

Violence Against Children in Tanzania

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Violence Against Children in Tanzania

Randomly selected households, one child per household, following WHO: Ethical and Safety Recommendations for Research on Domestic Violence Against Women.

Purpose:

- Describe the magnitude of the problem of violence against children in Tanzania, with a special emphasis on sexual violence
- Identify potential risk and protective factors as well as health consequences
- Assess knowledge of and utilization of health services available for child victims of sexual violence and other forms of violence
- Use data to guide policies and programs to prevent and protect children from violence
- To identify further research needs



Tanzania VAC Study 2009

Tanzania VAC Study 2009

- Boys and Girls (13-24) Mainland and Zanzibar
- 4 estimates of violence against children
- Total sample size = 3.743
- 96.8% response rate

	Completed Interviews
Mainland Girls (13-24)	911
Mainland Boys (13-24)	899
Zanzibar Girls (13-24)	1,059
Zanzibar Boys (13-24)	878



Violence Against Children in Tanzania

Survey Topics

- Sexual violence
- Emotional violence
- Physical violence

- Demographics
- Sexual history and risk taking behaviors (e.g., HIV/STD risk behaviors)
- Social support
- Service needs and current status
- Help seeking behavior
- Health consequences of violence



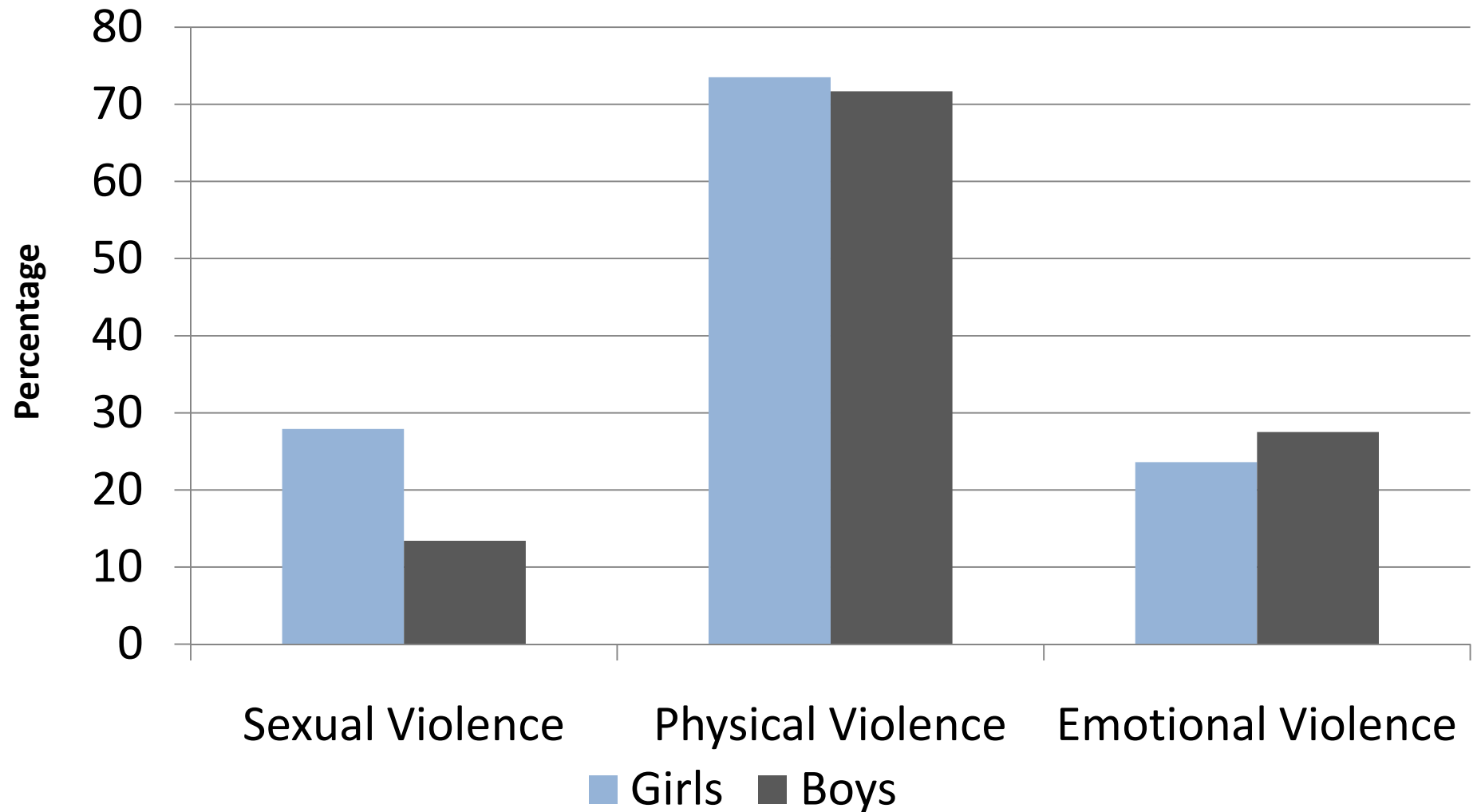
Violence Against Children in Tanzania

- Physical violence
 - Whether the child has been punched, kicked, whipped or threatened with a weapon.
- Emotional violence
 - Whether the child has been called bad names, made to feel unwanted, or been threatened to be abandoned by a caregiver.
- Sexual violence
 - Whether the child has experienced sexual touching against their will, attempted but not completed sex against their will, coerced sex, and physically forced sex.
 - Coerced sex involves forcing a person to have sex against their will using tricks, pressure, or deception.



Violence Against Children in Tanzania

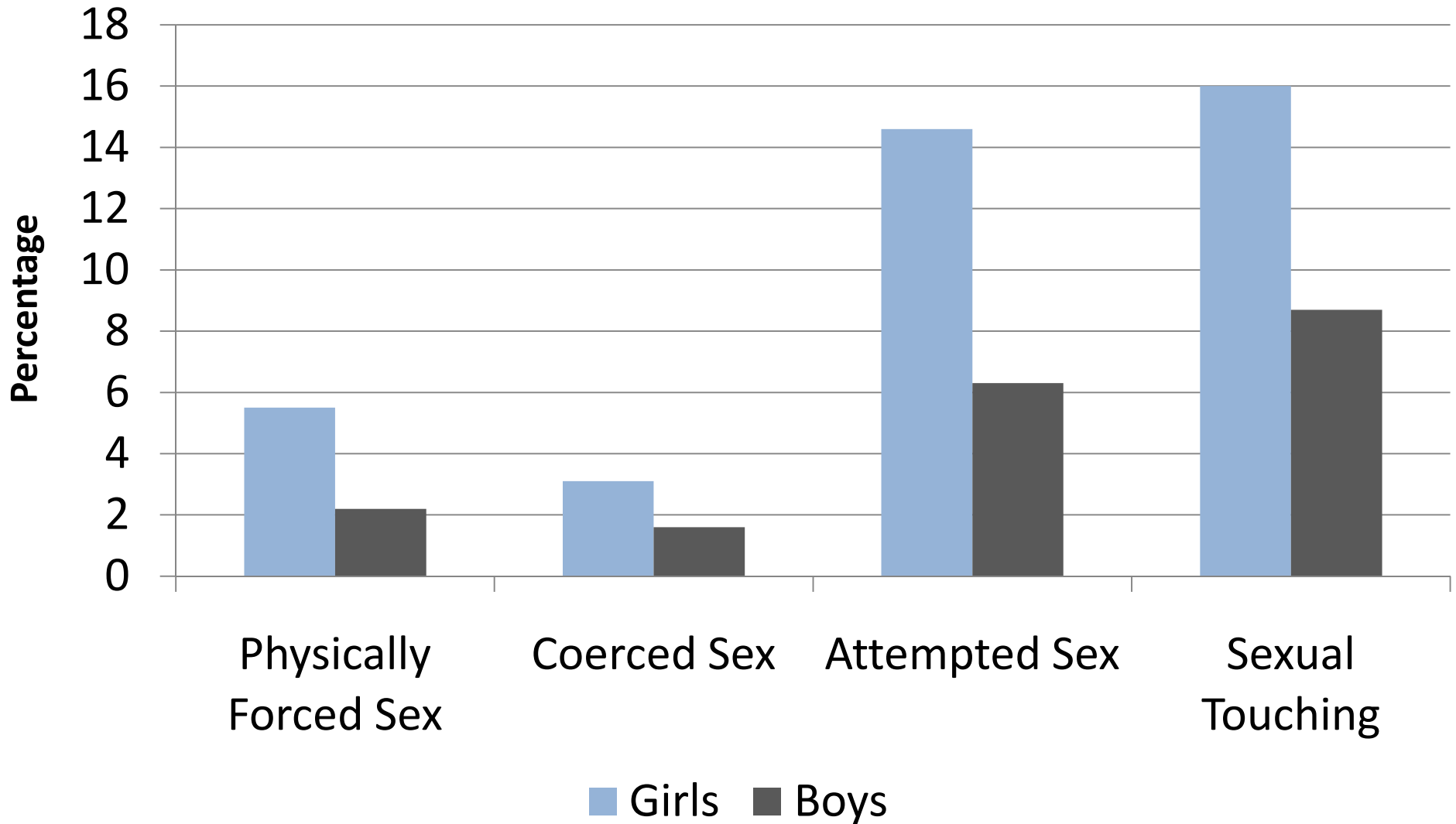
Sexual, Physical and Emotional Violence in Childhood Reported by Females and Males aged 13 to 24 years





Sexual Violence

Type of Childhood Sexual Violence
Reported by Males and Females Aged 13 to 24 Years

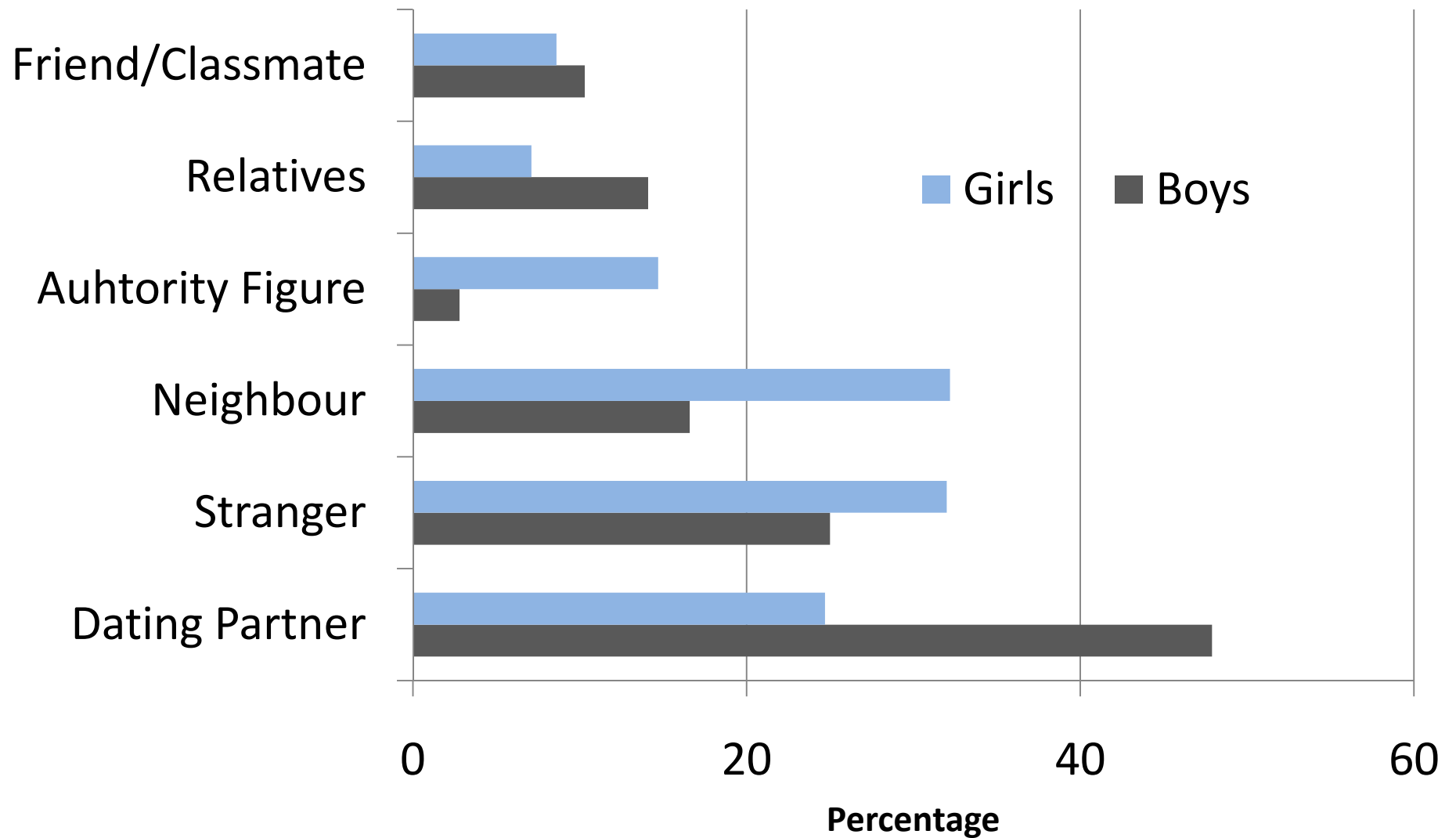




Sexual Violence

Perpetrators of Childhood Sexual Violence

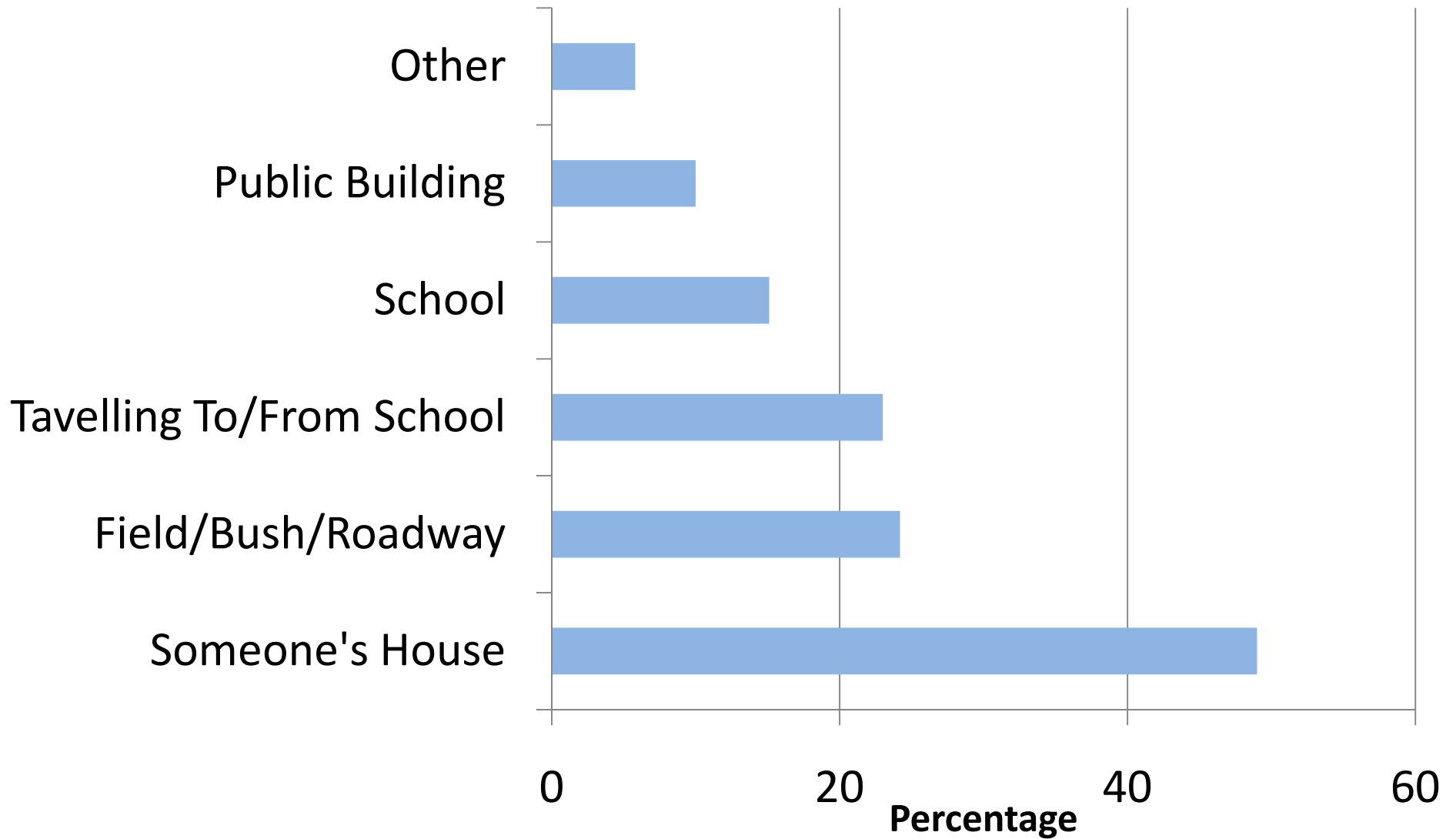
Reported by Males and Females Aged 13 to 24 years





Sexual Violence

Location of Childhood Sexual Violence Against Girls Reported by Females Aged 13 to 24 Years

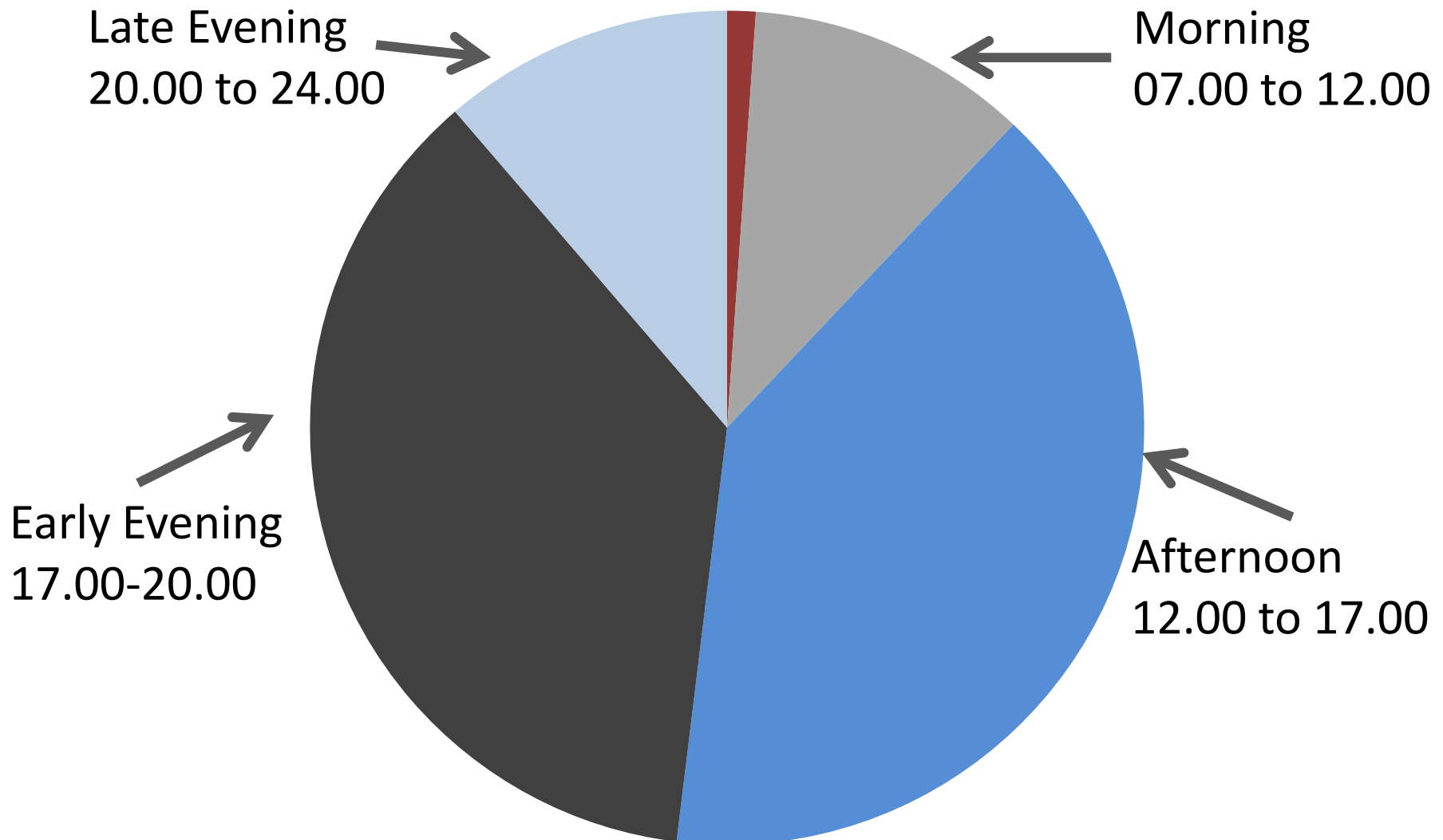




Sexual Violence

Time of Childhood Sexual Violence Against Girls

Reported by Females Aged 13 to 24 Years

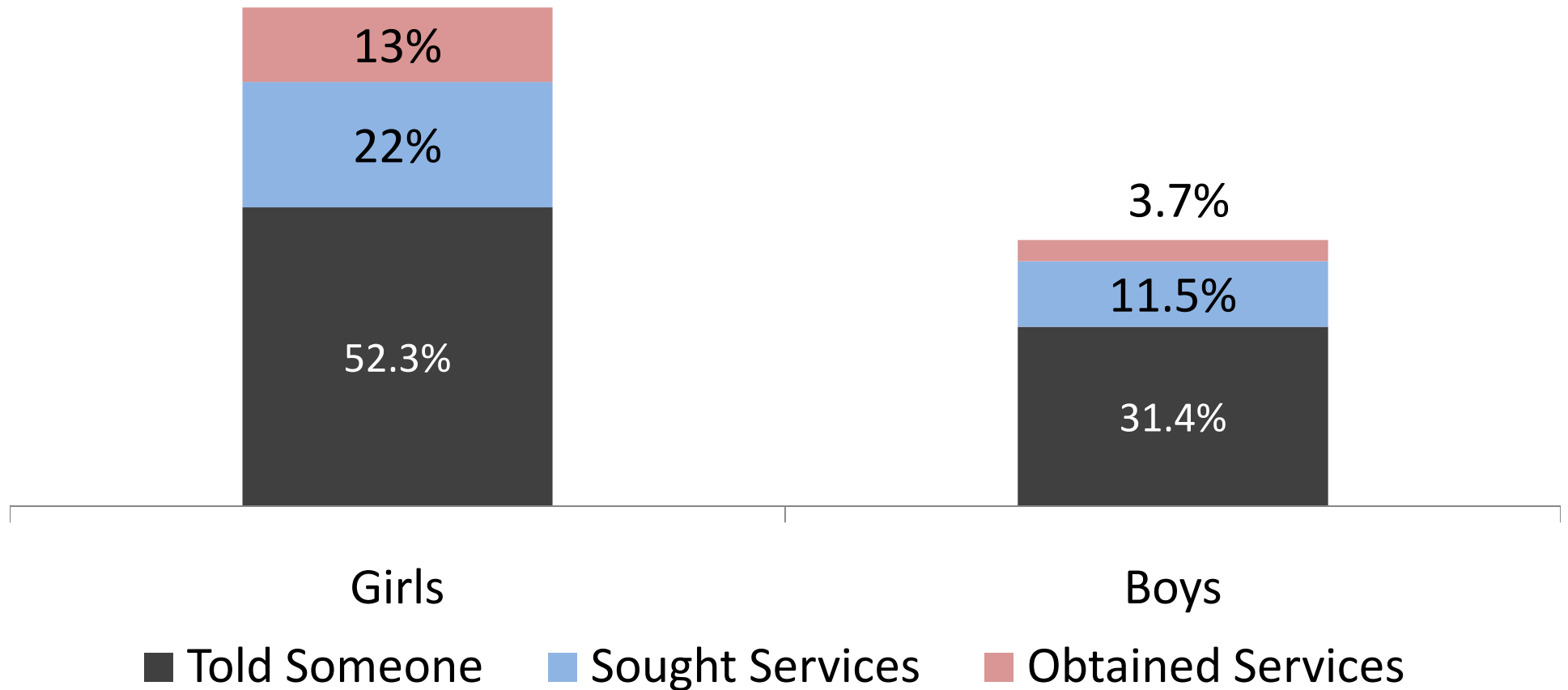




Sexual Violence

Victims of Childhood Sexual Violence Who Told Someone, Sought Services and Obtained Them

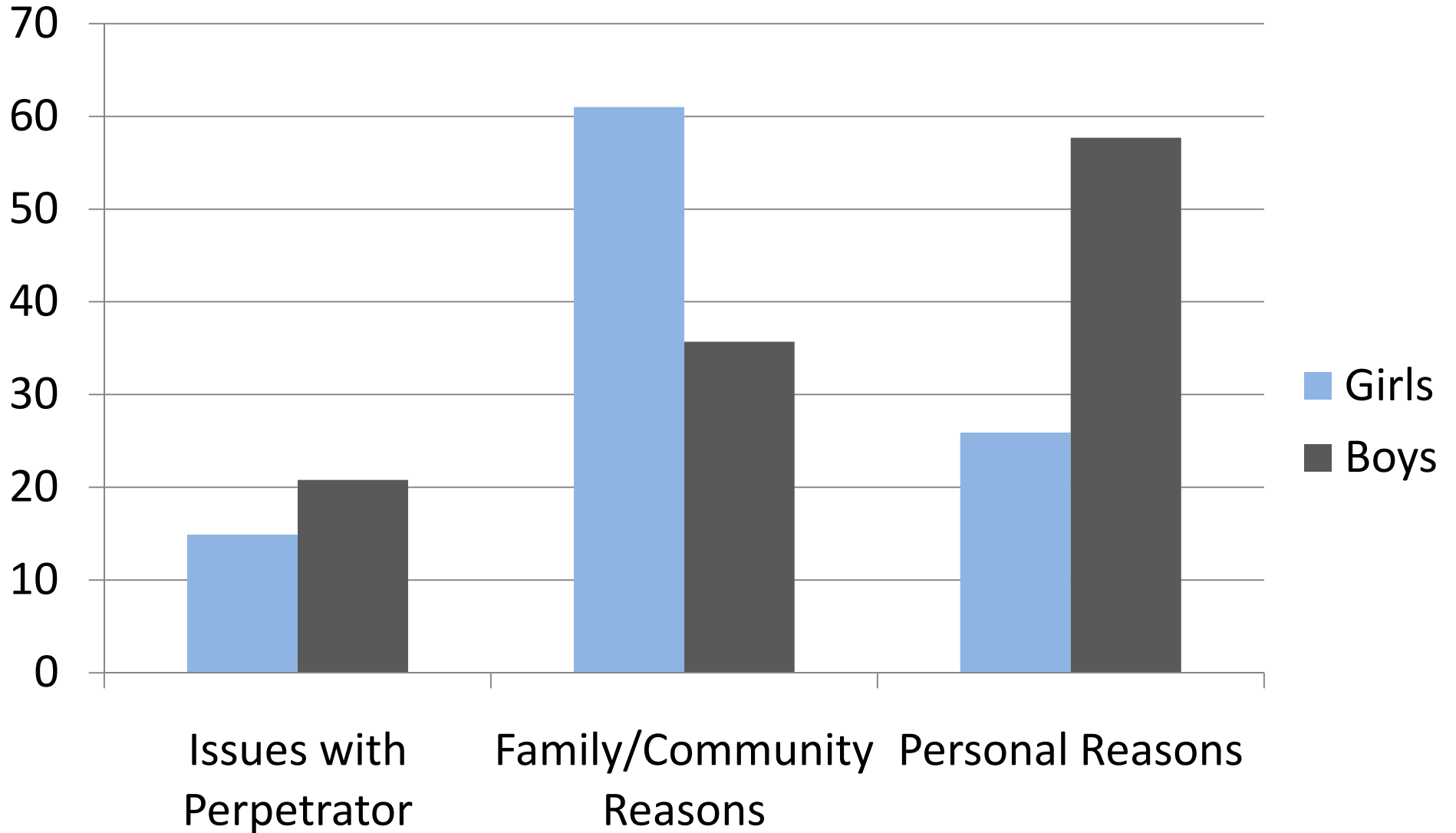
Reported by Males and Females Aged 13 to 24 Years





Sexual Violence

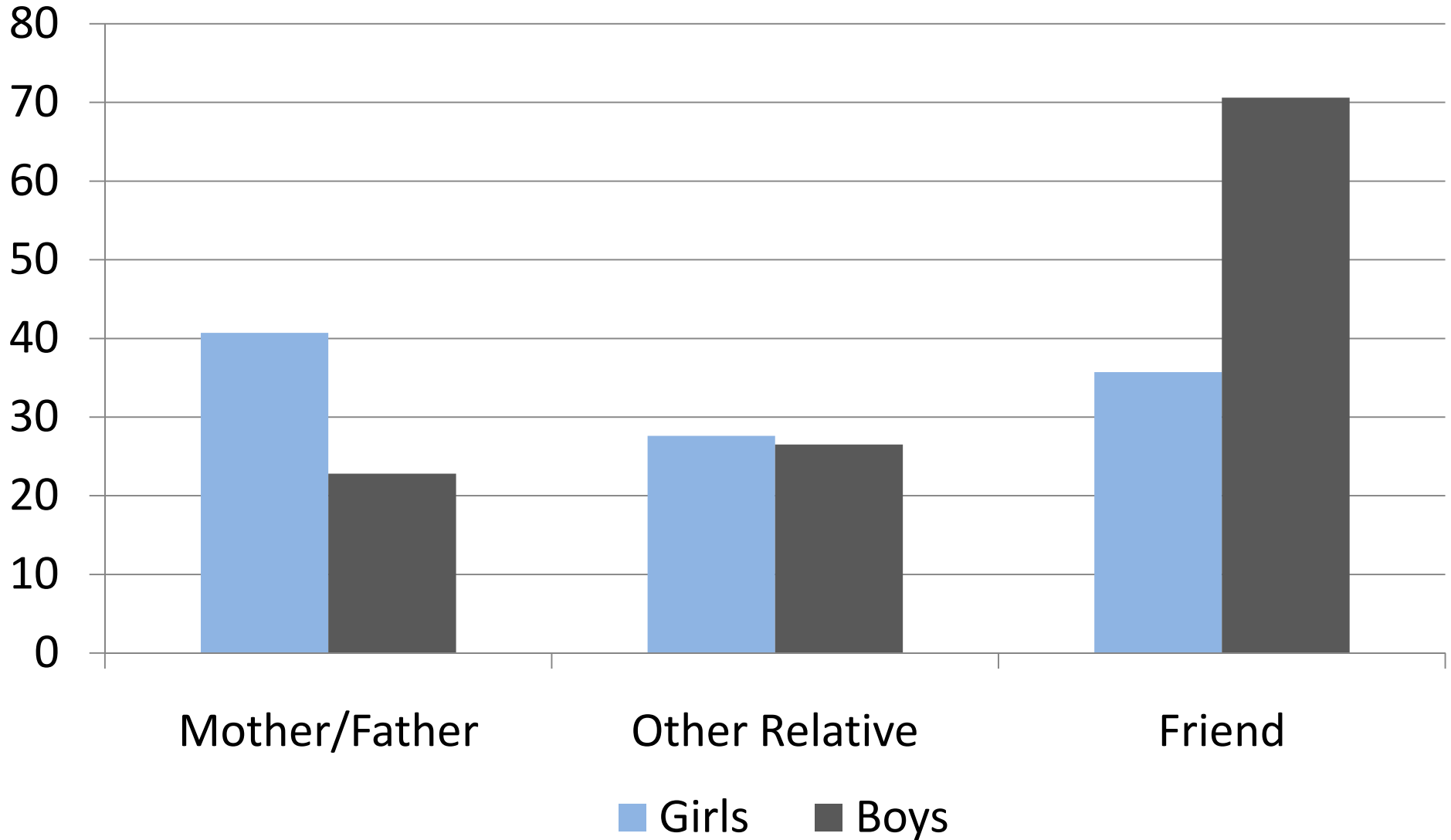
Reasons Victims Gave for Not Telling Anyone
Reported by Males and Females Aged 13 to 24 Years





Sexual Violence

Victims of Childhood Sexual Abuse Who Told Someone Reported by Females and Males Aged 13 to 24 Years





Health

Key Findings from VAC Study:

-Poor service access (20% girls, 10% boys *sought* service; 10% girls, 4% boys *found* services)

-Impact of physical & mental health outcomes:

Sexual Violence

- For females feelings of anxiety and depression, alcohol use, and having a sexually transmitted infection (STI) diagnosis or symptoms -all associated with childhood sexual violence.

- Almost 7% of females ,13 to 24 years of age, who were ever pregnant reported that at least one pregnancy was caused by sexual violence.

Physical Violence

- For females, childhood physical violence was associated with poor to fair general health, feelings of anxiety, having suicidal thoughts, and having a STI diagnosis or symptoms

- For males 13 to 24 years of age, childhood physical violence had a borderline association with feelings of depression

Emotional Violence

- For both males and females 13 to 24 years of age, childhood emotional violence was associated with fair to poor health, feelings of anxiety and depression and having suicidal thoughts

-Early traumatic/violent sexual debut (30% girls, 13% boys) likely to be associated reproductive health risks



Multi-Sector Task Force on VAC

Led by the Ministry of Community Development, Gender and Children with UNICEF support, including participants from Police, Justice, Health, Education, Social Welfare, Local Government, and civil society organizations

The Multi-Sector Task Force guided the development of the survey, contributed to analysis of results, developed the response plan and will be guiding implementation.

Objectives:

- To prevent violence and abuse of children
- To enable children to recognize and report violence and abuse
- To ensure appropriate responses to violence and abuse by adults including parents and professionals



Mandated bodies Law of the Child Act: Social Welfare

Ministry of Health and Social Welfare

- **Develop regulations, rules and guidance to operationalise the LCA**
- Establish a training centre for child care workers of residential homes and day care institutions

Commissioner for Social Welfare

Approves foster cares and foster care placements

Approves residential homes and institutions

Monitors and inspects residential homes, institutions, day care centres and creches

Vet workers of day care centres and creches



Local Government Authorities

“A local government authority shall have a duty to safeguard and promote the welfare of the child within its area of jurisdiction”

S94(1)

Part VIII LCA sets out the mandate and duties of LGA to: **safeguard children and promote reconciliation between parents and children:**

- Keep a register of the most vulnerable children and provide them with assistance
- Act as a referral body – receive reports of abuse and pass them to the SWO
- To provide the SWO support in the exercise of his/her functions
- Provide counseling services through SWO
- Collaborate with police in investigations and return a child home, where possible
- Provide accommodation and assistance to children who have been lost, abandoned or seeking refuge
- Issue by laws on residential homes and day care



Other key agencies

Social Welfare Officers – key role

Take necessary steps to ensure that the child is not subjected to harm (s20)

Receive referrals

Carry out investigations

Safeguard children by referring the case to court

Provide counseling to the children and family

Community

- Mandatory reporting for any member of community who has evidence (s95(1))

- Any community member includes front line professionals and village/ward executive officers



Other key agencies (continued)

Police and the Justice System

- with the SWO, shall **investigate** all cases of breaches or violations of the rights of children. (s95(7))
- the LCA provides Courts with the power to make decisions on child care and child protection cases

Front line workers (including teachers, health workers, community development officers)

- key role in identifying children at risk, providing first response and referrals to appropriate legal and protection mechanisms



Building a Child Protection System

- Ensure lawyers, judges, police, social workers and other professionals are trained and understand how to implement the Law of the Child
- Set up Gender and Children's Desks in all police stations staffed by trained police officers sensitive to situation of children and families affected by violence
- Ensure health workers have the guidelines, training and capacity to respond to sexual violence
- Expand adoption of safe school practices
- Strengthen social sector/community response mechanisms, including the Child Helpline
- Ensure co-ordination among all sectors responsible for prevention, response, care, treatment, protection and justice for children- nested within a nationally supported Child Protection System



Health

Key (proposed) MSTF Actions:

1. Child-Friendly services (training, protocols and procedures, etc.) need to be part and parcel of all GBV responses in the health sector in Tanzania: **Ensure all GBV clinical guidelines reflect children's needs**
2. Develop standard operating procedures (SOPs) as part of GBV Training Guidelines for pediatric care and promote multi-level health care (HC) providing training on child protection as part of GBV response in all health facilities at regional, district and ward levels
3. Social welfare services in health facilities and hospitals should be promoted to ensure **care and protection and follow-up**
4. Build the spectrum of health care provider's **capacity to respond** to child sexual abuse, as well as physical and emotional abuse, through pre-service and in-service training and as a standard part of paediatric child health care
5. Incorporate VAC in medical and nursing school curricula



Health (and Social Welfare)

MSTF (proposed) Advocacy Messages:

1. **Strengthen the position of social welfare within the overall Ministry of Health (MoH)** and ensure the Department of Social Welfare (DSW) is **better integrated in the MoH** and benefits from the Ministry's established structures, systems and leveraging of resources
2. Need for **greater visibility and resource allocation for Social Welfare** and a commitment from MoH for human resources in Social Welfare (as there is for Health).
3. Reinforce the need for **Social Welfare Officers within medical facilities** and tending to **VAC referrals**
4. **Health System Strengthening** : there must be integration of GBV and VAC, including in all training on psycho-social support, etc.