

# TEN THINGS EVERYONE SHOULD KNOW ABOUT VIOLENCE AGAINST CHILDREN AND YOUNG WOMEN IN SWAZILAND

A brief from UNICEF Swaziland  
March 2008



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## ACKNOWLEDGEMENTS

Neither the national survey nor subsequent publications based on its findings would have been possible without the collaboration and assistance of many. Appreciation is extended to:

U.S. Centers for Disease Control and Prevention  
Ministry of Education  
Ministry of Health and Social Welfare  
Ministry of Justice  
Central Statistics Office  
National Emergency Response Council on HIV and AIDS (NERCHA)  
Royal Swaziland Police  
Save the Children  
Swaziland Action Group Against Abuse (SWAGAA)  
World Vision

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## FOREWORD

While violence against children makes headlines in countries around the world, there is a surprising lack of sufficient and reliable information on this public health problem.

Recognizing the need for timely, complete, national data on violence against children, UNICEF Swaziland partnered with the United States Centers for Disease Control and Prevention (CDC), Swazi Government and local stakeholders to conduct a national study of the problem in June 2007. Swaziland is the first country to conduct such a study since the release of the World Report on Violence Against Children in 2006. Swaziland's national survey focused on sexual, physical and emotional violence against female children between the ages of 13 and 24. The primary objectives of the survey were to describe the epidemiology of the violence – patterns and distribution of the problem – and to identify potential risk and protective factors. Females were selected for this study because they are affected disproportionately.

This first nationally representative survey of sexual violence against female children in Swaziland, perhaps the only study of its kind in a SADC country, is a milestone for the nation. It represents a critical first step in addressing the problem by providing basic information on its magnitude and characteristics. Without a clear description of the problem, it is difficult to both understand and respond to it. The findings were released in a nationwide dissemination meeting in 2007 as well as through the publication of the report and posting on the UNICEF website. The full survey is available at [http://www.unicef.org/swaziland/sz\\_publications\\_2007violenceagainstchildren.pdf](http://www.unicef.org/swaziland/sz_publications_2007violenceagainstchildren.pdf).

This brief draws largely from the findings of the national survey. It asks and answers 10 important questions about violence against children in Swaziland. These questions seek to inform and engage all sectors of Swazi society so that the nation can break the silence around violence against children and establish a strong foundation for prevention and control. By doing so, Swaziland will achieve a major objective in the national drive to fulfill the rights of its children and establish a model violence prevention program that inspires other countries facing a similar challenge. A primary objective of the Swaziland model should be the creation of safer environments for children – in the home, neighborhood, and school.

UNICEF appreciates the contributions of our partners in generating the evidence that will inform national efforts to achieve the above objective. UNICEF also remains committed to supporting such efforts.

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## 1. WHAT IS THE EXTENT OF VIOLENCE AGAINST CHILDREN AROUND THE GLOBE?

Violence against children is a significant global health and human rights problem. It spares no nation, rich or poor, and spans the boundaries of geography, culture, race, class, and religion. Violence against children can take many forms; physical or sexual abuse, psychological or emotional abuse, and deprivation or neglect.

The United Nations Secretary-General's Study on Violence against Children, released in October 2006, made a global effort to paint a detailed picture of the nature, extent and causes of violence against children. This was the first attempt to document the reality of violence against children around the world. The study concludes that violence against children happens everywhere, in every country and society and across all social groups. Extreme violence against children may hit the headlines, but children say that daily, repeated small acts of violence and abuse also hurt them. While some violence is unexpected and isolated, most violent acts against children are carried out by people they know and should be able to trust: parents, boyfriends, spouses and partners, schoolmates, teachers and employers.

## 2. WHAT IS THE LEVEL OF VIOLENCE AGAINST CHILDREN IN SWAZILAND?

Swaziland's national survey established that violence against children is a major public health and social problem. Violence against female children is prevalent in every region, in homes and schools, and affects thousands of Swazi girls. Approximately one in three females experienced some form of sexual violence as a child; one in four females experienced physical violence as a child; and nearly three in 10 females experienced emotional abuse as a child. Nearly 5% of females experienced forced intercourse and approximately 9% experienced coerced intercourse before they reached 18 years old.

While violence occurring in childhood was the focus of the survey, it is important to note that the risk of violence continues into young adulthood. Among 18 to 24 year old females, nearly 2 in 3 had experienced some form of sexual violence in their lifetime. Some of the females were abused repeatedly.

## 3. WHO ARE THE VICTIMS OF VIOLENCE?

Females are the most common victims of childhood sexual violence, and as such were the focus of the national survey. While very young children are also victims of violence, the survey focused only on children 13 years and older. Interviewing younger children would have been ethically and practically inappropriate.

While violence can happen to any child, worldwide research has shown that marginalized children are often at greater risk for sexual and emotional abuse. Disabled children, children out of school, and orphans are some of the most vulnerable groups.

The implications for Swaziland are great because poverty and a high prevalence of HIV have created high numbers of marginalized children in the country. With nearly 70% of the population living below the poverty line, many families lack the resources to pay school fees for their children. As a result, many Swazi girls drop out of school (29% in this sample). With an HIV prevalence of 26%, the disease has carved out a generation of parents, leaving behind more than 130,000 orphans and vulnerable children. Government estimates that this number will swell to more than 200,000 orphans in the next two years. The nation's recent Demographic Health Survey shows that more than 30% of children under 18 are orphans or vulnerable. Many of these children live on their own in child headed households, taking care of siblings without any adult supervision. Other children live with extended family or relatives who have begrudgingly taken them in and treat them as outsiders that simply take away from the family resources. Each of these groups of children is open to all forms of abuse. These high numbers of marginalized children make the issue of violence against children an urgent one for the country.

## 4. WHO ARE THE PERPETRATORS OF VIOLENCE?

Most violent acts against children are carried out by people the children know and trust. One of the primary findings from the national survey was that 75% of the perpetrators of



sexual violence in Swaziland are well known to the victim. Sexual violence was most commonly committed by husbands and boyfriends, men and boys from the victim's neighborhood, or male relatives. For physical violence, the most common perpetrators were male relatives (other than the victim's father), the victims' mother and other female relatives. The most likely people to commit emotional abuse were female relatives, male relatives, and victims' mothers. Among all three types of violence examined, male relations were involved in significant numbers. This pattern may reflect cultural norms that influence relationships between males and females as well as the vulnerability of female children to victimization.

## 5. WHERE IS VIOLENCE AGAINST CHILDREN TAKING PLACE?

Two of the places that have the greatest potential to protect children and provide for their physical and emotional safety – the home and school – are two of the most common locations in which violence against female children occurs. According to the national survey, sexual violence is most likely to occur in the home, either the home of the victim or the home of a friend, relative or neighbour. Sexual violence also occurs in significant numbers in public areas and on the way to and from school. Schools play an important role in protecting children from violence, but for many children, educational settings expose them to violence and may even teach them violence. Outside of the home, school buildings and schools grounds are common scenes for sexual violence against children in Swaziland.

The large numbers of sexual violence incidents occurring in the home underscores the hidden nature of sexual violence and presents one of the largest challenges in preventing this problem in the country.

## 6. IS VIOLENCE AGAINST CHILDREN BEING REPORTED?

More than half of all incidents of child sexual violence are not reported to anyone, and less than one in seven incidents resulted in a female seeking help from available resources. Victims indicated that the primary reason they did not report sexual violence was that they were not aware that what they had experienced was abuse. Many females also reported a fear of abandonment if they told anyone. These results show a lack of understanding of what sexual violence is and how and where to report such crimes. When children experienced physical violence, females sought help in only one out of five cases, despite nearly one in four cases resulting in injury serious enough to consult a doctor.

## 7. WHAT OTHER FACTORS IMPACT VIOLENCE AGAINST CHILDREN?

Most violence against children remains hidden. One reason for this is that violence and abuse occur most often in the home, community or school, and is perpetrated by someone the child knows and trusts. As such, the incident often becomes a *tibi tendlu*, or “family secret.”

As poverty remains a major challenge in Swaziland, many victims depend on perpetrators of violence for support. Often, the perpetrator uses his or her status as the sole breadwinner to intimidate a child or coerce her into keeping silent. Children often remain silent for fear of retribution not only from the perpetrators, but from family members as well.

Violence also carries stigma for both victim and perpetrator. If a child contracts a sexually transmitted disease, or HIV, that child is subject to further stigma and discrimination.

Often, children who have suffered violence or those who are aware of such violence keep quiet because they are unaware of where to get assistance or because there simply are no safe or trusted ways to report the violence or to get help.

## 8. WHAT ARE THE HEALTH CONSEQUENCES OF VIOLENCE AGAINST CHILDREN?

Violence against children erodes the foundation that children need for leading healthy and productive lives. Exposure to violence during childhood can influence subsequent vulnerability to a broad range of mental and physical health problems, ranging from anxiety disorders to cardiovascular disease and diabetes. It can damage the emotional, cognitive, and physical development of children. Sexual violence is perhaps the most insidious form of violence against children. The shame and denial associated with it contribute to a culture of silence in which neither children nor adults speak about it or know what to do when confronted with it. The psychological consequences, as well as feelings of guilt and shame can translate into alcohol and drug abuse, eating disorders, developmental delays and even suicidal tendencies. The national survey found that the majority of females surveyed (69%) reported feeling depressed at some point in their lives, and 17% reported having thoughts of suicide.



The sexual and reproductive consequences of sexual and physical violence against children include sexual dysfunction, unwanted pregnancy and sexually transmitted diseases. Nearly 29% of females surveyed reported having an unwanted pregnancy. In addition, in a country where more than a quarter of the population is infected with HIV, sexual violence is a potential route of further spread of the disease, especially to the very young.

## 9. WHY SHOULD WE ADDRESS VIOLENCE AGAINST CHILDREN IN SWAZILAND?

Violence against children has lasting impacts, on the children themselves, on perpetrators and on society at large. Abused children are vulnerable to a host of physical and emotional developmental problems which can have devastating consequences for children's health and well being. Unwanted pregnancy, sexually transmitted diseases and other sexual reproductive issues that result from violence and abuse of children not only impact the children and their families, but burden the State and have repercussions on the country's ability to provide for the care of these girls and their children. With the high prevalence of HIV in the country, sexual abuse has the potential to further spread the disease, even to very young children. Violence against children also has an impact on the nation's economic development by degrading the contribution of affected children to their community and country. Perhaps most importantly, children possess a fundamental right to be protected and safe from violence and abuse of all forms.

## 10. HOW CAN SWAZILAND COMBAT VIOLENCE AGAINST ITS CHILDREN?

Swaziland is one of the 193 States that ratified the Convention on the Rights of the Child (CRC). Swaziland not only ratified the Convention, it reaffirmed its commitment to the protection of children in the nation's new constitution, which was enacted in 2006. As such, the government has obligations to protect children against violence, especially where families are stressed and increasingly overwhelmed by the effects of the HIV epidemic and widespread poverty. Individuals, such as parents, teachers, relatives, and religious and community leaders, also have duties and obligations to protect the rights of children in the country.

Drawing on the evidence of violation of child rights contained in the national survey, Swaziland has a unique opportunity to renew its promise to children. It can mobilize the resources of State and non-state parties to put in place effective measures to address violence against children in different environments. A primary objective is to create safer homes, safer neighbourhoods, and safer schools. This note highlights a few recommendations for follow up in the short to medium term. Other recommendations are presented in the full report.

### Government

As a signatory to the CRC, the State and each of its departments should support concrete measures that will address violence against children.

- The Ministry of Justice, Parliament, and the Portfolio Committee for Children can fast-track enactment of new legislation intended to protect children and their rights, such as the Children's Bill, Child Justice Act, and Sexual Offenses Bill. Education at all levels must take place on these Bills so that all Swazis, from members of Parliament to chiefs to parents to children, understand the rights and responsibilities they protect.
- The Ministry of Education (in partnership with the Swaziland National Teachers Association) can establish and enforce a code of conduct at schools to prevent violence against children.
- The Ministry of Health and Social Welfare can establish guidelines on treatment and care of victims of violence and provide timely services to affected children and youth.
- The Ministry of Regional Development and Youth Affairs can promote prevention of violence against children in all youth development programs.
- Law enforcement agencies can enhance their capacity to provide timely and supportive assistance to victims of abuse.
- The Disaster Preparedness Committee can ensure that all persons responsible for distribution of humanitarian assistance have the appropriate skills and competencies, including showing respect for needy and vulnerable populations.

### Parents and community leaders

As duty bearers, adults should protect children in their immediate environments – home, neighborhood, school and play areas – where most of the violence against children occurs.

- Parents, teachers, clergy, traditional leaders, and *Lihlombe Lekukhalela* (community carers) can work together to make the home environs safer for children.
- Heads of schools, the Swaziland National Teachers Association, and parent-teacher associations can adopt zero tolerance policy on violence against children in school.

### Civil Society Organizations and development partners

As advocates of child rights, civil society organizations and other development partners can lobby for action to protect children and monitor implementation of interventions. In addition, non-

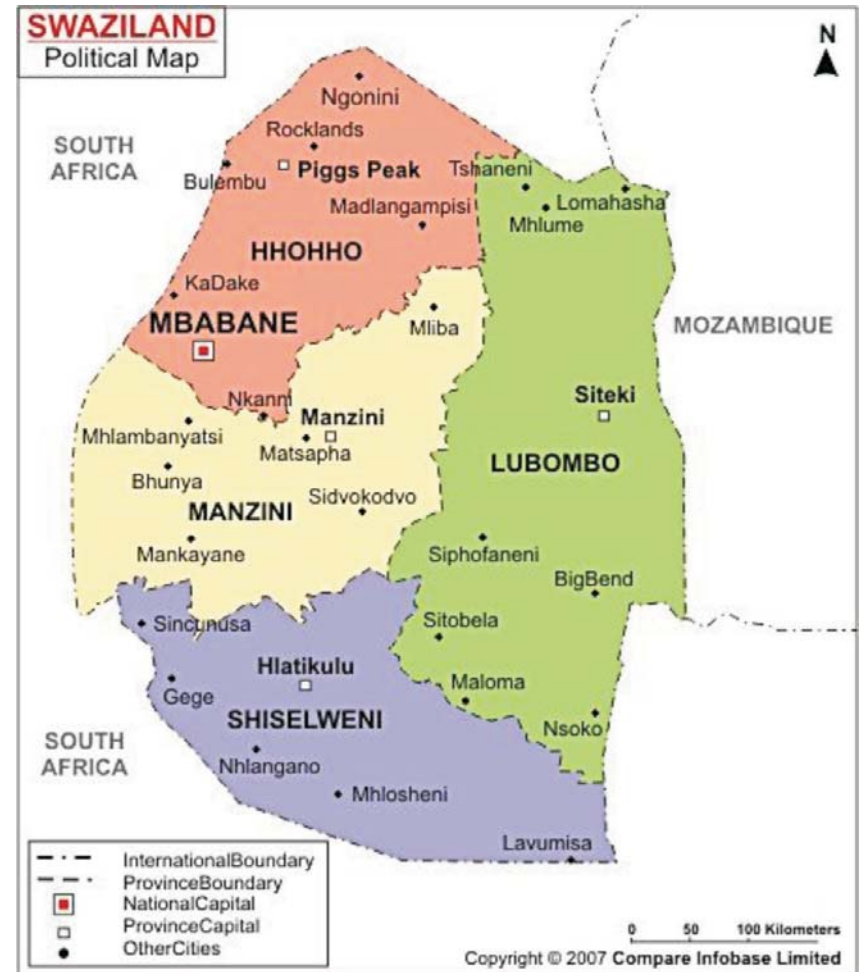


governmental organizations (NGOs) can continue their community education work and support to the victims of violence.

Each of these partners can support government institutions to launch a public information campaign directed both at children and at adults so that everyone is aware of what sexual violence is, how to identify a child suffering from abuse, and where to go for information and help. The campaign must also counter social norms that support violence against children.

They can also provide technical and financial assistance to government to develop a system of monitoring violence against children. Improved data will enhance development, implementation and monitoring of key interventions, as well as tracking of changes in trends in violence against children in the country.

Partners can foster the development of a strong partnership to combat violence against children. A partnership of government agencies, NGOs, international organizations, professional associations and communities is critical to develop a credible response to this widespread public health and social problem.



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