



Optimus Study South Africa: Technical Report

Sexual victimisation of children in South Africa
Final report of the Optimus Foundation Study:
South Africa
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Contents

Acronyms	7
About the authors	8
Acknowledgements	9
Foreword	10
Executive Summary	11
1 Introduction	13
1.1 Sexual violence research and data	14
1.1.1 Questions, claims and quandaries	14
1.1.2 The South African context	14
1.1.3 How do we compare?	15
1.1.4 Measuring prevalence and incidence of sexual victimisation	15
1.2 Legal framework and child protection services in SA	17
1.2.1 The Child Protection system	18
1.3 Factors associated with child sexual abuse	20
2 Methods	22
2.1 Population study	22
2.1.1 Survey format	22
2.1.2 Sampling	23
2.1.3 Study participation	24
2.1.4 Representativeness	24
2.1.5 Weighting	24
2.1.6 Measures	25
2.1.7 Ethical issues	27
2.2 Agency study	28
2.2.1 Sampling	28
2.2.2 Procedure	28
2.2.3 Interview instruments	28
3 Prevalence and incidence of different forms of child victimisation in South Africa	29
3.1 Sexual victimisation	29
3.1.1 Defining 'any sexual abuse'	29
3.1.2 Lifetime prevalence	30
3.1.3 Who is affected more, boys or girls? And where is sexual abuse more prevalent, in urban or rural areas?	31
3.1.4 There are different types and degrees of sexual abuse. What types have young people in South Africa reported experiencing?	34
3.1.5 How often does this happen?	36
3.1.6 Last-year prevalence (incidence)	38
3.2 Neglect	38
3.3 Physical abuse	39
3.4 Emotional abuse	40
3.5 Exposure to family violence	40
3.5.1 Lifetime and last-year prevalence	40
3.6 Other victimisation	42
3.6.1 Direct and indirect victimisation	42
3.7 Prevalence of young people who experienced any form of maltreatment (sexual, physical, emotional, neglect); prevalence of young people who experienced any form of victimisation	43
4 Characteristics of sexual victimisation in South Africa	45
4.1 Characteristics of the victim, for each type of sexual victimisation and for any sexual victimisation	45
4.1.1 Age at first and most recent victimisation	45
4.1.2 Gender of the victims	45

4.1.3	Race and provincial location of the victims	46
4.1.4	Use of drugs and alcohol by the victim	47
4.2	Characteristics of the incidents, for each type of sexual victimisation and for any sexual victimisation	48
4.2.1	Offences committed by a known adult, unknown adult or child/teen	48
4.3	Perpetrator characteristics, for each type of sexual victimisation and for any sexual victimisation	51
4.3.1	The victim-perpetrator relationship	51
5	Risk and protective factors for sexual victimisation	55
5.1	Other forms of victimisation associated with sexual victimisation	55
5.2	Family structure and relationships	55
5.2.1	Presence of one or both biological parents in the house	55
5.2.2	Sleeping density	55
5.2.3	Parental absence through hospitalisation	55
5.2.4	Parental substance misuse	55
5.2.5	Parental knowledge (mother, father)	55
5.2.6	Parental acceptance (mother, father)	56
5.2.7	Disability status of the child	56
6	Results of the Agency study	57
6.1	Disclosure of abuse	57
6.1.1	Sexual abuse	57
6.1.2	Neglect	58
6.1.3	Physical abuse	59
6.2	Challenges within the Child Protection system	59
6.2.1	Relationships with other stakeholders	59
6.2.2	Personal toll on social workers	61
6.2.3	Safety of social workers	61
6.2.4	High caseloads	62
6.2.5	Resource constraints	62
6.2.6	Places of safety	62
6.2.7	Quantity over quality	63
6.3	What works well?	63
7	Consequences	64
7.1	Mental health consequences (anxiety, depression, PTSD)	64
7.2	Injuries and problems with schoolwork	64
7.3	Sexual risk behaviour	65
7.4	Substance misuse	65
8	Who did the victims confide in?	66
8.1	Why do young people not report sexual abuse?	67
9	Conclusions and recommendations	69
9.1	Recommendations for procedural policy and legislation	69
9.2	Recommendations for practice	70
10	References	72
11	Appendices: data tables	76
11.1	Sexual victimisation	76
11.2	Neglect	88
11.3	Physical and emotional abuse	98
11.4	Exposure to family violence	104
11.5	Other victimisation (including direct and indirect victimisation)	117
11.6	Odds ratio tables for risk and protective factors for, and consequences of, sexual abuse	133

List of Tables

Table 1:	Schools SAQ: rates by gender and area	36
Table 2:	Schools SAQ: rates by males and females in urban and rural areas	36
Table 3:	Lifetime prevalence of sexual abuse	37
Table 4:	Percentages of young people reporting each form of neglect in their lifetimes	39
Table 5:	Exposure to family violence	41
Table 6:	Exposure to family violence, comparison of IAQ and SAQ responses	41
Table 7:	Lifetime prevalence of direct and indirect victimisation, school IAQ	42
Table 8:	Incidence of direct and indirect victimisation during the previous year, school IAQ	43
Table 9:	Lifetime prevalence of maltreatment and victimisation, school IAQ	43
Table 10:	Last year prevalence of maltreatment and victimisation, school IAQ	43
Table 11:	Prevalence of any form of child maltreatment	44
Table 12:	Prevalence of any form of victimisation	44
Table 13:	When sexual abuse first happened, by type of abuse and gender	45
Table 14:	Proportions by race of children who reported sexual abuse	46
Table 15:	Respondent was under the influence of alcohol/drugs at the time of the abuse (% answering 'yes') (figures from the school IAQ)	48
Table 16:	Whether victim believes the abuse will happen again	48
Table 17:	Location of the incident (figures from the school IAQ)	49
Table 18:	Other characteristics of sexual abuse	50
Table 19:	Relationship of the perpetrator to the victim (figures from the school IAQ)	52
Table 20:	Gender of the perpetrator (figures from the school IAQ)	53
Table 21:	Age of the perpetrator (figures from the school IAQ)	53
Table 22:	Perpetrator was under the influence of alcohol/drugs (% answering 'yes') (figures from the school IAQ)	54
Table 23:	Percentages of young people reporting clinical levels of symptoms in the school survey	64
Table 24:	Percentages of those who reported sexual abuse who then experienced educational or medical problems after the abuse, school IAQ	64
Table 25:	Percentages of young people reporting levels of sexual risk behaviour, by sexual abuse status, in the school survey	65
Table 26:	Percentages of young people reporting risky substance use, by sexual abuse status, in the school survey	65
Table 27:	Who knew about child sexual abuse: by gender	66
Table 28:	Reasons for not reporting child sexual abuse: by gender	67
Table 29:	Interviewer-administered questionnaire (IAQ) – lifetime prevalence (%)	76
Table 30:	Interviewer-administered questionnaire (IAQ) – lifetime prevalence (counts)	78
Table 31:	Interviewer-administered questionnaire (IAQ) – last year (%)	80
Table 32:	Interviewer-administered questionnaire (IAQ) – last year (counts)	82
Table 33:	Self-administered questionnaire (SAQ) – lifetime prevalence (%)	84
Table 34:	Self-administered questionnaire (SAQ) – lifetime prevalence (counts)	86
Table 35:	Interviewer-administered questionnaire (IAQ) – lifetime prevalence (%)	88
Table 36:	Interviewer-administered questionnaire (IAQ) – lifetime prevalence (counts)	90
Table 37:	Interviewer-administered questionnaire (IAQ) – last year (%)	92
Table 38:	Interviewer-administered questionnaire (IAQ) – last year (counts)	94
Table 39:	Self-administered questionnaire (SAQ) – lifetime prevalence (%)	96
Table 40:	Self-administered questionnaire (SAQ) – lifetime prevalence (counts)	97
Table 41:	Interviewer-administered questionnaire (IAQ) – lifetime prevalence (%)	98
Table 42:	Interviewer-administered questionnaire (IAQ) – lifetime prevalence (counts)	99
Table 43:	Interviewer-administered questionnaire (IAQ) – last year (%)	100
Table 44:	Interviewer-administered questionnaire (IAQ) – last year (counts)	101
Table 45:	Self-administered questionnaire (SAQ) – lifetime prevalence (%)	102

Table 46:	Self-administered questionnaire (SAQ) – lifetime prevalence (counts)	103
Table 47:	Interviewer-administered questionnaire (IAQ) – lifetime prevalence (%)	104
Table 48:	Interviewer-administered questionnaire (IAQ) – lifetime prevalence (counts)	107
Table 49:	Interviewer-administered questionnaire (IAQ) – last year (%)	110
Table 50:	Interviewer-administered questionnaire (IAQ) – last year (counts)	112
Table 51:	Self-administered questionnaire (SAQ) – lifetime prevalence (%)	114
Table 52:	Self-administered questionnaire (SAQ) – lifetime prevalence (counts)	116
Table 53:	Interviewer-administered questionnaire (IAQ) – lifetime prevalence (%)	117
Table 54:	Interviewer-administered questionnaire (IAQ) – lifetime prevalence (counts)	120
Table 55:	Interviewer-administered questionnaire (IAQ) – last year (%)	125
Table 56:	Interviewer-administered questionnaire (IAQ) – last year (counts)	128
Table 57:	Odds ratios (OR) for other forms of victimisation associated with sexual victimisation	133
Table 58:	Presence of one or more biological parent in the household, household IAQ	133
Table 59:	Presence of one or more biological parent in the household, school IAQ	134
Table 60:	Sleeping density and risk for sexual abuse, household IAQ	134
Table 61:	Parental absence through hospitalisation as a risk factor for sexual abuse, household IAQ	134
Table 62:	Parental substance misuse as a risk factor for sexual abuse, household IAQ	135
Table 63:	Mothers’ knowledge of a child as a risk factor for sexual abuse, household IAQ	135
Table 64:	Fathers’ knowledge of a child as a risk factor for sexual abuse, household IAQ	135
Table 65:	Maternal acceptance of a child as a risk factor for sexual abuse, household IAQ	136
Table 66:	Paternal acceptance of a child as a risk factor for sexual abuse, household IAQ	136
Table 67:	Disability status of the child as a risk factor for abuse, household IAQ	136
Table 68:	Odds ratios that young people who have been sexually abused will engage in high-risk sexual behaviour	137
Table 69:	Odds ratios that young people who have been sexually abused will misuse substances	137

List of Figures

Figure 1:	Process flow chart for managing cases of child maltreatment	19
Figure 2:	Percentage of children living in a province who reported experiencing any form of abuse, household IAQ	47

Acronyms

CAST	Children of Alcoholics Screening Test
CJCP	Centre for Justice and Crime Prevention
CSA	Child Sexual Abuse
DBE	Department of Basic Education
DoH	Department of Health
DSD	Department of Social Development
DVA	Domestic Violence Act
EA	Enumerator Area
FCS	Family Violence, Child Protection and Sexual Offences Unit
JVQ	Juvenile Victimization Questionnaire
IAQ	Interviewer-administered Questionnaire
ISPCAN	International Society for the Prevention of Child Abuse and Neglect
NGO	Non-Governmental Organisation
PEP	Post-exposure prophylaxis
PTSD	Post-traumatic stress disorder
SAPS	South African Police Service
SAQ	Self-Administered Questionnaire
SAVF	Suid-Afrikaanse Vroue Federasie
TCC	Thuthuzela Care Centres
UCT	University of Cape Town
WHO	World Health Organization

About the authors

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Dr Patricia Lannen
Director Child Protection
UBS Optimus Foundation

Foreword

The Optimus Study: a valuable contribution for our children

All children have the right to live free from emotional, physical and sexual violence. According to UNICEF global report *Hidden in Plain Sight*, violence against children continues to affect every country, every culture and every community across the world, with devastating impact. Childhood exposure to violence victimises children and plays a role in transmitting violence from one generation to the next. Children who grow up in a violent household or community tend to internalise that behaviour as a way of resolving disputes, repeating the pattern of violence and abuse against their own spouses and children. Beyond the tragic effects on individuals and families, violence against children carries serious economic and social costs. The consequences of violence against children can obstruct economic growth because of lost potential and reduced productivity, disability and decreased quality of life – all of which can hold a nation back from fully developing.

Recognising the pervasive nature and the devastating impact of violence against children, the South African government adopted forward-looking policies and legislation to protect children. This has, however, not curbed the alarming rates of sexual violence against children in South Africa. According to the South African Police Service, 18 524 cases of sexual abuse were reported to the police in 2013/2014 at an average rate of 51 cases every day. Much violence against children, though, is unreported and unrecorded. It remains hidden for many reasons. Young children lack the capacity to report violence and older children often fear retaliation by perpetrators. In addition, parents may be the perpetrators of violence against their own children, or parents may remain silent when violence is committed by other family members or by powerful members of the community or society.

Lack of data on the prevalence of different forms of violence against children and in particular sexual violence is a key challenge to effective response to violence against children. Without reliable data to inform planning and monitoring of national action plans, it is not possible for government to systematically assess success or failure of their efforts.

This study is an important contribution to narrowing this gap by providing national data on the extent and impact of child sexual abuse and other forms of maltreatment in South Africa. The findings of the study show that sexual abuse of children and adolescents is widespread, and possibly worse than previously estimated. The findings indicate that one in three children have had some experience of some form of sexual abuse, which is persistent over the course of children's lifetimes and regrettably present in their everyday lives. The data also shows that boys and girls are equally vulnerable to sexual abuse, although the forms might vary. This is a departure from much of the literature, which usually focuses on the particular vulnerability of girls. The focus on gender is important but motivations for violence towards children are not all gender driven. Children, girls and boys, are targets for violence because they are vulnerable developmentally and dependent upon caregivers for survival and protection. The study points to another critical gap in programme design that needs to be taken into account – the experiences of boys. Also important is the fact that two-thirds to half of children and young people reporting violence experience repeated victimisation. One in 10 children who have experienced sexual abuse by a known adult, had this experience four or more times.

For every child to live in safety, we first need the right data and information on which to base prevention and response interventions. This study provides this evidence base critical to national planning and programming to improve child protection. The study is also based on young people's – both girls' and boys' – own experiences of sexual abuse and perception of sexual victimisation in their lives. In this, the study makes a valuable contribution to ensuring that children's voices are heard, as well as making violence against children and its impacts visible.

No violence against children is justifiable, and all violence against children is preventable. With sufficient commitment and investment, creative approaches to prevention can make a difference. The root causes of violence against children, including gender discrimination and harmful social norms, need to be addressed in order for lasting change to occur. Violence will not be ended without stopping violence in the next generation, without supporting parents and caregivers struggling in poverty and adversity, and without changing cultures of masculinity that favour aggressive sexual violence over responsibility, care and respect. Although this takes time, it can be done through a human rights-based approach that is grounded in local realities, is gender-sensitive and engages a wide range of government, civil society and local communities' stakeholders, as well as children themselves.

Dr Yulia Privalova Krieger
Deputy Representative, UNICEF South Africa

Executive summary

This report presents the findings of the Optimus Study conducted in South Africa. This study was designed specifically to estimate the annual incidence and lifetime prevalence of child sexual abuse and maltreatment in South Africa. Prior to this, no *nationally representative* data on the extent or impact of child sexual abuse existed.

In order to obtain a comprehensive picture of the nature, extent and impact of child sexual abuse in the country, the study drew on two data sources: firstly, a population survey that was conducted with a sample of 15- to 17-year-old adolescents recruited nationally from schools (4 086 participants) as well as households (5 631 participants), and secondly an agency component that consisted of a series of in-depth interviews and focus group discussions with frontline staff and agency directors servicing the communities or geographical spaces identified through the sampling process.

Through a thorough exploration of these areas, the study identifies where resources can best be targeted, provides a local evidence base for the development of effective interventions, and identifies whether intervening in one form of abuse or neglect might also have the potential to address other forms of violence.

Results

The study results revealed that of the young people interviewed in schools, 35.4% – one in every three young people – had experienced some form of sexual abuse at some point in their lives. Figures from the household portion of the study are slightly lower, but confirm that the rates are high: in households, 26.3% – more than a quarter of young people interviewed – reported having experienced some form of sexual abuse. Since rates of reporting in the schools portion of the study are generally higher, indicating that disclosure of these very difficult experiences may have been easier in that context, we base our estimates on that sample. This means that a total of at least 784 967 young people in South Africa have been the victims of sexual abuse by the age of 17 years. A total of 351 214 cases of sexual abuse had occurred among 15- to 17-year-olds in the past year alone.

The differences between males' and females' reported rates of abuse were not as stark in this South African study as they have been in other studies. In the school survey, boys (36.8%) were found to be slightly more likely than girls (33.9%) to report some form of sexual abuse. Previous research has almost unfailingly underscored the particular vulnerability of young girls to sexual abuse. The findings from this national prevalence study indicate that boys and girls are equally vulnerable to *some form* of sexual abuse over the course of their lifetimes, although those forms tend to be different for boys and for girls.

The mean age at which girls first experienced sexual abuse was 14, while boys typically reported their first experience to be at the age of 15 years.

One in 10 (11.3%) young people had experienced unwanted sexual touching by a known or unknown adult in their lifetime, based on reporting rates from the school survey.

Based on reporting rates from the school survey, 9.4% of young people had been made to do sexual things against their will by another child or teen; 11.7% had experienced someone trying to force them to have sex; 12.9% had experienced exposure abuse; and 15.7% had had a sexual experience with someone 18 or older (some of which may have been consensual).

These findings illustrate that while sexual abuse is slightly more likely to occur once in a young person's lifetime, in 40% of these cases, it occurs two or more times.

In the school survey, 42.2% of respondents had experienced some form of maltreatment (whether sexual, physical, emotional or neglect), while 82.0% reported experiencing some form of victimisation (whether criminal victimisation or exposure to family or community violence). By and large, girls and urban dwellers were more likely to report these experiences than boys and those living in rural areas.

A number of factors were associated with an increased risk of sexual victimisation. These included living with neither or just one biological parent, parental absence either due to hospitalisation or prolonged illness, parental substance abuse, disability status of the child, as well as sleeping density (the number of teens or adults with whom the respondent shared a room).

The study also highlighted the protective factors associated with a reduced risk of sexual victimisation. Parents'

knowledge of who young people spend their time with, and how they spend their time and where they go, were significantly associated with a lower likelihood of young people reporting that they had been victims of sexual abuse. In addition to this, warm and supportive parent-child relationships were also found to be significantly associated with lower risk for sexual victimisation, specifically for girls.

Sexual abuse was dramatically and strongly associated with mental health symptoms: young people who reported having been sexually abused were more than twice as likely to report anxiety and depression, and three times as likely to report PTSD symptoms, as other young South Africans.

One-fifth of children who have been sexually abused by adults are also likely to have problems with schoolwork or school attendance. Nearly a third of those sexually abused by a known adult reported having injuries as a result of this abuse, although in turn, only a third of those injured actually sought assistance. While fewer children who had been abused by an unknown adult were injured, they were far more likely to seek medical assistance.

Respondents were unlikely to report incidents of sexual abuse to authorities. For instance, in cases where they reported sexual abuse by an adult they knew, only 31.0% of girls and no boys reported this to the police. Young males are especially disinclined to report, across all categories of abuse.

Recommendations

From a policy perspective, South Africa should move towards the formulation of a much-needed, and regulated, *child protection protocol* for the management of sexual offences for both state and non-governmental child protection service providers – a protocol which should be both supported and reinforced by the existing legal framework and concomitant legislative regulations and departmental policies – as well as for research evidence. This should focus on making it more feasible and safer for young people to make reports, and improve the speed at which medical attention is received when the first report is made, and the speed at which the justice system processes cases.

Given the strong associations between sexual abuse and all other forms of maltreatment and victimisation, those taking a report of sexual abuse or dealing with a young victim should be alert to the likelihood that the child has also experienced one or more other victimisations. These should also be explored in counselling, and appropriate support provided.

Good parent-teen relationships – where parents have warm, caring relationships with their children, where there is good communication between parent and child, and where parents monitor their children's activities – play a role in preventing child sexual abuse. Programmes that promote better parent-teen relationships should be made widely available.

Since parental substance misuse is associated with sexual abuse of children, one key preventive strategy is to make substance abuse treatment programmes far more widely available and accessible than they are at present.

Schools have a particularly important role to play in addressing the levels of sexual violence that are evident both within the school environment, and within households. In the longer term, the normative attitudes of violence that still exist in many classrooms, evidenced by the ongoing use of corporal punishment, and the acceptance by educators of various forms of violence, including bullying and sexual harassment, must be shifted in order to ensure that schools are safe places for children where learning can occur. This can be achieved through the integration of school safety into teacher training, as well as the integration of evidence-based life skills curricula that directly target issues relating to sex, gender and violence, into schools. Given the experiences of sexual violence of boys highlighted in the study, particular focus should be provided on building the capacity of educators to recognise and respond to all forms of sexual violence in the classroom and the school environment, with a particular focus on shifting current perceptions that all or most sexual violence is experienced only by girls, and rather recognising that boys also experience various forms of sexual violence.

1 Introduction

It seems a lifetime ago that a horrific case of a child rape-homicide was reported in the South African news in 1999. Valencia Farmer was a 14-year-old schoolgirl who was gang-raped by six young men. Some of these perpetrators were adolescents. During this attack, Valencia's throat was slit, she was stabbed an additional 50 times, and she was left for dead in a derelict house in the Western Cape Province. Naked and injured, she crawled to the safety of her neighbours. Valencia died a day later in hospital. This heinous incident promoted sexual violence prevention activists to push the South African government to pass a new, more comprehensive Sexual Offences Act, which not only included the definition of new crimes relating to sexual offences and related services for victims of sexual offences, but for a more protective and victim-centred law to support victims through the reporting, investigation and trial processes.

This Act was only passed into law eight years later in 2007. Five years later, in 2013, 17-year-old Anene Booysens was similarly raped, mutilated and left for dead on a construction site in a rural community in the same province. Some argue – and have demonstrated empirically – that the law has done little in practice to shift the realities and experiences of sexual offences victims or to curb the alarming rates of sexual violence and abuse in South Africa.

These cases only reflect the rape-homicides of children that were committed by acquaintances or persons not known to these victims. The chances of a sexual victimisation by someone a child knows well, trusts or is under the care of, is thought to be much more prevalent, but the data on any type of sexual offences against children has not been clear.

Every year in South Africa, between 18 000 and 20 000 child sexual abuse (CSA) cases are reported to the police – for instance, police statistics from 2013/2014 reveal that 18 524 cases of CSA were reported to the police: that is 51 cases every day. The total number of *sexual offences* cases (including adults and children) reported in the same year was 62 649, with 46 253 of these specifically recorded as *rape* – but in that year, these statistics were not broken down by age group, and so it is impossible to know how many of these rapes were of children. In addition, those figures ONLY reflect those sexual assaults reported to the police. Most are not, and estimates of under-reporting range from 1 in 9 to 1 in 13 cases being reported to the police. Only nationally representative data, gathered directly from young people, can give us reliable estimates of the scale of the problem.

The costs of child sexual abuse are thought to be high on every level: financially, systemically and personally. A 2014 KPMG study found the economic impact of violence against women in South Africa to be between R28.4 billion and R42.4 billion for the 2012/2013 year alone, so one can only guess that the economic impact of both emergency and long-term child care and protection are manifestly greater than that. On a systemic level, every justice, health and welfare-related department – not to mention non-governmental service providers – is affected by high case loads, strained resources and the absence of any operational processes that ensure both integrated and comprehensive child protection and child care services over the short and long term. The personal costs, in terms of mental and physical health problems, and their consequent effects on education and employment, are also high. Yet without nationally representative data, we have no sense of the scale of the problem.

The Optimus Study South Africa provides this nationally representative data, and thus a basis for national planning to improve child protection in South Africa.

Expert comment

Ann Skelton, long-time advocate for children's rights, said:

"Knowing what is happening to children is the first step to finding solutions. This study takes us into the secret world of sexual abuse and provides sobering insights into the types of abuse that are happening in South Africa, how prevalent the abuse is, and how many children are affected. The statistics are presented in a tangible way – how many children on the school bus are likely to have been abused? How many soccer stadia can we fill with children who have been abused? The stark facts make for difficult but essential reading."

1.1 Sexual violence research and data

1.1.1 Questions, claims and quandaries

Under-reporting of child maltreatment – particularly child sexual abuse – complicates the study of child maltreatment on a number of obvious levels (Meursing et al, 1995; Richter, Dawes & Higson-Smith, 2004). Reasons for under-reporting, however, are not only plentiful but are also explicable. There is a range of possible reasons: threats received by or intimidation from perpetrators, cultural practices valuing silence on family matters (Meursing et al, 1995), the lack of access to the police or other support or protection services, the acceptance of gifts from the perpetrator in exchange for a family's silence, and the child's feelings of shame or guilt about the abuse (Richter, Dawes & Higson-Smith, 2004). Familial beliefs that talking about sex is taboo have also been cited as a factor for low reporting rates (Kacker, Varadan & Kumar, 2007).

There are other complexities in researching child sexual abuse and maltreatment. For example, variations in methods that occur across studies make it difficult to identify prevalence rates (WHO, 2010). Global variations on how sexual offence categories are operationalised or legally defined, what populations or age cohorts are studied, as well as any legal, ethical or regulatory restrictions related to interviewing children, also pose challenges to the study of child sexual abuse and maltreatment.

Official police statistics suffer the same limitations. Aside from under-reporting, official police statistics are problematic on a number of levels. By example, a case might be reported as *one* incident of rape, but there might be multiple perpetrators, multiple rapes of the same victim over a period of time by the same perpetrator(s), or the existence of other forms of sexual offences that fall away in reporting practices when the general offence of 'rape' is recorded. In essence, the data focuses on the victim rather than the nature and frequency of sexual offences against that victim during any given incident or over time, or on the number of acts committed by the offender(s).

Comparing rates of sexual victimisation in South Africa to other countries

The frequency, extent and nature of sexual offences in South Africa have gained worldwide attention over the past years, conferring on the country the dubious title of 'rape capital of the world'. This title, however, is difficult to validate. Internationally, comparative statistics of sexual offences are imprecise, as there are notable differences in how sexual offences are defined, not to mention the diverse methods of recording and calculating these data. This also applies to research efforts establishing 'victimisation' rates through population surveys. With regard to the latter, sexual offences are defined and perceived variously as rape, sexual offences, gender-based violence, sexual and gender-based violence (SGBV), intimate and non-intimate partner violence, defilement, sexual assault, and so on. There is also variation with respect to population, most notably regarding what gender(s) and ages are being captured by both official and survey-data collection processes. Another variable hampering easy comparison is the source of data: some country-level statistics rely only on offences that are reported to the police and are then sent for further investigation, whereas others include cases that are either reported and withdrawn, or are reported, with other actions being taken (mediation or diversion). Finally, statistics are gathered over timeframes that vary from one year to decades, and also vary in respect of geography (city-wide as opposed to national), thereby making them incomparable.

Source: Artz, L & Moul, K (in press). Adult sexual offences. In J Barkhuizen & Beukman, B (eds), *Contemporary Criminology in South Africa*. Southern Africa: Oxford University Press.

1.1.2 The South African context

Since 1994, the year of political transition from an apartheid to a democratic state, the South African government – with the support and technical input of child protection advocacy specialists within the non-governmental sector – has gone some way towards securing the protection of children. Critical reforms have included the overhaul of child protection and sexual offences legislation as well as the development of criminal justice, health and social development policies and programmes that promote and support relevant interventions, investigations and service provision for children in need of care and protection. Central to these reforms were new (legal) definitions of what constitutes child sexual abuse and other forms of maltreatment as well as concomitant laws, regulations and protocols for addressing these abuses.

South Africa's various laws, such as the *Domestic Violence Act (116 of 1998)*, the *Criminal Law (Sexual Offences and Related Matters) Amendment Act (32 of 2007)* and the *Children's Act (38 of 2005)*, as well as other policies and

protocols, such as the Service Charter for Victims of Crime in SA (2004), not only unambiguously define the nature of offences that should be criminalised, but provide for a range of mechanisms for the reporting and management of abuse of and maltreatment against children through positive legal duties prescribed within the substantive law as well as comprehensive regulations. Read together, these laws and regulations support preventative measures to address child abuse and maltreatment.

1.1.3 How do we compare?

In South Africa no nationally representative study on the extent or impact of child sexual abuse has been conducted prior to this, the Optimus Study. Estimates of rates vary widely from study to study, depending on the methods and geographical location of the studies. For instance, using a strict criterion of rape (rather than a broader definition of child sexual abuse that includes any unwanted sexual contact), the one national study that was carried out in 1998 found a prevalence rate of 1.6% for rape before the age of 15 (Jewkes, Levin, Mbananga & Bradshaw, 2002). This very strict criterion, and the low upper age limit, are highly likely to have underestimated the prevalence of child sexual abuse. Another study, using a broader definition of sexual abuse and conducted in a rural area, found prevalences of 39.1% (women) and 16.7% (men) (Jewkes, Dunkle, Nduna, Jama & Puren, 2010). A different study on child maltreatment, conducted at the University of the North, found a prevalence rate of 15.2% for physical abuse, 25.6% for sexual abuse and 26.9% for emotional abuse (Madu, 2003). By contrast, a study in the Northern Province, conducted with secondary school students, found a prevalence rate of 54.3% for child sexual abuse (Madu & Peltzer, 2000). This latter rate is similar to that of 53% found in a sample of young people referred for psychiatric treatment (Carey, Walker, Rossouw, Seedat & Stein, 2007).

Research in countries within Sub-Saharan Africa also yield varying prevalence rates for child maltreatment. For instance, a study exploring the extent of child sexual abuse among Tanzanian university students reported a prevalence rate of 27.7% (McCranra, Lalor & Katabaro, 2006). On average, the victim was 13.8 years old when the abuse occurred. Similarly, in Zimbabwe, 26% of the rape cases reported to the police involved children between 12 and 15 years old. However, this statistic more than doubled (59%) for children older than 16 years of age (Meursing et al, 1995).

In South Africa, particular risk for child maltreatment is also inherent in a poorly functioning police service and criminal justice system (Richter, 2003). Combined with an overwhelmed social development service, this means that cases of child maltreatment end up unreported, delayed, or re-prioritised over cases deemed more serious in nature. Other cases go uninvestigated or abruptly dismissed by the criminal justice process. In most instances, maltreatment is considered a 'child welfare' issue and redirected to social development services. Perpetrators of maltreatment are rarely held accountable for their actions and, as a result, children remain vulnerable to further abuse and maltreatment, unchecked by the system.

1.1.4 Measuring prevalence and incidence of sexual victimisation

Prevalence and incidence data answer the question: How much child maltreatment is taking place? Prevalence data tell us how many children in the population have ever, in their lifetimes, suffered maltreatment, while incidence data tell us how many new cases of child maltreatment occur in a defined time period. In essence, prevalence data tell us how big the problem is, while incidence data tell us how many new cases agencies would have to deal with in a particular period, if all cases were reported. Both types of information are necessary to good service planning.

Prevalence data in South Africa

Studies on child sexual abuse in South Africa point to two conclusions: (1) rates of child sexual abuse appear to be high in each study population; but that (2) they differ widely, depending on the definition of child sexual abuse that was used, the research methods used, and the location of the study. These differences have meant that it has been impossible to say what the prevalence of sexual abuse is among South African children. What has been needed is a nationally representative study, that allows accurate national estimation of prevalence – and we thank the UBS Optimus Foundation for giving us the opportunity to carry out this study.

Incidence data in South Africa

Administrative data – data routinely collected by government on the services it provides – can be an excellent source of data on incidence. South Africa has two potential sources of administrative data dealing with sexual abuse: data collected by the police on rape and sexual assault; and the Child Protection Register.

The South African Police Service provide, on an annual basis, the crime statistics for the country, and this includes a report of all sexual offences defined by the laws of the country. However, this data is not routinely disaggregated by age, and in fact often cannot be disaggregated because the victim's age is often not recorded by the officer taking the initial report from the victim (Dawes, Long, Alexander, & Ward, 2006). So, while the definition of sexual abuse used in the law is broad, at present, this particular set of administrative data is not very useful for understanding the incidence of *child* sexual abuse.

The *Children's Act (No 38 of 2005)* mandates the Director-General of the Department of Social Development to keep a National Child Protection Register. The Register (sections 111, 114 and 118 of the Children's Act 38 of 2005) is thus potentially a valuable source of information on the incidence of child sexual abuse, because all cases of child sexual abuse reported to the Department of Social Development must be included on the Child Protection Register.

With regard to sexual abuse, the manual for the Register defines child sexual abuse as follows:

'Sexual abuse is any act or acts, which result in the exploitation of a child or young person, whether with their consent or not, for the purposes of sexual or erotic gratification. This may be by adults or other children or young persons. Sexual abuse may include but are [sic] not restricted to the following behaviour:

- Non-contact abuse: exhibitionism (flashing), voyeurism (peeping), suggestive behaviour or comments, exposure to pornographic materials or producing visual depictions of such conduct.
- Contact abuse: genital/anal fondling, masturbation, oral sex, object or finger penetration of the anus/vagina and/or encouraging the child/young person to perform such acts on the perpetrator.
- Involvement of the child/young person in exploitive activities for the purposes of pornography or prostitution.
- Rape, sodomy, indecent assault, molestation, prostitution and incest with children.' (Department of Social Development 2004).

It thus covers a wide range of sexual acts, including both contact and non-contact abuse.

However, there are a number of problems with the Child Protection Register (Dawes, Willenberg & Long, 2006). For instance, forms detailing reports of sexual abuse are not properly completed; data is often not forwarded timeously to the provincial head offices for collation – largely because of inadequate staffing and information technology resources – and at head office level, understaffing prevents collation of data so that it can be useful for service planning.

In both cases, therefore, these administrative data sources suffer from input and accuracy problems that undermine their ability to provide usable incidence data. In any case, both sources must rely on reports of child sexual abuse being made to them, and in any country around the world, reports to official institutions underestimate the scope of the problem – largely because of the great stigma and secrecy inherently attached to child sexual abuse. Internationally, nationally representative studies exploring incidence are recognised as providing the best prevalence and incidence data (Cawson et al, 2000; Trocme et al, 2001; Trocme et al, 2005).

The Optimus Study in South Africa

The Optimus Study in South Africa was specifically designed to provide that nationally representative data. We asked, for each form of maltreatment that we investigated, two questions: (1) at any time in your life, have you... (a question about prevalence); and (2) did it happen in the last year? (a question essentially about incidence – new incidents in the last year). This study therefore redresses the problems of relying on data from small-scale, local studies in South Africa, and the problems currently inherent in South African administrative data.

1.2 Legal framework and child protection services in SA

Child sexual victimisation is defined variously in legal systems throughout the world but generally tends to include any sexual acts, or attempts to obtain sexual acts, from a child – however ‘a child’ is defined in that law – with or without the child’s consent. While staying close to the previous formulations of sexual offences in the Optimus studies in China and Switzerland, the definitions of sexual offences – as defined in South Africa’s *Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007* (herein referred to as the Sexual Offences Act) – were the basis of how sexual offences were operationalised in the South African Optimus study.

Sexual offences against children are governed in South Africa by three primary pieces of legislation: (i) the *Criminal Law [Sexual Offences and Related Matters] Amendment Act No 32 of 2007*, the *Children’s Act No 38 of 2005* and the *Children’s Amendment Act No 41 of 2007*. These Acts not only provide detailed definitions of what legally constitutes rape and create a range of sexual offences specifically related to children, but they also set out relevant mechanisms for child protection and support.

The Sexual Offences Act (SOA) defines a ‘child’ as a person under the age of 18 years, or in relation to the offences of statutory rape or statutory sexual assault, a person 12 years or older, but under the age of 16 years. The statutory definition of rape in the 2007 Sexual Offences Act includes all forms of sexual penetration and is gender-neutral, meaning ‘any person’ can commit an act of rape or be raped. Children under the age of 12 are viewed by the Act as incapable of consenting to sex. The Act separates sexual offences into acts of *penetrative* (rape) and *non-penetrative* (sexual assault) offences. The definition of sexual penetration considers penetration ‘to any extent whatsoever’ of the genital organs into or beyond the genital organs, anus or mouth of another person to be considered an act of sexual penetration. This means, for instance, that a penis does not have to be inserted more than slightly into or ‘beyond’ these orifices (or be erect for that matter).

The definition is also not object-specific, meaning that *any other object* or body part inserted into (or beyond) the genital organs or anus of another person, also constitutes ‘sexual penetration’. The fact that ‘objects’ are not defined allows for the penetration of any object to be considered when considering an act of sexual penetration. However, unlike penetration by a genital organ, the insertion of an *object into the mouth* of another person does not constitute sexual penetration. The definition of sexual penetration also extends to cases where the genital organs of an animal are inserted into or beyond the mouth of another person.

Chapter Two of the Sexual Offences Act sets out the range of offences considered ‘sexual offences’. These include: (i) rape; (ii) compelled rape; (iii) sexual assault; (iv) compelled sexual assault; (v) compelled self-sexual assault; (vi) compelling or causing persons 18 years or older to witness sexual offences, sexual acts or self-masturbation; (vii) exposure or display of or causing exposure or display of genital organs, anus or female breasts (‘flashing’); (viii) exposure or display of or causing exposure or display of child pornography to persons 18 years or older; (ix) engaging sexual services of persons 18 years or older; (x) incest; (xi) bestiality; and (xii) sexual acts with a corpse.

Chapter Three of the Act deals specifically with offences against children, including: (i) acts of consensual sexual penetration with certain children, also referred to as statutory rape; (ii) acts of consensual sexual violation with certain children, also referred to as statutory sexual assault; (iii) sexual exploitation of children; (iv) sexual grooming of children; (v) exposure or display of or causing exposure or display of child pornography or pornography to children; (vi) using children for or benefiting from child pornography; (vii) compelling or causing children to witness sexual offences, sexual acts or self-masturbation; and (viii) exposure or display of or causing exposure or display of genital organs, anus or female breasts to children (‘flashing’). These are in addition to offences described in Chapter Two of the Act.

In this study, we explored whether adolescents had been exposed to coerced (ie ‘unwanted’ or ‘by force’) and consensual sexual touching, exposure to intimate body parts or pornographic images, sexual harassment, and penetrative and non-penetrative sexual intercourse (actual or attempted) by or with an adult or peers of similar age.

Section 54 of the Sexual Offences Act is also critical. It provides for the mandatory reporting of sexual offences, stating that *any person*:

- ... who has knowledge that a sexual offence has been committed against a *child* must report such knowledge immediately to a police official. If that person fails to report such knowledge he or she is guilty of an offence and is liable on conviction to a fine or to imprisonment for a period not exceeding five years or to both a fine and such imprisonment.
- ... who has knowledge, reasonable belief or suspicion that a sexual offence has been committed against a person

who is *mentally disabled* must report such knowledge, reasonable belief or suspicion immediately to a police official. A person who fails to report such knowledge, reasonable belief or suspicion is guilty of an offence and is liable on conviction to a fine or to imprisonment for a period not exceeding five years or to both a fine and such imprisonment.

- A person who in good faith reports such reasonable belief or suspicion shall not be liable to any civil or criminal proceedings by reason of making such report.

The *Children's Act (No 38 of 2005)* covers reporting of sexual offences against children. For instance, Section 110(1) states that if there is a *reasonable suspicion* (on the part of particular professionals dealing with a child) that the child is being abused in a way that causes physical injury, sexual abuse or neglect, this must be reported. Persons in this category include a range of professions including legal practitioners, medical practitioners, traditional and religious leaders, psychologists and social workers, teachers and persons working in care facilities, among others. Section 110(2) states that if any person suspects that a child is being abused or in need of care and protection, they must report to a social worker, a designated child protection unit or organisation or to the police. The respondents in this study were made aware of our duty to report sexual offences under these circumstances and were immediately and appropriately referred if the sexual offence(s) had not yet been reported to an authority as defined in these Acts. The *Children's Amendment Act 2007* is more detailed and provides for psychosocial, rehabilitation and therapeutic services for abused children.

Section 111 of the Children's Act of 2005 also provides for protective mechanisms in the form of a National Child Protection Register that must be kept and maintained by the Director General of the DSD. There are two parts to this. In terms of Section 114 of the Act, a record of all reports of abuse or deliberate neglect of a child, all convictions of all persons on charges involving the abuse or deliberate neglect of a child and all findings by a children's court that a child is in need of care and protection because of the abuse and deliberate neglect of the child must be kept. Section 118 of the Act provides that records of all people who are deemed unsuitable to work with children – as a result of an offence and the registration of these people on the national register – must be kept.

Section 113 of the Children's Act sets out the purpose of the National Child Protection Register:

- (a) have a record of abuse or deliberate neglect inflicted on specific children;
- (b) have a record of the circumstances surrounding the abuse or deliberate neglect inflicted on the children referred to in paragraph (a);
- (c) to use the information in the register in order to protect these children from further abuse or neglect;
- (d) to monitor cases and services to such children;
- (e) to share information between professionals that are part of the child protection team;
- (f) to determine patterns and trends of abuse or deliberate neglect of children; and
- (g) to use the information in the register for planning and budgetary purposes.

There are also a number of other mechanisms for child protection. The *Domestic Violence Act (116 of 1998)* for instance, allows a child who is experiencing any form of abuse – whether it is physical, sexual, psychological or emotional (amongst other acts of harm including harassment, intimidation or stalking) – to apply for a protection order. This order can be applied for by the child, a parent or legal guardian, or any other person with a material interest in the protection of the child. A person with 'material interest' can include: a counsellor, a health service provider, a member of the South African Police Service, a social worker or a teacher, who has a material interest in the wellbeing of a complainant (s.4(3)). This application may also be brought by a child, or someone on behalf of a child, without the assistance of a parent or guardian. Of course, a parent or legal guardian can apply for a protection order on a child's behalf as a main order or as part of an order to protect the parent/legal guardian (for instance, where a parent is applying for a protection order against another parent in a case of domestic violence, the child may be included in the protection order).

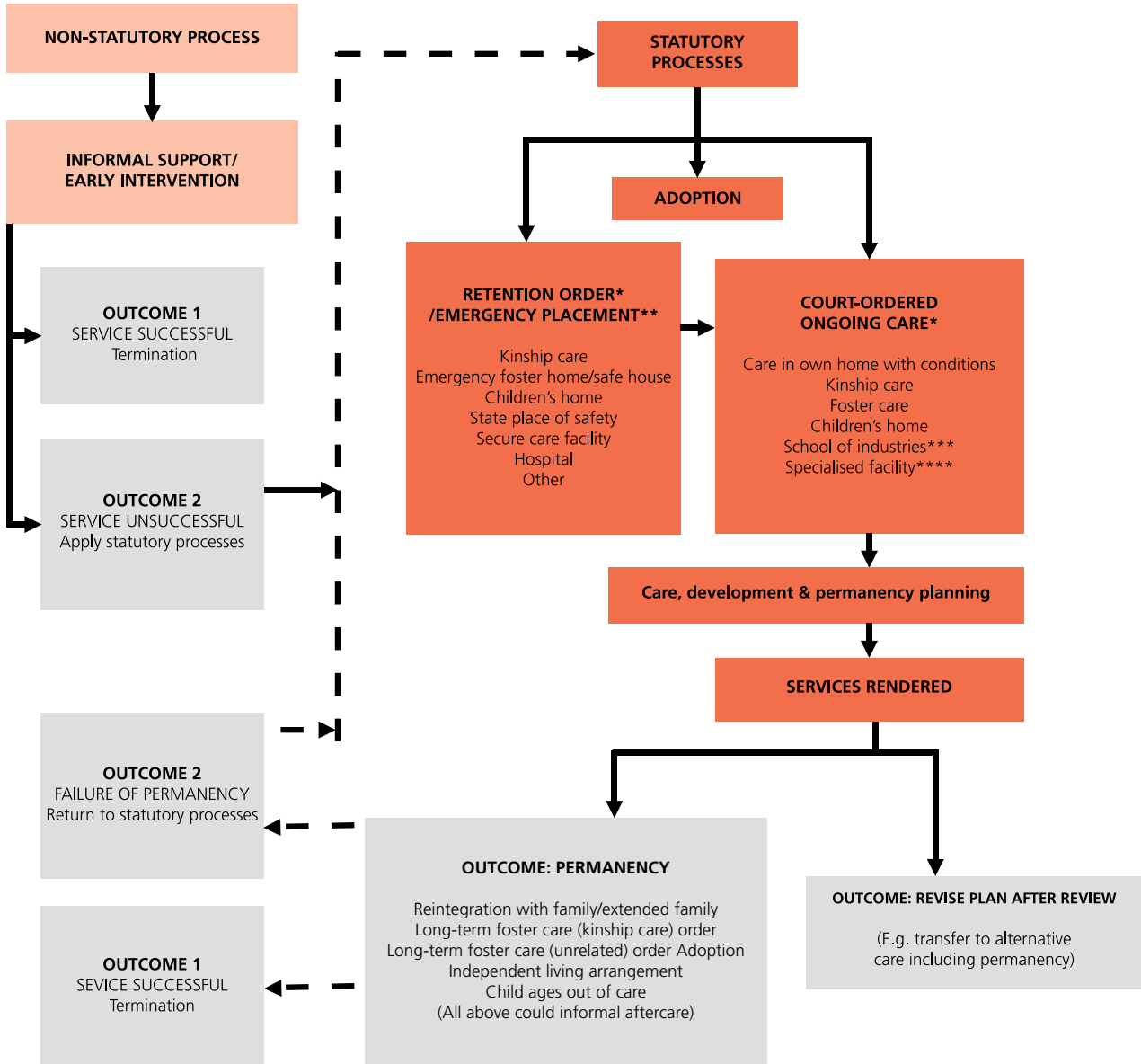
1.2.1 The Child Protection system

As set out above, there are a number of professionals who are legally mandated to report abuse to the police or to social workers or to any agency designated by Section 31(1) of the *Children's Act 2005*. Mandated professionals are designated in the Children's Amendment Act 2007, and include a wide range of professionals who may come into contact with children (such as correctional services staff, health professionals and child care workers).

When child abuse and neglect is reported to or identified by a social services agency, a social worker investigates the situation. On the basis of that investigation, there are two possible courses of action: one is to allow the child to remain within the family unit but provide the family with appropriate support services (see Figure 1), while the

other is to remove the child from the family to a safe situation. Yellow denotes the process of providing appropriate family services while green represents the invoking of statutory processes to remove the child. In the latter case, the Children’s Commissioner (the magistrate adjudicating at the Children’s Court) determines whether a child should be removed from their family, and if so, where they should be sent (the extended family, foster parents or a children’s home, for example).

Figure 1: Process flow chart for managing cases of child maltreatment



This flowchart incorporates options provided for in the Children’s Act 38 of 2005.

Key:

- * Children’s court is responsible for this decision
 - ** Police officer or designated social worker is responsible for decision
 - *** Department of Education is responsible for care of child
 - **** Department of Education or Health is responsible for care of child
- Remaining tasks are undertaken by DSD or child protection NGO

- Return to statutory process
- Service pathways

From Ward, C.L., Dawes, A., Willenberg, I., Gwele, M., & Latief, S. (2007). *Indicators for children, families and the elderly*. Report to the Research Directorate, Department of Social Development, Provincial Government of the

Western Cape. Cape Town, South Africa: Human Sciences Research Council. Used with permission.

It is also worth mentioning that South Africa has a number of *specialised* or *designated* sexual offences courts across the country, which were designed not only to improve the processing and management of sexual offences cases and increase conviction rates, but also to reduce the secondary trauma of victims throughout the criminal justice process. These specialised sexual offences courts are said to be more 'victim-centred' in their approach to the prosecution and adjudication of sexual offences matters. In attempting to achieve this, the courts not only have dedicated (and specially trained) sexual offences prosecutors and magistrates, they rely on an integrated service provision model that includes criminal justice, health and social development personnel as well as legal and psychosocial support services from specialist non-governmental organisations.

The court model also emphasises the safety and comfort of rape complainants and witnesses, such as spaces for testifying outside of the courtroom (via CCTV) and the use of intermediaries, as well as waiting areas designed specifically for child victims/witnesses. In addition to these courts, South Africa has approximately 50 medicolegal service centres for victims of rape and other forms of sexual and gender-based violence throughout the country. These are called 'Thuthuzela Care Centres' or TCCs, and are typically located within state hospital settings. The TCCs offer a range of services to victims of sexual offences, including acute or emergency medical care, medico-legal examinations of victims, post-exposure prophylaxis (or 'PEP') for the prevention of HIV, treatment for sexually transmitted infections, emergency contraception and crisis counselling, and referrals to state and non-governmental services that can attend to the more long-term health and psycho-social needs of victims of sexual offences.

It is not only the government that provides services to victims of sexual offences. Child care and protection services in South Africa are also widely delivered by non-governmental organisations (NGOs). The TCC centres described above are also supported by NGOs who provide both emergency and longer-term counselling and support services, as well as services to support child victims through the court process, if cases go to court. Others have been specifically established to provide services to child victims of sexual assault. For instance, the Teddy Bear Clinic which – while offering similar medicolegal and clinical services to the TCCs for children who have been sexually violated – is more specialised to deal with child victims and puts a greater emphasis on immediate and longer-term therapeutic services to children and their parents or legal guardians.

1.3 Factors associated with child sexual abuse

Risk and protective factors

The public health model for preventing any form of violence, including child maltreatment, requires not only knowledge of prevalence and incidence of violence (so that services commensurate to the scale of the problem can be designed), but also an understanding of the risk and protective factors that drive the problem (Donnelly & Ward, 2015). Risk factors increase the likelihood of child maltreatment, while protective factors decrease the likelihood. Identifying these is essential for the development of successful prevention programmes, as these programmes can then be designed to reduce risk factors and increase protective factors (Donnelly & Ward, 2015).

Several factors inherent in children themselves place them at risk for child sexual abuse. Girls are widely assumed to be at higher risk of sexual abuse than boys, and disabled children are more vulnerable to all forms of abuse, including sexual abuse (Mueller-Johnson, Eisner, & Obsuth, 2014). Young people who are intoxicated are also at higher risk for all forms of victimisation (Ferguson & Lynskey, 1996).

South African studies (as do international studies) consistently identify risk factors located in the family. Child sexual abuse is most frequently committed by family members (Collings, 1997, 2005), and risks include separation from a biological parent and harsh parenting (Collings, 1991); the presence of a step-parent, and frequent violence (including intimate partner violence) in the home (Madu & Peltzer, 2000; Madu, 2003; King, Flisher, Reece, Marais, Lombard, 2004). Other risk factors identified include parental psychiatric hospitalisation, and parental substance misuse (Madu, 2002b). In short, living in a violent home and separately from at least one biological parent, even for a few months, are key risk factors in South Africa. Concomitantly, living in a two-parent home, having a warm relationship with one's parents, and one's parents knowing where one is and who one is with, are protective factors.

Poverty sometimes sets the conditions for child maltreatment to occur (Pelton, 2015). Perhaps associated with poverty, sleeping density – the number of people a child shares a room with at night – also appears to be a risk factor (Richter, Dawes, & Higson-Smith, 2004).

The Optimus Study in South Africa accordingly explored the following risk and protective factors:

- Adolescent gender
- Adolescent disability status
- Adolescent substance misuse at the time of the incident
- Poverty
- Family structure
- Sleeping density
- Hospitalisation and absences of parents
- Parent-adolescent relationship
- Parental substance misuse

Consequences of sexual abuse

All forms of abuse, including particularly child sexual abuse, are associated with sequelae such as sexual risk behaviours, mental health disorders including anxiety, depression and PTSD, and substance misuse (Jewkes, Dunkle, Nduna, Jama, Puren, 2010; King, Flisher, Reece, Marais, Lombard, 2004). All of these – particularly mental health problems – can affect ability to perform at school. The Optimus Study South Africa therefore explored each of these potential consequences of sexual abuse.

A cautionary note

Because this is a cross-sectional study, we cannot make any causal assumptions. For instance, if we find that young people who have a bad relationship with their parents are more likely to fall into the group who reported sexual abuse to us, we cannot claim that their relationship with their parents caused this: it may well be that sexual abuse victims develop a mental illness that makes their relationships with others (including their parents) very difficult. All we are able to say from this study is that these factors are associated (or not) with child sexual abuse.

2 Methods

To obtain a comprehensive picture of child sexual abuse and maltreatment, the study drew on two data sources: firstly, a population survey that was conducted with a sample of 15- to 17-year-old adolescents recruited nationally from schools as well as households, and secondly, an agency component that consisted of in-depth interviews with frontline staff and agency directors servicing the communities or geographical spaces identified through the sampling process for the population survey.

The purpose of combining the population study and agency study data sources was to provide a robust estimate of the lifetime prevalence as well as current incidence, demographic distribution, nature and, where appropriate, the systemic (dispositional) outcomes of child sexual offences in South Africa.

2.1 Population study

In this study, two separate surveys were carried out: one in schools, where young people are easy to access; and another in households. Many young South Africans drop out of school, especially after the age of 15 (the lower age range for this study). For this reason, a nationally representative household survey of young people, in addition to the school survey, was conducted. In both schools and households, the main questionnaire was administered by an interviewer (referred to as the interviewer-administered questionnaire, or IAQ). Each respondent was also asked to complete a short one-page version of the questionnaire that covered the main forms of maltreatment, which is referred to as the self-administered questionnaire, or SAQ in this report.

Data sources for the Population Study

For the population study, there are four sources of data from which to report: the school IAQ and SAQ, and the household IAQ and SAQ. The SAQs are limited in that they only contain questions about the main forms of maltreatment, not every question covered in the IAQ. There are therefore questions that were explored that can only be answered from the IAQ (for instance, questions about the relationships between risk factors and maltreatment).

How do these four data sources stack up against each other? It is clear from the data that young people typically felt more comfortable disclosing abuse in some settings than in others. For instance, in response to the first question about sexual abuse (did a known adult force you into sexual touching or intercourse?), more than twice as many young people disclosed having experienced this in the school SAQ than in the school IAQ, and the effect was particularly marked for boys, who were five times more likely to disclose sexual abuse in the SAQ than in the IAQ. There were some questions where rates of disclosure were lower in the SAQ when compared to the IAQ - for instance, when discussing exposure to intimate partner violence. However, these were few and far between.

In general, the school survey was more likely to elicit higher rates of reporting than the household survey. For these reasons, the report highlights figures from the SAQ rather than the IAQ when discussing prevalence, and gives the school SAQ priority - with the one limitation that the numbers of children affected can only be estimated from the household survey.

2.1.1 Survey format

Two survey formats were used in order to provide the most accurate possible picture of the nature and extent of child sexual abuse and maltreatment. While interviewer-administered survey formats were useful for improving participant response rates for the survey items and overcoming any literacy barriers, the self-administered version was associated with higher disclosure rates of abuse since it allowed the participants to respond to the more sensitive questions in private.

Careful attention was paid to the design and layout of the research instruments. Both the interviewer-administered and the self-administered questionnaires were designed with clear instructions to either the enumerator or the respondent (depending on whether the questionnaire was self-administered or not) to ensure that the questionnaires were easy to read and understand. This also significantly minimised the opportunity for either the enumerator or the respondent to misread the questions or overlook any of the questions being asked.

Corresponding questions were grouped together in sections. For example, all questions pertaining to the people who lived in the respondents' households were grouped together in a section titled 'household demographic data'

while all those related to any difficulties respondents may have doing certain activities as a result of health problems were titled 'health-related problems'. At the start of each new section, the enumerator introduced the section to the respondent and provided them with a brief description of the kinds of questions that followed. This was important to ensure that respondents were able to follow the logic of the survey but also to increase their level of comfort by preparing them for the questions they would be expected to answer.

The organisation or placement of the individual sections within the questionnaire was also critical. By and large, the interview commenced with the general demographic and household questions, while the more sensitive questions about their experiences of and exposure to sexual victimisation or abuse were located toward the middle and end of the interview. In this way, a certain level of rapport would have been established between the enumerator and the respondent by the time the more sensitive questions were asked.

Both surveys were piloted prior to the data collection for the main study to ensure that the meaning of all questions was clear, the wording was simple, there were no loaded, ambiguous or complex questions, and that the response options were both exhaustive and mutually exclusive.

2.1.2 Sampling

For the household sample, the following Enumerator Area sampling frame was used. Statistics South Africa did not release an Enumerator Area (EA) sampling frame based on the 2001 population census. Therefore, a new census 2001 EA sampling frame was constructed by Prof Dawie Stoker, using the 1996 census data that was released at the 1996 EA level. By using transformation information on the relationship between the 1996 (94 000 EAs) and the 2001 EAs (80 787 EAs in total), the 1996 released EA data was superimposed on the 2001 set of EAs. By making use of the Small Area Layer data, SuperCross 2001 and other data sources published by Statistics South Africa (StatsSA), such as 'Statistics in Brief 2001', the 1996 census data (superimposed on the 2001 set of EAs) were then benchmarked at the Small Place (or Sub Place) level to be equal to the available StatsSA data at this level.

In the next phase of developing the EA sampling frame, the 2007 Community survey data, together with GeoTerra Image (GTI) (Pty) Ltd – a private company founded in 1999 that provides specialist geospatial mapping and remote sensing services which are focused on earth observation, satellite imagery and aerial photography (see <http://www.geoterraimage.com/>) – and ESKOM counts for 2007, were used to adjust the figures on EA level in such a way that the published municipality population number of persons and households were obtained. Hereafter, the sampling frame was adjusted according to the 2009-2010 GTI counts, other district council estimates, and StatsSA's released 2011 Census population figures. This EA sampling frame was then adjusted to meet these published population figures. This benchmarked EA data was used as the sampling frame for the Optimus Study household sample.

For each EA, the EA sampling frame consisted of its demographic information and estimated population counts of number of households, number of people as well as numbers per population group, gender and per five-year age interval. Estimated Living Standards Measure (LSM) category distributions are also available per EA. These measures group South Africans according to their living standards, using criteria such as degree of urbanisation and ownership of cars and major appliances.

Once the EA sampling frame was established, the negative binomial approach was used to sample the households for inclusion in this study. Theoretically, the negative binomial approach can be described as follows: In statistics the negative binomial distribution is a discrete probability distribution: it considers the number of failures in a sequence of Bernoulli trials needed to get a specified (non-random) number of successes. For example: if a dice is thrown repeatedly until the third time a '6' appears, then the probability distribution of the number of non-'6's that appear before the third '6' is a negative binomial distribution.

In the context of this study, the number of households with no children in the age group 15-17 years (an eligible child), counted from each starting point before a household with an eligible child is found, provides the negative binomial distribution. Hence, the number of 'failures' (ie households with no eligible children) is taken into account in the calculation of the weights.

In practice (fieldwork), the negative binomial approach worked as follows:

- Number the households in an EA on the map (eg 151);
- Divide the total number of households per EA by the desired number of visiting points. For example, for 6 visiting points, calculate $151 / 6 = 25$;
- Select the first starting point by randomly selecting a number between 1 and 25 (eg 2);
- The first starting point is therefore house number 2 as numbered on the EA map;

- From the first starting point, use the 'interval' (25 in this case) to identify the second point (2 + 25 = 27) as well as the third point (2 + 25 + 25 = 52) and so on until all six starting points have been identified; and
- The six starting points in this EA are therefore the houses numbered on the map as 2, 27, 52, 78, 103 and 128.

For the Optimus study, a total number of 725 EAs were included in the study for purposes of precision and coverage, with a 65%/35% urban-rural split. A power allocation of 0.4 was used to increase the sample size in the smaller strata. In each EA, five to 10 interviews were conducted. Where a given household included more than one child in the required age group (i.e. 15-17 years), one of them was randomly selected using the Kish Grid or another method such as their date of birth. If the date of birth was used, interviews were conducted with the young person whose birth date occurred the earliest in the year.

Schools were clustered according to the enumerator areas identified in the household component of the population study. For the school sample, a total of 30 interviews were completed within each school. Ten learners each were randomly selected across grades 10 to 12. The sampling frame for the school sample was constituted of all the learners whose parents consented to them participating in the study; thereafter a random table of numbers was used to randomly select the 10 learners to be interviewed per grade.

2.1.3 Study participation

Participation in the study was voluntary. For all household interviews, active informed consent was obtained from parents and informed assent from young respondents. For school interviews, passive parental consent was sought. Here, parents were requested to only return signed consent forms to schools if they did not want their children to be included in the study. In addition to this, all interviews at school were conducted after permission to conduct the research was granted by the national and provincial Departments of Education, as well as school principals. See section 2.1.7 'Ethical issues' for more information on the consent process adopted for this study.

All interviews were governed by the ethical principles of anonymity and confidentiality. All limits to confidentiality – particularly in the case of having to report all cases of abuse disclosed during the course of the interview to a child protection agency – were described to participants prior to commencing the interview.

Refusal rates varied between schools (passive parental consent/active child assent) and households (active parental consent/active child assent) as a result of the different consent form processes adopted for each level. Refusal rates for households were 5.2% while the rates for schools were 3.9%.

2.1.4 Representativeness

In order to obtain a representative sample of the population, a multistage stratified sample was designed for this survey, with province, geographic area (urban/rural) and race group being used as the explicit stratification variables.

2.1.5 Weighting

Weights are assigned to make weighted sample records represent the target population as closely as possible. A weight (w_i) indicates the number of population elements 'represented' by a single sample element. Therefore, the sum of the weights, $\sum w_i = N$, should be equal to the population total of elements.

Weights are usually developed in different stages to compensate for unequal inclusion probabilities, non-response, and non-coverage and skewness resulting from sample design and fieldwork.

A multistage stratified sample was designed for this survey. The explicit stratification variables were province, geographic area (urban/rural) and race group. The sample was designed in three stages. In the first stage primary sampling units (PSU) – i.e. the enumerator areas (EA) – were selected with probability proportional to size (PPS) from the population sampling frame. The number of households per EA was used as the measure of size. The weight of an EA was given by

$$W_{PSU} = \left(n_{EA} \frac{PSU_{HH}}{POP_{HH}} \right)^{-1}$$

where n_{EA} was the allocated number of EAs in the stratum, PSU_{HH} the number of households in the selected EA and POP_{HH} was the number of households in the selected stratum.

In the second stage, households were selected systematically in each PSU in the sample. The household weight per PSU, after estimating the number of households in the EA with persons aged 15-17 years, was given by

$$W_{HH} = W_{PSU} \left(\frac{n_{HH}}{PSU_{HH1517}} \right)^{-1}$$

where n_{HH} was the number of selected (and realised) households per PSU and PSU_{HH1517} was the estimated number of households with persons 15-17 years old in the selected PSU. The estimated number of households with persons aged 15-17 years was calculated from census 2011 information and mid-year 2014 estimates from StatsSA.

In the final stage, a person aged 15-17 years was selected from the drawn household. The respondent weight was given by

$$W_{PP} = W_{HH} * n_{1517}$$

where n_{1517} was the average number of persons aged 15-17 years per selected household in the EA.

The respondent weights (W_{PP}) were for all estimates based on persons 15-17 years old. If a variable was based on household level, and an estimate on household level was desired, the household weight was used.

2.1.6 Measures

2.1.6.1 Variables

The questionnaire was designed to assess the questions outlined earlier: the prevalence and incidence of child sexual abuse, in the context of other forms of maltreatment, the consequences of maltreatment, and the risk and protective factors for maltreatment. In order to do this, the study drew on the two instruments mandated by the UBS Optimus Foundation for this study, and also used in the Swiss and Chinese Optimus Studies: the Juvenile Victimization Questionnaire (JVQ; Finkelhor, Hamby, Ormrod, & Turner, 2005) and the Trauma Symptom Checklist for Children (TSCC; Briere, 2001). These two instruments were used to estimate, respectively, the prevalence and incidence (number of incidents in the last year) of child sexual abuse, and the chief mental health consequences (anxiety, depression, and post-traumatic stress symptoms).

Some minor changes were made to these instruments, to adapt them for the South African context. It was then comprehensively pilot-tested in each translation using cognitive interview techniques (Carbone, Campbell, & Honess-Morreale, 2002; Miller, Mont, Maitland, Altman, & Madans, 2010) in order to ensure that young people understood the concepts and were able to answer the questions accurately.

Some of the changes made to the JVQ included the following examples: Where reference was made to caregivers of children, the JVQ uses a form of English: "who watch you"; this was shifted to South African English ("who care for you"), so that the intent was understood in this context. In other instances, in order to minimise subject burden, some questions were eliminated, for instance, questions that asked about how afraid the participant was at the time of the incident of sexual abuse. Other changes were also brought about to bring the instrument more in line with South African priorities. For instance, there is great national concern about rape by teachers; yet in the sub-questions provided on the JVQ, teachers are merged into a broader category of "Grown-ups you know from some organisation, such as a teacher, coach, or youth group leader"; in this study, this was separated into separate items: one which asked specifically about teachers and similar adults (counsellors at school or daycare), and others which asked specifically about professionals mandated to report child abuse, such as doctors, psychologists, and social workers.

In addition, the questionnaire explored the broader context of maltreatment: other forms of maltreatment, such as physical abuse and neglect; violence between adults in the home; community victimisation; and witnessing or victimisation in other forms (for instance, community violence). The JVQ was used to assess these other forms of victimisation. However, in order to minimise subject burden, not all the JVQ sub-questions related to each item were asked. In this study, the questionnaire simply asked about last-year prevalence (incidence) and lifetime prevalence.

The questionnaire also assessed other consequences of abuse. These included:

- *Educational problems (failing or doing poorly at school, and dropping out of school)*: To assess educational problems at school, data about grade, age and current school attendance was collected as part of the demographic data. In addition, for respondents currently at school, two items drawn from Stoltz and colleagues (2004) to assess academic achievement, which have been shown to be reliable and valid were used. Further detail was provided by the JVQ, which assesses whether the participant missed any days of school because of sexual maltreatment.
- *Sexual problems (sexually transmitted diseases, pregnancy and engaging in risky sexual behaviour)*. Here a number of questions that have been successfully used in South Africa before, including with young people, to explore HIV risk behaviours (Avalos, et al, 2009) were used.

Risk factors for maltreatment that were measured, and the measures that were used, are detailed below.

- *Sleeping density*: The questionnaire asked specifically about the number of people with whom the child shared a bedroom, and the ages of these people, since studies suggest that children are at risk of sexual abuse if they share bedrooms with teens or adults (Richter, Dawes, & Higson-Smith, 2004). In the statistical model used in this study, this was treated as a binary: children who shared a bedroom with none or one other person were treated as 'non-dense', while sharing a bedroom with more than one person were treated as being in a 'dense' situation.
- *Family and household structure*: Several family and household structure variables also place children at risk. These include the presence of a step-parent (or mother's partner) in the home, maternal employment (when mothers are absent from the home for long periods), and having teenagers sharing rooms. Data on these variables was collected via a household grid. For statistical modelling purposes, variables that recorded whether there were no biological parents, one biological parent, or two biological parents in the home were constructed.
- *Frequent violence in the home also places children at risk*: It speaks to children at risk because there is a norm of violence in the home, or because children are used as shields by parents in arguments. This was measured through the JVQ's subsection on exposure to family violence and abuse.
- *Harsh parenting is another risk factor for child maltreatment*. To assess this, two subscales from a measure of parental connection and regulation developed by the World Health Organization (Stolz et al, 2004) were used, for two reasons: one is that they record adolescent perceptions of parenting, which is appropriate in a study where only young people were being interviewed; and also because they were field-tested in South Africa and show good reliability (although the individual reliabilities per country or scale are not reported by Stoltz and colleagues). These measures include (Stoltz et al, 2004): the 10-item Acceptance subscale of the Child Report of Parent Behavior Inventory; and a 5-item scale measuring parents' knowledge of youth activities.
- *Parental psychiatric hospitalisation* is a well-established risk factor for child maltreatment (eg, Madu, 2002b; Madu & Jegede, 2002). It is likely that parental mental illness that is severe enough for hospitalisation puts children at risk by disrupting the parent-child relationship and by affecting the ability of parents to monitor children. However, HIV, which is prevalent in South Africa, and may also result in hospitalisation, has been shown to have similar effects on children's wellbeing (Hallman, 2008). The study used questions about psychiatric hospitalisation that had successfully been used in a study in the Mpumalanga Province of South Africa (Madu & Jegede, 2002), and supplemented these by asking participants whether a parent had ever been hospitalised for other reasons, or been ill for a long time. For statistical modelling purposes, this was treated as a binary variable: either the parent HAD been psychiatrically ill or absent for a long period because of illness, or the parent HAD NOT.
- *Parental substance misuse*. To assess parental substance misuse, a modified version of the CAST-6 was used. The CAST (Children of Alcoholics Screening Test) is a widely used 30-item instrument that reliably identifies children of alcoholic parents (Jones, 1981) and has been used in adolescent samples (Gance-Cleveland, Mays & Steffen, 2008). In order to minimise subject burden to the greatest possible extent, a six-item version, the CAST-6 (Hodgins, Maticka-Tyndale, El-Guebaly & West, 1993) was used, which correlates highly with the full CAST (correlations in three samples ranged from 0.92 – 0.94) and has good internal consistency (Cronbach's alpha 0.86 or higher across three samples; Hodgins, Maticka-Tyndale, El-Guebaly & West, 1993). To accommodate the use of illicit substances, each item was slightly modified. For instance, instead of an original item which was phrased "Have you ever thought that one of your parents had a drinking problem?", the questionnaire asked: "Have you ever thought that one of your parents had a drinking or drug use problem?". In our statistical models, this was treated as a binary: either the parent

was identified by the child as having a drug or alcohol problem, or they were not.

- *The child is disabled*: Disabled children are more vulnerable to maltreatment of all sorts. This was explored using the six questions recommended by the 'Washington Group on Disability Statistics' (see http://cdc.gov/nchs/washington_group/wg_questions.htm for further details). These have been extensively tested in South Africa (Schneider, Dasappa, Khan, & Khan, 2009; Schneider, 2009) and internationally (Miller, Mont, Maitland, Altman, & Madans, 2010), and incorporated into South Africa's 2011 Census. Again, for purposes of modelling, this was treated as a binary: either the child was identified as having a disability, or they were not.

2.1.6.2 Translation

The questionnaire was translated from English into four local languages: Afrikaans, isiXhosa, isiZulu and SeSotho. Although South Africa has 11 official languages (and several more unofficial ones), these five languages (including English) are spoken sufficiently well by our typically multilingual population that other nationally representative surveys of victimisation have been successfully conducted in these languages (Leoschut 2008, Burton 2008, Leoschut & Burton, 2006, Burton et al 2003). Translations were checked by back-translation.

2.1.7 Ethical issues

The study asked young people aged 15-17 (who are legally children in South Africa) about their experiences of violence and maltreatment. Several concerns arose from this.

First, the study asked about experiences that might have been upsetting to participants. It is important to note that many studies enquiring about traumatic incidents find that participants experience relief from acknowledging the incident (Griffin, Resick, Waldrop & Mechanic, 2003). Second, each respondent was provided with information about available sources for counselling, in the event that any of our questions raised traumatic memories or responses, or resulted in the disclosure of a previously undisclosed experience of sexual abuse or maltreatment. Arguably, therefore, children who disclosed sexual abuse during the course of this study, had greater access to support than they might have had prior to the study like this (ISPCAN, 2016).

Privacy and confidentiality are important issues when researching stigmatising conditions such as child maltreatment, and a number of measures were taken to protect confidentiality. Questionnaires were stored in locked filing cabinets until the data was entered into an electronic database, and the top sheet (which had identifying details) was removed and stored separately, so that the information about sexual abuse could not identify any participant by name.

Particular ethical concerns were faced relating to the need to report child maltreatment to the authorities. Under the *Children's Act* (No 38 of 2005, as amended by Act No 41 of 2007), certain mandated professionals (including psychologists and medical doctors) are required to report any reported instances of child maltreatment to a mandated agency; the agency serving 15- to 17-year-olds is the Department of Social Development. Sections 15 and 17 of the *Criminal Law (Sexual Offences and Related Matters) Amendment Act* (No 32 of 2007), requires ANY citizen to report a sexual offence, including any sexual act with a minor (including consensual sex), to the authorities.

The researchers had legal, professional and ethical duties to take steps to protect the children participating in this study. The respondents in this study were informed, in a manner they understood, of what action must be legally taken in the event that they disclosed sexual abuse that had not previously been reported. Fieldworkers were provided with a form that assisted them to identify what a 'reportable' offence was. At the end of each day, the fieldworkers submitted these forms to fieldwork supervisors, who then faxed them to the relevant local authority. Each local authority responsible for receiving such reports was informed about the study prior to our going into the field in their area, so that they were aware that they might be receiving such reports.

Because the young people interviewed were under the age of 18, active informed consent needed to be obtained from their parents before asking them for informed assent to participate in the household portion of the study. This created an ethical dilemma: there was a concern that parents or guardians who themselves were the abusers would refuse to provide consent, and that the results of the study would therefore be biased. This could not be avoided in the household component of the study. However, in the school survey, this was avoided by using a passive consent procedure: that is, consent forms were sent home with the young people, and guardians were required to sign only if they did NOT want their child to participate in the study. The research team consulted with school governing bodies of schools similar to those eventually included in the study, who approved this approach. Permission to take this approach was also granted by the Department of Basic Education and the ethics committees governing the study.

The study was approved by both the Human Research Ethics Committee of the Faculty of Health Sciences, and the Research Ethics Committee of the Faculty of Humanities, of the University of Cape Town.

2.2 Agency study

2.2.1 Sampling

It is important to note that in South Africa service provision agencies fall into two categories: (i) government agencies which largely focus on investigation, protection and placement; and (ii) non-governmental organisations (NGOs) that provide the bulk of social and psychological support services. While there is a range of stakeholders who play a role in child protection, the agencies and staff at the frontline of child protection services, specifically the Department of Social Development (DSD) and other non-governmental child protection agencies, were targeted to participate in this study. Interviews were conducted in every province (although not every district municipality) and a total of 37 social worker focus groups, 31 supervisor interviews and two director interviews were conducted. Interviews were also conducted at a number of non-state agencies across five provinces. The non-state organisations that took part in the study were registered child protection organisations, who receive funding from, are monitored by, and work alongside the DSD within the child protection system.

2.2.2 Procedure

Permission to conduct the research was sought and obtained from the National Department of Social Development. In addition to this, permission was also sought from the provincial departments of Social Development. Once permission was obtained, researchers liaised with the provincial and district departments of Social Development regarding suitable dates and times to conduct the research. Representatives from different district offices within a given province were often clustered together for the focus group discussions.

2.2.3 Interview instruments

Focus group discussions were conducted with social workers and these were generally informal and exploratory. The discussions were guided by six general questions that broadly explored the nature of the participants' experiences in child protection. The goal of these discussions was to obtain a candid sense of how the participants went about doing their work. In-depth interviews were conducted with social work supervisors and other management level staff, that included many more questions and were far more prescriptive than the focus group discussions. This made it possible to gather more specific process information about how cases and case information were handled in each particular office. Combined, these two styles of interviewing provided a comprehensive range of qualitative information about the child protection system of South Africa.



3 Prevalence and incidence of different forms of child victimisation in South Africa

Child sexual abuse does not happen in a vacuum: South African children who report abuse typically report experiencing several different forms of abuse. In one study among rural South African youth, physical punishment was reported to occur at rates of 89.3% (women) and 94.4% (men); emotional abuse at 54.7% and 56.4% for women and men respectively; and emotional neglect at 41.6% for women and 39.6% for men (Jewkes, Dunkle, Nduna, Jama, Puren, 2010). Similarly, in a study in three high schools in Mpumalanga Province, 70.7% reported psychological abuse, 27.0% reported physical abuse, 35.3% reported emotional abuse, and 10.0% reported ritual abuse (Madu, 2001a). Very similar rates were reported among University of the North undergraduates: 79.1% reported psychological abuse, 16.2% reported physical abuse, 28.5% reported emotional abuse, and 6.0% reported ritualistic abuse (Madu, 2002a).

These studies suggest that child sexual abuse is best understood in a context of other forms of abuse. For that reason, the Optimus Study in South Africa explored both sexual abuse and other forms of maltreatment and victimisation: neglect, physical abuse, emotional abuse, exposure to family violence, and direct and indirect victimisation of other forms.

3.1 Sexual victimisation

The true prevalence of sexual abuse in South Africa has been explored and debated for a number of years. In the absence of any national data, but with consideration of the existing levels of reporting to the South African Police Service and the Department of Social Development – however underestimated these figures might be – child sexual abuse has been referred to as an ‘epidemic’ and ‘endemic’ in South African society. High rates of child sexual abuse and exploitation have also been reported in local studies which have found that schools and other contexts of trust and dependency, such as within the family or in the company of another person known to the child, can be high-risk environments for child sexual abuse (Makoae et al, 2009; Richter and Dawes, 2008; Community Agency for Social Enquiry (CASE), 2005; Jewkes et al, 2005; Kaminer et al, 2005; Brookes & Higson-Smith, 2004; Guma & Henda, 2004; Madu, 2001). These studies, however, have been location- and population-specific. Against the backdrop of contested national police statistics, underreporting and the lack of any nationally representative prevalence data, it is generally accepted that rates based on more localised South African studies are quite possibly either under- or overestimated.

In 2014, the South African Parliamentary Committee on Social Development reaffirmed the urgency and importance of establishing national prevalence rates of child sexual abuse (CSA). It also specifically expressed concerns about the nature and frequency of CSA in more remote, rural areas in South Africa, as well as the need for more substantive data relating to children with disabilities, the link between child sexual abuse and the abuse of substances, and the role of poverty and family destabilisation. The recognition of the need for more accurate prevalence data by this oversight committee, and their apprehension of the importance of this data for more reliable costing and management of child protection services, is an important base from which to advocate for better resourcing of these services.

3.1.1 Defining ‘any sexual abuse’

There are countless definitions of sexual abuse in the global literature, which are either legally dependent or framed, based on set international norms or constructions, or are derived from the qualitatively determined experiences of sexual abuse survivors. The young people in this study were asked a series of questions about their exposure to and experiences of several forms of sexual abuse, using the following questions:

1. Did a grown-up (adult) you know touch your private parts when they shouldn’t have or make you touch their private parts or force you to have sex?
2. Did a grown-up (adult) you did not know touch your private parts when they shouldn’t have, make you touch their private parts or force you to have sex?
3. (Now think about kids your age, like from school, a boyfriend or girlfriend, or even a brother or sister). Did another child or teen make you do sexual things against your will?
4. Did anyone try to force you to have sex, that is, sexual intercourse of any kind, even if it didn’t happen?

5. Did anyone make you look at their private parts by using force or surprise, force you to watch them masturbate, view nude pictures or pornographic videos (pictures and videos about sex) or by 'flashing' you?
6. Did anyone hurt your feelings by saying or writing something sexual about you or your body?
7. Other than any previous incidents you may have already mentioned, at any time in your life, did you do sexual things with anyone 18 or older, even things you both wanted?

Recalling that young people were interviewed in both school and household contexts as well as filling out an anonymous self-administered questionnaire (SAQ) after the interviewer-administered questionnaire (IAQ), it is not surprising that self-administered reporting was consistently higher than reporting rates in the interviewer-based questionnaires (except for the first question, and then only in the household, where reporting rates on the SAQ were lower than on the IAQ). In a review of research on reporting errors in surveys which involve sensitive topics, such as drug use, abortion and sexual behaviour, Tourangeau and Yan (2007) found that:

'... misreporting about sensitive topics is quite common and that it is largely situational. The extent of misreporting depends on whether the respondent has anything embarrassing to report and on design features of the survey. The survey evidence also indicates that misreporting on sensitive topics is a more or less motivated process in which respondents edit the information they report to avoid embarrassing themselves in the presence of an interviewer or to avoid repercussions from third parties' (p 859).

They also explain that intrusiveness and the threat of disclosure as well as sensitivity and social desirability (the extent to which a question elicits answers that are socially unacceptable or socially undesirable) are pertinent to whether a survey question is considered 'sensitive' to a survey respondent, and argue that self-administration of sensitive questions appears to improve the quality of reports, particularly those involving sexual behaviours or experiences. Given the anonymity of the SAQs, we consider the prevalence rates from the SAQs to be more reliable than IAQ prevalence rates of sexual abuse. The young people in this study were not only offered the opportunity to ask questions of clarification in the initial IAQ, but were assured of privacy (and anonymity) when filling out the SAQ, which was submitted to the interviewers in a sealed envelope. However, the SAQ was very short, and the IAQ provided a great deal more in-depth data. For that reason, we present data from both the SAQs and the IAQs in this report.

3.1.2 Lifetime prevalence

The findings from this South African study show that sexual abuse of children and adolescents is widespread and possibly worse than previously estimated. Of the 4 086 young people interviewed in the school survey (IAQ), 16.8% (or 685 young people) reported experiencing some form of sexual abuse. However, of those same young people who filled out the SAQ (a total of 3 949 young people), 35.4% (or 1 399 children and adolescents) reported some form of sexual abuse.¹

Here we also report findings from the household survey, as these allow us to estimate not only the percentage, but also the number of children nationally, who have experienced sexual abuse: There is a stark 18.6% difference between reporting rates in the IAQ and SAQ. Of the 5 631 young people interviewed in the household survey (IAQ), 14.6% reported some form of sexual abuse. This would mean that within the general population of children and adolescents (between the ages of 15 and 17), 454 051 have experienced some form of sexual abuse. This also lies in contrast to the household SAQ where 26.3% reported experiencing some form of abuse (or 784 967 of the youth population).

That more than one third of South African young people reported having been exposed to some form of sexual abuse is certainly cause for concern. Acknowledging the wide range and features of classroom environments in South Africa, if one were to estimate an average class size of 40 children, approximately 12 of those children would have experienced some form of child abuse or maltreatment. The impact of sexual abuse is well documented, particularly in relation to how it can affect learning, social and emotional development and the general health and wellbeing of children. The enormity of these impacts on the education system not only has consequences for the classroom environment, but raises questions about school preparedness to manage the impacts of sexual abuse within the learning context.

¹ There may be some variation between the data presented in 2015 and this final data presented in the technical report. The analysis in this final report was adjusted to reflect all and multiple forms of victimisation rather than any one form of victimisation

Fast Facts

One in three South African children have experienced some form of sexual abuse:

- There are 53 million people in South Africa. 18.6 million are children under the age of 18. Children therefore constitute 35% of the total South African population.
- Of these children, 784 967 (between the ages of 15 and 17) have experienced some form of sexual abuse. That is almost the population of Port Elizabeth and almost double the population of Bloemfontein.
- It is also the equivalent of filling up Johannesburg's Soccer City Stadium eight times over and the Cape Town Stadium 14 times over.
- 12 abused children may be sitting in your child's classroom and 20 will be sitting in an average school bus.

3.1.3 Who is affected more, boys or girls? And where is sexual abuse more prevalent, in urban or rural areas?

Previous national prevalence studies, like the Swiss Optimus Study, have found large differences in the reporting of sexual abuse between boys and girls, with girls being significantly more likely to have experienced sexual abuse over the course of their lifetimes. These differences were not as stark in this South African study. In fact, drawing on the school SAQ, boys were slightly more likely to report *some form* of sexual abuse in both rural and urban areas: 36.8% of boys, and 33.9% of girls, reported experiencing some form of sexual abuse. Breaking this down into urban and rural populations, 36.4% of females in urban areas (a total of 509 females) and 27.2% of females in rural areas (or 137 females) reported that they had experienced some form of sexual abuse. Male reporting was slightly higher, with 38.8% of males in urban areas (a total of 567) and 31.7% of males in rural areas (a total of 186) reporting some form of sexual abuse.

Reporting rates of sexual abuse from the household self-administered questionnaire

The household SAQ, however, showed considerably lower overall reporting rates of sexual abuse and, in contrast to the schools SAQ, showed slightly higher levels of females reporting abuse: 27.6% of girls and 25.2% of boys reported experiencing some form of sexual abuse. Breaking this down into urban and rural populations, 27.2% of females in urban areas and 28.4% of females in rural areas reported that they had experienced some form of sexual abuse. Again, male reporting was not significantly different, with 24.8% of males in urban areas and 25.7% of males in rural areas reporting some form of sexual abuse. The national prevalence rate for the household (weighted) sample indicates that 784 967 children in South Africa have experienced some form of sexual abuse. Of these, 470 848 are in urban areas and 314 119 in rural areas.

Apart from the high overall levels of sexual abuse reported by children and adolescents, the extent to which boys are reporting experiences with sexual abuse is worth comment. Previous research has almost unfailingly underscored the particular vulnerability of young girls to sexual abuse. The findings from this national prevalence study indicate that boys and girls are equally vulnerable to *some form* of sexual abuse over the course of their lifetimes, although those forms of sexual abuse tend to be different for boys and for girls, with girls more likely to experience 'contact sexual abuse' than boys, who report higher levels of 'exposure' and non-contact forms of sexual abuse. From both prevention and intervention perspectives, the inclusion of boys in the conceptualisation and operationalisation of reporting and investigation practices, psychosocial support services, and health and legal responses, is critical. While the emphasis of these child protection protocols has been to be mindful of boys as victims of sexual abuse, there is some way to go to ensuring that responses by policing, prosecutorial, health (medico-legal, forensic and clinical services) and social development agencies are familiar with the differential psychological, physical and social impact(s) of child abuse of boys.

REPORTING OF SEXUAL ABUSE BY BOYS: ACTUAL INCREASE IN PREVALENCE OR IMPROVED DETECTION MEASURES?

Recalling that the South African Sexual Offences Act sets out the range of offences considered *sexual offences* which includes (i) rape; (ii) compelled rape; (iii) sexual assault; (iv) compelled sexual assault; (v) compelled self-sexual assault; (vi) compelling or causing persons 18 years or older to witness sexual offences, sexual acts or self-masturbation; (vii) exposure or display of or causing exposure or display of genital organs, anus or female breasts ('flashing'); (viii) exposure or display of or causing exposure or display of child pornography to persons 18 years or older; (ix) engaging sexual services of persons 18 years or older; (x) incest; (xi) bestiality; and (xii) sexual acts with a corpse, the study took cognisance of these legally defined offences in defining sexual abuse. We explored whether adolescents had been exposed to coerced (i.e. 'unwanted' or 'by force') and consensual sexual touching, exposure to intimate body parts or pornographic images, sexual harassment, and penetrative and non-penetrative sexual intercourse (actual or attempted) by or with an adult or peers of similar age.

Using this definition, we found that while boys and girls have reported experiencing similar levels of sexual offences of this nature, girls are more likely to experience more *contact* sexual offences than boys.

Reflecting on similarly situated countries in Africa, child victimisation studies tend to show high levels of violence against boys and girls, but do not show consistent trends of the prevalence of victimisation by gender across countries. By example, a 2013 'Violence against Children and Young Women National Survey' in Malawi, found that over half of females and approximately 70% of males aged 13 to 24 years had experienced *some form of violence* prior to age 18. One in five girls (21.8%) reported having experienced *sexual abuse* prior to the age of 18, with two thirds (68.4%) of victims experiencing multiple incidents of sexual abuse. Of the males aged 18-24, one in seven (14.8%) reported having experienced *sexual abuse* prior to the age of 18, with three-quarters (74.4%) of victims experiencing multiple incidents of sexual abuse over their lifetime. Here, boys were less likely to report having experienced sexual abuse, but if they did, they were more likely to experience multiple exposures to it.

These gender disparities – lifetime exposures to sexual abuse – are similar to the 'National Baseline Survey on Life Experiences of Adolescents' in Zimbabwe (2011) which reported that 32.5% of females (18-24 years old) experienced sexual violence prior to age 18 and 8.9% of males (18-24 years old) experienced sexual violence prior to age 18. Females also reported more experience of child sexual abuse in Kenya. In a 'Violence against Children in Kenya 2010 National Survey' the prevalence of females (18-24 years old) who experienced sexual abuse before age 18 was 31.9% and males (18-24 years old) who experienced sexual abuse before age 18 was 17.5%. Among the same-aged females, 76% experienced at least one type of violence (sexual, physical or emotional) prior to age 18 and nearly 80% of boys experienced at least one type of violence prior to age 18. It was also reported in this Kenyan study that sexual violence rarely occurred in isolation (only 5.5% of females and 0.9% of males experienced sexual violence in childhood without reporting physical or emotional violence). In a national household survey of 13-24 year-old females and males, the 'Tanzania Violence Against Children Study (Tanzania VACS)' reported that 27.9% of females and 13.4% of males aged 13 to 24 experienced at least one incident of sexual violence before the age of 18. This study further reported that 'females and males who experienced sexual violence also tended to report exposure to physical and emotional violence. More than eight in 10 females and males aged 13 to 24 years who experienced sexual violence prior to age 18, also experienced physical violence prior to age 18. More than four in 10 females and 1 in 2 males who experienced childhood sexual violence also experienced emotional violence prior to age 18' (p 2).

By contrast, looking towards the Middle East, a study in Jordan has found that boys are more likely to be victims of sexual abuse. Through a retrospective case-series study of reports of sexual offences that were referred to the Forensic Medicine Teaching Center of North of Jordan, Shotar et al. (2015) found that 53% of the cases were male victims.

Male children were more frequently assaulted by a stranger than were female victims, with boys being more exposed to indecent assault and girls more exposed to sexual assault (rape). This again lies in stark contrast to South East Asia where a 2004 Cambodian study by the Ministry of Education, UNICEF and UNESCO found that 51.2% of girls and 1.9% of boys reported ever having been 'forced to have sex'. BRICS countries such as Brazil have found child sexual abuse at rates of 5.6% among girls and 1.6% among boys (Bassani et al, 2009), while in India, 53.2% of respondents reported that they have experienced one or more forms of sexual abuse, of which 52.9% were boys and 47.1% were girls (Kacker et al, 2007).

Research design(s), operational definitions of sexual abuse, data gathering methods, sampling frameworks, as well as the sociocultural contexts in which sexual abuse disclosures occur, can all have an impact on prevalence rates. By example, in some contexts, like South Africa for instance, the legal definition of *rape* lost its 'gender and orifice specific' elements with the enactment of new sexual offences legislation only 9 years ago (2007); rape and other forms of penetrative/non-penetrative sexual offences *against* men and *by* women are now criminalised as rape and

other more serious forms of sexual violation. Previously these offences would have constituted a lesser charge of 'indecent assault'. Had this study taken place prior to the new law on rape and, in order to be contextually and legally relevant, had utilised the definitions of rape in the then laws and allied child protection definitions of sexual abuse, we may have seen lower reporting rates from boys due to a lack of (respondent) awareness and understanding about what can constitute sexual victimisation in this context. As children, child protection practitioners and research methods become more sensitive to the different forms of child abuse and sexual exploitation, we may find prevalence rates of boys exposed to these abuses increase over time.

What seems more and more apparent is that there are certain study methods and social contexts that elicit higher rates of reporting of sexual abuse against boys than has been generally expected in these studies. The gender of a child, namely being female, has long been associated as a vulnerability or risk factor for sexual abuse and other forms of child maltreatment. However, child abuse studies are increasingly showing higher *reporting* levels of victimisation of boys, particularly younger, pre-adolescent boys. This does not mean that the sexual victimisation of boys is necessarily increasing, but increased reporting rates may instead indicate that public awareness campaigns, children protection measures, official crime recording procedures, opportunities for disclosure as well as more sensitive methodologies are starting to reveal higher prevalence rates than previously reported.

It is also worth reiterating that what one person might consider threatening or harmful (a no-contact threat of sexual abuse) may for others be more severe than being physically touched (contact without consent), while another might find such physical contact more intimidating than the potential of sexual abuse. This perception of risk and harm, is highly subjective and situational. Most importantly, it is the subjective experience of *children* of what constitutes risk and harm that is the basis of this study.

Expert discussion 1:

Clinical psychologist Jillian Butterworth works primarily in the field of sexual violence with both child and adult survivors and perpetrators of sexual violence. While primarily in private practice, Jillian works with a number of sexual violence NGOs and criminal justice sectors. Her work includes individual therapy, group therapy, workshops and professional practice training. She also regularly conducts forensic assessments of adolescent and adult sexual offenders for the South African courts. She completed her Masters in Clinical Psychology at the University of Western Cape and her dissertation was titled *The Cognitive Distortions of Child Sex Offenders*. She is the current chairperson of SASHA (the Southern African Sexual Health Association) Western Cape.

"The prevalence rate of child sexual abuse in South Africa is certainly something to be concerned about. However, we tend to think about sexual abuse that is something that happens to someone or by someone, as though they are separate phenomena, which is not always the case. Young perpetrators of sexual abuse are sometimes victims of sexual, physical or psychological abuse themselves. Some refer to this as the cycle of abuse, where a child (or in later years as an adult) plays out their abuse experiences on another child. This abusive behaviour may be done either deliberately or as an uncalculated expression of inappropriate sexualised behaviour. Frotteurism, a paraphilia that describes the sexual 'rubbing up' against a (non-consenting) person for sexual pleasure is an example of a sexual behaviour which may be either a child's deliberate act of sexual victimisation or their exhibiting of an inappropriate sexual behaviour. Of course, the end result is the same: a distressing sexual violation of another child. I have seen this in my practice, where girls have reported coming home from school after taking public transport with semen on the back of their school uniforms.

This is not to suggest that being sexually abused as a child causes sexual offending as many of those who have been abused do not become perpetrators of sexual abuse at all. It is simply a factor to consider when exploring risk factors and other antecedents of sexual offending. What is often important here is the 'gender factor'. Boys are more likely to externalise this abuse by victimising others – and this is not restricted to sexual offending, it can include other forms of victimising behaviour such as bullying or aggressive behaviour – while girls who have been sexually abused tend to internalise this behaviour, engaging in activities that are harmful to themselves such as risky sexual behaviour or substance abuse. They are also prone to anxiety and depression.

There is also a possibility that, despite every effort to ensure a sensitive interview environment and the administration of an anonymous survey, even the rates in this study are underreported. We know from both research and practice that many people, both adults and children, do not recall sexual abuse or do not label their experiences of coercive sexual contact as abusive. This might be a result of a number of factors including suppression of the experience or 'motivated forgetting', which may occur consciously or unconsciously. Similarly, some childhood and adolescent sexual experiences, while generally defined as abusive, could have initiated (age) inappropriate sexual contact as part of normal sexual development and do not experience this as a sexually traumatising event. In some cases, children

may get 'switched on' too soon because they are affected by adult sexuality and behave in ways that they do not fully understand. This need not be a sexually abusive experience, but may be as a result of exposure to pornography or inappropriate adult role models. We need to be careful not to criminalise, negatively sanction or create moral panic about sexual development. Children may be unaware that their sexual behaviours and interactions are in fact considered abusive in adult or even legal terms. Our response(s) to this behaviour is important to the healthy sexual development of children, both those who have engaged in sexual acts on the basis of sexual curiosity as well as to those who have committed more coercive sexual acts with another child or adolescent."

3.1.4 There are different types and degrees of sexual abuse. What types have young people in South Africa reported experiencing?

We now know that child sexual abuse is much more widespread in South Africa than previously speculated. **One in three children** have had some experience of some form of sexual abuse in South Africa. Our definition of *any form of sexual abuse* was highly inclusive, but well within the range of abuses defined within existing sexual offences laws, not to mention within the realm of abuses that children and adolescents have thought to be sexually intimidating, abusive or exploitative in previous studies.

Despite previous attempts, it is remarkably difficult to 'grade' sexual abuse in terms of its impact and perceived severity. One person might consider a threat of rape (non-contact) more severe than being physically touched, for instance, on the backside without consent (contact), while another might find such physical contact more intimidating than a threat of rape. The difference is highly subjective and situational. There is a range of factors which influence the degree to which one might experience non-contact and contact sexual abuse as more or less threatening or abusive: any previous personal history with the person committing the act (and the perceived likelihood of a sexual offence being committed); personal, social, cultural or religious norms surrounding the appropriateness or acceptability of such behaviour; the relationship dynamics of the parties, including whether one has any authority or influence over the other; the perceived manifestation of the incident (whether an uninvited touch will result in further or 'more serious' sexual abuse or not); and the extent to which the person experiencing the contact/non-contact sexual abuse incident sees themselves as empowered or disempowered to handle the incident. Of course, there are other individual, structural and social factors that could be added to this list of factors.

It may be important to mention that the South African Sexual Offences Act (2007) is also sensitive to the varying types and degrees of sexual offences. While it does separate sexual offences into acts of *penetrative* (rape) and *non-penetrative* (sexual assault) behaviour, the definition of sexual penetration refers to penetration 'to any extent whatsoever' of the genital organs into or beyond the genital organs, anus or mouth of another person. The definition of rape and sexual assault both require non-consent. In defining non-consent, it establishes conditions where consent cannot be given. By example, coercion is not limited to force or threat of rape (or of other sexual offences), but includes a variety of other subtle influences and factors that negate consent, including threats or intimidation. A mere threat of harm is enough to satisfy the courts that coercion has taken place. The use of the term 'harm' is probably the most important feature of this definition as it allows for a semblance of subjectivity in relation to the complainants perceived risk of harm.

While we separate some of our findings between 'sexual abuse with contact' and 'sexual abuse with no contact' we are mindful that: (a) the line between the two types of abuses is to some extent artificial when taking into consideration individual perceptions of the gravity of abuses; and (b) the perceived seriousness of these abuses is respondent-dependent.

3.1.4.1 Abuse with contact (by an adult without consent)

There were two questions which specifically dealt with contact abuse (with an adult without consent) in the SAQ:

1. At any time in your life, did a grown-up you know touch your private parts when they shouldn't have or make you touch their private parts?; and
2. At any time in your life, did a grown-up you did not know touch your private parts when they shouldn't have, make you touch their private parts or force you to have sex?

These forms of abuse were combined to establish the prevalence of young people who have been touched, or were forced to touch, an adult without the child's consent.

The schools SAQ produced an 11.3% prevalence rate of young people who had experienced sexual touching by a known or unknown adult in their lifetime. The rates of abuse over the course of young people's lifetimes were almost equal for boys (10.6%) and girls (12%) in the schools SAQ. Urban and rural rates were also similar: 11.2% (urban) and 11.5% (rural). There was little notable difference in rates between boys and girls in either urban or rural areas (girls were more likely to experience abuse, but the prevalence rates for girls versus boys was just over 2% higher).

One out of 10 young people has experienced sexual touching by a known or unknown adult in their lifetime.

When asked whether 'At any time in your life, did a grown-up you know touch your private parts when they shouldn't have or make you touch their private parts?', 8.2% from the schools SAQ reported that known adult sexual abuse had occurred. This was reported by 9.1% of females and 7.5% of males. There were no significant differences in reporting this form of abuse between urban and rural areas.

When asked 'At any time in your life, did a grown-up you did not know touch your private parts when they shouldn't have, make you touch their private parts or force you to have sex?', 5.5% from the schools SAQ reported that sexual abuse perpetrated by an unknown adult had occurred. This was reported by 5.9% of females and 5.1% of males. Urban and rural areas experienced slight variations with 6.0% prevalence rates in rural areas and 5.3% in urban areas, with males and females in rural areas reporting exactly equal exposure to unknown adult sexual abuse (6.0%).

3.1.4.2 Other forms of sexual abuse and maltreatment

Separating adult sexual abuse of young people from other forms of sexual abuse, we asked young people about sexual experiences with peers and 'others' (both non-consent) and sexual contact with those over 18 (with or without consent). The four key questions follow:

1. (Now think about kids your age, like from school, a boyfriend or girlfriend, or even a brother or sister). Did another child or teen make you do sexual things against your will?
2. Did anyone try to force you to have sex – that is sexual intercourse of any kind – even if it didn't happen?
3. Did anyone make you look at their private parts by using force or surprise, force you to watch them masturbate, view nude pictures or pornographic videos (pictures and videos about sex) or by 'flashing' you?
4. Other than any previous incidents you may have already mentioned, at any time in your life, did you do sexual things with anyone 18 or older, even things you both wanted?

When these four types of abuse are analysed together as *other forms of sexual abuse*, the overall prevalence rate is 32.7%. The prevalence rate for boys (34.8%) experiencing these forms of abuse is higher than it is for girls (30.4%). There are also distinct urban and rural differences with a 34.9% prevalence rate in urban areas and a 26.9% rate in rural areas.

One-third of young people have experienced other forms of sexual abuse such as being forced to do sexual things with someone from their peer group, being forced to have sexual intercourse or to watch pornography or someone masturbate, against their will.

When these four types of abuse are analysed separately, we see stark gender and geographical area differences with these experiences. We have presented the findings in two ways: (i) prevalence rates by gender and by area; and (ii) prevalence rates by males and females living in urban and rural areas

Table 1: Schools SAQ: rates by gender and area

Sexual act	Male	Female	Urban	Rural	TOTAL PREVALENCE
Another child or teen make you do sexual things against your will	10.9%	7.8%	9.8%	8.4%	9.4%
Anyone try to force you to have sex	9.1%	14.5%	12.9%	8.6%	11.7%
Anyone make you look at their private parts/ masturbation/ pornography	17.6%	7.8%	14.2%	9.5%	12.9%
Sexual things with anyone 18 or older	15.8%	15.5%	16.5%	13.7%	15.7%

Here one can see the significantly different prevalence rates between boys (10.9%) and girls (7.8%) in their experiences with other children making them do sexual things against their will. By contrast, girls are more likely to be forced to have sexual intercourse (14.5%) than boys (9.1%). While doing sexual things with anyone 18 or older – with or without consent – is almost equal between boys and girls (15.8% and 15.5% respectively) we see a remarkable difference between boys (17.6%) and girls (7.8%) who are forced to look at someone’s private parts, forced to watch them masturbate or to view nude pictures or pornographic videos.

Table 2: Schools SAQ: rates by males and females in urban and rural areas

Sexual act	Males in urban areas	Females in urban areas	Males in rural areas	Females in rural areas	TOTAL PREVALENCE
Another child or teen make you do sexual things against your will	11.1%	8.5%	10.6%	6.0%	9.4%
Anyone try to force you to have sex	10.2%	15.7%	6.4%	11.1%	11.7%
Anyone make you look at their private parts/ masturbation /pornography	19.7%	8.3%	12.4%	6.2%	12.9%
Sexual things with anyone 18 or older	16.7%	16.2%	13.6%	13.7%	15.7%

Males in rural areas (10.6%) experienced much higher levels of other children making them do sexual things against their will than females in rural areas (6.0%), yet again more females in rural areas reported experiencing someone trying to force them to have sexual intercourse. Both males living in urban and rural areas were twice as likely as females to be forced to look at someone’s private parts, forced to watch them masturbate or to view nude pictures or pornographic videos.

3.1.5 How often does this happen?

Experiences of sexual abuse are often not defined by one incident. In fact, many young people are exposed to abuse over the course of their lifetime (lifetime prevalence). Lifetime prevalence of abuse might involve abuse by the same person over a period of years or by a number of different people in different contexts. We often think about child abuse as something committed by a single person, a once-off event or by an adult, but the types of sexual abuse experienced are likely to change over the course of a lifetime. A child may, for instance, experience sexual touching by an uncle at the age of five, sexual harassment at the age of 12 by peers, made to engage in sexual touching with a boyfriend at the age of 15, and being forced to have sex with someone older than her at the age of 17. Alternatively, a child may be subject to ongoing sexual abuse by the same adult over the course of his lifetime.

We therefore asked young people about how many times certain acts of sexual abuse happened during the course of their lifetime, and in the past year, in order to determine the *extent* (vs just the type) of sexual exposure.

Table 3: Lifetime prevalence of sexual abuse

EXPERIENCE OF ABUSE	NO. OF TIMES	SCHOOLS IAQ
Sexual abuse by known adult	1	59.4%
	2	18.8%
	3	11.5%
	4+	10.3%
Sexual abuse by unknown adult	1	91.4%
	2	5.7%
	3	2.9%
	4+	0
Sexual abuse by a child or adolescent	1	54.0%
	2	24.1%
	3	11.5%
	4+	10.4%
Forced sexual intercourse (actual or attempted)	1	72.9%
	2	15.5%
	3	4.7%
	4+	6.9%
Sexual harassment (verbal or written)	1	54.2%
	2	18.8%
	3	7.3%
	4+	19.7%
Sexual experience with an adult	1	39.1%
	2	18.9%
	3	13.9%
	4+	28.1%

These findings illustrate that while sexual abuse is slightly more likely to occur once in a young person's lifetime, there is a strong probability that it occurs more than once (40% of the time). It is worth noting that one in 10 children who have experienced *sexual abuse* by a known adult, had this experience four or more times, with approximately 30% indicating that this occurred between two and three times. Though not presented in the table above, 10.6% of young people in the household survey said that a *sexual experience* with an adult occurred at least 10 times during the course of their lifetime. Sexual abuse by an unknown adult, on the other hand, largely occurs only once in a young person's lifetime (over 90% of the time). Also noteworthy are the prevalence rates for forced sexual intercourse where, in the household IAQ, this occurred more than four times for some young people (10.4%).

- **One in 5** young people who had experienced *sexual abuse by a known adult* had this experience more than once and **one in 10** had experienced this four or more times.
- **Half of young people** who experienced *sexual abuse by another child* or adolescent reported this occurring more than one time.
- **Two-thirds** of young people who reported having been sexually abused had a *sexual experience with an adult* more than one time.
- **One-fifth** of young people who have been sexually abused have experienced some form of *sexual harassment* four or more times.

3.1.6 Last-year prevalence (incidence)

The young people in this study were also asked whether they had experienced an incident of sexual abuse in the last year. The number of cases in the last year provides an estimate of how many cases agencies could expect to handle, if every case were reported to them. In the schools IAQ, 13.2% of young people reported an incident of sexual abuse in the last year.

The findings tell us that child sexual abuse is persistent over the course of children's lifetimes and regrettably present in their everyday adolescent lives. The overall prevalence rates provided here are comparatively high in relation to other available prevalence studies, but it is difficult to assess whether these rates would be considered surprising in the South African context or not. In a country where some 60 000 sexual offences are reported to the police annually and with a murder rate of 17 000 per annum (almost 50 murders a day), South Africa is considered to be one of the most violent countries in the world. It is context-beleaguered by a violent past, high poverty rates, static inequalities and diminishing confidence in governance structures. While levels of interpersonal violence have always been alarmingly high, the ongoing and pervasive abuse and exploitation of children and youth by people they know and who care for, educate and are trusted by them, is most disturbing, even within this complex sociopolitical context.

3.2 Neglect

Child neglect is defined by the World Health Organization as including 'both isolated incidents, as well as a pattern of failure over time on the part of a parent or other family member to provide for the development and wellbeing of the child – where the parent is in a position to do so – in one or more of the following areas: health, education, emotional development, nutrition, shelter and safe living conditions' (World Health Organization, 2006). One of the key parts of the definition of child neglect is that it occurs in a context where parents ARE able to provide for their children, but choose not to do so. Parents who are living in poverty and who cannot provide adequate food or health care (for instance) for their children are thus NOT considered neglectful. This is an important point in South Africa particularly, where, in 2012, more than 10 million children lived in extreme poverty (Hall & Sambu, 2014).

Neglect has consequences for children that are as serious as any other form of child abuse. Children who have been neglected are more likely to be aggressive, or depressed and anxious, than those who have not been maltreated in any way; and more likely to have delays in cognitive and emotional development than children who have been physically abused or not maltreated at all (Kotch et al., 2008; Manly et al., 2001; Stoltenborgh, Bakermans-Kranenburg, & van Ijzendoorn, 2013). As adults, children who have been neglected are more likely to misuse substances, have mental health illness, to use social services, and to be violent (Stoltenborgh, Bakermans-Kranenburg, & van Ijzendoorn, 2013).

In this study, we explored five different kinds of physical neglect:

1. Whether the respondent had ever had to look after him- or herself because a parent drank too much alcohol, took drugs, or wouldn't get out of bed.
2. Whether the respondent had ever had to go looking for a parent because the parent left him/her alone, or with brothers or sisters, and s/he did not know where the parent was.
3. Whether the respondent's parents had ever had people around or over at the house, whom the respondent was afraid to be around.
4. Whether the respondent had ever had to live in a home that was broken down, unsafe or unhealthy. We attempted to differentiate this from poverty, as the question offered examples to respondents of what this meant: so we asked the question with the following clarification: 'For example, it [your home] had stairs, toilets or sinks that didn't work, trash piled up, and things like that?'
5. Whether there was ever a time when his/her parents did not care if s/he was clean, wore clean clothes, or brushed teeth or hair.

All five were explored in the interviewer-administered questionnaire; only questions 3 and 4 were asked in the self-administered questionnaire.

In contrast to other questions we asked, reporting was higher in the household survey and not in the school survey, although differences were small: 12.2% of our respondents reported having experienced some form of neglect in the household interviewer-administered questionnaire (IAQ) – which allows us to estimate that nationwide, 375 120 young people have experienced some form of neglect in their lives. Girls (15.1%) were more likely to report neglect than boys (9.8%). Rates were reported to be 10.1% in the IAQ in the school survey.

This pattern was reversed in the SAQ. Incidence figures from the household self-administered questionnaire revealed that 6.8% of our respondents (equivalent to 210 567 young people nationally) had experienced some form of neglect in the last year. However, figures from the self-administered questionnaire in schools revealed even higher percentages (15.1%), even though fewer questions were asked in the self-administered questionnaire.

These figures are broken down by form of neglect in the table below, first for prevalence, and then incidence.

The forms of neglect that we studied could all be classed as physical neglect. Studies of neglect from low- and middle-income countries are rare: all the data thus far comes from Europe and North America (Stoltenborgh et al, 2013). On average, the rate of physical neglect identified in studies from these contexts is 16.3% (Stoltenborgh et al, 2013). Thus the rates reported to us in the interviews are a little lower than the global average.

Table 4: Percentages of young people reporting each form of neglect in their lifetimes

Form of neglect	School IAQ (lifetime prevalence)	School IAQ (last year prevalence, or incidence)	School SAQ (lifetime prevalence)
Had to look after him- or herself because a parent drank too much alcohol, took drugs, or wouldn't get out of bed	1.7%	1.0%	-
Had to go looking for a parent because the parent left him/her alone, or with brothers or sisters, and s/he did not know where the parent was	0.9%	0.5%	-
Respondent's parents had ever had people around or over at the house, whom the respondent was afraid to be around	4.3%	2.4%	14.6%
Had ever had to live in a home that was broken down, unsafe or unhealthy	4.9%	2.5%	15.1%
There was ever a time when his/her parents did not care if s/he was clean, wore clean clothes, or brushed teeth or hair	1.3%	0.7%	-

3.3 Physical abuse

Physical abuse is defined by the World Health Organization as 'the intentional use of physical force against a child that results in – or has a high likelihood of resulting in – harm for the child's health, survival, development or dignity', (World Health Organization, 2006). and they note that much physical violence against children in the home is intended to discipline children.

In the Optimus Study, we assessed physical abuse using a single item, which asked young people if an adult in their lives had hit, beaten, kicked, or physically hurt them in any way. In the interviewer-administered questionnaires, 20.8% of respondents in the school survey reported this form of abuse as having occurred in their lifetimes.

Incidence rates were of course slightly lower: in the interviewer-administered school questionnaire, 8.0% of our respondents reported this form of abuse.

But much higher rates were reported in the self-administered questionnaires: 34.8% of respondents reported having experienced physical abuse. The discrepancy in the figures across the interviewer- and self-administered surveys suggests that physical abuse may also be stigmatising and difficult to report.

A meta-analysis of rates of physical abuse around the world found that, on average, 22.6% of study participants reported having experienced physical abuse (Stoltenborgh et al., 2013). Rates reported in this nationwide prevalence study are therefore considerably higher than the global average.

3.4 Emotional abuse

The World Health Organisation notes that emotional abuse has 'a high probability of damaging the child's physical or mental health, or its physical, mental, spiritual, moral or social development' (World Health Organization, 2006). In this study, we asked about one possible form of emotional abuse: 'At any time in your life, did you get scared or feel really bad because grown-ups (adults) in your life called you names, said mean things to you, or said they didn't want you?' This question was only included on the interviewer-administered questionnaire, and not on the self-administered questionnaire.

In terms of prevalence, 16.1% of young people reported emotional abuse on the school questionnaire. Incidence figures were also high: 10.8% of young people reported emotional abuse in the last year on the school questionnaire.

- **Rates of physical abuse reported in the household survey:**
 - o 18.0% of young people reported having experienced physical abuse in their lifetimes, which translates to 561 174 young people nationally.
 - o 10.8% reported physical abuse in the last year, in the household survey: this translates to 252 733 young people nationally.
- **Rates of emotional abuse reported in the household survey:**
 - o 26.1% reported having experienced emotional abuse in their lifetimes, which translates to 798 472 young people nationally.
 - o 12.6% of young people reported having experienced emotional abuse in the last year, which translates to 256 280 young people nationally.

3.5 Exposure to family violence

3.5.1 Lifetime and last-year prevalence

Exposure to family violence was assessed through items in both the SAQ and IAQ. In the IAQ respondents were asked:

At any time in your life...

1. Did you SEE a parent hit, beat, kick, or physically hurt your brothers or sisters, not including a spanking on the bottom?
2. Did one of your parents threaten to hurt another parent and it seemed they might really get hurt?
3. Did one of your parents, because of an argument, break or ruin anything belonging to another parent, punch the wall, or throw something?
4. Did one of your parents get pushed by another parent?
5. Did one of your parents get hit or slapped by another parent?
6. Did one of your parents get kicked, choked, or beat up by another parent?
7. At any time in your life, did any grown-up (adult) or teen who lives with you push, hit, or beat up someone else who lives with you, like a parent, brother, grandparent, or other relative?

Respondents who answered yes to one or more of the above were categorised as having been exposed to family violence. When answering yes, respondents were also asked to think of the last time this happened to them, and whether it happened within the last year.

In the SAQ, respondents were asked a more limited selection of the above questions:

At any time in your life...

1. Did one of your parents threaten to hurt another parent and it seemed they might really get hurt?
2. Did one of your parents get hit or slapped by another parent?
3. Did one of your parents get kicked, choked, or beat up by another parent?
4. Did you SEE a parent, hit, beat, kick or physically hurt your brothers or sisters, not including a spanking on the bottom?

Among respondents to the school IAQ, approximately 31.4% of all respondents combined reported being exposed to some form of family violence in their lifetime, with the proportion among females (37.6%) being higher than that for males (25.6%). A marginally higher prevalence was seen among urban respondents compared to those from rural areas (32.8% versus 27.5%).

Table 5: Exposure to family violence

		Lifetime prevalence	Last year prevalence
School	Male	25.6%	14.9%
	Female	37.6%	20.8%
	Rural	32.8%	18.1%
	Urban	27.5%	16.9%
	Total	31.4%	17.7%

A total of 17.7% of the respondents to the IAQ, reported that they had experienced some form of family violence during the previous year alone. The prevalence among female respondents was again higher than among males (20.8% versus 14.9% respectively).

From the table below, it is clear that rates for reporting of different forms of family violence were significantly higher in the SAQ compared to the IAQ, particularly with regard to cases where a parent has ever been kicked, choked or beaten up by another parent (152% increase in reporting) and where one of the respondents' parents got hit or slapped by the other parent (129% increase in reporting) – both more than double.

Rates of family violence exposure among the household sample

Among respondents to the IAQ in the household survey, 24.6% reported being exposed to some form of family violence in their lifetime, with the proportion among females (27.8%) being higher than that of males (22.0%). Little difference was found between respondents in urban versus rural areas. In the year prior to the study, 14.9% of household respondents had experienced some form of family violence.

Table 6: Exposure to family violence, comparison of IAQ and SAQ responses

Question	IAQ			SAQ		
	M	F	Total	M	F	Total
1. There was a time when one of respondents' parents ever threatened to hurt the other parent and it appeared that this threat was real and they might get hurt	10.7%	16.6%	13.6%	20.8%	27.1%	23.8%
2. There was a time when one of respondents' parents got hit or slapped by the other parent	6.8%	10.2%	8.4%	16.7%	22.1%	19.3%
3. One of respondents' parents has ever been kicked, choked or beaten up by the other parent	3.7%	7.7%	5.6%	11.4%	16.9%	14.1%
4. Ever seen parent hit, beat, kick or physically hurt brothers or sisters (does not include spanking)	10.9%	18.7%	14.7%	25.1%	30.8%	27.8%

3.6 Other victimisation

3.6.1 Direct and indirect victimisation

3.6.1.1 Lifetime and last-year prevalence

In this study, we also asked about respondents' experiences of other forms of direct and indirect victimisation. Experiences of direct forms of victimisation were assessed in the IAQ by asking respondents, whether at any time in your life, and in the past year:

1. Did anyone use force to take something away from you that you were carrying or wearing?
2. Did anyone steal something from you and never give it back? Things like a backpack, money, watch, clothing, bike, stereo, or anything else?
3. Did anyone break or ruin any of your things on purpose?
4. At any time in your life, did anyone hit or attack you on purpose with an object or weapon?
5. Did anyone hit or attack you without using an object or weapon?
6. Did someone start to attack you, but for some reason, it didn't happen? For example, someone helped you or you got away?
7. Did someone threaten to hurt you and you thought they might really do it?
8. Did anyone try to kidnap you?
9. Have you been hit or attacked because of your skin colour, religion, or where your family comes from? Because of a physical problem you have? Or because someone said you were gay?
10. Has anyone ever bullied or persistently teased you by saying nasty, hurtful things to you?

Indirect forms of victimisation were assessed in the IAQ by asking respondents whether at any time in your life, and in the past year:

1. Did you SEE anyone get attacked on purpose WITH a stick, rock, gun, knife, or other thing that would hurt?
2. Did you SEE anyone get attacked or hit on purpose WITHOUT using a stick, rock, gun, knife, or something that would hurt?
3. Did anyone steal something from your house that belongs to your family or someone you live with? Things like a TV, stereo, car, or anything else?
4. At any time in your life, was anyone close to you murdered, like a friend, neighbour or someone in your family?
5. Were you in any place in real life where you could see or hear people being shot, bombs going off, or street riots?

Rates of other direct and indirect victimisation among the household sample

A total of 58.3% of the household sample had ever experienced some form of direct victimisation. This figure translates to almost 1.8 million children who had been directly victimised at some point in their lives. More than half (52.1%), or 1.6 million children, had been a victim of some form of indirect victimisation ever in their lives. Incidence rates for the past year revealed that 45.8%, or 1.4 million children had been victimised in the last year alone, while 39.1% had experienced any indirect victimisation in the past year.

In terms of lifetime prevalence, in the school survey 65.2% – close to two-thirds of all respondents – reported some kind of direct victimisation and 63.4% some form of indirect victimisation. There was a large differential in the reporting of direct victimisation between urban and rural areas (72.4% versus 46.7%).

Table 7: Lifetime prevalence of direct and indirect victimisation, school IAQ

		Any direct victimisation	Any indirect victimisation
School	All respondents	65.2%	63.4%
	Male	67.5%	57.3%
	Female	62.8%	69.9%
	Urban	72.4%	70.0%
	Rural	46.7%	46.3%

With regard to incidence during the past year, the figures were also very high. A total of 50.3% of young people – more than half of the sample – reported experiencing direct victimisation in the school survey. Indirect victimisation during the past year was reported by 49.2% of school respondents.

Table 8: Incidence of direct and indirect victimisation during the previous year, school IAQ

	Any direct victimisation	Any indirect victimisation
All respondents	50.3%	49.2%
Male	52.9%	45.3%
Female	47.6%	53.4%
Urban	56.6%	56.1%
Rural	34.2%	31.3%

3.7 Prevalence of young people who experienced any form of maltreatment (sexual, physical, emotional, neglect); prevalence of young people who experienced any form of victimisation

Overall, in the school survey 42.2% of respondents reported having experienced some form of maltreatment (whether sexual, physical, emotional or neglect) while 82.0% reported experiencing some form of victimisation. Girls and urban dwellers were more likely to report these experiences than boys and those living in rural areas.

Table 9: Lifetime prevalence of maltreatment and victimisation, school IAQ

		Any maltreatment	Any victimisation
School	All respondents	42.2%	82.0%
	Male	36.6%	79.7%
	Female	48.1%	84.4%
	Urban	45.1%	86.4%
	Rural	34.6%	70.5%

For experiences during the past year, 26.9% and 70.4% of school respondents had experienced some form of maltreatment or victimisation respectively.

Table 10: Last year prevalence of maltreatment and victimisation, school IAQ

		Any maltreatment	Any victimisation
School	All respondents	26.9%	70.4%
	Male	23.1%	69.0%
	Female	30.9%	72.0%
	Urban	29.8%	76.0%
	Rural	19.0%	56.2%

In terms of understanding, broadly, the need for services for children who have been maltreated, or exposed to other forms of violence, it is helpful to know how many children have experienced these forms of victimisation. Table 11 gives the lifetime prevalence and the incidence (last-year prevalence) from the household IAQ for young people experiencing any form of maltreatment, and Table 12 the same information for any other form of victimisation.

Note that these figures come from the household survey, as only the household survey allows accurate estimates of numbers of young people nationally.

Table 11: Prevalence of any form of child maltreatment

	Household IAQ: lifetime prevalence: n (%)	Household IAQ: incidence: n (%)
Male	1,713,986 (67.4%)	347,294 (20.7%)
Female	1,373,839 (54.3%)	433,914 (32.3%)
Urban	1,879,095 (61.8%)	477,020 (26.1%)
Rural	1,208,729 (61.3%)	304,188 (25.5%)
National figures	3,087,825 (61.6%)	781,207 (25.8%)

Table 12: Prevalence of any form of victimisation

	Household IAQ: lifetime prevalence: n (%)	Household IAQ: incidence: n (%)
Male	1,178,803 (70.4%)	965,502 (58.4%)
Female	966,365 (71.9%)	821,285 (61.5%)
Urban	1,310,167 (71.4%)	1,115,767 (61.3%)
Rural	835,001 (70.7%)	671,020 (57.3%)
National figures	2,145,168 (71.1%)	1,786,787 (59.8%)

These figures show the widespread exposure of South African children to maltreatment and violence, in one form or another. More than 3 million young people nationally have experienced some form of child abuse or neglect, a quarter of them in the last year. More than 2 million have experienced some other form of victimisation through violence and crime, two-thirds of them in the last year. Patterns differ slightly, depending on which survey young people completed, but in general there is little difference between boys and girls, or those living in urban or rural areas.



4. Characteristics of sexual victimisation in South Africa

4.1 Characteristics of the victim, for each type of sexual victimisation and for any sexual victimisation

4.1.1 Age at first and most recent victimisation

When asked what age certain forms of sexual abuse first happened, the mean age across all forms of abuse for boys was 15, while the mean age for girls was 14, although first experiences of and exposure to *any form* of sexual abuse occurred between the ages of one and 17.

4.1.2 Gender of the victims

The findings for both boys and girls from the schools survey are below. The data shows vastly different experiences of 'first experiences' of child sexual abuse between boys and girls and across abuse types. By example, the findings show that while both boys and girls are likely to experience sexual abuse by a known adult as early as four years (females) and six years (males), girls reported experiences of sexual abuse by an unknown adult much earlier at eight years old vs a minimum age of 13 years for boys.

Household survey findings on exposure to sexual violence by a known adult

The household survey revealed even earlier exposure to sexual violence by a known adult, with a minimum age of two for boys and three for girls. Like the school survey, the household survey yielded a lower minimum age of exposure to sexual violence by an unknown adult for girls at age six, with boys reporting a minimum age of 10. Girls are also more likely to experience sexual harassment earlier (aged five in the household survey compared to aged 10 for boys). Both boys and girls, however, experienced similar first experiences of sexual abuse by a child or teen in both surveys – between the ages of six and nine. The school survey and household survey, however, showed stark differences in age of first 'sexual exposure' with the minimum age of 10 for both boys and girls in the school survey and the age of four for males and two for girls in the household survey. Also disturbingly low is the minimum age that children from the household survey reported 'sexual experience with an adult': age one for boys and two for girls.

Table 13: When sexual abuse first happened, by type of abuse and gender

SCHOOL SURVEY						
Type of Abuse	Males			Females		
	Min.	Max.	Mean	Min.	Max.	Mean
Sexual abuse by known adult	6	17	14.24	4	17	13.03
Sexual abuse by unknown adult	13	16	15.70	8	17	14.46
Sexual abuse by a child or teen	9	16	14.25	7	17	14.03
Forced sexual intercourse (actual or attempted)	11	17	14.88	9	17	14.41
Sexual exposure	10	17	14.00	10	17	14.43
Written or verbal sexual harassment	12	17	14.48	12	17	14.79
Sexual experience with an adult	11	17	15.29	11	17	15.30

4.1.3 Race and provincial location of the victims

In the analysis of this data, the race and provincial location of victims are treated as *risk factors*. In other words, we asked whether certain race groups were more at risk of sexual abuse, and whether certain provinces had higher rates of sexual abuse.

We therefore asked: Within a race group, what percentage of young children have been abused? It is important to bear in mind that White children are a small proportion of the population and therefore make up a small proportion of those who have been abused: 1.1% of the young people who report having been abused. However, while White children reporting abuse make up a very small proportion of the population reporting abuse – and Black and Coloured children appear to make up the majority of victims of sexual abuse – based on the demographics of this study, more than a quarter of the White children surveyed reported abuse. Another way to say this is that any White child has a 1 in 4 chance of being sexually abused. This discrepancy occurs because there are very much fewer White children in the population, but they are still at relatively high risk of abuse. This also applies to Indian children. While a somewhat greater risk occurs among Black and Coloured children in South Africa (around a third report abuse, or a 1 in 3 chance of experiencing sexual abuse), many more children actually reporting abuse will be Black and Coloured, because these groups form a far higher proportion of the South African population. It is also worth noting that the prevalence rates are not too dissimilar from population statistics, so while there may be a higher risk of sexual abuse among Black and Coloured children in South Africa, this might also have to do with socioeconomic indicators and other structural factors which may create high risk exposure – not to mention reporting and support opportunities – for any child within more impoverished circumstances.

The race of young people who reported some form of sexual abuse in the school survey follow:

Table 14: Proportions by race of children who reported sexual abuse

Race	School Survey
White	1.1%
Black	87.6%
Coloured	10.4%
Indian	0.9%

From the findings of the self-administered questionnaire (SAQ) of those children who experienced abuse, the following experienced *any form* of sexual abuse: 27.1% of White children, 35.7% of Black children, 35.4% of Coloured children and 25% of Indian children.

In terms of *sexual abuse* by a known adult, young Coloured people are slightly more likely to experience this than any other race (3.6%) followed by White children at 3.2% and then Black children at 2.3%. Coloured children were also more likely to experience abuse by an *unknown adult* (1.4%) while Black children were more likely to experience sexual abuse by *another child or teen* (2.3%). Experiences of forced sexual intercourse are more prevalent with Coloured children (5.3%), followed by White (3.2%) and Black children in the school survey.

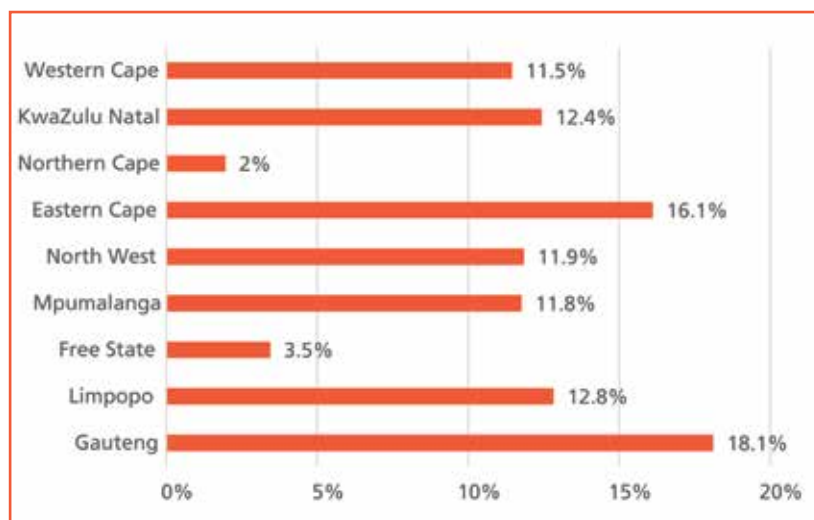
Findings relating to forced sexual intercourse in the household survey

Coloured children reported more experiences of forced sexual intercourse in the household survey (3.4%), but Black children (2.2%) were more likely to experience this than White children (1.3%).

The data shows a difference in trends when it relates to *sexual exposure abuse* where the young person was forced to look at the private parts of another person, forced to watch masturbation or view nude pictures or pornographic videos. White children (4.8%) were more likely to be victims of this form of abuse, followed by Black children (4.3%), Coloured children (2.4%) and Indian children (1.9%).

Provincially, the data are as follows:

Figure 2: Percentage of children living in a province who reported experiencing any form of abuse, household IAQ



Differences in prevalence rates per province: household vs schools data

The household and schools data show significantly different prevalence rates per province. By example, the prevalences in the Western Cape are over double in the household survey compared to the school survey, while the converse is true for KwaZulu-Natal which shows almost twice as many cases of any forms of sexual abuse reported in the school survey. Mpumalanga and Limpopo show over a ten-fold higher rate between the two survey results.

4.1.4 Use of drugs and alcohol by the victim

In the majority of cases respondents reported that they were not under the influence of drugs or alcohol at the time of the abuse. While there is the chance of some degree of underreporting given moral perspectives towards youth alcohol and drug use, these results still go against a common perception that those who are abused may be responsible to some degree for their own abuse because of their 'improper' behaviour.

In fact, it is the perpetrators rather than the victims who are much more likely to be under the influence of alcohol or drugs at the time of the abuse, as discussed further in a later section, 'Perpetrator characteristics'. In cases of forced intercourse (actual or attempted) reported by boys, for example, perpetrators are over three times as likely to be under the influence than the victims.

Table 15: Respondent was under the influence of alcohol/drugs at the time of the abuse (% answering 'yes') (figures from the school IAQ)

	Male	Female
Sexual abuse by known adult	7.7%	1.4%
Sexual abuse by unknown adult	0.0%	7.1%
Sexual abuse by a child or adolescent	3.8%	2.9%
Forced sexual intercourse (actual or attempted)	9.1%	3.2%
Sexual exposure abuse	2.8%	4.3%
Other sexual experience with an adult	17.6%	4.3%

4.2 Characteristics of the incidents, for each type of sexual victimisation and for any sexual victimisation

4.2.1 Offences committed by a known adult, unknown adult or child/teen

4.2.1.1 Is it still going on?

Of those children who experienced sexual abuse by a known adult – someone that they knew touched their private parts when they shouldn't have or made them touch their private parts or forced them to have sex – 3.8% of boys from the school survey and 24.5% from the household survey reported that the abuse is still going on. Girls, on the other hand, reported that this abuse is still taking place in 9.7% cases (school survey) and 14.3% of cases (household survey).

When asked whether sexual abuse by someone *not known* to them was still ongoing, 22.9% of young people in the school survey reported that it was ongoing. When asked if they believed it would ever happen again, the findings were as follows:

Table 16: Whether victim believes the abuse will happen again

Sexual Abuse by a Known Adult	Believe it will it happen again?		
	Yes	No	Don't know
Boys	28.0%	64.0%	8.0%
Girls	25.4%	70.4%	4.2%

Of those children who have been sexually abused by an *unknown adult*, 25.7% said that they believed it would happen to them again.

Ongoing sexual abuse by a child or teen is much lower, although still deeply concerning, with boys reporting ongoing abuse in 7.5% of cases and girls reporting at rates of 5.9% for potential reoccurrence of sexual abuse. As to whether these incidents will happen again, one fifth of young people largely said 'probably' (21.8%).

For those who experienced forced sexual intercourse – whether actual or attempted – 6.2% reported that it was still ongoing and almost one out of five young people believed that it would happen again.

Of those who reported having a *sexual experience* with an adult, almost two-thirds said that this was still ongoing. Girls were much more likely to be having ongoing sexual activity with an adult than boys, with 67.9% of girls reporting ongoing activity. Boys, on the other hand, who had a sexual experience with an adult reported that this was ongoing in 27.2% of cases.

The household survey found that 54.7% of boys reported ongoing sexual experiences with an adult, which is twice the rate found in the school survey (27.2%).

4.2.1.2 Acts of penetration

Of those young people who experienced an adult that they knew touch their private parts when they shouldn't have, or made them touch their private parts or forced them to have sex, many of these experiences involved the person they experienced this with actually putting a part of their body or object inside them. Of the boys who experienced being touched by an adult, 23.1% from the school (IAQ) survey reported experiencing some form of penetration. Of the girls who experienced abuse by a known adult, 28.2% from the school survey cited penetration.

Of those sexually abused by an unknown adult, no boys but 40.7% of girls in the school survey reported being penetrated by a body part or object. Attempted penetration by an unknown adult was high for both boys and girls, with 40% of boys and 60% of girls reporting attempted penetration.

Data on boys' experiences of penetration: The school survey lies in stark contrast to the household survey, which found 38.5% of boys reported penetration (as opposed to no reports of this in the school survey).

Where a young person was sexually abused by another child or teen, almost 40% reported that it involved an act of sexual penetration, with the data being consistent between the experiences of boys and girls.

For those who reported having a *sexual experience* with an adult, these sexual experiences largely involved acts of sexual penetration, which is reported in four out of five cases. There are some variations, with 65.6% of boys and 91.4% of girls from the school survey reporting acts of sexual penetration with an adult.

4.2.1.3 Location of the abuse

Respondents were also asked where the abuse occurred, the last time it happened. There were distinct differences in the location of the abuse for cases involving known and unknown perpetrators. When perpetrators were known to the victims, one in two (56.6%) cases had taken place at the victim's home. Contrary to this, two out of every three cases (66.3%) involving a perpetrator unknown to the victim had occurred in an area close to the victim's homes such as the community, streets nearby or local parks.

While most cases of sexual abuse by a child or adolescent occurred within or near the victim's home, a relatively high proportion also occurred in school surroundings which, combined with the fact that almost half of cases were reported to be performed by 'anyone else', including schoolmates or friends, indicates that sexual abuse within the school context is a serious issue that must be addressed by the education system in South Africa.

Cases of sexual exposure, however, occurred in relatively equal measure at home, near the home and in school surroundings. In cases of written or verbal sexual harassment, just under half of the incidents occurred at school overall, with boys being more likely than girls to report school as the location. The most common location for other sexual experiences with an adult were the respondent's home or at the perpetrator's home, perhaps reflecting a more consensual nature to many of these incidents.

Table 17: Location of the incident (figures from the school IAQ)

	Male respondents				Female respondents			
	At home	Near home (in the community, street, park)	At school (inside, in school yard, or on a bus)	Other	At home	Near home (in the community, street, park)	At school (inside, in school yard, or on a bus)	Other
Sexual abuse by known adult	38.5%	46.2%	11.5%	3.8%	57.1%	21.4%	4.3%	17.1%
Sexual abuse by unknown adult	33.3%	33.3%	16.7%	16.7%	48.1%	48.1%		3.7%

Sexual abuse by a child or adolescent	49.1%	20.8%	30.2%		26.5%	26.5%	26.5%	20.6%
Forced sexual intercourse (actual or attempted)	30.3%	48.5%	12.1%	9.1%	25.8%	49.5%	10.8%	14.0%
Sexual exposure abuse	26.1%	32.4%	36.6%	4.9%	54.5%	27.3%	4.5%	13.6%
Sexual harassment (verbal or written)	32.0%	8.0%	60.0%		15.3%	34.7%	44.4%	5.6%
Other sexual experience with an adult	62.4%	17.6%	2.4%	17.6%	31.1%	21.7%	0.6%	46.6%

4.2.1.4 Other characteristics of sexual abuse

Other circumstances and characteristics of known adult, unknown adult and other child sexual abuse incident(s) include:

Table 18: Other characteristics of sexual abuse

NATURE OF ABUSE	Schools (IAQ)	
	Male	Female
By a known adult		
Person/s used physical force (pushing, grabbing, hitting or threatening with a weapon)	11.5%	57.7%
Weapon was used	0%	39.0%
Verbal threats were used	4.3%	26.7%
Victim felt threatened	9.5%	36.8%
Incident was part of a traditional, cultural practice or initiation	0	2.8%
Victim was promised something in return for the act (alcohol, drugs, transport, food, housing, money, etc)	11.5%	10.0%
Victim received what was promised	33.3%	28.6%
Victim was under the influence of any drugs or alcohol	7.7%	1.4%
By an unknown adult		
Person/s used physical force (pushing, grabbing, hitting or threatening with a weapon)	16.7%	53.6%
Weapon was used*	0	40.0%
Verbal threats were used	20.0%	30.8%
Victim felt threatened	0	55.6%

Incident was part of a traditional, cultural practice or initiation	0	3.7%
Victim was promised something in return for the act (alcohol, drugs, transport, food, housing, money, etc)	16.7%	11.1%
Victim received what was promised	0	0
Victim was under the influence of any drugs or alcohol	0	7.1%

By another child or teen

Person/s used physical force (pushing, grabbing, hitting or threatening with a weapon)	9.4%	47.1%
Weapon was used*	0	13.3%
Verbal threats were used	0	27.8%
Victim felt threatened	4.4%	0
Incident was part of a traditional, cultural practice or initiation	0	3.0%
Victim was promised something in return for the act (alcohol, drugs, transport, food, housing, money, etc)	7.5%	8.8%
Victim received what was promised	0	33.3%
Victim was under the influence of any drugs or alcohol	3.8%	2.9%

**Weapons used*

Where a weapon was used by a *known adult*, girls reported in 16.7% of cases that a gun was used, in 16.7% of cases that a knife was used and in 5.6% of cases that another object was used. Other 'weapons' included hands or force and bottles or bottlenecks.

Where a weapon was used by an *unknown adult*, girls reported in 6.7% of cases that a gun was used and in 26.7% of cases that a knife was used.

Where a weapon was used by another *child or teen*, girls reported in 6.7% of cases that a knife was used and in another 6.7% of cases that another object was used.

4.3 Perpetrator characteristics, for each type of sexual victimisation and for any sexual victimisation

In this study, we set out to better understand the characteristics of the perpetrators of the abuse. For this, we questioned respondents on their relationship to the perpetrator, the perpetrator's age and gender, where the abuse occurred, and whether the perpetrator was under the influence of alcohol or other drugs at the time of the incident.

4.3.1 The victim-perpetrator relationship

4.3.1.1 Abuse within the family

One form of sexual violence that must be considered particularly serious is abuse within the family. Our study found that the prevalence of this differed according to the type of abuse in question. 30% of girls who reported sexual abuse by a known adult, reported that the perpetrator was a relative. For boys this figure drops to just 12%, while for sexual abuse by a child or teen only a small number of cases were perpetrated by a brother, sister or other child in the household. For forced intercourse among girls only one in 10 cases involved a family member as perpetrator. For boys this was even lower (just 3%).

Only a relatively small percentage of cases of sexual abuse by a known adult were perpetrated by a step-parent or live-in partner, though this was slightly higher among girls (10.1%) than boys (8%), with a small number of cases of forced sexual intercourse involving step-fathers or live-in boyfriends.

4.3.1.2 Abuse within relationships

Sexual abuse within romantic relationships is also known to be an issue. In our school survey, the great majority of cases classed as other sexual experiences with someone 18 or older were with a current or ex-boyfriend or girlfriend, with relatively high proportions also for cases of sexual abuse by a child or teen (40.2%), forced intercourse (29%) and, for boys, sexual exposure (24.1%).

The most common type of perpetrator reported overall was 'anyone else such as a friend, neighbour, or schoolmate'. Categories of abuse where this type of perpetrator was particularly prevalent in the school survey included written or verbal threats (77%), sexual exposure (69%), forced intercourse (47%) and sexual abuse by child or teen (48%) or a known adult (39%), as well as one in three cases of other sexual experience with an adult among boys.

Table 19: Relationship of the perpetrator to the victim (figures from the school IAQ)

Type of perpetrator						
	Relative (in or outside household)	Step-parent or parent's live-in partner	Current or ex-boy-friend or girlfriend	Anyone else such as a friend, neighbour or school-mate	Stranger	Other
Sexual abuse by known adult	25.5%	9.6%	6.4%	39.4%	NA	19.1
Sexual abuse by unknown adult	NA	NA	NA	NA	NA	NA
Sexual abuse by a child or adolescent	5.7%	NA	40.2%	48.3%	3.4%	2.3%
Forced sexual intercourse (actual or attempted)	8.1%	0.8%	29.0%	46.8%	11.3%	4.0%
Sexual exposure	6.1%	0.6%	21.3%	68.9%	2.4%	0.6
Sexual harassment (verbal or written)	5.2%	0%	11.5%	77.1%	5.2%	1.0%
Other sexual experience with an adult	0.7%	0%	80.1%	14.0%	1.4%	3.8

4.3.1.3 Gender

Respondents were also asked about the gender of the perpetrator. Overall, it is clear that the vast majority of girls are sexually abused by boys and men. For male respondents, on the other hand, the picture is more mixed, with differences according to the category of abuse. For example, cases of sexual intercourse forced on boys are primarily perpetrated by girls and women, cases of 'other' sexual experience are perpetrated by women and girls, while sexual abuse by adults was only slightly more likely to be perpetrated by men rather than women.

Table 20: Gender of the perpetrator (figures from the school IAQ)

	Male respondents				Female respondents			
	Man	Woman	Boy	Girl	Man	Woman	Boy	Girl
Sexual abuse by known adult	50%	50%			98.6%	1.4%		
Sexual abuse by unknown adult	66.7%	33.3%			100%	0%		
Sexual abuse by a child or adolescent			7.5%	92.5%			100%	0%
Forced sexual intercourse (actual or attempted)	9.1%	24.2%	9.1%	57.6%	43.6%		55.3%	1.1%
Sexual exposure	2.8%	3.5%	62.0%	31.7%	43.5%	8.7%	47.8%	
Sexual harassment (verbal or written)	8.0%	4.0%	44.0%	44.0%	15.5%	2.8%	52.1%	29.6%
Other sexual experience with an adult	1.6%	58.9%	7.3%	32.3%	60.2%	0.6%	39.1%	

4.3.1.4 Age of the perpetrators

Perpetrators of sexual abuse against girls in our school survey tended to be older than perpetrators against boys. This perhaps highlights the fact that there is a greater tendency for perpetrators of abuse against boys to be people at school or other peers – particularly in cases of sexual harassment and sexual exposure, where approximately eight and nine out of 10 perpetrators are aged under 18 – whereas girls are more likely to be abused by older men.

Table 21: Age of the perpetrator (figures from the school IAQ)

Type of abuse	Male Respondents			Female Respondents		
	< 18	18 – 25	>25	<18	18-25	>25
Sexual abuse by known adult		81.0%	19.0%		27.0%	73.0%
Sexual abuse by unknown adult		40.0%	60.0%		36.0%	64.0%
Sexual abuse by a child or adolescent	100%			91.2%	8.8%	
Forced sexual intercourse (actual or attempted)	65.6%	25.0%	9.4%	48.1%	32.1%	19.85
Sexual exposure abuse	91.4%	7.9%	0.7%	45.0%	35.0%	20.0%
Sexual harassment (verbal or written)	83.3%	12.5%	4.2%	65.2%	25.8%	9.1%
Other sexual experience with an adult	4.8%	87.9%	7.3%	2.5%	93.8%	3.8%

4.3.1.5 Use of alcohol or drugs by the perpetrator

In the majority of cases overall, the perpetrator was not reported to be under the influence of alcohol or other drugs at the time of abuse. However, according to our results, the prevalence of alcohol or drug use, as reported by respondents, is still considerably higher for perpetrators than for the victims.

Table 22: Perpetrator was under the influence of alcohol/drugs (% answering 'yes') (figures from the school IAQ)

Type of abuse	Male	Female
Sexual abuse by known adult	19.2%	40.6%
Sexual abuse by unknown adult	16.7%	33.3%
Sexual abuse by a child or adolescent	7.5%	17.6%
Forced sexual intercourse (actual or attempted)	31.3%	27.8%
Sexual exposure abuse	4.9%	30.4%
Sexual harassment (verbal or written)	NA	NA
Other sexual experience with an adult	19.4%	4.3%



5 Risk and protective factors for sexual victimisation

Linear regressions were used to explore these associations, and gender was controlled in each model. If the schools and household models are in general agreement, only data from the household models is reported – because the data from the household survey provides a better national estimate, it is likely to provide a better estimate of the strength of relationships between victimisation and risk and protective factors.

5.1 Other forms of victimisation associated with sexual victimisation

Analysis of the household data set found that every other form of victimisation – physical abuse, emotional abuse, neglect, exposure to family violence, being a direct victim of crime, or witnessing crime, was significantly associated with sexual abuse.

5.2 Family structure and relationships

5.2.1 Presence of one or both biological parents in the house

Analysis of the household data suggested that living with neither or just one biological parent increased the risk of sexual abuse, with the risk being higher for young people living with neither parent than for those living with one biological parent. Analysis of the schools data, however, did not support these findings. The discrepancy between these two sets of models suggests that this is not a particularly robust relationship, and that other risk factors are more important than which parent a young person lives with. For instance, the young person's relationship with their caregiver (whether it is a warm relationship in which the young person is well supervised) may be far more important than their biological relationship to the caregiver.

5.2.2 Sleeping density

As reported in the household questionnaire, if the young person reports higher sleeping density (sharing a bedroom with more than one teen or adult), there is a slightly greater (10% higher) likelihood of sexual abuse.

5.2.3 Parental absence through hospitalisation

Parental absence – either literally through hospitalisation or more figuratively because of a prolonged illness that made the parent unable to care for a child – is a significant risk factor for child sexual abuse (quite possibly because absent parents are de facto not able to supervise their children adequately). Young people who reported absent parents were between 1.5 and 2.0 times more likely to report having been sexually abused.

5.2.4 Parental substance misuse

Parental substance misuse is a significant risk factor for young people's victimisation, increasing the risk of a young person reporting sexual abuse by between 2.2 and 3.4 times. As with parental absences, this may be because quite possibly parents who are intoxicated are not able to supervise their children adequately, or because their substance misuse weakens their relationship with their child.

5.2.5 Parental knowledge (mother, father)

Parents' knowledge of who young people spend their time with, and how they spend their time and where they go, can reduce the potential for child maltreatment generally. In the Optimus Study South Africa, parents' knowledge of their children was shown in both the household and school surveys to reduce the risk of child sexual abuse, lowering it to approximately 90% of the risk faced by those who did not have parents who monitored their whereabouts.

5.2.6 Parental acceptance (mother, father)

As expected, the warmth of parents' relationships with their children had a significantly protective effect, although only for girls, again lowering the risk to around 90% of that for young people who did not have good relationships with their parents.

5.2.7 Disability status of the child

Analyses of the household data showed that young people with disabilities were at significantly higher risk of sexual abuse: they were between 1.5 and 2.1 times more likely to be abused than their non-disabled counterparts.



6 Results of the Agency study

6.1 Disclosure of abuse

Those agencies and staff at the frontline of child protection services, specifically the Department of Social Development (DSD) and other non-governmental child protection agencies, participated in this aspect of the study. Interviews were conducted in every province (although not every district municipality) and a total of 37 social worker focus groups, 31 supervisor interviews and two director interviews were conducted. Interviews were also conducted at a number of non-state agencies across five provinces. The non-state organisations that took part in the study were registered child protection organisations who receive funding from, are monitored by, and work alongside the DSD within the child protection system.

During our discussions with staff at child protection organisations, both state and non-state, we requested detailed information about the prevalence and nature of the abuse cases to which these professionals attended. However, staff were only able to provide anecdotal data, and this varied from place to place and even within the same office. Nonetheless, they provided great insight into how abuse occurs in South Africa and the factors that inhibit or allow child protection agencies to successfully do their jobs.

6.1.1 Sexual abuse

According to the data generated in the survey component of this study, as many as 35.4% (conservatively, over 8 million) children have experienced some form of sexual abuse in South Africa.

The high rates of sexual abuse reported in the national survey were matched by child protection staff reporting that cases of sexual abuse were among the most frequent cases they saw. The participants emphasised that these cases were not always reported because of their very sensitive nature. One social worker from Limpopo stated, *'I don't believe the current statistics on rape are correct because most cases are not reported.'* Various factors such as family shame, financial dependence on the perpetrator or the victim's fear, were named as reasons why cases were not reported. Thus, staff often speculated that sexual abuse occurred at far higher rates than were reported to them, meaning that many victims go without the support and protection that exposure to such professionals can provide.

In general, a range of cases were reported to be seen, with both male and female victims and perpetrators, and abuse occurring at a range of ages. That said, in the cases reported to agencies, the perpetrators tended to be male, and were sometimes peers or similar-aged relatives, but most often adults. In general, unsurprisingly, it was reported that sexual abuse was perpetrated by people who had easy access to the child. At a young age, perpetrators were therefore usually immediate family members or people who lived with the child and as the child got older this list expanded to include peers, neighbours and community members, teachers, romantic partners and strangers. The participants estimated that in roughly half of the cases they saw, the perpetrator was someone in the home, often a male caregiver or grandfather.

Types of abuse reported to agencies ranged from unwanted touching to being forced to perform oral sex and penetration, including penetration with objects, for both male and female children.

According to social workers, disabled children are especially vulnerable to sexual abuse (which is borne out by our survey data). While less able to defend themselves against all forms of abuse, disabled children were said to make particularly easy targets for sexual abuse because they often have less capacity to escape their perpetrator or report their abuse. Staff shared experiences with cases where mentally disabled children were unable to identify the abuse as harmful or to express how they were harmed. The result was that the abuse of a disabled child generally posed very little risk to the perpetrator.

There are also many legal problems attached to cases involving disabled children, as it is often more difficult for a disabled child to successfully provide a testimony, depending on their disability.

Another critical concern associated with all forms of abuse, but particularly sexual abuse, was the response of families to abuse cases. As one social worker put it, when sexual abuse takes place within the family, *'it's a war'* to deal with that case. Families generally did not report cases of abuse occurring in the family, even though other family members, especially the child's mother, often knew the abuse was occurring. The reasons for not reporting

the abuse were usually a combination of pragmatic concerns, fear of public shaming and cultural beliefs regarding the place of men in society. Perpetrators were often male breadwinners and so reporting the abuse would potentially lead to the removal of a vital source of financial support. Other social workers discussed the difficulty of holding men accountable, with communities and families expressing disbelief at the idea of removing the male head of the household from the home.

Generally families would try to avoid the intervention of the state and assure social workers that they would reach their own form of justice, saying *'we will talk as a family'*. In many parts of the country, particularly KwaZulu-Natal, the Eastern Cape and the North West province, cases would be dealt with by traditional authorities and the payment of damages would be used to settle the matter.

Social workers felt that these kinds of dynamics impacted on the wellbeing of the victim and that families did not typically act in the best interests of the child if the abuse occurred in the home. Victims were often blamed for the difficulties the abuse caused the family, and the family would often side with the perpetrator, for financial and other reasons. Caregivers were often resistant to children receiving counselling and would even express a preference that the child be removed from the home, rather than the perpetrator. Such attitudes effectively condoned the sexual abuse of children, and this made the social workers' jobs, and the children's lives, very difficult.

Another challenge that staff discussed was their perception that children who experienced sexual abuse would often either come to seek out sexual activity with others, or sexually abuse others themselves. Not only did this suggest the deep psychological effect this abuse had on them, but it also impacted on their potential of being housed at a place of safety. Children who presented with such behaviours would often develop a negative reputation because these behaviours would endanger the wellbeing of the other children with which they were placed. Social workers would therefore battle to successfully place them, further marginalising and impacting on the wellbeing of these children.

Agencies also articulated a sense that they were facing an increase in the number of cases of youth-on-youth sexual abuse. While we cannot say from our data whether there has been an increase in this recently, it is clear that the perpetrator is also under the age of 18 in a substantial number of cases.

6.1.2 Neglect

In the household component of the population survey, 12.2% of respondents (or an estimated 375 120 young people nationwide) reported having experienced some form of neglect during their lifetime in the household interviewer-administered questionnaire. In the self-administered questionnaire in the schools the rate was slightly higher at 15.1%.

Cases of neglect were reported as being extremely common by the child protection personnel interviewed. These cases, which included emotional and physical neglect, were considered by the staff to be widely reported, in part because of the extensive range of abuses that constitute neglect and in part because neglect is potentially a less stigmatised, or at least a more visible form of abuse. Indeed, many staff spoke with slight irritation of community members bringing any child they saw on the street with a dirty school uniform to their offices, concerned the child was being neglected. A number of forms of neglect were discussed in our interviews, ranging from abandonment and inadequate supervision and care, to failing to send children to school.

Interesting trends in relation to these different types of neglect were identified in certain regions and it was often speculated that these trends were a symptom of a broader problem in the area, such as poverty or substance abuse. Substance abuse among parents was reported by staff to be a major contributor to neglect, because it often resulted in the child being left alone for long periods of time, spending on substances was prioritised over the child's needs, and the quality of parents' care was diminished. According to social workers, this often put children at risk of other forms of abuse and harm, as they might wander the streets or be exposed to intoxicated adults without any protection from potential abuse.

Abandonment was found to occur in various degrees, from newborn babies being left behind at hospitals by their mothers immediately after birth, to being discarded in dangerous and unhygienic places where their chances of being discovered and of survival were much lower. Sometimes cases of abandonment were intended to be less permanent, with parents leaving their children for a short period of time, such as for the weekend, neglecting their parental duties until their return. Cases of abandonment were mentioned prominently in Gauteng and in other urban areas, but there were also occurrences in rural areas, such as in rural Limpopo, where a social worker reported a case of a baby found at the bottom of a pit latrine.

The reasons given by the respondents for the abandonment of children were generally a combination of financial reasons and the parents failing to prioritise their parental responsibilities. When newborns were abandoned, it was usually assumed that there were social or economic factors that prevented the mother from caring for the baby or perhaps even acknowledging her pregnancy. For older children, the pattern of abandonment was reported as being slightly different, with parents either having to leave their children to seek better financial opportunities or leaving their children because they found parenting burdensome. For example, some social workers suggested that many cases of abandonment were as a result of a mother choosing a new partner over her children, and either no longer taking interest in the wellbeing of her children, or leaving them with an older relative. Substance abuse was said to also contribute to this.

Along with intentional neglect, unintentional neglect was reported as being a common occurrence. Neglect of this kind tended to result from parents not having the necessary support or parenting skills needed to care for their children, especially very young parents. Poverty was also indicated as a major contributing factor to unintentional neglect.

In a number of offices unintentional neglect was linked to foreign nationals residing illegally in the country who were unable to provide for their child. Instances of unintentional neglect may also occur when the child has some form of disability or special needs, which the parent has difficulty handling due to lack of adequate resources, knowledge and support.

Although neglect was often felt to be the most prevalent form of abuse, many child protection professionals felt that this form of abuse was not recognised or taken seriously enough.

6.1.3 Physical abuse

Although cases of pure physical abuse were not as widely reported as other forms of abuse, this was not thought to be a clear indication of the actual rates of occurrence. It was suspected that this was either because physical abuse was reported as part of another form of abuse, such as sexual abuse, or because physical abuse of children is normalised as a form of discipline in many parts of the country. Unsurprisingly then, most cases of physical abuse discussed by staff were cases where the punishment of children had gone too far. This kind of abuse was usually perpetrated by the people who discipline children – caregivers, educators and principals. Typically, the perpetrators did not recognise what they were doing as abuse and often some degree of education or parental skills training was needed to prevent further abuse. This kind of abuse was generally said to arise out of frustration with ill-disciplined and disrespectful children.

Where the perpetrators were relatives, cases were usually reported by someone outside of the home who had frequent contact with the child, like a teacher. One social worker spoke about how physical abuse was often identified in her area when educators noticed that girls were pulling their socks up higher than usual to hide the bruises on their legs. Others spoke of how parents beat their children with objects like sjamboks (a stiff kind of whip). These cases were frequently difficult to deal with because it was culturally acceptable in the perpetrators' eyes to abuse the victims in this way.

6.2 Challenges within the child protection system

6.2.1 Relationships with other stakeholders

In every interview, participants emphasised the importance of their relationships with the other stakeholders within the child protection system. While DSD has the overall responsibility for child protection services, a number of other departments and stakeholders have critical roles to play in this system and so collaboration is vital.

6.2.1.1 SAPS (South African Police Service)

Within the majority of interviews, staff were extremely critical of the police's contribution to child protection, and only a handful of participants had positive things to say about their relationship with the South African Police Service (SAPS). A majority of participants expressed feeling unsupported by SAPS, and in fact that SAPS often made it harder for them to do their jobs.

Although most of those who took part in the study indicated difficulties with SAPS, there were exceptions, and a handful of offices indicated that they did have a good working relationship. This was especially true where good relationships were established with particular officers from whom they would seek assistance when needed. One social worker in Mpumalanga spoke of their working relationship with the police from an empathetic standpoint:

'I think we have a good relationship but I think they are overworked too, they can just do as much as they can too. If you have a police officer that has 100 cases or whatever, we can't expect from him to help us fully if he has a lot of other work to do... Personally I think there's a good relationship between us doing this work, but they also have lack of resources and support in their own system... I think those departments are also overloaded and have resource problems.'

6.2.1.2 Courts and the justice system

Staff also faced a lot of challenges working with the justice system. Although many participants spoke about having good individual relationships with individual magistrates, court clerks or prosecutors, the general feeling of many discussions indicated that the justice system as a whole seemed to work against the goals of child protection. Some of the difficulties mentioned are outlined below:

- Cases could take a very long time to be resolved (sometimes anything from two to 10 years), resulting in a host of issues, including the victim being unable to remember clear details of the incident.
- The court environment was generally not child friendly, and this meant the testimonies provided by children were often quite poor. Part of the problem was that prosecutors did not adapt their style of questioning for children, expecting children to show the same kind of consistency in their testimony as they would an adult. The court process could also be hugely difficult and taxing on a child, as well as extremely intimidating. Many staff reflected that children were not always supported enough through this process. Victims also often had to tell their story over and over again, which was traumatising every time – they feared that this was not protecting them, but rather causing further harm.
- Children needed to be accompanied by an adult to court and also needed to be informed in advance by the police of their court date. Poor communication by the police or the inability of an adult to take them to court often led to children missing court dates, which resulted in their case being struck off the roll.
- The courts often granted bail, even when the social workers had requested that they not do so because the person was a danger to the child victim and the community. The result was that the perpetrator would go back to the same community or even home where their victim resided, potentially – either directly or indirectly – further victimising the child.
- It was said that it is very difficult to get a conviction, and that justice is rarely served.

6.2.1.3 Health

Participants seemed to generally have a good working relationship with the Department of Health (DOH). Social workers in KwaZulu-Natal, in particular, reported that they receive a lot of support from DOH. A major factor that contributed to this good relationship was the success of the Thuthuzela model, a one-stop, all-service centre for victims of child abuse. However there were inevitably some difficulties experienced in this relationship too. Some of these issues are as follows:

- It was very rare that children who had experienced abuse received immediate medical attention and examination in public facilities. In most places in the country, social workers had to wait for a very long time to get service in public hospitals and clinics – they often had to stand in very long queues with the child to see the doctor, even if the child was the victim of sexual abuse, with no preferential treatment. This could be traumatic for the child because he or she could not wash until evidence was captured, and the environment was often distressing or overwhelming. This not only caused unnecessary further distress for the child but it was also a waste of time for the social worker.
- It was expressed that doctors often do not want to complete medical reports, or that they played down the evidence because they did not want to go to court to testify.
- There were generally not enough medical staff able to deal with the sexual abuse cases.

6.2.1.4 Traditional leaders

The relationship between social workers and traditional leaders was found to be a critical one. In many settings in South Africa, particularly in rural areas, tribal authorities play a central role in community justice, settling disputes between community members through the payment of 'damages'. From the interviews with the social workers it appears that traditional leaders and social workers have parallel roles to play, and when they do not work well together this can cause real difficulties.

In KwaZulu-Natal, traditional leaders not cooperating with social workers was cited as a problem in every interview. What would typically happen is that these cases, especially sexual abuse cases, would be addressed by the inDuna (traditional authority figure), and an amount that had to be paid to the family – usually paid in livestock – would be decided by the inDuna. Paying this amount would clear the perpetrator of fault and mollify the family, but did not in any way address the potential harm done to the victim. This posed a real challenge to social workers as cases would not be reported to them, perpetrators would roam free, and children would not receive trauma counselling or medical support.

However, in other areas, such as the Eastern Cape and North West provinces, social workers and traditional leaders would collaborate and support each other in their work. When a case came to a traditional leader they would refer it to social workers and they would also assist social workers with gaining entrance to certain communities, where necessary, and visibly support their prevention work in the community. Social workers would in turn work in a way that was respectful of traditional leaders and their roles in the communities.

6.2.1.5 Other stakeholders

In general, most participants felt that frontline staff at DSD and elsewhere seemed to carry the bulk of responsibility in the child protection system. The participants argued that other stakeholders did not always fulfil their role with regard to child protection, and this was either as a result of a deferral of responsibility, or simply a lack of understanding of their roles and responsibilities within the system. For example, participants frequently expressed frustration that those mandated to report child abuse were not aware that they are obligated to do so, and thus usually left the responsibility of ensuring things were done correctly to the social worker. Furthermore, communication between stakeholders generally seemed to be poor, with information rarely being readily or adequately shared, and stakeholders struggling to work together when needed. Because services were not coherent and complementary across stakeholders, the result was less efficient services and unnecessary hold-ups.

6.2.2 Personal toll on social workers

A major challenge experienced by many staff was the traumatic nature of the work they performed and the lack of adequate debriefing they were provided with in order to cope with the nature of the job, especially within the department. This was brought up in the majority of offices visited.

'Some of the cases are horrible, they suffer from secondary trauma, and luckily we have the support system of the supervisors, but even with that it's sometimes just too much to deal with.' – Manager, SAVF Polokwane

'We pick up a lot of ugliness and we don't always even have the time to deal with it. You take it home, you internalise it, whatever, and that's not quite right. Realistically speaking there's just no time, but also the reality is that we do need support, we do need to take that load off our shoulders.' – Supervisor, Child Welfare Tshwane

6.2.3 Safety of social workers

Safety of social workers was reported as being a significant concern, with social workers reporting experiences of community members coming to their homes or offices to complain or threaten them regarding the work they were carrying out.

6.2.4 High caseloads

As a result of high caseloads, social workers often felt that they were unable to offer their young clients comprehensive services. They became unable to spend quality time with child victims, who might take time to begin to trust and talk to the social worker. Staff reported that generally cases of abuse rarely received the attention and time required to complete an intensive investigation and intervention.

'We do have high caseloads, we don't really have the ideal caseload to make it manageable, so it's about making it with what you have and seeing what you can do, and that's scary because some of the stuff falls through the cracks.'
– Supervisor, Child Welfare Tshwane.

'We're totally understaffed. If you look at what the norm is for the social workers, like 60 files per social worker – I don't know of one social worker with 60 files, all of them have more than 60 files, it's usually around 100 files per social worker... so it's really difficult for the social workers to attend to everything, and to get to everything on time.'
– Manager, SAVF Polokwane.

6.2.5 Resource constraints

There was reported to be a serious lack of resources available to frontline staff across all agencies. For example, staff at DSD often had little or no access to a vehicle, which is essential when investigating and following up on cases. Some offices reported only having access to a vehicle one day a month, sometimes even less. Social workers also struggled with access to other essential resources, such as computers and phones, as well as other basics like petrol, internet and stationery.

'Social workers were saying five of them will be sharing the office, they only have one computer, so I come early in the morning so that I work on the computer. The minute I stand up and go to the bathroom somebody steps in, and it's so difficult because people end up physically fighting because everybody wants to access the computer because we are saying to them you need to be submitting this report by twelve o'clock, or by ten o'clock. So the issue of IT equipment, it's a challenge; the issue of transport, it's a challenge.' – Supervisor, North West Province

Another challenge felt throughout was a lack of adequate and appropriate office space for the type of work being done, in terms of both equipment and environment. Social workers normally shared an office space with a number of other people, and did not have access to safe, private, child-friendly spaces in which they could carry out interviews and consultations with clients. This was felt not only to result in confidentiality issues, but affected the upholding of the best interests of the client. A supervisor in Gauteng noted that often, the only way around this was to seek any possible alternative, stating that *'you end up interviewing a child in a car at the back of a school.'*

6.2.6 Places of safety

Staff generally reported that there were never enough places of safety available for child victims of abuse and that there was a real need to increase the number of places available to children, whether it be in places of safety or foster homes. It was also difficult to find people who were willing to be foster parents, and if people did decide to help, the process of becoming a foster parent could be drawn out, and grants to foster parents who were caring for children often took months to be paid. Of the places of safety that had been made available, many were often reluctant to take in certain children – such as teenagers, boys, 'problem children' or children with special needs or disabilities.

'The lack of resources that we need, the lack of adequate or enough places of safety, we have children who have specialised needs, there's no facilities for them in terms of children's homes.' – Manager, Child Welfare Durban.

Another issue brought up with regard to places of safety is that it was felt there was not always adequate monitoring and evaluation of these places, and that many of them were unsafe, not run properly, or that abuse occurred within these places themselves (both with carers as perpetrators, as well as other children placed there).

6.2.7 Quantity over quality

Staff repeatedly expressed concern about the fact that DSD placed such a great emphasis on delivering on statistics, as opposed to quality service. *'All they want is their numbers,'* stated a social worker in Gauteng, who was one of many who felt there was too much focus on pushing for quantity instead of quality. The opinion here was that DSD paid more attention to the size of numbers in reports, than the actual social change in the community. This challenge especially related to the prevention work carried out by staff.

6.3 What works well?

Despite the many challenges listed above, staff reported a number of areas of the child protection system that functioned well and enhanced the efficacy of their work. These will be briefly outlined below.

- The participants generally agreed that the policy and legislative infrastructure of the child protection system was good, and especially praised the Children's Act as being very thorough and comprehensive. They felt that, at least in theory, the child protection system has a strong base, and if enacted correctly by all stakeholders, the child protection system would be far more effective.

'With the system, if you go look at our Children's Act, how it was written and everything, it's great, it's there to protect our children... it's really a good Children's Act, but again, to implement that you need more resources and you need more social workers. But it's really a nice Act to protect our children and to act in their best interest.'

– Social worker, Mpumalanga

- Most interviewees felt that the prevention and awareness campaigns being initiated by DSD offices worked well, and that they were effective in meeting their objectives.
- The Thuthuzela Care Centres and 'one-stop' model was praised as being very effective by most offices we visited because they allowed cases to be dealt with far more efficiently. Victims could receive a medical examination, open a case and receive counselling all in one site. Being able to do so placed fewer burdens on all involved, especially the victim.
- Holding regular forum meetings with various stakeholders was another exercise that staff deemed to be fruitful. These meetings provided the opportunity for different stakeholders to interact directly with each other on a regular basis, allowing clarifications and requests to be made, feedback received and accountability to follow through with commitments to be monitored. In fact, all staff felt that most aspects of the system could work well, if one could develop good working relationships with individuals at various departments. The participants reported that in situations where they had someone to call at specific departments and had a good relationship with them, things ran smoothly.
- Finally, and perhaps not surprisingly, although the staff who were interviewed for this study often expressed a sense of despondency in the face of the challenges of their work, they all felt that they themselves, and their fellow staff, did the work to the best of their ability, even in often difficult situations. One social worker stated, *'We can only do our bit, and our bit seems to be working.'* This was especially true when social workers felt passionate about their jobs, and about making a difference. For example, another social worker stated, *'The personality of the social workers, people taking this as a calling, and doing their best in their work, is what works best for us.'* The participants seemed to agree that the outcomes they saw and the cases they finalised were as a result of their constant effort to push back against all the challenges and provide a service despite the odds.

7. Consequences

7.1 Mental health consequences (anxiety, depression, PTSD)

The Trauma Symptoms Checklist for Children was used to assess the mental health consequences of child sexual abuse and maltreatment. Cut-off points have been developed in the USA to identify young people who might be in need of mental health treatment, and we used these cut-off points in this study even though they might not be appropriate in South Africa; at the very least, they do give an idea of how many young people are struggling with serious mental health problems. The percentages of young people who reported these clinical levels of mental health symptoms are reported in Table 23 below. Each report is broken down by whether the young person concerned had been sexually abused, or not – so that one can see, as a percentage of those who have (or who have not) been sexually abused, what proportion reported mental health problems.

Table 23: Percentages of young people reporting clinical levels of symptoms in the school survey

	Anxiety	Depression	PTSD
No sexual abuse	4.0%	3.0%	2.2%
Sexual abuse	8.3%	6.2%	6.4%

Sexual abuse is not the only cause of mental health symptoms. Young people who have experienced other forms of violence, or who are dealing with other anxiety-provoking matters such as struggling to pay school fees or difficulties in their relationships, may also suffer from anxiety, depression or PTSD. However, sexual abuse dramatically increases the odds of developing mental health symptoms: young people who have been sexually abused are more than twice as likely to develop anxiety and depression, and three times as likely to develop PTSD symptoms, as other young South Africans.

7.2 Injuries and problems with schoolwork

We also explored the consequences in terms of missing school or being unable to complete schoolwork, being injured, or needing medical attention after an incident of sexual abuse. These results are presented in Table 24 below.

Table 24: Percentages of those who reported sexual abuse who then experienced educational or medical problems after the abuse, school IAQ

Type of sexual abuse	Missing school or problems in schoolwork	Being injured	Of those who were injured, what proportion sought medical assistance?
Sexual abuse by a known adult	24.0%	29.9%	33.3%
Sexual abuse by an unknown adult	20.4%	13.0%	72.7%
Sexual abuse by a child or a teen	8.2%	10.3%	33.3%
Forced sexual intercourse (actual or attempted)	12.2%	15.0%	52.6%
Exposure to sexual material	4.3%	3.6%	33.3%
Sexual harassment	12.5%	-	-
Sexual experience with an adult	3.2%	3.1%	22.2%

This table makes clear how much impact there can be on children’s lives when they have been sexually abused. One-fifth of children who have been sexually abused by adults are likely to have problems with schoolwork or school attendance. Nearly a third of those abused by a known adult are likely to have injuries as a result of this abuse, although in turn, only a third of those injured will actually seek assistance. While fewer children who have been abused by an unknown adult are injured, they are far more likely to seek medical assistance.

The household survey makes it possible for us to put some numbers to these percentages – to estimate how many children are affected in this way. More than 17 000 young people’s schoolwork was affected through their sexual abuse at the hands of a known adult; the majority of these were girls (more than 13 400). More than 13 500 were injured in the course of sexual abuse perpetrated by an adult they knew, and of these, 4 345 sought medical help. While clearly not all these consequences are experienced by all young people who have been sexually abused, the scale of the numbers gives a sense of the scale of the problem across the nation, and demonstrates that sexual abuse of young people is a significant issue for the education and health sectors.

7.3 Sexual risk behaviour

The experience of having been sexually abused can lead to increased sexual risk behaviour.

Table 25: Percentages of young people reporting levels of sexual risk behaviour, by sexual abuse status, in the school IAQ

	Low risk sexual behaviour	High risk sexual behaviour
No sexual abuse	90.1%	9.9%
Sexual abuse	62.6%	37.4%

Clearly, having been sexually abused is associated with high-risk sexual behaviour – the kinds of behaviour that puts young people at risk for sexually transmitted infections (including HIV) and unwanted pregnancies. The strength of the relationship becomes abundantly clear when exploring the probability that a young person will engage in high-risk sexual behaviour: young people who have been sexually abused are between 5 and 7 times more likely to engage in high-risk sexual behaviour than those who have not (although again a word of caution here: it may be high-risk sexual behaviour that puts young people at risk of abuse, as well as having been abused increasing the likelihood that young people will engage in high-risk sexual behaviour).

7.4 Substance misuse

Whether young people were using substances or not at risky levels was assessed using the CRAFFT; a young person who answered ‘yes’ to one or more of the six questions was assessed as using substances at risky levels (Knight 2003).

Table 26: Percentages of young people reporting risky substance use, by sexual abuse status, in the school IAQ

	Low risk	High risk
No sexual abuse	82.2%	17.8%
Sexual abuse	56.8%	43.2%

As with the relationships between sexual abuse and sexual risk behaviour, young people who report having been sexually abused are much more likely also to report substance misuse. In fact, they are between three and five times more likely to report substance misuse, than those who did not report sexual abuse.

8. Who did the victims confide in?

We also explored the decisions that young people make when they are confronted with a situation of sexual abuse or exploitation. We asked a series of questions about who they reported their experiences to, how they felt their reports were received or handled, as well as the reasons for not reporting. Below is a selection of sexual abuses that young people have experienced and who they reported these experiences to. These are also all *legally reportable* offences by those who receive complaints of sexual abuse. In reading the prevalence for reporting, it should be borne in mind that children could have reported to more than one person.

For all forms of abuse, young people reported to their parents, but also to those other than parents and people in positions of legal authority or guardianship. This included friends and other support persons such as those considered 'community leaders', counsellors other than school counsellors (such as religious, peer and other types of community counsellors) as well as other family members. In cases of sexual abuse committed by adults – both those known and unknown to them – young people predominantly found support and counsel with friends (50% of the time).

When asked whether they found their reporting experiences to either legal authorities or to others to be positive, they generally found these experiences to be so. There were, however, differences in the extent to which they found these reporting experiences positive and this was dependent on the nature of the sexual abuse reported. For example, 72.5% of young people who experienced sexual abuse by a known adult found their reporting experiences to be positive. Surprisingly, those who reported sexual abuse by an unknown adult were less likely to feel so (59.1%). Young people feel even less positive about reporting experiences of forced sexual intercourse – where someone attempted to force them to have sexual intercourse of any kind – with only half of them saying that this reporting experience was positive (51.2%).

Table 27: Who knew about child sexual abuse: by gender

WHO KNEW ABOUT SEXUAL ABUSE?	SCHOOLS IAQ	
	Males	Females
Sexual abuse by known adult		
Parents	26.9%	59.2%
Teacher, counsellor or other adult at school	3.8%	18.3%
A doctor/health care practitioner	3.8%	14.1%
Psychologist	0	7.0%
Social worker	0	14.1%
Police or other law official	0	31.0%
Sexual abuse by unknown adult		
Parents	33.3%	77.8%
Teacher, counsellor or other adult at school	0	30.8%
A doctor/health care practitioner	0	40.7%
Psychologist	0	15.4%
Social worker	0	40.7%
Police or other law official	0	51.9%
Sexual abuse by a child or adolescent		
Parents	7.5%	35.3%
Teacher, counsellor or other adult at school	3.8%	20.6%

A doctor/health care practitioner	1.9%	8.8%
Psychologist	0	8.8%
Social worker	0	2.9%
Police or other law official	0	11.8%

Forced sexual intercourse (actual or attempted)

Parents	15.2%	36.2%
Teacher, counsellor or other adult at school	0	13.8%
A doctor/health care practitioner	0	6.4%
Psychologist	0	3.2%
Social worker	0	8.5%
Police or other law official	0	7.5%

The figures for positive reporting experiences might be related to the frequency with which social workers actually intervened in, and investigated, reported cases of child abuse. By example, cases of sexual abuse by a known adult that were reported to a social worker were investigated in 80% of cases. Cases of sexual abuse by an unknown adult were investigated in 62.5% of cases, while cases where forced sexual intercourse took place were only investigated by social workers 28.6% of the time. The extent to which young people have positive experiences with reporting sexual abuse could be related to levels of intervention or investigations.

8.1 Why do young people not report sexual abuse?

Based on the table above, one can see that in many instances, there is little or no reporting. Young males are especially disinclined to report. In all sexual abuse categories, boys did not report any abuses to either psychologists, social workers or police/other law enforcement officials. They were consistently most likely to report sexual abuse to parents: sexual abuse by known adult (26.9%), sexual abuse by unknown adult (33.3%), sexual abuse by a child or adolescent (7.5%) and forced sexual intercourse (15.2%).

The reasons for not reporting are poignant reminders of how young people perceive how their experiences will be responded to, as well as thought-provoking for those promoting increased reporting of child sexual abuse cases.

Table 28: Reasons for not reporting child sexual abuse: by gender

NATURE OF ABUSE	TOP THREE REASONS FOR NOT REPORTING			
	Males	%	Females	%
Sexual abuse by known adult	1. The person was my neighbour	29.4%	1. No reason given	29.6%
	2. No reason given	17.6%	2. Scared	22.2%
	3.(a) I did not feel that it was serious enough; (b) I was scared; (c) he or she was my cousin or girlfriend	5.9%*	3.(a) No one was going to believe me; (b) my mother will not believe me; (c) I thought he would stop	3.7%*

NATURE OF ABUSE	TOP THREE REASONS FOR NOT REPORTING			
	Males	%	Females	%
Sexual abuse by unknown adult	1. He was a stranger/I did not know him	25%	1. I was scared	37.5%
	2. He was my neighbour	25%	2. I was afraid that they will not take me seriously	25%
	3.(a) I was scared; (b) I was scared my friends would laugh at me	5.9%*	3. No response or refused to answer	25%

* Each listed item in this cell had a prevalence rate of the percentage denoted here.

It is evident that the fear of and familiarity (or lack thereof) with perpetrators has a large role to play in whether young people report a sexual offence. The impact of victims' fears of, and intimidation by, perpetrators in sexual offences literature is extensive. So are findings relating to the lack of ongoing communication by criminal justice personnel with victims during sexual offences investigation and prosecution processes.

There is ample research in South Africa which has identified some of the critical failures of the criminal justice and health systems in addressing sexual offences. Some have examined the experiences of rape survivors, while others have examined the deficits of the criminal justice process through attrition studies and the legal challenges of the law. These studies reiterate, through various methods and points of departure, the critical gaps in service provision for those who have experienced sexual abuse and report these incidences to the police. What is certain is that many of those who have reported being victims of sexual abuse have not found justice within a system that is differentiated in terms of access, quality of service, level of skill and commitment.

Information is central to the safety and security, not to mention the continued cooperation, of victims in the criminal justice process or indeed any investigation process. Young people in this study provided their somewhat limited knowledge of the outcomes of their cases when they were reported to the criminal justice system. For those who experienced sexual abuse by a known adult and had to attend court for the incident, the accused was found to be guilty in 53.8% of cases, but in 7.7% of cases charges were dropped or cases were postponed (15.4% of cases). For those who experienced sexual abuse by an unknown adult and had to attend court, the accused was found to be guilty in only 37.5% of cases, and cases were postponed in 67.5% of cases. The lack of information and delays in justice become progressively worse in cases of forced sexual intercourse, where in 40% of cases the complainants did not know what happened to the case or the cases were still pending, and where 20% of cases were postponed. For most victims of sexual abuse, simply knowing when cases would be heard, the reasons for court delays, the reasons for cases being dropped by the prosecution and the circumstances which lead to non-guilty verdicts, also contribute to creating a positive reporting experience.

9. Conclusions and recommendations

As mentioned previously, child maltreatment has been the focus of several small-scale studies in South Africa, but no *nationally representative* study on the extent or impact of child maltreatment has existed hitherto. The prevalence of child sexual abuse in South Africa has therefore been largely unknown, which has meant that governmental resources put towards addressing policy, social development and justice responses (among others), have been based on official reporting rates, which are underestimates of its prevalence: in any country, many instances of child maltreatment go unreported.

There is indeed political will in South Africa to address child maltreatment; our legislative frameworks are evidence of this. While over the past decade, South Africa has developed forward-looking policies as well as legislation that focuses on both the prevention and treatment of maltreatment and offences against children, this has only relatively recently been promulgated and implemented. There has, until now, been no data to inform the possible impact, success or failure of these policies.

This study, for the first time, provides the national population-based data on, not only sexual abuse, but also other forms of child maltreatment, that can be used for planning purposes, against which the national and provincial policies can be assessed and real, targeted interventions to address problematic areas can be designed and implemented.

No study is without its limitations; even so, the methods utilised here are the best suited to a study of this nature. The Optimus study on Child Abuse, Violence and Neglect is unique in the use of both administered and self-administered tools in two different settings and has adopted the most representative sample methods of any study yet conducted in South Africa on this subject. The use of a self-administered questionnaire seems to have been very helpful to boys in supporting them to disclose, as evident in the higher frequencies of disclosure in the results obtained from the self-administered questionnaires.

Until this study, no previous study revealing the actual state of the Child Protection Agencies in South Africa had been undertaken. The Optimus Study principal investigators initially suggested both a qualitative and quantitative data collection component for the Agency Study. The quantitative component was intended to retrieve information from the Child Protection Register – based on the assumption that this register was reasonably functional. During the course of implementing the study, the investigators found that this assumption was unfounded. While aware that there were different ‘entry points’ into the child protection system – NGOs, SAPS, FCSs, DSD, Schools (and school social workers where they do exist) – the investigators could not have predicted how fragmented and uncoordinated these systems were in practice, particularly since the Children’s Act Regulations provide guidance as to what the reporting process should entail. Based on the methods that eventually had to be employed as a result of this fragmented system, the investigators are confident that the study findings are testament to the absence of a direct stream or trajectory both to, and within, the child protection system.

9.1 Recommendations for procedural policy and legislation

It is evident that South Africa is well positioned, in terms of its ratification of international policies (eg the UN *Convention on the Rights of the Child*) and in terms of its domestic legal framework, for the protection of children from child sexual abuse and maltreatment. As with many contexts, existing protective mechanisms, are ‘policy rich and implementation poor’. Of particular relevance to the ‘great policy debate’ in this study, was the extent to which young people experienced sexual abuse and other forms of maltreatment, contrasted to the extent to which these cases were reported, and to whom, and of course, the reasons for why they were or were not reported. The data implies that not only do young people tend *not* to report or disclose their experiences of child abuse and maltreatment, but that when they *do* report or disclose, the trajectory of criminal justice, psychosocial support and child protection services is not as effective as South Africa’s child protection laws, policies and regulations intended.

This, and other studies, have shown that cases of child sexual abuse and other forms of maltreatment in South Africa often ‘fall out’ of the system or experience severe delays in justice, including child protection. There is a range of agencies statutorily involved in the referral and management of cases. These include: the SAPS; Child Protection Units; state social workers (from both the Department of Social Development and the Department of Education); NGO service providers; school authorities; prosecutors; Criminal and Children’s Courts; Labour Relations in the event that an employee is accused; and medical personnel (ambulatory, emergency, primary health and forensic). However, there is currently no official protocol for the treatment, referral and management of these cases across these agencies, not to mention existing conflicting legal requirements across several pieces of legislation in relation

to reporting requirements. It is also evident that there is also a critical lack of adequate psychosocial support for child and adolescent victims during the reporting and investigation process.

The first step towards ameliorating these 'attrition points' in service provision, and to improving the systemic management of child sexual abuse and maltreatment, is to begin the process of systematically documenting the reporting, referral and case management trajectories of these cases. This will go far in identifying existing practices that both inhibit and enhance intersectoral coordination, communication and decision-making, accelerating service delivery and minimising harm to young complainants/victims.

On this basis, South Africa can move towards the formulation of a much-needed, and regulated, *child protection protocol* for the management of sexual offences for both state and non-governmental child protection service providers, which is both supported and reinforced by the existing legal framework (and concomitant legislative regulations and departmental policies), as well as research evidence. Of importance in such a protocol would be specific considerations of the different types of abuses faced by boys and girls, namely, the treatment and management of contact and non-contact offences. As there tends to be under-reporting in both instances, attention should be paid to the facilitation of more accessible and sensitive reporting mechanisms as well as response protocols to the wide range of these offences.

A more concrete example of an existing policy that could be amended to address disparities in the nature of sexual victimisation of boys and girls is the 2003 *National Management Guidelines for Sexual Assault*. These guidelines were drafted and endorsed by the Department of Health under the auspices of the National Maternal Child Women's Health and Nutrition Cluster, with the assistance of a 'technical group' of medico-legal experts. The objective of these guidelines is to improve sexual assault care within the framework of a health service model that puts the patient's health needs centrally. While highlighting that sexual offences affect both men and women, and that men's responses to experiences of sexual violence might have other impacts such as being 'particularly concerned ... about their masculinity, sexuality, other people's opinions and the fact that they were not able to prevent the event' (p 9), these guidelines do not specifically address the *management* of boys and men as victims of sexual offences, apart from a brief section on male genital examinations. It is therefore recommended that these and other health, criminal justice, schools-based and social development guidelines and policies surrounding the management of sexual offences, ensure that the diverse needs of boys and girls receive equal attention and are specifically attended to after the report of a sexual offence.

9.2 Recommendations for practice

Given the strong associations between sexual abuse and all other forms of maltreatment and victimisation, those taking a report of sexual abuse or dealing with a young victim should be alert to the likelihood that the child has also experienced one or more other victimisations. These should also be explored in counselling, and appropriate support provided.

Special consideration should be given to the children of those facing lengthy hospitalisations or illnesses, who need support to engage with and supervise their children; or for arrangements to be made for another caregiver to do this while they are away.

Since parental substance misuse is associated with sexual abuse of children, one key preventive strategy is to make substance abuse treatment programmes far more widely available and accessible than they are at present.

Good parent-teen relationships – where parents have warm, caring relationships with their children, where there is good communication between parent and child, and where parents monitor their children's activities – play a role in preventing child sexual abuse. Programmes that promote better parent-teen relationships should also be made widely available. One such example is the Sinovuyo Caring Families Programme for parents and teens aged 10-17. Tested in the Eastern Cape province, it is one of very few programmes to attempt this and which is suitable for low and middle-income countries. Initial results are very promising (Cluver et al., 2016).

Young people who have been sexually abused are at greater risk for engaging in sexual risk behaviours, a phenomenon known as 'repetition compulsion'. People who have endured traumatic situations lost control in that situation, and are sometimes unconsciously compelled to repeat the trauma or to put themselves in a situation where it might occur again, in an attempt to establish control. In addition, their ideas about healthy sexual expression may have been distorted by the trauma. Thus young people who have been sexually abused would benefit not only from counselling to address the abuse (and so prevent repetition compulsion), but also specific support to develop the skills to manage their sexual encounters, so that they are both protected against infections and pregnancy, and are enabled to enjoy future sexual encounters.

Young people who misuse substances are at higher risk for sexual abuse because of the disinhibiting effect of drugs and alcohol, as well as the loss of judgement that results from intoxication. In addition, young people who have been through a traumatic event such as sexual abuse may turn to drugs and alcohol to manage their symptoms (which in turn may put them at risk for further sexual abuse). For this reason, youth-friendly substance-abuse treatment services should be made widely available, both to reduce substance misuse and hence the likelihood of sexual abuse; and to treat the substance abuse that arises from sexual abuse in an attempt to self-medicate the symptoms of distress. The latter services need to be trauma-informed – that is, they also need to take into account symptoms of the trauma, and treat those as well as the substance misuse.

Since sleeping density – sharing a bedroom with more than one person – was associated with sexual abuse, this has implications for prevention. It suggests that (a) housing that provides for separate bedrooms for girls should be an important consideration for parents, and for government departments providing housing; (b) assisting parents to provide private sleeping arrangements for girls, whatever their circumstances, would help to reduce child sexual abuse.

Schools have a particularly important role to play in addressing the levels of sexual violence that are evident both within the school environment, and within households. Currently, schools are guided by the Prevention of Sexual Offences Act, the Children’s Act (No 38 of 2005) and the Child Justice Act (No 75 of 2008), as well as the Signposts for Safe Schools and National School Safety Framework (2015) in how best to ensure that schools are free of all forms of violence, and in how to both prevent and respond to violence of all forms. However, as this study shows, schools are still a site of violence for many children. In the longer term, the normative attitudes toward violence that still exist in many classrooms, evidenced by the ongoing use of corporal punishment, and the acceptance by educators of various forms of violence (including bullying and sexual harassment), must be shifted in order to ensure that schools are safe places for children, where learning can occur. This can be achieved through the integration of school safety in teacher training curricula, as well as the integration of evidence-based life-skills curricula that directly target issues relating to sex, gender and violence, into schools. Given the experiences of sexual violence of boys highlighted in the study, particular focus should be provided on building the capacity of educators to recognise and respond to all forms of sexual violence in the classroom and the school environment, with a particular focus on shifting current perceptions that all or most sexual violence is experienced only by girls, and rather recognise that boys also experience various forms of sexual violence.

More information and contact details

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11. Appendices: data tables

11.1 Sexual victimisation

Table 29: Interviewer-administered questionnaire (IAQ) – lifetime prevalence (%)

	Q14.1 Known adult ever touch your private parts when they should not have or made you touch their private parts or force you to have sex (Sexual abuse by known adult)			Q14.2 Unknown adult ever touch your private parts when they shouldn't have or made you touch their private parts or force you to have sex (Sexual abuse by unknown adult)			Q14.3 Any child or teen ever made you do sexual things against your will (Sexual abuse by a child or teen)			Q14.4 Anyone ever try to force you to have sexual intercourse of any kind, even if it did not happen (Forced sexual intercourse actual or attempted)			Q14.5 Anyone ever make you look at their private parts by force or surprise, force you to watch them masturbate, view nude pictures or pornographic videos or by flashing you (Sexual exposure abuse)			
	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	
	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	
School	All respondents	2,4%	97,6%	100,0%	9%	99,1%	100,0%	2,1%	97,9%	100,0%	3,2%	96,8%	100,0%	4,1%	95,9%	100,0%
	Male	1,2%	98,8%	100,0%	3%	99,7%	100,0%	2,5%	97,5%	100,0%	1,6%	98,4%	100,0%	6,8%	93,2%	100,0%
	Female	3,7%	96,3%	100,0%	1,5%	98,5%	100,0%	1,7%	98,3%	100,0%	4,9%	95,1%	100,0%	1,2%	98,8%	100,0%
	Urban	2,7%	97,3%	100,0%	9%	99,1%	100,0%	2,6%	97,4%	100,0%	3,8%	96,2%	100,0%	4,8%	95,2%	100,0%
	Rural	1,8%	98,2%	100,0%	8%	99,2%	100,0%	1,0%	99,0%	100,0%	1,4%	98,6%	100,0%	2,1%	97,9%	100,0%
Household weighted	All respondents	2,1%	97,9%	100,0%	6%	99,4%	100,0%	2,2%	97,8%	100,0%	2,2%	97,8%	100,0%	3,3%	96,7%	100,0%
	Male	9%	99,1%	100,0%	4%	99,6%	100,0%	2,2%	97,8%	100,0%	1,1%	98,9%	100,0%	4,5%	95,5%	100,0%
	Female	3,6%	96,4%	100,0%	9%	99,1%	100,0%	2,2%	97,8%	100,0%	3,5%	96,5%	100,0%	1,7%	98,3%	100,0%
	Urban	2,5%	97,5%	100,0%	9%	99,1%	100,0%	2,8%	97,2%	100,0%	2,4%	97,6%	100,0%	4,1%	95,9%	100,0%
	Rural	1,5%	98,5%	100,0%	2%	99,8%	100,0%	1,3%	98,7%	100,0%	1,9%	98,1%	100,0%	2,0%	98,0%	100,0%
Household unweighted	All respondents	1,9%	98,1%	100,0%	7%	99,3%	100,0%	2,0%	98,0%	100,0%	2,3%	97,7%	100,0%	3,4%	96,6%	100,0%
	Male	8%	99,2%	100,0%	5%	99,5%	100,0%	2,1%	97,9%	100,0%	1,1%	98,9%	100,0%	4,6%	95,4%	100,0%
	Female	3,4%	96,6%	100,0%	8%	99,2%	100,0%	2,0%	98,0%	100,0%	3,7%	96,3%	100,0%	2,0%	98,0%	100,0%
	Urban	2,2%	97,8%	100,0%	8%	99,2%	100,0%	2,3%	97,7%	100,0%	2,5%	97,5%	100,0%	3,7%	96,3%	100,0%
	Rural	1,5%	98,5%	100,0%	3%	99,7%	100,0%	1,3%	98,7%	100,0%	1,8%	98,2%	100,0%	2,8%	97,2%	100,0%

Interviewer-administered questionnaire (IAQ) – lifetime prevalence (%) (cont.)

	Q14.6 Anyone ever hurt your feelings by saying or writing something sexual about you or your body (Written or verbal sexual harassment)			Q14.7 Ever do sexual things with someone 18 year or older, even if both wanted to (Sexual experience with an adult)			Any sexual abuse – Q14.1, Q14.2, ... Q14.7			Any sexual abuse – Q14.1, Q14.2, ... Q14.5, Q14.7		
	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total
	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %
School												
All respondents	2,4%	97,6%	100,0%	7,1%	92,9%	100,0%	16,8%	83,2%	100,0%	15,7%	84,3%	100,0%
Male	1,2%	98,8%	100,0%	6,0%	94,0%	100,0%	14,5%	85,5%	100,0%	14,0%	86,0%	100,0%
Female	3,6%	96,4%	100,0%	8,2%	91,8%	100,0%	19,2%	80,8%	100,0%	17,4%	82,6%	100,0%
Urban	3,1%	96,9%	100,0%	8,0%	92,0%	100,0%	19,5%	80,5%	100,0%	17,9%	82,1%	100,0%
Rural	,5%	99,5%	100,0%	4,7%	95,3%	100,0%	9,7%	90,3%	100,0%	9,7%	90,3%	100,0%
Household weighted												
All respondents	2,2%	97,8%	100,0%	6,3%	93,7%	100,0%	14,6%	85,4%	100,0%	13,3%	86,7%	100,0%
Male	1,1%	98,9%	100,0%	4,4%	95,6%	100,0%	11,7%	88,3%	100,0%	11,1%	88,9%	100,0%
Female	3,5%	96,5%	100,0%	8,6%	91,4%	100,0%	18,2%	81,8%	100,0%	15,9%	84,1%	100,0%
Urban	2,6%	97,4%	100,0%	6,1%	93,9%	100,0%	16,2%	83,8%	100,0%	14,5%	85,5%	100,0%
Rural	1,5%	98,5%	100,0%	6,6%	93,4%	100,0%	12,1%	87,9%	100,0%	11,4%	88,6%	100,0%
Household unweighted												
All respondents	2,1%	97,9%	100,0%	6,3%	93,7%	100,0%	14,4%	85,6%	100,0%	13,1%	86,9%	100,0%
Male	1,2%	98,8%	100,0%	4,6%	95,4%	100,0%	11,7%	88,3%	100,0%	11,0%	89,0%	100,0%
Female	3,4%	96,6%	100,0%	8,5%	91,5%	100,0%	17,8%	82,2%	100,0%	15,9%	84,1%	100,0%
Urban	2,4%	97,6%	100,0%	6,4%	93,6%	100,0%	15,3%	84,7%	100,0%	13,9%	86,1%	100,0%
Rural	1,6%	98,4%	100,0%	6,1%	93,9%	100,0%	12,4%	87,6%	100,0%	11,5%	88,5%	100,0%

Table 30: Interviewer-administered questionnaire (IAQ) – lifetime prevalence (counts)

	Q14.1 Known adult ever touch your private parts when they should not have or made you touch their private parts or force you to have sex (Sexual abuse by known adult)			Q14.2 Unknown adult ever touch your private parts when they shouldn't have or made you touch their private parts or force you to have sex (Sexual abuse by unknown adult)			Q14.3 Any child or teen ever made you do sexual things against your will (Sexual abuse by a child or teen)			Q14.4 Anyone ever try to force you to have sexual intercourse of any kind, even if it did not happen (Forced sexual intercourse actual or attempted)			Q14.5 Anyone ever make you look at their private parts by force or surprise, force you to watch them masturbate, view nude pictures or pornographic videos or by flashing you (Sexual exposure abuse)			
	Yes Count	No Count	Total Count	Yes Count	No Count	Total Count	Yes Count	No Count	Total Count	Yes Count	No Count	Total Count	Yes Count	No Count	Total Count	
School																
	All respondents	100	3990	4090	35	4057	4092	87	4005	4092	129	3962	4091	166	3923	4089
	Male	26	2089	2115	6	2109	2115	53	2062	2115	33	2082	2115	143	1971	2114
	Female	74	1901	1975	29	1948	1977	34	1943	1977	96	1880	1976	23	1952	1975
	Urban	79	2870	2949	26	2925	2951	76	2875	2951	113	2837	2950	142	2807	2949
	Rural	21	1120	1141	9	1132	1141	11	1130	1141	16	1125	1141	24	1116	1140
Household weighted																
	All respondents	65401	3045884	3111284	19914	3092485	3112399	68466	3043933	3112399	67970	3043837	3111807	101195	3008096	3109291
	Male	15559	1708819	1724378	6827	1718037	1724865	38354	1686511	1724865	19281	1705097	1724378	77789	1645639	1723427
	Female	49841	1337065	1386907	13087	1374447	1387534	30112	1357422	1387534	48689	1338740	1387429	23406	1362458	1385864
	Urban	46786	1843661	1890447	17331	1873708	1891039	53011	1838027	1891039	44682	1845765	1890447	76872	1811582	1888454
	Rural	18614	1202223	1220837	2583	1218777	1221360	15454	1205905	1221360	23287	1198072	1221360	24323	1196514	1220837
Household unweighted																
	All respondents	109	5517	5626	37	5594	5631	114	5517	5631	128	5499	5627	192	5429	5621
	Male	25	3106	3131	16	3118	3134	65	3069	3134	36	3095	3131	143	2986	3129
	Female	84	2411	2495	21	2476	2497	49	2448	2497	92	2404	2496	49	2443	2492
	Urban	83	3765	3848	31	3821	3852	90	3762	3852	96	3752	3848	143	3700	3843
	Rural	26	1752	1778	6	1773	1779	24	1755	1779	32	1747	1779	49	1729	1778

Interviewer-administered questionnaire (IAQ) – lifetime prevalence (counts) (cont.)

	Q14.6 Anyone ever hurt your feelings by saying or writing something sexual about you or your body (Written or verbal sexual harassment)			Q14.7 Ever do sexual things with someone 18 year or older, even if both wanted to (Sexual experience with an adult)			Any sexual abuse – Q14.1, Q14.2, ... Q14.5, q14.7			Any sexual abuse – Q14.1, Q14.2, ... Q14.5, q14.7		
	Yes Count	No Count	Total Count	Yes Count	No Count	Total Count	Yes Count	No Count	Total Count	Yes Count	No Count	Total Count
School												
All respondents	97	3989	4086	289	3801	4090	685	3401	4086	640	3449	4089
Male	25	2088	2113	126	1988	2114	307	1806	2113	296	1818	2114
Female	72	1901	1973	163	1813	1976	378	1595	1973	344	1631	1975
Urban	91	2857	2948	235	2715	2950	575	2373	2948	529	2420	2949
Rural	6	1132	1138	54	1086	1140	110	1028	1138	111	1029	1140
Household weighted												
All respondents	67597	3041492	3109089	195639	2916168	3111807	454051	2654639	3108690	412353	2696938	3109291
Male	18865	1704533	1723398	76695	1647682	1724378	202013	1521384	1723398	191342	1532086	1723427
Female	48732	1336960	1385691	118944	1268486	1387429	252037	1133254	1385292	221012	1164852	1385864
Urban	49134	1839118	1888252	115211	1775237	1890447	305902	1581951	1887852	273211	1615243	1888454
Rural	18463	1202375	1220837	80428	1140931	1221360	148149	1072688	1220837	139143	1081694	1220837
Household unweighted												
All respondents	120	5500	5620	356	5271	5627	809	4810	5619	739	4882	5621
Male	36	3092	3128	144	2987	3131	365	2763	3128	343	2786	3129
Female	84	2408	2492	212	2284	2496	444	2047	2491	396	2096	2492
Urban	92	3750	3842	248	3600	3848	589	3252	3841	534	3309	3843
Rural	28	1750	1778	108	1671	1779	220	1558	1778	205	1573	1778

Table 31: Interviewer-administered questionnaire (IAQ) – last year (%)

	Q14.1.2 Happened in the last year (Sexual abuse by known adult) – all children			Q14.2.2 Happened in the last year (Sexual abuse by unknown adult) – all children			Q14.3.2 Happened in the last year (Sexual abuse by a child or teen) – all children			Q14.4.2 Happened in the last year (Forced sexual intercourse actual or attempted) – all children			Q14.5.2 Happened in the last year (Sexual exposure abuse) – all children		
	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total
School															
All respondents	1,0%	99,0%	100,0%	,4%	99,6%	100,0%	1,1%	98,9%	100,0%	1,7%	98,3%	100,0%	2,7%	97,3%	100,0%
Male	,6%	99,4%	100,0%	,2%	99,8%	100,0%	1,4%	98,6%	100,0%	,7%	99,3%	100,0%	4,7%	95,3%	100,0%
Female	1,5%	98,5%	100,0%	,7%	99,3%	100,0%	,9%	99,1%	100,0%	2,8%	97,2%	100,0%	,6%	99,4%	100,0%
Urban	1,1%	98,9%	100,0%	,5%	99,5%	100,0%	1,4%	98,6%	100,0%	2,1%	97,9%	100,0%	3,2%	96,8%	100,0%
Rural	,8%	99,2%	100,0%	,3%	99,7%	100,0%	,5%	99,5%	100,0%	,8%	99,2%	100,0%	1,6%	98,4%	100,0%
Household weighted															
All respondents	1,0%	99,0%	100,0%	,3%	99,7%	100,0%	1,3%	98,7%	100,0%	1,1%	98,9%	100,0%	2,1%	97,9%	100,0%
Male	,6%	99,4%	100,0%	,2%	99,8%	100,0%	1,3%	98,7%	100,0%	,5%	99,5%	100,0%	3,0%	97,0%	100,0%
Female	1,6%	98,4%	100,0%	,4%	99,6%	100,0%	1,3%	98,7%	100,0%	1,9%	98,1%	100,0%	1,1%	98,9%	100,0%
Urban	1,3%	98,7%	100,0%	,4%	99,6%	100,0%	1,8%	98,2%	100,0%	1,1%	98,9%	100,0%	2,8%	97,2%	100,0%
Rural	,6%	99,4%	100,0%	,2%	99,8%	100,0%	,6%	99,4%	100,0%	1,0%	99,0%	100,0%	1,1%	98,9%	100,0%
Household unweighted															
All respondents	,9%	99,1%	100,0%	,3%	99,7%	100,0%	1,2%	98,8%	100,0%	1,2%	98,8%	100,0%	2,3%	97,7%	100,0%
Male	,5%	99,5%	100,0%	,2%	99,8%	100,0%	1,3%	98,7%	100,0%	,5%	99,5%	100,0%	3,2%	96,8%	100,0%
Female	1,4%	98,6%	100,0%	,3%	99,7%	100,0%	1,2%	98,8%	100,0%	2,0%	98,0%	100,0%	1,1%	98,9%	100,0%
Urban	1,0%	99,0%	100,0%	,3%	99,7%	100,0%	1,5%	98,5%	100,0%	1,3%	98,7%	100,0%	2,4%	97,6%	100,0%
Rural	,6%	99,4%	100,0%	,2%	99,8%	100,0%	,8%	99,2%	100,0%	1,0%	99,0%	100,0%	1,9%	98,1%	100,0%

Interviewer-administered questionnaire (IAQ) – last year (%) (cont)

	Q14.6.2 Happened in the last year (Written or verbal sexual harassment) – all children		Q14.7.2 Happened in the last year (Sexual experience with an adult) – all children		Has any of the sexual abuse happened in the last year (Q14.x and Q14.x.2) [?]	
	Yes	No	Yes	No	Yes	No
	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %
School						
All respondents	1,6%	98,4%	100,0%	94,3%	100,0%	88,4%
Male	,9%	99,1%	100,0%	95,5%	100,0%	89,8%
Female	2,4%	97,6%	100,0%	93,1%	100,0%	86,9%
Urban	2,1%	97,9%	100,0%	93,6%	100,0%	86,5%
Rural	,3%	99,7%	100,0%	96,1%	100,0%	93,4%
Household weighted						
All respondents	1,4%	98,6%	100,0%	94,4%	100,0%	89,1%
Male	,5%	99,5%	100,0%	96,3%	100,0%	91,6%
Female	2,5%	97,5%	100,0%	92,0%	100,0%	86,0%
Urban	1,7%	98,3%	100,0%	94,5%	100,0%	88,0%
Rural	,9%	99,1%	100,0%	94,2%	100,0%	90,7%
Household unweighted						
All respondents	1,3%	98,7%	100,0%	94,3%	100,0%	89,2%
Male	,6%	99,4%	100,0%	96,1%	100,0%	91,3%
Female	2,2%	97,8%	100,0%	92,1%	100,0%	86,5%
Urban	1,5%	98,5%	100,0%	94,2%	100,0%	88,6%
Rural	1,0%	99,0%	100,0%	94,7%	100,0%	90,4%

Table 32: Interviewer-administered questionnaire (IAQ) – last year (counts)

	Q14.1.2 Happened in the last year (Sexual abuse by known adult) – all children			Q14.2.2 Happened in the last year (Sexual abuse by unknown adult) – all children			Q14.3.2 Happened in the last year (Sexual abuse by a child or teen) – all children			Q14.4.2 Happened in the last year (Forced sexual intercourse actual or attempted) – all children			Q14.5.2 Happened in the last year (Sexual exposure abuse) – all children			
	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	
	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	
School																
All respondents	42	4048	4090	18	4074	4092	47	4045	4092	70	4021	4091	111	3978	4089	
Male	13	2102	2115	4	2111	2115	30	2085	2115	15	2100	2115	100	2014	2114	
Female	29	1946	1975	14	1963	1977	17	1960	1977	55	1921	1976	11	1964	1975	
Urban	33	2916	2949	15	2936	2951	41	2910	2951	61	2889	2950	93	2856	2949	
Rural	9	1132	1141	3	1138	1141	6	1135	1141	9	1132	1141	18	1122	1140	
Household weighted																
All respondents	31394	3079890	3111284	8986	3103412	3112399	41255	3071143	3112399	34149	3077658	3111807	66737	3042554	3109291	
Male	9734	1714644	1724378	4001	1720863	1724865	23068	1701797	1724865	7902	1716475	1724378	51424	1672003	1723427	
Female	21661	1365246	1386907	4985	1382549	1387534	18188	1369346	1387534	26246	1361183	1387429	15313	1370551	1385864	
Urban	24069	1866379	1890447	7117	1883922	1891039	33320	1857719	1891039	21505	1868942	1890447	53040	1835414	1888454	
Rural	7326	1213511	1220837	1869	1219491	1221360	7935	1213424	1221360	12644	1208716	1221360	13697	1207140	1220837	
Household unweighted																
All respondents	51	5575	5626	15	5616	5631	70	5561	5631	66	5561	5627	127	5494	5621	
Male	16	3115	3131	7	3127	3134	41	3093	3134	17	3114	3131	99	3030	3129	
Female	35	2460	2495	8	2489	2497	29	2468	2497	49	2447	2496	28	2464	2492	
Urban	40	3808	3848	12	3840	3852	56	3796	3852	49	3799	3848	94	3749	3843	
Rural	11	1767	1778	3	1776	1779	14	1765	1779	17	1762	1779	33	1745	1778	

Interviewer-administered questionnaire (IAQ) – last year (counts) (cont)

	Q14.6.2 Happened in the last year (Written or verbal sexual harassment) – all children			Q14.7.2 Happened in the last year (Sexual experience with an adult) – all children			Has any of the sexual abuse happened in the last year (Q14.x and Q14.x.2) [?]		
	Yes Count	No Count	Total Count	Yes Count	No Count	Total Count	Yes Count	No Count	Total Count
School									
All respondents	66	4020	4086	233	3855	4088	474	3610	4084
Male	18	2095	2113	96	2017	2113	215	1897	2112
Female	48	1925	1973	137	1838	1975	259	1713	1972
Urban	63	2885	2948	188	2760	2948	399	2547	2946
Rural	3	1135	1138	45	1095	1140	75	1063	1138
Household weighted									
All respondents	42994	3065834	3108829	175054	2934800	3109855	339041	2767436	3106477
Male	7770	1715367	1723137	64219	1659530	1723749	145092	1577417	1722509
Female	35224	1350467	1385691	110835	1275271	1386106	193950	1190019	1383968
Urban	31552	1856700	1888252	103822	1785716	1889538	225778	1661165	1886943
Rural	11442	1209135	1220577	71232	1149084	1220317	113263	1106271	1219534
Household unweighted									
All respondents	74	5545	5619	319	5305	5624	608	5007	5615
Male	18	3109	3127	121	3009	3130	272	2854	3126
Female	56	2436	2492	198	2296	2494	336	2153	2489
Urban	56	3786	3842	224	3622	3846	437	3402	3839
Rural	18	1759	1777	95	1683	1778	171	1605	1776

Table 33: Self-administered questionnaire (SAQ) – lifetime prevalence (%)

	S14.1 Known grown-up ever touch private parts when they should not have or made respondent touch their private parts			S14.2 Unknown grown-up ever touched respondent's private parts when they should not have, made respondent touch their private parts or forced respondent to have sex			S14.3 Respondent ever been made to do sexual things against his or her will, by a child or teen			S14.4 Respondent ever had anyone try to force him or her to have sex, even if it did not happen			S14.5 Respondent ever had someone make him or her look at their private parts by using force or surprise, or force respondent to watch masturbation, view nude pictures or pornographic videos			[NO S14.6?] S14.7 Respondent has ever done sexual things with someone 18 or older, even if it was something both parties wanted			
	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	
	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	
School	All respondents	8,2%	91,8%	100,0%	5,5%	94,5%	100,0%	9,4%	90,6%	100,0%	11,7%	88,3%	100,0%	12,9%	87,1%	100,0%	15,7%	84,3%	100,0%
	Male	7,5%	92,5%	100,0%	5,1%	94,9%	100,0%	10,9%	89,1%	100,0%	9,1%	90,9%	100,0%	17,6%	82,4%	100,0%	15,8%	84,2%	100,0%
	Female	9,1%	90,9%	100,0%	5,9%	94,1%	100,0%	7,8%	92,2%	100,0%	14,5%	85,5%	100,0%	7,8%	92,2%	100,0%	15,5%	84,5%	100,0%
	Urban	8,4%	91,6%	100,0%	5,3%	94,7%	100,0%	9,8%	90,2%	100,0%	12,9%	87,1%	100,0%	14,2%	85,8%	100,0%	16,5%	83,5%	100,0%
	Rural	8,0%	92,0%	100,0%	6,0%	94,0%	100,0%	8,4%	91,6%	100,0%	8,6%	91,4%	100,0%	9,5%	90,5%	100,0%	13,7%	86,3%	100,0%
	All respondents	5,1%	94,9%	100,0%	3,5%	96,5%	100,0%	7,0%	93,0%	100,0%	6,6%	93,4%	100,0%	8,1%	91,9%	100,0%	13,1%	86,9%	100,0%
Household weighted	Male	4,0%	96,0%	100,0%	3,0%	97,0%	100,0%	7,8%	92,2%	100,0%	4,7%	95,3%	100,0%	10,3%	89,7%	100,0%	12,1%	87,9%	100,0%
	Female	6,4%	93,6%	100,0%	4,1%	95,9%	100,0%	6,0%	94,0%	100,0%	9,0%	91,0%	100,0%	5,5%	94,5%	100,0%	14,5%	85,5%	100,0%
	Urban	5,3%	94,7%	100,0%	3,7%	96,3%	100,0%	7,5%	92,5%	100,0%	6,2%	93,8%	100,0%	8,9%	91,1%	100,0%	12,1%	87,9%	100,0%
	Rural	4,8%	95,2%	100,0%	3,1%	96,9%	100,0%	6,3%	93,7%	100,0%	7,3%	92,7%	100,0%	7,0%	93,0%	100,0%	14,8%	85,2%	100,0%
	All respondents	5,0%	95,0%	100,0%	3,5%	96,5%	100,0%	6,8%	93,2%	100,0%	7,0%	93,0%	100,0%	8,2%	91,8%	100,0%	13,1%	86,9%	100,0%
	Male	4,0%	96,0%	100,0%	3,1%	96,9%	100,0%	7,5%	92,5%	100,0%	5,1%	94,9%	100,0%	10,2%	89,8%	100,0%	12,0%	88,0%	100,0%
Household unweighted	Female	6,2%	93,8%	100,0%	3,9%	96,1%	100,0%	5,8%	94,2%	100,0%	9,3%	90,7%	100,0%	5,8%	94,2%	100,0%	14,4%	85,6%	100,0%
	Urban	5,0%	95,0%	100,0%	3,5%	96,5%	100,0%	7,0%	93,0%	100,0%	6,9%	93,1%	100,0%	8,4%	91,6%	100,0%	12,8%	87,2%	100,0%
	Rural	4,9%	95,1%	100,0%	3,5%	96,5%	100,0%	6,2%	93,8%	100,0%	7,1%	92,9%	100,0%	7,9%	92,1%	100,0%	13,6%	86,4%	100,0%

Self-administered questionnaire (SAQ) – lifetime prevalence (%) (cont)

		Any sexual abuse – S14.1, S14.2, ... S14.5, S14.7			Any contact sexual abuse – S14.1, S14.2			Any non-contact sexual abuse – S14.3, S14.4, S14.5, S14.7		
	Yes	No	Total	Yes	No	Total	Yes	No	Total	
	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	
School										
All respondents	35,4%	64,6%	100,0%	11,3%	88,7%	100,0%	32,7%	67,3%	100,0%	
Male	36,8%	63,2%	100,0%	10,6%	89,4%	100,0%	34,8%	65,2%	100,0%	
Female	33,9%	66,1%	100,0%	12,0%	88,0%	100,0%	30,4%	69,6%	100,0%	
Urban	37,6%	62,4%	100,0%	11,2%	88,8%	100,0%	34,9%	65,1%	100,0%	
Rural	29,6%	70,4%	100,0%	11,5%	88,5%	100,0%	26,9%	73,1%	100,0%	
Household weighted										
All respondents	26,3%	73,7%	100,0%	7,2%	92,8%	100,0%	24,3%	75,7%	100,0%	
Male	25,2%	74,8%	100,0%	6,1%	93,9%	100,0%	23,5%	76,5%	100,0%	
Female	27,6%	72,4%	100,0%	8,5%	91,5%	100,0%	25,2%	74,8%	100,0%	
Urban	25,9%	74,1%	100,0%	7,5%	92,5%	100,0%	24,1%	75,9%	100,0%	
Rural	26,9%	73,1%	100,0%	6,7%	93,3%	100,0%	24,6%	75,4%	100,0%	
Household unweighted										
All respondents	26,0%	74,0%	100,0%	7,1%	92,9%	100,0%	24,1%	75,9%	100,0%	
Male	24,7%	75,3%	100,0%	6,1%	93,9%	100,0%	23,2%	76,8%	100,0%	
Female	27,6%	72,4%	100,0%	8,3%	91,7%	100,0%	25,2%	74,8%	100,0%	
Urban	25,8%	74,2%	100,0%	7,1%	92,9%	100,0%	24,1%	75,9%	100,0%	
Rural	26,4%	73,6%	100,0%	7,1%	92,9%	100,0%	24,0%	76,0%	100,0%	

Table 34: Self-administered questionnaire (SAQ) – lifetime prevalence (counts)

	S14.1 Known grown-up ever touch private parts when they should not have or made respondent touch their private parts			S14.2 Unknown grown-up ever touched respondent's private parts when they should not have, made respondent touch their private parts or forced respondent to have sex			S14.3 Respondent ever been made to do sexual things against his or her will, by a child or teen			S14.4 Respondent ever had anyone try to force him or her to have sex, even if it did not happen			S14.5 Respondent ever had someone make him or her look at their private parts by using force or surprise, or force respondent to watch masturbation, view nude pictures or pornographic videos		
	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total
	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count
School															
All respondents	332	3696	4028	221	3807	4028	379	3643	4022	469	3542	4011	516	3496	4012
Male	156	1934	2090	107	1979	2086	227	1854	2081	189	1885	2074	366	1713	2079
Female	176	1762	1938	114	1828	1942	152	1789	1941	280	1657	1937	150	1783	1933
Urban	243	2667	2910	154	2753	2907	285	2620	2905	373	2522	2895	410	2487	2897
Rural	89	1029	1118	67	1054	1121	94	1023	1117	96	1020	1116	106	1009	1115
Household weighted															
All respondents	154217	2876197	3030415	104441	2915845	3020286	212708	2808481	3021189	201221	2830855	3032076	245666	2770257	3015923
Male	67709	1610818	1678527	49777	1625327	1675105	131482	1544709	1676191	79647	1601140	1680788	171337	1497378	1668715
Female	86508	1265380	1351888	54663	1290518	1345181	81226	1263772	1344998	121574	1229714	1351288	74329	1272878	1347207
Urban	97232	1753818	1851050	67396	1771894	1839290	138330	1700817	1839147	114106	1730986	1845091	163134	1673666	1836800
Rural	56985	1122380	1179365	37045	1143951	1180996	74379	1107664	1182042	87116	1099869	1186984	82532	1096591	1179123
Household unweighted															
All respondents	275	5222	5497	191	5290	5481	372	5112	5484	382	5110	5492	450	5020	5470
Male	123	2935	3058	96	2956	3052	230	2825	3055	156	2900	3056	309	2733	3042
Female	152	2287	2439	95	2334	2429	142	2287	2429	226	2210	2436	141	2287	2428
Urban	190	3588	3778	131	3629	3760	265	3496	3761	259	3502	3761	315	3439	3754
Rural	85	1634	1719	60	1661	1721	107	1616	1723	123	1608	1731	135	1581	1716

Self-administered questionnaire (SAQ) – lifetime prevalence (%) (cont)

	S14.7 Respondent has ever done sexual things with someone 18 or older, even if it was something both parties wanted			Any sexual abuse – S14.1, S 14.2, ... S14.5, S 14.7			Any contact sexual abuse – S14.1, S14.2			Any non-contact sexual abuse – S14.3, S14.4, S14.5, S14.7		
	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total
	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count
School												
All respondents	634	3407	4041	1399	2550	3949	452	3551	4003	1299	2673	3972
Male	331	1761	2092	753	1293	2046	220	1857	2077	715	1339	2054
Female	303	1646	1949	646	1257	1903	232	1694	1926	584	1334	1918
Urban	480	2433	2913	1076	1783	2859	324	2567	2891	1003	1870	2873
Rural	154	974	1128	323	767	1090	128	984	1112	296	803	1099
Household weighted												
All respondents	399426	2642276	3041702	784967	2203549	2988516	215778	2795745	3011523	727563	2269715	2997278
Male	203326	1482076	1685402	415837	1237296	1653133	101962	1567863	1669824	390187	1268226	1658413
Female	196099	1160200	1356299	369130	966253	1335382	113816	1227882	1341698	337376	1001489	1338865
Urban	223134	1624865	1847999	470848	1350257	1821104	136963	1699742	1836705	438721	1384968	1823689
Rural	176292	1017411	1193703	314119	853292	1167411	78814	1096003	1174818	288842	884748	1173590
Household unweighted												
All respondents	721	4787	5508	1410	4013	5423	388	5079	5467	1310	4127	5437
Male	368	2696	3064	744	2269	3013	187	2856	3043	701	2321	3022
Female	353	2091	2444	666	1744	2410	201	2223	2424	609	1806	2415
Urban	484	3286	3770	961	2761	3722	267	3487	3754	899	2829	3728
Rural	237	1501	1738	449	1252	1701	121	1592	1713	411	1298	1709

11.2 Neglect

Table 35: Interviewer-administered questionnaire (IAQ) – lifetime prevalence (%)

	Q18.1 Ever had to look after oneself because a parent drank too much alcohol, took drugs or wouldn't get out of bed			Q18.2 Ever had to go looking for a parent because the parent left you alone, or with brothers or sisters and you did not know where the parent was			Q18.3 Parents ever/often had people around or over at the house, who respondent was afraid to be around			Q18.4 Ever had to live in a home that was broken down, unsafe or unhealthy			Q18.5 Ever a time when parents did not care if respondent was clean, wore clean clothes or brushed teeth or hair			
	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	
	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	
School	All respondents	1,7%	98,3%	100,0%	9%	99,1%	100,0%	4,3%	95,7%	100,0%	4,9%	95,1%	100,0%	1,3%	98,7%	100,0%
	Male	1,4%	98,6%	100,0%	8%	99,2%	100,0%	2,5%	97,5%	100,0%	4,0%	96,0%	100,0%	1,1%	98,9%	100,0%
	Female	2,1%	97,9%	100,0%	1,1%	98,9%	100,0%	6,2%	93,8%	100,0%	5,8%	94,2%	100,0%	1,5%	98,5%	100,0%
	Urban	2,1%	97,9%	100,0%	1,2%	98,8%	100,0%	5,0%	95,0%	100,0%	5,0%	95,0%	100,0%	1,3%	98,7%	100,0%
	Rural	7%	99,3%	100,0%	4%	99,6%	100,0%	2,6%	97,4%	100,0%	4,6%	95,4%	100,0%	1,1%	98,9%	100,0%
	All respondents	1,7%	98,3%	100,0%	1,6%	98,4%	100,0%	4,8%	95,2%	100,0%	6,8%	93,2%	100,0%	1,8%	98,2%	100,0%
Household weighted	Male	1,7%	98,3%	100,0%	1,4%	98,6%	100,0%	3,3%	96,7%	100,0%	5,6%	94,4%	100,0%	1,6%	98,4%	100,0%
	Female	1,8%	98,2%	100,0%	1,7%	98,3%	100,0%	6,5%	93,5%	100,0%	8,4%	91,6%	100,0%	1,9%	98,1%	100,0%
	Urban	1,9%	98,1%	100,0%	1,7%	98,3%	100,0%	4,4%	95,6%	100,0%	5,9%	94,1%	100,0%	1,5%	98,5%	100,0%
	Rural	1,4%	98,6%	100,0%	1,4%	98,6%	100,0%	5,4%	94,6%	100,0%	8,2%	91,8%	100,0%	2,1%	97,9%	100,0%
	All respondents	1,8%	98,2%	100,0%	1,4%	98,6%	100,0%	4,6%	95,4%	100,0%	6,3%	93,7%	100,0%	1,3%	98,7%	100,0%
	Male	1,7%	98,3%	100,0%	1,3%	98,7%	100,0%	2,9%	97,1%	100,0%	5,1%	94,9%	100,0%	1,3%	98,7%	100,0%
Household unweighted	Female	1,9%	98,1%	100,0%	1,6%	98,4%	100,0%	6,8%	93,2%	100,0%	7,8%	92,2%	100,0%	1,4%	98,6%	100,0%
	Urban	2,0%	98,0%	100,0%	1,6%	98,4%	100,0%	4,3%	95,7%	100,0%	5,6%	94,4%	100,0%	1,2%	98,8%	100,0%
	Rural	1,3%	98,7%	100,0%	1,0%	99,0%	100,0%	5,4%	94,6%	100,0%	7,7%	92,3%	100,0%	1,8%	98,2%	100,0%

Interviewer-administered questionnaire (IAQ) – lifetime prevalence (%) (cont)

Any neglect – Q18.1, Q18.2, ... Q18.5			
	Yes	No	Total
	Row Valid N %	Row Valid N %	Row Valid N %
School			
All respondents	10,1%	89,9%	100,0%
Male	7,7%	92,3%	100,0%
Female	12,7%	87,3%	100,0%
Urban	11,2%	88,8%	100,0%
Rural	7,4%	92,6%	100,0%
Household weighted			
All respondents	12,2%	87,8%	100,0%
Male	9,8%	90,2%	100,0%
Female	15,1%	84,9%	100,0%
Urban	11,2%	88,8%	100,0%
Rural	13,7%	86,3%	100,0%
Household unweighted			
All respondents	11,4%	88,6%	100,0%
Male	9,0%	91,0%	100,0%
Female	14,4%	85,6%	100,0%
Urban	10,8%	89,2%	100,0%
Rural	12,8%	87,2%	100,0%

Table 36: Interviewer-administered questionnaire (IAQ) – lifetime prevalence (counts)

	Q18.1 Ever had to look after oneself because a parent drank too much alcohol, took drugs or wouldn't get out of bed		Q18.2 Ever had to go looking for a parent because the parent left you alone, or with brothers or sisters and you did not know where the parent was		Q18.3 Parents ever/often had people around or over at the house, who respondent was afraid to be around		Q18.4 Ever had to live in a home that was broken down, unsafe or unhealthy		Q18.5 Ever a time when parents did not care if respondent was clean, wore clean clothes or brushed teeth or hair		
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	
School											
All respondents	70	4016	4086	4087	175	3890	4065	4064	51	4012	4063
Male	29	2082	2111	2112	53	2042	2095	2093	22	2071	2093
Female	41	1934	1975	1975	122	1848	1970	1971	29	1941	1970
Urban	62	2885	2947	2947	146	2794	2940	2939	39	2899	2938
Rural	8	1131	1139	1140	29	1096	1125	1125	12	1113	1125
Household weighted											
All respondents	53498	3056743	3110241	3110534	146885	2943447	3090332	3089486	210871	54073	3089313
Male	29176	1694593	1723769	1723769	56525	1654147	1710672	1711617	95142	27966	1682844
Female	24322	1362150	1386472	1386765	90360	1289300	1379660	1377869	115729	26108	1352396
Urban	36420	1852462	1888882	1889175	81928	1796332	1878260	1875357	111091	28319	1846368
Rural	17078	1204281	1221360	1221360	64957	1147115	1212072	1214130	99780	25755	1188872
All respondents	100	5524	5624	5624	259	5336	5595	5592	351	75	5591
Male	52	3077	3129	3129	91	3021	3112	3111	158	41	3069
Female	48	2447	2495	2495	168	2315	2483	2481	193	34	2447
Urban	77	3768	3845	3845	164	3662	3826	3821	214	44	3776
Rural	23	1756	1779	1779	95	1674	1769	1771	137	31	1740
Household unweighted											

Interviewer-administered questionnaire (IAQ) – lifetime prevalence (counts) (cont)

		Any neglect – Q18.1, Q18.2, ... Q18.5		
		Yes	No	Total
		Count	Count	Count
School	All respondents	411	3648	4059
	Male	161	1929	2090
	Female	250	1719	1969
	Urban	328	2607	2935
	Rural	83	1041	1124
	All respondents	375170	2705502	3080672
Household weighted	All respondents	167429	1539025	1706455
	Male	207741	1166476	1374217
	Female	208946	1661196	1870142
	Urban	166224	1044305	1210530
	Rural	637	4941	5578
	All respondents	280	2824	3104
Household unweighted	All respondents	357	2117	2474
	Male	410	3401	3811
	Female	227	1540	1767
	Urban			
	Rural			
	All respondents			

Table 37: Interviewer-administered questionnaire (IAQ) – last year (%)

	Q18.1.2. Happened in the last year – all children			Q18.2.2. Happened in the last year – all children			Q18.3.2. Happened in the last year – all children			Q18.4.2. Happened in the last year – all children			
	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	
	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	
School	All respondents	1,0%	99,0%	100,0%	,5%	99,5%	100,0%	2,4%	97,6%	100,0%	2,5%	97,5%	100,0%
	Male	,8%	99,2%	100,0%	,3%	99,7%	100,0%	1,2%	98,8%	100,0%	2,2%	97,8%	100,0%
	Female	1,1%	98,9%	100,0%	,7%	99,3%	100,0%	3,6%	96,4%	100,0%	2,9%	97,1%	100,0%
	Urban	1,1%	98,9%	100,0%	,6%	99,4%	100,0%	2,7%	97,3%	100,0%	2,8%	97,2%	100,0%
	Rural	,6%	99,4%	100,0%	,3%	99,7%	100,0%	1,4%	98,6%	100,0%	1,9%	98,1%	100,0%
	All respondents	1,0%	99,0%	100,0%	1,0%	99,0%	100,0%	2,1%	97,9%	100,0%	3,5%	96,5%	100,0%
Household weighted	Male	,7%	99,3%	100,0%	,8%	99,2%	100,0%	,8%	99,2%	100,0%	3,2%	96,8%	100,0%
	Female	1,4%	98,6%	100,0%	1,2%	98,8%	100,0%	3,6%	96,4%	100,0%	3,9%	96,1%	100,0%
	Urban	1,3%	98,7%	100,0%	1,1%	98,9%	100,0%	2,2%	97,8%	100,0%	3,4%	96,6%	100,0%
	Rural	,6%	99,4%	100,0%	,7%	99,3%	100,0%	1,9%	98,1%	100,0%	3,7%	96,3%	100,0%
	All respondents	1,0%	99,0%	100,0%	,8%	99,2%	100,0%	2,0%	98,0%	100,0%	3,3%	96,7%	100,0%
	Male	,7%	99,3%	100,0%	,7%	99,3%	100,0%	,9%	99,1%	100,0%	2,9%	97,1%	100,0%
Household unweighted	Female	1,3%	98,7%	100,0%	,9%	99,1%	100,0%	3,4%	96,6%	100,0%	3,8%	96,2%	100,0%
	Urban	1,2%	98,8%	100,0%	,9%	99,1%	100,0%	2,1%	97,9%	100,0%	3,2%	96,8%	100,0%
	Rural	,5%	99,5%	100,0%	,4%	99,6%	100,0%	1,8%	98,2%	100,0%	3,5%	96,5%	100,0%

Interviewer-administered questionnaire (IAQ) – last year (%) (cont)

		Q18.5.2. Happened in the last year – all children			Any neglect – Q18.1, Q18.2, ... Q18.5 – in last year, all children		
		Yes	No	Total	Yes	No	Total
		Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %
All respondents	,7%	99,3%	100,0%	5,5%	94,5%	100,0%	
	Male	,5%	99,5%	100,0%	4,1%	95,9%	100,0%
	Female	,9%	99,1%	100,0%	6,9%	93,1%	100,0%
	Urban	,8%	99,2%	100,0%	6,2%	93,8%	100,0%
	Rural	,5%	99,5%	100,0%	3,6%	96,4%	100,0%
All respondents	1,2%	98,8%	100,0%	6,8%	93,2%	100,0%	
	Male	1,0%	99,0%	100,0%	5,2%	94,8%	100,0%
	Female	1,5%	98,5%	100,0%	8,9%	91,1%	100,0%
	Urban	1,0%	99,0%	100,0%	6,7%	93,3%	100,0%
	Rural	1,6%	98,4%	100,0%	7,0%	93,0%	100,0%
All respondents	,9%	99,1%	100,0%	6,3%	93,7%	100,0%	
	Male	,8%	99,2%	100,0%	4,8%	95,2%	100,0%
	Female	1,0%	99,0%	100,0%	8,1%	91,9%	100,0%
	Urban	,7%	99,3%	100,0%	6,3%	93,8%	100,0%
	Rural	1,2%	98,8%	100,0%	6,3%	93,7%	100,0%

Table 38: Interviewer-administered questionnaire (IAQ) – last year (counts)

	Q18.1.2. Happened in the last year – all children			Q18.2.2. Happened in the last year – all children			Q18.3.2. Happened in the last year – all children			Q18.4.2. Happened in the last year – all children		
	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total
	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count
School												
All respondents	39	4046	4085	20	4067	4087	96	3968	4064	102	3958	4060
Male	17	2094	2111	6	2106	2112	25	2070	2095	45	2048	2093
Female	22	1952	1974	14	1961	1975	71	1898	1969	57	1910	1967
Urban	32	2914	2946	17	2930	2947	80	2859	2939	81	2854	2935
Rural	7	1132	1139	3	1137	1140	16	1109	1125	21	1104	1125
Household weighted												
All respondents	31267	3078675	3109942	29575	3080661	3110235	63532	3026800	3090332	108403	2979329	3087732
Male	12325	1711145	1723470	13527	1709944	1723470	14534	1696139	1710672	54436	1656500	1710936
Female	18942	1367530	1386472	16048	1370717	1386765	48998	1330661	1379660	53968	1322828	1376796
Urban	23753	1864830	1888583	20667	1868209	1888876	40971	1837289	1878260	63258	1811418	1874676
Rural	7515	1213845	1221360	8908	1212452	1221360	22561	1189511	1212072	45146	1167911	1213056
Household unweighted												
All respondents	55	5568	5623	44	5579	5623	113	5482	5595	184	5405	5589
Male	23	3105	3128	21	3107	3128	29	3083	3112	90	3019	3109
Female	32	2463	2495	23	2472	2495	84	2399	2483	94	2386	2480
Urban	46	3798	3844	36	3808	3844	81	3745	3826	122	3697	3819
Rural	9	1770	1779	8	1771	1779	32	1737	1769	62	1708	1770

Interviewer-administered questionnaire (IAQ) – last year (counts) (cont)

		Q18.5.2. Happened in the last year – all children			Any neglect – Q18.1, Q18.2 ... Q18.5 – in last year, all children		
		Yes	No	Total	Yes	No	Total
		Count	Count	Count	Count	Count	Count
School	All respondents	29	4031	4060	221	3830	4051
	Male	11	2081	2092	85	2004	2089
	Female	18	1950	1968	136	1826	1962
	Urban	23	2914	2937	181	2748	2929
	Rural	6	1117	1123	40	1082	1122
	All respondents	38192	3051122	3089313	210567	2868052	3078619
Household weighted	Male	17522	1693288	1710810	88640	1616835	1705475
	Female	20670	1357833	1378503	121927	1251217	1373144
	Urban	18440	1856246	1874686	125412	1743750	1869162
	Rural	19752	1194875	1214627	85154	1124302	1209457
	All respondents	49	5542	5591	349	5225	5574
	Male	25	3085	3110	149	2952	3101
Household unweighted	Female	24	2457	2481	200	2273	2473
	Urban	27	3793	3820	238	3570	3808
	Rural	22	1749	1771	111	1655	1766

Table 39: Self-administered questionnaire (SAQ) – lifetime prevalence (%)

	S18.3 There was a time in respondent's life when parents had people over who respondent was afraid to be around				S18.4 There was a time in respondent's life when he/she lived in a home that was broken down, unsafe or unhealthy.			
	Yes	No	Total	Total	Yes	No	Total	Total
	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %
School								
All respondents	14,6%	85,4%	100,0%	100,0%	15,1%	84,9%	100,0%	100,0%
Male	12,0%	88,0%	100,0%	100,0%	14,8%	85,2%	100,0%	100,0%
Female	17,3%	82,7%	100,0%	100,0%	15,4%	84,6%	100,0%	100,0%
Urban	14,6%	85,4%	100,0%	100,0%	14,6%	85,4%	100,0%	100,0%
Rural	14,5%	85,5%	100,0%	100,0%	16,2%	83,8%	100,0%	100,0%
All respondents	10,7%	89,3%	100,0%	100,0%	13,8%	86,2%	100,0%	100,0%
Male	8,9%	91,1%	100,0%	100,0%	12,8%	87,2%	100,0%	100,0%
Female	12,8%	87,2%	100,0%	100,0%	15,1%	84,9%	100,0%	100,0%
Urban	10,0%	90,0%	100,0%	100,0%	12,1%	87,9%	100,0%	100,0%
Rural	11,7%	88,3%	100,0%	100,0%	16,4%	83,6%	100,0%	100,0%
All respondents	10,9%	89,1%	100,0%	100,0%	13,3%	86,7%	100,0%	100,0%
Male	8,9%	91,1%	100,0%	100,0%	12,1%	87,9%	100,0%	100,0%
Female	13,5%	86,5%	100,0%	100,0%	14,9%	85,1%	100,0%	100,0%
Urban	10,4%	89,6%	100,0%	100,0%	11,9%	88,1%	100,0%	100,0%
Rural	12,0%	88,0%	100,0%	100,0%	16,3%	83,7%	100,0%	100,0%
Household weighted								
All respondents	10,9%	89,1%	100,0%	100,0%	13,3%	86,7%	100,0%	100,0%
Male	8,9%	91,1%	100,0%	100,0%	12,1%	87,9%	100,0%	100,0%
Female	13,5%	86,5%	100,0%	100,0%	14,9%	85,1%	100,0%	100,0%
Urban	10,4%	89,6%	100,0%	100,0%	11,9%	88,1%	100,0%	100,0%
Rural	12,0%	88,0%	100,0%	100,0%	16,3%	83,7%	100,0%	100,0%
Household unweighted								
All respondents	10,9%	89,1%	100,0%	100,0%	13,3%	86,7%	100,0%	100,0%
Male	8,9%	91,1%	100,0%	100,0%	12,1%	87,9%	100,0%	100,0%
Female	13,5%	86,5%	100,0%	100,0%	14,9%	85,1%	100,0%	100,0%
Urban	10,4%	89,6%	100,0%	100,0%	11,9%	88,1%	100,0%	100,0%
Rural	12,0%	88,0%	100,0%	100,0%	16,3%	83,7%	100,0%	100,0%

Table 40: Self-administered questionnaire (SAQ) – lifetime prevalence (counts)

	S18.3 There was a time in respondent's life when parents had people over who respondent was afraid to be around			S18.4 There was a time in respondent's life when he/she lived in a home that was broken down, unsafe or unhealthy.		
	Yes	No	Total	Yes	No	Total
	Count	Count	Count	Count	Count	Count
School						
All respondents	596	3496	4092	617	3475	4092
Male	254	1861	2115	313	1802	2115
Female	342	1635	1977	304	1673	1977
Urban	431	2520	2951	432	2519	2951
Rural	165	976	1141	185	956	1141
Household weighted						
All respondents	332464	2779935	3112399	429955	2682436	3112391
Male	154373	1570492	1724865	220540	1504325	1724865
Female	178091	1209443	1387534	209415	1178111	1387526
Urban	189704	1701335	1891039	229651	1661380	1891031
Rural	142760	1078599	1221360	200304	1021056	1221360
Household unweighted						
All respondents	616	5015	5631	750	4880	5630
Male	278	2856	3134	379	2755	3134
Female	338	2159	2497	371	2125	2496
Urban	402	3450	3852	460	3391	3851
Rural	214	1565	1779	290	1489	1779

11.3 Physical and emotional abuse

Table 41: Interviewer-administered questionnaire (IAQ) – lifetime prevalence (%)

	Any physical abuse – Q13.1				Any emotional abuse – Q13.2			
	Yes	No	Total		Yes	No	Total	
	Row Valid N %	Row Valid N %	Row Valid N %		Row Valid N %	Row Valid N %	Row Valid N %	
School								
All respondents	20,8%	79,2%	100,0%		16,1%	83,9%	100,0%	
Male	17,1%	82,9%	100,0%		12,9%	87,1%	100,0%	
Female	24,8%	75,2%	100,0%		19,6%	80,4%	100,0%	
Urban	21,6%	78,4%	100,0%		17,6%	82,4%	100,0%	
Rural	18,6%	81,4%	100,0%		12,2%	87,8%	100,0%	
Household weighted								
All respondents	18,0%	82,0%	100,0%		12,6%	87,4%	100,0%	
Male	15,2%	84,8%	100,0%		9,7%	90,3%	100,0%	
Female	21,6%	78,4%	100,0%		16,2%	83,8%	100,0%	
Urban	18,3%	81,7%	100,0%		13,4%	86,6%	100,0%	
Rural	17,6%	82,4%	100,0%		11,3%	88,7%	100,0%	
Household unweighted								
All respondents	17,1%	82,9%	100,0%		12,4%	87,6%	100,0%	
Male	14,7%	85,3%	100,0%		9,7%	90,3%	100,0%	
Female	20,1%	79,9%	100,0%		15,7%	84,3%	100,0%	
Urban	16,6%	83,4%	100,0%		12,5%	87,5%	100,0%	
Rural	18,0%	82,0%	100,0%		12,1%	87,9%	100,0%	

Table 42: Interviewer-administered questionnaire (IAQ) – lifetime prevalence (counts)

	Any physical abuse – Q13.1				Any emotional abuse – Q13.2			
	Yes	No	Total		Yes	No	Total	
	Count	Count	Count	Count	Count	Count	Count	Count
School								
All respondents	850	3237	4087		650	3380	4030	
Male	361	1752	2113		268	1816	2084	
Female	489	1485	1974		382	1564	1946	
Urban	638	2309	2947		514	2401	2915	
Rural	212	928	1140		136	979	1115	
Household weighted								
All respondents	561174	2549120	3110294		384201	2674381	3058582	
Male	261408	1462146	1723555		163939	1534534	1698473	
Female	299766	1086973	1386739		220262	1139847	1360108	
Urban	345948	1542987	1888934		247832	1606144	1853977	
Rural	215227	1006133	1221360		136368	1068237	1204605	
Household unweighted								
All respondents	961	4667	5628		686	4859	5545	
Male	460	2673	3133		300	2787	3087	
Female	501	1994	2495		386	2072	2458	
Urban	640	3209	3849		474	3317	3791	
Rural	321	1458	1779		212	1542	1754	

Table 43: Interviewer-administered questionnaire (IAQ) – last year (%)

	Any physical abuse – Q13.1 – in last year, all children				Any emotional abuse – Q13.2 – in last year, all children			
	Yes		No		Yes		No	
	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %
School								
All respondents	8,0%	92,0%	100,0%	10,8%	89,2%	100,0%	100,0%	
Male	5,6%	94,4%	100,0%	9,0%	91,0%	100,0%	100,0%	
Female	10,5%	89,5%	100,0%	12,8%	87,2%	100,0%	100,0%	
Urban	8,6%	91,4%	100,0%	12,1%	87,9%	100,0%	100,0%	
Rural	6,5%	93,5%	100,0%	7,5%	92,5%	100,0%	100,0%	
Household weighted								
All respondents	8,1%	91,9%	100,0%	8,4%	91,6%	100,0%	100,0%	
Male	5,8%	94,2%	100,0%	6,6%	93,4%	100,0%	100,0%	
Female	11,0%	89,0%	100,0%	10,6%	89,4%	100,0%	100,0%	
Urban	8,0%	92,0%	100,0%	8,8%	91,2%	100,0%	100,0%	
Rural	8,4%	91,6%	100,0%	7,7%	92,3%	100,0%	100,0%	
Household unweighted								
All respondents	7,4%	92,6%	100,0%	8,3%	91,7%	100,0%	100,0%	
Male	5,4%	94,6%	100,0%	6,9%	93,1%	100,0%	100,0%	
Female	9,9%	90,1%	100,0%	10,1%	89,9%	100,0%	100,0%	
Urban	7,1%	92,9%	100,0%	8,3%	91,7%	100,0%	100,0%	
Rural	8,0%	92,0%	100,0%	8,4%	91,6%	100,0%	100,0%	

Table 44: Interviewer-administered questionnaire (IAQ) – last year (counts)

	Any physical abuse – Q13.1 – in last year, all children			Any emotional abuse – Q13.2 – in last year, all children		
	Yes	No	Total	Yes	No	Total
	Count	Count	Count	Count	Count	Count
School						
All respondents	327	3760	4087	436	3591	4027
Male	119	1994	2113	188	1896	2084
Female	208	1766	1974	248	1695	1943
Urban	253	2694	2947	353	2563	2916
Rural	74	1066	1140	83	1028	1111
Household weighted						
All respondents	252733	2857560	3110294	256280	2798909	3055188
Male	100794	1622760	1723555	112497	1585783	1698280
Female	151939	1234800	1386739	143783	1213126	1356908
Urban	150583	1738351	1888934	163203	1687931	1851133
Rural	102151	1119209	1221360	93077	1110978	1204055
Household unweighted						
All respondents	417	5211	5628	461	5079	5540
Male	170	2963	3133	212	2874	3086
Female	247	2248	2495	249	2205	2454
Urban	274	3575	3849	314	3473	3787
Rural	143	1636	1779	147	1606	1753

Table 45: Self-administered questionnaire (SAQ) – lifetime prevalence (%)

		S13.1 Ever been hit, beaten, kicked or physically hurt by a grown-up in your life		
		Yes	No	Total
		Row Valid N %	Row Valid N %	Row Valid N %
School	All respondents	34,8%	65,2%	100,0%
	Male	32,5%	67,5%	100,0%
	Female	37,2%	62,8%	100,0%
	Urban	36,0%	64,0%	100,0%
	Rural	31,5%	68,5%	100,0%
Household weighted	All respondents	26,1%	73,9%	100,0%
	Male	24,0%	76,0%	100,0%
	Female	28,7%	71,3%	100,0%
	Urban	25,5%	74,5%	100,0%
	Rural	26,9%	73,1%	100,0%
Household unweighted	All respondents	25,3%	74,7%	100,0%
	Male	23,2%	76,8%	100,0%
	Female	28,1%	71,9%	100,0%
	Urban	24,6%	75,4%	100,0%
	Rural	26,9%	73,1%	100,0%

Table 46: Self-administered questionnaire (SAQ) – lifetime prevalence (counts)

		S13.1 Ever been hit, beaten, kicked or physically hurt by a grown-up in your life		
		Yes	No	Total
		Count	Count	Count
School	All respondents	1409	2642	4051
	Male	684	1418	2102
	Female	725	1224	1949
	Urban	1055	1873	2928
	Rural	354	769	1123
Household weighted	All respondents	798472	2262850	3061321
	Male	407293	1291437	1698731
	Female	391179	971412	1362591
	Urban	476188	1389072	1865260
	Rural	322284	873777	1196061
Household unweighted	All respondents	1405	4142	5547
	Male	715	2373	3088
	Female	690	1769	2459
	Urban	936	2866	3802
	Rural	469	1276	1745

11.4 Exposure to family violence

Table 47: Interviewer-administered questionnaire (IAQ) – lifetime prevalence (%)

	Q17.1 One parent ever threatened to hurt the other parent and it seemed that they really might get hurt			Q17.2 One parent due to an argument ever break or ruin anything belonging to another parent, punch the wall or throw something			Q17.3 One parent ever push other parent		
	Yes	No	Total	Yes	No	Total	Yes	No	Total
	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %
School									
All respondents	13,6%	86,4%	100,0%	6,5%	93,5%	100,0%	7,4%	92,6%	100,0%
Male	10,7%	89,3%	100,0%	4,1%	95,9%	100,0%	5,0%	95,0%	100,0%
Female	16,6%	83,4%	100,0%	9,0%	91,0%	100,0%	10,0%	90,0%	100,0%
Urban	14,8%	85,2%	100,0%	7,9%	92,1%	100,0%	8,8%	91,2%	100,0%
Rural	10,2%	89,8%	100,0%	2,7%	97,3%	100,0%	3,7%	96,3%	100,0%
Household weighted									
All respondents	8,7%	91,3%	100,0%	4,3%	95,7%	100,0%	6,4%	93,6%	100,0%
Male	7,7%	92,3%	100,0%	3,7%	96,3%	100,0%	5,1%	94,9%	100,0%
Female	10,0%	90,0%	100,0%	5,0%	95,0%	100,0%	7,9%	92,1%	100,0%
Urban	8,9%	91,1%	100,0%	4,9%	95,1%	100,0%	7,1%	92,9%	100,0%
Rural	8,5%	91,5%	100,0%	3,4%	96,6%	100,0%	5,1%	94,9%	100,0%
Household unweighted									
All respondents	9,3%	90,7%	100,0%	4,7%	95,3%	100,0%	6,8%	93,2%	100,0%
Male	8,1%	91,9%	100,0%	3,8%	96,2%	100,0%	5,4%	94,6%	100,0%
Female	10,8%	89,2%	100,0%	5,8%	94,2%	100,0%	8,6%	91,4%	100,0%
Urban	9,1%	90,9%	100,0%	5,0%	95,0%	100,0%	7,3%	92,7%	100,0%
Rural	9,7%	90,3%	100,0%	3,9%	96,1%	100,0%	5,8%	94,2%	100,0%

Interviewer-administered questionnaire (IAQ) – lifetime prevalence (%) (cont)

		Q17.4 One parent ever get hit or slapped by another parent				Q17.5 One parent ever get kicked, choked, beaten by another parent				Q17.6 Did any other adult or teen living in the household, push, hit, beat up someone else who lives in the house; a parent, sibling, grandparent or other relative					
		No		Total		Yes		Total		Yes		No		Total	
		Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %
School	All respondents	8,4%	91,6%	100,0%	100,0%	5,6%	94,4%	100,0%	100,0%	9,2%	90,8%	100,0%	100,0%	100,0%	100,0%
	Male	6,8%	93,2%	100,0%	100,0%	3,7%	96,3%	100,0%	100,0%	8,5%	91,5%	100,0%	100,0%	100,0%	100,0%
	Female	10,2%	89,8%	100,0%	100,0%	7,7%	92,3%	100,0%	100,0%	10,1%	89,9%	100,0%	100,0%	100,0%	100,0%
	Urban	10,0%	90,0%	100,0%	100,0%	6,7%	93,3%	100,0%	100,0%	8,6%	91,4%	100,0%	100,0%	100,0%	100,0%
	Rural	4,5%	95,5%	100,0%	100,0%	2,8%	97,2%	100,0%	100,0%	11,0%	89,0%	100,0%	100,0%	100,0%	100,0%
	All respondents	6,0%	94,0%	100,0%	100,0%	3,6%	96,4%	100,0%	100,0%	7,9%	92,1%	100,0%	100,0%	100,0%	100,0%
Household weighted	Male	4,9%	95,1%	100,0%	100,0%	2,8%	97,2%	100,0%	100,0%	8,3%	91,7%	100,0%	100,0%	100,0%	100,0%
	Female	7,5%	92,5%	100,0%	100,0%	4,6%	95,4%	100,0%	100,0%	7,3%	92,7%	100,0%	100,0%	100,0%	100,0%
	Urban	6,8%	93,2%	100,0%	100,0%	4,3%	95,7%	100,0%	100,0%	7,1%	92,9%	100,0%	100,0%	100,0%	100,0%
	Rural	4,9%	95,1%	100,0%	100,0%	2,7%	97,3%	100,0%	100,0%	9,0%	91,0%	100,0%	100,0%	100,0%	100,0%
	All respondents	6,2%	93,8%	100,0%	100,0%	3,9%	96,1%	100,0%	100,0%	7,4%	92,6%	100,0%	100,0%	100,0%	100,0%
	Male	4,8%	95,2%	100,0%	100,0%	2,8%	97,2%	100,0%	100,0%	7,8%	92,2%	100,0%	100,0%	100,0%	100,0%
Household unweighted	Female	8,1%	91,9%	100,0%	100,0%	5,2%	94,8%	100,0%	100,0%	7,0%	93,0%	100,0%	100,0%	100,0%	100,0%
	Urban	6,5%	93,5%	100,0%	100,0%	4,2%	95,8%	100,0%	100,0%	7,3%	92,7%	100,0%	100,0%	100,0%	100,0%
	Rural	5,6%	94,4%	100,0%	100,0%	3,2%	96,8%	100,0%	100,0%	7,8%	92,2%	100,0%	100,0%	100,0%	100,0%

Interviewer-administered questionnaire (IAQ) – lifetime prevalence (%) (cont)

		Q15.1 Ever seen a parent hit, beat, kick or physically hurt siblings (does not include spanking)				Any family violence – Q17.1, Q17.2 ... Q17.6, Q15.1			
		Yes	No	Total	Yes	No	Total		
		Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %
School	All respondents	14,7%	85,3%	100,0%	31,4%	68,6%	100,0%	100,0%	
	Male	10,9%	89,1%	100,0%	25,6%	74,4%	100,0%	100,0%	
	Female	18,7%	81,3%	100,0%	37,6%	62,4%	100,0%	100,0%	
	Urban	16,3%	83,7%	100,0%	32,8%	67,2%	100,0%	100,0%	
	Rural	10,5%	89,5%	100,0%	27,5%	72,5%	100,0%	100,0%	
Household weighted	All respondents	11,4%	88,6%	100,0%	24,6%	75,4%	100,0%	100,0%	
	Male	8,9%	91,1%	100,0%	22,0%	78,0%	100,0%	100,0%	
	Female	14,6%	85,4%	100,0%	27,8%	72,2%	100,0%	100,0%	
	Urban	11,5%	88,5%	100,0%	24,5%	75,5%	100,0%	100,0%	
	Rural	11,3%	88,7%	100,0%	24,7%	75,3%	100,0%	100,0%	
Household unweighted	All respondents	11,3%	88,7%	100,0%	24,5%	75,5%	100,0%	100,0%	
	Male	8,6%	91,4%	100,0%	21,5%	78,5%	100,0%	100,0%	
	Female	14,6%	85,4%	100,0%	28,3%	71,7%	100,0%	100,0%	
	Urban	10,9%	89,1%	100,0%	24,2%	75,8%	100,0%	100,0%	
	Rural	12,1%	87,9%	100,0%	25,0%	75,0%	100,0%	100,0%	

Table 48: Interviewer-administered questionnaire (IAQ) – lifetime prevalence (counts)

	Q17.1 One parent ever threaten to hurt the other parent and it seemed that they really might get hurt				Q17.2 One parent due to an argument ever break or ruin anything belonging to another parent, punch the wall or throw something				Q17.3 One parent ever push other parent			
	Yes	No	Total		Yes	No	Total		Yes	No	Total	
	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count
School												
All respondents	553	3527	4080	264	3816	4080	302	3777	4079			
Male	226	1885	2111	86	2025	2111	106	2004	2110			
Female	327	1642	1969	178	1791	1969	196	1773	1969			
Urban	437	2510	2947	233	2714	2947	260	2686	2946			
Rural	116	1017	1133	31	1102	1133	42	1091	1133			
Household weighted												
All respondents	271328	2833064	3104393	133270	2969766	3103036	197120	2905117	3102237			
Male	133159	1587200	1720359	63696	1656025	1719721	87444	1631478	1718922			
Female	138170	1245864	1384034	69574	1313741	1383315	109676	1273639	1383315			
Urban	168214	1719092	1887306	91626	1794797	1886423	134627	1752139	1886766			
Rural	103114	1113973	1217087	41644	1174969	1216613	62493	1152978	1215471			
Household unweighted												
All respondents	524	5093	5617	262	5352	5614	382	5232	5614			
Male	254	2870	3124	118	3004	3122	168	2954	3122			
Female	270	2223	2493	144	2348	2492	214	2278	2492			
Urban	351	3491	3842	193	3647	3840	280	3561	3841			
Rural	173	1602	1775	69	1705	1774	102	1671	1773			

Interviewer-Administered Questionnaire (IAQ) – Lifetime Prevalence (Counts) (Cont)

	Q17.4 One parent ever get hit or slapped by another parent			Q17.5 One parent ever get kicked, choked, beat by another parent			Q17.6 Did any other adult or teen living in the household, push, hit, beat up someone else who lives in the house; a parent, sibling, grandparent or other relative		
	Yes	No	Total	Yes	No	Total	Yes	No	Total
	Count	Count	Count	Count	Count	Count	Count	Count	Count
School									
All respondents	343	3717	4060	228	3832	4060	375	3684	4059
Male	143	1962	2105	77	2027	2104	178	1926	2104
Female	200	1755	1955	151	1805	1956	197	1758	1955
Urban	292	2637	2929	196	2735	2931	251	2678	2929
Rural	51	1080	1131	32	1097	1129	124	1006	1130
Household weighted									
All respondents	186383	2899092	3085474	112363	2978254	3090617	242310	2843030	3085340
Male	83478	1625004	1708481	48776	1663632	1712408	142056	1566036	1708092
Female	102905	1274088	1376993	63587	1314622	1378209	100254	1276994	1377248
Urban	126716	1750178	1876894	80129	1797044	1877173	133166	1739675	1872841
Rural	59667	1148914	1208580	32235	1181210	1213444	109144	1103355	1212500
Household unweighted									
All respondents	349	5239	5588	216	5375	5591	415	5165	5580
Male	148	2957	3105	88	3020	3108	241	2859	3100
Female	201	2282	2483	128	2355	2483	174	2306	2480
Urban	250	3575	3825	159	3663	3822	277	3535	3812
Rural	99	1664	1763	57	1712	1769	138	1630	1768

Interviewer-administered questionnaire (IAQ) – lifetime prevalence (counts) (cont)

		Q15.1 Ever seen a parent hit, beat, kick or physically hurt siblings (does not include spanking)				Any family violence – Q17.1, Q17.2 ... Q17.6, Q15.1			
		Yes	No	Total	Yes	No	Total		
		Count	Count	Count	Count	Count	Count	Count	Count
School	All respondents	596	3470	4066	1263	2765	4028		
	Male	229	1876	2105	535	1557	2092		
	Female	367	1594	1961	728	1208	1936		
	Urban	477	2458	2935	955	1953	2908		
	Rural	119	1012	1131	308	812	1120		
	All respondents	353650	2743269	3096919	751953	2306682	3058635		
Household weighted	Male	152577	1564551	1717129	373114	1321951	1695065		
	Female	201073	1178718	1379791	378839	984731	1363570		
	Urban	216461	1665366	1881827	456672	1405414	1862086		
	Rural	137189	1077903	1215092	295281	901268	1196549		
	All respondents	632	4971	5603	1357	4183	5540		
	Male	269	2850	3119	662	2418	3080		
Household unweighted	Female	363	2121	2484	695	1765	2460		
	Urban	417	3414	3831	919	2871	3790		
	Rural	215	1557	1772	438	1312	1750		
	All respondents								

Table 49: Interviewer-administered questionnaire (IAQ) – last year (%)

	Q17.1.2. Happened in the last year – all children				Q17.2.2. Happened in the last year – all children				Q17.3.2. Happened in the last year – all children				Q17.4.2. Happened in the last year – all children			
	Yes		No		Yes		No		Yes		No		Yes		No	
	Row Valid N %	Total	Row Valid N %	Total	Row Valid N %	Total	Row Valid N %	Total	Row Valid N %	Total	Row Valid N %	Total	Row Valid N %	Total	Row Valid N %	Total
School																
All respondents	5,9%	100,0%	94,1%	100,0%	3,1%	100,0%	96,9%	100,0%	3,3%	100,0%	96,7%	100,0%	3,1%	100,0%	96,9%	100,0%
Male	4,5%	100,0%	95,5%	100,0%	2,2%	100,0%	97,8%	100,0%	2,2%	100,0%	97,8%	100,0%	2,3%	100,0%	97,7%	100,0%
Female	7,5%	100,0%	92,5%	100,0%	4,1%	100,0%	95,9%	100,0%	4,5%	100,0%	95,5%	100,0%	3,9%	100,0%	96,1%	100,0%
Urban	6,4%	100,0%	93,6%	100,0%	3,6%	100,0%	96,4%	100,0%	3,8%	100,0%	96,2%	100,0%	3,4%	100,0%	96,6%	100,0%
Rural	4,8%	100,0%	95,2%	100,0%	1,9%	100,0%	98,1%	100,0%	1,9%	100,0%	98,1%	100,0%	2,4%	100,0%	97,6%	100,0%
Household weighted																
All respondents	3,9%	100,0%	96,1%	100,0%	2,2%	100,0%	97,8%	100,0%	3,0%	100,0%	97,0%	100,0%	2,5%	100,0%	97,5%	100,0%
Male	3,3%	100,0%	96,7%	100,0%	1,9%	100,0%	98,1%	100,0%	2,5%	100,0%	97,5%	100,0%	1,6%	100,0%	98,4%	100,0%
Female	4,7%	100,0%	95,3%	100,0%	2,5%	100,0%	97,5%	100,0%	3,7%	100,0%	96,3%	100,0%	3,6%	100,0%	96,4%	100,0%
Urban	3,8%	100,0%	96,2%	100,0%	2,5%	100,0%	97,5%	100,0%	3,3%	100,0%	96,7%	100,0%	2,5%	100,0%	97,5%	100,0%
Rural	4,1%	100,0%	95,9%	100,0%	1,7%	100,0%	98,3%	100,0%	2,5%	100,0%	97,5%	100,0%	2,5%	100,0%	97,5%	100,0%
Household unweighted																
All respondents	4,3%	100,0%	95,7%	100,0%	2,3%	100,0%	97,7%	100,0%	3,2%	100,0%	96,8%	100,0%	2,6%	100,0%	97,4%	100,0%
Male	3,7%	100,0%	96,3%	100,0%	1,9%	100,0%	98,1%	100,0%	2,7%	100,0%	97,3%	100,0%	1,6%	100,0%	98,4%	100,0%
Female	5,0%	100,0%	95,0%	100,0%	2,8%	100,0%	97,2%	100,0%	3,9%	100,0%	96,1%	100,0%	3,7%	100,0%	96,3%	100,0%
Urban	4,0%	100,0%	96,0%	100,0%	2,5%	100,0%	97,5%	100,0%	3,4%	100,0%	96,6%	100,0%	2,6%	100,0%	97,4%	100,0%
Rural	4,8%	100,0%	95,2%	100,0%	1,9%	100,0%	98,1%	100,0%	2,8%	100,0%	97,2%	100,0%	2,6%	100,0%	97,4%	100,0%

Interviewer-administered questionnaire (IAQ) – last year (%) (cont)

	Q17.5.2. Happened in the last year – all children			Q17.6.2. Happened in the last year – all children			Q15.1.2. Happened in the last year – all children			Any family violence - Q17.1, Q17.2 ... Q17.6, Q15.1 – in last year, all children		
	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total
	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %
School												
All respondents	2,1%	97,9%	100,0%	5,9%	94,1%	100,0%	7,5%	92,5%	100,0%	17,7%	82,3%	100,0%
Male	1,5%	98,5%	100,0%	6,3%	93,7%	100,0%	5,4%	94,6%	100,0%	14,9%	85,1%	100,0%
Female	2,8%	97,2%	100,0%	5,4%	94,6%	100,0%	9,6%	90,4%	100,0%	20,8%	79,2%	100,0%
Urban	2,3%	97,7%	100,0%	5,1%	94,9%	100,0%	8,3%	91,7%	100,0%	18,1%	81,9%	100,0%
Rural	1,7%	98,3%	100,0%	7,9%	92,1%	100,0%	5,2%	94,8%	100,0%	16,9%	83,1%	100,0%
Household weighted												
All respondents	1,5%	98,5%	100,0%	5,4%	94,6%	100,0%	6,8%	93,2%	100,0%	14,8%	85,2%	100,0%
Male	1,2%	98,8%	100,0%	5,9%	94,1%	100,0%	5,3%	94,7%	100,0%	13,5%	86,5%	100,0%
Female	1,8%	98,2%	100,0%	4,8%	95,2%	100,0%	8,7%	91,3%	100,0%	16,5%	83,5%	100,0%
Urban	1,5%	98,5%	100,0%	5,1%	94,9%	100,0%	6,7%	93,3%	100,0%	14,4%	85,6%	100,0%
Rural	1,4%	98,6%	100,0%	6,0%	94,0%	100,0%	6,9%	93,1%	100,0%	15,6%	84,4%	100,0%
Household unweighted												
All respondents	1,6%	98,4%	100,0%	5,0%	95,0%	100,0%	6,5%	93,5%	100,0%	14,4%	85,6%	100,0%
Male	1,3%	98,7%	100,0%	5,3%	94,7%	100,0%	5,0%	95,0%	100,0%	13,1%	86,9%	100,0%
Female	2,0%	98,0%	100,0%	4,5%	95,5%	100,0%	8,3%	91,7%	100,0%	16,2%	83,8%	100,0%
Urban	1,6%	98,4%	100,0%	4,9%	95,1%	100,0%	6,3%	93,7%	100,0%	14,0%	86,0%	100,0%
Rural	1,6%	98,4%	100,0%	5,1%	94,9%	100,0%	6,9%	93,1%	100,0%	15,4%	84,6%	100,0%

Table 50: Interviewer-administered questionnaire (IAQ) – last year (counts)

	Q17.1.2. Happened in the last year – all children			Q17.2.2. Happened in the last year – all children			Q17.3.2. Happened in the last year – all children			Q17.4.2. Happened in the last year – all children			Q17.5.2. Happened in the last year – all children		
	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total
	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count
School															
All respondents	242	3836	4078	127	3952	4079	135	3940	4075	126	3932	4058	86	3973	4059
Male	94	2016	2110	46	2065	2111	47	2061	2108	49	2055	2104	31	2073	2104
Female	148	1820	1968	81	1887	1968	88	1879	1967	77	1877	1954	55	1900	1955
Urban	188	2757	2945	106	2840	2946	113	2829	2942	99	2828	2927	67	2863	2930
Rural	54	1079	1133	21	1112	1133	22	1111	1133	27	1104	1131	19	1110	1129
Household weighted															
All respondents	121440	2978755	3100195	67640	3035397	3103036	92754	3008481	3101234	77041	3007974	3085015	44914	3045644	3090558
Male	56919	1659302	1716221	32953	1686768	1719721	42169	1675917	1718086	27009	1681073	1708082	19734	1692674	1712408
Female	64522	1319453	1383974	34686	1348629	1383315	50585	1332564	1383149	50032	1326902	1376933	25180	1352969	1378149
Urban	71592	1811945	1883536	46585	1839839	1886423	62879	1822885	1885764	46842	1829592	1876435	28039	1849074	1877113
Rural	49849	1166810	1216659	21055	1195558	1216613	29874	1185596	1215471	30198	1178382	1208580	16875	1196569	1213444
Household unweighted															
All respondents	240	5371	5611	130	5484	5614	181	5430	5611	143	5443	5586	88	5502	5590
Male	116	3003	3119	60	3062	3122	84	3036	3120	51	3053	3104	39	3069	3108
Female	124	2368	2492	70	2422	2492	97	2394	2491	92	2390	2482	49	2433	2482
Urban	155	3682	3837	97	3743	3840	131	3707	3838	98	3725	3823	60	3761	3821
Rural	85	1689	1774	33	1741	1774	50	1723	1773	45	1718	1763	28	1741	1769

Interviewer-administered questionnaire (IAQ) – last year (counts) (cont)

	Q17.6.2. Happened in the last year – all children			Q15.1.2. Happened in the last year – all children			Any family violence – Q17.1, Q17.2 ... Q17.6, Q15.1 – in last year, all children		
	Yes	No	Total	Yes	No	Total	Yes	No	Total
	Count	Count	Count	Count	Count	Count	Count	Count	Count
School									
All respondents	238	3821	4059	303	3761	4064	713	3309	4022
Male	132	1972	2104	114	1991	2105	312	1778	2090
Female	106	1849	1955	189	1770	1959	401	1531	1932
Urban	149	2780	2929	244	2689	2933	524	2378	2902
Rural	89	1041	1130	59	1072	1131	189	931	1120
Household weighted									
All respondents	167139	2917677	3084817	210168	2886263	3096431	453404	2599849	3053252
Male	101329	1606609	1707938	90516	1626613	1717129	228749	1461588	1690337
Female	65810	1311068	1376879	119653	1259650	1379303	224655	1138260	1362915
Urban	94945	1777372	1872317	126024	1755316	1881339	266892	1590239	1857132
Rural	72194	1140305	1212500	84145	1130947	1215092	186512	1009609	1196121
All respondents	277	5301	5578	364	5237	5601	799	4731	5530
Male	165	2934	3099	157	2962	3119	402	2671	3073
Female	112	2367	2479	207	2275	2482	397	2060	2457
Urban	187	3623	3810	242	3587	3829	530	3251	3781
Rural	90	1678	1768	122	1650	1772	269	1480	1749

Table 51: Self-administered questionnaire (SAQ) – lifetime prevalence (%)

	S17.1 There was a time when one of respondent's parents ever threatened to hurt the other parent and it appeared that this threat was real and they might get hurt			S17.4 There was a time when one of respondent's parents got hit or slapped by the other parent			S17.5 One of respondent's parents has ever been kicked, choked or beaten up by the other parent		
	Yes	No	Total	Yes	No	Total	Yes	No	Total
	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %
School									
All respondents	23,8%	76,2%	100,0%	19,3%	80,7%	100,0%	14,1%	85,9%	100,0%
Male	20,8%	79,2%	100,0%	16,7%	83,3%	100,0%	11,4%	88,6%	100,0%
Female	27,1%	72,9%	100,0%	22,1%	77,9%	100,0%	16,9%	83,1%	100,0%
Urban	25,1%	74,9%	100,0%	20,8%	79,2%	100,0%	14,9%	85,1%	100,0%
Rural	20,5%	79,5%	100,0%	15,4%	84,6%	100,0%	11,8%	88,2%	100,0%
Household weighted									
All respondents	14,3%	85,7%	100,0%	11,2%	88,8%	100,0%	8,2%	91,8%	100,0%
Male	13,4%	86,6%	100,0%	9,8%	90,2%	100,0%	7,3%	92,7%	100,0%
Female	15,5%	84,5%	100,0%	13,1%	86,9%	100,0%	9,4%	90,6%	100,0%
Urban	14,4%	85,6%	100,0%	12,2%	87,8%	100,0%	8,8%	91,2%	100,0%
Rural	14,3%	85,7%	100,0%	9,8%	90,2%	100,0%	7,3%	92,7%	100,0%
Household unweighted									
All respondents	15,2%	84,8%	100,0%	12,0%	88,0%	100,0%	8,7%	91,3%	100,0%
Male	14,0%	86,0%	100,0%	10,3%	89,7%	100,0%	7,4%	92,6%	100,0%
Female	16,6%	83,4%	100,0%	14,2%	85,8%	100,0%	10,3%	89,7%	100,0%
Urban	14,8%	85,2%	100,0%	12,7%	87,3%	100,0%	8,9%	91,1%	100,0%
Rural	15,9%	84,1%	100,0%	10,6%	89,4%	100,0%	8,2%	91,8%	100,0%

Interviewer-administered questionnaire (IAQ) – last year (counts) (cont)

S15.1 Ever seen parent hit, beat, kick or physically hurt brothers or sisters (does not include spanking)				
Yes		No		Total
	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %
School	All respondents	27,8%	72,2%	100,0%
	Male	25,1%	74,9%	100,0%
	Female	30,8%	69,2%	100,0%
	Urban	29,1%	70,9%	100,0%
	Rural	24,6%	75,4%	100,0%
	All respondents	17,7%	82,3%	100,0%
Household weighted	Male	15,0%	85,0%	100,0%
	Female	21,0%	79,0%	100,0%
	Urban	17,8%	82,2%	100,0%
	Rural	17,5%	82,5%	100,0%
	All respondents	17,8%	82,2%	100,0%
	Male	15,1%	84,9%	100,0%
Household unweighted	Female	21,2%	78,8%	100,0%
	Urban	17,6%	82,4%	100,0%
	Rural	18,3%	81,7%	100,0%

Table 52: Self-administered questionnaire (SAQ) – lifetime prevalence (counts)

	S17.1 There was a time when one of respondent's parents ever threatened to hurt the other parent and it appeared that this threat was real and they might get hurt			S17.4 There was a time when one of respondent's parents got hit or slapped by the other parent			S17.5 One of respondent's parents has ever been kicked, choked or beaten up by the other parent			S15.1 Ever seen parent hit, beat, kick or physically hurt brothers or sisters (does not include spanking)		
	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total
	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count
School												
All respondents	974	3117	4091	790	3300	4090	576	3514	4090	1139	2952	4091
Male	439	1676	2115	353	1762	2115	242	1872	2114	530	1585	2115
Female	535	1441	1976	437	1538	1975	334	1642	1976	609	1367	1976
Urban	740	2211	2951	614	2336	2950	441	2509	2950	858	2093	2951
Rural	234	906	1140	176	964	1140	135	1005	1140	281	859	1140
Household weighted												
All respondents	446107	2666041	3112149	349997	2761091	3111088	255984	2855795	3111779	550906	2561492	3112399
Male	231627	1492987	1724615	168138	1555416	1723554	125830	1598784	1724615	259358	1465506	1724865
Female	214480	1173054	1387534	181859	1205675	1387534	130153	1257011	1387164	291548	1095986	1387534
Urban	271643	1619146	1890789	230574	1659154	1889728	167250	1723169	1890419	337277	1553762	1891039
Rural	174464	1046896	1221360	119423	1101936	1221360	88734	1132626	1221360	213629	1007730	1221360
Household unweighted												
All respondents	854	4776	5630	676	4953	5629	489	5140	5629	1002	4629	5631
Male	440	2693	3133	322	2810	3132	233	2900	3133	473	2661	3134
Female	414	2083	2497	354	2143	2497	256	2240	2496	529	1968	2497
Urban	571	3280	3851	488	3362	3850	343	3507	3850	677	3175	3852
Rural	283	1496	1779	188	1591	1779	146	1633	1779	325	1454	1779

11.5 Other victimisation (including direct and indirect victimisation)

Table 53: Interviewer-administered questionnaire (IAQ) – lifetime prevalence (%)

	Q11.1 Anyone ever use force to take something away from you that you were carrying or wearing			Q11.2 Anyone ever steal something and never give it back			Q11.3 Anyone ever break or ruin any of respondent's things on purpose			Q11.4 Ever been hit or attacked with an object or weapon			Q11.5 Anyone ever hit or attack you without using an object or weapon		
	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total
	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %
School															
All respondents	26,2%	73,8%	100,0%	44,5%	55,5%	100,0%	12,2%	87,8%	100,0%	15,9%	84,1%	100,0%	19,2%	80,8%	100,0%
Male	30,6%	69,4%	100,0%	46,8%	53,2%	100,0%	12,6%	87,4%	100,0%	18,0%	82,0%	100,0%	23,3%	76,7%	100,0%
Female	21,6%	78,4%	100,0%	42,1%	57,9%	100,0%	11,8%	88,2%	100,0%	13,7%	86,3%	100,0%	14,9%	85,1%	100,0%
Urban	31,1%	68,9%	100,0%	50,3%	49,7%	100,0%	14,8%	85,2%	100,0%	18,1%	81,9%	100,0%	23,4%	76,6%	100,0%
Rural	13,6%	86,4%	100,0%	29,5%	70,5%	100,0%	5,5%	94,5%	100,0%	10,4%	89,6%	100,0%	8,6%	91,4%	100,0%
Household weighted															
All respondents	23,1%	76,9%	100,0%	37,6%	62,4%	100,0%	11,7%	88,3%	100,0%	14,9%	85,1%	100,0%	15,8%	84,2%	100,0%
Male	27,0%	73,0%	100,0%	38,7%	61,3%	100,0%	11,0%	89,0%	100,0%	15,1%	84,9%	100,0%	17,7%	82,3%	100,0%
Female	18,2%	81,8%	100,0%	36,1%	63,9%	100,0%	12,5%	87,5%	100,0%	14,7%	85,3%	100,0%	13,4%	86,6%	100,0%
Urban	24,4%	75,6%	100,0%	40,6%	59,4%	100,0%	11,9%	88,1%	100,0%	16,2%	83,8%	100,0%	17,5%	82,5%	100,0%
Rural	21,0%	79,0%	100,0%	32,9%	67,1%	100,0%	11,4%	88,6%	100,0%	13,0%	87,0%	100,0%	13,1%	86,9%	100,0%
Household unweighted															
All respondents	23,4%	76,6%	100,0%	37,9%	62,1%	100,0%	12,5%	87,5%	100,0%	14,8%	85,2%	100,0%	16,7%	83,3%	100,0%
Male	27,0%	73,0%	100,0%	39,4%	60,6%	100,0%	12,1%	87,9%	100,0%	15,2%	84,8%	100,0%	19,1%	80,9%	100,0%
Female	18,9%	81,1%	100,0%	35,9%	64,1%	100,0%	13,0%	87,0%	100,0%	14,2%	85,8%	100,0%	13,7%	86,3%	100,0%
Urban	24,6%	75,4%	100,0%	39,0%	61,0%	100,0%	12,7%	87,3%	100,0%	16,1%	83,9%	100,0%	17,7%	82,3%	100,0%
Rural	20,7%	79,3%	100,0%	35,5%	64,5%	100,0%	12,0%	88,0%	100,0%	11,9%	88,1%	100,0%	14,7%	85,3%	100,0%

Interviewer-administered questionnaire (IAQ) – lifetime prevalence (%) (cont)

	Q11.6 Someone ever start to attack you but for some reason it did not happen, for example someone helped you or you got away			Q11.7 Someone ever threaten to hurt you			Q11.8 Ever been a victim of an attempted kidnap			Q11.9 Ever been hit or attacked because of race, religion, sexual preference, nationality, disability etc.			Q11.10 Ever been bullied or persistently teased			Q15.6 Ever been in a place where could see or hear people being shot, bombs going off or street riots			
	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	
	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	
School	All respondents	9,7%	90,3%	100,0%	21,4%	78,6%	100,0%	,8%	99,2%	100,0%	1,8%	98,2%	100,0%	19,7%	80,3%	100,0%	11,2%	88,8%	100,0%
	Male	11,7%	88,3%	100,0%	24,7%	75,3%	100,0%	,5%	99,5%	100,0%	1,6%	98,4%	100,0%	16,8%	83,2%	100,0%	9,5%	90,5%	100,0%
	Female	7,5%	92,5%	100,0%	17,9%	82,1%	100,0%	1,2%	98,8%	100,0%	2,0%	98,0%	100,0%	22,9%	77,1%	100,0%	13,1%	86,9%	100,0%
	Urban	11,4%	88,6%	100,0%	24,6%	75,4%	100,0%	1,0%	99,0%	100,0%	1,9%	98,1%	100,0%	24,6%	75,4%	100,0%	13,1%	86,9%	100,0%
	Rural	5,2%	94,8%	100,0%	13,3%	86,7%	100,0%	,4%	99,6%	100,0%	1,5%	98,5%	100,0%	7,1%	92,9%	100,0%	6,3%	93,7%	100,0%
		9,2%	90,8%	100,0%	19,1%	80,9%	100,0%	1,5%	98,5%	100,0%	2,0%	98,0%	100,0%	16,2%	83,8%	100,0%	7,1%	92,9%	100,0%
Household weighted	All respondents	9,9%	90,1%	100,0%	21,4%	78,6%	100,0%	1,5%	98,5%	100,0%	1,8%	98,2%	100,0%	13,8%	86,2%	100,0%	6,4%	93,6%	100,0%
	Male	8,4%	91,6%	100,0%	16,2%	83,8%	100,0%	1,6%	98,4%	100,0%	2,3%	97,7%	100,0%	19,2%	80,8%	100,0%	8,1%	91,9%	100,0%
	Female	10,2%	89,8%	100,0%	19,6%	80,4%	100,0%	1,0%	99,0%	100,0%	2,0%	98,0%	100,0%	19,3%	80,7%	100,0%	8,2%	91,8%	100,0%
	Urban	7,7%	92,3%	100,0%	18,3%	81,7%	100,0%	2,2%	97,8%	100,0%	2,0%	98,0%	100,0%	11,4%	88,6%	100,0%	5,5%	94,5%	100,0%
	Rural	9,6%	90,4%	100,0%	19,0%	81,0%	100,0%	1,5%	98,5%	100,0%	2,3%	97,7%	100,0%	17,1%	82,9%	100,0%	7,7%	92,3%	100,0%
		10,6%	89,4%	100,0%	21,1%	78,9%	100,0%	1,3%	98,7%	100,0%	2,2%	97,8%	100,0%	15,2%	84,8%	100,0%	6,5%	93,5%	100,0%
Household unweighted	All respondents	8,2%	91,8%	100,0%	16,4%	83,6%	100,0%	1,7%	98,3%	100,0%	2,5%	97,5%	100,0%	19,5%	80,5%	100,0%	9,2%	90,8%	100,0%
	Male	10,3%	89,7%	100,0%	19,0%	81,0%	100,0%	1,3%	98,7%	100,0%	2,5%	97,5%	100,0%	19,2%	80,8%	100,0%	8,6%	91,4%	100,0%
	Female	7,9%	92,1%	100,0%	19,1%	80,9%	100,0%	2,0%	98,0%	100,0%	2,0%	98,0%	100,0%	12,7%	87,3%	100,0%	5,8%	94,2%	100,0%
	Urban																		
	Rural																		

Interviewer-administered questionnaire (IAQ) – lifetime prevalence (%) (cont)

	Q16.1 Ever been hit or attacked by any adult/grown-up			Q16.2 Ever been hurt because someone hit or attacked respondent on purpose (other than already mentioned)			Any crime – Q11.1, Q11.2 ... Q11.10, Q15.2, Q15.3 ...Q15.6, Q16.1, Q16.2			Any direct victimisation – Q11.1, Q11.2 ... Q11.10, Q16.1, Q16.2			Any indirect victimisation – Q15.2, Q15.3 ...Q15.6		
	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total
	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %	Row Valid N %
School															
All respondents	5,7%	94,3%	100,0%	4,5%	95,5%	100,0%	79,2%	20,8%	100,0%	65,2%	34,8%	100,0%	63,4%	36,6%	100,0%
Male	7,1%	92,9%	100,0%	5,0%	95,0%	100,0%	77,7%	22,3%	100,0%	67,5%	32,5%	100,0%	57,3%	42,7%	100,0%
Female	4,2%	95,8%	100,0%	3,9%	96,1%	100,0%	80,9%	19,1%	100,0%	62,8%	37,2%	100,0%	69,9%	30,1%	100,0%
Urban	6,8%	93,2%	100,0%	5,6%	94,4%	100,0%	84,9%	15,1%	100,0%	72,4%	27,6%	100,0%	70,0%	30,0%	100,0%
Rural	2,7%	97,3%	100,0%	1,6%	98,4%	100,0%	64,5%	35,5%	100,0%	46,7%	53,3%	100,0%	46,3%	53,7%	100,0%
All respondents	6,0%	94,0%	100,0%	4,4%	95,6%	100,0%	69,1%	30,9%	100,0%	58,3%	41,7%	100,0%	52,1%	47,9%	100,0%
Male	5,4%	94,6%	100,0%	4,2%	95,8%	100,0%	69,0%	31,0%	100,0%	59,6%	40,4%	100,0%	51,0%	49,0%	100,0%
Female	6,7%	93,3%	100,0%	4,6%	95,4%	100,0%	69,2%	30,8%	100,0%	56,6%	43,4%	100,0%	53,6%	46,4%	100,0%
Urban	6,2%	93,8%	100,0%	4,9%	95,1%	100,0%	70,0%	30,0%	100,0%	60,6%	39,4%	100,0%	55,8%	44,2%	100,0%
Rural	5,7%	94,3%	100,0%	3,7%	96,3%	100,0%	67,7%	32,3%	100,0%	54,7%	45,3%	100,0%	46,5%	53,5%	100,0%
All respondents	5,9%	94,1%	100,0%	4,7%	95,3%	100,0%	68,5%	31,5%	100,0%	58,4%	41,6%	100,0%	50,9%	49,1%	100,0%
Male	5,2%	94,8%	100,0%	4,6%	95,4%	100,0%	68,6%	31,4%	100,0%	60,4%	39,6%	100,0%	49,9%	50,1%	100,0%
Female	6,7%	93,3%	100,0%	4,9%	95,1%	100,0%	68,2%	31,8%	100,0%	55,8%	44,2%	100,0%	52,2%	47,8%	100,0%
Urban	6,1%	93,9%	100,0%	5,3%	94,7%	100,0%	68,6%	31,4%	100,0%	59,6%	40,4%	100,0%	52,8%	47,2%	100,0%
Rural	5,5%	94,5%	100,0%	3,5%	96,5%	100,0%	68,2%	31,8%	100,0%	55,6%	44,4%	100,0%	46,9%	53,1%	100,0%
Household weighted															
All respondents	5,9%	94,1%	100,0%	4,7%	95,3%	100,0%	68,5%	31,5%	100,0%	58,4%	41,6%	100,0%	50,9%	49,1%	100,0%
Male	5,2%	94,8%	100,0%	4,6%	95,4%	100,0%	68,6%	31,4%	100,0%	60,4%	39,6%	100,0%	49,9%	50,1%	100,0%
Female	6,7%	93,3%	100,0%	4,9%	95,1%	100,0%	68,2%	31,8%	100,0%	55,8%	44,2%	100,0%	52,2%	47,8%	100,0%
Urban	6,1%	93,9%	100,0%	5,3%	94,7%	100,0%	68,6%	31,4%	100,0%	59,6%	40,4%	100,0%	52,8%	47,2%	100,0%
Rural	5,5%	94,5%	100,0%	3,5%	96,5%	100,0%	68,2%	31,8%	100,0%	55,6%	44,4%	100,0%	46,9%	53,1%	100,0%
Household unweighted															
All respondents	5,9%	94,1%	100,0%	4,7%	95,3%	100,0%	68,5%	31,5%	100,0%	58,4%	41,6%	100,0%	50,9%	49,1%	100,0%
Male	5,2%	94,8%	100,0%	4,6%	95,4%	100,0%	68,6%	31,4%	100,0%	60,4%	39,6%	100,0%	49,9%	50,1%	100,0%
Female	6,7%	93,3%	100,0%	4,9%	95,1%	100,0%	68,2%	31,8%	100,0%	55,8%	44,2%	100,0%	52,2%	47,8%	100,0%
Urban	6,1%	93,9%	100,0%	5,3%	94,7%	100,0%	68,6%	31,4%	100,0%	59,6%	40,4%	100,0%	52,8%	47,2%	100,0%
Rural	5,5%	94,5%	100,0%	3,5%	96,5%	100,0%	68,2%	31,8%	100,0%	55,6%	44,4%	100,0%	46,9%	53,1%	100,0%

Table 54: Interviewer-administered questionnaire (IAQ) – lifetime prevalence (counts)

	Q11.1 Anyone ever use force to take something away from you that you were carrying or wearing			Q11.2 Anyone ever steal something and never give it back			Q11.3 Anyone ever break or ruin any of respondent's things on purpose			Q11.4 Ever been hit or attacked with an object or weapon			Q11.5 Anyone ever hit or attack you without using an object or weapon		
	Yes Count	No Count	Total Count	Yes Count	No Count	Total Count	Yes Count	No Count	Total Count	Yes Count	No Count	Total Count	Yes Count	No Count	Total Count
School															
All respondents	1072	3016	4088	1820	2269	4089	495	3558	4053	651	3438	4089	786	3299	4085
Male	646	1468	2114	989	1126	2115	263	1825	2088	381	1734	2115	492	1621	2113
Female	426	1548	1974	831	1143	1974	232	1733	1965	270	1704	1974	294	1678	1972
Urban	917	2031	2948	1484	1465	2949	433	2488	2921	533	2416	2949	688	2257	2945
Rural	155	985	1140	336	804	1140	62	1070	1132	118	1022	1140	98	1042	1140
Household weighted															
All respondents	717879	2394091	3111970	1168620	1943426	3112046	361670	2734586	3096256	465048	2645859	3110908	491219	2615194	3106414
Male	466045	1258701	1724746	667465	1057047	1724512	189527	1526837	1716364	260884	1463563	1724447	305259	1417901	1723160
Female	251835	1135390	1387224	501155	886379	1387534	172142	1207749	1379892	204164	1182296	1386461	185961	1197293	1383254
Urban	461952	1428659	1890611	767218	1123468	1890686	223198	1657482	1880680	306016	1584606	1890622	331132	1556502	1887634
Rural	255927	965433	1221360	401402	819958	1221360	138472	1077105	1215576	159033	1061254	1220286	160088	1058692	1218780
Household unweighted															
All respondents	1317	4312	5629	2131	3498	5629	698	4899	5597	831	4797	5628	939	4680	5619
Male	845	2288	3133	1234	1898	3132	376	2738	3114	477	2655	3132	597	2532	3129
Female	472	2024	2496	897	1600	2497	322	2161	2483	354	2142	2496	342	2148	2490
Urban	948	2902	3850	1500	2350	3850	486	3339	3825	620	3230	3850	679	3166	3845
Rural	369	1410	1779	631	1148	1779	212	1560	1772	211	1567	1778	260	1514	1774

Interviewer-administered questionnaire (IAQ) – lifetime prevalence (counts) (cont)

	Q11.6 Someone ever start to attack you but for some reason it did not happen, for example someone helped you or you got away		Q11.7 Someone ever threaten to hurt you		Q11.8 Ever been a victim of an attempted kidnap		Q11.9 Ever been hit or attacked because of race, religion, sexual preference, nationality, disability etc.		Q11.10 Ever been bullied or persistently teased		
	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	
	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	
School											
All respondents	3299	396	3691	876	3212	4088	34	4087	4013	73	4086
Male	1621	248	1866	522	1593	2115	11	2115	2081	34	2115
Female	1678	148	1825	354	1619	1973	23	1972	1932	39	1971
Urban	2257	2945	2611	724	2224	2948	30	2947	2890	56	2946
Rural	1042	1140	1080	152	988	1140	4	1140	1123	17	1140
Household weighted											
All respondents	2615194	3106414	2820538	3107375	2515666	3110188	47047	3110448	3047226	62460	3109686
Male	1417901	1723160	1553297	1723290	1354988	1724746	25341	1724466	1692544	31161	1723704
Female	1197293	1383254	1267240	1384085	1160678	1385442	21706	1385981	1354682	31299	1385981
Urban	1556502	1887634	1695468	1888696	1519150	1890292	19753	1890012	1850964	38286	1889250
Rural	1058692	1218780	1125069	1218679	996517	1219896	27294	1220435	1196262	24174	1220435
All respondents	4680	5619	5081	1070	4557	5627	85	5626	5495	130	5625
Male	2532	3129	2796	660	2473	3133	42	3132	3063	68	3131
Female	2148	2490	2285	410	2084	2494	43	2494	2432	62	2494
Urban	3166	3845	3446	731	3119	3850	50	3849	3753	95	3848
Rural	1514	1774	1635	339	1438	1777	35	1777	1742	35	1777
Household unweighted											
All respondents	4680	5619	5081	1070	4557	5627	85	5626	5495	130	5625
Male	2532	3129	2796	660	2473	3133	42	3132	3063	68	3131
Female	2148	2490	2285	410	2084	2494	43	2494	2432	62	2494
Urban	3166	3845	3446	731	3119	3850	50	3849	3753	95	3848
Rural	1514	1774	1635	339	1438	1777	35	1777	1742	35	1777

Interviewer-administered questionnaire (IAQ) – lifetime prevalence (counts) (cont)

	Q15.2 Ever seen anyone attacked on purpose with a stick, rock, gun, knife or other thing that would hurt; at home, school, at a store, in a car, on the street or anywhere else			Q15.3 Ever seen anyone attacked or hit on purpose without using a weapon			Q15.4 Anyone ever steal something from respondent's house that belongs to the family or people living in the household			Q15.5 Anyone close to the respondent (friend, neighbour or family member), ever been murdered			Q15.6 Ever been in a place where could see or hear people being shot, bombs going off or street riots			
	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	
	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	
School																
All respondents	1748	2322	4070	1868	2202	4070	964	3120	4084	459	3626	4085	707	3374	4081	
Male	772	1335	2107	868	1239	2107	469	1643	2112	200	1912	2112	457	1651	2108	
Female	976	987	1963	1000	963	1963	495	1477	1972	259	1714	1973	250	1723	1973	
Urban	1439	1500	2939	1554	1385	2939	763	2183	2946	387	2560	2947	646	2299	2945	
Rural	309	822	1131	314	817	1131	201	937	1138	72	1066	1138	61	1075	1136	
Household weighted																
All respondents	99502	2100086	3099588	1029601	2069148	3098749	609040	2494329	3103368	221667	2885764	3107431	419824	2684849	3104673	
Male	531065	1188446	1719512	536250	1183262	1719512	342773	1376559	1719332	110047	1612653	1722700	270435	1451042	1721478	
Female	468436	911640	1380076	493351	885886	1379238	266266	1117770	1384037	111620	1273111	1384731	149388	1233807	1383195	
Urban	702284	1181987	1884270	724373	1159059	1883432	388509	1497403	1885912	154917	1732408	1887325	291807	1595444	1887252	
Rural	297218	918099	1215317	305229	910089	1215317	220530	996926	1217456	66750	1153355	1220106	128016	1089405	1217421	
Household unweighted																
All respondents	1773	3837	5610	1858	3750	5608	1106	4510	5616	434	5188	5622	818	4800	5618	
Male	955	2169	3124	978	2146	3124	613	2512	3125	205	2925	3130	528	2600	3128	
Female	818	1668	2486	880	1604	2484	493	1998	2491	229	2263	2492	290	2200	2490	
Urban	1320	2517	3837	1367	2468	3835	805	3036	3841	331	3513	3844	628	3215	3843	
Rural	453	1320	1773	491	1282	1773	301	1474	1775	103	1675	1778	190	1585	1775	

Interviewer-administered questionnaire (IAQ) – lifetime prevalence (counts) (cont)

	Q16.1 Ever been hit or attacked by any adult/grown-up		Q16.2 Ever been hurt because someone hit or attacked respondent on purpose (other than already mentioned)		Any crime – Q11.1, Q11.2 ... Q11.10, Q15.2, Q15.3 ... Q15.6, Q16.1, Q16.2		Any direct victimisation – Q11.1, Q11.2 ... Q11.10, Q16.1, Q16.2		
	Yes Count	No Count	Total Count	Yes Count	No Count	Total Count	Yes Count	No Count	Total Count
School									
All respondents	232	3856	4088	183	3903	4086	3179	834	4013
Male	150	1964	2114	106	2006	2112	1607	462	2069
Female	82	1892	1974	77	1897	1974	1572	372	1944
Urban	201	2748	2949	165	2782	2947	2457	437	2894
Rural	31	1108	1139	18	1121	1139	722	397	1119
Household weighted									
All respondents	186271	2921414	3107686	137036	2968795	3105831	2109094	944991	3054085
Male	92857	1627665	1720522	73049	1648050	1721099	1169788	526201	1695989
Female	93415	1293750	1387164	63986	1320746	1384732	939306	418790	1358096
Urban	116529	1771051	1887580	92129	1793946	1886075	1298447	557584	1856031
Rural	69742	1150364	1220106	44907	1174849	1219756	810647	387407	1198054
All respondents	331	5288	5619	266	5348	5614	3774	1739	5513
Male	163	2960	3123	144	2979	3123	2108	963	3071
Female	168	2328	2496	122	2369	2491	1666	776	2442
Urban	233	3608	3841	204	3634	3838	2583	1183	3766
Rural	98	1680	1778	62	1714	1776	1191	556	1747
Household unweighted									
All respondents	331	5288	5619	266	5348	5614	3774	1739	5513
Male	163	2960	3123	144	2979	3123	2108	963	3071
Female	168	2328	2496	122	2369	2491	1666	776	2442
Urban	233	3608	3841	204	3634	3838	2583	1183	3766
Rural	98	1680	1778	62	1714	1776	1191	556	1747

Interviewer-administered questionnaire (IAQ) – lifetime prevalence (counts) (cont)

		Any indirect victimisation – Q15.2, Q15.3 ... Q15.6		Total
		Yes	No	Count
		Count	Count	Count
School	All respondents	2575	1487	4062
	Male	1204	897	2101
	Female	1371	590	1961
	Urban	2053	881	2934
	Rural	522	606	1128
Household weighted	All respondents	1610014	1477811	3087825
	Male	873443	840543	1713986
	Female	736571	637268	1373839
	Urban	1048183	830912	1879095
	Rural	561831	646899	1208729
Household unweighted	All respondents	2847	2745	5592
	Male	1555	1561	3116
	Female	1292	1184	2476
	Urban	2019	1807	3826
	Rural	828	938	1766

Table 55: Interviewer-administered questionnaire (IAQ) – last year (%)

	Q11.1.2. Happened in the last year – all children			Q11.2.2. Happened in the last year – all children			Q11.3.2. Happened in the last year – all children			Q11.4.2. Happened in the last year – all children			Q11.5.2. Happened in the last year – all children		
	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total
	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %
School	14,8%	85,2%	100,0%	29,3%	70,7%	100,0%	7,0%	93,0%	100,0%	9,0%	91,0%	100,0%	10,3%	89,7%	100,0%
Male	16,5%	83,5%	100,0%	30,7%	69,3%	100,0%	6,1%	93,9%	100,0%	10,3%	89,7%	100,0%	12,7%	87,3%	100,0%
Female	12,9%	87,1%	100,0%	27,9%	72,1%	100,0%	7,9%	92,1%	100,0%	7,6%	92,4%	100,0%	7,7%	92,3%	100,0%
Urban	17,7%	82,3%	100,0%	33,3%	66,7%	100,0%	8,6%	91,4%	100,0%	10,2%	89,8%	100,0%	12,5%	87,5%	100,0%
Rural	7,3%	92,7%	100,0%	19,1%	80,9%	100,0%	2,8%	97,2%	100,0%	5,7%	94,3%	100,0%	4,7%	95,3%	100,0%
Household weighted	12,9%	87,1%	100,0%	25,7%	74,3%	100,0%	7,8%	92,2%	100,0%	8,6%	91,4%	100,0%	8,9%	91,1%	100,0%
Male	14,2%	85,8%	100,0%	25,0%	75,0%	100,0%	7,0%	93,0%	100,0%	8,9%	91,1%	100,0%	9,9%	90,1%	100,0%
Female	11,2%	88,8%	100,0%	26,5%	73,5%	100,0%	8,8%	91,2%	100,0%	8,1%	91,9%	100,0%	7,5%	92,5%	100,0%
Urban	13,2%	86,8%	100,0%	28,1%	71,9%	100,0%	7,8%	92,2%	100,0%	9,1%	90,9%	100,0%	10,0%	90,0%	100,0%
Rural	12,3%	87,7%	100,0%	21,9%	78,1%	100,0%	7,9%	92,1%	100,0%	7,6%	92,4%	100,0%	7,1%	92,9%	100,0%
Household unweighted	13,0%	87,0%	100,0%	25,5%	74,5%	100,0%	8,4%	91,6%	100,0%	8,9%	91,1%	100,0%	9,2%	90,8%	100,0%
Male	14,1%	85,9%	100,0%	25,0%	75,0%	100,0%	7,7%	92,3%	100,0%	9,0%	91,0%	100,0%	10,5%	89,5%	100,0%
Female	11,6%	88,4%	100,0%	26,2%	73,8%	100,0%	9,2%	90,8%	100,0%	8,7%	91,3%	100,0%	7,6%	92,4%	100,0%
Urban	13,6%	86,4%	100,0%	26,2%	73,8%	100,0%	8,5%	91,5%	100,0%	9,7%	90,3%	100,0%	10,0%	90,0%	100,0%
Rural	11,7%	88,3%	100,0%	23,9%	76,1%	100,0%	8,1%	91,9%	100,0%	7,0%	93,0%	100,0%	7,5%	92,5%	100,0%

Interviewer-administered questionnaire (IAQ) – last year (%) (cont)

		Q11.6.2. Happened in the last year – all children			Q11.7.2. Happened in the last year – all children			Q11.8.2. Happened in the last year – all children			Q11.9.2. Happened in the last year – all children			Q11.10.2. Happened in the last year – all children			Q15.2.2. Happened in the last year – all children			
		Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	
		Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	
School	All respondents	5,9%	94,1%	100,0%	13,5%	86,5%	100,0%	,5%	99,5%	100,0%	1,2%	98,8%	100,0%	12,2%	87,8%	100,0%	27,9%	72,1%	100,0%	
	Male	7,1%	92,9%	100,0%	15,6%	84,4%	100,0%	,2%	99,8%	100,0%	1,1%	98,9%	100,0%	11,1%	88,9%	100,0%	24,7%	75,3%	100,0%	
	Female	4,5%	95,5%	100,0%	11,3%	88,7%	100,0%	,8%	99,2%	100,0%	1,3%	98,7%	100,0%	13,5%	86,5%	100,0%	31,3%	68,7%	100,0%	
	Urban	6,9%	93,1%	100,0%	15,4%	84,6%	100,0%	,6%	99,4%	100,0%	1,3%	98,7%	100,0%	15,1%	84,9%	100,0%	32,9%	67,1%	100,0%	
	Rural	3,2%	96,8%	100,0%	8,4%	91,6%	100,0%	,3%	99,7%	100,0%	,9%	99,1%	100,0%	4,9%	95,1%	100,0%	14,9%	85,1%	100,0%	
			5,9%	94,1%	100,0%	12,3%	87,7%	100,0%	,8%	99,2%	100,0%	1,4%	98,6%	100,0%	9,9%	90,1%	100,0%	21,7%	78,3%	100,0%
Household weighted	All respondents	6,3%	93,7%	100,0%	14,1%	85,9%	100,0%	,8%	99,2%	100,0%	1,2%	98,8%	100,0%	7,9%	92,1%	100,0%	21,6%	78,4%	100,0%	
	Male	5,4%	94,6%	100,0%	10,1%	89,9%	100,0%	,7%	99,3%	100,0%	1,7%	98,3%	100,0%	12,4%	87,6%	100,0%	21,8%	78,2%	100,0%	
	Female	6,6%	93,4%	100,0%	13,0%	87,0%	100,0%	,6%	99,4%	100,0%	1,3%	98,7%	100,0%	11,9%	88,1%	100,0%	26,6%	73,4%	100,0%	
	Urban	4,9%	95,1%	100,0%	11,2%	88,8%	100,0%	1,0%	99,0%	100,0%	1,5%	98,5%	100,0%	6,7%	93,3%	100,0%	14,1%	85,9%	100,0%	
	Rural	5,9%	94,1%	100,0%	12,2%	87,8%	100,0%	,8%	99,2%	100,0%	1,6%	98,4%	100,0%	10,5%	89,5%	100,0%	21,5%	78,5%	100,0%	
			6,7%	93,3%	100,0%	13,9%	86,1%	100,0%	,7%	99,3%	100,0%	1,4%	98,6%	100,0%	8,8%	91,2%	100,0%	21,4%	78,6%	100,0%
Household unweighted	All respondents	4,9%	95,1%	100,0%	10,0%	90,0%	100,0%	,9%	99,1%	100,0%	1,8%	98,2%	100,0%	12,6%	87,4%	100,0%	21,6%	78,4%	100,0%	
	Male	6,5%	93,5%	100,0%	12,4%	87,6%	100,0%	,7%	99,3%	100,0%	1,7%	98,3%	100,0%	11,8%	88,2%	100,0%	24,4%	75,6%	100,0%	
	Female	4,7%	95,3%	100,0%	11,7%	88,3%	100,0%	,8%	99,2%	100,0%	1,5%	98,5%	100,0%	7,7%	92,3%	100,0%	15,1%	84,9%	100,0%	
	Urban																			
	Rural																			

Interviewer-administered questionnaire (IAQ) – last year (%) (cont)

		Q15.3.2. Happened in the last year – all children			Q15.4.2. Happened in the last year – all children			Q15.5.2. Happened in the last year – all children			Q15.6.2. Happened in the last year – all children			Q16.1.2. Happened in the last year – all children			Q16.2.2 Happened in the last year – all children		
		Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No
		Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %	Row Valid %
School	All respondents	100,0%	36,1%	63,9%	100,0%	10,6%	89,4%	100,0%	4,9%	95,1%	100,0%	12,2%	87,8%	100,0%	2,1%	97,9%	100,0%	2,1%	97,9%
	Male	100,0%	34,1%	65,9%	100,0%	8,9%	91,1%	100,0%	4,0%	96,0%	100,0%	15,6%	84,4%	100,0%	2,0%	98,0%	100,0%	2,2%	97,8%
	Female	100,0%	38,2%	61,8%	100,0%	12,3%	87,7%	100,0%	5,9%	94,1%	100,0%	8,5%	91,5%	100,0%	2,1%	97,9%	100,0%	2,0%	98,0%
	Urban	100,0%	42,1%	57,9%	100,0%	11,7%	88,3%	100,0%	5,8%	94,2%	100,0%	15,6%	84,4%	100,0%	2,5%	97,5%	100,0%	2,7%	97,3%
	Rural	100,0%	20,6%	79,4%	100,0%	7,6%	92,4%	100,0%	2,6%	97,4%	100,0%	3,3%	96,7%	100,0%	,9%	99,1%	100,0%	,7%	99,3%
Household weighted	All respondents	100,0%	25,4%	74,6%	100,0%	8,7%	91,3%	100,0%	3,2%	96,8%	100,0%	9,1%	90,9%	100,0%	3,0%	97,0%	100,0%	2,3%	97,7%
	Male	100,0%	24,5%	75,5%	100,0%	8,2%	91,8%	100,0%	3,1%	96,9%	100,0%	10,8%	89,2%	100,0%	2,7%	97,3%	100,0%	2,0%	98,0%
	Female	100,0%	26,6%	73,4%	100,0%	9,3%	90,7%	100,0%	3,4%	96,6%	100,0%	7,0%	93,0%	100,0%	3,4%	96,6%	100,0%	2,7%	97,3%
	Urban	100,0%	30,5%	69,5%	100,0%	9,0%	91,0%	100,0%	3,4%	96,6%	100,0%	11,0%	89,0%	100,0%	2,9%	97,1%	100,0%	2,5%	97,5%
	Rural	100,0%	17,5%	82,5%	100,0%	8,2%	91,8%	100,0%	3,0%	97,0%	100,0%	6,2%	93,8%	100,0%	3,2%	96,8%	100,0%	2,0%	98,0%
Household unweighted	All respondents	100,0%	25,2%	74,8%	100,0%	8,5%	91,5%	100,0%	3,5%	96,5%	100,0%	10,0%	90,0%	100,0%	3,0%	97,0%	100,0%	2,3%	97,7%
	Male	100,0%	24,3%	75,7%	100,0%	7,9%	92,1%	100,0%	3,1%	96,9%	100,0%	11,8%	88,2%	100,0%	2,6%	97,4%	100,0%	2,0%	98,0%
	Female	100,0%	26,2%	73,8%	100,0%	9,4%	90,6%	100,0%	4,0%	96,0%	100,0%	7,7%	92,3%	100,0%	3,5%	96,5%	100,0%	2,6%	97,4%
	Urban	100,0%	27,7%	72,3%	100,0%	9,2%	90,8%	100,0%	3,8%	96,2%	100,0%	11,6%	88,4%	100,0%	3,1%	96,9%	100,0%	2,6%	97,4%
	Rural	100,0%	19,6%	80,4%	100,0%	7,1%	92,9%	100,0%	2,9%	97,1%	100,0%	6,5%	93,5%	100,0%	2,8%	97,2%	100,0%	1,7%	98,3%

Table 56: Interviewer-administered questionnaire (IAQ) – last year (counts)

	Q11.1.2. Happened in the last year – all children			Q11.2.2. Happened in the last year – all children			Q11.3.2. Happened in the last year – all children			Q11.4.2. Happened in the last year – all children			Q11.5.2. Happened in the last year – all children			
	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	
	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	
School																
All respondents	604	3480	4084	1196	2879	4075	283	3766	4049	367	3722	4089	420	3662	4082	
Male	349	1763	2112	648	1464	2112	127	1958	2085	217	1898	2115	269	1842	2111	
Female	255	1717	1972	548	1415	1963	156	1808	1964	150	1824	1974	151	1820	1971	
Urban	521	2424	2945	978	1958	2936	251	2666	2917	302	2647	2949	367	2576	2943	
Rural	83	1056	1139	218	921	1139	32	1100	1132	65	1075	1140	53	1086	1139	
Household weighted																
All respondents	400333	2707588	3107921	798459	2310861	3109320	241509	2851390	3092899	265819	2842894	3108713	275328	2828786	3104113	
Male	244968	1476548	1721516	431568	1291363	1722930	120376	1594228	1714603	154145	1568915	1723060	171055	1550232	1721287	
Female	155365	1231040	1386405	366892	1019498	1386390	121133	1257162	1378295	111674	1273979	1385653	104273	1278554	1382826	
Urban	250160	1638901	1889061	531712	1358190	1889902	146106	1732542	1878648	172514	1715913	1888427	188392	1697474	1885867	
Rural	150173	1068687	1218860	266747	952671	1219418	95402	1118848	1214250	93305	1126982	1220286	86935	1131311	1218246	
Household unweighted																
All respondents	731	4892	5623	1433	4189	5622	468	5121	5589	498	5124	5622	517	5095	5612	
Male	441	2688	3129	781	2348	3129	239	2872	3111	281	2847	3128	329	2795	3124	
Female	290	2204	2494	652	1841	2493	229	2249	2478	217	2277	2494	188	2300	2488	
Urban	523	3323	3846	1009	2838	3847	324	3495	3819	373	3471	3844	384	3455	3839	
Rural	208	1569	1777	424	1351	1775	144	1626	1770	125	1653	1778	133	1640	1773	

Interviewer-administered questionnaire (IAQ) – last year (counts) (cont)

	Q11.6.2. Happened in the last year – all children			Q11.7.2. Happened in the last year – all children			Q11.8.2. Happened in the last year – all children			Q11.9.2. Happened in the last year – all children			Q11.10.2. Happened in the last year – all children			
	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	
	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	
School																
All respondents	239	3846	4085	551	3535	4086	20	4067	4087	48	4038	4086	500	3584	4084	
Male	151	1961	2112	329	1784	2113	5	2110	2115	23	2092	2115	234	1880	2114	
Female	88	1885	1973	222	1751	1973	15	1957	1972	25	1946	1971	266	1704	1970	
Urban	203	2744	2947	455	2492	2947	17	2930	2947	38	2908	2946	444	2500	2944	
Rural	36	1102	1138	96	1043	1139	3	1137	1140	10	1130	1140	56	1084	1140	
Household weighted																
All respondents	184393	2921198	3105590	381536	2727300	3108836	24158	3085011	3109169	43941	3065745	3109686	306592	2801086	3107678	
Male	109185	1612539	1721724	242312	1481373	1723685	13781	1709625	1723406	19916	1703788	1723704	135517	1587209	1722727	
Female	75208	1308659	1383866	139224	1245927	1385151	10377	1375386	1385763	24025	1361957	1385981	171075	1213877	1384951	
Urban	124324	1763110	1887434	245149	1644853	1890001	11625	1878169	1889794	25276	1863974	1889250	224736	1663890	1888626	
Rural	60068	1158088	1218156	136388	1082447	1218835	12533	1206841	1219375	18665	1201771	1220435	81856	1137196	1219052	
All respondents	333	5280	5613	684	4940	5624	43	5581	5624	90	5535	5625	591	5030	5621	
Male	210	2914	3124	434	2698	3132	21	3110	3131	45	3086	3131	276	2853	3129	
Female	123	2366	2489	250	2242	2492	22	2471	2493	45	2449	2494	315	2177	2492	
Urban	249	3590	3839	477	3371	3848	28	3820	3848	64	3784	3848	454	3392	3846	
Rural	84	1690	1774	207	1569	1776	15	1761	1776	26	1751	1777	137	1638	1775	
Household unweighted																

Interviewer-administered questionnaire (IAQ) – last year (counts) (cont)

	Q11.10.2. Happened in the last year – all children n			Q15.2.2. Happened in the last year – all children			Q15.3.2. Happened in the last year – all children			Q15.4.2. Happened in the last year – all children			Q15.5.2. Happened in the last year – all children		
	Yes Count	No Count	Total Count	Yes Count	No Count	Total Count	Yes Count	No Count	Total Count	Yes Count	No Count	Total Count	Yes Count	No Count	Total Count
School															
All respondents	500	3584	4084	1133	2934	4067	1467	2596	4063	431	3649	4080	201	3880	4081
Male	234	1880	2114	520	1586	2106	718	1386	2104	188	1921	2109	84	2025	2109
Female	266	1704	1970	613	1348	1961	749	1210	1959	243	1728	1971	117	1855	1972
Urban	444	2500	2944	965	1972	2937	1234	1699	2933	345	2599	2944	171	2774	2945
Rural	56	1084	1140	168	962	1130	233	897	1130	86	1050	1136	30	1106	1136
Household weighted															
All respondents	306592	2801086	3107678	671231	2425946	3097177	786808	2310031	3096839	269384	2831765	3101149	100835	3005727	3106562
Male	135517	1587209	1722727	370983	1346896	1717879	420663	1297377	1718040	140134	1577370	1717504	53664	1668486	1722150
Female	171075	1213877	1384951	300248	1079050	1379298	366145	1012654	1378799	129250	1254395	1383645	47171	1337241	1384412
Urban	224736	1663890	1888626	500247	1382335	1882583	574199	1308046	1882245	169983	1715384	1885366	64450	1822556	1887006
Rural	81856	1137196	1219052	170983	1043611	1214594	212609	1001985	1214594	99401	1116382	1215782	36385	1183171	1219555
Household unweighted															
All respondents	591	5030	5621	1205	4400	5605	1410	4195	5605	479	5133	5612	196	5423	5619
Male	276	2853	3129	669	2453	3122	759	2363	3122	246	2876	3122	97	3032	3129
Female	315	2177	2492	536	1947	2483	651	1832	2483	233	2257	2490	99	2391	2490
Urban	454	3392	3846	937	2896	3833	1063	2770	3833	353	3487	3840	145	3697	3842
Rural	137	1638	1775	268	1504	1772	347	1425	1772	126	1646	1772	51	1726	1777

Interviewer-administered questionnaire (IAQ) – last year (counts) (cont)

	Q15.6.2. Happened in the last year – all children			Q16.1.2. Happened in the last year – all children			Q16.2.2. Happened in the last year – all children			Any crime – Q11.1, Q11.2 ... Q11.10, Q15.2, Q15.3 ... Q15.6, Q16.1, Q16.2 – in last year, all children			Any direct victimisation – Q11.1, Q11.2 ... Q11.10, Q16.1, Q16.2 – in last year, all children			
	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total	
	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	
School																
All respondents	496	3583	4079	85	4002	4087	87	3999	4086	2666	1302	3968	2018	1992	4010	
Male	329	1777	2106	43	2070	2113	47	2065	2112	1357	686	2043	1092	974	2066	
Female	167	1806	1973	42	1932	1974	40	1934	1974	1309	616	1925	926	1018	1944	
Urban	459	2486	2945	75	2873	2948	79	2868	2947	2113	746	2859	1633	1251	2884	
Rural	37	1097	1134	10	1129	1139	8	1131	1139	553	556	1109	385	741	1126	
Household weighted																
All respondents	283291	2820677	3103968	93064	3014621	3107686	71293	3034538	3105831	1750469	1280767	3031236	1401632	1656734	3058365	
Male	186035	1535443	1721478	46490	1674032	1720522	34031	1687068	1721099	952554	727412	1679966	773089	920421	1693510	
Female	97256	1285234	1382490	46575	1340590	1387164	37262	1347470	1384732	797915	553355	1351270	628543	736313	1364856	
Urban	208250	1678354	1886604	54415	1833165	1887580	46840	1839235	1886075	1105594	738213	1843807	898262	960621	1858883	
Rural	75041	1142323	1217364	38650	1181456	1220106	24454	1195302	1219756	644875	542554	1187429	503370	696113	1199482	
Household unweighted																
All respondents	561	5054	5615	169	5450	5619	129	5485	5614	3108	2356	5464	2516	2996	5512	
Male	369	2759	3128	81	3042	3123	64	3059	3123	1703	1340	3043	1398	1666	3064	
Female	192	2295	2487	88	2408	2496	65	2426	2491	1405	1016	2421	1118	1330	2448	
Urban	446	3395	3841	119	3722	3841	98	3740	3838	2164	1570	3734	1774	1992	3766	
Rural	115	1659	1774	50	1728	1778	31	1745	1776	944	786	1730	742	1004	1746	

Interviewer-administered questionnaire (IAQ) – last year (counts) (cont)

		Any indirect victimisation – Q15.2, q15.3 ... Q15.6 – in last year, all children		
		Yes	No	Total
		Count	Count	Count
School	All respondents	1990	2055	4045
	Male	947	1144	2091
	Female	1043	911	1954
	Urban	1639	1284	2923
	Rural	351	771	1122
Household weighted	All respondents	1203136	1877341	3080478
	Male	645751	1063476	1709226
	Female	557386	813866	1371252
	Urban	817536	1057216	1874753
	Rural	385600	820125	1205725
Household unweighted	All respondents	2120	3456	5576
	Male	1150	1959	3109
	Female	970	1497	2467
	Urban	1550	2266	3816
	Rural	570	1190	1760

11.6 Odds ratio tables for risk and protective factors for, and consequences of, sexual abuse

Table 57: Odds ratios (or) for other forms of victimisation associated with sexual victimisation

	OR estimate	OR 95% CI lower limit	OR 95% CI upper limit	P-value
(Intercept)	0,042	0,034	0,051	<0.001
Any physical	1,522	1,259	1,836	<0.001
Any emotional	1,573	1,278	1,931	<0.001
Any neglect	1,369	1,100	1,697	0.004
Any family violence	1,475	1,232	1,763	<0.001
Any direct crime	2,595	2,094	3,233	<0.001
Any indirect crime	1,369	1,133	1,658	0.001
Female	1,524	1,296	1,792	<0.001

Table 58: Presence of one or more biological parent in the household, household IAQ

	OR estimate	OR 95% CI lower limit	OR 95% CI upper limit	P-value
(Intercept)	0,115	0,098	0,133	<0.001
Neither biological parent in the home	1,535	1,200	1,952	0.001
One biological parent in the home	1,284	1,078	1,530	0.005
Female	1,533	1,305	1,802	<0.001

Table 59: Presence of one or more biological parent in the household, school IAQ

	OR estimate	OR 95% CI lower limit	OR 95% CI upper limit	P-value
(Intercept)	0,152	0,126	0,181	<0.001
Neither biological parent in the home	0,994	0,750	1,308	0.964
One biological parent in the home	1,153	0,943	1,414	0.168
Female	1,403	1,169	1,685	<0.001

Table 60: Sleeping density and risk for sexual abuse, household IAQ

	OR estimate	OR 95% CI lower limit	OR 95% CI upper limit	P-value
(Intercept)	0,127	0,113	0,143	<0.001
Sleeping density	1,106	1,002	1,218	0.042
Female	1,608	1,382	1,872	<0.001

Table 61: Parental absence through hospitalisation as a risk factor for sexual abuse, household IAQ

	OR estimate	OR 95% CI lower limit	OR 95% CI upper limit	P-value
(Intercept)	0,112	0,099	0,126	<0.001
Parent absent for long period	1,757	1,500	2,054	<0.001
Female	1,593	1,370	1,855	<0.001

Table 62: Parental substance misuse as a risk factor for sexual abuse, household IAQ

	OR estimate	OR 95% CI lower limit	OR 95% CI upper limit	P-value
(Intercept)	0,120	0,107	0,134	<0.001
Parents misuse substances	2,742	2,201	3,400	<0.001
Female	1,582	1,360	1,842	<0.001

Table 63: Mothers' knowledge of a child as a risk factor for sexual abuse, household IAQ

	OR estimate	OR 95% CI lower limit	OR 95% CI upper limit	P-value
(Intercept)	0,571	0,396	0,819	0.003
Mother's knowledge	0,889	0,864	0,915	<0.001
Female	1,687	1,444	1,973	<0.001

Table 64: Fathers' knowledge of a child as a risk factor for sexual abuse, household IAQ

	OR estimate	OR 95% CI lower limit	OR 95% CI upper limit	P-value
(Intercept)	0,366	0,260	0,514	<0.001
Father's knowledge	0,913	0,887	0,939	<0.001
Female	1,541	1,264	1,879	<0.001

Table 65: Maternal acceptance of a child as a risk factor for sexual abuse, household IAQ

	OR estimate	OR 95% CI lower limit	OR 95% CI upper limit	P-value
(Intercept)	1,564	0,924	2,637	0.094
Mother's acceptance	0,914	0,897	0,932	<0.001
Female	1,534	1,310	1,796	<0.001

Table 66: Paternal acceptance of a child as a risk factor for sexual abuse, household IAQ

	OR estimate	OR 95% CI lower limit	OR 95% CI upper limit	P-value
(Intercept)	0,387	0,153	0,948	0.041
Father's acceptance	0,962	0,930	0,994	0.021
Female	7,230	2,140	24,860	0.002
Father acceptance by Female	0,943	0,901	0,987	0.012

Table 67: Disability status of the child as a risk factor for abuse, household IAQ

	OR estimate	OR 95% CI lower limit	OR 95% CI upper limit	P-value
(Intercept)	0,116	0,103	0,130	<0.001
Child is disabled	1,778	1,503	2,099	<0.001
Female	1,589	1,366	1,849	<0.001

Table 68: Odds ratios that young people who have been sexually abused will engage in high-risk sexual behaviour

		Odds ratio	Lower	Upper	95% confidence interval
School	Male	7,584	5,804	9,911	
	Female	5,056	3,630	7,042	
	Total	5,456	4,482	6,643	
	Household weighted	5,768			
	Female	6,283			
	Total	5,394			

Table 69: Odds ratios that young people who have been sexually abused will misuse substances

		Odds ratio	Lower	Upper	95% Confidence interval
School	Male	4,230	3,283	5,451	
	Female	3,202	2,489	4,119	
	Total	3,517	2,949	4,195	
	Household weighted	5,172			
	Female	3,565			
	Total	4,011			

