

SUMMARY

Violence Against Children in Tanzania





Violence Against Children in Tanzania: Summary

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Key terms and definitions

Child: any person under the age of 18, thus childhood violence refers to any violence experienced before the respondent turned 18 years old.

Child Sexual Exploitation: Children Receiving Money or Goods in Exchange for Sex: any person under 18 who received money or goods in exchange for sex.

Emotional Violence: emotional abuse such as being called bad names, being made to feel unwanted, or being threatened with abandonment.

Female Genital Mutilation/Cutting: all procedures involving the partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons

Orphan: any person who lost one or both parents before the age of 18

Physical Violence: physical acts of violence such as being slapped, punched, hit with a fist (referred to as “punched” throughout the report), kicked, or whipped, or threatened with a weapon such as a gun or knife.

Sexual Intercourse (as used when describing first sexual intercourse): “Sex” or “Sexual Intercourse” refers to anytime a male’s penis enters someone else’s vagina or anus, however slight.

Sexual Intercourse for Females (as used when describing acts of sexual violence): includes someone penetrating a female’s vagina or anus with their penis, hands, fingers, mouth, or other objects, or penetrating her mouth with their penis.

Sexual Intercourse for Males (as used when describing acts of sexual violence) includes someone penetrating a male’s anus with their penis, hands, fingers, mouth, or other objects, or penetrating his mouth with their penis; this can also include someone forcing the male’s penis into their mouth, vagina, or anus.

Sexual Violence: Sexual violence is any sexual act that is perpetrated against someone’s will and encompasses a range of offenses, including a completed nonconsensual sex act (i.e., rape), attempted nonconsensual sex acts, abusive sexual contact (i.e., unwanted touching), and non-contact sexual abuse (e.g., threatened sexual violence, exhibitionism, verbal sexual harassment).

Attempted Unwanted Intercourse: a perpetrator tried to make the respondent have sexual intercourse when he or she did not want to, but the assailant did not succeed in doing so.

Coerced intercourse: a perpetrator pressured or non-physically forced the respondent to have sexual intercourse against his or her will. For instance, the respondent had unwanted sexual intercourse because he or she felt overwhelmed by continual arguments and pressure.

Physically Forced Intercourse: a perpetrator physically forced the respondent to have sexual intercourse against his or her will.

Unwanted Touching of Respondent: a perpetrator touched the respondent against his or her will in a sexual way, such as unwanted touching, kissing, grabbing, or fondling, but did not try to force him or her to have sexual intercourse

Acronyms

MCDGC	Ministry of Community Development, Gender and Children
MSTF	Multi-Sector Task Force (on violence against children)
TVACS	Tanzania Violence Against Children Survey

Results Summary

Sexual Violence

- Nearly 3 out of every 10 girls and 1 out of every 7 boys reported at least one experience of sexual violence prior to the age of 18.
- Nearly 6% of girls have been physically forced to have sexual intercourse before the age of 18.
- Dating partners, neighbours, and strangers were frequently implicated as perpetrators of sexual violence against girls and boys
- Approximately 1 in 10 girls reported that the perpetrator of at least one incident of sexual violence was a teacher
- The majority of perpetrators of sexual violence against girls were older than the victim, while the majority of perpetrators of sexual violence against boys were about the same age as the victim
- Incidents of childhood sexual violence against both girls and boys most commonly took place in someone's house, at school or going to and from school.
- The majority of childhood sexual violence against both girls and boys occurred between the hours of 12:00 (noon) and 20:00 (8:00pm).

Physical Violence

- Approximately three-quarters of girls and boys reported experiencing physical violence prior to the age of 18
- Almost 6 out of 10 girls and boys experienced childhood physical violence at the hand of relatives and 1 out of 2 at the hands of teachers
- Emotional Violence: Approximately one-quarter of children, both male and female, experienced emotional violence prior to age 18.

Help-Seeking and Services Received by 13 to 24 Year Olds Who Experienced Childhood Sexual Violence

- Approximately one-half of girls and one-third of boys who experienced sexual violence prior to age 18 told someone about it.
- About 1 out of every 5 girls and 1 out of 10 boys sought services for their experiences of sexual violence prior to age 18.
- About 1 out of 8 girls and less than 1 out of 20 boys received services for their experiences of sexual violence prior to age 18.

Childhood Violence and Current Health Status

- Girls who reported childhood sexual, physical or emotional violence tended to report poorer mental health and sometimes poorer physical health than other girls.
- Boys who experienced childhood emotional violence tended to report poorer mental and physical health than other boys. In contrast, the mental and physical health of boys who reported childhood sexual or physical violence was similar to other boys.

Sexual Violence and HIV/ AIDS

- Experiences of childhood sexual violence were unrelated to knowledge of HIV testing places and having had an HIV test for both girls and boys.
- The prevalence of engaging in sex with 2 or more partners in the previous 12 months was higher among girls and boys 19 to 24 years of age with a history of childhood sexual violence than those without a history of childhood sexual violence.

Other Findings

- Approximately 60% of girls and more than 50% of boys aged 13 to 24 years believed that it is acceptable for a husband to beat his wife under certain circumstances.
- 84% of Tanzanian females and 79% of Tanzanian males believe that FGM should be stopped in the communities where it is practiced.
- Trading sex for money or goods was more prevalent among young girls who had experienced childhood sexual violence, than those without a history of childhood sexual violence.



1. Introduction

Violence against children is a serious human rights, social, and public health issue in Tanzania, as in many other parts of the world. It erodes the strong foundation children need for leading healthy and productive lives, and violates the fundamental right of children to a safe childhood. The problem of sexual violence, the focus of the 2009 Tanzanian Violence Against Children Survey (TVACS), is especially acute.^a Identifying all forms of violence (sexual, physical and emotional), and their underlying causes, is a critical step towards developing multi-sector national prevention and response strategies and policies to better protect the children of Tanzania.



This report provides the first national estimates of the magnitude and nature of sexual, physical and emotional violence experienced by girls and boys in Tanzania. The study results will support efforts to put effective prevention and response strategies and systems in place to improve services for children who experience violence. In the absence of a formal national child protection system, it is essential for Tanzania to develop a set of legally binding and implementable rules and procedures that establish referral mechanisms and services to safeguard children from the three types of violence described in this report. Towards this end, the results of the Tanzania survey provide sound and validated evidence to inform the development of guidelines and regulations associated with implementation of the 2009 Law of the Child Act.

The Tanzania survey of violence against children is guided by the Multi-Sector Task Force (MSTF), which consists of representatives from government ministries and partners including: the police and justice sectors; social welfare, education and health care sectors; the UN and civil society. The MSTF is chaired by the Ministry of Community Development, Gender and Children (MCDGC) and the Task Force ensures national ownership and oversight in building support for a comprehensive National Prevention and Response Plan to address findings from the TVACS.

The objectives of the 2009 TVACS were to:

- describe the magnitude of the problem of violence against children under the age of 18 in Tanzania, with a special emphasis on sexual violence
- identify potential risk and protective factors for violence against children
- identify the health consequences of violence against children
- assess the use of social, criminal justice, and health services available by children who experience sexual violence, and
- use the data to guide policies and programs to prevent and protect children from violence.

Results are presented here for the United Republic of Tanzania (i.e., Mainland and Zanzibar together). Results for Zanzibar are the focus of a separate report, and Zanzibar will develop its own prevention and response plan independently, guided by the Zanzibar MSTF. Thus, figures reported for Tanzania in this report include both Mainland Tanzania and Zanzibar combined unless noted otherwise. Data were collected from girls and boys, aged 13 to 24, who described their experiences of violence before the age of 18.

The findings highlight an urgent need to address violence against children across sectors and in settings where children spend most of their time, particularly in their homes, communities, and schools. Ongoing MSTF commitment will ensure that the findings are heard, distributed, and acted upon in a comprehensive manner, with involvement by all key line ministries and partners.

Strong commitment by all stakeholders will ultimately benefit the United Republic of Tanzania by:

- reducing the prevalence of violence against children
- improving the quantity and quality of services for those affected by violence
- mitigating the serious health consequences that result from such violence, and
- re-affirming rights and dignity to all of Tanzania's children.

^a Sexual violence was a primary focus because Tanzania stakeholders identified it as a critical issue.

2. Prevalence of childhood sexual, physical and emotional violence in Tanzania



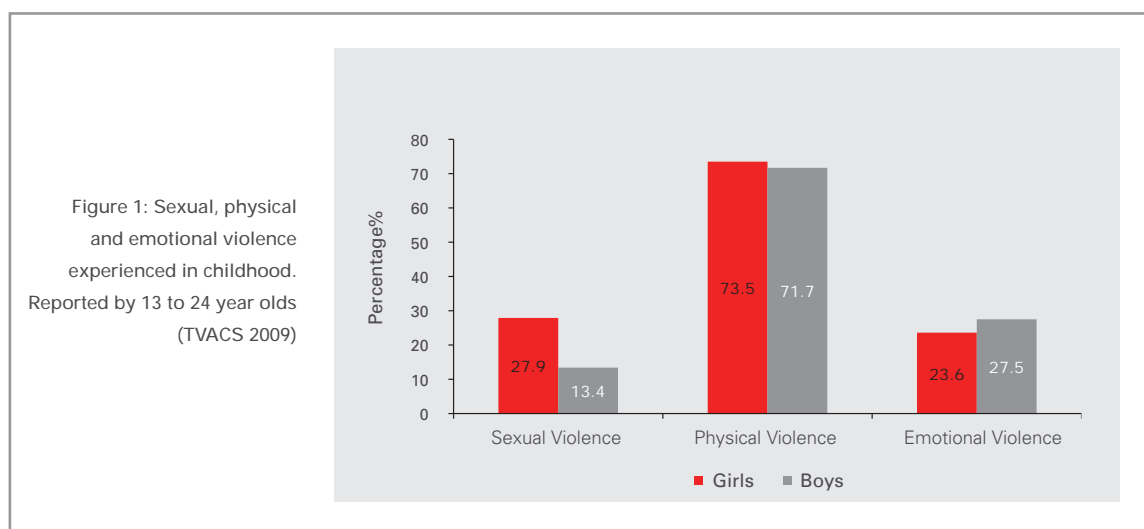
2. Prevalence of childhood sexual, physical and emotional violence in Tanzania

HIGHLIGHTS

- Nearly 3 out of every 10 girls and 1 out of every 7 boys reported at least one experience of sexual violence prior to the age of 18.
- Nearly 6% of girls have been physically forced to have sexual intercourse before the age of 18.
- Almost three-quarters of children, both boys and girls, experienced physical violence prior to age 18.
- Approximately one-quarter of children, both boys and girls, experienced emotional violence prior to age 18.



The estimates of the national prevalence and types of sexual, physical and emotional violence in Tanzania reveal that violence against children is a serious problem: nearly 28 per cent of girls and over 13 per cent of boys have experienced sexual violence before the age of 18, over 70 per cent of girls and boys experienced physical violence and more than a quarter experienced emotional violence (see Figure 1).



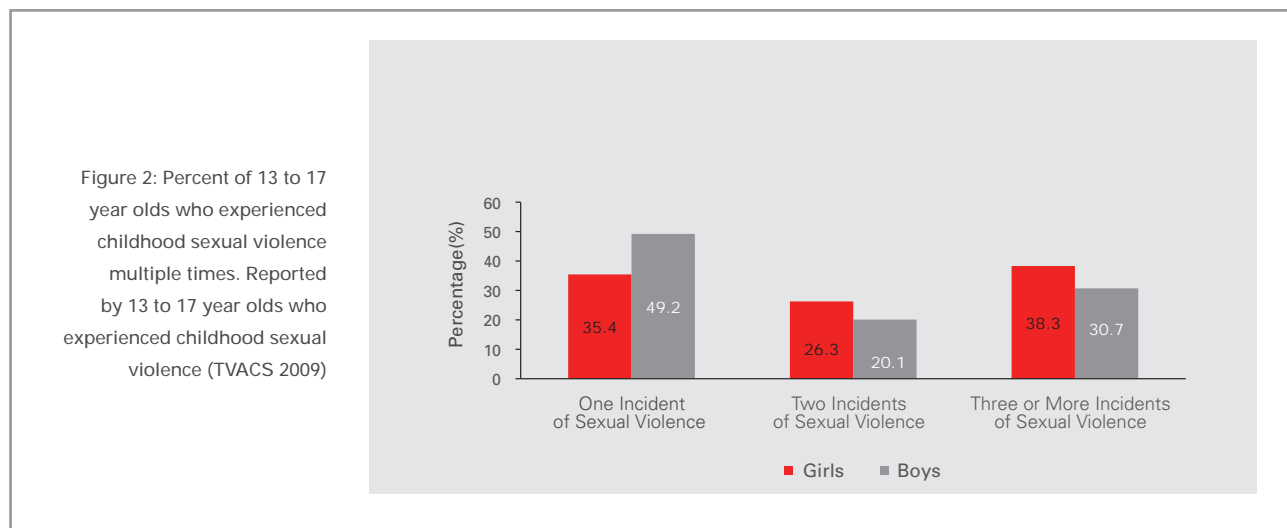
Childhood sexual violence

Sexual violence against children is a major public health and human rights issue in Tanzania that demands an immediate call for action throughout the nation. Tanzanian girls and boys were asked to describe experiences of sexual violence that occurred before they were 18 years old. They were also asked how old they were when each type of incident happened, and how often it happened. Sexual violence is considered:

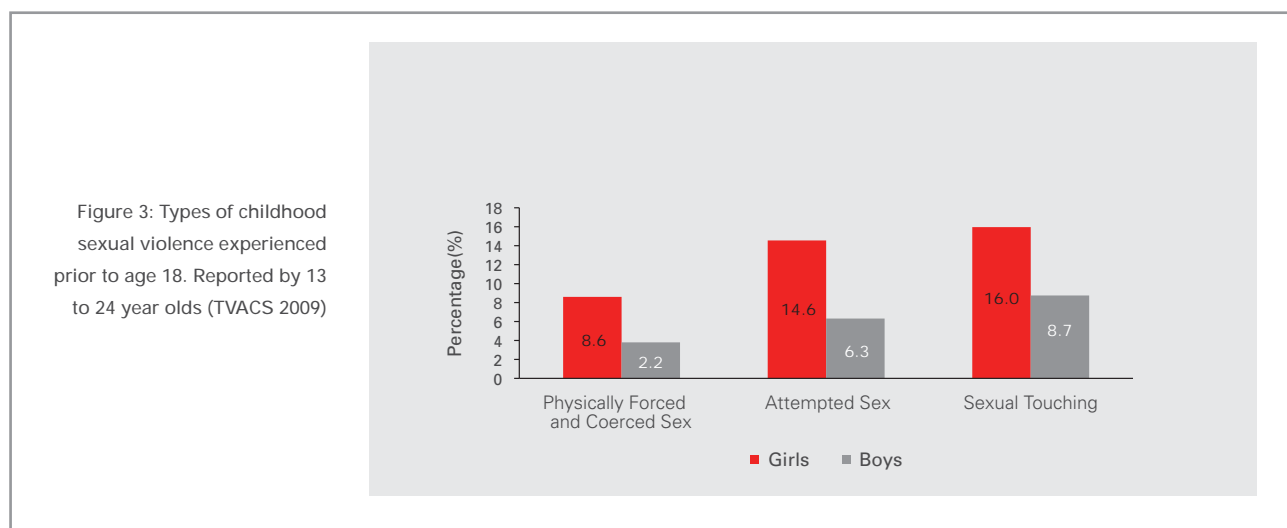
- **unwanted touching** in a sexual way (i.e., touching, kissing, grabbing, or fondling)
- **attempted unwanted intercourse** in which sexual intercourse was attempted but the assailant did not succeed
- **physically forced unwanted intercourse**, and
- **coerced intercourse** in which the use of pressure or threats resulted in unwanted intercourse.

Rates of sexual violence are high. In the twelve months preceding the survey, 6 per cent of Tanzanian boys aged 13 to 17 experienced at least one incident of sexual violence. The rate was more than double for Tanzanian girls, at 14 per cent. In Zanzibar the trend was the opposite across the genders; 2 per cent of girls and 4 per cent of boys aged 13 to 17 reported that they had been violated at least once in the past year.

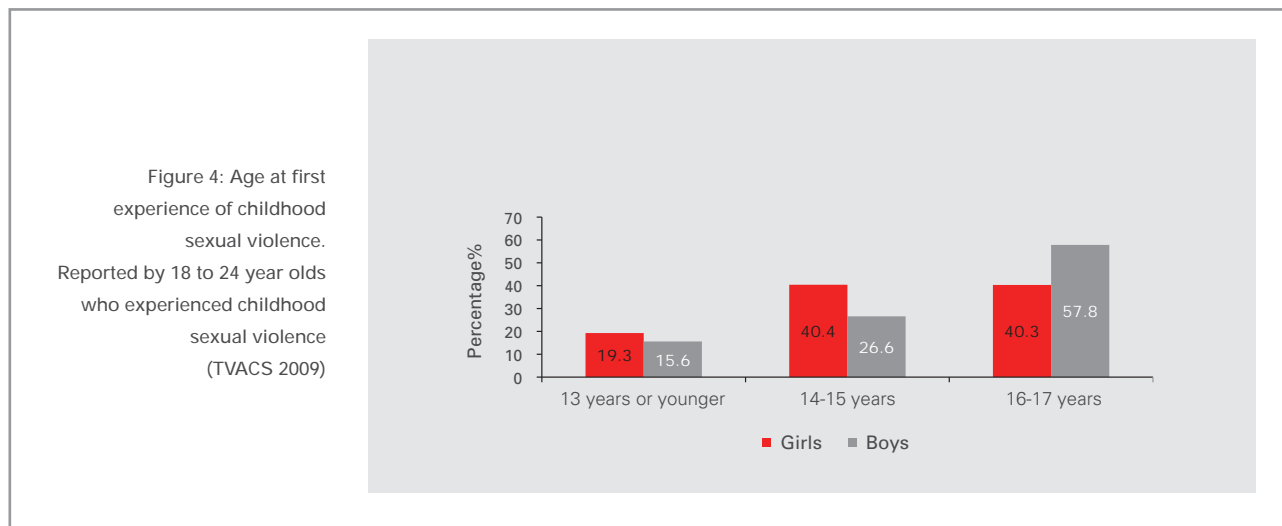
Of those who had been victims of sexual violence, almost 4 in 10 girls and 3 out of 10 boys had experienced three or more incidents before they reached the age of 18 years (see Figure 2).



Tanzanian boys and girls said that the most common form of sexual violence was sexual touching, followed by attempted sexual intercourse (see Figure 3). Notably, almost 7 per cent of girls and 3 per cent of boys were physically forced or coerced into sexual intercourse before the age of 18. For Zanzibar girls, however, attempted sexual intercourse was the primary type of sexual violence, followed by unwanted touching.



Victims are of all ages. Sexual violence affects children of all ages. About 20 per cent of girls reported having their first experience with some form of sexual violence when they were younger than 14 years old; 40 per cent of girls were between the ages of 14 and 15; and another 40 per cent were between 16 and 17 at the time of their first sexual violence experience (see Figure 4). Almost 16 per cent of boys experienced sexual violence when they were younger than 14 years, almost 27 per cent were between 14 and 15 years old; and almost 60 per cent were between 16 and 17 years old.



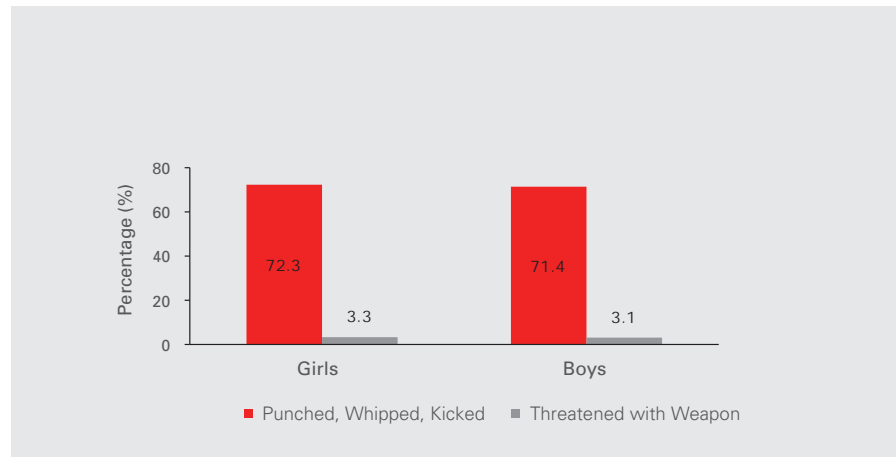
First intercourse is often unwanted. A sizable percentage of Tanzanian boys and girls who first had sex before turning 18 said that their first sexual intercourse was unwanted (18 per cent and 29 per cent, respectively); in Zanzibar, 10 per cent of boys and girls said their first sexual intercourse was unwanted. Among those whose first sexual experience was against their will, almost 5 out of 10 girls and 6 out of 10 boys said they were tricked into doing it.

Childhood physical violence

Girls and boys were asked about their experience of physical violence such as being slapped, punched, hit with a fist, kicked, beaten up, or attacked or threatened with a weapon like a gun or knife. More than a half of boys and girls aged 13 to 17 reported they had experienced this type of violence either by a relative, an authority figure, or an intimate partner in the past 12 months.

Physical violence rates are higher than sexual violence rates. In the past twelve months, just over half of Tanzanian boys and girls said they had experienced some form of physical violence. Punching, whipping and kicking were the most common forms of physical violence (see Figure 5). Approximately 3 per cent of girls and boys reported being threatened with a weapon during their childhood.

Figure 5: Types of childhood physical violence. Reported by 13 to 24 year olds. (TVACS 2009)

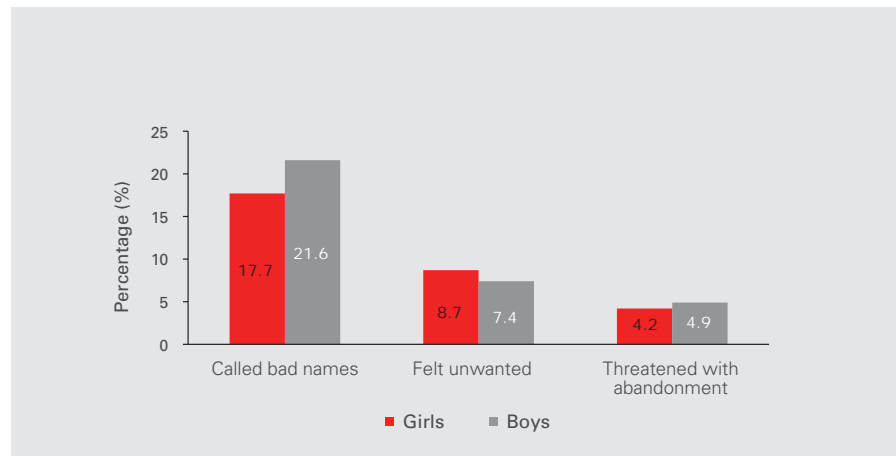


Childhood emotional violence

Such actions as being called bad names, being made to feel unwanted, or being threatened with abandonment by adults or a dating partner (but not by friends or peers) are considered emotional violence.

One quarter of children are emotionally abused. Approximately one quarter of Tanzanian children, both boys and girls, said they had experienced emotional violence, with name calling the most common form of emotional violence (affecting almost 22 per cent of boys and nearly 18 per cent of girls) (see Figure 6). Almost 9 per cent of girls and 7 per cent of boys said they felt unwanted, while 4 per cent of girls and 5 per cent of boys were threatened with abandonment before the age of 18.

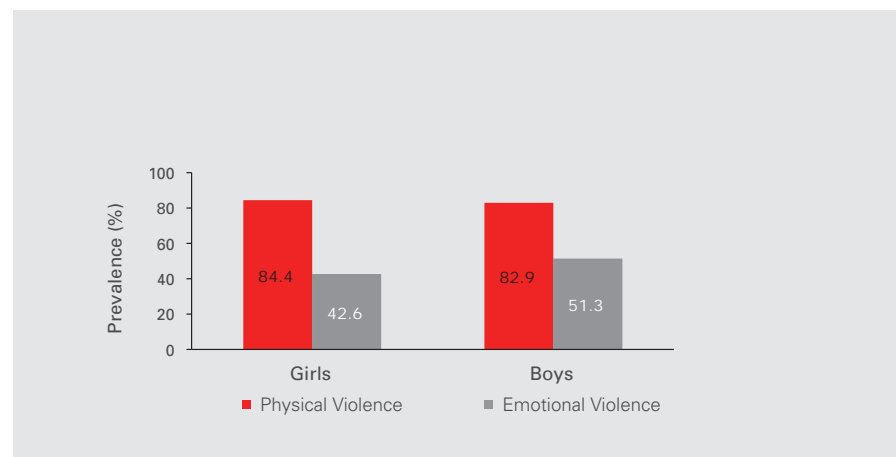
Figure 6: Type of childhood emotional violence experienced as reported by 13 to 24 year olds (TVACS 2009)



Overlapping forms of childhood violence

Most children face multiple risks. The overlap and linkages between the three forms of violence highlight the multiple risks faced by Tanzania's children. More than 8 out of 10 girls and boys, who experienced childhood sexual violence, also experienced physical violence, while 4 out of 10 girls and 5 out of 10 boys also experienced emotional violence (see Figure 7). These overlapping forms of childhood violence emphasize the need to address the multiple risks of violence faced by Tanzanian children.

Figure 7: Victims of childhood sexual violence who also experienced physical or emotional violence. Reported by 13 to 24 year olds (TVACS, 2009)



Links between physical and emotional violence

The vast majority of children who experience physical violence also experience emotional violence. Over 90 per cent of girls and 80 per cent of boys report experiencing both types of violence. Emotional violence alone was experienced by only nine per cent of girls and fourteen per cent of boys.

Orphans face higher risks. Poverty, urbanization, the eroding role of the traditional family, and the impact of the HIV/AIDS epidemic means that children without the traditional safety nets of family and community may be at an increased risk of violence. The 2009 TVACS estimated that more than a quarter of girls and over one fifth of boys were orphans, defined as a person who loses one or both parents before he or she is 18 years old. The TVACS did not include information on institutionalized children or those in other non-household settings, which remains an area for further research on child abuse and violence.

Orphans are more vulnerable to some forms of violence than non-orphans. Sexual violence was experienced before age 18 by 36 per cent of orphaned girls compared with 25 per cent of girls who were not orphaned, while emotional violence was experienced during childhood by 31 per cent of orphaned girls compared with 21 per cent of girls who were not orphaned. Boys who lost their mothers before the age of 18 experienced a higher rate of childhood emotional violence than boys who did not (44 per cent orphaned boys compared with 26 per cent of non-orphans).

3. Violence against children: by whom, where, and when?



Photo: UNICEF/Shehzad Noorani

3. Violence against children: by whom, where, and when?

HIGHLIGHTS

- Dating partners, neighbours, and strangers were frequently implicated as perpetrators of sexual violence
- The majority of perpetrators of sexual violence against girls were older than the victim, while the majority of perpetrators of sexual violence against boys were about the same age as the victim
- Almost 6 out of 10 girls and boys experienced childhood physical violence at the hand of relatives and 1 out of 2 at the hands of teachers
- Relatives and neighbours were the most common perpetrators of emotional violence
- Incidents of childhood sexual violence against both girls and boys most commonly took place in someone's house and at school or going to and from school.
- Girls who experienced physically forced or coerced sex in someone's house most often reported that it took place in the perpetrator's house.
- The majority of childhood sexual violence against both girls and boys occurred between the hours of 12:00 (noon) and 20:00 (8:00pm).



To further focus prevention efforts, it is important to identify the perpetrators of violence against children. Information on the types of people who commit sexual, physical and emotional violence against children can be used to determine patterns in how, where, when, and under what circumstances the violence occurs. These patterns provide important evidence for targeting and organizing national prevention and response strategies and policies.

Perpetrators of sexual, physical and emotional violence are often near and known to children. Sexual violence commonly takes place in either the home of the perpetrator or the victim or while the child travels to or from school. The high incidence of sexual violence in places where children are normally assumed to be safe, underscores the hidden nature of sexual violence, and presents a significant challenge to preventing and responding to it in Tanzania.

Who commits sexual violence?

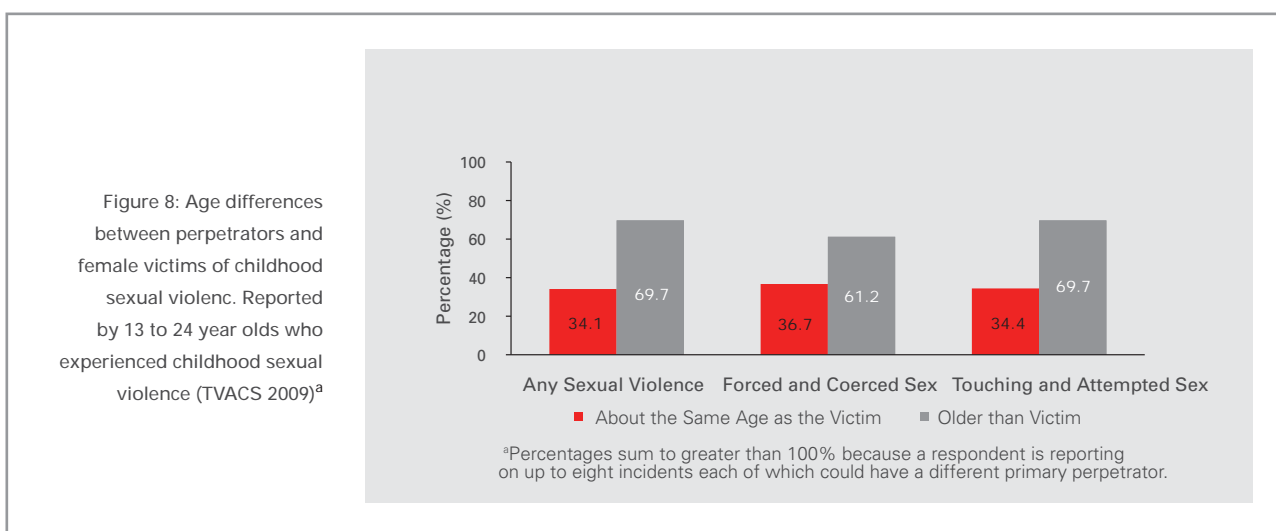
Girls and boys who had experienced sexual violence before the age of 18 were asked for specific information on incidents of sexual violence. They described who was responsible for the attacks, where the attacks happened, and the nature of each attack. Results focus on the percent of girls and boys who experienced sexual violence by a perpetrator, location, time or situation instead of describing incidents of sexual violence. For instance, a girl could experience sexual violence at both school and her home.

Victims often know their sexual attackers: For females who reported childhood sexual violence, nearly one-third reported that at least one incident was perpetrated by a neighbor, almost one-third reported strangers, and a quarter reported dating partners. Approximately 1 in 10 girls also reported that the perpetrator of at least one incident was a teacher, while about seven percent identified relatives – in most cases either an uncle or a cousin. Almost one in two boys who had experienced sexual violence reported that the perpetrator of at least once incident was a dating partner while a quarter indicated that strangers were responsible. Almost 17 percent of boys reported a neighbour as a perpetrator while 14 percent of boys identified relatives, with 11 of these 26 males reporting a female cousin.

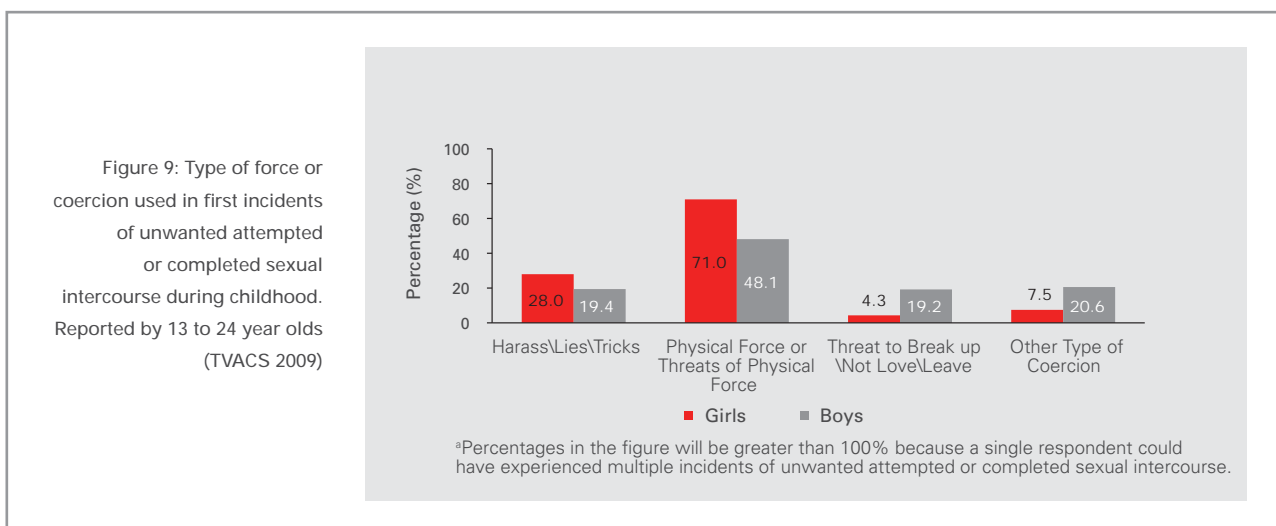
Table 1: Perpetrators of sexual violence as reported by 13 to 24 year olds (TVACS 2009)

Perpetrator of sexual violence	Girls	Boys
Neighbour	32.2 %	16.6 %
Stranger	32.0 %	25.7 %
Dating partner	24.7 %	47.9 %
Authority figure	14.7 %	2.8 %
Friend/classmate	10.3 %	8.6 %
Any relative	7.1 %	14.1 %

Sexual attackers are usually older: Whatever the form of sexual violence (e.g., forced/coerced, touching, or attempted sex) almost 7 out of 10 Tanzanian girls reported the attacker was a person older than them, and 4 in 10 indicated that their perpetrator was at least 10 or more years older (see figure 8). In contrast, more than half of all boys reported that the perpetrator of sexual violence was about the same age but only when this involved either unwanted touching or attempted sexual intercourse. In the case of coerced or physically forced sex, nearly two thirds of boys identified their attacker as someone who was older than them.



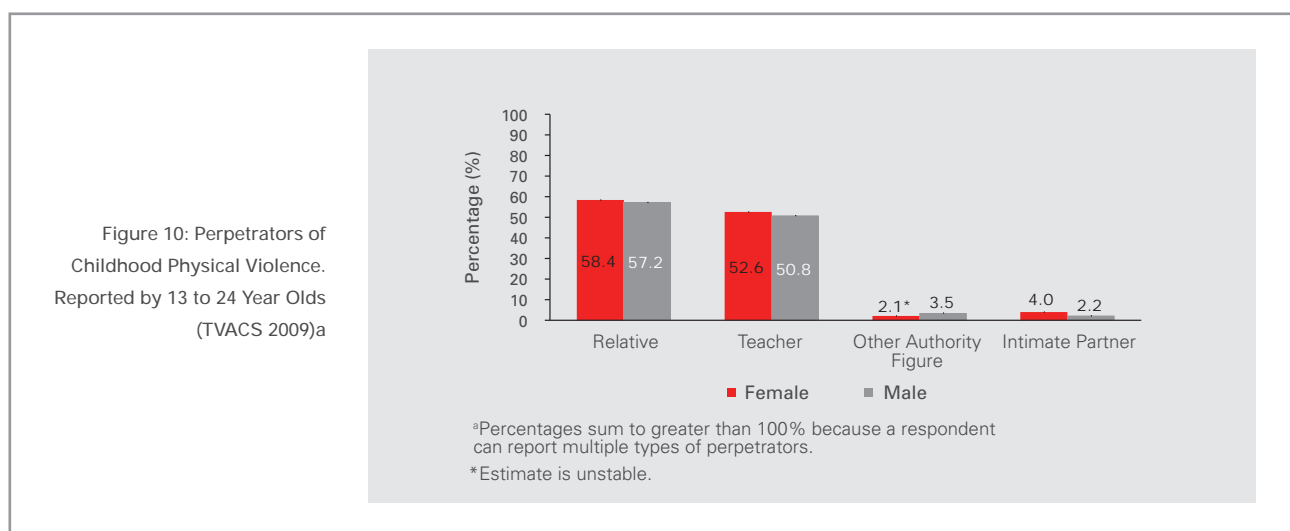
Use of force is common. Almost three quarters of girls and almost half of boys who were sexually abused said that force or threats of physical force were used by their attackers to commit unwanted, attempted or completed sex. Attackers also used harassment, lies, or trickery against 28 per cent of girls and 19 per cent of boys (see Figure 9).



Most attacks are unprovoked: To better understand the setting in which incidents took place, individuals were asked to describe what was going on right before the incident occurred. In most cases, about half of girls and boys reported that nothing specific was going on, although about 17 per cent of girls said that they were arguing with their attacker right before the sexual violence occurred, and more than 9 per cent said they were on a date when or before the violence occurred.

Who commits physical violence?

Overall, almost three-quarters of both females and males aged 13 to 24 years experienced physical violence prior to age 18. The overwhelming majority of perpetrators of physical abuse were either children's relatives or their teachers.



Children were most likely to be physically abused (punched, whipped or kicked) by their own relatives. Nearly 60 per cent of Tanzanian girls and boys who reported physical abuse were abused by a relative. Parents were clearly the main perpetrators of physical violence against their children, and a girl was more likely to be abused by her mother, while a boy was more likely to be abused by his father (see Table 2).

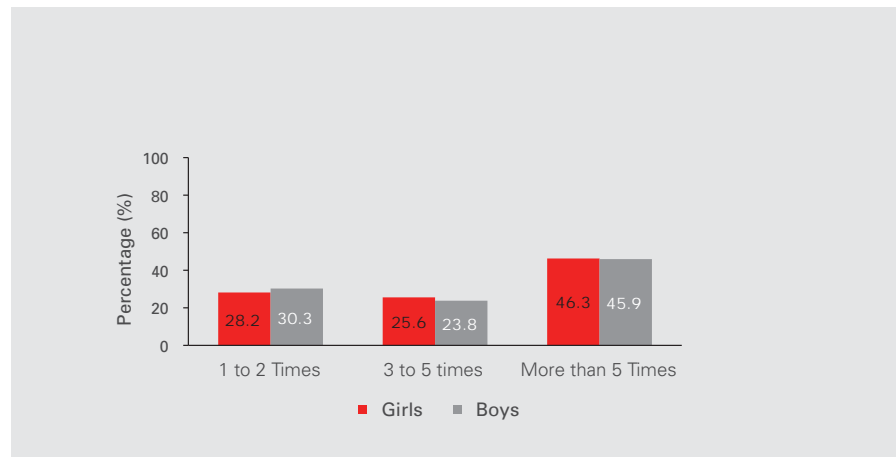
Table 2: Prevalence of physical abuse perpetrated by relatives as reported by 13 to 24 year olds (TVACS, 2009)

Perpetrator of physical violence	Girls	Boys
Father	36.9%	50.9%
Mother	49.3%	36.0%
Brother	12.2%	15.2%
Sister	9.2%	3.4%
Uncle/Aunt	9.3%	15.1%
Other relative	5.5%	5.9%

Abuse at home is common and frequent. Over the course of childhood, many girls and boys said they experienced physical abuse at the hand of more than one relative. For example, 24 per cent of Tanzanian girls and 23 per cent of boys were abused by two relatives, while 9 per cent of girls and 11 per cent of boys were abused by three or more relatives.

The frequency of physical abuse by relatives is significant: about 46 per cent of both Tanzanian girls and boys who experienced abuse were punched, kicked, or whipped more than five times in their childhood (see Figure 11). About 3 in 10 reported that they had been punched, kicked, or whipped one to two times.

Figure 11: Number of times 13 to 17 year olds reported being punched, kicked, or whipped by a relative. (TVACS 2009)



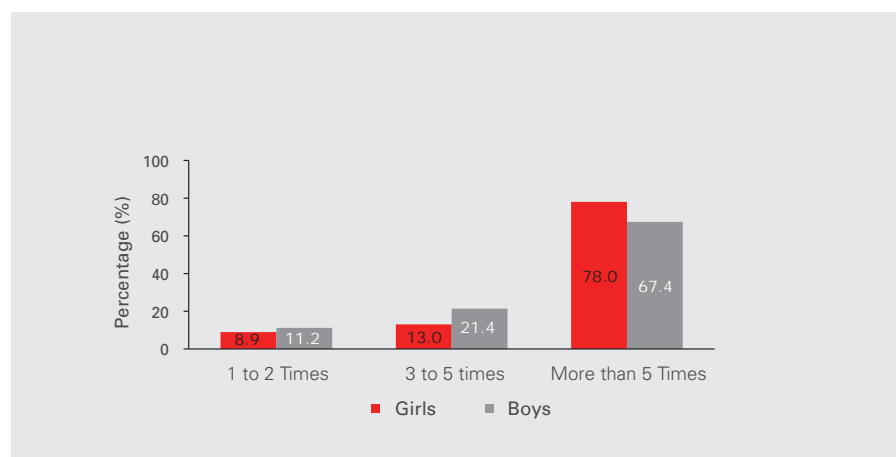
Teachers are also frequent abusers. Physical abuse by teachers is highly prevalent. Over half of Tanzanian girls and boys who experienced physical abuse identified a teacher as the abuser. Of the children who experienced abuse at the hands of teachers, about 56 per cent of girls and 48 per cent of boys said that they had been physically abused by both male and female teachers. One third of girls reported physical violence by only male teachers, and 12 per cent reported physical violence by only female teachers (see Table 3). Meanwhile 46 per cent of boys reported physical violence by only male teachers, and 6 per cent reported physical violence by only female teachers.

Table 3: Prevalence of physical abuse perpetrated by male and female teachers as reported by 13 to 24 year olds who identified teachers as perpetrators (TVACS 2009)

	Girls	Boys
Abuse by both male and female teachers	55.9 %	48.1 %
Abuse by only male teachers	31.9 %	46.2 %
Abuse by only female teachers	12.2 %	5.8 %

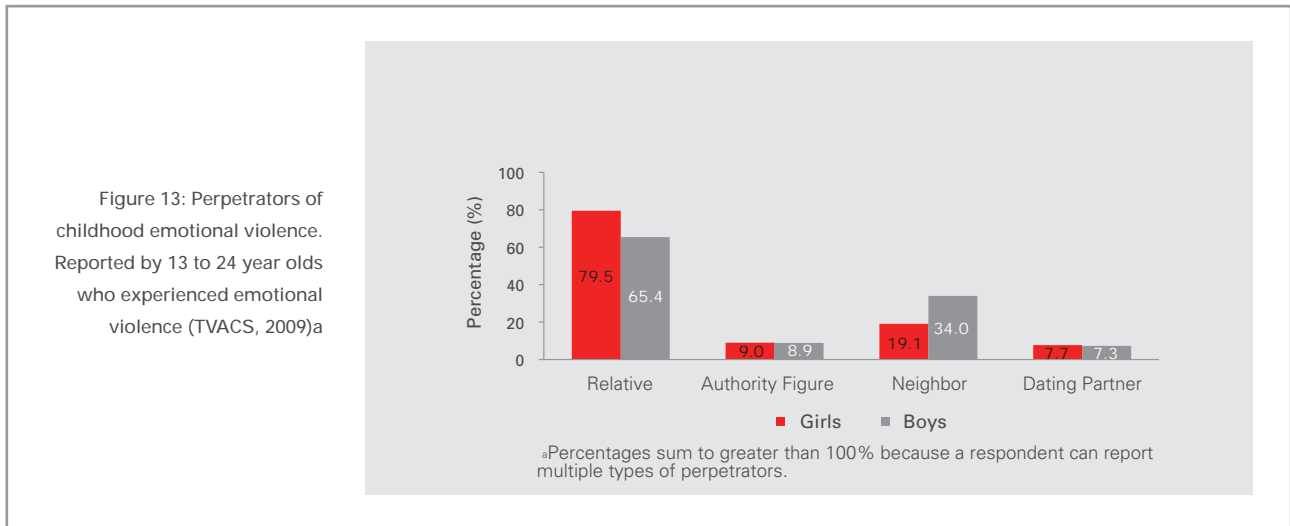
The frequency of abuse by teachers in Tanzania is alarmingly high: 78 per cent of girls and 67 per cent of boys who reported abuse by teachers said they had been punched, kicked, or whipped more than five times by a teacher before they turned 18 (see Figure 12).

Figure 12: Number of times 13 to 17 year olds reported being punched, kicked, or whipped by a teacher. (TVACS 2009)



Who commits emotional violence?

Relatives and neighbours are emotionally abusive. By far, the most common perpetrators of emotional violence were a child's own relatives. Almost 80 per cent of Tanzanian girls and 65 per cent of Tanzanian boys who experienced emotional violence reported a relative as their abuser (see Figure 13). Neighbours were the second most commonly cited source, with nearly 1 in 5 girls and about 1 in 3 boys identifying neighbours as perpetrators of emotional violence. Children often suffered emotional abuse from multiple sources: 42 per cent of girls and 38 per cent of boys said they were emotionally abused by more than one type of perpetrator.



Where and when are children most at risk?

In addition to knowing who the perpetrators of violence are, it is also important to know where, when, and how violence takes place to help focus prevention efforts. Thus, girls and boys were asked for information about the location and time of day that they experienced sexual abuse or sexual violence.

Most sexual assaults occur in a home or school. Tanzanian girls and boys both said that incidents of sexual violence occurred in someone's house almost half of the time (see Table 4). This is consistent with the information that the attacker was often someone known to the victim. Within the school or on the way to school was another key site of vulnerability for children to sexual violence. About one quarter of girls and boys said that at least one incident of sexual violence occurred in a field, bush, river or roadway, while 1 in 10 girls and 1 in 20 boys mentioned incidents in a public building such as a business or bar.

Table 4: Location of incidents of all types of childhood sexual violence for 13 to 24 year olds (TVACS 2009)

	Girls	Boys
Someone's house	49.0 %	45.7 %
Field/bush/river/roadway	24.2 %	26.7 %
Travelling to/from school	23.0 %	15.3 %
School	15.1 %	13.3 %
Public building	10.0 %	4.5 %
Other	5.8 %	6.8 %

Different types of attack occur in different places

Physically forced or coerced sex

Experiences of physically forced or coerced sex among girls more commonly occurred in the home than other forms of sexual violence. For example, approximately 3 out of 4 females who reported physically forced or coerced sex indicated that at least one incident occurred at someone's house. Among those who reported that they experienced physically forced or coerced sex in someone's house, 70% indicated that at least one incident took place in the perpetrator's home.

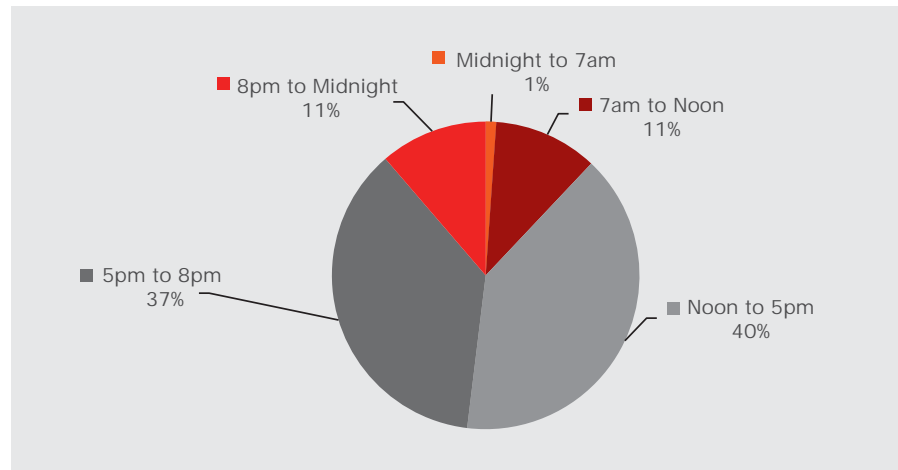
Unwanted touching or attempted sex

Forty-three per cent of girls mentioned that at least one incident of unwanted touching or attempted sex took place in a house. The three most common types of homes reported where at least one incident occurred were: the child's own home (45 per cent), the perpetrator's home (37 per cent), and another house (29 per cent), such as that of a friend, relative, or neighbour. Over 41 per cent of girls experienced at least one incident of unwanted touching or attempted sex while they were on school grounds (17 per cent) or on their way to or from school (26 per cent).

The results for Tanzanian boys were similar: 61 per cent of boys said they experienced physically forced or coerced sex in someone's home; 50 per cent of the time, the incident occurred in the boy's own home. Tanzanian boys said that unwanted touching or attempted sex happened both at home and at school (45 and 29 per cent, respectively).

Most sexual assaults occurred between noon and 8pm. Over 40 per cent of girls and more than 35 per cent of boys who experienced sexual violence reported that at least one incident occurred between noon and 5pm. At least one incident of sexual violence occurs between noon and 5pm by 43.4% of girls and 35.4% of boys. More than one-third of girls and boys said that the sexual violence occurred between the hours of 5pm and 8pm.

Figure 14: Time of day when first incidents of childhood sexual violence against girls occurred as reported by 13 to 24 year olds (TVACS 2009)



4. The consequences of violence against children:
why it matters



4. The consequences of violence against children: why it matters

HIGHLIGHTS

Reporting and response

- Approximately one-half of girls and one-third of boys who experienced sexual violence prior to age 18 told someone about it.
- About 1 out of every 5 girls and 1 out of 10 boys sought services for their experiences of sexual violence prior to age 18.
- About 1 out of 8 girls and less than 1 out of 20 boys received services for their experiences of sexual violence prior to age 18.
- About 16% of girls and boys who experienced sexual violence prior to age 18 would have liked additional services.

Consequences of sexual violence

- For girls 13 to 24 years of age, feelings of anxiety and depression in the past 30 days, recent alcohol use, and having a sexually transmitted infection (STI) diagnosis or symptoms in the last 12 months were all associated with childhood sexual violence.
- Over 6 per cent of girls 13 to 24 years of age who were ever pregnant reported that at least one pregnancy was caused by sexual violence.
- Infrequent or no condom use in the previous 12 months was more prevalent among young women and men 19 to 24 years of age with a history of childhood sexual violence than those without a history of childhood sexual violence.
- The prevalence of engaging in sex with 2 or more partners in the previous 12 months was higher among young women and men 19 to 24 years of age with a history of childhood sexual violence than those without a history of childhood sexual violence.
- 1 in 25 girls aged 13 to 17 years have been given money or goods in exchange for sex. The prevalence of childhood sexual, physical, and emotional violence was higher for girls aged 13 to 17 years who reported receiving money or goods for sex compared to those who had not received money or goods for sex.

Impact of physical violence

- For females 13 to 24 years of age, childhood physical violence was associated with poor to fair general health, feelings of anxiety in the past 30 days, having suicidal thoughts, and having a STI diagnosis or symptoms in the past 12 months.
- For males 13 to 24 years of age, childhood physical violence had a borderline association with feelings of depression in the past 30 days.

Impact of emotional violence

- For both males and females 13 to 24 years of age, childhood emotional violence was associated with fair to poor health, feelings of anxiety and depression in the past 30 days, and having suicidal thoughts.



International research has shown that a number of emotional and behavioural problems in adolescence and adulthood are associated with experiencing violence during childhood. These include aggression, delinquency, conduct disorder, substance abuse, poor academic performance, post traumatic stress disorder, anxiety, depression, reduced self-esteem and suicidal behaviour. The consequences may vary depending on the child's age when victimized, duration and severity of the abuse, the child's innate resiliency, and other factors. Sexual violence, in particular, is associated with an increased risk of a range of sexual and reproductive health problems, and the transmission of HIV and other sexually transmitted infections.

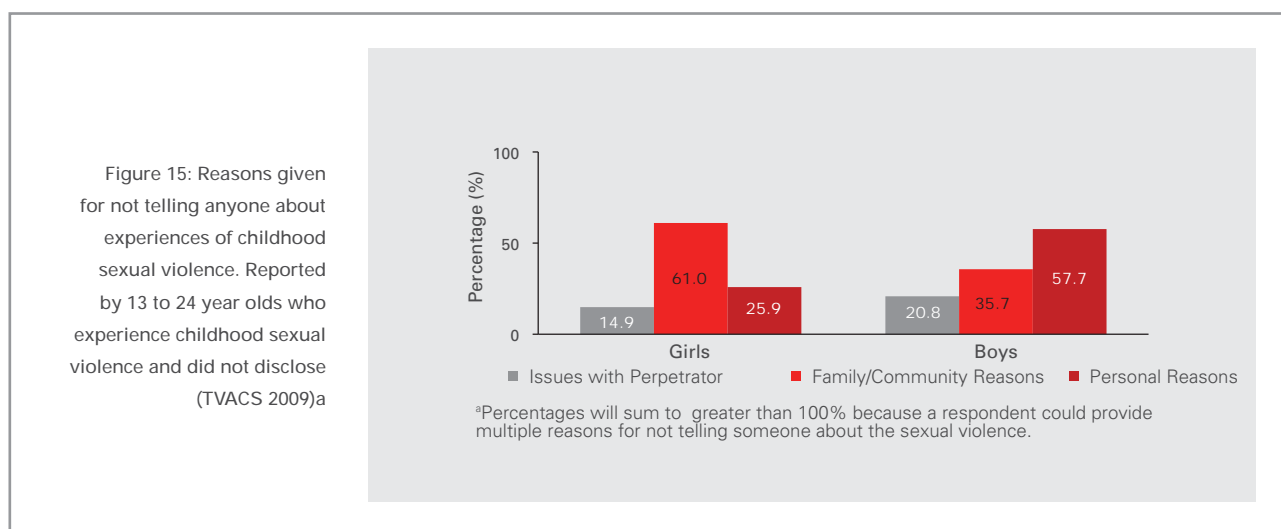
Tanzanian girls and boys were asked a variety of questions about their physical and emotional status as well as about their knowledge, attitudes, and behaviour towards sex, HIV, and physical abuse. Many of the associations noted above for sexual violence are evident among Tanzanians who have experienced childhood violence.

Childhood violence and the ability to seek help

Children who experience sexual violence are often reluctant to let others know about it for a variety of reasons, including guilt, shame, fear of not being believed, or even being reprimanded for what has occurred. Furthermore, service providers in Tanzania, as in many countries, are not always available or equipped to handle cases of sexual violence. Tanzanian boys and girls were asked (1) whether they reported their experience to anyone; (2) who they told, if anyone; (3) whether they sought services for their abuse; (4) what services they received; and (5) whether they would have liked additional services.

Most children do not report sexual abuse. Approximately one half of girls and two thirds of boys who experienced sexual violence did not report the act (see Figure 15). Over 60 per cent of girls gave family or community reasons for not telling, while another 26 per cent gave personal reasons. More than one third who cited family/community reasons said that the fear of abandonment or separation as a result of telling someone was the primary reason for not reporting sexual abuse. Among girls, personal reasons for not reporting abuse included: not viewing it as a problem, believing it was no one else's business, or thinking they were strong enough to deal with it themselves.

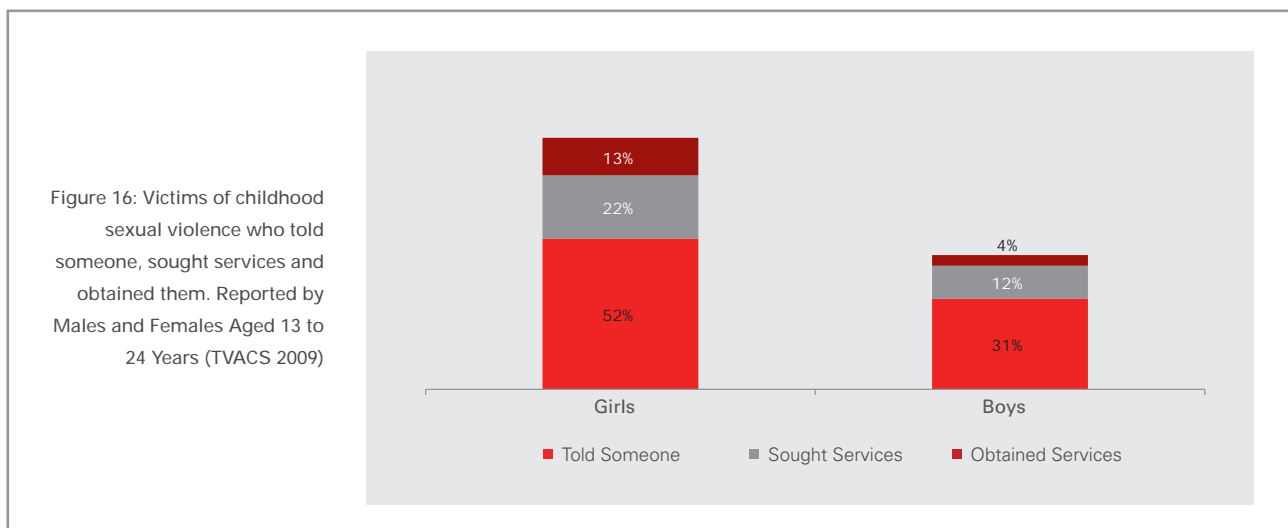
For boys, the majority (58 per cent) cited personal reasons for not telling anyone, including: not thinking it was a problem (28 per cent). Some boys also said that they believed it was no one else's business or said they thought they were strong enough to deal with it themselves. Thirty-six per cent of boys cited family and community reasons, including not wanting to embarrass their family, fear of being abandoned or separated, or thinking people would not believe them. Of those who did report, girls mainly told their mother or father (41 per cent) or a friend (36 per cent), while boys mostly told friends (71 per cent).



Few children seek services and even fewer receive them. Overall, about 1 in 5 girls and 1 in 10 boys sought services after their experience, but not all respondents who sought services received them. 1 in 10 females (13.0%) and 1 in 25 males (3.7%) who experienced sexual violence prior to age 18 reported that they received services (see Figure

16). Girls who received services said they got counselling, clinic, or hospital services, or help from an elder or community leader. Of the 9 boys who received services and reported on them, 7 mentioned getting counselling.

When asked about the need for additional services, about 16 per cent of girls and boys said they would have liked additional services. Almost half of girls wanted counselling while 28 per cent wanted police or social welfare officer support. For boys, 68 per cent wanted counselling and 8 out of 37 wanted support from the police or their social welfare officer. In Zanzibar, the number of children who sought services after an experience was similar, at about 1 out of 5 girls and just over 1 in 10 boys. Again, not all of those who sought services received them; just over half of girls and boys accessed services.



Childhood violence and the health of Tanzanians

Sexual violence is associated with poorer health for women. Tanzanian girls may suffer significant health effects as a consequence of childhood sexual violence. For example, when asked about their experience in the past 30 days, Tanzanian girls who were sexually abused were more likely than girls who were not abused to:

- feel depressed (59 versus 41 per cent)
- have feelings of anxiety (45 versus 30 per cent)
- report a diagnosis of a sexually transmitted infection (8 versus 4 per cent)
- drink alcohol (10 versus 3 per cent)

Of girls 13 to 17 years of age who reported ever being pregnant, 7 of the 49 girls interviewed reported that at least one pregnancy was caused by forced or coerced sex. Among 18 to 24 year olds who reported being pregnant at any age, 6.3 per cent reported that at least one pregnancy was caused by forced or coerced sex.

Physical violence is also associated with poorer health for women. When compared to girls who had not experienced physical abuse, those who experienced physical abuse in childhood were more likely to:

- be in only fair or poor health (25 versus 15 per cent)
- feel anxious (37 versus 27 per cent)
- have suicidal thoughts (10 versus 4 per cent)

For Tanzanian boys, no significant health outcomes were associated with childhood sexual or physical violence. An exception was in Zanzibar, where sexually and/or physically abused boys were more likely than non-abused boys to say they were smoking, feeling depressed or anxious, or in poor health.

Emotional abuse affects longer term health outcomes. Finally, both Tanzanian boys and girls who suffered childhood emotional violence reported negative health effects. For example, boys who were victims of emotional abuse during childhood were more likely than those who were not victims to:

- be in fair or poor health (35 versus 23 per cent)

- feel depressed (61 versus 46 per cent)
- feel anxious (55 versus 39 per cent)
- have suicidal thoughts (12 versus 3 per cent)
- drink alcohol (13 versus 6 per cent)

Likewise, emotionally abused Tanzanian girls were more likely to:

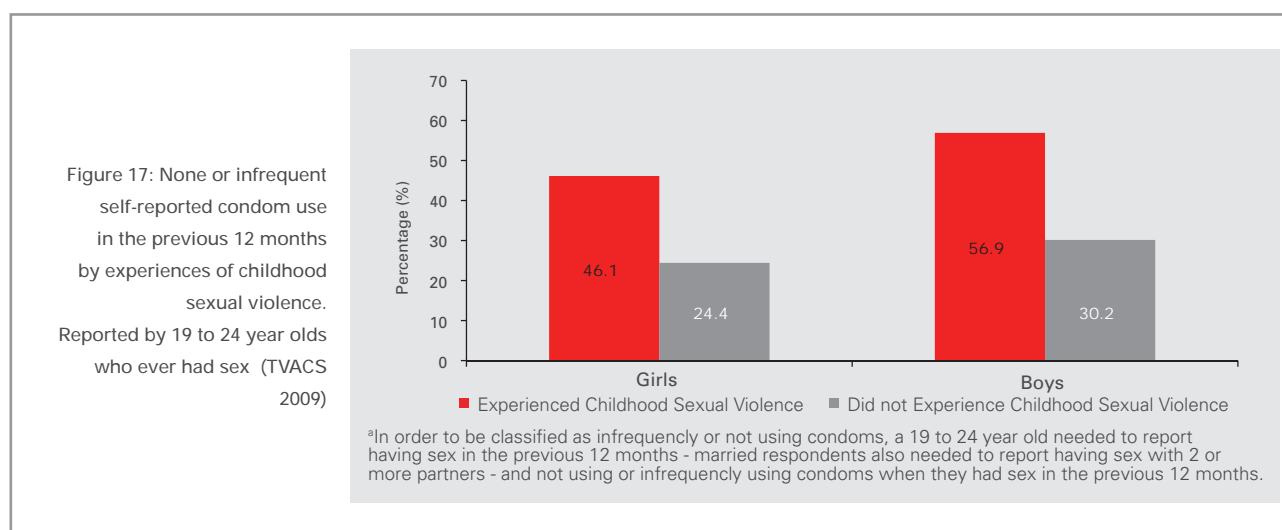
- be in fair or poor health (30 versus 21 per cent)
- feel depressed (57 versus 43 per cent)
- feel anxious (45 versus 31 per cent)
- have suicidal thoughts (16 versus 6 per cent)

Combined, these short-term health consequences are a serious cause for concern, particularly for women and girls. Reducing the prevalence of violence against children in Tanzania can reduce the incidence and costs of future mental and physical health problems in the population.

Childhood violence and risk-taking behaviour

Other research shows that individuals exposed to childhood sexual violence often engage in risky sexual behaviour as adolescents and adults, such as engaging in transactional sex, having multiple sexual partners, having sex with casual partners, using drugs or alcohol before or during sexual encounters, and using condoms infrequently or not at all. All of these behaviours are likely to increase the risk of HIV acquisition and other negative health outcomes as described above. Evidence from the TVACS suggests that these risk-taking consequences of childhood sexual violence may also be occurring in Tanzania.

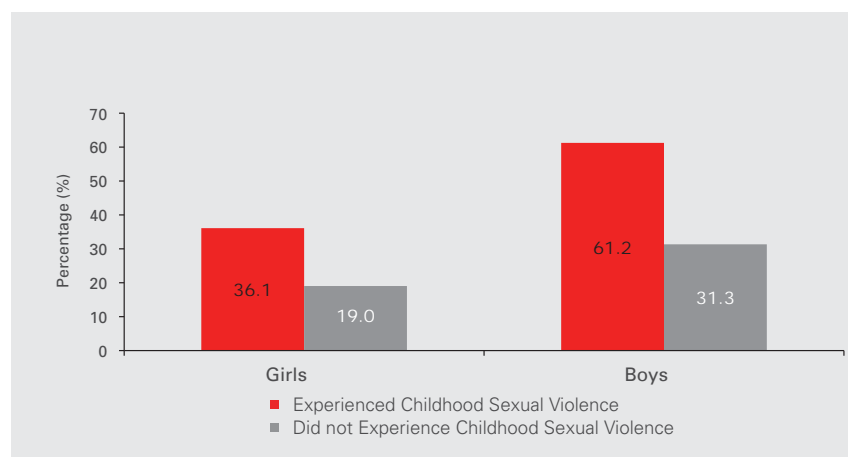
Sexual abuse is associated with riskier behaviour. In Tanzania, infrequent or no condom use in the previous 12 months was more prevalent among girls and boys, 19 to 24 years of age,^b with a history of childhood sexual violence than those without. For example, 46 per cent of abused girls said they do not use a condom during sex compared with 24 per cent of girls who have not been abused; 57 per cent of abused Tanzanian boys do not use a condom compared to 30 per cent of boys not abused (see Figure 17).



Tanzanian girls and boys with a history of childhood sexual violence also had a higher rate of sex with two or more partners than those not abused. For example, both girls and boys who were sexually abused as children were almost twice as likely to have engaged in sex with multiple partners in the previous 12 months than those not abused in childhood (see Figure 18).

^b To examine the prevalence of sexual risk taking behaviours in the past 12 months and their association with experiences of childhood sexual violence, the analyses were restricted to girls and boys 19 to 24 years of age. The primary reason for focusing on sexual risk taking behaviour among 19 to 24 year olds is to ensure that the exposure to childhood sexual violence (i.e., sexual violence that occurred prior to girls and boys turning 18) preceded risk taking behaviours by the respondent. Otherwise, measures of sexual risk taking such as multiple sexual partners or not using a condom during sex may include and overlap with experiences of childhood sexual violence. Girls and boys 18 years of age were excluded because sexual risk taking behaviours over the past 12 months may include sexual experience or sexual violence that occurred prior to turning 18.

Figure 18: Multiple sex partners in the previous 12 months by experiences of childhood sexual violence. Reported by 19 to 24 year olds who ever had sex (TVACS, 2009)



Childhood violence and HIV testing rates

There is growing evidence of the association between violence, especially sexual violence, and HIV/AIDS with four main areas of overlap:

- forced or coerced sex may lead to HIV transmission
- violence or threats of it may inhibit a person's ability to negotiate safe sex
- sexual violence experienced as a child may lead to increased risk-taking behaviour later in life (as described above)
- a person who discloses his or her positive status may be at increased risk of violence from his or her partner, family or community.

Sexual violence does not affect HIV testing practices. Experiences of childhood sexual violence were unrelated to knowledge of HIV testing sites: Tanzanian boys and girls who suffered childhood sexual violence knew where to get an HIV test at about the same rate as those who had not experienced sexual violence. Nearly 7 out of 10 girls and 1 out of 2 boys, 13 to 17 years of age, who had ever had sex said they knew where to go for an HIV test.

Similarly, experiences of childhood sexual violence were unrelated to the rates of HIV testing. Among girls who had ever had sex before age 18, 62 per cent of those who experienced childhood sexual violence reported getting an HIV test compared to 68 per cent who had not experienced sexual violence as a child. There were also no significant differences in the percentage of boys reporting having ever been tested for HIV — 42 per cent of those who had experienced sexual violence compared to 34 per cent of those who had not. More work needs to be done to identify and reduce barriers to seeking HIV services for all children, whether affected by violence or not, as the overall rates of testing are still low

5. Attitudes towards violence and exploitation in Tanzania

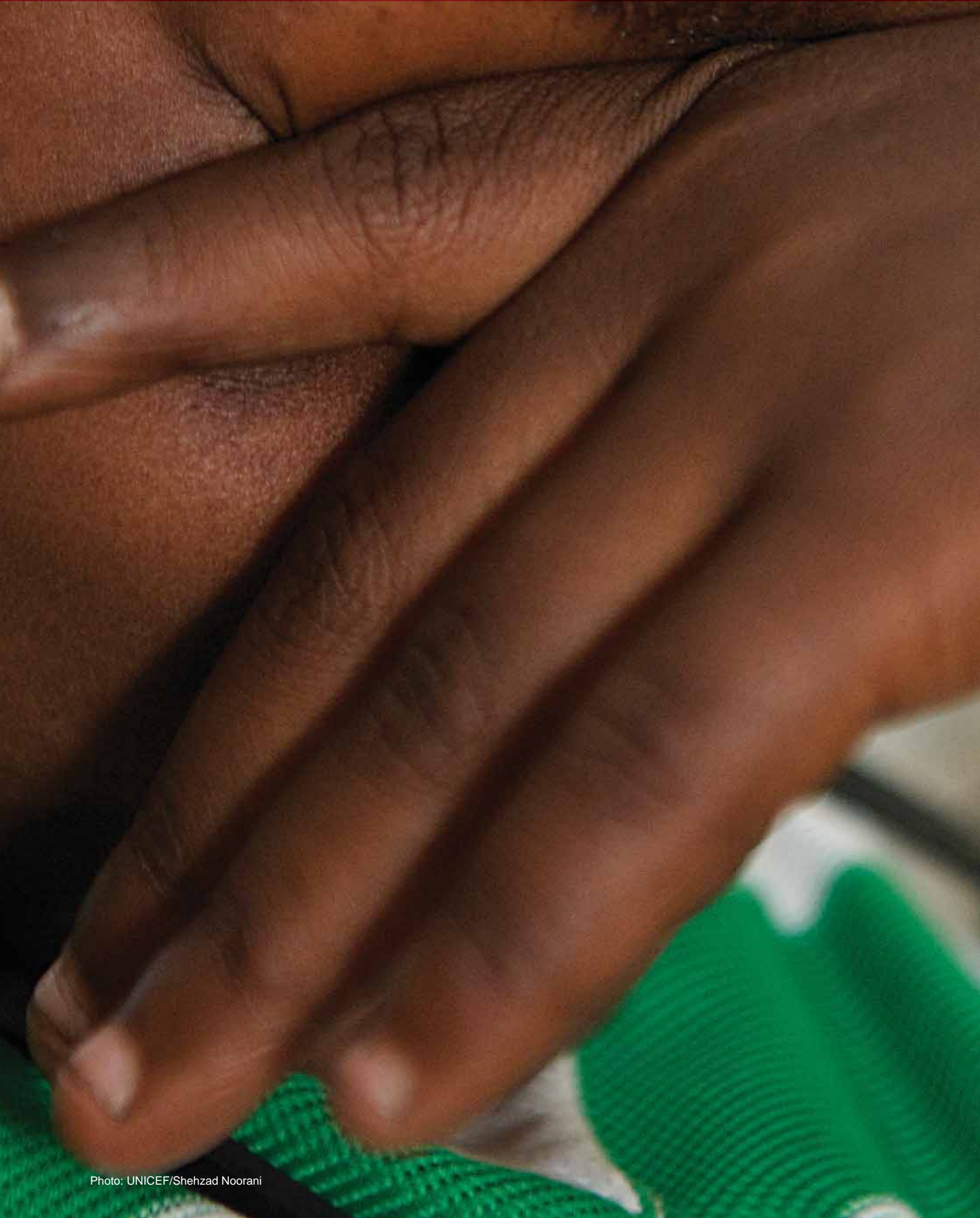


Photo: UNICEF/Shehzad Noorani

5. Attitudes towards violence and exploitation in Tanzania

HIGHLIGHTS

- Approximately 60% of females and more than one-half of males aged 13 to 24 years believed that it is acceptable for a husband to beat his wife under certain circumstances.
- For females aged 13 to 24 years, experiencing childhood physical violence by a relative was related to endorsing a husband's use of physical violence against his wife in 1 or more situations.
- 5.2% of girls aged 13 to 17 reported being circumcised and 9.6% of young women aged 18 to 24 reported being circumcised.
- 84% of Tanzanian females and 79% of Tanzanian males believe that FGM should be stopped in the communities where it is practiced.



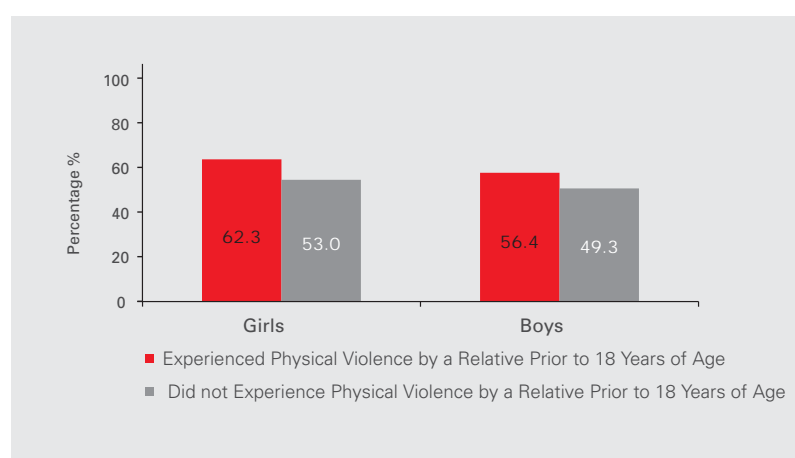
Social and cultural norms shape the way members of a society think and behave. They are often deeply ingrained in the values and practices of a society and provide an indication of acceptable or unacceptable behaviour. The TVACS highlighted several social and cultural norms which legitimize violence in Tanzania.

Spousal abuse

Tanzanian boys and girls in the study were asked about their attitudes towards the acceptable use of physical violence in marriage. Specifically, they were asked if a husband was justified in beating his wife if she goes out without telling him, neglects the children, argues with him, refuses to have sex with him, or burns the food.

About one half of respondents condone spousal physical violence. About one half of boys (52 per cent) believed it was acceptable for a husband to beat his wife under at least one of these circumstances, and a slightly higher percentage of girls (58 per cent) also condoned such violence. Notably, girls who experienced childhood physical violence by a relative were more likely to say that beating was acceptable than those girls who were not subjected to violence in their childhood (see Figure 19). This suggests that the culture of physical violence is being passed down from one generation to the next.

Figure 19: Acceptance of a husband beating his wife in 1 or more situations by experiences of childhood physical violence from a relative. Reported by 13 to 24 year olds (TVACS 2009)



Sexual exploitation of children

Child sexual exploitation, such as child prostitution, child pornography, and the sale and trafficking of children, can result in serious physical, mental, and social consequences, including injury and disability, early pregnancy, pregnancy complications and maternal mortality, cognitive development issues, and sexually transmitted infections including HIV/AIDS. To establish the prevalence of child sexual exploitation in Tanzania, girls and boys were asked whether they ever received money or goods in exchange for sex.

Exploitation rates are low but there is a high overlap of violence victimization. Four per cent of Tanzanian girls have received money or goods in exchange for sex at least once in their lifetime, with high levels of overlap with the three types of violence. Eighty-two per cent of girls who reported receiving money or goods for sex reported childhood sexual violence, 90 per cent who received money or goods for sex reported childhood physical violence by a relative, and 50 per cent who received money or goods for sex reported childhood emotional violence. Few Tanzanian boys reported receiving money or goods in exchange for sex.

Female genital mutilation

The majority of respondents support ending female genital mutilation. Tanzanian girls were asked if they had undergone female genital mutilation or cutting. About 5 per cent of girls aged 13 to 17 years old, compared with 10 per cent of those aged 18 to 24 years, said they had undergone FGM. Since the practice is punishable by law, girls may have been reluctant to report it; nevertheless the data is consistent with FGM prevalence reported in the 2010 Tanzania Demographic and Health Survey. The vast majority of Tanzanian girls and boys (84 and 79 per cent, respectively) said they believe the practice should be stopped.

Combined, these findings suggest that there are several embedded social norms and values among young Tanzanians that support the use of violence, including some targeted against women, although the response to stopping female genital mutilation is encouraging. It is essential to address the social and cultural legitimacy of violence in Tanzania if substantial progress is to be made in reducing it. Preventing violence in one generation reduces its likelihood in the next.

6. What Tanzania will do to address the problem of violence against children?



6. What Tanzania will do to address the problem of violence against children?

The major challenges for improving and strengthening legal, health, and social response services in Tanzania will be twofold: first, overcoming the social pressures that inhibit children who experience sexual violence from reporting what has happened to them, and second, ensuring that when children seek services, those services are available and provided with sensitivity and quality of care. Equally important is the provision of information to people whom children naturally identify as their advocates — parents and friends. Referrals to the appropriate pool of services must begin close to where the violence typically occurs – in homes and schools – with trusted and capable adults and young people engaged in the process.



Substantial overlap in the occurrence of sexual, physical and emotional violence as highlighted above, with several violations commonly occurring to the same child, compounds the complexity of the situation. All occurrences of violence (sexual, physical and emotional) need to be accounted for, especially when undertaking assessments of risk and planning appropriate prevention and response strategies. For example, coherence in coordination and collaboration is needed across organizations and entities that address distinct forms of violence. Similarly, there needs to be coordination and collaboration between the multiple systems of health and child protection, such as hospitals and clinics, social welfare programs, and with the police and legal services. The findings highlight that many Tanzanian schools are unsafe, and numerous coordination and collaboration actions are needed in the education sector to ensure children's safety and well-being in school, as well as in the community environment as children travel to and from school.

Under the leadership and guidance of the Multi Sector Task Force (MSTF), government ministries, departments and agencies in the public health, social welfare, education, and justice sectors, as well as civil society organizations, are joining forces to develop a credible and sustainable response, nested within a nationally supported Child Protection System.

The solution will not come about overnight, but there are a number of actions that can be taken in the short, medium and long term to address, prevent, and respond to the problem across key sectors. The MSTF proposes the following set of strategic and programmatic activities.

Immediate Actions

- Introduce the survey findings to senior government officials and key stakeholders as part of the preparation for a high level launch of the survey report.
- Stimulate a civil society response to complement government-led child protection prevention and response services as well as advocacy and awareness.
- Develop and begin to implement a communication strategy to raise awareness on the issues highlighted in the report, particularly to address social and cultural norms that legitimize violence, and to prepare the ground for a strengthened reporting, referral and response system to abuse and violence against children.
- Continue to support the lead government ministries in Mainland Tanzania (Ministry of Community Development, Gender and Children) and Zanzibar (Ministry of Social Welfare, Youth, Women and Children Development) in order to coordinate prevention and response for violence against children. Coordinated through the MSTF, this multi-sectoral response would engage the social welfare, police and legal systems; education, public health, and health care sectors; and organizations and groups working on HIV/AIDS, gender-based violence, and other related areas at the national, regional and local levels.
- In light of the survey findings, map existing levels of service provision to respond to children who have experienced violence, including identifying capacity for counselling services and places of safety for children, and identifying priority areas for support.

Medium Term Actions

- Develop the rules and regulations to implement the Law of the Child Act and build a procedural framework across sectors that will clarify roles and responsibilities in the prevention and response of child abuse and violence. In Zanzibar, work with the Ministry of Social Welfare, Youth, Women and Children Development to develop rules and regulations to implement the Zanzibar Children's Bill.
- Integrate plans and efforts to address violence against children into a functioning social welfare system, placing the protection of Tanzanian children at the forefront, notably through the framework of the revised National Costed Plan of Action for Most Vulnerable Children (2011 – 2015), coordinated by the Department of Social Welfare.
- Develop a "National Plan of Action to Prevent and Respond to Violence against Children," complementing current Government Sectoral Work Action Plans (SWAPs) in Tanzania, with guidelines and standard operating procedures for each sector, derived from the rules and regulations being developed for the Law of the Child Act and the Zanzibar Children's Bill. This would include, but not be limited to, the following sectors:
 - **Social Welfare:** Develop a system for performing risk assessments that are linked to a referral system involving a range of sectors and services to determine and respond to the immediate and longer term protection needs of children.
 - **Schools:** Integrate sexual violence prevention messages as well as safe places into school-based programmes addressing sexuality, reproductive health, and social development. Ensure education is linked into a multi-sectoral referral and response system for child protection.
 - **Police and Legal:** Strengthen and expand appropriate legal protection for children and legal consequences for perpetrators; continue to build on current Gender and Children's Desk efforts among the Tanzania Police Force nationally. Continue to educate police and other public safety officials about violence against children. Develop joint investigation procedures with social welfare, the medical sector and other relevant authorities and sectors.
 - **Health:** Work within a multi-sectoral framework to assure clear and simple guidelines for the treatment, care, follow-up and prevention of violence against children. Build a clear and appropriate platform for the integration of child-sensitive and friendly services into existing gender-based violence (GBV) structures.
- Identify and implement evidence-based prevention and response strategies for violence against children in communities, including piloting and costing child protection systems in selected districts in Tanzania.
- Develop and implement a public information campaign directed at older children and youth that engages them on the barriers they face for reporting, and that identifies strategies to help children and youth find information and services.
- Conduct research on children's and adults' views and experiences with violent and peaceful relationships and incorporate this into community awareness programmes to challenge the use of violence.
- Build support for child-focused organizations that work toward ending violence against children. Ensure that children themselves are involved in monitoring and reporting harmful practices in their communities as well as challenging the endorsement of violence.
- Educate parents and other adults about the problem and impact of violence against children, including ways to protect children from violence, and how to recognize the signs of abuse if it has already occurred. Encourage alternatives to physical discipline where necessary.

- Develop and implement a monitoring and evaluation system, reviewed through the MSTF, measuring evidence from selected districts on how child protection systems can best address violence against children and develop a strategy for national scale up.

Longer Term Actions

- Based on selected intervention results within the first year, develop a national monitoring and evaluation system that triangulates data among the social welfare, education, police, legal, and health sectors in order to develop a multi-sectoral surveillance system to track long-term trends in this problem.
- Integrate key indicators and questions from the TVACS, with appropriate ethical protection for respondents, into ongoing national surveys to strengthen the focus on child protection within routine national surveys.
- Continue to analyze these survey data to uncover patterns that can inform prevention strategies and public policies, including the mapping of risk and protective factors to steer intervention efforts. This effort should be complemented by qualitative inquiry to deepen understandings of the context of violence and appropriate responses.
- Conduct further research into violence against specific groups of children who were not captured in the 2009 TVACS, such as children living on the street or in institutions.
- Support the government of Tanzania to develop a social welfare workforce strategy to increase the number and capacity of Social Welfare Officers to respond to child abuse and violence, in accordance with the role given to them in the Law of the Child Act, so that they serve as the critical agents of coordination and case management within a national child protection system.
- Share the experience and capacity developed in Tanzania with other countries in sub-Saharan Africa to raise awareness about the problem of violence against children and the culturally-sensitive approaches used to address it.

These recommendations should be considered in light of the culture of Tanzania as well as current activities and programmes focused on prevention and response to violence that are already on the ground. The results and recommendations in this report offer a significant opportunity to build a strategy for protecting children from violence and, thereby, create a more secure future for the people of Tanzania.

