18–24 years who experienced sexual abuse prior to age 18, 51.6 per cent of females and 51.4 per cent of males told someone about an experience of sexual abuse (Figure 3.11 and Appendix B, Table 3.7.1). Females did not receive professional services, but disclosed an incident of sexual abuse, typically to a relative (44.3 per cent) or a friend or neighbour (44.2 per cent). There were not enough male data to differentiate disclosure of sexual abuse by relationship (Appendix B, Table 3.7.6).

Among those respondents who experienced sexual abuse prior to age 18, 19.8 per cent of females and 24.6 per cent of males knew of a place to go for help. Additionally, 1.4 per cent of females sought help for any incident of sexual abuse but none received help; and 7.2 per cent of males sought services, and received help (Figure 3.11 and Appendix B, Table 3.7.1). Among those respondents who experienced sexual abuse prior to age 18, 8.3 per cent of females and 9.2 per cent of males missed school due to an experience of sexual abuse (Figure 3.11 and Appendix B, Tables 3.7.1 and 3.7.3).

Figure 3.11: Service awareness and use for sexual abuse, disclosure of sexual abuse and missed school for any incident of sexual abuse, among 18-24 year-olds who experienced sexual abuse prior to age 18 – Zambia VACS, 2014



3.5.2 Service-seeking behaviour for sexual abuse among 13–17-year-olds who experienced sexual abuse in the 12 months prior to the survey

Data were analyzed for females and males aged 13–17 years who experienced sexual abuse in the 12 months prior to the survey to provide a current pattern of support-seeking behaviour. Male data is not presented here, as it was inadequate to produce reliable estimates for service-seeking behaviour and disclosure statistics.

For females aged 13–17 years, 71.1 per cent of those who experienced sexual abuse in the 12 months prior to the survey told someone about any experience of sexual abuse (Appendix B, Table 3.7.2). Females who did not receive professional services but disclosed to someone about any incident of sexual abuse in the 12 months prior to the survey were significantly more likely to tell a relative (53.9 per cent) than a service provider or authority figure (15.8 per cent; Appendix B, Table 3.7.7).

Among females who experienced sexual abuse in the 12 months prior to the survey, 27.2 per cent knew of a place to go for help. However, only 2.6 per cent sought and received help (Appendix B, Table 3.7.2). Of the females who experienced sexual abuse in the 12 months prior to the survey, 8.0 per cent reported missing school because of any experience of sexual abuse (Appendix B, Table 3.7.3).

3.5.3 Awareness of Childline Zambia

Childline Zambia is a toll-free helpline designed specifically to provide counseling services to children, or on behalf of children. The helpline seeks to meet a child's immediate needs and link the child with long-term care. Government Ministries and International NGOs collaborated to provide this 24-hour support and engage communities to promote the use of the helpline. This section assesses the use of Childline Zambia overall, by the children experiencing sexual abuse prior to age 18 (among the 18-24-year-olds) and the 13-17-year-olds, in the 12 months prior to the survey.

Respondents were asked about their familiarity with Childline Zambia. Among 18-24-year-olds, 10.2 per cent of females and 10.0 per cent of males had ever heard of Childline Zambia (Appendix B, Table 3.8.1). Of those who had heard of it, 19.2 per cent of females and 18.4 per cent of males could accurately report the Childline phone number during the survey (Appendix B, Table 3.8.2).

Among females who experienced sexual abuse prior to age 18, 13.5 per cent had ever heard of Childline, compared with 9.3 per cent of females who did not experience sexual abuse in childhood. Among males, 14.7 per cent of those who experienced sexual abuse prior to age 18 had ever heard of Childline, compared with 9.6 per cent of those who did not experience sexual abuse during childhood (Appendix B, Table 3.8.3).

Among the 13-17-year-olds, 6.6 per cent of females and 4.5 per cent of males had ever heard of Childline Zambia (Appendix B, Table 3.8.1). There were an insufficient data to produce reliable estimates of female and male participants who could accurately report the helpline phone number, and assess the number of males who heard of the helpline and experienced sexual abuse in the previous 12 months.

Among 13-17-year-old females who had experienced sexual abuse in the 12 months prior to the survey, 18.5 per cent had ever heard of Childline, compared to 4.3 per cent of those who did not experience sexual abuse in the 12 months before the survey. Among males, 4.2 per cent of those who had not experienced sexual abuse in the previous 12 months had heard of Childline (Appendix B, Table 3.8.4).

3.6 Sexual exploitation

The survey defined sexual exploitation as transactional sex (receiving food, favors, or any gifts in exchange for sex) and non-contact sexual violence (participating in a sex photo or video or showing sexual body parts in front of a camera, whether a respondent wanted to, or not).

Among 18-24-year-olds, 2.1 per cent of females and 0.8 per cent of males were involved in transactional sex during childhood. Among 13-17-year-old females, 4.5 per cent reported being involved in transactional sex in the previous 12 months. No 13-17-year-old males reported being involved in transactional sex in the 12 months prior to the survey (Appendix B, Tables 3.9.1 and 3.9.2).

Among the 18–24-year-old respondents, very few females (0.1 per cent) and no males reported experiencing non-contact sexual violence in childhood. Similarly, among the 13-17-year-old respondents, 0.2 per cent of females and 0.1 per cent of males reported experiencing non-contact sexual violence in the previous 12 months (Appendix B, Tables 3.9.3 and 3.9.4).

SECTION 4: PHYSICAL VIOLENCE IN CHILDHOOD - PREVALENCE, PERPETRATORS, AND SERVICE-SEEKING BEHAVIOUR

HIGHLIGHTS

- Approximately 1 in 3 females and 2 in 5 males aged 18–24 experienced physical violence prior to age 18.
- 1 in 4 females and males aged 13–17 experienced physical violence in the previous 12 months.
- Parents, adult caregivers or other adult relatives were the most common perpetrators of childhood physical violence among females and males aged 18–24.
- About half of females and males aged 18–24 witnessed physical violence in their homes prior to age 18.
- Among females and males aged 13–17 who experienced physical violence by an adult in the community in the previous 12 months, teachers were the most common perpetrators.

This section describes the national prevalence and current patterns of children's experiences of, and exposure to, physical violence. Data on perpetrators and children's knowledge of services and help-seeking behaviour is also presented. The survey defined physical violence as punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife or any other weapon.

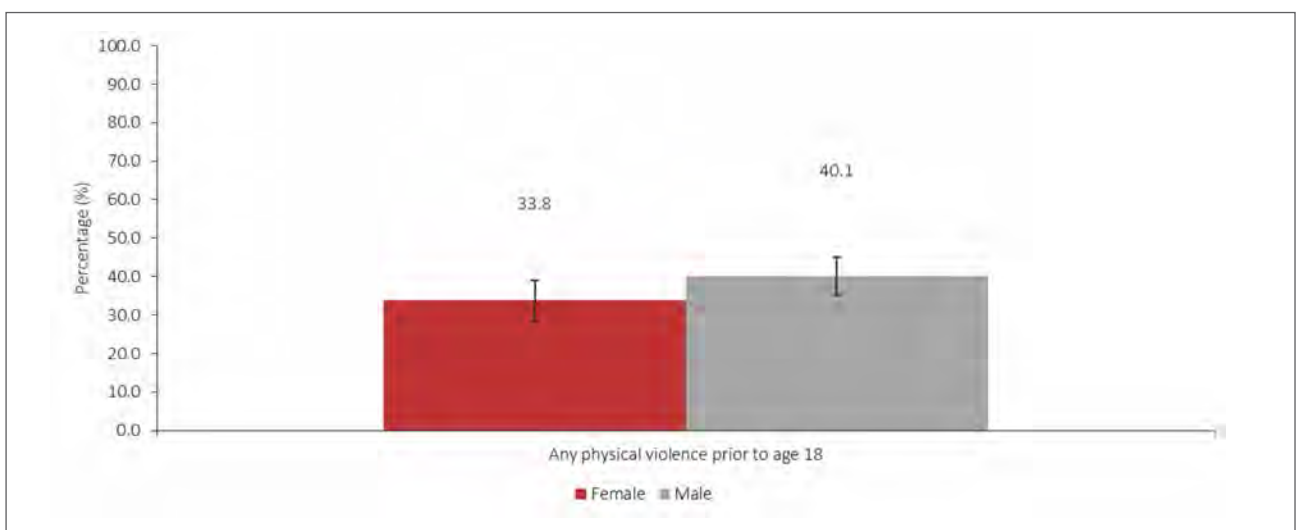
4.1 Experience of physical violence

The prevalence of physical violence prior to age 18 (among 18–24 year-olds) and in the 12 months prior to the survey (among 13–17 year-olds) are presented in this sub-section. The perpetrators of physical violence and distribution of age at first incident and proportion of respondents experiencing multiple incidents of physical violence are also highlighted.

4.1.1 Physical violence: 18–24-years-olds (prior to age 18)

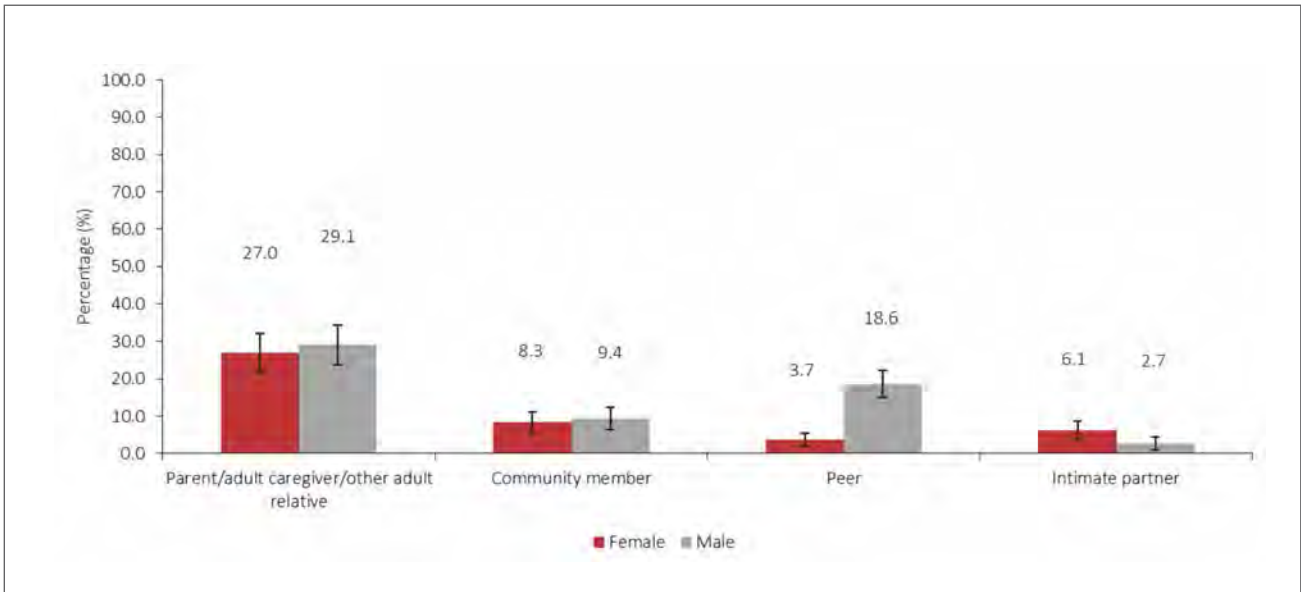
Figure 4.1, below, shows that 33.8 per cent of females and 40.1 per cent of males experienced physical violence prior to age 18 among 18–24-year-olds (Appendix B, Table 4.1.1).

Figure 4.1: Prevalence of physical violence prior to age 18, among females and males aged 18-24 years – Zambia VACS, 2014



According to Figure 4.2, below, male and female respondents aged 18–24 indicated that parents, adult caregivers or other adult relatives were the most common perpetrators of physical violence prior to age 18 (29.1 per cent and 27.0 per cent, respectively). For males, peers were the next most commonly reported perpetrators (18.6 per cent), followed by community members (9.4 per cent), and intimate partners (2.7 per cent). For females, the second most common perpetrators were community members (8.3 per cent), followed by intimate partners (6.1 per cent), and peers (3.7 per cent). Males were significantly more likely than females to report a peer as a perpetrator of physical violence prior to age 18 (Appendix B, Table 4.1.2).

Figure 4.2: Prevalence physical violence among 18-24-year-olds who experienced physical violence prior to age 18, by perpetrator of physical violence – Zambia VACS, 2014



Among respondents who reported experiencing any physical violence prior to age 18, 86.5 per cent of females and 84.0 per cent of males experienced more than one incident (Appendix B, Table 4.1.3).

The first incident of physical violence among respondents aged 18–24 who experienced childhood physical violence most often occurred between ages 6–11 years (50.1 per cent) among females and ages 12–17 years (48.5 per cent) among males. Fewer females (8.6 per cent) and males (8.4 per cent) experienced their first incident of physical violence at, or before age 5 (Appendix B Table 4.1.4).

4.1.2 Physical violence: 13-17-year-olds in the 12 months prior to the survey

Approximately the same number of females (27.7 per cent) and males (27.5 per cent) aged 13–17 experienced physical violence in the previous 12 months (Figure 4.3 and Appendix B, Table 4.2.1).

Figure 4.3: Prevalence of physical violence in the previous 12 months, among females and males aged 13-17-years-old – Zambia VACS, 2014

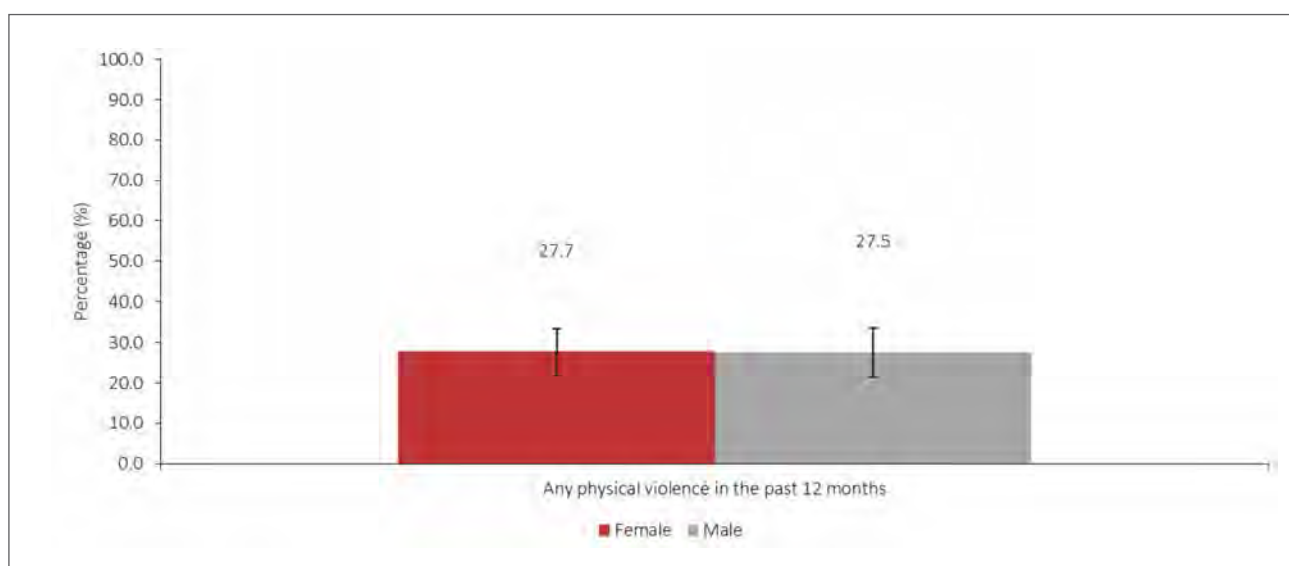
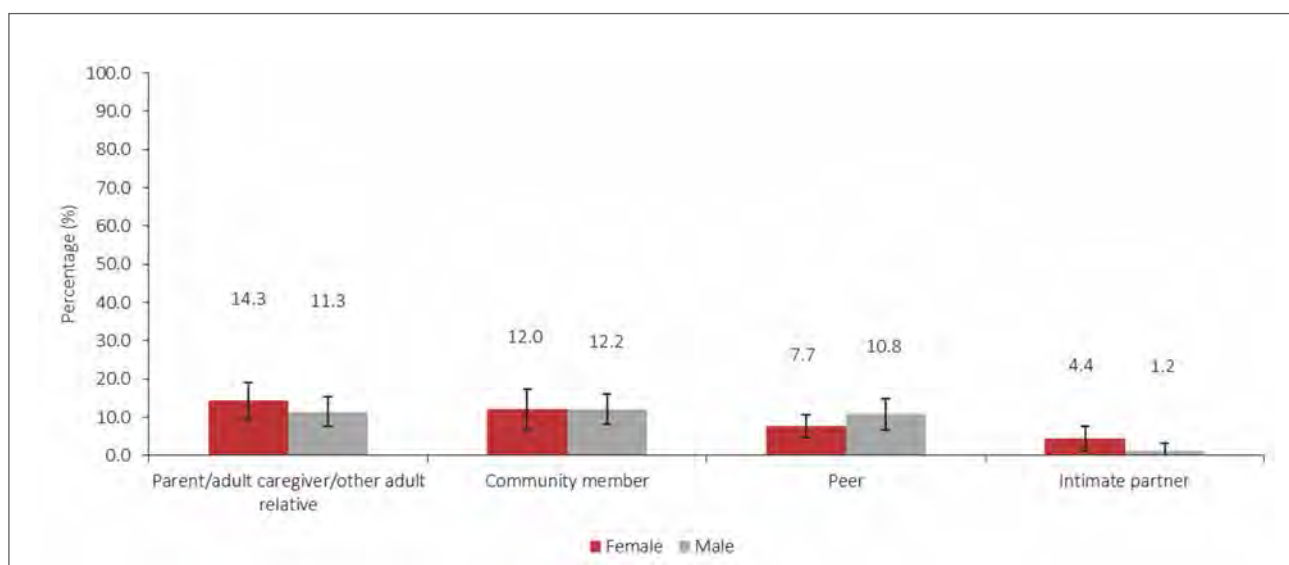


Figure 4.4 shows percentage distribution of females and males aged 13–17 who experienced any physical violence by an intimate partner, parent, adult caregiver or other adult relative, community member, or peer.

The most common perpetrators of physical violence for females in the previous 12 months were parents, adult caregivers, or other adult relatives (14.3 per cent), followed by community members (12.0 per cent), peers (7.7 per cent), and intimate partners (4.4 per cent). Among males, the most common perpetrators of physical violence in the 12 months prior to the survey were community members (12.2 per cent), followed by parents, adult caregivers, or other adult relatives (11.3 per cent), peers (10.8 per cent), and intimate partners (1.2 per cent; Appendix B, Table 4.2.2).

Figure 4.4: Prevalence physical violence among 13-17-year-olds who experienced physical violence in the past 12 months, by perpetrator of physical violence – Zambia VACS, 2014



Of the females and males, aged 13–17 who reported experiencing at least one incident of physical violence in the previous 12 months, 81.1 per cent of males and 83.5 per cent of females reported experiencing multiple incidents of violence (Appendix B, Table 4.2.3).

Sixty-nine per cent of females and 52.7 per cent of males experienced their first incident of physical violence at ages 12–17. Many respondents (44.3 per cent of males and 28.4 per cent of females) experienced their

first incident of physical violence at ages 6–11. Fewer males (3.0 per cent) and females (2.6 per cent) experienced their first incident of physical violence at or before age 5 (Appendix B, Table 4.2.4).

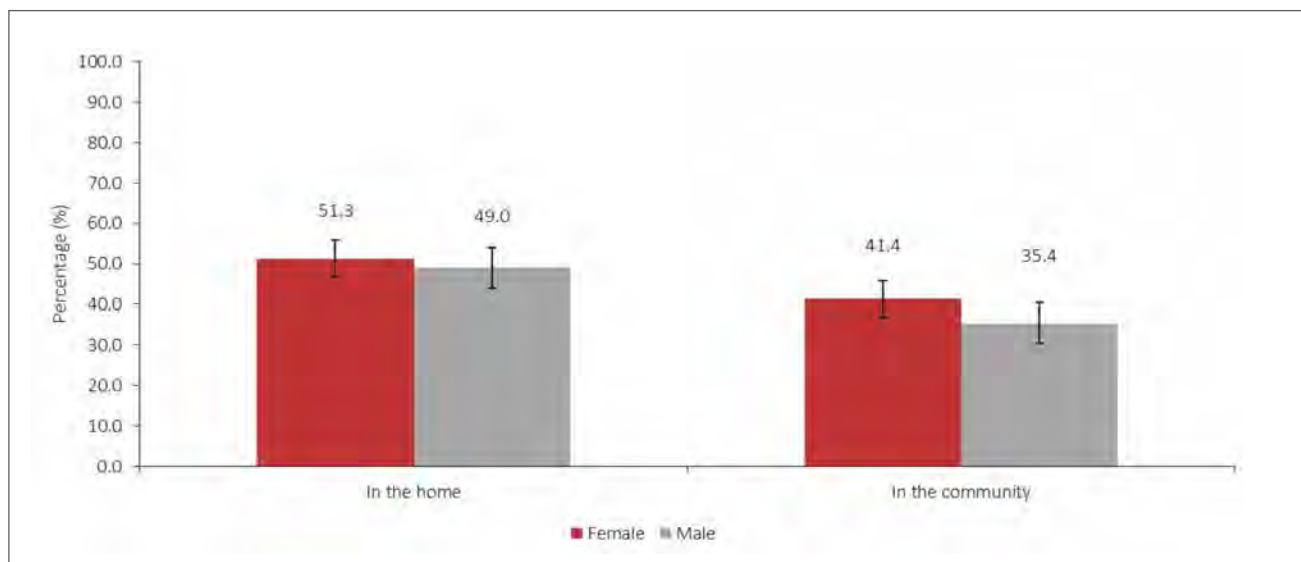
4.2 Witnessing physical violence at home and in the community

Respondents were asked regarding their experience of witnessing physical violence both in the home (hearing or seeing a parent punch, kick or beat the other parent, their boyfriend or girlfriend, or a sibling) and in the community (seeing someone outside the home or family environment get attacked).

Witnessing violence in the home or community can have similar effects on cognitive, behavioral, and social development as directly experiencing violence. Children who witness physical violence may be more likely to resort to violence to resolve conflict and are at greater risk for anxiety, depression, poor school performance, and diminished social competence.

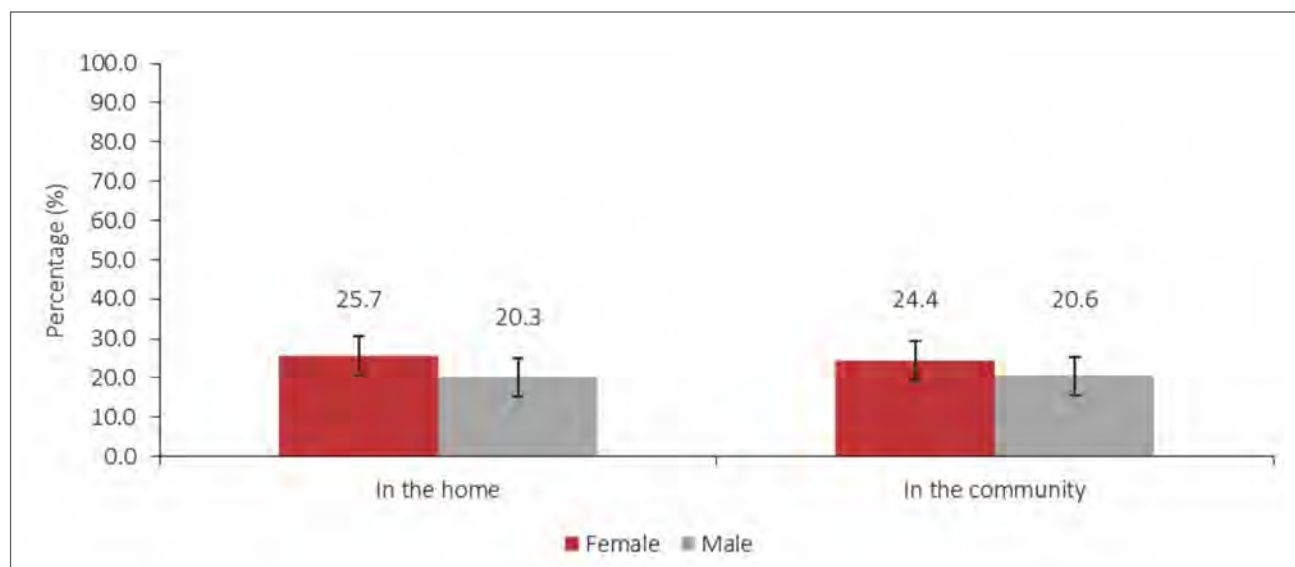
Figure 4.5 shows the percentage distribution of witnessing physical violence in the home and community among the 18–24-year-olds by sex. More than half of females (51.3 per cent) and 49.0 per cent of males reported witnessing physical violence in the home. Furthermore, 41.4 per cent of females and 35.4 per cent of males reported witnessing physical violence in the community prior to age 18 (Appendix B, Tables 4.3.1 and 4.3.3).

Figure 4.5: Prevalence of witnessing physical violence in the home and in the community among females and males aged 18-24 years – Zambia VACS, 2014



Among the respondents aged 13–17, 25.7 per cent of females and 20.3 per cent of males reported witnessing physical violence in the home in the 12 months prior to the survey (Figure 4.6). Furthermore, 24.4 per cent of females and 20.6 per cent of males reported witnessing physical violence in the community in the 12 months prior to the survey (Appendix B, Tables 4.3.2 and 4.3.4).

Figure 4.6: Prevalence of witnessing physical violence in the home and in the community in the previous 12 months among females and males aged 13-17 years – Zambia VACS, 2014



4.3 Injury as a result of physical violence

Respondents reported physical injury and harm because of the first or most recent experience of physical violence for each type of perpetrator (intimate partner, parent, adult caregiver or other adult relative, adults in the community, and peer). Injuries on the questionnaire included: 1) cuts, scratches, bruises, aches, redness or swelling or other minor marks; 2) sprains, dislocations, or blistering; 3) deep wounds, broken bones, broken teeth, or blackened or charred skin; or 4) permanent injury or disfigurement.

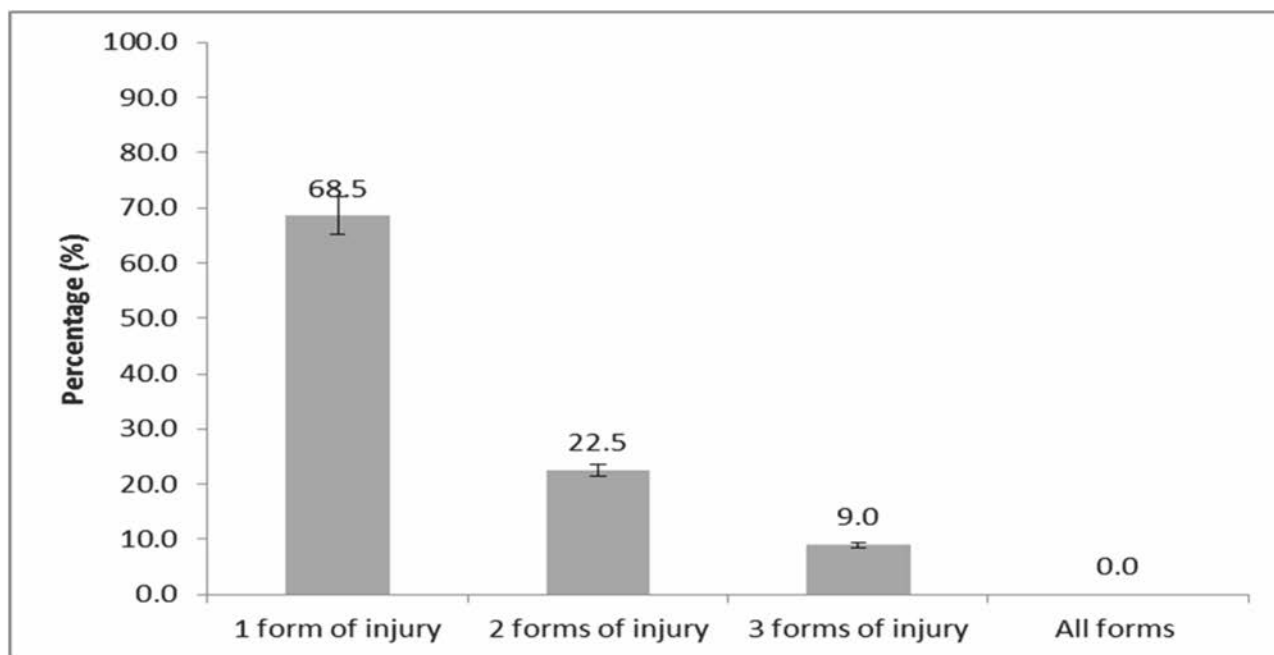
For the respondents aged 18–24 where the physical violence occurred before age 18, data were analyzed for the injury reported from the first experience of violence from each perpetrator type. Data were then aggregated to understand physical injury and harm that occurred during the first experience across perpetrator types. The aggregated indicator counts the first experience of physical violence up to four times for each respondent, once for each of the four perpetrator categories.

For the 13–17-year-old age group, data were analyzed from the most recent experience of violence, when the physical violence occurred in the previous year by each perpetrator type. The data were then aggregated across perpetrator types and the most recent experience of violence counted up to four times for each respondent, and once for each of the four perpetrator categories.

For the respondents aged 18–24 who experienced physical violence prior to age 18, 9.5 per cent of females and 14.0 per cent of males reported physical harm or injury as a result of their first experience. (Appendix B, Table 4.4.1). Almost one third of females (29.6 per cent) who experienced physical violence by an intimate partner prior to age 18 reported a physical injury at the first incident of violence. Further, 6.1 per cent of females who experienced physical violence by a community member and 5.0 per cent of females who experienced physical violence by a parent, adult caregiver, or other adult relative reported physical harm or injury from their first experience of violence.

Among males aged 18–24 years, 14.5 per cent reported experiencing physical violence from a peer, 12.0 per cent by a community member, and 8.8 per cent by a parent, adult caregiver, or other adult relative. They also reported sustaining physical harm or injury from the respective perpetrator(s) of the first violence (Appendix B, Table 4.4.2). Males most commonly reported sustaining injury or physical harm (68.5 per cent): cuts, scratches, bruises, aches, redness, swelling, or other minor marks (Figure 4.7 and Appendix B, Table 4.4.3). There were not enough data to differentiate female physical harm or injuries by specific types of injuries reported.

Figure 4.7 Prevalence of injury or physical harm as a result of the first experience of physical violence prior to age 18, among 18-24-year-olds who experienced physical violence prior to age 18 – Zambia VACS, 2014



For those aged 13–17 who experienced physical violence in the 12 months prior to the survey, 21.8 per cent of females and 14.2 per cent of males reported physical harm or injury as a result of the most recent experience of physical violence (Appendix B, Table 4.4.4). Females most frequently reported physical harm or injury at the most recent experience of physical violence from peers (28.2 per cent), parents, adult caregivers, or other adult relatives (23.8 per cent), and community members (6.0 per cent).

Males most often reported physical harm or injury from the most recent experience of physical violence from community members (19.5 per cent), peers (9.7 per cent), and parents, adult caregivers, or other adult relatives (8.8 per cent; Appendix B, Table 4.4.5). There were not enough data to facilitate reliable differentiation between specific types of physical harm or injuries experienced by females and males in the previous 12 months.

4.4 Perpetrators of physical violence

The analysis of the relationship between perpetrators of physical violence and the females and males who experienced physical violence in childhood is presented below. Understanding the relationships between children who experience physical violence and perpetrators (intimate partners, peers, parents, adult caregivers or other adult relatives, and adults in the community), and how this might differ by type of violence and the sex of the child, can contribute towards improving the targeting of prevention programmes.

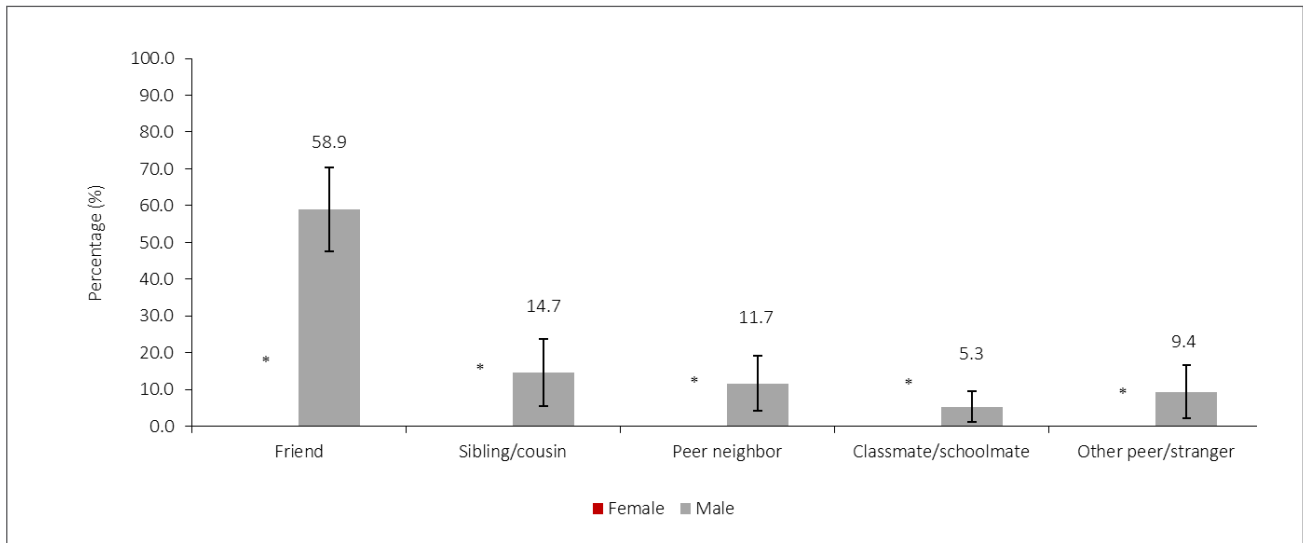
Information on perpetrators was collected from all respondents who experienced physical violence. The perpetrators of the first incident of physical violence experienced in childhood are reported for respondents aged 18–24. For those aged 13–17, the perpetrators of the most recent incident of physical violence in the 12 months prior to the survey are reported.

4.4.1 Perpetrators of physical violence: 18–24-year-olds prior to age 18

Among those females aged 18–24 who experienced physical violence by an intimate partner prior to age 18, the perpetrators were most often husbands (52.8 per cent), followed by boyfriends or romantic partners (47.2 per cent). There were not enough data among males 18–24 years old who experienced physical violence by an intimate partner to differentiate by specific perpetrator (Appendix B, Table 4.5.1).

Figure 4.8 shows that the males aged 18–24 reported experiencing physical violence perpetrated by peers prior to age 18. These peers most frequently included friends as the perpetrators of the first incident (58.9 per cent), siblings and cousins (14.7 per cent), peer neighbors (11.7 per cent), other peers or strangers (9.4 per cent), and classmates or schoolmates (5.3 per cent; Appendix B, Table 4.5.2). There were not enough data to differentiate specific peer perpetrators among females aged 18–24 years.

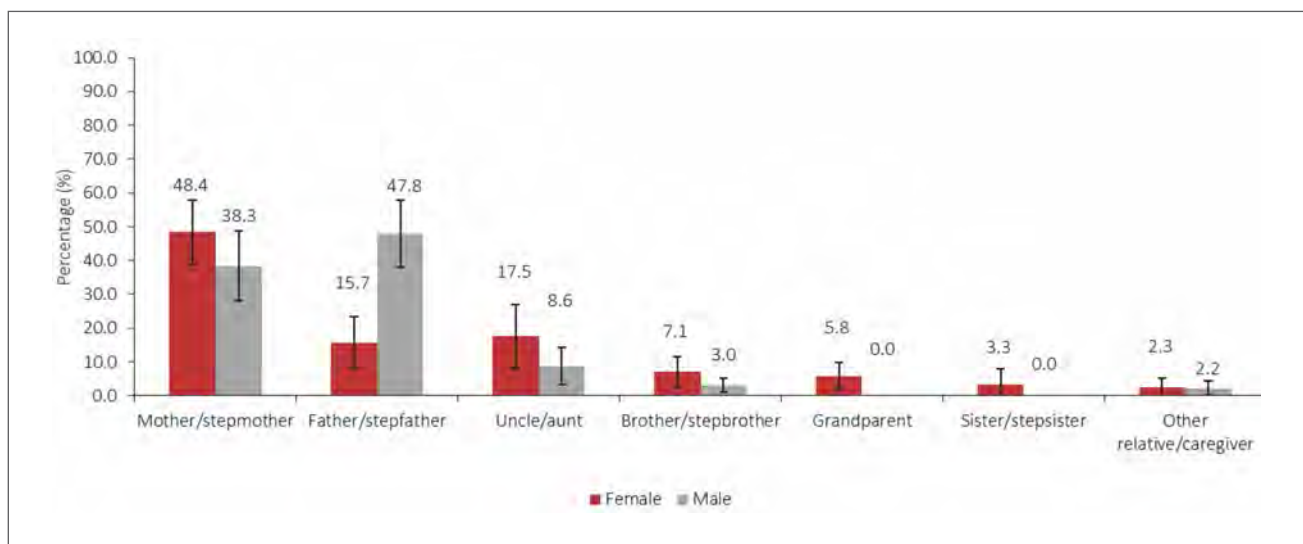
Figure 4.8: Perpetrators of the first incident of peer physical violence, among 18-24-year-olds who experienced any physical violence by a peer prior to the age of 18 – Zambia VACS, 2014



*Percentages for females aged 18 to 24 years are unstable because the cell size is less than 25.

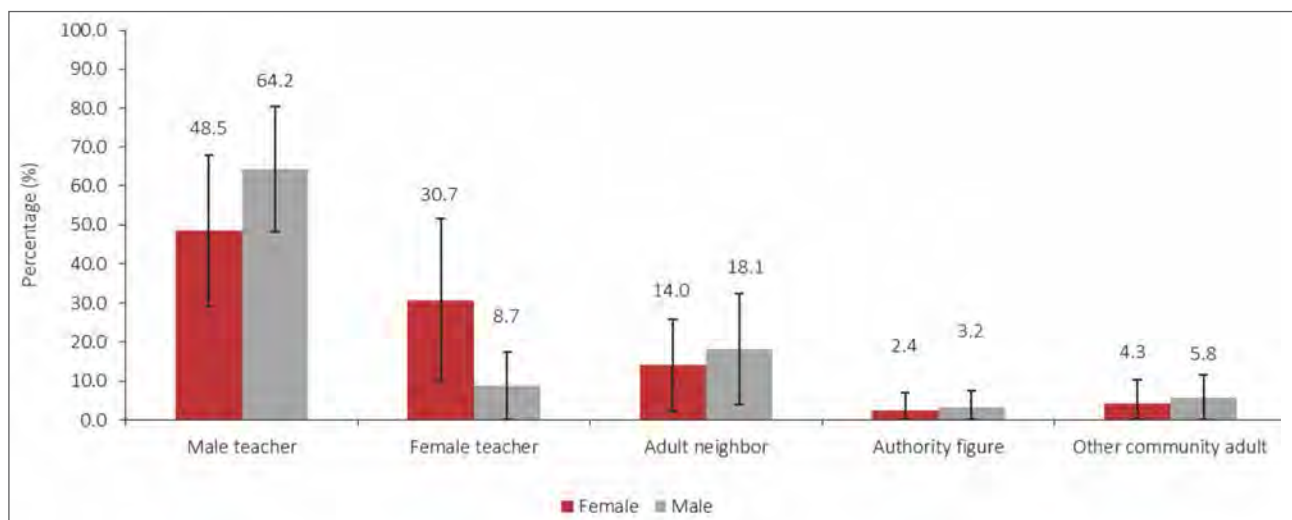
Figure 4.9 shows that females aged 18–24 who experienced physical violence by a parent, adult caregiver, or other adult relative prior to age 18 most commonly reported a mother or stepmother (48.4 per cent) as the perpetrator of the first incident; and the lowest reported perpetrator was another relative or caregiver (2.3 per cent). Similarly, among males, a father or stepfather (47.8 per cent) was most commonly reported as the perpetrator of the first incident; and the lowest reported perpetrator was another relative or caregiver (2.2 per cent; Appendix B, Table 4.5.3). Furthermore, almost all female (95.2 per cent) and male (91.6 per cent) respondents who experienced physical violence by a parent, adult caregiver, or other adult relative prior to age 18 reported the perpetrator of the first incident of physical violence lived in the same household when the event occurred (Appendix B, Table 4.6.1).

Figure 4.9: Perpetrators of the first incident of physical violence by a parent, adult caregiver, or other adult relative, among 18-24-year-olds who experienced any physical violence by a parent caregiver, or adult relative to the age of 18– Zambia VACS, 2014



According to Figure 4.10, among females aged 18–24 who experienced physical violence by an adult in the community prior to age 18, male teachers (48.5 per cent) were mostly reported as perpetrators of the first incidents of physical violence and authority figures (2.4 per cent) were least reported. As with their female counterparts, males who experienced physical violence by an adult in the community prior to age 18 were most likely to report male teachers (64.2 per cent) as the perpetrator of the first incident of violence and authority figures (3.2 per cent) as the least reported (Appendix B, Table 4.5.4).

Figure 4.10: Perpetrators of the first incident of community adult physical violence, among 18-24-year-olds who experienced any physical violence by an adult in the community prior to the age of 18 – Zambia VACS, 2014

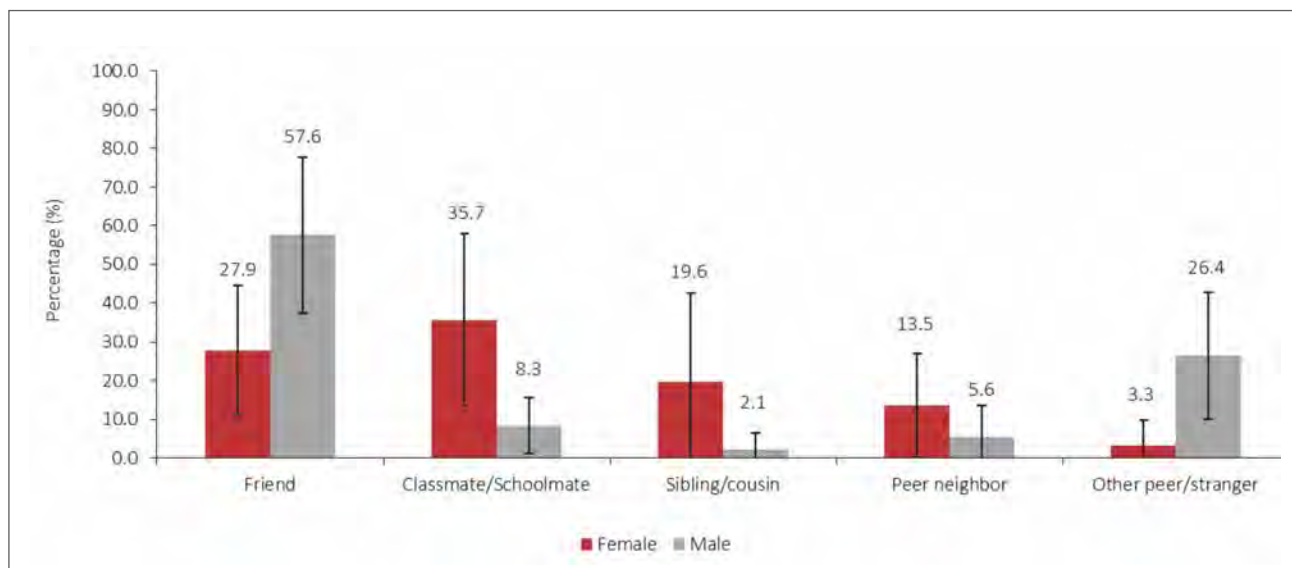


4.4.2 Perpetrators of physical violence: 13–17-year-olds in the 12 months prior to the survey

There were not enough data to differentiate specific perpetrators among females and males aged 13–17 who experienced physical violence by an intimate partner in the previous 12 months (Appendix B, Table 4.5.5).

Figure 4.11 shows the percentage distribution of respondents aged 13–17 who experienced physical violence by a peer in the previous 12 months. Females mostly reported classmates or schoolmates (35.7 per cent) as perpetrators of the most recent incident of physical violence while other peers/strangers (3.3 per cent) were least reported. Among males, friends (57.6 per cent) were most often reported as the perpetrator of the most recent incident and sibling/cousin were least reported (2.1 per cent; Appendix B, Table 4.5.6).

Figure 4.11: Perpetrators of the most recent incident of peer physical violence, among 13-17-year-olds who experienced any physical violence by a peer in the previous 12 months – Zambia VACS, 2014



Among the female respondents aged 13–17 who reported physical violence by a parent, adult caregiver, or other adult relative in the previous 12 months, mothers or stepmothers (55.4 per cent) were the most common perpetrators of the most recent incident of physical violence (Figure 4.12). The male respondents reported fathers or stepfathers (38.8 per cent) as the common perpetrators of the most recent incident of physical violence (Appendix B, Table 4.5.7).

Figure 4.12: Perpetrators of the most recent incident of parent, adult caregiver, or other adult relative physical violence, among 13-17-year-olds who experienced any physical violence by a parent, caregiver, or adult relative in the previous 12 months – Zambia VACS, 2014

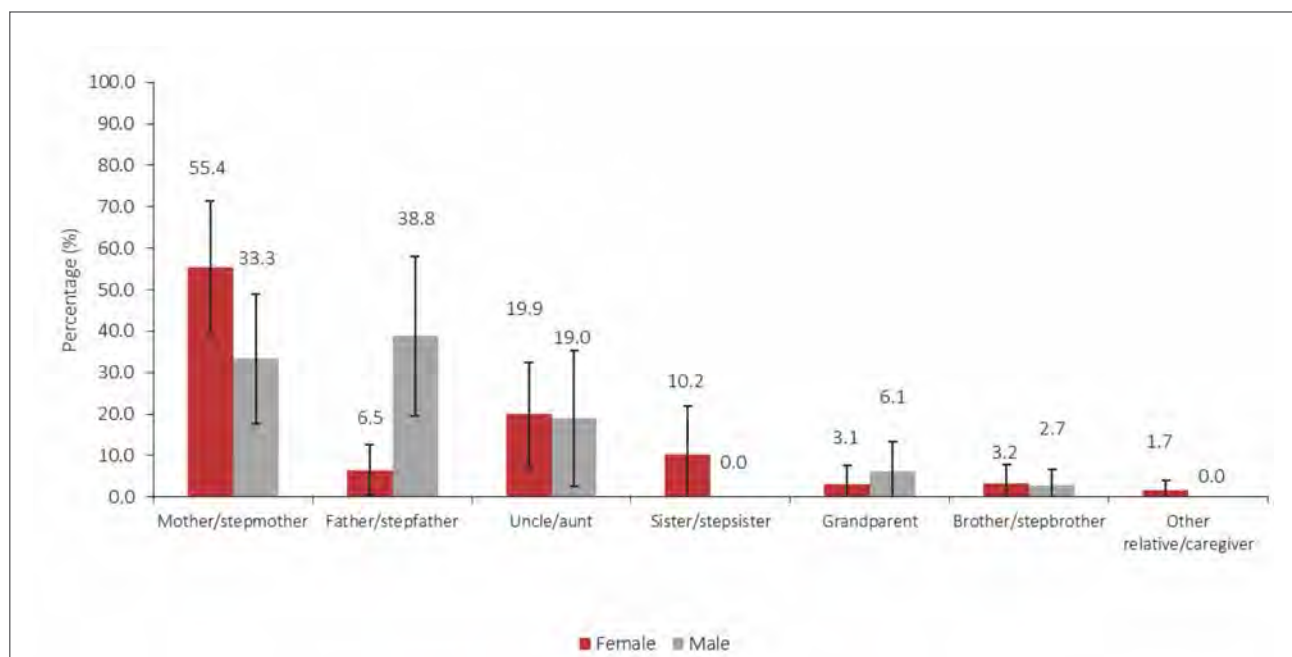
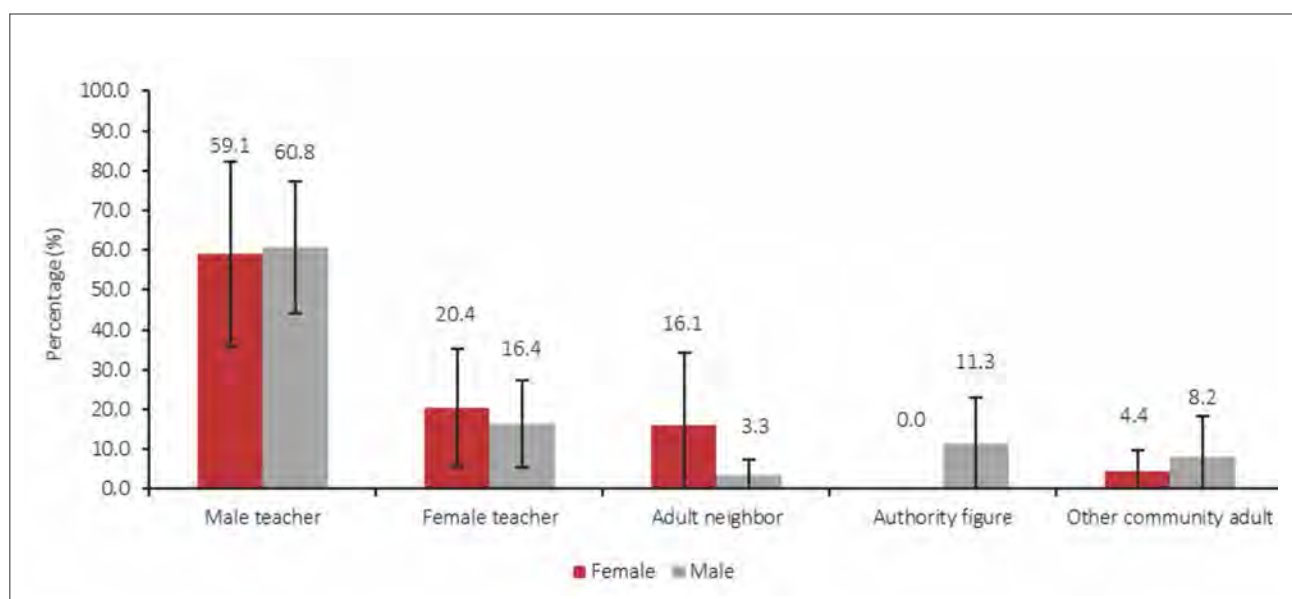


Figure 4.13, below, shows the percentage distribution of perpetrators of the most recent incident of community adult physical violence, among 13–17-year-olds who experienced any physical violence by an adult in the community in the previous 12 months. Among female respondents, male teachers (59.1 per cent) were most commonly reported as the perpetrators of the most recent incidents of physical violence. Similarly, male respondents reported male teachers (60.8 per cent; Appendix B, Table 4.5.8) as the main perpetrators of the most recent physical violence inflicted on the children.

Figure 4.13: Perpetrators of the most recent incident of community adult physical violence, among 13-17-year-olds who experienced any physical violence by an adult in the community in the previous 12 months – Zambia VACS, 2014



4.5 Disclosure and service-seeking behaviours of children who have experienced physical violence

This section describes the reporting and service seeking behaviours of females and males who experienced at least one incident of physical violence prior to age 18 (among 18–24 year-olds) or in the previous 12 months (among 13–17-year-olds). Furthermore, the section describes whether any incidents of physical violence were

ever disclosed to anyone, and whether professional services were sought and received. Reasons why professional services were not received are also highlighted here.

4.5.1 Disclosure among 18–24-year-olds who experienced physical violence prior to age 18

In Figure 4.14, below, 43.9 per cent of the females aged 18–24, who experienced physical violence prior to age 18 had told someone about their experience of violence. A further 20.7 per cent knew of a place to go to for help; 5.3 per cent tried to seek help to handle physical violence; and 5.2 per cent received help in dealing with physical violence. Among the males, 42.8 per cent reported telling someone about an experience of physical violence; 36.7 per cent knew of a place to go to for help; 5.9 per cent tried to seek help to handle physical violence; and 4.3 per cent received help pertaining to physical violence (Appendix B, Table 4.7.1). Furthermore, 6.5 per cent of males and 6.7 per cent of females who experienced physical violence prior to age 18 had reported missing school due to experiencing physical violence (Appendix B, Table 4.7.3).

Figure 4.14: Service awareness and use for physical violence, disclosure of violence, and missed school for any incident of physical violence, among 18-24 year-olds who experienced physical violence prior to age 18 – Zambia VACS, 2014

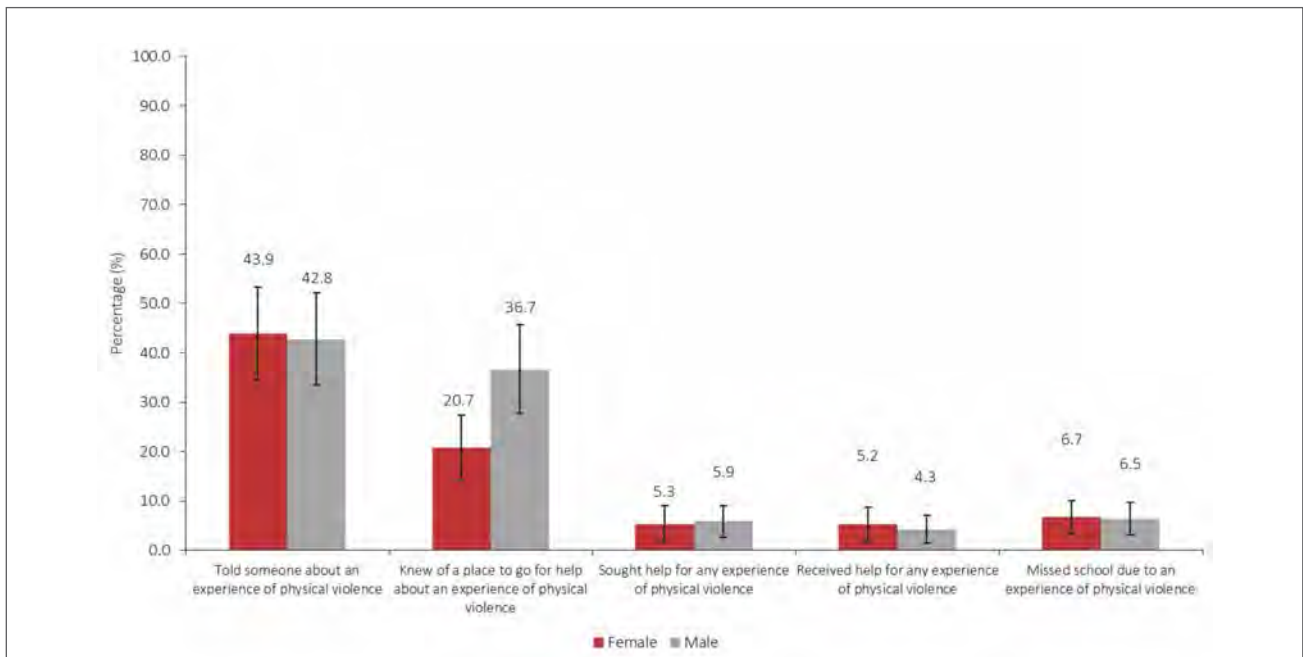
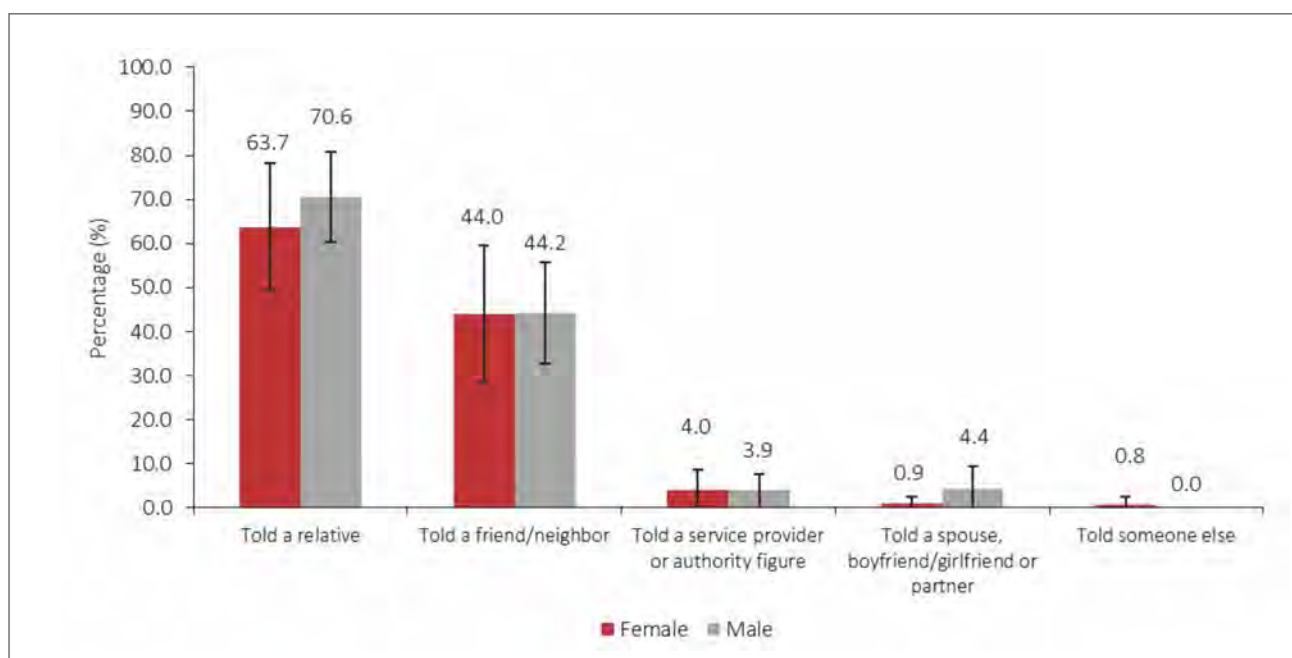


Figure 4.15 shows that, among respondents aged 18–24 who told someone about an experience of physical violence, the females most often told a relative (63.7 per cent). The males most often told a relative (70.6 per cent), but the service providers or authority figures were the least informed (3.9 per cent; Appendix B, Table 4.7.6). There were inadequate data to differentiate the types of service providers who rendered help to those females and males who reported receiving help to deal with incidents of physical violence (Appendix B, Table 4.7.4).

Figure 4.15: Relationship with person who was told about any incident of physical violence, among 18-24-year olds who experienced physical violence prior to age 18 and told someone about it – Zambia VACS, 2014

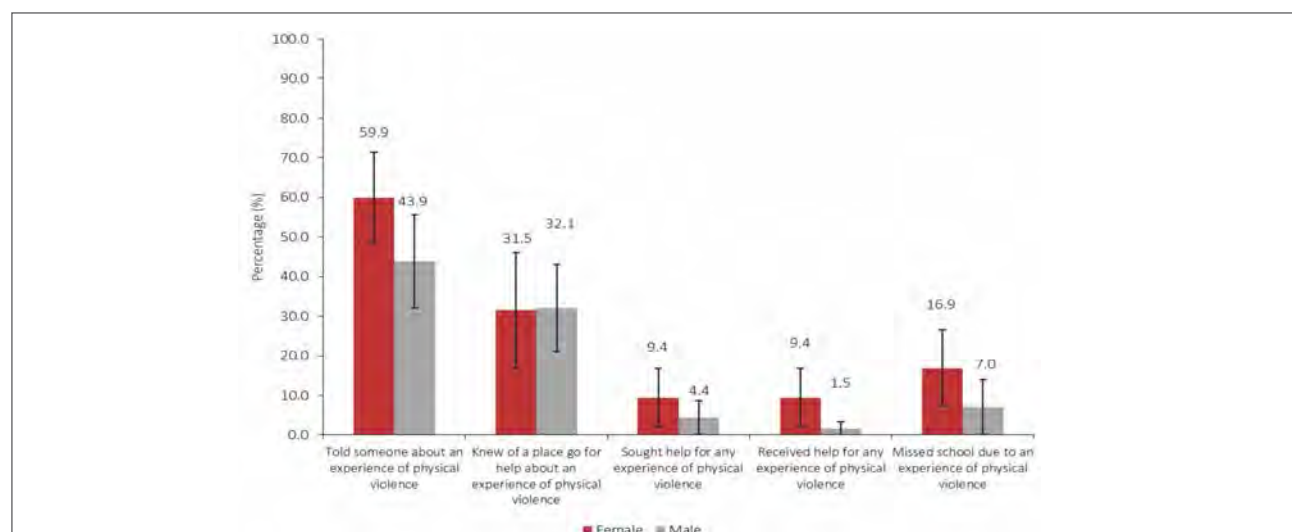


4.5.2 Disclosure among females and males aged 13–17-year-olds who experienced physical violence in the 12 months prior to the survey

Figure 4.16 shows that, of the females aged 13–17 who experienced physical violence during the year before the survey, 59.9 per cent had told someone about their experience of violence. Another 31.5 per cent knew of a place to go for help, 9.4 per cent tried to seek help pertaining to violent physical experience, and 9.4 per cent received help related to violent physical experience.

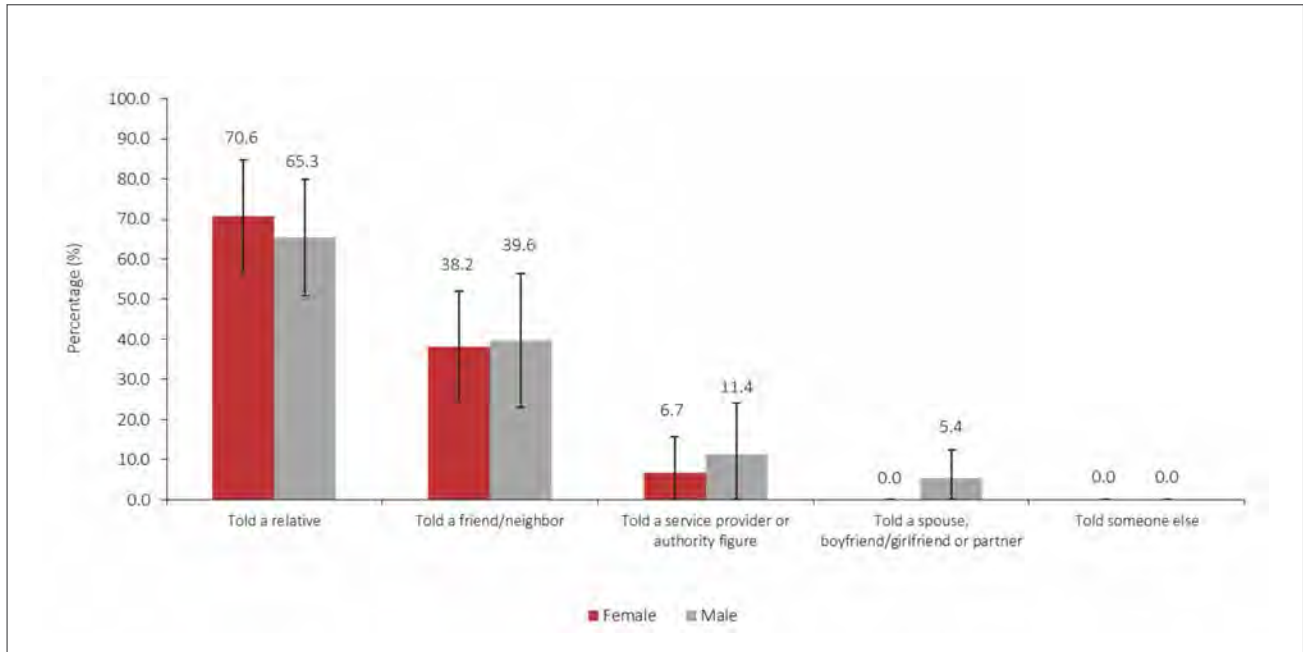
With regard to males, 43.9 per cent reported telling someone about their experience of physical violence, 32.1 per cent knew of a place to go for help related to physical violence, 4.4 per cent tried to seek help related to experience of physical violence, and only 1.5 per cent received help for any experience of physical violence (Appendix B, Table 4.7.2). More females (16.9 per cent) than males (7.0 per cent) who experienced physical violence in the previous 12 months reported missing school as a result of the physical violence experienced (Appendix B, Table 4.7.3).

Figure 4.16: Service awareness and use for physical violence, disclosure of violence, and missed school for any incident of physical violence, among 13-17-year-olds who experienced physical violence in the previous 12 months – Zambia VACS, 2014



Among the respondents aged 13–17 who told someone about incidents of physical violence in the 12 months prior to the survey, 70.6 per cent of females and 65.3 per cent of males most often told their relatives (Figure 4.17 and Appendix B, Table 4.7.7). There were too few respondents to differentiate by types of service providers for those females and males who received help related to the incidents of physical violence (Appendix B, Table 4.7.5).

Figure 4.17: Relationship with person who was told about any incident of physical violence, among 13-17-year olds who experienced physical violence in the past 12 months and told someone about it – Zambia VACS,, 2014



4.5.3 Service-seeking behaviour among females and males aged 18–24-year-olds who experienced violence prior to age 18

Both females and males aged 18–24 who experienced violence prior to age 18 and did not seek services cited individual-level barriers (94.2 per cent and 79.8 per cent, respectively; Appendix B, Table 4.7.9) as reasons for not seeking services for incidents of physical violence experienced prior to age 18. The specific individual-level barriers included the following:

- 41.4 per cent of males and 21.2 per cent of females did not need or want services.
- 29.9 per cent of males and 36.3 per cent of females felt the incident was their own fault.
- 18.1 per cent of males and 18.9 per cent of females did not think the incident was a problem.
- 3.3 per cent of males and 3.3 per cent of females were afraid of getting in trouble.
- 1.5 per cent of males were embarrassed for themselves or family.

Relationship-level barriers preventing 3.2 per cent of males and 6.2 per cent of females from seeking services included the following:

- 2.2 per cent of males and 2.4 per cent of females were dependent on the perpetrators.
- 3.7 per cent of females were afraid of being abandoned.
- 1.0 per cent of males were threatened by the perpetrators.

Structural-level barriers preventing 1.7 per cent of males and 3.5 per cent of females from seeking services included being unable to afford services. Other barriers (males, 0.9 per cent and females, 10.5 per cent) represented remaining factors preventing children from seeking services (Appendix B, Tables 4.7.8 and 4.7.9).

4.5.4 Service-seeking behaviour among females and males aged 13–17-year-olds who experienced violence in the previous 12 months

There were too few females aged 13–17 who reported any reasons for not seeking services to provide stable estimates (Appendix B, Table 4.7.10).

All males aged 13–17 who experienced physical violence in the previous 12 months and did not seek services reported individual-level barriers for not doing so. Specifically, respondents reported the following individual-level barriers (Appendix B, Tables 4.7.10 and 4.7.11):

- 40.5 per cent did not think it was a problem.
- 30.4 per cent did not need or want services.
- 17.8 per cent were afraid of getting in trouble.
- 11.3 per cent felt it was their own fault.

4.5.5 Awareness of Childline Zambia by experience of physical violence

Among the respondents, aged 18–24 who experienced physical violence prior to age 18, 12.5 per cent of the females and 9.3 per cent of males had ever heard of Childline Zambia. Of the respondents in the same age group who did not experience physical violence prior to age 18, 9.0 per cent of females and 10.4 per cent of males had ever heard of Childline Zambia. Of those respondents who had ever heard of Childline Zambia and had not experienced any physical violence, 17.0 per cent of females and 14.1 per cent of males could accurately report the Childline Zambia phone number. The sample was too small to provide stable estimates for respondents who experienced physical violence and had ever heard of Childline Zambia (Appendix B Tables 4.8.1 and 4.8.3).

Among the respondents aged 13–17 who experienced physical violence in the 12 months prior to the survey, 8.7 per cent of females and 2.2 per cent of males had heard of Childline Zambia. Of the respondents in the same age group who did not experience physical violence in the previous 12 months, 5.8 per cent of females and 5.4 per cent of males had heard of Childline Zambia. The sample was too small to provide stable estimates of the 13–17 year-olds who had heard of Childline Zambia and could accurately report the phone number by experience of physical violence in the previous 12 months (Appendix B, Tables 4.8.2 and 4.8.4).

SECTION 5: EMOTIONAL VIOLENCE IN CHILDHOOD – PREVALENCE AND PERPETRATORS

HIGHLIGHTS

- 1 in 5 males and 1 in 6 females aged 18–24 experienced emotional violence by a parent, caregiver, or other adult relative prior to age 18. The first incident of emotional violence often occurred at ages 12–17.
- Nearly 1 in 5 females and males aged 18–24 experienced emotional violence by a peer prior to age 18.
- More than 1 in 6 females and 1 in 8 males aged 13–17 experienced emotional violence by a parent, caregiver, or other adult relative in the previous 12 months.
- About 1 in 7 males and more than 1 in 5 females aged 13–17 experienced emotional violence by a peer in the previous 12 months.
- Parents, followed by uncles or aunts, were the most common perpetrators of the first or most recent incident of emotional violence in childhood by a parent, adult caregiver, or other adult relative.
- Friends were the most common perpetrators of the first or most recent incident of emotional violence in childhood by a peer.

This section describes the national prevalence and current patterns of emotional violence perpetrated against children by parents, adult caregivers, other adult relatives, and peers in Zambia.

The survey defined emotional violence by parents, adult caregivers, or other adult relatives as being ridiculed or put down, being told that they were unloved or did not deserve to be loved, or that they wished they had never been born or were dead.

Emotional violence by peers was defined as making them get scared or feel really bad because they were calling them names, saying mean things to them or saying they didn't want them around, telling lies, spreading rumors or trying to make others dislike them, or keeping them out of things on purpose, excluding them from their group of friends, or completely ignoring them.

5.1 Emotional violence

Prevalence and descriptive characteristics of emotional violence by a parent, adult caregiver, or other adult relative are presented below. Prevalence of emotional violence by a peer is also included in this section.

5.1.1 Emotional violence: Among respondents aged 18–24 prior to age 18

Among respondents aged 18–24, 15.9 per cent of females and 20.0 per cent of males reported experiencing emotional violence by a parent, adult caregiver, or other adult relative prior to age 18 (Appendix B, Table 5.1.1). Of those who reported experiencing emotional violence by a parent, adult caregiver, or other adult relative prior to age 18, 75.7 per cent of females and 89.8 per cent of males experienced multiple instances of emotional violence (Appendix B, Table 5.1.2).

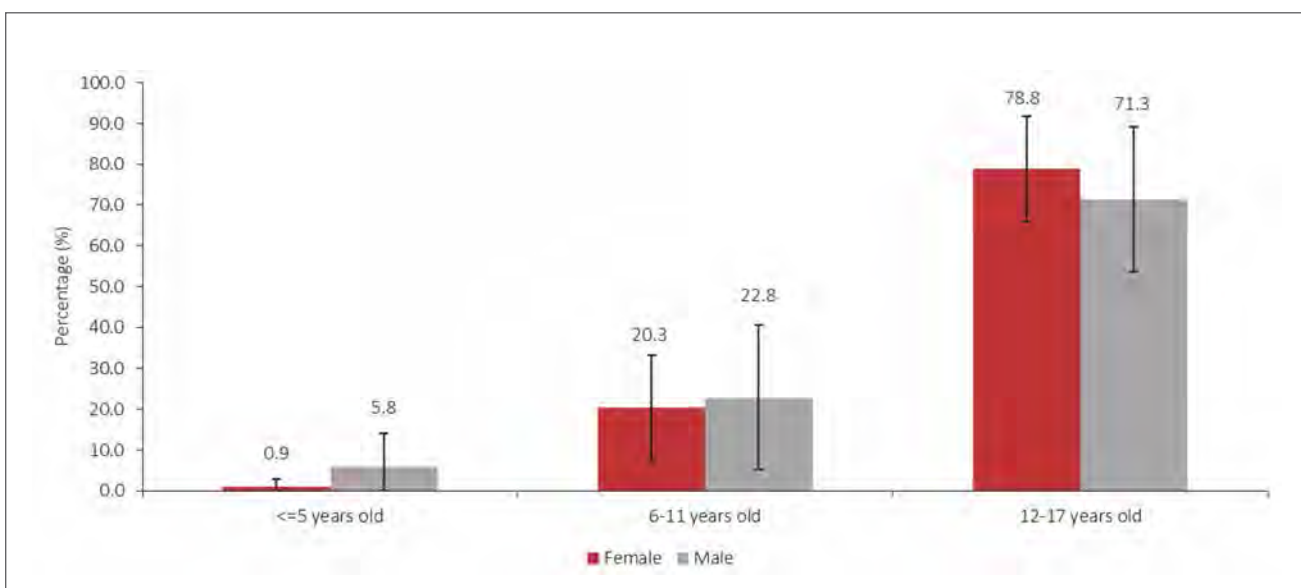
Most females (52.1 per cent) and males (62.6 per cent) were aged 12–17 at the first incident of emotional violence by a parent, adult caregiver, or other adult relative (Appendix B, Table 5.1.3). The percentage of females and males who experienced emotional violence by a peer prior to age 18 was 17.0 per cent and 18.1 per cent, respectively (Appendix B, Table 5.1.4).

5.1.2 Emotional violence: Among respondents aged 13–17 in the previous 12 months

Among respondents aged 13–17, 17.7 per cent of females and 12.5 per cent of males reported experiencing emotional violence by a parent, adult caregiver, or other adult relative in the previous 12 months (Appendix B, Table 5.2.1) before this study. Of these, 83.8 per cent of females and 70.1 per cent of males reported experiencing more than one incident of emotional violence (Appendix B, Table 5.2.2).

Figure 5.1 shows age at first incident of emotional violence among respondents aged 13–17 who had experienced emotional violence by a parent, adult caregiver, or other adult relative in the previous 12 months. Both females and males reported first experiencing emotional violence between the ages of 12–17 years significantly more often than any other age category (78.8 per cent, and 71.3 per cent, respectively). Few females (0.9 per cent) and males (5.8 per cent) reported experiencing emotional violence at age 5 or younger (Appendix B Table 5.2.3). Females (22.1 per cent) were more likely to experience emotional violence by a peer than males (14.1 per cent; Appendix B, Table 5.2.4).

Figure 5.1: Age at first experience of violence by a parent, adult caregiver or other adult relative, among 13-17-year olds who experienced emotional violence in the previous 12 months—Zambia VACS, 2014



5.2 Perpetrators of emotional violence

Data were analyzed for respondents aged 18–24 who experienced emotional violence before age 18, and for respondents aged 13–17 who experienced emotional violence in the 12 months prior to the survey. Understanding the relationship between children who experience violence and their perpetrators, as well as how this might differ by type of violence and sex of the child, can contribute to more targeted prevention programmes.

5.2.1 Perpetrators of emotional violence: Among respondents aged 18–24 prior to age 18

According to Figure 5.2, females aged 18–24 who experienced emotional violence by a parent, adult caregiver, or other adult relative most frequently identified mothers or stepmothers as the perpetrator of childhood emotional violence (39.1 per cent). Males in the same age group were more likely to identify fathers or stepfathers (33.1 per cent) than any other perpetrator (Appendix B, Table 5.5.1).

Among those who experienced emotional violence prior to age 18, 82.3 per cent of females and 78.0 per cent of males reported that an adult relative or caregiver who perpetrated the first incident of emotional violence lived in the same household at the time of the event (Appendix B, Table 5.5.5).

Figure 5.2: Perpetrators of the first incident of emotional violence by a parent, adult caregiver, or other adult relative, among 18-24-year-olds who experienced emotional violence prior to age 18 – Zambia VACS, 2014

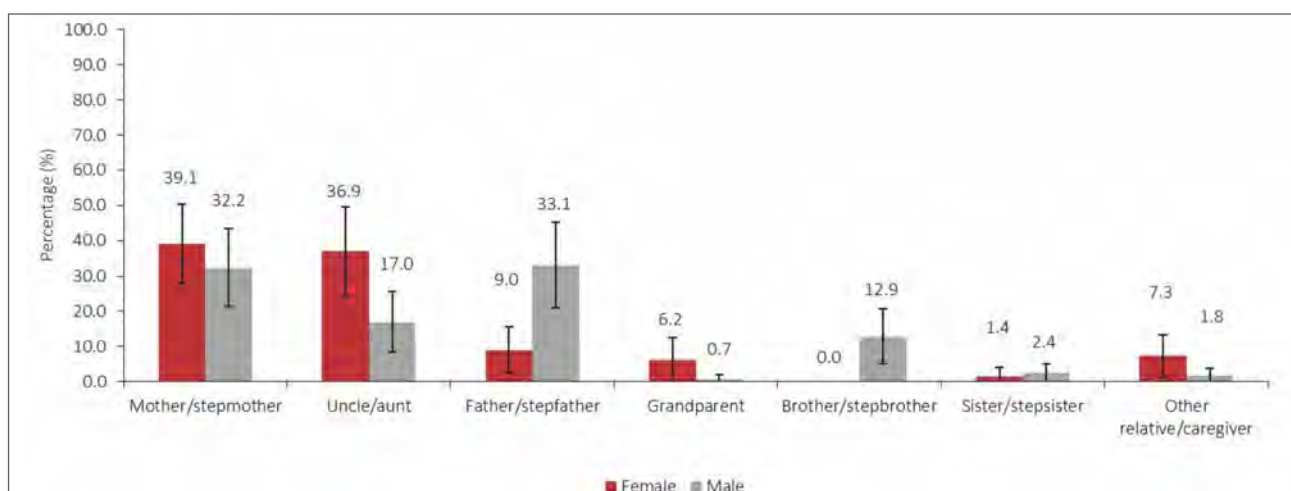
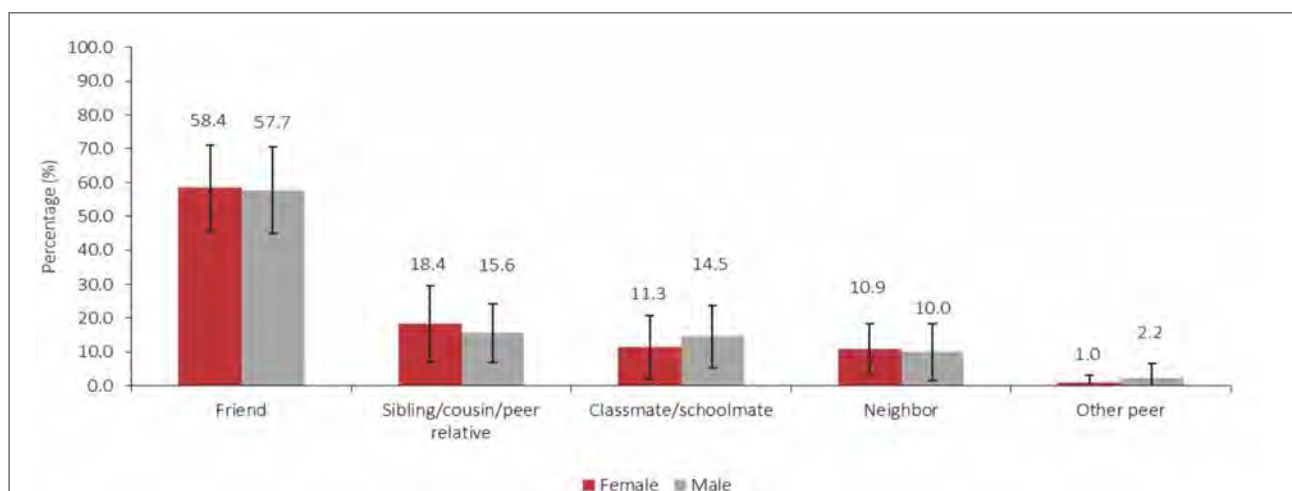


Figure 5.3 shows that females aged 18–24 who experienced emotional violence by a peer were significantly more likely to identify friends (58.4 per cent) than any other perpetrator. Males in the same age group who experienced peer emotional violence were also significantly more likely to identify friends (57.7 per cent) as the first perpetrator of peer emotional violence (Appendix B, Table 5.5.2).

Figure 5.3: Perpetrators of the first incident of emotional violence by a peer, among 18-24-year-olds who experienced peer emotional violence prior to age 18 – Zambia VACS, 2014



5.2.2 Perpetrators of emotional violence: Among respondents aged 13–17 in the previous 12 months

Figure 5.4 shows respondents aged 13–17 who experienced emotional violence by a parent, adult caregiver or other adult relative in the previous 12 months. Females most frequently identified mothers or stepmothers (35.2 per cent) while males most frequently identified uncles or aunts (31.1 per cent) and fathers or stepfathers (31.0 per cent) as the perpetrator of the most recent incident of emotional violence (Appendix B, Table 5.5.3). Further, 80.6 per cent of females and 96.0 per cent of males reported that the perpetrator of the first incident of emotional violence lived in the same household (Appendix B, Table 5.5.6).

Figure 5.4: Perpetrators of the most recent incident of emotional violence by a parent, adult caregiver, or other adult relative, among 13-17-year-olds who experienced emotional violence in the past 12 months – Zambia VACS, 2014

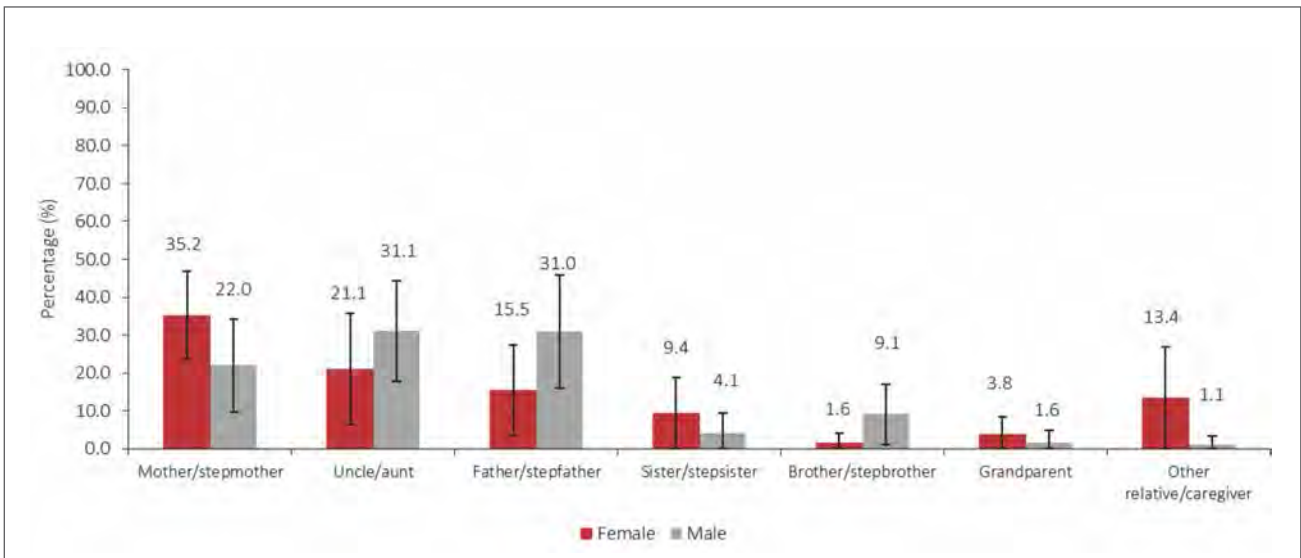
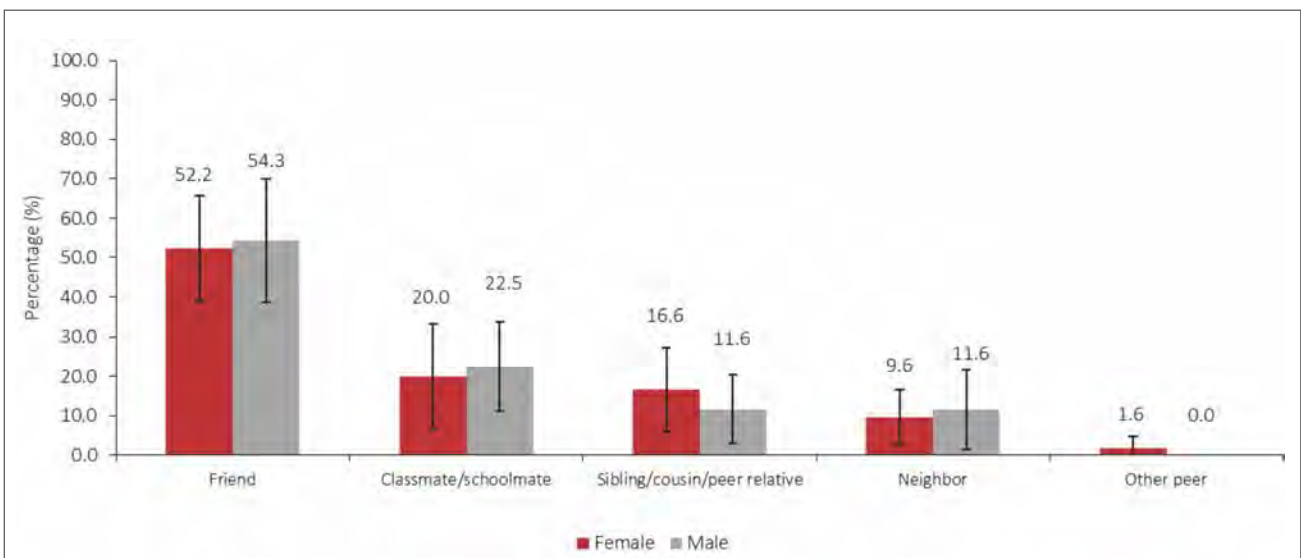


Figure 5.5, below, shows that both females and males aged 13–17 who experienced emotional violence by a peer in the previous one year were significantly more likely to identify a friend as the perpetrator of the most recent incident of emotional violence (52.2 per cent and 54.3 per cent, respectively; Appendix B, Table 5.5.4).

Figure 5.5: Perpetrators of the most recent incident of emotional violence by a peer, among 13-17- year-olds who experienced peer emotional violence in the past 12 months – Zambia VACS, 2014



5.3 Location of peer emotional violence

Data were analyzed for respondents aged 18–24 who experienced peer emotional violence before age 18, and for 13–17 year-olds who experienced emotional violence in the 12 months prior to the survey to examine where the emotional violence was occurring.

5.3.1 Location of peer emotional violence: Among respondents aged 18–24 prior to age 18

Among respondents aged 18–24 who experienced emotional violence by a peer prior to age 18, females most frequently identified their own home (44.6 per cent) as the location of the most recent incident of emotional violence, followed by school (36.9 per cent), and the perpetrator's home (12.9 per cent). Males who experienced emotional violence by a peer prior to age 18 most frequently identified school (39.4 per cent) as the location of the most recent incident of emotional violence by a peer, followed by their own home (26.7 per cent), and the

perpetrator's home (10.5 per cent; Appendix B Table 5.6.1).

5.3.2 Location of peer emotional violence: Among respondents aged 13–17 in the previous 12 months

For respondents aged 13–17 who experienced emotional violence by a peer in the previous 12 months, females most frequently identified school (44.5 per cent) as the location of the most recent incident of emotional violence, followed by their own home (38.8 per cent) and another location (7.9 per cent). Males who experienced emotional violence by a peer in the previous 12 months most frequently identified school (40.4 per cent), followed by their own home (20.0 per cent), and a field or other natural area (13.9 per cent; Appendix B, Table 5.6.2).

SECTION 6: OVERLAP OF VIOLENCE: SEXUAL ABUSE, PHYSICAL AND EMOTIONAL VIOLENCE

HIGHLIGHTS

- Approximately 1 in 3 females and males aged 18–24 experienced one type of violence prior to age 18.
- About half of females and males aged 18–24 experienced one or more types of violence prior to age 18.
- Physical violence only was the most common type of violence experienced in childhood by both females and males.
- Among respondents aged 13–17, more than 2 in 5 females and 1 in 3 males experienced some form of violence in the 12 months preceding to the survey.

6.1 Children who have experienced any violence

In this section, focus is on the single occurrence and co-occurrence of sexual, physical and emotional violence measured in this study. These types of violence typically can occur either simultaneously or at different points in a child's life. Violent incidents frequently co-occur and it is possible for one type of violence to lead to another; thus, it is vital to understand this relationship.

The co-occurrence of different types of violence signifies the need to identify cross-cutting risk and protective factors that have the potential to address multiple forms of violence at the same time. By examining the frequency and distribution by which multiple types of violence co-occur, an increasingly clear and comprehensive picture of the violence children experience becomes apparent.

Children's experiences with one form of violence only, without overlap with any other type, are also reported. To maintain comparability with other VACS reports, only emotional violence by a parent, adult caregiver, or other adult relative is included in the emotional violence definition in this section.

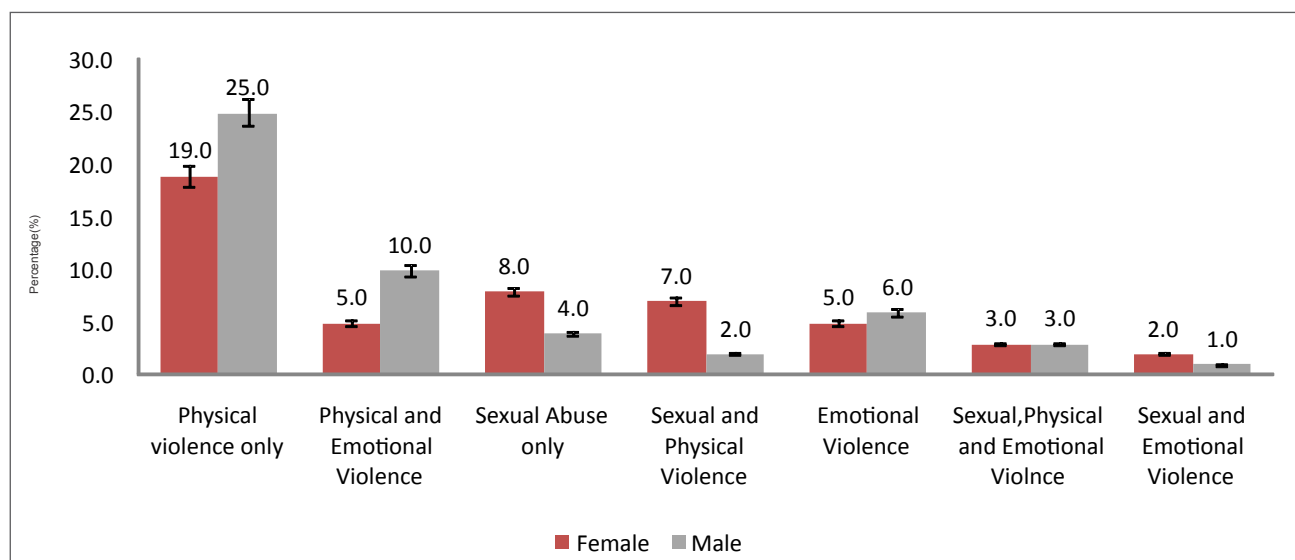
6.1.1 Co-occurrence of violence: Among respondents aged 18–24 prior to age 18

Figure 6.1 shows the distribution of reported types of violence experienced prior to age 18 among females and males aged 18–24. Among females, physical violence was highest at 18.7 per cent followed by sexual and emotional violence at 8.3 per cent and 5.2 per cent, respectively. Overall, 17.0 per cent of females experienced co-occurring types of violence in childhood; 6.8 per cent experienced both physical and sexual violence, 5.2 per cent experienced physical and emotional violence and 3.0 per cent of females experienced all three forms of violence.

Nearly half (49.3 per cent) of females experienced at least one type or a combination of types of violence prior to age 18. Females were significantly more likely to experience physical violence only (18.7 per cent) than any other type or combination of types of violence. Females aged 18–24 were also significantly more likely than males in the same age group to experience co-occurring sexual abuse and physical violence (6.8 per cent and 2.4 per cent respectively; Appendix B, Table 6.1.1).

In addition, Figure 6.1 shows that among the males aged 18–24, 10.1 per cent experienced a combination of physical and emotional violence, while 2.7 per cent experienced all three types of violence. Overall, 51.2 per cent of males experienced at least one type of violence prior to age 18. Among the males aged 18–24 who experienced one form of violence in childhood, physical violence was highest at 24.9 per cent. Males were also significantly more likely to experience physical violence only than any other type or combination of types of violence or abuse (Appendix B, Table 6.1.1).

Figure 6.1: Prevalence of different types of violence and overlap among types of violence experienced prior to age 18, among 18-24-year-old females and males – Zambia VACS, 2014

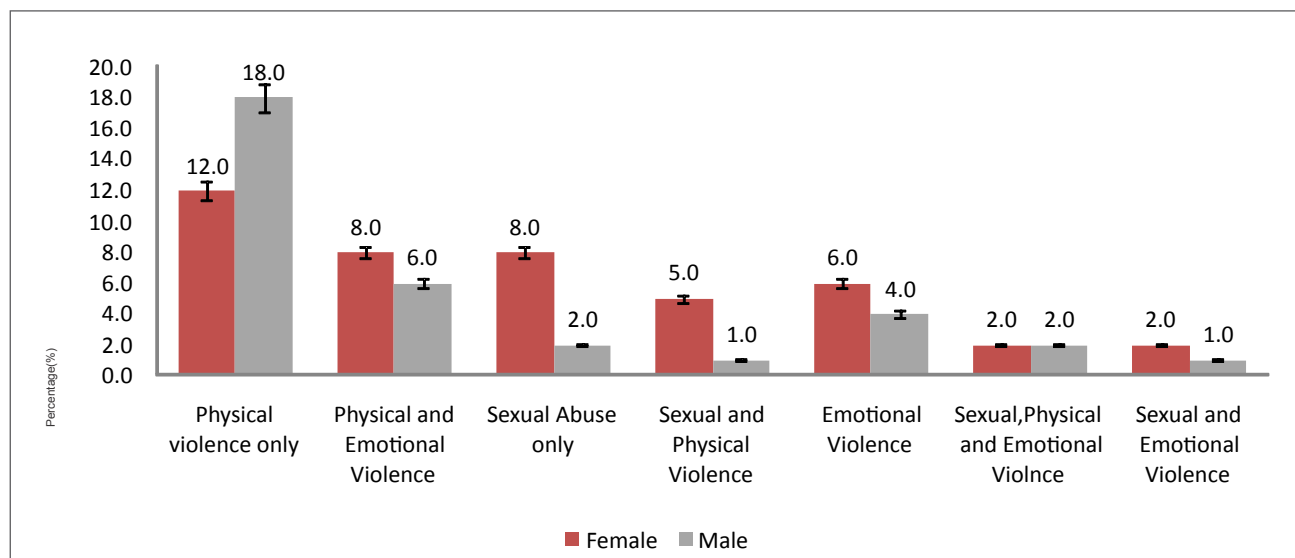


6.2.1 Co-occurrence of violence: Among respondents aged 13–17 in the previous 12 months

Figure 6.2 shows the distribution of reported types of violence experienced by females and males aged 13–17 in the 12 months prior to the survey. Among females, 7.8 per cent experienced a combination of physical and emotional violence, while 2.1 per cent experienced all three types of violence. Overall, 42.8 per cent of females experienced one type of violence or more in the 12 months prior to the survey. Females in this age group most commonly experienced physical violence only (12.4 per cent). Females were also significantly more likely than males to experience sexual abuse only in the previous 12 months (7.6 per cent and 1.7 per cent, respectively; Appendix B, Table 6.2.1).

Figure 6.2, below, further shows that among males aged 13–17, 33.6 per cent experienced at least one or more types of violence or abuse in the 12 months prior to the survey. Males in this age group were significantly more likely to experience physical violence only (18.0 per cent) than any other type or combination of types of violence (Appendix B, Table 6.2.1).

Figure 6.2: Prevalence of different types of violence and overlap among types of violence experienced in the past 12 months among 13-17-year-old females and males – Zambia VACS, 2014



SECTION 7: INTIMATE PARTNER VIOLENCE VICTIMISATION AND PERPETRATION

• HIGHLIGHTS

- 4 out of 5 females and 3 out of 5 males aged 15–24 years had ever been partnered.
- Among 15–24-year-olds who had ever been partnered, nearly 2 out of 5 females experienced physical violence by an intimate partner, compared with fewer than 1 out of 10 males.
- Of 15–24-year-olds who had ever been partnered and had experienced sexual abuse, half of females and one third of males reported an intimate partner as the perpetrator of the first incident of sexual abuse.
- 2 out of 5 males who had ever been partnered perpetrated violence against a current or previous partner, compared with one out of ten females.
- Males aged 15–24 who experienced physical violence in childhood were significantly more likely to perpetrate violence against a current or previous partner than those who did not experience physical violence in childhood.

Young adults can both experience violence by intimate partners and perpetrate violence against them. As intimate partners become increasingly important in youth, the VACS captures violence specific to these relationships.

This section focuses on 15–24-year-old ever-partnered respondents. The age groups used in previous sections were collapsed and the age range in this section was truncated to make the results more comparable to other household surveys studying intimate partner violence victimization and perpetration. For the same reason, the intimate partner violence victimization section (7.1) presents the analysis for the previous 12 months and in the respondent's lifetime (through age 24). Significantly more females (82.9 per cent) than males (61.5 per cent) aged 15–24 years had ever been partnered or were currently partnered (Appendix B, Table 7.1).

7.1 Intimate partner violence victimization

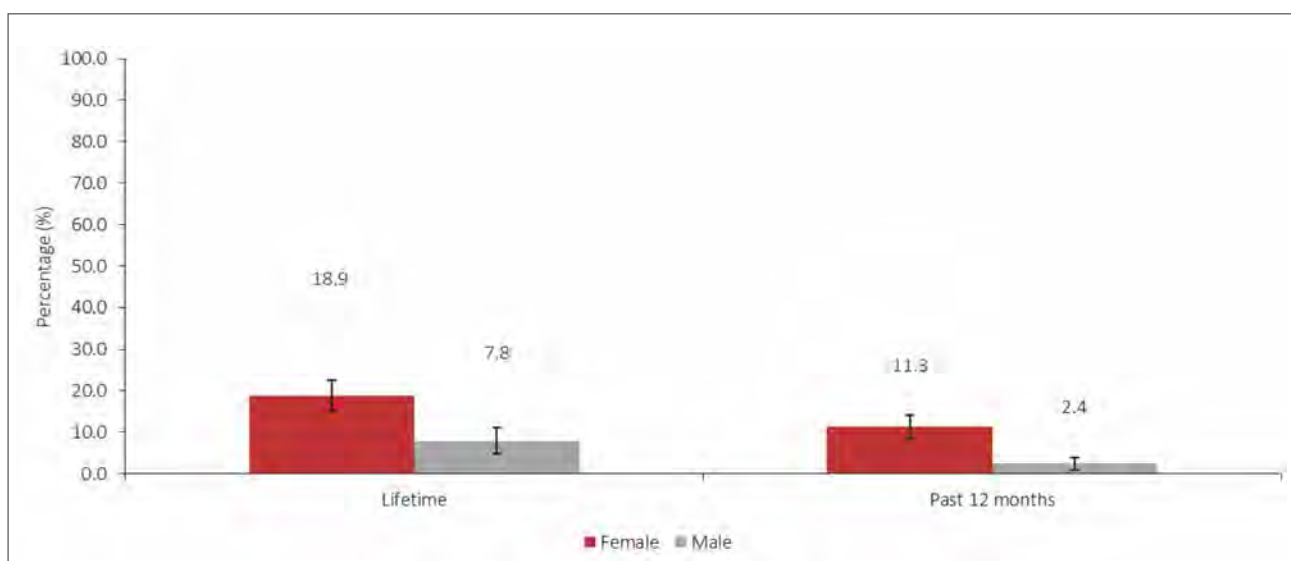
7.1.1 Physical violence

Physical violence includes punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife or other weapon. Respondents were asked if they had experienced any physical violence by a current or previous intimate partner (romantic partner, boyfriend, girlfriend, husband, or wife).

Among those who had ever been partnered, significantly more females (18.9 per cent) than males (7.8 per cent) experienced physical violence by a current or previous intimate partner. Females were also significantly more likely to experience physical violence by an intimate partner in the previous 12 months than males (11.3 per cent and 2.4 per cent, respectively; (Figure 7.1 and Appendix B, Tables 7.2.1 and 7.2.2).

Ever being partnered includes ever living with someone as if married, having a boyfriend, girlfriend, romantic partner, husband, or wife.

Figure 7.1: Lifetime and past 12-month prevalence of intimate partner violence victimization among females and males aged 15-24 years who ever had an intimate partner – Zambia VACS, 2014



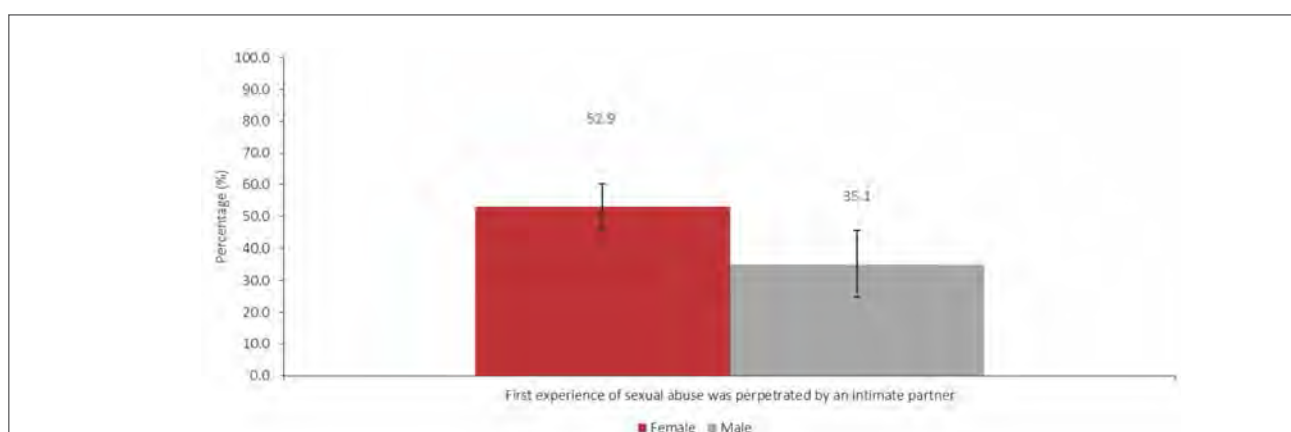
7.1.2. Sexual violence

The VACS asked respondents about the perpetrator of their first and most recent experiences of unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex when the respondents indicated a particular type of sexual abuse. The reported perpetrator data were analyzed to determine the percentage of females and males who experienced sexual abuse by a current or previous intimate partner among those who were partnered.

One in five ever-partnered females (22.0 per cent) and one in 10 ever-partnered males (8.5 per cent) experienced sexual abuse by a current or previous intimate partner at the first or most recent incident of any of the four categories of sexual abuse.

More than half of ever-partnered females aged 15–24 years who experienced sexual abuse reported a current or previous intimate partner as the perpetrator of the first incident (52.9 per cent) and most recent incident (53.4 per cent) of sexual abuse. Males who experienced sexual abuse were less likely to report a current or previous intimate partner as perpetrator of the first incident (35.1 per cent) and significantly less likely to report an intimate partner as a perpetrator of the most recent incident (36.0 per cent) of sexual abuse than females (Figure 7.2 and Appendix B, Tables 7.2.4 and 7.2.5). When the sexual abuse occurred in the previous 12 months, males (24.9 per cent) and females (16.9 per cent) reported a current or previous intimate partner as the most recent perpetrator of sexual abuse at similar rates (Appendix B, Table 7.2.6).

Figure 7.2: Proportion of females and males whose first incident of sexual abuse was perpetrated by a current or previous intimate partner, among 15-24-year-old ever-partnered females and males who experienced any sexual abuse – Zambia VACS, 2014



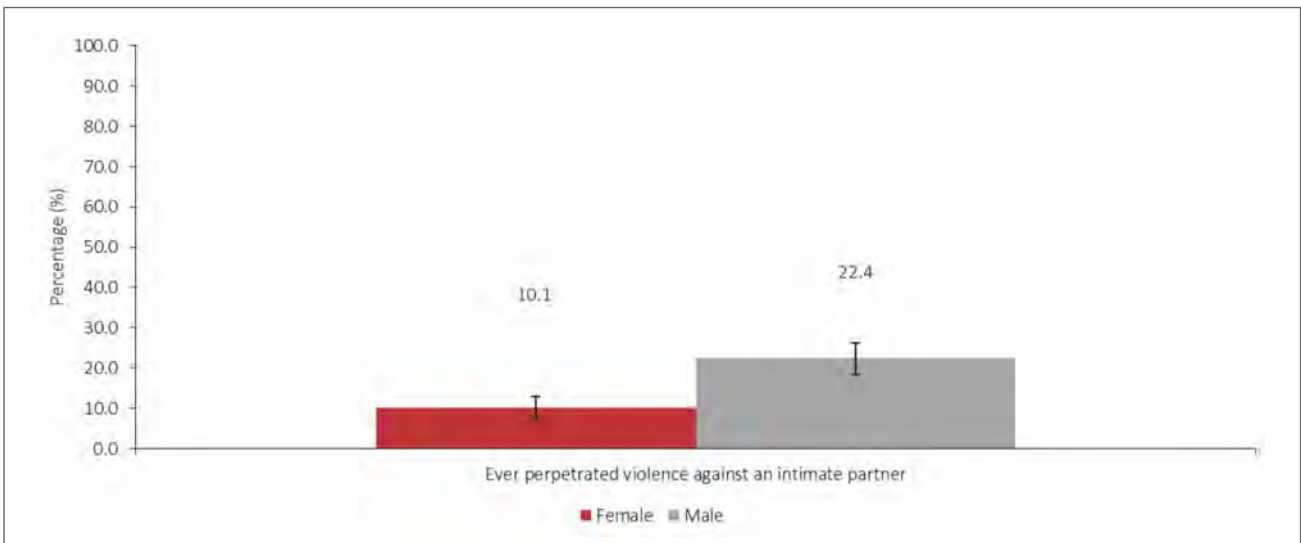
7.2 Intimate partner violence perpetration

Respondents also reported perpetrating sexual abuse and physical violence against current or previous intimate partners. The results for overall intimate partner violence perpetration and perpetration by experiences of violence in childhood among 15–24-year-olds are presented below.

7.2.1 Perpetration of intimate partner violence

Perpetration of intimate partner violence is defined as respondents ever punching, kicking, whipping, beating with an object, smothering, trying to drown, intentionally burning, using or threatening to use a weapon, such as a gun or knife, against a current or previous intimate partner, or forcing a current or previous intimate partner or another person to have non-consensual sex. Among the 15–24 year-olds, one in ten females (10.1 per cent) and one in five males (22.4 per cent) had ever perpetrated violence against a current or previous intimate partner, a difference that is statistically significant (Figure 7.3 and Appendix B, Table 7.3.1).

Figure 7.3: Prevalence of intimate partner violence perpetration among 15-24-year-old females and males who ever had a partner – Zambia H-Well, 2014

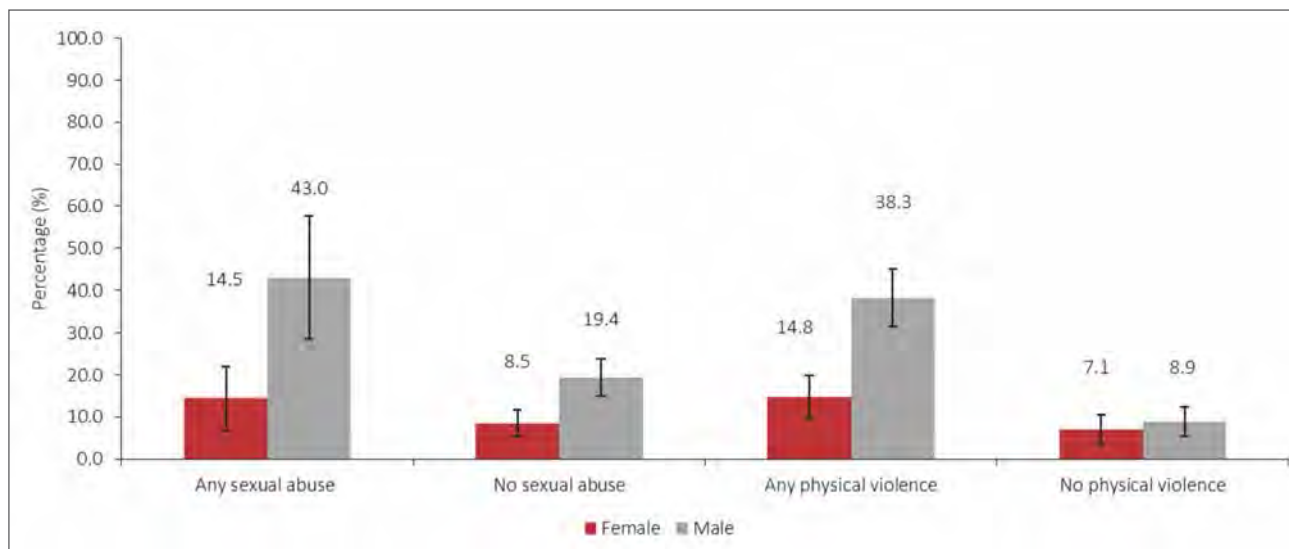


7.2.2. Perpetration of intimate partner violence by experience of violence in childhood

Among females aged 15–24 years who experienced sexual abuse in childhood, 14.5 per cent perpetrated violence against a current or previous intimate partner, compared with 8.5 per cent of those who did not experience sexual abuse. Among females aged 15–24 years who experienced physical violence prior to age 18, 14.8 per cent perpetrated violence against a current or previous intimate partner, compared with 7.1 per cent who did not experience physical violence (Figure 7.4 and Appendix B, Table 7.3.2).

Males aged 15–24 years who experienced sexual abuse in childhood were significantly more likely to perpetrate violence against a current or previous intimate partner than those who did not experience sexual abuse (43.0 per cent, and 19.4 per cent, respectively). Likewise, males aged 15–24 years who experienced physical violence prior to age 18 were significantly more likely to perpetrate violence against a current or previous intimate partner than those who did not experience physical violence in childhood (38.3 per cent, and 8.9 per cent, respectively; Figure 7.4 and Appendix B, Table 7.3.2).

Figure 7.4: Prevalence of intimate partner violence perpetration among 15-24-year-old females and males who ever had a partner, by experience of sexual abuse or physical violence prior to age 18 – Zambia VACS, 2014



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

HIGHLIGHTS

- Females 13–17 years old who reported sexual abuse in the previous 12 months were significantly more likely to have experienced mental distress in the previous 30 days than those who did not experience sexual abuse (56.8 per cent and 34.9 per cent, respectively).
- Females 18–24 years old who had experienced emotional violence prior to age 18 were significantly more likely to report mental distress in the previous 30 days than those who did not experience emotional violence in childhood (61.3 and 39.4 per cent, respectively)
- Males 13–17 years old who experienced emotional violence in the previous 12 months were significantly more likely to report self-harm than those who did not experience emotional violence in the previous 12 months (22.7 per cent and 8.8 per cent, respectively).
- Males 18–24 years old who experienced physical violence before age 18 were significantly more likely to report mental distress in the previous 30 days than those who did not experience physical violence (52.8 per cent and 34.8 per cent, respectively).

This section describes health outcomes reported by females and males who experienced sexual abuse or physical or emotional violence in childhood, compared to those who did not experience such abuse or violence. Specifically, health outcomes include moderate and serious mental distress in the previous 30 days, alcohol intoxication in the previous 30 days, smoking in the previous 30 days, substance use in the previous 30 days, self-harm, suicidal thoughts, suicide attempts, and symptoms or diagnosis of sexually transmitted infections (STIs). Pregnancy among females who experienced physically forced or pressured sex was also assessed.

Mental health in the previous 30 days was measured using the Kessler Psychological Distress Scale (K6), which consists of six questions intended to assess a person's general emotional state during a defined period. Each question's response is given a possible score between 0 (none of the time) and 4 (all of the time) and summed for a total possible score between 0 and 24. A score between 5 and 12 points indicates moderate mental distress and a score of 13 points or higher indicates serious mental distress.

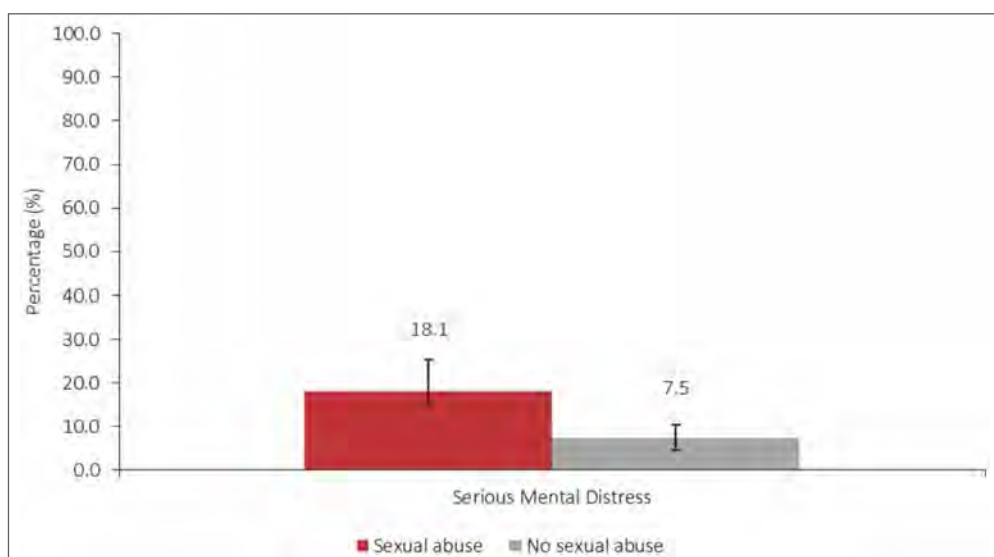
To examine the significance of these associations, chi-square tests were used to calculate the probability (p -value) that the associations would occur by chance. P -values less than $p=0.05$ were considered statistically significant.

8.1 Experiences of sexual abuse in childhood and current health status

8.1.1 Experiences of sexual abuse in childhood and current health status among 18–24-year-olds

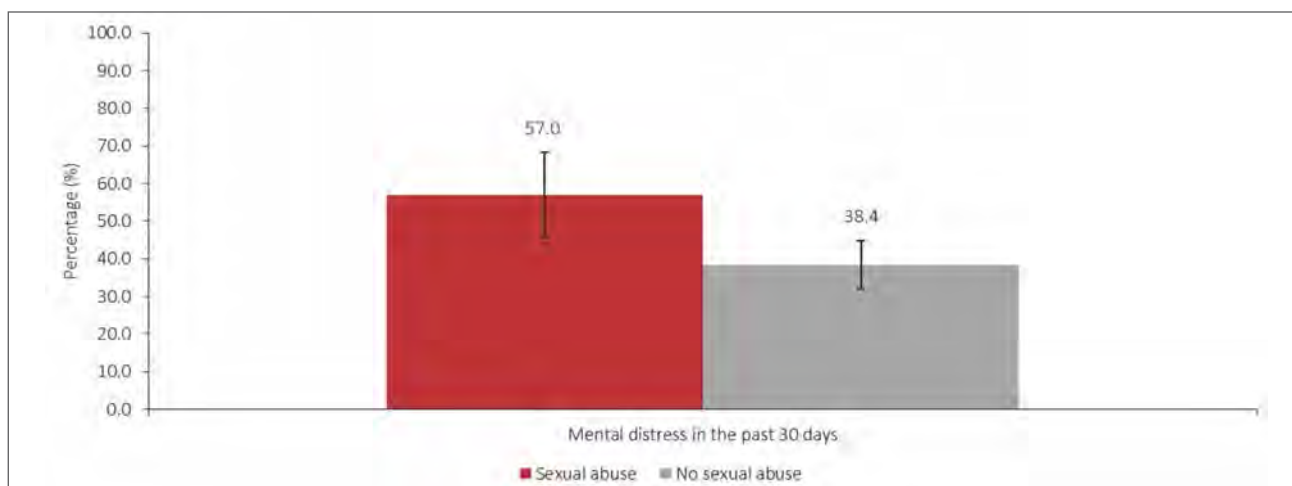
Females aged 18–24 years who experienced sexual abuse in childhood were significantly more likely to experience serious mental distress in the previous 30 days than females who did not (18.1 per cent and 7.5 per cent, respectively). Among females aged 18–24 years who experienced sexual abuse prior to the age of 18, 38.9 per cent reported experiencing moderate mental distress in the previous 30 days (Figure 8.1 and Appendix B, Table 8.1.1).

Figure 8.1: Prevalence of serious mental distress among 18-24-year-old females by experience of sexual abuse prior to age 18 – Zambia VACS, 2014



Females aged 18–24 years who experienced sexual abuse prior to age 18 were significantly more likely to experience mental distress in the previous 30 days than those who did not (57.0 per cent and 38.4 per cent, respectively; Figure 8.2). Among those females who experienced sexual abuse in childhood, 21.0 per cent had ever thought of suicide, 19.7 per cent reported ever intentionally hurting themselves, 15.8 per cent reported symptoms or diagnosis of STIs, 14.3 per cent reported being drunk and 4.7 per cent reported smoking in the previous 30 days. Among those who experienced sexual abuse and suicidal thoughts, 37.3 per cent reported attempting suicide (Appendix B, Table 8.2.1).

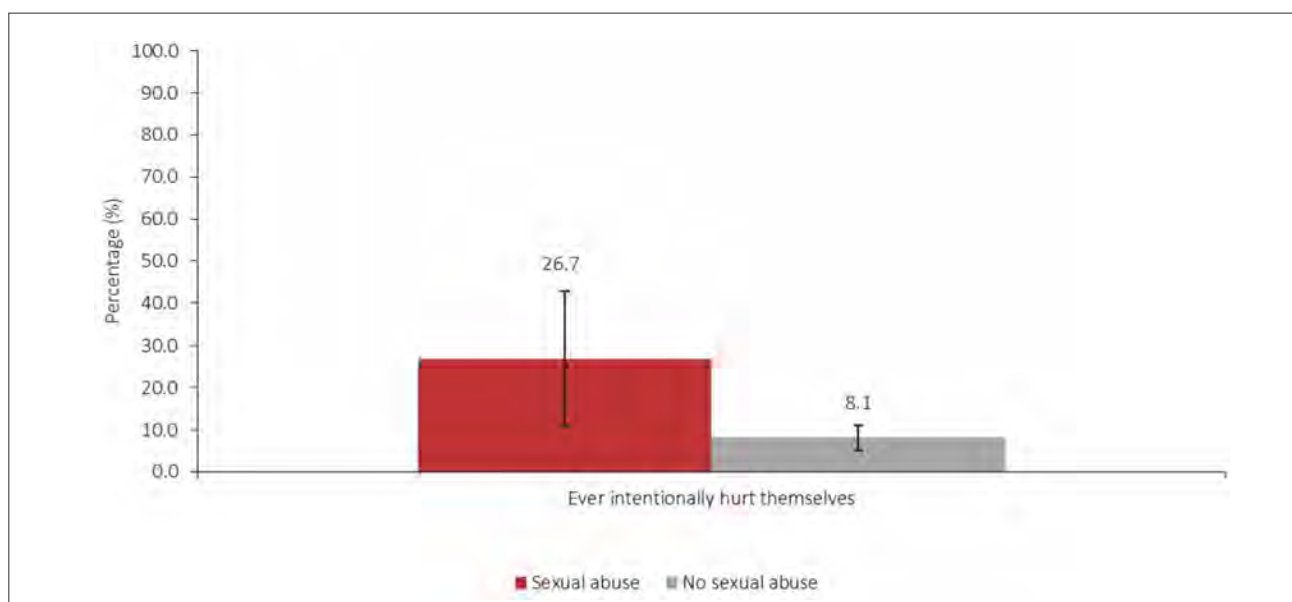
Figure 8.2: Prevalence of any mental distress among 18-24-year-old females by experience of sexual abuse prior to age 18 – Zambia VACS, 2014



Among males aged 18–24 years who experienced sexual abuse in childhood, 25.1 per cent reported experiencing moderate mental distress and 20.0 per cent reported experiencing serious mental distress in the previous 30 days (Appendix B, Table 8.1.2). Males aged 18–24 years who experienced sexual abuse prior to age 18 were significantly more likely than those who did not experience sexual abuse, nor reported ever hurting themselves intentionally (26.7 per cent and 8.1 per cent, respectively; Figure 8.3).

Of those males who were sexually abused, 45.2 per cent reported mental distress in the previous 30 days. Another 37.9 per cent of the males reported being drunk in the previous 30 days, 22.1 per cent reported smoking in the previous 30 days, 20.3 per cent had ever thought of suicide, 15.4 per cent reported symptoms or diagnosis of STIs, and 4.1 per cent reported substance use in the previous 30 days (Appendix B, Table 8.2.2).

Figure 8.3: Prevalence of having ever intentionally hurt oneself, among 18-24-year-old males by experience of sexual abuse prior to age 18 – Zambia VACS, 2014

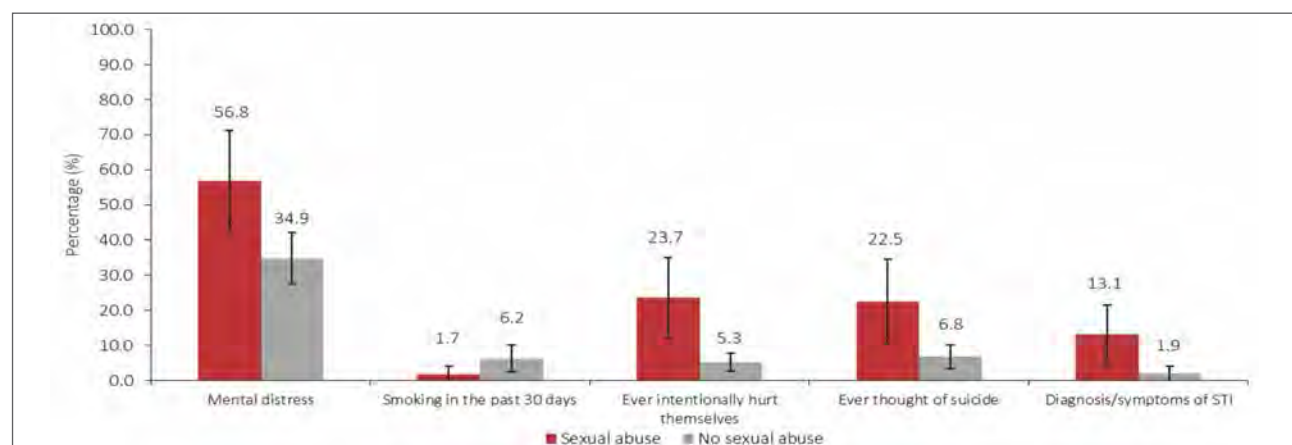


8.1.2. Experiences of sexual abuse in childhood and current health status among 13–17-year-olds in the 12 months prior to the survey

Among the females aged 13–17 years who experienced sexual abuse in the previous 12 months, 41.9 per cent reported experiencing moderate mental distress and 14.9 per cent reported experiencing serious mental distress in the previous 30 days (Appendix B, Table 8.1.3). There were not enough data to provide stable estimates for any health outcomes for 13–17 year old males who experienced sexual abuse in the previous 12 months (Appendix B, Table 8.2.4).

Females 13–17 years old who reported sexual abuse in the previous 12 months were significantly more likely to have experienced mental distress in the previous 30 days than those who did not experience sexual abuse (56.8 per cent and 34.9 per cent, respectively). They also reported having intentionally hurt themselves (23.7 per cent and 5.3 per cent, respectively), ever thought of suicide (22.5 per cent and 6.8 per cent, respectively), and reported symptoms or diagnosis of STIs (13.1 per cent and 1.9 per cent, respectively). Females who experienced sexual abuse in the previous 12 months were significantly less likely to have smoked cigarettes in the previous 30 days, compared to those who did not experience sexual abuse (1.7 per cent and 6.2 per cent, respectively). Among those who experienced sexual abuse in the previous 12 months, 11.6 per cent reported getting drunk in the previous 30 days (Appendix B, Table 8.2.3).

Figure 8.4: Prevalence of various health outcomes among 13-17-year-old females by experience of sexual abuse in the past 12 months – Zambia VACS, 2014



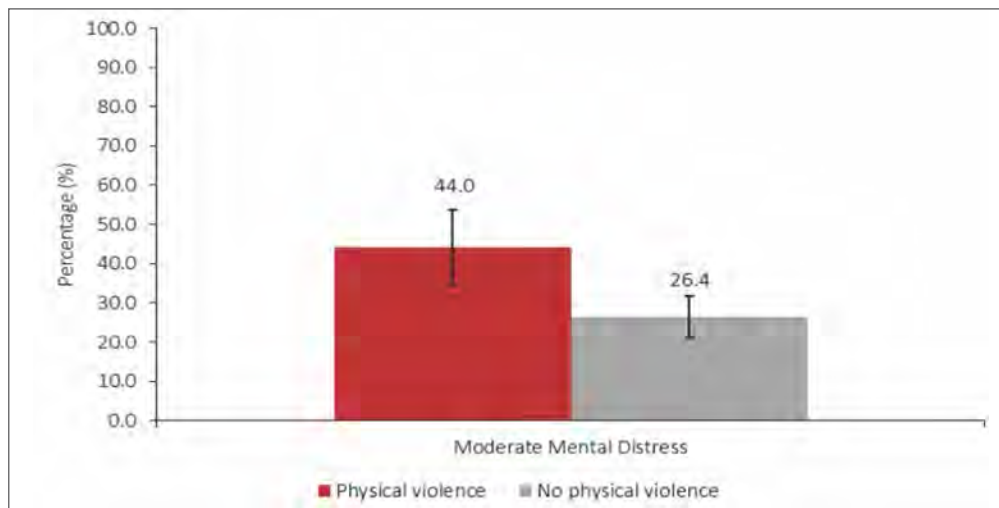
8.2 Experiences of physical violence in childhood and current health status

8.2.1 Experiences of physical violence in childhood and current health status among 18–24-year-olds

Among females aged 18–24 years who experienced physical violence prior to age 18, 36.2 per cent reported moderate mental distress and 10.3 per cent reported serious mental distress in the previous 30 days (Appendix B, Table 8.1.1). Among the females aged 18–24 years who experienced physical violence prior to age 18, 46.5 per cent reported mental distress in the previous 30 days, 17.4 per cent had ever thought of suicide, 16.1 per cent reported being drunk in the previous 30 days, 14.5 per cent had ever intentionally hurt themselves, 13.1 per cent reported symptoms or diagnosis of STIs, and 10.0 per cent reported smoking cigarettes in the previous 30 days. Of the females who thought of suicide and experienced physical violence in childhood, 38.9 per cent attempted suicide, compared with only 27.0 per cent of those who did not experience physical violence (Appendix B, Table 8.2.1).

Figure 8.5 shows that males aged 18–24 years who experienced physical violence prior to age 18 were significantly more likely to report moderate mental distress in the previous 30 days than those who did not experience physical violence (44.0 per cent and 26.4 per cent, respectively). Among those who had experienced physical violence in childhood, 8.9 per cent reported serious mental distress (Figure 8.5 and Appendix B, Table 8.1.2).

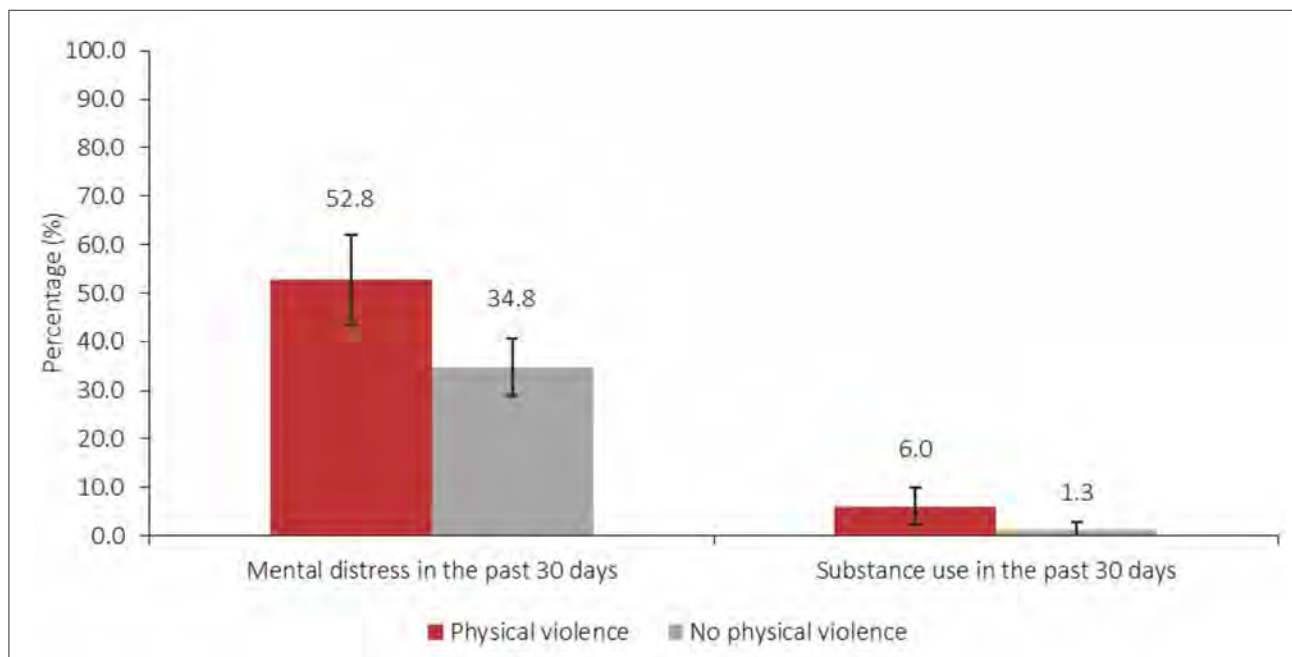
Figure 8.5: Prevalence of moderate mental distress among 18-24-year-old males by experience of physical violence prior to age 18 – Zambia VACS, 2014



Males aged 18–24 years old who experienced physical violence prior to age 18 were significantly more likely to report mental distress in the previous 30 days than those who did not experience physical violence (52.8 per cent and 34.8 per cent, respectively). They also reported substance use in the previous 30 days (6.0 per cent and 1.3 per cent, respectively; Figure 8.6 and Appendix B, Table 8.2.2).

Among those who experienced physical violence prior to age 18, 40.2 per cent reported being drunk in the previous 30 days, 22.3 per cent reported smoking in the previous 30 days, 13.5 per cent reported symptoms or diagnosis of an STI, 12.8 per cent had ever thought of suicide, and 10.4 per cent had ever intentionally hurt themselves. Of those who thought of suicide and experienced physical violence in childhood, 17.7 per cent attempted suicide (Appendix B, Table 8.2.2).

Figure 8.6: Prevalence of mental distress and substance abuse among 18-24-year-old males by experience of physical violence prior to age 18 – Zambia VACS, 2014



8.2.2. Experiences of physical violence in childhood and current health status among 13–17-year-olds in the 12 months prior to the survey

Of the females aged 13–17 years who experienced physical violence in the previous 12 months, 32.6 per cent reported moderate mental distress, and 6.8 per cent reported serious mental distress in the previous 30 days (Appendix B, Table 8.1.3). Among the females aged 13–17 years who experienced physical violence in the previous 12 months, 39.5 per cent reported mental distress in the previous 30 days, and 12.2 per cent had thought of suicide. A further 11.7 per cent of the females reported ever intentionally hurting themselves, 10.9 per cent and 7.8 per cent reported getting drunk and smoking, respectively, in the previous 30 days; and 2.5 per cent reported symptoms or diagnosis of an STI (Appendix B, Table 8.2.3).

Among males, aged 13–17 years who experienced physical violence in the previous 12 months, 35.2 per cent reported moderate mental distress and 6.6 per cent reported serious mental distress in the previous 30 days (Appendix B, Table 8.1.4). Another 41.9 per cent of the males experienced mental distress in the previous 30 days; 20.3 per cent and 15.1 per cent reported getting drunk and smoking, respectively, in the previous 30 days. A further 10.5 per cent had ever intentionally hurt themselves, 6.8 per cent reported symptoms or diagnosis of an STI, 6.2 per cent had thought of suicide, and 4.7 per cent reported substance use in the previous 30 days (Appendix B, Table 8.2.4).

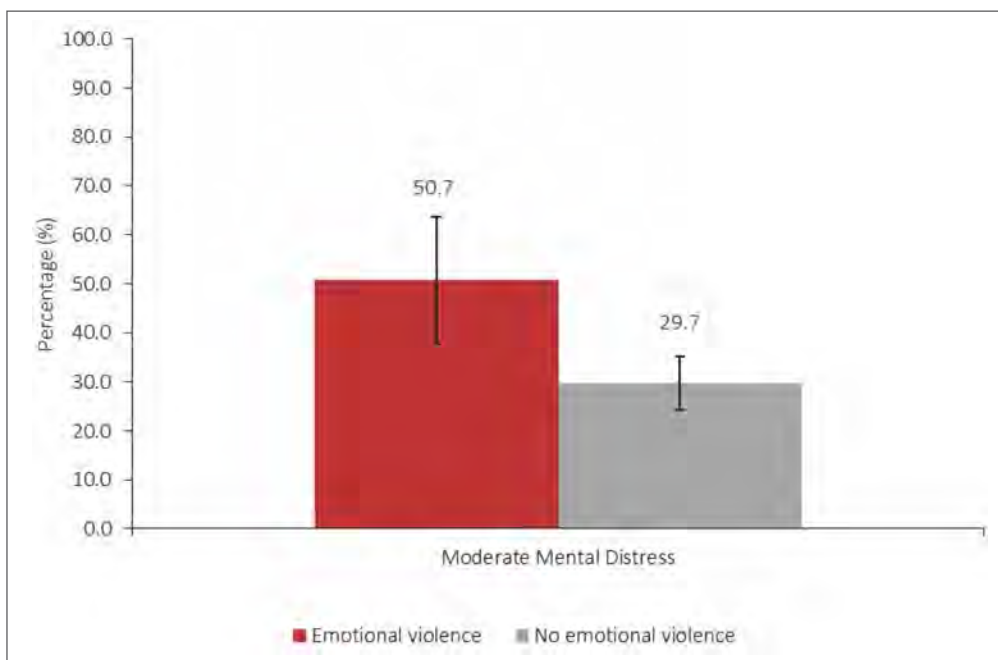
8.3 Experiences of emotional violence in childhood and current health status

To maintain comparability with other VACS reports, only emotional violence by a parent, adult care giver, or other adult relative was analyzed in this section.

8.3.1 Experiences of emotional violence in childhood and current health status among 18–24-year-olds prior to age 18

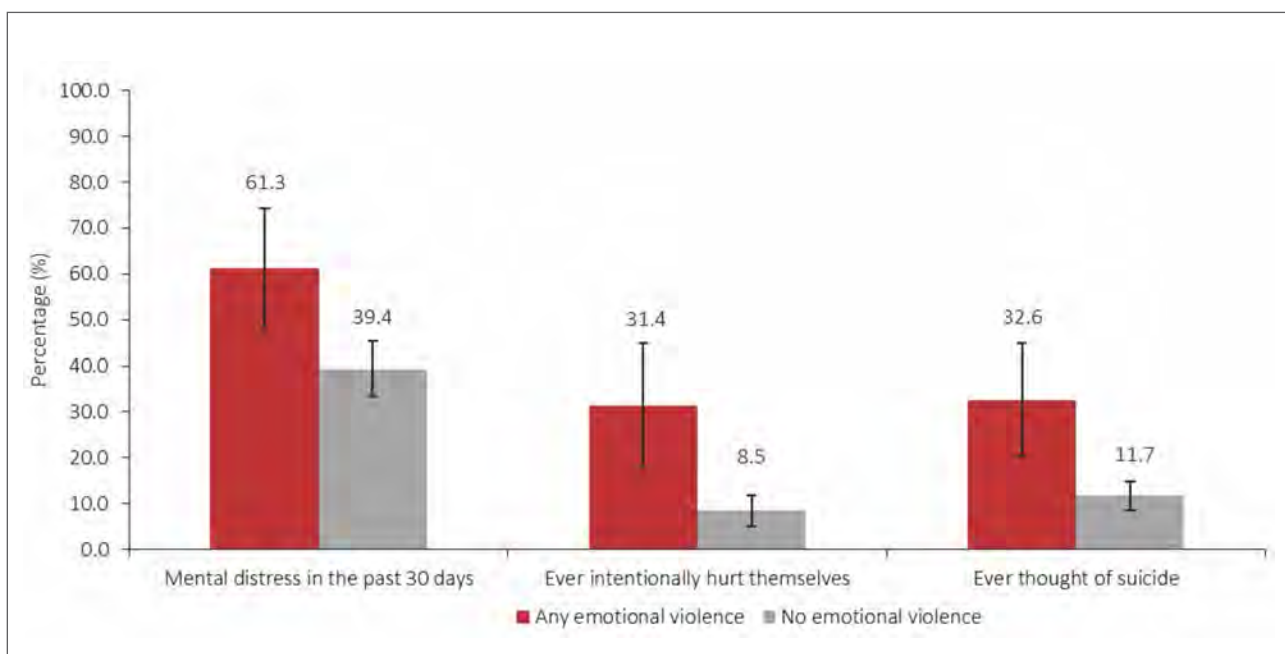
Females aged 18–24 years who had experienced emotional violence prior to age 18 were significantly more likely to report moderate mental distress in the previous 30 days than those who did not experience emotional violence in childhood (50.7 per cent and 29.7 per cent, respectively; Figure 8.7 and Appendix B, Table 8.1.1). Among females aged 18–24 years who experienced emotional violence prior to age 18, 10.6 per cent reported experiencing serious mental distress in the previous 30 days (Appendix B, Table 8.1.1).

Figure 8.7: Prevalence of moderate mental distress among 18-24-year-old females by experience of emotional violence prior to age 18 – Zambia VACS, 2014



Females aged 18–24 years who experienced emotional violence were significantly more likely to report mental distress in the previous 30 days than those who did not experience emotional violence (61.3 per cent and 39.4 per cent, respectively). They were also more significantly likely to have thought of suicide than those who had not experienced emotional violence (32.6 per cent and 11.7 per cent, respectively), or had intentionally hurt themselves (31.4 per cent and 8.5 per cent, respectively; Figure 8.8 and Appendix B, Table 8.2.1). Moreover, 16.5 per cent of those who experienced childhood emotional violence also reported symptoms or diagnosis of an STI; 13.0 per cent reported getting drunk and 4.7 per cent reported smoking in the previous 30 days (Appendix B, Table 8.2.1).

Figure 8.8: Prevalence of various health outcomes among 18-24-year-old females by experience of emotional violence prior to age 18 – Zambia VACS, 2014

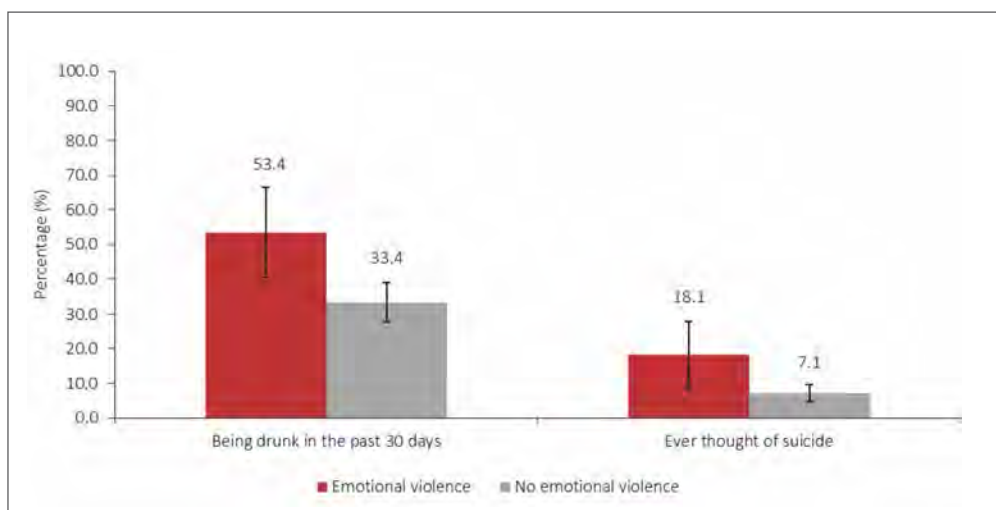


Among males aged 18–24 years who experienced emotional violence prior to age 18, 44.2 per cent reported experiencing moderate mental distress and 8.8 per cent reported experiencing serious mental distress in the previous 30 days (Appendix B, Table 8.1.2). Males aged 18–24 years who experienced emotional violence prior

to age 18 were significantly more likely than those who did not experience emotional violence to have been drunk in the previous 30 days (53.4 per cent and 33.4 per cent, respectively). More of them would have ever thought of suicide (18.1 per cent and 7.1 per cent, respectively; Figure 8.9 and Appendix B, Table 8.2.2).

Among those who reported emotional violence in childhood, 52.9 per cent reported mental distress and 22.6 per cent reported smoking in the previous 30 days. A further 12.0 per cent of this group reported ever intentionally hurting themselves, 9.4 per cent reported symptoms or diagnosis of an STI, and 2.5 per cent reported substance use in the previous 30 days (Appendix B, Table 8.2.2).

Figure 8.9: Prevalence of various health outcomes among 18-24-year-old males by experience of emotional violence prior to age 18 – Zambia VACS, 2014

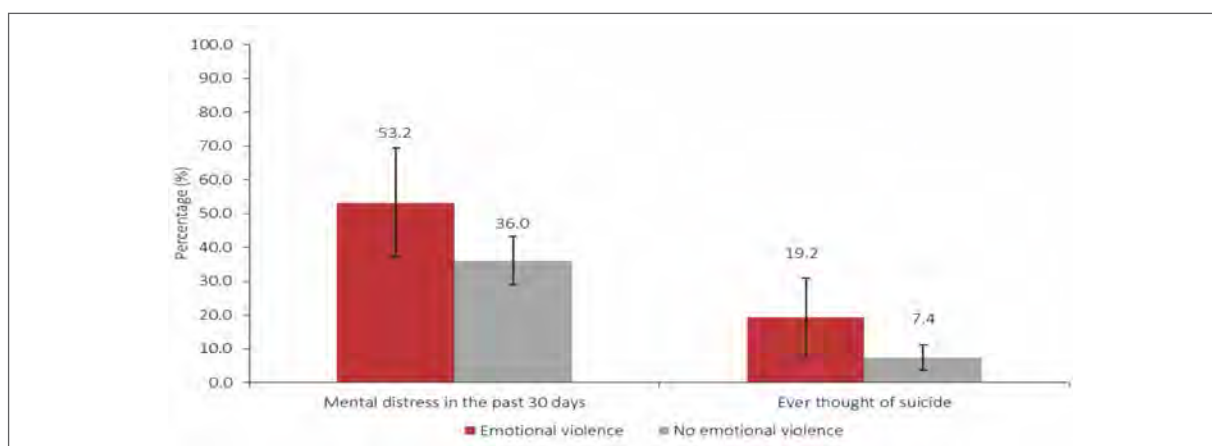


8.3.2. Experiences of emotional violence in childhood and current health status among 13–17-year-olds in the 12 months prior to the survey

Of the females aged 13–17 years who experienced emotional violence in the previous 12 months, 39.3 per cent experienced moderate mental distress and 13.9 per cent reported serious mental distress in the previous 30 days (Appendix B, Table 8.1.3). This same age group who experienced emotional violence in the 12 months prior to the survey were significantly more likely than those who did not experience emotional violence to report mental distress in the previous 30 days (53.2 per cent and 36.0 per cent, respectively) or to have ever thought of suicide (19.2 per cent and 7.4 per cent, respectively; Figure 8.10 and Appendix B, Table 8.2.3).

Among the females who reported emotional violence in the previous 12 months, 12.0 per cent had ever intentionally hurt themselves, 4.7 per cent reported being drunk in the previous 30 days, 3.4 per cent reported symptoms or diagnosis of an STI, and 3.1 per cent reported smoking in the previous 30 days (Appendix B, Table 8.2.3).

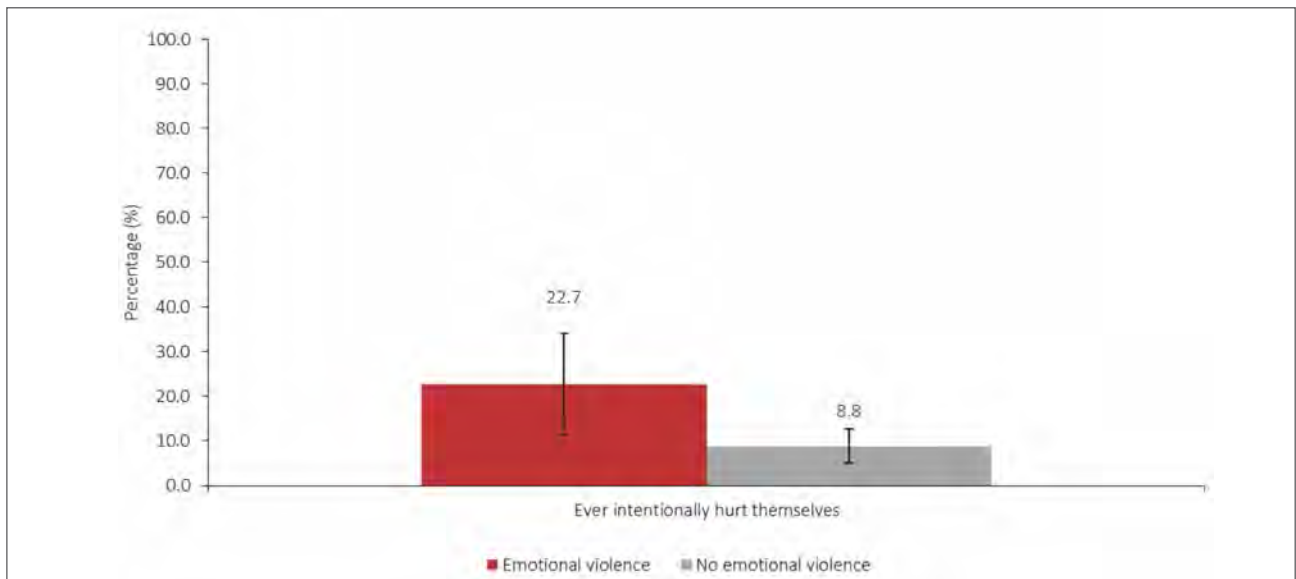
Figure 8.10: Prevalence of various health outcomes among 13-17-year-old females by experience of emotional violence in the past 12 months – Zambia VACS, 2014



Amongst males, aged 13–17 years who experienced emotional violence in the previous 12 months, 34.8 per cent reported moderate mental distress and 4.4 per cent reported serious mental distress in the previous 30 days (Appendix B, Table 8.1.4). Males aged 13–17 years who experienced emotional violence in the 12 months prior to the survey were significantly more likely than those without experience of emotional violence to report having intentionally hurt themselves (22.7 per cent and 8.8 per cent, respectively).

Of the same age group who experienced emotional violence in the previous 12 months, 39.2 per cent reported mental distress, 21.0 per cent reported being drunk and 9.4 per cent reported smoking in the previous 30 days. Another 9.0 per cent reported symptoms or diagnosis of an STI, 5.5 per cent had ever thought of suicide, and 4.8 per cent reported substance use in the previous 30 days (Figure 8.11 and Appendix B, Table 8.2.4).

Figure 8.11: Prevalence of having intentionally hurt oneself among 13-17-year-old males by experience of emotional violence in the past 12 months – Zambia VACS, 2014



8.4 Experiences of unwanted completed sex and pregnancy

Data were analyzed for females who had pregnancy from unwanted sex. Unwanted sex includes physically forced sex or pressured sex. Among the 18–24-year-old females who experienced unwanted completed sex, 19.2 per cent reported getting pregnant because of this. Among 13–17-year-old females, 18.2 per cent reported pregnancy as a result of unwanted sex (Appendix B, Tables 8.3.1 and 8.3.2).

SECTION 9: SEXUAL RISK-TAKING BEHAVIOURS AND EXPOSURE TO CHILDHOOD VIOLENCE

HIGHLIGHTS

- Nearly 1 in 3 sexually active males ages 19-24 had two or more sex partners in the past 12 months, compared with 1 in 20 females.
- Almost half of sexually active males had infrequent condom use, compared with 1 in 4 females.
- Sexually active males aged 19-24 were more likely to have multiple sexual partners and report infrequent condom use than sexually active females in the same age group.

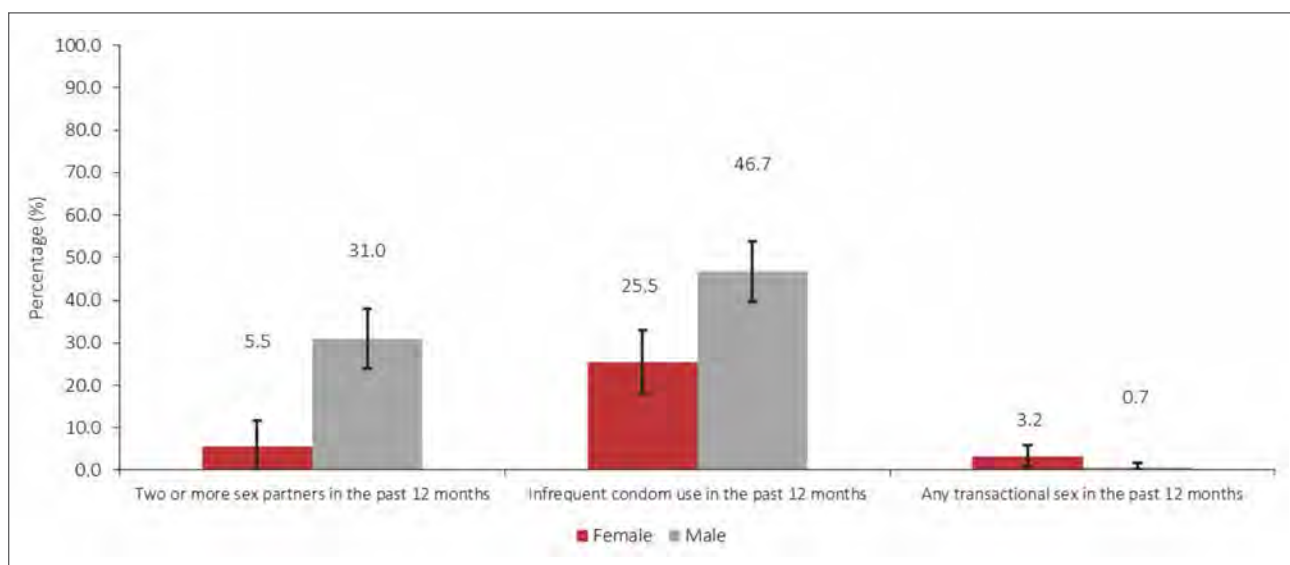
This section examines the link between exposure to violence in childhood and sexual risk-taking behaviour in the previous 12 months. Risk-taking behaviour includes having multiple sexual partners, infrequent condom use, and engaging in transactional sex. Infrequent condom use is defined as never using or sometimes using condoms. Transactional sex includes receiving food, favours, or any gifts in exchange for sex.

Data were restricted to 19–24 year-olds only, as they were asked to report on incidents that happened during the previous 12 months. This was done to ensure that: 1) data were collected only on risk-taking behaviours that occurred during adulthood (ages 18 and above); and 2) there was no confusion between the directionality of association between exposure to violence in childhood and sexual risk-taking behaviours in adulthood.

9.1 Sexual risk-taking behaviours: 19–24-year-olds in the previous 12 months

Among females aged 19–24 years who had sexual intercourse in the previous 12 months, 25.5 per cent reported using condoms infrequently, 5.5 per cent reported having two or more sexual partners, and 3.2 per cent reported engaging in transactional sex. Among males aged 19–24 years who had sexual intercourse in the previous 12 months, 46.7 per cent reported using condoms infrequently, 31.0 per cent reported having two or more sexual partners, and 0.7 per cent reported engaging in transactional sex. Males were significantly more likely than females to have two or more sexual partners and use condoms infrequently (Figure 9.1 and Appendix B, Table 9.1).

Figure 9.1: Prevalence of sexual risk taking behaviours in the past 12 months, among 19-24-year-old females and males who had sex in the past 12 months – Zambia VACS, 2014



3 The condom use among females and males who were married, had one sexual partner in the previous 12 months, and reported infrequently or never using condoms was not classified as infrequent condom use because the reported sex most likely was with a husband or wife.

9.2 Sexual risk-taking behaviours and exposure to sexual abuse in childhood: 19–24-year-olds

Among 19–24 year old females who reported sexual intercourse in the 12 months prior to the survey, 8.4 per cent of those who experienced sexual abuse during childhood reported having multiple sexual partners, compared to 4.8 per cent of females who did not experience sexual abuse. Among 19–24 year-old males who experienced sexual abuse during childhood and reported having sexual intercourse in the 12 months prior to the survey, 27.1 per cent reported two or more sexual partners, compared to 31.0 per cent sexually active ones who did not experience sexual abuse at childhood (Appendix B, Table 9.2.1).

Of females aged 19–24 years who experienced sexual abuse during childhood and reported having sexual intercourse in the previous 12 months, 31.8 per cent reported infrequent condom use in the previous 12 months, compared to 23.3 per cent of sexually active females who did not experience sexual abuse during childhood. For males aged 19–24 years who had sexual intercourse during the 12 months prior to the survey, 66.8 per cent of those who experienced sexual abuse prior to age 18 reported infrequent condom use in the previous 12 months, while 44.1 per cent among those who did not experience sexual abuse reported infrequent condom use (Appendix B, Table 9.2.2).

9.3 Sexual risk-taking behaviours and exposure to physical violence in childhood: 19–24-year-olds

Among females aged 19–24 years who had sexual intercourse in the previous 12 months and experienced physical violence in childhood, 5.0 per cent reported having multiple sexual partners in the 12 months prior to the survey. Similarly, 5.7 per cent of females who did not experience physical violence reported having multiple sexual partners in the 12 months prior to the survey. For males aged 19–24 years who had sexual intercourse in the previous 12 months, 35.8 per cent of those who experienced physical violence in childhood reported having multiple sexual partners in the previous 12 months, compared to 27.1 per cent who did not experience physical violence (Appendix B, Table 9.3.1).

For females aged 19–24 years who had sexual intercourse in the previous 12 months, 26.7 per cent of those who experienced physical violence in childhood reported infrequent condom use in the previous 12 months, compared to 24.9 per cent of females who were sexually active but did not experience physical violence. For males aged 19–24 years who had sexual intercourse in the previous 12 months, 48.1 per cent of those who experienced physical violence in childhood reported infrequent condom use, compared to 45.7 per cent who had not experienced physical violence (Appendix B, Table 9.3.2).

9.4 Sexual risk-taking behaviours and exposure to emotional violence in childhood: 19–24-year-olds

Nearly 1 in 10 females (9.1 per cent) aged 19–24 years who had sexual intercourse in the previous 12 months and had experienced emotional violence reported having multiple sexual partners in the previous 12 months; compared with 5.1 per cent of females who had not experienced emotional violence. Among males aged 19–24 years who had sexual intercourse in the previous 12 months, 35.4 per cent of those who experienced emotional violence in childhood reported having multiple sexual partners in the previous 12 months. These contrasts with 29.0 per cent of males who did not experience any emotional violence, but had multiple partners (Appendix B, Table 9.4.1).

Among females aged 19–24 years who had sexual intercourse in the previous 12 months and had experienced emotional violence, 30.6 per cent reported infrequent condom use, compared with 23.1 per cent of females who did not experience emotional violence that had infrequent condom use. Among males aged 19–24 years who had sexual intercourse in the previous 12 months, 56.8 per cent of those who experienced emotional violence in childhood reported infrequent condom use, compared to 42.8 per cent of males who did not experience any emotional violence and had infrequent condom usage (Appendix B, Table 9.4.2).

SECTION 10: HIV TESTING BEHAVIOURS, HIV TESTING KNOWLEDGE, AND ASSOCIATION WITH CHILDHOOD SEXUAL ABUSE

HIGHLIGHTS

- 92 per cent of sexually active females and males aged 18–24 knew where to get an HIV test. However, only 2 out of 3 sexually active females and 3 out of 4 sexually active males aged 13–17 knew where to get an HIV test.
- Significantly more sexually active males aged 18–24 had never been tested for HIV; more than 1 in 3 males compared to 1 in 8 females.
- About 2 out of 3 sexually active males and half of sexually active females aged 13–17 had never been tested for HIV.

The purpose of this section is to describe the HIV testing behaviours and knowledge among females and males who engaged in sexual intercourse, comparing those who have experienced at least one incident of sexual abuse prior to age 18 (among 18–24-year-olds) or in the previous 12 months (among 13–17-year-olds) and those who have not. Although unwanted sexual touching and unwanted attempted sexual intercourse are low risk factors for direct HIV exposure, all types of sexual abuse may increase the risk of HIV indirectly by impacting a person's ability to negotiate safe sex and engagement in sexual risk-taking behaviours later in life.

10.1 General knowledge and behaviours related to HIV testing

Figure 10.1 shows the HIV testing knowledge and behaviour among females and males aged 18–24 who have engaged in sexual intercourse. 92 per cent of females and 91.9 per cent of males had knowledge of where to go for an HIV test. Significantly more sexually active males have never been tested for HIV (females, 14.6 per cent and males, 36.6 per cent). The majority of females (94.8 per cent) and males (96.4 per cent) who had been tested for HIV received their test results (Appendix B Table 10.1).

Figure 10.1: HIV testing knowledge and behaviour among females and males 18-24-years-old who have ever had sexual intercourse – Zambia VACS, 2014.

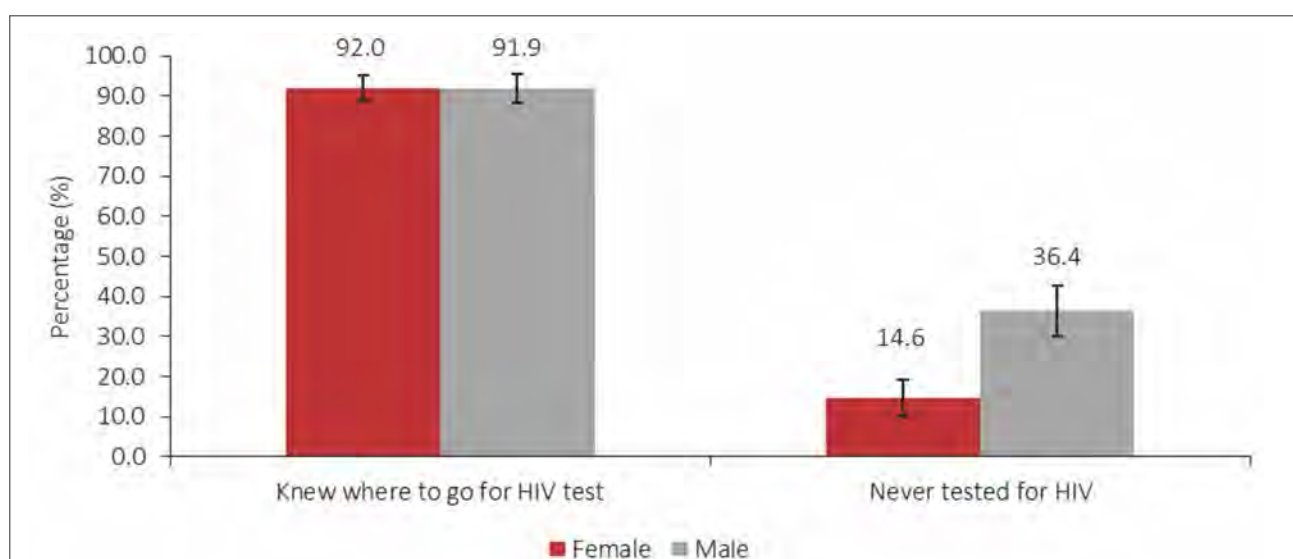
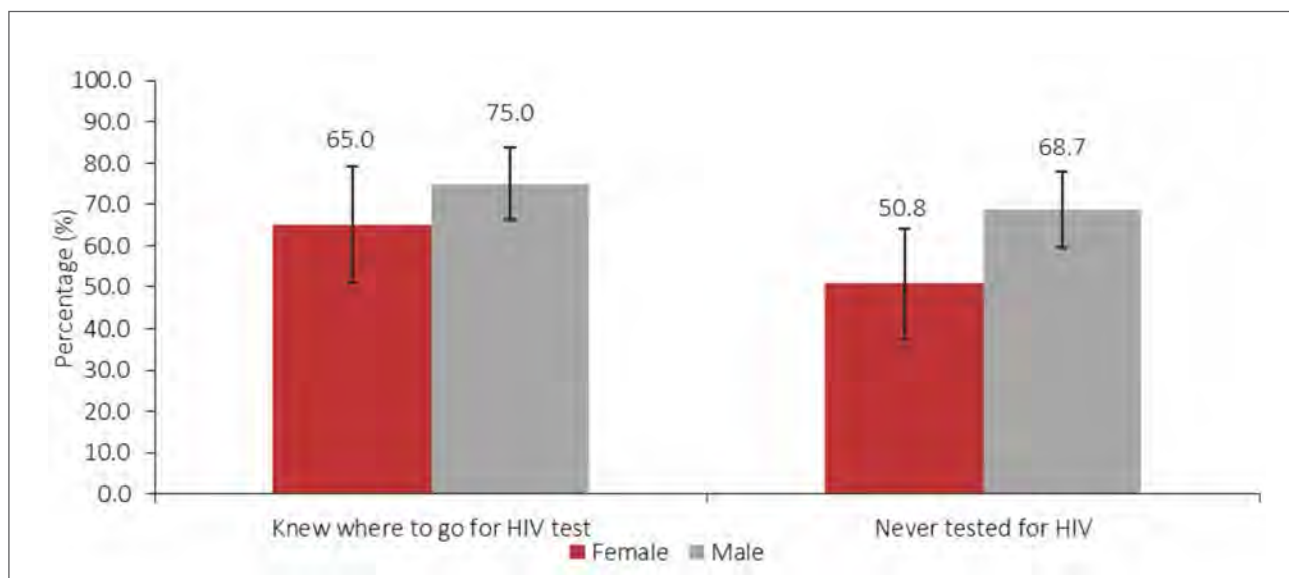


Figure 10.2 shows the HIV testing knowledge and behaviour among females and males aged 13–17 who had sexual intercourse. 65 per cent of females and 75.0 per cent of males knew where to go for an HIV test. About 2 out of 3 males (68.7 per cent) and half of females (50.8 per cent) had never been tested for HIV. Of those who had been tested, 95.0 per cent of females and 91.7 per cent of males received their test results (Appendix B Table 10.1).

Figure 10.2: HIV testing knowledge and behaviour among females and males 13-17-years-old who have ever had sexual intercourse – Zambia VACS, 2014



10.2 HIV testing knowledge and behaviours by sexual abuse among 18–24-year-olds prior to age 18

Figure 10.3 shows HIV testing knowledge and behaviour by sexual abuse among females aged 18–24. Among females who engaged in sexual intercourse and experienced any sexual abuse prior to age 18, 90.9 per cent knew where to go for an HIV test. However, 18.1 per cent had never been tested for HIV. Among those who experienced sexual abuse and got tested for HIV, 96.2 per cent received their test results. Of those who ever had sexual intercourse but did not experience sexual abuse prior to age 18, 92.9 per cent knew where to go for an HIV test, 12.8 per cent never got tested, and 94.4 per cent of those who got tested received their test results (Appendix B Table 10.2.1).

Figure 10.3: HIV testing knowledge and behaviour among females 18-24-years-old who have ever had sexual intercourse, by experiences of childhood sexual abuse – Zambia VACS, 2014

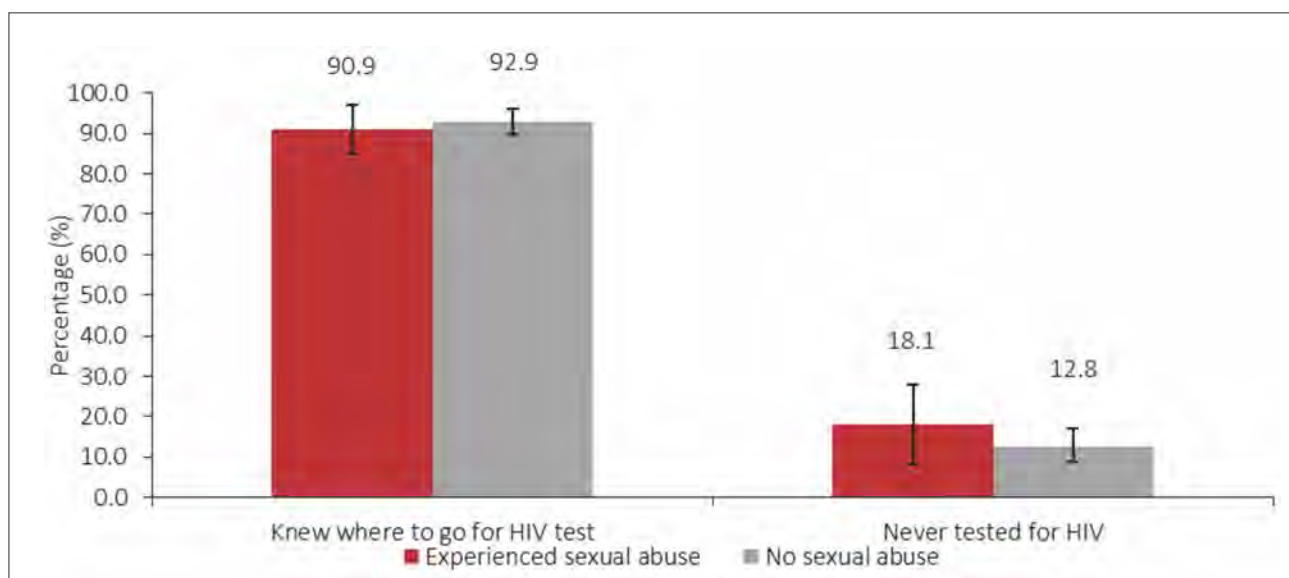
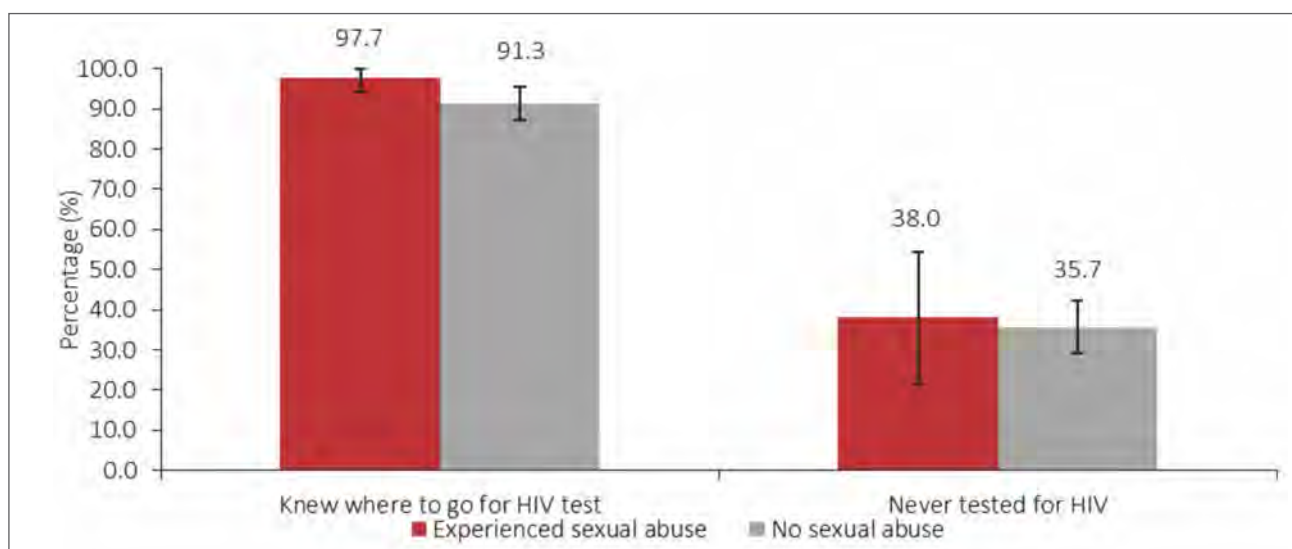


Figure 10.4 shows results for 18–24-year-old males who had sexual intercourse and experienced sexual abuse prior to age 18. Knowledge on where to get an HIV test is almost universal (97.7 per cent) among those who experienced sexual abuse and 96.7 per cent of those who had been tested for HIV received their results. However, 38.0 per cent had never been tested for HIV. Among the males who had sexual intercourse and did not experience any sexual abuse in childhood, 91.3 per cent knew where to go for an HIV test, 35.7 per cent had never been tested for HIV, and 96.7 per cent of those who got tested received their test results (Appendix B Table 10.2.2).

Figure 10.4: HIV testing knowledge and behaviour among males 18-24-years-old who have ever had sexual intercourse, by experiences of childhood sexual abuse – Zambia VACS, 2014



10.3 HIV testing knowledge and behaviours by sexual abuse among 13–17-year-olds in the 12 months prior to the survey

Figure 10.5 shows the results on HIV testing knowledge and behaviour by sexual abuse in the 12 months prior to the survey among females and males aged 13–17. Among females aged 13–17 who have engaged in sexual intercourse but did not experience sexual abuse in the previous 12 months, 64.6 per cent knew where to go for an HIV test. However, 56.1 per cent were never tested for HIV. Of those who got tested for HIV, 94.5 per cent received their test results (Appendix B Table 10.3.1). There was not enough data to differentiate HIV testing knowledge and behaviour among females aged 13–17 who had experienced sexual abuse.

Figure 10.5: HIV testing knowledge and behaviour among males between the ages of 13–17 who have engaged in sexual intercourse, by experiences of any sexual abuse in the past 12 months – Zambia VACS, 2014

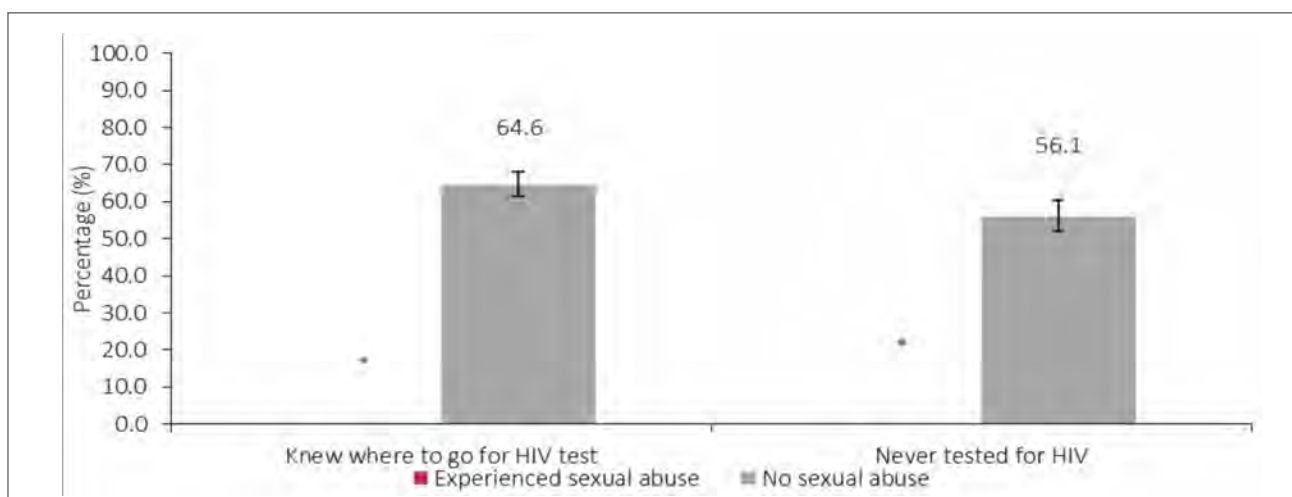
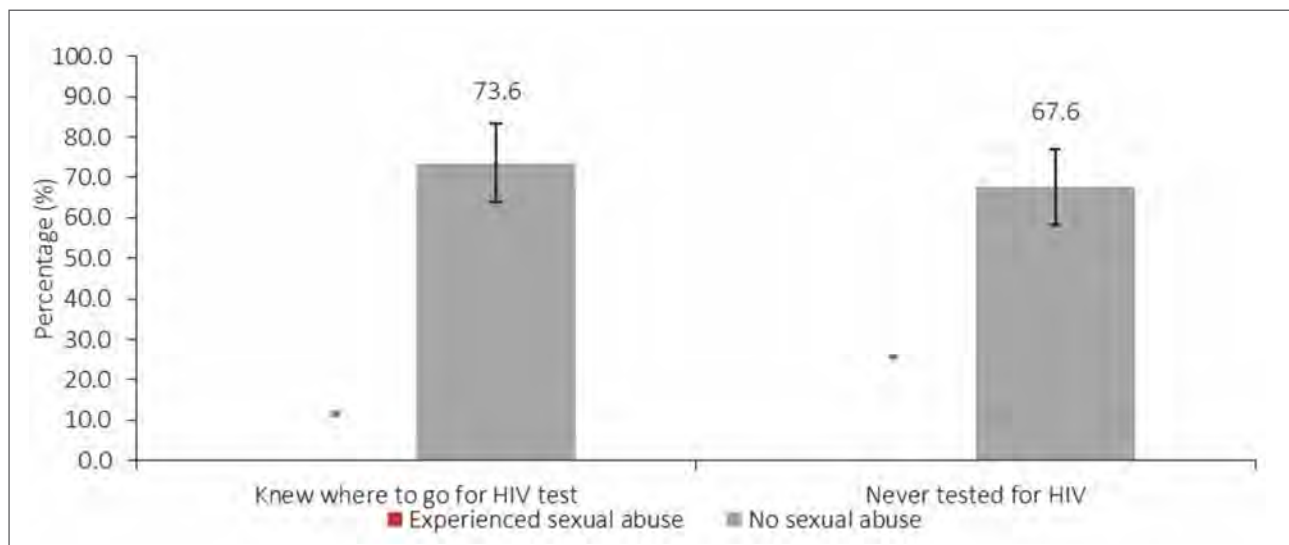


Figure 10.6 shows HIV testing knowledge and behaviour among males aged 13–17 who have engaged in sexual intercourse by experience of sexual abuse. The figure shows that 73.6 per cent males in this age category who had ever had sexual intercourse but did not experience sexual abuse in the previous 12 months knew where to go for an HIV test. However, 67.6 per cent never got tested for HIV. Of those who got tested for HIV, 91.1 per cent received their results (Appendix B Table 10.3.2). There was not enough data to differentiate HIV testing knowledge and behaviour among females aged 13–17 who had experienced sexual abuse.

*Percentages are unstable because the cell size is less than 25.

Figure 10.5: HIV testing knowledge and behaviour among males between the ages of 13–17 who have engaged in sexual intercourse, by experiences of any sexual abuse in the past 12 months – Zambia VACS, 2014



**Percentages are unstable because the cell size is less than 25.*

10.4 Reasons for not testing for HIV

Among sexually active females aged 18–24 who had never been tested for HIV, the most common reasons given for not testing for HIV were: little to no perceived risk (38.5 per cent); fear of testing positive (17.9 per cent); and lack of awareness about testing (12.6 per cent). Among males in the same category, the most common reasons were: little to no perceived risk (32.5 per cent); fear of testing positive (15.3 per cent); inaccessible test sites (14.5 per cent), and lack of awareness about testing (13.8 per cent; Appendix B Table 10.4.1).

A similar trend is observed among females aged 13–17: no perceived or low perceived risk (38.3 per cent); lack of awareness about HIV testing sites (15.9 per cent), lack of awareness about HIV testing (14.6 per cent), fear of testing positive (8.0 per cent). Among males aged 13–17, the most common reasons were low or no perceived risk (43.8 per cent), lack of awareness about testing (16.6 per cent), no information on testing sites (11.1 per cent), fear of testing positive (9.4 per cent), inaccessible test sites (9.2 per cent; Appendix B Table 10.4.2).

SECTION 11: BELIEFS TOWARD GENDER AND VIOLENCE

HIGHLIGHTS

- About 46.0 per cent of females and 41.4 per cent of males aged 18–24 accepted one or more justifications for spousal violence.
- Females and males aged 13–17 who accepted one or more justifications for spousal violence were 45.4 per cent and 36.2 per cent, respectively.
- 78.5 percent males and 75.6 per cent females aged 18–24 endorsed one or more circumstances where gender biases towards sexual practices are acceptable.
- Males aged 13–17 were more likely than females to endorse the belief that women who carry condoms have sex with a lot of men (64.2 per cent and 49.0 per cent respectively).

This section examines respondents' beliefs surrounding spousal violence, specifically regarding the use of physical violence by a husband against his wife. Respondents were asked whether they agreed that a husband was justified in beating his wife under five circumstances: (1) if she goes out without telling him; (2) if she does not take care of their children; (3) if she argues with him; (4) if she refuses to have sex with him; and (5) if she burns the food.

11.1 Beliefs towards spousal violence

Figure 11.1 shows the percentage distribution of females and males aged 18–24 by endorsement of one or more circumstances where a husband is justified to beat his wife. About 46.0 per cent of females and 41.4 per cent of males aged 18–24 accepted one or more justifications for spousal violence. Not taking care of the children was the most commonly accepted justification for spousal violence among females aged 18–24 (31.0 per cent) and males (23.6 per cent; Appendix B Table 11.1).

Figure 11.1: Endorsement of one or more circumstances where spousal violence is acceptable, among 18-24-year-old females and males – Zambia VACS, 2014

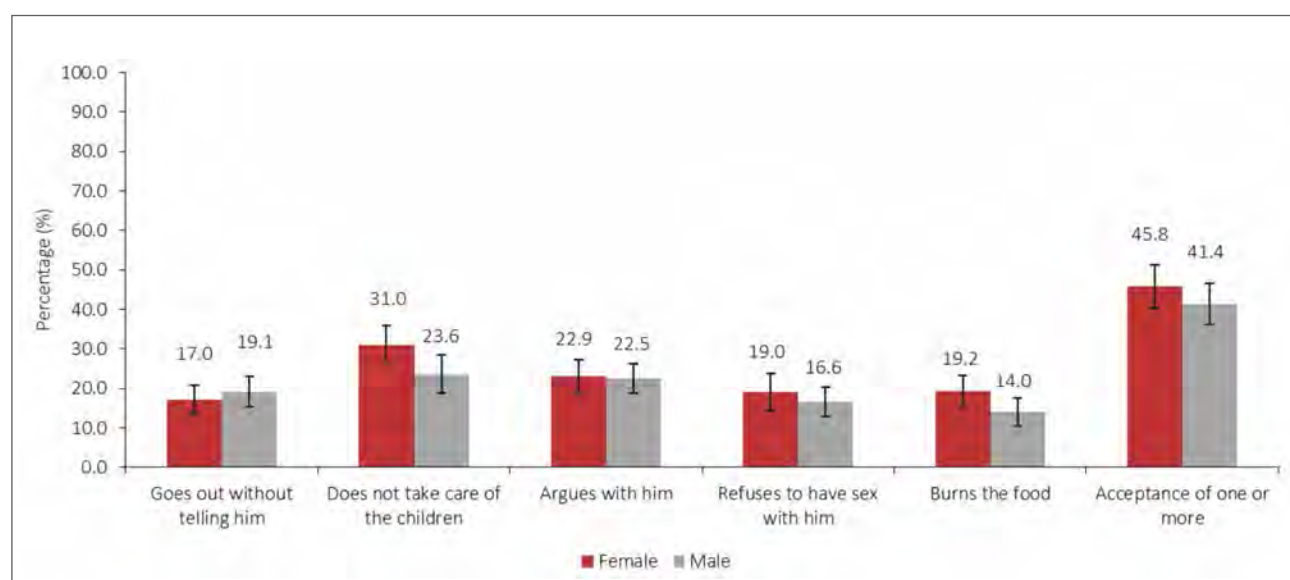
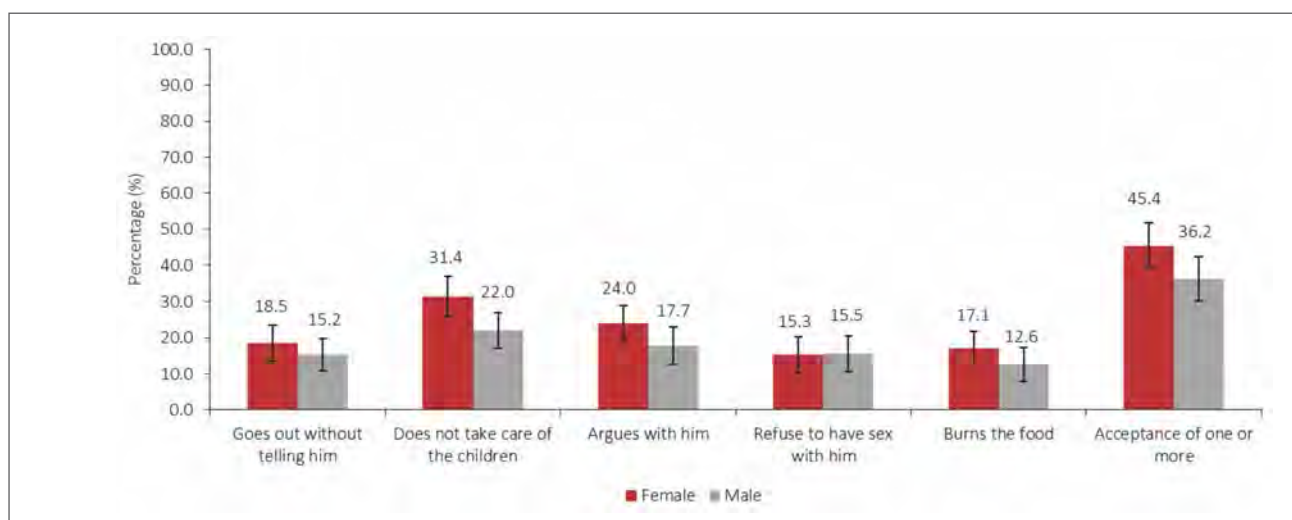


Figure 11.2 shows the percentage distribution of females and males aged 13–17 by endorsement of one or more circumstances where a husband is justified to beat his wife. For those who accepted one or more justifications for spousal violence were 45.4 per cent females and 36.2 per cent males. Not taking care of the children was the most commonly accepted justification for a husband beating his wife (31.4 per cent females and 22.0 per cent males; Appendix B Table 11.1).

Figure 11.2: Endorsement of one or more circumstances where spousal violence is acceptable, among 13-17-year-old females and males – Zambia VACS, 2014



11.2 Beliefs towards the role of gender in sexual practices and intimate partner violence

The VACS also examined beliefs surrounding gender roles as they relate to sexual practices and intimate partner violence. Specifically, respondents were asked whether they agreed with the following statements: (1) men, not women, should decide when to have sex, (2) men need more sex than women, (3) men need to have sex with other women even if they have good relationships with their wives, (4) women who carry condoms have sex with a lot of men, and (5) a woman should tolerate violence to keep her family together.

Figure 11.3 shows the percentage distribution of females and males aged 18–24 by endorsement of one or more circumstances where gender biases towards sexual practices and intimate partner violence are acceptable. More than three out of four males (78.5 per cent) and females (75.6 per cent) endorsed one or more circumstances where gender biases towards sexual practices are acceptable (Appendix B Table 11.2).

Figure 11.3: Endorsement of one or more circumstances where gender biases towards sexual practices and intimate partner violence are acceptable, among 18-24-year-old females and males – Zambia VACS, 2014

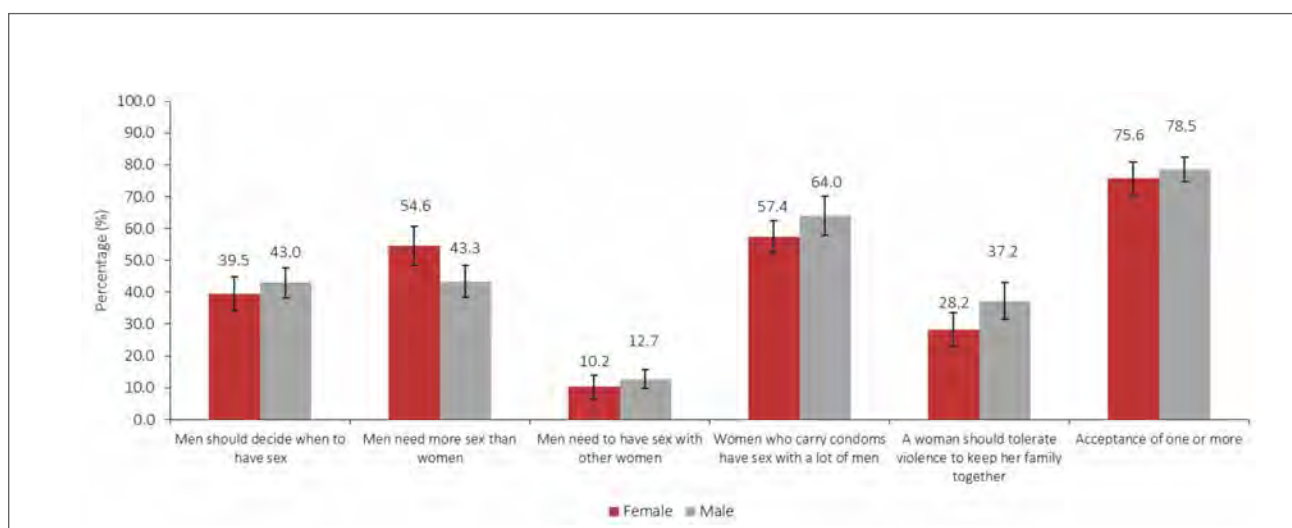
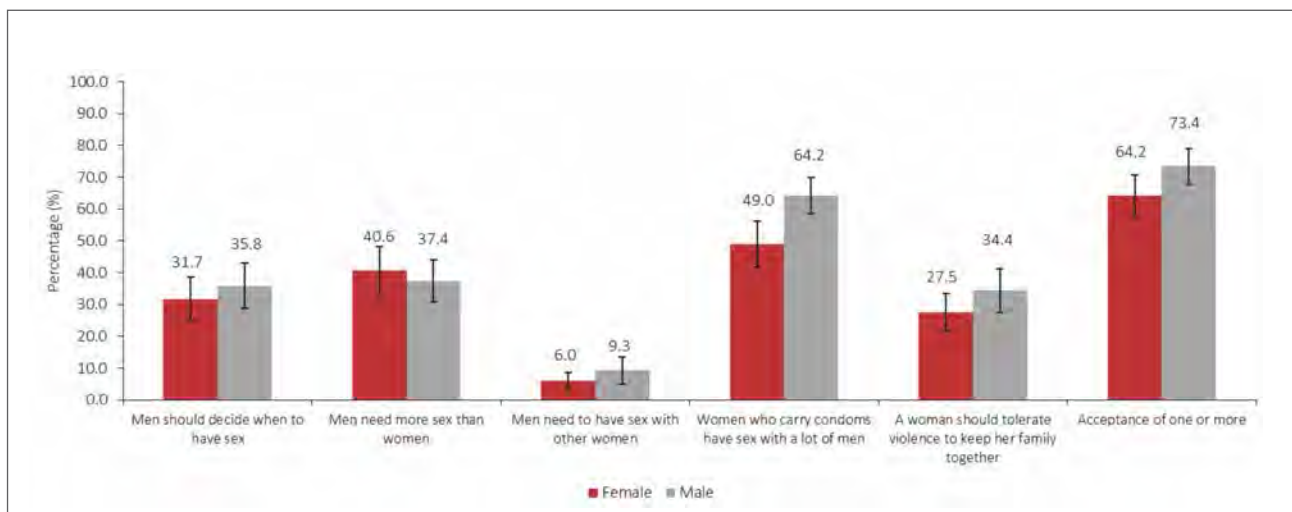


Figure 11.4 shows the percentage distribution of females and males aged 13–17 by endorsement of one or more circumstances where gender biases towards sexual practices and intimate partner violence are acceptable. Nearly three out of four males (73.4 per cent) and nearly two out of three females (64.2 per cent) endorsed one or more circumstances where gender biases towards sexual practices are acceptable (Appendix B Table 11.2). Males were more likely than females to endorse the belief that women who carry condoms have sex with a lot of men (64.2 per cent and 49.0 per cent, respectively).

Figure 11.4: Endorsement of one or more circumstances where gender biases towards sexual practices and intimate partner violence are acceptable, among 13-17-year-old females and males – Zambia VACS, 2014



SECTION 12: DISCUSSION

The VACS 2014 provides the first nationally representative data on the prevalence and epidemiology of sexual, physical, and emotional violence among female and male children in Zambia. This report describes the context in which violence against children occurs in Zambia as well as specific health outcomes and behaviours that are correlated with experiencing violence, including HIV risk behaviours.

It also explores the overlap between sexual, physical, and emotional violence and the services sought and utilized for incidents of sexual abuse and physical violence. The rich detail provides insight on risk and protective factors, context of violence and service utilization in Zambia and will guide prevention efforts specifically tailored to children's needs.

Violence against children erodes the foundation that children require to lead healthy and productive lives. Violence threatens the health and well-being of children beyond the physical injuries associated with violence.¹ Violence negatively impacts behavioral and cognitive growth and development, which can lead to mental health problems such as depression and anxiety.²

In conducting the first-ever nationally representative study on the issue, the Zambian Government has demonstrated dedication to better understand the problem and context of Violence against Children. The VACS positions Zambia to initiate evidence-based policies and programs to strategically prevent and respond to violence against children, as well as to systematically measure progress in eliminating violence in childhood in years to come.

Key findings

Violence against children in Zambia is not uncommon. Approximately half of females and males aged 18–24 experienced one or more forms of sexual, physical and emotional violence in their childhoods. Although the rates are lower in the 13–17-year-old females and males, 42.8 per cent of females and 33.5 per cent of males experienced one or more forms of sexual, physical, or emotional violence. Physical violence was the most common, followed by emotional violence and sexual abuse for both females and males.

Looking at the general picture of Violence against Children in Zambia, the VACS has established that physical, sexual and emotional violence is somewhat less common compared to many countries that have conducted a VACS, but the levels of violence in Zambia are problematic nonetheless. A strengthened system could be a useful tool to further fight violence against children.

Sexual violence in childhood

Approximately one in five (20.3 per cent) females and one in ten (10.0 per cent) males aged 18–24 experienced childhood sexual violence before the age of 18. In females and males aged 13–17, the reported sexual violence was slightly lower.

Among 18–24-year-olds who experienced any sexual violence, the majority of female (66.0 per cent) and male (78.8 per cent) victims experienced multiple incidents of sexual violence before the age of 18. The findings are similar for females aged 13–17.

It is important to recognize the impact of sexual violence against male children even as females experience a larger burden of sexual violence. For example, 8.2 per cent of females aged 18–24 reported physically forced sexual violence before the age of 18 compared to 1.6 per cent of males. It is also notable that although the rate of sexual violence in Zambia is lower than for other countries in the region (for example Kenya and Malawi VACS), the most common type of sexual abuse experienced by females was physically forced sex while for the males it was unwanted attempted sex.^{11;14}

That more than a quarter of females reported their first sexual intercourse was unwanted, both in the lifetime for 18–24-year-olds (26.2 per cent) and in the year preceding the survey for 13–17-year-olds (28.3 per cent) provides a striking sense of the burden of sexual violence against girls. The first incident of sexual violence most frequently occurred at age 16–17 for the majority of females (50.7 per cent) and males (51.4 per cent) aged 18–24, indicating that prevention efforts should target younger age groups to prevent sexual violence in late childhood.

Persons known to the victim most often perpetrate sexual violence against children. Among 18–24-year-olds, the most frequent perpetrators of childhood sexual violence against females were intimate partners and the most common perpetrators of violence against males were friends.

Twice as many females compared to males reported sexual violence by a perpetrator who was five or more years older at the time of the incident. This demonstrates that an age differential in the relationship may place females at risk. Gender norms surrounding sexual violence and females' ability to say no to sexual advances, especially from older males, need to be explored in the Zambian context.

Same-sex perpetration was rare overall, but more common for males, with 7.7 per cent of males aged 18–24 reporting sexual victimization by a male perpetrator during childhood. Same-sex sexual violence likely has an associated stigma that keeps this form of abuse underreported. Sexual violence is most frequently perpetrated at either the respondent's or perpetrator's home and during evening hours.

Given the context of abuse in Zambia, efforts to prevent sexual abuse may target girls' and boys' dating and friend relationships and focus on increasing protection in children's home environments. It is also important to mention that high poverty levels in the country may contribute to females being more vulnerable to sexual abuse, and abuse by intimate partners in particular, as female children sometimes depend on perpetrators of violence for financial and other forms of support. Economic empowerment for victims of violence and their families may promote financial and material independence from perpetrators, especially intimate partners.

Physical violence in childhood

Over one in three female and two in five male 18–24-year-olds and more than one in four female and male 13–17-year-olds had experienced physical violence. More than 80 per cent of females and males of both age groups experienced multiple incidents of childhood physical violence. Over 40 per cent of 18–24-year-old females and males experienced their first incident of childhood physical violence at 6–11 years.

Of the four physical violence perpetrator categories in VACS: (1) intimate partners, (2) peers, (3) parents, adult caregivers, or other adult relatives, and (4) community members, the most common perpetrators of childhood physical violence were parents, adult caregivers, or other adult relatives.

In addition to direct experiences of violence, witnessing violence in the home and community were also common among children. About half of all females (51.3 per cent) and males (49.0 per cent) aged 18–24 witnessed physical violence in the home during their childhood; one in four females (25.7 per cent) and one in five males (20.3 per cent) aged 13–17 witnessed physical violence in the home in the previous 12 months. Witnessing physical violence in the home and community contributes to establishing children's norms related to violence in relationships and conflict management. Therefore, it is critical to minimize not only the experience of violence but also environmental exposure to violence.

The high prevalence of physical violence could be associated with physical discipline, which may be propelled by cultural, social or religious norms. For example, it is not uncommon for parents to quote the Bible on “spare the rod and spoil the child” when spanking or beating children. Despite the abolishment of corporal punishment in the 2003 Education Act, corporal punishment still takes place in schools.

To prevent physical violence in childhood, effective efforts can focus on educator, parent and caregiver education on positive and non-violent methods for encouraging desired behaviours and on coping with difficult child behaviours or stressors on caregivers and educators. Comprehensive prevention efforts can also focus on intimate partnerships and healthy relationships as well as strategies to improve peer conflict management.

Emotional violence in childhood

Among those aged 18–24, 15.9 per cent of females and 20.0 per cent of males experienced childhood emotional violence by parents, adult caregivers, or other adult relatives. Most of this was experienced for the first time between the ages of 12–17. Parents, stepparents and friends were the most frequent perpetrators of emotional violence. It occurs most frequently in the home and the school.

As is the case with sexual and physical violence, emotional violence rarely occurred as an isolated incident, with more than 70 per cent of both females and males in both age groups reporting multiple events. Emotional violence by peers was also common, with 18.1 per cent of females and 17.0 per cent of males aged 18–24 experiencing this before the age of 18 and 22.1 per cent of females and 14.1 per cent of males aged 13–17 experiencing this in the previous year.

Overlap of types of violence

Different forms of violence are often experienced together by children either at the same time or at different times in a child's life.³⁹ Violent incidents frequently co-occur, and it is possible for one type of violence to lead to the other. The most common overlap among types of violence among females aged 18–24 is sexual and emotional violence, and among females aged 13–17 it is emotional and physical violence. For males in both age groups the most common combination of violence is physical and emotional violence.

Service utilization

For 18–24-year-old females and males who experienced sexual violence, about half told someone about their experience. Less than 25 per cent knew of a place to go for help and even fewer actually sought help. Similar patterns emerged for 13–17-year-old females, and less than 3 per cent received help. Low rates of service uptake were also seen for physical violence.

When 18–24-year-old respondents reflected why they did not seek services for physical violence, 36.3 per cent of females felt it was their fault and 41.4 per cent of males felt they did not need or want services. Among 13–17-year-old males, the majority felt that physical violence was not a problem and they did not need or want services.

Zambia has invested in a number of vital services for children exposed to violence. Services include but are not limited to psychosocial care and support, HIV and AIDS counseling and testing through such structures and institutions as the Department of Social Welfare, One Stop Centers, Victim Support and Child Protection Units of the Zambia Police, Lifeline/Childline Zambia, Child Protection Committees and health facilities.

Findings from this survey suggest that despite the existence of services and a protective legal environment, knowledge of, access to, and utilization of services are low, as detailed below. About 10 per cent or less of both females and males had heard of Lifeline/Childline Zambia, a 24-hour hotline that aims to provide counseling and long-term services to children in need.

Both female and male children may be reluctant to report sexual abuse, physical and emotional violence due to fears of stigma, humiliation, discrimination or retaliation from perpetrators. In some instances, if the perpetrator is a family member, the primary financial support for the family, or a prominent community member, reporting may be even more challenging because the child does not want to negatively impact their family. Another reason children may not report abuse or access services are that they may view violence as an acceptable form of discipline.

Additional barriers to seeking services include long travel distances to available services and gaps in knowledge about available services. For example, individuals may think they have to pay for a service that in actuality is provided cost-free. Increasing knowledge of available services, such as Childline, among young people, may minimize one barrier to help seeking.

Intimate partner violence, victimization and perpetration

Violence does not usually occur by itself; people or individuals or systems often foster violence. This study reveals that the most common perpetrators of the first and most recent incident of sexual abuse among females were husbands, boyfriends and romantic partners. It is not uncommon in Zambia for people to witness violence against women by intimate partners. Culturally, it has been established over years that a 'loving' husband or boyfriend should express such love by beating their wives or girlfriend. It is a cultural myth that has also indirectly or directly contributed to experiences of gender-based violence.

Of those aged 15–24 who have been partnered, almost 20 per cent of females and 8 per cent of males experienced physical violence by their partner. The results are similar for sexual violence by an intimate partner. Young people are also perpetrating violence against their intimate partners. Male and female perpetrators of intimate partner violence have often experienced sexual and physical violence themselves in childhood.

Health outcomes of sexual abuse, physical and emotional violence

Violence perpetrated against children has numerous consequences for health and well-being in childhood and ultimately in adult life. Children are affected not only by the experience of violence, but through the implications of a variety of associated health outcomes as well as missing school.

Among 18–24-year-olds who experienced childhood physical violence, almost 10 per cent of females and 14 per cent of males experienced an injury resulting from that violence. Among 13–17-year-olds who experienced

physical violence, over 20 per cent of females and about 14 per cent of males experienced an injury.

Experiencing violence also impacts negatively on school attendance. Almost 10 per cent of females and males aged 18–24 years who experienced violence in childhood-missed school as a result of sexual violence and over 6 per cent missed school as a result of the physical violence they experienced.

The effects of violence on mental health have significant impact from childhood through to adulthood. Among young adult females and males who experienced physical or sexual violence during their childhood, a higher percentage reported mental distress in the previous 30 days than those who never experienced violence in their childhood. Males who experienced sexual abuse were more likely to have intentionally hurt themselves than those who did not experience abuse.

For females aged 18–24 years who experienced emotional violence before age 18, a higher percentage reported mental distress in the previous 30 days, ever intentionally harming themselves, and ever having thoughts of suicide compared to females with no childhood emotional violence. A higher percentage of 18–24-year-old males with a history of emotional violence by a parent, caregiver, or other adult relative reported substance abuse in the previous 30 days or ever having thoughts of suicide, compared to males with no experiences of childhood emotional violence by such caregivers.

Sexual risk-taking behaviours and exposure to violence in childhood

The VACS also examined the link between exposure to violence in childhood and sexual risk-taking behaviours. Results from this study indicate that sexually active males (19–24) were more likely to have multiple sexual partners and report infrequent condom use than females in the same age group. However, coupled with experiences of violence, results show that females and males (19–24-years) were more likely to report infrequent condom use if they experienced sexual abuse, physical or emotional violence in childhood than if they never experienced abuse or violence prior to age 18.

HIV testing behaviours, HIV testing knowledge, and association with sexual abuse in childhood

Among 18-24-year-old females and males who experienced sexual abuse, almost all knew where to go for an HIV test. Less than 20 per cent of females and almost 40 per cent of males were never tested for HIV. The most commonly reported reason for having never received HIV testing in respondents of all ages was that they felt they did not need the test or were low risk.

There is growing evidence of an association between violence, especially sexual violence, and HIV/AIDS with four main areas of overlap: 1) forced or coerced sex may directly lead to HIV transmission; 2) violence and threats of violence may inhibit a person's ability to negotiate safe sex behaviours; 3) sexual violence experienced as a child may lead to increase in risk-taking behaviours later in life; and 4) a person who discloses his or her positive status may be at increased risk of violence from his or her partner, family or community.

Beliefs toward gender and violence

The study also examined male and female attitudes towards spousal violence, specifically regarding perpetration of physical violence by a husband against his wife. This aspect is important because it provides a snapshot of the context of gender-based violence (GBV) as well as gives meaning to the various forms of violence children and women experience.

Findings from this study indicated that females in all age groups (over 45 per cent) were more likely than males (over 36 per cent) to agree that a husband was justified to beat or inflict pain on his wife under one or more circumstances. For attitudes regarding sex, 64.2 per cent of females aged 13–17 and over 75 per cent of all other groups of females and males endorsed at least one of the following statements: men 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; and/or a woman should tolerate violence to keep her family together.

These justifications are based on gender norms – that is, the assigned roles and responsibilities of men and women by society. The implications of this situation are that while women are usually the immediate victims of GBV, its consequences extend beyond the victim.

Children suffer emotional trauma when they witness GBV. Children who witness GBV may also end up being violent partners themselves.³⁷ Psychological scars often hinder the establishment of healthy and rewarding relationships in the future. Victims may vent their frustrations on their children and others, thereby transmitting

and intensifying the negative experiences of those around them. These findings indicate that efforts to combat harmful gender norms are needed to address common beliefs and attitudes related to gender and violence.

Strengths and limitations of data collection

The VACS provides Zambia's first nationally representative data on the prevalence of sexual, physical and emotional violence against children. However, as with any study, there are important strengths and limitations to consider when interpreting the data.

Strengths include the sampling strategy, which ensured the data are nationally representative. Random sampling using a stratified three-stage cluster design allowed weighted estimates to be calculated. Similarly, overall response rates were 86.8 per cent for females and 85.6 per cent for males, suggesting an overall willingness to participate in the survey and reducing the likelihood of non-response bias.

Interviewers underwent intensive training to ensure professionalism and ability to build rapport with respondents, especially in light of the sensitive nature of the survey. The study does not include respondents over the age of 24 to maximize the respondents' ability to recall events from childhood.

Another benefit of the survey is the level of detail obtained on the context of abuse. For example, multiple surveys collect data on whether or not violence occurred, but few collect data specific events of violence. The Zambia VACS asks details on the first time a violent event occurred and the most recent time the event occurred, if that form of violence happened more than once. This allows event specific details to be obtained such as who the perpetrator was, the perpetrator's relationship to the respondent, and in some cases where and when the event occurred. Details of this nature will inform prevention strategies and policy formation.

In the same way, the survey has core stem questions that have been used in other African countries and around the world. Having a set of standard core questions, which have successfully been implemented in, Kenya, Malawi, Nigeria, Rwanda, Swaziland, United Republic of Tanzania and Zimbabwe, allow for across country comparison. More important is the ownership and oversight of the study undertaken by the Zambian Government which will assure that these data are used to prevent and respond to violence against children in Zambia.

Despite the strengths of the Zambian VACS, there are limitations to consider. Due to the nature of the study being a household survey, certain populations of children are missed. Children residing in institutions, residential care, or justice systems and street children are excluded, as only households are part of the sampling frame. Similarly, if children were living away from the home to attend school, they would not have been available to participate in the survey.

Children were also excluded from the study if they had a disability that prevented them from understanding or responding to the interview or from being interviewed in private. Children residing outside the home or living with disabilities could be at higher risk for violence and therefore future studies should address the burden among these special populations.

Another limitation is that the survey only collects data on the first and most recent episodes of each type of violence when individuals reported multiple instances of violence. For example, if a child experienced ten episodes of sexual violence, data are only gathered for the first and most recent events. This means important contextual details are missing on other violent events affecting respondents, but this is necessary to keep the survey at an acceptable length for respondents. The other limitation affecting the VACS data is recall bias. Respondents are asked to report retrospectively on experiences from their past. There is a chance respondents do not accurately recall the details of their experiences.

The VACS collects sensitive information that some respondents may not be comfortable disclosing personal and sensitive life experiences with strangers, thus providing an underestimate of the prevalence of Violence against Children. This may be especially true if the victim knows the perpetrator and/or present in the home during the interview, even though the survey was conducted in privacy. The survey was not conducted unless interviewers could ensure privacy to reduce the risk of retaliation for participation and increase confidentiality. Finally, the survey moves through sensitive questions in a graduated manner to help build comfort of respondents with their interviewer.

Implications for prevention and response

The Zambia VACS is a critical step forward for preventing violence against children in Zambia. These data

provide the first reliable, nationally representative estimates on the magnitude and characteristics of Violence against Children in Zambia and serve as the starting point for future prevention and programming efforts to address the issue. These data show that violence is common; violence affects both females and males; and that perpetration happens in the sanctity of homes, families, schools and relationships. Violence is not primarily a marginal or random occurrence.

Although lower than in other countries in the region, the prevalence of sexual, emotional and physical violence is still unacceptably high among children in Zambia and will require significant efforts to combat. It is important to note that while sexual violence may be less prevalent overall in Zambia than in other countries in the region, it is striking that the most common form of sexual abuse is forced sex for females and attempted forced sex for males. Findings of the study further suggest that first sex was unwanted among more than a quarter of girls who had sex before the age of 18.

Zambia is leading global efforts to recognize bullying as an important form of emotional violence, having added a peer violence module to the VACS questionnaire.

The importance of a robust national response to the VACS is highlighted not only in the large number of children that directly experience violence, but in the significant consequences including missed school, injuries, physical and mental health outcomes and risk behaviours. Knowing that perpetrators of violence were most often parents, adult caregivers, other adult relatives or intimate partners, response efforts should consider that these are persons whom the victim knows and trusts, left to take care of and/or protect children from harm.

Additionally, results have shown that the location of most incidences of sexual violence by females and males aged 13–24 years were most often the respondent's home, perpetrator's home, the road/street and school. It is now known that cases of violence are occurring in locations where children are expected to be comfortable and safe from harm.

Most incidents of violence happened in the afternoon and evening. This is the time that most children are knocking off from school and must walk home which may be far, more so in rural areas. Other reasons might be that houses are small and dense so children play outside until late and are only expected to go back home when it is time for supper or to sleep. This puts them at a high risk of being unsupervised and perhaps at higher risk of experiencing violence outside the home. That the most common location of sexual violence is the victims' home is especially concerning.

Service seeking was low among children who were victims of sexual and physical violence. Most children who experienced sexual and physical violence told someone; however, very few sought and received services for any experience of sexual or physical violence. Police stations throughout the country usually have victim support units (ZP-VSU), and health facilities and organizations offer services for victims of abuse, however, these centres may not be known or are not being utilized for various reasons.

The reasons children gave for not seeking services included mainly individual-level barriers such as not needing or wanting services, feeling the incident was their fault, and thinking it was not a problem. The frequency of such individual-level barriers to seeking help provide evidence that children in Zambia may view violence as normal. Combined with the prevalence of beliefs among young people that violence is justifiable under certain circumstances and, in particular, that men can be justified in beating their wives in certain circumstances, it appears that social norms related to violence may contribute to the continuation of violence against children. Prevention may begin with changes in norms, attitudes, values, and giving our children a voice.

The Zambia VACS brings to light that violence is both a human rights as well as a public health issue, impacting the physical and mental health of children. As a prevalent public health concern, it warrants similar attention to malaria or HIV. Sexual violence may have direct consequences for youth in the transmission of HIV. Beyond direct transmission of HIV via sexual violence, violence of all types impacts sexual risk taking behaviours, which contribute to the transmission of HIV and other STIs.

Similar to other public health issues, violence is also contagious. Children who experience violence are more likely to experience violence later in life or to perpetrate violence on others, contributing to an intergenerational cycle. Primary prevention of violence in childhood through norm and behaviour change and swift secondary prevention through response services will be key to protecting children in the future.

SECTION 13: SECTOR SPECIFIC RESPONSES

13.1 Role of social protection sector

The role of the social protection sector is to coordinate policies, programs and interventions that are aimed at: promoting (e.g., livelihood and empowerment), protecting (e.g., social assistance), and transforming the livelihoods (e.g., access to justice) and welfare of children at risk and preventing (e.g., social security/social insurance) all forms of violence. In response to the VACS findings, the social sector seeks to prevent and respond to all forms of violence against children in coordination with other sectors.

The VACS findings demonstrate that despite the existence of various types of professional services meant to assist child victims, including ZP-VSU, health facilities and organizations offering services for victims of abuse in some communities, are either not known or not being utilized by children who experience violence.

In some cases, services might be available but are too far to be accessed, especially in rural areas. The process involved when victims seek services can also be discouraging in that a victim might be expected to move from one center to another because services being sought are not available. In addition, inadequate knowledge and coordination mechanisms make it difficult for victims to seek services.

Additional opportunities can be leveraged in the social sector's response to violence against children in Zambia including: ensuring the existence of structures at all levels (e.g., community structures such as Community Welfare Assistance Committees, or CWACs) and a legal framework on the protection of children including a penal code, national social protection policy and child-related legislation.

Additionally, programmes in key line ministries and partner organizations, such as social cash transfers, child justice programs, and ending child marriage, can be used through collaboration among partners. Harnessing political will and involving traditional leaders in protecting children, the existence of child rights committees, drama clubs, and debate clubs in schools, etc., may also contribute to increased awareness of gender-based violence.

In responding to violence against children, there is a need to include victims themselves in the identification and provision of services, including awareness raising for available services. It will also be necessary to promote comprehensive sexuality education (CSE) in homes, schools, churches and other community locations in order to provide youth the information and skills to promote their own rights and safety. CSE covers sex education, gender and life skills; hence, promoting CSE will help address some of the harmful gender norms that perpetrate sexual and physical abuse.

Services for victims of violence have to be made accessible in close proximity to communities and children need to be aware that they exist. Additionally, a holistic approach to service provision is needed. Through stakeholder mapping, it will be easy to know which organizations are operating in different parts of the country and the services they provide. A mapping would enable the strengthening of a coordinated referral system to help victims of abuse easily access needed services. Sensitization is also needed to raise awareness in the community of such existing services.

A child needs a safe environment in order to grow into a healthy and responsible adult and to reach his or her full potential. However, the VACS findings show that most incidents of abuse occurred in the respondent's home or perpetrator's home and in the road or street. Further, most perpetrators of abuse are persons known to the victim and whom the victim trusts.

The creation of more safe places for disclosure and reporting of violence is necessary for providing holistic child and social protection for victims of violence. In order to facilitate reporting of abuse, children must know where to seek help and must feel protected in doing so. Perpetrators of violence have to be convicted in order to deter future would-be offenders.

13.2 Role of health sector

The role of the health sector in responding to violence against children is to ensure accessibility and affordability of quality health care services for victims. Several factors indicate a need to consider the health sector's role in promoting positive social norms and safety measures to combat violence. These include the frequency of violence in childhood, that perpetrators of sexual violence against children are most often people the victim knows, and individual-level barriers to service-seeking. Given the correlation between negative health outcomes and experiences of childhood violence, there is a need to sensitize communities to the negative

health consequences of violence against children through public health awareness campaigns.

Despite the availability of services for victims of violence in Zambia, very few victims of childhood violence are aware that these services exist, including services at health facilities. Even fewer children seek services or report cases of violence. The low rates of service-seeking among victims of violence creates an increased burden for the health sector, as children are faced with avoidable conditions like injury, STIs or unwanted pregnancy. Therefore, despite the availability of health care structures in some communities that can host one-stop centers (OSCs), there is a need to create more of such centers and outfit them with needed equipment.

The health sector must collaborate with other sectors to handle the increased burden as a result of Violence against Children. Low service seeking is attributable to the low level of service knowledge as well as the individual-level barriers to service seeking described by females and males who experienced childhood violence. Service seeking and receipt may also be hindered because services are not child-friendly. There is a need to promote and provide youth friendly services in health centres, schools and communities nationwide. In addition, there is need to sensitize staff on how to handle issues of violence against children to encourage victims to report and receive care for violent incidents.

The goal of the health sector is to increase the number of child victims that seek medical services while decreasing the number that experience violence through public awareness campaigns modeled after the Under 5 (U5) immunization campaigns, Child Health Week, Safe Motherhood Week and adolescent, sexual and reproductive health strategies. Further, the sector has already decentralized structures at community level that can host OSCs and now includes sufficient human resources to help in addressing violence against children.

The creation of additional OSCs, along with adequate training of staff and provision of resources, could increase service knowledge and service-seeking among child victims of violence. Enhanced coordination between information systems such as the Health Management Information Systems, the Education Management Information Systems, and the ZP-VSU electronic occurrence book can provide a very good source of data on violence against children. Other opportunities include the possibility for engaging more community-based volunteers, especially for community outreach programmes, and the inclusion of a violence against children curriculum in the in-service training for all health workers.

13.3 Role of education sector

Education is a fundamental right of every child. The role of the education sector in Zambia is cherishing and safeguarding individual liberties and human rights; appreciating Zambia's ethnic cultures, customs and traditions and upholding national pride, sovereignty, peace, freedom, and independence; maintaining and observing discipline and hard work as the cornerstones of personal and national development; increasing access to education and life skills training; building capacity for the provision of quality education; creating conditions for effective coordination of policies, plans and programmes and rationalizing resource mobilization and utilization.

The education sector's interest in issues of violence against children stems from an overall responsibility to protect children while in school as well as the opportunity for the education system to be more active in preventing and responding to violence against children. Children experience violence during their school-attending years and while they are at school. Sexual abuse, physical and emotional violence were reported among school attendees. The study shows evidence that sexual abuse also occurs at school, and perpetrators include a classmate or schoolmate.

Schools can incorporate prevention efforts targeted at violence against children through educating school community members on children's rights. School community members can be trained to identify and refer cases of abuse. Furthermore, schools can be made a safe place for children to disclose any violence they experience and seek the appropriate help.

The Government of the Republic of Zambia abolished corporal punishment in schools in 2003. However, teachers were the most common perpetrators of physical violence in childhood by any adult in the community. To address the prevalence of physical violence by teachers, the education sector may focus efforts on increasing awareness among teaching staff, communities and children, enforcing laws on corporal punishment, and training teachers in alternative strategies to discipline students.

⁴One stop centers provide full spectrum of multi –sectoral responses such as but not limited to; medical care, psychosocial and justice support services, ensuring convenient and efficient continuum of care for the survivor. These can be run at either governmental or non-governmental or village level.

Perpetration of violence against children in schools by teachers not only has the potential to affect a victim's school performance and overall development, but may also impact any children who witness the violence. To others, violent behaviour from teachers may breed a sense of anxiety and fear where children are supposed to be learning. Children may also take it as a normal practice and act violently towards fellow students or other family or community members now or later in life, perpetuating negative social norms and a cycle of violence. Children emulate adults and leaders in society; it is therefore imperative that teachers do not perpetrate violence as they play a key and influential role in children's lives.

The prevalence of violence in schools has been previously unknown to education authorities and following VACS must be addressed to ensure all children have the opportunity to attain their highest education potential. Current policies within the education sector that are being used to reduce violence against children include the 1996 National Policy on Education, Education Act Number 23 of 2011 (Abolish Corporal Punishment Policy and Counseling and Guidance), the Standards and Evaluation Guidelines of 2015 (zero tolerance to child abuse, incorporation of reproductive health and sexuality education in the curriculum), and Zambia Education Curriculum Framework 2012. Based on the VACS sector-specific findings, the education sector has adopted a vision of reducing all forms of violence in schools by half by 2025.

Opportunities within the education sector to fight violence against children include integrating violence against children prevention into the school and college curricula, addressing special educational needs, providing career guidance and counseling, expanding life skills, teaching governance, gender, human rights, population and family life education, reproductive health and sexuality, health and nutrition, and pre-service and in-service orientation and capacity building for teachers and administrators.

Other actions, programs and strategies that can be used to reduce violence against children in schools include: educational programmes for families, parents and caregivers on their child's early development through programs with positive disciplining methods and the creation of open dialogue at the community and national levels to raise public awareness about violence against children such as through parent-teacher associations. Students need the essential skills to cope and manage difficult situations without the use of violence and seek appropriate support when violence does occur.

Schools should serve as repositories of knowledge on the negative effects of violence and should seek to promote positive social norms such as through the provision of skills to communicate effectively and appropriately to solve behavioral problems or disagreements in accordance with the law. To achieve universal primary education, schools are obligated to provide a violence-free environment.

Access to quality education entails that boys and girls must be free from physical, sexual and emotional violence as this is a developmental stage in a child's life. The existence of physical, sexual and emotional violence in schools entails a lack of knowledge or enforcement of the respect for children's rights and abolition of the corporal punishment policy. Full compliance with existing laws and policies must be a top education sector priority.

13.4. Role of justice sector

The justice sector plays a very important role in addressing violence against children as it creates and enforces the laws of the country. The sector includes the court system (High Court, Family Court, Fast Track Courts, Magistrates Court, Local Court); the Zambia Police (VSU and Child Protection Unit).

Protecting children's rights through sensitization, promotion and support to create a child-friendly justice system; identifying and supporting children in need of care; and preventing repeat offences by arresting perpetrators are some of the sector's major roles in addressing violence against children in Zambia. It seeks to reduce the impact of all forms of violence against children by supporting referrals to counseling services and facilities for victims of violence. It also promotes networking among various institutions offering services for victims of violence and provides referrals for victims of violence to childcare and welfare.

The justice sector envisions an environment where children are safe, secure and protected from all forms of violence; where children's rights are respected, protected and fulfilled; and where there is no discrimination, but instead holistic child-friendly legal services – and ultimately, a healthy society that is free of all forms of violence.

To achieve these goals, children should be allowed to participate in policy formulation and legislation pertaining to issues of violence against them. The Ministry of Justice supports the review and revision of legislation that deal with the protection of children against violence, including the Child Code Bill, Juvenile Act, Adoption Act

and the Penal Code. Other opportunities include strengthening the capacity of law enforcement officers in matters concerning violence against children, increasing public awareness on the law relating to violence against children and scaling up counseling and other related services to children.

In addressing overarching issues from the VACS, the justice sector proposed the introduction of fast track courts, legalizing the diversion of cases involving children and putting stiffer penalties on existing laws to help reduce violence against children in the country. In addition, the sector proposed that there is need to harmonize laws and sensitize communities on children's rights and related laws to deter would-be perpetrators.

In order to fulfill these actions, there also is a need to train law enforcers in handling cases of violence against children, including forensics, and to collaborate with the social service and health sectors as well as police to speed up trials of childhood violence cases. The delay in the process of reviewing laws to enhance the protection of children against harmful cultural practices as well as harmonizing customary and statutory laws was also identified as barriers in the legal fight against violence against children.

The justice sector envisions a legal system with adequate law enforcement that is more proactive and responsive to violence against children. Establishing community crime prevention units, including neighborhood watch systems, will strengthen community participation. Furthermore, child-friendly facilities are needed within the sector.

SECTION 14: RECOMMENDATIONS

The results of this survey have significant implications for immediate and future prevention and response programmes. The first step is to share the findings of the VACS with all stakeholders: children, families, communities, traditional and religious leaders, government, civil society organizations (CSOs) and cooperating partners. It is important to involve women and men, girls and boys in addressing violence against children. Briefs of the key findings will be developed, simplified and translated to support the dissemination.

Government should bring together all stakeholders to formulate and implement a multi-sectoral plan in response to the VACS findings. There is a need to discuss the findings openly and honestly with stakeholders and ensure that all actors have a chance to provide their thoughts and inputs on ways to prevent and respond to violence against children. Special efforts must be made to engage with children in a safe environment on the findings of VACS. Focus should be on listening to children, encouraging supportive open and honest discussions on violence as well as encouraging their opinions on how to inform the response to violence against children.

Coordination

Zambia has and is still developing multi-sectoral responses to many issues. It is important that the country harnesses existing successful coordination mechanisms and partnerships to address violence against children. This can include existing government mechanisms such as the Ending Child Marriage Campaign, which identifies violence as one of the drivers of child marriage, as well as joint partnerships with the United Nations and CSOs to address gender-based violence.

Service delivery

One key finding was the limited awareness and availability of services. It is recommended that the country addresses this by developing strategies to ensure knowledge, availability and accessibility of quality services across the social service, education and health sectors and a protective legal and justice environment. Efforts to ensure that necessary support and resources are allocated to ensure a sufficiently staffed and well-trained social service workforce to prevent and respond to violence against children are vital. Incorporating child protection in the training curricula of key social service actors – police, social welfare, education and health professionals – would complement this.

An integral part of the service delivery mechanism is the strengthening and development of a child and family welfare system. This includes the design and rollout of an integrated case management system and social protection service delivery including social cash transfers. The provision of emergency and short-term care for children who have experienced violence at the hands of a parent or caregiver is also recommended.

There is a need to support the promotion and strengthening of early childhood development, with a focus on parenting initiatives to foster positive and non-violent methods for discipline and coping with difficult child behaviours. Early childhood development centres and service provision areas are an entry point to challenge harmful attitudes and norms, educate from the youngest ages, respectful, positive and non-violent relationships with others.

Lifeline/Childline Zambia is a service that could be further promoted by more widely advertising the 116 number and by looking into possibilities to extend its call centres to one in each province.

Capacity development

Capacity building of service providers, community focal persons and structures to identify, address and refer to services is important. There is also a need to recognize the urgency of children themselves to address violence against them by building their awareness of harmful behaviours, risks and measures to keep themselves safe.

Government should promote education efforts to support loving, respectful and non-violent family, dating and friend relationships. It is important to plan these education efforts for children in and out of school. Efforts to improve the provision of child-friendly service delivery for victims of violence can also improve accessibility of child services.

Social, cultural and gender norms

Children are reluctant to report violence due to fears of stigma, humiliation, discrimination or retaliation from perpetrators. There are accepted attitudes towards violence, for example where females and males consider it the husband's right to beat his wife or partner for certain reasons. It is imperative that traditional and religious leaders, children and families, civil society and Government work together to change these attitudes towards

violence and what is acceptable behaviour. A nationwide sensitization campaign on violence against children can strengthen the government and civil society commitment to addressing violence against children.

Legal and policy frameworks

Legal and policy frameworks should be strengthened and developed to both prevent and respond to violence against children. This includes recommendations to develop and implement strategies to address bullying and peer-to-peer violence. Efforts under the education sector to embed child protection in civic education and social studies can be reinforced, and stronger implementation of existing laws addressing violence, including enforcement of the ban on corporal punishment in schools and institutions.

Future research

Finally, and for the future, it is recommended that the next VACS in Zambia extends its scope and sample size to address the low response rates for some questions and ensure more complete data and increased understanding of the various dimensions of violence against children.

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

The 2014 Zambia VACS was a nationally representative household survey of all non-institutionalized females and males aged 13–24 years designed to produce data on sexual, physical and emotional violence in childhood.

The sampling frame was originally compiled by the Central Statistical Office (CSO) from the national sampling frame. The country was divided into small areas called Enumeration Areas (EAs), which are the primary sampling units for this study. The EAs are convenient areas carved out from localities or group of localities to serve as units of enumeration during censuses and surveys. The sampling frame provided by CSO consists of 25,521 EAs containing 2,513,768 households and 13,092,000 persons.

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

The following assumptions were used to estimate the sample size: 95 per cent confidence interval (CI) of +/-2.0 per cent around an estimated prevalence of sexual violence against children of 30.0 per cent, and a design effect of 2.0. The calculated sample size based on these assumptions was 1,008 completed interviews for males and 1,008 completed interviews for females. Adjustment to the sample size for eligibility as well as non-response resulted in a target of 2,818 households in 113 EAs for the female sample and 3,391 households in 135 EAs for the male sample.

Stages of selection

The VACS utilized a three-stage stratified sample design. In the first stage, a total of 248 EAs were selected using probabilities proportional to the population size. The sample was allocated across the eight provinces in Zambia based on the population size in each. In the second stage, a fixed number of 25 households were selected using equal probability systematic sampling. In the last stage, one eligible respondent (female or male depending on the selected EA) was randomly selected from the list of all eligible respondents (females or males) 13–24 years of age in each household and administered the questionnaire. For EAs containing greater than 250 households, segmentation was conducted to obtain a sample of geographic areas that were of suitable size for the field teams. EAs with less than 50 households were excluded from the study to protect respondents' confidentiality.

Weighting procedure

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

Base weight

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

Sampling allocation

Table A1: Allocation of 248 PSU by province – Zambia VACS, Adjustment for unit non-response

In Step 2, base weights were adjusted to compensate for the losses in the sample outcome due to non-response (see Appendix A Table A2 for response rates). In this step, non-response adjustments were made for non-responding EAs, households, and respondents.

Due to some non-responding EAs, non-response adjustments were made at the PSU-level for female and male EAs (see Appendix A Table A6 for PSU-level non-response adjustment factors). The household-level non-response adjustment was performed by using weighted data by province and EA. For the person-level non-

Province	Urban Clusters	Rural Clusters	Total Clusters
Central	6	19	25
Copperbelt	30	7	37
Eastern	4	26	30
Luapula	4	15	19
Lusaka	35	6	41
Muchinga	2	11	14
Northern	4	17	21
Northwestern	3	11	14
Southern	7	23	30
Western	2	15	17
Total Clusters	97	150	248

response adjustment, weighting cells were formed taking province, age group (13–17 or 18–24), and sex into account.

In the VACS protocol, it is recommended that any household- or person-level non-response adjustment component that exceeds 3.0 be set to 3.0. However, for the 2014 Zambia VACS, there were no values larger than 3.0 in either the

household-level or the person-level adjustment factors for non-response.

Household-level response rate

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

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

where:

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

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

Person-level response rate

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

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

where:

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

Table A2: Household and individual response rates by sex – zambia VACS, 2014

Household	Females	Males
Completed Household – 1 person selected	1036	1096
Completed Household – No Eligible in Household	1539	2012
Household Survey Not Completed	72	84
Household Refusal	106	84
Unoccupied/ abandoned	3	22
Demolished	0	0
Household respondent incapacitated	7	9
Other Household Non-Response	7	17
Total	2770	3324
Household Response Rate	93.3 per cent	94.4 per cent
Individual		
Completed Individual Survey	891	928
Not eligible	0	0
Selected Individual Later Determined Ineligible (incapacitated)	9	12
Selected Respondent Refused	59	85
Other Individual Non-Response	77	71
Total	1036	1096
Individual Response Rate	86.8 per cent	85.6 per cent
*Overall Response Rate	80.9 per cent	80.8 per cent

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

Table A3: Household-level non-response adjustments for female enumeration areas – Zambia VACS, 2014

Province	PSU	Household non-response adjustment	Province	PSU	Household non-response adjustment	Province	PSU	Household non-response adjustment
1	15	1	3	90	1.041666	7	179	1
1	16	1	3	91	1	7	180	1
1	17	1.190475	3	92	1.041667	7	181	1
1	18	1.041666	3	93	1.190477	7	182	1
1	19	1.041667	4	104	1.086957	7	183	1.041667
1	20	1	4	105	1	7	184	1
1	21	1.086957	4	106	1	7	185	1
1	22	1	4	107	1.086957	7	186	1
1	23	1	4	108	1	7	187	1
1	24	1	4	109	1.041666	7	188	1
1	25	1.086956	4	110	1	8	197	1.041667
2	46	1	4	111	1.086957	8	198	1
2	47	1.086956	4	112	1	8	200	1
2	48	1.086957	5	136	1.5	8	201	1.086958
2	49	1.086955	5	137	1.333333	8	202	1
2	50	1.086957	5	138	1.190476	9	219	1
2	51	1	5	139	1.263158	9	220	1.086956
2	52	1.315788	5	140	1.25	9	221	1
2	53	1.411764	5	141	1.25	9	222	1.086957
2	54	1.041666	5	142	1.333334	9	223	1.086957
2	55	1.086956	5	143	1.666666	9	224	1
2	56	1.041666	5	144	1.086956	9	225	1.041667
2	57	1	5	145	1.190475	9	226	1.315791
2	58	1.041666	5	146	1.411764	9	227	1
2	59	1.086957	5	147	1.249999	9	228	1.086957
2	60	1.041667	5	149	1.470589	9	229	1.086957
2	62	1.043478	5	150	1.562499	9	230	1
3	80	1	5	151	1.142858	9	231	1
3	81	1	5	152	1.086956	9	232	1.136364
3	82	1	5	153	1.2	10	242	1
3	83	1	5	154	1.5625	10	243	1.041667
3	84	1	6	162	1	10	244	1.086956
3	85	1	6	163	1	10	245	1.086956
3	86	1	6	164	1	10	246	1
3	87	1	6	165	1.136364	10	247	1
3	88	1.041667	6	166	1	10	248	1
3	89	1	6	167	1	10	249	1.086957

Table A4: Household-level non-response adjustments for male enumeration areas – Zambia VACS, 2014

Province	PSU	Household non-response adjustment	Province	PSU	Household non-response adjustment	Province	PSU	Household non-response adjustment
1	1		3	75	1	7	168	1.090909
1	2	1	3	76	1	7	169	1.086957
1	3	1	3	77	1	7	170	1.041667
1	4	1.263158	3	78	1	7	171	1
1	5	1.136364	3	79	1	7	172	1
1	6	1.333333	4	94	1.136364	7	173	1
1	7	1.086957	4	95	1.041667	7	174	1
1	8	1	4	96	1.041667	7	175	1
1	9	1.086957	4	97	1.190476	7	176	1
1	10	1.041667	4	98	1.136364	7	177	1
1	11	1.142857	4	99	1.086957	7	178	1
1	12	1.25	4	100	1.086957	8	189	1
1	13	1.086957	4	101	1.190476	8	190	1.041667
1	14	1.090909	4	102	1.315789	8	191	1
2	26	1.136364	5	113	1.086957	8	192	1

Continuation

2	27	1.041667	5	114	1	8	193	1
2	28	1.136364	5	115	1.041667	8	194	1.041667
2	29	1	5	116	1.041667	8	195	1
2	30	1.041667	5	117	1.041667	8	196	1.136364
2	31	1.041667	5	118	1.086957	9	203	1.086957
2	32	1	5	119	1.086957	9	204	1.086957
2	33	1	5	120	1.086957	9	205	1.086957
2	34	1.041667	5	121	1.136364	9	206	1.2
2	35	1	5	122	1.086957	9	207	1.136364
2	36	1.041667	5	123	1.666667	9	208	1.045455
2	37	1	5	124	1.315789	9	209	1.090909
2	38	1	5	125	1.388889	9	210	1.210526
2	39	1	5	126	1.041667	9	211	1.571429
2	40	1.136364	5	127	1.117647	9	212	1.045455
2	41	1	5	128	1.086957	9	213	1
2	42	1	5	129	1.263158	9	214	1.041667
2	43	1.136364	5	130	1.142857	9	215	1.043478
2	44	1.041667	5	131	1.086957	9	216	1.043478
2	45	1.086957	5	132	1.086957	9	217	1.136364
3	63	1	5	133	1	9	218	1.142857
3	64	1	5	134	1	10	233	1
3	65	1	5	135	1.041667	10	234	1
3	66	1	6	155	1	10	235	1.043478
3	68	1	6	156	1	10	236	1.041667
3	69	1	6	157	1	10	237	1
3	70	1	6	158	1	10	238	1
3	71	1	6	159	1	10	239	1
3	72	1	6	160	1	10	240	1.041667
3	73	1	6	161	1	10	241	1.041667
3	74	1						

Table A5: Person-level non-response adjustment factors for enumeration areas – Zambia VACS, 2014

Province	Age category	Female	Male
1	13 to 17	1.66049	1.96226
1	18 to 24	1.46460	1.26930
2	13 to 17	1.25041	1.11455
2	18 to 24	1.24008	1.11370
3	13 to 17	1.13020	1
3	18 to 24	1.06846	1
4	13 to 17	1.05979	1.40433
4	18 to 24	1.08265	1.13140
5	13 to 17	1.43576	1.27444
5	18 to 24	1.13160	1.29528
6	13 to 17	1.45022	1.15864
6	18 to 24	1	1
7	13 to 17	1	1.17005
7	18 to 24	1	1.11629
8	13 to 17	1.37199	1.18888
8	18 to 24	1.26575	1
9	13 to 17	1.13481	1.29986
9	18 to 24	1.24779	1.17713
10	13 to 17	1.13034	1.05819
10	18 to 24	1.18631	1.01761

Table A6: PSU-level non-response adjustment factors for enumeration – Zambia VACS, 2014

Region	Female	Male
1	1	1
2	1.00139	1
3	1	1.00261
4	1	1.00621
5	1.00113	1
6	1	1
7	1	1
8	1.02067	1
9	1	1
10	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 CSO statistical 2014 population projections distributed by province, age category (13-17 and 18-24), household location, and gender. These variables were used to form weighting cells. The number of respondents was too small to calibrate by age group in some provinces—in these instances, the age groups were combined and the calibration was calculated. Appendix A Tables A7 and A8 present the post-stratification calibration adjustment factors for female and male EAs.

Table A7: Calibration adjustments for female enumeration areas – Zambia VACS, 2014

Province	Age category	Weighted sum of sample	Census	Calibration
1	13 to 17	75,471	90,908	1.20
1	18 to 24	83,773	104,283	1.24
2	13 to 17	94,547	138,727	1.47
2	18 to 24	121,194	175,227	1.45
3	13 to 17	53,740	105,321	1.96
3	18 to 24	64,592	117,707	1.82
4	13 to 17	51,739	64,513	1.25
4	18 to 24	35,473	71,677	2.02
5	13 to 17	80,057	154,927	1.94
5	18 to 24	98,564	205,053	2.08
6	13 to 24	59,813	109,727	1.83
7	13 to 17	26,900	82,058	2.11
7	18 to 24	38,978	102,882	3.13
8	13 to 24	32,886	107,437	1.78
9	13 to 17	60,221	122,436	1.45
9	18 to 24	76,820	90,908	1.20
10	13 to 24	84,228	104,283	1.24

Table A8: Calibration adjustments for male enumeration areas – Zambia VACS, 2014

Region	Age category	Weighted sum of sample	Census	Calibration
1	13 to 24	164,241	193,594	1.18
2	13 to 17	127,908	131,607	1.03
2	18 to 24	146,451	165,805	1.13
3	13 to 17	77,420	108,872	1.41
3	18 to 24	72,439	119,629	1.65
4	13 to 24	117,326	134,352	1.15
5	13 to 17	83,238	138,969	1.67
5	18 to 24	96,217	178,480	1.85
6	13 to 24	74,897	107,446	1.43
7	13 to 24	165,915	154,159	0.93
8	13 to 24	45,384	102,561	2.26
9	13 to 17	77,166	107,548	1.39
9	18 to 24	134,615	127,087	0.94
10	13 to 17	51,654	58,358	1.13
10	18 to 24	55,666	60,390	1.08

Final Weights

The final weights assigned to each responding unit were computed as the product of the base weights, the non response adjustment factors, and post-stratification calibration adjustment factors. The final weights were used in all analysis to produce estimates of population parameters in SAS v9.3.

Effect of Variable Sample Weights on the Precision of Survey Weights

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

Table A9: Multiplicative effect overall – Zambia VACS, 2014

	n	Meff
Female	891	1.43881
Male	928	1.35203

Estimates of Sampling Error

Sampling errors for the H-Well are calculated for selected variables considered to be of primary interest. The results are presented in Appendix A Tables A10 and A11 by gender. These tables present the value of the statistic (R), its standard error (SE), the number of unweighted (N) cases, the design effect (DEFF), the relative standard error (SE/R), and the 95 percent confidence limits ($R \pm 1.96SE$) for each variable.

Table A10: Sampling errors for female sample –Zambia VACS, 2014

Indicator	Age group	Unweighted count	Estimate percent	Standard error of percent	Design effect	95% lower limit	95% upper limit	Relative error
Any childhood sexual violence	18-24 years old prior to age 18	502	20.3	1.994	1.231	16.4	24.3	0.098
	13-17 years old in the past 12 months	381	16.6	2.095	1.207	12.4	20.7	0.127
Reported experiencing any sexual touching	18-24 years old prior to age 18	497	8.0	1.270	1.091	5.4	10.5	0.160
	13-17 years old in the past 12 months	379	10.5	1.849	1.378	6.8	14.1	0.177
Reported experiencing any unwanted attempted sex	18-24 years old prior to age 18	499	8.1	1.346	1.208	5.5	10.8	0.166
	13-17 years old in the past 12 months	380	9.7	1.869	1.518	5.9	13.4	0.194
Reported experiencing any physically forced sex	18-24 years old prior to age 18	495	8.2	1.158	0.881	5.9	10.5	0.141
	13-17 years old in the past 12 months	377	1.8	0.686	1.004	0.4	3.2	0.382
Reported experiencing pressured sex	18-24 years old prior to age 18	499	6.3	1.320	1.469	3.7	8.9	0.209
	13-17 years old in the past 12 months	379	0.4	0.237	0.497	0.0	0.9	0.553
Reported experiencing any unwanted completed sex (physically forced or pressured)	18-24 years old prior to age 18	500	12.1	1.683	1.328	8.8	15.4	0.139
	13-17 years old in the past 12 months	379	2.2	0.705	0.869	0.8	3.6	0.319
Reported experiencing non-contact sexual abuse (participation in a sex photo, video, webcam)	18-24 years old prior to age 18	502	0.1	0.121	0.609	0.0	0.4	1.006
	13-17 years old in the past 12 months	380	0.2	0.224	0.851	0.0	0.7	1.001
Reported receiving services for any incident of sexual abuse, among those who experienced at least one incident of sexual abuse	13-17 years old in the past 12 months	65	2.6	1.485	0.549	0.0	5.6	0.562

Table A10: Sampling errors for female sample –Zambia VACS, 2014– continued

Indicator	Age group	Unweighted count	Estimate percent	Standard error of percent	Design effect	95% lower limit	95% upper limit	Relative error
Reported that they had told someone about any experience of sexual abuse where at least one incident of sexual abuse occurred	18-24 years old prior to age 18	110	51.6	5.348	1.248	41.0	62.2	0.104
	13-17 years old in the past 12 months	65	71.1	6.547	1.336	58.1	84.1	0.092
Reported receiving any food, favors, or any gifts to have sexual intercourse or to perform other sexual acts	18-24 years old prior to age 18	500	2.1	0.900	1.936	0.3	3.9	0.422
	13-17 years old in the past 12 months	376	4.5	2.266	4.460	0.0	9.0	0.501
Reported that first incident of sexual intercourse was unwanted	18-24 years old prior to age 18	235	26.2	3.067	1.139	20.1	32.3	0.117
	13-17 years old in the past 12 months	100	28.3	5.005	1.223	18.3	18.3	0.177
Reported experiencing any physical violence	18-24 years old prior to age 18	507	33.8	2.629	1.562	28.6	39.0	0.078
	13-17 years old in the past 12 months	383	27.7	2.927	1.636	21.9	33.5	0.106
Reported experiencing any physical violence by a parent, adult caregiver, or other adult relative	18-24 years old prior to age 18	496	27.0	2.513	1.584	22.1	32.0	0.093
	13-17 years old in the past 12 months	380	14.3	2.403	1.784	9.5	19.1	0.168
Reported experiencing any physical violence by an adult in the neighborhood	18-24 years old prior to age 18	505	8.3	1.431	1.350	5.50	11.2	0.172
	13-17 years old in the past 12 months	381	12.0	2.626	2.488	6.8	17.2	0.219
Reported experiencing any physical violence by a peer	18-24 years old prior to age 18	504	3.7	0.893	1.122	1.9	5.5	0.241
	13-17 years old in the past 12 months	382	7.7	1.505	1.216	4.7	10.7	0.196
Reported experiencing any emotional violence by a parent, adult caregiver, or other adult relative	18-24 years old prior to age 18	496	15.9	1.912	1.350	12.1	19.7	0.120
	13-17 years old in the past 12 months	379	17.7	3.126	2.532	11.5	23.9	0.176

Table A11: Sampling errors for male sample –Zambia VACS, 2014

Indicator	Age group	Unweighted count	Estimate percent	Standard error of percent	Design effect	95% lower limit	95% upper limit	Relative error
Any childhood sexual violence	18-24 years old prior to age 18	519	10.0	1.551	1.391	6.9	13.0	0.156
	13-17 years old in the past 12 months	397	5.6	1.189	1.067	3.2	7.9	0.214
Reported experiencing any sexual touching	18-24 years old prior to age 18	513	4.1	0.827	0.898	2.4	5.7	0.203
	13-17 years old in the past 12 months	390	4.2	1.039	1.042	2.1	6.3	0.247
Reported experiencing any unwanted attempted sex	18-24 years old prior to age 18	510	5.0	1.184	1.509	2.6	7.3	0.238
	13-17 years old in the past 12 months	393	1.7	0.734	1.261	0.3	3.2	0.431
Reported experiencing any physically forced sex	18-24 years old prior to age 18	514	1.6	0.554	1.010	0.5	2.7	0.350
Reported experiencing pressured sex	18-24 years old prior to age 18	514	2.8	0.848	1.371	1.1	4.4	0.306
Reported experiencing any unwanted completed sex (physically forced or pressured)	18-24 years old prior to age 18	517	3.8	0.879	1.101	2.0	5.5	0.234
Reported experiencing non-contact sexual abuse (participation in a sex photo, video, webcam)	13-17 years old in the past 12 months	394	0.1	0.128	0.506	0.0	0.4	1.002
Reported receiving services for any incident of sexual abuse, among those who experienced at least one incident of sexual abuse	18-24 years old prior to age 18	57	7.2	4.901	2.025	0.0	16.9	0.685

Table A11: Sampling errors for male sample –Zambia VACS, 2014– continued

Indicator	Age group	Unweighted count	Estimate percent	Standard error of percent	Design effect	95% lower limit	95% upper limit	Relative error
Reported that they had told someone about any experience of sexual abuse where at least one incident of sexual abuse occurred	18-24 years old prior to age 18	57	51.4	6.632	0.986	38.2	64.5	0.129
Reported receiving any food, favors, or any gifts to have sexual intercourse or to perform other sexual acts	18-24 years old prior to age 18	517	0.8	0.643	2.664	0.0	2.1	0.796
Reported that first incident of sexual intercourse was unwanted	18-24 years old prior to age 18	216	5.6	1.764	1.262	2.1	9.1	0.314
	13-17 years old in the past 12 months	116	6.8	2.715	1.334	1.4	12.2	0.398
Reported experiencing any physical violence	18-24 years old prior to age 18	526	40.1	2.450	1.312	35.2	44.9	0.061
	13-17 years old in the past 12 months	401	27.5	3.044	1.859	21.5	33.5	0.111
Reported experiencing any physical violence by a parent, adult caregiver, or other adult relative	18-24 years old prior to age 18	518	29.1	2.644	1.751	23.9	34.3	0.091
	13-17 years old in the past 12 months	393	11.3	1.952	1.489	7.45	15.2	0.173
Reported experiencing any physical violence by an adult in the neighborhood	18-24 years old prior to age 18	521	9.4	1.510	1.395	6.4	12.4	0.161
	13-17 years old in the past 12 months	394	12.2	1.990	1.457	8.2	16.1	0.164
Reported experiencing any physical violence by a peer	18-24 years old prior to age 18	520	18.6	1.824	1.140	15.0	22.2	0.098
	13-17 years old in the past 12 months	400	10.8	2.062	1.765	6.7	14.9	0.191
Reported experiencing any emotional violence by a parent, adult caregiver, or other adult relative	18-24 years old prior to age 18	519	20.0	2.172	1.529	15.7	24.3	0.109
	13-17 years old in the past 12 months	397	12.5	2.096	1.592	8.3	16.6	0.168

APPENDIX B: DATA TABLES

Table 2.1a Age group and education status among 13–17- and 18–24-year-old females and males – Zambia VACS, 2014

	Females Percent (95% CI [§])	Males Percent (95% CI [§])
Age group		
13–17-year-olds	45.8 (41.6-49.9)	45.2 (41.6-48.8)
18–24-year-olds	54.2 (50.1-58.4)	54.8 (51.2-58.4)
Total[¶] (n)	100.0 (891)	100.0 (928)
Education status: 13–17-year-olds		
Never attended school	2.1 (0.5-3.8)	3.8 (1.5-6.2)
Less than primary school	2.8 (0.3-5.4)	2.5 (0.8-4.2)
Primary school	58.7 (52.6-64.8)	58.1 (51.3-64.9)
Secondary school	34.5 (28.2-40.8)	34.2 (27.2-41.3)
Higher than secondary school	1.8 (0.0-4.1)	1.4 (0.0-3.1)
Total[¶] (n)	100.0 (384)	100.0 (401)
Education status: 18–24-year-olds		
Never attended school	5.3 (2.9-7.8)	6.2 (3.6-8.9)
Less than primary school	3.8 (2.1-5.4)	1.6 (0.4-2.7)
Primary school	33.1 (27.7-38.6)	27.3 (22.0-32.7)
Secondary school	50.6 (44.7-56.4)	58.2 (52.4-64.1)
Higher than secondary school	7.2 (4.0-10.4)	6.6 (3.8-9.4)
Total[¶] (n)	100.0 (507)	100.0 (527)

[§]95 per cent confidence interval.

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

Table 2.1b Age of head of household, orphan hood and work history of 13–17- and 18–24-year-old females and males – Zambia VACS, 2014

	Females Percent (95% CI [§])	Males Percent (95% CI [§])
Age of head of household		
13-18-year-olds	0.1 (0.0-0.4)	1.1 (0.4-1.7)
19-30-year-olds	27.1 (23.4-30.7)	18.4 (15.3-21.6)
31-50-year-olds	49.0 (44.9-53.1)	51.4 (47.5-55.4)
51+ years-olds	23.8 (20.4-27.3)	29.1 (25.4-32.7)
Total[¶] (n)	100.0 (832)	100.0 (910)
Average age of head of household		
	Mean (95% CI[§])	Mean (95% CI[§])
13–17 year-olds	45.0 (43.6-46.4)	46.3 (44.9-47.8)
Total n(13–17)	357	393
18–24-year-olds	38.7 (37.0-40.0)	41.4 (39.9-43.0)
Total n(18–24)	475	517
Total (mean age)	41.6 (40.5-42.8)	43.6(42.5-44.8)
Orphan hood (13-17-year-olds)		
	Per cent (95% CI[§])	Percent (95% CI[§])
Lost one parent, but not both parents	19.8 (15.1-24.5)	19.6 (15.1-24.0)
Lost both parents	5.1 (2.6-7.6)	4.6 (2.1-7.1)

Not an orphan	75.1 (70.0-80.2)	75.8 (70.9-80.8)
Total¹ (n)	100.0 (380)	100.0 (397)
Orphan hood (18-24-year-olds)		
Lost one parent, but not both parents	26.9 (22.7-31.1)	19.0 (15.2-22.8)
Lost both parents	7.5 (4.9-10.1)	4.3 (2.4-6.2)
Not an orphan	65.6 (61.3-69.9)	76.7 (72.5-80.9)
Total¹ (n)	100.0 (471)	100.0 (519)
Engaged in any work during the past year (13-17-year-olds)		
Have worked in the past year	23.4 (18.3-28.5)	48.2 (41.6-54.7)
Have not worked in the past year	76.6 (71.5-81.7)	51.8 (45.3-58.4)
Total¹ (n)	100.0 (383)	100.0 (401)
Engaged in any work during the past year (18-24-year-olds)		
Have worked in the past year	33.5 (28.6-38.4)	70.4 (66.1-74.7)
Have not worked in the past year	66.5 (61.8-71.4)	29.6 (25.3-33.9)
Total¹ (n)	100.0 (507)	100.0 (527)

¹95 per cent confidence interval.

Table 2.2a Location of work in the previous 12 months, among 13–17-year-old females and males who worked in the past year – Zambia VACS, 2014

Location of work in the previous 12 months, among 13–17-year-olds	Females Percent (95% CI[§])	Males Percent (95% CI[§])
At family dwelling	32.1 (17.9-46.2)	50.2 (40.4-60.0)
Factory/workshop	0	0.8 (0.0-2.0)
Farm/garden	38.8 (25.7-51.9)	24.9 (17.4-32.4)
Construction site	0	4.3 (0.5-8.0)
Shop/kiosk	5.6 (0.0-11.6)	2.7 (2.3-6.2)
Different places (mobile)	1.2 (0.0-2.9)	0.6 (0.0-1.9)
Other ²	22.3 (11.4 – 33.2)	16.4 (10.2 – 22.7)
Total (n)	100.0 (85)	100.0 (177)

[§]95 per cent confidence interval.

²Other includes: formal office, mine/quarry, restaurant/hotel/café/bar, fixed, street or market stall, pond/lake/river, and anything else.

Table 2.2b Location of work in the previous 12 months, among 18–24-year-old females and males who worked in the past year – Zambia VACS, 2014

Location of work in the previous 12 months, among 18–24-year-old	Females Percent (95% CI [§])	Males Percent (95% CI [§])
At family dwelling	18.5 (12.6-24.5)	30.7 (24.6-36.8)
Factory/workshop	4.8 (0.8-8.7)	8.5 (5.0-12.0)
Farm/garden	30.7 (21.4-40.1)	23.7 (18.6-28.8)
Construction site	0.5 (0.0-1.6)	9.2 (5.2-13.2)
Shop/kiosk	10.0 (4.3-15.8)	4.2 (2.3-6.2)
Different places (mobile)	3.2 (0.6-5.8)	4.7 (2.3-7.2)
Other ²	32.2 (22.8-41.6)	18.9 (14.7-23.1)
Total (n)	100.0 (175)	100.0 (378)

[§]95 per cent confidence interval.

²Other includes: formal office, mine/quarry, restaurant/hotel/café/bar, fixed, street or market stall, pond/lake/river, and anything else.

Table 2.3a Marriage and partner history and sexual activity, among 13–17- and 18–24-year-old females and males – Zambia VACS, 2014

	Females		Males	
	Total n	Percent (95% CI [§])	Total n	Percent (95% CI [§])
Ever been married or lived with someone as if married				
13–17-year-olds	385	11.8 (8.0 – 15.5)	401	5.7 (3.2-8.1)
18–24-year-olds	505	55.9 (49.8-62.1)	526	24.7 (20.1-29.3)
Ever been married or lived with someone as if married prior to age 18				
18–24-year-olds	502	24.0 (18.4-29.7)	526	3.5 (1.6-5.3)
Mean age at marriage				
13–17-year-olds	43	15.6 (15.2-15.9)	20	*
18–24-year-olds	309	18.1 (17.8-18.5)	151	19.7 (19.3-20.1)
Total	352	17.7 (17.4-18.1)	171	19.0 (18.6-19.5)
Sexual activity				
Ever had sex				
13–17-year-olds	376	28.1 (21.6-34.5)	394	32.5 (27.7-37.3)
18–24-year-olds	499	81.1 (76.4-85.5)	514	68.7 (63.7-73.7)
Ever had sex prior to age 18 (18-24-year-olds)				
18–24-year-olds	482	47.6 (40.4-54.8)	502	42.4 (32.7-47.7)

[§]95 per cent confidence interval.

Table 2.3b Mean age at first sexual experience, among 13–17- and 18–24-year-old females and males – Zambia VACS, 2014

Mean age of first sexual experience	Females		Males	
	Total n	Percent (95% CI [§])	Total n	Percent (95% CI [§])
13–17-year-olds	100	14.3 (13.8-14.8)	119	12.7 (12.2-13.3)
18–24-year-olds	404	16.8 (16.5-17.2)	349	16.4 (16.0-16.8)
Total	504	16.3 (15.9-16.6)	468	15.3 (15.0-15.7)

[§]95 per cent confidence interval.

Table 3.1.1. Prevalence of sexual abuse,¹ prior to age 18 among 18–24-year-old females and males – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Experienced any sexual abuse prior to age 18	502	20.3 (16.4-24.3)	519	10.0 (6.9-13.0)

[§]95 per cent confidence interval.

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

Table 3.1.2. Prevalence of different types of sexual abuse,¹ prior to age 18 among 18–24-year-old females and males – Zambia VACS, 2014

Types of sexual abuse, ¹ among 18–24-year-olds	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Any unwanted sexual touching prior to age 18	497	8.0 (5.5-10.5)	513	4.1 (2.4-5.7)
Any unwanted attempted sex prior to age 18	499	8.1 (5.4-10.8)	510	5.0 (2.6-7.3)
Any physically forced sex prior to age 18	495	8.2 (5.9-10.5)	514	1.6 (0.5-2.7)
Any pressured sex ² prior to age 18	499	6.3 (3.7-8.9)	514	2.8 (1.1-4.4)

[§]95 per cent confidence interval.

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

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

Table 3.1.3. Prevalence of unwanted completed sex,³ prior to age 18 among 18–24-year-old females and males – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Experienced unwanted completed sex prior to age 18	500	12.1 (8.8-15.4)	517	3.8 (2.0-5.5)

[§]95 per cent confidence interval.

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

Table 3.1.4. Prevalence of experiencing more than one incident of sexual abuse,¹ among 18–24-year-old females and males who experienced at least one incident of sexual abuse prior to age 18 – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Experienced multiple incidents of sexual abuse prior to age 18	104	66.0 (54.8-77.2)	56	78.8 (69.4-88.1)

[§]95 per cent confidence interval.

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

Table 3.1.5. Distribution of age of first experience of sexual abuse,¹ among 18–24-year-old females and males who experienced any sexual abuse prior to age 18 – Zambia VACS, 2014

Age of first incident of sexual abuse ¹	Females Percent (95% CI [§])	Males Percent (95% CI [§])
≤13yearsold	28.4 (18.4-38.4)	33.5 (19.0-47.9)
14-15 years old	20.9 (13.9-27.9)	15.2 (5.6-24.7)
16-17 years old	50.7 (40.0-61.3)	51.4 (36.8-65.9)
Total[¶] (n)	100.0 (110)	100.0 (56)

[§]95 per cent confidence interval.

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

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

Table 3.1.6. Prevalence of forced or pressured sex at first sexual intercourse, among 18–24-year-old females and males who had sexual intercourse prior to age 18 – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Forced or pressured sex at first sexual intercourse	235	26.2 (20.1-32.3)	216	5.6 (2.2-9.1)

[§]95 per cent confidence interval.

Table 3.2.1. Prevalence of sexual abuse¹ in the previous 12 months, among 13–17-year-old females and males– Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Experienced any sexual abuse in the previous 12 months	381	16.6 (12.4-20.7)	397	5.6 (3.2-7.9)

[§]95 per cent confidence interval.

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

Table 3.2.2. Prevalence of different types of types of sexual abuse¹ in the previous 12 months, among 13–17-year-old females and males – Zambia VACS, 2014

Different of types of sexual abuse ¹	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Any unwanted sexual touching in the previous 12 months	379	10.5 (6.8-14.2)	390	4.2 (2.2-6.2)
Any unwanted attempted sex in the previous 12 months	380	9.7 (5.9-13.4)	393	1.7 (0.3-3.1)
Any physically forced sex in the previous 12 months	377	1.8 (0.4-3.2)	395	0
Any pressured sex ² in the previous 12 months	379	0.4 (0.0-0.9)	396	0

[§]95 per cent confidence interval.

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

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

Table 3.2.3. Prevalence of unwanted completed sex³ in the previous 12 months, among 13–17-year-old females and males – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
-Experienced any unwanted completed sex in the previous 12 months	379	2.2 (0.8-3.6)	397	0

[§]95 per cent confidence interval.

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

Table 3.2.4. Prevalence of experiencing more than one incident of sexual abuse,¹ among 13–17-year-olds who experienced at least one incident of sexual abuse in the previous 12 months – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Experienced multiple incidents of sexual abuse in the previous 12 months	64	63.7 (47.8-79.6)	24	*

[§]95 per cent confidence interval.

* Cell size less than 25.

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

Table 3.2.5. Distribution of age of first experience of sexual abuse,¹ among 13–17-year-old females and males who experienced any sexual abuse in the previous 12 months – Zambia VACS, 2014

Age respondent experienced first incident of sexual abuse ¹	Females Percent (95% CI [§])	Males Percent (95% CI [§])
≤13 years old	29.0 (17.5-40.4)	*
14-15 years old	54.2 (39.5-68.8)	*
16-17 years old	16.9 (5.2-28.5)	*
Total[¶] (n)	100.0 (64)	100.0 (23)

[§]95 per cent confidence interval.

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

* Cell size less than 25.

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

Table 3.2.6. Prevalence of forced or pressured sex at first sexual intercourse, among 13–17-year-old females and males who had sexual intercourse – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Forced or pressured sex at first sexual intercourse	100	28.3 (18.3-38.2)	116	6.8 (1.4-12.2)

[§]95 per cent confidence interval.

Table 3.3.1. Perpetrators of the first incident of sexual abuse,¹ among 18–24-year-old females and males who experienced any sexual abuse prior to age 18 – Zambia VACS, 2014

Perpetrators of first incident of sexual abuse¹	Females Percent (95% CI[§])	Males Percent (95% CI[§])
Spouse/boyfriend/girlfriend or romantic partner	51.6 (41.8-61.5)	26.8 (11.0-42.5)
Parent/step parent	0.7 (0.0-2.1)	0
Sibling or cousin	6.2 (1.3-11.2)	5.3 (0.0 – 10.7)
Uncle or aunt	3.1 (0.0-6.2)	0
Authority figure ⁵	4.9 (0.0-11.1)	5.5 (0.0-16.0)
Neighbor	10.6 (5.2-16.1)	6.0 (0.3-11.6)
Classmate/schoolmate	6.9 (2.1-11.8)	10.2 (3.1-17.3)
Friend	21.5 (13.8-29.1)	34.6 (19.2-50.0)
Stranger	9.3 (3.5-15.0)	3.7 (0.0-10.8)
Other	0.6 (0.0-1.8)	12.5 (2.4-22.6)
Total[¶] (n)	(109)	(57)

[§]95 per cent confidence interval.

[¶]Total may sum to greater than 100 per cent because respondents could have identified a different perpetrator for each type of sexual abuse experienced, e.g., the perpetrator of first sexual touching may be different from the perpetrator of first attempted sex.

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

⁵Authority figure includes: teachers, police/security person, employer, or neighborhood/religious leader.

Table 3.3.2. Perpetrators of most recent incident of sexual abuse,¹ among 13–17-year-old females and males who experienced any sexual abuse in the previous 12 months-Zambia VACS, 2014

Perpetrators of most recent incident of sexual abuse¹	Females Percent (95% CI[§])	Males Percent (95% CI[§])
Spouse/boyfriend/girlfriend or romantic partner	33.8 (19.4-48.2)	*
Family member ⁶	7.1 (1.5-12.6)	*
Authority figure ⁵	1.6 (0.0-3.9)	*
Neighbor	18.8 (7.0-30.5)	*
Classmate/schoolmate	11.1 (2.5-19.8)	*
Friend	19.4 (6.2-32.5)	*
Stranger	10.6 (2.4-18.9)	*
Other	5.0 (0.0-11.3)	*
Total[¶] (n)	(65)	(23)

[§]95 per cent confidence interval.

* Cell size less than 25.

[¶]Total may sum to greater than 100 per cent because respondents could have identified a different perpetrator for each type of sexual abuse experienced, e.g., the perpetrator of most recent sexual touching may be different from the perpetrator of most recent attempted sex.

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

⁵Authority figure includes: teachers, police/security person, employer, or neighborhood/religious leader

⁶Family member includes: parent, sibling, cousin, uncle, or aunt.

Table 3.3.3. Percentage of perpetrators perceived to be 5 or more years older, among 18–24-year-old females and males who experienced their first incident of sexual abuse,¹ prior to age 18 – Zambia VACS, 2014

	n	Females Percent (95% CI [§])	n	Males Percent (95% CI [§])
Perpetrators perceived to be 5 or more years older	107	43.5 (32.7-54.3)	56	21.2 (8.1-34.3)

[§]95 per cent confidence interval.

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

Table 3.3.4. Percentage of perpetrators perceived to be 5 or more years older, among 13–17-year-old females and males who experienced their most recent incident of sexual abuse,¹ in the previous 12 months – Zambia VACS, 2014

	n	Females Percent (95% CI [§])	n	Males Percent (95% CI [§])
Perpetrators perceived to be 5 or more years older	61	36.2 (21.1-51.4)	22	*

[§]95 per cent confidence interval.

* Cell size less than 25.

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

Table 3.4.1. Gender of perpetrator of first incident of sexual abuse, among 18–24-year-old females and males who experienced any sexual abuse¹ prior to age 18 – Zambia VACS, 2014

Sex of perpetrator of first incident of sexual abuse ¹	Females Percent (95% CI [§])	Males Percent (95% CI [§])
Male only perpetrator	99.3 (98.1-100.0)	7.7 (1.0-14.3)
Female only perpetrator	0.7 (0.0-1.9)	92.3 (85.7-99.0)
Male and female perpetrators	0	0
Total[¶] (n)	100.0 (109)	100.0 (57)

[§]95 per cent confidence interval.

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

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

Table 3.4.2. Gender of perpetrator of most recent incident of sexual abuse,¹ among 13–17-year-old females and males, who experienced sexual abuse in the previous 12 months – Zambia VACS, 2014

Sex of perpetrator of the most recent event of sexual abuse ¹	Females Percent (95% CI [§])	Males Percent (95% CI [§])
Male only perpetrator	100.0	*
Female only perpetrator	0	*
Male and female perpetrators	0	*
Total[¶] (n)	100.0 (65)	100.0 (23)

[§]95 per cent confidence interval.

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

* Cell size less than 25.

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

Table 3.4.3. Prevalence of having more than one perpetrator present during the first incident of any sexual abuse,¹ among 18–24-year-old females and males who experienced sexual abuse prior to age 18 – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
More than one perpetrator at first incident of sexual abuse	109	11.3 (5.6-17.0)	56	27.4 (16.0-38.9)

[§]95 per cent confidence interval.

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

Table 3.4.4. Prevalence of having more than one perpetrator present during the most recent incident of any sexual abuse,¹ among 13–17-year-old females and males who experienced sexual abuse in the previous 12 months – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
More than one perpetrator at most recent incident of sexual abuse	65	17.5 (8.4-26.5)	23	*

[§]95 per cent confidence interval.

* Cell size less than 25.

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

Table 3.5.1. Location of first incident of sexual abuse,¹ among 18–24-year-old females and males who experienced sexual abuse prior to age 18-Zambia VACS, 2014

Location of first incident of sexual abuse ¹	Females	Males
	Percent (95% CI [§])	Percent (95% CI [§])
Respondent's home	28.8 (20.7-36.9)	41.3 (26.2-56.5)
Perpetrator's home	28.7 (17.6-39.7)	25.5 (13.7-37.3)
Someone else's home	10.5 (3.9-17.1)	5.9 (0.0-12.5)
On a road/street	12.8 (6.8-18.8)	10.2 (1.0-19.3)
Market/shop	1.7 (0.0-3.6)	3.2 (0.0-7.7)
School	11.9 (5.3-18.6)	10.9 (3.7-18.2)
Field or other natural area	10.7 (4.5-16.8)	10.8 (2.8-18.7)
Other [‡]	6.8 (1.4-12.2)	7.9 (0.7 – 15.1)
Total[¶] (n)	(110)	(56)

[§]95 per cent confidence interval.

[¶]Total may sum to greater than 100.0 per cent because respondents could have identified a different location for each type of sexual abuse experienced, e.g., the location of most recent sexual touching may be different from the location of most recent attempted sex.

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

[‡]Other includes: inside a car/bus, lake/river/pool, or bar/restaurant/disco/club

Table 3.5.2. Location of the most recent incident of sexual abuse,¹ among 13-17-year-old females and males who experienced sexual abuse in the previous 12 months- Zambia VACS, 2014

Location of most recent sexual abuse ¹	Females	Males
	Percent (95% CI [§])	Percent (95% CI [§])

Respondent's home	18.0 (6.1-29.8)	*
Perpetrator's home	23.1 (9.1-37.1)	*
Someone else's home	10.1 (0.0-22.2)	*
On a road/street	30.4 (15.0-45.9)	*
Market/shop	5.9 (0.0-13.1)	*
School	11.4 (2.7-20.0)	*
Field or other natural area	4.1 (0.0-8.3)	*
Other [‡]	3.6 (0.0-7.9)	*
Total[¶] (n)	(65)	(23)

[§]95 per cent confidence interval.

* Cell size less than 25.

[¶]Total may sum to greater than 100.0 per cent because respondents could have identified a different location for each type of sexual abuse experienced, e.g., the location of most recent sexual touching may be different from the location of most recent attempted sex.

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

[‡]Other includes: inside a car/bus, lake/river/pool, or bar/restaurant/disco/club

Table 3.6.1. Time of day⁷ of the first incident of sexual abuse,¹ among 18–24-year-old females and males who experienced sexual abuse prior to age 18—Zambia VACS, 2014

Time of day⁷ of first sexual abuse¹ prior to age 18	Females Percent (95% CI[§])	Males Percent (95% CI[§])
Morning	12.0 (4.4-19.5)	16.1 (4.7-27.6)
Afternoon	33.4 (24.0-42.7)	36.7 (23.0-50.4)
Evening	64.7 (54.5-74.9)	43.9 (29.5-58.3)
Late at night	5.2 (0.8-9.7)	10.8 (0.0-23.4)
Total[¶] (n)	(110)	(56)

[§]95 per cent confidence interval.

[¶]Total may sum to greater than 100 per cent because respondents could have identified a different time of day for each type of sexual abuse experienced, e.g., the time of day at which first sexual touching occurred may be different from the time of day at which first attempted sex occurred.

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

⁷Morning refers to sunrise-noon, afternoon refers to noon-sunset, evening refers to sunset-midnight, and late at night refers to midnight-sunrise.

Table 3.6.2. Time of day⁷ of the most recent incident of sexual abuse,¹ among 13–17-year-old females and males who experienced sexual abuse in the previous 12 months—Zambia VACS, 2014

Time of day⁷ of the most recent sexual abuse¹	Females Percent (95% CI [§])	Males Percent (95% CI [§])
Morning	12.4 (1.0-23.7)	*
Afternoon	33.8 (18.2-49.3)	*
Evening	47.4 (31.8-63.0)	*
Late at night	10.3 (0.0-23.0)	*
Total[¶] (n)	(64)	(23)

[§]95 per cent confidence interval.

* Cell size less than 25.

[¶]Total may sum to greater than 100.0 per cent because respondents could have identified a different time of day for each type of sexual abuse experienced, e.g., the time of day at which most recent sexual touching occurred may be different from the time of day at which most recent attempted sex occurred.

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

⁷Morning refers to sunrise-noon, afternoon refers to noon-sunset, evening refers to sunset-midnight, and late at night refers to midnight-sunrise.

Table 3.7.1. Service awareness and use and disclosure of sexual abuse, among 18–24-year-old females and males who experienced sexual abuse¹ prior to age 18 – Zambia VACS, 2014

18–24-year-olds who experienced any sexual abuse¹ prior to age 18 and...	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Knew a place to go for help about an experience of sexual abuse	108	19.8 (11.3-28.3)	57	24.6 (11.2-38.1)
Tried to seek help for any experience of sexual abuse	108	1.4 (0.0-3.2)	57	7.2 (0.0-16.8)
Received help for any experience of sexual abuse	110	0	57	7.2 (0.0-16.8)
Told someone about an experience of sexual abuse	110	51.6 (41.3-62.0)	57	51.4 (38.2-64.6)

[§]95 per cent confidence interval.

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

Table 3.7.2. Service awareness and use and disclosure of sexual abuse, among 13–17-year-old females and males who experienced sexual abuse¹ in the previous 12 months – Zambia VACS, 2014

13–17-year-olds who experienced any sexual abuse¹ in the previous 12 months and...	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Knew a place to go for help about an experience of sexual abuse	65	27.2 (12.4-41.9)	24	*
Tried to seek help for any experience of sexual abuse	65	2.6 (0.0-5.6)	24	*
Received help for any experience of sexual abuse	65	2.6 (0.0-5.6)	24	*
Told someone about an experience of sexual abuse	65	71.1 (58.1-84.2)	24	*

[§]95 per cent confidence interval.

* Cell size less than 25.

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

Table 3.7.3. Prevalence of missing school as a result of any sexual abuse,¹ by sex and age group – Zambia VACS, 2014

Prevalence of missing school as a result of any sexual abuse ¹	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
18–24-year-olds who missed school due to any sexual abuse prior to age 18	102	8.3 (0.8-15.8)	56	9.2 (1.4-17.0)
13–17-year-olds who missed school due to any sexual abuse in the previous 12 months	63	8.0 (1.1-15.0)	22	*

[§]95 per cent confidence interval.

* Cell size less than 25.

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

Table 3.7.4. Prevalence of receiving help for any incident of sexual abuse,¹ among 18–24-year-old females and males who experienced any sexual abuse prior to age 18, by source of help – Zambia VACS, 2014

18–24-year-olds who received help for sexual abuse ¹ from...	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
A doctor, nurse, or other health care worker	0	*	2	*
Police or other security personnel	0	*	2	*
A lawyer, judge, magistrate, or other legal professional other than police	0	*	2	*
A social worker or counselor	0	*	2	*
A helpline, phone, internet, or website	0	*	2	*

[§]95 per cent confidence interval.

* Cell size less than 25.

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

Table 3.7.5. Prevalence of receiving help for any incident of sexual abuse,¹ among 13–17-year-old females and males who experienced any sexual abuse in the previous 12 months, by source of help – Zambia VACS, 2014

13–17-year-olds who received help for sexual abuse ¹ from...	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
A doctor, nurse, or other health care worker	3	*	0	*
Police or other security personnel	3	*	0	*
A lawyer, judge, magistrate, or other legal professional other than police	3	*	0	*
A social worker or counselor	3	*	0	*
A helpline, phone, internet, or website	3	*	0	*

[§]95 per cent confidence interval.

* Cell size less than 25.

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

Table 3.7.6. Disclosure about any incident of sexual abuse,¹ among 18–24-year-old females and males who experienced any sexual abuse prior to age 18 but did not receive professional services, by person told – Zambia VACS, 2014

Person who was told about sexual abuse	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
A relative	55	44.3 (30.3-58.3)	24	*
A spouse, boyfriend/girlfriend, or partner	55	1.5 (0.0-4.3)	24	*
A friend/neighbor	55	44.2 (29.7-58.8)	24	*
A service provider or authority figure ⁸	55	4.3 (0.0-8.5)	24	*
Someone else ⁹	55	1.1 (0.0-3.2)	24	*

[§]95 per cent confidence interval.

* Cell size less than 25.

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

⁸Authority figure includes: NGO worker, teacher, employer, neighborhood leader, or religious leader.

⁹Someone else includes: traditional healer and other.

Table 3.7.7. Disclosure about any incident of sexual abuse,¹ among 13–17-year-old females and males who experienced any sexual abuse in the previous 12 months but did not receive professional services, by person told – Zambia VACS, 2014

Person who was told about sexual abuse	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
A relative	41	53.9 (34.1-73.7)	6	*
A spouse, boyfriend/girlfriend, or partner	41	0	6	*
A friend/neighbor	41	33.7 (17.1-50.4)	6	*
A service provider or authority figure ⁸	41	15.8 (0.0-33.6)	6	*
Someone else ⁹	41	2.4 (0.0-7.2)	6	*

[§]95 per cent confidence interval.

* Cell size less than 25.

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

⁸Authority figure includes: NGO worker, teacher, employer, neighborhood leader, or religious leader.

⁹Someone else includes: traditional healer and other.

Table 3.7.8. Reasons for not seeking services for incidents of sexual abuse,¹ among 18–24-year-old females and males who experienced any sexual abuse prior to age 18 and knew a place to go for help – Zambia VACS, 2014

Reason for not seeking services for sexual abuse	Females Percent (95% CI [§])	Males Percent (95% CI [§])
Afraid of getting in trouble	*	*
Embarrassed for self/family	*	*
Could not afford services	*	*
Dependent on perpetrator	*	*
Perpetrator threatened me	*	*
Did not think it was a problem	*	*
Felt it was my fault	*	*
Afraid of being abandoned	*	*
Did not need/want services	*	*
Services too far/not available	*	*
Other	*	*
Total[¶] (n)	100.0 (20)	100.0 (11)

[§]95 per cent confidence interval.

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

* Cell size less than 25.

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

Table 3.7.9. Individual,¹⁰, relationship¹¹ and structural-level¹² barriers for not seeking services for sexual abuse,¹ among 18–24-year-old females and males who experienced any sexual abuse prior to age 18 and knew a place to go for help – Zambia VACS, 2014

Level of barriers for seeking services for sexual abuse	Females Females Percent (95% CI [§])	Males Males Percent (95% CI [§])
Individual-level barriers ¹⁰	*	*
Relationship-level barriers ¹¹	*	*
Structural-level barriers ¹²	*	*
Other barriers	*	*
Total[¶] (n)	100.0 (20)	100.0 (11)

[§]95 per cent confidence interval.

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

* Cell size less than 25.

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

¹⁰Individual-level barriers: afraid of getting in trouble/embarrassed for self or family/did not think it was a problem/did not need or want services/felt it was my fault.

¹¹Relationship-level barriers: dependent on perpetrator/perpetrator threatened me/afraid of being abandoned.

¹²Structural-level barriers: could not afford services/services too far or not available.

Table 3.7.10. Reasons for not seeking services for sexual abuse¹ among 13–17-year-old females and males who experienced any sexual abuse in the previous 12 months and knew a place to go for help – Zambia VACS, 2014

Reason for not seeking services for sexual abuse	Females	Males
	Percent (95% CI [§])	Percent (95% CI [§])
Afraid of getting in trouble	*	*
Embarrassed for self/family	*	*
Could not afford services	*	*
Dependent on perpetrator	*	*
Perpetrator threatened me	*	*
Did not think it was a problem	*	*
Felt it was my fault	*	*
Afraid of being abandoned	*	*
Did not need/want services	*	*
Services too far/not available	*	*
Other	*	*
Total[¶] (n)	100.0 (11)	100.0 (7)

[§]95 per cent confidence interval.

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

* Cell size less than 25.

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

Table 3.7.11. Individual,¹⁰ relationship¹¹ and structural-level¹² barriers for not seeking services for sexual abuse,¹ among 13–17-year-old females and males who experienced any sexual abuse in the previous 12 months and knew a place to go for help – Zambia VACS, 2014

Level of barriers for seeking services for sexual abuse	Females	Males
	Percent (95% CI [§])	Percent (95% CI [§])
Individual-level barriers ¹⁰	*	*
Relationship-level barriers ¹¹	*	*
Structural-level barriers ¹²	*	*
Other barriers	*	*
Total[¶] (n)	100.0 (11)	100.0 (7)

[§]95 per cent confidence interval.

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

* Cell size less than 25.

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

¹⁰ Individual-level barriers: afraid of getting in trouble/embarrassed for self or family/did not think it was a problem/did not need or want services/felt it was my fault.

¹¹ Relationship-level barriers: dependent on perpetrator/perpetrator threatened me/afraid of being abandoned.

¹² Structural-level barriers: could not afford services/services too far or not available.

Table 3.8.1. Percentage of respondents who ever heard of Childline Zambia – Zambia VACS, 2014

Knew of Childline Zambia	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
13–17-year-olds	382	6.6 (3.0-10.2)	397	4.5 (1.7-7.3)
18–24-year-olds	507	10.2 (6.7-13.7)	526	10.0 (7.0-12.9)

[§]95 per cent confidence interval.

Table 3.8.2. Percentage of respondents who accurately reported the Childline Zambia phone number, among those who ever heard about the helpline – Zambia VACS, 2014

Accurately reported the Childline Zambia phone number	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
13–17-year-olds	20	*	17	*
18–24-year-olds	48	19.2 (6.9-31.5)	48	18.4 (3.1-33.7)

[§]95 per cent confidence interval.

* Cell size less than 25.

Table 3.8.3. Percentage of respondents 18–24 years old, who ever heard of Childline Zambia, by experiences of any sexual abuse¹ prior to age 18 – Zambia VACS, 2014

Respondents who experienced, prior to age 18	Knowledge of Childline Zambia			
	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Any sexual abuse ¹ prior to age 18	110	13.5 (6.4-20.6)	57	14.7 (2.9-26.4)
No sexual abuse ¹ prior to age 18	392	9.3 (5.4-13.1)	461	9.6 (6.5-12.7)

[§]95 per cent confidence interval.

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

Table 3.8.4. Percentage of respondents 13–17 years old who ever heard of Childline Zambia, by experiences of any sexual abuse¹ in the previous 12 months – Zambia VACS, 2014

Respondents 13–17 years old who experienced, in the past 12 months	Knowledge of Childline Zambia			
	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Any sexual abuse ¹ in the previous 12 months	65	18.5 (3.5 – 33.6)	23	*
No sexual abuse ¹ in the previous 12 months	314	4.3 (1.4 – 7.1)	370	4.2 (1.3 – 7.1)

[§]95 per cent confidence interval.

* Cell size less than 25.

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

Table 3.8.5. Percentage of respondents 18–24 years old who accurately reported the Childline Zambia phone number by experiences of any sexual abuse,¹ prior to age 18, among those who ever heard about the helpline – Zambia VACS, 2014

Respondents who experienced, prior to age 18	Accurately reported the Childline Zambia phone number			
	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Any sexual abuse ¹ prior to age 18	15	*	6	*
No sexual abuse ¹ prior to age 18	32	19.6 (3.7 – 35.4)	42	20.4 (3.1–37.7)

[§]95 per cent confidence interval.

* Cell size less than 25.

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

Table 3.8.6. Percentage of respondents 13–17 years old who accurately reported the Childline Zambia phone number, by experiences of any sexual abuse¹ in the previous 12 months, among those who ever heard about the helpline – Zambia VACS, 2014

Respondents 13–17 years old who experienced, in the previous 12 months...	Accurately reported the Childline Zambia phone number			
	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Any sexual abuse ¹ in the previous 12 months	7	*	2	*
No sexual abuse ¹ in the previous 12 months	13	*	15	*

[§]95 per cent confidence interval.

* Cell size less than 25.

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

Table 3.9.1. Prevalence of receiving food, favors, or any gifts in exchange for sex prior to age 18 among 18–24-year-old females and males – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Received food, favors, or any gifts in exchange for sex prior to age 18	500	2.1 (0.4-3.9)	517	0.8 (0.0-2.1)

[§]95 per cent confidence interval.

Table 3.9.2. Prevalence of receiving food, favors, or any gifts in exchange for sex in the previous 12 months among 13–17-year-old females and males – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Received food, favors, or any gifts in exchange for sex in the previous 12 months	376	4.5 (0.1-9.0)	391	0

[§]95 per cent confidence interval.

Table 3.9.3. Prevalence of experiencing non-contact sexual violence⁴ prior to age 18 among 18–24-year-old females and males – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Experienced non-contact sexual violence ⁴ prior to age 18	502	0.1 (0.0-0.4)	518	0

[§]95 per cent confidence interval.

⁴Noncontact sexual violence includes: participating in a sex photo or video or showing sexual body parts in front of a camera.

Table 3.9.4. Prevalence of experiencing non-contact sexual violence⁴ in the previous 12 months, among 13–17-year-old females and males – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Experienced non-contact sexual violence ⁴ in the previous 12 months	380	0.2 (0.0-0.7)	394	0.1 (0.0-0.4)

[§]95 per cent confidence interval.

⁴Noncontact sexual violence includes: participating in a sex photo or video or showing sexual body parts in front of a camera.

Table 4.1.1. Prevalence of physical violence¹ prior to age 18, among 18–24-year-old females and males – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Experienced any physical violence ¹ prior to age 18	507	33.8 (28.6-39.1)	526	40.1 (35.2-45.0)

[§]95 per cent confidence interval.

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

Table 4.1.2. Prevalence of physical violence¹ by an intimate partner, parent, adult caregiver, or other adult relative, adult in the community, or peer prior to age 18 among 18–24-year-old females and males, by perpetrator – Zambia VACS, 2014

Perpetrator of physical violence prior to age 18	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
An intimate partner ^a	469	6.1 (3.7-8.5)	389	2.7 (1.0-4.4)
A parent, adult caregiver, or other adult relative	496	27.0 (22.0-32.1)	518	29.1 (23.8-34.4)
A community member	505	8.3 (5.5-11.2)	521	9.4 (6.4-12.3)
A peer	504	3.7 (2.0-5.5)	520	18.6 (15.0-22.2)

[§]95 per cent confidence interval.

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

^aAmong those who had an intimate partner.

Table 4.1.3. Prevalence of experiencing more than one incident of physical violence,¹ among 18–24-year-old females and males who experienced at least one incident of physical violence prior to age 18 – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Experienced multiple incidents of physical violence prior to age 18	175	86.5 (81.5-91.6)	204	84.0 (78.5-89.4)

[§]95 per cent confidence interval.

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

Table 4.1.4. Age of first experience of physical violence¹ among 18–24-year-old females and males who experienced any physical violence prior to age 18 – Zambia VACS, 2014

Age of first experience of physical violence ¹	Females Percent (95% CI)	Males Percent (95% CI)
≤5 years old	8.6 (3.5-13.7)	8.4 (3.7-13.1)
6-11 years old	50.1 (41.2 – 58.9)	43.1 (35.7-50.5)
12-17 years old	41.3 (33.7-48.9)	48.5 (40.8-56.2)
Total[¶] (n)	100.0 (167)	100.0 (203)

[§]95 per cent confidence interval.

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

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

Table 4.2.1. Prevalence of physical violence¹ in the previous 12 months, among 13–17-year-old females and males – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Experienced any physical violence ¹ in the previous 12 months	383	27.7 (21.8-33.5)	401	27.5 (21.4-33.6)

[§]95 per cent confidence interval.

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

Table 4.2.2. Prevalence of physical violence¹ by an intimate partner, parent, adult caregiver, or other adult relative, adult in the community, or peer in the previous 12 months, among 13–17-year-old females and males, by perpetrator – Zambia VACS, 2014

Perpetrator of physical violence in the previous 12 months	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
An intimate partner ^a	157	4.4(1.1-7.7)	116	1.2 (0.0-3.1)
A parent, adult caregiver, or other adult relative	380	14.3 (9.6-19.0)	393	11.3 (7.5-15.2)
A community member	381	12.0 (6.7-17.2)	394	12.2 (8.2-16.1)
A peer	382	7.7 (4.7-10.6)	400	10.8 (6.7-14.8)

[§]95 per cent confidence interval.

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

^aAmong those who had an intimate partner.

Table 4.2.3. Prevalence of experiencing more than one incident of physical violence,¹ among 13–17-year-old females and males who experienced at least one incident of physical violence¹ in the previous 12 months – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Experienced multiple incidents of physical violence	103	83.5 (76.2-90.7)	107	81.1 (72.5-89.8)

[§]95 per cent confidence interval.

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

Table 4.2.4. Age of first experience of physical violence¹ among 13–17-year-olds who experienced any physical violence in the previous 12 months – Zambia VACS, 2014

Age of first experience of physical violence ¹	Females		Males	
	Percent (95% CI [§])		Percent (95% CI [§])	
≤5 years old	2.6	(0.0-5.2)	3.0	(0.0-6.1)
6-11 years old	28.4	(16.7-40.2)	44.3	(33.9-54.8)
12-17 years old	69.0	(57.3-80.6)	52.7	(42.3-63.1)
Total[¶] (n)	100.0 (103)		100.0 (106)	

[§]95 per cent confidence interval.

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

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

Table 4.3.1. Prevalence of witnessing physical violence in the home² prior to age 18, among 18–24-year-old females and males – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Witnessed any physical violence in the home ² prior to age 18	494	51.3 (46.7-55.8)	516	49.0 (44.0-54.0)

[§]95 per cent confidence interval.

²Witnessing physical violence in the home includes: hearing or seeing a parent punch, kick or beat your other parent, his/her boyfriend or girlfriend, or your sibling.

Table 4.3.2. Prevalence of witnessing physical violence in the home² in the previous 12 months, among 13–17-year-old females and males – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Witnessed any physical violence in the home ² in the previous 12 months	377	25.7 (20.6-30.7)	390	20.3 (15.4-25.1)

[§]95 per cent confidence interval.

²Witnessing physical violence in the home includes: hearing or seeing a parent punch, kick or beat your other parent, his/her boyfriend or girlfriend, or your sibling.

Table 4.3.3. Prevalence of witnessing physical violence in the community³ prior to age 18, among 18–24-year-old females and males – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Witnessed physical violence in the community ³ prior to age 18	499	41.4 (35.7-47.0)	523	35.4 (30.4-40.4)

[§]95 per cent confidence interval.

³Witnessing physical violence in the community includes: seeing someone get attacked outside of home and family environment.

Table 4.3.4. Prevalence of witnessing physical violence in the community³ in the previous 12 months, among 13–17-year-old females and males – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Witnessed physical violence in the community ³ in the previous 12 months	375	24.4 (18.2-30.7)	393	20.6 (14.5-26.7)

[§]95 per cent confidence interval.

³Witnessing physical violence in the community includes: seeing someone get attacked outside of home and family environment.

Table 4.4.1. Prevalence of experiencing any physical harm or injury as the result of the first^b experience of physical violence,¹ among 18–24-year-old females and males who experienced physical violence prior to age 18 – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Experienced physical harm or injury as a result of the first experience of physical violence prior to age 18	174	9.5 (4.7-14.3)	207	14.0 (8.3-19.7)

[§]95 per cent confidence interval.

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

^bThe first experience of violence is counted up to 4 times for each respondent who experienced violence, once for each of the 4 perpetrator categories—intimate partners, peers, parents and adult caregivers and community members.

Table 4.4.2. Prevalence of experiencing any physical harm or injury as the result of the first^b experience of physical violence,¹ among 18–24-year-old females and males who experienced physical violence prior to age 18, by perpetrator type – Zambia VACS, 2014

Perpetrator of physical violence that resulted in physical injury	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
An intimate partner ^a	30	29.6 (10.1-49.0)	9	*
A parent, adult caregiver, or other adult relative	129	5.0 (0.8-9.3)	146	8.8 (2.7-14.9)
A community member	46	6.1 (0.0-15.2)	49	12.0 (2.3-21.7)
A peer	20	*	94	14.5 (6.6-22.3)

[§]95 per cent confidence interval.

* Cell size less than 25.

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

^aAmong those who had an intimate partner.

^bThe first experience of violence is counted up to 4 times for each respondent who experienced violence, once for each of the 4 perpetrator categories—intimate partners, peers, parents and adult caregivers and community members.

Table 4.4.3. Distribution of types of physical harm or injury as a result of the first^b experience of physical violence,¹ among 18–24-year-old females and males who were injured prior to age 18 – Zambia VACS, 2014

Categories of injury	Females	Males
	Percent (95% CI [§])	Percent (95% CI [§])
A only: cuts, scratches, bruises, aches, redness, swelling, or other minor marks	*	68.5 (48.2 – 88.8)
B only: sprains, dislocations, or blistering	*	0
C only: deep wounds, broken bones, broken teeth, or blackened or charred skin	*	0
D only: permanent injury or disfigurement	*	0
A+B	*	8.0 (0.0 – 19.5)
A+C	*	14.5 (0.6 – 28.4)
A+D	*	0
B+C	*	0
B+D	*	0
C+D	*	0
A+B+C	*	9.0 (0.0-22.2)
A+B+D	*	0
B+C+D	*	0
A+C+D	*	0
A+B+C+D	*	0
Total[¶] (n)	100.0 (17)	100.0 (28)

[§]95 per cent confidence interval.

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

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

^bThe first experience of violence is counted up to 4 times for each respondent who experienced violence, once for each of the 4 perpetrator categories—intimate partners, peers, parents and adult caregivers and community members.

Table 4.4.4. Prevalence of experiencing any physical harm or injury as the result of the most recent^c experience of physical violence,¹ among 13–17-year-old females and males who experienced physical violence in the previous 12 months – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Experienced physical harm or injury as a result of the most recent incident of physical violence in the past 12 months	103	21.8 (12.1-31.6)	106	14.2 (6.1-22.4)

[§]95 per cent confidence interval.

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

^cThe most recent experience of violence is counted up to 4 times for each respondent who experienced violence, once for each of the 4 perpetrator categories—intimate partners, peers, parents and adult caregivers and community members.

Table 4.4.5. Prevalence of experiencing any physical harm or injury as the result of the most recent^c experience of physical violence,¹ among 13–17-year-old females and males who experienced physical violence in the previous 12 months, by perpetrator – Zambia VACS, 2014

Perpetrator of physical violence that resulted in injury	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
An intimate partner ^a	7	*	2	*
A parent, adult caregiver, or other adult relative	53	23.8 (11.1-36.6)	44	8.8 (0.9-16.8)
A community member	44	6.0 (0.0-12.7)	46	19.5 (4.0-35.0)
A peer	28	28.2 (4.3-52.1)	40	9.7 (0.3-19.0)

[§]95 per cent confidence interval.

* Cell size less than 25.

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

^aAmong those who had an intimate partner.

^cThe most recent experience of violence is counted up to 4 times for each respondent who experienced violence, once for each of the 4 perpetrator categories—intimate partners, peers, parents and adult caregivers and community members.

Table 4.4.6. Distribution of types of physical harm or injury as a result of the most recent^c experience of physical violence,¹ among 13–17-year-olds who were injured in the previous 12 months – Zambia VACS, 2014

Categories of injury	Females Percent (95% CI [§])	Males Percent (95% CI [§])
A only: cuts, scratches, bruises, aches, redness, swelling, or other minor marks	*	*
B only: sprains, dislocations, or blistering	*	*
C only: deep wounds, broken bones, broken teeth, or blackened or charred skin	*	*
D only: permanent injury or disfigurement	*	*
A+B	*	*
A+C	*	*
A+D	*	*
B+C	*	*
B+D	*	*
C+D	*	*
A+B+C	*	*
A+B+D	*	*
B+C+D	*	*
A+C+D	*	*
A+B+C+D	*	*
Total[¶] (n)	100.0 (19)	100.0 (14)

[§]95 per cent confidence interval.

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

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

^cThe most recent experience of violence is counted up to 4 times for each respondent who experienced violence, once for each of the 4 perpetrator categories—intimate partners, peers, parents and adult caregivers and community members.

Table 4.5.1. Perpetrators of the first incident of intimate partner physical violence,¹ among 18–24-year-old females and males who experienced intimate partner physical violence prior to age 18 – Zambia VACS, 2014

First perpetrators of physical violence ¹ by an intimate partner	Females Percent (95% CI [§])	Males Percent (95% CI [§])
Boyfriend/girlfriend/romantic partner	47.2 (24.6-69.8)	*
Husband/wife	52.8 (30.2-75.4)	*
(n)	(29)	(9)

[§]95 per cent confidence interval.

* Cell size less than 25.

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

Table 4.5.2. Perpetrators of the first incident of peer physical violence,¹ among 18–24-year-old females and males who experienced peer physical violence prior to age 18 – Zambia VACS, 2014

First perpetrators of physical violence ¹ by a peer	Females Percent (95% CI [§])	Males Percent (95% CI [§])
Sibling/cousin	*	14.7 (5.5-23.8)
Friend	*	58.9 (47.5-70.4)
Classmate/schoolmate	*	5.3 (1.1-9.6)
Peer neighbor	*	11.7 (4.3-19.1)
Other peer/stranger	*	9.4 (2.1-16.6)
Total[¶] (n)	100.0 (20)	100.0 (95)

[§]95 per cent confidence interval.

* Cell size less than 25.

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

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

Table 4.5.3. Perpetrators of the first incident of parent, adult caregiver, or other adult relative physical violence,¹ among 18–24-year-old females and males who experienced parent, adult caregiver, or other adult relative physical violence prior to age 18 – Zambia VACS, 2014

First perpetrators of physical violence¹ by a parent, adult caregiver, or other adult relative	Females Percent (95% CI [§])	Males Percent (95% CI [§])
Father/stepfather	15.7 (8.2-23.3)	47.8 (38.0-57.7)
Mother/stepmother	48.4 (38.8-57.9)	38.3 (27.9-48.8)
Brother/stepbrother	7.1 (2.5-11.6)	3.0 (0.9-5.2)
Sister/stepsister	3.3 (0.0-7.8)	0
Uncle/aunt	17.5 (8.0-27.0)	8.6 (3.1 – 14.1)
Grandparent	5.8 (1.7-9.9)	0
Other relative/caregiver	2.3 (0.0-5.0)	2.2 (0.1-4.4)
Total[¶] (n)	100.0 (131)	100.0 (143)

[§]95 percent confidence interval.

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

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

Table 4.5.4. Perpetrators of the first incident of community adult physical violence,¹ among 18–24-year-old females and males who experienced community adult physical violence prior to age 18 – Zambia VACS, 2014

First perpetrators of physical violence,¹ by adults in the community	Females Percent (95% CI [§])	Males Percent (95% CI [§])
Male teacher	48.5 (29.2-67.9)	64.2 (48.2-80.3)
Female teacher	30.7 (9.9-51.6)	8.7 (0.0-17.5)
Authority figure ⁴	2.4 (0.0-7.0)	3.2 (0.0-7.6)
Adult neighbor	14.0 (2.1-25.9)	18.1 (3.8-32.4)
Other community adult	4.3 (0.0-10.4)	5.8 (0.0-11.5)
Total[¶] (n)	100.0 (46)	100.0 (50)

[§]95 per cent confidence interval.

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

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

⁴Authority figure includes: police/security person, employer, community leader, and religious leader.

Table 4.5.5. Perpetrators of the most recent incident of intimate partner physical violence,¹ among 13–17-year-old females and males who experienced intimate partner physical violence in the previous 12 months – Zambia VACS, 2014

Most recent perpetrators of physical violence, ¹ by an intimate partner	Females Percent (95% CI [§])	Males Percent (95% CI [§])
Boyfriend/girlfriend/romantic partner	*	*
Husband/wife	*	*
(n)	(7)	(2)

[§]95 per cent confidence interval.

* Cell size less than 25.

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

Table 4.5.6. Perpetrators of the most recent incident of peer physical violence,¹ among 13–17-year-old females and males who experienced peer physical violence in the previous 12 months – Zambia VACS, 2014

Most recent perpetrators of physical violence ¹ by a peer	Females Percent (95% CI [§])	Males Percent (95% CI [§])
Sibling/cousin	19.6 (0.0-42.5)	2.1 (0.0-6.4)
Friend	27.9 (11.3-44.6)	57.6 (37.5-77.7)
Classmate/schoolmate	35.7 (13.5-58.0)	8.3 (1.1-15.5)
Peer neighbor	13.5 (0.1-26.9)	5.6 (0.0-13.5)
Other peer/stranger	3.3 (0.0-9.7)	26.4 (10.1-42.8)
Total[¶] (n)	100.0 (28)	100.0 (40)

[§]95 per cent confidence interval.

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

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

Table 4.5.7. Perpetrators of the most recent incident of parent, adult caregiver, or other adult relative physical violence¹ among 13–17-year-old females and males who experienced parent, adult caregiver, or other adult relative physical violence in the previous 12 months – Zambia VACS, 2014

Most recent perpetrators of physical violence ¹ by a parent, adult caregiver, or other adult relative	Females Percent (95% CI [§])	Males Percent (95% CI [§])
Father/stepfather	6.5 (0.5-12.5)	38.8 (19.6-57.9)
Mother/stepmother	55.4 (39.5-71.3)	33.3 (17.7-49.0)
Brother/stepbrother	3.2 (0.0-7.9)	2.7 (0.0-6.6)
Sister/stepsister	10.2 (0.0-21.9)	0
Uncle/aunt	19.9 (7.3-32.5)	19.0 (2.6-35.4)
Grandparent	3.1 (0.0-7.5)	6.1 (0.0-13.2)
Other relative/caregiver	1.7 (0.0-4.1)	0
Total[¶] (n)	100.0 (53)	100.0 (44)

[§]95 percent confidence interval.

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

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

Table 4.5.8. Perpetrators of the most recent incident of community adult physical violence,¹ among 13–17-year-old females and males who experienced community adult physical violence in the previous 12 months – Zambia VACS, 2014

Most recent perpetrators of physical violence, ¹ by adults in the community	Females Percent (95% CI [§])	Males Percent (95% CI [§])
Male teacher	59.1(36.0-82.2)	60.8(44.3-77.2)
Female teacher	20.4(5.8-35.1)	16.4(5.5-27.4)
Authority figure ⁴	0	11.3(0.0-22.9)
Adult neighbor	16.1(0.0-34.1)	3.3 (0.0-7.3)
Other community adult	4.4 (0.0-9.6)	8.2 (0.0-18.4)
Total[¶] (n)	100.0 (44)	100.0 (46)

[§]95 per cent confidence interval.

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

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

⁴Authority figure includes: police/security person, employer, community leader, and religious leader.

Table 4.6.1. Perpetrators of the first incident of parent, adult caregiver, or other adult relative physical violence,¹ who lived in the same household as the victim, among 18–24-year-old females and males who experienced such violence prior to age 18 – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Perpetrator lived in the same household	130	95.2 (91.8-98.6)	144	91.6 (86.4-96.7)

[§]95 per cent confidence interval.

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

Table 4.6.2. Perpetrators of the most recent incident of parent, adult caregiver, or other adult relative physical violence,¹ who lived in the same household as the victim, among 13–17-year-old females and males who experienced such violence in the previous 12 months – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Perpetrator lived in the same household	53	99.0 (96.9-100.0)	43	99.0 (97.0-100.0)

[§]95 per cent confidence interval.

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

Table 4.7.1. Service awareness and use and disclosure of violence, among 18–24-year-old females and males who experienced any physical violence¹ prior to age 18 – Zambia VACS, 2014

18–24-year-olds who experienced any physical violence, ¹ prior to age 18 and...	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Knew of a place to go for help about an experience of physical violence	173	20.7(14.1-27.3)	207	36.7(27.7-45.7)
Tried to seek help for any experience of physical violence	173	5.3(1.6-9.0)	207	5.9(2.7-9.0)
Received help for any experience of physical violence	176	5.2(1.6-8.8)	208	4.3(1.5-7.1)
Told someone about an experience of physical violence	176	43.9 (34.5-53.3)	207	42.8(33.5-52.1)

[§]95 per cent confidence interval.

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

Table 4.7.2. Service awareness and use and disclosure of violence, among 13–17-year-old females and males who experienced any physical violence¹ in the previous 12 months – Zambia VACS, 2014

13–17-year-olds who experienced any physical violence, ¹ in the previous 12 months and...	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Knew of a place to go for help about an experience of physical violence	103	31.5(17.0-46.0)	105	32.1(21.1-43.0)
Tried to seek help for any experience of physical violence	103	9.4(1.9-16.9)	105	4.4(0.2-8.6)
Received help for any experience of physical violence	103	9.4(1.9-16.9)	106	1.5(0.0-3.4)
Told someone about an experience of physical violence	103	59.9(48.3-71.4)	105	43.9(32.1-55.7)

[§]95 per cent confidence interval.

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

Table 4.7.3. Prevalence of missing school as a result of any experience of physical violence¹ – Zambia VACS, 2014.

Missing school as a result of any experience of physical violence ¹	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
18–24-year-olds who missed school due to physical violence prior to age 18	168	6.7 (3.4-10.1)	197	6.5(3.2-9.8)
13–17-year-olds who missed school due to physical violence in the previous 12 months	102	16.9(7.2-26.6)	103	7.0(0.2-13.9)

[§]95 per cent confidence interval.

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

Table 4.7.4. Prevalence of receiving help for any incident of physical violence,¹ among 18–24-year-old females and males who experienced any physical violence prior to age 18, by source of help – Zambia VACS, 2014

Source of service receipt for physical violence	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
A doctor, nurse, or other health care worker	9	*	10	*
Police or other security personnel	9	*	10	*
A lawyer, judge, magistrate, or other legal professional other than police	9	*	10	*
A social worker or counselor	9	*	10	*
A helpline, phone, internet, or website	9	*	10	*

[§]95 per cent confidence interval.

* Cell size less than 25.

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

Table 4.7.5. Prevalence of receiving help for any incident of physical violence,¹ among 13–17-year-old females and males who experienced any physical violence in the previous 12 months, by source of help – Zambia VACS, 2014

Source of service receipt for physical violence	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
A doctor, nurse, or other health care worker	9	*	3	*
Police or other security personnel	9	*	3	*
A lawyer, judge, magistrate, or other legal professional other than police	9	*	3	*
A social worker or counselor	9	*	3	*
A helpline, phone, internet, or website	9	*	3	*

[§]95 per cent confidence interval.

* Cell size less than 25.

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

Table 4.7.6. Disclosure about any incident of physical violence,¹ among 18–24-year-old females and males who experienced any physical violence prior to age 18 but did not receive professional services, by person told – Zambia VACS, 2014

Person who was told about incident of physical violence	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
A relative	69	63.7 (49.4-78.1)	76	70.6 (60.4-80.9)
A spouse, boyfriend/girlfriend or partner	69	0.9 (0.0-2.6)	76	4.4 (0.0-9.5)
A friend/neighbor	69	44.0 (28.6-59.5)	76	44.2 (32.6-55.8)
A service provider or authority figure ⁵	69	4.0 (0.0-8.6)	76	3.9 (0.0-7.7)
Someone else ⁶	69	0.8 (0.0-2.5)	76	0

[§]95 per cent confidence interval.

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

⁵Authority figure includes: NGO worker, teacher, employer, community leader, or religious leader.

⁶Someone else includes: traditional healer and other.

Table 4.7.7. Disclosure about any incident of physical violence,¹ among 13–17-year-old females and males who experienced any physical violence in the previous 12 months but did not receive professional services, by person told – Zambia VACS, 2014

Person who was told about physical violence	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
A relative	49	70.6 (56.5-84.7)	44	65.3 (50.8-79.8)
A spouse, boyfriend/girlfriend or partner	49	0	44	5.4 (0.0-12.3)
A friend/neighbor	49	38.2 (24.4-51.9)	44	39.6 (22.9-56.4)
A service provider or authority figure ⁵	49	6.7 (0.0-15.8)	44	11.4 (0.0-24.0)
Someone else ⁶	49	0	44	0

[§]95 per cent confidence interval.

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

⁵Authority figure includes: NGO worker, teacher, employer, community leader, or religious leader.

⁶Someone else includes: traditional healer and other.

Table 4.7.8. Reasons for not seeking services for physical violence,¹ among 18–24-year-olds who experienced any physical violence prior to age 18 – Zambia VACS, 2014

Reasons for not seeking services for physical violence	Females	Males
	Percent (95% CI ⁵)	Percent (95% CI ⁵)
Afraid of getting in trouble	3.3(0.0-9.9)	3.3 (0.0-8.4)
Embarrassed for self or my family	0	1.5 (0.0-3.6)
Could not afford services	3.5 (0.0-10.2)	1.7 (0.0-4.9)
Dependent on perpetrator	2.4 (0.0-7.2)	2.2 (0.0-6.5)
Perpetrator threatened me	0	1.0 (0.0-3.0)
Did not think it was a problem	18.9 (6.2-31.7)	18.1 (7.5-28.7)
Felt it was my fault	36.3 (19.2-53.5)	29.9 (15.8-44.0)
Afraid of being abandoned	3.7 (0.0-10.7)	0
Did not need/want services	21.2 (4.7-37.7)	41.4 (23.7-59.2)
Other	10.5 (0.0-22.4)	0.9 (0.0-2.7)
Total[¶] (n)	100.0 (29)	100.0 (60)

⁵95 per cent confidence interval.

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

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

Table 4.7.9. Individual,⁷ relationship⁸ and structural-level⁹ barriers for not seeking services for physical violence,¹ among 18–24-year-old females and males who experienced any physical violence prior to age 18 and knew a place to go for help – Zambia VACS, 2014

Level of barriers to seeking services for physical violence	Females	Males
	Percent (95% CI ⁵)	Percent (95% CI ⁵)
Individual-level barriers ⁷	79.8(65.1-94.5)	94.2(88.2-100.0)
Relationship-level barriers ⁸	6.2 (0.0-14.5)	3.2 (0.0-8.0)
Structural-level barriers ⁹	3.5 (0.0-10.2)	1.7 (0.0-4.9)
Other barriers	10.5 (0.0-22.4)	0.9 (0.0-2.7)
Total[¶] (n)	100.0 (29)	100.0 (60)

⁵95 per cent confidence interval.

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

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

⁷ Individual-level barriers: afraid of getting in trouble/did not think it was a problem/did not need or want services/felt it was my fault/embarrassed for self or family.

⁸ Relationship-level barriers: dependent on perpetrator/perpetrator threatened me/afraid of being abandoned.

⁹ Structural-level barriers: could not afford services.

Table 4.7.10. Reasons for not seeking services for physical violence,¹ among 13–17-year-old females and males who experienced any physical violence in the previous 12 months– Zambia VACS, 2014

Reasons for not seeking services for physical violence	Females Percent (95% CI [§])	Males Percent (95% CI [§])
Afraid of getting in trouble	*	17.8 (3.2-32.3)
Embarrassed for self or my family	*	0
Could not afford services	*	0
Dependent on perpetrator	*	0
Perpetrator threatened me	*	0
Did not think it was a problem	*	40.5(20.3-60.7)
Felt it was my fault	*	11.3 (0.0-24.7)
Afraid of being abandoned	*	0
Did not need/want services	*	30.4 (13.2-47.6)
Other	*	0
Total[¶] (n)	100.0 (16)	100.0 (32)

[§]95 per cent confidence interval.

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

* Cell size less than 25.

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

Table 4.7.11. Individual,⁷ relationship⁸ and structural-level⁹ barriers for not seeking services for physical violence¹ among 13–17-year-old females and males who experienced any physical violence in the previous 12 months and knew a place to go for help – Zambia VACS, 2014

Level of barriers to seeking services for physical violence	Females Percent (95% CI [§])	Males Percent (95% CI [§])
Individual-level barriers ⁷	*	100.0 (100.0-100.0)
Relationship-level barriers ⁸	*	0
Structural-level barriers ⁹	*	0
Other barriers	*	0
Total[¶] (n)	100.0 (16)	100.0 (32)

[§]95 per cent confidence interval.

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

* Cell size less than 25.

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

⁷ Individual-level barriers: afraid of getting in trouble/did not think it was a problem/did not need or want services/felt it was my fault/embarrassed for self or family.

⁸ Relationship-level barriers: dependent on perpetrator/perpetrator threatened me/afraid of being abandoned.

⁹ Structural-level barriers: could not afford services.

Table 4.8.1. Percentage of 18–24-year-old females and males who ever heard of Childline Zambia, by experiences of physical violence¹ prior to age 18 – Zambia VACS, 2014

Percentage of 18–24-year-old, who ever heard of Childline Zambia and experienced...	Knowledge of Childline Zambia			
	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Any physical violence ¹ prior to age 18	176	12.5 (7.1-17.9)	207	9.3 (4.6-14.1)
No physical violence ¹ prior to age 18	331	9.0 (4.8-13.3)	318	10.4(6.5-14.3)

[§]95 per cent confidence interval.

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

Table 4.8.2. Percentage of 13–17-year-old females and males who ever heard of Childline Zambia, by experiences of physical violence¹ in the previous 12 months – Zambia VACS, 2014

Percentage of 13–17-year-old, who ever heard of Childline Zambia and experienced...	Knowledge of Childline Zambia			
	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Any physical violence ¹ in the previous 12 months	103	8.7 (0.7-16.6)	105	2.2 (0.0-5.6)
No physical violence ¹ in the previous 12 months	278	5.8 (1.9-9.7)	292	5.4 (1.7-9.1)

[§]95 per cent confidence interval.

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

Table 4.8.3. Percent of 18–24-year-old females and males who accurately reported the Childline Zambia phone number, among those who ever heard about the helpline, by experiences of physical violence¹ prior to age 18 – Zambia VACS, 2014

18–24-year-old females and males, who accurately reported the Childline Zambia phone number and experienced...	Correctly Reported the Childline Zambia Phone Number			
	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Any physical violence ¹ prior to age 18	23	*	17	*
No physical violence ¹ prior to age 18	25	17.0 (0.0-36.0)	31	14.1 (0.2-28.1)

[§]95 per cent confidence interval.

* Cell size less than 25.

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

Table 4.8.4. Percent of 13–17-year-old females and males who accurately reported the Childline Zambia phone number, among those who ever heard about the helpline, by experiences of physical violence¹ in the previous 12 months – Zambia VACS, 2014

13–17-year-old females and males, who accurately reported the Childline Zambia phone number and experienced...	Correctly Reported the Childline Zambia Phone Number			
	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Any physical violence ¹ in the previous 12 months	7	*	2	*
No physical violence ¹ in the previous 12 months	13	*	15	*

[§]95 per cent confidence interval.

* Cell size less than 25.

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

Table 5.1.1. Prevalence of emotional violence by a parent, adult caregiver, or other adult relative¹ prior to age 18, among 18–24-year-old females and males – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Experienced any emotional violence by a parent, adult caregiver, or other adult relative ¹ prior to age 18	496	15.9 (12.1-19.7)	519	20.0 (15.5-24.5)

[§]95 per cent confidence interval.

¹Emotional violence by a parent, adult caregiver, or other adult relative includes: being told that you were not loved or did not deserve to be loved, that they wished you were dead or had never been born, ridiculed, or put down.

Table 5.1.2. Prevalence of experiencing more than one incident of emotional violence,¹ among 18–24-year-old females and males who experienced at least one incident of emotional violence by a parent, adult caregiver, or other adult relative¹ prior to age 18 – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Experienced multiple incidents of emotional violence by a parent, adult caregiver, or other adult relative ¹	73	75.7 (62.7-88.7)	100	89.8 (83.8-95.7)

[§]95 per cent confidence interval.

¹Emotional violence by a parent, adult caregiver, or other adult relative includes: being told that you were not loved or did not deserve to be loved, that they wished you were dead or had never been born, ridiculed, or put down.

Table 5.1.3. Age of first experience of emotional violence,¹ among 18–24-year-old females and males who experienced any emotional violence by a parent, adult caregiver, or other adult relative¹ prior to age 18 – Zambia VACS, 2014

Age of first experience of emotional violence	Females Percent (95% CI [§])	Males Percent (95% CI [§])
≤5 years old	0.8 (0.0-2.2)	2.4 (0.0-5.9)
6-11 years old	47.2 (33.5-60.9)	35.0(24.4-45.5)
12-17 years old	52.1 (38.4-65.7)	62.6 (51.7-73.6)
Total[¶] (n)	100.0 (71)	100.0 (101)

[§]95 per cent confidence interval.

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

¹Emotional violence by a parent, adult caregiver, or other adult relative includes: being told that you were not loved or did not deserve to be loved, that they wished you were dead or had never been born, ridiculed, or put down.

Table 5.1.4. Prevalence of emotional violence by a peer² prior to age 18, among 18–24-year-old females and males – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Experienced any emotional violence by a peer ² prior to age 18	496	18.1 (13.3-22.9)	520	17.0 (13.2-20.7)

[§]95 per cent confidence interval.

²Emotional violence by a peer includes: name calling, saying mean things or saying they didn't want you around; told lies or spread rumors about you, or try to make others dislike you; kept you out of things on purpose, excluded or completely ignored you.

Table 5.2.1. Prevalence of emotional violence by a parent, adult caregiver, or other adult relative¹ in the previous 12 months among 13–17-year-old females and males – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Experienced any emotional violence by a parent, adult caregiver, or other adult relative ¹ in the previous 12 months	379	17.7 (11.5-24.0)	397	12.5 (8.1-16.8)

[§]95 per cent confidence interval.

¹Emotional violence by a parent, adult caregiver, or other adult relative includes: being told that you were not loved or did not deserve to be loved, that they wished you were dead or had never been born, ridiculed, or put down.

Table 5.2.2. Prevalence of experiencing more than one incident of emotional violence,¹ among 13–17-year-old females and males who experienced at least one incident of emotional violence by a parent, adult caregiver, or other adult relative¹ in the previous 12 months – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Experienced multiple incidents of emotional violence by a parent, adult caregiver, or other adult relative ¹	61	83.8 (72.3-95.3)	48	70.1 (54.7-85.6)

[§]95 per cent confidence interval.

¹Emotional violence by a parent, adult caregiver, or other adult relative includes: being told that you were not loved or did not deserve to be loved, that they wished you were dead or had never been born, ridiculed, or put down.

Table 5.2.3. Age of first experience of emotional violence,¹ among 13–17-year-old females and males who experienced any emotional violence by a parent, adult caregiver, or other adult relative¹ in the previous 12 months – Zambia VACS, 2014

Age of first experience of emotional violence	Females Percent (95% CI [§])	Males Percent (95% CI [§])
≤5 years old	0.9 (0.0-2.8)	5.8 (0.0-14.1)
6-11 years old	20.3 (7.3-33.2)	22.8 (5.1-40.6)
12-17 years old	78.8 (65.7-91.8)	71.3 (53.5-89.2)
Total[¶] (n)	100.0 (53)	100.0 (43)

[§]95 per cent confidence interval.

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

¹Emotional violence by a parent, adult caregiver, or other adult relative includes: being told that you were not loved or did not deserve to be loved, that they wished you were dead or had never been born, ridiculed, or put down.

Table 5.2.4. Prevalence of emotional violence by a peer² in the previous 12 months among 13–17-year-old females and males – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Experienced any emotional violence by a peer ² in the previous 12 months	381	22.1 (17.3-26.9)	396	14.1 (10.1-18.2)

[§]95 per cent confidence interval.

²Emotional violence by a peer includes: name calling, saying mean things or saying they didn't want you around; told lies or spread rumors about you, or try to make others dislike you; kept you out of things on purpose, excluded or completely ignored you.

Table 5.5.1. Perpetrators of first incident of emotional violence by a parent, adult caregiver, or other adult relative,¹ among 18–24-year-old females and males who experienced such violence prior to age 18 – Zambia VACS, 2014

Perpetrators of first incident of emotional violence among 18–24-year-old	Females Percent (95% CI[§])	Males Percent (95% CI[§])
Father/stepfather	9.0 (2.5-15.6)	33.1 (21.1-45.1)
Mother/stepmother	39.1(27.9-50.3)	32.2 (21.2-43.3)
Brother/stepbrother	0	12.9 (5.1-20.7)
Sister/stepsister	1.4 (0.0-4.1)	2.4 (0.0-5.0)
Uncle/aunt	36.9 (24.2-49.6)	17.0(8.3-25.6)
Grandparent	6.2 (0.0-12.6)	0.7 (0.0-2.0)
Other relative/caregiver	7.3 (1.3-13.4)	1.8 (0.0-3.8)
Total[¶] (n)	100.0 (75)	100.0 (99)

[§]95 per cent confidence interval.

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

¹Emotional violence by a parent, adult caregiver, or other adult relative includes: being told that you were not loved or did not deserve to be loved, that they wished you were dead or had never been born, ridiculed, or put down.

Table 5.5.2. Perpetrators of first incident of emotional violence by a peer,¹ among 18–24-year-old females and males who experienced such violence prior to age 18 – Zambia VACS, 2014

Perpetrators of first experience of emotional violence by a peer	Females Percent (95% CI[§])	Males Percent (95% CI[§])
Sibling/cousin/peer relative	18.4 (7.2-29.7)	15.6 (6.9-24.3)
Friend	58.4 (45.7-71.0)	57.7 (44.9-70.5)
Classmate/schoolmate	11.3(1.9-20.8)	14.5 (5.2-23.8)
Neighbor	10.9 (3.3-18.4)	10.0 (1.6-18.4)
Other peer	1.0 (0.0-3.0)	2.2 (0.0-6.5)
Total[¶] (n)	100.0 (81)	100.0 (84)

[§]95 per cent confidence interval.

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

¹Emotional violence by a peer includes: name calling, saying mean things or saying they didn't want you around; told lies or spread rumors about you, or try to make others dislike you; kept you out of things on purpose, excluded or completely ignored you.

Table 5.5.3. Perpetrators of the most recent incident of emotional violence by a parent, adult caregiver, or other adult relative,¹ among 13–17-year-old females and males who experienced such violence in the previous 12 months – Zambia VACS, 2014

Perpetrators of most recent experience of emotional violence by a parent, adult caregiver, or other adult relative	Females	Males
	Percent (95% CI [§])	Percent (95% CI [§])
Father/stepfather	15.5 (3.5-27.5)	31.0 (16.1-45.9)
Mother/stepmother	35.2 (23.5-46.9)	22.0(9.8-34.2)
Brother/stepbrother	1.6 (0.0-4.0)	9.1 (1.2-16.9)
Sister/stepsister	9.4 (0.0-18.8)	4.1 (0.0-9.4)
Uncle/aunt	21.1 (6.4-35.8)	31.1 (17.8-44.4)
Grandparent	3.8 (0.0-8.3)	1.6(0.0-4.9)
Other relative/caregiver	13.4 (0.0-26.9)	1.1 (0.0-3.4)
Total[¶] (n)	100.0 (60)	100.0 (48)

[§]95 per cent confidence interval.

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

¹Emotional violence by a parent, adult caregiver, or other adult relative includes: being told that you were not loved or did not deserve to be loved, that they wished you were dead or had never been born, ridiculed, or put down.

Table 5.5.4. Perpetrators of the most recent incident of emotional violence by a peer,¹ among 13–17-year-old females and males who experienced such violence in the previous 12 months – Zambia VACS, 2014

Perpetrators of most recent experience of emotional violence by a peer	Females	Males
	Percent (95% CI [§])	Percent (95% CI [§])
Sibling/cousin/peer relative	16.6 (6.1-27.1)	11.6 (2.9-20.4)
Friend	52.2 (38.9-65.6)	54.3 (38.7-70.0)
Classmate/schoolmate	20.0 (6.6-33.4)	22.5 (11.1-33.9)
Neighbor	9.6(2.4-16.7)	11.6 (1.5-21.6)
Other peer	1.6 (0.0-4.6)	0
Total[¶] (n)	100.0 (79)	100.0 (59)

[§]95 per cent confidence interval.

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

¹Emotional violence by a peer includes: name calling, saying mean things or saying they didn't want you around; told lies or spread rumors about you, or try to make others dislike you; kept you out of things on purpose, excluded or completely ignored you.

Table 5.5.5. Perpetrators of the first incident of parent, adult caregiver, or other adult relative emotional violence,¹who lived in the same household as the victim, among 18–24-year-old females and males who experienced such violence prior to age 18 – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Perpetrator of emotional violence lived in the same household	75	82.3 (72.0-92.6)	101	78.0 (67.3-88.6)

[§]95 per cent confidence interval.

¹Emotional violence by a parent, adult caregiver, or other adult relative includes: being told that you were not loved or did not deserve to be loved, that they wished you were dead or had never been born, ridiculed, or put down.

Table 5.5.6. Perpetrators of the most recent incident of parent, adult caregiver, or other adult relative emotional violence,¹ who lived in the same household as the victim, among 13–17-year-old females and males who experienced such violence in the previous 12 months – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Perpetrator of emotional violence lived in the same household	59	80.6 (71.8-89.3)	48	96.0 (91.2-100.0)

[§]95 per cent confidence interval.

¹Emotional violence by a parent, adult caregiver, or other adult relative includes: being told that you were not loved or did not deserve to be loved, that they wished you were dead or had never been born, ridiculed, or put down.

Table 5.6.1. Location of first incident of peer¹ emotional violence, among 18–24-year-old females and males who experienced such violence prior to age 18 – Zambia VACS, 2014

Location of first incident of emotional violence by a peer	Females	Males
	Percent (95% CI [§])	Percent (95% CI [§])
Respondent's home	44.6 (27.6-61.7)	26.7 (16.7-36.6)
Perpetrator's home	12.9(2.5-23.4)	10.5(4.2-16.8)
School	36.9(21.1-52.6)	39.4 (28.3-50.5)
Market/shop	3.2 (0.0-6.6)	5.7 (0.0-13.7)
Field or other natural area	0.7 (0.0-2.0)	8.7 (2.6-14.7)
Other	1.6 (0.0-4.0)	9.0(2.4-15.6)
Total[¶] (n)	(82)	(82)

[§]95 per cent confidence interval.

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

¹Emotional violence by a peer includes: name calling, saying mean things or saying they didn't want you around; told lies or spread rumors about you, or try to make others dislike you; kept you out of things on purpose, excluded or completely ignored you.

Table 5.6.2. Location of the most recent incident of peer¹ emotional violence, among 13–17-year-old females and males who experienced such violence in the previous 12 months – Zambia VACS, 2014

	Females Percent (95% CI [§])	Males Percent (95% CI [§])
Respondent's home	38.8 (25.9-51.7)	20.0 (8.7-31.4)
Perpetrator's home	4.0 (0.0-9.7)	0.9 (0.0-2.7)
School	44.5 (30.6-58.5)	40.4 (27.3-53.6)
Market/shop	0.7 (0.0-2.0)	2.9 (0.0-6.5)
Field or other natural area	4.0 (0.0-9.0)	13.9 (1.9-25.8)
Other	7.9 (1.8-14.0)	21.9 (8.4-35.4)
Total[¶] (n)	(80)	(59)

[§]95 per cent confidence interval.

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

¹Emotional violence by a peer includes: name calling, saying mean things or saying they didn't want you around; told lies or spread rumors about you, or try to make others dislike you; kept you out of things on purpose, excluded or completely ignored you.

Table 6.1.1. Prevalence of different types of violence and overlap among types of violence prior to age 18, among 18–24-year-old females and males – Zambia VACS, 2014

Types of violence	Females Percent (95% CI [§])	Males Percent (95% CI [§])
Sexual abuse ¹ only	8.3(5.5-11.0)	4.2 (2.2-6.2)
Physical violence ² only	18.7 (14.7-22.8)	24.9(20.4-29.3)
Emotional violence ³ only	5.2 (2.9-7.5)	6.4 (3.9-8.9)
Sexual abuse and physical violence	6.8 (4.6-9.0)	2.4 (1.1-3.8)
Sexual abuse and emotional violence ³	2.0 (0.8-3.2)	0.5 (0.0-1.0)
Physical and emotional violence ³	5.2 (2.9-7.6)	10.1 (6.5-13.6)
Sexual abuse and physical and emotional violence ³	3.0 (1.2-4.8)	2.7 (1.0-4.3)
No violence	50.7 (45.1-56.3)	48.8 (43.7-53.9)
Total[¶] (n)	100.0 (507)	100.0 (527)

[§]95 per cent confidence interval.

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

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

²Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon.

³To ensure comparability with other Violence Against Children Survey (VACS) reports, emotional violence only includes parent, adult caregiver, or other adult relative perpetrators. It is defined as: being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.

Table 6.2.1. Prevalence of different types of violence and overlap among types of violence in the previous 12 months, among 13–17-year-old females and males – Zambia VACS, 2014

Types of violence	Females	Males
	Percent (95% CI [§])	Percent (95% CI [§])
Sexual abuse ¹ only	7.6 (4.1-11.1)	1.7 (0.6-2.8)
Physical violence ² only	12.4 (9.1-15.8)	18.0 (13.7-22.3)
Emotional violence ³ only	6.0 (3.5-8.5)	3.6 (1.6-5.7)
Sexual abuse and physical violence	5.3 (2.4-8.1)	1.5 (0.1-2.9)
Sexual abuse and emotional violence ³	1.5 (0.1-2.9)	0.8 (0.0-1.7)
Physical and emotional violence ³	7.8 (2.9-12.7)	6.4 (3.2-9.7)
Sexual abuse and physical and emotional violence ³	2.1 (0.7-3.5)	1.5 (0.1-3.0)
No violence	57.2 (51.0-63.5)	66.4 (60.3-72.5)
Total[¶] (n)	100.0 (384)	100.0 (401)

[§]95 per cent confidence interval.

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

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

²Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon.

³To ensure comparability with other Violence against Children Survey (VACS) reports, emotional violence only includes parent, adult caregiver or other adult relative perpetrators. It is defined as: Being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.

Table 7.2.1 Prevalence of intimate partner¹ physical violence,² among 15–24-year-old females and males who had ever been partnered – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Experienced any physical violence ² by an intimate partner	590	18.9 (15.1 – 22.6)	485	7.8 (4.7 – 11.0)

[§]95 per cent confidence interval.

¹Ever being partnered includes: ever having a boyfriend, girlfriend, romantic partner, husband, or wife.

²Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon.

Table 7.1. Prevalence of having ever been partnered,¹ among 15–24-year-old females and males – Zambia VACS, 2014.

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Ever partnered	697	82.9 (79.4 – 86.4)	769	61.5 (57.2 – 65.8)

[§]95 per cent confidence interval.

¹Ever being partnered includes: ever having a boyfriend, girlfriend, romantic partner, husband, or wife.

Table 7.2.2. Prevalence of intimate partner¹ physical violence² in the previous 12 months, among 15–24-year-old females and males, who had ever been partnered – Zambia VACS, 2014.

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Experienced physical violence by an intimate partner in the previous 12 months	589	11.3 (8.4 – 14.2)	484	2.4 (0.9 – 3.9)

[§]95 per cent confidence interval.

¹Ever being partnered includes: ever having a boyfriend, girlfriend, romantic partner, husband, or wife.

²Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon.

Table 7.2.3. Prevalence of first or most recent incident of intimate partner¹ sexual abuse,³ among 15–24-year-old females and males – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
First or most recent incident of intimate partner sexual abuse	590	22.0 (17.8 – 26.2)	484	8.5 (5.5 – 11.6)

[§]95 per cent confidence interval.

¹Ever being partnered includes: ever having a boyfriend, girlfriend, romantic partner, husband, or wife.

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

Table 7.2.4. Prevalence of first incidents of sexual abuse³ perpetrated by an intimate partner, among 15–24-year-old females and males, who had ever had a partner¹ and experienced sexual abuse – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
First incident of intimate partner sexual abuse	234	52.9 (45.5 – 60.3)	114	35.1 (24.7 – 45.6)

[§]95 per cent confidence interval.

¹Ever being partnered includes: ever having a boyfriend, girlfriend, romantic partner, husband, or wife.

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

Table 7.2.5. Prevalence of most recent incidents of sexual abuse³ perpetrated by an intimate partner, among 15–24-year-old females and males whoever had a partner¹ and experienced sexual abuse – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Most recent incident of intimate partner sexual abuse	234	53.4 (46.0 – 60.9)	114	36.0 (26.1 – 45.8)

[§]95 per cent confidence interval.

¹Ever being partnered includes: ever having a boyfriend, girlfriend, romantic partner, husband, or wife.

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

Table 7.3.1. Prevalence of intimate partner physical violence,¹perpetration among 15–24-year-old females and males who ever had a partner²– Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Intimate partner physical violence perpetration	592	10.1 (7.2 – 13.0)	488	22.4 (18.4-26.3)

[§]95 per cent confidence interval.

¹Violence includes: punching, kicking, whipping, or beating with an object, choking, suffocating, trying to drown, or intentionally burning someone, or using or threatening to use a knife, gun or other weapon, or forcing another person to have sexual intercourse or perform any other sex acts when they did not want to.

²Ever being partnered includes: ever having a boyfriend, girlfriend, romantic partner, husband, or wife.

Table 7.2.6. Prevalence³ of most recent incidents of sexual abuse,³in the previous 12 months perpetrated by an intimate partner, among 15–24-year-old females and males whoever had a partner¹ and experienced sexual abuse – Zambia VACS, 2014

	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Most recent incident of intimate partner sexual abuse ³ in the previous 12 months	234	16.9 (9.9 – 24.0)	114	24.9 (17.0 – 32.9)

[§]95 per cent confidence interval.

¹Ever being partnered includes: ever having a boyfriend, girlfriend, romantic partner, husband, or wife.

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

Table 7.3.2. Prevalence of intimate partner physical violence¹ perpetration among 15–24-year-old females and males who ever had a partner,² by experience of sexual abuse³ or physical violence⁴ prior to age 18 – Zambia VACS, 2014

Physical violence perpetration among 15–24-year-old, prior to age 18	Used violence ⁴ against a current or previous partner			
	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Intimate partner physical violence perpetration and history of <i>any</i> sexual abuse ³	160	14.5 (6.9 – 22.0)	65	43.0 (28.5-57.6)
Intimate partner physical violence perpetration and <i>no</i> sexual abuse ³	430	8.5 (5.3-11.7)	418	19.4 (15.0-23.9)
Intimate partner physical violence perpetration and history of <i>any</i> physical violence ²	224	14.8 (9.8-19.8)	216	38.3 (31.5-45.1)
Intimate partner physical violence perpetration <i>no</i> physical violence ²	367	7.1 (3.7-10.5)	272	8.9 (5.4-12.4)

[§]95 per cent confidence interval.

¹Violence includes: punching, kicking, whipping, or beating with an object, choking, suffocating, trying to drown, or intentionally burning someone, or using or threatening to use a knife, gun or other weapon, or forcing another person to have sexual intercourse or perform any other sex acts when they did not want to.

²Ever being partnered includes: ever having a boyfriend, girlfriend, romantic partner, husband, or wife.

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

⁴Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon.

Table 8.1.1. Prevalence of moderate and serious mental distress in the previous 30 days, among 18–24-year-old females by experience of sexual abuse¹ or physical² or emotional³ violence prior to age 18 – Zambia VACS, 2014

18–24-year-old females, who experienced...	Mental health in the previous 30 days...		
	n	Moderate mental distress ⁴ Percent (95% CI ⁵)	Serious mental distress ⁵ Percent (95% CI ⁵)
Any sexual abuse ¹ prior to age 18	110	38.9 (28.3-49.4)	18.1 (10.9-25.3)
No sexual abuse ¹ prior to age 18	391	30.9 (24.9-36.9)	7.5 (4.5-10.5)
Any physical violence ² prior to age 18	176	36.2 (27.1-45.3)	10.3 (5.5-15.1)
No physical violence ² prior to age 18	330	31.1 (23.9-38.3)	9.7(6.2-13.3)
Any emotional violence ³ prior to age 18	75	50.7 (37.7-63.6)	10.6 (2.5-18.8)
No emotional violence ³ prior to age 18	420	29.7 (24.2-35.2)	9.7 (6.3-13.1)

⁵95 per cent confidence interval.

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

²Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon.

³To ensure comparability with other Violence against Children Survey (VACS) reports, emotional violence only includes parent, adult caregiver or other adult relative perpetrators. It is defined as: being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.

⁴Moderate mental distress $5 \leq K6 < 13$.

⁵Serious mental distress $K6 > 13$.

Table 8.1.2. Prevalence of moderate and serious mental distress in the previous 30 days, among 18–24-year-old males by experience of sexual abuse¹ or physical² or emotional³ violence prior to age 18 – Zambia VACS, 2014

18–24-year-old males, who experienced...	Mental health in the previous 30 days...		
	n	Moderate mental distress ⁴ Percent (95% CI ⁵)	Serious mental distress ⁵ Percent (95% CI ⁵)
Any sexual abuse ¹ prior to age 18	57	25.1 (13.2-37.1)	20.0 (5.8-34.3)
No sexual abuse ¹ prior to age 18	460	34.1 (28.9-39.2)	7.3 (4.5-10.0)
Any physical violence ² prior to age 18	207	44.0 (34.3-53.6)	8.9 (3.7-14.0)
No physical violence ² prior to age 18	317	26.4 (21.2-31.7)	8.4 (5.1-11.6)
Any emotional violence ³ prior to age 18	100	44.2(30.8-57.5)	8.8 (1.4-16.2)
No emotional violence ³ prior to age 18	416	30.2 (25.2-35.3)	8.5 (5.3-11.8)

⁵95 per cent confidence interval.

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

²Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon.

³To ensure comparability with other Violence against Children Survey (VACS) reports, emotional violence only includes parent, adult caregiver or other adult relative perpetrators. It is defined as: being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.

⁴Moderate mental distress $5 \leq K6 < 13$.

⁵Serious mental distress $K6 > 13$.

Table 8.1.3. Prevalence of moderate and serious mental distress in the previous 30 days, among 13–17-year-old females by experience of sexual abuse¹ or physical² or emotional³ violence, in the previous 12 months – Zambia VACS, 2014

13–17-year-old females who experienced...	n	Mental health in the previous 30 days...	
		Moderate mental distress ⁴ Percent (95% CI ⁵)	Serious mental distress ⁵ Percent (95% CI ⁵)
Any sexual abuse ¹ in the previous 12 months	65	41.9(27.8-55.9)	14.9 (4.8-25.1)
No sexual abuse ¹ in the previous 12 months	316	28.8 (22.0-35.6)	6.1 (2.7-9.5)
Any physical violence ² in the previous 12 months	103	32.6 (19.7-45.5)	6.8 (1.8-11.9)
No physical violence ² in the previous 12 months	280	30.8 (23.6-37.9)	7.8 (3.2-12.4)
Any emotional violence ³ in the previous 12 months	61	39.3 (25.0-53.6)	13.9 (2.6-25.1)
No emotional violence ³ in the previous 12 months	318	29.9 (23.0-36.8)	6.1(2.2-10.0)

⁵95 per cent confidence interval.

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

²Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon.

³To ensure comparability with other Violence against Children Survey (VACS) reports, emotional violence only includes parent, adult caregiver or other adult relative perpetrators. It is defined as: being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.

⁴Moderate mental distress 5≤K6<13.

⁵Serious mental distress K6>13.

Table 8.1.4. Prevalence of moderate and serious mental distress in the previous 30 days, among 13–17-year-old males by experience of sexual abuse¹ or physical² or emotional³ violence in the previous 12 months – Zambia VACS, 2014

13–17-year-old males who experienced...	n	Mental health in the previous 30 days...	
		Moderate mental distress ⁴ Percent (95% CI ⁵)	Serious mental distress ⁵ Percent (95% CI ⁵)
Any sexual abuse ¹ in the previous 12 months	24	*	*
No sexual abuse ¹ in the previous 12 months	373	26.1(20.7-31.4)	6.5 (3.6-9.3)
Any physical violence ² in the previous 12 months	107	35.2(23.7-46.7)	6.6 (0.9-12.4)
No physical violence ² in the previous 12 months	294	23.4 (17.7-29.0)	6.8 (3.5-10.1)
Any emotional violence ³ in the previous 12 months	48	34.8 (19.0-50.6)	4.4 (0.0-10.5)
No emotional violence ³ in the previous 12 months	349	25.3 (19.7-30.9)	7.2 (4.0-10.3)

⁵95 per cent confidence interval.

* Cell size less than 25.

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

²Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon.

³To ensure comparability with other Violence against Children Survey (VACS) reports, emotional violence only includes parent, adult caregiver or other adult relative perpetrators. It is defined as: being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.

⁴Moderate mental distress $5 \leq K6 < 13$.

⁵Serious mental distress $K6 > 13$.

Table 8.2.1.1. Health outcomes among 18–24-year-old females by experience of sexual abuse¹ or physical² or emotional³ violence, prior to age 18 – Zambia VACS, 2014

	Health Outcomes																														
	Respondents who experienced...																														
	Mental distress in the previous 30 days				Being drunk in the previous 30 days				Smoking in the previous 30 days				Substance use in the previous 30 days				Ever intentionally hurt themselves				Ever thought of suicide				Ever attempted suicide ⁶				Diagnosis/symptom of STI ⁷		
n	P-value	% (95% CI ⁵)	n	P-value	% (95% CI ⁵)	n	P-value	% (95% CI ⁵)	n	P-value	% (95% CI ⁵)	n	P-value	% (95% CI ⁵)	n	P-value	% (95% CI ⁵)	n	P-value	% (95% CI ⁵)	n	P-value	% (95% CI ⁵)	n	P-value	% (95% CI ⁵)	n	P-value	% (95% CI ⁵)		
Experienced any sexual abuse ¹ prior to age 18	110	0.008	57.0 (45.8-68.2)	10	0.82	14.3 (6.5-22.2)	11	0.19	4.7 (0.8-8.7)	10	N/A	0	0.05	19.7 (11.9-27.6)	110	0.12	21.0 (12.7-29.3)	27	0.428	37.3 (13.7-60.8)	39	0.05	27.0 (12.2-41.9)	11	0.05	37.3 (13.7-60.8)	11	0.05	15.8 (8.1-23.6)		
Experienced no sexual abuse ¹ prior to age 18	391		38.4 (32.2-44.7)	38		15.4 (11.1-19.6)	39		8.3 (4.6-12.0)	39		0		10.4 (6.0-14.7)	390		14.0 (10.6-17.4)	52		27.0 (12.2-41.9)	39		27.0 (12.2-41.9)	39		27.0 (12.2-41.9)	39		7.8 (4.8-10.7)		
Experienced any physical violence ² prior to age 18	176	0.382	46.5 (36.8-56.2)	17	0.66	16.1 (9.5-22.6)	17	0.21	10.0 (4.3-15.7)	17	N/A	0	0.41	14.5 (8.6-20.4)	176	0.428	17.4 (11.6-23.1)	30	0.32	38.9 (18.1-59.2)	17	0.10	38.9 (18.1-59.2)	17	0.10	38.9 (18.1-59.2)	17	0.10	13.1 (7.0-19.1)		
Experienced no physical violence ² prior to age 18	330		40.9 (33.8-47.9)	32		14.4 (10.1-18.7)	33		6.2 (3.3-9.1)	32		0		11.4 (6.9-16.0)	329		14.7 (11.0-18.4)	50		27.0 (11.7-42.3)	32		27.0 (11.7-42.3)	32		27.0 (11.7-42.3)	32		7.4 (4.4-10.4)		
Experienced any emotional violence ³ prior to age 18	75	0.004	61.3 (48.4-74.2)	75	0.74	13.0 (3.8-22.3)	75	0.45	4.7 (0.0-12.5)	74	N/A	0	0.00	31.4 (17.8-45.0)	75	0.00	32.6 (20.3-44.9)	24	*	*	75	0.08	32.6 (20.3-44.9)	75	0.08	32.6 (20.3-44.9)	75	0.08	16.5 (6.6-26.3)		
Experienced no emotional violence ³ prior to age 18	420		39.4 (33.5-45.3)	41		14.7 (10.4-19.1)	42		8.0 (4.5-11.4)	41		0		8.5 (5.1-11.9)	419		11.7 (8.5-14.8)	51		29.1 (13.5-44.7)	41		29.1 (13.5-44.7)	41		29.1 (13.5-44.7)	41		7.9 (5.2-10.5)		

⁵ 95 per cent confidence interval.

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

²Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon by intimate partner, parent/adult relative, community member or peer.

³To ensure comparability with other Violence against Children Survey (VACS) reports, emotional violence only includes parent, adult caregiver or other adult relative perpetrators. It is defined as: being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.

⁶Among those who reported thinking of suicide.

⁷Symptoms include: genital sore/ulcer.

*Cell size less than 25.

Table 8.2.2. Health outcomes among 18–24-year-old males by experience of sexual abuse¹ or physical² or emotional³ violence, prior to age 18 – Zambia VACS, 2014

	Health Outcomes																	
	Respondents who experienced...																	
	Mental distress in the previous 30 days		Being drunk in the previous 30 days		Smoking in the previous 30 days		Substance use in the previous 30 days		Ever intentionally hurt themselves		Ever thought of suicide		Ever attempted suicide ⁶		Diagnosis/symptom of STI ⁷			
n	P-value	% (95% CI) ⁵	n	P-value	% (95% CI) ⁵	n	P-value	% (95% CI) ⁵	n	P-value	% (95% CI) ⁵	n	P-value	% (95% CI) ⁵	n	P-value	% (95% CI) ⁵	
Experienced any sexual abuse ¹ prior to age 18	57	0.65	45.2 (29.4-60.9)	52	0.91	37.9 (22.0-53.8)	57	0.80	22.1 (10.0-34.2)	57	0.097	20.3 (6.6-34.0)	11	*	26.7 (10.8-42.7)	57	0.262	15.4 (5.7-25.1)
Experienced no sexual abuse ¹ prior to age 18	460	0	41.3 (35.8-46.9)	44	3	37.0 (31.2-42.7)	46	3	23.8 (18.0-29.1)	462	38	8.1 (5.1-11.1)	37	*	8.1 (5.1-11.1)	462	0.262	9.7 (6.4-12.9)
Experienced any physical violence ² prior to age 18	207	0.00	52.8 (43.5-62.1)	19	4	40.2 (31.7-48.8)	20	5	22.3 (14.0-29.7)	208	0.8	10.4 (5.3-15.5)	26	*	12.8 (7.6-18.1)	208	0.100	13.5 (8.1-18.9)
Experienced no physical violence ² prior to age 18	317	2	34.8 (29.0-40.7)	30	4	35.0 (28.6-41.4)	31	5	24.6 (19.2-29.9)	318	75	9.9 (5.2-14.5)	22	*	6.9 (4.0-9.9)	317	0.100	7.9 (4.1-11.7)
Experienced any emotional violence ³ prior to age 18	100	0.05	52.9 (40.1-65.8)	93	7	53.4 (40.4-66.4)	10	8	22.6 (11.0-34.2)	101	0.5	12.0 (3.8-20.2)	16	*	18.1 (8.6-27.7)	101	0.809	9.4 (2.3-16.4)
Experienced no emotional violence ³ prior to age 18	416	6	38.7 (33.2-44.2)	40	1	33.4 (27.8-39.0)	41	5	23.2 (18.6-27.8)	417	74	9.4 (5.6-13.1)	31	*	7.1 (4.6-9.6)	417	0.809	10.4 (6.6-14.1)

⁵ 95 per cent confidence interval.

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

² Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon by intimate partner, parent/adult relative, community member or peer.

³ To ensure comparability with other Violence against Children Survey (VACS) reports, emotional violence only includes parent, adult caregiver or other adult relative perpetrators. It is defined as: being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.⁶ Among those who reported thinking of suicide.

⁷ Symptoms include: genital sore/ulcer.

*Cell size less than 25.

Table 8.2.3. Health outcomes among 13–17-year-old females, by experience of sexual abuse¹ or physical² or emotional³ violence in the previous 12 months – Zambia VACS, 2014

	Health Outcomes																							
	Respondents who experienced...																							
	Mental distress in the previous 30 days		Being drunk in the previous 30 days		Smoking in the previous 30 days		Substance use in the previous 30 days		Ever intentionally hurt themselves		Ever thought of suicide		Ever attempted suicide ⁴		Diagnosis/symptom of STI ⁵									
n	P-value	% (95% CI ⁶)	n	P-value	% (95% CI ⁶)	n	P-value	% (95% CI ⁶)	n	P-value	% (95% CI ⁶)	n	P-value	% (95% CI ⁶)	n	P-value	% (95% CI ⁶)							
Experienced any sexual abuse ¹ in the previous 12 months	65		56.8 (42.4-71.2)	64		11.6 (0.0-24.5)	65		1.7 (0.0-4.1)	65		23.7 (12.3-35.1)	65		22.5 (10.4-34.7)	14		22.5 (10.4-34.7)						
		0.01			0.72				0.02															
Experienced no sexual abuse ¹ in the previous 12 months	316		34.9 (27.6-42.2)	30		9.1 (4.9-13.3)	31		6.2 (2.4-10.1)	31		5.3 (2.8-7.8)	31		6.8 (3.5-10.1)	21		6.8 (3.5-10.1)						
		5			2				6															
Experienced any physical violence ² in the previous 12 months	103		39.5 (26.1-52.9)	98		10.9 (3.9-18.0)	10		7.8 (1.4-14.2)	10		11.7 (6.0-17.4)	10		12.2 (6.3-18.1)	15		12.2 (6.3-18.1)						
		0.91			0.63				0.35															
Experienced no physical violence ² in the previous 12 months	280		38.6 (30.9-46.2)	27		9.0 (4.4-13.6)	28		4.5 (0.9-8.2)	28		7.2 (3.9-10.6)	28		8.5 (4.4-12.6)	21		8.5 (4.4-12.6)						
		0			9				0															
Experienced any emotional violence ³ in the previous 12 months	61		53.2 (37.0-69.3)	61		4.7 (0.0-11.3)	61		3.1 (0.0-9.3)	61		12.0 (2.5-21.5)	61		19.2 (7.3-31.0)	13		19.2 (7.3-31.0)						
		0.04			0.12				0.40															
Experienced no emotional violence ³ in the previous 12 months	318		36.0 (29.0-43.1)	30		10.8 (6.4-15.2)	31		6.1 (2.3-9.8)	31		7.7 (4.5-10.8)	31		7.4 (3.7-11.1)	22		7.4 (3.7-11.1)						
		3			3				8															

⁴ 95 per cent confidence interval.

⁵Sexual abuse includes: unwanted sexual touching, physically forced sex, and pressured (threats, harassment, or tricking) sex.

⁶Physical violence includes: Punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon by intimate partner, parent/adult relative, community member or peer.

⁷To ensure comparability with other Violence against Children Survey (VACS) reports, emotional violence only includes parent, adult caregiver or other adult relative perpetrators. It is defined as: being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.

⁸Among those who reported thinking of suicide.

⁹Symptoms include: genital sore/ulcer.

*Cell size less than 25.

Table 8.2.4. Health outcomes among 13–17-year-old males, by experience of sexual abuse¹ or physical² or emotional³ violence in the previous 12 months – Zambia VACS, 2014

	Health Outcomes																	
	Respondents who experienced...																	
	Mental distress in the previous 30 days		Being drunk in the previous 30 days		Smoking in the previous 30 days		Substance use in the previous 30 days		Ever intentionally hurt themselves		Ever thought of suicide		Ever attempted suicide ⁶		Diagnosis/symptom of STI ⁷			
n	P-value	% (95% CI ⁵)	n	P-value	% (95% CI ⁵)	n	P-value	% (95% CI ⁵)	n	P-value	% (95% CI ⁵)	n	P-value	% (95% CI ⁵)	n	P-value	% (95% CI ⁵)	
Experienced any sexual abuse ¹ in the previous 12 months	24	*	22		*	24		*	24		*	0		*	24		*	
Experienced no sexual abuse ¹ in the previous 12 months	373	*	35		*	371		*	37		*	18		*	37		*	
Experienced any physical violence ² in the previous 12 months	107		10			107			10			8			10			
Experienced no physical violence ² in the previous 12 months	294	0.064	27		62	292	0.17	4	29		0.939	10		0.548	29		0.33	
Experienced any emotional violence ³ in the previous 12 months	48		42			48			48			2			48			
Experienced no emotional violence ³ in the previous 12 months	349	0.428	33		0.87	347	0.42	1	34		0.033	16		0.898	34		0.20	

⁵ 95 per cent confidence interval.

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

²Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon by intimate partner, parent/adult relative, community member or peer.

³To ensure comparability with other Violence against Children Survey (VACS) reports, emotional violence only includes parent, adult caregiver or other adult relative perpetrators. It is defined as: being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.

⁶Among those who reported thinking of suicide.

⁷Symptoms include: genital sore/ulcer.

*Cell size less than 25.

Table 8.3.1. Prevalence of pregnancy among 18–24-year-old females, who experienced unwanted completed sex¹ – Zambia VACS, 2014

		<i>Ever got pregnant as result of unwanted completed sex⁸</i>	<i>Never got pregnant as result of unwanted completed sex⁸</i>
	n	Percent (95% CI[§])	Percent (95% CI[§])
Females 18–24 years old	111	19.2 (11.9-26.4)	80.8 (73.6-88.1)

[§]95 per cent confidence interval.

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

Table 8.3.2. Prevalence of pregnancy among 13–17-year-old females, who experienced unwanted completed sex¹ – Zambia VACS, 2014

		<i>Ever got pregnant as result of unwanted completed sex⁸</i>	<i>Never got pregnant as result of unwanted completed sex⁸</i>
	n	Percent (95% CI[§])	Percent (95% CI[§])
Females 13–17 years old	38	18.2 (3.6-32.8)	81.8 (67.2-96.4)

[§]95 per cent confidence interval.

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

Table 9.1. Sexual risk taking behaviours in the previous 12 months, among 19–24-year-old females and males who had sexual intercourse in the previous 12 months – Zambia VACS, 2014

Sexual risk taking behaviours in the previous 12 months, among 19–24-year-olds	Females		Males	
	n	Percent (95% CI[§])	n	Percent (95% CI[§])
Two or more sex partners ¹ in the previous 12 months	290	5.5 (0.0-11.7)	233	31.0 (23.9 – 38.1)
Infrequent condom use ² in the previous 12 months	290	25.5(18.2-32.9)	232	46.7 (39.7-53.8)
Any transactional sex ³ in the previous 12 months	290	3.2 (0.8 – 5.6)	235	0.7 (0.0-1.7)

[§]95 per cent confidence interval.

¹Multiple sexual partners: 2 or more sexual partners.

²Infrequent condom use: never or sometimes use condoms.

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

Table 9.2.1. Multiple sexual partners¹ in the previous 12 months by experience of sexual abuse,⁴ prior to age 18, among 19–24-year-old females and males who had sexual intercourse in the previous 12 months – Zambia VACS, 2014

19–24-year-olds who experienced prior to age 18...	Multiple sexual partners ¹ in the previous 12 months			
	Females		Males	
	n	Percent (95% CI ⁵)	n	Percent (95% CI ⁵)
Any sexual abuse ⁴	60	8.4 (0.0-19.5)	27	27.1 (10.8-43.5)
No sexual abuse ⁴	229	4.8 (0.0-10.2)	203	31.0 (23.1 – 38.9)

⁵95 per cent confidence interval.

¹Multiple sexual partners: 2 or more sexual partners.

⁴Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.

Table 9.2.2. Infrequent condom use² in the previous 12 months by experience of sexual abuse,⁴ prior to age 18, among 19–24-year-old females and males who had sexual intercourse in the previous 12 months – Zambia VACS, 2014

19–24-year-olds who experienced prior to age 18...	Infrequent condom use ² in the previous 12 months			
	Females		Males	
	n	Percent (95% CI ⁵)	n	Percent (95% CI ⁵)
Any sexual abuse ⁴	60	31.8 (16.8-46.8)	27	66.8 (47.1-86.6)
No sexual abuse ⁴	229	23.3 (15.9-30.7)	203	44.1 (36.3-51.8)

⁵95 per cent confidence interval.

²Infrequent condom use: ever or sometimes use condoms.

⁴Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.

Table 9.3.1. Multiple sexual partners¹ in the previous 12 months by experience of physical violence,⁵ prior to age 18, among 19–24-year-old females and males who had sexual intercourse in the previous 12 months – Zambia VACS, 2014

19–24-year-olds who experienced prior to age 18...	Multiple sexual partners ¹ in the previous 12 months			
	Females		Males	
	n	Percent (95% CI ⁵)	n	Percent (95% CI ⁵)
Any physical violence ⁵	102	5.0 (0.0-11.1)	96	35.8 (24.9-46.7)
No physical violence ⁵	188	5.7 (0.0-12.5)	136	27.1 (17.9-36.2)

⁵95 per cent confidence interval.

¹Multiple sexual partners: 2 or more sexual partners.

⁵Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon.

Table 9.3.2. Infrequent condom use² in the previous 12 months by experience of physical violence,⁵ prior to age 18, among 19–24-year-old females and males who had sexual intercourse in the previous 12 months – Zambia VACS, 2014

19–24-year-olds who experienced prior to age 18...	Infrequent condom use ² in the previous 12 months			
	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Any physical violence ⁵	102	26.7 (16.0-37.3)	96	48.1 (38.1-58.1)
No physical violence ⁵	188	24.9 (16.7-33.1)	136	45.7 (35.5-55.9)

[§]95 per cent confidence interval.

²Infrequent condom use: never or sometimes use condoms.

⁵Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife or other weapon.

Table 9.4.1. Multiple sexual partners¹ in the previous 12 months by experience of emotional violence,⁶ prior to age 18, among 19–24-year-old females and males who had sexual intercourse in the previous 12 months – Zambia VACS, 2014

19–24-year-olds who experienced prior to age 18...	Multiple sexual partners ¹ in the previous 12 months			
	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Any emotional violence ⁶	40	9.1 (0.0-24.1)	50	35.4 (15.7 – 55.1)
No emotional violence ⁶	244	5.1 (0.0-10.3)	180	29.0(22.4-35.6)

[§]95 per cent confidence interval.

¹Multiple sexual partners: 2 or more sexual partners.

⁶To ensure comparability with other Violence Against Children Surveys (VACS) reports, emotional violence only includes parent/caregiver or adult relative perpetrators. It is defined as: being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.

Table 9.4.2. Infrequent condom use² in the previous 12 months by experience of emotional violence,⁶ prior to age 18, among 19–24-year-old females and males who had sexual intercourse in the previous 12 months – Zambia VACS, 2014

19–24-year-olds who experienced prior to age 18...	Infrequent condom use ² in the previous 12 months			
	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Any emotional violence ⁶	40	30.6 (8.7-52.5)	50	56.8 (40.9-72.8)
No emotional violence ⁶	244	23.1 (16.5-29.6)	179	42.8(35.2-50.4)

[§]95 per cent confidence interval.

² Infrequent condom use: never or sometimes use condoms.

⁶To ensure comparability with other Violence against Children reports, emotional violence only includes parent/caregiver or adult relative perpetrators. It is defined as: being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.

Table 10.1. HIV testing knowledge and behavior, among 13–17 and 18–24-year-old females and males, who have ever had sexual intercourse – Zambia VACS, 2014

HIV testing knowledge and behaviour among respondents who ever had sexual intercourse	Females		Males	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])
13–17-year-olds				
HIV-testing knowledge				
Know where to go for HIV test	102	65.0 (50.9-79.1)	120	75.0 (66.3-83.7)
HIV-testing behaviour				
Never tested for HIV	102	50.8 (37.3-64.2)	120	68.7(59.5-78.0)
Tested for HIV, received HIV results	51	95.0 (89.4-100.0)	38	91.7 (84.7-98.8)
18–24-year-olds				
HIV-testing knowledge				
Know where to go for HIV test	421	92.0(88.6-95.3)	360	91.9 (88.3-95.6)
HIV-testing behaviour				
Never tested for HIV	421	14.6 (10.0-19.2)	361	36.4 (30.0-42.7)
Tested for HIV, received HIV results	358	94.8 (92.4-97.3)	229	96.4 (94.3-98.5)

[§]95% confidence interval

Table 10.2.1. HIV testing knowledge and behavior, among 18–24-year-old females who have ever had sexual intercourse, by experience of sexual abuse¹ prior to age 18 – Zambia VACS, 2014

Females 18–24 years old who experienced prior to age 18...	HIV testing and sexual abuse ¹ among females who ever had sexual intercourse					
	HIV-testing knowledge		HIV-testing behavior			
	Know where to go for HIV test		Never tested for HIV		Tested for HIV, received HIV results	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Any sexual abuse ¹	101	90.9 (84.8-97.0)	101	18.1 (8.3-27.9)	85	96.2 (92.3-100.0)
No sexual abuse ¹	318	92.9 (89.6-96.2)	318	12.8 (8.7-17.0)	273	94.4 (91.5-97.4)

[§]95 per cent confidence interval.

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

Table 10.2.2. HIV testing knowledge and behavior, among 18–24-year-old males who have ever had sexual intercourse, by experience of sexual abuse¹ prior to age 18 – Zambia VACS, 2014

Males 18–24 years old who experienced prior to age 18...	HIV testing and sexual abuse ¹ among males who ever had sexual intercourse					
	HIV-testing knowledge		HIV-testing behavior			
	Know where to go for HIV test		Never tested for HIV		Tested for HIV, received HIV results	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Any sexual abuse ¹	47	97.7 (94.3-100.0)	47	38.0 (21.5-54.4)	30	96.7 (90.3-100.0)
No sexual abuse ¹	309	91.3 (87.2-95.5)	310	35.7(29.2-42.1)	198	96.7 (94.6-98.7)

[§]95 per cent confidence interval.

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

Table 10.3.1. HIV testing knowledge and behavior, among 13–17-year-old females who have ever had sexual intercourse, by experience of any sexual abuse¹ in the previous 12 months – Zambia VACS, 2014

Females 13–17 years old who experienced in the previous 12 months...	HIV testing and sexual abuse ¹ among females who ever had sexual intercourse					
	HIV-testing knowledge		HIV-testing behavior			
	Know where to go for HIV test		Never tested for HIV		Tested for HIV, received HIV results	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Any sexual abuse ¹	23	*	23	*	14	*
No sexual abuse ¹	79	64.6(47.9-81.3)	79	56.1 (40.9-71.3)	37	94.5 (86.9-100.0)

[§]95 per cent confidence interval.

* Cell size less than 25.

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

Table 10.3.2. HIV testing knowledge and behavior, among 13–17-year-old males who have ever had sexual intercourse, by experience of any sexual abuse¹ in the previous 12 months – Zambia VACS, 2014

Males 13–17years old who experienced in the previous 12 months...	HIV testing and sexual abuse ¹ among males who ever had sexual intercourse					
	HIV-testing knowledge		HIV-testing behavior			
	Know where to go for HIV test		Never tested for HIV		Tested for HIV, received HIV results	
	n	Percent (95% CI [§])	n	Percent (95% CI [§])	n	Percent (95% CI [§])
Any sexual abuse ¹	11	*	11	*	2	*
No sexual abuse ¹	109	73.6 (63.9-83.3)	109	67.6(58.1-77.1)	36	91.1 (83.5-98.8)

[§]95 per cent confidence interval.

* Cell size less than 25.

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

Table 10.4.1. Reasons for never being tested for HIV, among 18–24-year-old females and males who were never tested for HIV – Zambia VACS, 2014

Reasons for not getting tested for HIV	Females Percent (95% CI [§])	Males Percent (95% CI [§])
No knowledge about HIV test	12.6 (6.6-18.6)	13.8 (8.0-19.5)
Don't know where to get HIV test	5.8 (0.0-12.2)	6.2 (2.9-9.5)
Test costs too much	0	0
Transport to test site is too much	2.2 (0.0-5.3)	4.0 (0.3-7.7)
Test site too far away	3.9 (0.0-8.8)	14.5(9.1-19.9)
Afraid husband/wife/partner will know about test/test results	2.4 (0.0-6.0)	1.2 (0.0-2.9)
Afraid others will know about test/test results	4.9 (0.7-9.1)	4.3 (1.4-7.2)
Don't need test/low risk	38.5(24.9-52.2)	32.5 (26.0-38.9)
Don't want to know if I have HIV	17.9 (7.3-28.4)	15.3 (9.4-21.2)
Can't get treatment if I have HIV	0.6 (0.0-1.7)	0.5(0.0-1.4)
Too young to get HIV test	0	1.0 (0.0-2.7)
No interest in HIV test/doesn't want HIV test	0	1.9 (0.4-3.5)
Other	11.2 (4.6-17.9)	4.8 (1.3-8.3)
Total[¶] (n)	100.0 (103)	100.0 (223)

[§]95 per cent confidence interval.

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

Table 10.4.2. Reasons for never being tested for HIV, among 13–17-year-old females and males who were never tested for HIV – Zambia VACS, 2014

Reasons for not getting tested for HIV	Females Percent (95% CI[§])	Males Percent (95% CI[§])
No knowledge about HIV test	14.6 (8.1-21.1)	16.6 (10.8-22.5)
Don't know where to get HIV test	15.9(10.4-21.4)	11.1 (6.7-15.6)
Test costs too much	0	0
Transport to test site is too much	2.1 (0.0-4.2)	0.7 (0.0-1.5)
Test site too far away	6.1 (0.8-11.3)	9.2 (5.5-13.0)
Afraid husband/wife/partner will know about test/test results	0.4 (0.0-1.1)	0.2 (0.0-0.4)
Afraid others will know about test/test results	1.3 (0.2-2.4)	1.8 (0.4-3.1)
Don't need test/low risk	38.3(30.8-45.8)	43.8(36.5-51.1)
Don't want to know if I have HIV	8.0(4.6-11.4)	9.4 (5.1-13.7)
Can't get treatment if I have HIV	0.1 (0.0-0.4)	1.0(0.0-2.1)
Too young to get HIV test	7.1(3.1-11.1)	1.8 (0.0-3.6)
No interest in HIV test/doesn't want HIV test	0	2.3 (0.8-3.9)
Other	6.0 (2.0-10.0)	2.1 (0.2-4.1)
Total[¶] (n)	100.0 (235)	100.0 (275)

[§]95 per cent confidence interval.

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

Table 11.1. Prevalence of endorsing of one or more circumstances, where spousal violence is acceptable among 13–17 and 18–24-year-old females and males – Zambia VACS, 2014

	Beliefs Regarding Spousal Abuse & Violence											
	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	Percent (95% CI ^s)	n	Percent (95% CI ^s)	n	Percent (95% CI ^s)	n	Percent (95% CI ^s)	n	Percent (95% CI ^s)	n	Percent (95% CI ^s)
Female												
13–17 years	373	18.5 (13.5-23.4)	372	31.4 (25.9-36.9)	372	24.0 (19.0-29.0)	334	15.3 (10.4-20.2)	375	17.1 (12.5-21.7)	381	45.4 (39.1-51.7)
18–24 years	501	17.0 (13.3-20.7)	502	31.0 (26.2-35.8)	494	22.9 (18.5-27.2)	486	19.0 (14.3-23.7)	501	19.2 (15.3-23.2)	506	45.8 (40.2-51.3)
Male												
13–17 years	383	15.2 (10.8-19.7)	383	22.0 (17.0-27.0)	385	17.7 (12.5-22.9)	363	15.5 (10.7-20.4)	389	12.6 (7.8-17.4)	397	36.2 (30.1-42.4)
18–24 years	525	19.1 (15.2-22.9)	524	23.6 (18.7-28.4)	522	22.5 (18.7-26.2)	515	16.6 (12.8-20.3)	520	14.0 (10.3-17.6)	527	41.4 (36.2-46.5)

^s95 per cent confidence interval.

Table 11.2. Prevalence of endorsing of one or more beliefs about gender, sexuality, and partner violence among 13–17 and 18–24-year-old females and males – Zambia VACS, 2014

	Attitudes Regarding Sex											
	Men 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 woman should tolerate violence to keep her family together		Acceptance of one or more	
	n	Percent (95% CI ^s)	n	Percent (95% CI ^s)	n	Percent (95% CI ^s)	n	Percent (95% CI ^s)	n	Percent (95% CI ^s)	n	Percent (95% CI ^s)
Female												
13–17 years	316	31.7 (24.9-38.5)	307	40.6 (33.1-48.1)	334	6.0 (3.5-8.5)	320	49.0 (41.8-56.2)	355	27.5 (21.6-33.4)	366	64.2 (57.6-70.8)
18–24 years	479	39.5 (34.2-44.9)	467	54.6 (48.4-60.7)	496	10.2 (6.6-13.8)	461	57.4 (52.4-62.5)	490	28.2 (23.0-33.5)	504	75.6 (70.3-80.9)
Male												
13–17 years	323	35.8 (28.7-42.9)	321	37.4 (30.8-44.0)	352	9.3 (5.0-13.5)	334	64.2 (58.6-69.9)	374	34.4 (27.5-41.3)	391	73.4 (67.9-78.9)
18–24 years	501	43.0 (38.2-47.7)	483	43.3 (38.3-48.4)	517	12.7 (9.7-15.6)	489	64.0 (57.9-70.2)	509	37.2 (31.6-42.9)	527	78.5 (74.6-82.4)

^s95 per cent confidence interval.

REFERENCES

- ¹Hillis, Susan, Mercy James, Amobi Adaugo, and Kress Howard, *Global prevalence of past-year violence against children: A systematic review and minimum estimates*, American Academy of Pediatrics, January 2016.
- ¹World Health Organization, *Global status report on violence prevention*, WHO, Geneva, 2014.
- ¹UN Office of the High Commissioner for Human Rights, 'Convention on the Rights of the Child', 1990.
- ¹United Nations Children's Fund, 'United Nations Secretary-General's study on violence against children', <www.unicef.org/violencestudy/presskits/2%20Study%20findings_Press%20kit%20EN.pdf>, accessed 13 October 2015.
- ¹Muntingh, Lukas, *Evaluation report on child justice in Zambia*, UNICEF Zambia, 2007.
- ¹Save the Children, *Children's rights in Zambia, A situational analysis*, Save the Children, 2005.
- ¹Save the Children, *Regional study on children's participation in southern Africa, Swaziland and Zambia*, Save the Children Sweden, 2001.
- ¹African Network of the Prevention and Protection against Child Abuse and Neglect, *Report on child protection*, ANPPCAN, Zambia, 2012.
- ¹United Nations Children's Fund, *Hidden in Plain Sight: A statistical analysis of violence against children*, UNICEF, New York, September 2014.
- ¹Zimbabwe National Statistics Agency, UNICEF, Collaborating Centre for Operational Research and Evaluation, *National baseline survey on life experiences of adolescents, 2011*, UNICEF, Harare, 2013.
- ¹United Nations Children's Fund Kenya, United States Centers for Disease Control Prevention, Kenya National Bureau of Statistics, *Violence against children in Kenya: Findings from a 2010 national survey*, UNICEF, Nairobi, 2012.
- ¹United Nations Children's Fund Tanzania, United States Centers for Disease Control Prevention, Muhimbili University of Health and Allied Sciences, *Violence against children in Tanzania: Findings from a national survey, 2009*, UNICEF, Dar es Salaam, 2011.
- ¹United Nations Children's Fund Swaziland, United States Centers for Disease Control and Prevention, *A national study on violence against children and young women in Swaziland*, UNICEF, 2007.
- ¹Ministry of Gender Children Disability and Social Welfare of the Republic of Malawi, United Nations Children's Fund, The Center for Social Research at the University of Malawi, United States Centers for Disease Control and Prevention, *Violence against children and young women in Malawi: Findings from a national survey, 2013*, UNICEF, Lilongwe, 2014.
- ¹National Population Commission of Nigeria, United Nations Children's Fund Nigeria, United States Centers for Disease Control and Prevention, *Violence against children in Nigeria: Findings from a national survey 2014*, UNICEF, Abuja, 2015.
- ¹United States Centers for Disease Control and Prevention, Interuniversity Institute for Research and Development, Comité de Coordination, *Violence against children in Haiti: Findings from a national survey, 2012*, Port-au-Prince, CDC, 2014.
- ¹Ministry of Women's Affairs, United Nations Children's Fund Cambodia, United States Centers for Disease Control and Prevention, *Findings from Cambodia's violence against children survey 2013*, Cambodia Ministry of Women's Affairs, 2014.
- ¹World Health Organization, 'WHO. INSPIRE seven strategies for ending violence against children'.
- ¹Central Statistical Office, *2010 census of population and housing: Population and demographic projections 2011–2035*, CSO, Lusaka, 2013.
- ¹Central Statistical Office, University of Zambia, Macro International Inc., *Zambia demographic and health survey 1992*, CSO and Macro International Inc., Columbia, Maryland, 1993.
- ¹Central Statistical Office, Zambia Ministry of Health, and ICF International, *Zambia demographic and health survey 2013-14*, CSO, MOH, ICF International, Rockville, Maryland, 2014.
- ¹United Nations Children's Fund, 'Zambia Statistics', <www.unicef.org/infobycountry/zambia_statistics.html>, accessed 29 October 2015.

¹United Nations Development Programme, 'Human Development Reports: Zambia', <www.hdr.undp.org/en/countries/profiles/ZMB>.

¹Central Statistical Office, Zambia Ministry of Health, Tropical Diseases Research Centre, University of Zambia, Macro International Inc., *Zambia demographic and health survey 2007*, CSO and Macro International Inc., Calverton, Maryland, 2009.

¹World Health Organization, United States Centers for Disease Control, Zambia Ministry of Health, Zambia Ministry of Education, *Zambia global school health survey – 2004*, WHO, CDC, MOH, MOE, 2004.

¹Wakunuma, Mutale, *Violence in schools in Zambia*, Plan Zambia and Plan Norway, December 2008.

¹Topp, Stephanie M, Keesbury Jill, Wilson K, and Chileshe D, *Boys are more vulnerable than girls to school-related gender-based violence: Results from a survey in Zambia*, Washington, DC, July 2012.

¹Women and Law in Southern Africa-Zambia, Avon Global Center for Women and Justice at Cornell Law School, Cornell Law School International Human Rights Clinic, *'They are destroying our futures': Sexual violence against girls in Zambia's schools*, October 2012.

¹Murray Laura K., Judith Bass, Elwyn Chomba, Mwiya Imasiku, Donald Thea, Katherine Semrau, et al., *Validation of the UCLA child post traumatic stress disorder-reaction index in Zambia*, International Journal of Mental Health Systems, 2011.

¹Yoshihama, Mieko, and Brenda Gillespie, *Age adjustment and recall bias in the analysis of domestic violence data: Methodological improvements through the application of survival analysis methods*, Journal of Family Violence, 2002, pp. 199–221.

¹Caspi, Avshalom, Terrie Moffitt, Arland Thornton, Deborah Freedman, James W. Amell, Honalee Harrington, et al., *The life history calendar: A research and clinical assessment method for collecting retrospective event-history data*, Int J Methods Psychiatr Res, 1996, pp. 101-114.

¹Brown, Daniel, Alan Schefflin, and Charles Whitfield, *Recovered memories: The current weight of the evidence in science and in the courts*, Journal of Psychiatry and Law, 1999, pp. 5–156.

¹Whitfield, Charles, *Internal corroboration of child sexual abuse*, Journal of Child Sexual Abuse, 1997, pp. 99–122.

¹World Health Organization, *Putting women first: Ethical and safety recommendations for research on domestic violence against women*, WHO, Geneva, 2001.

¹Jensen, Tine K., Wenke Gulbrandsen, Svein Mossige, Sissel Reichelt, and Odd A. Tjersland, *Reporting possible sexual abuse: A qualitative study on children's perspectives and the context for disclosure*, Child Abuse Negl, 2005, pp. 1395–1413.

¹Leeb, Rebecca T., Terri Lewis, and Adam Zolotor, *A review of the physical and mental health consequences of child abuse and neglect and implications for practice*, American Journal of Lifestyle Medicine, 2011, pp. 454-468.

¹Gilbert, Leah K., Matthew Brieding, Melissa Merrick, William Thompson, Derek Ford, Satvinder Dhingra, and Sharyn Parks, *Childhood adversity and adult chronic disease. An update from ten states and the District of Columbia*, American Journal of Preventive Medicine, 2015, pp. 345-349.

¹Wilkins, Natalie, Benita Tsao, Marci Hertz, Rachel Davis, and Joanne Klevens, *Connecting the dots: An overview of the links among multiple forms of violence*, CDC, Oakland, CA, 2014.

¹Fang, Xiangming, Derek Brown, Curtis Florence, and James Mercy, *The economic burden of child maltreatment in the United States and Implications for prevention*, Child Abuse & Neglect, 2012.

¹Together for Girls, Where We Work, <www.togetherforgirls.org/where-we-work/>

¹Ministry of Community Development, Mother and Child Health, *National Social Protection Policy: Reducing poverty, inequality and vulnerability*, Zambia, June 2014.

¹Ministry of Education, 1996, Zambia.

