

Sexual Violence Experienced by Female Children, Swaziland 2007

James Mercy, PhD

Division of Violence Prevention

National Center for Injury Prevention and Control

Centers for Disease Control and Prevention



Acknowledgements

The Survey Participants

UNICEF

Jama Gulaid

Zodwa Dlamini-Mthethwa

Nonhlanhla Hleta-Nkambule

Tizie Maphalala

Yuko Kusamichi

SWAAGA

Nonhlanhla Dlamini

Ministry of Health

Eric Maziya

Maria Dlamini

CDC

Avid Reza

Matt Breiding

Sapna Bamrah

James Mercy

Curtis Blanton

Linda Dahlberg

Mark Anderson

Thomas Simon

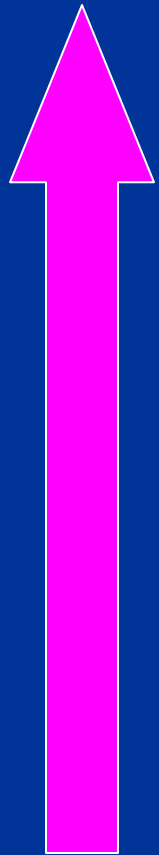
Michele Lynberg

Save the Children

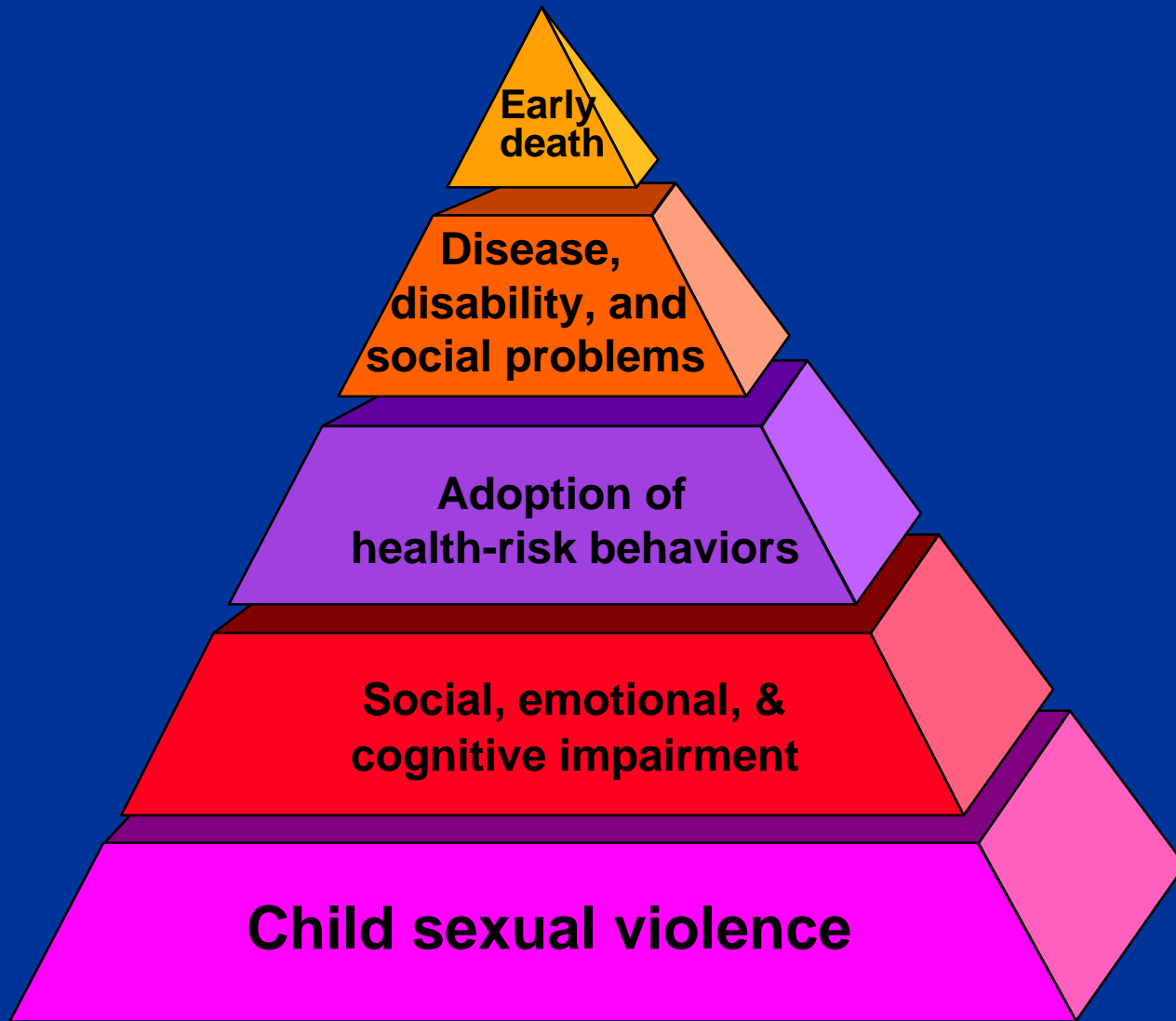
Nomzamo Dlamini

All the Survey Team Members

Death



Birth



The influence of child sexual violence victimization throughout life

Health Impacts of Sexual Violence

Health-risk Behaviors

- Sexual promiscuity
- Sexual perpetration
- Alcohol abuse
- Illicit/injected drug use
- Smoking

Disease and Injury

- STDs, including HIV
- Gynecological problems
- Heart disease
- Diabetes
- Stroke
- Cancer
- Suicide
- Hepatitis

Mental health and well-being

- Depression, post-traumatic stress disorder (PTSD)
- Aggression
- Anxiety
- Somatic complaints
- Attempted suicide
- Social ostracism
- Anxiety
- Academic achievement
- Revictimization
- Unwanted pregnancy

Lifetime Prevalence of Child Sexual Abuse in High Mortality, Developing Regions of the World

	Female %	Male %
Africa (High Mortality)	21.3	9.6
Africa (Very High Mortality)	42.7	29.8
Latin America/Caribbean	13.3	20.0
Eastern Mediterranean	28.0	11.5
Southeast Asia	67.7	35.0

Source: Andrews et al., Child Sexual Abuse, WHO, 2004

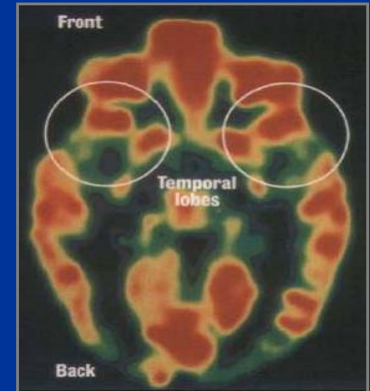
Fraction of Mental Disorders and Suicidal Behavior Attributable to Child Sexual Abuse (CSA) by Sex

	Female %	Male %
Depression	7-8%	4-5%
Alcohol Use/Dependence	7-8%	4-5%
Drug Use/Dependence	7-8%	4-5%
Panic Disorder	13%	7%
PTSD	33%	21%
Suicide Attempts	11%	6%

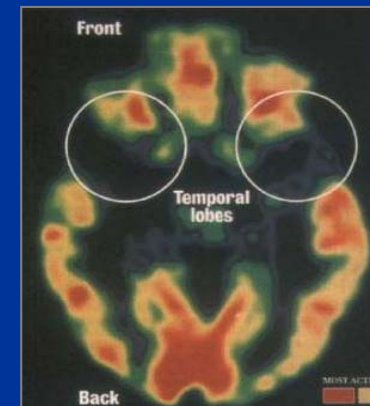
Source: Andrews et al., Child Sexual Abuse, WHO, 2004

Toxic Stress Damages Brain Architecture

- Excessive and repeated stress causes the release of chemicals that impair cell growth and interfere with the formation of healthy neural circuits in the brain
- Toxic stress can damage the brain's stress response system and contribute to premature aging of the body



Healthy Brain



Abused Brain

Purpose of the Swaziland Study

- Describe the magnitude of the problem of violence against female children
- Describe health consequences of childhood exposure to violence
- Identify potential risk and protective factors for violence
- Use data to help guide programs and policies to prevent violence against children

Stakeholders

- **United Nations Agencies**

- **United Nations Population Fund (UNFPA)**
- **World Health Organization (WHO)**
- **Joint United Nations Programme on HIV/AIDS (UNAIDS)**

- **Ministries**

- **Ministry of Health (MOH)**
- **Ministry of Education (MOE)**
- **Ministry of Justice (MOJ)**

- **Local Non-Governmental Organizations**

- **Swaziland Action Group Against Abuse (SWAGAA)**
- **Save the Children**
- **World Vision**

- **Central Statistics Office (CSO)**

- **Royal Swaziland Police (RSP)**

Defining sexual violence

- Sexual violence is any sexual act that is forced against someone's will
 - ◆ Acts can be physical, verbal, or psychological
 - ◆ All forms of sexual violence involve victims who do not consent, are unable to consent, or refuse to allow the act
- Four forms of sexual violence
 - ◆ Completed sex act
 - ◆ Attempted (but not completed) sex act
 - ◆ Abusive sexual contact,
 - ◆ Non-contact sexual abuse

Methodology

- **National household survey**
- **Two-stage cluster sample survey design (40x48)**
 - **40 enumeration areas (EA) selected with probability proportional to size**
 - **48 households systematically selected with a random start in each EA**
- **Randomly select one eligible female between the ages of 13 – 24 years in each household**

Protecting Child Respondents

- **Did not disclose purpose of the study to village leaders or heads of household (health survey)**
- **Conducted interviews in private and had a predefined procedure for handling interruptions**
- **Provided a list of services to every respondent**
- **Had a service agency contact respondents who were upset or expressed a desire to get help**
- **No identifiers linking data with individual respondents**

Results

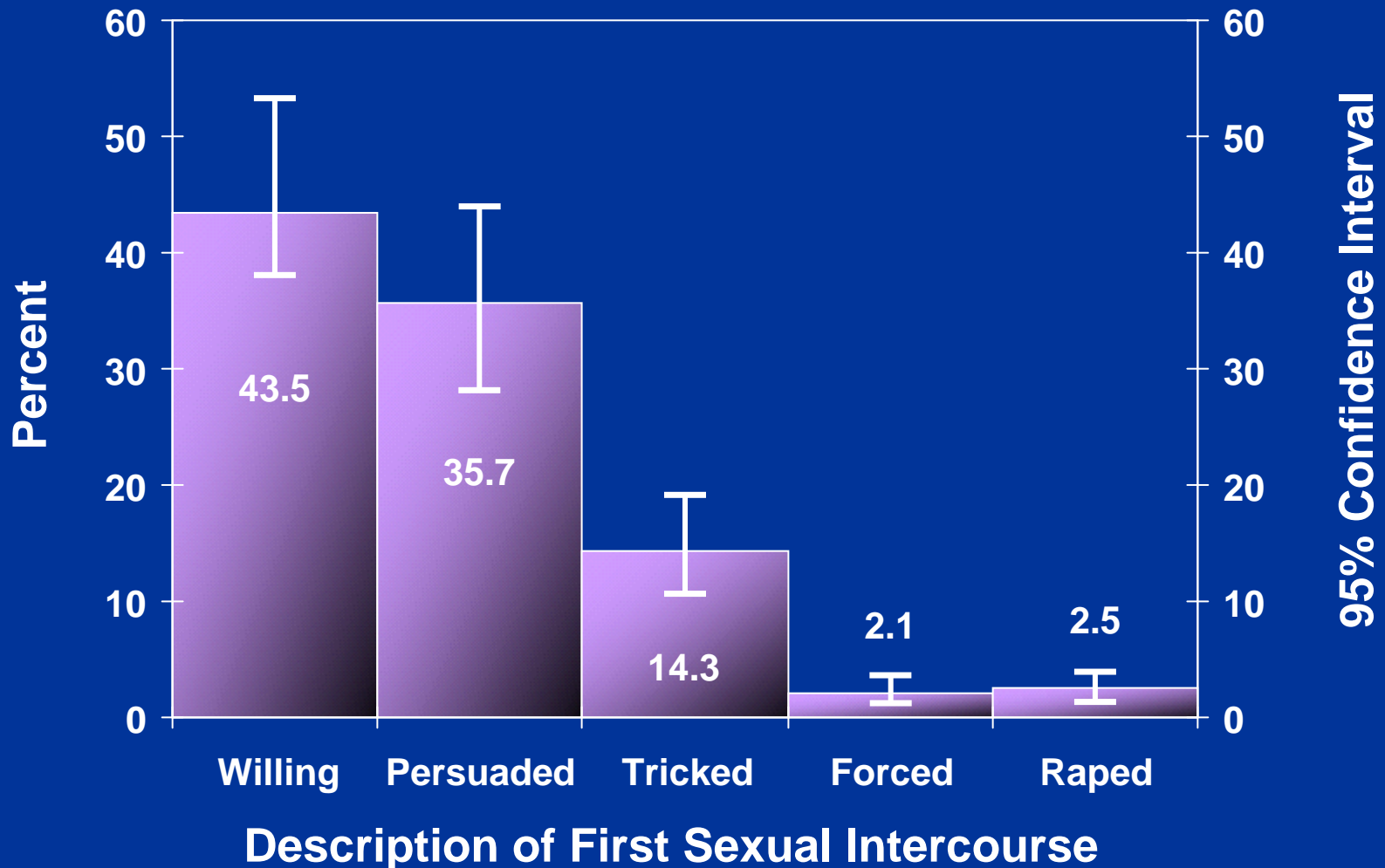
- **Households visited** 1900
- **Eligible females** 1300
- **Completed interviews** 1244
- **Response Rate** 95.7%

Demographic Characteristics of Females 13-24 Years of Age – Swaziland 2007

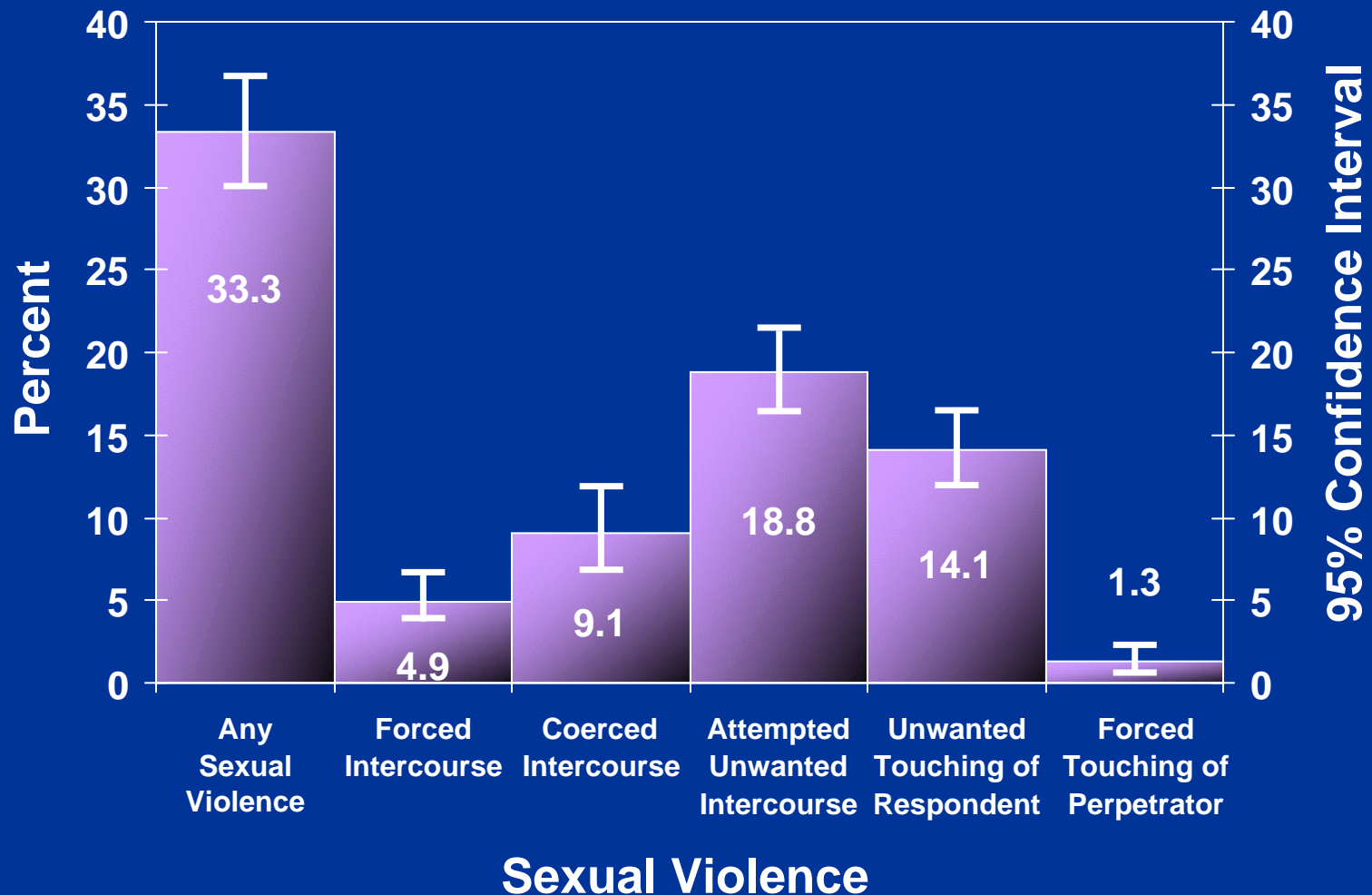
	N	WTD* %	WTD 95% CI
Age			
13-17 years	575	46.4%	(42.4-50.4)
18-24 years	669	53.6%	(49.6-57.6)
Community Setting			
Urban	201	14.9 %	(7.1-28.4)
Rural	1043	85.1%	(71.6-92.9)

*WTD = weighted results

Description of First Sexual Intercourse, Females 13-24 Years of Age - Swaziland 2007



Sexual Violence Prior to age 18 Among Females 13-24 Years of Age – Swaziland 2007



Perpetrators of Sexual Violence

	%	95% Confidence Interval
Man/Boy Neighbor	32.3	28.8-36.1
Husband/Boyfriend	26.2	22.2-30.7
Other Male Relative	14.0	10.0-19.2
Stranger	13.2	10.2-17.1
Family Friend/Lodger	3.0	1.5-6.2
Teacher/Principal	2.7	1.5-4.8
Recent Acquaintance	----	----
Stepdad/Mom's Boyfriend	----	----
Father	----	----
Other	7.1	4.5-10.9

Risk/Protective Factors for Sexual Violence Against Girls (Preliminary Results)

Protective factors:

- Close relationship with mother

Risk Factors:

- Currently not attending school
- Exposure to emotional abuse
- Ever witnessed someone being sexually assaulted

Females who Experience Sexual Violence Report More Health Issues

	Adjusted odds ratio†	p value
Feeling depressed	2.30 (1.70–3.11)	p<0.0001
Suicidal ideation	2.31 (1.57–3.40)	p=0.0001
Attempted suicide	2.03 (0.97–4.25)	p=0.0583
Unwanted pregnancy	2.92 (1.87–4.55)	p<0.0001
Pregnancy complications or miscarriages	3.54 (1.47–8.55)	p=0.0061
Sexually transmitted diseases	3.69 (1.78–7.66)	p=0.0009
Difficulty sleeping	1.78 (1.32–2.40)	p<0.0004
Cigarette use	1.22 (0.58–2.57)	p=0.5860
Alcohol consumption‡	3.02 (1.68–5.44)	p=0.0005

Conclusions of Swaziland Study

- **At least one third of female children in Swaziland experience sexual violence**
- **Men/boys from the neighbourhood, boyfriends, husbands, and male relatives are the primary perpetrators**
- **Lack of supervision and chaotic home environments appear to increase risk for victimization**
- **Exposure is associated with STDs, pregnancy complications, unwanted pregnancy, and depression**



Disclaimer

The findings and conclusions of this presentation have not been formally disseminated by the Centers for Disease Control and Prevention and should not be construed to represent any agency determination or policy.

For more information

Visit CDC's National Center for
Injury Prevention and Control web site:

www.cdc.gov/ncipc



SAFER • HEALTHIER • PEOPLE™

