Young Adult Survey of Zimbabwe

A Violence Against Children Study, 2017

Ministry of Health and Child Care Zimbabwe
November 2019

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STRENGTH IN NUMBERS

ZimStat
Zimbabwe National Statistics Agency

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Zimbabwe Ministry of Health and Child Care
NOVEMBER 2019

The Zimbabwe Ministry of Health and Child Care led all aspects of the 2017 Zimbabwe Young Adult Survey, a Violence Against Children Survey (VACS). The Zimbabwe National Statistical Agency (ZimStat) advised on survey design, provided the survey sample, and supported data weighting. Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)–Zimbabwe provided technical assistance and coordinated the field implementation of the survey. The U.S. Centers for Disease Control and Prevention (CDC) provided technical assistance. CDC contributors supported weighting and data analysis for this report. The authors consulted with partners and the government of Zimbabwe on evidence-based strategies to prevent violence against children and youth.

Funding for the implementation of the survey was provided by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the CDC under the terms of award number U2GGH000985 to EGPAF.

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This report was revised in June 2020, after errors were found. The original analyses of 12-month HIV incidence in the first edition of the report did not exclude 9 females who were below age 16 from the analyses. In addition, analyses included two individuals who had suppressed viral loads who should have been reclassified as long-term infections using the referenced algorithm in the protocol, but who were actually mis-classified as recent infections. Finally, 92 duplicate records for females were removed. All estimates of 12-month HIV incidence have changed to reflect the appropriate exclusions. No other estimates in the report have changed.

Outer Cover Photo: Courtesy of Africaid

FOREWORD

Violence against children is a globally endemic and persistent problem—it happens in urban and in rural areas, in rich families and in poor families, in Zimbabwe and in every other country in the world. As a country, we have elected to face the public health problem of violence head on for the protection and healthy development of Zimbabwe's children and youth.

The purpose of the Zimbabwe 2017 Violence Against Children Survey (VACS) was to obtain nationally representative data on the prevalence, nature, and consequences of violence against Zimbabwe's children and youth. These rich data include key insights on physical, emotional, and sexual violence, and its relationship to children's lifelong health. Findings from the Zimbabwe VACS uncover connections between HIV and violence against children, providing an in-depth understanding of regional variations in experiences of violence among adolescent girls and young women. Zimbabwe is the second country ever to incorporate HIV testing into the VACS methodology to learn more about the intersection of HIV and violence, and the first country to use laboratory testing to learn more about disease status and viral load among those who are HIV positive.

The Zimbabwe VACS results contain a wealth of information on the health status and livelihood of Zimbabwe's youth. This report also includes recommended actions the government of Zimbabwe can take to prevent and respond to violence against children in our country. The Ministry of Health and Child Care led this effort in Zimbabwe to shed light on a problem that too often goes unnoticed. A better understanding of children's experiences of violence can help us chart a new path toward prevention and protection to help Zimbabwe's youth thrive.

It is our collective responsibility to prevent violence and shift norms to create safe, protective environments where young people have the opportunity to live their lives to the fullest potential. These data are the first step in leading the way toward that future.

DR. OBADIAH MOYO
MINISTER OF HEALTH AND
CHILD CARE

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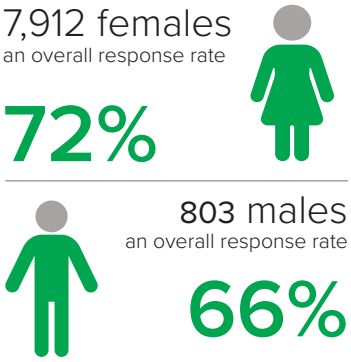
EXECUTIVE SUMMARY

The 2017 Young Adult Survey of Zimbabwe (YAZ), known in this report as the Zimbabwe 2017 Violence Against Children Survey (VACS), is the second national survey of violence against both female and male youth ages 13–24 in Zimbabwe. The Zimbabwe 2017 VACS included HIV testing and assays to characterize new infections among 16- to 24-year-old youth. A total of 8,715 interviews were completed, with 7,912 female participants (an overall response rate of 72 percent) in 1,000 randomly selected enumeration areas (EAs), and 803 male participants (an overall response rate of 66 percent) in 118 EAs.

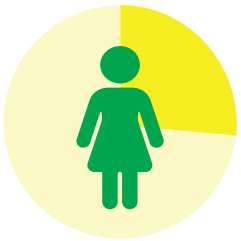
The Zimbabwe 2017 VACS was designed to yield results on sexual, physical, and emotional violence[i] in childhood and in the past year for female and male youth ages 13 to 24. Specifically, results are reported for 18- to 24-year-olds who experienced acts of violence prior to age 18 (childhood prevalence) and for 13- to 17-year-olds and 18- to 24-year-olds who experienced acts of violence during the 12 months prior to the survey (recent events in adolescence and young adulthood, respectively). Additionally, the survey sought to assess the risk of HIV among 16- to 24-year-olds. For this purpose, 417 out of 549 males ages 16–24 (representing 76 percent of all males eligible to give consent for testing) and 4,043 out of 5,811 females ages 16–24 (representing 70 percent of all eligible females) had blood samples collected for HIV testing.



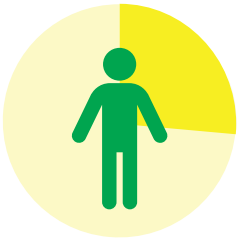
The Zimbabwe 2017 VACS was led by the Ministry of Health and Child Care (MoHCC) with guidance from a VACS Steering Committee consisting of representatives from other Zimbabwe government ministries and institutions that included the Ministries of Public Service, Labour and Social Welfare (MoPSLSW); Primary and Secondary Education; Justice, Legal and Parliamentary Affairs; Youth Development, Indigenization and Empowerment; Women's Affairs, Gender and Community Development; Media, Information and Publicity; and Local Government, Rural and Urban Development. Representatives of the National AIDS Council (NAC), Zimbabwe National Statistics Agency (ZimStat), Zimbabwe Republic Police (ZRP), Zimbabwe Prisons and Correctional Services (ZPS), Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), and U.S. Centers for Disease Control and Prevention (CDC) also sat on the Steering Committee, in addition to members from UNICEF, representing the United Nations family, as well as development partners and civil society organizations. The Steering Committee provided leadership, support, and oversight in the conduct of the survey. A VACS Technical Core Team—consisting of members from MoHCC, MoPSLSW, ZimStat, EGPAF, and CDC Zimbabwe—was responsible for the day-to-day implementation and all technical aspects of the survey. Funding for the survey was provided by the United States President's Emergency Plan for AIDS Relief (PEPFAR) through the CDC.

[i] See Key Terms and Definitions.

Prevalence of Different Types of Childhood Violence (Physical, Sexual, and Emotional)



26.5%



26.3%

The childhood prevalence of any violence experienced before age 18 was 26.5 percent among females and 26.3 percent among males ages 18 to 24.

1 in 5

Among 13- to 17-year-olds, one in five females (19.9 percent) and males (19.2 percent) experienced *any* violence in the past 12 months.

More than one in six 18- to 24-year-olds (females, 17.5 percent; males, 17.3 percent) experienced *any* violence in the past 12 months.

1 in 6

Childhood Sexual Violence

The prevalence of childhood sexual violence was significantly higher for females compared with males.

The average age of the first experience of pressured or physically forced sex in childhood was 15.3 years among female victims.

- The childhood prevalence of sexual violence was 9.1 percent among females and 1.1 percent among males ages 18–24. The prevalence of childhood sexual violence was significantly higher for females compared with males.
- In the past year, 4.1 percent of females and 0.3 percent of males ages 13–17 experienced sexual violence.
- Among females ages 18–24, during childhood 3.1 percent experienced unwanted sexual touching, 3.7 percent experienced unwanted attempted sex, 2.1 percent experienced pressured sex, and 3.9 percent experienced physically forced sex.
- About one in twenty females (4.9 percent) experienced pressured or physically forced sex in childhood.
- The average age of the first experience of pressured or physically forced sex in childhood was 15.3 years among female victims.
- The most common perpetrator of the first incident of sexual violence

Among females ages 18–24 who experienced sexual violence in childhood, more than three out of five (61.1 percent) indicated that the perpetrator of the first incident was at least five years older than they were at the time of the incident.

Among females ages 18–24 who experienced sexual violence before age 18, 60.8 percent told someone about it.

in childhood toward females ages 18–24 was a current or previous spouse, boyfriend, or romantic partner (55.7 percent), as it was for the most recent incident (47.1 percent) among 13- to 17-year-old females.

- Among females ages 18–24 who experienced sexual violence in childhood, more than three out of five (61.1 percent) indicated that the perpetrator of the first incident was at least five years older than they were at the time of the incident.
- Sexual violence toward females mostly occurred in the afternoon (53.0 percent of the first events among 18-year-olds, and 55.8 percent of the most recent events among 13- to 17-year-olds).
- Among females ages 18–24 who experienced sexual violence before age 18, 60.8 percent told someone about it.
- About 39.8 percent of females ages 18–24 who experienced sexual violence before age 18 knew of a place to seek help, but fewer than one out of five (17.1 percent) sought help.
- Among females who experienced pressured or physically forced sex before age 18, about three in five (59.0 percent) told someone about their victimization. About two in five (42.2 percent) knew of a place to go for help, and one in five (20.5 percent) sought help.
- Females ages 18–24 who did not seek services for childhood sexual violence indicated that the most common reasons for not seeking services were that they did not think the violence was a problem (27.8 percent), they did not need or want services (16.1 percent), or they were embarrassed for themselves or their family (10.3 percent).

Childhood Physical Violence

- About one in seven females (16.6 percent) and nearly one in four males (23.0 percent) ages 18–24 experienced physical violence before age 18.
- About one in seven females (14.2 percent) and one in six males (16.4 percent) ages 13–17 experienced physical violence in the past 12 months.
- About one in ten females (10.1 percent) and 14.5 percent of males ages 18–24 experienced physical violence in childhood carried out by a parent, adult caregiver, or other adult relative.
- Among 13- to 17-year-olds who experienced physical violence in the past year, about three in five females (58.0 percent) and males (61.1 percent) told someone about their victimization.

About one in seven females (16.6 percent) and nearly one in four males (23.0 percent) ages 18–24 experienced physical violence before age 18.

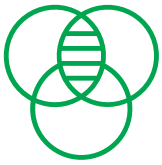
Childhood Emotional Violence

Among 13- to 17-year-olds, about 7 percent experienced emotional violence by a parent, adult caregiver, or adult relative in the past year.

- About one in ten females (9.5 percent) and 6.3 percent of males experienced emotional violence by a parent, caregiver, or adult relative before age 18.
- The majority of the first incidents of emotional violence before age 18 occurred between the ages of 12 and 17.
- Among 13- to 17-year-olds, about 7 percent experienced emotional violence by a parent, adult caregiver, or adult relative in the past year.
- The majority of youth who suffered emotional violence experienced multiple incidents (18- to 24-year-old females, 81.3 percent; 18- to 24-year-old males, 71.1 percent; 13- to 17-year-old females, 80.7 percent).

Overlap of Types of Violence

- Among 18- to 24-year-olds, 10.3 percent of females and 19.0 percent of males experienced physical violence only, 4.3 percent of females and 3.1 percent of males experienced emotional violence only, and 4.5 percent of females and 0.2 percent of males experienced sexual violence only.
- Significantly more females than males ages 18–24 experienced only sexual violence in childhood; significantly more males than females experienced only physical violence in childhood.
- There was some overlap in violence experiences among 18- to 24-year-olds; 6.3 percent of females and 4.1 percent of males experienced two types of violence in childhood, and 1.1 percent of females experienced all three types.



6.3 percent of females and 4.1 percent of males experienced two types of violence in childhood, and 1.1 percent of females experienced all three types.

HEALTH OUTCOMES ASSOCIATED WITH CHILDHOOD VIOLENCE

- Three out of ten females ages 18–24 (30.6 percent) who experienced childhood sexual violence had ever thought of suicide, a significant difference compared with those who had not experienced sexual violence in childhood, at 11.2 percent.
- Females ages 18–24 who experienced childhood physical violence were significantly more likely to have current mental distress (47.4 percent), have thought of suicide (24.6 percent), or have had symptoms or a diagnosis of a sexually transmitted infection (12.0 percent), compared with females with no childhood physical violence (32.5 percent, 10.7 percent, and 6.4 percent, respectively).
- Significantly more females ages 13–17 who experienced sexual violence in the past year had mental distress in the past 30 days (40.2 percent) than females in that age group who did not experience sexual violence in the past year (18.2 percent).
- Nearly one in four females ages 13–24 (23.3 percent) who experienced pressured or physically forced sex became pregnant because of the first or the most recent incident.

SEXUAL ACTIVITY

- Fewer than one in ten females (8.6 percent) and 5.7 percent of males ages 13–17 had ever had sex.
- A significantly larger percentage of females (71.4 percent) compared with males (59.6 percent) ages 18–24 had ever had sex.
- About three out of ten females (31.1 percent) and one out of five males (19.9 percent) ages 18–24 had sex before age 18, a statistically significant difference.
- The mean age of sexual debut for females and males was similar, 17.5 and 17.8 years, respectively, among 18- to 24-year-olds.

SEXUAL RISK-TAKING BEHAVIOURS AND EXPOSURE TO CHILDHOOD VIOLENCE

- Among females ages 19–24 who experienced childhood sexual violence, in the past year 6.4 percent had multiple sex partners and 19.7 percent infrequently used condoms, compared with 2.4 percent and 14.0 percent, respectively, of those who did not experience sexual violence.
- Among females ages 19–24 years who experienced childhood physical violence in the past year, 4.9 percent had multiple sex partners and 17.5 percent infrequently used condoms, compared with 2.4 percent and 13.9 percent, respectively, of those who did not experience physical violence.
- Among males ages 19–24 years who experienced childhood physical violence in the past year, 40.3 percent had multiple sex partners and 43.3 percent infrequently used condoms, compared with 29.2 percent and 36.8 percent, respectively, of males who did not experience physical violence.

- Among females ages 19–24 years who experienced childhood emotional violence in the past year, 3.7 percent had multiple sex partners and 19.8 percent infrequently used condoms, compared with 2.7 percent and 13.8 percent, respectively, of females who did not experience emotional violence.

KNOWLEDGE AND BEHAVIOUR RELATED TO HIV TESTING

- Knowledge of where to get an HIV test was high among 16- to 24-year-olds who had ever had sex; 93.3 percent of females and 92.7 percent of males knew where to go for an HIV test. However, 8.8 percent of females and 31.2 percent of males had never been tested for HIV—a statistically significant difference.
- Among those who had been tested, 98.2 percent of females and 97.3 percent of males had received their test results.
- Among those who had ever had sex but had never been tested for HIV, 26.5 percent of females and 35.9 percent males did not think they needed a test or believed they were at low risk for contracting HIV.

HIV PREVALENCE, ASSOCIATION BETWEEN VIOLENCE AND HIV, AND HIV 12-MONTH INCIDENCE

- Among 16- to 24-year-olds, 4.5 percent of females and 3.5 percent of males were HIV positive.
- Among youth who had ever experienced any violence, 5.6 percent of females and 2.6 percent of males were HIV positive, compared with 3.7 percent of the females and 3.9 percent of the males who did not experience any violence. For females, this difference was statistically significant.
- Among those who experienced sexual violence, 5.2 percent of females were HIV positive, compared with 4.3 percent of females who did not experience sexual violence.
- Of respondents who experienced physical violence, 6.2 percent of females and 3.1 percent of males were HIV positive, compared with 3.8 percent of females and 3.6 percent of males who did not experience physical violence. For females, this difference was statistically significant.
- Of respondents who experienced emotional violence, 7.1 percent of females were HIV positive, compared with 4.0 percent of females who did not experience such violence, a statistically significant difference.
- The HIV 12-month incidence among 16- to 24-year-old females was 0.31%; for males, the HIV 12-month incidence was 0.00%.

CONCLUSIONS

Zimbabwe 2017 VACS results indicate that males are more vulnerable to physical violence and females are more vulnerable to sexual violence. Service utilization by youth who experience violence in Zimbabwe is low and warrants an effort to ensure safe disclosure and service-seeking opportunities, as well to ensure that quality services exist. Mental health issues as an outcome of violence are a significant problem in Zimbabwe and suggest the need for targeted interventions and programming. Gender norms and beliefs of youth in Zimbabwe highlight the need for children to be taught an understanding of gender roles in relationships.

The VACS HIV data reflect the need for risk communication efforts that engage youth in HIV education. In addition, they reveal that adolescent girls and young women (AGYW) who have experienced violence are more likely to be HIV positive. These findings highlight the need to better understand the directionality of the association between violence and HIV. Finally, the results underscore the critical and urgent need to incorporate violence programming in HIV prevention and care.

The overall 12-month HIV incidence estimate of 0.28% in the Zimbabwe 2017 VACS (based on ages 16–24) was similar to the estimate of 0.30% obtained among young people ages 15–24 in the Zimbabwe Population-Based HIV Impact Assessment (ZIMPHIA) survey of 2015–2016. These results of the incidence testing indicate ongoing new infections among this population, meaning that prevention strategies and HIV services are needed to reduce incidence in this group. Given the population-level effects of the “youth bulge” on the HIV epidemic in sub-Saharan Africa, tracking changes in HIV incidence among the youth population is critical for understanding the impact of prevention programming.

DREAMS is an ambitious PEPFAR partnership committed to helping girls develop into Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe women. The Zimbabwe VACS findings related to the association of violence and HIV point to further opportunities for DREAMS programming to fill critical gaps in prevention and care. Zimbabwe DREAMS has embarked on an ambitious goal of more than 40 percent reduction in new HIV infections among females ages 15–24 in all targeted districts. However, this goal cannot be reached if violence and its related risks are not fully understood and addressed. Violence prevention and response are both critical components of the DREAMS package, and VACS data can help inform the way these types of services or related programmes are delivered and whom to target for services.

VACS data are key to understanding the interrelated risks between HIV and violence among youth in Zimbabwe, offering important insight into the experiences of both victims and perpetrators. Risk of direct HIV transmission is concerning when data suggest that AGYW are not always receiving services following violence victimization, especially given that post-exposure prophylaxis for HIV prevention has a 72-hour window for administration following exposure. VACS data related to indirect HIV transmission via risky behaviours can continually inform available services as primary prevention strategies; DREAMS efforts related to addressing harmful gender norms and keeping girls in school must continue to go beyond AGYW and into their families and wider communities. As DREAMS seeks to incorporate multiple solutions to the HIV epidemic among youth, VACS data remain an important source of information that spans multiple spheres of risk and resilience.

RECOMMENDATIONS BY THE GOVERNMENT OF ZIMBABWE

The results of the survey offer an opportunity for Zimbabwe to lead the way in addressing the problem of violence against children, by focusing on immediate and future prevention and response. Fostering partnerships among multisectoral government agencies, nongovernmental organizations, and international technical experts is critical in the development and implementation of a response. The following actions are recommended for immediate and future consideration by the government of Zimbabwe and its partners.

Short-Term Actions

- Share the results of the Zimbabwe 2017 VACS broadly with the people of Zimbabwe, using appropriate and applicable forums. This should be preceded by sharing the findings with senior government officials in preparation for a high-level national launch presided over by the highest office in the country where possible to give the survey results attention and impetus
- Facilitate updating of the national response plan based on the survey results. This step includes developing and implementing a communication strategy to raise awareness of the survey findings
- Continue to work with the Ministry of Public Service, Labour and Social Welfare to incorporate survey findings into community case worker refresher trainings to strengthen violence prevention and response among youth
- Support stakeholders who work on both HIV and gender-based violence prevention and response to use the findings of this survey in their programming
- Review and update policy instruments, and provide capacity-building opportunities for Zimbabwe's teachers, on corporal punishment by educators
- Strengthen collaboration across civil society organizations and stimulate a civil society response to complement government-led child protection strategies, prevention and response services, and advocacy and awareness
- Support programming aimed at changing community norms to reduce the acceptance of violence in communities through programmes such as SASA!
- Strengthen integration of efforts to address violence against children into existing clinical services. Adapt the World Health Organization's (WHO's) guidance, Responding to Children and Adolescents Who Have Been Sexually Abused: WHO Clinical Guidelines
- Improve existing infrastructure for addressing HIV/AIDS and reproductive health
- Strengthen integration of violence prevention programmes into the national school curriculum. Consider implementing targeted violence prevention programmes such as IMpower for children and youth most at risk, as well as programmes that teach all youth healthy relationship skills to help avoid violence
- Conduct in-depth secondary analysis of the VACS data to assess epidemiological patterns as well as risk and protective factors that can further inform prevention strategies and public policies

Medium-Term Actions

- Use data from neighbouring countries that have implemented the VACS to establish benchmarks
- Identify and implement evidence-based and promising strategies for preventing violence against

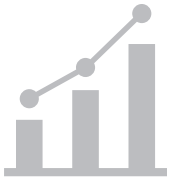
children that have shown success, in order to facilitate an efficient response to violence against children in Zimbabwe

- Develop and implement a public information campaign, and conduct social mobilization initiatives directed at older children and youth, explaining the different forms of violence (sexual, physical, and emotional) and raising awareness of how to report incidents of violence and where to go for additional information or help. Priority locations for the campaigns should be guided by the prevalence and patterns of violence against children
- Strengthen the capacity of service providers for victims of violence to provide safe shelter and counselling as well as other related services for child victims
- Build technical skills in handling cases of violence against children in critical sectors, such as education, health, and police, for easy identification of such cases. Such capacity building could include appropriate utilization of technology to assist in identifying cases and connecting people to services
- Utilize strong, community-level forums to educate parents, other adults, and stakeholders about the problem of violence against children, ways to protect their children from it, and how to recognize the signs of violence if it has already occurred
- Strengthen and expand appropriate legal protections for children and initiate legal consequences for perpetrators
- Strengthen integration of indicators of violence against children into other national surveys, when feasible
- Review and align national protection services to ensure that violence against children is adequately addressed

Long-Term Actions

- Strengthen effective national surveillance systems to monitor, detect, and facilitate timely response to cases of violence against children
- Increase Zimbabwe's national capacity to address the problem of violence against children by hiring more technical personnel, developing monitoring and evaluation mechanisms, and increasing coordination among organizations addressing the problem
- Conduct similar studies targeting specific populations that are at increased risk for violence or related health problems but could not be included in the current survey, such as children with disabilities, children living in institutions, and so on
- Develop communication strategies that incorporate various forms of media to counter social norms and practices that support violence against children
- Share experiences from Zimbabwe with other countries in the Southern African Development Community region, and use the VACS data to inform the integration of prevention of violence against children into other regional actions and priorities, such as child trafficking prevention
- Collaborate with communities to revive the traditional and cultural practices that communities determine to be good initiatives to model and help children learn acceptable behaviour and conflict resolution between peers
- Improve victims' access to needed services by strengthening and rolling out comprehensive, one-stop centres for addressing issues of violence

LIST OF FIGURES



KEY TERMS AND DEFINITIONS

VIOLENCE

Violence is the intentional use of physical force or power, threatened or actual, against an individual, which may result in, or has a high likelihood of resulting in, injury, death, psychological harm, maldevelopment, or deprivation. The Violence Against Children Survey (VACS) measured the prevalence of three different types of violence: sexual violence, physical violence, and emotional violence.

1. SEXUAL VIOLENCE

Sexual violence encompasses a range of acts including completed nonconsensual sex acts, attempted nonconsensual sex acts, physically pressured sex acts, and unwanted sexual contact. This survey included questions on four forms of sexual violence.

Forms of sexual violence include:

1.1. Unwanted sexual touching: If anyone, male or female, ever touched the participant in a sexual way without the participant's permission, but did not try to force the participant to have sex.[ii] Touching in a sexual way without permission includes fondling, pinching, grabbing, or touching on or around the participant's sexual body parts.

1.2. Unwanted attempted sex: If anyone ever tried to make the participant have sex against their will but *did not* succeed. The person might have tried to physically force the participant to have sex, or to pressure the participant to have sex through harassment, threats, or tricks.

1.3. Pressured sex: If anyone ever pressured the participant to have sex, through harassment, threats, or tricks, and *did* succeed in having sex with the participant.

1.4. Physically forced sex: If anyone ever physically forced the participant to have sex and *did* succeed in having sex with the participant.

2. PHYSICAL VIOLENCE

Physical violence is defined as the intentional use of physical force with the potential to cause death, disability, injury, or harm. Participants were asked about physical acts of violence perpetrated by four types of potential perpetrators:

- Current or previous intimate partners, including a romantic partner, a boyfriend/girlfriend, or a spouse
- Peers, including people roughly the same age as the participant *not* including a boyfriend/girlfriend, spouse, or romantic partner. These may be people the participant may have known or not known, including siblings, schoolmates, neighbours, or strangers.
- Parents, adult caregivers, or other adult relatives
- Adults in the community, such as teachers, police, employers, religious or community leaders, neighbours, or adults the participant did not know

[ii] *Sex* or *sexual intercourse* includes vaginal, oral, or anal sex.

For each perpetrator type, participants were asked whether a perpetrator ever engaged in any of three measures of physical violence, specifically:

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

- Punched, kicked, whipped, or beat the participant with an object
- Choked, smothered, tried to drown, or burned the participant intentionally
- Cut or threatened the participant with a knife, knobkerrie,[iii] 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 or supportive and that has a high probability of damaging a child's mental health or his/her physical, mental, spiritual, moral, or social development.

For the VACS, the definition of *emotional violence* included the participant's being told any of the following by a parent, adult caregiver, or other adult relative:

- That the participant was not loved or did not deserve to be loved
- The participant was told they wished s/he had never been born or were dead
- That the participant was stupid or useless, or other language that ridiculed or put down the participant

[iii] A wooden club with a knob at one end.

LIST OF ACRONYMS

AIDS	Acquired immune deficiency syndrome
AGYW	Adolescent girls and young women
ART	Antiretroviral therapy
CDC	United States Centers for Disease Control and Prevention
CI	Confidence interval
DHS	Demographic and health survey
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe
EA	Enumeration area
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
HIV	Human immunodeficiency virus
HoH	Head of Household
HTC	HIV testing and counselling
MoHCC	Ministry of Health and Child Care
MoPSLSW	Ministry of Public Service, Labour and Social Welfare
NBSLEA	National Baseline Survey on the Life Experiences of Adolescents
NISVS	National Intimate Partner and Sexual Violence Survey
PEPFAR	United States President's Emergency Plan for AIDS Relief

PrEP	pre-exposure prophylaxis
PSUs	Primary Sampling Units
RSE	Relative standard error
SDG	Sustainable Development Goal
SC	Steering Committee
STI	Sexually transmitted infection
TfG	Together for Girls
TWG	Technical Working Group
UNCRC	United Nations Convention on the Rights of the Child
USAID	United States Agency for International Development
VACS	Violence Against Children Survey(s)
VMMC	Voluntary medical male circumcision
WHO	World Health Organization
YAZ	Young Adult Survey of Zimbabwe
YRBS	Youth Risk Behaviour Survey
ZimStat	Zimbabwe National Statistics Agency
ZRP	Zimbabwe Republic Police
ZPS	Zimbabwe Prisons and Correctional Services

Photo: Eric Bond/EGPAF, 2018

SECTION 1 INTRODUCTION AND BACKGROUND

1.1. BACKGROUND

The Republic of Zimbabwe is a landlocked country in southern Africa that covers 390,757 square kilometres, bordered by Botswana, Mozambique, South Africa, and Zambia.[4] Based on the 2012 census conducted by the Zimbabwe National Statistics Agency (ZimStat), Zimbabwe's total population amounts to 13,061,239 persons, with 6,280,539 males and 6,780,700 females (a ratio of 93 males to 100 females).

According to the ZimStat 2012 census, 41 percent of the Zimbabwean population was younger than 15 years, 55 percent was between 15 and 64, and only about 4 percent was 65 or older. This young population was also mostly rural (67 percent), with a high literacy rate of 96 percent. Furthermore, the census revealed a total fertility rate of 3.8 children per woman. Although English is the official language, typically used for business purposes, Shona is the largest ethnic group and the most widely spoken language. Ndebele is spoken by about 18 percent of the population, and there are 13 other minority languages.

1.2. LEGAL, POLITICAL, AND ADMINISTRATIVE MEASURES ADOPTED TO SUPPORT THE WELFARE OF THE CHILD

The government of Zimbabwe ratified the United Nations Convention on the Rights of the Child[5] (UNCRC) in September 1990 and the African Charter on the Rights and Welfare of the Child[6] in 1992. Both of these documents provide guidance on the care, protection, and promotion of children's rights, including all children's right to participation in matters affecting them.

Zimbabwe has also enacted a number of other national legislative instruments and policies that complement the international conventions. The Zimbabwe Constitution of 2013[7] emphasizes protection of the entire Zimbabwean population (including children) from physical and psychological torture. The Children's Act was adopted in 2001 to integrate international standards into Zimbabwe law. The Children's Act has provisions for prevention of neglect, ill-treatment, and exploitation of children and young persons by any person, including parents and guardians. The act provides for the following:

- If any parent or guardian of a child or young person assaults, ill-treats, neglects, abandons, or exposes him, or allows, causes, or procures him to be assaulted, ill-treated, neglected, abandoned, or exposed in a manner likely to cause him unnecessary suffering or to injure or detrimentally to affect his health or morals or any part or function of his mind or body, he shall be guilty of an offence.
- A parent or guardian of a child or young person shall be deemed to have abandoned or neglected that child or young person if he has
    - failed to provide or to pay for adequate food, clothing, or lodging for him or failed to pay for the maintenance of a child or young person who has been placed in an institution; or
    - failed to provide or pay for dental, medical, or surgical aid or other effective remedial care necessary for his health or well-being; or

- left the child or young person in the care of some other person or an institution and thereafter has shown inadequate interest in the well-being of that child or young person for a period in excess of one year; or
- in the case of a child, failed to provide adequate supervision of that child; or
- in the case of an infant, left that infant unattended in circumstances which were likely to cause the infant physical or mental distress or harm.[8]

At a country level, this study is aligned with government priorities on child protection that were set in the 2012 Protocol on the Multi-sectoral Management of Sexual Abuse and Violence in Zimbabwe.[9]

The government also implements extensive social protection programmes for children, such as the 2010 National Action Plan for Orphans and Vulnerable Children,[10] a social protection programme that promotes community protection and care for vulnerable children.

1.3. INTERNATIONAL COMMITMENT TO REDUCING THE GLOBAL BURDEN OF VIOLENCE

Violence against children is a global economic, social, human rights, and public health issue that affects millions of children and youth each year.[11] Violence is accompanied by significant negative health and social impacts throughout the life-span of the child, posing a challenge to, among other things, the achievement of the UN Sustainable Development Goals (SDGs).[12] Estimates of the prevalence of past-year violence against children have shown that 50 percent or more of children in Asia, Africa, and North America have experienced past-year violence and that globally, a billion children ages 2–17 experienced such violence.[13]

According to the 1989 UNCRC, Articles 19 and 34, all children have the right to be protected against all forms of violence, exploitation, and abuse, including sexual violence and sexual exploitation.[14] A body of research has conclusively established that the impact of violence against children and youth extends far beyond the victim. Families, communities, and nations are affected, and such violence is felt across generations.[15] Children who have experienced emotional, physical, and/or sexual violence can also experience severe, acute, and long-term health and social consequences. Neurobiological and behavioural research indicates that early childhood exposure to violence can affect brain development and thereby increase the child's susceptibility to a range of mental and physical health problems that can persist into adulthood. These problems include noncommunicable diseases (diabetes, cardiovascular disease), communicable diseases (sexually transmitted infections, or STIs; HIV), mental health problems (anxiety, depression), and behaviours that increase risk for health issues (substance abuse, unprotected sex). Common health-related outcomes of sexual violence include unintended pregnancy and gynaecological complications, infection with HIV and other STIs, mental health problems such as depression and post-traumatic stress, and social consequences such as ostracism and stigma. Among adolescent girls and women across the globe, the frequency of pregnancy as a result of physically forced sex varies from 5 percent to 18 percent, and younger victims of physically forced sex are often at higher risk for unintended pregnancies.[16]

Complicating matters, violence against children and youth is susceptible to underreporting. Data on injuries treated at emergency health facilities, police reports, and official death statistics do not include complete information regarding physical, emotional, and sexual violence experiences.

Official homicide statistics often miss information on victim-perpetrator relationships. Routine investigations or post-mortem examinations are not typically performed for child deaths, making it difficult to establish precise numbers of fatalities due to violence.

In 2006, then UN Secretary General Kofi Annan called on all nations to begin tackling the epidemic of violence against children by collecting robust and generalizable data to inform policies and programming. Following this call, and under the umbrella of the Together for Girls (TfG) initiative, several countries have undertaken national VACS that yield nationally representative data on the burden of violence in childhood and among youth. Currently, much of what is known about violence against children can be found in these population-based surveys. Results from these surveys indicate that physical, sexual, and emotional violence are widespread and undermine the health and well-being of children globally. These studies emphasize that reliance on routinely collected data from health facilities and police is insufficient to design and monitor a comprehensive preventive plan addressing these forms of violence. To date, Botswana, Cambodia, Colombia, Côte d'Ivoire, El Salvador, Haiti, Honduras, Kenya, Laos, Lesotho, Malawi, Moldova, Nigeria, Rwanda, Eswatini, Tanzania, Uganda, Zambia, and Zimbabwe have completed VACS data collection (Zimbabwe's was in 2010 and 2017).

To end violence against youth around the world, major global partners came together in 2016 to release *INSPIRE: Seven Strategies for Ending Violence Against Children*, a technical package of strategies with demonstrated success in preventing and responding to childhood violence.[17] The seven strategies are based around a mnemonic using the word *inspire:*

- **I**mplementation and enforcement of laws
- **N**orms and values
- **S**afe environments
- **P**arent and caregiver support
- **I**ncome and economic strengthening
- **R**esponse and support services
- **E**ducation and life skills

These strategies aim to create the safe, nurturing environments and relationships that allow children and youth to thrive. In southern Africa, scientific research on the prevalence and incidence of violence and exploitation of children, adolescents, and young adults is still in its nascent stages in most countries, including Zimbabwe. However, the quest for quality, population-level data has tremendous potential to inform appropriate, strategic resource allocation and public health strategies to prevent violence.

The Zimbabwe 2017 VACS took place as part of the broader TfG partnership. TfG is a global partnership among national governments, United Nations agencies, and private-sector organizations, working at the intersection of violence against children and violence against women. Through data, nationally led action, and advocacy, the partnership works to raise awareness, promote evidence-based solutions, and galvanize coordinated action across sectors to end violence against boys and girls, with a special focus on sexual violence against girls.

The partnership was founded in 2009, following the ground-breaking, first-ever VACS in Eswatini. Since then, the partnership has grown to over 20 countries, working across three pillars of action:

data, action, and advocacy. The TfG partnership envisions a world in which every child, adolescent and young person is safe, protected, and thriving, and it supports countries to undertake research, programme and policy response, and advocacy to contribute to this vision.

1.4. THE HIV EPIDEMIC AND RISKS SPECIFIC TO ADOLESCENT GIRLS AND YOUNG WOMEN

Globally, rates of new HIV infections are highest among adolescent females between the ages of 15 and 24, compared with other age- and sex-based groups.[18] This is particularly true in sub-Saharan Africa. As a result of the growing population of young people in Africa, the numbers of HIV cases among youth are expected to increase significantly if the contributing factors—such as HIV risk, service access, and childhood sexual violence—are not identified and addressed. Girls and young women account for 74 percent of new HIV infections among adolescents in sub-Saharan Africa, and nearly 1,000 AGYW are infected with HIV every day.[19] Social isolation, poverty, discriminatory cultural norms, orphanhood, gender-based violence, and inadequate schooling all contribute to girls' vulnerability to HIV and a life not lived to its full potential. Gender-based violence is a known driver of HIV infection; for example, females who experience violence at an early age are exposed to increased risk of HIV transmission, both directly as a consequence of sexual assault and indirectly by engaging in behaviours that place youth at risk for HIV, such as early sexual debut, having multiple partners, inconsistent condom use, and diminished power to negotiate condom use.[20] Preventing gender-based violence and responding to the needs of victims through policies and relevant statutes are important strategies for reducing the suffering of children and youth as well as the burden of HIV globally.

The DREAMS (Determined, Resilient, AIDS-Free, Mentored, and Safe) partnership is an ambitious public-private initiative working to reduce rates of HIV among adolescent girls and young women in the highest HIV-burden countries, including Zimbabwe. In 2015, 10 DREAMS countries in sub-Saharan Africa—Kenya, Lesotho, Malawi, Mozambique, South Africa, Eswatini, Tanzania, Uganda, Zambia, and Zimbabwe—accounted for nearly half of the new HIV infections that occurred among AGYW globally. In 2017, five additional countries joined the DREAMS initiative by incorporating DREAMS-like activities.[21] Working toward meeting the SDG of ending AIDS by 2030, DREAMS addresses the multiple spheres of risk that AGYW face, through a layered approach of synergistic interventions. These core interventions include empowering AGYW and reducing their HIV risk, strengthening the family and contributing to positive parenting, characterizing and addressing risks of AGYW's sexual partners, and mobilizing the surrounding community to change norms and improve educational attainment. DREAMS works to simultaneously reduce vulnerability and increase agency, and thereby goes beyond typical health initiatives to address the structural drivers of the HIV epidemic among this population. To ensure the largest impact, collection and use of data is critical to identify the most vulnerable and at-risk AGYW within geographic areas with high HIV prevalence; data on experiences of violence and related risks among this population are key to ensuring an AIDS-free future for AGYW.

The Zimbabwe DREAMS programme began in 2016 and is ongoing in six districts: Bulawayo, Chipinge, Gweru, Makoni, Mazowe, and Mutare. At the time of data collection, the DREAMS programme in Zimbabwe prioritized programming among adolescent girls ages 15–19, out-of-school young women ages 20–24 who have engaged in transactional sex, AGYW who are survivors of gender-based violence or who come from economically vulnerable households, parents and caregivers of AGYW in economically vulnerable households, adolescent boys and

young men, community and religious leaders, and teachers.[22] The core package of DREAMS interventions includes HIV testing and counselling, PrEP, post violence care, increased diversity of contraceptive method mix, community mobilization and norms change, school-based HIV and violence prevention, parent/caregiver programmes, cash transfers, education subsidies, and combination socioeconomic approaches (Figure 1.1).

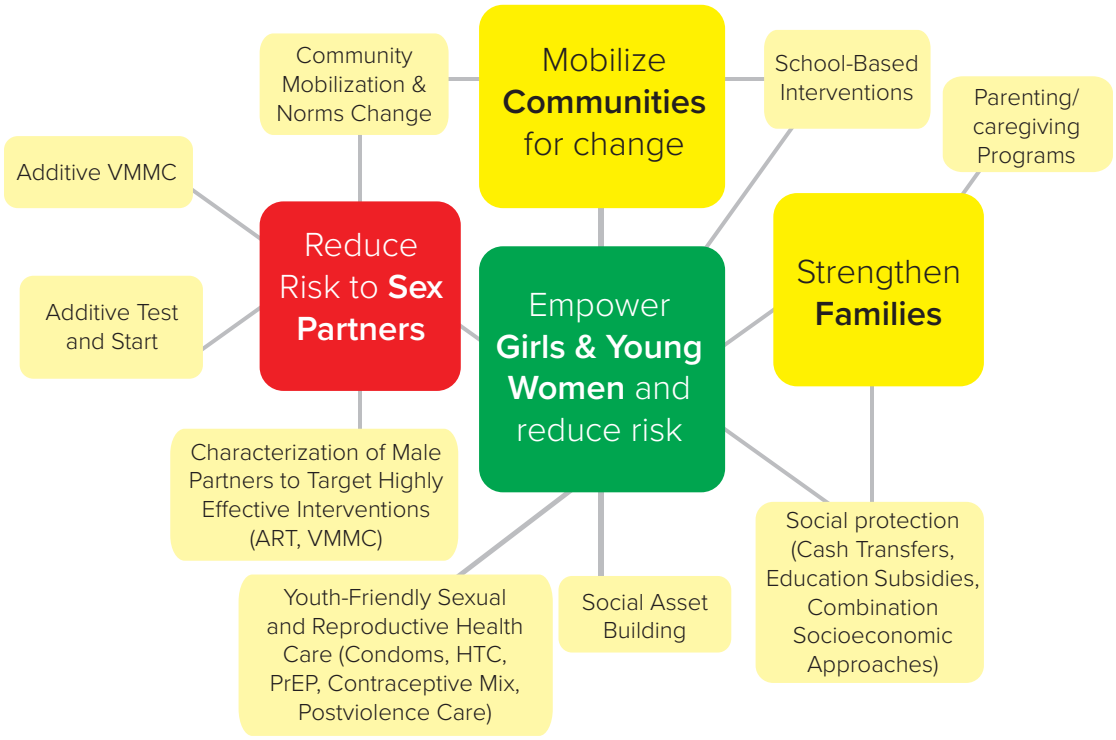


Figure 1.1. The DREAMS Core Package[23]

Note: ART = antiretroviral therapy; HTC = HIV testing and counselling;
PrEP = pre-exposure prophylaxis; VMMC = voluntary medical male circumcision.

In accordance with the Zimbabwe DREAMS package of programmes, the 2017 Zimbabwe VACS included oversampling of females ages 13–24 in the six DREAMS districts. By targeting areas with a high HIV prevalence, the government of Zimbabwe plans to focus violence prevention efforts where girls and young women are at highest risk of HIV and where programming to prevent both HIV and gender-based violence is targeted. In addition, these six DREAMS districts represent PEPFAR priority areas where HIV programming is targeted in the effort to curb the epidemic among adolescent girls. The VACS data allow programmes and policies to target the unique factors associated with childhood violence in each of the HIV high-prevalence regions, building on and using the HIV prevention platform for violence prevention.

1.5. VIOLENCE AGAINST CHILDREN AND YOUTH IN ZIMBABWE

Previous studies, such as the Zimbabwe Young Adult Survey in 2001 and the National Baseline Survey on Life Experiences of Adolescents (NBSLEA)[24] in 2011, have looked at the issues of HIV among youth and childhood violence, but have done so separately. NBSLEA was part of a multicounty VACS initiative that sought to provide estimates of the magnitude and nature of violence experienced by children, surveyed 2,410 females and males ages 13–24 in Zimbabwe (disaggregated into 13–17 and 18–24 age ranges) and yielded nationally representative data on violence against children and youth.

NBSLEA found that one-third of females and 9 percent of males experienced sexual violence before age 18. Of youth ages 18–24 who had their sexual debut prior to age 18, nearly 41 percent of females' and 7 percent of males' *first* sexual intercourse was unwanted—pressured (through harassment, threats, or tricks) or physically forced. Among 18- to 24-year-old females who experienced sexual violence prior to age 18 years, boyfriends (77.7 percent) were the most common perpetrators of the *first* incident. However, the most common perpetrators among males were neighbours. Thirty-two percent of females ages 18–24 who experienced sexual violence prior to age 18 experienced the *first* incident of sexual violence in their own home, with 31 percent of such incidents happening at the perpetrator's house. The pattern for males in the same age group was similar. Disclosure and service seeking among victims were low. Just over one-half of females and 45 percent of males who experienced sexual violence before age 18 told someone about the incident. Although slightly over one-third of either sex who had been sexually assaulted knew of a place to go to get professional services, less than 4 percent of the victims tried to get help and only 2 percent successfully accessed services. Nearly 25 percent of females and 17 percent of males ages 18–24 who experienced unwanted sexual intercourse had been tested for HIV.

NBSLEA found that almost two-thirds of females and three-quarters of males ages 18–24 had experienced physical violence prior to age 18. About 60 percent of females and 46 percent of males ages 18–24 experienced physical violence perpetrated by their parents. Among authority figures, teachers were the primary perpetrators of physical violence for females and males in both age groups. Approximately one-third of males and nearly one-third of females ages 18–24 experienced emotional violence by a parent, relative, or other adult caregiver prior to turning 18 years old.

Results from national VACS indicate that physical, sexual and emotional violence are widespread and undermine the health and well-being of children globally.

1.5.1. THE NEED TO LEARN MORE ABOUT VIOLENCE AGAINST CHILDREN IN ZIMBABWE

In many countries, incidents of violence against children are rarely disclosed and therefore remain hidden, partly due to a culture of silence and shame. Furthermore, among many cultures, social norms espouse the belief that violence against children in the home is a private affair; that physical violence is an acceptable means to discipline and educate children; and that children should submit to the will of their parents, teachers, religious leaders, and other elders and authority figures. Thus, law enforcement officials and others mandated to protect children rarely intervene or enforce the laws that do exist. Furthermore, children are reluctant to report incidents of violence, sometimes in fear of retribution against themselves or other family members, out of shame or guilt, or due to the belief that they merited such treatment or were in some way responsible.

Current evidence is urgently needed to inform national planning and to monitor the impact of all forms of violence. The population-based data yielded by the 2017 VACS can help inform priorities in child protection and child welfare, and provide decision makers with national-level data on the magnitude and nature of violence against children and youth. The Zimbabwe 2017 VACS built upon NBSLEA, conducted in 2011, by incorporating optional HIV testing and further violence indicators including extended definitions of physical violence. Furthermore, population-based data can be used to identify potential risk and protective factors for violence in order to develop effective prevention strategies. Finally, the prevention of sexual violence could also potentially contribute to the prevention of HIV/AIDS transmission in Zimbabwe, particularly in vulnerable populations such as AGYW and orphans.

SECTION 2

METHODOLOGY OF THE VIOLENCE AGAINST CHILDREN SURVEY

2.1. AIM AND OBJECTIVES

The purpose of VACS was to estimate, among adolescents (ages 13–17) and young adults (ages 18–24), (1) the national prevalence of childhood violence, defined as violence occurring before 18 years of age, and (2) the national prevalence of violence in the 12 months prior to the survey. In addition, the Zimbabwe 2017 VACS sought to measure the prevalence of HIV in the study population and its association with violence, as well as estimate HIV incidence through recency testing.

2.1.1. OBJECTIVES

- Estimate the national prevalence of physical, emotional, and sexual violence[iv] perpetrated against boys and girls, including sexual touching without permission, attempted sexual intercourse without permission, physically forced sexual intercourse, and pressured sexual intercourse, perpetrated against boys and girls prior to turning age 18 and more recently
- Identify risk and protective factors for physical, emotional, and sexual violence against children to inform stakeholders and guide prevention efforts
- Identify the health and social consequences associated with violence against children
- Assess knowledge about and utilization of medical, psychosocial, legal, and protective services available for children who have experienced sexual, physical, and emotional violence
- Estimate the prevalence of HIV among adolescents and young adults ages 16–24 in order to better understand the association between childhood violence and HIV
- Characterize recent HIV infections through incidence testing
- Identify risk and protective factors for HIV acquisition among adolescents and young adults ages 16–24 to inform stakeholders and guide prevention efforts
- Identify areas for further research
- Make recommendations to relevant ministries in Zimbabwe, UN agencies, and international and national nongovernmental organizations on developing, improving, and enhancing prevention and response strategies to address violence against children as part of a larger, comprehensive, multisectoral approach to child protection

In addition to the objectives listed above for the overall VACS study, the present report aims to generate results both at the national level and for each of six districts in the DREAMS programme. The aim is to be able to align programme activities geographically with the most vulnerable AGYW and to use the findings to inform DREAMS programming.

2.2. STUDY DESIGN AND SAMPLING

The Zimbabwe 2017 VACS is a nationally representative household study that identified female

[iv] See Key Terms and Definitions.

and male participants ages 13–24 using a three-stage, cluster-randomized design. During survey implementation, upon visiting a randomly selected household, interviewers identified the head of household (HoH), or the person acting as HoH at the time, to introduce the study and determine household members' eligibility to participate in the study. Interviewers invited the HoH to participate in a short survey that included a listing of members of the household. At that time, the HoH had the option to provide consent for the household to participate in the survey; the parent and/or guardian of each selected youth between the ages of 13 and 17 provided consent for the youth to be approached about the study. When there was more than one eligible participant in a household, interviewers selected one using a random selection programme installed on the data collection instruments. If the chosen participant was not available, the interviewers made every effort to schedule return visits to the households at times when the selected participant would be available. However, if the selected participant did not consent to the study or was not available after three attempts, the household was coded as a nonresponse regardless of whether another eligible participant existed in the household. In those cases, neither the household nor the eligible participant was replaced. Additional details on the sampling and methodology are included in Appendix B: Zimbabwe 2017 VACS Sampling Methods.

Individuals ages 13–24 were selected as the most appropriate population to better understand childhood violence. The study relied on this age range because children younger than 13 typically do not have the maturity to be able to answer survey questions, particularly the more complicated questions on potential risk and protective factors. Furthermore, limiting the upper age range to 24 years was intended to help reduce potential recall bias for childhood experiences. Interviewers also offered HIV testing to female and male participants ages 16–24 as a part of the study protocol. The age range for testing was restricted because the minimum legal age to consent to HIV testing and to receive results in private is 16, per national guidelines.

Finally, the study oversampled females in multiple regions—Bulawayo, Chipinge, Gweru, Makoni, Mazowe, and Mutare—in order to assess the relationship between HIV infections and childhood violence. The oversampling allowed for estimates of violence in the specific regions of the country that are implementing DREAMS activities. The female sample consisted of seven strata: national, DREAMS Area 1 (Bulawayo), DREAMS Area 2 (Chipinge), DREAMS Area 3 (Gweru), DREAMS Area 4 (Makoni), DREAMS Area 5 (Mazowe), and DREAMS Area 6 (Mutare).

2.3. SURVEY QUESTIONNAIRE

Through a collaboration between the U.S. Centers for Disease Control and Prevention (CDC), UNICEF, and Together for Girls, within an expert consultation process, the CDC developed a standardized global VACS core questionnaire. The questionnaire and survey protocol for Zimbabwe were adapted through a consultation process with key stakeholders in Zimbabwe who were familiar with the problem of violence against children, child protection, and the cultural context.

The participant questionnaire covered demographics; parental relationships; education; general connectedness to family, friends, and community; gender beliefs; safety; sexual history and risk-taking behaviour; experiences of physical, sexual, and emotional violence; violence perpetration; pregnancy; health outcomes and risky behaviours; and violence disclosure, service-seeking, and utilization of services.

The demographics module for both the study participants and the HoH interview included

questions on age, socioeconomic status, marital status, work status, educational attainment, and living situation. The sexual behaviour modules assessed recent and past sexual behaviour, risk-taking sexual behaviour, age at *first* sex, relationship to *first* sexual partner, whether *first* sex was wanted or forced, number of sexual partners ever and in the past 12 months, condom use, and pregnancy history. Additionally, the survey contained questions about HIV testing knowledge, utilization, and *most recent* test result. The sexual violence module included questions on the forms of sexual violence experienced as well as important information on the context of these incidents, such as the settings where sexual violence occurred and the relationship between the victim and the perpetrator. Some questions asked about *first* incidences of sexual violence, whereas others asked about the *most recent* events. Some of these questions were based on Demographic and Health Survey (DHS), the National Intimate Partner and Sexual Violence Survey (NISVS), the Youth Risk Behaviour Survey (YRBS), and the National Longitudinal Study of Adolescent and Adult Health (from the U.S. National Institutes of Health). Finally, some questions in the survey asked about negative health and social consequences of violence, disclosure of the incident(s), service seeking, and service utilization related to childhood violence.

The 2011 NBSLEA found that one-third of females experienced sexual violence before age 18.

2.4. INCLUSION CRITERIA

In order to be included in the survey, a participant had to be living in a selected household in Zimbabwe, 13 to 24 years old at the time of the survey, and fluent in English, Shona, or Ndebele. Survey administration in English, Shona, or Ndebele was consistent with the practice of previous national surveys administered across Zimbabwe. It was not possible to administer the survey to youth who did not have the capacity to understand the survey questions due to a cognitive impairment or who had a significant physical disability (e.g., a hearing or speech impairment) that would preclude their participation. Those living or residing in institutions such as hospitals, prisons, nursing homes, and other similar institutions were not included in the survey because the VACS was household-based.

2.5. DATA COLLECTION

Interviewers took thorough precautions to ensure privacy during the survey. They conducted the interviews in safe and private locations such as outside, in a public space without a risk of interruptions (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 leaders sought guidance from community leaders to identify community locations where interviews could take place. Interviewers confirmed that participants, parents, and other household members were comfortable with the location of the interviews. If no private location was available, the interviewers rescheduled for another time while the survey team was still in the community.

In addition, the survey used a split-sample design with separate male and female enumeration areas. Participants were surveyed by an interviewer of the same sex. Only the interviewer and participant were present during the interview; no one else—including parents/guardians of the minor participants or other minors in the household—was allowed to listen in. The length of participant interviews varied, but generally they ranged from 20 to 60 minutes.

2.6. HIV TESTING

According to Zimbabwe national HIV testing guidelines, any child 16 years or older, or is below 16 years but is married, pregnant, or a parent, who requests HIV testing and counselling (HTC) is considered able to give full informed consent for HTC. Consenting participants meeting the above criteria were tested and immediately issued their HIV rapid test results.

A trained counsellor conducted HTC in a private space. All tested participants received pre-test and post-test counselling and, after confirmation of results, received their HIV test results from the counsellor. The counsellor delivered HIV test results both verbally and in writing. Persons who tested HIV positive were counselled on the importance of early enrolment in care and treatment, and were referred to the local care and treatment clinic. Those who had a known HIV-positive status had blood drawn for viral load testing. Participants had the opportunity to consent to and provide their name and contact information on a referral form for follow-up by Ministry of Health and Child Care (MoHCC) staff to help link them with care and treatment services, as well as help them get their viral load test results. The HTC staff offered to provide assisted disclosure of test results to parents, family members, or sexual partners. Participants who tested HIV negative received HIV risk reduction messages and referrals for appropriate services (i.e., youth-friendly services, clinics, and child welfare services), as needed.

All participants received an informational brochure, in English, Shona, or Ndebele, that included information on HIV/AIDS and the value of knowing one's HIV status. The brochure listed health facilities in the area that provided, among other things, care and treatment for HIV/AIDS. The information on HIV/AIDS was integrated into a general list of services to ensure that anyone who found the brochure would not assume it was connected with HIV testing. All those who tested positive were referred to care and treatment services as per the current national *"Treat All"* strategy, under which all HIV-positive individuals are eligible to initiate treatment.

Data collection staff who performed HTC received a refresher training based on the Zimbabwe national HTC curriculum. The Zimbabwe 2017 VACS HIV testers were nurses who had prior HIV testing training and certification by MoHCC.

2.6.1. TESTING FOR HIV RECENCY OF INFECTION

Following testing for HIV infection, all HIV-positive dried blood spot samples were tested using a laboratory-based recency testing algorithm. The National Microbiology Reference Laboratory (NRML) used the HIV-1 Limiting Antigen (LAG)-Avidity enzyme immunoassay (from Sedia Biosciences Corporation, Portland, Oregon) for HIV incidence testing, a procedure that distinguishes recent from long-term infections. For this analysis, recent infections are classified as HIV infections occurring within the last 12 months, while long-term infections are classified as HIV infections having occurred longer than 12 months prior. For more information on the specific methodology of the LAG-Avidity enzyme immunoassay approach, see Appendix C: HIV Incidence Analyses. Incidence analyses use unweighted estimates.

2.7. ETHICAL CONSIDERATIONS

The Zimbabwe 2017 VACS adhered to World Health Organization (WHO) recommendations on ethics and safety in studies of violence against women as well as WHO and Zimbabwe national guidelines for home-based HTC. The Medical Research Council of Zimbabwe, the Research Council of Zimbabwe, and the CDC Institutional Review Board independently reviewed and approved the survey protocol to ensure appropriate protections for the rights and welfare of human research participants.

2.7.1. REFERRALS

Interviewers offered free, direct referrals to anyone who (1) became upset during the interview; (2) felt unsafe in his or her current living situation, including home or community; (3) had experienced physical, sexual, or emotional violence in the past; (4) was under age 18 and had exchanged sex for money, goods, or favours in the past 12 months; (5) reported being in immediate danger; or (6) requested help for violence, regardless of what was disclosed in the interview. If the participant met any of these criteria, the interviewer recorded contact information separately from survey responses and referred accordingly. Additionally, the interviewers provided all participants with a list of services, reflecting free programmes, services, and amenities currently offered in Zimbabwe, in case they wanted to seek services on their own. Although the list of services included violence-related services, it was a generic list and not identifiable as a list of violence services.

For this study, an acute case was defined as any participant who self-identified as being in immediate danger. If a participant indicated to the interviewer that she or he was in immediate danger, the interviewer activated the response plan for acute cases. The interviewer immediately alerted the team leader to the situation and the team leader immediately called the preidentified contact at the Ministry of Public Service, Labour and Social Welfare (MoPSLSW). Appropriate action plans for acute cases were applied on a case-by-case basis in order to best respond to the individual situation and ensure that the participant was not placed in any additional danger. However, as a basis of action, the MoPSLSW made every effort to ensure that the participant was offered immediate help and removal from the dangerous situation, as well as offered appropriate medical, psychosocial, and legal services and programme referrals. For cases in which the participant was in immediate danger, the service provider made every effort to reach any participant requiring referral within 72 hours.

As a part of the HTC services provided, interviewers and HTC staff were trained in how to refer participants to HIV services. Staff were trained to refer all HIV-infected persons to nearby health facilities for HIV care and treatment using the standard Zimbabwe MoHCC AIDS and TB Programme Referral Form. HIV-positive females who were not pregnant were referred to a primary health facility where they could access family planning services. All HIV-positive participants received a referral list of local community and institutional care and support services, including People Living with HIV associations and support groups, within the geographic area. Incidence testing and viral load tests were conducted at the NRML for all participants who tested positive for HIV. Incidence results were not returned to participants; however viral load results were returned to participants in order to inform their care provision.

2.7.2. SURVEY INFORMED CONSENT

The first step in the informed consent process was to seek permission from HoH. The parent or guardian of all selected eligible participants under 18 years old, if required, provided written informed consent (i.e., signed a printed consent form). Respondents were not issued copies of the signed consent forms in order to protect them. Some participants under age 18 did not require parental consent, including emancipated minors and those who were married, were pregnant, or had a child.

When seeking permission from the HoH, parent, or guardian, interviewers described the study as "an opportunity to learn more about young people's health, educational, and life experiences," wording consistent with WHO ethical and safety recommendations regarding how surveys that contain questions on domestic violence should be introduced to the household.[25] This introduction helped to ensure the safety and confidentiality of both participants and interviewers. According to WHO guidelines, it is important to define such a study in terms other than violence. The VACS adopted this guideline to inform HoHs as fully as possible about the content of the survey without risking possible retaliation against children for their participation.

Once this process was complete, the interviewer and the participant moved to a private location for the survey, where the interviewer read the contents of a verbal survey assent form. This assent form informed participants that information they provided on the questionnaire was confidential and anonymous, and their decision regarding participation was voluntary. Participants were also told that if they chose to participate, information about their sexual activity, HIV, and their experiences with physical, sexual, and emotional violence would be asked. Participants were informed that the information they shared was confidential, and identifying information would not be shared with anyone and that they could skip any questions or end the interview at any time. Each participant provided assent verbally, and the interviewer documented the assent by electronically signing the consent form in the netbook. Participants who did not need parental permission provided consent in the same manner.

2.7.3. INFORMED CONSENT FOR HIV TESTING

Participants ages 16 or older consented separately for the HTC component of the survey following completion of the interview and activation of the response plan, if needed. In Zimbabwe, no parental consent is required for HTC in patients 16 or older, nor for emancipated minors under 16, pregnant patients, and child HoHs were offered an HIV test, as per national guidelines. After being informed of the potential for moderate discomfort and the small risk of infection, and assured of the confidentiality of their personal information, including the test result, participants consented to HIV testing and counselling, and to receiving their HIV test results. Of note, an eligible participant may have chosen to consent for the questionnaire but refused participation in HIV testing. The HIV biomarker consent form for HIV testing included a statement that blood collected, whether the participant tested HIV positive or negative, would be sent to a national laboratory for further analysis.

[v] The *INSPIRE* acronym is based on the seven strategies: **I**mplementation and enforcement of laws; **N**orms and values; **S**afe environments; **P**arent and caregiver support; **I**ncome and economic strengthening; **R**esponse and support services; and **E**ducation and life skills.

2.8. RESPONSE RATES AND DATA ANALYSIS

The overall response rate was 72 percent for females and 66 percent for males. In total, 7,912 females completed the survey: 42.6 percent (n = 3,401) were ages 13–17 and 57.4 percent (n = 4,511) were ages 18–24. Overall, 803 males completed the survey: 46.9 percent (n = 392) were ages 13–17 and 53.1 percent (n = 411) were ages 18–24. The DREAMS sample sizes by area were 742 females in DREAMS Area 1 (Bulawayo), 252 in DREAMS Area 2 (Chipinge), 268 in DREAMS Area 3 (Gweru), 206 in DREAMS Area 4 (Makoni), 212 in DREAMS Area 5 (Mazowe), and 414 in DREAMS Area 6 (Mutare). Furthermore, for HIV testing of eligible participants (ages 16-24 for HTC), 5,288 females and 496 males completed the entire study procedure. See Appendix B for further details on response rates.

The statistical package SAS (version 9.4) was used for data management and analysis to produce weighted point estimates and standard error calculations. Sample weights were applied to all results to yield nationally representative estimates. When calculating the estimates for most measures, missing values were excluded from the analysis (see Appendix B).

For data analysis purposes, participants were separated into two age subgroups: 13- to 17-year-olds and 18- to 24-year-olds. Prevalence estimates of childhood violence were based on the experiences of participants ages 18–24 before age 18. Data from both 13- to 17-year-olds and 18- to 24-year-olds generated estimates of the prevalence of violence among adolescents in the 12 months prior to the survey among adolescents.[v] Data from 18-24 year-olds generated estimates of prevalence of violence in the 12 months prior to the survey among young adults. Estimates of the prevalence of violence in the past 12 months provided information about the current experiences of adolescents and young adults, as well as the patterns and contexts of violence in Zimbabwe. Although the analyses distinguished results by sex and age group, all VACS participants responded to the same questions, except questions about pregnancy, which applied only to females. Estimates of HIV prevalence are relevant only to those ages 16–24 and emancipated minors.

2.8.1. WEIGHTED PERCENTAGES

The results presented in this report are based on a sample rather than a census, and therefore a degree of uncertainty and error is associated with the estimates. Sample weights were created and applied to each individual record in order to adjust for the probability of selection, differential nonresponse, and calibration to the census population. All analyses used SAS 9.4, a statistical package with complex sampling procedures that incorporate the weights and the study's three-stage, cluster-randomized design. Through the use of appropriate software that takes into account the complex sample design, analysts produced accurate standard errors for each estimate.

2.8.2. DIFFERENCES BETWEEN ESTIMATES

To evaluate whether differences between any groups or subgroups were statistically significant and not due to random variation, confidence intervals (CIs) for point estimates were compared to determine whether they overlapped or not. For all point estimates, 95% CIs were calculated. The CI overlap method is a conservative method that determines statistically significant difference by comparing the CIs for two estimates—if the CIs do not overlap, then the estimates are considered "statistically different" and not due to random chance.

2.8.3. DEFINITION OF UNRELIABLE ESTIMATES

Estimates with a relative standard error (RSE) of > 30 percent were considered unreliable in the VACS. An asterisk ("*") is displayed in tables in place of all unreliable estimates. Some unreliable estimates are included in the tables in Appendix A. However, they are not referenced in the text and not discussed since they should be interpreted with caution. Data were suppressed for indicators that had an RSE of > 30% and a denominator of < 10.

2.8.4. TECHNICAL NOTE TO THE READER

Each estimate in the Zimbabwe 2017 VACS is accompanied by its 95 percent CI. This is a statistical measure indicating how confident we can be in our point estimates, within a specified margin of error. CIs are calculated as the z-score for a normal distribution containing 95% of the values (1.96) times the standard error of our prevalence estimate. Smaller CIs indicate that the estimates are more precise, whereas wider CIs illustrate more variation in the sample data.

The CI range indicates that, for 95 out of 100 samples completed in the same way as the VACS, the true population prevalence of violence will be between the upper and lower CI values. For example, if the expected prevalence of sexual violence against children in Zimbabwe is 30 percent, with a CI of 26–34, this means that if we could survey *all* children in Zimbabwe at the same time, the VACS data estimate that between 26 percent and 34 percent of the total child population of Zimbabwe would report having experienced sexual violence. In short, the CI helps determine how effectively prevalence is measured and how to make inferences about the national population.

SECTION 3 BACKGROUND CHARACTERISTICS OF YOUTH

This section presents selected background characteristics of the survey population in Zimbabwe including age, sex, education, age of head of household, orphan status, work experience, marital status, age at first marriage, and sexual activity. *Married* applies to those who were ever married or ever lived with someone as if married (the latter sometimes known as *cohabitation*).

3.1. AGES OF PARTICIPANTS AND HEADS OF HOUSEHOLD

The majority of the HoH (or acting heads of household at the time of the survey) for youth ages 13–17 were over age 31 (93.1 percent for females and 94.6 percent for males), with the largest proportion being 31–50 (54.7 percent for females and 56.0 percent for males; see Table 3.1.1 in Appendix A, Zimbabwe 2017 VACS Data Tables). For youth ages 18–24, the majority of the heads of household were also over age 31 (62.4 percent for females and 75.5 percent for males), but the proportion of those 31–50 years old and those ages 51 or older were more similar in size for both males and females (Table 3.1.2).

3.2. EDUCATION STATUS

Among females and males ages 13–17, almost all had ever attended school (99.4 percent of females and 99.8 percent of males). The majority of females and males had completed secondary school, 72.3 percent and 62.6 percent, respectively (Table 3.1.1). In this age group, 77.0 percent of females and 73.7 percent of males were currently enrolled in school. Significantly more females ages 13–17 had completed primary and secondary school compared with males (Table 3.1.1). Significantly more females ages 13–17 in DREAMS Area 2–Chipinge (43.1 percent) had never attended school or had completed less than primary school, compared with DREAMS Area 1–Bulawayo (14.3 percent) and DREAMS Area 3–Gweru (16.6 percent; Table D.3).

Almost all youth ages 18–24 had attended school (99.2 percent of females and 98.4 percent of males). The majority of females and males ages 18–24 had completed secondary school, 71.1 percent and 69.2 percent, respectively (Table 3.1.2). A small proportion of both females and males had completed less than primary school. Only 0.4 percent of females ages 13–17 and 0.6 percent of those ages 18–24 had completed less than primary school. Similarly, 0.9 percent of males ages 13–17 and 0.3 percent of those ages 18–24 had completed less than primary school.

Significantly more females ages 18–24 in DREAMS Area 2–Chipinge (40.2 percent) and DREAMS Area 5–Mazowe (37.8 percent) had never attended school or had completed less than primary school, compared with DREAMS Area 1–Bulawayo (8.9 percent), DREAMS Area 3–Gweru (8.4 percent), DREAMS Area 4–Makoni (18.8 percent), and DREAMS Area 6–Mutare (15.9 percent; Table D.4).

3.3. ORPHAN STATUS

Orphanhood is defined as the death of one *(single orphan)* or both *(double orphan)* parents before age 18. Orphanhood prevalence was substantial in Zimbabwe. Among females ages 13–17, 24.0

percent had lost one parent, and 6.5 percent had lost both parents. Similarly, 20.8 percent of males ages 13–17 had lost one parent and 6.7 percent had lost both parents (Table 3.1.1). Among females ages 18–24, 29.4 percent had lost one parent in childhood and 9.3 percent had lost both parents. Among males, 32.5 percent had lost one parent and 7.7 percent had lost both parents in childhood (Table 3.1.2).

3.4. MARITAL AND COHABITATION STATUS

Very few females and males ages 13–17 had ever been married or lived with someone as if married (5.2 percent and 0.3 percent, respectively; Table 3.2.1). Marriage and cohabitation were more common among older youth. Nearly three in five females ages 18–24 (59.7 percent) had been married or cohabitated (Table 3.2.2), with almost one in four (23.3 percent) having done so before age 18. Among married females ages 18–24, more than one in five (21.9 percent) were one of multiple wives to a single husband or lived with a man who lived with other women at the same time. Marriage was significantly lower among males in both age groups compared with females. Fewer than one in five males ages 18–24 (17.7 percent) had married or cohabitated.

There was significantly less child marriage (before age 18) in DREAMS Area 1–Bulawayo (5.6 percent) and DREAMS Area 3–Gweru (11.2 percent) than in DREAMS Area 4–Makoni (30.6 percent), DREAMS Area 2–Chipinge (32.6 percent), and DREAMS Area 6–Mutare (22.7 percent) among 18- to 24-year-old females (Table D.4).

3.5. SEXUAL HISTORY

Fewer than one in ten females (8.6 percent) and 5.7 percent of males ages 13–17 had ever had sex (Table 3.2.1). Among 18- to 24-year-olds, sexual activity was more common (Table 3.2.2). A significantly higher percentage of females (71.4 percent) compared with males (59.6 percent) ages 18–24 had ever had sex. About three out of ten females (31.1 percent), compared with one out of five males (19.9 percent) age 18–24 had sex before age 18, a statistically significant difference. The mean age of sexual debut for females and males was similar, 17.5 years old and 17.8 years old, respectively, among 18- to 24-year-olds.

3.6. WORKING FOR MONEY OR ANY OTHER PAYMENT

Among 13- to 17-year-olds, 4.0 percent of females and 10.1 percent of males had worked for money or other payment in the past 12 months (Table 3.1.1). Work was defined in the VACS as having worked at least one hour during the past week as an employee, self-employed, or as an unpaid family worker. Among females who worked, the majority worked at a family dwelling (33.3 percent), a farm or garden (30.4 percent), or a shop/kiosk (6.2 percent; Table 3.3.1). Among males who worked, most worked at a farm or garden (68.1 percent) or a family dwelling (12.2 percent). Among 18- to 24-year-olds, 15.5 percent of females and 29.3 percent of males had worked for money or other payment in the past 12 months (Table 3.1.2). Among females who worked, 23.7 percent worked at a family dwelling, 17.3 percent in a shop/kiosk, and 11.8 percent at a farm or garden (Table 3.3.2). Among males who worked, 27.3 percent worked at a farm or garden, 15.2 percent at a construction site, and 12.2 percent at a formal office.

SECTION 4

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

This section describes the prevalence and contexts of *sexual* violence against and sexual exploitation of children in Zimbabwe. Four forms of sexual violence were included in the survey: unwanted sexual touching, unwanted attempted forced sex, pressured sex, and physically forced sex (see Key Terms and Definitions). Sexual exploitation includes experiences of sex exchanged for material support. This section further describes the context in which sexual violence occurs as well as knowledge and utilization of services for experiences of sexual violence.

4.1. PREVALENCE OF SEXUAL VIOLENCE

This section presents the prevalence of childhood sexual violence and the prevalence of sexual exploitation in childhood and in the past 12 months. It also describes the prevalence of each of the four forms of sexual violence and of multiple incidents of sexual violence, along with age at *first* experience of sexual violence. Multiple incidents include more than one incident of the same form of sexual violence, more than one form of sexual violence, or both. Rates of unwanted *first* sex, including physically forced or pressured sex at sexual debut, are also presented. In some cases, the number of incidents of sexual violence for females and males were too small to generate reliable estimates for certain indicators.

4.1.1. PREVALENCE OF SEXUAL VIOLENCE IN CHILDHOOD AMONG 18- TO 24-YEAR-OLDS

About one in ten females ages 18–24 (9.1 percent) experienced sexual violence during childhood (before age 18; Table 4.1.1). The prevalence of overall childhood sexual violence was significantly higher for females compared with males; 1.1 percent of males ages 18–24 experienced childhood sexual violence. Among females, 3.1 percent experienced unwanted sexual touching during childhood, 3.7 percent experienced unwanted attempted sex, 2.1 percent experienced pressured sex, and 3.9 percent experienced physically forced sex (Table 4.1.2). About one in twenty females (4.9 percent) experienced pressured or physically forced sex in childhood (Table 4.2.1). Among males, less than 1 percent experienced unwanted sexual touching (0.9 percent) and unwanted attempted sex (0.8 percent). There were too few cases to report reliable estimates of pressured sex or physically forced sex in childhood among males.

About one in ten females ages 18–24 experienced sexual violence during childhood and the prevalence of overall childhood sexual violence was significantly higher for females compared with males.

The *first* experience of sexual violence in childhood commonly occurred in adolescence. Among those 18- to 24-year-old females who experienced any childhood sexual violence, 59.0 percent experienced the *first* incident at age 16–17 (Table 4.1.3), and the average age of the *first* experience of pressured or physically forced sex in childhood was 15.3 years (Table 4.2.2). Among females who experienced pressured or physically forced sex in childhood, 61.9 percent had the *first* experience at age 16–17 (Table 4.2.3). Among 18- to 24-year-old females who experienced any childhood sexual violence, more than half (51.4 percent) experienced multiple incidents before age 18 (Table 4.2.4). Among females ages 18–24 whose *first* sexual intercourse was before the age of 18, 16.9 percent were pressured or physically forced to have sex at sexual debut (Table 4.3.1). Too few males ages 18–24 experienced pressured or physically forced sex at sexual debut to report reliable estimates.

Across DREAMS areas, the prevalence of sexual violence in childhood ranged from 12.0 percent in DREAMS Area 2–Chipinge to 20.1 percent in DREAMS Area 1–Bulawayo (Figure 4.1). There were no statistically significant differences in sexual violence prevalence before age 18 among females ages 18–24 across the six DREAMS areas (Table D.2).

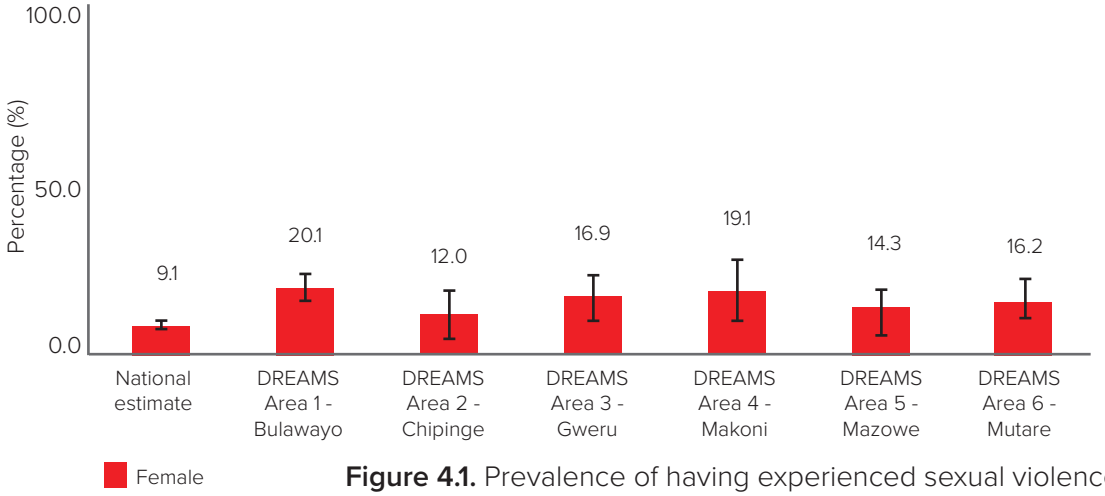


Figure 4.1. Prevalence of having experienced sexual violence prior to age 18, among 18- to 24-year-old females, nationally and by DREAMS Area, Zimbabwe Violence Against Children Survey (VACS), 2017.

Note: All figures are presented with 95 percent confidence intervals, represented by the lines above and below the bars.

Source: Zimbabwe Violence Against Children (VACS), 2017

4.1.2. PREVALENCE OF SEXUAL VIOLENCE IN THE PAST 12 MONTHS AMONG 13- TO 17-YEAR-OLDS

In the past year, 4.1 percent of females and 0.3 percent of males ages 13–17 experienced sexual violence—a statistically significant difference between the sexes (Table 4.4.1). Among females, 2.3 percent experienced unwanted attempted sex and 1.8 percent experienced unwanted sexual touching in the past 12 months (Table 4.4.2). Among females who experienced sexual violence in the past 12 months, almost half (46.5 percent) experienced more than one incident (Table 4.4.3).

About one in four females (23.0 percent) who experienced sexual violence in the past 12 months had the *first* experience of sexual violence at age 13 or younger. Almost two in five females (39.8 percent) who experienced sexual violence in the past 12 months had their *first* experience of sexual violence at age 14–15 (Table 4.4.4).

The prevalence of sexual violence in the past 12 months among 13- to 17-year-old females ranged from 3.6 percent in DREAMS Area 6–Mutare to 10.5 percent in DREAMS Area 3–Gweru (Figure 4.2). There were no significant differences in sexual violence prevalence in the past 12 months among females ages 13–17 in the six DREAMS areas (Table D.1).

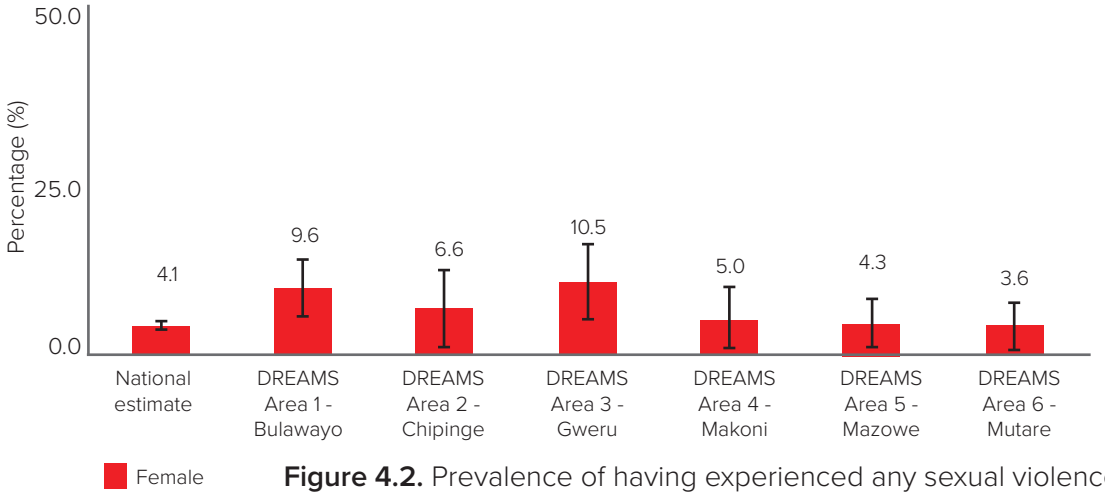


Figure 4.2. Prevalence of having experienced any sexual violence in the past 12 months, among 13- to 17-year-old females, nationally and by DREAMS Area, Zimbabwe Violence Against Children Survey (VACS), 2017.

Source: Zimbabwe Violence Against Children (VACS), 2017

4.2. CHILDHOOD SEXUAL EXPLOITATION (TRANSACTIONAL SEX)

Childhood sexual exploitation is defined as a child's receiving money, food, gifts, or other favours in exchange for sex; it is also commonly referred to as *transactional sex*.

Among 18- to 24-year-olds who ever had sex, 1.2 percent of females received food, favours, gifts, or other material support in exchange for sex in childhood (Table 4.6.1). No males experienced childhood sexual exploitation. Too few females and males ages 13–17 experienced sexual exploitation in the past 12 months to report reliable estimates. The prevalence of transactional sex by DREAMS district was too small to report reliable estimates.

4.3. PERPETRATORS OF SEXUAL VIOLENCE

For each form of sexual violence, the perpetrator of the *first* incident is reported for 18- to 24-year-olds, and that of the *most recent* incident for 13- to 17-year-olds. If a participant experienced multiple forms of sexual violence, such as unwanted sexual touching and unwanted attempted forced sex, she or he was asked about the perpetrator of the *first* or *most recent* incident (according to age group) of *each* form of violence. Since any participant could have provided up to four perpetrators (one perpetrator for the *first* or *most recent* incident of *each* form of violence experienced), the total percentages of perpetrators may sum to more than 100 percent. All results presented are percentages of the total number of respondents who experienced sexual violence in childhood (for those ages 18–24) or experienced sexual violence in the past year (for those ages 13–17).

4.3.1. PERPETRATORS OF THE FIRST INCIDENTS OF SEXUAL VIOLENCE IN CHILDHOOD AMONG 18- TO 24-YEAR-OLDS

Among females ages 18–24 who experienced childhood sexual violence, the most common perpetrator of the *first* incident of sexual violence was a current or previous spouse, boyfriend or romantic partner (55.7 percent), followed by a family member (13.5 percent), a stranger (9.4 percent), or a neighbour (7.4 percent; Table 4.7.1; Figure 4.3). There were too few cases of males who experienced childhood sexual violence to yield reliable estimates of the perpetrators of the first incident of sexual violence.

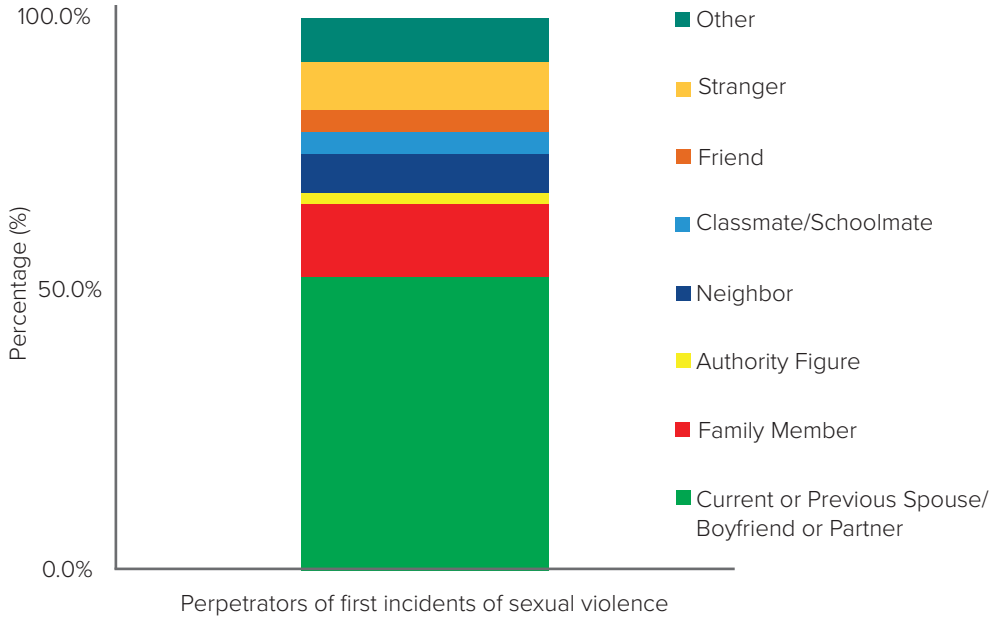


Figure 4.3. Perpetrators of the first incident of sexual violence, among females ages 18–24 who experienced sexual violence prior to age 18, Zimbabwe Violence Against Children Survey (VACS), 2017.

Note: Due to weighting and rounding, numbers may add up to > 100 percent because first incidents of any of the forms of sexual violence listed could have occurred by different people.

Source: Zimbabwe Violence Against Children (VACS), 2017

Among females ages 18–24 who experienced sexual violence in childhood, more than three out of five (61.1 percent) indicated that the perpetrator of the ***first*** incident was at least five years older than the respondent (Table 4.7.3). A similar proportion (63.1 percent) of females who experienced pressured or physically forced sex before age 18 indicated the perpetrator of the *first* incident was at least five years older. Among females who experienced childhood sexual violence, 4.0 percent indicated that more than one perpetrator was involved during the *first* incident (Table 4.7.5).

4.3.2. PERPETRATORS OF THE MOST RECENT INCIDENTS OF SEXUAL VIOLENCE IN THE PAST 12 MONTHS AMONG 13- TO 17-YEAR-OLDS

Among females ages 13–17 who experienced sexual violence in the past 12 months, the most common perpetrator of the most recent incident was a current or previous spouse, boyfriend, or romantic partner (47.1 percent).

Among females ages 13–17 who experienced sexual violence in the past 12 months, the most common perpetrator of the *most recent* incident was a current or previous spouse, boyfriend, or romantic partner (47.1 percent), followed by a neighbour (14.2 percent), family member (13.5 percent), or stranger (11.6 percent; Table 4.7.2; Figure 4.4). Among females who experienced sexual violence in the past 12 months, more than two-fifths (43.1 percent) indicated that the perpetrator of the *most recent* incident was at least five years older than the respondent (Table 4.7.4). About three in five females in this age group (59.3 percent) who experienced pressured or physically forced sex in the past 12 months indicated that the perpetrator of the *most recent* incident was at least five years older. Among females who experienced sexual violence in the past 12 months, 8.8 percent specified that more than one perpetrator was involved during the first experience of sexual violence (Table 4.7.6). There were too few male victims of sexual violence to produce reliable estimates about perpetrators.

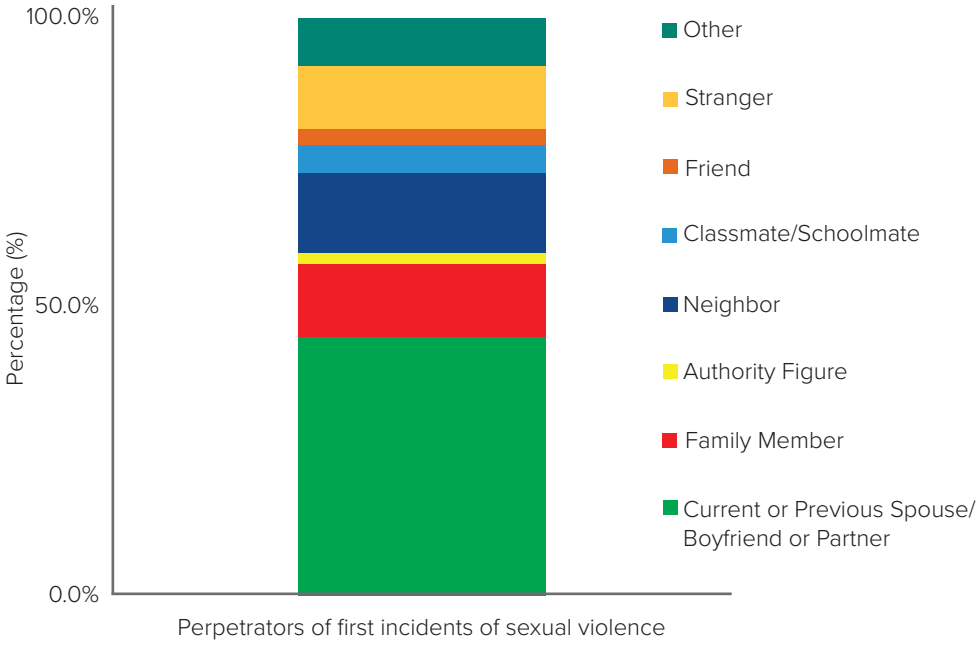


Figure 4.4. Perpetrators of the most recent incident of sexual violence, among females ages 13–17 who experienced sexual violence in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017.

Note: Due to weighting and rounding, numbers may add up to > 100 percent because first incidents of any of the forms of sexual violence listed could have occurred by different people.

Source: Zimbabwe Violence Against Children (VACS), 2017

4.4. CONTEXTS OF SEXUAL VIOLENCE IN CHILDHOOD

This section describes the most common locations and times of day in which violence occurred. Location and time of day are included for the *first* incident of sexual violence among 18- to 24-year-olds and the *most recent* incident among 13- to 17-year-olds.

4.4.1. LOCATION AND TIME OF DAY OF THE FIRST INCIDENT OF SEXUAL VIOLENCE IN CHILDHOOD AMONG 18- TO 24-YEAR-OLDS

The *first* incident of sexual violence before age 18 among females 18–24 years old most often occurred in the participant's home, the perpetrator's home, or another person's home (69.2 percent; Table 4.8.1). The *first* incident among females also occurred most often in the afternoon (53.0 percent) and evening (38.3 percent; Table 4.8.3). Too few males experienced sexual violence in childhood to produce reliable estimates of the location or time of day of the incident (Table 4.8.1; Table 4.8.3).

4.4.2. LOCATION AND TIME OF DAY OF THE MOST RECENT INCIDENT OF SEXUAL VIOLENCE IN THE PAST 12 MONTHS AMONG 13- TO 17-YEAR-OLDS

Among females who experienced sexual violence in the past 12 months, 50.0 percent indicated that the *most recent* incident occurred in a home (the participant's, perpetrator's, or another person's), 2.4 percent at school, and 52.4 percent in another location (Table 4.8.2). More than half of the *most recent* incidents among females occurred in the afternoon (55.8 percent), 35.8 percent in the evening, 7.5 percent in the morning, and 6.8 percent late at night (Table 4.8.4). Too few males experienced sexual violence in the past 12 months to produce reliable estimates of location or time of day (Table 4.8.2; Table 4.8.4).

4.5. DISCLOSURE AND SERVICE SEEKING AMONG YOUTH WHO EXPERIENCED SEXUAL VIOLENCE

This section describes the disclosure and service-seeking behaviours of females and males who experienced sexual violence. The findings presented include whether any incident of sexual violence was disclosed to anyone, knowledge of services available, their service-seeking for sexual violence, and their receipt of services. This section also describes types of service providers and reasons for not seeking services.

4.5.1. DISCLOSURE, KNOWLEDGE, AND SERVICE SEEKING FOR SEXUAL VIOLENCE AMONG 18- TO 24-YEAR-OLDS WHO EXPERIENCED CHILDHOOD SEXUAL VIOLENCE

Among females ages 18–24 who experienced sexual violence before age 18, three out of five (60.8 percent) told someone about an experience of sexual violence (Table 4.9.1; Figure 4.5). Those who told someone most frequently told a relative (67.1 percent) or a friend or neighbour (28.2 percent; Table 4.9.4). Two out of five (39.8 percent) knew of a place to seek help for their experience of sexual violence, but fewer than one out of five (17.1 percent) sought help, and only 14.3 percent

received help (Table 4.9.1). Among females who received help, they most often received help from police or other security personnel (80.0 percent) or from a doctor, nurse, or other health care worker (66.4 percent). The number of incidents of sexual violence in childhood for males was too small to generate reliable estimates of disclosure, knowledge, service seeking, or service receipt for sexual violence.

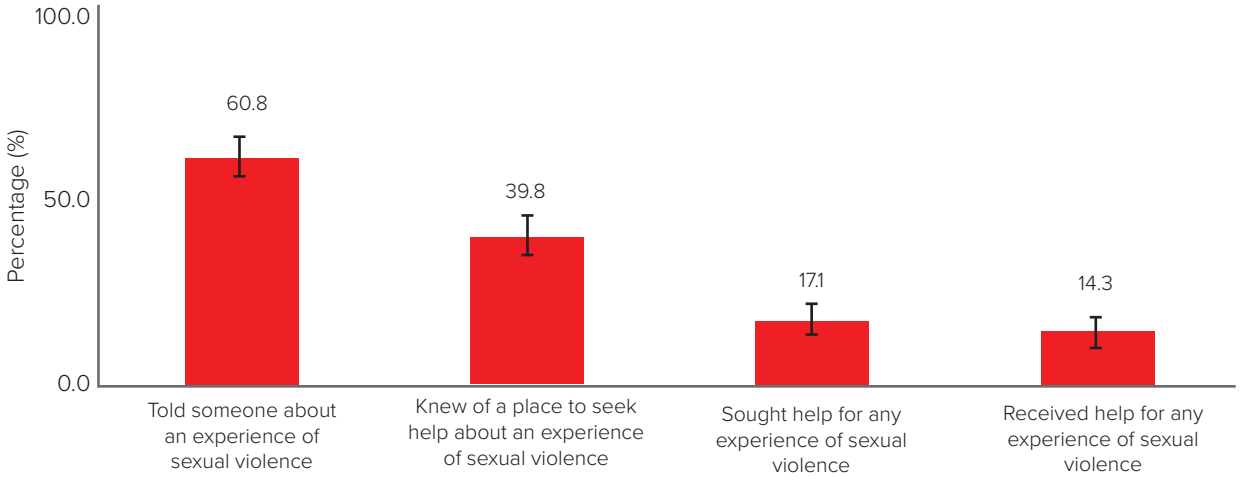


Figure 4.5. Disclosure, knowledge, and service seeking for any incident of sexual violence, among female 18- to 24-year-olds who experienced any sexual violence in childhood, Zimbabwe Violence Against Children Survey (VACS), 2017.

Source: Zimbabwe Violence Against Children (VACS), 2017

Among females who experienced pressured or physically forced sex before age 18, about three in five (59.0 percent) told someone about their experience (Table 4.9.1). About two in five (42.2 percent) knew of a place to go for help, one in five (20.5 percent) sought help, and 16.8 percent received help.

The most common reasons for females' not seeking services for childhood sexual violence were that they did not think the violence was a problem (27.8 percent), did not need or want services (16.1 percent), or were embarrassed for themselves or their family (10.3 percent; Table 4.9.6).

4.5.2. DISCLOSURE, KNOWLEDGE, AND SERVICE SEEKING FOR SEXUAL VIOLENCE AMONG 13- TO 17-YEAR-OLDS WHO EXPERIENCED SEXUAL VIOLENCE IN THE PAST 12 MONTHS

Among females ages 13–17 who experienced sexual violence in the past 12 months, over half (57.2 percent) told someone, and about one in three (32.3 percent) knew of a place to seek help (Table 4.9.2; Figure 4.6). Females most frequently disclosed to a relative (66.7 percent) or to a friend or neighbour (35.6 percent; Table 4.9.5). About one in ten females (11.9 percent) sought help for their experience, and 9.1 percent received help (Table 4.9.2). The number of incidents of sexual violence in the past 12 months for males was too small to generate reliable estimates of disclosure, knowledge, service seeking, or receipt of services after sexual violence.

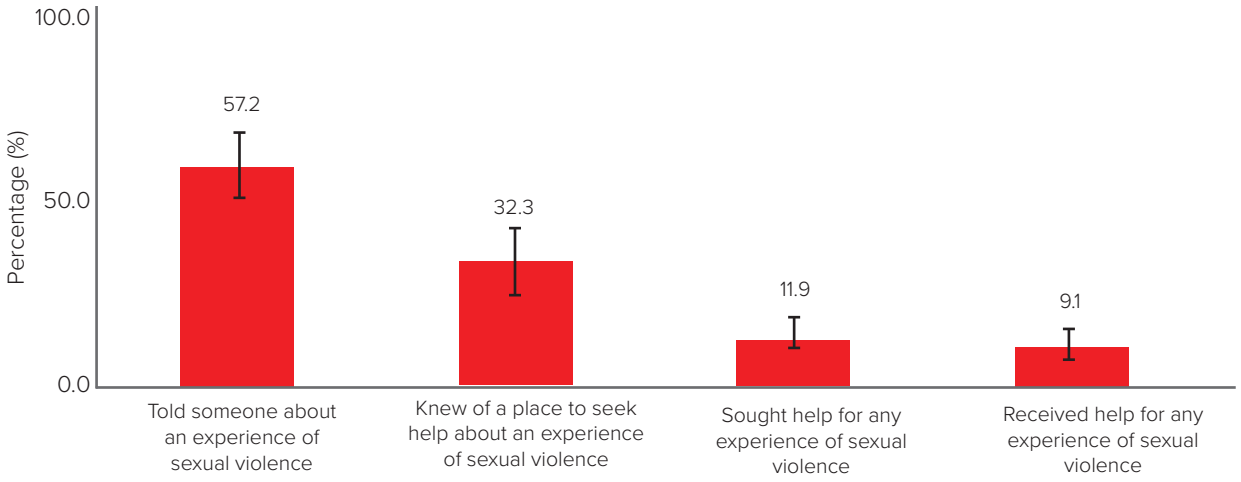


Figure 4.6. Disclosure, knowledge, and service seeking for any incident of sexual violence, among female 13- to 17-year-olds who experienced sexual violence, Zimbabwe Violence Against Children Survey (VACS), 2017.

Source: Zimbabwe Violence Against Children (VACS), 2017

Among females who experienced pressured or physically forced sex in the past 12 months, almost half (48.2 percent) told someone about their experience (Table 4.9.2). About two in five (43.1 percent) knew of a place to go for help, one in five (20.5 percent) sought help, and 16.7 percent received help.

Females who did not seek services most often said the reason was that they did not want or need services (25.5 percent), did not think the violence was a problem (15.5 percent), were afraid of getting in trouble (10.6 percent), felt it was their fault (8.6 percent), or had been threatened by the perpetrator (8.3 percent; Table 4.9.7). The number of incidents of sexual violence in the past 12 months for males was too small to generate reliable estimates of reasons for not seeking services.

Photo: Eric Bond/EGPAF, 2018

SECTION 5

CHILDHOOD PHYSICAL VIOLENCE: PREVALENCE, PERPETRATORS, AND SERVICE SEEKING

This section describes the magnitude and contexts of *physical* violence against children (see Key Terms and Definitions) in Zimbabwe. It also describes the perpetrators of childhood physical violence, injuries received and school missed as a result of violence, disclosure of violence, and knowledge and utilization of services.

5.1. PREVALENCE OF PHYSICAL VIOLENCE

This section presents the overall prevalence of physical violence in childhood (before age 18) for 18- to 24-year-olds, and prevalence in the past 12 months for 13- to 17-year-olds. Data are also presented for the age of the participant at the *first* experience of physical violence.

5.1.1. PREVALENCE OF PHYSICAL VIOLENCE IN CHILDHOOD AMONG 18- TO 24-YEAR-OLDS

About one in seven females (16.6 percent) and nearly one in four males (23.0 percent) ages 18–24 experienced physical violence before age 18.

About one in seven females (16.6 percent) and nearly one in four males (23.0 percent) ages 18–24 experienced physical violence before age 18 (Table 5.1.1). Among youth who experienced physical violence before age 18, over half of females (52.8 percent) and one in three males (34.3 percent) experienced their *first* incident of physical violence between the ages of 12 and 17 years (Table 5.1.3). About two in five females (39.1 percent) and more than one-half of males (54.7 percent) experienced their *first* incident of physical violence between the ages of 6 and 11. The *first* incident of physical violence occurred before age 6 for 8.1 percent of females and 11.0 percent of males.

The prevalence of physical violence in childhood across DREAMS areas among 18- to 24-year-old females ranged from 19.6 percent in DREAMS Area 1–Bulawayo to 29.3 percent in DREAMS Area 3–Gweru (Table D.2). There were no significant differences in physical violence prevalence before age 18 among females ages 18–24 across the six DREAMS areas.

5.1.2. PREVALENCE OF PHYSICAL VIOLENCE IN THE PAST 12 MONTHS AMONG 13- TO 17-YEAR-OLDS

About one in seven females (14.2 percent) and one in six males (16.4 percent) ages 13–17 experienced physical violence in the past 12 months (Table 5.2.1). Among these, about one in three females (32.6 percent) and males (34.4 percent) experienced their *first* incident of physical violence between the ages of 6 and 11 (Table 5.2.3). Almost three in five (59.3 percent) and males (61.4 percent) experienced the *first* incident between the ages of 12 and 17.

Physical violence in the past 12 months among 13- to 17-year-old females in DREAMS districts ranged from 18.0 percent in DREAMS Area 1–Bulawayo to 34.1 percent in DREAMS Area 3–Gweru. There were no significant differences in physical violence prevalence in the past 12 months among females ages 13–17 among the six DREAMS areas (Table D.1).

5.2. PERPETRATORS OF PHYSICAL VIOLENCE

We examine the prevalence of physical violence carried out by four types of perpetrators: (1) parents, adult caregivers, and other adult relatives; (2) intimate partners; (3) peers; and (4) other adults in the community. For 18- to 24-year-olds who experienced childhood physical violence, data refer to the specific perpetrator of the first incident of physical violence. For 13- to 17-year-olds who experienced physical violence in the past 12 months, the specific perpetrator of the *most recent* incident of violence is discussed.

5.2.1. CHILDHOOD PHYSICAL VIOLENCE BY PERPETRATOR TYPE, AMONG 18- TO 24-YEAR-OLDS

This section looks at the prevalence of physical violence in childhood (before age 18) by perpetrator type. It also presents the specific perpetrator of the *first* incident of physical violence within each perpetrator category.

About one in ten females (10.1 percent) and 14.5 percent of males ages 18–24 experienced physical violence in childhood perpetrated by a parent, adult caregiver, or other adult relative (Table 5.1.2; Figure 5.1). Among 18- to 24-year-olds who had an intimate partner before age 18, 3.5 percent of females experienced physical violence by an intimate partner before age 18. Too few males in this age group had an intimate partner before age 18 and experienced intimate partner violence to report reliable estimates for males. Almost one in twenty females (4.5 percent) and 13.1 percent of males ages 18–24 experienced physical violence from a peer in childhood, a statistically significant difference. The prevalence of childhood physical violence carried out by an adult in the community was 4.7 percent among females and 7.4 percent among males ages 18–24.

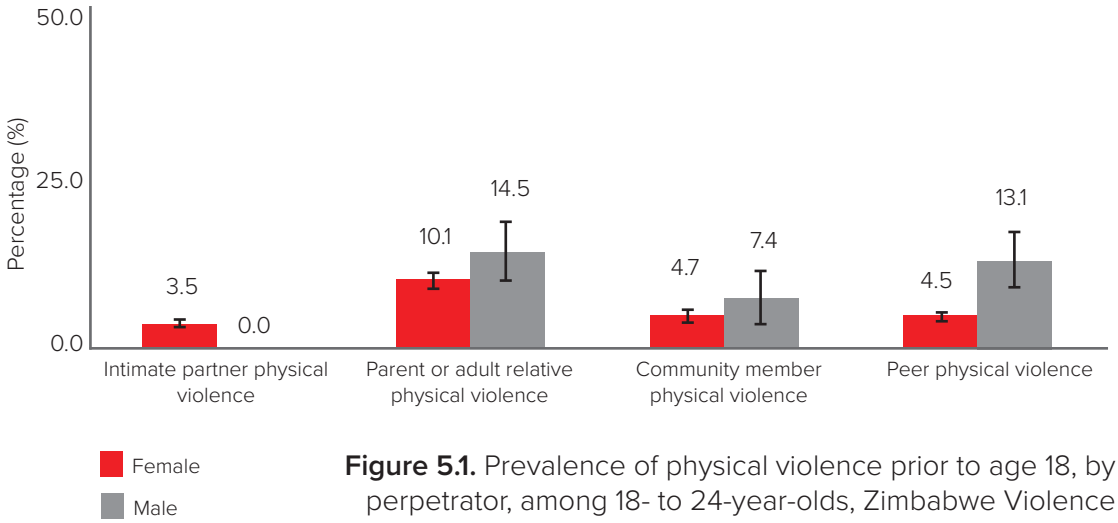


Figure 5.1. Prevalence of physical violence prior to age 18, by perpetrator, among 18- to 24-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017.

Note: Too few males ages 18–24 had an intimate partner before age 18 and experienced intimate partner violence to report reliable estimates of intimate partner physical violence for males.

Source: Zimbabwe Violence Against Children (VACS), 2017

5.2.2. PHYSICAL VIOLENCE IN THE PAST 12 MONTHS BY PERPETRATOR TYPE, AMONG 13- TO 17-YEAR-OLDS

This section examines the prevalence of violence toward 13- to 17-year-olds in the past 12 months by perpetrator type, as well as the specific perpetrator of the *most recent* incident of physical violence within each perpetrator category.

About one in twenty females (5.0 percent) and males (6.8 percent) ages 13–17 experienced physical violence carried out by a parent, adult caregiver, or other adult relative in the past 12 months (Table 5.2.2; Figure 5.2). Among youth ages 13–17 who ever had an intimate partner, 4.1 percent of females experienced physical violence carried out by an intimate partner in the past 12 months. There were too few cases of intimate partner physical violence against males in the past 12 months to report reliable estimates. One in twenty females (5.7 percent) and one in ten males (10.2 percent) experienced physical violence by a peer in the past 12 months, a statistically significant difference. About one in twenty females (5.3 percent) and males (4.2 percent) experienced physical violence by other adults in the community in the past 12 months.

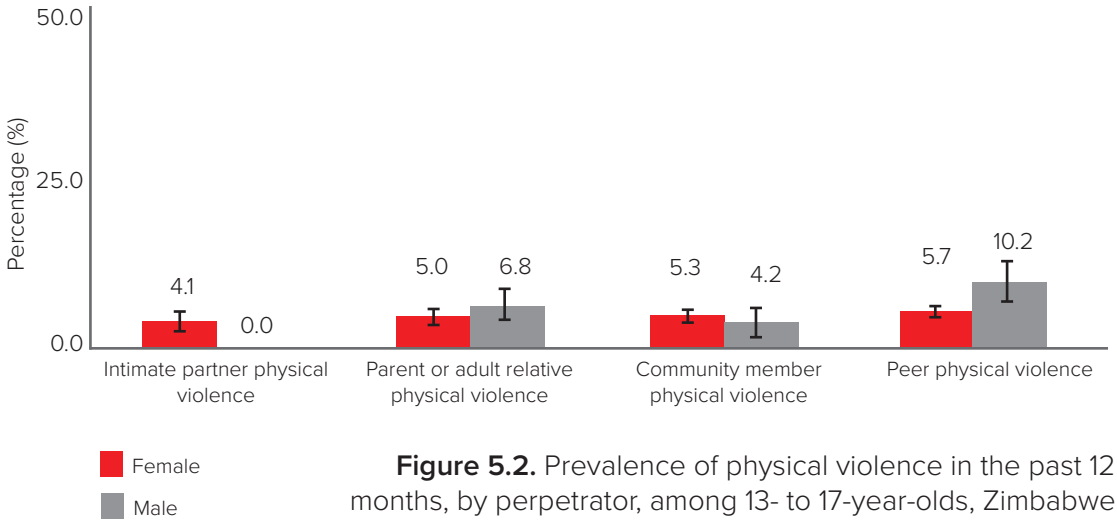


Figure 5.2. Prevalence of physical violence in the past 12 months, by perpetrator, among 13- to 17-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017.

Note: Too few males ages 13–17 had an intimate partner in the past 12 months and experienced intimate partner violence to report reliable estimates of intimate partner physical violence for males.

Source: Zimbabwe Violence Against Children (VACS), 2017

5.3. INJURY AS A RESULT OF PHYSICAL VIOLENCE (13- TO 17-YEAR-OLDS)

This section reports the proportions of 13- to 17-year-old females and males who experienced injuries from physical violence in childhood, both overall and by perpetrator category. Such injuries include cuts, scratches, bruises, aches, redness or swelling, or other minor marks; sprains, dislocations, or blistering; deep wounds, broken bones, broken teeth, or blackened or charred skin; and permanent injury or disfigurement. All injuries reported refer to the *most recent* experience of physical violence among those who experienced physical violence in the past 12 months.

5.3.1. INJURY AS A RESULT OF PHYSICAL VIOLENCE IN THE PAST 12 MONTHS AMONG 13- TO 17-YEAR-OLDS

About one in four females (27.1 percent) and males (23.9 percent) ages 13–17 who experienced any physical violence in the past 12 months were injured by the *most recent* incident (Table 5.3.1; Figure 5.3). Among those who experienced violence by a parent or adult relative in the past 12 months, 40.7 percent of females were injured by the *most recent* incident, though the prevalence of injuries for males was too small to yield reliable estimates. Among those who experienced intimate partner physical violence, 21.3 percent of females were injured in the *most recent* incident. Among those who experienced physical violence carried out by an adult in the community, 11.5 percent of females were injured in the *most recent* experience. Finally, among those who experienced peer physical violence, 21.3 percent of females and 27.5 percent of males were injured by the *most recent* incident in the past 12 months.

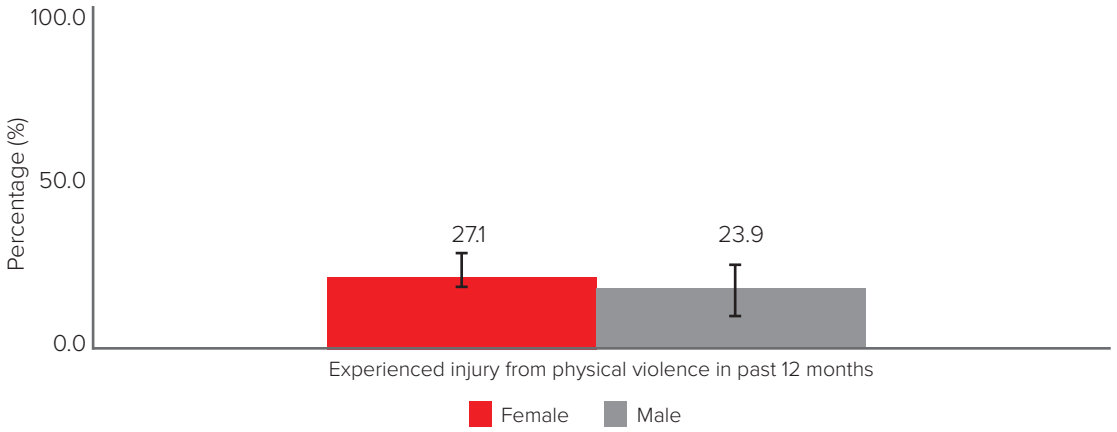


Figure 5.3. Prevalence of experiencing physical harm or injury as a result of the most recent experience of physical violence, among 13- to 17-year-olds who experienced physical violence in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017.

Source: Zimbabwe Violence Against Children (VACS), 2017

5.4. DISCLOSURE AND SERVICE SEEKING AMONG YOUTH WHO EXPERIENCED PHYSICAL VIOLENCE

Participants who experienced physical violence were asked whether they disclosed the incident to anyone. They were also asked if they knew of a place to go for help, such as a hospital/clinic, police station, helpline, or social welfare or legal office. Next, participants were asked whether they sought services and, if applicable, whether they received the services sought.

5.4.1. DISCLOSURE, KNOWLEDGE, AND SERVICE SEEKING FOR PHYSICAL VIOLENCE AMONG 18- TO 24-YEAR-OLDS WHO EXPERIENCED CHILDHOOD PHYSICAL VIOLENCE

Among 18- to 24-year-olds who experienced physical violence in childhood, more than half of females (56.6 percent) and males (59.9 percent) disclosed an experience of physical violence to someone (Table 5.4.1; Figure 5.4). Of those who told someone, 72.7 percent of females and 56.0 percent of males told a relative, and 24.6 percent of females and 43.1 percent of males told a friend or neighbour (Table 5.4.4). Significantly more males (64.1 percent) than females (38.4 percent) knew of a place to seek help for an experience of physical violence, but only about one in eight females (12.2 percent) and males (13.2 percent) sought help, and 10.0 percent of females and 10.0 percent of males received help (Table 5.4.1).

Among those who received help for any experience of physical violence, females most commonly received services from the police or other security personnel (69.9 percent) or a doctor, nurse, or other health care worker (57.1 percent). Almost one in five females received services from a legal professional (17.2 percent) or a social worker or counsellor (17.0 percent), with very few utilizing a helpline (3.2 percent). Too few males in this age group received services for physical violence to generate reliable estimates of sources of services received (Table 5.4.3).

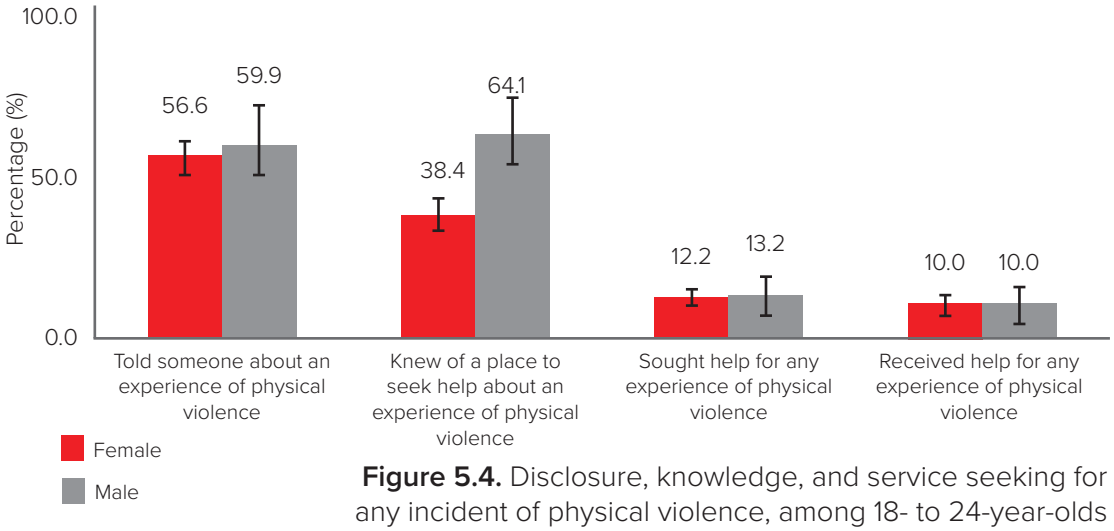


Figure 5.4. Disclosure, knowledge, and service seeking for any incident of physical violence, among 18- to 24-year-olds who experienced physical violence prior to age 18, Zimbabwe Violence Against Children Survey (VACS), 2017.

Source: Zimbabwe Violence Against Children (VACS), 2017

5.4.2. DISCLOSURE, KNOWLEDGE, AND SERVICE SEEKING FOR PHYSICAL VIOLENCE AMONG 13- TO 17-YEAR-OLDS WHO EXPERIENCED PHYSICAL VIOLENCE IN THE PAST 12 MONTHS

Among 13- to 17-year-olds who experienced physical violence in the past year, about three in five females (58.0 percent) and males (61.1 percent) told someone about an experience of physical violence (Table 5.4.2; Figure 5.5). Of those who disclosed, the person most commonly disclosed to was a relative for both females (65.4 percent) and males (81.9 percent; Table 5.4.5). About one-third (32.2 percent) of females and almost half (47.7 percent) of males knew of a place to seek help for an experience of physical violence, but less than one in ten females (6.5 percent) and males (9.1 percent) sought help for any experience of physical violence (Table 5.4.2). Only 4.3 percent of females and 5.6 percent of males received help. Too few respondents experienced physical violence in the past year and received help to generate reliable estimates of sources of services received.

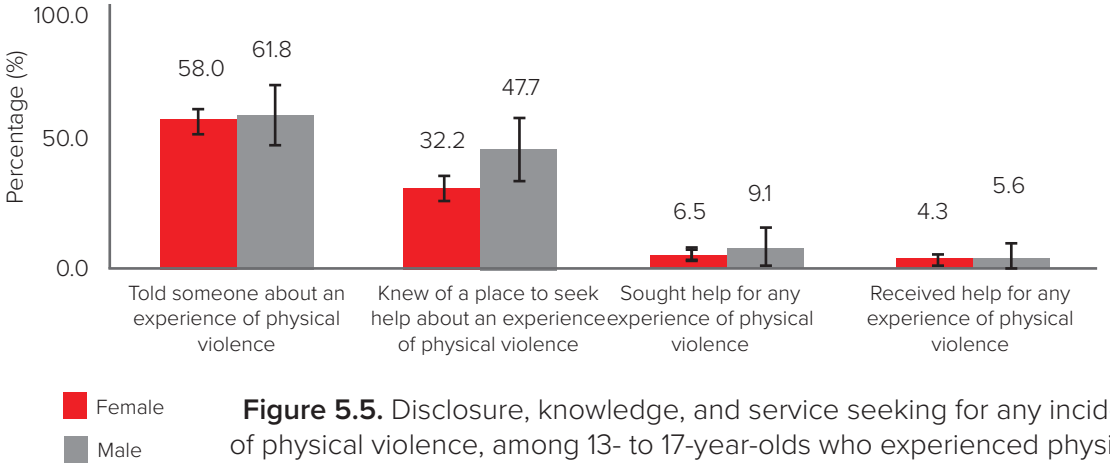


Figure 5.5. Disclosure, knowledge, and service seeking for any incident of physical violence, among 13- to 17-year-olds who experienced physical violence in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017.

Source: Zimbabwe Violence Against Children (VACS), 2017

5.4.3. SERVICE-SEEKING BEHAVIOUR FOR PHYSICAL VIOLENCE AMONG 18- TO 24-YEAR-OLDS WHO EXPERIENCED CHILDHOOD PHYSICAL VIOLENCE

Females ages 18–24 who experienced physical violence in childhood and did not seek services for help indicated that their most common reasons for not seeking services was that they did not think the violence was a problem (33.6 percent) or felt it was their fault (15.6 percent; Table 5.4.6). Males endorsed similar reasons, with the most common reasons for not seeking help being that: they did not think the violence was a problem (47.4 percent) or felt it was their fault (23.6 percent).

5.4.4. SERVICE-SEEKING BEHAVIOUR FOR PHYSICAL VIOLENCE AMONG 13- TO 17-YEAR-OLDS WHO EXPERIENCED PHYSICAL VIOLENCE IN THE PAST 12 MONTHS

Females ages 13–17 who experienced physical violence in the past year and did not seek services most commonly cited they did not seek help because they did not think the violence was a problem (31.1 percent) or were afraid of getting in trouble (17.2 percent; Table 5.4.7). The number of males ages 13–17 who experienced physical violence in the past 12 months and did not seek services was too small to generate reliable estimates regarding their reasons for not seeking services.

SECTION 6

CHILDHOOD EMOTIONAL VIOLENCE: PREVALENCE AND PERPETRATORS

This section describes childhood experiences of *emotional* violence (see Key Terms and Definitions) perpetrated by parents, adult caregivers, or other adult relatives. The specific definition of emotional violence includes participants' being told that they were not loved or did not deserve to be loved; being told someone wished the participant had never been born or were dead; or being ridiculed or put down, for example by being told they were stupid or useless.

6.1. EMOTIONAL VIOLENCE

For those ages 18-24, the *first* perpetrator of emotional violence in childhood is presented, and for those ages 13-17 the *most recent* perpetrator is presented.

6.1.1. PREVALENCE OF EMOTIONAL VIOLENCE IN CHILDHOOD AMONG 18- TO 24-YEAR-OLDS

Among 18- to 24-year-olds, 9.5 percent of females and 6.3 percent of males experienced emotional violence by a parent, adult caregiver, or adult relative before age 18 (Table 6.1.1; Figure 6.1). The majority of youth who experienced emotional violence experienced multiple incidents (females, 81.3 percent; males, 71.1 percent; Table 6.1.2). The *first* incident of emotional violence most often occurred between the ages of 12 and 17 for both females (72.3 percent) and males (91.8 percent), with significantly more females (27.7 percent) than males (8.2 percent) having *first* experienced emotional violence at the age of 11 or younger (Table 6.1.3). The *first* incident was most commonly perpetrated by an uncle or aunt for females (34.3 percent), followed by a parent (31.9 percent) or grandparent (13.9 percent; Table 6.3.1). For males, the *first* incident was also most commonly by an uncle or aunt (27.1 percent), grandparent (26.4 percent), or parent (21.6 percent). The *first* incident was by a perpetrator who lived in the same household for 78.0 percent of females and 49.4 percent of males who experienced emotional violence in childhood, a statistically significant difference between the sexes (Table 6.4.1).

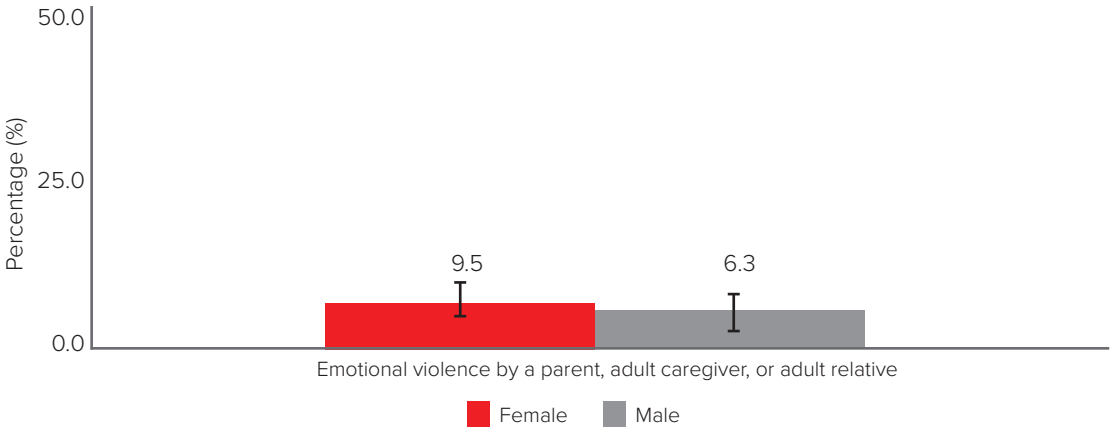


Figure 6.1. Prevalence of emotional violence carried out by a parent, adult caregiver, or adult relative prior to age 18, among 18- to 24-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017.

Source: Zimbabwe Violence Against Children (VACS), 2017

Emotional violence was highest in DREAMS Area 3–Gweru (26.5 percent) and lowest in DREAMS Area 4–Makoni (7.4 percent, Table D.2).

6.1.2. EMOTIONAL VIOLENCE IN THE PAST 12 MONTHS AMONG 13- TO 17-YEAR-OLDS

Among 13- to 17-year-olds, 7.5 percent of females and 7.2 percent of males experienced emotional violence carried out by a parent, caregiver, or adult relative in the past year (Table 6.2.1; Figure 6.2). About four in five females (80.7 percent) who experienced any emotional violence in the past year experienced multiple incidents (Table 6.2.2). Approximately three out of four females (78.5 percent) first experienced emotional violence between the ages of 12 and 17 (Table 6.2.3). For females, the most common perpetrators of the *most recent* incident were parents (39.9 percent), followed by uncles or aunts (24.5 percent) or grandparents (18.6 percent; Table 6.3.2). Reliable estimates could not be generated for males due to small numbers of cases. About three in four females (76.8 percent) lived in the same household as the perpetrator at the time of the *most recent* incident of emotional violence (Table 6.4.2).

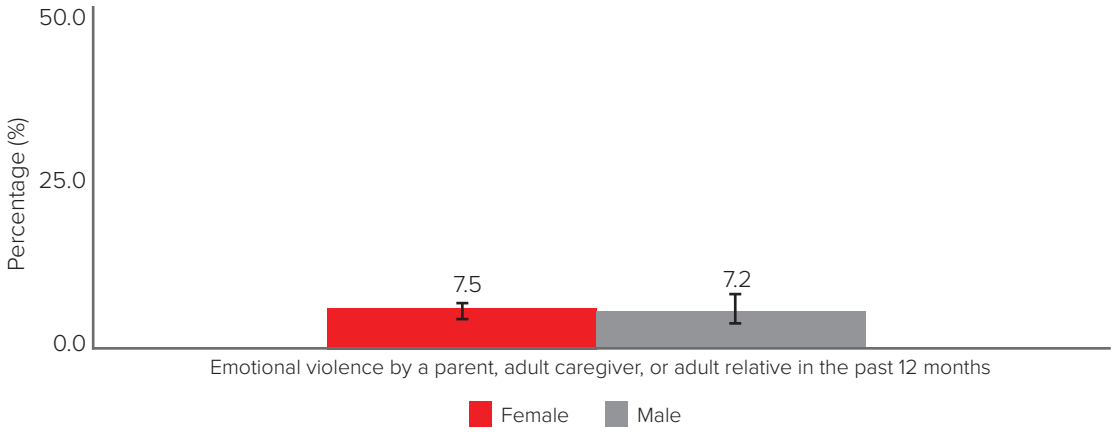


Figure 6.2. Prevalence among 13- to 17-year-olds of emotional violence perpetrated by a parent, caregiver, or adult relative in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017.

Source: Zimbabwe Violence Against Children (VACS), 2017

In DREAMS Area 3–Gweru, there was a significantly higher prevalence of emotional violence (23.3 percent) compared with DREAMS Area 1–Bulawayo (11.3 percent), DREAMS Area 2–Chipinge (5.2 percent), and DREAMS Area 4–Makoni (5.2 percent; Table D.1). There was also significantly higher prevalence of emotional violence in DREAMS Area 6–Mutare (15.6 percent) than in DREAMS Area 2–Chipinge (5.2 percent).

SECTION 7

SEXUAL AND PHYSICAL VIOLENCE AMONG YOUNG ADULTS

This section describes the sexual and physical violence in the past 12 months among young adults. Prevalence, perpetrators, and service seeking for sexual and physical violence are included for 18-24 year-olds who experienced violence in the past year.

7.1. PREVALENCE OF SEXUAL VIOLENCE AMONG YOUNG ADULTS

This section presents the overall prevalence of *sexual* violence and sexual exploitation in the past 12 months among young adults (18 to 24 years old), including the prevalence of each of the four forms of sexual violence.

7.1.1. PREVALENCE OF SEXUAL VIOLENCE IN THE PAST 12 MONTHS AMONG 18- TO 24-YEAR-OLDS

In the past 12 months, 5.3 percent of females and 0.7 percent of males ages 18–24 experienced sexual violence (Table 7.1.1; Figure 7.1). The prevalence of experiencing sexual violence in the past 12 months was significantly higher for females than for males. Among females, 2.3 percent experienced unwanted sexual touching, 2.2 percent experienced unwanted attempted sex, 0.7 percent experienced pressured sex, and 1.5 percent experienced physically forced sex in the past 12 months (Table 7.1.2). Less than 1 percent of males experienced sexual touching (0.2 percent) and unwanted attempted sex (0.4 percent) in the past 12 months, and no males experienced pressured sex or physically forced sex. Among females, 2.0 percent experienced any pressured or physically forced sex in the past 12 months (Table 7.1.3). Among females who experienced sexual violence in the past 12 months, more than three out of five (61.2 percent) experienced multiple incidents (Table 7.1.4).

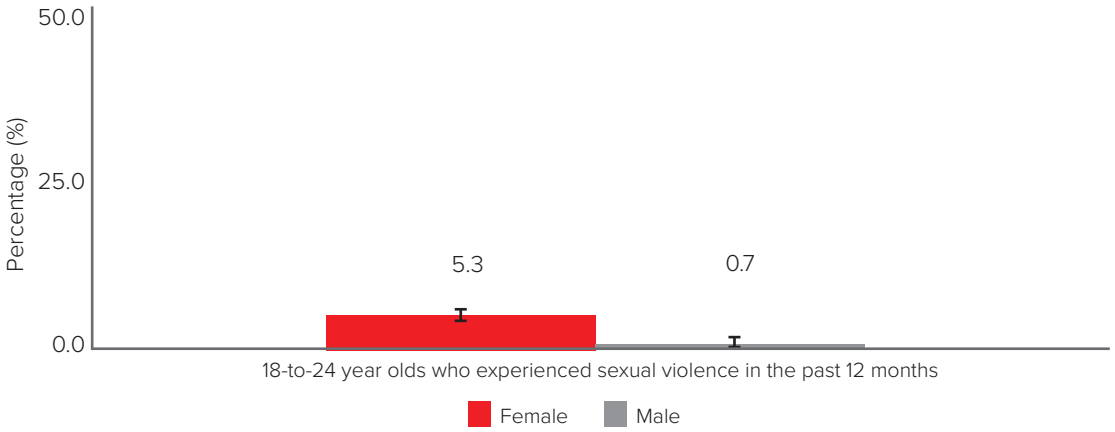


Figure 7.1. Prevalence of sexual violence in the past 12 months among 18- to 24-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017.

Source: Zimbabwe Violence Against Children (VACS), 2017

7.1.2. PREVALENCE OF TRANSACTIONAL SEX IN THE PAST 12 MONTHS AMONG 18- TO 24-YEAR-OLDS

Among 18- to 24-year-olds who had ever had sex, significantly more females (3.7 percent) than males (1.0 percent) received money, gifts, food, or favours in exchange for sex in the past 12 months (Table 7.1.5).

7.1.3. PERPETRATORS OF THE MOST RECENT INCIDENT OF SEXUAL VIOLENCE IN THE PAST 12 MONTHS AMONG 18- TO 24-YEAR-OLDS

The most common perpetrators of the *most recent* incidents of sexual violence experienced by young adult females in the past 12 months included a current or previous spouse, boyfriend, or romantic partner (72.0 percent); a stranger (8.0 percent); and a friend (7.4 percent; Table 7.2.1). Nearly half (45.9 percent) of females who experienced sexual violence and 45.5 percent of those who experienced pressured or physically forced sex in the past 12 months perceived the perpetrators of the *most recent* incidents to be at least five years older than the victim (Table 7.2.2). More than one perpetrator was involved in the *most recent* incident for 6.3 percent of females who experienced sexual violence in the past 12 months (Table 7.2.3). The number of males who experienced sexual violence in the past 12 months was too small to generate reliable data about perpetrators.

7.1.4. DISCLOSURE AND SERVICE SEEKING AMONG 18- TO 24-YEAR-OLDS WHO EXPERIENCED SEXUAL VIOLENCE IN THE PAST 12 MONTHS

Among females ages 18–24 who experienced sexual violence in the past 12 months, over half (52.9 percent) told someone about their experience, 42.8 percent knew of a place to seek help, and 7.3 percent sought help, but only 6.2 percent received help for sexual violence (Table 7.3.1). Those who disclosed their experience to anyone most frequently told a relative (56.1 percent) or a friend or neighbour (41.9 percent; Table 7.3.2). Among those who did not seek services for sexual violence, the most common reasons were that they did not think the violence was a problem (34.2 percent), did not need or want services (19.0 percent), or were afraid of getting in trouble (11.0 percent; Table 7.3.3). Too few males in this age group experienced sexual violence in the past year to generate reliable estimates of disclosure or service-seeking behaviour.

72%

The prevalence of experiencing sexual violence in the past 12 months was significantly higher for females than for males. The most common perpetrators of the most recent incidents of sexual violence experienced by young adult females in the past 12 months included a current or previous spouse, boyfriend, or romantic partner at 72 percent.

7.2. PREVALENCE OF PHYSICAL VIOLENCE AMONG YOUNG ADULTS

This section presents the overall prevalence of physical violence in the past 12 months among young adults (18–24 years old). The prevalence of each of the four forms of sexual violence is also described.

7.2.1. PREVALENCE OF PHYSICAL VIOLENCE IN THE PAST 12 MONTHS AMONG 18- TO 24-YEAR-OLDS

Among 18- to 24-year-olds, 8.8 percent of females and 11.4 percent of males experienced physical violence in the past year (Table 7.4.1; Figure 7.2). In the past 12 months, significantly more females (5.8 percent) than males (1.6 percent) experienced physical violence by an intimate partner (Table 7.4.2). Statistically significant differences were also found between females and males for prevalence of physical violence by an adult in the community (females, 0.8 percent; males, 3.1 percent) and physical violence carried out by peers (females, 1.3 percent; males, 7.8 percent) in the past year. There was not a significant difference in prevalence of physical violence by a parent or adult relative in the past year between females (1.8 percent) and males (1.2 percent). Among those who experienced physical violence in the past year, more than one in three females (35.6 percent) and almost half (48.6 percent) of males were injured during their *most recent* experience of physical violence (Table 7.4.3).

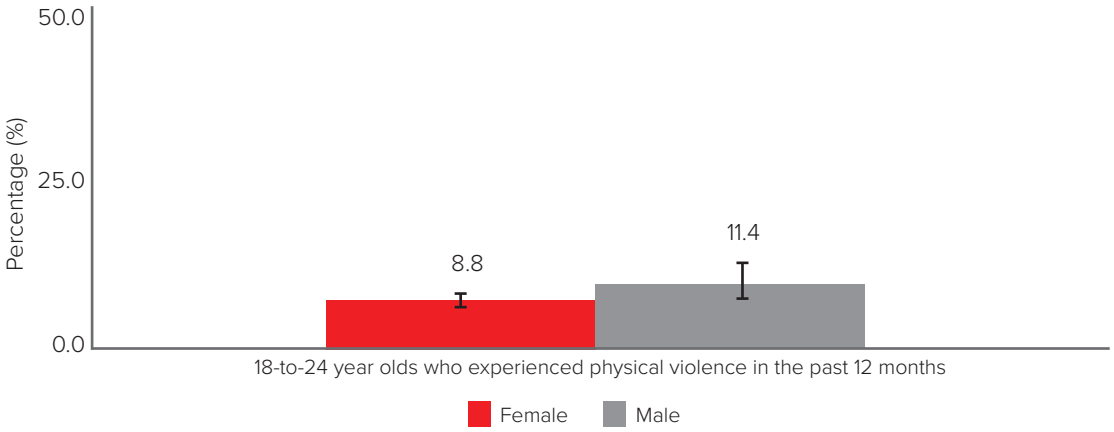


Figure 7.2. Prevalence of physical violence in the past 12 months among 18- to 24-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017.

Source: Zimbabwe Violence Against Children (VACS), 2017

7.2.2. DISCLOSURE, KNOWLEDGE, AND SERVICE SEEKING AMONG 18- TO 24-YEAR-OLDS WHO EXPERIENCED PHYSICAL VIOLENCE IN THE PAST 12 MONTHS

Three out of four females (74.0 percent) and six out of seven males (86.0 percent) ages 18–24 who experienced physical violence in the past 12 months told someone about their experience (Table 7.5.1; Figure 7.3). Among those who disclosed, females (76.1 percent) and males (41.7 percent) most often told a relative, or a friend or neighbour (females, 19.6 percent; males, 33.5 percent; Table

7.5.3). Nearly half (46.6 percent) of females and over half (53.5 percent) of males knew of a place to seek help, 16.5 percent of females and 20.5 percent of males sought help, and 13.0 percent of females and 12.9 percent of males received help (Table 7.5.1). Females most commonly sought help from the police or other security personnel (76.8 percent) or a doctor, nurse, or other health care worker (54.5 percent); reliable estimates could not be generated for males (Table 7.5.2). Among females who did not seek services for physical violence, the most common reasons were that they did not think the violence was a problem (22.6 percent) or were afraid of getting in trouble (17.2 percent; Table 7.5.4).

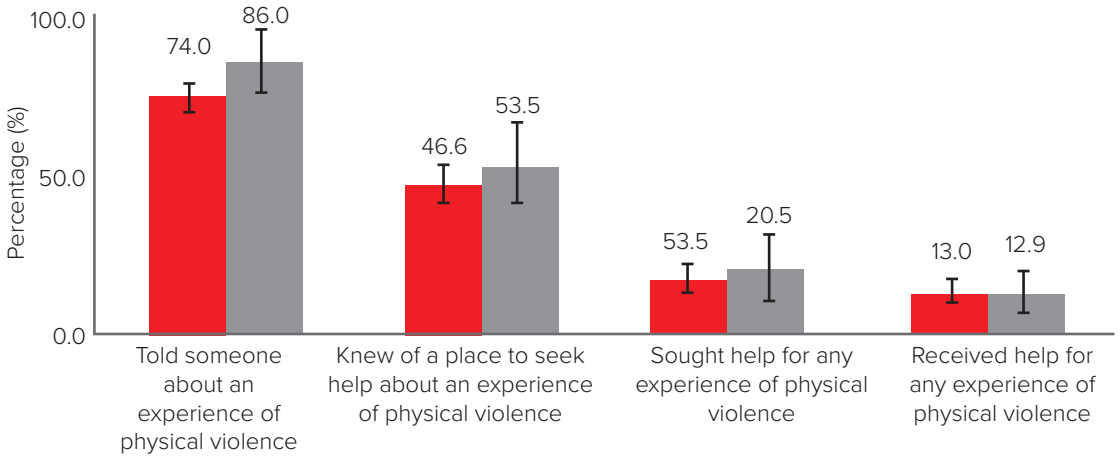


Figure 7.3. Disclosure, knowledge, and service seeking for any incident of physical violence, among 18- to 24-year-olds who experienced any physical violence in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017.

Source: Zimbabwe Violence Against Children (VACS), 2017

SECTION 8

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

Although specific forms of violence have a distinctive nature and can occur in isolation, attempts to "categorize" violence can be somewhat artificial given that the boundaries between acts of violence often become blurred. For example, sexual violence is often inflicted through the use of physical violence and/or psychological intimidation, a form of emotional violence. This VACS investigated overlap in the three types of violence.

Overlaps could happen in one of two ways: (1) violence could occur simultaneously, such as when a youth is being subjected to emotional and physical violence at the same time, and/or (2) violence could occur to the same youth but at different points in time. The overlap of sexual, physical, and emotional violence experienced before age 18 is described here. In this section, sexual violence includes the four subtypes of sexual violence only (it does not include sexual exploitation/ transactional sex).

8.1. OVERLAP OF TYPES OF VIOLENCE IN CHILDHOOD AND IN THE PAST 12 MONTHS AMONG 18- to 24-YEAR-OLDS

Among 18- to 24-year-olds, about one in four females (26.5 percent) and males (26.3 percent) experienced any violence before age 18; 10.3 percent of females and 19.0 percent of males experienced physical violence only, 4.3 percent of females and 3.1 percent of males experienced emotional violence only, and 4.5 percent of females and 0.2 percent of males experienced sexual violence only (Table 8.1.1). Significantly more females than males experienced only sexual violence in childhood, while significantly more males than females experienced only physical violence in childhood. There was also some overlap in experiences of violence: 6.3 percent of females and 4.1 percent of males experienced two types of violence in childhood, and 1.1 percent of females experienced all three types.

More than one in six 18- to 24-year-olds (females, 17.5 percent; males, 17.3 percent) experienced any violence in the past 12 months (Table 8.1.3). In this age group, significantly more males (10.1 percent), compared with females (5.7 percent), experienced physical violence only, and 3.4 percent of females experienced sexual violence only in the past 12 months.

8.2. OVERLAP OF TYPES OF VIOLENCE IN THE PAST 12 MONTHS AMONG 13- to 17-YEAR-OLDS

Among 13- to 17-year-olds, one in five females (19.9 percent) and males (19.2 percent) experienced any violence in the past 12 months (Table 8.1.2). Among youth in this age group, 9.7 percent of females and 12.0 percent of males experienced physical violence only, 3.3 percent of females and 2.8 percent of males experienced emotional violence only, and 1.9 percent of females experienced sexual violence only in the past 12 months. Fewer than one in twenty females (4.3 percent) and males (4.2 percent) experienced two forms of violence in the past 12 months.

SECTION 9

HEALTH CONDITIONS ASSOCIATED WITH SEXUAL, PHYSICAL, AND EMOTIONAL VIOLENCE

This section describes health-related outcomes in young adulthood among 18- to 24-year-olds who experienced sexual, physical, and/or emotional violence in childhood, compared with those who did *not* experience any violence. The health outcomes assessed include mental distress in the past 30 days; alcohol intoxication in the past 30 days; cigarette smoking in the past 30 days; substance use in the past 30 days; self-harm behaviours, suicidal ideation, and suicide attempts; and symptoms or diagnosis of sexually transmitted infections, or STIs (*ever*). Health outcomes that do not specify 'in the past 30 days' may have occurred at any time in the person's life (*ever*). This section also describes pregnancy among females as a result of pressured or physically forced sex, and missed school after sexual violence.

Among females ages 18–24 who experienced childhood sexual violence, significantly more (56.4 percent) experienced moderate or serious mental distress in the past 30 days compared with those who did not experience sexual violence (32.8 percent).

9.1. SEXUAL, PHYSICAL, AND EMOTIONAL VIOLENCE IN CHILDHOOD, AND MENTAL AND PHYSICAL HEALTH AMONG 18- to 24-YEAR-OLDS

Mental health in the past 30 days was measured using the Kessler Psychological Distress Scale (K6), which consists of six questions that assess a person's general emotional state over the past month. Each response is scored between 0 (*none of the time*) and 4 (*all of the time*), and summed for a total possible score ranging between 0 and 24 points. A score of 5 points or more indicates moderate or serious mental distress.

9.1.1. SEXUAL VIOLENCE

Among females ages 18–24 who experienced childhood sexual violence, significantly more (56.4 percent) experienced moderate or serious mental distress in the past 30 days compared with those who did not experience sexual violence (32.8 percent; Table 9.1.1; Figure 9.1). Three out of ten females (30.6 percent) who experienced sexual violence had ever thought of suicide, compared with 11.2 percent of those who did not experience sexual violence in childhood, a statistically significant difference. Among those who had ever thought of suicide, 43.4 percent of females who experienced childhood sexual violence had attempted suicide, compared with 34.3 percent of those

Three out of ten females who experienced sexual violence had ever thought of suicide.

who did not experience childhood sexual violence. Significantly more females who experienced childhood sexual violence experienced STI symptoms or a diagnosis (15.0 percent), compared with females who had not experienced any sexual violence (6.6 percent). There were no significant differences in the prevalence of cigarette smoking or substance use in the past 30 days between females who experienced childhood sexual violence and those who did not.

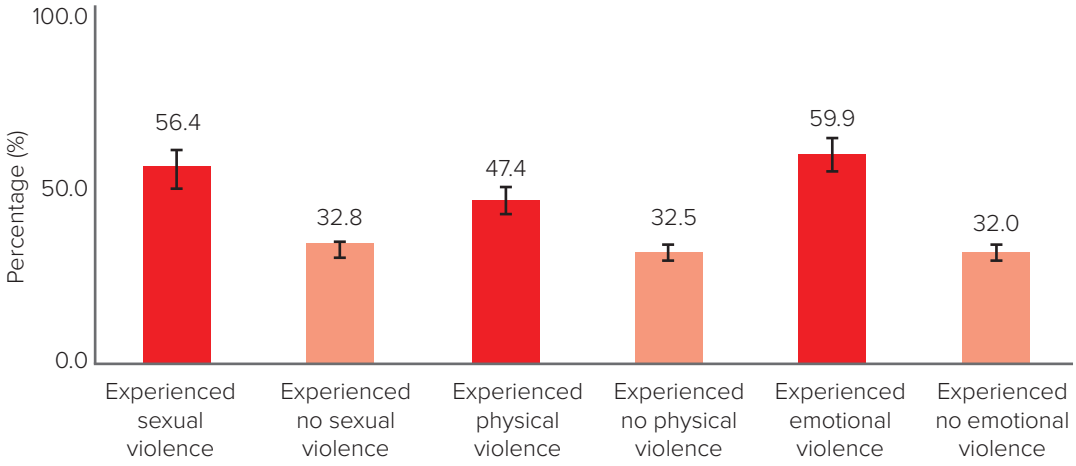


Figure 9.1. Prevalence of moderate or serious mental distress in the past 30 days among 18- to 24-year-old females who experienced various types of violence prior to age 18, Zimbabwe Violence Against Children Survey (VACS), 2017.

Source: Zimbabwe Violence Against Children (VACS), 2017

There were too few cases of males who experienced sexual violence in childhood to generate reliable estimates of health conditions for those who did versus did not experience sexual violence.

9.1.2. PHYSICAL VIOLENCE

Females ages 18–24 who experienced childhood physical violence were significantly more likely to have current moderate or serious mental distress (47.4 percent; Table 9.1.1; Figure 9.1), to ever have thought of suicide (24.6 percent), or to have had symptoms of or a diagnosis of an STI (12.0 percent), compared with females with no childhood physical violence (32.5 percent, 10.7 percent, and 6.4 percent, respectively). There were no significant differences in the prevalence of ever attempting suicide, or of having smoked cigarettes or used controlled substances in the past 30 days, between females who experienced childhood physical violence and those who did not.

There were no statistically significant differences in prevalence of certain health conditions and behaviours among males ages 18–24 who experienced childhood physical violence and those who did not (Table 9.1.2).

Females ages 18–24 who experienced childhood physical violence were significantly more likely to have current moderate or serious mental distress, to ever have thought of suicide, or to have had symptoms of or a diagnosis of an STI, compared with females with no childhood physical violence.

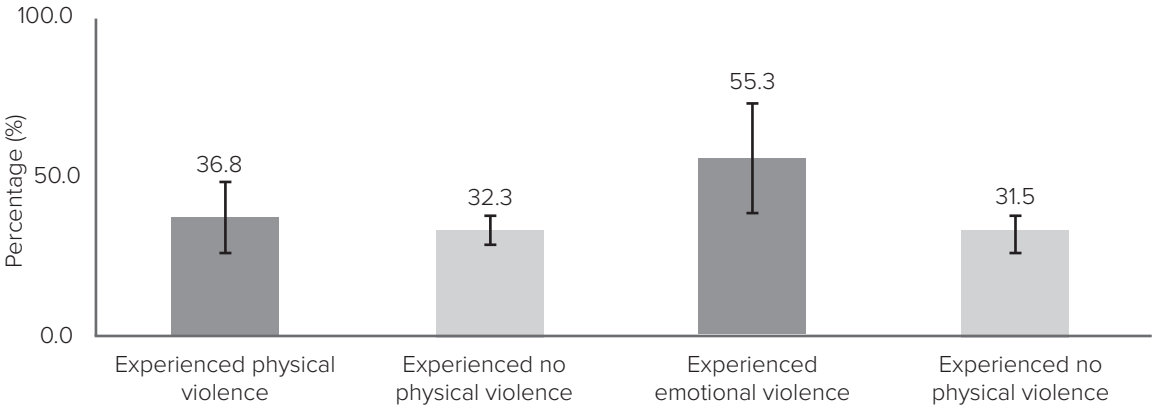


Figure 9.2. Prevalence of moderate or serious mental distress in the past 30 days among 18- to 24-year-old males who experienced various types of violence prior to age 18, Zimbabwe Violence Against Children Survey (VACS), 2017.

Source: Zimbabwe Violence Against Children (VACS), 2017

9.1.3. EMOTIONAL VIOLENCE

Females ages 18–24 who experienced childhood emotional violence had significantly higher prevalence of mental distress in the past 30 days (59.9 percent) than those who did not experience emotional violence in childhood (32.0 percent; Table 9.1.1). One in three females (35.2 percent) who experienced emotional violence in childhood, compared with one in ten of those who did not (10.5 percent), had ever thought about suicide. Significantly more females who experienced childhood emotional violence (6.1 percent) than those who did not (1.9 percent) ever intentionally hurt themselves. Females who experienced childhood emotional violence were more likely to have STI symptoms or diagnosis (11.6 percent) than those who did not experience emotional violence in childhood (6.9 percent).

Among males ages 18–24 who experienced emotional violence in childhood, significantly more (55.3 percent) experienced mental distress in the past 30 days compared with those who did not experience emotional violence (31.5 percent) prior to age 18 (Table 9.1.2).

9.2. SEXUAL, PHYSICAL, AND EMOTIONAL VIOLENCE IN THE PAST 12 MONTHS, AND MENTAL AND PHYSICAL HEALTH AMONG 13- to 17-YEAR-OLDS

9.2.1. SEXUAL VIOLENCE

Significantly more females ages 13–17 who experienced sexual violence in the past year were mentally distressed in the past 30 days (40.2 percent) than females who did not experience sexual violence in the past year (18.2 percent; Table 9.2.1; Figure 9.3). There were also significant differences between females who did versus did not experience sexual violence in the past 12 months for having ever thought about suicide (29.6 percent and 6.3 percent, respectively). There were no significant differences in the prevalence of cigarette smoking, excessive alcohol use, substance use, or STIs between females who experienced childhood sexual violence and those who did not.

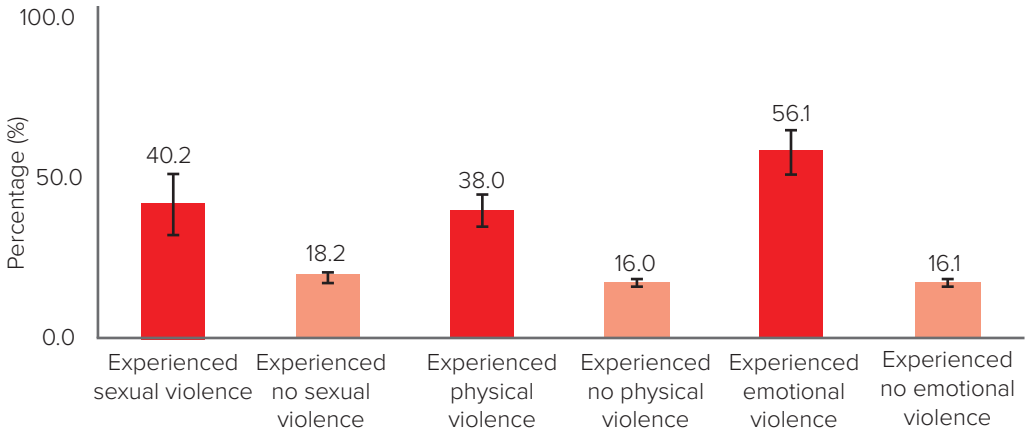


Figure 9.3. Prevalence of moderate or serious mental distress in the past 30 days among 13- to 17-year-old females who did and did not experience various types of violence in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017.

Source: Zimbabwe Violence Against Children (VACS), 2017

There were too few cases of males in this age group who experienced sexual violence in the past year to generate reliable estimates of mental and physical health conditions (Table 9.2.2).

9.2.2. PHYSICAL VIOLENCE

There were significant differences between females ages 13–17 who experienced physical violence in the past 12 months and those who did not in the areas of mental distress in the past 30 days (38.0 percent versus 16.0 percent), having ever thought of suicide (17.5 percent versus 5.5 percent), and having ever had STI symptoms or diagnosis (6.3 percent versus 2.4 percent; Table 9.2.1).

Males ages 13–17 who experienced physical violence in the past 12 months had significantly higher prevalence of mental distress (31.8 percent) compared with those who did not (15.4 percent; Table 9.2.2).

9.2.3. EMOTIONAL VIOLENCE

Females ages 13–17 who experienced emotional violence in the past 12 months had significantly higher prevalence of ever having thought about suicide (32.4 percent), compared with females who did not experience emotional violence in the past 12 months (5.2 percent; Table 9.2.1; Figure 9.4). There were also significant differences between the two groups' experience of mental distress in the past 30 days (56.1 percent versus 16.1 percent).

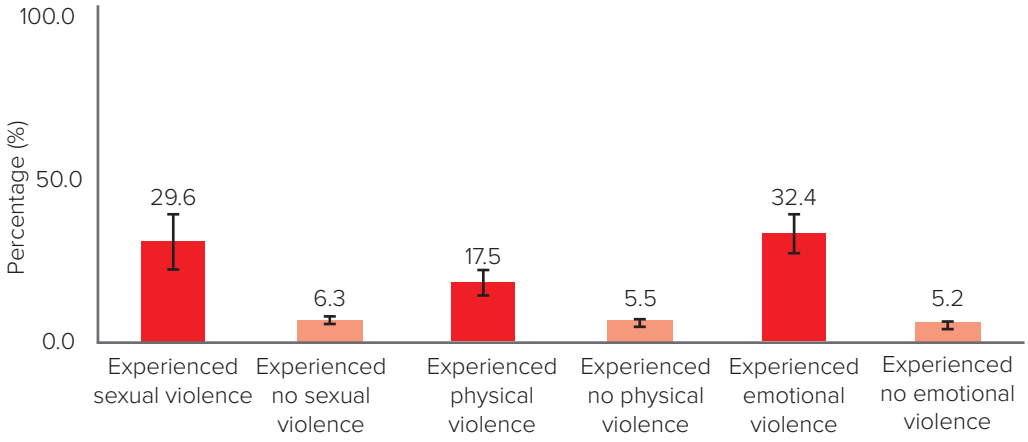


Figure 9.4. Prevalence of suicide ideation (ever) among 13- to 17-year-old females who experienced various types of violence in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017.

Source: Zimbabwe Violence Against Children (VACS), 2017

There were too few cases of males who experienced emotional violence in the past 12 months to generate reliable estimates of physical and mental health conditions (Table 9.2.2).

9.3. PREGNANCY AS A RESULT OF THE FIRST OR MOS RECENT EPISODE OF PRESSURED OR FORCED SEX AMONG 13- to 24-YEAR-OLD FEMALES

Nearly one in four females (23.3 percent) ages 13–24 who experienced pressured or physically forced sex became pregnant as a result of the *first* or *most recent* incident (Table 9.3.1).

9.4. MISSED SCHOOL DUE TO SEXUAL OR PHYSICAL VIOLENCE AMONG 18- to 24-YEAR-OLDS WHO EXPERIENCED SEXUAL OR PHYSICAL VIOLENCE BEFORE AGE 18

Among females ages 18–24 who had ever attended school and experienced childhood sexual violence, 13.1 percent ever missed school due to sexual violence; too few males in this age group missed school due to childhood sexual violence to generate reliable estimates (Table 9.4.1). Similarly, 14.1 percent of females who experienced childhood physical violence missed school due to physical violence (Table 9.4.2). About one in ten males (11.6 percent) ages 18–24 who experienced childhood physical violence ever missed school due to physical violence.

9.5. MISSED SCHOOL DUE TO SEXUAL OR PHYSICAL VIOLENCE AMONG 13- to 17-YEAR-OLDS WHO EXPERIENCED SEXUAL OR PHYSICAL VIOLENCE

Almost one in ten females (8.4 percent) ages 13–17 who experienced sexual violence missed school due to sexual violence (Table 9.4.1). Among females and males who experienced physical violence, 13.0 percent of females and 8.9 percent of males missed school due to physical violence (Table 9.4.2).

Almost one in ten females ages 13–17 who experienced sexual violence missed school due to sexual violence.

SECTION 10

SEXUAL RISK-TAKING BEHAVIOURS AND HIV

This section examines the association between exposure to violence in childhood and sexual risk-taking behaviours such as having multiple sexual partners, infrequent condom use, and sexual exploitation. Having *multiple sexual partners* is defined as having two or more sexual partners in the past 12 months. *Infrequent condom use* is defined as never or sometimes using condoms, whether unmarried or married. *Sexual exploitation* is defined as sex in exchange for material support or other help in the past 12 months.

The analyses were restricted to participants ages 19–24 to ensure that exposure to violence in childhood and past-12-month risk-taking behaviours were separated in time. The inclusion of only those age 19 or older ensures that violence in childhood preceded involvement in current sexual risk-taking behaviours.

10.1. SEXUAL RISK-TAKING BEHAVIOURS IN THE PAST 12 MONTHS AMONG 19- to 24-YEAR-OLDS

Among 19- to 24-year-olds who had sex in the past year, significantly more males than females had two or more sex partners in the past year (31.1 percent and 2.8 percent, respectively; Table 10.1.1; Figure 10.1). Males had a significantly higher percentage of infrequent condom use in the past 12 months (males, 37.9 percent; females, 14.5 percent). More females (3.6 percent) than males (0.5 percent) engaged in transactional sex in the past year.

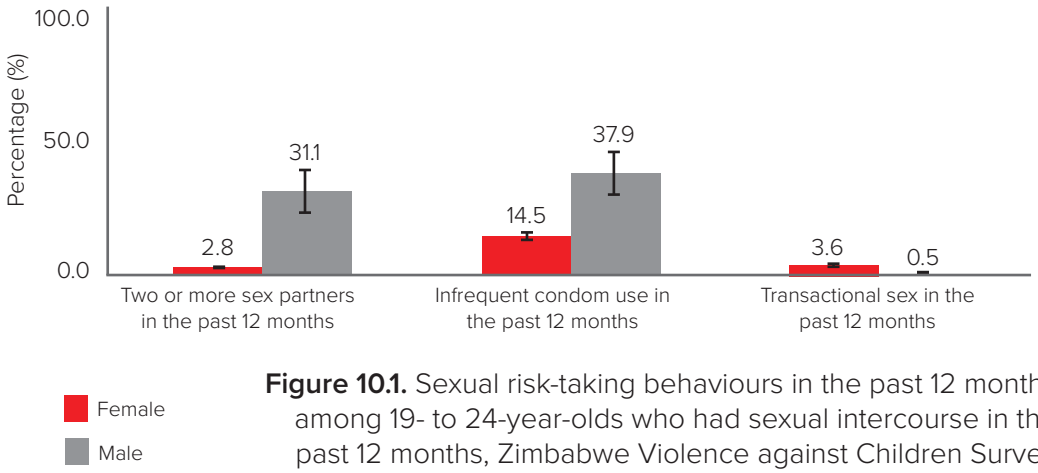


Figure 10.1. Sexual risk-taking behaviours in the past 12 months among 19- to 24-year-olds who had sexual intercourse in the past 12 months, Zimbabwe Violence against Children Survey (VACS), 2017.

Source: Zimbabwe Violence Against Children (VACS), 2017

10.1.1. SEXUAL RISK-TAKING BEHAVIOURS IN THE PAST 12 MONTHS AMONG 18- TO 24-YEAR-OLDS EXPOSED TO SEXUAL, PHYSICAL, AND EMOTIONAL VIOLENCE IN CHILDHOOD

This section examines the prevalence of multiple sex partners and infrequent condom use, both in the past 12 months, among 18- to 24-year-olds who did, versus did not, experience sexual, physical, or emotional violence in childhood. Among females who experienced sexual violence in childhood, 6.4 percent had multiple sex partners and 19.7 percent infrequently used condoms, compared with 2.4 percent and 14.0 percent, respectively, of those who did not experience childhood sexual violence (Table 10.1.2; Figure 10.2). Among females who experienced physical violence, 4.9 percent had multiple sex partners and 17.5 percent infrequently used a condom, compared with 2.4 percent and 13.9 percent who did not experience physical violence (Table 10.1.3; Figure 10.3). For males who experienced physical violence, 40.3 percent had multiple sex partners and 43.3 percent infrequently used condoms, compared with 29.2 percent and 36.8 percent, respectively, of males who did not experience physical violence (Figure 10.4). Among females who experienced emotional violence, 3.7 percent had multiple sex partners and 19.8 percent had infrequent condom use, compared with 2.7 percent and 13.8 percent, respectively, of females who did not experience emotional violence in childhood (Table 10.1.4). There were too few cases of males who experienced emotional violence to generate reliable estimates of infrequent condom use or multiple sex partners.

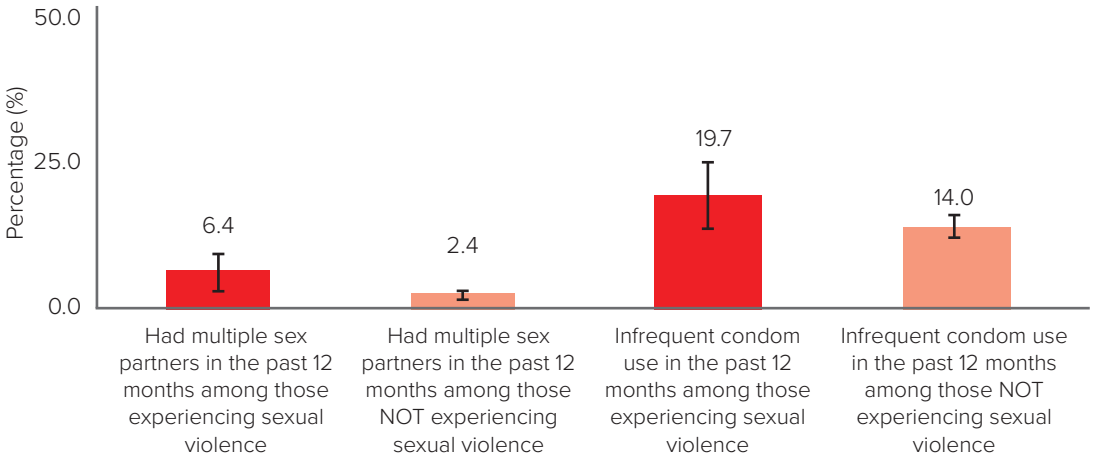


Figure 10.2. Prevalence of multiple sexual partners and infrequent condom use in the past 12 months among 19- to 24-year-old females who experienced sexual violence in childhood and had sexual intercourse in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017.

Source: Zimbabwe Violence Against Children (VACS), 2017

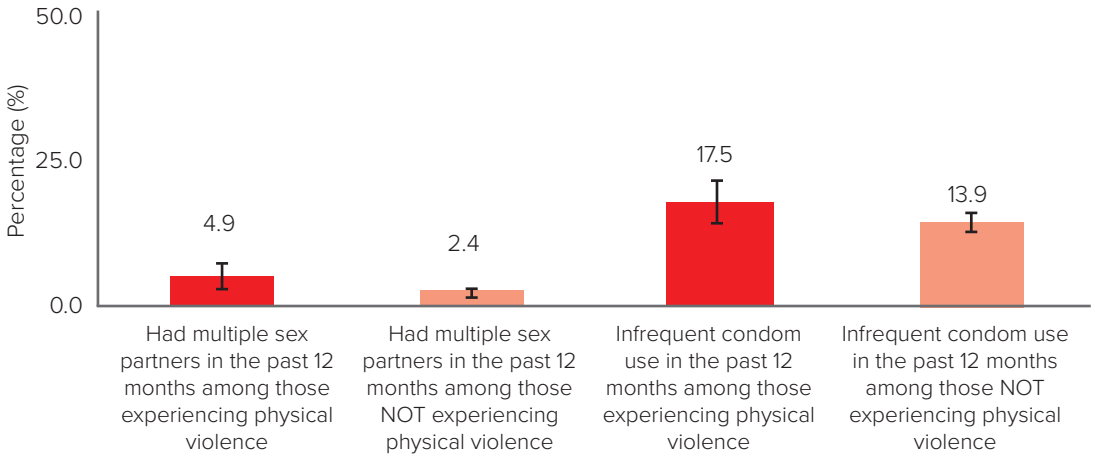


Figure 10.3. Prevalence of multiple sexual partners and infrequent condom use in the past 12 months among 19- to 24-year-old females who experienced physical violence in childhood and had sexual intercourse in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017.

Source: Zimbabwe Violence Against Children (VACS), 2017

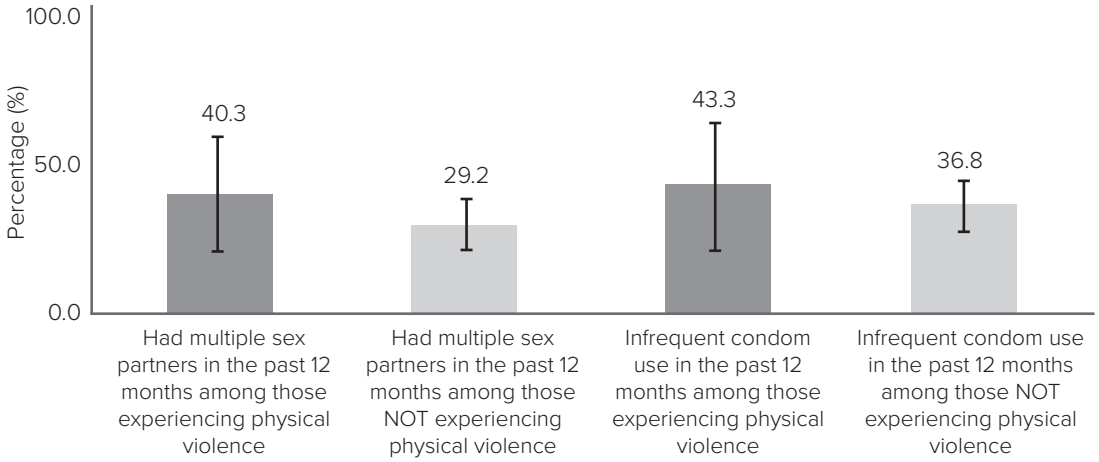


Figure 10.4. Prevalence of having multiple sexual partners and infrequent condom use in the past 12 months among 19- to 24-year-old males who experienced physical violence in childhood and had sexual intercourse in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017.

Source: Zimbabwe Violence Against Children (VACS), 2017

10.2. HIV/AIDS TESTING KNOWLEDGE, BEHAVIOURS, AND STATUS

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

Although unwanted sexual touching and unwanted attempted sexual intercourse are low risk for direct HIV transmission, those results are presented nevertheless, because *all* forms of sexual violence may increase the risk of HIV indirectly—through diminished ability to negotiate safe sex and through engagement in sexual risk-taking behaviours later in life.

10.2.1. KNOWLEDGE AND BEHAVIOURS RELATED TO HIV TESTING

Data are presented in a single age range of 16-24 years, as the age of consent for HIV testing is 16 years old in Zimbabwe.

Knowledge of where to get an HIV test was high among 16- to 24-year-olds. Of those who had ever had sex (see Section 3.5, Sexual History), 93.3 percent of females and 92.7 percent of males knew where to go for an HIV test, but 8.8 percent of females and 31.2 percent of males had never been tested for HIV—a statistically significant difference (Table 10.2.1). Among those who had been tested, 98.2 percent of females and 97.3 percent of males had received their test results (Figure 10.5). Among those who had ever had sex but were never tested for HIV, more than one in four females (26.5 percent) and one in three males (35.9 percent) did not think they needed a test or thought they were at low risk for contracting HIV (Table 10.2.4), and more than one in ten females (12.5 percent) did not know where to get a test for HIV.

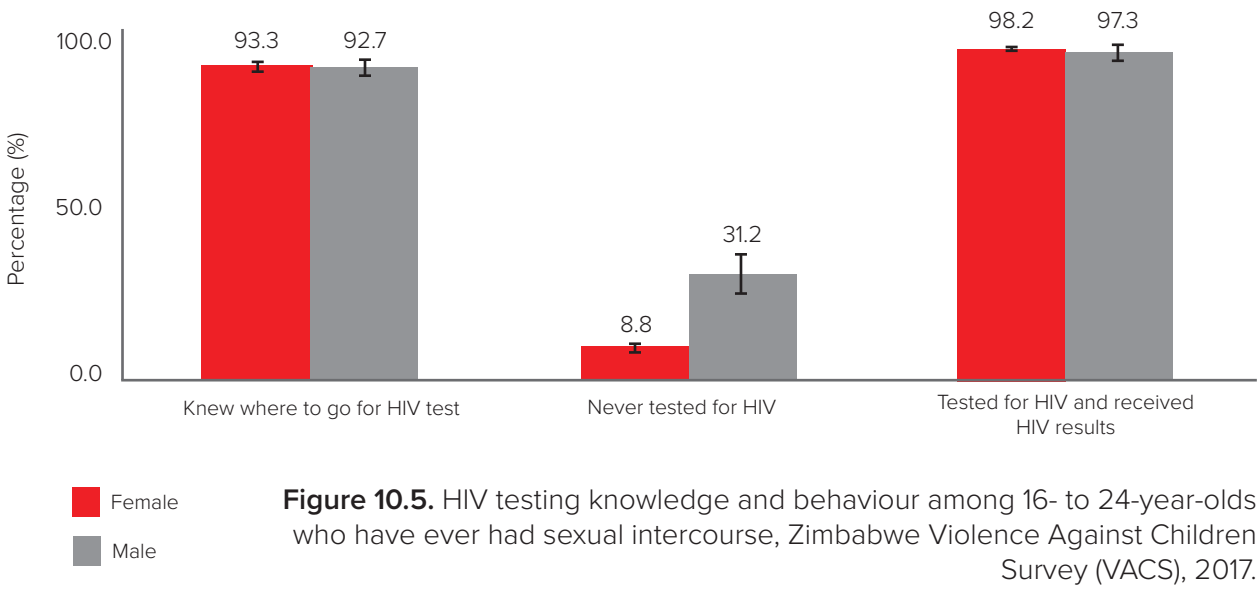


Figure 10.5. HIV testing knowledge and behaviour among 16- to 24-year-olds who have ever had sexual intercourse, Zimbabwe Violence Against Children Survey (VACS), 2017.

Source: Zimbabwe Violence Against Children (VACS), 2017

HIV testing knowledge, previous HIV testing, and receipt of test results did not differ between females and males who did versus did not experience sexual violence or physical violence in childhood, with one exception (Tables 10.2.2 and 10.2.3). Significantly more females who experienced childhood sexual violence had never been tested for HIV (19.0 percent), compared with those who did not experience childhood sexual violence (8.3 percent). Too few males experienced sexual violence in childhood to report reliable estimates of HIV testing history and knowledge among victims of sexual violence.

10.2.2. HIV STATUS

This section describes HIV status of 16- to 24-year-olds, as well as differences in HIV status based on experiences of sexual, physical, or emotional violence in childhood. HIV status was determined through HIV testing or participant self-reporting of the results of a prior HIV test.

Among 16- to 24-year-olds, 4.5 percent of females and 3.5 percent of males were HIV positive, measured through HIV testing or self-report (Table 10.3.1). Among youth who ever experienced any violence, 5.6 percent of females and 2.6 percent of males were HIV positive, compared with 3.7 percent of females and 3.9 percent of males who did *not* experience any violence (Figure 10.6). The difference for females was statistically significant.

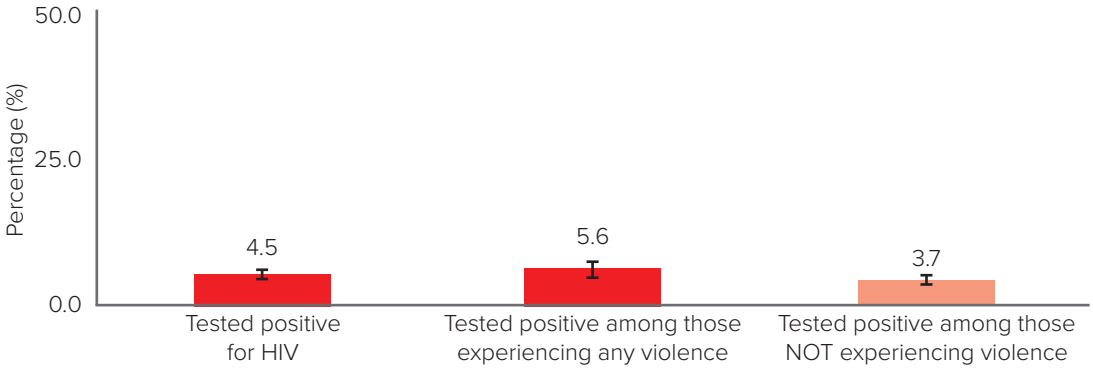


Figure 10.6. Prevalence of testing positive for HIV among 16- to 24-year-old females, overall and by experience of any violence in childhood, Zimbabwe Violence Against Children Survey (VACS), 2017.

Source: Zimbabwe Violence Against Children (VACS), 2017

Among those who experienced sexual violence, 5.2 percent of females were HIV positive, compared with 4.3 percent of females who did not experience sexual violence (Figure 10.7). For those who experienced physical violence, 6.2 percent of females and 3.1 percent of males were HIV positive, compared with 3.8 percent of females and 3.6 percent of males who did not experience physical violence. The difference for females was statistically significant. For emotional violence, 7.1 percent of females who experienced emotional violence were HIV positive, compared with 4.0 percent who did not, again a statistically significant difference. Too few males reported sexual or emotional violence in childhood to yield reliable estimates of HIV-positive status by experience of sexual or emotional violence.

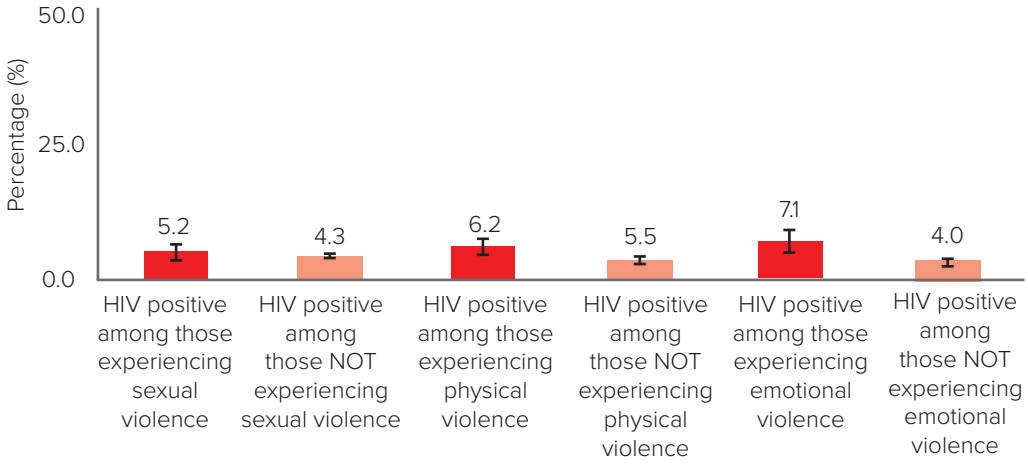


Figure 10.7. Prevalence of testing positive for HIV among 16- to 24-year-old females, overall and by experience of sexual, physical, and emotional violence in childhood, Zimbabwe Violence Against Children Survey (VACS), 2017.

Source: Zimbabwe Violence Against Children (VACS), 2017

10.3. HIV 12-MONTH INCIDENCE

Of the 4,259 people with matched records from the laboratory and demographic data sets, a total of 187 people had an HIV-positive result (Table 10.4). Of these, 187 people had both viral load and LAG testing, and were classified for recency. The HIV 12-month incidence among 16-24-year-old females was 0.31%; for males, the HIV 12-month incidence was 0.00% (unweighted estimate).

Photo: Eric Bond/EGPAF, 2018

SECTION 11

BELIEFS ABOUT GENDER AND VIOLENCE, AND VIOLENCE PERPETRATION

This section examines attitudes and beliefs that often relate to violence. Questions assessed respondents' attitudes toward justifying the use of physical violence by husbands against their wives. All VACS participants were asked if it was right for a husband to hit or beat his wife under five different circumstances: if she goes out without telling him, if she does not take care of the children, if she argues with him, if she refuses to have sex with him, or if she burns the food.

The survey also examined the prevalence of certain beliefs about the role of gender in sexual practices and intimate partner violence. Beliefs measured include: men, not women, should decide when to have sex; men need more sex than women; men need to have sex with other women even if they have a good relationship with their wife; women who carry condoms are "loose"; and a woman should tolerate violence to keep her family together.

11.1. BELIEFS ABOUT INTIMATE PARTNER VIOLENCE

Among 18- to 24-year-olds, three in ten females (30.2 percent) and one in four males (25.6 percent) believed it was acceptable for a husband to beat his wife in one or more circumstances (Table 11.1.1; Figure 11.1). Among 13- to 17-year-olds, significantly more females (31.8 percent) than males (25.1 percent) believed it was acceptable for a husband to hit his wife for one or more reasons (Table 11.1.1; Figure 11.2).

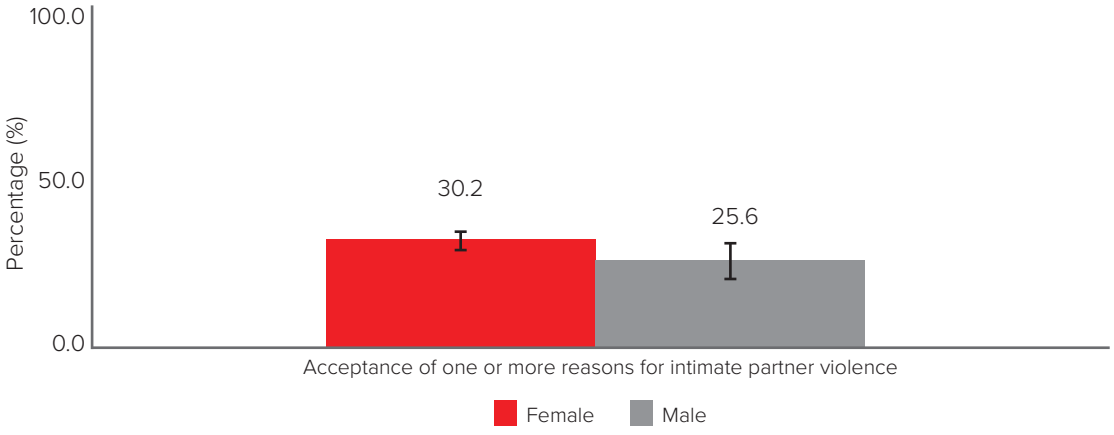


Figure 11.1. Attitudes among 18- to 24-year-olds about the acceptability of intimate partner violence, Zimbabwe Violence Against Children Survey (VACS), 2017.

Source: Zimbabwe Violence Against Children (VACS), 2017

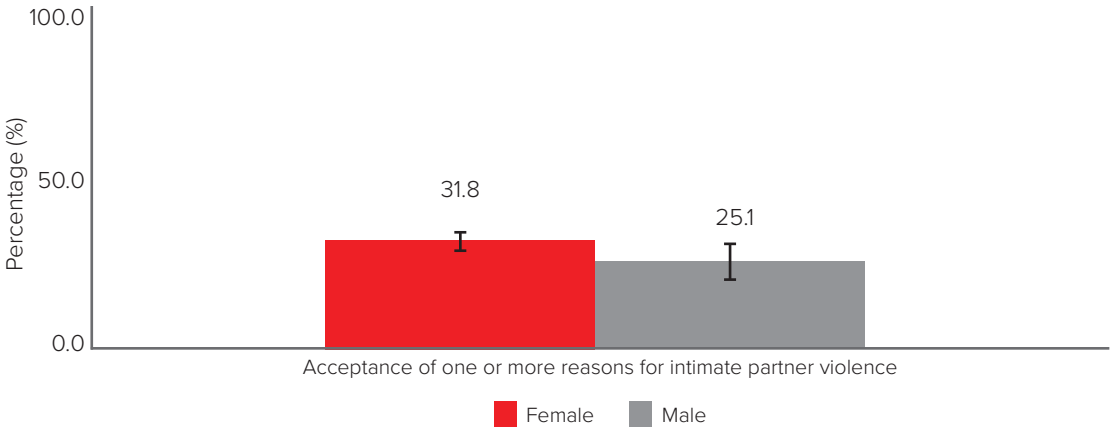


Figure 11.2. Attitudes among 13- to 17-year-olds about the acceptability of intimate partner violence, Zimbabwe Violence Against Children Survey (VACS), 2017.

Source: Zimbabwe Violence Against Children (VACS), 2017

11.2. BELIEFS ABOUT GENDER, SEXUALITY, AND INTIMATE PARTNER VIOLENCE

Among 18- to 24-year-olds, significantly fewer females (85.2 percent) than males (91.4 percent) endorsed one or more of the five harmful beliefs listed above about gender, sexual practices, or intimate partner violence (Table 11.1.2; Figure 11.3). Endorsement of one or more beliefs about gender, sexual practices, and intimate partner violence among this age group across DREAMS areas ranged from 63.7 percent in DREAMS Area 1–Bulawayo to 90.1 percent in DREAMS Area 5–Mazowe (Table D.8).

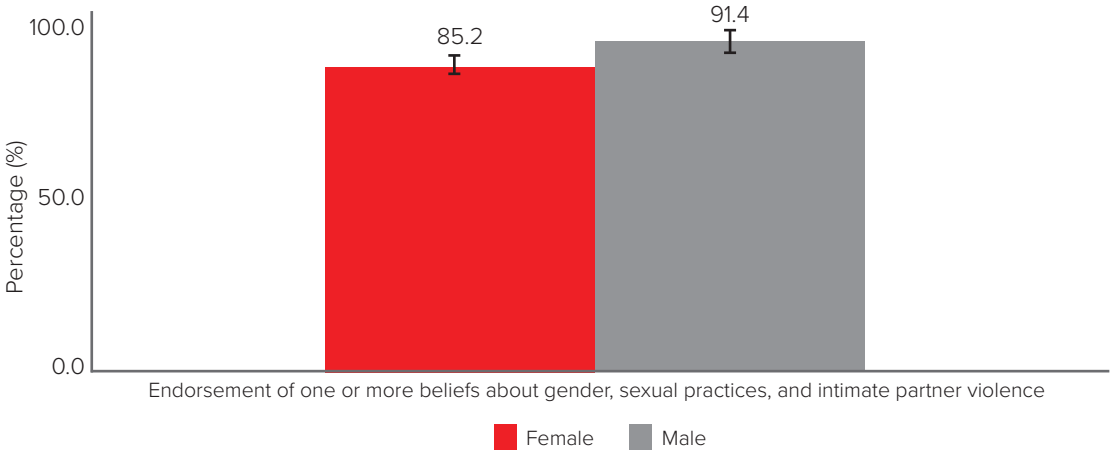


Figure 11.3. Beliefs among 18- to 24-year-olds about gender, sexual practices, and intimate partner violence, Zimbabwe Violence Against Children Survey (VACS), 2017.

Source: Zimbabwe Violence Against Children (VACS), 2017

Similar patterns were seen among the 13- to 17-year-olds, with significantly fewer females (71.3 percent) endorsing one or more of the beliefs than males (79.5 percent; Table 11.1.2; Figure 11.4). Among 13- to 17-year-old females, endorsement of one or more beliefs about gender, sexual practices, and intimate partner violence ranged from 52.9 percent in DREAMS Area 1–Bulawayo to 77.4 percent in DREAMS Area 4–Makoni (Table D.8).

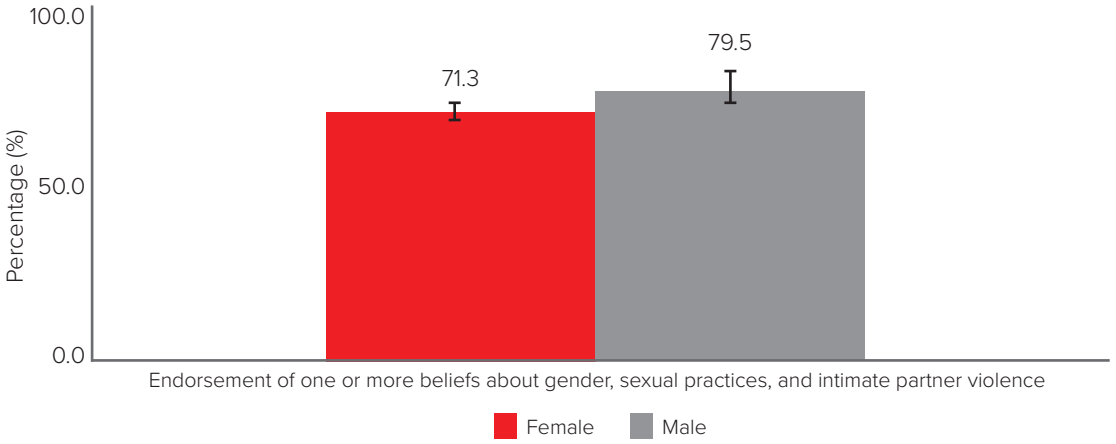


Figure 11.4. Beliefs among 13- to 17-year-olds about gender, sexual practices, and intimate partner violence, Zimbabwe Violence Against Children Survey (VACS), 2017.

Source: Zimbabwe Violence Against Children (VACS), 2017

11.3. PREVALENCE OF VIOLENCE PERPETRATION

This section presents the combined prevalence of sexual and physical violence perpetration among 18- to 24-year-old and 13- to 17-year-old females and males. Here, violence includes the physical violence measures of punching, slapping, kicking, whipping, lashing, or poking with an object; choking, smothering, trying to drown, or intentionally burning; or using or threatening to use a weapon, such as a knife, gun, knobkerrie, or other weapon. Similarly, to assess sexual violence perpetration, the survey asked about forcing a current or former intimate partner or someone else to have sex when they did not want to. This section also presents data on perpetration of violence by experiences of sexual violence and physical violence in childhood. Participants were asked if they had *ever* perpetrated these types of violence in their lives, so it is not possible to determine when the perpetration happened in relation to the timing of experiencing violence.

11.3.1. PREVALENCE OF SEXUAL AND PHYSICAL VIOLENCE PERPETRATION AMONG 18- TO 24-YEAR-OLDS

About one in fourteen females (6.9 percent) and males (7.6 percent) ages 18–24 said they had ever perpetrated physical violence against someone (Table 11.2.1). A significantly higher percentage (15.7 percent) of females who experienced childhood sexual violence ever perpetrated physical violence, compared with those who did not experience childhood sexual violence (6.0 percent; Table 11.2.2). Too few males in this age group experienced sexual violence in childhood to report reliable estimates of violence perpetration by experience of sexual violence. One in five females (20.5 percent) and 17.5 percent of males who had experienced childhood physical violence said they had *ever* perpetrated physical violence against someone else, compared with 4.1 percent

of females and 4.7 percent of males who did not experience childhood physical violence (Table 11.2.2; Figure 11.5). The differences in perpetration between those who had experienced childhood physical violence and those who had not were statistically significant for both males and females.

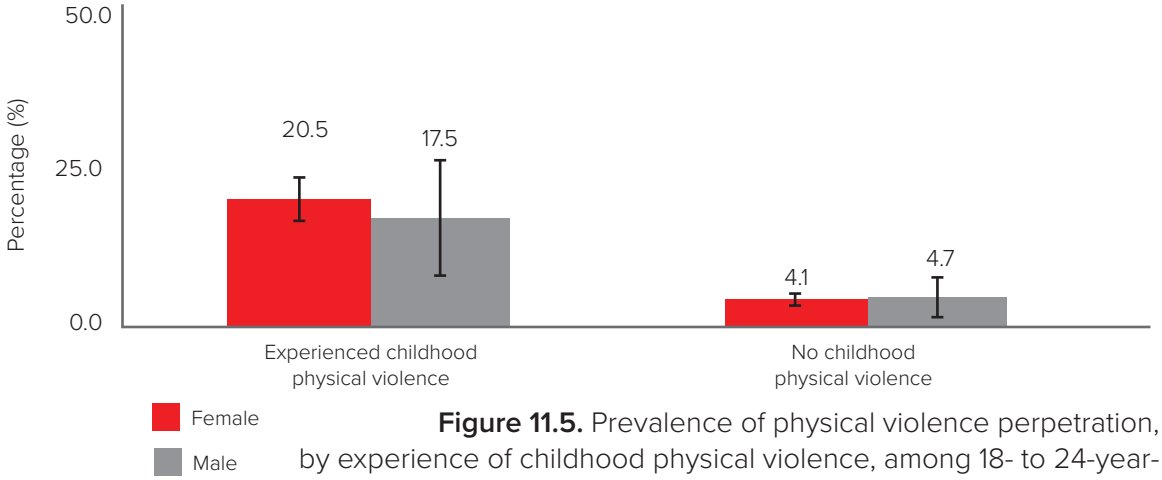


Figure 11.5. Prevalence of physical violence perpetration, by experience of childhood physical violence, among 18- to 24-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017.

Source: Zimbabwe Violence Against Children (VACS), 2017

11.3.2. PREVALENCE OF SEXUAL AND PHYSICAL VIOLENCE PERPETRATION AMONG 13- TO 17-YEAR-OLDS

Among 13- to 17-year-olds, 6.9 percent of females and 4.4 percent of males said they had *ever* perpetrated physical violence (Table 11.2.1). Females who experienced sexual violence in the past year had higher prevalence of physical violence perpetration (13.5 percent), compared with those who did not experience sexual violence (6.6 percent; Table 11.2.3). Too few males in this age group experienced sexual violence in the past year to yield reliable estimates of violence perpetration by experience of sexual violence among males. One in five females (20.1 percent) and one in ten males (10.3 percent) who experienced physical violence in the past year said they had *ever* perpetrated physical violence, compared with 4.7 percent of females and 3.3 percent of males who did not experience physical violence (Table 11.2.3; Figure 11.6). The difference for females was statistically significant.

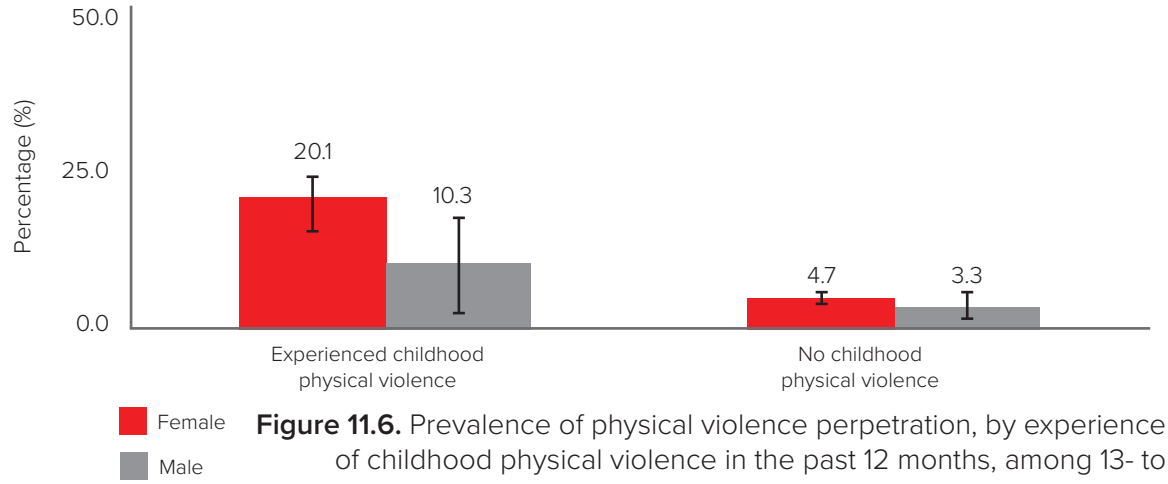


Figure 11.6. Prevalence of physical violence perpetration, by experience of childhood physical violence in the past 12 months, among 13- to 17-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017.

Source: Zimbabwe Violence Against Children (VACS), 2017

11.4. PREVALENCE OF INTIMATE PARTNER VIOLENCE PERPETRATION

Violence perpetration against intimate partners, or *intimate partner violence*, including both forced sex and physical violence (as defined in Section 11.3), are described in this section. As in previous sections, intimate partner refers to a current or previous boyfriend, girlfriend, romantic partner, husband, or wife; *ever-partnered* refers to someone who has *ever* had an intimate partner.

Among females ages 18–24 who ever had a partner, nearly one in twenty (4.0 percent) said they had ever perpetrated violence against an intimate partner, compared with 8.1 percent of ever-partnered males (Table 11.3.1). Among ever-partnered females, 7.4 percent of those who experienced childhood sexual violence had perpetrated intimate partner violence, compared with 3.7 percent of those with no childhood sexual violence, a statistically significant difference (Table 11.3.3, Figure 11.7). Out of ever-partnered 18- to 24-year-olds, 8.0 percent of females and 15.2 percent of males who had experienced childhood physical violence perpetrated violence against an intimate partner, compared with 3.2 percent of females and 5.9 percent of males who had not experienced childhood physical violence. The estimates of intimate partner violence perpetration for females ages 18–24 who did versus did not experience childhood physical violence were statistically significantly different.

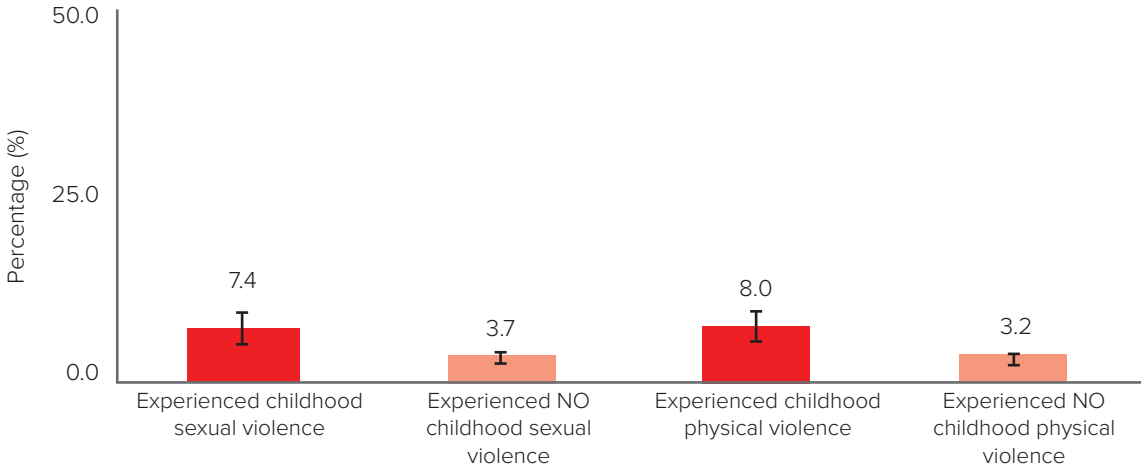


Figure 11.7. Prevalence of intimate partner violence perpetration, by experience of sexual violence or physical violence in childhood, among 18- to 24-year-old females who ever had an intimate partner, Zimbabwe Violence Against Children Survey (VACS), 2017.

Source: Zimbabwe Violence Against Children (VACS), 2017

Among 13- to 17-year-olds, significantly more males (9.7 percent) than females (2.1 percent) said they had perpetrated violence against an intimate partner (Table 11.3.2). Among females who experienced sexual violence in the past 12 months, 2.7 percent perpetrated intimate partner violence, compared with 2.0 percent of those who did not experience sexual violence in the past 12 months (Table 11.3.4; Figure 11.8). Among females who experienced physical violence in the past 12 months, 5.3 percent said they had perpetrated intimate partner violence, compared with 1.4 percent of those who did not experience physical violence (Table 11.3.4).

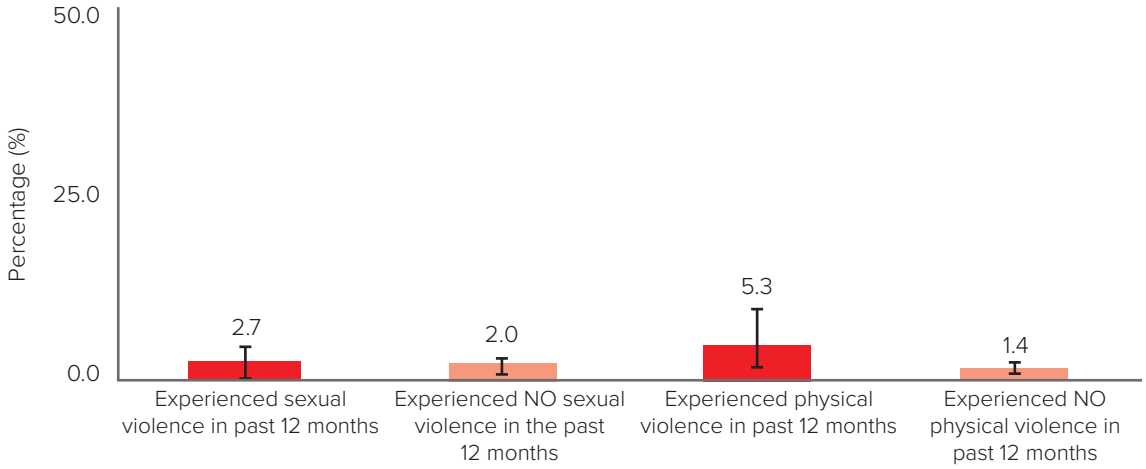


Figure 11.8. Prevalence of intimate partner violence perpetration, by experience of sexual violence or physical violence in the past 12 months, among 13- to 17-year-old females who ever had an intimate partner, Zimbabwe Violence Against Children Survey (VACS), 2017.

Source: Zimbabwe Violence Against Children (VACS), 2017

SECTION 12

CHARACTERISTICS ASSOCIATED WITH SEXUAL AND PHYSICAL VIOLENCE

This section presents experiences of sexual and physical violence by characteristics of participants, including orphan status, school attendance and completion, employment status, and marriage or cohabitation status. Here, *orphanhood* refers to having lost one or both parents.

12.1. EXPERIENCES OF SEXUAL AND PHYSICAL VIOLENCE BY CHARACTERISTICS OF 13- TO 17-YEAR-OLDS

In general, the prevalence of sexual and physical violence in the past 12 months was higher for youth with different vulnerabilities, although not all differences were statistically significant (Table 12.1). The prevalence of having experienced sexual violence in the past 12 months was significantly higher among females who were not enrolled in school (7.1 percent), compared with those who were enrolled in school (3.2 percent; Figure 12.1). This was also the case for females who were married or cohabiting with a partner (10.8 percent), compared with those who were not (3.7 percent; Figure 12.2).

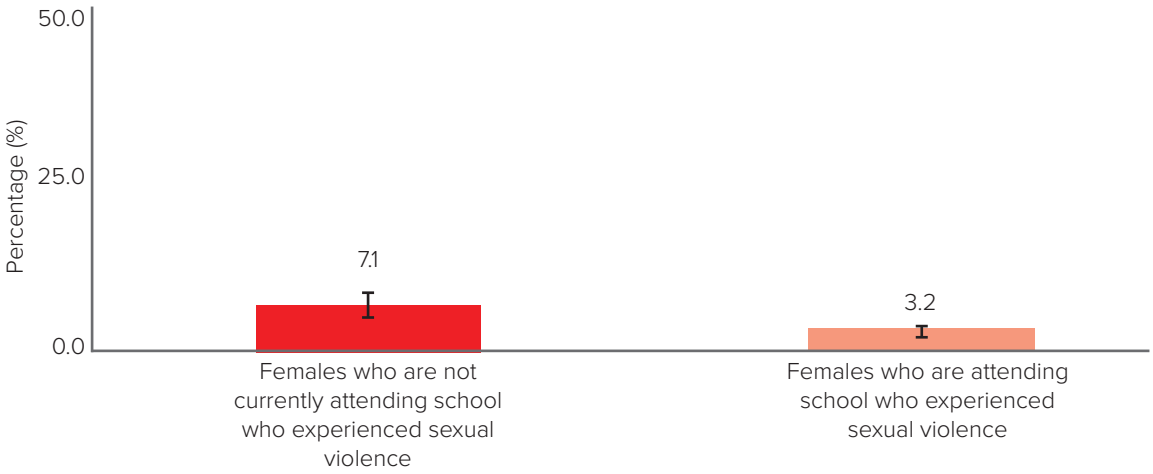


Figure 12.1 School attendance among 13- to 17-year-old females by experience of sexual violence in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017.

Source: Zimbabwe Violence Against Children (VACS), 2017

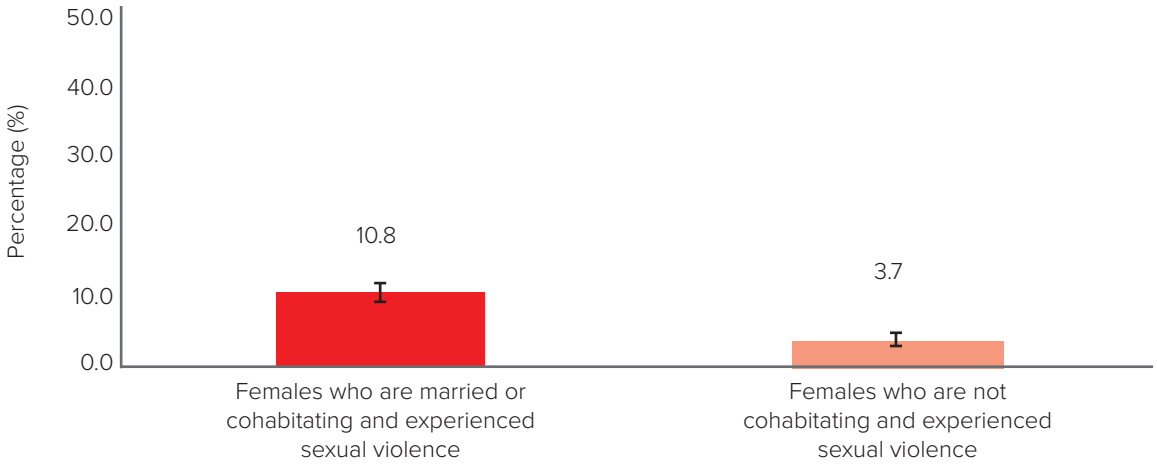


Figure 12.2. Marriage and cohabitation status of 13- to 17-year-olds by experience of sexual violence in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017.

Source: Zimbabwe Violence Against Children (VACS), 2017

12.2. EXPERIENCES OF SEXUAL AND PHYSICAL VIOLENCE BY CHARACTERISTICS OF 18- TO 24-YEAR-OLDS

Among 18- to 24-year-olds, females who completed only primary school or less had significantly higher prevalence of experiencing physical violence in the past 12 months (12.5 percent), compared with females who completed secondary school or more (7.8 percent; Table 12.2; Figure 12.3). The prevalence of sexual violence was also significantly higher among females who were not married or cohabiting (8.2 percent), compared with those who were (3.3 percent; Figure 12.4). On the other hand, females who were married or cohabitating had significantly higher prevalence of experiencing physical violence (10.6 percent), compared with those who were not (6.1 percent). There were no significant differences in sexual or physical violence in the past 12 months among males for any of the characteristics assessed.

Among 18- to 24-year-olds, females who completed only primary school or less had significantly higher prevalence of experiencing physical violence in the past 12 months (12.5 percent), compared with females who completed secondary school or more (7.8 percent).

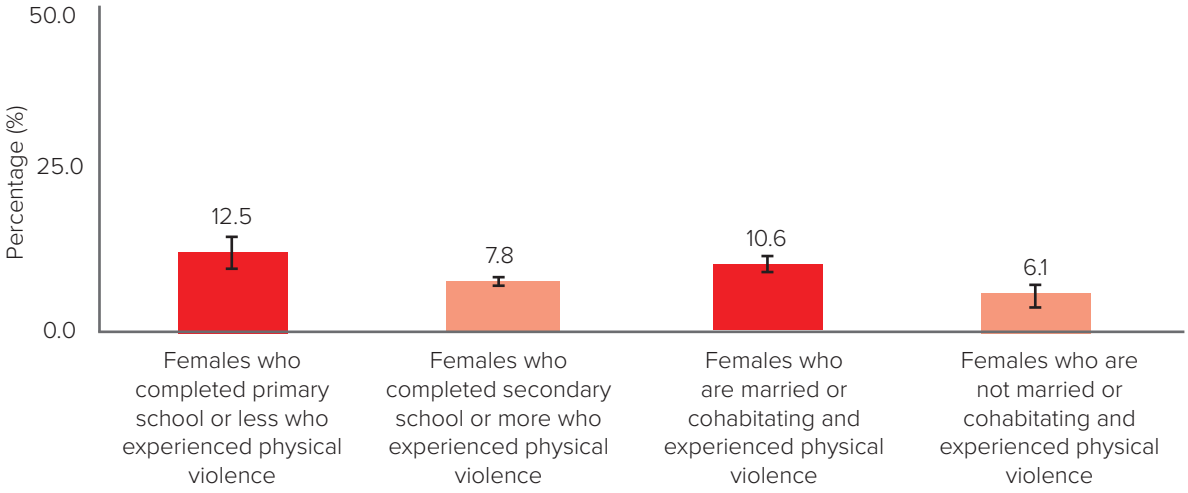


Figure 12.3. Experience of physical violence in the past 12 months by characteristics of 18- to 24-year-old females, Zimbabwe Violence Against Children Survey (VACS), 2017.

Source: Zimbabwe Violence Against Children (VACS), 2017

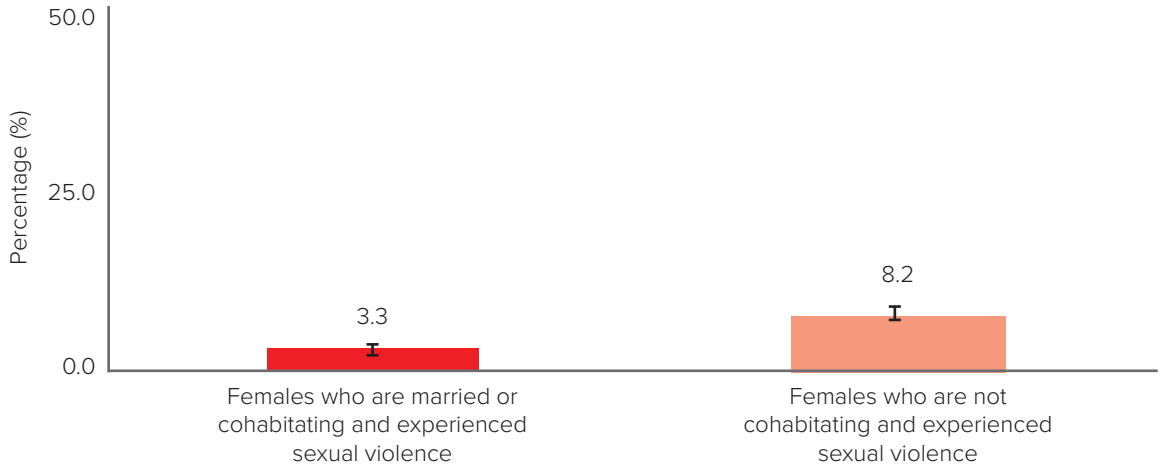


Figure 12.4. Experience of sexual violence in the past 12 months by marriage or cohabitation status of 18- to 24-year-old females, Zimbabwe Violence Against Children Survey (VACS), 2017.

Source: Zimbabwe Violence Against Children (VACS), 2017

SECTION 13 INSPIRE INDICATORS

In 2016, the Global Partnership to End Violence Against Children released *INSPIRE: Seven Strategies for Ending Violence Against Children*,[26] a technical package that includes evidence-based strategies with demonstrated success in preventing and responding to violence in childhood.[vi] Out of the seven strategies that INSPIRE encompasses, this section presents indicators for five strategies: norms and values; safe environments; parent and caregiver support; income and economic strengthening, and education and life skills. Data on these indicators capture key opportunities to inform evidence-based interventions and approaches. No questions in the VACS questionnaire directly assessed the strategy of implementation and enforcement of laws. The indicators for the response and support services strategy are included in the previous sections of the report that cover disclosure, service seeking, and service access among victims of sexual and physical violence.

13.1. NORMS AND VALUES

Among 18- to 24-year-olds, 13.0 percent of females and almost one-fourth (23.9 percent) of males, a significant difference, agreed that it was necessary for parents to use corporal punishment to raise children (Table N). As previously reported, three in ten females (30.2 percent) and one in four males (25.6 percent) had accepting attitudes toward intimate partner violence. A high proportion of both females (85.2 percent) and males (91.4 percent) endorsed harmful gender and sexual norms.

13.2. SAFE ENVIRONMENTS

Data on the indicator for safe environments indicate that youth generally feel safe in their communities. Among 13- to 17-year-olds, however, significantly more females (5.9 percent) than males (2.3 percent) said they felt unsafe in their community or neighbourhood.

13.3. PARENT AND CAREGIVER SUPPORT

The indicator for parent and caregiver support measures the strength of parent-youth relationships. Among 13- to 17-year-olds, 92.4 percent of females and 95.7 percent of males said they felt close or very close to their mother (Table P).

[vi] The *INSPIRE* acronym is based on the seven strategies: **I**mplementation and enforcement of laws; **N**orms and values; **S**afe environments; **P**arent and caregiver support; **I**ncome and economic strengthening; **R**esponse and support services; and **E**ducation and life skills.

13.4. INCOME AND ECONOMIC STRENGTHENING

The survey included a question about who makes economic decisions in the household. The indicator for income and economic strengthening assessed to what extent 18- to 24-year-old married or cohabitating females indicated that they have a say in how money is spent in their household: 89.9 percent indicated that they have a say in how money is spent in their household (Table I.2).

13.5. EDUCATION AND LIFE SKILLS

Indicators of education and life skills assess engagement and participation in both education and risky behaviours. Among 13- to 17-year-olds, about three out of four females (77.0 percent) and males (73.7 percent) were currently enrolled in school (Table E.1). However, problematic alcohol use was common in this cohort, with one in four females (25.0 percent) and 22.5 percent of males having been drunk in the past 30 days.

Education status among 18- to 24-year-olds is included in Section 3.2. Among 18- to 24-year-olds, 3.5 percent of females and 3.4 percent of males sexually debuted early (before age 15; Table E.2). Early sexual debut is a risk factor for both violence and sexually transmitted diseases such as HIV.[27] Nearly one out of three females (32.4 percent) became pregnant before age 18 and about one out of four (23.3 percent) were married before age 18, the latter compared with only 1.6 percent of males—a statistically significant difference.

SECTION 14 DISCUSSION AND RECOMMENDATIONS

The Zimbabwe 2017 VACS is the second nationally representative data on the prevalence and epidemiology of sexual, physical, and emotional violence among female and male youth in Zimbabwe. This report describes the burden, contexts, and health consequences of violence against children and adolescents, including HIV risk. It also explores the overlap between sexual, physical, and emotional violence, as well as the services sought and utilized for incidents of sexual violence and physical violence. Although HIV testing uptake was low, the Zimbabwe 2017 VACS is the second to offer HIV testing as part of the survey protocol in an attempt to better understand the relationship between HIV and violence. The wealth of information provided by the VACS can guide prevention efforts that are uniquely adapted to the context of Zimbabwe.

14.1. KEY FINDINGS

Violence against children and youth in Zimbabwe is common. Approximately one out of four females (26.5 percent) and males (26.3 percent) ages 18–24 experienced *any* violence—sexual, physical, or emotional—in childhood. One in five females (19.9 percent) and males (19.2 percent) ages 13–17 had experienced any violence in their lifetimes. Among both age groups, physical violence was the most common type of violence in females and males who had experienced only one type of violence. Females were significantly more likely to have experienced sexual violence than males, and males were significantly more likely to have experienced physical violence than females. These patterns are consistent with results of other VACS from African countries and the results from Zimbabwe VACS in 2011,[28] specifically, that physical violence is the most common type of violence experienced in childhood, and that females are more vulnerable to sexual violence whereas males are more vulnerable to physical violence.

More than one-fifth of females and males had lost one or both of their parents in childhood, indicating that orphan status is a significant vulnerability among youth in Zimbabwe. Very few 13- to 17-year-olds were married or cohabiting, but among 18- to 24-year-olds, marriage and cohabitation were more common. Three in five females (59.7 percent) were married or lived with someone as married, with a quarter of those females doing so before age 18. Of those ever married or cohabiting females, one in five (21.9 percent) were married to or cohabiting with a man who was married to or living with other women. Among 18- to 24-year-old males, 17.7 percent were married or living with someone as married. These data suggest that the age of marriage or cohabitation, is earlier for females than males. Because early marriage is a risk factor for experiencing violence,[29] this finding suggests a potential vulnerability for females.

More than 60 percent of both females and males had completed secondary school. Education serves as a protective factor against violence by strengthening young people's skills and opening economic opportunities that help reduce their vulnerability to violent relationships and contexts.[30] Interestingly, the 2017 VACS found no gender disparities in school attendance between females and males.

One in ten females (9.1 percent) experienced childhood sexual violence. Among 18- to 24-year-old females who had ever experienced childhood sexual violence, over half (51.4 percent) of females experienced multiple incidents. This finding highlights the need to identify victims before sexual violence to prevent its occurrence and provide services to victims to enhance protection for youth in order to stop the cycle of revictimization. The most common age for 18- to 24-year-old females' *first* experience of sexual violence was at 16 or 17 years old.

A current or previous spouse, boyfriend, or romantic partner most often carried out the *most recent* incident of sexual violence among 18- to 24-year-old females in the past year. These findings suggest that prevention efforts should focus on teaching youth about safe and healthy relationships, particularly adolescent intimate relationships, as well as those among peers and within families. Programmes and strategies that teach healthy relationship skills such as healthy communication and negotiation can build youth skills to avoid and prevent violence.

Approximately 17 percent of females and nearly one in four males (23.0 percent) ages 18–24 experienced physical violence in childhood. The *first* incident of physical violence often occurred between ages 6 and 11 and was most often carried out by parents or adult relatives (for both males and females). For 18- to 24-year-old females who first experienced physical violence in early or middle childhood, the perpetrator of the first event is mostly likely to have been a parent or other adult caregiver. For those who first experienced physical violence later in adolescence and young adulthood, the perpetrator of the first incident is most likely to have been an intimate partner, peer, or adult in the community. Physical violence inflicted by parents, adult caregivers, and teachers often reflects physical disciplinary practices that persist due to cultural, social, or religiously driven norms. Efforts at changing these norms by educating parents, caregivers, and educators have the potential to prevent physical violence. Prevention programmes can build skills among caregivers and promote positive, nonviolent methods of discipline that develop and strengthen positive parent-youth and teacher-youth relationships. Just under one-fifth of participants ages 13–17 experienced physical violence in the past 12 months, most commonly peers. School or neighbourhood-level interventions may help to address the prevalence of peer physical violence and the resulting injuries.

Approximately one in ten 18- to 24-year-olds surveyed had experienced emotional violence in childhood carried out by a parent, adult caregiver, or adult relative. It was seldom an isolated incident; the majority of victims experienced multiple incidents of emotional violence. These findings further highlight opportunities to provide parent and caregiver support to families to help strengthen parent-youth relationships and create protective bonds within families.

About one in twenty females and males ages 18–24 experienced two types of violence before age 18. These findings of overlap among multiple forms of violence are lower than what is typically seen in other countries in Africa.[31] This pattern of results was also reflected in the findings related to violence in the past year among adolescents ages 13–17, with less than 1 percent of females and males experiencing both sexual and physical violence in the year before the survey. These findings suggest that prevention and protection efforts need to reach the most vulnerable victims and those who experience more than one form of violence, to best identify victims and address their needs.

14.1.1. SERVICE UTILIZATION

Findings related to service seeking and service receipt for both sexual violence and physical violence suggest that despite the availability of services, access to and utilization of services is low. About one in five female victims ages 18–24 sought services for sexual violence, and approximately one in ten female and male victims sought help for physical violence. A main reason that four in ten young women may not report violence or access services is that they may view violence as acceptable or not a problem—something that does not require attention or help. Other common reasons for not seeking services include fear of getting in trouble, threats by the perpetrator, or self-blame. Efforts to encourage safe disclosure and service seeking among survivors of violence can ensure that they receive needed support in a timely manner. In addition, strategies that increase the availability of and access to services, especially by filling service gaps that exist, can remove structural barriers for victims. Findings that victims did not seek services because they did not know where to seek help suggest that communities may benefit from efforts to sensitize residents about the value of the available postviolence care services and the value of seeking help after an incident of violence. Finally, guidelines and quality assurance procedures that ensure the quality of the services offered can ensure that victims receive the best care.

14.1.2. HEALTH CONDITIONS ASSOCIATED WITH VIOLENCE

There were some notable differences between youth who experienced violence, compared to those who did not, on physical and mental health conditions in young adulthood. For those who experienced violence, the prevalence of mental distress in the past 30 days was high among both females and males, and in both age groups. These results point to unmet needs for addressing the mental health and well-being of adolescents and young adults in Zimbabwe. Female adolescents who had experienced sexual, physical, and/or emotional violence before age 18 were much more likely to have considered suicide, compared with those who had not. Among 13- to 17-year-old females who experienced physical violence in the past year, there were higher rates of attempted suicide compared with those who did not have a violent incident recently. The findings related to suicide suggest a significant need to address the risk of suicide among youth. These results are significant and, taken with the findings related to mental distress, suggest opportunities to engage youth in accessing screening, mental health, and crisis intervention services to prevent suicide, as well as post-trauma care and counselling. Youth who had experienced sexual or physical violence were also more likely to have been diagnosed with or have symptoms of STIs, across both age groups. The prevalence of STIs or STI symptoms indicates the need for education about safe sex targeted toward girls, boys, young women, and young men.

14.1.3. BELIEFS AND ATTITUDES RELATED TO GENDER AND VIOLENCE

The results related to beliefs and attitudes toward gender and violence provide a snapshot into the norms that may drive gender-based violence. In general, about one-fourth of youth in Zimbabwe endorsed beliefs and attitudes supportive of intimate partner violence. The findings point to opportunities to engage both males and females in efforts to combat harmful gender norms, such as attitudes that blame victims of sexual violence for their victimization. Attitudes and beliefs related to sexual behaviour reflected gender-related beliefs about sexuality and relationships, among both females and males. Over 70 percent of females and males of all ages endorsed harmful gender attitudes. These findings reflect the cultural and social context, and may highlight opportunities to encourage and teach a more nuanced understanding of gender roles in relationships, including sexual relationships.

14.1.4. VIOLENCE AND HIV RISK

Experiences of violence impact sexual risk-taking behaviour and HIV risk. Males who experienced physical violence had more sexual partners than males who did not experience physical violence in childhood. Sexual violence in childhood among females was associated with infrequent or no condom use. These results point to the need for strategies to increase youths' use of preventive measures to protect themselves from HIV. The results also emphasize the relationship between violence and HIV. Youth who have experienced violence are a particularly vulnerable group. The findings indicate the need for targeted violence and HIV prevention and response services among vulnerable adolescents and young adults.

HIV testing knowledge was high among both females and males ages 16–24, as was HIV testing. Fewer than 10 percent of youth had *never* been tested for HIV. Most critically, the data show that violence experienced by females was clearly associated with HIV-positive status. Females who had experienced any violence were significantly more likely to be HIV positive than those who had experienced no violence. In addition, more females who experienced physical and emotional violence were HIV positive than those who did not experience physical or emotional violence, respectively. These findings point to the urgent need for prevention strategies that address the role of violence in the HIV epidemic among adolescent girls and young women. Comprehensive prevention and intervention strategies, such as those delivered through the DREAMS package, have a fundamental role to play in addressing the intersection of violence and HIV.

Data show that violence experienced by females was clearly associated with HIV-positive status. Females who had experienced any violence were significantly more likely to be HIV positive than those who had experienced no violence.

14.2. STRENGTHS AND LIMITATIONS

The 2017 VACS is Zimbabwe's second nationally representative data on the burden of sexual, physical, and emotional violence against children and youth. There are important strengths and limitations to consider when interpreting the data. The sampling strategy ensured that the data are nationally representative, and random sampling using a stratified three-stage cluster design allowed for calculation of weighted estimates. Another benefit of the survey is its level of detail on the context of violence. For example, multiple surveys collect data on whether or not violence occurred, but few collect data on specific contexts surrounding experiences of violence. The rich, contextualized data in the Zimbabwe 2017 VACS can inform programmatic and policy strategies to address the burden of violence against children and youth. Another strength of the VACS is that it relies on a core questionnaire that is consistent across African countries, allowing, in most cases, for cross-country comparison. Most important, the process of planning the VACS—including thorough engagement with the Zimbabwe government agencies, partners, and stakeholders—can bolster country ownership of the data and results, encouraging efforts to use the data to prevent and respond to violence against children and youth in Zimbabwe.

Certain limitations must also be taken into account. First, the response rates were 72 percent for females and 66 percent for males. Although these response rates are within the acceptable range for public health population surveys, they are lower than those from previous VACS, including the Zimbabwe 2011 VACS,[32] and therefore may have resulted in a sampled population that was not representative of the target population. This could have led to lower participation among members of groups vulnerable to violence. Due to the lower response rates from the Zimbabwe VACS 2017, the findings must be interpreted with some caution. Future surveys are needed to explore additional patterns and trends in the prevalence of violence, HIV, and related risk factors and outcomes.

Because the VACS involves a household survey, it misses or excludes certain vulnerable populations, such as children residing in institutions, residential care, or justice systems, as well as those living on the street. Similarly, children and youth who were away from home to attend school would not have been available to participate in the survey. Children were also excluded from the study if they had a disability that prevented them from understanding or responding to the interview questions or from being interviewed in private. Children residing outside of the home in vulnerable settings, or living with disabilities, could be at higher risk for violence. Future studies that address the burden of violence among these special populations would be beneficial.

Due to the small sample of males in the survey and the relatively lower prevalence of certain types of violence, there were many indicators that yielded unreliable estimates. These reflect small samples and should be interpreted with great caution. Future surveys should seek to boost the sample size among males to yield results that are amenable to more nuanced analyses.

An additional 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 a form of violence. This potentially results in missing important contextual detail on certain violent events affecting participants. This approach is necessary to keep the survey at an acceptable length for participants. The VACS is also vulnerable to recall bias in that participants are asked to report retrospectively on experiences from their past. In order to maximize participants' ability to recall events from childhood, the study did not include participants over age 24. There is still a chance, however, that participants do not accurately recall the details of their experiences.

HIV status, either through testing or self-report of a positive result, was obtained from 90.4 percent of female participants and 89.6 percent of male participants ages 16–24. Although these cohorts include the majority of participants, participation in HIV testing was not 100 percent. This may have resulted in an under-estimate of HIV if youth at higher risk for HIV were less likely to participate. In addition, it may have limited the conclusions that can be drawn from analyses of violence by HIV status (especially among males), as the small numbers led to some unreliable estimates.

The VACS was powered to measure the prevalence of key violence indicators among young women and men. In addition, because of the availability of laboratory assays that can be applied to samples collected in a cross-sectional estimate, this survey was an opportunity to provide a national estimate of HIV incidence in this critical group. However, all estimates should be interpreted with caution, particularly the HIV incidence results due to the low number of cases classified as recent.

Because the prevalence of certain indicators was low, especially among males, there were a number of findings that were unreliable. This limits the interpretability of results and conclusions that can be drawn. This is compounded by the fact that the sample size for males was relatively small, only 803.

Another possible limitation is that some participants may not have been comfortable disclosing personal and sensitive life experiences to interviewers, thus providing an underestimate of the prevalence of violence. This may be especially true if the victim knew the perpetrator and/or the perpetrator was present in the home during the interview, even though the survey was conducted in privacy. The survey was only conducted if interviewers could ensure privacy to guarantee confidentiality and reduce the risk of retaliation for participation in the survey. Interviewers underwent extensive training on how to maximize rapport with participants to get fruitful responses. Finally, the survey moved through sensitive questions in a graduated manner to build trust with the interviewer and help participants feel comfortable. All of these strategies were designed to minimize participants' concerns with disclosure.

Photo: Eric Bond/EGPAF, 2018

14.3. CONCLUSIONS

The Zimbabwe 2017 VACS provides important and useful information that can be used to inform violence prevention efforts in the specific context of Zimbabwe. Similar to the results of VACS conducted in other African countries, the Zimbabwe 2017 VACS results indicate that males are more susceptible to physical violence and females are more susceptible to sexual violence. Service utilization by youth who experience violence in Zimbabwe is low and warrants an effort to ensure safe disclosure and service-seeking opportunities, as well as quality services. Mental health issues as an outcome of violence are a significant problem in Zimbabwe and suggest the need for a targeted intervention and programming. Gender norms and beliefs of youth in Zimbabwe highlight the need for children and youth to be taught an understanding of gender roles in relationships. Strategies and programmes that seek to change community norms and engage community leaders can bring whole communities into these efforts.

The VACS HIV data reflect the need for risk communication efforts that engage youth in HIV education. In addition, they shed light on the fact that AGYW who experience violence are more likely to be infected with HIV. These findings highlight the need to examine more deeply the directionality of the association between violence and HIV. Finally, the results underscore the critical and urgent need to incorporate violence programming in HIV prevention and care.

The overall HIV 12-month incidence estimate of 0.28% for ages 16–24 was similar to the incidence estimate of 0.30% obtained among young people (ages 15-24; note that VACS testing was among ages 16-24) in the Zimbabwe Population-Based HIV Impact Assessment of 2015–2016. These results of the incidence testing indicate ongoing new infections among this population of young people. Prevention strategies and HIV services are needed to target this at-risk group of young people. Given the population-level effects of the “youth bulge” on the HIV epidemic in sub-Saharan Africa, tracking changes in HIV incidence among the youth population is critical for understanding the impact of prevention programming.

The findings related to the association of violence and HIV further point to the opportunity for DREAMS programming to fill critical gaps in prevention and care. Zimbabwe DREAMS has embarked on an ambitious goal of seeing a 40 percent or greater reduction in new HIV infections among females ages 15–24 in all targeted districts. However, this goal cannot be reached if violence and its related risks are not fully understood and addressed. Violence prevention and response are both critical components of the DREAMS package of services, and VACS data can help inform how these types of services or related programmes are delivered and to whom target for services.

VACS data are key to understanding the interrelated risks between HIV and violence among youth in Zimbabwe, and offer important insight into the experiences of both victims and perpetrators. Risk of direct HIV transmission is concerning when data suggest that AGYW are not always receiving services following incidents of violence, especially given that post-exposure prophylaxis for HIV prevention has a 72-hour window for administration following exposure. VACS data related to indirect transmission via risk-taking behaviours can continually inform available services as primary prevention strategies; DREAMS efforts related to addressing harmful gender norms and keeping girls in school must continue to go beyond AGYW and into their families and wider communities. As DREAMS seeks to incorporate multiple solutions to the HIV epidemic among youth, VACS data remain an important source of information that spans multiple spheres of risk and resilience.

14.4. RECOMMENDATIONS BY THE GOVERNMENT OF ZIMBABWE

The results of the survey offer an opportunity for Zimbabwe to lead the way in addressing the problem of violence against children by focusing on immediate and future prevention and response. Fostering partnerships among multisectoral government agencies, nongovernmental organizations, and international technical experts is critical to the development and implementation of a response. The following actions are recommended for immediate and future consideration by the government of Zimbabwe and its partners.

14.4.1. SHORT-TERM ACTIONS

- Share the results of the Zimbabwe 2017 VACS broadly with the people of Zimbabwe, using appropriate and applicable forums. First, however, share the findings with senior government officials in preparation for a high-level national launch presided over by the highest office in the country where possible, to give the survey results attention and impetus.
- Facilitate updating of the national response plan based on the survey results. This step includes developing and implementing a communication strategy to raise awareness of findings of the survey
- Continue to work with the Ministry of Public Service, Labour and Social Welfare to build on community case worker refresher trainings that incorporate survey findings to strengthen violence prevention and response among youth.
- Support stakeholders who work on both HIV and gender-based violence prevention and response to use the findings of this survey in their programming
- Review and update policy instruments, and provide capacity-building opportunities for Zimbabwe's teachers, on corporal punishment by educators
- Strengthen collaboration across civil society organizations and stimulate a civil society response to complement government-led child protection strategies, prevention and response services, and advocacy and awareness
- Support community norms change programming to reduce the acceptance of violence in communities through programmes such as SASA![33]
- Strengthen integration of efforts to address violence against children into existing clinical services. Adapt the World Health Organization's guidance, *Responding to Children and Adolescents Who Have Been Sexually Abused: WHO Clinical Guidelines*[34]
- Improve infrastructure for addressing HIV/AIDS and reproductive health
- Strengthen integration of violence prevention programmes into the national school curriculum. Consider implementing targeted violence prevention programmes such as IMpower[35] for children and youth most at risk, as well as programmes that teach healthy relationship skills to help avert violence
- Conduct in-depth secondary analysis of the VACS data to assess epidemiological patterns as well as risk and protective factors that can further inform prevention strategies and public policies

14.4.2. MEDIUM-TERM ACTIONS

- Use data from neighbouring countries that have implemented the VACS to establish benchmarks
- Identify and implement evidence-based and promising prevention strategies for violence against children programmes that have shown success, in order to facilitate an efficient response to violence against children in Zimbabwe
- Develop and implement a public information campaign, and conduct social mobilization initiatives directed at older children and youth, explaining the different forms of violence (sexual, physical, and emotional), and raising awareness of where to go for additional information/help and how to report incidents of violence. Priority locations for the campaigns should be guided by the geographic prevalence and patterns of violence against children
- Strengthen the capacity for providing safe shelter and counselling as well as other related services for child victims of violence
- Build technical skills in handling cases of violence against children in critical sectors, such as education, health, and police, for easy identification of such cases. Such capacity building could include appropriate utilization of technology to assist in identification of cases and connecting people to services
- Utilize strong, community-level forums to educate parents, other adults, and stakeholders about the problem of violence against children, ways to protect their children from it, and how to recognize the signs of violence if it has already occurred
- Strengthen and expand appropriate legal protections for children and initiate legal consequences for perpetrators
- Strengthen integration of indicators of violence against children into other national surveys, when feasible
- Review and align national protection services to ensure that violence against children is adequately addressed

14.4.3. LONG-TERM ACTIONS

- Strengthen effective national surveillance systems to monitor, detect, and facilitate timely response to cases of violence against children
- Increase Zimbabwe's national capacity to address the problem of violence against children by hiring more technical personnel, developing monitoring and evaluation mechanisms, and increasing coordination among organizations addressing the problem
- Conduct similar studies targeting special populations that are at increased risk for violence or related health problems but could not be included in the current survey, such as children with disabilities, children living in institutions, and so on
- Develop communication strategies that incorporate various forms of media to counter social norms and practices that support violence against children
- Share experiences from Zimbabwe with other countries in the Southern African Development Community region, and use the VACS data to inform the integration of prevention of violence against children into other regional actions and priorities, such as child trafficking prevention
- Collaborate with communities to revive the traditional and cultural practices that communities determine to be good initiatives to model and help children to learn acceptable behaviour and conflict resolution between peers
- Strengthen and roll out comprehensive, one-stop centres for addressing issues of violence that improve victims' access to needed services.

Increase Zimbabwe's national capacity to address the problem of violence against children by hiring more technical personnel, developing monitoring and evaluation mechanisms, and increasing coordination among organizations addressing the problem

APPENDIX A ZIMBABWE 2017 VACS DATA TABLES

A.1. MAIN DATA TABLES

Table 3.1.1. Background characteristics of 13- to 17-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females	Males
	% (95% CI)	% (95% CI)
Educational status	**Females (*n* = 3,400)**	**Males (*n* = 392)**
Never attended school	0.6 (0.4–0.9)	0.2 (0.0–0.5)
Completed less than primary	0.4 (0.2–0.7)	0.9 (0.5–1.3)
Completed primary school	25.8 (23.9–27.7)	36.3 (31.5–41.0)
Completed secondary school	72.3 (70.4–74.2)	62.6 (57.9–67.4)
Completed higher than secondary	0.8 (0.5–1.1)	0
	Females (*n* = 3,378)	**Males (*n* = 391)**
Currently enrolled in school	77.0 (75.2–78.8)	73.7 (70.0–77.4)
Age of head of household	**Females (*n* = 3,373)**	**Males (*n* = 388)**
18 years old or younger	1.1 (0.7–1.5)	0.9 (0.2–1.5)
19–30 years old	5.8 (4.9–6.7)	4.6 (2.3–6.8)
31–50 years old	54.7 (52.8–56.6)	56.0 (51.7–60.2)
51+ years old	38.4 (36.5–40.3)	38.6 (34.2–43.0)
Current orphan status	**Females (*n* = 3,203)**	**Males (*n* = 375)**
Not an orphan	69.5 (67.8–71.3)	72.5 (68.6–76.4)
Lost one parent	24.0 (22.3–25.7)	20.8 (17.2–24.4)
Lost both parents	6.5 (5.5–7.4)	6.7 (4.8–8.6)
Employment	**Females (*n* = 3,399)**	**Males (*n* = 392)**
Engaged in work for at least one hour during the past week	10.6 (9.3–11.9)	26.1 (21.9–30.2)
	Females (*n* = 3,263)	**Males (*n* = 360)**
Worked for money or other payment in the past 12 months	4.0 (3.2–4.8)	10.1 (7.6–12.6)

Note: CI = confidence interval.

Table 3.1.2. Background characteristics of 18- to 24-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females	Males
	% (95% CI)	% (95% CI)
Education status	**Females (*n* = 4,509)**	**Males (*n* = 411)**
Never attended school	0.8 (0.5–1.1)	1.6 (0.0–3.2)
Completed less than primary	0.6 (0.4–0.9)	0.3 (0.0–0.7)
Completed primary school	18.7 (17.2–20.1)	17.9 (14.2–21.6)
Completed secondary school	71.1 (69.5–72.6)	69.2 (64.6–73.8)
Completed higher than secondary	8.9 (7.9–9.9)	11.0 (8.2–13.8)
Age of head of household	**Females (*n* = 4,458)**	**Males (*n* = 409)**
18 years old or younger	1.2 (0.8–1.6)	2.2 (1.1–3.3)
19–30 years old	36.4 (34.7–38.1)	22.3 (18.2–26.4)
31–50 years old	35.5 (33.9–37.1)	37.4 (33.5–41.4)
51+ years old	26.9 (25.4–28.4)	38.1 (33.5–42.7)
Orphan status before age 18	**Females (*n* = 4,141)**	**Males (*n* = 389)**
Not an orphan before age 18	61.3 (59.7–62.9)	59.8 (54.0–65.6)
Lost one parent before age 18	29.4 (27.9–31.0)	32.5 (27.4–37.5)
Lost both parents before age 18	9.3 (8.4–10.2)	7.7 (4.9–10.5)
	Females (*n* = 3,855)	**Males (*n* = 301)**
Worked for money or other payment in the past 12 months	15.5 (14.2–16.8)	29.3 (25.2–33.4)
	Females (*n* = 4,476)	**Males (*n* = 406)**
Currently enrolled in school	14.6 (13.3–15.8)	17.3(13.3–21.3)

Note: CI = confidence interval.

Table 3.2.1. Relationship and sexual history of 13- to 17-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017

	% (95% CI)	% (95% CI)
	Females (*n* = 3,398)	**Males (*n* = 389)**
Ever been married or lived with someone as if married	5.2 (4.4–6.0)	0.3 (0.3–0.3)
	Females (*n* = 147)	**Males (*n* = 0)**
Arranged marriage (out of those who are married)	2.7 (0.0–6.2)	N/A
Husband has multiple wives or lives with other women (out of those who are married)	15.0 (8.4–21.7)	N/A
	Females (*n* = 3,387)	**Males (*n* = 390)**
Ever had sex[1]	8.6 (7.5–9.7)	5.7 (3.8–7.5)

Note: CI = confidence interval; N/A = not applicable.
[1] Sex includes vaginal, oral, or anal intercourse

Table 3.2.2. Relationship and sexual history of 18- to 24-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017

	% (95% CI)	% (95% CI)
	Females (*n* = 4,508)	**Males (*n* = 410)**
Ever been married or lived with someone as if married	59.7 (58.0–61.4)	17.7 (13.6–21.8)
	Females (*n* = 4,505)	**Males (*n* = 410)**
Married or lived with someone as if married before age 18	23.3 (21.8–24.8)	1.6 (0.6–2.5)
	Females (*n* = 2,579)	**Males (*n* = 0)**
Arranged marriage (out of those who are married)	1.6 (1.0–2.2)	N/A
	Females (*n* = 2,551)	**Males (*n* = 0)**
Husband has multiple wives or lives with other women (out of those who are married or cohabitating)	21.9 (20.0–23.7)	N/A
	Females (*n* = 4,491)	**Males (*n* = 409)**
Ever had sex[1]	71.4 (69.8–72.9)	59.6 (54.9–64.4)
	Females (*n* = 4,471)	**Males (*n* = 403)**
Had sex before age 18	31.1 (29.5–32.7)	19.9 (15.0–24.8)

	Females (*n* = 3,474)	Males (*n* = 267)
Mean age at first sex (among those who ever had sex)	17.5	17.8

Note: CI = confidence interval; N/A = not applicable.
[1] Sex includes vaginal, oral, or anal intercourse.

Table 3.3.1. Location of work among 13- to 17-year-olds who have worked in the past year, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 165)	Males (*n* = 48)
	% (95% CI)	% (95% CI)
Family dwelling	33.3 (25.0–41.6)	12.2 (3.3–21.1)
Formal office	0.8 (0.0–2.3)	0
Factory or workshop	1.1 (0.0–2.4)	4.3 (0.0–10.7)
Farm or garden	30.4 (22.7–38.2)	68.1 (53.5–82.8)
Construction site	0	2.1 (0.0–6.0)
Mine or quarry	0.9 (0.0–2.6)	0
Shop or kiosk	6.2 (2.2–10.2)	2.6 (0.0–6.5)
Restaurant, hotel, cafe, or bar	1.5 (0.0–3.4)	0
Different places (mobile)	3.2 (0.0–6.5)	4.8 (0.0–9.7)
Other[1]	1.0 (0.0–2.3)	0

Note: CI = confidence interval.
[1] "Other" includes fixed, street, or market stall; pond, lake, or river; and other.

Table 3.3.2. Location of work among 18- to 24-year-olds who have worked in the past year, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 691)	Males (*n* = 96)
	% (95% CI)	% (95% CI)
Family dwelling	23.7 (20.4–27.0)	6.7 (1.8–11.7)
Formal office	4.8 (3.0–6.6)	12.2 (8.2–16.2)
Factory or workshop	4.0 (2.4–5.7)	4.8 (2.1–7.6)
Farm or garden	11.8 (8.7–14.9)	27.3 (17.2–37.4)
Construction site	0.1 (0.0–0.2)	15.2 (7.2–23.3)
Mine or quarry	0.2 (0.0–0.6)	5.7 (2.1–9.4)
Shop or kiosk	17.3 (14.3–20.4)	7.0 (0.5–13.5)
Restaurant, hotel, cafe, or bar	8.0 (5.9–10.2)	3.3 (0.9–5.7)
Different places (mobile)	2.2 (1.0–3.5)	6.5 (1.5–11.5)
Other[1]	3.3 (2.0–4.7)	5.5 (0.5–10.4)

Note: CI = confidence interval.
[1] "Other" includes fixed, street, or market stall; pond, lake, or river; and other.

Table 4.1.1. Prevalence of sexual violence[1] in childhood, among 18- to 24-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 4,511)	Males (*n* = 411)
	% (95% CI)	% (95% CI)
Childhood sexual violence	9.1 (8.1–10.0)	1.1 (0.3–2.0)

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

Table 4.1.2. Prevalence of different types of sexual violence[1] in childhood, among 18- to 24-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 4,492)	Males (*n* = 410)
	% (95% CI)	% (95% CI)
Unwanted sexual touching in childhood	3.1 (2.5–3.6)	0.9 (0.2–1.7)
	Females (*n* = 4,496)	**Males (*n* = 410)**
Unwanted attempted sex in childhood	3.7 (3.0–4.3)	0.8 (0.4–1.2)
	Females (*n* = 4,495)	**Males (*n* = 411)**
Pressured sex[2] in childhood	2.1 (1.6–2.5)	0
	Females (*n* = 4,493)	**Males (*n* = 411)**
Physically forced sex in childhood	3.9 (3.2–4.5)	0

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

Table 4.1.3. Age at first experience of sexual violence,[1] among 18- to 24-year-olds who experienced any sexual violence in childhood, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 415)	Males (*n* = 3)
	% (95% CI)	% (95% CI)
13 or younger	20.9 (16.7–25.2)	*
14–15	20.0 (15.9–24.2)	*
16–17	59.0 (53.8–64.2)	*

Note: CI = confidence interval.
[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
* Unreliable estimate, result should be interpreted with caution.

Table 4.2.1. Prevalence of pressured[1] or physically forced sex in childhood, among 18- to 24-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 4,502)	Males (*n* = 411)
	% (95% CI)	% (95% CI)
Pressured or physically forced sex in childhood	4.9 (4.2–5.7)	0

Note: CI = confidence interval.
[1] Pressured sex includes threats, harassment, or tricking.

Table 4.2.2. Mean age at first experience of pressured[1] or physically forced sex, among 18- to 24-year-olds who experienced pressured or physically forced sex in childhood, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 220)	Males (*n* = 0)
	% (95% CI)	% (95% CI)
Mean age at first experience of pressured or physically forced sex in childhood	15.3	N/A

Note: CI = confidence interval, N/A = not applicable.
[1] Pressured sex includes threats, harassment, or tricking.

Table 4.2.3. Age at first experience of pressured[1] or physically forced sex, among 18- to 24-year-olds who experienced pressured or physically forced sex in childhood, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 220)	Males (*n* = 0)
	% (95% CI)	% (95% CI)
13 or younger	20.3 (14.8–25.7)	*
14–15	22.5 (16.5–28.4)	*
16–17	61.9 (55.0–68.8)	*

Note: CI = confidence interval. Percentages may sum to > 100% because first incidents of different forms of sexual violence could have occurred to the same victim.
[1] Pressured sex includes threats, harassment, or tricking.
* Unreliable estimate, result should be interpreted with caution.

Table 4.2.4. Prevalence of experiencing more than one incident of sexual violence,[1] among 18- to 24-year-olds who experienced at least one incident of sexual violence in childhood, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 412)	Males (*n* = 3)
	% (95% CI)	% (95% CI)
Experienced multiple incidents of sexual violence in childhood	51.4 (46.3–56.5)	*

Note: CI = confidence interval.
[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
* Unreliable estimate, result should be interpreted with caution.

Table 4.3.1. Prevalence of pressured[1] or physically forced sex at first sexual experience, among 18- to 24-year-olds whose first sexual intercourse was in childhood, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 1,375)	Males (*n* = 89)
	% (95% CI)	% (95% CI)
Pressured or physically forced sex at first sexual experience	16.9 (14.6–19.1)	0

Note: CI = confidence interval.
[1] Pressured sex includes threats, harassment, or tricking.

Table 4.4.1. Prevalence of any sexual violence[1] in the past 12 months, among 13- to 17-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 3,397)	Males (*n* = 391)
	% (95% CI)	% (95% CI)
Sexual violence in the past 12 months	4.1 (3.3–4.8)	0.3 (0.0–0.7)

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

Table 4.4.2. Prevalence of different types of sexual violence[1] in the past 12 months, among 13- to 17-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 3,394)	Males (*n* = 391)
	% (95% CI)	% (95% CI)
Unwanted sexual touching in the past 12 months	1.8 (1.3–2.2)	0.1 (0.0–0.5)
	Females (*n* = 3,395)	**Males (*n* = 391)**
Unwanted attempted sex in the past 12 months	2.3 (1.8–2.8)	0.1 (0.0–0.4)
	Females (*n* = 3, 396)	**Males (*n* = 391)**
Pressured sex in the past 12 months	0.5 (0.2–0.7)	0
	Females (*n* = 3,395)	**Males (*n* = 391)**
Physically forced sex in the past 12 months	0.8 (0.5–1.2)	0

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

Table 4.4.3. Prevalence of experiencing more than one incident of sexual violence,[1] among 13- to 17-year-olds who experienced at least one incident of sexual violence in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 139)	Males (*n* = 2)
	% (95% CI)	% (95% CI)
Experienced more than one incident of sexual violence	46.5 (37.2–55.7)	*

Note: CI = confidence interval.
[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
* Unreliable estimate; result should be interpreted with caution.

Table 4.4.4. Age at first experience of sexual violence[1] among 13- to 17-year-olds who experienced any sexual violence in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 137)	Males (*n* = 2)
	% (95% CI)	% (95% CI)
13 or younger	23.0 (15.4–30.5)	*
14–15	39.8 (31.0–48.5)	*
16–17	37.3 (28.0–46.5)	*

Note: CI = confidence interval. Percentages may sum to > 100% because first incidents of different forms of sexual violence could have occurred to the same victim.
[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
* Unreliable estimate, result should be interpreted with caution.

Table 4.5.1. Prevalence of pressured[1] or physically forced sex in the past 12 months, among 13- to 17-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 3,397)	Males (*n* = 391)
	% (95% CI)	% (95% CI)
Pressured or physically forced sex in the past 12 months	1.1 (0.7–1.4)	0

Note: CI = confidence interval.
[1] Pressured sex includes threats, harassment, or tricking.

Table 4.5.2. Prevalence of pressured[1] or physically forced sex at first sexual experience, among 13- to 17-year-olds who had ever had sexual intercourse, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 283)	Males (*n* = 24)
	% (95% CI)	% (95% CI)
Pressured or physically forced sex at first sexual intercourse	27.1 (21.4–32.9)*	0

Note: CI = confidence interval.
[1] Pressured sex includes threats, harassment, or tricking.
* Unreliable estimate; result should be interpreted with caution.

Table 4.6.1. Prevalence of transactional sex[1] in childhood, among 18- to 24-year-olds who have had sex, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 1,380)	Males (*n* = 89)
	% (95% CI)	% (95% CI)
Transactional sex	1.2 (0.5–1.9)	0

Note: CI = confidence interval.
[1] Transactional sex includes receiving money, gifts, food, or favours in exchange for sex.

Table 4.6.2. Prevalence of transactional sex[1] among 13- to 17-year-olds who had sex, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 231)	Males (*n* = 11)
	% (95% CI)	% (95% CI)
Transactional sex	7.3 (3.7–10.9)*	0*

Note: CI = confidence interval.
[1] Transactional sex includes receiving money, gifts, food, or favours in exchange for sex.
* Unreliable estimate; result should be interpreted with caution.

Table 4.7.1. Perpetrators of first incidents of sexual violence,[1] among 18- to 24-year-olds who experienced sexual violence in childhood, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 414)	Males (*n* = 3)
	% (95% CI)	% (95% CI)
Current or previous spouse, boyfriend, girlfriend, or romantic partner	55.7 (50.4–60.9)	*
Family member	13.5 (9.9–17.1)	*
Authority figure[2]	1.6 (0.3–2.8)	*
Neighbour	7.4 (4.9–10.0)	*

Classmate/schoolmate	3.9 (1.7–6.0)	*
Friend	4.2 (2.1–6.4)	*
Stranger	9.4 (6.4–12.4)	*
Other	7.9 (5.1–10.6)	*

Note: CI = confidence interval. Percentages may sum to > 100% because first incidents of any of the forms of sexual violence listed could have been perpetrated by different people.
[1] Sexual violence includes sexual touching, attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
[2] Authority figure includes teacher, police/security person, employer, community/religious leader.
* Unreliable estimate, result should be interpreted with caution.

Table 4.7.2. Perpetrators of most recent incidents of sexual violence,[1] among 13- to 17-year-olds who experienced sexual violence in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 139)	Males (*n* = 2)
	% (95% CI)	% (95% CI)
Current or previous spouse, boyfriend, girlfriend, or romantic partner	47.1 (38.4–55.7)	*
Family member	13.5 (7.2–19.7)	*
Authority figure[2]	2.1 (0.0–4.7)	*
Neighbour	14.2 (8.0–20.4)	*
Classmate/schoolmate	5.2 (1.5–9.0)	*
Friend	2.8 (0.3–5.3)	*
Stranger	11.6 (5.7–17.5)	*
Other	8.6 (4.0–13.3)	*

Note: CI = confidence interval.
Note: Percentages may sum to > 100% because first incidents of any of the forms of sexual violence listed could have occurred been perpetrated by different people.
[1] Sexual violence includes: sexual touching, attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
[2] Authority figure includes teacher, police/security person, employer, community/religious leader.
* Unreliable estimate, result should be interpreted with caution.

Table 4.7.3. Perpetrators of sexual violence perceived to be five or more years older, among 18- to 24-year-olds who experienced first incidents of sexual violence[1] in childhood, Zimbabwe Violence Against Children Survey (VACS), 2017

Perpetrator of sexual violence perceived to be five or more years older	Females (*n* = 377)	Males (*n* = 3)
	% (95% CI)	% (95% CI)
Any sexual violence in childhood	61.1 (55.8–66.4)	*
	Females (*n* = 205)	Males (*n* = 0)
Pressured[2] or physically forced sex in childhood	63.1 (55.8–70.5)	*

Note: CI = confidence interval.
[1] Sexual violence includes sexual touching, attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
[2] Pressured sex includes threats, harassment, or tricking.
* Unreliable estimate, result should be interpreted with caution.

Table 4.7.4. Perpetrators of sexual violence perceived to be five or more years older, among 13- to 17-year-olds who experienced sexual violence[1] in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017

Perpetrator of sexual violence perceived to be five or more years older	Females (*n* = 122)	Males (*n* = 1)
	% (95% CI)	% (95% CI)
Any sexual violence in the past 12 months	43.1 (33.9–52.4)	*
	Females (*n* = 29)	Males (*n* = 0)
Pressured[2] or physically forced sex in the past 12 months	59.3 (39.4–79.2)	*

Note: CI = confidence interval.
[1] Sexual violence includes sexual touching, attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
[2] Pressured sex includes threats, harassment, or tricking.
* Unreliable estimate, result should be interpreted with caution.

Table 4.7.5. Prevalence of more than one perpetrator during the first incident of sexual violence,[1] among 18- to 24-year-olds who experienced sexual violence in childhood, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 415)	Males (*n* = 3)
	% (95% CI)	% (95% CI)
More than one perpetrator during the first incident of childhood sexual violence	4.0 (1.8–6.2)	*

Note: CI = confidence interval.
[1] Sexual violence includes sexual touching, attempted sex, physically forced sex, and pressured sex (through threats, harassment, luring, or tricking).
*Unreliable estimate, result should be interpreted with caution.

Table 4.7.6. Prevalence of more than one perpetrator during the first incident of sexual violence,[1] among 13- to 17-year-olds who experienced sexual violence in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 137)	Males (*n* = 2)
	% (95% CI)	% (95% CI)
More than one perpetrator during the first incident of childhood sexual violence	8.8 (4.2–13.5)	*

Note: CI = confidence interval.
[1] Sexual violence includes sexual touching, attempted sex, physically forced sex, and pressured sex (through threats, harassment, luring, or tricking).
* Unreliable estimate, result should be interpreted with caution.

Table 4.8.1. Location of first incident of sexual violence,[1] among 18- to 24-year-olds who experienced sexual violence in childhood, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 411)	Males (*n* = 3)
	% (95% CI)	% (95% CI)
In a home[2]	69.2 (64.6–73.7)	*
At school	4.3 (2.1–6.4)	*
Other location[3]	28.9 (24.3–33.6)	*

Note: CI = confidence interval. Percentages may sum to > 100% because the same victim may have experienced different forms of sexual violence.
[1] Sexual violence includes sexual touching, attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
[2] In a home includes the participant's home, the perpetrator's home, or another home.
[3] Other includes inside a car or bus; in a field or other natural area; in a bar, restaurant, or disco club; on a road or street; in a market or shop; or outdoors, such as in a field or near a body of water.
* Unreliable estimate, result should be interpreted with caution.

Table 4.8.2. Location of most recent incident of sexual violence,[1] among 13- to 17-year-olds who experienced sexual violence in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 138)	Males (*n* = 2)
	% (95% CI)	% (95% CI)
In a home[2]	50.0 (40.7–59.2)	*
At school	2.4 (0.2–4.5)	*
Other location[3]	52.4 (43.3–61.5)	*

Note: CI = confidence interval. Percentages may sum to > 100% because the same victim may have experienced different forms of sexual violence.
[1] Sexual violence includes sexual touching, attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
[2] In a home includes the participant's home, the perpetrator's home, or another home.
[3] Other includes inside a car or bus; in a field or other natural area; in a bar, restaurant, or disco club; on a road or street; in a market or shop; or outdoors, such as in a field or near a body of water.
* Unreliable estimate, result should be interpreted with caution.

Table 4.8.3. Time of day[1] of first incident of sexual violence, among 18- to 24-year-olds who experienced sexual violence in childhood, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 400)	Males (*n* = 3)
	% (95% CI)	% (95% CI)
Morning	7.5 (4.7–10.2)	*
Afternoon	53.0 (47.6–58.3)	*
Evening	38.3 (32.8–43.8)	*
Late at night	7.5 (4.7–10.3)	*

Note: CI = confidence interval. Percentages may sum to > 100% because first incidents of any of the forms of sexual violence listed could have occurred at different times and .because the same victim may have experienced different forms of sexual violence.
[1] *Morning* refers to the period from sunrise to noon, *afternoon* means from noon to sunset, *evening* means from sunset to midnight, and *late at night* is from midnight to sunrise.
* Unreliable estimate, result should be interpreted with caution.

Table 4.8.4. Time of day[1] of the most recent incident of sexual violence, among 13- to 17-year-olds who experienced sexual violence in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 135)	Males (*n* = 2)
	% (95% CI)	% (95% CI)
Morning	7.5 (3.2–11.9)	*
Afternoon	55.8 (46.6–65.0)	*
Evening	35.8 (27.2–44.5)	*
Late at night	6.8 (2.0–11.5)	*

Note: CI = confidence interval. Percentages may sum to > 100% because first incidents of any of the forms of sexual violence listed could have occurred at different times and because different forms of sexual violence could have occurred to the same victim.
[1] *Morning* refers to the period from sunrise to noon, *afternoon* means from noon to sunset, *evening* means from sunset to midnight, and *late at night* is from midnight to sunrise.
* Unreliable estimate, result should be interpreted with caution.

Table 4.9.1. Disclosure, knowledge, and service seeking for any incident of sexual violence[1] and for pressured[2] or physically forced sex, among 18- to 24-year-olds who experienced any sexual violence in childhood, Zimbabwe Violence Against Children Survey (VACS), 2017

Disclosure, knowledge, and service seeking for any incident of sexual violence		
	Females (*n* = 412)	Males (*n* = 3)
	% (95% CI)	% (95% CI)
Told someone about the experience of sexual violence	60.8 (55.7–65.9)	*
Knew of a place to seek help about an experience of sexual violence	39.8 (34.7–45.0)	*
Sought help for any experience of sexual violence	17.1 (13.1–21.2)	*
	Females (*n* = 416)	Males (*n* = 3)
Received help for any experience of sexual violence	14.3 (10.4–18.1)	*
Disclosure, knowledge, and service seeking for any pressured or physically forced sex		
	Females (*n* = 218)	Males (*n* = 0)
	% (95% CI)	% (95% CI)
Told someone about pressured or physically forced sex	59.0 (52.0–66.0)	*

Knew of a place to seek help about pressured or physically forced sex	42.2 (34.8–49.6)	*
Sought help for any experience of pressured or physically forced sex	20.5 (14.4–26.5)	*
	Females (*n* = 221)	**Males (*n* = 0)**
Received help for pressured or physically forced sex	16.8 (11.2–22.4)	*

Note: CI = confidence interval.
[1] Sexual violence includes sexual touching, attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
[2] Pressured sex includes threats, harassment, or tricking.
*Unreliable estimate, result should be interpreted with caution.

Table 4.9.2. Disclosure, knowledge and service seeking for any incident of sexual violence[1] and for pressured[2] or physically forced sex, among 13- to 17-year-olds who experienced sexual violence or pressured or physically forced sex, Zimbabwe Violence Against Children Survey (VACS), 2017

Disclosure, knowledge, and service seeking for any incident of sexual violence		
	Females (*n* = 139)	**Males (*n* = 2)**
	% (95% CI)	**% (95% CI)**
Told someone about the experience of sexual violence	57.2 (48.3–66.1)	*
Knew of a place to seek help about an experience of sexual violence	32.3 (23.7–40.9)	*
Sought help for any experience of sexual violence	11.9 (6.0–17.8)	*
	Females (*n* = 138)	**Males (*n* = 2)**
Received help for any experience of sexual violence	9.1 (3.7–14.4)	*
Disclosure, knowledge and service seeking for any pressured or physically forced sex		
	Females (*n* = 33)	**Males (*n* = 0)**
	% (95% CI)	**% (95% CI)**
Told someone about pressured or physically forced sex	48.2 (29.3–67.1)	*
Knew of a place to seek help about pressured or physically forced sex	43.1 (24.3–61.9)	*
Sought help for any experience of pressured or physically forced sex	20.5 (4.5–36.4)	*

	Females (*n* = 33)	Males (*n* = 0)
Received help for pressured or physically forced sex	16.7 (1.7–31.7)	

Note: CI = confidence interval.
[1] Sexual violence includes sexual touching, attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
*Unreliable estimate, result should be interpreted with caution.

Table 4.9.3. Source of service received for any incident of sexual violence,[1] among 18- to 24-year-olds who experienced any sexual violence in childhood and received help, Zimbabwe Violence Against Children Survey (VACS), 2017

Person who was told about sexual violence	Females (*n* = 55)	Males (*n* = 0)
	% (95% CI)	% (95% CI)
Doctor, nurse, or other health care worker	66.4 (52.6–80.2)	*
Police or other security personnel	80.0 (68.9–91.0)	*
Legal professional	28.0 (15.0–41.1)	*
Social worker or counsellor	29.9 (16.3–43.4)	*
Helpline	1.6 (0.0–4.9)	*

Note: CI = confidence interval.
[1] Sexual violence includes sexual touching, attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
* Unreliable estimate, result should be interpreted with caution.

Table 4.9.4. Relationship with the person who was told about any incident of sexual violence,[1] among 18- to 24-year-olds who experienced any sexual violence in childhood and who told someone, Zimbabwe Violence Against Children Survey (VACS), 2017

Person who was told about sexual violence	Females (*n* = 200)	Males (*n* = 1)
	% (95% CI)	% (95% CI)
Relative	67.1 (60.4–73.9)	*
Spouse, boyfriend/girlfriend, partner	28.2 (21.6–34.8)	*
Friend or neighbour	28.2 (21.6–34.8)	*
Service provider or authority figure[2]	5.1 (1.9–8.3)	*
Someone else	2.2 (0.2–4.3)	*

Note: CI = confidence interval.
[1] Sexual violence includes sexual touching, attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
[2] Service provider or authority figure includes nongovernmental organization worker, teacher, employer, community leader, traditional healer, religious leader.
* Unreliable estimate, result should be interpreted with caution.

Table 4.9.5. Relationship with the person who was told about any incident of sexual violence,[1] among 13- to 17-year-olds who experienced any sexual violence and who told someone, Zimbabwe Violence Against Children Survey (VACS), 2017

Person who was told about sexual violence	Females (*n* = 73)	Males (*n* = 2)
	% (95% CI)	% (95% CI)
Relative	66.7 (55.0–78.4)	*
Spouse, boyfriend/girlfriend, or partner	1.7 (0.0–5.0)	*
Friend or neighbour	35.6 (23.5–47.7)	*
Service provider or authority figure[2]	3.3 (0.0–7.5)	*
Someone else	4.5 (0.0–9.8)	*

Note: CI = confidence interval.
[1] Sexual violence includes sexual touching, attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
[2] Service provider or authority figure includes nongovernmental organization worker, teacher, employer, community leader, traditional healer, religious leader.
* Unreliable estimate, result should be interpreted with caution.

Table 4.9.6. Reasons for not seeking services for sexual violence,[1] among 18- to 24-year-olds who experienced any sexual violence in childhood and did not seek services, Zimbabwe Violence Against Children Survey (VACS), 2017

Reasons for not seeking services	Females (*n* = 96)	Males (*n* = 2)
	% (95% CI)	% (95% CI)
Afraid of getting in trouble	8.5 (2.7–14.3)	*
Embarrassed for self or family	10.3 (3.7–16.9)	*
Could not afford services	0	*
Dependent on perpetrator	0	*
Perpetrator threat	1.3 (0.0–3.2)	*
Did not think violence was a problem	27.8 (18.3–37.4)	*
Felt it was my fault	5.1 (1.0–9.1)	*
Afraid of being abandoned	8.1 (2.1–14.1)	*
Did not need/want services	16.1 (7.9–24.4)	*
Service too far or not available	1.6 (0.0–4.7)	*
Other	21.2 (11.9–30.6)	*

Note: CI = confidence interval.
[1] Sexual violence includes sexual touching, attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
*Unreliable estimate, result should be interpreted with caution.

Table 4.9.7. Reasons for not seeking services for sexual violence,[1] among 13- to 17-year-olds who experienced any sexual violence and did not seek services, Zimbabwe Violence Against Children Survey (VACS), 2017

Reasons for not seeking services	Females (*n* = 27)	Males (*n* = 0)
	% (95% CI)	% (95% CI)
Afraid of getting in trouble	10.6 (0.0–22.5)	*
Embarrassed for self or family	0	*
Could not afford services	0	*
Dependent on perpetrator	0	*
Perpetrator threat	8.3 (0.0–19.8)	*
Did not think violence was a problem	15.5 (2.2–28.8)	*
Felt it was my fault	8.6 (0.0–21.1)	*
Afraid of being abandoned	0	*
Did not need/want services	25.5 (8.0–42.9)	*
Services too far or not available	0	*
Other	31.4 (12.0–50.9)	*

Note: CI = confidence interval.
[1] Sexual violence includes sexual touching, attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
* Unreliable estimate, result should be interpreted with caution.

Table 5.1.1. Prevalence of physical violence[1] in childhood, among 18- to 24-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 4,510)	Males (*n* = 411)
	% (95% CI)	% (95% CI)
Childhood physical violence	16.6 (15.2–18.1)	23.0 (17.9–28.2)

Note: CI = confidence interval.
[1] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.

Table 5.1.2. Prevalence of physical violence[1] in childhood by perpetrator, among 18- to 24-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females	Males
	% (95% CI)	% (95% CI)
Intimate partner[2] physical violence	3.5 (2.8–4.1) (*n* = 4,240)	0 (*n* = 341)
Parent, adult caregiver, or adult relative physical violence	10.1 (8.9–11.2) (*n* = 4,487)	14.5 (10.1–18.9) (*n* = 409)
Adult in the community physical violence	4.7 (3.7–5.7) (*n* = 4,503)	7.4 (3.5–11.4) (*n* = 410)
Peer physical violence	4.5 (3.9–5.2) (*n* = 4,500)	13.1 (8.9–17.3) (*n* = 409)

Note: CI = confidence interval. Percentages may sum to > 100% because youth may experience violence carried out by more than one person.
[1] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.
[2] Among those who have an intimate partner.

Table 5.1.3. Age at first experience of physical violence,[1] among 18- to 24-year-olds who experienced any physical violence in childhood, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 735)	Males (*n* = 91)
	% (95% CI)	% (95% CI)
5 or younger	8.1 (5.8–10.4)	11.0 (6.3–15.6)
6–11	39.1 (34.7–43.5)	54.7 (43.5–65.9)
12–17	52.8 (47.9–57.7)	34.3 (24.2–44.4)

Note: CI = confidence interval.
[1] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.

Table 5.2.1. Prevalence of physical violence[1] in the past 12 months, among 13- to 17-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 3,399)	Males (*n* = 392)
	% (95% CI)	% (95% CI)
Physical violence in the past 12 months	14.2 (12.6–15.7)	16.4 (12.1–20.7)

Note: CI = confidence interval.
[1] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.

Table 5.2.2. Prevalence of physical violence[1] in the past 12 months by perpetrator, among 13- to 17-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females	Males
	% (95% CI)	% (95% CI)
Intimate partner[2] physical violence	4.1 (2.7–5.5) (*n* = 912)	0 (*n* = 84)
Parent, adult caregiver, or adult relative physical violence	5.0 (4.2–5.8) (*n* = 3,398)	6.8 (4.3–9.2) (*n* = 392)
Adult in the community physical violence	5.3 (4.2–6.5) (*n* = 3,397)	4.2 (2.0–6.3) (*n* = 392)
Peer physical violence	5.7 (4.8–6.6) (*n* = 3,399)	10.2 (7.1–13.3) (*n* = 392)

Note: CI = confidence interval. Percentages may sum to > 100% because youth may have experienced violence carried out by more than one person.
[1] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.
[2] Among those who have an intimate partner.

Table 5.2.3. Age at first experience of physical violence,[1] among 13- to 17-year-olds who experienced any physical violence in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 461)	Males (*n* = 57)
	% (95% CI)	% (95% CI)
5 or younger	8.0 (5.0–11.1)	4.2 (0.0–8.9)
6–11	32.6 (27.0–38.2)	34.4 (24.4–44.3)
12–17	59.3 (53.3–65.4)	61.4 (50.3–72.5)

Note: CI = confidence interval.
[1] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.

Table 5.3.1. Prevalence of experiencing physical harm or injury as a result of the most recent experience of physical violence,[1] among 13- to 17-year-olds who experienced physical violence in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 479)	Males (*n* = 60)
	% (95% CI)	% (95% CI)
Experienced injury as a result of physical violence in the past 12 months	27.1 (22.6–31.6)	23.9 (14.9–32.9)

Note: CI = confidence interval.
[1] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.

Table 5.3.2. Prevalence of experiencing physical harm or injury as a result of the most recent experience of physical violence,[1] among 13- to 17-year-olds who experienced physical violence in the past 12 months, by perpetrator, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 37)	Males (*n* = 0)
	% (95% CI)	% (95% CI)
Injured by intimate partner[2] physical violence	21.3 (6.9–35.7)	*
	Females (*n* = 174)	**Males (*n* = 34)**
Injured by parent or adult relative physical violence	40.7 (33.1–48.3)	19.3 (5.2–33.3)*
	Females (*n* = 178)	**Males (*n* = 17)**
Injured by physical violence carried out by an adult in the community	11.5 (5.9–17.2)	4.4 (2.0–6.8)*
	Females (n = 195)	**Males (n = 36)**
Injured by peer physical violence	21.3 (14.7–27.9)	27.5 (14.1–40.8)

Note: CI = confidence interval.
[1] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.
[2] Among those who have an intimate partner.
* Unreliable estimate; result should be interpreted with caution.

Table 5.4.1. Disclosure, knowledge, and service seeking for any incident of physical violence,[1] among 18- to 24-year-olds who experienced physical violence in childhood, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 760)	Males (*n* = 91)
	% (95% CI)	% (95% CI)
Told someone about the experience of physical violence	56.6 (52.1–61.0)	59.9 (49.9–69.9)
	Females (*n* = 762)	Males (*n* = 89)
Knew of a place to seek help about an experience of physical violence	38.4 (34.4–42.4)	64.1 (53.4–74.7)
	Females (*n* = 761)	Males (*n* = 89)
Sought help for any experience of physical violence	12.2 (9.4–15.1)	13.2 (7.0–19.3)
	Females (*n* = 763)	Males (*n* = 92)
Received help for any experience of physical violence	10.0 (7.4–12.6)	10.0 (4.6–15.4)

Note: CI = confidence interval.
[1] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.

Table 5.4.2. Disclosure, knowledge, and service seeking for any incident of physical violence,[1] among 13- to 17-year-olds who experienced physical violence in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 479)	Males (*n* = 60)
	% (95% CI)	% (95% CI)
Told someone about the experience of physical violence	58.0 (53.0–63.0)	61.1 (50.1–72.0)
	Females (*n* = 477)	**Males (*n* = 60)**
Knew of a place to seek help about an experience of physical violence	32.2 (27.7–36.8)	47.7 (35.6–59.7)
	Females (*n* = 477)	**Males (*n* = 60)**
Sought help for any experience of physical violence	6.5 (4.2–8.7)	9.1 (1.4–16.8)
	Females (*n* = 479)	**Males (*n* = 60)**
Received help for any experience of physical violence	4.3 (2.4–6.3)	5.6 (0.0–11.4)

Note: CI = confidence interval.
[1] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.

Table 5.4.3. Source of service received for any incident of physical violence[1] among 18- to 24-year-olds who experienced physical violence in childhood and received help, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 71)	Males (*n* = 9)
	% (95% CI)	% (95% CI)
Doctor, nurse, or other health care worker	57.1 (45.5–68.7)	*
Police or other security personnel	69.6 (58.2–80.9)	*
Legal professional	17.2 (7.2–27.2)	*

Social worker or counsellor	17.0 (6.4–27.6)	*
Helpline	3.2 (0.0–7.6)	*

Note: CI = confidence interval. Percentages may sum to > 100% because categories are not mutually exclusive.
[1] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.
* Unreliable estimate, result should be interpreted with caution.

Table 5.4.4. Relationship with the person who was told about any incident of physical violence,[1] among 18- to 24-year-olds who experienced physical violence in childhood and told someone, Zimbabwe Violence Against Children Survey (VACS), 2017

Person who was told about physical violence	Females (*n* = 369)	Males (*n* = 46)
	% (95% CI)	% (95% CI)
Relative	72.7 (67.4–78.0)	56.0 (41.2–70.7)
Spouse, boyfriend/girlfriend, or partner	1.3 (0.1–2.4)	0
Friend/neighbour	24.6 (19.6–29.5)	43.1 (27.6–58.5)
Service provider or authority figure[2]	7.3 (4.3–10.2)	3.1 (0.0–6.4)
Someone else	6.9 (4.1–9.8)	11.9 (3.3–20.4)

Note: CI = confidence interval. Percentages may sum to > 100% because categories are not mutually exclusive.
[1] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.
[2] Service provider or authority figure includes nongovernmental organization worker, teacher, employer, community leader, traditional healer, religious leader.

Table 5.4.5. Relationship with the person who was told about any incident of physical violence,[1] among 13- to 17-year-olds who experienced any physical violence in the past 12 months and told someone, Zimbabwe Violence Against Children Survey (VACS), 2017

Person who was told about physical violence	Females (*n* = 261)	Males (*n* = 36)
	% (95% CI)	% (95% CI)
Relative	65.4 (58.7–72.0)	81.9 (71.7–92.1)
Spouse, boyfriend/girlfriend, or partner	2.2 (0.0–4.9)	0
Friend/neighbour	25.6 (19.4–31.7)	26.3 (13.7–39.0)
Service provider or authority figure[2]	15.1 (10.1–20.1)	6.3 (2.2–10.4)
Someone else	8.8 (5.0–12.7)	2.2 (1.5–2.9)

Note: CI = confidence interval. Percentages may sum to > 100% because categories are not mutually exclusive.
[1] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.
[2] Service provider or authority figure includes nongovernmental organization worker, teacher, employer, community leader, traditional healer, religious leader.

Table 5.4.6. Reasons for not seeking services for physical violence,[1] among 18- to 24-year-olds who experienced physical violence in childhood and did not seek services, Zimbabwe Violence Against Children Survey (VACS), 2017

Reasons for not seeking services	Females (*n* = 201)	Males (*n* = 45)
	% (95% CI)	% (95% CI)
Afraid of getting in trouble	13.1 (8.3–17.9)	6.2 (0.3–12.0)
Ashamed or embarrassed for self or family	3.6 (0.8–6.3)	6.2 (0.3–12.0)
Could not afford services	0.6 (0.0–1.6)	0
Could not reach services	0.4 (0.0–1.1)	1.0 (0.0–3.1)
Dependent on perpetrator	3.3 (0.6–5.9)	1.0 (0.0–3.0)
Perpetrator threat	0.3 (0.0–0.9)	0
Did not think violence was a problem	33.6 (26.9–40.3)	47.4 (33.5–61.3)
Felt it was my fault	15.6 (10.2–21.0)	23.6 (12.1–35.2)
Afraid of being abandoned	3.7 (0.8–6.7)	1.7 (0.0–4.9)
Did not need/want services	14.7 (9.2–20.2)	0
Unsatisfactory or negative prior experience with services	0	0
Other	11.2 (6.5–15.9)	11.9 (2.3–21.5)

Note: CI = confidence interval.
[1] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.

Table 5.4.7. Reasons for not seeking services for physical violence,[1] among 13- to 17-year-olds who experienced any physical violence in the past 12 months and did not seek services, Zimbabwe Violence Against Children Survey (VACS), 2017

Reasons for not seeking services	Females (*n* = 124)	Males (*n* = 23)
	% (95% CI)	% (95% CI)
Afraid of getting in trouble	17.2 (9.7–24.7)	9.8 (0.0–22.1)*
Ashamed or embarrassed for self or family	1.7 (0.0–3.6)	0*
Could not afford services	0	0*
Could not reach services	0.7 (0.0–2.0)	0*
Dependent on perpetrator	1.3 (0.0–3.2)	0*
Perpetrator threat	2.1 (0.0–4.6)	0*
Did not think violence was a problem	31.1 (22.5–39.7)	63.6 (45.9–81.3)*
Felt it was my fault	13.8 (6.9–20.7)	17.8 (8.1–27.5)*
Afraid of being abandoned	3.3 (0.0–6.8)	0*
Did not need/want services	15.2 (8.7–21.6)	0*
Unsatisfactory or negative prior experience with services	0.8 (0.0–2.4)	0*
Other	12.8 (5.8–19.8)	8.8 (0.0–20.7)*

Note: CI = confidence interval.
[1] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.
* Unreliable estimate; result should be interpreted with caution.

Table 6.1.1. Prevalence of emotional violence[1] by a parent, adult caregiver, or adult relative in childhood, among 18- to 24-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 4,471)	Males (*n* = 409)
	% (95% CI)	% (95% CI)
Childhood emotional violence carried out by a parent, caregiver, or adult relative	9.5 (8.5–10.5)	6.3 (3.6–9.0)

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

Table 6.1.2. Prevalence of experiencing more than one incident of emotional violence,[1] among 18- to 24-year-olds who experienced at least one incident of emotional violence in childhood, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 436)	Males (*n* = 27)
	% (95% CI)	% (95% CI)
Experienced multiple incidents of emotional violence in childhood	81.3 (77.2–85.4)	71.1 (53.6–88.6)

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

Table 6.1.3. Age at first experience of emotional violence,[1] among 18- to 24-year-olds who experienced emotional violence in childhood, Zimbabwe Violence Against Children Survey (VACS), 2017

	Female (*n* = 426)	Male (*n* = 27)
	% (95% CI)	% (95% CI)
11 or younger	27.7 (23.3–32.2)	8.2 (0.8–15.6)
12–17	72.3 (67.8–76.7)	91.8 (84.4–99.2)

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

Table 6.2.1. Prevalence of emotional violence[1] in the past 12 months by a parent, caregiver, or adult relative among 13- to 17-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017

	Female (*n* = 3,396)	Male (*n* = 391)
	% (95% CI)	% (95% CI)
Emotional violence carried out by a parent, caregiver, or adult relative in the past 12 months	7.5 (6.5–8.5)	7.2 (4.8–9.7)

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

Table 6.2.2. Prevalence of experiencing more than one incident of emotional violence,[1] among 13- to 17-year-olds who experienced at least one incident of emotional violence in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017

	Female (*n* = 266)	Male *(n* = 22)
	% (95% CI)	% (95% CI)
Experienced multiple incidents of emotional violence in the past 12 months	80.7 (75.5–86.0)	77.7 (62.8–92.6)*

Note: CI = confidence interval.
[1] Emotional violence includes being told that you were unloved or did not deserve to be loved, being told that someone wished you were dead or had never been born, or being ridiculed or put down.
* Unreliable estimate; result should be interpreted with caution.

Table 6.2.3. Age at first experience of emotional violence,[1] among 13- to 17-year-olds who experienced any emotional violence in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017

	Female (*n* = 252)	Male (*n* = 20)
	% (95% CI)	% (95% CI)
11 or younger	21.5 (15.7–27.3)	25.3 (10.1–40.5)*
12–17	78.5 (72.7–84.3)	74.7 (59.5–89.9)*

Note: CI = confidence interval.
[1] Emotional violence includes being told that you were unloved or did not deserve to be loved, being told that someone wished you were dead or had never been born, or being ridiculed or put down.
* Unreliable estimate; result should be interpreted with caution.

Table 6.3.1. Perpetrator of first incident of emotional violence,[1] among 18- to 24-year-olds who experienced emotional violence by a parent, caregiver, or other adult relative in childhood, Zimbabwe Violence Against Children Survey (VACS), 2017

Perpetrator of childhood emotional violence	Female (*n* = 434)	Male (*n* = 27)
	% (95% CI)	% (95% CI)
Parent[2]	31.9 (26.8–37.0)	21.6 (6.2–36.9)
Sibling[3]	6.9 (4.4–9.3)	3.0 (0.0–8.7)
Uncle or aunt	34.3 (29.1–39.5)	27.1 (10.7–43.5)
Grandparent	13.9 (10.4–17.5)	26.4 (11.5–41.4)
Other relative or caregiver	13.1 (9.7–16.5)	21.9 (7.5–36.3)

Note: CI = confidence interval.
[1] Emotional violence includes being told that you were unloved or did not deserve to be loved, being told that someone wished you were dead or had never been born, or being ridiculed or put down.
[2] Parent includes father/stepfather or mother/stepmother.
[3] Sibling includes brother/stepbrother or sister/stepsister.

Table 6.3.2. Perpetrator of most recent incident of emotional violence[1] among 13- to 17-year-olds who experienced emotional violence by a parent, caregiver, or other adult relative in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017

Perpetrator of emotional violence	Female (*n* = 264)	Male (*n* = 23)
	% (95% CI)	% (95% CI)
Parent[2]	39.9 (33.4–46.4)	35.8 (17.4–54.2)*
Sibling[3]	8.0 (4.4–11.7)	12.3 (0.0–24.9)*
Uncle or aunt	24.5 (19.1–30.0)	17.0 (3.8–30.2)*
Grandparent	18.6 (13.7–23.5)	21.2 (7.4–35.0)*
Other relative or caregiver	8.9 (5.1–12.6)	13.7 (3.4–24.1)*

Note: CI = confidence interval.
[1] Emotional violence includes being told that you were unloved or did not deserve to be loved, being told that someone wished you were dead or had never been born, or being ridiculed or put down.
[2] Parent includes father/stepfather or mother/stepmother.
[3] Sibling includes brother/stepbrother or sister/stepsister.
* Unreliable estimate; result should be interpreted with caution.

Table 6.4.1. Percentage of females and males ages 18–24 for whom the parent or adult relative perpetrator lived within the same household as the victim when the first event of any emotional violence[1] occurred in childhood, Zimbabwe Violence Against Children Survey (VACS), 2017

Reported most recent incident of emotional violence occurred by parent, adult caregiver, or other adult relative living in the same household	Females (*n* = 437)	Males (*n* = 27)
	% (95% CI)	% (95% CI)
Perpetrator lived in same household	78.0 (73.5–82.5)	49.4 (27.7–71.1)

Note: CI = confidence interval.
[1] Emotional violence includes being told that you were unloved or did not deserve to be loved, being told that someone wished you were dead or had never been born, or being ridiculed or put down.
* Unreliable estimate; result should be interpreted with caution.

Table 6.4.2. Percentage of females and males ages 13–17 for whom the parent or adult relative perpe-trator lived within the same household as them when the most recent event of emotional violence[1] oc-curred in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017

Reported most recent incident of emotional violence occurred by parent, adult caregiver, or other adult relative living in the same household	Females (n = 267)	Males (n = 23)
	% (95% CI)	% (95% CI)
Perpetrator lived in same household	76.8 (71.3–82.2)	76.2 (60.6–91.8)*

Note: CI = confidence interval.
[1] Emotional violence includes being told that you were unloved or did not deserve to be loved, being told that someone wished you were dead or had never been born, or being ridiculed or put down.
* Unreliable estimate; result should be interpreted with caution.

Table 7.1.1. Prevalence of sexual violence[1] in the past 12 months, among 18- to 24-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 4,510)	Males (*n* = 411)
	% (95% CI)	% (95% CI)
Sexual violence	5.3 (4.6–6.0)	0.7 (0.0–1.4)

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

Table 7.1.2. Prevalence of different types of sexual violence[1] in the past 12 months, among 18- to 24-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 4,501)	Males (*n* = 410)
	% (95% CI)	% (95% CI)
Touching	2.3 (1.9–2.8)	0.2 (0.0–0.7)
	Females (*n* = 4,503)	**Males (*n* = 410)**
Unwanted attempted sex	2.2 (1.8–2.7)	0.4 (0.0–1.1)
	Females (*n* = 4,504)	**Males (*n* = 411)**
Pressured sex[2]	0.7 (0.5–1.0)	0
	Females (*n* = 4,502)	**Males (*n* = 411)**
Physically forced sex	1.5 (1.1–1.9)	0

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

Table 7.1.3. Prevalence of pressured[1] or physically forced sex in the past 12 months, among 18- to 24-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 4,507)	Males (*n* = 411)
	% (95% CI)	% (95% CI)
Pressured or physically forced sex in the past 12 months	2.0 (1.5–2.4)	0

Note: CI = confidence interval.
[1] Pressured sex includes threats, harassment, or tricking.

Table 7.1.4. Prevalence of experiencing more than one incident of sexual violence[1] in the past 12 months, among 18- to 24-year-olds who experienced at least one incident of sexual violence in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 246)	Males (*n* = 3)
	% (95% CI)	% (95% CI)
Experienced multiple incidents of sexual violence in the past 12 months	61.2 (54.7–67.7)	*

Note: CI = confidence interval.
[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
* Unreliable estimate, result should be interpreted with caution.

Table 7.1.5. Prevalence of transactional sex[1] in the past 12 months, among 18- to 24-year-olds who had sex, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 2,748)	Males (*n* = 183)
	% (95% CI)	% (95% CI)
Transactional sex	3.7 (2.9–4.5)	1.0 (0.0–2.4)

Note: CI = confidence interval.
[1] Transactional sex includes receiving money, gifts, food, or favours in exchange for sex.

Table 7.2.1. Perpetrators of the most recent incidents of sexual violence,[1] among 18- to 24-year-olds who experienced sexual violence in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 245)	Males (*n* = 3)
	% (95% CI)	% (95% CI)
Current or previous spouse, boyfriend, girlfriend, or romantic partner	72.0 (66.4–77.7)	*
Family member	4.3 (1.7–6.9)	*
Authority figure[2]	1.6 (0.0–3.1)	*
Neighbour	4.4 (1.8–7.0)	*
Classmate/schoolmate	0.7 (0.0–1.6)	*
Friend	7.4 (4.0–10.9)	*

Stranger	8.0 (4.4–11.6)	*
Other	4.0 (1.2–6.8)	*

Note: CI = confidence interval.
[1] Sexual violence includes sexual touching, attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
[2] Authority figure includes teacher, police/security person, employer, community/religious leader.
* Unreliable estimate, result should be interpreted with caution.

Table 7.2.2. Perpetrators of sexual violence perceived to be five or more years older, among 18- to 24-year-olds who experienced sexual violence[1] in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017

Perpetrator of sexual violence perceived to be five or more years older	Females (*n* = 227)	Males (*n* = 3)
	% (95% CI)	% (95% CI)
Any sexual violence	45.9 (39.0–52.7)	*
	Females (*n* = 81)	Males (*n* = 0)
Pressured[2] or physically forced sex	45.5 (33.1–57.8)	*

Note: CI = confidence interval.
[1] Sexual violence includes sexual touching, attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
[2] Pressured sex includes threats, harassment, or tricking.
* Unreliable estimate, result should be interpreted with caution.

Table 7.2.3. Prevalence of more than one perpetrator during the most recent incident of sexual violence,[1] among 18- to 24-year-olds who experienced sexual violence in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 242)	Males (*n* = 3)
	% (95% CI)	% (95% CI)
More than one perpetrator during the most recent incident of sexual violence	6.3 (3.1–9.5)	*

Note: CI = confidence interval.
[1] Sexual violence includes sexual touching, attempted sex, physically forced sex, and pressured (through threats, harassment, luring, or tricking) sex.
* Unreliable estimate, result should be interpreted with caution.

Table 7.3.1. Disclosure, knowledge, and service seeking for any incident of sexual violence,[1] among 18- to 24-year-olds who experienced sexual violence in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 248)	Males (*n* = 3)
	% (95% CI)	% (95% CI)
Told someone about the experience of sexual violence	52.9 (46.2–59.6)	*
Knew of a place to seek help about an experience of sexual violence	42.8 (35.8–49.8)	*
Sought help for any experience of sexual violence	7.3 (3.9–10.7)	*
Received help for any experience of sexual violence	6.2 (3.0–9.5)	*

Note: CI = confidence interval.
[1] Sexual violence includes sexual touching, attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
* Unreliable estimate, result should be interpreted with caution.

Table 7.3.2. Relationship with the person who was told about any incident of sexual violence,[1] among 18- to 24-year-olds who experienced any sexual violence in the past 12 months and who told someone, Zimbabwe Violence Against Children Survey (VACS), 2017

Person who was told about physical violence	Females (*n* = 119)	Males (*n* = 2)
	% (95% CI)	% (95% CI)
Relative	56.1 (46.1–66.1)	*
Spouse, boyfriend/girlfriend, partner	4.4 (0.5–8.2)	*
Friend or neighbour	41.9 (32.0–51.7)	*
Service provider or authority figure[2]	4.1 (0.6–7.6)	*
Someone else[3]	5.1 (0.9–9.3)	*

Note: CI = confidence interval.
[1] Sexual violence includes sexual touching, attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
[2] Service provider or authority figure includes nongovernmental organization worker, teacher, employer, community leader, and religious leader.
[3] Someone else includes traditional healer and other.
* Unreliable estimate, result should be interpreted with caution.

Table 7.3.3. Reasons for not seeking services for sexual violence,[1] among 18- to 24-year-olds who experienced any sexual violence in the past 12 months and did not seek services, Zimbabwe Violence Against Children Survey (VACS), 2017

Reasons for not seeking services	Females (*n* = 89)	Males (*n* = 3)
	% (95% CI)	% (95% CI)
Afraid of getting in trouble	11.0 (4.7–17.4)	*
Embarrassed for self or family	5.0 (0.6–9.3)	*
Could not afford services	0	*
Dependent on perpetrator	2.1 (0.0–5.0)	*
Perpetrator threat	0	*
Did not think violence was a problem	34.2 (22.9–45.4)	*
Felt it was my fault	1.3 (0.0–3.7)	*
Afraid of being abandoned	1.3 (0.0–3.2)	*
Did not need/want services	19.0 (9.6–28.4)	*
Service too far or not available	1.7 (0.0–5.0)	*
Other	24.4 (14.7–34.2)	*

Note: CI = confidence interval.
[1] Sexual violence includes sexual touching, attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
* Unreliable estimate, result should be interpreted with caution.

Table 7.4.1. Prevalence of physical violence[1] in the past 12 months, among 18- to 24-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 4,510)	Males (*n* = 411)
	% (95% CI)	% (95% CI)
Physical violence in the past 12 months	8.8 (7.8–9.8)	11.4 (8.1–14.7)

Note: CI = confidence interval.
[1] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.

Table 7.4.2. Prevalence of physical violence[1] in the past 12 months by perpetrator, among 18- to 24-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 4,246)	Males (*n* = 341)
	% (95% CI)	% (95% CI)
Intimate partner[2] physical violence	5.8 (5.0–6.7)	1.6 (0.0–3.3)
	Females (*n* = 4,503)	**Males (*n* = 410)**
Parent or adult relative physical violence	1.8 (1.4–2.2)	1.2 (0.4–1.9)
	Females (*n* = 4,508)	**Males (n = 411)**
Adult in the community physical violence	0.8 (0.5–1.1)	3.1 (1.5–4.8)
Peer physical violence	1.3 (1.0–1.7)	7.8 (5.0–10.7)

Note: CI = confidence interval. Percentages may sum to > 100% because youth may experience violence carried out by more than one person.
[1] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.
[2] Among those who have an intimate partner.

Table 7.4.3. Prevalence of experiencing physical harm or injury as a result of the most recent experience of physical violence,[1] among 18- to 24-year-olds who experienced physical violence in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 398)	Males (*n* = 49)
	% (95% CI)	% (95% CI)
Experienced injury as a result of physical violence in the past 12 months	35.6 (30.3–40.9)	48.6 (35.6–61.7)

Note: CI = confidence interval.
[1] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.

Table 7.5.1. Disclosure, knowledge, and service seeking for any incident of physical violence,[1] among 18- to 24-year-olds who experienced any physical violence in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 398)	Males (*n* = 49)
	% (95% CI)	% (95% CI)
Told someone about the experience of physical violence	74.0 (69.2–78.7)	86.0 (76.7–95.3)
	Females (*n* = 398)	**Males (*n* = 48)**
Knew of a place to seek help about an experience of physical violence	46.6 (40.9–52.4)	53.5 (40.3–66.6)
	Females (*n* = 398)	**Males (*n* = 48)**
Sought help for any experience of physical violence	16.5 (12.5–20.5)	20.5 (10.0–30.9)
	Females (*n* = 398)	**Males (*n* = 49)**
Received help for any experience of physical violence	13.0 (9.5–16.6)	12.9 (6.3–19.4)

Note: CI = confidence interval.
[1] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.

Table 7.5.2. Source of service received for any incident of physical violence[1] among 18- to 24-year-olds who experienced any physical violence in the past 12 months and received help, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 54)	Males (*n* = 5)
	% (95% CI)	% (95% CI)
Doctor, nurse, or other health care worker	54.5 (40.5–68.4)	*
Police or other security personnel	76.8 (65.3–88.3)	*
Legal professional	16.1 (5.6–26.5)	*
Social worker or counsellor	14.3 (4.3–24.4)	*
Helpline	2.2 (0.0–5.2)	*

Note: CI = confidence interval. Percentages may sum to > 100% because categories are not mutually exclusive.
[1] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.
* Unreliable estimate, result should be interpreted with caution.

Table 7.5.3. Relationship with person who was told about any incident of physical violence,[1] among 18- to 24-year-olds who experienced physical violence in the past 12 months who told someone, Zimbabwe Violence Against Children Survey (VACS), 2017

Person who was told about physical violence	Females (*n* = 241)	Males (*n* = 35)
	% (95% CI)	% (95% CI)
Relative	76.1 (69.9–82.3)	41.7 (24.2–59.2)
Spouse, boyfriend/girlfriend, or partner	3.2 (0.5–5.9)	0
Friend/neighbour	19.6 (14.4–24.7)	33.5 (18.2–48.8)
Service provider or authority figure[2]	4.2 (1.7–6.7)	7.4 (0.0–15.0)
Someone else[3]	9.5 (5.3–13.6)	24.6 (10.9–38.2)

Note: CI = confidence interval. Percentages may sum to > 100% because categories are not mutually exclusive.
[1] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.
[2] Service provider or authority figure includes nongovernmental organization worker, teacher, employer, community leader, and religious leader.
[3] Someone else includes traditional healer and other.

Table 7.5.4. Reasons for not seeking services for physical violence,[1] among 18- to 24-year-olds who experienced any physical violence in the past 12 months and did not seek services, Zimbabwe Violence Against Children Survey (VACS), 2017

Reasons for not seeking services for physical violence	Females (*n* = 111)	Males (*n* = 18)
	% (95% CI)	% (95% CI)
Afraid of getting in trouble	17.2 (9.4–25.0)	13.0 (0.0–26.2)*
Ashamed/embarrassed for self or family	2.2 (0.0–4.4)	0*
Could not afford services	1.0 (0.0–3.0)	0*
Could not reach services	0.6 (0.0–1.8)	0*
Dependent on perpetrator	3.3 (0.0–6.9)	0*
Perpetrator threat	5.6 (1.0–10.2)	0*
Did not think violence was a problem	22.6 (13.2–32.1)	61.1 (36.3–85.9)*
Felt it was my fault	6.5 (1.6–11.5)	2.8 (0.0–8.5)*
Afraid of being abandoned	6.2 (0.9–11.6)	5.1 (0.0–15.2)*
Did not need/want services	8.4 (3.3–13.5)	2.7 (0.0–8.2)*
Other	26.3 (17.7–35.0)	15.3 (0.0–38.4)*

Note: CI = confidence interval.
[1] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.
* Unreliable estimate; result should be interpreted with caution.

Table 8.1.1. Prevalence of different types of violence and multiple forms of violence experienced in childhood, among 18- to 24-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017

Any violence	**Female (*n* = 4,511)**	**Male (*n* = 411)**
	% (95% CI)	**% (95% CI)**
No childhood violence	73.5 (71.8–75.2)	73.7 (68.3–79.0)
Any childhood violence	26.5 (24.8–28.2)	26.3 (21.0–31.7)
One type of violence only	**Female (*n* = 4,511)**	**Male (*n* = 411)**
	% (95% CI)	**% (95% CI)**
Childhood sexual violence[1] only	4.5 (3.8–5.2)	0.2 (0.0–0.6)
Childhood physical violence[2] only	10.3 (9.1–11.4)	19.0 (14.5–23.5)
Childhood emotional violence[3] only	4.3 (3.6–5.0)	3.1 (1.2–5.0)
Multiple types of violence	**Female (*n* = 4,511)**	**Male (*n* = 411)**
	% (95% CI)	**% (95% CI)**
Two types of violence	6.3 (5.5–7.1)	4.1 (2.3–5.8)
Childhood sexual, physical, and emotional violence	1.1 (0.8–1.5)	0

Note: CI = confidence interval.
[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
[2] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.
[3] Emotional violence includes being told that you were unloved or did not deserve to be loved, being told that someone wished you were dead or had never been born, or being ridiculed or put down by a parent, adult caregiver, or other adult relative.

Table 8.1.2. Prevalence of different types of violence and multiple forms of violence in the past 12 months, among 13- to 17-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017

Any violence	**Female (*n* = 3,399)**	**Male (*n* = 392)**
	% (95% CI)	**% (95% CI)**
No violence	80.1 (78.4–81.8)	80.8 (76.4–85.3)
Any violence	19.9 (18.2–21.6)	19.2 (14.7–23.6)
One type of violence only	**Female (*n* = 3,399)**	**Male (*n* = 392)**
	% (95% CI)	**% (95% CI)**
Sexual violence[1] only	1.9 (1.4–2.4)	0
Physical violence[2] only	9.7 (8.4–11.0)	12.0 (8.7–15.3)
Emotional violence[3] only	3.3 (2.6–4.0)	2.8 (1.2–4.3)
Multiple types of violence	**Female (*n* = 3,399)**	**Male (*n* = 392)**
	% (95% CI)	**% (95% CI)**
Two types of violence	4.3 (3.5–5.1)	4.2 (2.1–6.2)
Sexual, violence and physical, and emotional violence	0.7 (0.4–1.1)	0.3 (0.0–0.7)

Note: CI = confidence interval.
[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
[2] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.
[3] Emotional violence includes being told that you were unloved or did not deserve to be loved, being told that someone wished you were dead or had never been born, or being ridiculed or put down by a parent, adult caregiver, or other adult relative.

Table 8.1.3. Prevalence of different types of violence and multiple forms of violence experienced in the past 12 months, among 18- to 24-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017

Any violence	**Female (*n* = 4,511)**	**Male (*n* = 411)**
	% (95% CI)	**% (95% CI)**
No violence	82.5 (81.2–83.9)	82.7 (78.8–86.6)
Any violence	17.5 (16.1–18.8)	17.3 (13.4–21.2)
One type of violence only	**Female (*n* = 4,511)**	**Male (*n* = 411)**
	% (95% CI)	**% (95% CI)**
Sexual violence[1] only in the past 12 months	3.4 (2.9–4.0)	0.7 (0.0–1.4)
Physical violence[2] only in the past 12 months	5.7 (5.0–6.5)	10.1 (7.1–13.2)
Two types of violence	**Female (*n* = 4,511)**	**Male (*n* = 411)**
	% (95% CI)	**% (95% CI)**
Sexual violence and physical violence	0.6 (0.4–0.8)	0

Note: CI = confidence interval.
[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
[2] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.

Table 9.1.1. Health conditions and health behaviours by experience of sexual,[1] physical,[2] or emotional,[3] violence in childhood, among 18- to 24-year-old females, Zimbabwe Violence Against Children Survey (VACS), 2017

	Mental distress in the past 30 days	Drunk in the past 30 days[4]	Smoked in the past 30 days	Substance use in the past 30 days	Ever intentionally hurt self	Ever thought of suicide	Ever attempted suicide[5]	Symptoms/ diagnosis of STI[6]
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Sexual violence in childhood								
Experienced sexual violence	56.4 (51.2–61.5)	28.0 (19.2–36.8)	4.4 (2.3–6.4)	0.2 (0.0–0.5)	4.9 (2.8–7.0)	30.6 (25.7–35.5)	43.4 (34.4–52.4)	15.0 (11.6–18.5)
n	416	105	415	415	415	416	126	416
No sexual violence	32.8 (31.1–34.6)	25.9 (21.9–29.9)	4.2 (3.3–5.1)	0.4 (0.2–0.6)	2.0 (1.5–2.5)	11.2 (10.2–12.3)	34.4 (29.7–39.1)	6.6 (5.7–7.4)
n	4,094	509	4,092	4,082	4,087	4,091	458	4,093
Physical violence in childhood								
Experienced physical violence	47.4 (43.7–51.0)	22.7 (15.3–30.0)	3.7 (2.3–5.2)	0.4 (0.0–0.9)	5.1 (3.3–6.8)	24.6 (21.1–28.2)	36.4 (29.1–43.6)	12.0 (9.4–14.5)
n	763	144	762	762	762	763	185	762
No physical violence	32.5 (30.6–34.4)	27.4 (23.2–31.6)	4.3 (3.4–5.2)	0.4 (0.2–0.6)	1.7 (1.2–2.2)	10.7 (9.6–11.8)	36.3 (31.1–41.5)	6.4 (5.6–7.3)
n	3,746	470	3,744	3,734	3,739	3,743	399	3,746
Emotional violence in childhood								
Experienced emotional violence	59.9 (55.1–64.7)	27.9 (17.5–38.4)	4.2 (2.2–6.3)	1.3 (0.1–2.4)	6.1 (3.8–8.4)	35.2 (30.1–40.3)	40.8 (32.9–48.7)	11.6 (8.2–14.9)
n	439	100	439	439	438	439	154	439
No emotional violence	32.0 (30.2–33.8)	25.8 (21.9–29.6)	4.1 (3.3–5.0)	0.3 (0.1–0.4)	1.9 (1.4–2.4)	10.5 (9.5–11.5)	34.4 (29.3–39.6)	6.9 (6.0–7.7)
n	4,031	507	4,028	4,018	4,024	4,028	420	4,030

Note: CI = confidence interval.
[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
[2] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.
[3] Emotional violence includes being told that you were unloved or did not deserve to be loved, that someone wished you were dead or had never been born, or being ridiculed or put down.
[4] Drunk in the past 30 days is among those who ever drank alcohol.
[5] Among those who experienced thoughts of suicide.
[6] STI (sexually transmitted infection) symptoms include genital sore/ulcer.

Table 9.1.2. Health conditions and health behaviours associated with physical[1] or emotional[2] violence in childhood,[3] among 18- to 24-year-old males, Zimbabwe Violence Against Children Survey (VACS), 2017

	Moderate or serious mental distress in the past 30 days	Drunk in the past 30 days[4]	Smoked in the past 30 days	Substance use in the past 30 days	Ever intentionally hurt self	Ever thought of suicide	Ever attempted suicide[5]	Symptoms/ diagnosis of STI[6]
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Physical violence in childhood								
Experienced physical violence	36.8 (26.2–47.3)	50.2 (35.7–64.7)	13.9 (5.8–22.0)	6.6 (1.6–11.5)	3.9 (0.0–8.1)	4.6 (0.0–9.3)	*	11.5 (2.3–20.6)
n	92	38	92	92	92	92	4	91
No physical violence	32.3 (27.5–37.1)	50.5 (43.9–57.1)	19.2 (15.1–23.2)	8.8 (6.0–11.6)	1.6 (0.2–3.0)	6.3 (3.9–8.8)	11.0 (4.6–17.3)*	7.8 (3.7–11.9)
n	319	148	319	319	318	319	17	319
Emotional violence in childhood								
Experienced emotional violence	55.3 (38.8–71.8)	68.1 (49.1–87.1)*	25.7 (8.3–43.1)	9.0 (0.0–19.7)	5.5 (0.0–16.2)	20.4 (0.0–43.5)	*	14.1 (0.4–27.9)
n	27	16	27	27	27	27	4	27
No emotional violence	31.5 (26.3–36.6)	49.2 (43.3–55.1)	17.6 (13.7–21.4)	8.3 (5.9–10.7)	1.9 (0.5–3.3)	5.0 (2.8–7.2)	15.5 (4.8–26.3)*	8.3 (4.4–12.2)
n	382	169	382	382	381	382	17	381

Note: CI = confidence interval.
[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
[2] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.
[3] Emotional violence includes being told that you were unloved or did not deserve to be loved, that someone wished you were dead or had never been born, or being ridiculed or put down.
[4] Drunk in the past 30 days is among those who ever drank alcohol.
[5] Among those who experienced thoughts of suicide.
[6] STI (sexually transmitted infection) symptoms include genital sore/ulcer.

Table 9.2.1. Health conditions and health behaviours associated with sexual,[1] physical,[2] or emotional[3] violence, among 13- to 17-year-old females, Zimbabwe Violence Against Children Survey (VACS), 2017

	Moderate or serious mental distress in the past 30 days	Drunk in the past 30 days[4]	Smoked in the past 30 days	Substance use in the past 30 days	Ever intentionally hurt self	Ever thought of suicide	Ever attempted suicide[5]	Symptoms/ diagnosis of STI[6]
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Sexual violence in the past 12 months								
Experienced sexual violence	40.2 (31.3–49.2)	49.5 (26.1–72.9)*	2.2 (0.0–4.3)	1.8 (0.0–4.3)	6.5 (1.9–11.1)	29.6 (21.1–38.1)	39.0 (22.2–55.9)	6.1 (1.8–10.4)
n	139	20	139	138	138	139	38	139
No sexual violence	18.2 (16.7–19.7)	22.1 (15.5–28.7)	4.0 (3.0–5.0)	0.3 (0.1–0.6)	1.7 (1.2–2.2)	6.3 (5.3–7.2)	31.1 (23.7–38.5)	2.8 (2.2–3.4)
n	3,255	170	3,255	3,249	3,249	3,253	208	3,252
Physical violence in the past 12 months								
Experienced physical violence	38.0 (33.2–42.9)	26.3 (8.5–44.0)	3.8 (1.9–5.7)	1.1 (0.1–2.1)	3.2 (1.6–4.8)	17.5 (13.6–21.5)	37.6 (26.7–48.5)	6.3 (3.8–8.7)
n	479	30	479	479	477	478	87	478
No physical violence	16.0 (14.5–17.4)	24.8 (17.7–31.9)	4.0 (3.0–4.9)	0.3 (0.0–0.5)	1.7 (1.2–2.2)	5.5 (4.6–6.4)	29.7 (21.7–37.7)	2.4 (1.9–3.0)
n	2,916	160	2,917	2,910	2,911	2,915	159	2,915
Emotional violence in the past 12 months								
Experienced emotional violence	56.1 (49.7–62.6)	27.5 (7.9–47.0)	1.7 (0.3–3.2)	1.5 (0.0–3.9)	5.5 (2.1–8.8)	32.4 (26.1–38.7)	37.2 (25.7–48.7)	3.7 (1.2–6.1)
n	267	27	267	267	268	268	83	268
No emotional violence	16.1 (14.7–17.6)	24.6 (17.2–32.1)	4.1 (3.1–5.1)	0.3 (0.1–0.5)	1.6 (1.1–2.1)	5.2 (4.3–6.0)	30.0 (21.3–38.8)	2.9 (2.3–3.5)
n	3,126	163	3,126	3,119	3,118	3,123	163	3,123

Note: CI = confidence interval.
[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
[2] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.
[3] Emotional violence includes being told that you were unloved or did not deserve to be loved, that someone wished you were dead or had never been born, or being ridiculed or put down.
[4] Drunk in the past 30 days is among those who ever drank alcohol.
[5] Among those who experienced thoughts of suicide.
[6] STI (sexually transmitted infection) symptoms include genital sore/ulcer.
* Unreliable estimate; result should be interpreted with caution.

Table 9.2.2. Health conditions associated with physical[1] or emotional[2] violence,[3] among 13- to 17-year-old males, Zimbabwe Violence Against Children Survey (VACS), 2017

	Moderate or serious mental distress in the past 30 days	Drunk in the past 30 days[4]	Smoked in the past 30 days	Substance use in the past 30 days	Ever intentionally hurt self	Ever thought of suicide	Ever attempted suicide[5]	Symptoms/ diagnosis of STI[6]
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Physical violence in the past 12 months								
Experienced physical violence	31.8 (20.8–42.9)	15.1 (0.0–42.5)*	5.9 (0.0–11.8)	1.1 (0.8–1.4)	4.5 (0.0–9.3)	2.2 (0.0–6.7)	*	14.1 (3.6–24.7)
n	60	11	60	60	60	60	1	60
No physical violence	15.4 (12.3–18.5)	24.1 (13.4–34.8)	11.3 (7.8–14.8)	2.0 (1.0–3.1)	0.9 (0.0–1.9)	1.5 (0.1–2.8)	*	3.8 (2.0–5.6)
n	331	46	331	331	330	331	4	330
Emotional violence in the past 12 months								
Experienced emotional violence	60.1 (45.2–74.9)*	*	0*	0*	2.6 (1.7–3.5)*	6.2 (0.0–18.0)*	*	3.6 (0.0–10.5)*
n	23	5	23	23	23	23	1	22
No emotional violence	14.1 (11.2–17.0)	24.6 (14.6–34.5)	11.3 (8.0–14.6)	2.0 (1.1–3.0)	1.4 (0.3–2.6)	1.2 (0.2–2.3)	*	4.8 (3.0–6.5)
n	367	52	367	367	366	367	4	367

Note: CI = confidence interval.
[1] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.
[2] Emotional violence includes being told that you were unloved or did not deserve to be loved, that someone wished you were dead or had never been born, or being ridiculed or put down.
[3] Too few males in this age group experienced sexual violence in childhood to report results for health conditions and health behaviours by experience of sexual violence.
[4] Drunk in the past 30 days is among those who ever drank alcohol.
[5] Among those who experienced thoughts of suicide.
[6] STI (sexually transmitted infection) symptoms include genital sore/ulcer.
* Unreliable estimate; result should be interpreted with caution.

Table 9.3.1. Pregnancy as a result of the first or most recent episode of pressured[1] or forced sex, among 13- to 24-year-old females who experienced pressured or forced sex, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 472)
	% (95% CI)
Pregnancy as a result of the first or most recent episode of pressured or forced sex	23.3 (19.3–27.4)

Note: CI = confidence interval.
[1] Pressured sex includes threats, harassment, or tricking.

Table 9.4.1. Missing school as a result of childhood sexual violence,[1] Zimbabwe Violence Against Children Survey (VACS), 2017

Missed school due to an experience of sexual violence	Females (*n* = 410)	Males (*n* = 3)
	% (95% CI)	% (95% CI)
18- to 24-year-olds who experienced any childhood sexual violence	13.1 (9.6–16.5)	*
	Females (*n* = 138)	Males (*n* = 2)
13- to 17-year-olds who experienced any sexual violence	8.4 (3.6–13.1)	*

Note: CI = confidence interval.
[1] Sexual violence includes sexual touching, attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
* Unreliable estimate; result should be interpreted with caution.

Table 9.4.2. Missing school as a result of childhood physical violence,[1] Zimbabwe Violence Against Children Survey (VACS), 2017

Missed school due to an experience of physical violence	Females (*n* = 750)	Males (*n* = 91)
	% (95% CI)	% (95% CI)
18- to 24-year-olds who experienced any childhood physical violence	14.1 (11.2–17.0)	11.6 (6.2–17.0)
	Females (*n* = 475)	Males (*n* = 60)
13- to 17-year-olds who experienced any physical violence	13.0 (9.6–16.3)	8.9 (3.7–14.1)

Note: CI = confidence interval.
[1] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.

Table 10.1.1. Sexual risk-taking behaviours in the past 12 months, among 19- to 24-year-olds who had sexual intercourse in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females	Males
	% (95% CI)	% (95% CI)
Two or more sex partners in the past 12 months	2.8 (2.1–3.5) (*n* = 2,468)	31.1 (23.0–39.2) (*n* = 162)
Infrequent condom use in the past 12 months[1]	14.5 (12.9–16.0) (*n* = 2,463)	37.9 (29.9–45.9) (*n* = 162)
Transactional sex in the past 12 months[2]	3.6 (2.8–4.4) (*n* = 2,470)	0.5 (0.0–1.5) (*n* = 164)

Note: CI = confidence interval.
[1] Infrequent condom use means never or sometimes used condoms in the past 12 months.
[2] Transactional sex includes receiving money, gifts, food, or favours in exchange for sex.

Table 10.1.2. Prevalence of having multiple sexual partners[1] and infrequent condom use[2] in the past 12 months by experience of sexual violence[3] in childhood, among 19- to 24-year-olds who had sexual intercourse in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females	Males
	% (95% CI)	% (95% CI)
Had multiple sex partners in the past 12 months		
Experienced childhood sexual violence	6.4 (3.0–9.8) (*n* = 225)	* (*n* = 1)
Never experienced childhood sexual violence	2.4 (1.8–3.1) (*n* = 2,243)	31.4 (23.3–39.5) (*n* = 161)
Infrequent condom use in the past 12 months		
Experienced sexual violence	19.7 (14.0–25.4) (*n* = 225)	* (*n* = 1)
Never experienced sexual violence	14.0 (12.3–15.6) (*n* = 2,238)	38.3 (30.2–46.3) (*n* = 161)

Note: CI = confidence interval.
[1] Multiple sexual partners means two or more sexual partners in the past 12 months.
[2] Infrequent condom use means never or sometimes used condoms in the past 12 months.
[3] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
* Unreliable estimate, result should be interpreted with caution.

Table 10.1.3. Prevalence of having multiple sexual partners[1] and infrequent condom use[2] in the past 12 months by experience of physical violence[3] in childhood, among 19- to 24-year-olds who had sexual intercourse in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females	Males
	% (95% CI)	% (95% CI)
Had multiple sex partners in the past 12 months		
Experienced physical violence	4.9 (2.7–7.1) (*n* = 423)	40.3 (20.8–59.7) (*n* = 28)
Never experienced physical violence	2.4 (1.7–3.1) (*n* = 2,044)	29.2 (21.0–37.4) (*n* = 134)
Infrequent condom use in the past 12 months		
Experienced physical violence	17.5 (13.6–21.4) (*n* = 423)	43.3 (20.7–65.9) (*n* = 28)
Never experienced physical violence	13.9 (12.2–15.5) (*n* = 2,039)	36.8 (28.8–44.8) (*n* = 134)

Note: CI = confidence interval.
[1] Multiple sexual partners means two or more sexual partners in the past 12 months.
[2] Infrequent condom use means never or sometimes used condoms in the past 12 months.
[3] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.

Table 10.1.4. Prevalence of having multiple sexual partners,[1] and infrequent condom use[2] in the past 12 months by experience of emotional violence[3] in childhood, among 19- to 24-year-olds who had sexual intercourse in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females	Males
	% (95% CI)	% (95% CI)
Had multiple sex partners in the past 12 months		
Experienced emotional violence	3.7 (1.4–6.0) (*n* = 231)	43.3 (19.9–66.6)* (*n* = 12)
Never experienced emotional violence	2.7 (1.9–3.4) (*n* = 2,218)	30.2 (21.9–38.5) (*n* = 150))
Infrequent condom use in the past 12 months		
Experienced emotional violence	19.8 (14.4–25.3) (*n* = 231)	21.8 (0.0–47.7)* (*n* = 12)
Never experienced emotional violence	13.8 (12.2–15.4) (*n* = 2,213)	39.1 (30.8–47.5) (*n* = 150)

Note: CI = confidence interval.
[1] Multiple sexual partners means two or more sexual partners in the past 12 months.
[2] Infrequent condom use means never or sometimes used condoms in the past 12 months.
[3] Emotional violence includes being told that you were unloved or did not deserve to be loved, being told that someone wished you were dead or had never been born, or being ridiculed or put down.
* Unreliable estimate; result should be interpreted with caution.

Table 10.2.1. HIV testing knowledge and behaviour among 16- to 24-year-olds[1] who ever had sexual intercourse, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females	Males
	% (95% CI)	% (95% CI)
Know where to go for HIV test	93.3 (92.3–94.3) (*n* = 3,448)	92.7 (90.6–94.9) (*n* = 264)
HIV testing behaviour		
Never tested for HIV	8.8 (7.6–10.0) (*n* = 3,453)	31.2 (25.3–37.1) (*n* = 266)
Tested for HIV and received HIV results	98.2 (97.7–98.8) (*n* = 3,136)	97.3 (95.2–99.4) (*n* = 189)

Note: CI = confidence interval.
[1] Multiple sexual partners means two or more sexual partners in the past 12 months.
[2] Infrequent condom use means never or sometimes used condoms in the past 12 months.
[3] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
* Unreliable estimate, result should be interpreted with caution.

Table 10.2.2. HIV testing knowledge and behaviour among 16- to 24-year-olds[1] who have ever had sexual intercourse, by experience of childhood sexual violence,[2] Zimbabwe Violence Against Children Survey (VACS), 2017

	Know where to go for HIV test	Never tested for HIV	Tested for HIV and received HIV results
	% (95% CI)	% (95% CI)	
Females			
Experienced childhood sexual violence	91.2 (88.4–94.1)	12.0 (8.5–15.5)	97.8 (96.3–99.4)
***n*[§]**	364	53	340
Did not experience childhood sexual violence	93.6 (92.5–94.6)	8.4 (7.1–9.6)	98.3 (97.7–98.8)
***n*[§]**	2,847	259	2,744
Males			
Experienced childhood sexual violence	*	*	*
***n*[§]**	2	2	2
Did not experience childhood sexual violence	92.6 (90.5–94.8)	31.5 (25.6–37.4)	97.3 (95.1–99.4)
***n*[§]**	244	76	181

Note: CI = confidence interval.
[1] Ages 16–24 include all participants who were above the age of consent in Zimbabwe for HIV testing.
[2] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
* Unreliable estimate, result should be interpreted with caution.
n[§] Represents the number of individuals who responded affirmatively the HIV testing knowledge and behaviour.

Table 10.2.3. HIV testing knowledge and behaviour among 16- to 24-year-olds[1] who have ever had sexual intercourse, by experience of sexual violence[2] in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017

	Know where to go for HIV test	Never tested for HIV	Tested for HIV and received HIV results
	% (95% CI)	% (95% CI)	
Females			
Experienced childhood sexual violence	91.1 (86.8–95.5)	19.0 (13.2–24.9)	97.0 (94.3–99.7)
***n*[§]**	161	34	139
Did not experience childhood sexual violence	93.4 (92.4–94.4)	8.3 (7.1–9.4)	98.3 (97.7–98.8)
***n*[§]**	3,050	278	2,945
Males			
Experienced childhood sexual violence	*	*	*
***n*[§]**	3	3	3
Did not experience childhood sexual violence	92.6 (90.5–94.8)	31.6 (25.7–37.4)	97.3 (95.1–99.4)
***n*[§]**	243	76	180

Note: CI = confidence interval.
[1] Ages 16–24 include all participants who were above the age of consent in Zimbabwe for HIV testing.
[2] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
* Unreliable estimate, result should be interpreted with caution.
n[§] Represents the number of individuals who responded that they knew where to get tested, had never been tested, or had been tested for HIV and received the results.

Table 10.2.4. Reason for not getting tested for HIV, among 16- to 24-year-olds who ever had sex but were never tested for HIV, Zimbabwe Violence Against Children Survey (VACS), 2017

Reasons for not testing for HIV	Females (*n* = 308)	Males (*n* = 69)
	% (95% CI)	% (95% CI)
No knowledge about HIV test	12.5 (8.6–16.4)	0
Don't know where to get HIV test	4.0 (1.6–6.3)	1.6 (0.0–4.7)
Test costs too much	0	0
Transportation to test site is too much	0.8 (0.0–1.8)	0
Test site is too far away	2.7 (0.9–4.6)	7.9 (1.9–14.0)
Afraid husband/partner will know about test or results	0.6 (0.0–1.4)	0.9 (0.7–1.1)
Afraid others will know about test or results	3.1 (0.4–5.8)	4.4 (0.3–8.5)
Don't need test/low risk	26.5 (20.7–32.3)	35.9 (19.7–52.0)
Don't want to know if I have HIV	5.3 (2.9–7.7)	3.8 (0.0–8.3)
Can't get treatment if I have HIV	0	0
Other	44.4 (37.7–51.1)	45.6 (30.5–60.6)

Note: CI = confidence interval.

Table 10.3.1. Prevalence of testing positive for HIV,[1] among 16- to 24-year-olds, overall and by experience of sexual,[2] physical,[3] and emotional[4] violence, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females		Males	
	n[§]	% (95% CI)	*n*[§]	% (95% CI)
Tested positive for HIV[1]	231	4.5 (3.9–5.0)	18	3.5 (1.9–5.0)
HIV status[1] and any violence				
HIV positive among those who ever experienced any violence	114	5.6 (4.5–6.7)	4	2.6 (0.1–5.2)
HIV positive among those who *never* experienced any violence	117	3.7 (3.0–4.4)	14	3.9 (2.2–5.6)
HIV status[1] and sexual violence				
HIV positive among those who ever experienced sexual violence	45	5.2 (3.6–6.7)	0	*
HIV positive among those who *never* experienced sexual violence	186	4.3 (3.7–5.0)	18	3.5 (2.0–5.1)
HIV status[1] and physical violence				
HIV positive among those who ever experienced physical violence	82	6.2 (4.8–7.6)	4	3.1 (0.1–6.1)
HIV positive among those who *never* experienced physical violence	149	3.8 (3.2–4.5)	14	3.6 (2.0–5.2)
HIV status[1] and emotional violence				
HIV positive among those who ever experienced emotional violence	55	7.1 (4.9–9.3)	0	0
HIV positive among those who never experienced emotional violence	176	4.0 (3.4–4.5)	18	3.9 (2.2–5.7)

Note: CI = confidence interval.
[1] Determined through HIV rapid test results, self-report of HIV treatment, demonstrated proof of treatment, or self-report of a prior HIV test.
[2] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
[3] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.
[4] Emotional violence includes being told that you were unloved or did not deserve to be loved, being told that someone wished you were dead or had never been born, or being ridiculed or put down.
* Unreliable estimate, result should be interpreted with caution.
n[§] Represents the number of individuals who tested positive for HIV or self-reported positive HIV status by experience violence or not.

Table 10.4. HIV 12-month incidence among females and males ages 16-24, Zimbabwe Violence Against Children Survey (VACS), 2017

Variable	Total tested for HIV (neg + pos)	Total HIV positive	Positives tested for both LAG and viral load	Recent infections (past 12 months)	Recency incidence (95% CI)*
Sex					
Male	404	18	17	0	0.00
Female	3,855	169	168	4	0.31 (0-0.61)
Total	**4,259**	**187**	**185**	**4**	**0.28 (0 - 0.55)**

LAG = HIV-1 Limiting Antigen-Avidity enzyme immunoassay.
* Annualized incidence estimates are unweighted and result should be interpreted with caution due to small numbers testing as recent by the algorithm.

Table 11.1.1. Attitudes about the acceptance of intimate partner violence[1] among 13- to 17-year-olds and 18- to 24-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females	Males
	% (95% CI)	% (95% CI)
Acceptance of one or more reasons for intimate partner violence, by age group		
13- to 17-year-olds	31.8 (29.9–33.7) (*n* =3,298)	25.1 (21.9–28.4) (*n* = 386)
18- to 24-year-olds	30.2 (28.6–31.7) (*n* = 4,506)	25.6 (21.7–29.5) (*n* = 409)

Note: CI = confidence interval.
[1] Includes participants who agreed that it is acceptable for a husband to beat his wife if she does one or more of the following: goes out without telling him, neglects the children, argues with him, refuses to have sex with him, or burns the food.

Table 11.1.2. Beliefs about gender, sexual practices, and intimate partner violence,[1] among 13- to 17-year-olds and 18- to 24-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females	Males
	% (95% CI)	% (95% CI)
Endorsement of one or more beliefs about gender, sexual practices, and intimate partner violence, by age group		
13- to 17-year-olds	71.3 (69.3–73.3) (*n* = 3,125)	79.5 (75.4–83.6) (*n* = 367)
18- to 24-year-olds	85.2 (83.8–86.6) (*n* = 4,491)	91.4 (88.8–94.1) (*n* = 407)

Note: CI = confidence interval.
[1] Includes participants who endorsed one or more of the following: men decide when to have sex, men need more sex than women, men need other women, women who carry condoms are “loose”, women should tolerate violence to keep the family together.

Table 11.2.1. Physical violence[1] perpetration by age group, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females	Males
	% (95% CI)	% (95% CI)
Physical violence perpetration		
13- to 17-year-olds	6.9 (5.8–7.9) (*n* = 3,397)	4.4 (2.2–6.6) (*n* = 392)
18- to 24-year-olds	6.9 (6.0–7.7) (*n* = 4,509)	7.6 (3.7–11.6) (*n* = 411))

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

Table 11.2.2. Physical violence[1] perpetration by experience of sexual violence[2] and physical violence in childhood, among 18- to 24-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017

Physical violence perpetration		
	Females (n = 416)	**Males (n = 3)**
	% (95% CI)	**% (95% CI)**
Experienced childhood sexual violence	15.7 (11.9–19.4)	31.7 (0.0–76.6)*
	Females (*n* = 4,093)	**Males (*n* = 408)**
No childhood sexual violence	6.0 (5.1–6.8)	7.4 (3.4–11.3)
Physical violence perpetration by experience of childhood physical violence		
	Females (*n* = 763)	**Males (*n* = 92)**
	% (95% CI)	**% (95% CI)**
Experienced childhood physical violence	16.5 (12.5–20.5)	20.5 (10.0–30.9)
	Females (*n* = 3,746)	**Males (*n* = 319)**
No childhood physical violence	4.1 (3.4–4.9)	4.7 (1.4–7.9)

Note: CI = confidence interval.
[1] Physical violence includes punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon.
[2] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
* Unreliable estimate; result should be interpreted with caution.

Table 11.2.3. Physical violence[1] perpetration by experience of sexual violence[2] and physical violence in the past 12 months, among 13- to 17-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017

Physical violence perpetration by experience of sexual violence		
	Females (*n* = 139)	**Males (*n* = 2)**
	% (95% CI)	**% (95% CI)**
Experienced sexual violence	13.5 (7.7–19.3)	0*
	Females (*n* = 3,256)	**Males (*n* = 389)**
No childhood sexual violence	6.6 (5.5–7.7)	4.1 (1.9–6.4)
Physical violence perpetration by experience of physical violence		
	Females (*n* = 479)	**Males (*n* = 60)**
	% (95% CI)	**% (95% CI)**
Experienced physical violence	20.1 (15.9–24.3)	10.3 (2.7–17.9)
	Females (*n* = 2,918)	**Males (*n* = 332)**
No physical violence	4.7 (3.8–5.6)	3.3 (1.2–5.3)

Note: CI = confidence interval.
[1] Physical violence includes punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon.
[2] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
* Unreliable estimate, result should be interpreted with caution.

Table 11.3.1. Intimate partner[1] violence[2] perpetration, among 18- to 24-year-olds who ever had a partner, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 4,252)	**Males (*n* = 341)**
	% (95% CI)	**% (95% CI)**
Perpetrated physical intimate partner violence	4.0 (3.4–4.7)	8.1 (3.3–12.8)

Note: CI = confidence interval.
[1] Intimate partner includes current or previous boyfriend, girlfriend, romantic partner, husband, or wife.
[2] Violence includes punching, kicking, whipping, beating, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, screwdriver, or other weapon.

Table 11.3.2. Intimate partner[1] violence[2] perpetration, among 13- to 17-year-olds who ever had a partner, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females (*n* = 912)	Males (*n* = 84)
	% (95% CI)	% (95% CI)
Perpetrated physical intimate partner violence	2.1 (1.2–2.9)	9.7 (3.8–15.6)

Note: CI = confidence interval.
[1] Intimate partner includes current or previous boyfriend, girlfriend, romantic partner, husband, or wife.
[2] Violence includes punching, kicking, whipping, beating, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, gun, or other weapon.

Table 11.3.3. Intimate partner[1] violence[2] perpetration by experience of sexual violence[3] or physical violence[4] in childhood, among 18- to 24-year-olds who have ever had an intimate partner, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females		Males	
	n[§]	% (95% CI)	*n*[§]	% (95% CI)
Intimate partner violence perpetration by experience of childhood sexual violence				
Experienced childhood sexual violence	33	7.4 (4.7–10.1)	0	0*
No childhood sexual violence	135	3.7 (3.0–4.3)	25	8.2 (3.4–13.0)
Intimate partner violence perpetration by experience of childhood physical violence				
Experienced childhood physical violence	57	8.0 (5.7–10.2)	10	15.2 (5.0–25.4)
No childhood physical violence	111	3.2 (2.6–3.8)	15	5.9 (2.0–9.8)

Note: CI = confidence interval.
[1] Intimate partner includes current or previous boyfriend, girlfriend, romantic partner, husband, or wife.
[2] Violence includes punching, kicking, whipping, beating, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a knife, knobkerrie, gun, or other weapon; or forcing another person to have sex when they did not want to.
[3] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
[4] Physical violence includes punching, slapping, kicking, or beating with an object, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.
* Unreliable estimate, result should be interpreted with caution.
n[§] Represents the number of individuals who perpetrated intimate partner violence by experienced sexual/physical violence.

Table 11.3.4. Intimate partner[1] violence[2] perpetration by experience of sexual violence[3] or physical violence[4] in the past 12 months, among 13- to 17-year-olds who ever had an intimate partner, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females		Males	
	n[§]	% (95% CI)	*n*[§]	% (95% CI)
Intimate partner violence perpetration by experience of sexual violence in the past 12 months				
Experienced sexual violence in the past 12 months	4	2.7 (0.0–5.5)	0	0*
No sexual violence in the past 12 months	21	2.0 (1.1–2.9)	6	9.8 (3.8–15.7)
Intimate partner violence perpetration by experience of physical violence in the past 12 months				
Experienced physical violence in the past 12 months	57	5.3 (1.9–8.7)	1	9.6 (0.0–27.4)*
No physical violence in the past 12 months	15	1.4 (0.7–2.2)	5	9.7 (3.8–15.7)

Note: CI = confidence interval.
[1] Intimate partner includes current or previous boyfriend, girlfriend, romantic partner, husband, or wife.
[2] Violence includes punching, kicking, whipping, beating, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, gun, or other weapon; or forcing another person to have sex when they did not want to.
[3] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
[4] Physical violence includes punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon.
* Unreliable estimate, result should be interpreted with caution.
n[§] Represents the number of individuals who perpetrated intimate partner violence by experienced sexual/physical violence.

Table 12.1. Characteristics of 13- to 17-year-olds by experience of sexual[1] and physical[2] violence in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females		Males	
	n[§]	% (95% CI)	*n*[§]	% (95% CI)
Orphan status and violence				
Orphans (lost one or both parents) who experienced sexual violence	46	4.9 (3.4–6.4)	0	0
Non-orphans who experienced sexual violence	82	3.5 (2.7–4.3)	2	0.4 (0.0–1.0)
Orphans (lost one or both parents) who experienced physical violence	138	14.7 (12.3–17.1)	15	16.8 (9.8–23.7)
Non-orphans who experienced physical violence	300	13.3 (11.6–15.0)	42	16.1 (11.5–20.8)
School attendance and violence				
Youth who are not currently attending school who experienced sexual violence	53	7.1 (5.1–9.0)	0	0
Youth who are attending school who experienced sexual violence	85	3.2 (2.4–3.9)	2	0.4 (0.0–0.9)
Youth who are not currently attending school who experienced physical violence	97	12.2 (9.6–14.9)	9	10.7 (2.9–18.5)
Youth who are currently attending school who experienced physical violence	379	14.8 (13.0–16.6)	51	18.5 (13.4–23.6)
Worked for money or other payment in the past year and violence				
Youth who worked in the past year and experienced sexual violence	14	9.2 (4.4–14.0)	1	1.4 (0.0–4.1)
Youth who did not work and experienced sexual violence	0	0	0	0*
Youth who worked in the past year and experienced physical violence	27	20.1 (12.8–27.4)	7	22.4 (8.9–36.0)
Youth who did not work and experienced physical violence	12	32.1 (17.2–46.9)	6	61.5 (38.3–84.6)*

Witnessed violence at home (ever) and experienced violence				
Youth who witnessed violence in the home and experienced sexual violence	19	14.9 (8.5–21.4)	1	1.7 (0.0–5.0)*
Youth who did not witness violence in the home and experienced sexual violence	64	4.7 (3.5–5.9)	0	0
Youth who witnessed violence in the home and experienced physical violence	114	30.6 (25.5–35.6)	21	42.8 (29.4–56.2)
Youth who did not witness violence in the home and experienced physical violence	114	10.6 (8.4–12.7)	11	11.9 (4.3–19.5)
Married or cohabitating and violence				
Youth who are married or cohabitating and experienced sexual violence	18	10.8 (5.7–16.0)	0	0*
Youth who are not married or cohabitating and experienced sexual violence	121	3.7 (3.0–4.4)	2	0.3 (0.0–0.7)
Youth who are married or cohabitating and experienced physical violence	35	20.9 (14.2–27.6)	0	0*
Youth who are not married or cohabitating and experienced physical violence	444	13.8 (12.3–15.4)	60	16.6 (12.3–20.9)

Note: CI = confidence interval.
[1] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
[2] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.
* Unreliable estimate, result should be interpreted with caution.
n^{5} Represents the number of individuals who perpetrated intimate partner violence by experienced sexual/physical violence.

Table 12.2. Characteristics of 18- to 24-year-olds by experience of sexual[1] and physical[3] violence in the past 12 months, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females		Males	
	n§	% (95% CI)	*n*§	% (95% CI)
Orphan status and violence				
Orphans (lost one or both parents) before age 18 who experienced sexual violence	92	4.5 (3.5–5.5)	3	1.5 (0.0–3.2)
Non-orphans who experienced sexual violence	147	5.9 (4.9–7.0)	0	0
Orphans (lost one or both parents) before age 18 who experienced physical violence	199	10.2 (8.6–11.7)	22	12.2 (7.3–17.1)
Non-orphans who experienced physical violence	186	7.7 (6.5–9.0)	26	10.9 (6.8–15.0)
School completion and violence				
Youth who completed primary school or less who experienced sexual violence	35	4.0 (2.4–5.5)	0	0
Youth who completed secondary school or more who experienced sexual violence	212	5.6 (4.8–6.4)	3	0.9 (0.0–1.8)
Youth who completed primary school or less who experienced physical violence	108	12.5 (9.9–15.0)	11	13.9 (7.0–20.8)
Youth who completed secondary school or more who experienced physical violence	288	7.8 (6.9–8.8)	38	10.8 (7.5–14.1)
Worked for money or other payment in the past year and violence				
Youth who worked in the past year and experienced sexual violence	57	9.7 (7.0–12.4)	0	0*
Youth who did not work and experienced sexual violence	9	8.4 (2.7–14.2)	0	0*
Youth who worked in the past year and experienced physical violence	74	12.5 (9.3–15.7)	14	14.3 (5.9–22.7)
Youth who did not work and experienced physical violence	14	16.5 (7.6–25.4)	1	6.2 (2.0–10.3)*

Witnessed violence at home (ever) and experienced violence				
Youth who witnessed violence in the home before age 18 and experienced sexual violence	65	9.7 (7.2–12.1)	2	3.7 (0.0–8.3)
Youth who did not witness violence in the home before age 18 and experienced sexual violence	84	4.6 (3.5–5.7)	0	0
Youth who witnessed violence in the home before age 18 and experienced physical violence	109	16.9 (13.8–20.1)	3	6.6 (0.0–14.1)
Youth who did not witness violence in the home before age 18 and experienced physical violence	132	7.6 (6.2–9.0)	19	14.6 (8.5–20.7)
Married or cohabitating and violence				
Youth who are married or cohabitating and experienced sexual violence	89	3.3 (2.6–4.1)	0	0
Youth who are not married or cohabitating and experienced sexual violence	159	8.2 (6.9–9.5)	3	0.8 (0.0–1.7)
Youth who are married or cohabitating and experienced physical violence	284	10.6 (9.2–12.0)	14	18.7 (9.1–28.4)
Youth who are not married or cohabitating and experienced physical violence	113	6.1 (4.9–7.3)	35	9.9 (6.8–13.0)
Arranged or forced marriage and violence				
Youth who are in an arranged or forced marriage and experienced sexual violence	1	2.4 (0.0–7.1)		N/A
Youth who are not in an arranged or forced marriage and experienced sexual violence	79	3.1 (2.4–3.9)		N/A
Youth who are in an arranged or forced marriage and experienced physical violence	7	16.6 (3.3–29.9)		N/A
Youth who are not in an arranged or forced marriage and experienced physical violence	264	10.3 (8.9–11.8)		N/A

Note: CI = confidence interval; N/A = not applicable.
[2] Sexual violence includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
[3] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.
[4] Emotional violence includes being told that you were unloved or did not deserve to be loved, being told that someone wished you were dead or had never been born, or being ridiculed or put down.
* Unreliable estimate; result should be interpreted with caution.
n[§] Represents the number of individuals characteristics by experienced sexual or physical violence in the past 12 months.

A.2 INSPIRE INDICATORS

Table N. Norms and values related to violence among 18- to 24-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females	Males
	% (95% CI)	% (95% CI)
Agreement with necessity of corporal punishment by parents	13.0 (11.8–14.3)	23.9 (19.6–28.2)
Attitudes about the acceptability of intimate partner violence	30.2 (28.6–31.7)	25.6 (21.7–29.5)
Beliefs about gender, sexual practices, and intimate partner violence	85.2 (83.8–86.6)	91.4 (88.8–94.1)

Note: CI = confidence interval.

Table S. Safe environments: perceptions of community safety among 13- to 17-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females	Males
	% (95% CI)	% (95% CI)
Feel unsafe in community or neighbourhood	5.9 (5.0–6.9)	2.3 (1.1–3.6)

Note: CI = confidence interval.

Table P. Parent and caregiver support and parent-youth relationships among 13- to 17-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females	Males
	% (95% CI)	% (95% CI)
Closeness between mother and youth	92.4 (91.4–93.4)	95.7 (94.3–97.1)

Note: CI = confidence interval.

Table I.2. Income and economic strengthening among 18- to 24-year-old females, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females
	% (95% CI)
Women's economic empowerment: decision-making regarding earned money among married or cohabitating women	89.9 (86.3–93.6)

Note: CI = confidence interval.

Table E.1. Education and life skills among 13- to 17-year-olds, Zimbabwe Violence Against Children Survey (VACS), 2017

	Females	Males
	% (95% CI)	% (95% CI)
Current school enrolment	77.0 (75.2–78.8)	73.7 (70.0–77.4)
Drunk in the past 30 days	25.0 (18.2–31.9)	22.5 (13.1–31.9)

Note: CI = confidence interval.

Table E.2. Education and life skills among 18- to 24-year-olds, Zimbabwe Violence Against Chil-dren Survey (VACS), 2017

	Females	Males
	% (95% CI)	% (95% CI)
Early sexual debut: first sex before age 15	3.5 (2.9, 4.1)	3.4 (2.3–4.5)
Early pregnancy: pregnant before age 18	32.4 (30.4–34.3)	N/A
Child marriage: married before age 18	23.3 (21.8–24.8)	1.6 (0.6–2.5)

Note: CI = confidence interval; N/A = not applicable. Additional results for education among 18- to 24-year-olds are included in Ta-ble 3.1.2.

A.3 DREAMS INDICATORS

Table D.1. Prevalence of sexual,[1] physical,[2] and emotional[3] violence in the past 12 months among 13- to 17-year-old females, by DREAMS area, Zimbabwe Violence Against Children Survey (VACS), 2017

	DREAMS Area 1– Bulawayo (*N* = 273)	DREAMS Area 2– Chipinge (*N* = 116)	DREAMS Area 3– Gweru (*N* = 122)	DREAMS Area 4– Makoni (*N* = 100)	DREAMS Area 5– Mazowe (*N* = 91)	DREAMS Area 6– Mutare (*N* = 168)
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Sexual violence[1]	9.6 (5.6–13.7)	6.6 (1.1–12.2)	10.5 (5.2–15.8)	5.0 (0.1–9.8)	4.3 (0.8–7.9)	3.6 (0.0–7.2)
Physical violence[2]	18.0 (13.2–22.7)	25.3 (10.3–40.2)	34.1 (22.2–46.1)	22.9 (12.3–33.6)	22.8 (12.2–33.5)	23.6 (15.7–31.4)
Emotional violence[3]	11.3 (7.6–15.1)	5.2 (1.4–9.0)	23.3 (16.2–30.5)	5.2 (0.1–10.2)	13.3 (4.5–22.1)	15.6 (10.2–20.9)

[1] Sexual violence includes sexual touching, attempted sex, physically forced sex, and pressured/coerced sex (through threats, harassment, or tricking)
[2] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.
[3] Emotional violence includes being told that you were unloved or did not deserve to be loved, being told that someone wished you were dead or had never been born, or being ridiculed or put down.

Table D.2. Prevalence of sexual,[1] physical,[2] and emotional[3] violence before age 18 among 18- to 24-year-old females, by DREAMS area, Zimbabwe Violence Against Children Survey (VACS), 2017

	DREAMS Area 1– Bulawayo (*N* = 469)	DREAMS Area 2– Chipinge (*N* = 136)	DREAMS Area 3– Gweru (*N* = 146)	DREAMS Area 4– Makoni (*N* = 106)	DREAMS Area 5– Mazowe (*N* = 121)	DREAMS Area 6– Mutare (*N* = 246)
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Childhood sexual violence[1]	20.1 (16.2–24.1)	12.0 (5.3–18.6)	16.9 (10.1–23.7)	19.1 (9.9–28.4)	14.3 (9.4–19.2)	16.2 (10.2–22.3)
Childhood physical violence[2]	19.6 (15.1–24.1)	22.4 (15.8–29.0)	29.3 (20.1–38.5)	26.4 (17.3–35.5)	27.8 (20.8–34.8)	28.1 (20.3–35.8)
Childhood emotional violence[3]	16.0 (11.9–20.2)	16.7 (10.2–23.3)	26.5 (17.6–35.4)	7.4 (2.3–12.6)	13.8 (7.2–20.4)	16.0 (10.3–21.7)

[1] Sexual violence includes sexual touching, attempted sex, physically forced sex, and pressured/coerced sex (through threats, harassment, or tricking)
[2] Physical violence includes punching, kicking, whipping, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, or other weapon.
[3] Emotional violence includes being told that you were unloved or did not deserve to be loved, being told that someone wished you were dead or had never been born, or being ridiculed or put down.

Table D.3. Prevalence of risk factors and risky behaviours associated with violence and HIV among 13- to 17-year-old females, by DREAMS area, Zimbabwe Violence Against Children Survey (VACS), 2017

	DREAMS Area 1 - Bulawayo (*N* = 273)	DREAMS Area 2 - Chipinge (*N* = 116)	DREAMS Area 3 - Gweru (*N* = 122)	DREAMS Area 4 - Makoni (*N* = 100)	DREAMS Area 5 - Mazowe (*N* = 91)	DREAMS Area 6 - Mutare (*N* = 168)
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Lost one or both parents	30.1 (24.8–35.3)	27.9 (18.9–36.8)	32.6 (26.9–38.4)	38.6 (29.2–48.0)	24.7 (16.0–33.3)	27.7 (20.2–35.2)
Never attended school or complet-ed less than prima-ry school	14.3 (10.2–18.3)	43.1 (34.2–52.1)	16.6 (8.8–24.4)	29.3 (20.4–38.2)	36.6 (23.7–49.5)	29.1 (22.0–36.2)
Feel unsafe in community or neighbourhood	15.4 (10.2–20.6)	6.2 (0.3–12.1)	8.8 (1.3–16.3)	3.7 (0.3–7.1)	1.6 (0.0–4.0)	4.2 (0.8–7.6)
No or infrequent condom use in the past 12 months[1]	68.9 (48.3–89.6)*	18.7 (0.0–40.8)*	0*	0*	40.6 (0.0–96.4)*	25.5 (0.0–56.7)*
Multiple sex part-ners in the past 12 months[2]	5.2 (0.0–15.5)*	0*	0*	0*	0*	0*
Alcohol or sub-stance abuse[3]	6.6 (3.7–9.6)	0	3.0 (0.0–6.4)	0	2.3 (0.0–6.6)	0
Symptoms or diag-nosis of STIs[4]	1.2 (0.0–2.6)	0	1.6 (0.0–3.8)	0	0	0

[1] No or infrequent condom use is defined as never or sometimes using condoms in the past 12 months.
[2] Multiple sex partners is defined as two or more sex partners in the past 12 months.
[3] Alcohol or substance abuse is defined as drinking to the point of being drunk in the past 30 days or reporting drug use in the past 30 days.
[4] STI (sexually transmitted infection) symptoms include genital sore/ulcer.
* Unreliable estimate; result should be interpreted with caution.

Table D.4. Prevalence of risk factors and risky behaviours associated with violence and HIV among 18- to 24-year-old females, by DREAMS area, Zimbabwe Violence Against Children Survey (VACS), 2017

	DREAMS Area 1– Bulawayo (*N* = 469)	DREAMS Area 2– Chipinge (*N* = 136)	DREAMS Area 3– Gweru (*N* = 146)	DREAMS Area 4– Makoni (*N* = 106)	DREAMS Area 5– Mazowe (*N* = 121)	DREAMS Area 6– Mutare (*N* = 246)
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Lost one or both parents before age 18	38.5 (33.4–43.5)	36.3 (26.0–46.7)	37.8 (27.7–47.9)	38.9 (28.1–49.7)	35.7 (26.6–44.8)	32.8 (27.2–38.4)
Never attended school or completed less than primary school	8.9 (5.9–11.8)	40.2 (33.9–46.6)	8.4 (3.3–13.6)	18.8 (10.8–26.8)	37.8 (31.2–44.4)	15.9 (10.9–20.9)
Child marriage[1]	5.6 (3.8–7.4)	32.6 (22.1–43.2)	11.2 (4.3–18.0)	30.6 (20.9–40.3)	33.7 (23.5–43.9)	22.7 (16.5–29.0)
Pregnant before age 18	39.2 (32.6–45.8)	59.4 (49.5–69.2)	54.0 (42.4–65.7)	61.5 (46.4–76.5)	57.9 (48.6–67.2)	58.7 (48.3–69.1)
Feel unsafe in community or neighbourhood	14.8 (10.6–19.1)	5.9 (2.4–9.5)	10.4 (4.6–16.2)	7.2 (1.7–12.7)	5.2 (1.4–8.9)	7.5 (4.3–10.7)
No or infrequent condom use in the past 12 months[2]	30.1 (24.0–36.3)	9.6 (4.5–14.8)	20.3 (9.7–30.8)	8.1 (1.7–14.6)	8.3 (3.2–13.5)	15.4 (7.6–23.1)
Multiple sex part-ners in the past 12 months[3]	4.1 (1.6–6.5)	0	2.8 (0.0–6.7)	1.5 (0.0–4.4)	2.8 (0.0–6.0)	3.3 (0.0–7.2)
Alcohol or sub-stance abuse[4]	10.5 (7.5–13.4)	0.6 (0.0–1.6)	9.3 (4.5–14.1)	3.7 (0.0–7.7)	1.5 (0.0–3.6)	4.7 (2.0–7.5)
Symptoms or di-agnosis of STIs[5]	3.7 (1.9–5.5)	2.7 (0.0–5.4)	6.8 (3.2–10.4)	5.1 (1.3–9.0)	5.6 (1.9–9.2)	2.2 (0.1–4.3)

[1] Marriage or cohabitation in childhood (before 18 years of age).
[2] No or infrequent condom use is defined as never or sometimes using condoms in the past 12 months.
[3] Multiple sex partners is defined as two or more sex partners in the past 12 months.
[4] Alcohol or substance abuse is defined as drinking to the point of being drunk in the past 30 days or reporting drug use in the past 30 days.
[5] STI (sexually transmitted infection) symptoms include genital sore/ulcer.

Table D.5. HIV testing knowledge and uptake among 16- to 24-year-old females who have ever had sexual intercourse, by DREAMS area, Zimbabwe Violence Against Children Survey (VACS), 2017

	DREAMS Area 1– Bulawayo (*N* = 311)	DREAMS Area 2– Chipinge (*N* = 114)	DREAMS Area 3– Gweru (*N* = 92)	DREAMS Area 4– Makoni (*N* = 89)	DREAMS Area 5– Mazowe (*N* = 105)	DREAMS Area 6– Mutare (*N* = 169)
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Knew where to get an HIV test	94.2 (91.5–96.9)	88.3 (83.0–93.7)	95.1 (88.1–100.0)	94.0 (88.9–99.2)	96.8 (93.6–100.0)	92.5 (86.7–98.3)
Previously tested for HIV	90.9 (87.7–94.2)	88.6 (82.5–94.7)	87.7 (81.5–93.9)	94.6 (90.1–99.1)	94.9 (90.5–99.4)	87.7 (80.8–94.6)

Table D.6. Mental health problems among 13- to 24-year-old females, by DREAMS area, Zimbabwe Violence Against Children Survey (VACS), 2017

	DREAMS Area 1– Bulawayo (*N* = 742)	DREAMS Area 2– Chipinge (*N* = 252)	DREAMS Area 3– Gweru (*N* = 268)	DREAMS Area 4– Makoni (*N* = 206)	DREAMS Area 5– Mazowe (*N* = 212)	DREAMS Area 6– Mutare (*N* = 414)
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Mental distress in the past 30 days	36.6 (32.0–41.1)	27.0 (21.0–33.0)	35.0 (27.9–42.2)	24.2 (17.9–30.6)	24.7 (17.3–32.1)	33.4 (27.9–38.9)
Ever intentionally hurt self	4.2 (2.9–5.5)	0	2.5 (0.6–4.4)	1.7 (0.0–3.3)	2.3 (0.3–4.3)	2.5 (0.9–4.2)
Ever thought of suicide	11.7 (9.4–14.0)	9.3 (5.4–13.3)	10.7 (6.8–14.5)	13.1 (9.2–17.0)	11.9 (7.9–15.9)	11.9 (8.0–15.8)
Ever attempted suicide (among those who thought of suicide)	30.4 (21.8–38.9)	31.2 (11.2–51.1)*	48.0 (26.6–69.4)	30.6 (16.1–45.0)	27.1 (7.0–47.1)*	28.3 (17.2–39.3)

* Unreliable estimate; result should be interpreted with caution.

Table D.7. Attitudes about the acceptance of intimate partner violence[1] among females, by DREAMS area, Zimbabwe Violence Against Children Survey (VACS), 2017

	DREAMS Area 1– Bulawayo	DREAMS Area 2– Chipinge	DREAMS Area 3– Gweru	DREAMS Area 4– Makoni	DREAMS Area 5– Mazowe	DREAMS Area 6– Mutare
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Acceptance of one or more reasons for wife beating, by age group						
13- to 17-year-olds	26.7 (20.5–32.9) (*N* = 273)	36.3 (20.9–51.8) (*N* = 116)	30.0 (22.2–37.9) (*N* = 122)	24.1 (16.6–31.5) (*N* = 100)	40.1 (27.0–53.2) (*N* = 91)	25.1 (18.3–32.0) (*N* = 168)
18- to 24-year-olds	24.7 (19.2–30.1) (*N* = 469)	32.2 (22.7–41.7) (*N* = 136)	30.5 (22.7–38.2) (*N* = 146)	27.3 (18.6–36.1) (*N* = 106)	23.2 (14.7–31.6) (*N* = 121)	28.5 (22.0–35.0) (*N* = 246)

[1] Includes participants who endorsed one or more of the following: it is acceptable for a husband to beat his wife if she does one of the following: goes out without telling him, neglects the children, argues with him, refuses to have sex with him, or burns the food.

Table D.8. Beliefs about gender, sexual practices, and intimate partner violence[1] among females, by DREAMS area, Zimbabwe Violence Against Children Survey (VACS), 2017

	DREAMS Area 1– Bulawayo	DREAMS Area 2– Chipinge	DREAMS Area 3– Gweru	DREAMS Area 4– Makoni	DREAMS Area 5– Mazowe	DREAMS Area 6– Mutare
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Endorsement of one or more beliefs about gender, sexual practices, and intimate partner violence, by age group						
13- to 17-year-olds	52.9 (45.7–60.1) (*N* = 273)	73.1 (61.2–84.9) (*N* = 116)	73.7 (63.5–83.8) (*N* = 122)	77.4 (69.5–85.3) (*N* = 100)	69.6 (59.2–80.0) (*N* = 91)	70.3 (62.1–78.5) (*N* = 168)
18- to 24-year-olds	63.7 (59.3–68.1) (*N* = 469)	84.8 (78.4–91.3) (*N* = 136)	88.0 (82.2–93.8) (*N* = 146)	87.1 (80.2–93.9) (*N* = 106)	90.1 (82.0–98.3) (*N* = 121)	88.9 (84.2–93.6) (*N* = 246)

[1] Includes participants who endorsed one or more of the following: men decide when to have sex, men need more sex than women, men need other women, women who carry condoms are "loose", women should tolerate violence to keep the family together.

Table D.9. Physical violence perpetration[1] among females, by DREAMS area, Zimbabwe Violence Against Children Survey (VACS), 2017

	DREAMS Area 1– Bulawayo	DREAMS Area 2– Chipinge	DREAMS Area 3– Gweru	DREAMS Area 4– Makoni	DREAMS Area 5– Mazowe	DREAMS Area 6– Mutare
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Physical violence perpetration (ever)						
13- to 17-year-olds	11.4 (7.2–15.7) (*N* = 273)	13.2 (3.9–22.4) (*N* = 116)	7.9 (3.6–12.3) (*N* = 122)	3.8 (0.0–8.1) (*N* = 100)	10.7 (1.7–19.7) (*N* = 91)	7.1 (2.4–11.8) (*N* = 168)
18- to 24-year-olds	8.2 (5.6–10.8) (*N* = 469)	3.9 (0.4–7.4) (*N* = 136)	10.0 (5.0–15.1) (*N* = 146)	4.8 (0.5–9.0) (*N* = 106)	7.8 (4.0–11.7) (*N* = 121)	7.6 (4.2–11.1) (*N* = 246)

[1] Physical violence perpetration includes punching, kicking, whipping, beating, choking, smothering, trying to drown, burning intentionally, or using or threatening to use a gun, knife, knobkerrie, gun, or other weapon.

APPENDIX B ZIMBABWE 2017 VACS SAMPLING METHODS

B.1. SAMPLING FRAME AND SAMPLE SIZE CALCULATIONS

The 2012 Zimbabwe National Census served as the basis of the sampling frame for the Zimbabwe 2017 Violence Against Children Survey (VACS). The primary sampling units were the enumeration areas (EAs) from that census. The sample size for females was determined from a standard cluster sample formula, whereby an estimated prevalence of sexual violence of 11 percent for males and 11–24 percent for females was assumed based on the prevalence of sexual violence in previous surveys, with a relative standard error (RSE) of 8 percent. Additionally, the sample size took into account the expected number of males and females who would complete an HIV test.

To calculate separate male and female prevalence estimates for having experienced violence, the study used a split-sample approach. This means that each EA was assigned as a location to survey either females or males. The split-sample approach, consistent with World Health Organization (WHO) guidelines, served to protect the confidentiality of participants and eliminate the chance that a perpetrator of sexual violence and a victim of the opposite sex in the same community would both be interviewed.

The survey used a three-stage cluster-sampling survey design. In the first stage of selection, 1,000 female EAs and 118 male EAs were randomly selected out of 29,365 EAs with a probability proportional to the size of the EAs in terms of households present. In the second stage of selection, the survey data collection teams conducted a mapping and listing of all structures and households in each of the selected EAs. The survey teams then input the total number of eligible households in the EA into a Microsoft Access programme developed specifically for VACS household selection. The programme randomly selected 30 households in the EA to whom to administer the survey. In stage three of selection, one eligible participant (female or male, depending on the EA) was randomly selected by a computer programme built using CSPro from the list of all eligible participants ages 13-24 years in each household and. The selected participants were then interviewed.

The following sample size formula defined the number of females and males who needed to complete the survey for adequate precision:

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

where
n = required sample size.

Z = statistical confidence level. For VACS, this is set for a 95 percent confidence interval and has a value of 1.96.

P = for females, 6.5 percent national HIV prevalence; for males, 8 percent expected prevalence of sexual violence

e = margin of error (set at 0.04 to balance the reality of survey costs with the precision of estimates)

DEFF = the design effect of the study. This is set to 2.0.

The study oversampled females in districts with a higher expected prevalence of HIV among 16- to 24-year-olds (i.e., districts in the Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe, or DREAMS, programme). Furthermore, the sample size was adjusted for expected nonresponse among selected households. Last, the study was designed to produce reliable estimates, defined as having an RSE of less than 30 percent. In the male sample, 3,445 households were surveyed in 118 randomly selected EAs. A total of 803 males completed the individual questionnaire. In the female sample, 29,635 households in 1,000 EAs were surveyed. A total of 7,912 females completed the individual questionnaire. The overall response rates for males and females were 66 percent and 72 percent, respectively. HIV status was obtained from 496 males and 5,288 females 16–24 years old through either HIV testing or self-reports. Detailed descriptions of the methodology and procedures used for developing survey weights for both the national sample and the oversampled DREAMS areas are available in VACS publications.[36]

B.2. FIELDWORK

B.2.1. INTERVIEWER AND SUPERVISOR SELECTION, RESPONSIBILITIES, AND TRAINING

To help facilitate trust and understanding with participants, the selection of interviewers was critical. Interviewers selected were male and female Zimbabwe nationals who spoke English, Shona, or Ndebele, in order to facilitate communication with the survey participants as well as the survey development team. Priority was given to interviewers with health data collection experience.

Additionally, during the selection process, team leaders were identified to serve as direct supervisors of teams in the field. Team leaders did not directly participate in the interview process; however, they were responsible for monitoring the status of interviews and of HIV testing and counselling (HTC) at each household during fieldwork, without compromising the privacy of the interview. Team leaders ensured that both the interviews and the HTC processes were completed appropriately according to the survey protocol through in-person observation review of an electronic visit record form. For example, team leaders would lead the community entry process and the mapping and listing exercise, and would ensure that second and third visits were made to nonresponding households.

Both interviewers and team leaders attended training sessions covering the entirety of the survey process, including the following:

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

Both team leader and interviewer trainings emphasized the survey's ethical protocols that protect youth from retribution for participating in survey research on violence in their communities. This included emphasizing the need to ensure privacy during the interview and HTC, and the need to guarantee confidentiality and emphasize the voluntary nature of participation. In the case of an interview interruption, interviewers were trained in techniques to move to a more private location, to switch to a nonsensitive mock questionnaire, or to reschedule the interview, based on the circumstances of the interruption. The training placed emphasis on conducting the interview with sensitivity, empathy, and mindfulness of the participant's level of comfort, as well as how and when to provide referrals to outside care or services.

Fieldwork was implemented between January and August 2017. Each team leader aggregated the data from the field daily. There were no personal identifiers in the database that could be linked to any participant. The local VACS data centre, managed by the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), was responsible for performing quality checks and producing regular data reports to provide feedback to data collection staff and address any issues identified. The subsequent data cleaning and analysis was conducted by the U.S. Centers for Disease Control and Prevention (CDC) in consultation with partners at EGPAF and in the government of Zimbabwe.

B.2.2. SURVEY FIELD TEST

Prior to the implementation of the survey, team leaders and interviewers conducted a field test of all survey protocols and instruments, including both survey and HTC protocols. The field test involved conducting interviews and HTC for two days, followed by several hours of discussions and feedback. Six EAs (three rural EAs and three urban EAs for female teams, one rural EA and one urban EA for male teams) that were not sampled for the survey and were not adjacent to selected EAs sampled for the VACS were used for the field test. For purposes of the field test, team leaders also conducted interviews and those proficient in HTC performed testing and counselling.

The primary purpose of the field test was to test the survey protocols, the questionnaire, and the HTC procedures. Instead of randomly sampling households, the field test used convenience sampling to select households within each of the field test sites. Interviewers skipped a certain number of households, depending on the density of households in the area, to help ensure confidentiality and anonymity of study participants. In each household, interviewers selected one participant between the ages of 13 and 24, based on convenience, in order to be able to practice administering the survey. The field test confirmed the cultural appropriateness of the survey questions as well as the usefulness of survey materials.

B.2.3. HIV TESTING, SAMPLE COLLECTION, AND QUALITY CONTROL

Blood samples were collected using venous blood. Four mL of venous blood were collected into EDTA-containing vacuum tubes, each labelled with a unique lab ID. If venous blood collection was not feasible, a finger prick was conducted, and 1–2 mL of blood was collected using a capillary collection device coated with EDTA and placed into a labelled tube—a Becton Dickinson (BD) Minicollect tube with K2 EDTA or a similar device—from which rapid HIV testing was performed in the field. After rapid HIV testing was completed in the field, all blood tubes were closed and packed for shipment to the satellite lab as per specimen shipping procedures. Samples were given a unique label with a lab ID. The lab ID was unique from the survey participant ID and was randomly generated using the netbook device.

Testing was performed according to the Zimbabwe national algorithm. The blood collected in the EDTA-containing tube from the venipuncture, or the BD Minicollect tubes from finger prick if venipuncture was not possible, was used to carry out rapid HIV testing as per the national HIV testing algorithm. The first HIV rapid test (Determine®) in the national algorithm was used for screening/initial testing. As per the algorithm, individuals with a nonreactive result on the screening test (Determine®) were reported as HIV negative. Individuals with a reactive screening test (Determine® result) underwent confirmatory testing with First Response®. Those with a reactive result on both screening and confirmatory tests were classified as HIV positive. Individuals with a reactive screening test result followed by a nonreactive confirmatory test result were tested using the third tiebreaker test, which is INSTI® or CHEMBIO®. If this tiebreaker result was positive, the final result for HIV status was classified as HIV positive. If the tiebreaker result was negative, the final result was classified as HIV negative. The final rapid HIV test result was what defined HIV status for the purposes of this survey.

B.3. 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 participant, (Step 2) adjustment of the base weights for differential nonresponse in the sample, and (Step 3) post-stratification calibration adjustment of weights to known population totals.

B.3.1. BASE WEIGHT

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

B.3.2. NONRESPONSE ADJUSTMENTS

In Step 2, base weights were adjusted to compensate for the losses in the sample outcome due to nonresponse. In this step, nonresponse adjustments were made for both households and participants. The household-level and individual nonresponse adjustments were conducted using base-weighted data aggregated into weighting classes by location strata (national and each of the five DREAMS areas) and sex.

B.3.3. HOUSEHOLD-LEVEL RESPONSE RATE

Using the household disposition codes, the household-level response rates were computed separately for each weighting class using the following formula:

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

where
[1] = Completed household survey, 1 person selected
[2] = Completed household survey, no eligible youth in household
[3] = Unoccupied/abandoned
[4] = No one home
[5] = Demolished
[6] = Household refusal

The corresponding household-level weighting class adjustment was computed as 1 divided by the weighted household response rate for each weighting class.

B.3.4. PERSON-LEVEL RESPONSE RATE

Person-level nonresponse adjustment was performed by using the individual-level response rate calculating formula with a combination of weighting-class variables. As with the household adjustment component, the person-level adjustment component was computed as 1 divided by the weighted person-level response rate for each weighting class:

$$Individual - level\ response\ rate = \frac{[1]}{[1] + [2] + [3] + [4]}$$

where
[1] = Completed individual survey
[2] = Selected participant refusal
[3] = Incomplete
[4] = Not available
[5] = Does not speak study language/disability

B.3.5. POST-STRATIFICATION CALIBRATION ADJUSTMENT

In the final stage of the weighting process (Step 3), calibration adjustment was done to adjust weights to conform to the 2013 population census data distributed by location stratum and sex. These variables were used to form weighting classes.

B.3.6. FINAL WEIGHTS

The final weights assigned to each responding unit were computed as the product of the base weights, the nonresponse adjustment factors, and post-stratification calibration adjustment factors. The final weights were used in all analyses to produce estimates of population parameters in SAS (version 9.4).

APPENDIX C HIV INCIDENCE ANALYSES

C.1. TESTING FOR RECENCY OF HIV INFECTION

Specimens with normalized optical density (ODn) values > 1.5 were classified as long-term infections and did not require additional tests. All remaining specimens, with ODn values ≤ 1.5, and those with higher viral load (VL > 1,000 copies/mL) were classified as recent infections. Final classification of recency was determined using the LAg-Avidity-Data-Management file provided courtesy of Sedia Biosciences, Portland, Oregon 97230, www.sediabio.com, for use with Excel (CDC v2.1 5.6.13 Sedia LN-6081.0).

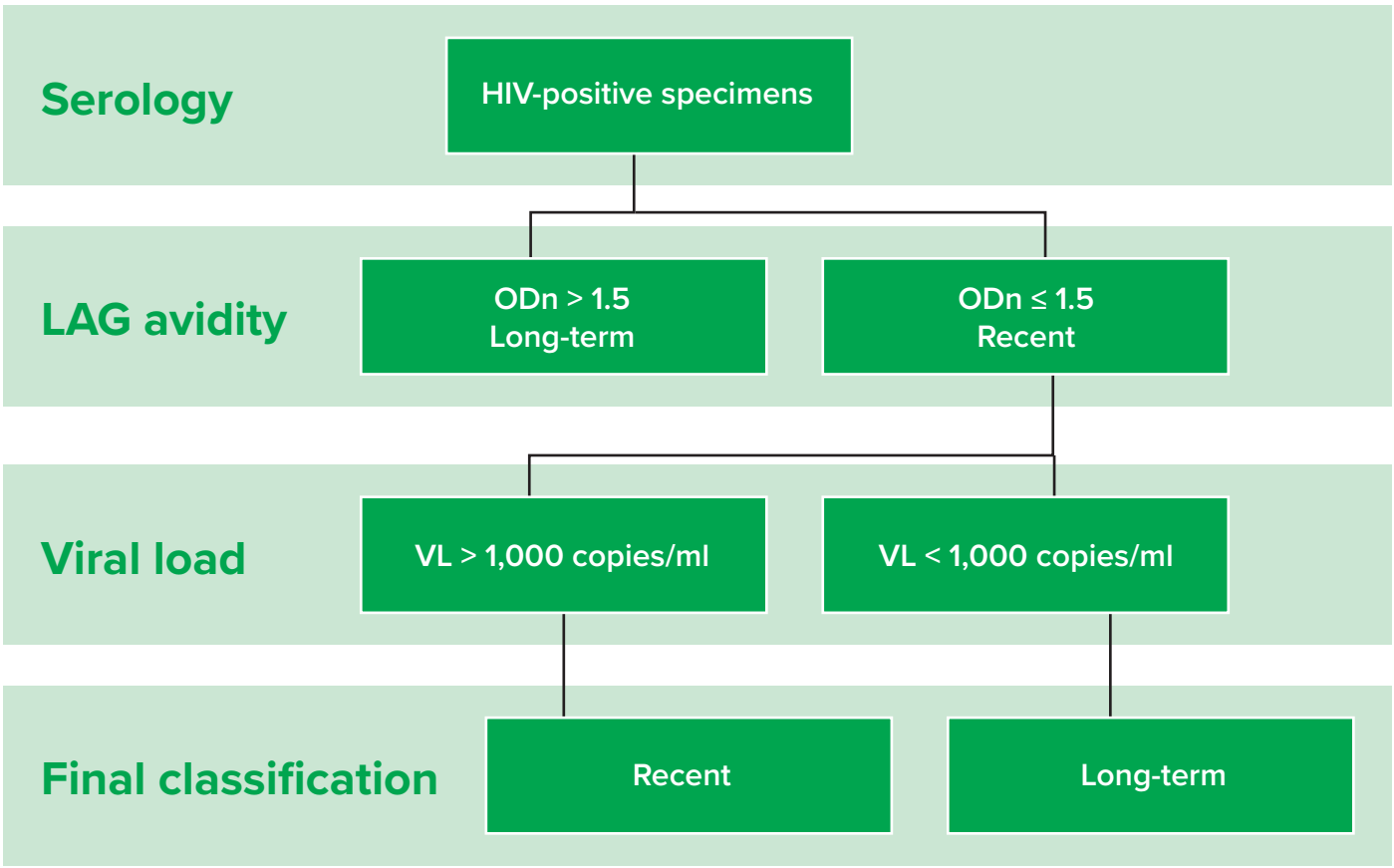


Figure C.1.1. Testing algorithm for classification of recent HIV-1 infections
Note: ODn = normalized optical density; VL = viral load.

C.2. HIV INCIDENCE STATISTICAL ANALYSIS

The annual risk of infection is the probability of becoming infected within a period of one year. We calculated weighted annual HIV incidence using the South African Centre for Epidemiological Modelling and Analysis (SACEMA) incidence calculator, found at http://www.incidence-estimation.org/page/spreadsheet-tools-for-biomarker-incidence-surveys [37]

Formally, the adjusted instantaneous incidence rate (I_T) is given by:

$$\hat{I}_T = \frac{R - \varepsilon P}{(\Omega_T - \varepsilon T)N},$$

where R is the number of recent cases among *P*, those testing HIV positive, *N* is the number testing HIV negative, and *T* is the time (one year in this case) over which the mean-duration recent infection (MDRI) (Ω_T) and the proportional false recent (PFR) are defined. The unadjusted values (j_T and i_T) are found by setting ε= 0 in Equations to give

$$\hat{I}_T = \frac{R}{R + \Omega_T N}.$$

This weighted mean incidence is ideally suited to calculate incidence for any biomarker without any interference from biomarker dynamics or from epidemiological and demographic history.

We used the following LAg Avidity assay parameters in the SACEMA Incidence Calculator:

- MDRI = 130 days (95 percent confidence interval: 118–142 days)
- LAg Assay PFR = 0.00
- Time cut-off (*T*) = 1 year (365 days)

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