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**EXPERIENCES AND SOCIAL DETERMINANTS OF SEXUAL
VIOLENCE AND POST- VIOLENCE HELP-SEEKING
BEHAVIOUR AMONG ADOLESCENTS AND YOUNG PEOPLE
IN KENYA**

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Dedication

To my parents. Thank you for sacrificing your dreams so that I could dream.

Thesis Abstract

This dissertation examined the social determinants of sexual violence experience and help-seeking among Kenyan young men and women. Sexual violence is a public health concern because its levels are unacceptably high in Kenya, and it is a known risk factor for HIV infection. This is an urgent issue because Kenya has the third-largest HIV epidemic in the world and almost half of new HIV infections occur among young people. Therefore, preventing sexual violence is only possible if predictors of sexual violence and response pathways are continuously investigated.

This study used Kenya's 2019 Nationally Representative Violence against Children Survey (VACS) data focusing on young men and women aged 13-24 years old. Sexual violence was defined as reporting unwanted touching, forced sex, attempted forced sex, or experiencing physical forced sex/rape, either in one's lifetime or in the past year both of which were binary variables. Help-seeking behavior was indicated by knowing where to seek formal help, seeking formal help, receiving formal help, and informal disclosure all of which are binary variables. This study first documents the pathway of sexual violence from exposure to help-seeking among young men and women in Kenya. Logistic regression models were then fitted to investigate predictors of sexual violence experience over the past year and lifetime disclosure of sexual violence in young women, controlling for age, being in a relationship, education status, HIV/AIDS testing, orphanhood, and household poverty.

This study had 1344 female and 788 male participants. Young women reported a higher lifetime prevalence of sexual violence compared with young men (25.2% vs. 11.4%, $p=0.000$). Of these lifetime experiences of sexual violence, more young women than young men informally disclosed these acts (45.1% vs. 22.7%, $p=0.002$). Although 33.7% of young women and 33.1% of young men knew where to seek formal help after experiencing sexual violence, more young women than young men sought formal help after experiencing sexual violence (11.3% vs 6.8%, $p=0.248$). Gender inequitable attitudes [AOR 3.07 (1.10–8.56); $p=0.032$], experiencing emotional violence at home [AOR 2.11 (1.17–3.81); $p=0.014$], and cyberbullying [AOR 5.90 (2.83–12.29); $p=0.000$] are risk factors for sexual violence among young women. Life skills training [AOR 0.22

(0.07– 0.73); $p=0.014$] and positive parental monitoring [AOR 0.31 (0.10–0.99); $p=0.048$] are protective against sexual violence among young women. Positive parental monitoring [AOR 3.85 (1.56– 9.46); $p=0.004$] was also associated with increased likelihood of informal disclosure among young women.

This study highlights the protective value of life skills training and positive parental monitoring in sexual violence prevention. Moreover, this analysis demonstrated the possible role of gender inequitable attitudes, cyberbullying, and emotional violence at home in fueling sexual violence. Future VACS might consider increasing sample sizes to increase robustness of analyses, especially on help-seeking.

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PART A: Research Protocol

1.1 Background

Violence among adolescents and the youth is a global social, public health and human rights issue and a development priority. The Center for Disease Control and Prevention (CDC) reported an estimated 1 billion children, about 50% of the world's children to have experienced any violence as of 2016 (David-Ferdon et al., 2016). Despite alarming rates of violence, cases of violence in developing countries remain largely unreported, unrecognized and 'hidden in plain sight' (UNICEF, 2015). Violence can be physical, emotional, or sexual. A 2019 six-country (Cambodia, Haiti, Kenya, Malawi, Nigeria, and Tanzania) study (Palermo et al., 2019) that utilized nationally representative 2009 to 2014 Violence Against Children Surveys (VACS) reported prevalence estimates of these forms of childhood violence. The lifetime prevalence of sexual violence ranged from 6% to 36% in children aged 13 to 17 years. In Kenya, the lifetime prevalence of sexual violence was 13% for young men and 24% for young women (Palermo et al., 2019).

In Africa, it is estimated that 5 in every 10 children have experienced or witnessed physical, sexual, or emotional violence while 1 in every 4 children have experienced sexual violence (Girls, 2019). A 2019 Report on children exploitation in Africa indicated that in Malawi, Kenya, Tanzania, Zimbabwe, and Swaziland, childhood sexual violence estimates lied between 22% and 38% for girls and 9% and 17% for boys (Girls, 2019). A separate report by *Together for Girls* indicated that the prevalence rates of forced sex among girls aged 15 to 19 years in Zimbabwe, Malawi, Rwanda, Tanzania, Zambia, Kenya was 41%, 38%, 29%, 27%, 26% and 24 % respectively (Girls, 2019). Childhood sexual violence has multiple risk factors. A meta-analysis by (Assink et al., 2019) found that risk factors of childhood sexual violence to include but not limited to prior victimization of child or their family member, concurrent forms of abuse in the child's environment, parental problems, parenting problems, non-nuclear family structure, child problems like mental health issues, and being female.

Sexual violence has dire consequences. There exists a strong association between sexual violence experience and sexually transmitted infections, and HIV (Andersson et al., 2008). Individuals exposed to violence are also more likely to engage in risky behaviours such as having multiple sexual partners, early sexual debut, erratic condom use, and drug/alcohol abuse (Gini & Pozzoli, 2013; Hillis et al., 2016; Lippus et al., 2020). Thus, violence against children is detrimental for countries with HIV epidemics. For this reason, such countries have

adopted violence prevention strategies as one of the means to fight the HIV epidemic. In 2015, the Kenyan government in conjunction with PEPFAR launched the DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored & Safe) program targeting adolescent girls and young women (AGYW) living in high HIV prevalence areas with the intention of lowering the risk of sexual violence and HIV through education subsidies, HIV and violence prevention education, and financial literacy education (Abdool Karim et al., 2017; Gourlay et al., 2019).

Seeking help after incidences of sexual violence help mitigate the effects. Help-seeking behaviours are illustrated by formal disclosure, informal disclosure, knowledge of where to seek help, sought help and receipt of formal help (Pereira et al., 2020). Disclosure of incidences of sexual violence has been demonstrated to have positive health benefits as it as it links survivors to care, child protection systems, psychosocial support and reduces psychological symptoms (Paine & Hansen, 2002; Ruggiero et al., 2004). As such, there is need for immediate linkages to necessary help when victims of sexual violence are at risk of HIV transmission, pregnancy or have suffered severe physical injury. Studies have also shown that immediate interventions after exposure to rape could also prevent risky behaviours such as drugs/alcohol abuse and unprotected sex (Campbell, 2002; Watts & Mayhew, 2004).

However, studies show that children may not disclose sexual violence for a few reasons which include normalization of sexual violence, failure to see sexual violence as a problem, self-blame, shame, stigma, lack of adequate vocabulary to explain the acts of sexual violence, and fear of consequences either for them or the abusers. Help-seeking after sexual violence is also impeded by lack of social support, access barriers, and perceived helplessness (Goodman-Brown et al., 2003; Hershkowitz et al., 2007; UNICEF, 2015). A study conducted by UNICEF in 20 Low and middle-income countries (LMICs) using Demographic and Health Survey data, showed that 32-69% of girls aged 15 to 19 years didn't disclose or seek help after acts of physical and /or sexual violence (UNICEF, 2015) A study in South Africa on disclosure and help-seeking among victims of sexual, physical, and emotional violence established that even though 99% of children were aware of available services, only 2 of every 10 abused children disclosed and accessed help with only 14% receiving help (Meinck et al., 2017).

As a result of high prevalence rates of childhood violence and the associated negative effects, governments and social development partners implemented Violence Against Children Surveys (VACS) to collect nationally representative cross-sectional data on childhood

violence. This was intended to demonstrate the magnitude of childhood violence, identify risk and protective factors, establish social and health outcomes of childhood violence, and to assess violence help-seeking behaviour (Nace et al., 2021). All these are critical to the implementation of violence prevention and reduction programs. VACS have been implemented in several countries including but not limited to Kenya, Swaziland, Zambia, Zimbabwe, Uganda, Zimbabwe, Botswana, Tanzania, Haiti, Laos, Cambodia, and Indonesia. Kenya has conducted two Violence Against Children Surveys (VACS), the first-ever in 2010 and the second one in 2019. These 2 data sets are the only nationally and sub nationally representative statistics available on childhood violence (Nace et al., 2021).

Between 2010 and 2019, Kenya has intensified childhood violence prevention efforts. However, as of 2019, the prevalence rate of childhood sexual violence was 16% for females and 6% for males. Every 3 in 5 women who experienced sexual violence reported multiple incidents before the age of 18 while 90% of females aged 18 to 24 years who experienced sexual violence didn't seek help (Kenya, 2021). These figures remain worrying. Given that sexual violence fuels HIV transmission, (Andersson et al., 2008; Lippus et al., 2020) childhood sexual violence in Kenya is a health and development priority since 49% of new HIV infections in Kenya occur among adolescents and young people who make up 12% of all people living with HIV (PLHIV) (Kenya, 2018).

As a result, there is need to continuously investigate associations between childhood sexual violence and potential drivers to provide evidence to inform violence prevention and response strategies. Additionally, an increased understanding of the predictors of help-seeking behaviour among victims of childhood sexual violence will offer more insights on how to promote disclosure as well as improve the design of interventions to promote access to medical, psychological, and legal services to survivors of childhood sexual violence. Studies are yet to comprehensively use nationally and sub nationally representative data to explore associations between sexual violence experience help-seeking behaviour and social determinants. This study will add knowledge to existing literature and analyses presented in VACS reports by; 1) Mapping out the cascades for sexual violence experiences and post-violence help-seeking among adolescents and youth in Kenya, 2) Assessing the association between social determinants and sexual violence experience among adolescents and youth in Kenya and, 3) Examining the association between social determinants and sexual violence help-seeking behaviour among adolescents and youth in Kenya.

1.2 Problem Statement

Kenya has the third largest HIV epidemic globally with an estimated population of 1.4 million people living with HIV while 25,000 people dying of AIDS-related illnesses in the same year (UNAIDS, 2018). The 2018 Kenya AIDS Response Program Report (KARPR) reported 49% new HIV infections occurred among adolescents and young people who make up 12% of people living with HIV (PLHIV). The same report confirms the high vulnerability of youth to HIV with more than 33% of new HIV infections reported among the youth population (Kenya, 2018). To address the role of childhood sexual violence in HIV transmission, it is important to map out the cascades of childhood sexual violence and post violence care and then establish associations between childhood sexual violence and risk/protective factors. So far, few studies have done this using recent nationally representative data. This study will add to the body of knowledge necessary to preventing and responding to childhood sexual violence and by extension address its role in fueling HIV transmission.

1.3 Brief Literature review

A secondary study by (Fuller-Thomson & Agbeyaka, 2020) situated in the United States of America using Center for Disease Control & Prevention's (CDC) 2010 and 2012 Brief Risk Factor Surveillance Surveys (BRFSS) data investigated parental domestic violence, parental addiction, and parental mental illness as correlates of childhood sexual abuse. An analysis of the 2010 data revealed that 8.5% of males who had experienced all 3 childhood adversities reported to have experienced childhood sexual violence compared to 0.6% of males who didn't experience the 3 adversities. For women, 28.7% reported to have experienced childhood sexual abuse after exposure to all the 3 childhood adversities compared to 2.1% who didn't experience the adversities. The results took the same trend for the 2012 analysis (Fuller-Thomson & Agbeyaka, 2020)

Data drawn from a Collaborative Research study of Adolescent Health was used to study experiences and risk factors of Childhood sexual abuse among youth in Taipei, Shanghai and Hanoi in 2006/7 by (Li et al., 2015). The larger study interviewed 17,002 youth aged 15 to 24 years living in rural and urban districts of the 3 cities. Multivariate logistic regression models were then fitted to study associations between childhood sexual abuse and childhood factors (Li et al., 2015). Results from the study revealed a positive association between household instability, low maternal warmth and migrating away from home before age 14 and childhood sexual violence. The same study while revealing that conversations with the father and a good mother-child relationship to be protective against childhood sexual violence also found the average age of the first experience of sexual violence to be 10.5 years (Li et al., 2015).

Evidence from South East Asia as shown by (Hong Le et al., 2014) in an analysis of the Vietnamese Youth-Round II (SAVY-II) national survey (2009-10) which assessed a representative sample of 14 to 25 year olds was used by to study the association between early marriages (before age 18) in 10- to 24-year-old adolescents and young adults and intimate partner violence. Results revealed that experiences of sexual, physical, and emotional intimate partner violence were less common in males than females and that illiteracy, poverty, witnessing violence at home and early marriages were positively associated with intimate partner violence among young females (Hong Le et al., 2014).

A multi-country study (Kidman & Palermo, 2016) involving 13 Sub-Saharan Africa countries explored the relationship between parental presence and childhood sexual violence using data from 2 AIDS Impact Surveys and 15 Demographics & Health Surveys. This secondary study

focused on females aged 15 to 17 years. Results from this study showed that girls from homes without a father either due to absence or death (paternal orphanhood) were more likely to experience childhood sexual violence than children from homes with paternal presence. The same study also revealed that sexual violence starts early in a child's life hence the need to adapt violence prevention programs to younger age groups (Kidman & Palermo, 2016).

(Breiding et al., 2011) conducted a nationally representative study in Swaziland to establish the risk factors associated with sexual violence among girls aged 13 to 24 years old. This study required participants to report incidences of sexual violence before the age of 18 years. The study with 1244 participants explored the association between childhood sexual violence and potential demographic and social risk factors using bivariate and multivariate logistic regression. Results showed that, participants who had a close relationship with their biological mothers during childhood had lesser odds of experiencing childhood sexual violence compared to those who had no relationship with their biological mothers at all (crude Odds ratio; 1.89 versus 1.93) (Breiding et al., 2011). Moreover, greater odds of childhood sexual violence were noted in girls who weren't enrolled in school at the time of study, were emotionally abused during childhood, and knew another child who had been sexually abused. Childhood sexual violence was also found to have a positive association with the number of people respondents had lived with at any given point in time (Breiding et al., 2011).

A study by (Orindi et al., 2020) assessing experiences of violence among 1687 adolescent girls and young women (AGYW) in informal settlements in Nairobi, Kenya in 2017 found that 10 – 14-year-old girls who did chores for money or whose families did not have enough food at home were highly predisposed to violence. Results from the same study also indicated that sexual violence was lower among higher age groups than lower age groups, food insecurity and engaging in early sex (before 12 years) was associated with increased odds of sexual violence (Orindi et al., 2020). A separate study from Kenya conducted by (Baiocchi et al., 2019) exploring prevalence and risk factors for sexual assault among female adolescents in unplanned settlements in Nairobi, Kenya had 7.2% of adolescents reporting being previously raped with 11% of them reporting over five experiences of rape. The study also found that boyfriends were the most common (46%) perpetrators of rape cases while previous experiences of emotional and physical intimate partner violence were risk factors for rape (Baiocchi et al., 2019). According to the same study, a child's emotional self-efficacy and material security were found to be protective against sexual assault (Baiocchi et al., 2019).

A cross country study evaluating help-seeking behaviour among survivors of physical and/or sexual violence among children in Kenya, Cambodia, Haiti, Tanzania, Nigeria, and Malawi found that increased number of females in a households and absence of a father promoted help-seeking behaviour whilst being male and living in a female headed household was negatively associated with help-seeking behaviour (Pereira et al., 2020). Another study evaluating the correlates of disclosure of sexual violence among Kenyan youth while utilizing the 2010 VACS data found that the likelihood of disclosure was lower among males and among children who reported more sexual violence incidences. Paradoxically, the odds of disclosure was found to be higher where the perpetrator of childhood sexual violence was a family member (Boudreau et al., 2018).

1.4 Research aims

The overarching aim of this study is to investigate sexual violence experiences and post-violence help-seeking behaviour among adolescents and young people in Kenya.

1.5 Specific Objectives

1. To map out cascades for sexual violence experiences and help-seeking among adolescents and youth in Kenya.
2. To assess the association between social determinants and sexual violence experiences among adolescents and youth in Kenya.
3. To examine the association between social determinants and sexual violence help-seeking behaviour among adolescents and youth in Kenya.

1.6 Conceptual framework

The etiology of sexual violence is multilayered, and it involves an interplay of determinants at the individual, household, community, and societal levels (Dahlberg, 2002). This 4 level social-ecological model was adapted from (Bronfenbrenner, 1979) and has been used by Center for Disease Control (CDC) to craft frameworks for violence prevention (Dahlberg, 2002). The individual level is concerned with factors on personal history and biological factors that increase likelihood of violence for example, substance abuse, age, education, sex, and income. The household or relationship level examines how one's close personal relationship enables violence. The factors examined include orphanhood, witnessing violence at home, material insecurity. The community level explores characteristics in the physical and social environments that promote violence. Factors in this level include; neighbourhood poverty,

insecurity and high density of alcohol outlets. The society level focuses on the broader societal factors that create an environment for violence to thrive. These include social and cultural norms (Dahlberg, 2002).

This model has also been adapted by (Das et al., 2013) in a study aimed at describing the prevalence of Intimate Partner Violence (IPV) during pregnancy and after delivery and explaining social determinants of Intimate Partner violence in urban slums in Mumbai, India. (Das et al., 2013) grouped the determinants for intimate partner violence into 4 levels: woman, partner, household and community levels. This study will adapt this socio-ecological model and group the social determinants for childhood sexual violence and help-seeking behaviour into 4 levels namely, child or individual, household, community and society levels. The levels: society, community, household, and individual/child do interact with one another (Das et al., 2013). For instance, marital discord at the family level can push a child into alcohol or drug abuse and early marriages thus predisposing them to sexual violence. Gender attitudes at society level that support gender-based violence increase the likelihood of a child not only witnessing sexual violence at home but also being a victim of it.

The adapted conceptual framework as shown in **Part B; Figure 6** categorizes factors in the VACS 2019 data set that have been described as potential determinants to sexual violence according to literature (Baiocchi et al., 2019; Boudreau et al., 2018; Breiding et al., 2011; Fuller-Thomson & Agbeyaka, 2020; Hong Le et al., 2014; Kidman & Palermo, 2016; Li et al., 2015; Orindi et al., 2020; Pereira et al., 2020)

1.7 Methodology

1.7.1 Data

Data for this study was obtained from Kenya's 2019 Violence Against Children Survey (VACS). This is the second study of its kind in Kenya, the first one having been conducted in 2010. VACS are nationally representative, cross-sectional household surveys targeting females and males aged 13 to 24 years focusing on measures of emotional, physical, and sexual violence. The 2019 VACS assessed 1,344 females and 788 males. In this survey, 13 to 24 years old males and females reported on lifetime and past 12 months experiences of emotional, physical, and sexual violence. VACS utilize a three-stage cluster sampling approach with random selection of enumeration areas as the first stage, followed by households at the second stage and selection of an eligible participant from the chosen household as the third stage. The sampling was conducted without replacement (Nguyen et al., 2019). The data set was obtained from U.S Center for Disease Control and Prevention (CDC) and is available for

public use.

Variables

Outcome/Dependent variables

This study has 2 outcome variables; past year sexual violence experience and lifetime sexual violence help-seeking behaviour.

Sexual violence experience

Sexual violence can include unwanted sexual touching, unwanted attempted sex, pressured or coerced sex, and physically forced sex. Individuals subjected to any of these have experienced sexual violence. Sexual violence was operationalized as a binary variable as either experienced sexual violence (=1) or did not experience sexual violence (=0). Questions in the questionnaire used to compile sexual violence experience are shown in **Part A: Table 1** below.

Part A : Table 1: Questions used to compute the Sexual violence variable

Type of violence	Question asked
Sexual violence	
Unwanted Sexual Touching	Has anyone ever touched you in a sexual way without your permission, but did not try and force you to have sex? Touching in a sexual way without permission includes fondling, pinching, grabbing, or touching you on or around your sexual body parts.
Unwanted Attempted Sex	Has a boyfriend/romantic partner, ex-boyfriend/romantic partner, husband, or ex-husband ever tried to make you have sex against your will but did not succeed? Has anyone [else] ever tried to make you have sex against your will but did not succeed? If the individual did not have an intimate partner: They might have tried to physically force you to have sex or they might have tried to pressure you to have

	sex through harassment or threats.
Pressured or coerced Sex	<p>Has a boyfriend/romantic partner, ex-boyfriend/romantic partner, husband, or ex-husband ever pressured you to have sex, through harassment or threats and did succeed?</p> <p>Has anyone [else] ever pressured you to have sex, through harassment or threats and did succeed?</p>
Physically forced sex	<p>Has a boyfriend/romantic partner, ex-boyfriend/romantic partner, husband, or ex-husband ever physically forced you to have sex and did succeed?</p> <p>Has anyone [else] ever physically forced you to have sex against your will and did succeed?</p>
Alcohol-facilitated sex	<p>Has a boyfriend/romantic partner, ex-boyfriend/romantic partner, husband, or ex-husband ever had sex with you when you were too drunk to say no and did succeed?</p> <p>Has anyone [else] ever had sex with you when you were too drunk to say no and did succeed?</p>

Help-seeking behaviour

Help-seeking behaviour was measured using 4 self-reported help-seeking outcomes; informal disclosure (e.g. to family, friends, neighbours), knowledge of where to seek formal help (hospital, clinic, police station, legal office), seeking formal help, and receipt of formal help. Questions in the questionnaire used to compile help-seeking behaviour variables are shown in Part A: Table 2 below.

Part A : Table 2: Questions Used to compute sexual violence Help-seeking behaviour variables

	Informal Disclosure	Knowledge of where to seek help	Sought help/Formal disclosure	Received Help
Question	Did you tell anyone about any of these experiences?	Thinking about all your unwanted sexual experiences, did you know a hospital/clinic, police station, helpline, social welfare, or legal office to go for help?	Did you try to seek help from any of these places for any of these experiences?	Did you receive any help for any of these experiences from a hospital/clinic, police station, helpline, social welfare or legal office?

Predictor or independent variables

Social determinants were the predictors and they were chosen based on the review of literature and a socio-ecological framework where social determinants are determined at the individual, household, community and societal levels. The following social determinants were explored; age in years, sex (male or female), school attainment (primary and higher than primary), received life skills training (yes or no), experienced cyber bullying (yes or no), positive parental monitoring (yes or no), gender attitudes (yes or no), physical/emotional violence at the household level (yes or no).

Potential control variables

Control variables in this study included age, being in a relationship or married, education status, ever tested for HIV/AIDS, orphanhood, household poverty.

1.7.2 Data Analysis & Model Specification

First, univariate analysis was performed to map out the cascades for sexual violence

experience and help-seeking behaviour. Second, multivariate logistic regression analysis was used to examine associations between social determinants and sexual violence, and help-seeking behaviour. Results of these logistic models were presented as adjusted odds ratios (AOR) together with their 95% Confidence Intervals (CI). The complex survey design of the parent study was accounted for by adjusting standard errors for the clustered sample design per the VACS survey guidelines (Nguyen et al., 2019). The sample used for this analysis only included participants who reported experiencing sexual violence and had no missing values for all social determinants under study. Stata 17.1 was used for all analyses.

1.8 Research limitations

This proposed study is not devoid of limitations. VACS, being a household survey did not include children living outside family care (For instance; street connected and institutionalized children) who could be most vulnerable to sexual violence. Secondly, the cross-sectional design of VACS makes it impossible to make causal associations. Thirdly, reliance of VACS on retrospective self-reports is likely to be affected by cultural factors, recall bias and fear of disclosure. Thus, self-reported instances of sexual violence may be underestimated and in effect leading to lower prevalence of sexual violence than is true. Lastly, given that Kenya is a multicultural nation, it might have been difficult for VACS to pick various local-level differences at sufficient rates.

1.9 Ethical considerations

For this study, there are no risks to participants because de-identified secondary data will be used VACS 2019 Data set. For this data set, informed consent for the surveys were obtained from the respondents at the beginning of the individual interview in the parent studies. For this study, ethics approval was sought from the University of Cape Town's Human Research Ethics Committee (HREC).

1.10 References

- Abdool Karim, Q., Baxter, C., & Birx, D. (2017). Prevention of HIV in Adolescent Girls and Young Women: Key to an AIDS-Free Generation. *J Acquir Immune Defic Syndr*, 75 Suppl 1, S17-s26. <https://doi.org/10.1097/qai.0000000000001316>
- Andersson, N., Cockcroft, A., & Shea, B. (2008). Gender-based violence and HIV: relevance for HIV prevention in hyperendemic countries of southern Africa. *Aids*, 22 Suppl 4, S73-86. <https://doi.org/10.1097/01.aids.0000341778.73038.86>
- Assink, M., van der Put, C. E., Meeuwse, M., de Jong, N. M., Oort, F. J., Stams, G., & Hoeve, M. (2019). Risk factors for child sexual abuse victimization: A meta-analytic review. *Psychol Bull*, 145(5), 459-489. <https://doi.org/10.1037/bul0000188>
- Baiocchi, M., Friedberg, R., Rosenman, E., Amuyunzu-Nyamongo, M., Oguda, G., Otieno, D., & Sarnquist, C. (2019). Prevalence and risk factors for sexual assault among class 6 female students in unplanned settlements of Nairobi, Kenya: Baseline analysis from the IMPower & Sources of Strength cluster randomized controlled trial. *PLoS One*, 14(6), e0213359. <https://doi.org/10.1371/journal.pone.0213359>
- Boudreau, C. L., Kress, H., Rochat, R. W., & Yount, K. M. (2018). Correlates of disclosure of sexual violence among Kenyan youth. *Child Abuse Negl*, 79, 164-172. <https://doi.org/10.1016/j.chiabu.2018.01.025>
- Breiding, M. J., Reza, A., Gulaid, J., Blanton, C., Mercy, J. A., Dahlberg, L. L., Dlamini, N., & Bamrah, S. (2011). Risk factors associated with sexual violence towards girls in Swaziland. *Bull World Health Organ*, 89(3), 203-210. <https://doi.org/10.2471/blt.10.079608>
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard university press.
- Campbell, J. C. (2002). Health consequences of intimate partner violence. *Lancet*, 359(9314), 1331-1336. [https://doi.org/10.1016/s0140-6736\(02\)08336-8](https://doi.org/10.1016/s0140-6736(02)08336-8)
- Dahlberg, L. (2002). Violence: a global public health problem In Krug EG, Dahlberg LL, MercyJA, Zwi AB, & Lozano R (Eds.), *World report on violence and health* (pp. 1–21). Geneva, Switzerland: World Health Organization.[Google Scholar].
- Das, S., Bapat, U., Shah More, N., Alcock, G., Joshi, W., Pantvaidya, S., & Osrin, D. (2013). Intimate partner violence against women during and after pregnancy: a cross-sectional study in Mumbai slums. *BMC Public Health*, 13, 817. <https://doi.org/10.1186/1471-2458-13-817>

David-Ferdon, C., Vivolo-Kantor, A. M., Dahlberg, L. L., Marshall, K. J., Rainford, N., & Hall, J. E. (2016). A comprehensive technical package for the prevention of youth violence and associated risk behaviors.

Fuller-Thomson, E., & Agbeyaka, S. (2020). A Trio of Risk Factors for Childhood Sexual Abuse: Investigating Exposure to Parental Domestic Violence, Parental Addiction, and Parental Mental Illness as Correlates of Childhood Sexual Abuse. *Soc Work*, 65(3), 266-277. <https://doi.org/10.1093/sw/swaa019>

Gini, G., & Pozzoli, T. (2013). Bullied children and psychosomatic problems: a meta-analysis. *Pediatrics*, 132(4), 720-729. <https://doi.org/10.1542/peds.2013-0614>

Girls, T. f. (2019). *Together for Girls 2019 Partnership Progress Report*.

Goodman-Brown, T. B., Edelstein, R. S., Goodman, G. S., Jones, D. P., & Gordon, D. S. (2003). Why children tell: a model of children's disclosure of sexual abuse. *Child Abuse Negl*, 27(5), 525-540. [https://doi.org/10.1016/s0145-2134\(03\)00037-1](https://doi.org/10.1016/s0145-2134(03)00037-1)

Gourlay, A., Birdthistle, I., Mthiyane, N. T., Orindi, B. O., Muuo, S., Kwaro, D., Shahmanesh, M., Baisley, K., Ziraba, A., & Floyd, S. (2019). Awareness and uptake of layered HIV prevention programming for young women: analysis of population-based surveys in three DREAMS settings in Kenya and South Africa. *BMC Public Health*, 19(1), 1417. <https://doi.org/10.1186/s12889-019-7766-1>

Hershkowitz, I., Lanes, O., & Lamb, M. E. (2007). Exploring the disclosure of child sexual abuse with alleged victims and their parents. *Child Abuse Negl*, 31(2), 111-123. <https://doi.org/10.1016/j.chiabu.2006.09.004>

- Hillis, S., Mercy, J., Amobi, A., & Kress, H. (2016). Global Prevalence of Past-year Violence Against Children: A Systematic Review and Minimum Estimates. *Pediatrics*, 137(3), e20154079. <https://doi.org/10.1542/peds.2015-4079>
- Hong Le, M. T., Tran, T. D., Nguyen, H. T., & Fisher, J. (2014). Early marriage and intimate partner violence among adolescents and young adults in Viet Nam. *J Interpers Violence*, 29(5), 889-910. <https://doi.org/10.1177/0886260513505710>
- Kenya, M. o. L. a. S. P. o. (2021). *Violence Against Children in Kenya: Findings from a national survey 2019*. Nairobi, Kenya
- Kenya, N. A. C. C. o. (2018). *KENYA AIDS RESPONSE PROGRESS REPORT* Nairobi
- Kidman, R., & Palermo, T. (2016). The relationship between parental presence and child sexual violence: Evidence from thirteen countries in sub-Saharan Africa. *Child Abuse Negl*, 51, 172-180. <https://doi.org/10.1016/j.chiabu.2015.10.018>
- Li, N., Zabin, L. S., & Ahmed, S. (2015). The childhood sexual abuse among youth in three Asian cities: Taipei, Shanghai, and Hanoi. *Asia Pac J Public Health*, 27(2), Np1566- 1577. <https://doi.org/10.1177/1010539512471968>
- Lippus, H., Laanpere, M., Part, K., Ringmets, I., & Karro, H. (2020). What do we know about the impact of sexual violence on health and health behaviour of women in Estonia? *BMC Public Health*, 20(1), 1897. <https://doi.org/10.1186/s12889-020-09953-2>
- Meinck, F., Cluver, L., Loening-Voysey, H., Bray, R., Doubt, J., Casale, M., & Sherr, L. (2017). Disclosure of physical, emotional and sexual child abuse, help-seeking and access to abuse response services in two South African Provinces. *Psychol Health Med*, 22(sup1), 94-106. <https://doi.org/10.1080/13548506.2016.1271950>
- Nace, A., Maternowska, C., Fernandez, B., & Cravero, K. (2021). The Violence Against Children Surveys (VACS): Using VACS data to drive programmes and policies. *Glob Public Health*, 1-19. <https://doi.org/10.1080/17441692.2021.2010116>
- Nguyen, K. H., Kress, H., Villaveces, A., & Massetti, G. M. (2019). Sampling design and methodology of the Violence Against Children and Youth Surveys. *Inj Prev*, 25(4), 321-327. <https://doi.org/10.1136/injuryprev-2018-042916>
- Orindi, B. O., Maina, B. W., Muuo, S. W., Birdthistle, I., Carter, D. J., Floyd, S., & Ziraba, A. (2020). Experiences of violence among adolescent girls and young women in Nairobi's informal settlements prior to scale-up of the DREAMS Partnership: Prevalence, severity and predictors. *PLoS One*, 15(4), e0231737. <https://doi.org/10.1371/journal.pone.0231737>
- Paine, M. L., & Hansen, D. J. (2002). Factors influencing children to self-disclose sexual abuse. *Clin Psychol Rev*, 22(2), 271-295. [https://doi.org/10.1016/s0272-7358\(01\)00091-5](https://doi.org/10.1016/s0272-7358(01)00091-5)

Palermo, T., Pereira, A., Neijhoft, N., Bello, G., Buluma, R., Diem, P., Aznar Daban, R., Fatoumata Kaloga, I., Islam, A., Kheam, T., Lund-Henriksen, B., Maksud, N., Maternowska, M. C., Potts, A., Rottanak, C., Samnang, C., Shawa, M., Yoshikawa, M., & Peterman, A. (2019). Risk factors for childhood violence and polyvictimization: Across-country analysis from three regions. *Child Abuse Negl*, 88, 348-361.

<https://doi.org/10.1016/j.chiabu.2018.10.012>

Pereira, A., Peterman, A., Neijhoft, A. N., Buluma, R., Daban, R. A., Islam, A., Kainja, E. T. V., Kaloga, I. F., Kheam, T., Johnson, A. K., Maternowska, M. C., Potts, A., Rottanak, C., Samnang, C., Shawa, M., Yoshikawa, M., & Palermo, T. (2020). Disclosure, reporting and help seeking among child survivors of violence: a cross-country analysis. *BMC Public Health*, 20(1), 1051. <https://doi.org/10.1186/s12889-020-09069-7>

Ruggiero, K. J., Smith, D. W., Hanson, R. F., Resnick, H. S., Saunders, B. E., Kilpatrick, D. G., & Best, C. L. (2004). Is disclosure of childhood rape associated with mental health outcome? Results from the National Women's Study. *Child Maltreat*, 9(1), 62-77.

<https://doi.org/10.1177/1077559503260309>

UNICEF. (2015). *Hidden in plain sight: A statistical analysis of violence against children*.

Watts, C., & Mayhew, S. (2004). Reproductive health services and intimate partner violence:shaping a pragmatic response in Sub-Saharan Africa. *Int Fam Plan Perspect*, 30(4), 207-213. <https://doi.org/10.1363/3020704>

PART B: Literature Review

1.11 Introduction

This section describes: 1) the conceptualization of sexual violence; 2) determinants of sexual violence; 3) social determinants of the health framework; 4) socio-ecological frameworks and 5) evidence-based violence prevention strategies. The literature included in this conceptual overview was drawn from the following electronic databases: PUBMED, PLOS, COCHRANE OPEN ACCESS, GOOGLE SCHOLAR, SPRINGER LINKS, CINAHL, Gray Literature. The search terms used were:

How does sexual violence occur? OR Determinants of sexual violence OR social determinants of health OR socio-ecological framework conditions of violence, OR strategies to prevent sexual violence. A manual search of the references of the included articles was also performed to complement the review.

1.12 Conceptualization of Sexual Violence or Sexual Abuse

According to the World Health Organization (WHO), sexual violence is defined as "sexual conduct, attempts to obtain sexual favors, unwelcome sexual comments or advances, or conduct contrary to a person's sexuality, or other It is an act committed using coercion in a way that the victim in any setting, including, but not limited to, at home or at work" (WHO, 2014). Coercion may include the use of force, psychological threats, extortion and/or intimidation. The literature reviewed showed that sexual violence transcends national borders, occurs in all countries and all parts of society (schools, homes, communities), and affects both men and women of all ages (UNICEF, 2017). According to the U.S. Centers for Disease Control and Prevention (CDC), child sexual abuse is defined as "complete or incomplete or attempted sexual contact or exploitation (i.e., non-contact sexual interaction) of a child by a caregiver". On the other hand, the World Health Organization (WHO) defines childhood sexual abuse as "the involvement of a child in sexual activity that is not fully understood, lacked informed consent, or was not involving the child" (WHO, 1999).

From the latter definition, it can be inferred that contact between the child and the perpetrator is not necessary for an act to be classified as sexual violence. These definitions therefore also clarify the concept of consent. Therefore, consent between the parties is required for sexual activity to be consensual. However, there are groups of people who do not consent

to or cannot resist sexual advances because of their age, disability, fear of harm, or being intoxicated or unconscious (UNICEF, 2017). By law, children are under the legal age of majority (18 years) and cannot consent to sexual activity. Sexual activity between a child and an adult constitutes sexual abuse because it is considered exploitation of a legally vulnerable person or abuse of a position of influence or trust (UNICEF, 2017). It is a common misconception that childhood sexual violence is rare, affects only women from poor backgrounds, and is mostly perpetrated by male strangers (UNICEF, 2017). On the contrary, sexual violence affects millions of girls and boys from different socioeconomic backgrounds and cultures (UNICEF, 2017). Note that these acts are perpetrated by multiple types of offenders, including men and women, close family/friends, strangers, and individuals of all sexual orientations, socioeconomic classes, and cultural backgrounds (UNICEF, 2017).

1.13 Determinants of sexual violence experiences and help-seeking

Determinants of childhood sexual violence range from socio-demographic, economic, cultural, and environmental factors.

1.13.1 Socio-demographic and economic determinants

Several sociodemographic and economic factors have been identified in the literature as determinants of sexual violence. The literature reviewed indicates that age, early marriage, sex, and school enrollment are important determinants of sexual violence. The literature reviewed cites age as one of the determinants of sexual violence. Several studies have reported that girls and boys in younger age groups are at higher risk of experiencing sexual violence compared to older age groups. Studies have shown that it is more likely to start in the early stages of the childhood life (Kidman & Palermo, 2016; Orindi et al., 2020; UNICEF, 2017). Regarding disclosure of sexual assault cases, it has been argued that older adolescents are more likely than younger adolescents to disclose experiences of sexual abuse (K. Y. Lam, 2014; Pereira et al., 2020).

Furthermore, early marriage has been found to tend to expose girls to intimate partner violence, including sexual violence. Adolescents and young adult women who married before age 18 had nearly double the lifetime risk of intimate partner violence (IPV) compared to women who were married at age 18 or older (Hong Le et al., 2014). Gender was also highlighted as an important predictor of sexual violence and help-seeking. Literature reports that girls are more likely to experience sexual violence than boys and they are also more likely

to disclose sexual violence than boys (Cerna-Turoffet et al., 2021; King et al., 2004). A multi-country done in Haiti, Kenya, and Tanzania showed that males were less likely to informally disclose sexual violence events than females (Pereira et al., 2020). Also, relative to knowledge of where to seek formal help, males have been found to be more likely than females to know where to seek formal help (Pereira et al., 2020). School enrolment has also been reported as a significant predictor of childhood sexual violence. A study done in Swaziland established that girls not enrolled in schools were more predisposed to sexual violence than girls enrolled in schools (Breiding et al., 2011). School enrolled children were found to be more likely to informally disclose sexual violence in Nigeria, while in Kenya they were more likely to know where to seek formal help and in Tanzania likely to receive formal help compared to those not enrolled in school (Pereira et al., 2020).

1.13.2 Cultural Determinants

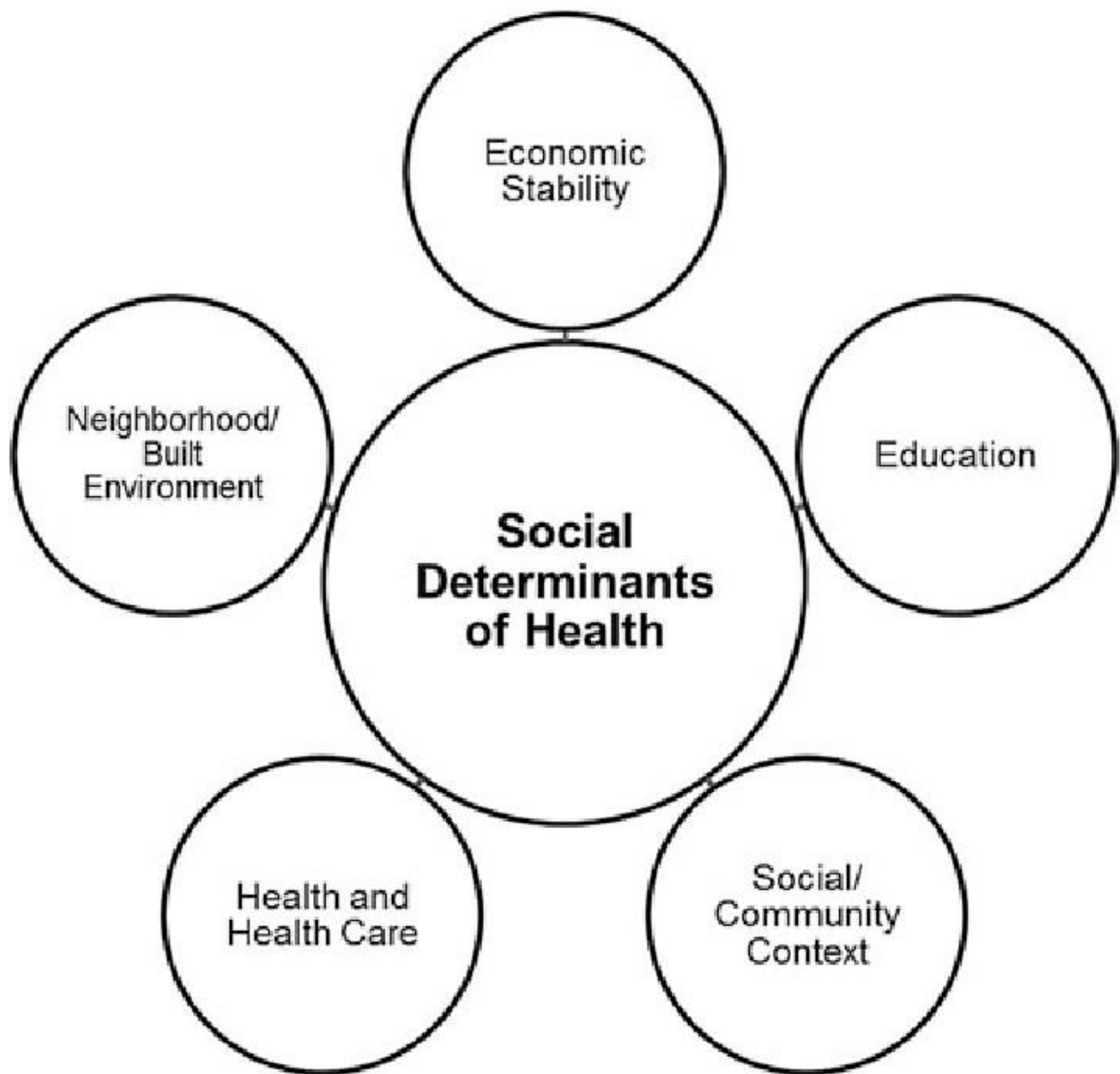
Gender stereotypes are known to increase gender inequality and thereby enable violence. Several studies have linked sexual violence to less equitable views of gender relations between men and women (Kearns et al., 2020; Wado et al., 2021; Wamoyi et al., 2022; Willie & Kershaw, 2019). Women with progressive attitudes to sexual and gender-based violence were more likely to report positive attitudes to seeking help for sexual violence compared with women with regressive attitudes. Women who felt that sexual and gender-based violence is not accepted were about 2.03 times more likely to have a positive attitude to seeking help for sexual and gender-based violence than women who were sexually active (Odwe et al., 2018). Falb et al., (2017) showed that girls whose caregivers had gender-sensitive attitudes were less likely to experience sexual violence and were less tolerant of incidents of sexual abuse (Falb et al., 2017).

1.14 Conceptual frameworks

1.14.1 Social determinants of health (SDH) Framework

Social determinants of health refer to non-medical factors that directly or indirectly influence health outcomes, either positively or negatively (Marmot & Wilkinson, 2005). These factors are attributed to the structural forces/systems that determine where people are born, grow, live, age, work, and their daily lives. These structural forces/systems include political systems, economic policies, development agendas, social norms, and social policies. Social determinants of health influence observed health inequalities between and within populations (Marmot & Wilkinson, 2005; Organization, 2008). Examples of these social determinants of health include, but are not limited to: education, working conditions, income and social

protection, unemployment and job security, social exclusion, early childhood development, food insecurity, housing and basic amenities, structural conflicts, access to affordable and quality health services access (Solar & Irwin, 2010).



Part B: Figure 1: Social determinants of health framework

Source : (Macleod et al., 2018)

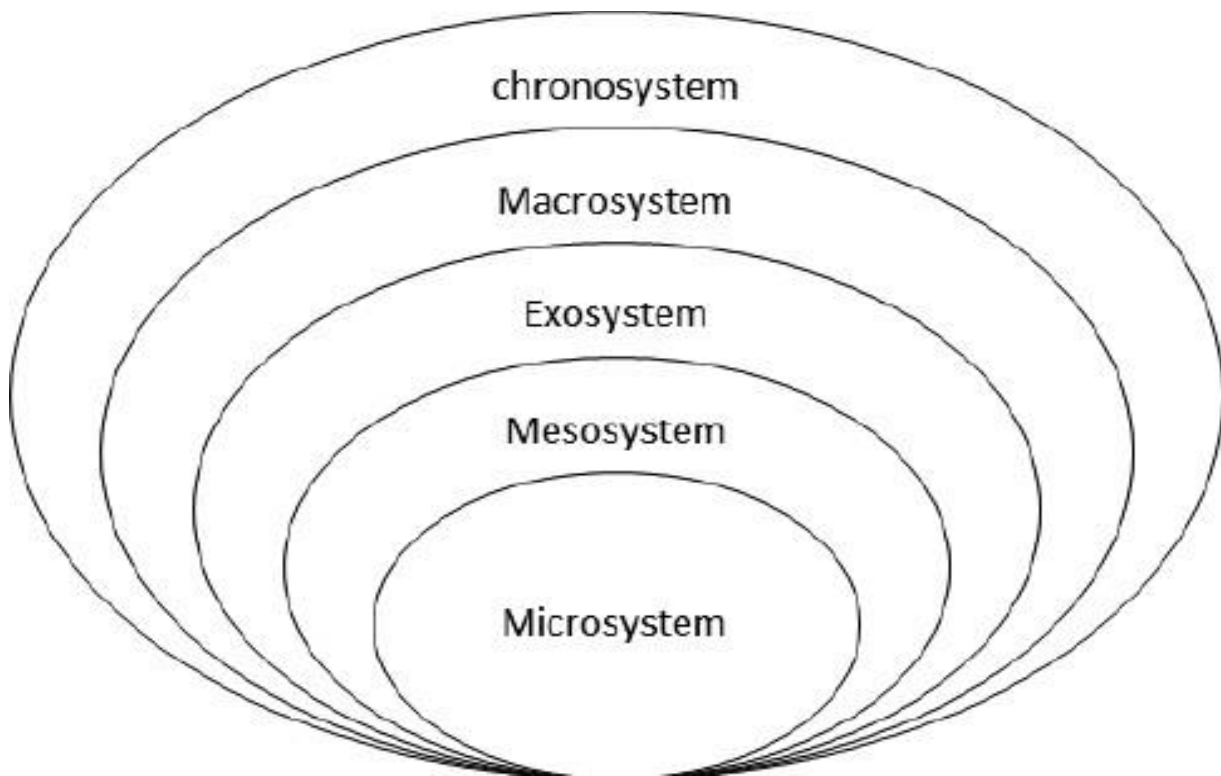
1.14.2 Socio-ecological Model

The socio-ecological model (SEM) was first introduced by Urie Bronfenbrenner in the 1970s as a conceptual model to guide our understanding of human development and was adopted as a formal theory in the 1980s (Bronfenbrenner, 1979). This model asserts that individuals are subject to a complex array of social influences and nested environmental interactions, both occurring at multiple levels (Bronfenbrenner, 1979). This socio-ecological model is adapted to the understanding of health determinants and explains how individual (intrapersonal), interpersonal, organizational, community, and political factors influence

population health (Bronfenbrenner, 1979; Campbell et al., 2009; Dahlberg, 2002). Intrapersonal or individual level factors focus on biological and individual factors that are said to influence health. These include age, knowledge, attitudes, and behavior. On the other hand, the interpersonal factors of the socio-ecological model focus on an individual's family and social networks arising from churches, schools, workplaces, neighborhoods, etc. These social networks have been shown to influence health, health behavior and health-related decision-making (Bronfenbrenner, 1979; Campbell et al., 2009; Dahlberg, 2002).

Organizational or institutional level factors emphasize the role of social, religious, and cultural values and social institutions and their contribution to health decision making (Bronfenbrenner, 1979; Campbell et al., 2009; Dahlberg, 2002). The community-level element of the socio-ecological model deals with the social and physical environment of a community. These factors are important because the social dynamics of a community play an important role in how a particular health risk is perceived within that community (Bronfenbrenner, 1979; Campbell et al., 2009; Dahlberg, 2002). Policy-level factors constitute the outermost level of the socio-ecological framework. This policy consists of local and national laws and specific guidelines that affect health. Policies play a central role in access to health services, use of health services, and engagement in healthy behavior (Bronfenbrenner, 1979; Campbell et al., 2009; Dahlberg, 2002). The socio-ecological model is schematically represented by nested circles that focus on individual-level factors and are surrounded by other multi-level factors. Nested or overlapping circles show that factors at one level influence factors at other levels. The second, third, and fourth circles represent interpersonal (microsystem), organizational (mesosystem), and community (exosystem) factors.

The outermost circle represents health determinants at the policy level (macrosystem) (Bronfenbrenner, 1979; Campbell et al., 2009; Dahlberg, 2002).



Part B: Figure 2: The Socio-ecological Model

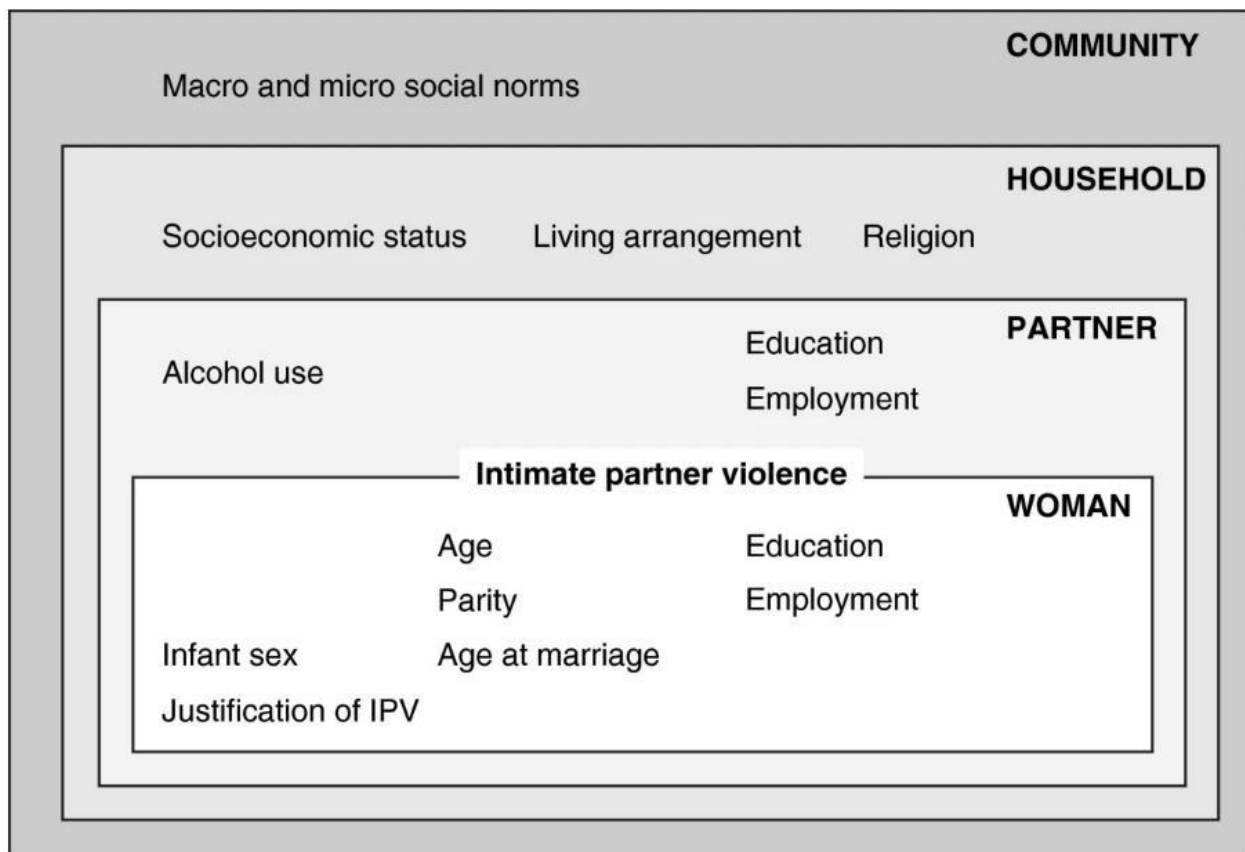
Source: (Bronfenbrenner, 1979)

1.15 Application of the Socioecological model in Sexual violence

Since the socioecological model highlights the interconnected relationship between ecosystems and society, it has many applications including but not limited to sexual violence studies.

1.15.1 Determinants of Intimate Partner Violence (IPV)

(Das et al., 2013) examined intimate partner violence against pregnant and post-pregnant women in the Indian slums of Mumbai, using the socio-ecological model. The conceptual framework illustrated the multilevel determinants of intimate partner violence. Individual-level factors for intimate partner violence were age, age at marriage, reproductive status, education, employment, sex of children, and women's justification for intimate partner violence. At the interpersonal level, the study focused on factors related to women's partners. These factors included partner's education, employment, and alcohol consumption. At the organizational or institutional level, the study looked at household factors including socioeconomic status, religion, and household lifestyle. The outermost level of the conceptual model in this study was community-level factors, including community micro- and macrosocial norms.



Part B: Figure 3: Adaptation of the socioecological model to Intimate Partner Violence (IPV)

Source: (Das et al., 2013)

1.15.2 Center for Disease Control's (CDC) Framework for Violence Prevention

The socio-ecological model (SEM) was also adapted by the Centers for Disease Control to provide a framework for violence prevention (Dahlberg, 2002). Before developing violence prevention mechanisms, we must first understand the risk and protective factors of sexual violence. As such, the Centers for Disease Control (CDC) has introduced a four-level socio-ecological model (SEM) to improve our understanding of violence and the impact of violence prevention strategies. This model suggests that the determinants of violence are explained by a complex interplay of factors at the individual, relational, community, and societal levels. In addition to identifying these factors, this socio-ecological model considers the complex interplay of violence risk factors to act simultaneously on several levels of the model to prevent violence. It also suggests that it is essential to avail sustainable efforts to prevent violence and impact at the population level.



Part B: Figure 4: CDC Framework for violence prevention

Source: Centers for Disease Control and Prevention

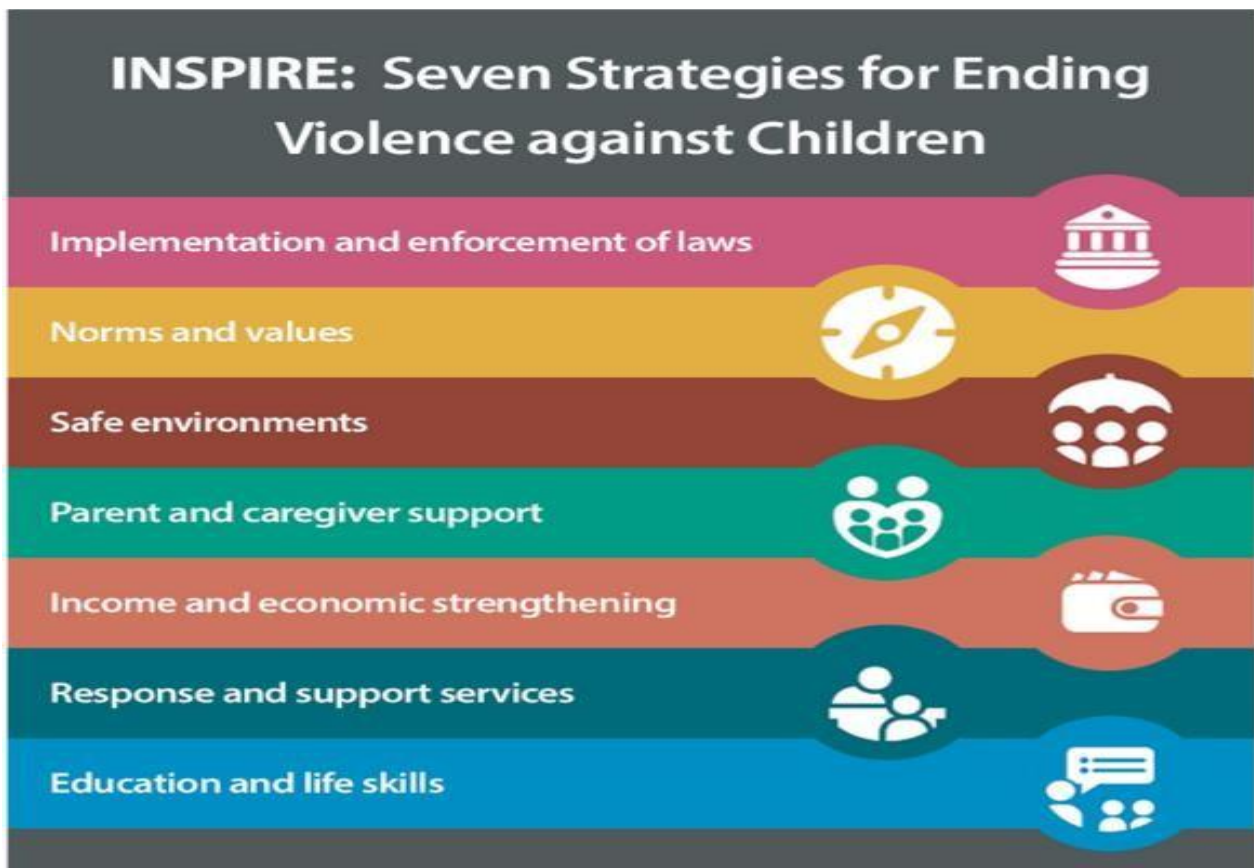
Individual-level factors proposed by the Centers for Disease Control and Prevention (CDC) focus on the biological and personal factors that influence someone's likelihood of becoming a violent offender or experiencing violence. These include income, education, age, drug or alcohol abuse, and abuse history. To prevent violence at this level, strategies are developed to promote knowledge, attitudes, behaviors, and beliefs to deter violence. Specific interventions suggested by CDC include life skills training, conflict resolution training, safe dating/healthy relationship programs, and emotional self-efficacy programs (Dahlberg, 2002). Relationship-level factors focus on the intimate circles (peer, partner, family) that increase or decrease the risk of becoming a victim or perpetrator of violence. Such factors include, but are not limited to, parental supervision, parental communication, and peer pressure. Strategies to prevent violence at this level include: programs to promote positive peer norms and positive parenting (Dahlberg, 2002).

The community level of this framework examines how schools, workplaces, and communities affect victims and perpetrators of violence. These factors include safety (school, neighborhood, workplace), neighborhood poverty, residential segregation, and high number of alcohol outlets. Efforts to prevent violence at this stage include improving the physical and social environment (Dahlberg, 2002). At the societal level, the focus is on broader social factors that create the environments in which violence flourishes or is suppressed. These factors include social and cultural norms that normalize violence and strategies that influence the structural determinants of health. Violence prevention strategies at this level include programs that address social or cultural norms that normalize violence and policies

that influence the structural determinants of health (Dahlberg, 2002).

1.15.3 Evidence-based strategies for violence prevention

In 2016, a global partnership was formed between the United States Agency for International Development (USAID), the President’s Emergency Program for AIDS Relief (PEPFAR), the Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), the Pan American Health Organization (PAHO), the United Nations Children’s Fund (UNICEF), the United Nations Office on Drugs and Crime (UNODC), the World Bank and others have developed evidence-based strategies that countries can use to end violence against children. Increase. These strategies, named INSPIRE, are a technical package and guide with seven evidence-based, proven successes in preventing sexual violence among children in low-resource settings. These strategies dubbed, INSPIRE, is a technical package and a guidebook of 7 evidence-based with demonstrated success in preventing sexual violence among children in low-resource settings. These strategies are; **I**mplementation and enforcement of laws; **N**orms and values; **S**afe environments; **P**arent and caregiver support; **I**ncome and economic strengthening; **R**esponse and support services; and **E**ducation and life skills (Ligiero et al., 2019; WHO, 2019, 2022).



Part B: Figure 5: INSPIRE evidence-based strategies for violence prevention

Source: (UNICEF, 2017)

Implementation and enforcement of laws

In 2016, a global partnership was established between the United States Agency for International Development (USAID), the President's Emergency Program for AIDS Relief (PEPFAR), the Centers for Disease Control and Prevention (CDC), and World Health's INSPIRE strategy. The latter partnership was committed to promoting the implementation and enforcement of laws to prevent violent acts, reduce excessive alcohol consumption, and limit youth access to firearms and other weapons. Laws and policies that criminalize violent punishment and sexual abuse (child marriage, trafficking, child pornography, statutory rape, non-contact sexual violence) show society that violent acts are wrong. As such, it helped to uproot the prevailing norms that were becoming normal. These laws also served to hold violent criminals accountable. Therefore, laws and policies that limit alcohol consumption and access to firearms help minimize children's exposure to violence risk factors (WHO, 2019).

For instance, in the recent past, Kenya has put in place laws aimed at discouraging violence against children. In 2010, Kenya promulgated a new constitution which contained an article (Part 3(53 1d & e) of The Bill of Rights that explicitly put emphasis on child protection (Kenya, 2013). The article 1 d recognizes that every child has a right to be protected from abuse, neglect, harmful cultural practices, all forms of violence, inhuman treatment, and punishment, and hazardous or exploitative labour. Article 1e on the other hand provides that all children have a right to parental care and protection, which includes equal responsibility of the mother and father to provide for the child, whether they are married to each other or not (Kenya, 2013). Through the 2014 Marriage Act, Kenya set the minimum age of marriage at 18 years thus legalizing child marriages (Law, 2014). It is known that child marriage is a risk factor for intimate partner violence (Hong Le et al., 2014).

Kenya has also made numerous strides in banning corporal punishment (CP) in schools. As per Kenya's Education Act of 1980 there were instances where corporal punishment could be used in schools. By 2001, there were rising cases of child abuse within communities forcing the government to pass the Children's Act which protected children from all acts of violence including corporal punishment in schools (Kenya, 2005; Matofari, 2021; Nakpodia, 2010). In banning corporal punishment, Kenya was able to keep up with global trends especially being a signatory to the *1989 United Nations Convention on the Rights of the Child* and the *2000*

African Charter on the Right and Welfare of the Child. Despite the ban and even entrenchment of children's rights against the new 2010 Constitution, there are still instances of corporal punishment in schools (Mweru, 2010).

Norms and values

This INSPIRE strategy is keen to strengthen norms and values supportive of non-violent, respectful, nurturing, positive and gender equitable relationships for all children and adolescents. There exists deeply ingrained norms and attitudes in society which fuel violence against children by justifying otherwise unjustifiable acts. Such include; girls being forced into sex due to cultural male sex entitlement, normalization of child marriages and wife-beating, expectation on women to tolerate violence, and stigma and shame associated with reporting of violence (Pulerwitz et al., 2010). The approach in this strategy aimed to change the retrogressive norms and attitudes at the community level. This approach has been argued to work best when combined with other of the INSPIRE strategies such as legislation and life skills training. Several norms change campaigns aimed at reducing violence are underway in Africa. For example, in Uganda, a community mobilization program called SASA! was implemented to prevent violence against women by changing individual attitudes, community norms and structures. A randomized controlled trial showed in the communities where both men and women aged 18 to 49 years participated in SASA, both women and men expressed reduced social tolerance for violence, while intimate partner violence decreased by 52% (Abramsky et al., 2014).

Another study examined the effects of SASA! and showed positive results regarding children's experiences of violence. The intervention reduced intimate partner violence, resulting in a 64% reduction in the prevalence of children witnessing intimate partner violence in their homes. Moreover, women who reported reduction in intimate partner violence also reported positive changes in parenting and discipline practices, resulting in improved parent-child relationships. As a result of this community programme, some participants reported taking direct action to prevent violence against children. (Kyegombe et al., 2015). Another community effort called 'Soul City' to educate communities about domestic violence was launched in South Africa. It reached audiences through television, radio and pamphlets, this intervention was associated with increased knowledge of support services after exposure to domestic violence and positive attitude changes that normalized domestic violence (Usdin et al., 2005). SoulBuddyz, an extension of Soul City, also operated in South Africa and appealed to children aged 8 to 12. Soul Buddyz, while also utilizing television, radio, and interactive

content equipped participants with strategies to deal with sex, racism, HIV/AIDS and violence (Usdin et al., 2005).

Safe environments

This INSPIRE strategy aimed to create sustainable safe streets and other environments (physical and social) where children and young people gathered and spend time. It focused on community settings outside of homes and schools. Violence thrives when such environments are unsafe. This strategy aimed to improve the physical and social environment to encourage positive behavior and prevent harmful activities. Approaches to violence prevention in this strategy include interventions to address hotspots of violence in the community, interrupting the spread of violence, and improving the built environment. Additionally, several approaches seek to ensure that alternative care facilities, police stations, orphanages and detention centers are safe for children. Crime prevention through environmental design (CPTED) is one strategy being implemented to reduce community violence in high-income and some low-income countries. This includes but is not limited to: landscaping, creating and maintaining green spaces, greening vacant lots, demolition or reopening of abandoned buildings, street lighting, safe and accessible transportation, as well as safe routes to schools (Cassidy et al., 2014; Cerdá et al., 2012).

Parent and caregiver support

This INSPIRE strategy aims to discourage harsh parenting practices and promote positive parent-child relationships. Helping parents and caregivers understand the value of positive parenting, non-violent discipline, and effective communication reduces harsh parenting practices, promotes positive parent-child relations, and strengthens the parent-child. These are all protective factors against childhood violence (Olds et al., 1997; Amanda Sim et al., 2014). Positive parenting prevents children from being separated from their families, shields them from harsh treatment at home and reduces their chances of witnessing intimate partner violence against mothers and stepmothers (Caldera et al., 2007; A Sim et al., 2014). The *Parents/Families Matter!* Program one such approach designed targeting parent/caregivers and children aged 9 to 12 years with the intent to promote positive parenting and healthy parent-child communication especially around issues on sex, sexuality, HIV prevention and physical, emotional, and sexual violence (Vandenhoudtet et al., 2010). It is important to note that the Families Matter! Curriculum has a module on awareness, prevention, and response of child sexual abuse.

This community-based programme is supported by CDC and PEPFAR has been implemented in at least 8 African countries including Kenya. An evaluation of this programme had parents and children reporting significant increases in parental monitoring as well as improved parent-child communication especially on matters related to sexuality and sexual risk (Miller et al., 2015). Another parenting program, *Parenting for Lifelong Health (PLH)*, has been implemented in South Africa. This program targeting caregivers of children is designed to promote positive parenting and prevent child mistreatment and involvement in different forms of violence (Cluver et al., 2016). Results from a randomized controlled trial of PLH programme for children aged 10 to 17 years showed that physical abuse was reduced according to caregivers (44% reduction) and teens (48% reduction); emotional abuse was reduced according to caregivers (61% reduction) and teens (28% reduction) compared to the control group. Besides, positive parenting indicators improved in both caregiver (17% increase) and teen (7% increase) intervention groups compared to the control group (ref). Similar programs have tested and/or adapted in other low resource settings like Tanzania, South Sudan, Kenya, Democratic Republic of Congo, and Lesotho (Cluver et al., 2017).

Income and economic strengthening

This INSPIRE strategy seeks to improve economic security and stability of families and reduce rates of child maltreatment and as well as intimate partner violence (IPV). This strategy reduces the possibility of children witnessing Intimate partner Violence (IPV) which reduces their potential of becoming victims or even perpetrators of violence. Additionally, approaches meant to empower women economically raises the economic status of households thus increasing possibilities of children going to school which is a known protective factor against childhood violence (Cancian et al., 2013; Huston et al., 2003; Ozer et al., 2009). One approach under this strategy is cash transfers as a means of social protection. Cash transfers directly target structural barriers like poverty and barriers to education and at the same time help address gender inequality by empowering women. Cash transfers as an avenue to reduce child sexual abuse and exploitation have been rolled out in Tanzania, South Africa, Mali and other parts of the continent and found to be effective in reducing violence (Kilburn et al., 2018; Lees et al., 2021; Little et al., 2021; Palermo et al., 2021). Other interventions on economic strengthening are coupled with gender norms/equity trainings. In rural South Africa, a microfinance programme was combined with education on HIV/AIDS, gender norms and sexuality. This programme is referred to as IMAGE (Intervention with Microfinance for Aids and Gender Equity). An evaluation of this approach showed a reduction of 50% of physical/sexual violence among the participants (women) compared to the control (Jan et al.,

2011; Pronyk et al., 2006; Pronyk et al., 2007).

Response and support services

The objective of this INSPIRE strategy is to improve access to quality health, social welfare and criminal justice support services for all children who need them with the aim of reducing short-term and long-term impacts of violence. It is imperative that victims of sexual violence have access to basic health services such as Post Exposure Prophylaxis (PEP) against HIV in cases of rape as well as specialized counselling and social services. Such services benefit both perpetrators and victims of violence. It helps interrupt the cycle of violence in a child's life and promotes recovery from the trauma (Wethington et al., 2008). It is important to note that in low- and middle-income countries (LMICs), the number of children receiving basic health services and social services remain low (Sumner et al., 2015). According to surveys in Cambodia, Kenya, Haiti, Malawi, Swaziland, Zimbabwe, and Tanzania, less than 10% of children who experienced sexual violence did not receive the requisite services (Nguyen et al., 2021).

This strategy therefore seeks to strengthen mechanisms for reporting violent acts against children as well as child-friendly mechanisms for support and care post- violence. This includes toll free hotlines for reporting violence, and linkages to child protection services such as police, social workers, healthcare workers and orphanages.

Education and life skills

The objective of this INSPIRE strategy is to ensure that schools are safe and enabling and at the same time increase the access of children to effective, gender-equitable education and social emotional learning and life-skills training. School enrolment and attendance is protective against victimization and perpetration of some forms of violence including childhood sexual violence, Intimate Partner Violence (IPV), youth violence and child marriages (Hallfors et al., 2011; Reynolds et al., 2011). Schools provide a space for children and teachers to learn and internalize pro-social behaviour which consequently contribute towards violence reduction not only in schools but also in the communities. Schools offer a perfect platform for life skills training. This training prevents violence against children by enhancing the ability of children to communicate, solve problems, resolve conflicts, make decisions, think critically, and build positive peer relationships. Life skills training can also be carried out outside schools in informal settings like community centers and refugee camps.

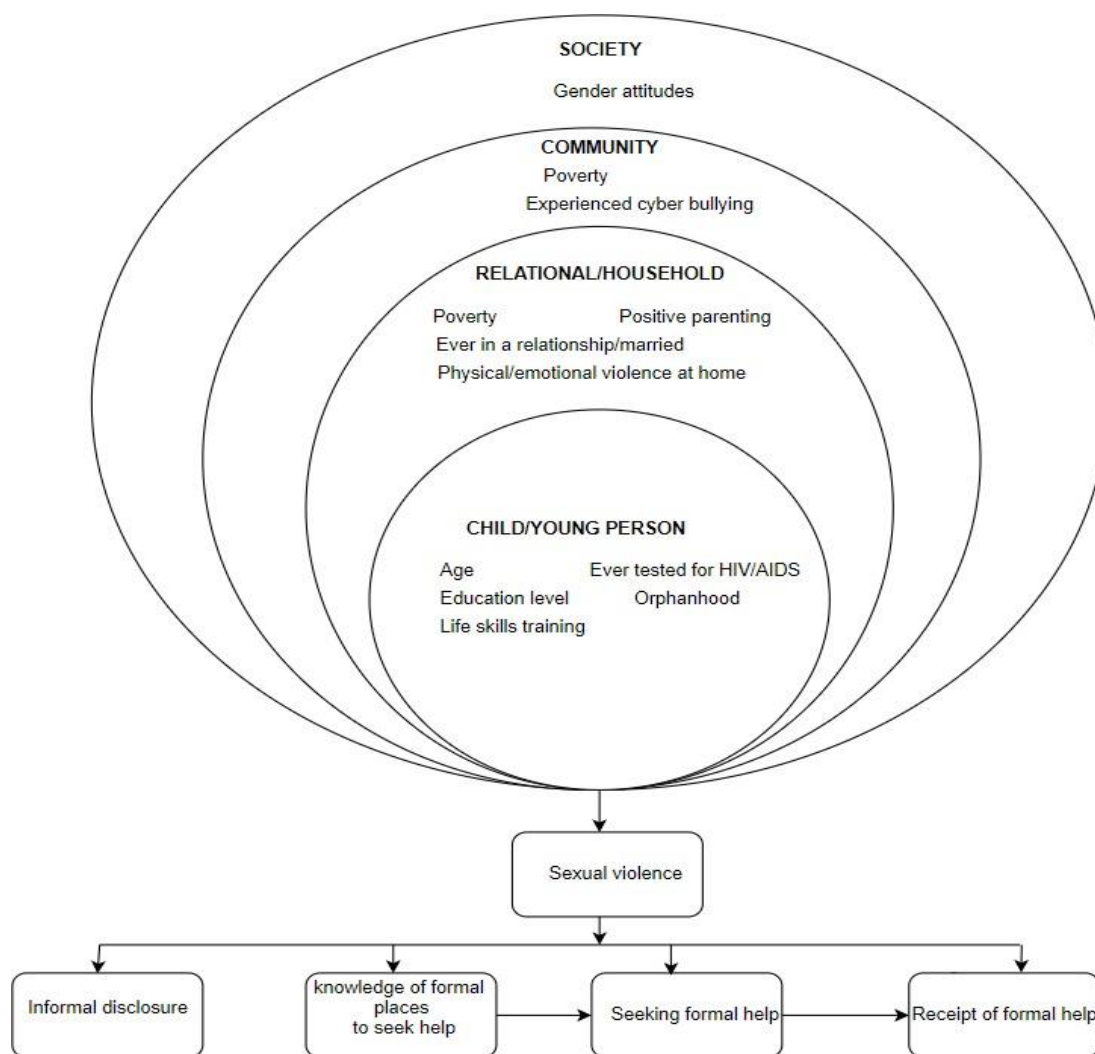
To create safe and enabling school environment, a Ugandan Non-Governmental Organization, *Raising Voices*, developed The Good School Toolkit. This toolkit was designed to reduce violence perpetrated against 11 to 14-year-old children by schoolstaff through fostering a positive relationship between students and authority figures as well as building a conducive school environment. Testing of The Good School Toolkit in 42 schools in Luwero District of Uganda, found the intervention to be effective in reducing levels of violence against children by school staff (Devries et al., 2015) Other approaches seek to improve the knowledge of children and youth on ways of protecting themselves from sexual violence. One such approach is the 'No Means No' *IMPower* programme rolled out in Nairobi, Kenya.

This intervention is aimed at improving the emotional self-efficacy of adolescent girls as well as give them self-defense training to reduce their sexual violence risk. An evaluation of this programme showed a 34% increased likelihood of adolescent girls in the intervention arm disclosing sexual violence compared to the control group (Sarnquist et al., 2014). Life and social skills are also a critical component of this strategy. *Stepping Stones*, a life skills training programme has been rolled out globally including South Africa has demonstrated effectiveness in reducing physical and sexual intimate partner violence among males and females aged 15 to 26 years (Jewkes et al., 2014; Paine et al., 2002). This programme, though initially developed primarily as a HIV prevention intervention focuses on gender-based violence, relationship skills, power dynamics in relationships, and assertiveness and it passes across this message mainly through drama and role play.

1.16 Conceptual framework for this study

Based on this review, this study adapted a conceptual framework drawing from the Social determinants of health (SDH) framework, the Socioecological frameworks (Bronfenbrenner, 1979; Campbell et al., 2009; Dahlberg, 2002) and the Inspire Strategies for Violence

Prevention (Ligiero et al., 2019; WHO, 2019, 2022) as shown in **Part B: Figure 6**. The Social Determinants of Health (SDH) framework informed the wider conditions where children and young people are born, grow, work, and live that influence sexual violence experience as well as help-seeking behaviour. The Socioecological model offered guidance on the fact that these social determinants of health occur at multiple levels which interact with each other. The INSPIRE Framework on the other hand offered intervention points for sexual violence prevention and this guided the selection of specific independent or predictor variables for this study.



Part B: Figure 6: The Social Determinants of Health (SDH) framework. Adapted from (Bronfenbrenner, 1979; Dahlberg, 2002; Ligiero et al., 2019)

Part B: Figure 6 demonstrates individual, relational, community and society-level factors as determinants of sexual violence as well as post-violence help-seeking behaviour (disclosure, knowledge of where to seek formal help, seeking formal help and receipt of formal help). The predictors in the model influence sexual violence experience as well as help-seeking behaviour. Additionally, it is vital to note that sexual violence experience does not

always culminate to informal disclosure, having knowledge of formal places to seek help, seeking formal help, and receiving formal help, as it should be the case. Therefore, the illustrated predictors may influence post-violence help-seeking behaviour.

1.17 Methodological Literature Review

Associations can be measured using several approaches. This section analyses the application of regression models with categorical dependent variables. Binary, ordinal and nominal logistic regression methods are discussed (Agresti, 2003).

1.17.1 Binary logistic regression

This method is used when the result variable is binary, thus in instances where there are only two possible values in the dependent or outcome variable (Tranmer & Elliot, 2008). Binary logistic regression therefore measures the relationship between a categorical outcome variable with two possible values and one or more independent/predictor variables. Predictors can be either categorical or continuous. This method helps identify the predictor variables (X) that influence the outcome variable (Y) and characterize the relationship between the outcome and predictor variables (Harrell, 2015a). Binary logistic regression therefore finds numerous applications in analyzing relationships between multiple factors and binary outcome variables.

1.17.2 Ordinal logistic regression

This type of regression model models the relationship between a set of predictor/independent variables and an ordinal outcome variable. An ordinal outcome variable is a variable that has at least three natural ordered groups such as low, medium, and high or none, mild, moderate, and severe (Harrell, 2015b).

1.17.3 Nominal or multinomial logistic regression

Nominal or also known as multinomial logistic regression (MNL) is applied in modelling the relationship between a set of predictor/independent variables and a nominal outcome variable (Agresti, 2003). A nominal variable is one which has at least 3 categories with no natural order (Menard, 2010).

1.17.4 Reporting

The results of these regression models can be reported as odds ratios or coefficients. The odds ratio shows the change in odds when the predictor increases or decreases by one unit.

Therefore, odds ratios can be used to compare the relative probabilities of occurrence of outcome variables and exposure to predictor variables. Furthermore, odds ratios indicate whether a particular exposure is a risk factor for a particular outcome and allow comparison of the magnitude of different risk factors for that outcome (Szumilas, 2010). Regression coefficients, on the other hand, estimate the increase in log probability of outcome per unit increase in exposure. Odds ratios compared to regression coefficients are therefore easier to understand and interpret (Szumilas, 2010).

1.17.5 Conclusion

This study used a binary logistic regression model to assess the association between social determinants and sexual violence/post-violence help-seeking behavior. This is because he had only two outcomes (YES/NO) in his experience of sexual violence. The indicators for asking for help were also all binaries. Knowing where to seek formal assistance (YES/NO), disclose informally (YES/NO), seek formal assistance (YES/NO), or receive formal assistance (YES/NO). The results of these binary logistic regression models were expressed as odds ratios (OR).

1.18 Empirical Literature Review

The purpose of this section is to review studies that have assessed associations between childhood sexual violence, sexual violence help-seeking behavior, and social determinants, to identify gaps and to clarify these associations. Studies included in the review are from the following databases: PUBMED, PLOS, COCHRANE OPENACCESS, GOOGLE SCHOLAR, SPRINGER LINKS, and CINAHL. Search terms included childhood sexual violence or abuse or adolescent sexual violence or behavior when seeking sexual violence or sexual violence or formal support or informal support and social determinants. The literature reviews were supplemented by manually searching for references from included articles. Studies were included provided they examined associations with childhood sexual violence, help-seeking behavior, and social determinants. Studies were excluded from the procedure if they were not written in English, did not have access to the full article, and did not focus on the association between childhood sexual violence and social determinants. Regression analysis is the most used method to assess associations between sexual violence and social determinants. Numerous studies have shown strong and statistically significant associations between social determinants at the

individual, household, community, and societal levels and sexual and post-sexual violence help-seeking behavior (Baiocchi et al., 2019; Boudreau et al., 2018; Breiding et al., 2011; Cerna-Turoff et al., 2021; Hong Le et al., 2014; Kidman & Palermo, 2016; King et al., 2004; K. Y. Lam, 2014; Orindi et al., 2020; Palermo et al., 2019; Pereira et al., 2020).

1.18.1 Individual level determinants

Several studies have shown that several factors at the individual level predispose young people to sexual violence. Early marriage (under age 18), being female, illiteracy, not enrolled in school, belonging to a young age group, alcohol use, poor mental health (Cerna-Turoff et al., 2021; Hong Le et al., 2014; King et al., 2004; Orindi et al., 2020; Palermo et al., 2019). It should be noted that other studies have not found drug and alcohol use as significant predictors of sexual violence (King et al., 2004). Other studies have shown that school enrollment protects emotional self-efficacy which is protective against sexual violence (Baiocchi et al., 2019; Palermo et al., 2019). Studies have also shown that orphanhood are a risk factor for sexual violence. Orphanhood exacerbates established risk factors such as school dropout and create additional risk factors such as limited or no parental supervision (Kidman & Palermo, 2016). Risk factors for sexual violence such as domestic instability, social isolation, poverty, food insecurity, and children not attending school, are more common in orphans than in non-orphans (Breiding et al., 2013; Breiding et al., 2011; Bruce & Hallman, 2008; Krug et al., 2002). A study by (Kidman & Palermo, 2016) found that paternal orphanhood, double orphanhood, and paternal absence are significantly associated with sexual violence in adolescent girls. Other studies have also reported that orphans are more likely than non-orphans to experience forced sexual debut (Pascoe et al., 2010; Thurman et al., 2006). With regards to help-seeking, studies found that being female and older were significantly associated with seeking help after sexual assault, whereas being male was associated with lower rates and less likelihood of disclosure (Boudreau et al., 2018; K. Y. Lam, 2014).

1.18.2 Household or Relationship level determinants

A secondary study by (Fuller-Thomson & Agbeyaka, 2020) used data from the Centers for Disease Control and Prevention (CDC) Brief Risk Factor Surveillance Study (BRFSS) in 2010 and 2012 to examine parental mental illness, parental addiction and parental domestic violence as correlates of childhood sexual abuse. An analysis of the 2010 data showed that 8.5% of males who had experienced all 3 childhood adversities reported to have experienced childhood sexual violence compared to 0.6% of males who had not experienced the 3 adversities. The study also found out that among women, 28.7% reported experiencing

childhood sexual abuse after experiencing all three of the childhood adversities, compared to 2.1% of women who experienced no adversity. The results showed the same trend in the 2012 analysis (Fuller-Thomson & Agbeyaka, 2020). Other studies also linked home instability, reduced maternal warmth, absent fathers, food insecurity, living with a single parent or biological parent and step-parent, and being female to be positively associated with sexual violence (Kidman & Palermo, 2016; Li et al., 2015; Tsai et al., 2011).

A multi-country study by (Palermo et al., 2019) showed that living without a biological father among females in Nigeria and Tanzania was significantly associated with an increased risk of sexual violence. In Nigeria and Malawi, an increasing number of children under 18 years in households was protective against lifetime sexual violence. [Nigeria (Odds Ratio 0.89 (CI: 0.81, 0.98)); Malawi (Odds Ratio 0.75 (CI: 0.59, 0.95))]. (Odds Ratio 1.15 (CI: 1.00, 1.31)). The same study established that for females, high number of male adults in the household was significantly associated with an increased risk of lifetime Sexual Violence in Malawi (Odds Ratio 1.47 (CI: 1.07, 2.01)) whilst an increasing number of female adults in the household was significantly associated with an increased risk of lifetime Sexual Violence in Tanzania (Odds Ratio 1.37 (CI: 1.06, 1.78)). Lastly, female headed households were significantly associated with a decreased risk of lifetime sexual violence among females in Malawi (Odds Ratio 0.47 (CI: 0.26, 0.83) (Palermo et al., 2019). On help-seeking behaviour, studies have shown that increasing number of females in households, absence of fathers in homes and close-parental relationships promoted help-seeking among adolescents and young people (Nguyen et al., 2021; Pereira et al., 2020). On the flip side, living in female-headed households has been associated with poor help-seeking behaviour among males (Pereira et al., 2020).

1.18.3 Society level determinants

Through studies, societal norms have been found to influence sexual violence and post-sexual violence help-seeking behaviour. Some studies in Africa have demonstrated that disclosure of sexual violence experience(s) reduce a girl's marriage prospects and increase the odds of stigmatization and maltreatment by family members and community in general (Agha, 2009; Kathewera-Banda et al., 2005; Lindgren et al., 2005). With respect to boys, other studies showed that boys were less likely to disclose sexual violence due norms around masculinity that expect them to resist sexual advances or deal with such abuse on their own (Fontes & Plummer, 2010; John et al., 2017; Sorsoli et al., 2008). The fear by boys to be viewed

as homosexuals after sexual violence is known to impede disclosure especially given that homosexuality is stigmatized and even criminalized in parts of Africa (Fontes & Plummer, 2010; John et al., 2017; Sorsoli et al., 2008). Moreover, the general culture of silence around sexuality, gender roles, patriarchy are risk factors for sexual violence experience and low disclosure rates (Gagnier & Collin-Vézina, 2016; Holmes et al., 1997; John et al., 2017).

On the association between gender attitudes and sexual violence, studies have demonstrated that inequitable gender attitudes towards women, rape and rapists predict sexual violence (Jewkes et al., 2011; Kalra & Bhugra, 2013; Rodabaugh & Austin, 1981). Normalized corporal punishment on the other hand has also been found to be associated with instances of sexual violence (Afifi et al., 2017; Pandey et al., 2021). Economic strengthening as a form of social protection has been found to be protective against sexual violence. Cash transfers directly target structural barriers like poverty and barriers to education and at the same time help address gender inequality by empowering women. Cash transfers as an avenue to reduce child sexual abuse and exploitation have been rolled out in Tanzania, South Africa, Mali and other parts of the continent and found to be effective in reducing violence (Kilburn et al., 2018; Lees et al., 2021; Little et al., 2021; Palermo et al., 2021).

Other interventions on economic strengthening are coupled with gender norms/equity trainings. In rural South Africa, a microfinance programme was combined with education on HIV/AIDS, gender norms and sexuality. This programme is referred to as IMAGE (Intervention with Microfinance for Aids and Gender Equity). An evaluation of this approach showed a reduction of 50% of physical/sexual violence among the participants (women) compared to the control (Jan et al., 2011; Pronyk et al., 2006; Pronyk et al., 2007). Studies that explored the association between social determinants (individual, family and society level) are summarized in **Part E: Appendix 1**.

1.19 References

- Abramsky, T., Devries, K., Kiss, L., Nakuti, J., Kyegombe, N., Starmann, E., Cundill, B., Francisco, L., Kaye, D., & Musuya, T. (2014). Findings from the SASA! Study: a cluster randomized controlled trial to assess the impact of a community mobilization intervention to prevent violence against women and reduce HIV risk in Kampala, Uganda. *BMC medicine*, 12(1), 1-17.
- Afifi, T. O., Mota, N., Sareen, J., & MacMillan, H. L. (2017). The relationships between harsh physical punishment and child maltreatment in childhood and intimate partner violence in adulthood. *BMC Public Health*, 17(1), 493. <https://doi.org/10.1186/s12889-017-4359-8>
- Agha, S. (2009). Changes in the timing of sexual initiation among young Muslim and Christianwomen in Nigeria. *Archives of Sexual Behavior*, 38(6), 899-908.

- Agresti, A. (2003). *Categorical data analysis*. John Wiley & Sons.
- Baiocchi, M., Friedberg, R., Rosenman, E., Amuyunzu-Nyamongo, M., Oguda, G., Otieno, D., & Sarnquist, C. (2019). Prevalence and risk factors for sexual assault among class 6 female students in unplanned settlements of Nairobi, Kenya: Baseline analysis from the IMPower & Sources of Strength cluster randomized controlled trial. *PLoS One*, *14*(6), e0213359. <https://doi.org/10.1371/journal.pone.0213359>
- Boudreau, C. L., Kress, H., Rochat, R. W., & Yount, K. M. (2018). Correlates of disclosure of sexual violence among Kenyan youth. *Child Abuse Negl*, *79*, 164-172. <https://doi.org/10.1016/j.chiabu.2018.01.025>
- Breiding, M. J., Mercy, J. A., Gulaid, J., Reza, A., & Hleta-Nkambule, N. (2013). A national survey of childhood physical abuse among females in Swaziland. *Journal of epidemiology and global health*, *3*(2), 73-81.
- Breiding, M. J., Reza, A., Gulaid, J., Blanton, C., Mercy, J. A., Dahlberg, L. L., Dlamini, N., & Bamrah, S. (2011). Risk factors associated with sexual violence towards girls in Swaziland. *Bull World Health Organ*, *89*(3), 203-210. <https://doi.org/10.2471/blt.10.079608>
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard university press.
- Bruce, J., & Hallman, K. (2008). Reaching the girls left behind. *Gender & Development*, *16*(2), 227-245.
- Caldera, D., Burrell, L., Rodriguez, K., Crowne, S. S., Rohde, C., & Duggan, A. (2007). Impact of a statewide home visiting program on parenting and on child health and development. *Child Abuse & Neglect*, *31*(8), 829-852.
- Campbell, R., Dworkin, E., & Cabral, G. (2009). An ecological model of the impact of sexual assault on women's mental health. *Trauma Violence Abuse*, *10*(3), 225-246. <https://doi.org/10.1177/1524838009334456>
- Cancian, M., Yang, M.-Y., & Slack, K. S. (2013). The effect of additional child support income on the risk of child maltreatment. *Social Service Review*, *87*(3), 417-437.
- Cassidy, T., Inglis, G., Wiysonge, C., & Matzopoulos, R. (2014). A systematic review of the effects of poverty deconcentration and urban upgrading on youth violence. *Health & place*, *26*, 78-87.
- Cerdá, M., Morenoff, J. D., Hansen, B. B., Tessari Hicks, K. J., Duque, L. F., Restrepo, A., & Diez-Roux, A. V. (2012). Reducing violence by transforming neighborhoods: a natural experiment in Medellín, Colombia. *American journal of epidemiology*, *175*(10), 1045- 1053.
- Cerna-Turoff, I., Fang, Z., Meierkord, A., Wu, Z., Yanguela, J., Bangirana, C. A., & Meinck,

F.(2021). Factors Associated With Violence Against Children in Low- and Middle-Income Countries: A Systematic Review and Meta-Regression of Nationally Representative Data.

Trauma Violence Abuse, 22(2), 219-232.

<https://doi.org/10.1177/1524838020985532>

Cluver, L., Meinck, F., Shenderovich, Y., Ward, C. L., Romero, R. H., Redfern, A., Lombard, C., Doubt, J., Steinert, J., & Catanho, R. (2016). A parenting programme to prevent

abuse of adolescents in South Africa: study protocol for a randomised controlled trial. *Trials*, 17(1), 1-10.

Cluver, L. D., Lachman, J. M., Ward, C. L., Gardner, F., Peterson, T., Hutchings, J. M., Mikton, C., Meinck, F., Tsoanyane, S., & Doubt, J. (2017). Development of a parenting support program to prevent abuse of adolescents in South Africa: Findings from a pilot pre-post study. *Research on Social Work Practice*, 27(7), 758-766.

Dahlberg, L. (2002). Violence: a global public health problem In Krug EG, Dahlberg LL, Mercy JA, Zwi AB, & Lozano R (Eds.), *World report on violence and health* (pp. 1–21). Geneva, Switzerland: World Health Organization.[Google Scholar].

Das, S., Bapat, U., Shah More, N., Alcock, G., Joshi, W., Pantvaidya, S., & Osrin, D. (2013). Intimate partner violence against women during and after pregnancy: a cross-sectional study in Mumbai slums. *BMC Public Health*, 13, 817. <https://doi.org/10.1186/1471-2458-13-817>

Devries, K. M., Knight, L., Child, J. C., Mirembe, A., Nakuti, J., Jones, R., Sturgess, J., Allen, E., Kyegombe, N., & Parkes, J. (2015). The Good School Toolkit for reducing physical violence from school staff to primary school students: a cluster-randomised controlled trial in Uganda. *The Lancet Global Health*, 3(7), e378-e386.

Falb, K. L., Asghar, K., Laird, B., Tanner, S., Graybill, E., Mallinga, P., & Stark, L. (2017). Caregiver parenting and gender attitudes: Associations with violence against adolescent girls in South Kivu, Democratic Republic of Congo. *Child Abuse Negl*, 69, 278-284. <https://doi.org/10.1016/j.chiabu.2017.04.032>

Fontes, L. A., & Plummer, C. (2010). Cultural issues in disclosures of child sexual abuse.

Journal of child sexual abuse, 19(5), 491-518.

Fuller-Thomson, E., & Agbeyaka, S. (2020). A Trio of Risk Factors for Childhood Sexual Abuse: Investigating Exposure to Parental Domestic Violence, Parental Addiction, and Parental Mental Illness as Correlates of Childhood Sexual Abuse. *Soc Work*, 65(3), 266-277. <https://doi.org/10.1093/sw/swaa019>

Gagnier, C., & Collin-Vézina, D. (2016). The disclosure experiences of male child sexual abuse survivors. *Journal of child sexual abuse*, 25(2), 221-241.

Hallfors, D., Cho, H., Rusakaniko, S., Iritani, B., Mapfumo, J., & Halpern, C. (2011).

Supporting adolescent orphan girls to stay in school as HIV risk prevention: evidence from a randomized controlled trial in Zimbabwe. *American journal of public health*, 101(6), 1082-1088.

Harrell, F. E. (2015a). Binary logistic regression. In *Regression modeling strategies* (pp.

219-274). Springer.

Harrell, F. E. (2015b). Ordinal logistic regression. In *Regression modeling strategies* (pp. 311-325). Springer.

Holmes, G. R., Offen, L., & Waller, G. (1997). See no evil, hear no evil, speak no evil: Why do relatively few male victims of childhood sexual abuse receive help for abuse-related issues in adulthood? *Clinical Psychology Review*, 17(1), 69-88.

Hong Le, M. T., Tran, T. D., Nguyen, H. T., & Fisher, J. (2014). Early marriage and intimate partner violence among adolescents and young adults in Viet Nam. *J Interpers Violence*, 29(5), 889-910. <https://doi.org/10.1177/0886260513505710>

Huston, A. C., Miller, C., Richburg-Hayes, L., Duncan, G. J., Eldred, C. A., Weisner, T. S., Lowe, E., Crosby, D. A., Ripke, M. N., & Redcross, C. (2003). New Hope for Families and Children: Five-Year Results of a Program To Reduce Poverty and Reform Welfare.

Jan, S., Ferrari, G., Watts, C. H., Hargreaves, J. R., Kim, J. C., Phetla, G., Morison, L. A., Porter, J. D., Barnett, T., & Pronyk, P. M. (2011). Economic evaluation of a combined microfinance and gender training intervention for the prevention of intimate partner violence in rural South Africa. *Health policy and planning*, 26(5), 366-372.

Jewkes, R., Gibbs, A., Jama-Shai, N., Willan, S., Misselhorn, A., Mushinga, M., Washington, L., Mbatha, N., & Skiweyiya, Y. (2014). Stepping Stones and Creating Futures intervention: shortened interrupted time series evaluation of a behavioural and structural health promotion and violence prevention intervention for young people in

informal settlements in Durban, South Africa. *BMC Public Health*, 14(1), 1325.

<https://doi.org/10.1186/1471-2458-14-1325>

Jewkes, R., Sikweyiya, Y., Morrell, R., & Dunkle, K. (2011). Gender inequitable masculinity and sexual entitlement in rape perpetration South Africa: findings of a cross-sectional study.

PLoS One, 6(12), e29590. <https://doi.org/10.1371/journal.pone.0029590>

John, N. A., Stoebenau, K., Ritter, S., Edmeades, J., Balvin, N., & Unicef. (2017). Gender socialization during adolescence in low-and middle-income countries: Conceptualization, influences and outcomes.

Kalra, G., & Bhugra, D. (2013). Sexual violence against women: Understanding cross-cultural intersections. *Indian J Psychiatry*, 55(3), 244-249. <https://doi.org/10.4103/0019-5545.117139>

Kathewera-Banda, M., Gomile-Chidyaonga, F., Hendriks, S., Kachika, T., Mitole, Z., & White,

S. (2005). Sexual violence and women's vulnerability to HIV transmission in Malawi: a rights issue. *International Social Science Journal*, 57(186), 649-660.

Kearns, M. C., D'Inverno, A. S., & Reidy, D. E. (2020). The Association Between Gender Inequality and Sexual Violence in the U.S. *Am J Prev Med*, 58(1), 12-20.

<https://doi.org/10.1016/j.amepre.2019.08.035>

Kenya, L. O. (2013). CoK. Chief Registrar of the Judiciary.

Kenya, R. o. (2005). Kenya Education Sector Support Programme 2005–2010. In: Ministry of Education Science and Technology Nairobi.

Kidman, R., & Palermo, T. (2016). The relationship between parental presence and child sexual violence: Evidence from thirteen countries in sub-Saharan Africa. *Child Abuse Negl*, 51, 172-180. <https://doi.org/10.1016/j.chiabu.2015.10.018>

Kilburn, K. N., Pettifor, A., Edwards, J. K., Selin, A., Twine, R., MacPhail, C., Wagner, R., Hughes, J. P., Wang, J., & Kahn, K. (2018). Conditional cash transfers and the reduction in partner violence for young women: an investigation of causal pathways using evidence from a randomized experiment in South Africa (HPTN 068). *J Int AIDS Soc*, 21 Suppl 1(Suppl Suppl 1). <https://doi.org/10.1002/jia2.25043>

King, G., Flisher, A. J., Noubary, F., Reece, R., Marais, A., & Lombard, C. (2004). Substance abuse and behavioral correlates of sexual assault among South African adolescents. *Child Abuse Negl*, 28(6), 683-696.

<https://doi.org/10.1016/j.chiabu.2003.12.003>

Krug, E. G., Mercy, J. A., Dahlberg, L. L., & Zwi, A. B. (2002). The world report on violence and health. *The lancet*, 360(9339), 1083-1088.

Kyegombe, N., Abramsky, T., Devries, K. M., Michau, L., Nakuti, J., Starmann, E., Musuya, T., Heise, L., & Watts, C. (2015). What is the potential for interventions designed to prevent violence against women to reduce children's exposure to violence? Findings from the SASA! study, Kampala, Uganda. *Child Abuse & Neglect*, 50, 128-140.

Lam, K. Y. (2014). Factors associated with adolescents' disclosure of sexual abuse experiences in Hong Kong. *J Child Sex Abus*, 23(7), 768-791.

<https://doi.org/10.1080/10538712.2014.950398>

Law, K. (2014). *The Marriage Act of 2014*.

<http://kenyalaw.org:8181/exist/kenyalex/actview.xql?actid=No.%204%20of%202014> Lees,

S., Kyegombe, N., Diatta, A., Zogrone, A., Roy, S., & Hidrobo, M. (2021). Intimate Partner Relationships and Gender Norms in Mali: The Scope of Cash Transfers Targeted to Men to Reduce Intimate Partner Violence. *Violence Against Women*, 27(3-4), 447-469.

<https://doi.org/10.1177/1077801219897853>

Li, N., Zabin, L. S., & Ahmed, S. (2015). The childhood sexual abuse among youth in three Asian cities: Taipei, Shanghai, and Hanoi. *Asia Pac J Public Health*, 27(2), Np1566- 1577.

<https://doi.org/10.1177/1010539512471968>

Ligiero, D., Hart, C., Fulu, E., Thomas, A., & Radford, L. (2019). What Works to Prevent Sexual Violence Against Children.

Lindgren, T., Rankin, S. H., & Rankin, W. W. (2005). Malawi women and HIV: socio-cultural factors and barriers to prevention. *Women & health*, 41(1), 69-86.

Little, M. T., Roelen, K., Lange, B. C. L., Steinert, J. I., Yakubovich, A. R., Cluver, L., & Humphreys, D. K. (2021). Effectiveness of cash-plus programmes on early childhood

outcomes compared to cash transfers alone: A systematic review and meta-analysis in low- and middle-income countries. *PLoS Med*, 18(9), e1003698.

<https://doi.org/10.1371/journal.pmed.1003698>

Macleod, S., Schwebke, K., Hawkins, K., Ruiz, J., Hoo, E., & Yeh, C. S. (2018). Need for Comprehensive Health Care Quality Measures for Older Adults. *Population Health Management*, 21(4), 296-302. <https://doi.org/10.1089/pop.2017.0109>

Marmot, M., & Wilkinson, R. (2005). *Social determinants of health*. Oup Oxford.

Matofari, F. N. (2021). Teachers' and Students' Support for Corporal Punishment-A Practice Outlawed by the Government of Kenya. *J Interpers Violence*, 36(19-20), Np11070- np11086. <https://doi.org/10.1177/0886260519877949>

Menard, S. (2010). *Logistic regression: From introductory to advanced concepts and applications*. Sage.

Miller, K. S., Winskell, K., Pruitt, K. L., & Saul, J. (2015). Curriculum development around parenting strategies to prevent and respond to child sexual abuse in sub-Saharan Africa: a program collaboration between families matter! And global dialogues. *Journal of child sexual abuse*, 24(8), 839-852.

Mweru, M. (2010). Why are Kenyan teachers still using corporal punishment eight years after a ban on corporal punishment? *Child abuse review*, 19(4), 248-258.

Nakpodia, E. D. (2010). Teachers' disciplinary approaches to students' discipline problems in Nigerian secondary schools. *International NGO journal*, 5(6), 144-151.

Nguyen, K. H., Kress, H., Atuchukwu, V., Onotu, D., Swaminathan, M., Ogbanufe, O., Msungama, W., & Sumner, S. A. (2021). Disclosure of Sexual Violence Among Girls and Young Women Aged 13 to 24 Years: Results From the Violence Against Children Surveys in Nigeria and Malawi. *J Interpers Violence*, 36(3-4), Np2188-2204np.

<https://doi.org/10.1177/0886260518757225>

Odwe, G., Undie, C. C., & Obare, F. (2018). Attitudes towards help-seeking for sexual and gender-based violence in humanitarian settings: the case of Rwamwanja refugee settlement scheme in Uganda. *BMC Int Health Hum Rights*, 18(1), 15.

<https://doi.org/10.1186/s12914-018-0154-6>

Olds, D. L., Eckenrode, J., Henderson, C. R., Kitzman, H., Powers, J., Cole, R., Sidora, K., Morris, P., Pettitt, L. M., & Luckey, D. (1997). Long-term effects of home visitation on maternal life course and child abuse and neglect: Fifteen-year follow-up of a randomized trial. *Jama*, 278(8), 637-643.

Organization, W. H. (2008). *Social determinants of health*.

Orindi, B. O., Maina, B. W., Muuo, S. W., Birdthistle, I., Carter, D. J., Floyd, S., & Ziraba, A.

(2020). Experiences of violence among adolescent girls and young women in Nairobi's informal settlements prior to scale-up of the DREAMS Partnership: Prevalence, severity and predictors. *PLoS One*, 15(4), e0231737. <https://doi.org/10.1371/journal.pone.0231737>

Ozer, E. J., Fernald, L. C., Manley, J. G., & Gertler, P. J. (2009). Effects of a conditional cashtransfer program on children's behavior problems. *Pediatrics*, 123(4), e630-e637.

Paine, K., Hart, G., Jawo, M., Ceesay, S., Jallow, M., Morison, L., Walraven, G., McAdam, K., & Shaw, M. (2002). 'Before we were sleeping, now we are awake': Preliminary evaluation of the Stepping Stones sexual health programme in The Gambia. *Afr J AIDS Res*, 1(1), 39-50. <https://doi.org/10.2989/16085906.2002.9626543>

Palermo, T., Pereira, A., Neijhoft, N., Bello, G., Buluma, R., Diem, P., Aznar Daban, R., Fatoumata Kaloga, I., Islam, A., Kheam, T., Lund-Henriksen, B., Maksud, N., Maternowska, M. C., Potts, A., Rottanak, C., Samnang, C., Shawa, M., Yoshikawa, M., & Peterman, A. (2019). Risk factors for childhood violence and polyvictimization: Across-country analysis from three regions. *Child Abuse Negl*, 88, 348-361. <https://doi.org/10.1016/j.chiabu.2018.10.012>

Palermo, T., Prencipe, L., & Kajula, L. (2021). Effects of Government-Implemented Cash PlusModel on Violence Experiences and Perpetration Among Adolescents in Tanzania, 2018–2019. *Am J Public Health*, 111(12), 2227-2238. <https://doi.org/10.2105/ajph.2021.306509>

Pandey, A. R., Neupane, T., Chalise, B., Shrestha, N., Chaudhary, S., Dhungana, R. R., & Bista, B. (2021). Factors associated with physical and sexual violence among school-going adolescents in Nepal: Findings from Global School-based Student Health Survey. *PLoS One*, 16(3), e0248566. <https://doi.org/10.1371/journal.pone.0248566>

Pascoe, S., Langhaug, L., Durawo, J., Woelk, G., Ferrand, R., Jaffar, S., Hayes, R., & Cowan, F. (2010). Increased risk of HIV-infection among school-attending orphans in rural Zimbabwe. *AIDS care*, 22(2), 206-220.

Pereira, A., Peterman, A., Neijhoft, A. N., Buluma, R., Daban, R. A., Islam, A., Kainja, E. T. V., Kaloga, I. F., Kheam, T., Johnson, A. K., Maternowska, M. C., Potts, A., Rottanak, C., Samnang, C., Shawa, M., Yoshikawa, M., & Palermo, T. (2020). Disclosure, reporting and help seeking among child survivors of violence: a cross-country analysis. *BMC Public Health*, 20(1), 1051. <https://doi.org/10.1186/s12889-020-09069-7>

Pronyk, P. M., Hargreaves, J. R., Kim, J. C., Morison, L. A., Phetla, G., Watts, C., Busza, J., & Porter, J. D. (2006). Effect of a structural intervention for the prevention of intimate-partner violence and HIV in rural South Africa: a cluster randomised trial. *The lancet*, 368(9551), 1973-1983.

Pronyk, P. M., Hargreaves, J. R., & Morduch, J. (2007). Microfinance programs and better health: prospects for sub-Saharan Africa. *Jama*, 298(16), 1925-1927.

Pulerwitz, J., Martin, S., Mehta, M., Castillo, T., Kidanu, A., Verani, F., & Tewolde, S. (2010). Promoting gender equity for HIV and violence prevention: results from the male norms initiative evaluation in Ethiopia. *Washington, DC: PATH*.

Reynolds, A. J., Temple, J. A., Ou, S.-R., Arteaga, I. A., & White, B. A. (2011). School-based early childhood education and age-28 well-being: Effects by timing, dosage, and subgroups. *Science*, 333(6040), 360-364.

Rodabaugh, B. J., & Austin, M. (1981). *Sexual assault: A guide for community action*. Garland/STPM Press New York.

Sarnquist, C., Omondi, B., Sinclair, J., Gitau, C., Paiva, L., Mulinge, M., Cornfield, D. N., & Maldonado, Y. (2014). Rape prevention through empowerment of adolescent girls. *Pediatrics*, 133(5), e1226-1232. <https://doi.org/10.1542/peds.2013-3414>

Sim, A., Annan, J., Puffer, E., Salhi, C., & Betancourt, T. (2014). Building happy families: Impact evaluation of a parenting and family skills intervention for migrant and displaced Burmese families in Thailand. *New York: International Rescue Committee*.

Sim, A., Puffer, E., Green, E., Chase, R., Zayzay, J., Garcia-Rolland, E., & Boone, L. (2014). Parents make the difference: findings from a randomized impact evaluation of a

parenting program in rural Liberia. *New York: International Rescue Committee.*

Solar, O., & Irwin, A. (2010). *A conceptual framework for action on the social determinants of health.*

Sorsoli, L., Kia-Keating, M., & Grossman, F. K. (2008). " I keep that hush-hush": Male survivors of sexual abuse and the challenges of disclosure. *Journal of Counseling Psychology, 55*(3), 333.

Sumner, S. A., Mercy, J. A., Saul, J., Motsa-Nzuza, N., Kwesigabo, G., Buluma, R., Marcelin, L. H., Lina, H., Shawa, M., & Moloney-Kitts, M. (2015). Prevalence of sexual violence against children and use of social services—seven countries, 2007–2013. *Morbidity and Mortality Weekly Report, 64*(21), 565.

Szumilas, M. (2010). Explaining odds ratios. *Journal of the Canadian academy of child and adolescent psychiatry, 19*(3), 227.

Thurman, T. R., Brown, L., Richter, L., Maharaj, P., & Magnani, R. (2006). Sexual risk behavior among South African adolescents: is orphan status a factor? *AIDS and Behavior, 10*(6), 627-635.

Tranmer, M., & Elliot, M. (2008). Binary logistic regression. *Cathie Marsh for census and survey research, paper, 20.*

Tsai, A. C., Leiter, K., Heisler, M., Iacopino, V., Wolfe, W., Shannon, K., Phaladze, N., Hlanze, Z., & Weiser, S. D. (2011). Prevalence and correlates of forced sex perpetration and victimization in Botswana and Swaziland. *Am J Public Health, 101*(6), 1068-1074.
<https://doi.org/10.2105/ajph.2010.300060>

UNICEF. (2017). *Preventing and Responding to Violence Against Children and Adolescents*. Usdin, S., Scheepers, E., Goldstein, S., & Japhet, G. (2005). Achieving social change on gender-based violence: a report on the impact evaluation of Soul City's fourth series. *Social science & medicine*, 61(11), 2434-2445.

Vandenhoudt, H., Miller, K. S., Ochura, J., Wyckoff, S. C., Obong'o, C. O., Otwoma, N. J., Poulsen, M. N., Menten, J., Marum, E., & Buvé, A. (2010). Evaluation of a US evidence-based parenting intervention in rural Western Kenya: from parents matter! To families matter! *AIDS Education and Prevention*, 22(4), 328.

Wado, Y. D., Mutua, M. K., Mohiddin, A., Ijadunola, M. Y., Faye, C., Coll, C. V. N., Barros, A. J. D., & Kabiru, C. W. (2021). Intimate partner violence against adolescents and young women in sub-Saharan Africa: who is most vulnerable? *Reprod Health*, 18(Suppl 1), 119. <https://doi.org/10.1186/s12978-021-01077-z>

Wamoyi, J., Ranganathan, M., Mugunga, S., & Stöckl, H. (2022). "It Gives You a Feeling of Pride when You Touch Her": The Role of Masculinity in Sexual Harassment of Adolescent Schoolgirls in Tanzania. *J Interpers Violence*, 8862605221080957. <https://doi.org/10.1177/08862605221080957>

Wethington, H. R., Hahn, R. A., Fuqua-Whitley, D. S., Sipe, T. A., Crosby, A. E., Johnson, R. L., Liberman, A. M., Mościcki, E., Price, L. N., & Tuma, F. K. (2008). The effectiveness of interventions to reduce psychological harm from traumatic events among children and adolescents: a systematic review. *American journal of preventive medicine*, 35(3), 287-313.

WHO. (1999). *Report of the consultation on child abuse prevention, 29-31 March 1999*, WHO, Geneva.

WHO. (2014). *Violence against women: Intimate partner and sexual violence against women: Intimate partner and sexual violence have serious short-and long-term physical, mental and sexual and reproductive health problems for survivors: Fact sheet*.

WHO. (2019). *INSPIRE handbook: Action for implementing the seven strategies for ending violence against children*. World Health Organization.

WHO. (2022). *INSPIRE: seven strategies for ending violence against children: uptake between 2016 and 2021*.

Willie, T. C., & Kershaw, T. S. (2019). An ecological analysis of gender inequality and intimate partner violence in the United States. *Prev Med*, 118, 257-263. <https://doi.org/10.1016/j.ypmed.2018.10.019>

PART C: JOURNAL MANUSCRIPT

Proposed Journal: BMC Public Health

Understanding social determinants of sexual violence experiences and post-violence help-seeking behaviour among adolescents and young people in Kenya Denis, Okova¹

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Abstract

Background

Sexual violence against adolescents and youth remains unacceptably high in Kenya and this is a public health concern given that sexual violence is a known risk factor for HIV transmission. This is worrying because Kenya has the third largest HIV epidemic globally and it has been reported that almost half of the new HIV infections occur among adolescents and young people. This points to the need to invest in sexual violence prevention. However, this is only possible if predictors and risk factors as well as care pathways of sexual violence are extensively researched to inform relevant policy. This study explores the cascades of sexual violence and help-seeking in addition to exploring their associations with social determinants.

Methods

Using Kenya's 2019 nationally representative Violence Against Children Survey (VACS), this study mapped out the cascade of sexual violence starting with experience of lifetime events of sexual violence among 13 to 24 year-old young men and women to disclosure, having knowledge of places to seek formal help, seeking formal help and receipt of formal help. Logistic regression models were then fitted to predict past-year sexual violence and lifetime informal disclosure of sexual violence among young women. The outcome and predictor variables were binary in nature.

Results

This study had 1344 female and 788 male participants. Compared to young men, young women reported a higher prevalence of lifetime sexual violence (25.2% versus 11.4%). For these lifetime experiences of sexual violence, more young women than young men informally disclosed these acts (45.1% versus 22.7%). After sexual violence experiences, 33.7% of young women and 33.1% of young men had knowledge of where to seek formal seek while more young women than young men sought formal help after sexual violence experience (11.3% versus 6.8%). Endorsement of gender inequitable attitudes [AOR 3.07 (1.10–8.56); p=0.032], experiencing emotional violence at home [AOR 2.11 (1.17–3.81); p=0.014], and cyberbullying [AOR 5.90 (2.83–12.29);p=0.000] are risk factors for sexual violence among young women. Life skills training [AOR 0.22 (0.07–0.73); p=0.014] and positive parental monitoring [AOR 0.31 (0.10–0.99);p=0.048] are protective against sexual violence among young women. Positive parental monitoring [AOR 3.85 (1.56–9.46);p=0.004] was also associated with increased likelihood of informal disclosure among young women.

Conclusion

There is need to strengthen life skills training and parenting programmes. This study also highlights the need for more research into the role of cyberbullying as an enabler of sexual violence especially with the advent of social media.

1.20 Background

Childhood violence is a global social, public health and human right concern and a development priority (W.H.O, 2014). As of 2016, an estimated 1 billion children thus about 50% of children in the world experienced violence (David-Ferdon et al., 2016). However, it has been argued that the latter reported figures are largely under reported and under acknowledged in developing countries (hide in plain sight) (UNICEF, 2015). Childhood violence can be physical, emotional, or sexual. A six-country study (Cambodia, Haiti, Kenya, Malawi, Nigeria and Tanzania) reported prevalence estimates of childhood violence (Palermo et al., 2019). The latter, study reported lifetime prevalence rates for sexual violence ranging between 6 and 36% and between 50 to 84% for physical violence among children aged 13 to 17 years. For Kenya, the lifetime prevalence rates for sexual violence were 13% among males and 24% among females (Palermo et al., 2019).

As of 2019, it was estimated that 5 in every 10 children experienced or witnessed physical, sexual, or emotional violence, while 1 in every 4 children experienced sexual violence (Together for Girls 2019). Children exploitation in Africa indicated that childhood sexual violence estimates lied between 22% and 38% for girls and 9% and 17% for boys (Together for Girls 2019). A separate report by *Together for Girls* indicated that the prevalence rates of forced sex among girls aged 15 to 19 years in Zimbabwe, Malawi, Rwanda, Tanzania, Zambia, Kenya was 41%, 38%, 29%, 27%, 26% and 24 % respectively (Together for Girls 2019).

Childhood sexual violence has multiple risk factors. Risk factors of childhood sexual violence include but are not limited to prior victimization of child or their family member, concurrent forms of abuse in the child's environment, parental problems, parenting problems, non-nuclear family structure, child problems like mental health issues, and being female (Assink et al., 2019). Sexual violence has dire consequences. There exists a strong association between sexual violence and sexually transmitted infections, and HIV (Andersson et al., 2008). Individuals exposed to violence are also more likely to engage in risky behaviours such as having multiple sexual partners, early sexual debut, erratic condom use, drug or alcohol abuse (Gini & Pozzoli, 2013; Hillis et al., 2016; Lippus et al., 2020).

Without doubt, thus violence against children is a big problem for countries with HIV epidemics. For this reason, such countries have adopted violence prevention strategies as

one of the means to fight the HIV epidemic. In 2015, the Kenyan government in conjunction with PEPFAR launched the DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored & Safe) program targeting adolescent girls and young women (AGYW) living in high HIV prevalence areas. The intentions of the latter initiative aimed at lowering the risk of sexual violence and HIV through education subsidies, HIV and violence prevention education, and financial literacy education (Abdool Karim et al., 2017; Gourlay et al., 2019). Childhood violence has also been associated with mental health problems such as depression, anxiety, post-traumatic stress disorders, mood disorder, and suicide ideation (Benjet et al., 2010; Devries et al., 2011; Kessler et al., 2010).

VACS have been implemented in several countries including but not limited to Kenya, Swaziland, Zambia, Zimbabwe, Uganda, Zimbabwe, Botswana, Tanzania, Haiti, Laos, Cambodia, and Indonesia. Kenya has conducted two Violence Against Children Surveys (VACS), the first-ever in 2010 and the second one in 2019. These 2 data sets are the only nationally and sub-nationally representative statistics available on childhood violence (Nace et al., 2021). Between 2010 and 2019, Kenya has stepped up childhood violence prevention efforts. However, as of 2019, the prevalence rate of childhood sexual violence was 16% for females and 6% for males. 3 out of 5 women who experienced sexual violence reported multiple incidents before the age of 18 while 90% of females aged 18 to 24 years who experienced sexual violence didn't seek help (National AIDS Control Council of Kenya 2018). These figures are still worrying. Given that sexual violence fuels HIV transmission, (Andersson et al., 2008; Lippus et al., 2020) childhood sexual violence in Kenya is a development priority since 49% of new HIV infections in Kenya occur among adolescents and young people who make up 12% of all people living with HIV (PLHIV) (Ministry of Labour and Social Protection 2021).

As a result, there is need to continuously evaluate associations between childhood sexual violence and the associated factors to provide more evidence to sustain violence prevention strategies. Additionally, an increased understanding of the correlates on help-seeking behaviour among victims of childhood sexual violence will offer more insights on how to promote help-seeking post-violence as well as improve the design of interventions to promote access to medical, psychological and legal services to survivors of childhood sexual violence. To our knowledge, studies are yet to comprehensively use nationally and sub-nationally representative data to explore associations between childhood sexual violence, help-seeking behaviour and social determinants. This study will add knowledge to existing literature and

analyses presented in VACS reports by: 1) Mapping out the cascades for sexual violence experiences and post-violence help-seeking among adolescents and youth in Kenya, 2) Assessing the association between social determinants and sexual violence among adolescents and youth in Kenya, and, 3) Examining the association between social determinants and sexual violence help-seeking behaviour among adolescents and youth in Kenya.

1.21 Methods

1.21.1 Data

This study utilized Kenya's 2019 Violence Against Children Survey (VACS) data. VACS are nationally representative, cross-sectional household surveys targeting females and males aged 13 to 24 years focusing on measures of emotional, physical, and sexual violence. The 2019 VACS assessed 1344 females and 788 males. In this survey, 18 to 24 years old males and females reported on lifetime and past 12 months experiences of emotional, physical, and sexual violence. VACS utilize a three-stage cluster sampling approach with random selection of enumeration areas as the first stage, followed by households at the second stage and selection of an eligible participant from the chosen household as the third stage. The sampling was conducted without replacement. The data set, which is available for public use was obtained from U.S Center for Disease Control and Prevention (CDC).

1.21.2 Outcome variables

This study has two outcome variables: past year sexual violence experience and lifetime post-violence help-seeking behaviour, both of which are binary. To measure sexual violence, 13-24 year-old young men and women were asked if they had ever been subjected to unwanted sexual touching, attempted forced sex, physically forced sex, pressured sex, or alcohol-facilitated forced sex. If participants had experienced any one of the above forms of sexual violence in the past year, they were considered to have experienced sexual violence.

Post-violence help-seeking behaviour was assessed by four domains; informal disclosure, knowledge of where to seek formal help, seeking formal help, and receipt of formal help. For disclosure, respondents who had been subject to unwanted sexual experiences were asked whether they told anyone of these experiences. Knowledge of where to seek formal help was assessed by a question asking whether respondents knew of a hospital/clinic, police station, helpline, social welfare, or legal office to seek help after experiencing sexual violence. To measure seeking formal help, respondents were asked whether they sought help from any

of these formal places. The respondents who sought help from these places were then asked if they received help from these formal places; this assessed receipt of formal help. All the 4 help-seeking variables are binary.

1.21.3 Determinants of sexual violence and help-seeking behaviour

Based on the social determinants of health framework, and the Socioecological model as adapted by (Das et al., 2013) to measure determinants of intimate partner violence in India and by CDC (Ligiero et al., 2019; WHO, 2019, 2022) to design violence prevention strategies this study explored 7 social determinants in this study. These predictor variables were selected after a comprehensive review of literature and data availability. To attenuate potential temporal precedence bias, this study tried where possible to situate the predictors before the outcomes. The key predictors for sexual violence were: positive parental monitoring, life skills training, cyberbullying, experience of physical violence at home, experience of emotional violence at home and, gender norms (endorsement of gender inequitable attitudes and acceptability of wife-beating/Intimate Partner Violence).

Part C: Table 1: Definition of variables

Variables	Definition
Outcome variables	
Sexual violence(YES/NO)	<p>A composite variable was created from the following questions:</p> <p>Unwanted touching Has anyone ever touched you in a sexual way without your permission, but did not try and force you to have sex? Touching in a sexual way without permission includes fondling, pinching, grabbing, or touching you on or around your sexual body parts. Attempted forced Sex Has a boyfriend/romantic partner, ex-boyfriend/romantic partner, husband, or ex-husband ever tried to make you have sex against your will but did not succeed?</p> <p>Has anyone [else] ever tried to make you have sex against your will but did not succeed? If the individual did not have an intimate partner: They might have tried to physically force you to have sex or they might have tried to pressure you to have sex through harassment or threats.</p> <p>Pressured or coerced Sex Has a boyfriend/romantic partner, ex-boyfriend/romantic partner, husband, or ex-husband ever pressured you to have sex, through harassment or threats and did succeed?</p> <p>Has anyone [else] ever pressured you to have sex, through harassment or threats and did succeed?</p>

	<p>Physically forced sex Has a boyfriend/romantic partner, ex-boyfriend/romantic partner, husband, or ex-husband ever physically forced you to have sex and did succeed?</p> <p>Has anyone [else ever physically forced you to have sex against your will and did succeed?</p>
Informal disclosure (YES/NO)	Did you tell anyone about any of these experiences?
Knowledge of where to seek formal help (YES/NO)	Thinking about all your unwanted sexual experiences, did you know a hospital/clinic, police station, helpline, social welfare, or legal office to go for help?
Sought formal help (YES/NO)	Did you try to seek help from any of these places for any of these experiences?
Receipt of formal help (YES/NO)	Did you receive any help for any of these experiences from a hospital/clinic, police station, helpline, social welfare or legal office?
Predictor variables	
Experienced cyberbullying in the past year (YES/NO)	Sometimes, children or young people say or do hurtful or nasty things to someone, and this can happen by mobile phones (texts, calls, video clips), or online (email, instant messaging, social networking, chatrooms). In the past 12 months, has anyone ever treated you in a hurtful or nasty way online or via mobile phone?
Received life skills training in the past year (YES/NO)	<p>A composite variable was created from the following questions:</p> <p>During this school year, were you taught in any of your classes any of the following: How to manage anger? How to avoid physical fights and violence? How to avoid bullying?</p>
Experience of physical violence at home binary variable (YES/NO).	<p>A composite variable was created from the following questions</p> <p>Has a parent, adult caregiver, or other adult relative ever: A. slapped, pushed, shoved, shaken, or intentionally thrown something at you to hurt you?</p>

	<p>punched, kicked, whipped, or beaten you with an object? choked, suffocated, tried to drown you, or burned you intentionally? used or threatened you with a knife, gun or other weapon?</p>
Experience of emotional violence at home (YES/NO)	<p>A composite variable was created from the following questions:</p> <p>Has a parent, adult caregiver or other adult relative ever: told you that you were not loved, or did not deserve to be loved? said they wished you had never been born or were dead? ever ridiculed you, put you down, or insulted you: for example, said that you were stupid or useless?</p>
Positive parental monitoring (YES/NO)	<p>A composite variable was created from the following questions:</p> <p>How much does/did your father, mother or caregiver really know the following things – does/did he/she know a lot, a little, or nothing? Who your friends are/were? How you spend/spent your money? Where you go/went after school? Where you go/went at night? What you do/did with your free time?</p>
Endorsement of gender inequitable attitudes (YES/NO)	<p>A composite variable was created from the following questions:</p> <p>Only men, not women, should decide when to have sex? If someone insults a boy or man, he should defend his reputation with force if he needs to? There are times when a woman should be beaten? Women who carry condoms have sex with a lot of men? A woman should tolerate violence to keep her family together?</p>
Endorsement of wife-beating/intimate partner violence (YES/NO)	<p>A composite variable was created from the following questions:</p> <p>In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children?</p>

	If she argues with him? If she refuses to have sex with him? If she burns the food?
Control variables	
Age (Continuous)	How old are you?
Ever married or be in a relationship (YES/NO)	Have you ever been married or lived with someone as if you were married?
Education status (Primary/More than primary)	What is the highest level of schooling you have completed?
Ever tested for HIV/AIDS (YES/NO)	Have you ever been tested for HIV?
Any Orphanhood (YES/NO)	A composite variable was created from the following questions: Is your biological mother still alive? Is your biological father still alive?
Household Poverty (LOW/HIGH)	A wealth index was created using principal component analysis of asset ownership and living conditions. The wealth index variable was then transformed into a binary variable with the two lowest quintile being proxies for poverty.

1.21.4 Data Analysis

All analyses for this study were conducted by STATA version 17 (Stata Corp, Texas, United States) and adjusted for clustering. Analyses was conducted only for individuals who reported experiencing childhood sexual violence and had no missing values. Descriptive data, stratified by sex was presented using the provided sample weights. An analysis of the prevalence of sexual violence (both lifetime and past year events) and help-seeking behaviour was conducted for both sexes.

Univariate analyses of each selected predictor variable and bivariate analysis with the outcome(s) were conducted. Independent variables with a p value of less than 0.1 were considered significant and thus included in the final model. A multivariate logistic model was then fitted to test the association between social determinants and past year sexual violence among young women while adjusting for age, ever being married or in a relationship, education status, ever tested for HIV/AIDS, any orphanhood and household poverty. Such a model was not fitted for young men due to sample size limitations.

Another multivariate logistic model was fitted for informal disclosure (for lifetime events) and social determinants while adjusting for age. Age was the only control variable in this model due to sample size limitations. Models were not fitted to predict knowledge of where to seek formal help, seeking formal help and receipt of formal help due to sample size limitations. Multivariate logistic models for help-seeking behaviour were not fitted for males due to sample size limitations. From the multivariate models, adjusted odds ratios (aOR) and 95% Confidence Intervals (CI) were reported.

1.22 Results

Part C: Table 2: Weighted descriptive statistics of sociodemographic characteristics, past year and lifetime sexual violence forms and predictor variables for young men and women

Variables	FEMALES Weighted% (95% CI)	N	MALES Weighted% (95% CI)	N
Sociodemographic				
Age	28.8 (25.8-31.8)	1344	26.7 (23.5-30.2)	788
13-15	16.1 (13.9-18.7)		19.3 (16.7-22.2)	
16-17	34.1 (30.3-38.1)		36.1 (30.9-41.7)	
18-21	21 (18.7-25.4)		17.9 (13.8-22.9)	
22-24				
Ever married or be in a relationship	20.9 (18.3-23.7)	1315	5.5 (4.3-7.2)	778
Primary	45.3 (41.6-49.1)	1344	41.9 (36.8-47.2)	788
More than Primary	54.6 (50.8-58.4)		58.1 (52.8-63.2)	
Ever tested for HIV/AIDS	35.2 (32.4-38.2)	1330	41.9 (36.8-47.2)	778
Any Orphanhood	23.4 (20.2-26.8)	1300	22.0 (17.9-26.7)	774
Household Poverty	43.1 (38.6-47.7)	1344	36.9 (29.7-44.8)	788
Predictors				
Experienced cyber bullying	30.0 (26.7-33.4)	1330	26.8 (22.1-32)	783
Received life skills training [Anger management- bullying avoidance- violence avoidance]	20.8 (17.9-24.0)	1340	21.1 (16.9-26.1)	788
Positive Parental monitoring	28.1 (24.7-31.7)	1313	16.5 (12.2-21.9)	774
Experienced physical violence at home	36.1 (32.4-39.9)	1343	40.2 (34.1-46.6)	787
Experienced emotional violence at home	16.8 (14.4-19.5)	1343	11.5 (8.5-15.4)	788

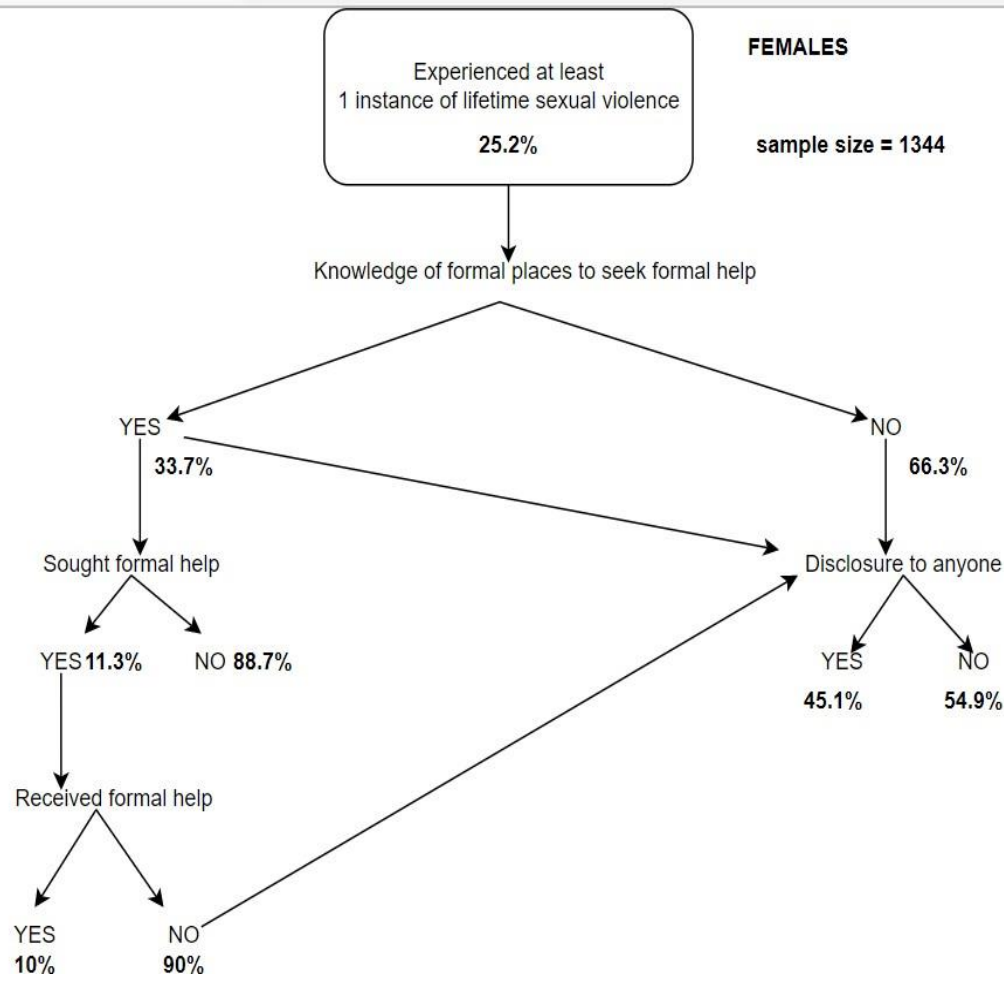
Endorsement of gender inequitable attitudes	61.8 (58.6-64.8)	1310	68.7 (62.6-74.3)	769
Justification of wife beating	49.8 (45.8-53.9)	1312	47.8 (42.2-53.4)	775
Past year sexual violence forms				
Attempted forced sex	4.0 (2.6-6.1)	1228	2.0 (0.9-4.5)	762
Physically forced sex	0.8 (0.4-1.6)	1289	0.8 (0.2-3.5)	777
Pressured Sex	0.7 (0.4-1.0)	1268	0.8 (0.2-3.6)	766
Unwanted touching	3.2 (2.2-4.7)	1254	1.3 (0.7-2.5)	767
Any past year sexual violence	6.2 (4.7-8.1)	1344	3.6 (2.2-6.0)	786
Lifetime sexual violence forms				
Attempted forced sex	15.3 (13.0-17.9)	1343	6.8 (4.3-10.5)	784
Physically forced sex	5.4 (4.0-7.2)	1344	1.8 (0.9-3.8)	786
Pressured sex	6.4 (5.1-8.0)	1344	2.9 (1.5-5.4)	786
Unwanted touching	11.4 (8.9-14.4)	1343	4.7 (3.0-7.1)	784
Any lifetime sexual violence	25.2 (22.4-28.3)	1344	11.4 (9.1-14.1)	787

This study had 1344 female and 788 male participants. 20.9% of young women had ever been married or in a relationship while 54.6% of them had at least secondary education. Among the same demographic, the prevalence of household poverty was 43.1% while orphanhood by either a mother or a father or both was prevalent at 23.4% while 20.8% of females reported having received life skills training in the past year. In terms of potential past year sexual violence predictors, gender norms had the highest frequencies with 61.8% of young women endorsing at least 1 gender inequitable attitudes and 49.8% justifying wife beating (Intimate Partner Violence). With respect to violence at homes, 36.1% and 16.8% of young women reported experiencing physical violence and emotional violence at home respectively. On sexual violence forms, lifetime violence forms had higher frequencies than past year forms. But in both cases, attempted forced sex was the most prevalent form; 4% (past year) and 15.3% (lifetime). Among young men, 68.7% and 47.8% of them endorsed gender inequitable attitudes and wife beating respectively.

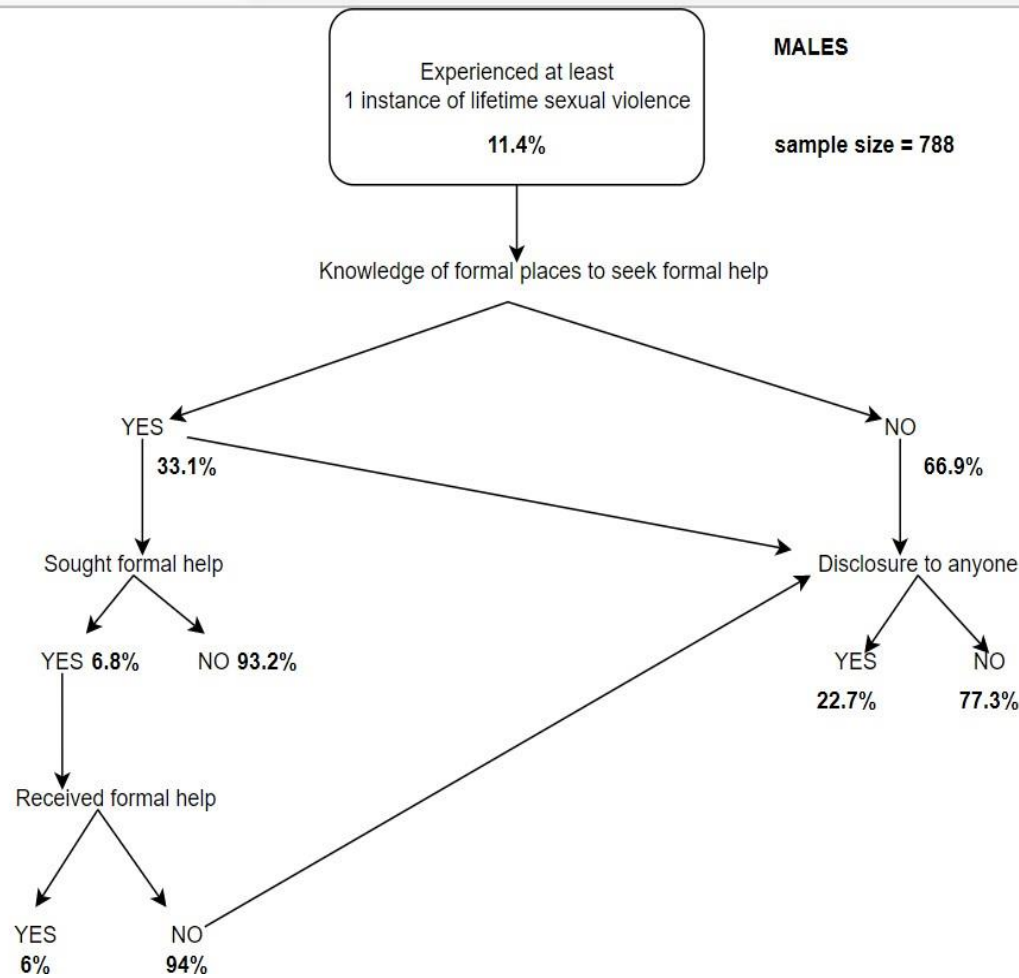
Part C: Table 3: Cascade of lifetime sexual violence experience and help-seeking behavior for males and females

	FEMALES		MALES		P values
	Weighted % (95% CI)	N	Weighted % (95% CI)	N	
Lifetime sexual violence experience	25.2 (22.4-28.3)	1344	11.4 (9.1-14.1)	787	0.000
Knowledge of where to seek formal help	33.7 (28.2-39.7)	299	33.1 (18.0-52.6)	88	0.847
Informal disclosure	45.1 (37.1-53.4)	304	22.7 (12.0-38.9)	88	0.002
Sought formal help	11.3 (7.8-16.1)	299	6.8 (2.3-18.5)	88	0.248
Received formal help	10 (6.5-15.0)	299	6.0 (1.8-18.5)	88	0.360

These results are also presented in the cascade diagram below (**Figure 1 and Figure 2**).



Part C: Figure 1: Cascade of lifetime sexual violence experience and help-seeking behaviour for adolescent girls and young women



Part C: Figure 2: Cascade of lifetime sexual violence experience and help-seeking behaviour for young men.

Compared to males, more females reported a higher prevalence of lifetime sexual violence (25.2% versus 11.4%; $p=0.000$). For these lifetime experiences of sexual violence, more females than males informally disclosed these acts (45.1% versus 22.7%; $p=0.002$). After sexual violence experiences, 33.7% of females and 33.1% of males had knowledge of where to seek formal help ($p=0.847$). More females than males sought formal help after sexual violence experience (11.3% versus 6.8%; $p=0.248$).

Part C: Table 4: Cascade of lifetime sexual violence experience and help-seeking behaviour for adolescent girls and young women by form of sexual violence

	Weighted % (95%CI)	N
Unwanted touching		
Lifetime experience of unwanted touching	11.38 (8.9-14.4)	1343
Knowledge of where to seek formal help	31.3 (25.0-38.4)	131
Informal disclosure	45.6 (32.7-59.1)	135
Sought formal help	9.7 (6.7-14.1)	131
Received formal help	8.0 (5.1-12.4)	131

Attempted rape		
Lifetime experience of attempted rape	15.3 (13.0-17.9)	1344
Knowledge of where to seek formal help	38.4 (30.7-46.8)	172
Informal disclosure	50.8 (42.9-58.7)	172
Sought formal help	13.4 (8.3-20.9)	172
Received formal help	12.6 (7.6-20.2)	172
Rape		
Lifetime experience of attempted rape	5.3 (4.0-7.2)	1344
Knowledge of where to seek formal help	44.4 (34.7-54.5)	67
Informal disclosure	46.8 (38-55.8)	67
Sought formal help	22 (16.5-28.6)	67
Received formal help	19.8 (14.4-26.6)	67
Pressured sex		
Lifetime experience of pressured sex	6.4 (5.1-8.0)	1344
Knowledge of where to seek formal help	39.5 (32.8-46.7)	82
Informal disclosure	33.9 (25.5-43.4)	82
Sought formal help	16.6 (12.6-21.6)	82
Received formal help	15.2 (11.4-19.9)	82

Of the 4 forms of sexual violence, attempted rape and unwanted touching recorded the highest prevalence rates; 15.3% and 11.4% respectively. The rates of informal disclosure were, 45.6%, 50.8%, 46.8% and 33.9% for those who had ever experienced unwanted touching, attempted rape, rape, and pressured sex respectively. The help-seeking cascade for males was omitted due to sample size limitations.

Part C: Table 5: Patterns of sexual violence forms (past year) among adolescent girls and young women by sexual violence predictors

Variables	Unwanted touching	Attempted forced sex	Physically forced sex	Pressured Sex	Any sexual violence form
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Endorsement of gender inequitable attitudes	78.4* (64.0-88.1)	61.8 (39.7-80.0)	83.6 (51.4-96.1)	82 (46.5-96.0)	78.4 (64.0-88.1)
Justification of wifebeating	48.8*** (31.2-66.7)	70.9** (51.2-85.0)	33.8 (9.1-72.2)	24.8 (5.5-65.1)	48.8 (31.2-66.7)
Experienced physical violence at home	50.7 (35.0-66.3)	40.2 (22.1-61.6)	73.8** (35.5-93.5)	78.5** (39.6-95.3)	50.7* (35.0-66.3)
Experienced emotional violence at home	36.6*** (23.5-52.0)	53*** (32.9-72.1)	21.4 (5.4-56.2)	21.8 (5.1-58.9)	36.6*** (23.5-52.0)
Positive Parental monitoring	12.1* (5.8-23.4)	14.3 (3.9-40.5)	7.3 (1.4-31.2)	—	12.1 (5.8-23.4)
Experienced cyber bullying	62.1*** (44.6-76.9)	81.8*** (65.0-91.6)	85.3*** (52.4-96.8)	83.1*** (49.6-96.1)	62.1*** (44.6-76.9)
Life skills training	19.7 (11.1-32.7)	5.6*** (2.0-14.5)	9.1 (1.5-40.2)	8.2 (1.0-45.2)	19.7*** (11.1-32.7)

Confidence intervals in parentheses

*****p<0.01, **p<0.05, * p<0.1**

The blank cells are due to less or no observations.

Those who endorsed gender inequitable attitudes reported high prevalence across all sexual violence forms; 78.4%, 61.8%, 83.6% and 82% for unwanted touching, attempted forced sex, physically forced sex and pressured sex respectively. Moreover, 50.7%, 40.2%, 73.8% and 78.5% of females who reported experiencing physical violence at home were victims of unwanted touching, attempted forced sex, physically forced sex and pressured sex respectively. High prevalence across all sexual violence forms was observed among females who had experienced cyber bullying. 62.1%, 81.8%, 85.3% and 83.1% of females who reported experiencing cyber bullying were victims of unwanted touching, attempted forced sex, physically forced sex and pressured sex respectively.

Part C: Table 6: Logistic model predicting past year sexual violence experience among adolescent girls and young women

	Unwanted touching	Attempted forced sex	Physically forced sex	Pressured Sex	Any form of sexual violence
	aOR (95%CI)	aOR (95%CI)	aOR (95%CI)	aOR (95%CI)	aOR (95%CI)
Predictors					
Endorsement of gender inequitable attitudes	3.07** (1.10–8.56)	0.73 (0.22–2.40)	1.38 (0.17–10.99)	2.69 (0.23–31.38)	1.44 (0.60–3.44)
Justification of wife beating	0.52 (0.20–1.33)	2.01 (0.73–5.53)	1.65 (0.25–11.13)	0.54 (0.07–3.89)	1.24 (0.58–2.67)
Experienced physical violence at home	1.16 (0.46–2.93)	0.82 (0.36–1.90)	3.13 (0.56–17.57)	2.54* (0.95–6.82)	1.13 (0.65–1.97)
Experienced emotional violence at home	2.36 (0.78–7.14)	2.18 (0.83–5.70)	1.34 (0.34–5.35)	3.03 (0.71–12.94)	2.11** (1.17–3.81)
Positive Parental monitoring	0.31** (0.10–0.99)	0.80 (0.20–3.25)	0.20** (0.06–0.70)	–	0.56 (0.18–1.73)
Experienced cyber bullying	3.31** (1.24–8.84)	8.43*** (2.51–28.30)	5.84** (1.05–32.49)	–	5.90*** (2.83–12.29)
Life skills training	0.99 (0.45–2.16)	0.22** (0.07–0.73)	1.70 (0.19–14.98)	–	0.49** (0.26–0.92)
Controls					
Age (Reference category is 13-15)	0.98(0.23-4.16)	–	–	–	0.45 (0.68-3.02)
16-17	0.86 (0.29-2.55)	2.04 (0.45-9.3)	3.8 (1.5-9.4)	1.88 (0.64-5.5)	3.00 (0.72-12.5)
18-21	6.00 (0.47-76.24)	0.38 (0.35-4.16)	–	–	2.52 (0.22-28.4)

20-24					
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Ever married or be in a relationship	0.11** (0.02–0.69)	0.22*** (0.08–0.66)	0.61 (0.13–2.81)	0.13*** (0.03–0.46)	0.31*** (0.14–0.67)
Education level (Ref: Primary)	1.05*** (1.02–1.09)	1.04** (1.01–1.07)	1.04 (0.95–1.13)	0.08*** (0.02–0.37)	1.02 (0.98–1.06)
Ever tested for HIV/AIDS	0.85 (0.27–2.61)	0.57 (0.21–1.58)	0.27* (0.07–1.10)	–	0.89 (0.37–2.13)
Orphanhood	0.52 (0.15–1.84)	0.48 (0.17–1.34)	1.43 (0.46–4.40)	0.41 (0.07–2.25)	0.72 (0.34–1.56)
Household Poverty	0.64 (0.30–1.36)	0.83 (0.34–2.05)	0.58 (0.16–2.06)	0.51 (0.18–1.44)	0.72 (0.37–1.42)

Confidence intervals in parentheses

*****p<0.01, **p<0.05, * p<0.1**

The blank cells are due to less or no observations.

For every unit increase in age, the odds of females experiencing physically forced and pressured sex increased by 1.33 (1.16–1.52; p=0.000) and 2.17 (1.80–2.62; p=0.000) respectively. Girls who had ever been in relationships or married were 0.11 (0.02–0.69; p=0.020), 0.13 (0.03–0.46; p=0.002) and 0.31 (0.14–0.67; p=0.004) times less likely to be victims of unwanted touching, pressured sex and any form of sexual violence, respectively. Females who endorsed inequitable gender attitudes were 3.07 (1.10–8.56; p=0.032) times more likely to experience unwanted sexual touching. Participants who received positive parental monitoring were 0.31 (0.10–0.99; p=0.048) and 0.20 (0.06–0.70; p=0.012) times less likely to be subjected to unwanted touching and physically forced sex respectively.

Females who experienced emotional violence at home were 2.11 (1.17–3.81; p=0.014) times more likely to experience any form of sexual violence than those who did not. Females who had experienced cyberbullying, were 3.31 (1.24–8.84; p=0.017), 8.43 (2.51–28.30; p=0.001), 5.84 (1.05–32.49; p=0.044) and 5.90 (2.83–12.29; 0.000) times more likely to be victims of unwanted touching, attempted forced sex, physically forced sex and any form of sexual violence respectively than those who had not been cyber bullied. Girls who had received training on anger management, and avoidance of physical fights and cyberbullying were 0.22 (0.07–0.73; p=0.014) and 0.49 (0.26–0.92; p=0.028) times less likely to experience attempted forced sex and any form of sexual violence compared to those who had not received that life skills training.

Part C: Table 7: Logistic model predicting Informal disclosure for lifetime sexual violence experiences among adolescent girls and young women

Predictors	Informal disclosure	
	aOR (95%CI)	P-value
Gender norms		
Endorsement of gender inequitable attitudes	1.17 (0.57–2.42)	0.663
Justification of wife beating	0.69 (0.35–1.37)	0.284
Experienced physical violence at home	0.64 (0.35–1.19)	0.153
Experienced emotional violence at home	1.62 (0.80–3.27)	0.172
Positive Parental monitoring	3.85 (1.56–9.46)	0.004
Experienced cyber bullying	2.13 (1.31–3.45)	0.003
Life skills training	0.97 (0.53–1.75)	0.911
Controls		
Age	0.93 (0.85–1.02)	0.130

Females who received positive parental monitoring were almost 4 times 3.85 (1.56–9.46); $p=0.0004$ more likely to informally disclose experiences of lifetime sexual experiences than those who did not. Moreover, girls who experienced cyberbullying were more likely to have knowledge of where to seek formal help, informal disclose, seek formal help, and receive formal help.

1.23 Discussion

This study is a nationally representative cross-sectional study of Kenyan adolescents and youth aged 13–24 years which used pathway models to map the cascade of sexual violence and help-seeking behaviour. Where possible, relevant social determinants were examined at each level of the cascade. The study found that the lifetime prevalence of sexual violence was 25.2% for young women and 11.4% for young men, respectively. This was consistent with other studies done in Low- and Middle-income countries (LMICs) which showed that women were more likely than men to experience sexual violence (Nguyen et al., 2021; Palermo et al., 2019). It should also be noted that the prevalence rates of the VACS 2019 in Kenya is lower than those found in the VACS 2010 (36.2% in young women and 19.7% in young men) (Annor et al., 2022). This decline in prevalence may be attributed to successful programmatic and policy interventions implemented between 2010 and 2019 (Annor et al., 2022).

The study also examined risk and protective factors for sexual violence among young women. This provides intervention areas that can be targeted when developing and strengthening sexual violence prevention strategies. Endorsement of gender inequitable attitudes was significantly associated with unwanted sexual contact. These findings support research by (Jewkes et al., 2011) in South Africa that unfair (male-favouring) views of gender relations enable sexual violence. This is explained by the social entrenchment in society of adversarial sexual beliefs in favour of men and hegemonic masculinity both of which promote males' sexual entitlement (Abbey & McAuslan, 2004; Sikweyiya et al., 2020).

Another risk factor was experience of emotional violence at home. Young women who experienced this were twice as likely to experience any form of sexual violence. This is consistent with other research on the role of domestic instability in enabling sexual violence (Baiocchi et al., 2019; Fuller-Thomson & Agbeyaka, 2020; Li et al., 2015). Emotional violence, as one indicator of home instability, can lead adolescents and young people to leave their homes, seek tranquility in places with poor supervision, and predispose to sexual violence, especially among women who were victims of cyberbullying. Cyber bullying was also a significant risk factor for sexual violence. Young women who had been victims of cyberbullying were about 6 times more likely to be victims of any form of sexual violence. This is consistent with research on the role of research as a mediator in the in the sexual violence cascade where sexually abused youth are more likely to experience subsequent psychological victimization (Hébert et al., 2016). The cyberspace offers a perfect

platform for psychological victimization. Alternatively, Cyberbullying in schools can cause victims to engage in unhealthy coping mechanisms such as missing school and/or engage in drug or alcohol abuse which predispose them to sexual violence.

Life skills training and positive parental monitoring are protective against sexual violence. Young women who had received life skills training (anger management, violence, and bullying avoidance) were less likely to experience any form of sexual violence. This was consistent with the findings of a randomized controlled trial of a life skills training program, *Stepping Stones* implemented in South Africa. This program implemented among 15- to 26-year-olds to promote equal relationship between partners, communication, interpersonal skills, and assertiveness was found to reduce instances of rape, and intimate partner violence (Jewkes et al., 2014; Paine et al., 2002). Age-specific life skills training promotes communication, conflict management and problem-solving skills as well as promote healthy peer relationships. While this can be offered in schools as part of the curriculum it can also be provided in informal settings within communities.

Young women who received positive parental monitoring were less likely to be victims of unwanted touching and physically forced sex respectively. This is in line with research findings on the evaluation of positive parenting programmes such as the *Families / Parents Matter Program* and *Parenting for Lifelong Health (PLH)* which showed that positive parenting may be protective against violence (Cluver et al., 2016). Positive parenting directly protects children and young people from sexual violence through supervision, monitoring, involvement, and communication. Positive parenting, on the other hand, indirectly protects children by fostering their competence, well-being, and emotional self-efficacy, reducing their chances of becoming victims of sexual violence and increasing their ability to respond appropriately to abuse.

Indicators to measure help-seeking behaviour were knowing where to seek formal help, informally disclosing, seeking formal help, and receiving formal help. Knowing where to seek formal help after sexual assault may increase the likelihood to seek help and vice versa. 33.7% of young women and 33.1% of young men, who had experienced sexual violence had knowledge of where to seek formal help. These numbers are slightly higher than those observed in the 2010 Violence Against Children Survey (VACS) (Annor et al., 2022). The increase in knowledge can be attributed to stronger campaigns against sexual violence and improved response services. However, further monitoring is needed to assess how this knowledge of formal places changes over time and how these changes relate to different violence prevention efforts. Disclosing a case of sexual violence is an important step towards obtaining the medical, psychological, and legal services needed by victims. In this study, disclosure varied by gender. Young women reported higher rates of disclosure than young men. This was supported by a study in Kenya using VACS 2010 data. (Boudreau et al., 2018). There was an increased disclosure rate in the VACS 2019 dataset compared to her VACS 2010

dataset results for Kenya. There are several explanations for the lower rate of disclosure in young men compared to young women. The norms surrounding masculinity discourage men from disclosing sexual violence. Such norms expect men to be able to endure or cope with sexual abuse on their own (Easton, 2014). Additionally, the stigmatization and criminalization of homosexuality in most parts of Africa (Taegtmeyer et al., 2013) also limits disclosure because males fear they will be labelled as homosexual (Lehrer et al., 2013).

It is also worth noting that the disclosure rates reported in this study are much lower than those observed in high-income countries (Kogan, 2004; K. Y. I. Lam, 2014; Lippert et al., 2009). Low disclosure rates in Kenya can be attributed to cultural/gender norms which discourage disclosure. These norms shape attitudes towards sexual violence and result in stigma related to disclosure. Moreover, some cultural norms encourage the normalization of sexual violence, which distorts understanding and creates silence among victims (Easton, 2014; Lehrer et al., 2013). Inadequate response and support services can also hinder reporting. In situations where adequate post-violence services are available, children and youth may be unaware of their existence, may not have the resources to access them, or worse, may not be aware that they are supposed to seek help (Boudreau et al., 2018). This study also indicated that girls who received positive parenting were almost four times more likely to disclose an incident of sexual violence than girls who did not. Positive parenting is closely associated with healthy parental involvement and good communication that builds trust between parent and child and may promote disclosure (Rudolph et al., 2018). In addition, positive parenting increases a child's sense of self-efficacy so that they are better prepared to respond appropriately when exposed to sexual violence and this includes disclosure (Rudolph et al., 2018).

1.24 Strengths and limitations

This study has contributed significantly to our understanding of sexual violence among young people in Kenya. This is one of the few studies that used a pathway model to assess help-seeking behaviour after sexual violence experience. This strategy sheds light on ways to improve responses to sexual violence. In addition, the study used composite variables to measure positive parenting, gender attitudes, and life skills training thus yielding more robust results compared to if unidimensional variables were used. This study also accounted for the complex survey design thus making our results nationally representative. Another key strength is that predictors were (as much as possible) situated before the outcomes thus attenuating potential temporal precedence bias. This is also one of the few studies to assess how family-level violence and cyberbullying are associated with sexual violence. Also notably, this study underscores participation in life skills training programmes as a potential intervention in preventing sexual violence among adolescent girls and young women (AGYW).

This study has limitations. First, it was not possible to conclusively assess associations with all domains of help-seeking behaviour due to sample size limitations. This would have painted a better picture of the sexual violence cascade. Perhaps, future research could do pooled analyses and successive Violence Against Children Surveys (VACS) could consider expanding the sample size to boost statistical power of analyses. Second, it is highly likely that the sexual violence and help-seeking prevalence estimates reported in this study were understated maybe due to cultural norms around gender and sex which tend to normalize violence and discourage disclosure and hence leading to underreporting. Third, VACS, being a household survey did not include adolescents and youth living outside of family care (For instance; street connected and institutionalized children) who could be most vulnerable to sexual violence. Fourth, the cross-sectional design of VACS makes it impossible to make causal links as the study is limited to associational relationships between predictors and outcomes. Fifth, reliance of VACS on retrospective self-reports is likely to be affected by recall bias. Sixth, given that Kenya is a multicultural nation, it might have been difficult for VACS to pick various local-level differences at sufficient rates.. Lastly, this study could not analyze the effects of prior knowledge/knowledge of sexual violence on help-seeking behaviour due to data limitations. Perhaps, future VACS could consider collecting data on this as it influences help-seeking behaviour.

1.25 Conclusion

Findings from this study highlight the need to strengthen life skills training programmes in schools as well as within communities. It would also make sense to inculcate cyber bullying in the life skills training curriculum especially with increased use of social media by young people in recent times. More attention also need to be directed towards parenting programmes given the role of parenting in the sexual violence cascade. In a bid to improve response and support services post-sexual violence, future research ought to look comprehensively into service-seeking to map out the kind of services available or otherwise. Of note, this study has demonstrated the centrality of the INSPIRE framework in sexual violence prevention programming and success won't be attained unless all aspects of the framework are implemented simultaneously and continuously.

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1.28 Availability of data and materials

The data sets for this study are publicly available at Together for Girls website at (<https://www.togetherforgirls.org/violence-children-surveys/>) and can be accessed upon request.

1.29 Authors' contributions

Denis, Okova designed the study, wrote the paper, analysed results, reviewed the paper and submitted it for publication.

1.30 Ethics approval and consent to participate

This study used secondary analysis based on publicly available Violence Against Children (VACS) datasets. Even so, ethics approval was obtained from the Human Research Ethics Committee (HREC) at the University of Cape Town (HREC REF: 282/2022).

1.31 Competing interests

No competing interests.

1.32 References

- Abbey, A., & McAuslan, P. (2004). A longitudinal examination of male college students' perpetration of sexual assault. *Journal of consulting and clinical psychology, 72*(5), 747.
- Abdool Karim, Q., Baxter, C., & Birx, D. (2017). Prevention of HIV in Adolescent Girls and Young Women: Key to an AIDS-Free Generation. *J Acquir Immune Defic Syndr, 75 Suppl 1*, S17-s26. <https://doi.org/10.1097/qai.0000000000001316>
- Abramsky, T., Devries, K., Kiss, L., Nakuti, J., Kyegombe, N., Starmann, E., Cundill, B., Francisco, L., Kaye, D., & Musuya, T. (2014). Findings from the SASA! Study: a cluster randomized controlled trial to assess the impact of a community mobilization intervention to prevent violence against women and reduce HIV risk in Kampala, Uganda. *BMC medicine, 12*(1), 1-17.
- Afifi, T. O., Mota, N., Sareen, J., & MacMillan, H. L. (2017). The relationships between harsh physical punishment and child maltreatment in childhood and intimate partner violence in adulthood. *BMC Public Health, 17*(1), 493. <https://doi.org/10.1186/s12889-017-4359-8>
- Agha, S. (2009). Changes in the timing of sexual initiation among young Muslim and Christian women in Nigeria. *Archives of Sexual Behavior, 38*(6), 899-908.
- Agresti, A. (2003). *Categorical data analysis*. John Wiley & Sons.
- Andersson, N., Cockcroft, A., & Shea, B. (2008). Gender-based violence and HIV: relevance for HIV prevention in hyperendemic countries of southern Africa. *Aids, 22 Suppl 4*, S73-86. <https://doi.org/10.1097/01.aids.0000341778.73038.86>
- Annor, F. B., Chiang, L. F., Oluoch, P. R., Mang'oli, V., Mogaka, M., Mwangi, M., Ngunjiri, A., Obare, F., Achia, T., Patel, P., Massetti, G. M., Dahlberg, L. L., Simon, T. R., & Mercy, J. A. (2022). Changes in prevalence of violence and risk factors for violence and HIV among children and young people in Kenya: a comparison of the 2010 and 2019 Kenya Violence Against Children and Youth Surveys. *Lancet Glob Health, 10*(1), e124-e133. [https://doi.org/10.1016/s2214-109x\(21\)00457-5](https://doi.org/10.1016/s2214-109x(21)00457-5)
- Assink, M., van der Put, C. E., Meeuwssen, M., de Jong, N. M., Oort, F. J., Stams, G., & Hoeve, M. (2019). Risk factors for child sexual abuse victimization: A meta-analytic review. *Psychol Bull, 145*(5), 459-489. <https://doi.org/10.1037/bul0000188>
- Baiocchi, M., Friedberg, R., Rosenman, E., Amuyunzu-Nyamongo, M., Oguda, G., Otieno, D., & Sarnquist, C. (2019). Prevalence and risk factors for sexual assault among class 6 female students in unplanned settlements of Nairobi, Kenya: Baseline analysis from the IMPower & Sources of Strength cluster randomized controlled trial. *PLoS One, 14*(6), e0213359. <https://doi.org/10.1371/journal.pone.0213359>
- Benjet, C., Borges, G., & Medina-Mora, M. E. (2010). Chronic childhood adversity and onset of psychopathology during three life stages: childhood, adolescence and adulthood. *J Psychiatr Res, 44*(11), 732-740. <https://doi.org/10.1016/j.jpsychires.2010.01.004>

- Boudreau, C. L., Kress, H., Rochat, R. W., & Yount, K. M. (2018). Correlates of disclosure of sexual violence among Kenyan youth. *Child Abuse Negl*, 79, 164-172. <https://doi.org/10.1016/j.chiabu.2018.01.025>
- Breiding, M. J., Mercy, J. A., Gulaid, J., Reza, A., & Hleta-Nkambule, N. (2013). A national survey of childhood physical abuse among females in Swaziland. *Journal of epidemiology and global health*, 3(2), 73-81.
- Breiding, M. J., Reza, A., Gulaid, J., Blanton, C., Mercy, J. A., Dahlberg, L. L., Dlamini, N., & Bamrah, S. (2011). Risk factors associated with sexual violence towards girls in Swaziland. *Bull World Health Organ*, 89(3), 203-210. <https://doi.org/10.2471/blt.10.079608>
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard university press.
- Bruce, J., & Hallman, K. (2008). Reaching the girls left behind. *Gender & Development*, 16(2), 227-245.
- Caldera, D., Burrell, L., Rodriguez, K., Crowne, S. S., Rohde, C., & Duggan, A. (2007). Impact of a statewide home visiting program on parenting and on child health and development. *Child Abuse & Neglect*, 31(8), 829-852.

- Campbell, J. C. (2002). Health consequences of intimate partner violence. *Lancet*, 359(9314), 1331- 1336. [https://doi.org/10.1016/s0140-6736\(02\)08336-8](https://doi.org/10.1016/s0140-6736(02)08336-8)
- Campbell, R., Dworkin, E., & Cabral, G. (2009). An ecological model of the impact of sexual assault on women's mental health. *Trauma Violence Abuse*, 10(3), 225-246. <https://doi.org/10.1177/1524838009334456>
- Cancian, M., Yang, M.-Y., & Slack, K. S. (2013). The effect of additional child support income on the risk of child maltreatment. *Social Service Review*, 87(3), 417-437.
- Cassidy, T., Inglis, G., Wiysonge, C., & Matzopoulos, R. (2014). A systematic review of the effects of poverty deconcentration and urban upgrading on youth violence. *Health & place*, 26, 78-87.
- Cerdá, M., Morenoff, J. D., Hansen, B. B., Tessari Hicks, K. J., Duque, L. F., Restrepo, A., & Diez-Roux, A. V. (2012). Reducing violence by transforming neighborhoods: a natural experiment in Medellín, Colombia. *American journal of epidemiology*, 175(10), 1045-1053.
- Cerna-Turoff, I., Fang, Z., Meierkord, A., Wu, Z., Yanguela, J., Bangirana, C. A., & Meinck, F. (2021). Factors Associated With Violence Against Children in Low- and Middle-Income Countries: A Systematic Review and Meta-Regression of Nationally Representative Data. *Trauma Violence Abuse*, 22(2), 219-232. <https://doi.org/10.1177/1524838020985532>
- Cluver, L., Meinck, F., Shenderovich, Y., Ward, C. L., Romero, R. H., Redfern, A., Lombard, C., Doubt, J., Steinert, J., & Catanho, R. (2016). A parenting programme to prevent abuse of adolescents in South Africa: study protocol for a randomised controlled trial. *Trials*, 17(1), 1-10.
- Cluver, L. D., Lachman, J. M., Ward, C. L., Gardner, F., Peterson, T., Hutchings, J. M., Mikton, C., Meinck, F., Tsoanyane, S., & Doubt, J. (2017). Development of a parenting support program to prevent abuse of adolescents in South Africa: Findings from a pilot pre-post study. *Research on Social Work Practice*, 27(7), 758-766.
- Dahlberg, L. (2002). Violence: a global public health problem In Krug EG, Dahlberg LL, Mercy JA, Zwi AB, & Lozano R (Eds.), *World report on violence and health* (pp. 1–21). Geneva, Switzerland: World Health Organization.[Google Scholar].
- Das, S., Bapat, U., Shah More, N., Alcock, G., Joshi, W., Pantvaidya, S., & Osrin, D. (2013). Intimate partner violence against women during and after pregnancy: a cross-sectional study in Mumbai slums. *BMC Public Health*, 13, 817. <https://doi.org/10.1186/1471-2458-13-817>
- David-Ferdon, C., Vivolo-Kantor, A. M., Dahlberg, L. L., Marshall, K. J., Rainford, N., & Hall, J. E. (2016). A comprehensive technical package for the prevention of youth violence and associated risk behaviors.
- Devries, K., Watts, C., Yoshihama, M., Kiss, L., Schraiber, L. B., Deyessa, N., Heise, L., Durand, J., Mbwambo, J., Jansen, H., Berhane, Y., Ellsberg, M., & Garcia-Moreno, C. (2011). Violence against women is strongly associated with suicide attempts: evidence from the WHO multi- country study on women's health and domestic violence against women. *Soc Sci Med*, 73(1), 79-86.

<https://doi.org/10.1016/j.socscimed.2011.05.006>

Devries, K. M., Knight, L., Child, J. C., Mirembe, A., Nakuti, J., Jones, R., Sturgess, J., Allen, E., Kyegombe, N., & Parkes, J. (2015). The Good School Toolkit for reducing physical violence from school staff to primary school students: a cluster-randomised controlled trial in Uganda. *The Lancet Global Health*, 3(7), e378-e386.

Easton, S. D. (2014). Masculine norms, disclosure, and childhood adversities predict long-term mental distress among men with histories of child sexual abuse. *Child Abuse & Neglect*, 38(2), 243- 251.

Falb, K. L., Asghar, K., Laird, B., Tanner, S., Graybill, E., Mallinga, P., & Stark, L. (2017). Caregiver parenting and gender attitudes: Associations with violence against adolescent girls in South Kivu, Democratic Republic of Congo. *Child Abuse Negl*, 69, 278-284. <https://doi.org/10.1016/j.chiabu.2017.04.032>

Fontes, L. A., & Plummer, C. (2010). Cultural issues in disclosures of child sexual abuse. *Journal of child sexual abuse*, 19(5), 491-518.

- Fuller-Thomson, E., & Agbeyaka, S. (2020). A Trio of Risk Factors for Childhood Sexual Abuse: Investigating Exposure to Parental Domestic Violence, Parental Addiction, and Parental Mental Illness as Correlates of Childhood Sexual Abuse. *Soc Work*, 65(3), 266-277. <https://doi.org/10.1093/sw/swaa019>
- Gagnier, C., & Collin-Vézina, D. (2016). The disclosure experiences of male child sexual abuse survivors. *Journal of child sexual abuse*, 25(2), 221-241.
- Gini, G., & Pozzoli, T. (2013). Bullied children and psychosomatic problems: a meta-analysis. *Pediatrics*, 132(4), 720-729. <https://doi.org/10.1542/peds.2013-0614>
- Girls, T. f. (2019). *Together for Girls 2019 Partnership Progress Report*.
- Goodman-Brown, T. B., Edelstein, R. S., Goodman, G. S., Jones, D. P., & Gordon, D. S. (2003). Why children tell: a model of children's disclosure of sexual abuse. *Child Abuse Negl*, 27(5), 525- 540. [https://doi.org/10.1016/s0145-2134\(03\)00037-1](https://doi.org/10.1016/s0145-2134(03)00037-1)
- Gourlay, A., Birdthistle, I., Mthiyane, N. T., Orindi, B. O., Muuo, S., Kwaro, D., Shahmanesh, M., Baisley, K., Ziraba, A., & Floyd, S. (2019). Awareness and uptake of layered HIV prevention programming for young women: analysis of population-based surveys in three DREAMS settings in Kenya and South Africa. *BMC Public Health*, 19(1), 1417. <https://doi.org/10.1186/s12889-019-7766-1>
- Hallfors, D., Cho, H., Rusakaniko, S., Iritani, B., Mapfumo, J., & Halpern, C. (2011). Supporting adolescent orphan girls to stay in school as HIV risk prevention: evidence from a randomized controlled trial in Zimbabwe. *American journal of public health*, 101(6), 1082-1088.
- Harrell, F. E. (2015a). Binary logistic regression. In *Regression modeling strategies* (pp. 219-274). Springer.
- Harrell, F. E. (2015b). Ordinal logistic regression. In *Regression modeling strategies* (pp. 311-325). Springer.
- Hébert, M., Cénat, J. M., Blais, M., Lavoie, F., & Guerrier, M. (2016). CHILD SEXUAL ABUSE, BULLYING, CYBERBULLYING, AND MENTAL HEALTH PROBLEMS AMONG HIGH SCHOOLS STUDENTS: A MODERATED MEDIATED MODEL. *Depress Anxiety*, 33(7), 623-629. <https://doi.org/10.1002/da.22504>
- Hershkowitz, I., Lanes, O., & Lamb, M. E. (2007). Exploring the disclosure of child sexual abuse with alleged victims and their parents. *Child Abuse Negl*, 31(2), 111-123. <https://doi.org/10.1016/j.chiabu.2006.09.004>
- Hillis, S., Mercy, J., Amobi, A., & Kress, H. (2016). Global Prevalence of Past-year Violence Against Children: A Systematic Review and Minimum Estimates. *Pediatrics*, 137(3), e20154079. <https://doi.org/10.1542/peds.2015-4079>
- Holmes, G. R., Offen, L., & Waller, G. (1997). See no evil, hear no evil, speak no evil: Why do relatively few male victims of childhood sexual abuse receive help for abuse-related issues in adulthood? *Clinical Psychology Review*, 17(1), 69-88.

Hong Le, M. T., Tran, T. D., Nguyen, H. T., & Fisher, J. (2014). Early marriage and intimate partner violence among adolescents and young adults in Viet Nam. *J Interpers Violence*, 29(5), 889- 910.

<https://doi.org/10.1177/0886260513505710>

Huston, A. C., Miller, C., Richburg-Hayes, L., Duncan, G. J., Eldred, C. A., Weisner, T. S., Lowe, E., Crosby, D. A., Ripke, M. N., & Redcross, C. (2003). New Hope for Families and Children: Five-Year Results of a Program To Reduce Poverty and Reform Welfare.

Jan, S., Ferrari, G., Watts, C. H., Hargreaves, J. R., Kim, J. C., Phetla, G., Morison, L. A., Porter, J. D., Barnett, T., & Pronyk, P. M. (2011). Economic evaluation of a combined microfinance and gender training intervention for the prevention of intimate partner violence in rural South Africa. *Health policy and planning*, 26(5), 366-372.

Jewkes, R., Gibbs, A., Jama-Shai, N., Willan, S., Misselhorn, A., Mushinga, M., Washington, L., Mbatha, N., & Skiweyiya, Y. (2014). Stepping Stones and Creating Futures intervention: shortened interrupted time series evaluation of a behavioural and structural health promotion and

violence prevention intervention for young people in informal settlements in Durban, South Africa. *BMC Public Health*, 14(1), 1325. <https://doi.org/10.1186/1471-2458-14-1325>

Jewkes, R., Sikweyiya, Y., Morrell, R., & Dunkle, K. (2011). Gender inequitable masculinity and sexual entitlement in rape perpetration South Africa: findings of a cross-sectional study. *PLoS One*, 6(12), e29590. <https://doi.org/10.1371/journal.pone.0029590>

John, N. A., Stoebenau, K., Ritter, S., Edmeades, J., Balvin, N., & Unicef. (2017). Gender socialization during adolescence in low-and middle-income countries: Conceptualization, influences and outcomes.

Kalra, G., & Bhugra, D. (2013). Sexual violence against women: Understanding cross-cultural intersections. *Indian J Psychiatry*, 55(3), 244-249. <https://doi.org/10.4103/0019-5545.117139>

Kathewera-Banda, M., Gomile-Chidyaonga, F., Hendriks, S., Kachika, T., Mitole, Z., & White, S. (2005). Sexual violence and women's vulnerability to HIV transmission in Malawi: a rights issue. *International Social Science Journal*, 57(186), 649-660.

Kearns, M. C., D'Inverno, A. S., & Reidy, D. E. (2020). The Association Between Gender Inequality and Sexual Violence in the U.S. *Am J Prev Med*, 58(1), 12-20. <https://doi.org/10.1016/j.amepre.2019.08.035>

Kenya, L. O. (2013). CoK. Chief Registrar of the Judiciary.

Kenya, M. o. L. a. S. P. o. (2021). *Violence Against Children in Kenya: Findings from a national survey 2019*. Nairobi, Kenya

Kenya, N. A. C. C. o. (2018). *KENYA AIDS RESPONSE PROGRESS REPORT* Nairobi

Kenya, R. o. (2005). Kenya Education Sector Support Programme 2005–2010. In: Ministry of Education Science and Technology Nairobi.

Kessler, R. C., McLaughlin, K. A., Green, J. G., Gruber, M. J., Sampson, N. A., Zaslavsky, A. M., Aguilar-Gaxiola, S., Alhamzawi, A. O., Alonso, J., Angermeyer, M., Benjet, C., Bromet, E., Chatterji, S., de Girolamo, G., Demyttenaere, K., Fayyad, J., Florescu, S., Gal, G., Gureje, O., . . . Williams, D. R. (2010). Childhood adversities and adult psychopathology in the WHO World Mental Health Surveys. *Br J Psychiatry*, 197(5), 378-385. <https://doi.org/10.1192/bjp.bp.110.080499>

Kidman, R., & Palermo, T. (2016). The relationship between parental presence and child sexual violence: Evidence from thirteen countries in sub-Saharan Africa. *Child Abuse Negl*, 51, 172- 180. <https://doi.org/10.1016/j.chiabu.2015.10.018>

Kilburn, K. N., Pettifor, A., Edwards, J. K., Selin, A., Twine, R., MacPhail, C., Wagner, R., Hughes, J. P., Wang, J., & Kahn, K. (2018). Conditional cash transfers and the reduction in partner violence for young women: an investigation of causal pathways using evidence from a randomized experiment in South Africa (HPTN 068). *J Int AIDS Soc*, 21 Suppl 1(Suppl Suppl 1). <https://doi.org/10.1002/jia2.25043>

King, G., Flisher, A. J., Noubary, F., Reece, R., Marais, A., & Lombard, C. (2004). Substance abuse and behavioral correlates of sexual assault among South African adolescents. *Child Abuse Negl*, 28(6), 683-

696. <https://doi.org/10.1016/j.chiabu.2003.12.003>

Kogan, S. M. (2004). Disclosing unwanted sexual experiences: Results from a national sample of adolescent women. *Child Abuse & Neglect*, 28(2), 147-165.

Krug, E. G., Mercy, J. A., Dahlberg, L. L., & Zwi, A. B. (2002). The world report on violence and health. *The lancet*, 360(9339), 1083-1088.

Kyegombe, N., Abramsky, T., Devries, K. M., Michau, L., Nakuti, J., Starmann, E., Musuya, T., Heise, L., & Watts, C. (2015). What is the potential for interventions designed to prevent violence against women to reduce children's exposure to violence? Findings from the SASA! study, Kampala, Uganda. *Child Abuse & Neglect*, 50, 128-140.

Lam, K. Y. (2014). Factors associated with adolescents' disclosure of sexual abuse experiences in Hong Kong. *J Child Sex Abus*, 23(7), 768-791. <https://doi.org/10.1080/10538712.2014.950398>

Lam, K. Y. I. (2014). Factors associated with adolescents' disclosure of sexual abuse experiences in Hong Kong. *Journal of child sexual abuse*, 23(7), 768-791.

Law, K. (2014). *The Marriage Act of 2014*.

<http://kenyalaw.org:8181/exist/kenyalex/actview.xql?actid=No.%204%20of%202014>

Lees, S., Kyegombe, N., Diatta, A., Zogrone, A., Roy, S., & Hidrobo, M. (2021). Intimate Partner Relationships and Gender Norms in Mali: The Scope of Cash Transfers Targeted to Men to Reduce Intimate Partner Violence. *Violence Against Women*, 27(3-4), 447-469.

<https://doi.org/10.1177/1077801219897853>

Lehrer, J. A., Lehrer, E. L., & Koss, M. P. (2013). Unwanted sexual experiences in young men: Evidence from a survey of university students in Chile. *Archives of Sexual Behavior*, 42(2), 213-223.

Li, N., Zabin, L. S., & Ahmed, S. (2015). The childhood sexual abuse among youth in three Asian cities: Taipei, Shanghai, and Hanoi. *Asia Pac J Public Health*, 27(2), Np1566-1577.

<https://doi.org/10.1177/1010539512471968>

Ligiero, D., Hart, C., Fulu, E., Thomas, A., & Radford, L. (2019). What Works to Prevent Sexual Violence Against Children.

Lindgren, T., Rankin, S. H., & Rankin, W. W. (2005). Malawi women and HIV: socio-cultural factors and barriers to prevention. *Women & health*, 41(1), 69-86.

Lippert, T., Cross, T. P., Jones, L., & Walsh, W. (2009). Telling interviewers about sexual abuse: Predictors of child disclosure at forensic interviews. *Child Maltreatment*, 14(1), 100-113.

Lippus, H., Laanpere, M., Part, K., Ringmets, I., & Karro, H. (2020). What do we know about the impact of sexual violence on health and health behaviour of women in Estonia? *BMC Public Health*, 20(1), 1897.

<https://doi.org/10.1186/s12889-020-09953-2>

Little, M. T., Roelen, K., Lange, B. C. L., Steinert, J. I., Yakubovich, A. R., Cluver, L., & Humphreys, D. K. (2021). Effectiveness of cash-plus programmes on early childhood outcomes compared to cash transfers alone: A systematic review and meta-analysis in low- and middle-income countries. *PLoS Med*, 18(9), e1003698. <https://doi.org/10.1371/journal.pmed.1003698>

Macleod, S., Schwebke, K., Hawkins, K., Ruiz, J., Hoo, E., & Yeh, C. S. (2018). Need for Comprehensive Health Care Quality Measures for Older Adults. *Population Health Management*, 21(4), 296- 302.

<https://doi.org/10.1089/pop.2017.0109>

Marmot, M., & Wilkinson, R. (2005). *Social determinants of health*. Oup Oxford.

Matofari, F. N. (2021). Teachers' and Students' Support for Corporal Punishment-A Practice Outlawed by the Government of Kenya. *J Interpers Violence*, 36(19-20), Np11070-np11086.

<https://doi.org/10.1177/0886260519877949>

Meinck, F., Cluver, L., Loening-Voysey, H., Bray, R., Doubt, J., Casale, M., & Sherr, L. (2017). Disclosure of physical, emotional and sexual child abuse, help-seeking and access to abuse response services in two South African Provinces. *Psychol Health Med*, 22(sup1), 94-106.

<https://doi.org/10.1080/13548506.2016.1271950>

- Menard, S. (2010). *Logistic regression: From introductory to advanced concepts and applications*. Sage.
- Miller, K. S., Winskell, K., Pruitt, K. L., & Saul, J. (2015). Curriculum development around parenting strategies to prevent and respond to child sexual abuse in sub-Saharan Africa: a program collaboration between families matter! And global dialogues. *Journal of child sexual abuse*, 24(8), 839-852.
- Mweru, M. (2010). Why are Kenyan teachers still using corporal punishment eight years after a ban on corporal punishment? *Child abuse review*, 19(4), 248-258.
- Nace, A., Maternowska, C., Fernandez, B., & Cravero, K. (2021). The Violence Against Children Surveys (VACS): Using VACS data to drive programmes and policies. *Glob Public Health*, 1-19. <https://doi.org/10.1080/17441692.2021.2010116>
- Nakpodia, E. D. (2010). Teachers' disciplinary approaches to students' discipline problems in Nigerian secondary schools. *International NGO journal*, 5(6), 144-151.
- Nguyen, K. H., Kress, H., Atuchukwu, V., Onotu, D., Swaminathan, M., Ogbanufe, O., Msungama, W., & Sumner, S. A. (2021). Disclosure of Sexual Violence Among Girls and Young Women Aged 13 to 24 Years: Results From the Violence Against Children Surveys in Nigeria and Malawi. *J Interpers Violence*, 36(3-4), Np2188-2204np. <https://doi.org/10.1177/0886260518757225>

- Nguyen, K. H., Kress, H., Villaveces, A., & Massetti, G. M. (2019). Sampling design and methodology of the Violence Against Children and Youth Surveys. *Inj Prev*, 25(4), 321-327. <https://doi.org/10.1136/injuryprev-2018-042916>
- Odwe, G., Undie, C. C., & Obare, F. (2018). Attitudes towards help-seeking for sexual and gender-based violence in humanitarian settings: the case of Rwamwanja refugee settlement scheme in Uganda. *BMC Int Health Hum Rights*, 18(1), 15. <https://doi.org/10.1186/s12914-018-0154-6>
- Olds, D. L., Eckenrode, J., Henderson, C. R., Kitzman, H., Powers, J., Cole, R., Sidora, K., Morris, P., Pettitt, L. M., & Luckey, D. (1997). Long-term effects of home visitation on maternal life course and child abuse and neglect: Fifteen-year follow-up of a randomized trial. *Jama*, 278(8), 637- 643.
- Organization, W. H. (2008). *Social determinants of health*.
- Orindi, B. O., Maina, B. W., Muuo, S. W., Birdthistle, I., Carter, D. J., Floyd, S., & Ziraba, A. (2020). Experiences of violence among adolescent girls and young women in Nairobi's informal settlements prior to scale-up of the DREAMS Partnership: Prevalence, severity and predictors. *PLoS One*, 15(4), e0231737. <https://doi.org/10.1371/journal.pone.0231737>
- Ozer, E. J., Fernald, L. C., Manley, J. G., & Gertler, P. J. (2009). Effects of a conditional cash transfer program on children's behavior problems. *Pediatrics*, 123(4), e630-e637.
- Paine, K., Hart, G., Jawo, M., Ceesay, S., Jallow, M., Morison, L., Walraven, G., McAdam, K., & Shaw, M. (2002). 'Before we were sleeping, now we are awake': Preliminary evaluation of the Stepping Stones sexual health programme in The Gambia. *Afr J AIDS Res*, 1(1), 39-50. <https://doi.org/10.2989/16085906.2002.9626543>
- Paine, M. L., & Hansen, D. J. (2002). Factors influencing children to self-disclose sexual abuse. *Clin Psychol Rev*, 22(2), 271-295. [https://doi.org/10.1016/s0272-7358\(01\)00091-5](https://doi.org/10.1016/s0272-7358(01)00091-5)
- Palermo, T., Pereira, A., Neijhoft, N., Bello, G., Buluma, R., Diem, P., Aznar Daban, R., Fatoumata Kaloga, I., Islam, A., Kheam, T., Lund-Henriksen, B., Maksud, N., Maternowska, M. C., Potts, A., Rottanak, C., Samnang, C., Shawa, M., Yoshikawa, M., & Peterman, A. (2019). Risk factors for childhood violence and polyvictimization: A cross-country analysis from three regions. *Child Abuse Negl*, 88, 348-361. <https://doi.org/10.1016/j.chiabu.2018.10.012>
- Palermo, T., Prencipe, L., & Kajula, L. (2021). Effects of Government-Implemented Cash Plus Model on Violence Experiences and Perpetration Among Adolescents in Tanzania, 2018–2019. *Am J Public Health*, 111(12), 2227-2238. <https://doi.org/10.2105/ajph.2021.306509>
- Pandey, A. R., Neupane, T., Chalise, B., Shrestha, N., Chaudhary, S., Dhungana, R. R., & Bista, B. (2021). Factors associated with physical and sexual violence among school-going adolescents in Nepal: Findings from Global School-based Student Health Survey. *PLoS One*, 16(3), e0248566. <https://doi.org/10.1371/journal.pone.0248566>
- Pascoe, S., Langhaug, L., Durawo, J., Woelk, G., Ferrand, R., Jaffar, S., Hayes, R., & Cowan, F. (2010).

Increased risk of HIV-infection among school-attending orphans in rural Zimbabwe. *AIDS care*, 22(2), 206-220.

Pereira, A., Peterman, A., Neijhoft, A. N., Buluma, R., Daban, R. A., Islam, A., Kainja, E. T. V., Kaloga, I. F., Kheam, T., Johnson, A. K., Maternowska, M. C., Potts, A., Rottanak, C., Samnang, C., Shawa, M., Yoshikawa, M., & Palermo, T. (2020). Disclosure, reporting and help seeking among child survivors of violence: a cross-country analysis. *BMC Public Health*, 20(1), 1051. <https://doi.org/10.1186/s12889-020-09069-7>

Pronyk, P. M., Hargreaves, J. R., Kim, J. C., Morison, L. A., Phetla, G., Watts, C., Busza, J., & Porter, J. D. (2006). Effect of a structural intervention for the prevention of intimate-partner violence and HIV in rural South Africa: a cluster randomised trial. *The lancet*, 368(9551), 1973-1983.

Pronyk, P. M., Hargreaves, J. R., & Morduch, J. (2007). Microfinance programs and better health: prospects for sub-Saharan Africa. *Jama*, 298(16), 1925-1927.

Pulerwitz, J., Martin, S., Mehta, M., Castillo, T., Kidanu, A., Verani, F., & Tewolde, S. (2010). Promoting gender equity for HIV and violence prevention: results from the male norms initiative evaluation in Ethiopia. *Washington, DC: PATH*.

- Reynolds, A. J., Temple, J. A., Ou, S.-R., Arteaga, I. A., & White, B. A. (2011). School-based early childhood education and age-28 well-being: Effects by timing, dosage, and subgroups. *Science*, 333(6040), 360-364.
- Rodabaugh, B. J., & Austin, M. (1981). *Sexual assault: A guide for community action*. Garland STPM Press New York.
- Rudolph, J., Zimmer-Gembeck, M. J., Shanley, D. C., & Hawkins, R. (2018). Child Sexual Abuse Prevention Opportunities: Parenting, Programs, and the Reduction of Risk. *Child Maltreatment*, 23(1), 96-106. <https://doi.org/10.1177/1077559517729479>
- Ruggiero, K. J., Smith, D. W., Hanson, R. F., Resnick, H. S., Saunders, B. E., Kilpatrick, D. G., & Best, C. L. (2004). Is disclosure of childhood rape associated with mental health outcome? Results from the National Women's Study. *Child Maltreat*, 9(1), 62-77. <https://doi.org/10.1177/1077559503260309>
- Sarnquist, C., Omondi, B., Sinclair, J., Gitau, C., Paiva, L., Mulinge, M., Cornfield, D. N., & Maldonado, Y. (2014). Rape prevention through empowerment of adolescent girls. *Pediatrics*, 133(5), e1226-1232. <https://doi.org/10.1542/peds.2013-3414>
- Sikweyiya, Y., Addo-Lartey, A. A., Alangea, D. O., Dako-Gyeke, P., Chirwa, E. D., Coker-Appiah, D., Adanu, R. M. K., & Jewkes, R. (2020). Patriarchy and gender-inequitable attitudes as drivers of intimate partner violence against women in the central region of Ghana. *BMC Public Health*, 20(1), 682. <https://doi.org/10.1186/s12889-020-08825-z>
- Sim, A., Annan, J., Puffer, E., Salhi, C., & Betancourt, T. (2014). Building happy families: Impact evaluation of a parenting and family skills intervention for migrant and displaced Burmese families in Thailand. *New York: International Rescue Committee*.
- Sim, A., Puffer, E., Green, E., Chase, R., Zayzay, J., Garcia-Rolland, E., & Boone, L. (2014). Parents make the difference: findings from a randomized impact evaluation of a parenting program in rural Liberia. *New York: International Rescue Committee*.
- Solar, O., & Irwin, A. (2010). *A conceptual framework for action on the social determinants of health*. Sorsoli, L., Kia-Keating, M., & Grossman, F. K. (2008). "I keep that hush-hush": Male survivors of sexual abuse and the challenges of disclosure. *Journal of Counseling Psychology*, 55(3), 333.
- Sumner, S. A., Mercy, J. A., Saul, J., Motsa-Nzuza, N., Kwesigabo, G., Buluma, R., Marcelin, L. H., Lina, H., Shawa, M., & Moloney-Kitts, M. (2015). Prevalence of sexual violence against children and use of social services—seven countries, 2007–2013. *Morbidity and Mortality Weekly Report*, 64(21), 565.
- Szumilas, M. (2010). Explaining odds ratios. *Journal of the Canadian academy of child and adolescent psychiatry*, 19(3), 227.
- Taegtmeyer, M., Davies, A., Mwangome, M., van der Elst, E. M., Graham, S. M., Price, M. A., & Sanders, E. J. (2013). Challenges in providing counselling to MSM in highly stigmatized contexts: results of a qualitative study from Kenya. *PLoS One*, 8(6), e64527.

Thurman, T. R., Brown, L., Richter, L., Maharaj, P., & Magnani, R. (2006). Sexual risk behavior among South African adolescents: is orphan status a factor? *AIDS and Behavior*, 10(6), 627-635.

Tranmer, M., & Elliot, M. (2008). Binary logistic regression. *Cathie Marsh for census and survey research, paper, 20*.

Tsai, A. C., Leiter, K., Heisler, M., Iacopino, V., Wolfe, W., Shannon, K., Phaladze, N., Hlanze, Z., & Weiser, S. D. (2011). Prevalence and correlates of forced sex perpetration and victimization in Botswana and Swaziland. *Am J Public Health*, 101(6), 1068-1074.

<https://doi.org/10.2105/ajph.2010.300060>

UNICEF. (2015). *Hidden in plain sight: A statistical analysis of violence against children*. UNICEF. (2017). *Preventing and Responding to Violence Against Children and Adolescents*.

Usdin, S., Scheepers, E., Goldstein, S., & Japhet, G. (2005). Achieving social change on gender-based violence: a report on the impact evaluation of Soul City's fourth series. *Social science & medicine*, 61(11), 2434-2445.

- Vandenhoudt, H., Miller, K. S., Ochura, J., Wyckoff, S. C., Obong'o, C. O., Otwoma, N. J., Poulsen, M. N., Menten, J., Marum, E., & Buvé, A. (2010). Evaluation of a US evidence-based parenting intervention in rural Western Kenya: from parents matter! To families matter! *AIDS Education and Prevention*, 22(4), 328.
- W.H.O. (2014). United Nations. Global status report on violence prevention 2014. In: Geneva, Switzerland: WHO Press.
- Wado, Y. D., Mutua, M. K., Mohiddin, A., Ijadunola, M. Y., Faye, C., Coll, C. V. N., Barros, A. J. D., & Kabiru, C. W. (2021). Intimate partner violence against adolescents and young women in sub-Saharan Africa: who is most vulnerable? *Reprod Health*, 18(Suppl 1), 119. <https://doi.org/10.1186/s12978-021-01077-z>
- Wamoyi, J., Ranganathan, M., Mugunga, S., & Stöckl, H. (2022). "It Gives You a Feeling of Pride when You Touch Her": The Role of Masculinity in Sexual Harassment of Adolescent Schoolgirls in Tanzania. *J Interpers Violence*, 8862605221080957. <https://doi.org/10.1177/08862605221080957>
- Watts, C., & Mayhew, S. (2004). Reproductive health services and intimate partner violence: shaping a pragmatic response in Sub-Saharan Africa. *Int Fam Plan Perspect*, 30(4), 207-213. <https://doi.org/10.1363/3020704>
- Wethington, H. R., Hahn, R. A., Fuqua-Whitley, D. S., Sipe, T. A., Crosby, A. E., Johnson, R. L., Liberman, A. M., Mościcki, E., Price, L. N., & Tuma, F. K. (2008). The effectiveness of interventions to reduce psychological harm from traumatic events among children and adolescents: a systematic review. *American journal of preventive medicine*, 35(3), 287-313.
- WHO. (1999). *Report of the consultation on child abuse prevention, 29-31 March 1999, WHO, Geneva*. WHO. (2014). *Violence against women: Intimate partner and sexual violence against women: Intimate partner and sexual violence have serious short-and long-term physical, mental and sexual and reproductive health problems for survivors: Fact sheet*.
- WHO. (2019). *INSPIRE handbook: Action for implementing the seven strategies for ending violence against children*. World Health Organization.
- WHO. (2022). *INSPIRE: seven strategies for ending violence against children: uptake between 2016 and 2021*.
- Willie, T. C., & Kershaw, T. S. (2019). An ecological analysis of gender inequality and intimate partner violence in the United States. *Prev Med*, 118, 257-263. <https://doi.org/10.1016/j.ypmed.2018.10.019>

PART D: POLICY BRIEF

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PREVENTION OF SEXUAL VIOLENCE AMONG ADOLESCENTS AND YOUTH IN KENYA

This policy brief examines sexual violence in Kenya. It follows a secondary study that was conducted on Kenya's 2019 cross-sectional and nationally representative Violence Against Children Survey (VACS).

KEY MESSAGES

- Despite the gains made, it is highly likely that sexual violence and help-seeking prevalence rates are understated possibly due to community norms that frustrate reporting and disclosure.
- This study found positive parental monitoring to be protective against sexual violence while emotional violence against child/youth at home was a risk factor for sexual violence. This highlights the need to create and strengthen Parenting programmes to encourage parents on positive parenting.
- Life skills as expected are protective against sexual violence. Thus, emphasis must be put on age-specific life skills training programmes not only in formal settings like schools but also within the community setting.
- The cyber space (social media) also plays a key role in fueling sexual violence through cyber bullying. It would be imperative to train young people on the safe use of social media. This topic can be added to the life skills training curriculum so that children and young people can know how to safely navigate the cyber space. Also, where possible, anti-cyber bullying laws can be passed or further strengthened.

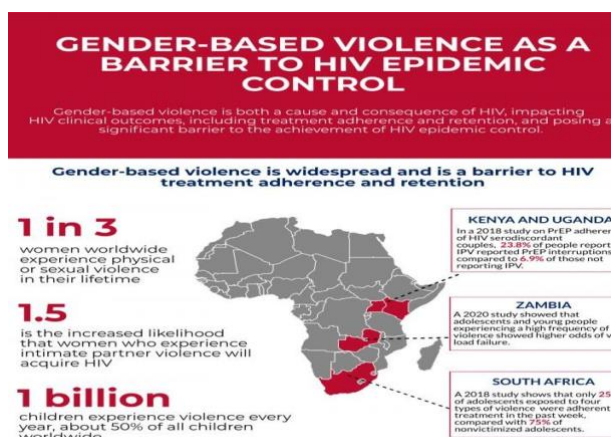
What's at stake?

Sexual violence among adolescents and youth remains unacceptably high in Kenya with recent prevalence rates standing at 25.6% for young women and 11.5% for young men and these figures are highly under reported. UNICEF notes that statistics of child and youth sexual violence “hide in plain sight”. Worse still, despite the high prevalence of sexual violence, help-seeking and disclosure rates remain low. This means that not enough sexual violence victims get the much-needed legal, medical, and psychosocial support.

Thus, sexual violence is a public health problem with massive implications given that violence is a known risk factor for HIV transmission. Kenya has the third largest HIV epidemic globally with an estimated population of 1.4 million people living with HIV while at least 25,000 people dying of AIDS-related illnesses in each year. The 2018 Kenya AIDS Response Program Report (KARPR) reported 49% new HIV infections occurred among adolescents and young people who make up 12% of people living with HIV (PLHIV).

The same report confirms the high vulnerability of youth to HIV with more than 33% of new HIV infections reported among the youth population. These 2 public health issues, sexual violence and HIV/AIDS could be considered a syndemic.

Part D: Figure 1: Gender based violence and HIV epidemic statistics



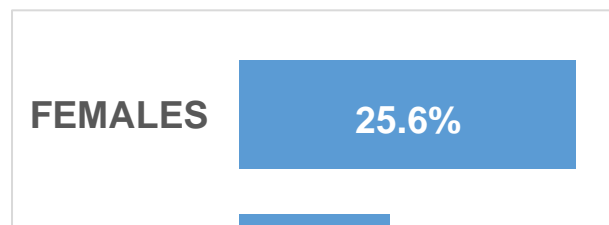
Source: Violence Against Children Survey (2020)

Research approach

With the support of development partners, Kenya has conducted 2 nationally representative studies on violence against young people; one in 2010 (the first ever) and the second on in 2019. These 2 Violence Against Children Surveys (VACS) have helped in painting a better representation of the situation. VACS are nationally representative, cross-sectional household surveys targeting young women and men aged 13 to 24 years focusing on measures of lifetime and past year emotional, physical, and sexual violence. The analysis presented in this brief was conducted using the 2019 VACS data set. The analysis first mapped out the pathway of decision from exposure to sexual violence all the way to receipt of help (if any). The analysis then assessed the relationship between gender norms, violence at home, parenting, life skills training and cyber bullying and sexual violence experience.

25.6% of young women reported having experienced lifetime sexual violence compared to 11.5% of young men. This is corroborated by studies in other low-middle-income countries and previous analysis of the Kenya 2010 VACS. It is also worth noting that comparing these prevalence rates are lower compared to those reported in the Kenya 2010 VACS (36.2% for young women and 19.7% for young men). This shows that various policy and programmatic interventions implemented between 2010 and 2019 to prevent sexual violence could be bearing fruits.

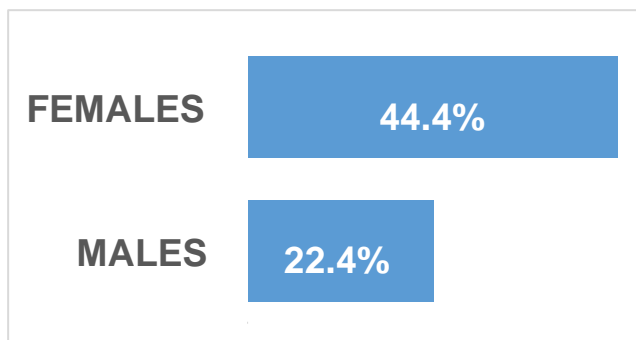
Part D: Figure 2: Participants who reported experiencing lifetime sexual violence



bullying avoidance) were less likely to experience sexual violence compared to young women who did not receive such training. Young women who had been victims of cyber bullying were almost 6 times more likely to experience sexual violence compared to girls who had not experienced cyber bullying. This shows that cyber space could promote sexual violence and serve as a reliable tool for revictimization.

Source: Author's computations

Part D: Figure 3: Disclosure rate of sexual violence



Source: Author's computations

Young men had disclosure rates of 22.4% compared to 44.4% for young women. This could be attributed to norms around masculinity which discourage disclosure as well as fear of boys being viewed as homosexuals especially with the stigmatization and criminalization of homosexuality.

Young women who received close parental monitoring were less likely to be victims of sexual violence and more likely to disclose instances of violence. This demonstrates the value of positive parenting in sexual violence prevention. Endorsement of gender inequitable attitudes (in favour of men) increased the odds of young women experiencing sexual violence by 3 times.

Young women who received life skills training (anger management, avoidance of fights,

Policy insights

The way children and youth are treated at homes, schools, and in the community has major implications about sexual violence experience. From the study findings, when females are not emotionally abused at home and they receive positive parental monitoring, their likelihood of experiencing sexual violence is reduced. This demonstrates the need to create (where lacking) and strengthen parenting programmes so that parents are conscious of their role in the violence cascade.

Recommendations

Given the protective nature of life skills training on sexual violence, it would be imperative for policy makers to strengthen age-specific life skills training programmes not only in schools but also in informal settings within communities.

It would also be helpful to inculcate social media use into the life skills training curricular to help young people safely navigate the cyberspace and recognize cyber bullying and act appropriately when subjected to it.

Policy makers can also consider making a case for the fortification of cyber laws to help address cyber bullying. Interventions can also be focused to address gender inequitable norms. This could help promote male disclosure of sexual violence and address the hegemonic masculinity which enables sexual violence against women.

PART E APPENDICES

Part E: Appendix 1: Summary of studies that assessed association between social determinants and sexual violence/help-seeking behaviour

AUTHOR & YEAR	TITLE OF STUDY	STUDY CHARACTERISTICS			ANALYSIS METHODS	KEY VARIABLES			RESULTS
		COUNTRY	DATA SET	TYPE OF STUDY		OUTCOME	EXPLANATORY	CONTROL	
Esme Fuller-Thomson, Senyo Agbeyaka (2020)	A Trio of Risk Factors for Childhood Sexual Abuse: Investigating Exposure to Parental Domestic Violence, Parental Addiction, and Parental Mental Illness as Correlates of Childhood Sexual Abuse	U.S.A	Center for Disease Control & Prevention's (CDC) 2010 and 2012 Brief Risk Factor Surveillance Surveys (BRFSS) data	Cross-sectional study	Logistic regression analyses	Childhood Sexual Abuse	Parental Domestic Violence Parental addiction Parental mental illness		(2010 DATASET) 8.5% of males who had experienced all risk factors reported to have experienced childhood sexual violence compared to 0.6% of males who didn't experience the 3 adversities. For women, 28.7% reported to have experienced childhood sexual abuse after exposure to all the 3 childhood adversities compared to 2.1% who didn't experience the adversities. The results took the same trend for the 2012 analysis Women with all 3; parental domestic violence, parental addiction, parental mental illness had 17 times the odds of sexual

									abuse while men had 16 times the odds .
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									Odds of sexual abuse generally increased with the inclusion of an additional risk factor in the model.
Nan Li, Laurie S Zabin, Saifuddin Ahmed (2015)	The childhood sexual abuse among youth in three Asian cities: Taipei, Shanghai, and Hanoi	Taipei, Shanghai, and Hanoi: Asia	Research study of Adolescent Health Survey	Cross-sectional study	Logistic regression analyses	Childhood Sexual Violence	Household instability Maternal warmth Paternal warmth Household wealth index Gender		<p>A positive association between household instability, low maternal warmth and migrating away from home before age 14 and childhood sexual violence. Paternal and maternal warmth were protective against sexual violence. Discussing problems with one's father at age 13/14 was associated with decreased odds of CSA (OR = 0.67, 95% CI = 0.50-0.91), whereas low father's warmth was associated with increased odds (OR = 1.45, 95% CI = 0.98-2.27),</p> <p>The risk of abuse was at higher odds with girls than boys (odds ratio [OR] = 1.49, 95% confidence interval [CI] = 1.12-1.98).</p> <p>In the unadjusted model, respondents in the lowest wealth quintiles were more likely to</p>

									violence compared to those in the higher quintiles. In the adjusted model however, this trend was not reflected.
Minh Thi Hong Le, Thach Duc Tran, Huong Thanh Nguyen, Jane Fisher (2014)	Early marriage and intimate partner violence among adolescents and young adults in Viet Nam	Vietnam	Vietnamese Youth–Round II (SAVY-II) national survey (2009-10)	Cross-sectional study	Logistic regression analysis	Intimate Partner Violence (IPV)	Early marriage		Marriage before 18 years predisposed female adolescents and young adults to nearly twice the risk of lifetime exposure to IPV, compared with those who were aged at least 18 when married. No association between adolescent marriage and experience of IPV among young men.
K.Y. Lam (2014)	Factors associated with adolescents' disclosure of sexual abuse experiences in Hong Kong	HongKong		Cross-sectional study	Logistic regression analysis	Disclosure of Sexual abuse	Age		Older adolescents are more likely to disclose experiences of sexual abuse than younger ones

Rachel Kidman, Tia Palermo (2016)	The relationship between parental presence and child sexual violence: Evidence from thirteen countries in sub-Saharan Africa	13 countries in sub-Saharan Africa; Cameroon, Cote d'Ivoire, Gabon, Ghana, Liberia, Malawi, Mozambique, Nigeria, Rwanda, Tanzania, Uganda, Zambia, Zimbabwe,	2 AIDS Impact Surveys and 15 Demographics & Health Surveys	Cross-sectional study	Multilevel logistic regressions	Child sexual violence	Maternal orphanhood Paternal orphanhood Parental absence	Age Education attainment Marital status Area of residence Wealth quintile	Girls from homes without fathers either due to death or absence were more likely to experience childhood sexual violence than children from homes where fathers were present. The loss of a mother was not statistically associated with sexual violence in any individual country nor in the pooled analyses (OR 0.97). The loss of a father was associated with an increased risk in several individual countries as well as in the pooled analyses (OR 1.36, $p \leq 0.01$). The loss of both parents likewise emerged as a significant risk factor for having experienced any sexual violence (OR 1.47, $p \leq 0.05$ in the pooled analyses). Results from this study showed that girls from homes without a father either due to absence or death (paternal orphanhood) were more likely to experience childhood sexual violence than children from homes with paternal presence. The same study also revealed that sexual
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								<p>need to adapt violence prevention programs to younger age groups. The loss of a mother was not statistically associated with sexual violence in any individual country nor in the pooled analyses (OR 0.97). The loss of a father was associated with elevated risk in several individual countries as well as in the pooled analyses (OR 1.36, $p \leq 0.01$). The loss of both parents likewise emerged as a significant risk factor for having experienced any sexual violence (OR 1.47, $p \leq 0.05$ in the pooled analyses).</p> <p>Maternal absence had conflicting findings across countries (e.g., Tanzania showed a significant negative association whereas Uganda demonstrated a positive association) and hence there was no net association across all 17 surveys. Paternal absence, on the other hand, was significantly associated with greater sexual violence overall (OR 1.28; $p \leq 0.05$).</p>
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Matthew J Breiding, Avid Reza, Jama Gulaid, Curtis Blanton, James A Mercy, Linda L Dahlberg, Nonhlanhla Dlamini, Sapna Bamrah (2011)	Risk factors associated with sexual violence towards girls in Swaziland	Swaziland		Cross-sectional study	Logistic regression analysis	Sexual violence	Closeness to biological mother School attendance Prior emotional abuse Household size	Age Area of residence Socioeconomic status	Girls who had not been close to their biological mothers had higher odds of having experienced sexual violence (crude odds ratio, COR: 1.89; 95% CI: 1.14-3.14) Girls not attending school at the time of study had higher odds of sexual violence (COR: 2.26; 95% CI: 1.70-3.01). Those who were emotionally abused as children had increased odds of sexual violence (COR: 2.04; 95% CI: 1.50-2.79). Childhood sexual violence was positively associated with the number of people the respondent had lived with at any one time (COR: 1.03; 95% CI: 1.01-1.06).
Benedict O Orindi, Beatrice W Maina, Sheru W Muuo, Isolde Birdthistle, Daniel J Carter, Sian Floyd, Abdhala Ziraba	Experiences of violence among adolescent girls and young women in Nairobi's informal settlements prior to scale-up of the DREAMS Partnership:	Kenya (slums in Nairobi)		Cross-sectional study	Logistic regression analysis	Sexual violence	Age Food security Early sexual debut	Age	Sexual violence was lower among higher age groups than lower age groups. Food insecurity and engaging in early sex was associated with increased odds of sexual violence.

(2020)	Prevalence,								
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	severity and predictors								
Michael Baiocchi , Rina Friedberg , Evan Rosenman , Mary Amuyunzu - Nyamongo , Gabriel Oguda , Dorothy Otieno , Clea Sarnquist (2019)	Prevalence and risk factors for sexual assault among class 6 female students in unplanned settlements of Nairobi, Kenya: Baseline analysis from the IMPower & Sources of Strength cluster randomized controlled trial	Kenya (unplanned settlements in Nairobi)		Randomized controlled trial	Logistic regression analysis	Sexual violence	Home violence Previous experience of physical/emotional intimate partner violence Emotional self-efficacy Material security (money to seek medical care) Prior alcohol use		The significant protective factors were a high emotional self-efficacy score, and the ability to get 1000 shillings for medical expenses. Other predictors of sexual violence included; prior emotional IPV (coefficient = 0.23, 95% CI 0.11–0.34, p = 0.005), prior physical IPV (coefficient = 0.21, 95% CI 0.10–0.30, p = 0.005), violence at home (coefficient = 0.26, 95% CI 0.15–0.36, p = 0.001) and prior alcohol use (coefficient = 0.26, 95% CI 0.16–0.35, p = <0.001)

AlexanderC Tsai , Karen Leiter, Michele Heisler, Vincent Iacopino, William Wolfe, Kate Shannon, Nthabisen	Prevalence and correlates of forced sex perpetration and victimization in Botswana and Swaziland	Botswana and Swaziland		Cross- section al study	Logistic regression analysi	Forced sex	Food security Heavy drinking		Food insufficiency was associated with past- year sexual violence victimization in Botswana (adjusted OR = 2.40; 95% CI = 1.03, 5.57) . Food insufficiency during the past year was a statistically significant risk factor for lack of control in sexual decision-making among women in Botswana
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g Phaladze, Zakhe Hlanze, Sheri D Weiser (2011)									(adjusted OR = 1.62; 95% CI = 1.07, 2.44) and Swaziland (adjusted OR = 1.67; 95% CI = 1.06, 2.64)
Audrey Pereira, Amber Peterman, Anastasia Naomi Neijhoft , Robert Buluma , Rocio Aznar Daban , Aminul Islam , Esmie Tamanda Vilili Kainja , Inah Fatoumata Kaloga , They Kheam , Afrooz Kaviani Johnson , M Catherine Maternows ka , Alina Potts , Chivith	Disclosure, reporting, and help seeking among child survivors of violence: a cross-country analysis	Selected LMICs: Cambodia, Haiti, Kenya, Malawi, Nigeria, Tanzania	Violence Against Children Surveys (VACS)	Cross- section al study	Logistic regression analysis	Violence Disclosure, reporting and help- seeking	Paternal absence Number of females in the household Female headed households School enrolment Wealth quintile Age	Current residence in a camp (Haiti)	Household number of adult females and absence of biological father, promote help- seeking behaviour. Being male and living in a female-headed household were associated with reduced help seeking behaviour. Males were less likely than females to informally disclose in Haiti, Kenya and Tanzania [OR range: 0.21 (CI: 0.08, 0.51) in Kenya to 0.38 (CI: 0.22, 0.67) in Haiti], and in Tanzania, to formally disclose or seek help [OR: 0.24 (CI: 0.06, 0.97)]. Males were more likely than females to know where to seek formal help in Malawi [OR: 1.67 (CI: 1.03, 2.71)] and Nigeria [OR: 2.29 (CI: 1.42, 3.70)]. Increasing age (in years) was positively associated with informal

Rottanak ,									disclosure only in Nigeria [OR
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<p>Chea Samnang , Mary Shawa , Miho Yoshikawa , Tia Palermo (2020)</p>								<p>range: 1.13 (CI: 1.02, 1.25)] and knowledge of where to seek formal help in Malawi [OR: 1.39 (CI: 1.15, 1.68)]. Children enrolled in school were more likely to informally disclose in Nigeria [OR: 1.82 (CI: 1.23, 2.69)], more likely to know where to seek formal help in Kenya [OR: 1.95 (CI: 1.00, 3.78)], and more likely to receive formal help in Tanzania [OR: 6.32 (CI: 1.98, 20.21)], compared to children not enrolled in school. Higher household wealth quintile was at times significantly associated with more favourable help-seeking outcomes, in particular in Nigeria and Tanzania, however this association was not consistent across outcomes and countries</p>
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Courtney L Boudreau , Howard Kress , Roger W Rochat , Kathryn M Yount (2018)	Correlates of disclosure of sexual violence among Kenyan youth	Kenya	Violence Against Children Surveys (VACS)-2010	Cross-sectional study	Logistic regression analysis	Sexual violence disclosure	Gender Sexual violence events (number) Type of perpetrator	Boys/men were less likely to disclose: the adjusted odds of disclosure for boys/men were 0.45 (0.28, 0.72) times the odds of disclosure for girls/women. The more events of SV the respondent reported experiencing, the less likely s/he was to have told someone about any
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									experience. If any perpetrator was a family member, the odds of disclosure were 1.92 (1.11, 3.33) higher than the odds of disclosure among survivors who had no perpetrators that were family members
Kathryn L Falb , Khudejha Asghar , Betsy Laird , Sophie Tanner , Elizabeth Graybill , Pamela Malinga , Lindsay Stark (2017)	Caregiver parenting and gender attitudes: Associations with violence against adolescent girls in South Kivu, Democratic Republic of Congo	DRC	Creating Opportunities through Mentorship , Parental involvement, And Safe Spaces (COMPASS) study	Cross-sectional study	Logistic regression analysis	Sexual violence	Gender attitudes		Caregiver's gender equitable attitudes were associated with 72% fewer reports of sexual abuse among girls (95%CI: 0.13–0.64; p = 0.002) and 65% less likelihood in girls' accepting all instances of IPV (95%CI: 0.16–0.90; p = 0.03).
George Odwe , ChiChiUndie , Francis Obare (2018)	Attitudes towards help-seeking for sexual and gender-based violence in humanitarian settings: the case of Rwamwanja refugee settlement scheme in Uganda	Uganda	Primary study	Cross-sectional study	Logistic regression analysis	Help-seeking for sexual and gender-based violence	Experiences of partner or non-partner violence Perceived tolerance of Sexual and Gender Based Violence (SGBV) in the community Attitude towards SGBV		Women who held progressive attitude towards SGBV were significantly more likely to report a favorable attitude towards help-seeking for SGBV (OR 2.78, CI=1.56–4.95) compared to those with regressive attitude. Women who perceived that SGBV was not tolerated in the community were about 2.03 times (CI=1.03–4.00) more likely to indicate a favorable help-

									SGBV compared to women who believed that SGBV was tolerated in their community.
Rachel Jewkes ,Yandisa Sikweyiya, Robert Morrell, Kristin Dunkle (2011)	Gender Inequitable Masculinity and Sexual Entitlement in Rape Perpetration South Africa: Findings of a Cross-Sectional Study	SouthAfrica	Primary study	Cross-sectional study	Logistic regression analysis	Rape	Gender inequitable attitudes Drug use		Raping was significantly associated with less equitable views on gender relations and drug abuse.
Kimberly H Nguyen, Howard Kress , Victor Atuchukwu , Dennis Onotu , Mahesh Swaminathan , Obinna Ogbanufe , Wezi Msungama , Steven A Sumner (2021)	Disclosure of Sexual Violence Among Girls and Young Women Aged 13 to 24 Years: Results Fromthe Violence Against Children Surveys in Nigeria and Malawi	Nigeriaand Malawi	Violence Against Children Surveys	Cross-sectional study	Logistic regression analysis	Disclosureof Sexual Violence	Parental closeness Orphanhood		Very close relationships with one or both parents were significantly associated with disclosure among Nigerian females (odds ratio [OR] = 5.5, 95% confidence interval [CI] = [2.1, 14.6]) but were inversely associated with disclosure among Malawian females (OR = 0.05, 95% CI = [0.01, 0.33]). Double orphans in Nigeria were 5.9 times more likely than non-orphans to disclose sexual violence. Single orphanhood wasn't

									statistically significant in Nigeria.
Ismail Yahaya, Joaquim Soares, Antonio Ponce De Leon, Gloria Macassa (2012)	A comparative study of the socioeconomic factors associated with childhood sexual abuse in sub-Saharan Africa	Ghana Liberia Nigeria Uganda Zambia Zimbabwe	Demographic Health Survey (2003-2007)	Cross-sectional study	Logistic regression analysis	Childhood Sexual abuse	Wealth index Education Place of residence (rural or urban)		There was no association between Childhood Sexual Abuse and education, wealth index and area of settlement.
Ismail Yahaya , Antonio Ponce de Leon, Olalekan A Uthman, Joaquim Soares, Gloria Macassa (2014)	Individual and community-level socioeconomic position and its association with adolescents experience of childhood sexual abuse: a multilevel analysis of six countries in Sub-Saharan Africa	Ghana Liberia Nigeria Uganda Zambia Zimbabwe	Demographic and Health Survey	Cross-sectional study	Multilevel logistic regression analysis	Childhood sexual abuse	Individual and community level socioeconomic status (SES)		At the individual and community level, there was no association between CSA and socioeconomic position. This study provides evidence that the likelihood of reporting CSA cut across all individual SES as well as all community socioeconomic strata.

<p>Gary King, Alan J Flisher, Farzad Noubary, Robert Reece, Adele Marais, Carl Lombard (2004)</p>	<p>Substance abuse and behavioral correlates of sexual assault among South African adolescents</p>	<p>SouthAfrica</p>	<p>1997 South African Community Epidemiology Network on Drug Use (SACENDU) school survey</p>	<p>Cross-sectional study</p>	<p>Ordinal logistic regression</p>	<p>Sexual assault</p>	<p>Gender Family structure Alcohol use Cigarette smoking Mental health Drug abuse Age Socioeconomic status</p>	<p>Girls were 3.9 times more likely than boys to have been victims of sexual abuse. Persons who lived with a single parent (OR = 1.74, CI = 1.00-3.04) and those who resided with one biological parent and one step parent (OR = 2.59, CI = 1.34-5.01) were more likely to have been victims of sexual abuse than those living with both biological parents. Results showed that girls were 3.9 times more likely than boys to have been victims of sexual abuse. Family structure was also significantly related to rape as persons who lived with a single parent (OR = 1.74, CI = 1.00-3.04) and those who resided with one biological parent and one step parent (OR = 2.59, CI = 1.34-5.01) were more likely to have been victims of sexual abuse than those living with both biological parents. Alcohol use (OR = 2.0, CI = 1.10-3.62), suicidal dialogue (OR = 2.48, CI = 1.19-5.19), and suicidal attempts (OR =</p>
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									sexual abuse victimization. Age, drug use, and cigarette smoking were not significant predictors of sexual abuse victimization, while socioeconomic status was found to be marginally significant.
Franziska Meinck , Lucie Cluver , Heidi Loening-Voysey , Rachel Bray , Jenny Doubt, Marisa Casale , Lorraine Sherr (2017)	Disclosure of physical, emotional and sexual child abuse, help-seeking and access to abuse response services in two South African Provinces	SouthAfrica		Longitudinal	Multivariate logistic regression	Disclosure of physical, emotional &sexual abuse	Gender Sexual abuse Emotional abuse Physical abuse Location (rural vs urban) Poverty		Factors associated with increased odds of requesting help post-violence were gender, sexual abuse and emotional abuse, whereas poverty, location and age were not associated with help-seeking.
Gabrielle F Miller, Laura Chiang, Natasha Hollis (2018)	Economics and violence against children, findings from the Violence Against Children Survey in Nigeria	Nigeria	Violence Against Children Survey (VACS)	Cross-sectional study	Logistic regression	Sexual violence	Household Economic status (ES) Gender Age		The odds of children in households with the highest tertile ES experiencing sexual violence within the last 12 months were 4.91 (CI: 2.46–9.81) higher than those in the lowest tertile ES. Females aged 13–

								of experiencing sexual violence in the last 12 months than males (AOR: 2.91; CI: 1.63–5.17). Individuals aged 18–24years in households with the middle or high tertiles ES were 1.65 (1.16–2.35) and 1.96 (1.33–2.88), respectively, times more likely to experience sexual violence during their childhood than those in the lowest tertile ES. Similarly to children aged 13–17years, females aged 18–24years had higher odds of experiencing sexual violence in their childhood than males (AOR: 2.84;CI: 2.05–3.93).
Ilan Cerna-Turoff , Zuyi Fang , Anne Meierkord , Zezhen Wu , Juan Yanguela , Clare Ahabwe Bangirana Franziska Meinck (2021)	Factors Associated With Violence Against Children in Low- and Middle-Income Countries: A Systematic Review and Meta-Regression of Nationally Representative Data	LMICS		Systematic review	Meta regression	Violence against children		Being a girl was associated with large increases in sexual violence (4.94; CI: 0.99 -1.02)

Ilana Seff , Kathryn Falb , Gary Yu , Debbie Landis , Lindsay Stark (2021)	Gender- equitable caregiver attitudes and education and safety of adolescent girls in South Kivu, DRC: A secondary analysis from a randomized controlled trial	DRC			Logistic regression	Violence	Gender equitable caregiver attitudes		Changes in caregivers' attitudes were not found to be associated with sexual (95% CI [0.927, 1.112]; p = 0.746)
Tia Palermo , Audrey Pereira , Naomi Neijhoff , Ghaji Bello , Robert Buluma , Pierre Diem , Rocio Aznar Daban , Inah Fatoumata Kaloga , Aminul Islam , They Kheam , Birgithe Lund- Henriksen , Nankali Maksud ,M Catherine Maternows	Risk factors for childhood violence and polyvictimization: A cross- country analysis from three regions	Cambodia Haiti Kenya Malawi Nigeria Tanzania	Violence Against Children Surveys (VACS)	Cross- sectional study	Logistic regression analysis	Childhood violence	School enrolment Parental absence Household composition Female headed households		School enrolment, among females, was protective against lifetime sexual violence (OR 0.40 (CI: 0.21, 0.79) in Haiti. The same for males (OR 0.43 (CI: 0.24, 0.77)). Non-residence with a biological father, among females, was associated with increased risk of Sexual Violence in Nigeria (OR 1.96 (CI: 1.12, 3.45)) and Tanzania (OR 1.82 (CI: 1.03, 3.21)) Increasing number of children under the age of 18 years in the household, among females was protective against lifetime Sexual Violence in Malawi (OR 0.75 (CI: 0.59, 0.95)) and Nigeria (OR 0.89 (CI:

									0.81, 0.98)) but associated with
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<p>ka , Alina Potts, Chivith Rottanak , Chea Samnang , Mary Shawa , Miho Yoshikawa , Amber Peterman (2019)</p>								<p>increased Sexual Violence (OR 1.15 (CI: 1.00, 1.31)) in Kenya. Among females, increasing number of male adults in the household was associated with increased risk of lifetime Sexual Violence in Malawi (OR 1.47 (CI: 1.07, 2.01)), while increasing number of female adults was associated with increased risk of lifetime Sexual Violence in Tanzania (OR 1.37 (CI: 1.06, 1.78)).</p> <p>Female headship of households was associated with decreased risk of lifetime Sexual Violence among females (OR 0.47 (CI: 0.26, 0.83)) in Malawi</p>
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Francis B Annor , Laura F Chiang , Patricia R Oluoch , Vivienne Mang'oli , Marygorret Mogaka , Mary Mwangi , Anne Ngunjiri , Francis	Changes in prevalence of violence and risk factors for violence and HIV among children and young people in Kenya: a comparison of the 2010 and 2019 Kenya Violence Against Children and	Kenya	Violence against children surveys	Cross-sectional study	Logistic regression				
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Obare , Thomas Achia , Pragna Patel , Greta M Massetti , Linda L Dahlberg , Thomas R Simon , James A Mercy (2021)	Youth Surveys								
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Part E: Appendix 2: Plagiarism declaration

Plagiarism Declaration

I know that plagiarism is wrong. Plagiarism is to use another's work and pretend it is one's own.

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This dissertation is my own work. I have not allowed, and will not allow, anyone to copy my work with the intention of passing it off as his/her own work.

SIGNATURE:

Signed by candidate

NAME: DENIS OKOVA

STUDENT NUMBER: OKVDEN0016TH FEBRUARY 2023



UNIVERSITY OF CAPE TOWN
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13 May 2022

HREC REF: 282/2022

Dr O Alaba

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Dear Dr Alaba

PROJECT TITLE : EXPERIENCES AND SOCIAL DETERMINANTS OF SEXUAL VIOLENCE AND POSTVIOLENCE HELP-SEEKING BEHAVIOUR AMONG CHILDREN AND YOUNG PEOPLE IN KENYA: SECONDARY ANALYSIS OF THE 2019 VACS DATASET- (MASTERS CANDIDATE-DR DENIS OKOVA)

Thank you for submitting your study to the Faculty of Health Sciences Human Research Ethics Committee (HREC) for review.

It is a pleasure to inform you that the HREC has **formally approved** the above-mentioned study, subject to providing the HREC with your publication strategy to minimize any risk of stigma.

This approval is subject to strict adherence to the HREC recommendations regarding research involving human participants during COVID -19. Please refer to guidance letter dated 02 February 2022 on our website:

<http://www.health.uct.ac.za/fhs/research/humanethics/forms>

Approval is granted for one year until the 30 May 2023.

Please submit a progress form, using the standardised Annual Report Form if the study continues beyond the approval period. Please submit a Standard Closure form if the study is completed within the approval period.

(Forms can be found on our website: www.health.uct.ac.za/fhs/research/humanethics/forms)

The HREC acknowledge that the student: Dr Denis Okova will also be involved in this study.

Please quote the HREC REF 282/2022 in all your correspondence.

Please note that the ongoing ethical conduct of the study remains the responsibility of the principal investigator.

Please note that for all studies approved by the HREC, the principal investigator **must** obtain appropriate institutional approval, where necessary, before the research may occur.

Yours sincerely



PROFESSOR M BLOCKMAN
CHAIRPERSON, FACULTY OF HEALTH SCIENCES HUMAN RESEARCH ETHICS COMMITTEE

Federal Wide Assurance Number: FWA00001637. Institutional Review Board (IRB) number: IRB00001938 NHREC-registration number: REC-210208-007

This serves to confirm that the University of Cape Town Human Research Ethics Committee complies to the Ethics Standards for Clinical Research with a new drug in patients, based on the Medical Research Council (MRC-SA), Food and Drug Administration (FDA-USA), International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use: Good Clinical Practice (ICH GCP), South African Good Clinical Practice Guidelines (DoH 2020), based on the Association of the British Pharmaceutical Industry Guidelines (ABPI), and Declaration of Helsinki (2013) guidelines. The Human Research Ethics Committee granting this approval is in compliance with the ICH Harmonised Tripartite Guidelines E6: Note for Guidance on Good Clinical Practice (CPMP/ICH/135/95) and FDA Code Federal Regulation Part 50, 56 and 312.

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Please note that your manuscript must include a 'Declarations' section including all of the subheadings (please see below for more information).

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The title page should:

present a title that includes, if appropriate, the study design e.g.:

"A versus B in the treatment of C: a randomized controlled trial", "X is a risk factor for Y: a case control study",

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or for non-clinical or non-research studies a description of what the article reports

list the full names and institutional addresses for all authors

if a collaboration group should be listed as an author, please list the Group name as an author. If you would like the names of the individual members of the Group to be searchable through their individual PubMed records, please include this information in the "Acknowledgements" section in accordance with the instructions below

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indicate the corresponding author

Abstract

The Abstract should not exceed 350 words. Please minimize the use of abbreviations and do not cite references in the abstract. Reports of randomized controlled trials should follow the [CONSORT](#) extension for abstracts. The abstract must include the following separate sections:

Background: the context and purpose of the study

Methods: how the study was performed and statistical tests used

Results: the main findings

Conclusions: brief summary and potential implications

Trial registration: If your article reports the results of a health care intervention on human participants, it must be registered in an appropriate registry and the registration number and date of registration should be stated in this section. If it was not registered prospectively (before enrollment of the first participant), you should include the words 'retrospectively registered'. See our [editorial policies](#) for more information on trial registration

Keywords

Three to ten keywords representing the main content of the article.

Background

The Background section should explain the background to the study, its aims, a summary of the existing literature and why this study was necessary or its contribution to the field.

Methods

The methods section should include:

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a clear description of all processes, interventions and comparisons. Generic drug names should generally be used. When proprietary brands are used in research, include the brand names in parentheses

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This section should discuss the implications of the findings in context of existing research and highlight limitations of the study.

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If abbreviations are used in the text they should be defined in the text at first use, and a list of abbreviations should be provided.

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All manuscripts must contain the following sections under the heading 'Declarations':

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Consent for publication

Availability of data and materials

Competing interests

Funding

Authors' contributions

Acknowledgements

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Always use footnotes instead of endnotes

Part E: Appendix 5: Kenya Violence Against Children Survey (VACS) 2018 Questionnaire

2018 Kenya Survey of Health and Life Experiences of Children and Young People
 REVISION AUGUST 14 2018 – FEMALE VERSION

HEAD OF HOUSEHOLD QUESTIONNAIRE COMPLETED FOR THIS HOUSEHOLD		YES	NO	1	2																				
Q1	RECORD THE TIME THE INTERVIEW BEGAN (00:00):	[][][][]																							
Q2	I would like to start by asking you questions about yourself: How old are you?	YEARS OLD: [][]	DON'T KNOW..... DECLINED	98 99																					
Q3	EDUCATION: Have you ever attended school?	YES	NO	1 2	Q5 Q9																				
		DON'T KNOW..... DECLINED		98 99																					
Q4	Are you currently attending school?	YES	NO	1 2	Q7 Q9																				
		DON'T KNOW..... DECLINED		98 99																					
Q5	What is the main reason why you are not attending school?	VIOLENCE IN THE NEIGHBORHOOD/COMMUNITY/SCHOOL /MY FAMILY DO NOT HAVE MONEY TO PAY THE SCHOOL OR FOR SUPPLIES		1																					
		I HAVE TO WORK.....		2																					
		I DON'T LIKE THE SCHOOL		3																					
		DONT KNOW.....		4																					
		DECLINED		98 99																					
Q6	What is the highest level of schooling you have completed?	LESS THAN PRIMARY		1																					
		PRIMARY		2																					
		SECONDARY.....		3	Q9																				
		HIGHER THAN SECONDARY		4																					
		DONT KNOW.....		98																					
		DECLINED		99																					
Q7	What is your current level of school?	LESS THAN PRIMARY		1																					
		PRIMARY		2																					
		SECONDARY		3																					
		HIGHER THAN SECONDARY		4																					
		DONT KNOW.....		98																					
		DECLINED		99																					
Q8	During this school year, were you taught in any of your classes any of the following: A. How to manage anger? B. How to avoid physical fights and violence? C. How to avoid bullying?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> <th>DTA</th> </tr> </thead> <tbody> <tr> <td>A. HOW TO MANAGE ANGER</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>B. HOW TO AVOID PHYSICAL FIGHTS AND VIOLENCE</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>C. HOW TO AVOID BULLYING</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> </tbody> </table>					YES	NO	DK	DTA	A. HOW TO MANAGE ANGER	1	2	98	99	B. HOW TO AVOID PHYSICAL FIGHTS AND VIOLENCE	1	2	98	99	C. HOW TO AVOID BULLYING	1	2	98	99
	YES	NO	DK	DTA																					
A. HOW TO MANAGE ANGER	1	2	98	99																					
B. HOW TO AVOID PHYSICAL FIGHTS AND VIOLENCE	1	2	98	99																					
C. HOW TO AVOID BULLYING	1	2	98	99																					
Q8a	In the past 12 months, have you participated in any programs in or out of school that help young people deal with different kinds of violence?	YES, IN SCHOOL.....		1																					
		YES, OUTSIDE SCHOOL		2																					
		YES, BOTH IN SCHOOL & OUTSIDE SCHOOL		3																					
		NO		4																					
		DONT KNOW.....		98																					
		DECLINED.....		99																					
Q9	FOOD/MATERIAL INSECURITY: In the past month, was there a day that you went without food because there wasn't enough food in the household?	YES		1																					
		NO		2																					
		DONT KNOW.....		98																					
		DECLINED		99																					
Q9a	In the past month, was there a time that you needed medical care/medicine and you did not get it because there was no money to buy it?	YES, I WAS SICK IN THE PAST MONTH AND DID NOT GET CARE.....		1																					
		YES, I WAS SICK IN THE PAST MONTH AND GOT CARE		2																					
		NO, I WAS NOT SICK IN THE PAST MONTH		3																					
		DONT KNOW.....		98																					
		DECLINED		99																					
Q10	FRIENDSHIPS: A LOT.....			1																					

	How much do you talk to friends about important things: a lot, some, not too much, not at all?	SOME NOT VERY MUCH NOT AT ALL DON'T KNOW DECLINED	2 3 4 98 99	
Q10a	How many good [female/male] friends do you have, with whom you can share information, and whom you can trust with your personal information?	FEMALES <input type="text"/> <input type="text"/> [IF = 0 → "MALES"] MALES <input type="text"/> <input type="text"/> [IF = 0 → Q11] DON'T KNOW DECLINED	98 99	
Q11	WORK: At any time during the past 12 months did you engage in any work as an employee, or self-employed individual?	YES NO DON'T KNOW DECLINED	1 2 98 99	→ Q15
Q12	Where did you carry out your main work during the past 12 months?	AT FAMILY DWELLING FORMAL OFFICE FACTORY/WORKSHOP FARM/GARDEN CONSTRUCTION SITE MINE/QUARRY SHOP/KIOSK RESTAURANT/HOTEL/CAFÉ, BAR DIFFERENT PLACES (MOBILE) FIXED, STREET OR MARKET STALL POND/LAKE/RIVER DON'T KNOW DECLINED	1 2 3 4 5 6 7 8 9 10 11 98 99	
Q13	Did you receive money for this work?	YES NO DON'T KNOW DECLINED	1 2 98 99	→ Q15
Q14	Who usually decides how the money you earn will be used?	I DECIDE MY HUSBAND DECIDES MY BOYFRIEND DECIDES MY PARENTS DECIDE SOMEONE ELSE DECIDES I DECIDE JOINTLY WITH SOMEONE DON'T KNOW DECLINED	1 2 3 4 5 6 98 99	
Q15	PARENTS: Now, I would like to ask you some questions about your biological parents – your natural parents who gave birth to you. Is your biological mother still alive?	YES NO DON'T KNOW DECLINED	1 2 98 99	→ Q17 → Q17
Q16	How old were you when she died?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW DECLINED	98 99	
IF Q16>=13 (MOTHER DIED AT OR AFTER PARTICIPANT AGE 13) GO TO Q23 IF Q16<13 (MOTHER DIED BEFORE PARTICIPANT AGE 13) GO TO Q25				
Q17	<i>If participant is 13 to 17 years old:</i> Has your biological mother ever lived away from you for 6 months or more? <i>If participant is 18 to 24 years old:</i> Has your biological mother ever lived away from you for 6 months or more before you were 18 years old?	YES NO DON'T KNOW DECLINED	1 2 98 99	→ Q23

Q18	Why did she live away from you?	I LEFT OR WAS SENT AWAY FOR WORK..... I LEFT OR WAS SENT AWAY FOR SCHOOL..... MOTHER LEFT FOR WORK/STUDY..... MOTHER REMARRIED..... I GOT MARRIED..... MOTHER GOT DIVORCED/SEPARATED..... I WAS ABANDONED..... OTHER (SPECIFY):..... DON'T KNOW..... DECLINED.....	1 2 3 4 5 6 7 88 98 99	
Q19	How old were you when she first lived away from you for 6 months or more?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW..... DECLINED.....	98 99	
Q20	Is your biological mother living away from you now?	YES..... NO..... DON'T KNOW..... DECLINED.....	1 2 98 99	→ Q23
Q21	Where is she?	IN THE SAME COUNTY..... IN A DIFFERENT COUNTY..... IN A DIFFERENT COUNTRY..... DON'T KNOW..... DECLINED.....	1 2 3 98 99	
Q22	Have you seen your biological mother in the past 12 months?	YES..... NO..... DON'T KNOW..... DECLINED.....	1 2 98 99	
Q23	<i>For 13-17 year olds: use present tense</i> How easy or difficult is it to talk to your mother individually about things that really bother you? Would you say very easy, easy, difficult, very difficult, or you do not have a relationship with her? <i>For 18-24 year olds (or if mother is deceased): use past tense</i> How easy or difficult <i>was</i> it to talk to your mother individually about things that really <i>bothered</i> you? Would you say very easy, easy, difficult, very difficult, or you <i>never had</i> a relationship with her?	VERY EASY..... EASY..... DIFFICULT..... VERY DIFFICULT..... NO RELATIONSHIP..... DON'T KNOW..... DECLINED.....	1 2 3 4 5 98 99	→ Q25
Q24	<i>For 13-17 year olds: use present tense</i> How close do you feel to your biological mother? Would you say very close, close, not close, or you do not have a relationship with her? <i>For 18-24 year olds (or if mother is deceased): use past tense</i> How close <i>did</i> you feel to your biological mother? Would you say very close, close, not close, or you <i>never had</i> a relationship with her?	VERY CLOSE..... CLOSE..... NOT CLOSE..... NO RELATIONSHIP..... DON'T KNOW..... DECLINED.....	1 2 3 4 98 99	
Q25	Is your biological father still alive?	YES..... NO..... DON'T KNOW..... DECLINED.....	1 2 98 99	→ Q27 → Q27

Q26	How old were you when he died?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW..... DECLINED	98 99	
IF Q26>=13 (FATHER DIED AT OR AFTER PARTICIPANT AGE 13) GO TO Q33 IF Q26<13 (FATHER DIED BEFORE PARTICIPANT AGE 13) GO TO Q35				
Q27	<i>If participant is 13 to 17 years old:</i> Has your biological father ever lived away from you for 6 months or more? <i>If participant is 18 to 24 years old:</i> Has your biological father ever lived away from you for 6 months or more before you were 18 years old?	YES..... NO..... DON'T KNOW..... DECLINED	1 2 98 99	→ Q33
Q28	Why did he live away from you?	I LEFT OR WAS SENT AWAY FOR WORK..... I LEFT OR WAS SENT AWAY FOR SCHOOL..... FATHER LEFT FOR WORK..... FATHER REMARRIED..... I GOT MARRIED..... FATHER GOT DIVORCED/SEPARATED..... I WAS ABANDONED..... OTHER (SPECIFY):..... DON'T KNOW..... DECLINED.....	1 2 3 4 5 6 7 88 98 99	
Q29	How old were you when he first lived away from you for 6 months or more?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW..... DECLINED	98 99	
Q30	Is your biological father living away from you now?	YES..... NO..... DON'T KNOW..... DECLINED	1 2 98 99	→ Q33
Q31	Where is he?	IN THE SAME COUNTY..... IN A DIFFERENT COUNTY..... IN A DIFFERENT COUNTRY..... DON'T KNOW..... DECLINED.....	1 2 3 98 99	
Q32	Have you seen your biological father in the past 12 months?	YES..... NO..... DON'T KNOW..... DECLINED.....	1 2 98 99	
Q33	<i>For 13-17 year olds: use present tense</i> How easy or difficult is it to talk to your biological father individually about things that really bother you? Would you say very easy, easy, difficult, very difficult, or you don't have a relationship with him? <i>For 18-24 year olds (or if father is deceased): use past tense</i> How easy or difficult was it to talk to your biological father individually about things that really bothered you? Would you say very easy, easy, difficult, very difficult, or you never had a relationship with him?	VERY EASY..... EASY..... DIFFICULT..... VERY DIFFICULT..... NO RELATIONSHIP..... DON'T KNOW..... DECLINED.....	1 2 3 4 5 98 99	→ Q35
Q34	<i>For 13-17 year olds: use present tense</i> How close do you feel to your biological father? Would you say very close, close, not	VERY CLOSE..... CLOSE..... NOT CLOSE..... NO RELATIONSHIP..... DON'T KNOW.....	1 2 3 4 98	

	close, or you don't have a relationship with him? <i>For 18-24 year olds (or if father is deceased): use past tense</i> How close did you feel to your biological father? Would you say very close, close, not close, or you never had a relationship with him?	DECLINED	99																																					
Q35	<i>For 13-17 year olds: use present tense</i> <i>For 18-24 year olds: use past tense</i> How much does/did your father, mother or caregiver really know the following things – does/did he/she know a lot, a little, or nothing? A. Who your friends are/were? B. How you spend/spent your money? C. Where you go/went after school? D. Where you go/went at night? E. What you do/did with your free time?	<table border="1"> <thead> <tr> <th></th> <th>A LOT</th> <th>A LITTLE</th> <th>NOTHING</th> <th>DK</th> <th>DTA</th> </tr> </thead> <tbody> <tr> <td>A. WHO YOUR FRIENDS ARE</td> <td>1</td> <td>2</td> <td>3</td> <td>98</td> <td>99</td> </tr> <tr> <td>B. HOW YOU SPEND YOUR MONEY</td> <td>1</td> <td>2</td> <td>3</td> <td>98</td> <td>99</td> </tr> <tr> <td>C. WHERE YOU GO AFTER SCHOOL</td> <td>1</td> <td>2</td> <td>3</td> <td>98</td> <td>99</td> </tr> <tr> <td>D. WHERE YOU GO AT NIGHT</td> <td>1</td> <td>2</td> <td>3</td> <td>98</td> <td>99</td> </tr> <tr> <td>E. WHAT YOU DO WITH YOUR FREE TIME?</td> <td>1</td> <td>2</td> <td>3</td> <td>98</td> <td>99</td> </tr> </tbody> </table>		A LOT	A LITTLE	NOTHING	DK	DTA	A. WHO YOUR FRIENDS ARE	1	2	3	98	99	B. HOW YOU SPEND YOUR MONEY	1	2	3	98	99	C. WHERE YOU GO AFTER SCHOOL	1	2	3	98	99	D. WHERE YOU GO AT NIGHT	1	2	3	98	99	E. WHAT YOU DO WITH YOUR FREE TIME?	1	2	3	98	99		
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Q36	MARRIAGE AND PARTNERSHIP: Have you ever been married or lived with someone as if you were married?	YES, EVER MARRIED YES, EVER LIVED WITH A PARTNER NO, NEVER MARRIED OR LIVED WITH A PARTNER..... DON'T KNOW..... DECLINED	1 2 3 98 99	Q41																																				
Q37	How old were you when you first got married or started living together?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW..... DECLINED	98 99																																					
Q38	What is your marital status now? Are you married, living with someone as if you are married, widowed, divorced, or separated?	LIVING WITH SOMEONE AS IF MARRIED..... MARRIED..... WIDOWED..... DIVORCED..... SEPARATED..... DON'T KNOW..... DECLINED	1 2 3 4 5 98 99	Q42																																				
Q39	Was your current or most recent spouse/partner chosen for you, or did you choose each other?	WE CHOSE EACH OTHER..... SPOUSE/PARTNER CHOSEN BY SOMEONE ELSE..... DON'T KNOW..... DECLINED	1 2 98 99																																					
Q39a	Did you marry your current or most recent spouse because you were pregnant?	YES..... NO..... DON'T KNOW..... DECLINED	1 2 98 99																																					
Q40	Are you currently living with your spouse or partner?	YES..... NO..... DON'T KNOW..... DECLINED	1 2 98 99	Q42																																				
Q41	Have you ever had a boyfriend or romantic partner?	YES..... NO..... DON'T KNOW..... DECLINED	1 2 98 99																																					

		YES	NO	DK	DTA
Q42	GENDER ATTITUDES: Do you believe: (Read categories below)				
	A) Only men, not women, should decide when to have sex?	1	2	98	99
	B) If someone insults a boy or man, he should defend his reputation with force if he needs to?	1	2	98	99
	C) There are times when a woman should be beaten?	1	2	98	99
	D) Women who carry condoms have sex with a lot of men?	1	2	98	99
	E) A woman should tolerate violence to keep her family together?	1	2	98	99
Q43	In your opinion, is a husband justified in hitting or beating his wife in the following situations: (Read categories below)				
	A. IF SHE GOES OUT WITHOUT TELLING HIM	1	2	98	99
	B. IF SHE DOES NOT TAKE CARE OF THE CHILDREN	1	2	98	99
	C. IF SHE ARGUES WITH HIM	1	2	98	99
	D. IF SHE REFUSES TO HAVE SEX WITH HIM	1	2	98	99
	E. IF SHE BURNS THE FOOD	1	2	98	99
Q44	ATTITUDES ABOUT CORPORAL PUNISHMENT Do you believe that in order to bring up (raise/educate) a child properly, a parent or caregiver needs to physically punish the child, for example by spanking or hitting the child with a hand or object?	YES	NO	DON'T KNOW	DECLINED
				1	2
				98	99
Q45	Do you believe that in order to educate a child properly, a teacher needs to physically punish the child, for example by spanking or hitting the child with a hand or object?	YES	NO	DON'T KNOW	DECLINED
				1	2
				98	99
IF Q2=13-17 CONTINUE TO Q46 (DISCIPLINE) IF Q2=18-24 SKIP TO Q47 (SAFETY)					
Q46	DISCIPLINE: In the past 12 months, has a parent or adult caregiver punished or corrected you by:				
		YES	NO	DK	DTA
	A. Shouting, yelling, or screaming at you; calling you offensive names, such as 'dumb' or 'lazy'; taking away food; or ignoring you for several hours?	1	2	98	99
	B. Shaking, hitting, spanking, or slapping you anywhere on your body with a bare hand or a hard object?	1	2	98	99
	C. Taking away privileges, forbidding something you liked or wanted to do; explaining why the behavior is wrong; or giving you a reminder or warning not to do it again?	1	2	98	99
Q47	SAFETY: In the past 12 months, did you miss school or not leave your home because of fear of violence in the community (threats, extortions)?	YES	NO	DON'T KNOW	DECLINED
				1	2
				98	99
Q48	In the past 12 months, did you not go to school or leave your home because of fear of the police or army in the streets?	YES	NO	DON'T KNOW	DECLINED
				1	2
				98	99
Q49	During the past 12 months, were there any days you missed school or did not leave your home because you felt it would be unsafe for any reason?	YES	NO	DON'T KNOW	DECLINED
				1	2
				98	99

Q50	WITNESSING PHYSICAL VIOLENCE: The following questions are about witnessing physical violence by strangers or people you know well in your home or community/neighborhood. <i>For participants 13-17:</i> At any time in your life: <i>For participants 18-24:</i> Before the age of 18:			
Q51	How many times did you see or hear your mother or step-mother being hit, punched, kicked or beaten by your father or step-father? Would you say: never, once, or more than one time?	NEVER ONCE MORE THAN ONE TIME DON'T KNOW DECLINED	1 → 2 3 98 → 99 →	Q51c Q51c
For participants 13-17 ONLY:				
Q51b	Did this happen in the past 12 months?	YES NO DON'T KNOW DECLINED	1 2 98 99	
Q51c	How many times did you see or hear your father or step-father being hit, punched, kicked or beaten by your mother or step-mother? Would you say: never, once, or more than one time?	NEVER ONCE MORE THAN ONE TIME DON'T KNOW DECLINED	1 → 2 3 98 → 99 →	Q53 Q53
For participants 13-17 ONLY:				
Q52	Did this happen in the past 12 months?	YES NO DON'T KNOW DECLINED	1 2 98 99	
Q53	How many times did you see or hear a parent punch, kick, or beat your brothers or sisters? Never, once, more than one time, or I have no brothers or sisters?	NEVER ONCE MORE THAN ONE TIME I HAVE NO BROTHERS OR SISTERS DON'T KNOW DECLINED	1 → 2 3 4 98 → 99 →	Q55 Q55
For participants 13-17 ONLY:				
Q54	Did this happen in the past 12 months?	YES NO DON'T KNOW DECLINED	1 2 98 99	
Q55	Outside of your home and family environment, how many times did you see anyone get attacked? Would you say never, once, or more than one time?	NEVER ONCE MORE THAN ONE TIME DON'T KNOW DECLINED	1 → 2 3 98 → 99 →	Q100 Q100
For participants 13-17 ONLY:				
Q56	Did this happen in the past 12 months?	YES NO DON'T KNOW DECLINED	1 2 98 99	
IF Q36=3/98/99 (NEVER MARRIED/NEVER LIVED W/ SOMEONE AS MARRIED/DK/DTA) AND Q41=2/98/99 (NEVER PARTNER) GO TO Q110 (PV) IF Q36=1/2 (EVER MARRIED OR LIVED WITH SOMEONE AS MARRIED) OR Q41=1 (EVER PARTNER) CONTINUE WITH Q100				

Q100	PV: PHYSICAL VIOLENCE			
	PVI: INTIMATE PARTNER VIOLENCE			
	Now I would like to ask you questions about some important aspects of romantic relationships in the life of a girl/young woman. I know that some of these questions are very personal. However, your answers will help us understand the condition of women and girls in Kenya. Let me assure you that your answers are completely confidential and will not be told to anyone, and no one else will know that you were asked these questions. Remember, you can ask to skip any question that you do not want to answer.			
	Has a boyfriend/romantic partner, ex-boyfriend/romantic partner or husband ever:	YES	NO	DK DTA
	A. slapped, pushed, shoved, shaken, or intentionally thrown something at you to hurt you? (If A=2, 98, or 99, skip to B)	1	2	98 99
	A1. has this happened in the past 12 months?	1	2	98 99
	B. punched, kicked, whipped, or beaten you with an object? (If B=2, 98, or 99, skip to C)	1	2	98 99
	B1. has this happened in the past 12 months?	1	2	98 99
	C. choked, suffocated, tried to drown you, or burned you intentionally? (If C=2, 98, or 99, skip to D)	1	2	98 99
	C1. has this happened in the past 12 months?	1	2	98 99
	D. used or threatened you with a knife, gun or other weapon? (If D=2, 98, or 99, skip to Q101)	1	2	98 99
	D1. Has this happened in the past 12 months?	1	2	98 99
IF Q100A=1 OR Q100B=1 OR Q100C=1 OR Q100D=1 GO TO Q101 IF Q100A=2/98/99 AND Q100B=2/98/99 AND Q100C=2/98/99 AND Q100D=2/98/99 GO TO Q110 (PEERS)				
Q101	PVI: Thinking of all of these experiences, such as [PGM WILL PROGRAM TEXT] how many times has a boyfriend/romantic partner, ex-boyfriend/romantic partner or husband ever done this to you? Would you say once, or more than once?	ONCE MORE THAN ONCE..... DON'T KNOW DECLINED	1 2 98 99	→ Q105 → Q105
Q102	PVI: MOST RECENT TIME How old were you the last time this happened?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW DECLINED	98 99	
Q103	Was this person who did this to you the last time your boyfriend/romantic partner, ex-boyfriend/romantic partner, husband, or ex-husband?	BOYFRIEND/ROMANTIC PARTNER..... HUSBAND..... EX-BOYFRIEND/ROMANTIC PARTNER..... EX-HUSBAND..... DON'T KNOW..... DECLINED.....	1 2 3 4 98 99	
Q104	How old was this person? Please give your best guess.	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW DECLINED	98 99	
Q105	PVI: FIRST TIME How old were you the first time this happened?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW DECLINED	98 99	
Q106	Was this person who did this to you this first time your boyfriend/romantic partner, ex-boyfriend/romantic partner, husband, or ex-husband?	BOYFRIEND/ROMANTIC PARTNER..... HUSBAND..... EX-BOYFRIEND/ROMANTIC PARTNER..... EX-HUSBAND..... DON'T KNOW..... DECLINED.....	1 2 3 4 98 99	

Q107	How old was this person? Please give your best guess.	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW 98 DECLINED 99																																
Q108	Sometimes people end up with scratches, cuts, bruises or other injuries as a result of acts by a boyfriend/romantic partner, ex-boyfriend/romantic partner, husband or ex-husband such as [PGM WILL PROGRAM TEXT] Have you ever ended up with the following from a boyfriend/romantic partner, ex-boyfriend/romantic partner, husband or ex-husband: A. minor bruises, scrapes or scratches? B. black eyes or other eye injuries? C. gashes, deep wounds (e.g., from a knife, gun or other object)? D. broken bones or teeth? E. burns (e.g., from a cigarette, hot liquid, open flame)?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> <th>DTA</th> </tr> </thead> <tbody> <tr> <td>A. MINOR BRUISES, SCRAPES, OR SCRATCHES</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>B. BLACK EYES OR OTHER EYE INJURIES</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>C. GASHERS, DEEP WOUNDS (E.G., FROM A KNIFE, GUN OR OTHER OBJECT)</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>D. BROKEN BONES OR TEETH</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>E. BURNS (E.G., FROM A CIGARETTE, HOT LIQUID, OPEN FLAME)</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> </tbody> </table>		YES	NO	DK	DTA	A. MINOR BRUISES, SCRAPES, OR SCRATCHES	1	2	98	99	B. BLACK EYES OR OTHER EYE INJURIES	1	2	98	99	C. GASHERS, DEEP WOUNDS (E.G., FROM A KNIFE, GUN OR OTHER OBJECT)	1	2	98	99	D. BROKEN BONES OR TEETH	1	2	98	99	E. BURNS (E.G., FROM A CIGARETTE, HOT LIQUID, OPEN FLAME)	1	2	98	99		
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IF Q108A=1 OR Q108B=1 OR Q108C=1 OR Q108D=1 OR Q108E=1 CONTINUE WITH Q109 IF Q108A=2/98/99 AND Q108B=2/98/99 AND Q108C=2/98/99 AND Q108D=2/98/99 AND Q108E=2/98/99 GO TO Q110																																		
Q109	How old were you the first time any of these injuries from a current or ex-boyfriend/partner, husband or ex-husband happened to you?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW 98 DECLINED 99																																

Q110	PV2: PEER VIOLENCE																																							
<p>The next questions are about people your own age – not including a boyfriend, husband, romantic partner. These may include people who you may or may not know such as siblings, schoolmates, neighbors, or strangers. Remember, you can ask to skip any question that you do not want to answer.</p> <p>Has a person your own age ever:</p> <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> <th>DTA</th> </tr> </thead> <tbody> <tr> <td>A. slapped, pushed, shoved, shaken, or intentionally thrown something at you to hurt you?</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>B. punched, kicked, whipped, or beaten you with an object?</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>C. choked, suffocated, tried to drown you, or burned you intentionally?</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>D. used or threatened you with a knife, gun or other weapon?</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> </tbody> </table>						YES	NO	DK	DTA	A. slapped, pushed, shoved, shaken, or intentionally thrown something at you to hurt you?	1	2	98	99	B. punched, kicked, whipped, or beaten you with an object?	1	2	98	99	C. choked, suffocated, tried to drown you, or burned you intentionally?	1	2	98	99	D. used or threatened you with a knife, gun or other weapon?	1	2	98	99											
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<p>IF Q110A=1 OR Q110B=1 OR Q110C=1 OR Q110D=1 GO TO Q111 IF Q110A=2/98/99 AND Q110B=2/98/99 AND Q110C=2/98/99 AND Q110D=2/98/99 GO TO Q120 (PARENTS, ADULT CARETAKERS, ADULT RELATIVES)</p>																																								
Q111	PV2: Thinking about all these experiences, such as [PGM WILL PROGRAM TEXT] how many times has a person your own age ever done this to you: once or more than once?	ONCE..... 1 → MORE THAN ONCE 2 DON'T KNOW 98 DECLINED..... 99		Q115 Q115																																				
Q112	PV2: MOST RECENT TIME Did this happen to you in the past 12 months?	YES 1 NO 2 DON'T KNOW 98 DECLINED..... 99																																						
Q113	How old were you the <u>last time</u> this happened?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW 98 DECLINED..... 99																																						
Q114	The person your own age who did this to you the last time, what was this person's relationship to you?	<table border="0"> <thead> <tr> <th colspan="2"><u>MALE</u></th> <th colspan="2"><u>FEMALE</u></th> </tr> </thead> <tbody> <tr> <td>BROTHER</td> <td>1</td> <td>SISTER</td> <td>7</td> </tr> <tr> <td>MALE RELATIVE</td> <td>2</td> <td>FEMALE RELATIVE</td> <td>8</td> </tr> <tr> <td>MALE FRIEND</td> <td>3</td> <td>FEMALE FRIEND</td> <td>9</td> </tr> <tr> <td>MALE CLASSMATE/SCHOOLMATE</td> <td>4</td> <td>FEMALE CLASSMATE/SCHOOLMATE</td> <td>10</td> </tr> <tr> <td>MALE NEIGHBOR</td> <td>5</td> <td>FEMALE NEIGHBOR</td> <td>11</td> </tr> <tr> <td>MALE STRANGER.....</td> <td>6</td> <td>FEMALE STRANGER.....</td> <td>12</td> </tr> <tr> <td colspan="2">DON'T KNOW</td> <td colspan="2">98</td> </tr> <tr> <td colspan="2">DECLINED</td> <td colspan="2">99</td> </tr> </tbody> </table>	<u>MALE</u>		<u>FEMALE</u>		BROTHER	1	SISTER	7	MALE RELATIVE	2	FEMALE RELATIVE	8	MALE FRIEND	3	FEMALE FRIEND	9	MALE CLASSMATE/SCHOOLMATE	4	FEMALE CLASSMATE/SCHOOLMATE	10	MALE NEIGHBOR	5	FEMALE NEIGHBOR	11	MALE STRANGER.....	6	FEMALE STRANGER.....	12	DON'T KNOW		98		DECLINED		99			
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SKIP TO Q116																																								
Q115	PV2: FIRST TIME Did this happen to you in the past 12 months?	YES 1 NO 2 DON'T KNOW 98 DECLINED..... 99																																						
Q116	How old were you the <u>first time</u> this happened?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW 98 DECLINED..... 99																																						

Q117	<p>The person your own age who did this to you the first time, what was this person's relationship to you?</p> <table border="0"> <tr> <td colspan="2" style="text-align: center;">MALE</td> <td colspan="2" style="text-align: center;">FEMALE</td> </tr> <tr> <td>BROTHER</td> <td>1</td> <td>SISTER</td> <td>7</td> </tr> <tr> <td>MALE RELATIVE</td> <td>2</td> <td>FEMALE RELATIVE</td> <td>8</td> </tr> <tr> <td>MALE FRIEND</td> <td>3</td> <td>FEMALE FRIEND</td> <td>9</td> </tr> <tr> <td>MALE CLASSMATE/SCHOOLMATE</td> <td>4</td> <td>FEMALE CLASSMATE/SCHOOLMATE</td> <td>10</td> </tr> <tr> <td>MALE NEIGHBOR</td> <td>5</td> <td>FEMALE NEIGHBOR</td> <td>11</td> </tr> <tr> <td>MALE STRANGER</td> <td>6</td> <td>FEMALE STRANGER</td> <td>12</td> </tr> <tr> <td colspan="4" style="text-align: center;">DON'T KNOW</td> <td>98</td> </tr> <tr> <td colspan="4" style="text-align: center;">DECLINED</td> <td>99</td> </tr> </table>	MALE		FEMALE		BROTHER	1	SISTER	7	MALE RELATIVE	2	FEMALE RELATIVE	8	MALE FRIEND	3	FEMALE FRIEND	9	MALE CLASSMATE/SCHOOLMATE	4	FEMALE CLASSMATE/SCHOOLMATE	10	MALE NEIGHBOR	5	FEMALE NEIGHBOR	11	MALE STRANGER	6	FEMALE STRANGER	12	DON'T KNOW				98	DECLINED				99
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Q118	<p>Sometimes people end up with scratches, cuts, bruises or other injuries as a result of acts by people their own age [PGM WILL PROGRAM TEXT]</p> <p>Have you ever ended up with the following from someone your own age:</p> <p>A. minor bruises, scrapes or scratches? B. black eyes or other eye injuries? C. gashes, deep wounds such as from a knife, gun or other object? D. broken bones or teeth? E. burns such as from a cigarette, hot liquid, open flame?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> <th style="text-align: center;">DTA</th> </tr> </thead> <tbody> <tr> <td>A. MINOR BRUISES, SCRAPES, OR SCRATCHES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> <tr> <td>B. BLACK EYES OR OTHER EYE INJURIES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> <tr> <td>C. GASHES, DEEP WOUNDS FROM A KNIFE, GUN OR OTHER OBJECT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> <tr> <td>D. BROKEN BONES OR TEETH</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> <tr> <td>E. BURNS FROM A CIGARETTE, HOT LIQUID, OPEN FLAME</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>		YES	NO	DK	DTA	A. MINOR BRUISES, SCRAPES, OR SCRATCHES	1	2	98	99	B. BLACK EYES OR OTHER EYE INJURIES	1	2	98	99	C. GASHES, DEEP WOUNDS FROM A KNIFE, GUN OR OTHER OBJECT	1	2	98	99	D. BROKEN BONES OR TEETH	1	2	98	99	E. BURNS FROM A CIGARETTE, HOT LIQUID, OPEN FLAME	1	2	98	99								
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<p>IF Q118A=1 OR Q118B=1 OR Q118C=1 OR Q118D=1 OR Q118E=1 CONTINUE WITH Q119 IF Q118A=2/98/99 AND Q118B=2/98/99 AND Q118C=2/98/99 AND Q118D=2/98/99 AND Q118E=2/98/99 GO TO Q120</p>																																							
Q119	<p>How old were you the first time any of these injuries from someone your own age happened to you?</p> <p>YEARS OLD: <input type="text"/> <input type="text"/></p> <p>DON'T KNOW</p> <p>DECLINED</p>																																						

Q120	PV3: PARENTS, ADULT CAREGIVERS AND OTHER ADULT RELATIVES			
	The next questions are about parents, adult caregivers, or other adult relatives. Remember, you can ask to skip any question that you do not want to answer.			
	Has a parent, adult caregiver, or other adult relative ever:	YES	NO	DK DTA
	A. slapped, pushed, shoved, shaken, or intentionally thrown something at you to hurt you?	1	2	98 99
	B. punched, kicked, whipped, or beaten you with an object?	1	2	98 99
	C. choked, suffocated, tried to drown you, or burned you intentionally?	1	2	98 99
	D. used or threatened you with a knife, gun or other weapon?	1	2	98 99
IF Q120A=1 OR Q120B=1 OR Q120C=1 OR Q120D=1 CONTINUE TO Q121 IF Q120A=2/98/99 AND Q120B=2/98/99 AND Q120C=2/98/99 AND Q120D=2/98/99 MOVE TO Q132 (ADULTS IN THE COMMUNITY)				
Q121	PV3: Thinking of all these experiences, such as [PGM WILL PROGRAM TEXT] how many times has a parent, adult caregiver, or other adult relative ever done this to you: or more than once?	ONCE	1	→ Q126
		MORE THAN ONCE	2	
		DON'T KNOW	98	→ Q126
		DECLINED	99	
Q122	PV3: MOST RECENT TIME Did this happen to you in the past 12 months?	YES	1	
		NO	2	
		DON'T KNOW	98	
		DECLINED	99	
Q123	How old were you the <u>last time</u> this happened?	YEARS OLD: <input type="text"/> <input type="text"/>		
		DON'T KNOW	98	
		DECLINED	99	
Q124	The parent, adult caregiver or adult relative who did this to you the last time, what was this person's relationship to you?			
	MALE		FEMALE	
	FATHER	1	MOTHER	8
	STEP FATHER	2	STEP MOTHER	9
	BROTHER	3	SISTER	10
	STEP BROTHER	4	STEP SISTER	11
	UNCLE	5	AUNT	12
	GRANDFATHER	6	GRANDMOTHER	13
	OTHER MALE RELATIVE/CAREGIVER	77	OTHER FEMALE RELATIVE/CAREGIVER	88
	DON'T KNOW		98	
	DECLINED		99	
Q125	Did this parent, adult caregiver, or adult relative live within the same household as you when this <u>last time</u> occurred?	YES	1	
		NO	2	
		DON'T KNOW	98	
		DECLINED	99	
			
			
SKIP TO Q127				
Q126	PV3: FIRST TIME Did this happen to you in the past 12 months?	YES	1	
		NO	2	
		DON'T KNOW	98	
		DECLINED	99	
Q127	How old were you the <u>first time</u> this happened?	YEARS OLD: <input type="text"/> <input type="text"/>		
		DON'T KNOW	98	
		DECLINED	99	

Q128	The parent, adult caregiver or adult relative who did this to you the first time, what was this person's relationship to you?				
	<p style="text-align: center;">MALE</p> FATHER 1 STEP FATHER 2 BROTHER 3 STEP BROTHER 4 UNCLE 5 GRANDFATHER 6 OTHER MALE RELATIVE/CAREGIVER 77	<p style="text-align: center;">FEMALE</p> MOTHER 8 STEP MOTHER 9 SISTER 10 STEP SISTER 11 AUNT 12 GRANDMOTHER 13 OTHER FEMALE RELATIVE/CAREGIVER 88			
	DON'T KNOW 98 DECLINED 99				
Q129	Did this parent, adult caregiver, or adult relative live within the same household as you the first time this occurred?	YES 1			
		NO 2			
		DON'T KNOW 98			
		DECLINED 99			
Q130	Sometimes people end up with scratches, cuts, bruises or other injuries as a result of acts by parent, adult caregiver, or adult relative such as [PGM WILL PROGRAM TEXT]				
	Have you ever ended up with the following from a parent, adult caregiver, or adult relative, have you received:				
	A. minor bruises, scrapes or scratches?	YES	NO	DK	DTA
	B. black eyes or other eye injuries?	1	2	98	99
	C. gashes, deep wounds such as from a knife, gun or other object?	1	2	98	99
	D. broken bones or teeth?	1	2	98	99
	E. burns such as from a cigarette, hot liquid, open flame?	1	2	98	99
IF Q130A=1 OR Q130B=1 OR Q130C=1 OR Q130D=1 OR Q130E=1 CONTINUE WITH Q131 IF Q130A=2/98/99 AND Q130B=2/98/99 AND Q130C=2/98/99 AND Q130D=2/98/99 AND Q130E=2/98/99 MOVE TO Q132					
Q131	How old were you the first time you ended up with any of these injuries from a parent, adult caregiver or adult relative?	YEARS OLD: <input type="text"/>			
		DON'T KNOW 98			
		DECLINED 99			

Q132	PV4: ADULTS IN THE COMMUNITY/NEIGHBORHOOD				
	The next questions are about adults who are in your community/neighborhood. This includes adults such as teachers, police, employers, religious or community leaders, neighbors, or other adults you don't know. Remember, you can ask to skip any question that you do not want to answer.				
	Has one of these people ever:	YES	NO	DK	DTA
	A. slapped, pushed, shoved, shaken, or intentionally thrown something at you to hurt you?	1	2	98	99
	B. punched, kicked, whipped, or beaten you with an object?	1	2	98	99
	C. choked, suffocated, tried to drown you, or burned you intentionally?	1	2	98	99
	D. used or threatened you with a knife, gun or other weapon?	1	2	98	99
IF Q132A =1 OR Q132B=1 OR Q132C=1 OR Q132D=1 GO TO Q133 IF Q132A=2/98/99 AND Q132B=2/98/99 AND Q132C=2/98/99 AND Q132D=2/98/99: CHECK THE FOLLOWING: IF Q100A/B/C/D=1 OR Q111A/B/C/D =1 OR Q120A/B/C/D =1 GO TO Q143 (PV SERVICES) IF Q100A/B/C/D =2/98/99 AND Q110A/B/C/D =2/98/99 AND Q120A/B/C/D =2/98/99 GO TO Q200 (PV PERPETRATION)					
Q133	PV4: Thinking of all these experiences, such as [PGM WILL PROGRAM TEXT] how many times has an adult in your community ever done this to you: once or more than once?	ONCE.....	MORE THAN ONCE	DON'T KNOW.....	DECLINED.....
				1 →	Q13
				2	7
				98	
				99 →	Q13
					7
Q134	PV4: MOST RECENT TIME Did this happen to you in the past 12 months?	YES	NO	DON'T KNOW	DECLINED.....
				1	
				2	
				98	
				99	
Q135	How old were you the <u>last time</u> this happened?	YEARS OLD: <input type="text"/> <input type="text"/>			
		DON'T KNOW		98	
		DECLINED.....		99	
Q136	The adult in the community who did this to you the last time, what was this person's relationship to you?				
	MALE		FEMALE		
	MALE TEACHER.....	1	FEMALE TEACHER.....	9	
	MALE POLICE/ SECURITY PERSON.....	2	FEMALE POLICE/ SECURITY PERSON.....	10	
	MALE HEALTH CARE WORKER.....	3	FEMALE HEALTH CARE WORKER.....	11	
	MALE EMPLOYER.....	4	FEMALE EMPLOYER.....	12	
	MALE COMMUNITY LEADER.....	5	FEMALE COMMUNITY LEADER.....	13	
	MALE RELIGIOUS LEADER.....	6	FEMALE RELIGIOUS LEADER.....	14	
	MALE TRADITIONAL HEALER.....	7	FEMALE TRADITIONAL HEALER.....	15	
	MALE NEIGHBOR.....	8	FEMALE NEIGHBOR.....	16	
	OTHER MALE (SPECIFY).....	77	OTHER FEMALE (SPECIFY).....	88	
	DON'T KNOW.....	98			
	DECLINED.....	99			
SKIP TO Q138					
Q137	PV4: FIRST TIME Did this happen to you in the past 12 months?	YES	NO	DON'T KNOW	DECLINED.....
				1	
				2	
				98	
				99	
Q138	How old were you the <u>first time</u> this happened?	YEARS OLD: <input type="text"/> <input type="text"/>			
		DON'T KNOW		98	
		DECLINED.....		99	

Q139	The adult in the community who did this to you the <u>first time</u> ; what was this person's relationship to you?	<p style="text-align: center;">MALE</p> MALE TEACHER..... 1 MALE POLICE/ SECURITY PERSON..... 2 MALE HEALTH CARE WORKER..... 3 MALE EMPLOYER..... 4 MALE COMMUNITY LEADER..... 5 MALE RELIGIOUS LEADER..... 6 MALE TRADITIONAL HEALER..... 7 MALE NEIGHBOR..... 8 OTHER MALE (SPECIFY)..... 77		<p style="text-align: center;">FEMALE</p> FEMALE TEACHER..... 9 FEMALE POLICE/ SECURITY PERSON..... 10 FEMALE HEALTH CARE WORKER..... 11 FEMALE EMPLOYER..... 12 FEMALE COMMUNITY LEADER..... 13 FEMALE RELIGIOUS LEADER..... 14 FEMALE TRADITIONAL HEALER..... 15 FEMALE NEIGHBOR..... 16 OTHER FEMALE (SPECIFY)..... 88			
		DON'T KNOW 98		DECLINED 99			
IF Q2=13-17 AND Q3=1 (YES SCHOOL), CONTINUE TO Q140 IF Q2=18-24 SKIP TO Q141 IF Q3=2 (NEVER SCHOOL) OR Q4=2 (NOT ATTENDING SCHOOL), SKIP TO Q141							
Q140	In the past 12 months, has a teacher punished or corrected you by shaking you, hitting or slapping you anywhere on your body with a bare hand or a hard object?	YES.....	1				
		NO.....	2				
		DON'T KNOW.....	98				
		DECLINED.....	99				
Q141	Sometimes people end up with scratches, cuts, bruises or other injuries as a result of acts by adults in the community such as [PGM WILL PROGRAM TEXT]	YES NO DK DTA					
	Have you <u>ever</u> ended up with the following from adults in the community:						
	A. minor bruises, scrapes or scratches?						
	B. black eyes or other eye injuries?						
	C. gashes, deep wounds from a knife, gun or other object?						
	D. broken bones or teeth?						
	E. burns from a cigarette, hot liquid, open flame?						
		A. MINOR BRUISES, SCRAPES, OR SCRATCHES	1	2	98	99	
		B. BLACK EYES OR OTHER EYE INJURIES	1	2	98	99	
		C. GASHES, DEEP WOUNDS FROM A KNIFE, GUN OR OTHER OBJECT	1	2	98	99	
		D. BROKEN BONES OR TEETH	1	2	98	99	
		E. BURNS FROM A CIGARETTE, HOT LIQUID, OPEN FLAME	1	2	98	99	
IF Q141A=1 OR Q141B=1 OR Q141C=1 OR Q141D=1 OR Q141E=1 CONTINUE WITH Q142 IF Q141A=2,98/99 AND Q141B=2,98/99 AND Q141C=2,98/99 AND Q141D=2,98/99 AND Q141E=2,98/99 GO TO Q143							
Q142	How old were you the first time any of these injuries from adults in your own community happened to you?	YEARS OLD: <input type="text"/> <input type="text"/>					
		DON'T KNOW.....	98				
		DECLINED.....	99				

IF Q3=1 (EVER ATTENDED TO SCHOOL) CONTINUE TO Q143 IF Q3=2/98/99 (NEVER ATTENDED TO SCHOOL) SKIP TO Q144																																											
Q143	PV SERVICES Thinking about all these experiences with parents, other adults, romantic partners, people your own age, and people in the community that we just discussed, did you ever have to miss school because of what happened?	YES 1 NO 2 DON'T KNOW 98 DECLINED 99																																									
Q144	Did you know a hospital/clinic, police station, helpline, social welfare or legal office go for help?	YES 1 NO 2 DON'T KNOW 98 DECLINED 99	Q149																																								
Q145	Did you try to seek help from any of these places for any of these experiences?	YES 1 NO 2 DON'T KNOW 98 DECLINED 99	Q147 Q149																																								
Q146	What was the main reason you did not try to seek help from a hospital/clinic, police station, helpline, social welfare or legal office?	AFRAID OF GETTING IN TROUBLE 1 EMBARRASSED FOR SELF/FAMILY 2 COULD NOT AFFORD SERVICES 3 DEPENDENT ON PERPETRATOR 4 PERPETRATOR THREATENED ME 5 DID NOT THINK IT WAS A PROBLEM 6 FELT IT WAS MY FAULT 7 AFRAID OF BEING ABANDONED 8 DID NOT NEED/WANT SERVICES 9 AFRAID OF COMMUNITY VIOLENCE 10 SERVICES TOO FAR AWAY 11 DON'T KNOW 98 DECLINED 99																																									
SKIP TO Q149																																											
Q147	Did you receive any help for any of these experiences from a hospital/clinic, police station, helpline, social welfare or legal office?	YES 1 NO 2 DON'T KNOW 98 DECLINED 99	Q149																																								
Q148	Did you receive help from: A) A doctor, nurse or other healthcare worker? B) Police or other security personnel? C) A lawyer, judge/magistrate or other legal professional, other than police? D) A Children's Officer, social worker or counselor? E) A helpline (incl. phone/internet/website)? f) A religious leader or community leader?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> <th>DTA</th> </tr> </thead> <tbody> <tr> <td>A) A DOCTOR, NURSE OR OTHER HEALTHCARE WORKER?</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>B) POLICE OR OTHER SECURITY PERSONNEL?</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>C) A LAWYER, JUDGE/MAGISTRATE OR OTHER LEGAL PROFESSIONAL, OTHER THAN POLICE?</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>D) A CHILDREN'S OFFICER, SOCIAL WORKER OR COUNSELOR?</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>E) A HELPLINE?</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>F) A RELIGIOUS LEADER OR COMMUNITY LEADER?</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> </tbody> </table>		YES	NO	DK	DTA	A) A DOCTOR, NURSE OR OTHER HEALTHCARE WORKER?	1	2	98	99	B) POLICE OR OTHER SECURITY PERSONNEL?	1	2	98	99	C) A LAWYER, JUDGE/MAGISTRATE OR OTHER LEGAL PROFESSIONAL, OTHER THAN POLICE?	1	2	98	99	D) A CHILDREN'S OFFICER, SOCIAL WORKER OR COUNSELOR?	1	2	98	99	E) A HELPLINE?	1	2	98	99	F) A RELIGIOUS LEADER OR COMMUNITY LEADER?	1	2	98	99						
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F) A RELIGIOUS LEADER OR COMMUNITY LEADER?	1	2	98	99																																							
Q149	Thinking about all these experiences with parents, other adults, people your own age, and people in the community that we just discussed, did you tell anyone about any of these experiences?	YES 1 NO 2 DON'T KNOW 98 DECLINED 99	Q151																																								
Q150	Who did you tell? (Choose all responses that apply)	<table border="1"> <tbody> <tr> <td>MOTHER</td> <td>A</td> <td>NEIGHBOR</td> <td>I</td> </tr> <tr> <td>FATHER</td> <td>B</td> <td>TRADITIONAL HEALER</td> <td>J</td> </tr> <tr> <td>SISTER</td> <td>C</td> <td>NGO WORKER</td> <td>K</td> </tr> <tr> <td>BROTHER</td> <td>D</td> <td>TEACHER</td> <td>L</td> </tr> <tr> <td>OTHER RELATIVE</td> <td>E</td> <td>EMPLOYER</td> <td>M</td> </tr> <tr> <td>HUSBAND</td> <td>F</td> <td>COMMUNITY LEADER</td> <td>N</td> </tr> <tr> <td>BOYFRIEND/ROMANTIC PARTNER</td> <td>G</td> <td>RELIGIOUS LEADER</td> <td>O</td> </tr> <tr> <td>FRIEND</td> <td>H</td> <td>CHILDREN'S OFFICER</td> <td>P</td> </tr> <tr> <td>DON'T KNOW</td> <td>Y</td> <td></td> <td></td> </tr> <tr> <td>DECLINED</td> <td>Z</td> <td></td> <td></td> </tr> </tbody> </table>	MOTHER	A	NEIGHBOR	I	FATHER	B	TRADITIONAL HEALER	J	SISTER	C	NGO WORKER	K	BROTHER	D	TEACHER	L	OTHER RELATIVE	E	EMPLOYER	M	HUSBAND	F	COMMUNITY LEADER	N	BOYFRIEND/ROMANTIC PARTNER	G	RELIGIOUS LEADER	O	FRIEND	H	CHILDREN'S OFFICER	P	DON'T KNOW	Y			DECLINED	Z			
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DECLINED	Z																																										
SKIP TO Q200																																											

Q151	What was the <u>main reason</u> you did not tell anyone?	DID NOT KNOW WHO TO GO TO.....	1
		AFRAID OF GETTING IN TROUBLE	2
		EMBARRASSED FOR SELF/FAMILY	3
		DEPENDENT ON PERPETRATOR.....	4
		PERPETRATOR THREATENED ME.....	5
		DID NOT THINK IT WAS A PROBLEM.....	6
		FELT IT WAS MY FAULT.....	7
		AFRAID OF BEING ABANDONED.....	8
		DID NOT NEED/WANT TO TELL ANYONE	9
		DON'T KNOW.....	98
		DECLINED.....	99

IF Q36=3/98/99 (NEVER MARRIED/NEVER LIVED W/ SOMEONE AS MARRIED/DK/DTA) AND Q41=2/98/99 (NEVER PARTNER) GO TO Q201 IF Q36=1/2 (EVER MARRIED OR LIVED WITH SOMEONE AS MARRIED) OR Q41=1 (EVER PARTNER) CONTINUE WITH Q200				
Q200	PV PERPETRATION			
	Have you ever done any of the following to a current or previous boyfriend, romantic partner or husband:	YES	NO	DK DTA
	A. slapped, pushed, shoved, shaken, or intentionally thrown something to hurt them?	1	2	98 99
	B. punched, kicked, whipped, or beaten them with an object?	1	2	98 99
	C. choked, suffocated, tried to drown them, or burned them intentionally?	1	2	98 99
	D. used or threatened them with a knife, gun or other weapon?	1	2	98 99
IF Q200A=1 OR Q200B=1 OR Q200C=1 OR Q200D=1 CONTINUE WITH Q201 IF Q200A=2/98/99 AND Q200B=2/98/99 AND Q200C=2/98/99 AND Q200D=2/98/99 GO TO Q202				
Q201	Have you ever done any of the following to someone who is not a current or previous boyfriend, romantic partner, or husband:	YES	NO	DK DTA
	A. slapped, pushed, shoved, shaken, or intentionally thrown something at them?	1	2	98 99
	B. punched, kicked, whipped, or beaten them with an object?	1	2	98 99
	C. choked, suffocated, tried to drown them, or burned them intentionally?	1	2	98 99
	D. used or threatened them with a knife, gun or other weapon?	1	2	98 99
IF Q201A=1 OR Q201B=1 OR Q201C=1 OR Q201D=1 CONTINUE WITH Q202 IF Q201A=2/98/99 AND Q201B=2/98/99 AND Q201C=2/98/99 AND Q201D=2/98/99 GO TO Q202				
Q202	During the past 12 months, were you in a physical fight at least once?	YES.....	1	
		NO.....	2	
		DON'T KNOW.....	98	
		DECLINED.....	99	

Q300	EMOTIONAL VIOLENCE																								
	EVI: PARENT, ADULT CAREGIVER, OR OTHER ADULT RELATIVE																								
	The next questions ask about what a parent, adult caregiver or other adult relative may have said to you.																								
	Has a parent, adult caregiver or other adult relative ever:	YES	NO	DK	DTA																				
	A. told you that you were not loved, or did not deserve to be loved?	1	2	98	99																				
	B. said they wished you had never been born or were dead?	1	2	98	99																				
	C. ever ridiculed you, put you down, or insulted you: for example, said that you were stupid or useless?	1	2	98	99																				
IF Q300A=1 OR Q300B=1 OR Q300C=1 CONTINUE WITH Q301																									
IF Q300A=2/98/99 AND Q300B=2/98/99 AND Q300C=2/98/99 GO TO Q310																									
Q301	Thinking of all these experiences such as [PGM will program text] how many times did a parent, adult caregiver or other adult relative ever say these things: once or more than one time?	ONCE.....	1	→	Q306																				
		MORE THAN ONCE.....	2																						
		DON'T KNOW.....	98	→	Q306																				
		DECLINED.....	99																						
Q302	EVI: MOST RECENT TIME Did this happen to you in the past 12 months?	YES.....	1																						
		NO.....	2																						
		DON'T KNOW.....	98																						
		DECLINED.....	99																						
Q303	How old were you the <u>last time</u> this happened?	YEARS OLD: <input type="text"/>																							
		DON'T KNOW.....	98																						
		DECLINED.....	99																						
Q304	This parent, adult caregiver, or adult relative who did this to you the last time, what was his relationship to you?																								
	<table border="0" style="width:100%"> <tr> <td style="width:50%; text-align:center">MALE</td> <td style="width:50%; text-align:center">FEMALE</td> </tr> <tr> <td>FATHER..... 1</td> <td>MOTHER..... 7</td> </tr> <tr> <td>STEP FATHER..... 2</td> <td>STEP MOTHER..... 8</td> </tr> <tr> <td>BROTHER..... 3</td> <td>SISTER..... 9</td> </tr> <tr> <td>STEP BROTHER..... 4</td> <td>STEP SISTER..... 10</td> </tr> <tr> <td>UNCLE..... 5</td> <td>AUNT..... 11</td> </tr> <tr> <td>GRANDFATHER..... 6</td> <td>GRANDMOTHER..... 12</td> </tr> <tr> <td>OTHER MALE RELATIVE/CAREGIVER (SPECIFY)..... 77</td> <td>OTHER FEMALE RELATIVE/CAREGIVER (SPECIFY)..... 88</td> </tr> <tr> <td colspan="2" style="text-align:center">DON'T KNOW/..... 98</td> </tr> <tr> <td colspan="2" style="text-align:center">DECLINED..... 99</td> </tr> </table>					MALE	FEMALE	FATHER..... 1	MOTHER..... 7	STEP FATHER..... 2	STEP MOTHER..... 8	BROTHER..... 3	SISTER..... 9	STEP BROTHER..... 4	STEP SISTER..... 10	UNCLE..... 5	AUNT..... 11	GRANDFATHER..... 6	GRANDMOTHER..... 12	OTHER MALE RELATIVE/CAREGIVER (SPECIFY)..... 77	OTHER FEMALE RELATIVE/CAREGIVER (SPECIFY)..... 88	DON'T KNOW/..... 98		DECLINED..... 99	
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DECLINED..... 99																									
Q305	Did this parent, adult caregiver, or adult relative live within the same household as you when this <u>last time</u> occurred?	YES.....	1																						
		NO.....	2																						
		DON'T KNOW /.....	98																						
		DECLINED.....	99																						
SKIP TO Q307																									
Q306	EVI: FIRST TIME Did this happen to you in the past 12 months?	YES.....	1																						
		NO.....	2																						
		DON'T KNOW.....	98																						
		DECLINED.....	99																						
Q307	How old were you the <u>first time</u> this happened?	YEARS OLD: <input type="text"/>																							
		DON'T KNOW.....	98																						
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Q308	This parent, adult caregiver, or adult relative who did this to you the first time, what was his relationship to you?																																	
	<p style="text-align: center;">MALE</p> FATHER..... 1 STEP FATHER..... 2 BROTHER..... 3 STEP BROTHER..... 4 UNCLE..... 5 GRANDFATHER..... 6 OTHER MALE RELATIVE/CAREGIVER (SPECIFY)..... 77 DON'T KNOW..... 98 DECLINED..... 99		<p style="text-align: center;">FEMALE</p> MOTHER..... 7 STEP MOTHER..... 8 SISTER..... 9 STEP SISTER..... 10 AUNT..... 11 GRANDMOTHER..... 12 OTHER FEMALE RELATIVE/CAREGIVER (SPECIFY)..... 88 DON'T KNOW..... 98 DECLINED..... 99																															
Q309	Did this parent, adult caregiver, or adult relative live within the same household as you when this first time occurred?	YES..... 1 NO..... 2 DON'T KNOW..... 98 DECLINED..... 99																																
IF Q36=3/98/99 (NEVER MARRIED/NEVER LIVED W/ SOMEONE AS MARRIED/DK/DTA) AND Q41=2/98/99 (NEVER PARTNER) GO TO Q315 (PEER EV) IF Q36=1/2 (EVER MARRIED OR LIVED WITH SOMEONE AS MARRIED) OR Q41=1 (EVER PARTNER) CONTINUE WITH Q310 (INTIMATE PARTNER EV)																																		
Q310	EV2: INTIMATE PARTNER The next questions are about things that can happen to girls and women who date, have a romantic partner, boyfriend, or who are married. Has a boyfriend/romantic partner, ex-boyfriend/romantic partner, husband or ex-husband ever done any of these things to you: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> <th style="text-align: center;">DTA</th> </tr> </thead> <tbody> <tr> <td>A. insulted, humiliated, or made fun of you in front of others?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> <tr> <td>B. kept you from having your own money?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> <tr> <td>C. tried to keep you from seeing or talking to your family or friends?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> <tr> <td>D. kept track of you by demanding to know where you were and what you were doing?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> <tr> <td>E. made threats to physically harm you?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">98</td> <td style="text-align: center;">99</td> </tr> </tbody> </table>					YES	NO	DK	DTA	A. insulted, humiliated, or made fun of you in front of others?	1	2	98	99	B. kept you from having your own money?	1	2	98	99	C. tried to keep you from seeing or talking to your family or friends?	1	2	98	99	D. kept track of you by demanding to know where you were and what you were doing?	1	2	98	99	E. made threats to physically harm you?	1	2	98	99
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D. kept track of you by demanding to know where you were and what you were doing?	1	2	98	99																														
E. made threats to physically harm you?	1	2	98	99																														
Q311	Thinking of all these experiences such as [PGM will program text] how many times did a boyfriend/romantic partner, ex-boyfriend/romantic partner, husband or ex-husband ever say or do these things: once or more than one time?	ONCE..... 1 MORE THAN ONCE..... 2 DON'T KNOW..... 98 DECLINED..... 99																																
Q312	EV2: MOST RECENT TIME Did this happen to you in the past 12 months?	YES..... 1 NO..... 2 DON'T KNOW..... 98 DECLINED..... 99																																
Q313	Was this person who did this to you the last time your boyfriend/romantic partner, ex-boyfriend/romantic partner, husband, or ex-husband?	BOYFRIEND/ROMANTIC PARTNER..... 1 HUSBAND..... 2 EX-BOYFRIEND/ROMANTIC PARTNER..... 3 EX-HUSBAND..... 4 DON'T KNOW..... 98 DECLINED..... 99																																
Q314	How old were you the last time this happened?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW..... 98 DECLINED..... 99																																

Q315	<p>EV3: PEER EMOTIONAL VIOLENCE The next questions ask about what someone around your own age (not including a boyfriend, husband, romantic partner) might have said to you. This could be a schoolmate, a neighbor or a stranger.</p> <p>In the past 12 months, has someone your own age done any of these things to you:</p> <p>A. made you get scared or feel really bad because they were calling you names, saying mean things to you, or saying they didn't want you around?</p> <p>B. told lies or spread rumors about you, or tried to make others dislike you?</p> <p>C. kept you out of things on purpose, excluded you from their group of friends, or completely ignored you?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> <th>DTA</th> </tr> </thead> <tbody> <tr> <td>A.</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>B.</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> <tr> <td>C.</td> <td>1</td> <td>2</td> <td>98</td> <td>99</td> </tr> </tbody> </table>		YES	NO	DK	DTA	A.	1	2	98	99	B.	1	2	98	99	C.	1	2	98	99	
	YES	NO	DK	DTA																			
A.	1	2	98	99																			
B.	1	2	98	99																			
C.	1	2	98	99																			
Q315a	<p>EV4: PEER SOCIAL MEDIA VIOLENCE Now, I would like to ask you about some experiences you may have had online, or on your phone.</p> <p>Do you have your own profile on a social media or social networking or gaming site that you currently use (e.g., Facebook, WhatsApp, Twitter, etc.)?</p>	<p>YES.....</p> <p>NO</p> <p>DON'T KNOW.....</p> <p>DECLINED</p>	<p>1</p> <p>2</p> <p>98</p> <p>99</p>																				
Q315b	<p>Sometimes, children or young people say or do hurtful or nasty things to someone, and this can happen by mobile phones (texts, calls, video clips), or online (email, instant messaging, social networking, chatrooms). In the past 12 months, has anyone ever treated you in a hurtful or nasty way online or via mobile phone?</p>	<p>YES.....</p> <p>NO</p> <p>DON'T KNOW.....</p> <p>DECLINED</p>	<p>1</p> <p>2</p> <p>98</p> <p>99</p>																				

Q400	HIV/AIDS: The next questions are about a disease that one can get by having sex without protection. Remember that everything you say will be confidential. You can ask to skip any question that you do not want to answer. Have you ever heard of HIV?	YES 1 NO 2 DON'T KNOW 98 DECLINED 99	→ Q412
Q401	Do you know any place where people could go for HIV testing?	YES 1 NO 2 DON'T KNOW 98 DECLINED 99	
Q402	Have you ever been tested for HIV?	YES 1 NO 2 DON'T KNOW 98 DECLINED 99	→ Q404 → Q412
Q403	What is the <u>main reason</u> you have never been tested?	NO KNOWLEDGE ABOUT HIV TEST 1 DON'T KNOW WHERE TO GET HIV TEST 2 TEST COSTS TOO MUCH 3 TRANSPORT TO TEST SITE IS TOO MUCH 4 TEST SITE TOO FAR AWAY 5 AFRAID HUSBAND/PARTNER WILL KNOW ABOUT TEST/TEST RESULTS 6 AFRAID OTHERS WILL KNOW ABOUT TEST/TEST RESULTS 7 DON'T NEED TEST/LOW RISK 8 DON'T WANT TO KNOW IF I HAVE HIV 9 CAN'T GET TREATMENT IF I HAVE HIV 10 AFRAID OF PARENT/GUARDIAN 11 OTHER (SPECIFY) 88 DON'T KNOW 98 DECLINED 99	→ Q412
Q404	How many months ago was your most recent HIV test: less than 3 months ago, 3-6 months ago, 7-12 months ago, or more than 12 months ago?	LESS THAN 3 MONTHS AGO 1 3-6 MONTHS AGO 2 7-12 MONTHS AGO 3 MORE THAN 12 MONTHS AGO 4 DON'T KNOW 98 DECLINED 99	
Q404a	Are you comfortable telling me your results?	YES 1 NO 2 DECLINED 99	→ Q412
Q405	What was the result of that HIV test?	HIV POSITIVE 1 HIV NEGATIVE 2 UNCERTAIN/INDETERMINATE 3 DID NOT RECEIVE TEST RESULT 4 DON'T KNOW 98 DECLINED 99	→ Q412

Q406	Have you ever taken ARVs, that is, antiretroviral medications to treat HIV infection?	YES..... NO DON'T KNOW DECLINED	1 2 98 99	→ Q409 → Q412
Q407	What month and year did you start taking ARVs?	MONTH/YEAR: <input type="text"/> / <input type="text"/> DON'T KNOW DECLINED	98 99	
Q408	Are you currently taking ARVs? By currently, I mean that you may have missed some doses but you are still taking ARVs.	YES..... NO DON'T KNOW DECLINED	1 2 98 99	→ Q410 → Q412
Q409	What is the main reason you have never taken ARVs?	NOT ELIGIBLE FOR TREATMENT..... HEALTH CARE PROVIDER DID NOT PRESCRIBE..... HIV MEDICINES NOT AVAILABLE..... I FEEL HEALTHY/NOT SICK..... COST OF MEDICATIONS..... COST OF TRANSPORT..... RELIGIOUS REASONS..... TAKING TRADITIONAL MEDICATIONS..... NOT ATTENDING HIV CLINIC/NOT ENROLLED IN CARE..... HESITANT TO START TREATMENT..... STIGMA/DON'T WANT PEOPLE TO KNOW MY STATUS..... OTHER SPECIFY..... DON'T KNOW..... DECLINED.....	1 2 3 4 5 6 7 8 9 10 11 88 98 99	→ Q412
Q410	Can you tell me the main reason why you are not currently taking ARVs?	I HAVE TROUBLE TAKING A TABLET EVERYDAY..... I HAD SIDE EFFECTS..... FACILITY TOO FAR AWAY FOR ME TO GET MEDICINE REGULARLY..... COST OF MEDICATIONS..... COST OF TRANSPORT..... I FEEL HEALTHY/NOT SICK..... FACILITY WAS OUT OF STOCK..... RELIGIOUS REASONS..... TAKING TRADITIONAL MEDICATIONS..... OTHER SPECIFY..... DON'T KNOW..... DECLINED.....	1 2 3 4 5 6 7 8 9 88 98 99	→ Q412
Q411	People sometimes forget to take all of their ARVs every day. In the last 30 days, how many days have you missed taking any of your ARV pills? ENTER '00' IF NONE.	NUMBER OF DAYS <input type="text"/> DON'T KNOW..... DECLINED.....	98 99	
Q412	SEXUAL BEHAVIOR: The next set of questions are about your sexual activity and practices. Though sex is very private, we hope that you will share some information with us, so we can better understand the needs and concerns of young adults like yourself. Some of these questions are personal, but keep in mind that your name is not on the survey, and no one else will know your answers. Please feel free to answer openly and honestly. There are no right or wrong answers – and remember that you can skip any questions that you don't feel comfortable answering. For the next series of questions, 'sex' refers to anytime a man's penis enters your vagina, or your anus, or your mouth, however slight, or the insertion of an object into your vagina or anus by someone else.	YES..... NO DON'T KNOW DECLINED	1 2 98 99	→ Q600

	Have you ever had sex, either by your choice, or against your will?			
Q413	How old were you when you had sex for the very <u>first time</u> ?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW 98 DECLINED 99		
Q414	How would you describe the first time you had sex? Would you say that you agreed to have sex, you did not want to have sex but it happened anyway, or were you physically forced to have sex?	AGREED TO 1 → DID NOT WANT TO BUT IT HAPPENED ANYWAY 2 FORCED TO 3 DON'T KNOW 98 DECLINED 99		Q416 Q416
Q415	Being pressured to have sex against your will means others do things to make you have sex, like threatening you, harassing you, telling you lies, making promises about the future they knew were untrue, threatening to end your relationship, or threatening to spread rumors about you. Being physically forced to have sex against your will means others do things to make you have sex, like pinning you down, holding you down, or using violence like pulling your hair, pushing, shoving, punching, using or threatening to use a weapon, or threatening to physically harm you or a loved one. It also includes experiences when you may or may not have fought back. The first time you had sex, were you: pressured in a non-physical way to have sex against your will, too drunk to say no, or physically forced to have sex against your will?	PRESSURED IN A NON-PHYSICAL WAY 1 TOO DRUNK TO SAY NO 2 PHYSICALLY FORCED 3 OTHER (SPECIFY): 88 DON'T KNOW 98 DECLINED 99		
Q416	What was this person's relationship to you – the person that you had sex with the very first time?	MALE BOYFRIEND/ROMANTIC PARTNER 1 HUSBAND 2 EX-BOYFRIEND/ROMANTIC PARTNER 3 EX-HUSBAND 4 FATHER 5 STEP FATHER 6 BROTHER 7 MALE RELATIVE 8 MALE CLASSMATE/SCHOOLMATE 9 MALE TEACHER 10 MALE POLICE/ SECURITY PERSON 11 MALE EMPLOYER 12 MALE NEIGHBOR 13 MALE COMMUNITY/ RELIGIOUS LEADER 14 MALE FRIEND 15 MALE STRANGER 16 OTHER MALE (SPECIFY) 77 DON'T KNOW 98 DECLINED 99	FEMALE GIRLFRIEND/ROMANTIC PARTNER 17 WIFE 18 EX-GIRLFRIEND/ROMANTIC PARTNER 19 EX-WIFE 20 MOTHER 21 STEP MOTHER 22 SISTER 23 FEMALE RELATIVE 24 FEMALE CLASSMATE/SCHOOLMATE 25 FEMALE TEACHER 26 FEMALE POLICE/ SECURITY PERSON 27 FEMALE EMPLOYER 28 FEMALE NEIGHBOR 29 FEMALE COMMUNITY/ RELIGIOUS LEADER 30 FEMALE FRIEND 31 FEMALE STRANGER 32 OTHER FEMALE (SPECIFY) 88	
Q417	How old was this person? Please give your best guess.	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW 98 DECLINED 99		
Q418	PREGNANCY: The next questions are about pregnancy. Have you ever been pregnant?	YES 1 NO 2 DON'T KNOW 98 DECLINED 99		Q424

Q419	How old were you the first time that you got pregnant?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW 98 DECLINED 99																																																																																		
Q420	When you were pregnant, did you ever visit a health facility for antenatal care?	YES..... 1 NO 2 DON'T KNOW 98 DECLINED..... 99																																																																																		
IF Q402=2/98/99 (NEVER TESTED FOR HIV/DK/DTA), SKIP TO Q423 IF Q402=1 (EVER TESTED FOR HIV) AND IF Q405=1 (HIV POSITIVE) CONTINUE TO Q421 IF Q405= 2/98/99 (HIV NEGATIVE/DK/DTA) MOVE TO Q423																																																																																				
Q421	When you were pregnant, did you ever take ARV's, that is, antiretroviral medication to treat HIV and protect the baby from HIV?	YES..... 1 NO 2 DON'T KNOW 98 DECLINED..... 99																																																																																		
Q422	Has one of your children ever received a positive HIV test result?	YES..... 1 NO 2 DON'T KNOW 98 DECLINED..... 99																																																																																		
Q423	Have you ever had a pregnancy that did not end in a live birth?	YES..... 1 NO 2 CURRENTLY PREGNANT 3 DON'T KNOW 98 DECLINED 99																																																																																		
Q424	SEX HISTORY AND RISK TAKING: In your life, how many people have you ever had sex with, whether it was sex you agreed to, sex you did not want to happen but it happened anyway, or sex you were physically forced to have?	NUMBER OF PERSONS: <input type="text"/> <input type="text"/> <i>(INTERVIEWERS: 0 IS NOT AN ACCEPTABLE ANSWER FOR THIS QUESTION, IF PARTICIPANT SAYS 0 THEN REFER BACK TO Q412 AND CORRECT IF NECESSARY)</i> DON'T KNOW 98 DECLINED 99																																																																																		
Q425	How many people have you had sex within the past 12 months?	HAVE NOT HAD SEX IN PAST 12 MONTHS. 0 → NUMBER OF PERSONS: <input type="text"/> <input type="text"/> DON'T KNOW 98 DECLINED 99	→ Q500	→ Q500																																																																																
Q426	Think about <u>the most recent person</u> who you had sex with in the past 12 months. What was this person's relationship to you?	<table border="0"> <tr> <td colspan="2">MALE</td> <td colspan="2">FEMALE</td> </tr> <tr> <td>BOYFRIEND/ROMANTIC PARTNER.....</td> <td>1</td> <td>GIRLFRIEND/ROMANTIC PARTNER.....</td> <td>17</td> </tr> <tr> <td>HUSBAND.....</td> <td>2</td> <td>WIFE.....</td> <td>18</td> </tr> <tr> <td>EX-BOYFRIEND/ROMANTIC PARTNER.....</td> <td>3</td> <td>EX-GIRLFRIEND/ROMANTIC PARTNER.....</td> <td>19</td> </tr> <tr> <td>EX-HUSBAND.....</td> <td>4</td> <td>EX-WIFE.....</td> <td>20</td> </tr> <tr> <td>FATHER.....</td> <td>5</td> <td>MOTHER.....</td> <td>21</td> </tr> <tr> <td>STEP FATHER.....</td> <td>6</td> <td>STEP MOTHER.....</td> <td>22</td> </tr> <tr> <td>BROTHER.....</td> <td>7</td> <td>SISTER.....</td> <td>23</td> </tr> <tr> <td>MALE RELATIVE.....</td> <td>8</td> <td>FEMALE RELATIVE.....</td> <td>24</td> </tr> <tr> <td>MALE CLASSMATE/SCHOOLMATE.....</td> <td>9</td> <td>FEMALE CLASSMATE/SCHOOLMATE.....</td> <td>25</td> </tr> <tr> <td>MALE TEACHER.....</td> <td>10</td> <td>FEMALE TEACHER.....</td> <td>26</td> </tr> <tr> <td>MALE POLICE/ SECURITY PERSON.....</td> <td>11</td> <td>FEMALE POLICE/ SECURITY PERSON.....</td> <td>27</td> </tr> <tr> <td>MALE EMPLOYER.....</td> <td>12</td> <td>FEMALE EMPLOYER.....</td> <td>28</td> </tr> <tr> <td>MALE NEIGHBOR.....</td> <td>13</td> <td>FEMALE NEIGHBOR.....</td> <td>29</td> </tr> <tr> <td>MALE COMMUNITY/ RELIGIOUS LEADER.....</td> <td>14</td> <td>FEMALE COMMUNITY/ RELIGIOUS LEADER....</td> <td>30</td> </tr> <tr> <td>MALE FRIEND.....</td> <td>15</td> <td>FEMALE FRIEND.....</td> <td>31</td> </tr> <tr> <td>MALE STRANGER.....</td> <td>16</td> <td>FEMALE STRANGER.....</td> <td>32</td> </tr> <tr> <td>OTHER MALE (SPECIFY).....</td> <td>77</td> <td>OTHER FEMALE (SPECIFY).....</td> <td>88</td> </tr> <tr> <td colspan="2">DON'T KNOW.....</td> <td colspan="2">98</td> </tr> <tr> <td colspan="2">DECLINED.....</td> <td colspan="2">99</td> </tr> </table>			MALE		FEMALE		BOYFRIEND/ROMANTIC PARTNER.....	1	GIRLFRIEND/ROMANTIC PARTNER.....	17	HUSBAND.....	2	WIFE.....	18	EX-BOYFRIEND/ROMANTIC PARTNER.....	3	EX-GIRLFRIEND/ROMANTIC PARTNER.....	19	EX-HUSBAND.....	4	EX-WIFE.....	20	FATHER.....	5	MOTHER.....	21	STEP FATHER.....	6	STEP MOTHER.....	22	BROTHER.....	7	SISTER.....	23	MALE RELATIVE.....	8	FEMALE RELATIVE.....	24	MALE CLASSMATE/SCHOOLMATE.....	9	FEMALE CLASSMATE/SCHOOLMATE.....	25	MALE TEACHER.....	10	FEMALE TEACHER.....	26	MALE POLICE/ SECURITY PERSON.....	11	FEMALE POLICE/ SECURITY PERSON.....	27	MALE EMPLOYER.....	12	FEMALE EMPLOYER.....	28	MALE NEIGHBOR.....	13	FEMALE NEIGHBOR.....	29	MALE COMMUNITY/ RELIGIOUS LEADER.....	14	FEMALE COMMUNITY/ RELIGIOUS LEADER....	30	MALE FRIEND.....	15	FEMALE FRIEND.....	31	MALE STRANGER.....	16	FEMALE STRANGER.....	32	OTHER MALE (SPECIFY).....	77	OTHER FEMALE (SPECIFY).....	88	DON'T KNOW.....		98		DECLINED.....		99	
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Q427	How old was this person? Please give your best guess.	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW 98 DECLINED 99																																					
Q428	Did you and this person do something or use any method to delay or avoid getting pregnant? If yes, which did are you and this person use? (Choose all responses that apply)	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F EMERGENCY CONTRACEPTIVE (EC) PILL G MALE CONDOM H FEMALE CONDOM I DIAPHRAGM J FOAM/JELLY K BREASTFEEDING L RHYTHM METHOD M WITHDRAWAL N NO METHOD X DON'T KNOW Y DECLINED Z																																					
Q429	In the past 12 months when you had sex with this person, how often did you use a condom? Would you say always, sometimes, or never?	ALWAYS 1 SOMETIMES 2 NEVER 3 DON'T KNOW 98 DECLINED 99																																					
Q430	Does this person live in this household?	YES 1 NO 2 DON'T KNOW 98 DECLINED 99																																					
Q431	Does this person know your HIV status?	YES 1 NO 2 DON'T KNOW 98 DECLINED 99																																					
Q432	What is the HIV status of this person? Do you think you know their status, did they tell you their status, did you test together, or do you not know their status?	I THINK THIS PERSON IS NEGATIVE 1 THIS PERSON TOLD ME S/HE IS NEGATIVE 2 THIS PERSON IS NEGATIVE, TESTED TOGETHER 3 I THINK THIS PERSON IS POSITIVE 4 THIS PERSON TOLD ME S/HE IS POSITIVE 5 THIS PERSON IS POSITIVE, TESTED TOGETHER 6 DON'T KNOW 98 DECLINED 99																																					
Q433	In the past 12 months, have you had sex with this person because they provided you with material support or help in any other way? Material support means helping you to pay for things, or giving you gifts or things such as food, school fees or money.	YES 1 NO 2 DON'T KNOW 98 DECLINED 99																																					
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	Now think back to a <u>second person</u> with whom you had sex in the past 12 months. What was this person's relationship to you?	
Q435	How old was this second person? Please give your best guess.	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW..... 98 DECLINED..... 99
Q436	In the past 12 months when you had sex with this second person, how often did you use a condom? Would you say always, sometimes, or never?	ALWAYS..... 1 SOMETIMES..... 2 NEVER..... 3 DON'T KNOW..... 98 DECLINED..... 99
Q437	Does this person live in this household?	YES..... 1 NO..... 2 DON'T KNOW..... 98 DECLINED..... 99
Q438	Does this person know your HIV status?	YES..... 1 NO..... 2 DON'T KNOW..... 98 DECLINED..... 99
Q 439	What is the HIV status of this person? Do you think you know their status, did they tell you their status, did you test together, or do you not know their status?	I THINK THIS PERSON IS NEGATIVE..... 1 THIS PERSON TOLD ME S/HE IS NEGATIVE..... 2 THIS PERSON IS NEGATIVE, TESTED TOGETHER..... 3 I THINK THIS PERSON IS POSITIVE..... 4 THIS PERSON TOLD ME S/HE IS POSITIVE..... 5 THIS PERSON IS POSITIVE, TESTED TOGETHER..... 6 DON'T KNOW..... 98 DECLINED..... 99
Q440	In the past 12 months, have you had sex with this person because they provided you with material support or help in any other way? Material support means helping you to pay for things, or giving you gifts or things such as food, school fees or money.	YES..... 1 NO..... 2 DON'T KNOW..... 98 DECLINED..... 99
IF Q425=2 (2 PERSONS IN THE LAST 12 MONTHS) SKIP TO Q448 IF Q425>2 (MORE THAN 2 PERSONS IN THE LAST 12 MONTHS) CONTINUE TO Q441		
Q441	Now think back to a <u>third person</u> with whom you had sex in the past 12 months. What was this person's relationship to you?	
	MALE BOYFRIEND/ROMANTIC PARTNER..... 1 HUSBAND..... 2 EX-BOYFRIEND/ROMANTIC PARTNER..... 3 EX-HUSBAND..... 4 FATHER..... 5 STEP FATHER..... 6 BROTHER..... 7 MALE RELATIVE..... 8 MALE CLASSMATE/SCHOOLMATE..... 9	FEMALE GIRLFRIEND/ROMANTIC PARTNER..... 17 WIFE..... 18 EX-GIRLFRIEND/ROMANTIC PARTNER..... 19 EX-WIFE..... 20 MOTHER..... 21 STEP MOTHER..... 22 SISTER..... 23 FEMALE RELATIVE..... 24 FEMALE CLASSMATE/SCHOOLMATE..... 25

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	DON'T KNOW.....98 DECLINED.....99			
Q442	How old was this third person? Please give your best guess.	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW..... 98 DECLINED..... 99		
Q443	In the past 12 months when you had sex with this third person, how often did you use a condom? Would you say always, sometimes, or never?	ALWAYS..... 1 SOMETIMES..... 2 NEVER..... 3 DON'T KNOW..... 98 DECLINED..... 99		
Q444	Does this person live in this household?	YES..... 1 NO..... 2 DON'T KNOW..... 98 DECLINED..... 99		
Q445	Does this person know your HIV status?	YES..... 1 NO..... 2 DON'T KNOW..... 98 DECLINED..... 99		
Q446	What is the HIV status of this person? Do you think you know their status, did they tell you their status, did you test together, or do you not know their status?	I THINK THIS PERSON IS NEGATIVE..... 1 THIS PERSON TOLD ME S/HE IS NEGATIVE..... 2 THIS PERSON IS NEGATIVE, TESTED TOGETHER..... 3 I THINK THIS PERSON IS POSITIVE..... 4 THIS PERSON TOLD ME S/HE IS POSITIVE..... 5 THIS PERSON IS POSITIVE, TESTED TOGETHER..... 6 DON'T KNOW..... 98 DECLINED..... 99		
Q447	In the past 12 months, have you had sex with this person because they provided you with material support or help in any other way? Material support means helping you to pay for things, or giving you gifts or things such as food, school fees or money.	YES..... 1 NO..... 2 DON'T KNOW..... 98 DECLINED..... 99		
Q448	Did any of the sexual partners you just told me about overlap for a period of one month or longer in the past 12 months?	YES..... 1 NO..... 2 DON'T KNOW..... 98 DECLINED..... 99		
IF Q433=1 OR Q440=1 OR Q447=1 THEN GO TO Q501, OTHERWISE CONTINUE TO Q500				
Q500	SEXUAL VIOLENCE/EXPLOITATION: MONEY, GOODS OR FAVORS EXCHANGED FOR SEX Have you ever had sex with someone because this person provided you with material support or help in any other way? Material support means helping you pay for things or giving you gifts or things such as food, school fees or money.	YES..... 1 NO..... 2 DON'T KNOW..... 98 DECLINED..... 99	1 → 2 → 98 → 99 →	Q502 Q600
Q501	Other than the person/people we have already discussed, have you ever had sex with someone because this person provided you with material support or help in any other way? Material support means helping you pay for things or giving you gifts or things such as food, school fees or money.	YES..... 1 NO..... 2 DON'T KNOW..... 98 DECLINED..... 99	1 2 98 99	Q600

Q502	Including all your experiences having sex with someone because they provided you with something, what material support or help did they provide you with? <i>(Choose all responses that apply)</i>	MONEY FOOD GOOD GRADES SCHOOL FEES EMPLOYMENT GIFTS/FAVORS TRANSPORT SHELTER/RENT PROTECTION DON'T KNOW DECLINED	A B C D E F G H I Y Z	Q504																												
Q503	When they gave you money, who did you give it to? <i>(Choose all responses that apply)</i>	KEPT IT FOR SELF FAMILY BOYFRIEND/ROMANTIC PARTNER PIMP DON'T KNOW DECLINED	A B C D Y Z																													
Q504	Who were the people whom you had sex with because they provided you with material support or help? <i>(Choose all responses that apply)</i> <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">MALE</td> <td style="width:50%; border:none;">FEMALE</td> </tr> <tr> <td style="border:none;">MALE FRIEND/NEIGHBOUR A</td> <td style="border:none;">FEMALE FRIEND/NEIGHBOUR L</td> </tr> <tr> <td style="border:none;">MALE TEACHER B</td> <td style="border:none;">FEMALE TEACHER M</td> </tr> <tr> <td style="border:none;">MALE COMMUNITY/ RELIGIOUS LEADER C</td> <td style="border:none;">FEMALE COMMUNITY/ RELIGIOUS LEADER N</td> </tr> <tr> <td style="border:none;">MALE EMPLOYER D</td> <td style="border:none;">FEMALE EMPLOYER O</td> </tr> <tr> <td style="border:none;">BOYFRIEND/EX-BOYFRIEND/ROMANTIC PARTER/EX-ROMANTIC PARTNER E</td> <td style="border:none;">GIRLFRIEND/EX-GIRLFRIEND/ROMANTIC PARTER/EX-ROMANTIC PARTNER P</td> </tr> <tr> <td style="border:none;">MALE CLASSMATE/SCHOOLMATE F</td> <td style="border:none;">FEMALE CLASSMATE/SCHOOLMATE Q</td> </tr> <tr> <td style="border:none;">MALE POLICE/SOLDIER/SECURITY PERSON G</td> <td style="border:none;">FEMALE POLICE/ SOLDIER/SECURITY PERSON ... R</td> </tr> <tr> <td style="border:none;">MALE RELATIVE H</td> <td style="border:none;">FEMALE RELATIVE S</td> </tr> <tr> <td style="border:none;">MALE TOURIST OR NON-NATIONAL I</td> <td style="border:none;">FEMALE TOURIST OR NON-NATIONAL T</td> </tr> <tr> <td style="border:none;">MALE STRANGER J</td> <td style="border:none;">FEMALE STRANGER U</td> </tr> <tr> <td style="border:none;">MALE I MET ON THE INTERNET K</td> <td style="border:none;">FEMALE I MET ON THE INTERNET V</td> </tr> <tr> <td style="border:none; text-align:center;">DON'T KNOW 98</td> <td></td> </tr> <tr> <td style="border:none; text-align:center;">DECLINED 99</td> <td></td> </tr> </table>				MALE	FEMALE	MALE FRIEND/NEIGHBOUR A	FEMALE FRIEND/NEIGHBOUR L	MALE TEACHER B	FEMALE TEACHER M	MALE COMMUNITY/ RELIGIOUS LEADER C	FEMALE COMMUNITY/ RELIGIOUS LEADER N	MALE EMPLOYER D	FEMALE EMPLOYER O	BOYFRIEND/EX-BOYFRIEND/ROMANTIC PARTER/EX-ROMANTIC PARTNER E	GIRLFRIEND/EX-GIRLFRIEND/ROMANTIC PARTER/EX-ROMANTIC PARTNER P	MALE CLASSMATE/SCHOOLMATE F	FEMALE CLASSMATE/SCHOOLMATE Q	MALE POLICE/SOLDIER/SECURITY PERSON G	FEMALE POLICE/ SOLDIER/SECURITY PERSON ... R	MALE RELATIVE H	FEMALE RELATIVE S	MALE TOURIST OR NON-NATIONAL I	FEMALE TOURIST OR NON-NATIONAL T	MALE STRANGER J	FEMALE STRANGER U	MALE I MET ON THE INTERNET K	FEMALE I MET ON THE INTERNET V	DON'T KNOW 98		DECLINED 99	
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Q505	How old were you the first time you had sex with someone because they provided you with material support or help?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW 98 DECLINED 99																														
Q506	How old was this person? Please give your best guess.	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW 98 DECLINED 99																														
Q507	In the past <u>12 months</u> , how many times did you have sex with someone because they provided you with material support or help?	NUMBER OF TIMES: <input type="text"/> <input type="text"/> ENTER '0' FOR 'NONE' TOO MANY TO RECALL 66 DON'T KNOW 98 DECLINED 99																														

SEXUAL VIOLENCE: SEXUAL ABUSE																																																																																			
Girls and women may experience unwanted sexual contact by people they know well, such as a boyfriend/romantic partner, family member or friend, or by strangers. Your answers are confidential and you can skip any questions that you don't feel comfortable answering.																																																																																			
Q600	Has anyone ever touched you in a sexual way without your permission, but did not try and force you to have sex? Touching in a sexual way without permission includes fondling, pinching, grabbing, or touching you on or around your sexual body parts.	YES 1 NO 2 DON'T KNOW 98 DECLINED 99	→ Q700																																																																																
Q601	SV1: TOUCHING WITHOUT PERMISSION- LIFETIME How many times in your life has this happened?	1 WRITE NUMBER IF <input type="text"/> <input type="text"/> 2 TIMES OR MORE: TOO MANY TO RECALL 66 DON'T KNOW 98 DECLINED 99	1 → Q609 → Q609																																																																																
Q602	SV1A: TOUCHING – MOST RECENT Now think about the <u>last time</u> this happened. Did this happen to you in the past 12 months?	YES 1 NO 2 DON'T KNOW 98 DECLINED 99																																																																																	
Q603	How old were you the <u>last time</u> this happened?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW 98 DECLINED 99																																																																																	
Q604	This <u>last time</u> , how many people touched you in a sexual way without your permission?	NUMBER OF PEOPLE: <input type="text"/> <input type="text"/> DON'T KNOW 98 DECLINED 99																																																																																	
<p>IF Q604>1 PROVIDE TEXT BELOW IF Q604=1/98/99, GO TO Q605</p> <p>Of these people who touched you in a sexual way without your permission this <u>last time</u>, think of the person you know the best for the following questions:</p>																																																																																			
Q605	What was this person's relationship to you?	<table border="0"> <thead> <tr> <th colspan="2"><u>MALE</u></th> <th colspan="2"><u>FEMALE</u></th> </tr> </thead> <tbody> <tr><td>BOYFRIEND/ROMANTIC PARTNER.....</td><td>1</td><td>GIRLFRIEND/ROMANTIC PARTNER.....</td><td>17</td></tr> <tr><td>HUSBAND.....</td><td>2</td><td>WIFE.....</td><td>18</td></tr> <tr><td>EX-BOYFRIEND/ROMANTIC PARTNER.....</td><td>3</td><td>EX-GIRLFRIEND/ROMANTIC PARTNER.....</td><td>19</td></tr> <tr><td>EX-HUSBAND.....</td><td>4</td><td>EX-WIFE.....</td><td>20</td></tr> <tr><td>FATHER.....</td><td>5</td><td>MOTHER.....</td><td>21</td></tr> <tr><td>STEP FATHER.....</td><td>6</td><td>STEP MOTHER.....</td><td>22</td></tr> <tr><td>BROTHER.....</td><td>7</td><td>SISTER.....</td><td>23</td></tr> <tr><td>MALE RELATIVE.....</td><td>8</td><td>FEMALE RELATIVE.....</td><td>24</td></tr> <tr><td>MALE CLASSMATE/SCHOOLMATE.....</td><td>9</td><td>FEMALE CLASSMATE/SCHOOLMATE.....</td><td>25</td></tr> <tr><td>MALE TEACHER.....</td><td>10</td><td>FEMALE TEACHER.....</td><td>26</td></tr> <tr><td>MALE POLICE/SECURITY PERSON.....</td><td>11</td><td>FEMALE POLICE/SECURITY PERSON.....</td><td>27</td></tr> <tr><td>MALE EMPLOYER.....</td><td>12</td><td>FEMALE EMPLOYER.....</td><td>28</td></tr> <tr><td>MALE NEIGHBOR.....</td><td>13</td><td>FEMALE NEIGHBOR.....</td><td>29</td></tr> <tr><td>MALE COMMUNITY/RELIGIOUS LEADER.....</td><td>14</td><td>FEMALE COMMUNITY/RELIGIOUS LEADER.....</td><td>30</td></tr> <tr><td>MALE FRIEND.....</td><td>15</td><td>FEMALE FRIEND.....</td><td>31</td></tr> <tr><td>MALE STRANGER.....</td><td>16</td><td>FEMALE STRANGER.....</td><td>32</td></tr> <tr><td>OTHER MALE (SPECIFY).....</td><td>77</td><td>OTHER FEMALE (SPECIFY).....</td><td>88</td></tr> <tr><td colspan="2">DON'T KNOW.....</td><td colspan="2">98</td></tr> <tr><td colspan="2">DECLINED.....</td><td colspan="2">99</td></tr> </tbody> </table>		<u>MALE</u>		<u>FEMALE</u>		BOYFRIEND/ROMANTIC PARTNER.....	1	GIRLFRIEND/ROMANTIC PARTNER.....	17	HUSBAND.....	2	WIFE.....	18	EX-BOYFRIEND/ROMANTIC PARTNER.....	3	EX-GIRLFRIEND/ROMANTIC PARTNER.....	19	EX-HUSBAND.....	4	EX-WIFE.....	20	FATHER.....	5	MOTHER.....	21	STEP FATHER.....	6	STEP MOTHER.....	22	BROTHER.....	7	SISTER.....	23	MALE RELATIVE.....	8	FEMALE RELATIVE.....	24	MALE CLASSMATE/SCHOOLMATE.....	9	FEMALE CLASSMATE/SCHOOLMATE.....	25	MALE TEACHER.....	10	FEMALE TEACHER.....	26	MALE POLICE/SECURITY PERSON.....	11	FEMALE POLICE/SECURITY PERSON.....	27	MALE EMPLOYER.....	12	FEMALE EMPLOYER.....	28	MALE NEIGHBOR.....	13	FEMALE NEIGHBOR.....	29	MALE COMMUNITY/RELIGIOUS LEADER.....	14	FEMALE COMMUNITY/RELIGIOUS LEADER.....	30	MALE FRIEND.....	15	FEMALE FRIEND.....	31	MALE STRANGER.....	16	FEMALE STRANGER.....	32	OTHER MALE (SPECIFY).....	77	OTHER FEMALE (SPECIFY).....	88	DON'T KNOW.....		98		DECLINED.....		99	
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Q606	How old was this person? Please give your best guess.	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW 98 DECLINED 99																																																																																	

Q607	Where were you when this happened to you?	MY HOME..... 1 PERPETRATOR'S HOME..... 2 SOMEONE ELSE'S HOME..... 3 ON A ROAD/STREET..... 4 MARKET/SHOP..... 5 SCHOOL..... 6 INSIDE A CAR/BUS..... 7 LAKE, RIVER, OTHER BODY OF WATER..... 8 FIELD OR OTHER NATURAL AREA..... 9 ALCOHOL OUTLET (E.G., RESTAURANT, BAR, DISCO, CLUB, ETC.)..... 10 RELIGIOUS INSTITUTION..... 11 OFFICE..... 12 DON'T KNOW..... 98 DECLINED..... 99																																																																																					
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Q609	SVIB: TOUCHING – FIRST TIME Did this happen to you in the past 12 months?	YES..... 1 NO..... 2 DON'T KNOW..... 98 DECLINED..... 99																																																																																					
Q610	How old were you the <u>first time</u> anyone touched you in a sexual way without your permission but did not try to force you to have sex?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW..... 98 DECLINED..... 99																																																																																					
Q611	This <u>first time</u> , how many people touched you in a sexual way without your permission?	NUMBER OF PEOPLE: <input type="text"/> <input type="text"/> DON'T KNOW..... 98 DECLINED..... 99																																																																																					
IF Q611>1 PROVIDE TEXT BELOW IF Q611=1/98/99 GO TO Q612 Of these people who touched you in a sexual way without your permission this <u>first time</u> , think of the person you know the best for the following questions:																																																																																							
Q612	What was this person's relationship to you?	<table border="0"> <tr> <td style="text-align: center;">MALE</td> <td></td> <td style="text-align: center;">FEMALE</td> <td></td> </tr> <tr> <td>BOYFRIEND/ROMANTIC PARTNER.....</td> <td>1</td> <td>GIRLFRIEND/ROMANTIC PARTNER.....</td> <td>17</td> </tr> <tr> <td>HUSBAND.....</td> <td>2</td> <td>WIFE.....</td> <td>18</td> </tr> <tr> <td>EX-BOYFRIEND/ROMANTIC PARTNER.....</td> <td>3</td> <td>EX-GIRLFRIEND/ROMANTIC PARTNER.....</td> <td>19</td> </tr> <tr> <td>EX-HUSBAND.....</td> <td>4</td> <td>EX-WIFE.....</td> <td>20</td> </tr> <tr> <td>FATHER.....</td> <td>5</td> <td>MOTHER.....</td> <td>21</td> </tr> <tr> <td>STEP FATHER.....</td> <td>6</td> <td>STEP MOTHER.....</td> <td>22</td> </tr> <tr> <td>BROTHER.....</td> <td>7</td> <td>SISTER.....</td> <td>23</td> </tr> <tr> <td>MALE RELATIVE.....</td> <td>8</td> <td>FEMALE RELATIVE.....</td> <td>24</td> </tr> <tr> <td>MALE CLASSMATE/SCHOOLMATE.....</td> <td>9</td> <td>FEMALE CLASSMATE/SCHOOLMATE.....</td> <td>25</td> </tr> <tr> <td>MALE TEACHER.....</td> <td>10</td> <td>FEMALE TEACHER.....</td> <td>26</td> </tr> <tr> <td>MALE POLICE/SECURITY PERSON.....</td> <td>11</td> <td>FEMALE POLICE/SECURITY PERSON.....</td> <td>27</td> </tr> <tr> <td>MALE EMPLOYER.....</td> <td>12</td> <td>FEMALE EMPLOYER.....</td> <td>28</td> </tr> <tr> <td>MALE NEIGHBOR.....</td> <td>13</td> <td>FEMALE NEIGHBOR.....</td> <td>29</td> </tr> <tr> <td>MALE COMMUNITY/RELIGIOUS LEADER.....</td> <td>14</td> <td>FEMALE COMMUNITY/RELIGIOUS LEADER.....</td> <td>30</td> </tr> <tr> <td>MALE FRIEND.....</td> <td>15</td> <td>FEMALE FRIEND.....</td> <td>31</td> </tr> <tr> <td>MALE STRANGER.....</td> <td>16</td> <td>FEMALE STRANGER.....</td> <td>32</td> </tr> <tr> <td>OTHER MALE (SPECIFY).....</td> <td>77</td> <td>OTHER FEMALE (SPECIFY).....</td> <td>88</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>DON'T KNOW.....</td> <td></td> <td>98</td> </tr> <tr> <td></td> <td>DECLINED.....</td> <td></td> <td>99</td> </tr> </table>	MALE		FEMALE		BOYFRIEND/ROMANTIC PARTNER.....	1	GIRLFRIEND/ROMANTIC PARTNER.....	17	HUSBAND.....	2	WIFE.....	18	EX-BOYFRIEND/ROMANTIC PARTNER.....	3	EX-GIRLFRIEND/ROMANTIC PARTNER.....	19	EX-HUSBAND.....	4	EX-WIFE.....	20	FATHER.....	5	MOTHER.....	21	STEP FATHER.....	6	STEP MOTHER.....	22	BROTHER.....	7	SISTER.....	23	MALE RELATIVE.....	8	FEMALE RELATIVE.....	24	MALE CLASSMATE/SCHOOLMATE.....	9	FEMALE CLASSMATE/SCHOOLMATE.....	25	MALE TEACHER.....	10	FEMALE TEACHER.....	26	MALE POLICE/SECURITY PERSON.....	11	FEMALE POLICE/SECURITY PERSON.....	27	MALE EMPLOYER.....	12	FEMALE EMPLOYER.....	28	MALE NEIGHBOR.....	13	FEMALE NEIGHBOR.....	29	MALE COMMUNITY/RELIGIOUS LEADER.....	14	FEMALE COMMUNITY/RELIGIOUS LEADER.....	30	MALE FRIEND.....	15	FEMALE FRIEND.....	31	MALE STRANGER.....	16	FEMALE STRANGER.....	32	OTHER MALE (SPECIFY).....	77	OTHER FEMALE (SPECIFY).....	88						DON'T KNOW.....		98		DECLINED.....		99	
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Q613	How old was this person? Please give your best guess.	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW 98 DECLINED 99	
Q614	Where were you when this happened to you?	MY HOME 1 PERPETRATOR'S HOME 2 SOMEONE ELSE'S HOME 3 ON A ROAD/STREET 4 MARKET/SHOP 5 SCHOOL 6 INSIDE A CAR/BUS 7 LAKE, RIVER, OTHER BODY OF WATER 8 FIELD OR OTHER NATURAL AREA 9 ALCOHOL OUTLET (E.G., RESTAURANT, BAR, DISCO, CLUB, ETC.) 10 RELIGIOUS INSTITUTION 11 OFFICE 12 DON'T KNOW 98 DECLINED 99	
Q615	About what time of day did this happen?	MORNING (SUNRISE TO NOON) 1 AFTERNOON (NOON TO SUNSET) 2 EVENING (SUNSET TO MIDNIGHT) 3 LATE AT NIGHT (MIDNIGHT TO SUNRISE) 4 DON'T KNOW 98 DECLINED 99	
IF Q36=3/98/99 (NEVER MARRIED/NEVER LIVED W/ SOMEONE AS MARRIED/DK/DTA) AND Q41=2/98/99 (NEVER PARTNER) ASK ONLY Q700B, 800B, 900B, and 1000B			
IF Q36=1/2 (EVER MARRIED OR LIVED WITH SOMEONE AS MARRIED) OR Q41=1 (EVER PARTNER) ASK Q700A, Q700B, Q800A, Q800B, Q900A, Q900B, Q1000A, and Q1000B			

The next set of questions is about your sexual activity and practices. Please feel free to answer openly and honestly. There are no right or wrong answers, and remember that you can skip any question that you don't feel comfortable answering. For the next few questions, 'sex' refers to anytime a man's penis enters your vagina, or your anus, or your mouth, however slight, or the insertion of an object into your vagina or anus by someone else.

Information contained in [] brackets is meant for respondents who have had an intimate partner.

Q700	ATTEMPTED FORCED SEX	YES	NO	DK	DTA
	A. Has a boyfriend/romantic partner, ex-boyfriend/romantic partner, husband, or ex-husband ever tried to make you have sex against your will but did not succeed? They might have tried to physically force you to have sex or they might have tried to pressure you to have sex through harassment or threats.	1	2	98	99
	B. Has anyone [else] ever tried to make you have sex against your will but did not succeed? <i>If the individual did not have an intimate partner:</i> They might have tried to physically force you to have sex or they might have tried to pressure you to have sex through harassment or threats.	1	2	98	99
Q800	PHYSICALLY FORCED SEX	YES	NO	DK	DTA
	A. Has a boyfriend/romantic partner, ex-boyfriend/romantic partner, husband, or ex-husband ever physically forced you to have sex and did succeed?	1	2	98	99
	B. Has anyone [else] ever physically forced you to have sex against your will and did succeed?	1	2	98	99
IF Q415=3 AND Q800A OR Q800B =2/98/99 THEN: "EARLIER YOU TOLD ME THAT YOUR FIRST SEXUAL ENCOUNTER WAS PHYSICALLY FORCED, BUT WHEN I JUST ASKED YOU IF YOU EVER EXPERIENCED PHYSICALLY FORCED SEX YOU SAID NO. I NEED TO REVIEW THESE QUESTIONS WITH YOU TO MAKE SURE I UNDERSTAND YOUR ANSWERS CORRECTLY."					
Q900	PRESSURED SEX	YES	NO	DK	DTA
	A. Has a boyfriend/romantic partner, ex-boyfriend/romantic partner, husband, or ex-husband ever pressured you to have sex, through harassment or threats and did succeed?	1	2	98	99
	B. Has anyone [else] ever pressured you to have sex, through harassment or threats and did succeed?	1	2	98	99
IF Q415=1 AND Q900A=2 OR Q900B=2/98/99 THEN: "EARLIER YOU TOLD ME THAT YOUR FIRST SEXUAL ENCOUNTER YOU WERE PRESSURED OR THREATENED, BUT WHEN I JUST ASKED YOU IF YOU EVER EXPERIENCED PRESSURED SEX YOU SAID NO. I NEED TO REVIEW THESE QUESTIONS WITH YOU TO MAKE SURE I UNDERSTAND YOUR ANSWERS CORRECTLY."					
Q1000	SEX WHEN INDIVIDUAL WAS TOO DRUNK TO SAY NO (ALCOHOL-FACILITATED FORCED SEX)	YES	NO	DK	DTA
	A. Has a boyfriend/romantic partner, ex-boyfriend/romantic partner, husband, or ex-husband ever had sex with you when you were too drunk to say no and did succeed?	1	2	98	99
	B. Has anyone [else] ever had sex with you when you were too drunk to say no and did succeed?	1	2	98	99
IF Q415=2 AND Q1000A AND Q1000B=2/98/99 THEN: "EARLIER YOU TOLD ME THAT AT YOUR FIRST SEXUAL ENCOUNTER YOU WERE TOO DRUNK TO SAY NO, BUT WHEN I JUST ASKED YOU IF SOMEONE EVER HAD SEX WITH YOU WHEN YOU WERE TOO DRUNK TO SAY NO, YOU SAID NO. I NEED TO REVIEW THESE QUESTIONS WITH YOU TO MAKE SURE I UNDERSTAND YOUR ANSWERS CORRECTLY."					
IF Q700=1 MOVE TO Q701 IF Q700=2/98/99 AND Q800=1 MOVE TO Q801 IF Q700=2/98/99 AND Q800=2/98/99 AND Q900=1 MOVE TO Q901					

IF Q700=2/98/99 AND Q800=2/98/99 AND Q900=2/98/99 AND Q1000=1 MOVE TO Q1001

IF Q600=1 AND Q700-Q1000=2/98/99 MOVE TO Q1200

IF Q600-Q1000=2/98/99 CHECK THE FOLLOWING:

IF Q36=3/98/99 (NEVER MARRIED/NEVER LIVED W/ SOMEONE AS MARRIED/DK/DTA) AND Q41=2/98/99 (NEVER PARTNER) MOVE TO Q1301

IF Q36=1/2 (EVER MARRIED OR LIVED WITH SOMEONE AS MARRIED) OR Q41=1 (EVER PARTNER) MOVE TO Q1300

Q701	SV2: ATTEMPTED FORCED SEX- LIFETIME How many times in your life has anyone <u>tried</u> to make you have sex against your will but did not succeed? They might have tried to physically force you to have sex or they might have tried to pressure you have sex through harassment or threats.	1 WRITE NUMBER IF <input type="text"/> <input type="text"/> 2 TIMES OR MORE: TOO MANY TO RECALL..... DON'T KNOW..... DECLINED.....	1 66 98 99	→ Q709 → Q709
Q702	SV2A: ATTEMPTED FORCED SEX – MOST RECENT Now think about the <u>last time</u> this happened. Did this happen to you in the past 12 months?	YES..... NO..... DON'T KNOW..... DECLINED.....	1 2 98 99	
Q703	How old were you the <u>last time</u> this happened?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW..... DECLINED.....	98 99	
Q704	This <u>last time</u> , how many people tried to make you have sex against your will?	NUMBER OF PEOPLE: <input type="text"/> <input type="text"/> DON'T KNOW..... DECLINED.....	98 99	
IF Q704=1 PROVIDE TEXT BELOW IF Q704=1/98/99 GO TO Q705 Of these people who attempted to have sex with you against your will this <u>last time</u> , think of the person you know the best for the following questions:				
Q705	What was this person's relationship to you?	<p style="text-align: center;">MALE</p> BOYFRIEND/ROMANTIC PARTNER 1 HUSBAND 2 EX-BOYFRIEND/ROMANTIC PARTNER 3 EX-HUSBAND 4 FATHER 5 STEP FATHER..... 6 BROTHER 7 MALE RELATIVE 8 MALE CLASSMATE/SCHOOLMATE..... 9 MALE TEACHER 10 MALE POLICE/SECURITY PERSON 11 MALE EMPLOYER 12 MALE NEIGHBOR 13 MALE COMMUNITY/RELIGIOUS LEADER 14 MALE FRIEND 15 MALE STRANGER..... 16 OTHER MALE (SPECIFY)..... 77 <p style="text-align: center;">FEMALE</p> GIRLFRIEND/ROMANTIC PARTNER WIFE EX-GIRLFRIEND/ROMANTIC PARTNER..... EX-WIFE MOTHER..... STEP MOTHER..... SISTER FEMALE RELATIVE FEMALE CLASSMATE/SCHOOLMATE FEMALE TEACHER FEMALE POLICE/SECURITY PERSON FEMALE EMPLOYER FEMALE NEIGHBOR FEMALE COMMUNITY/RELIGIOUS LEADER .. FEMALE FRIEND FEMALE STRANGER..... OTHER FEMALE (SPECIFY)..... <p style="text-align: center;">DON'T KNOW 98 DECLINED 99</p>		
Q706	How old was this person? Please give your best guess.	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW..... DECLINED.....	98 99	
Q707	Where were you when this happened to you?	MY HOME PERPETRATOR'S HOME..... SOMEONE ELSE'S HOME..... ON A ROAD/STREET MARKET/SHOP..... SCHOOL..... INSIDE A CAR/BUS..... LAKE, RIVER, OTHER BODY OF WATER FIELD OR OTHER NATURAL AREA... ALCOHOL OUTLET (E.G., RESTAURANT, BAR, DISCO, CLUB, ETC.)..... RELIGIOUS INSTITUTION.....	1 2 3 4 5 6 7 8 9 10 11 12 98	

		OFFICE.....	99	
		DON'T KNOW.....		
		DECLINED.....		
Q708	About what time of day did this happen?	MORNING (SUNRISE TO NOON).....	1	
		AFTERNOON (NOON TO SUNSET)	2	
		EVENING (SUNSET TO MIDNIGHT)...	3	
		LATE AT NIGHT (MIDNIGHT TO SUNRISE).....	4	
		DON'T KNOW.....	98	
		DECLINED.....	99	
SKIP TO Q710				
Q709	SV2B: ATTEMPTED FORCED SEX - FIRST TIME Did this happen to you in the past 12 months?	YES.....	1	
		NO.....	2	
		DON'T KNOW.....	98	
		DECLINED.....	99	
Q710	How old were you the <u>first time</u> anyone tried to make you have sex against your will but did not succeed?	YEARS OLD: <input type="text"/> <input type="text"/>		
		DON'T KNOW.....	98	
		DECLINED.....	99	
Q711	This <u>first time</u> , how many people tried to make you have sex against your will?	NUMBER OF PEOPLE: <input type="text"/> <input type="text"/>		
		DON'T KNOW.....	98	
		DECLINED.....	99	
IF Q711>1 PROVIDE TEXT BELOW IF Q711=1/98/99 GO TO Q712 Of these people who attempted to have sex with you against your will this <u>first time</u> , think of the person you know the best for the following questions:				
Q712	What was this person's relationship to you?			
		MALE		FEMALE
		BOYFRIEND/ROMANTIC PARTNER..... 1		GIRLFRIEND/ROMANTIC PARTNER.....
		HUSBAND..... 2		WIFE.....
		EX-BOYFRIEND/ROMANTIC PARTNER..... 3		EX-GIRLFRIEND/ROMANTIC PARTNER.....
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		OTHER MALE (SPECIFY)..... 77		OTHER FEMALE (SPECIFY).....
		DON'T KNOW..... 98		
		DECLINED..... 99		
Q713	How old was this person? Please give your best guess.	YEARS OLD: <input type="text"/> <input type="text"/>		
		DON'T KNOW.....	98	
		DECLINED.....	99	

Q714	Where were you when this happened to you?	MY HOME 1 PERPETRATOR'S HOME..... 2 SOMEONE ELSE'S HOME..... 3 ON A ROAD/STREET 4 MARKET/SHOP..... 5 SCHOOL..... 6 INSIDE A CAR/BUS..... 7 LAKE, RIVER, OTHER BODY OF WATER 8 FIELD OR OTHER NATURAL AREA... 9 ALCOHOL OUTLET (E.G., RESTAURANT, BAR, DISCO, CLUB, ETC.)..... 10 RELIGIOUS INSTITUTION..... 11 OFFICE..... 12 DON'T KNOW 98 DECLINED..... 99	
Q715	About what time of day did this happen?	MORNING (SUNRISE TO NOON)..... 1 AFTERNOON (NOON TO SUNSET) 2 EVENING (SUNSET TO MIDNIGHT)... 3 LATE AT NIGHT (MIDNIGHT TO SUNRISE)..... 4 DON'T KNOW..... 98 DECLINED..... 99	
REFER TO Q800 AND Q900 AND Q1000 FOR ROUTING TO NEXT SECTION IF Q800=1 CONTINUE TO Q801 IF Q800=2/98/99 AND Q900=1 MOVE TO Q901 IF Q800=2/98/99 AND Q900=2/98/99 AND Q1000=1 MOVE TO Q1001 ELSE MOVE TO Q1200			
Q801	SV3: PHYSICALLY FORCED SEX- LIFETIME How many times in your life have you been <u>physically forced</u> to have sex?	1 1 → Q810 WRITE NUMBER IF <input type="text"/> <input type="text"/> 2 TIMES OR MORE: TOO MANY TO RECALL..... 66 DON'T KNOW 98 DECLINED..... 99 → Q810	
Q802	SV3A: PHYSICALLY FORCED SEX – MOST RECENT Now think about the <u>last time</u> this happened. Did this happen to you in the past 12 months?	YES..... 1 NO..... 2 DON'T KNOW..... 98 DECLINED..... 99	
Q803	How old were you the <u>last time</u> this happened?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW 98 DECLINED..... 99	
Q804	This <u>last time</u> , how many people physically forced you to have sex?	NUMBER OF PEOPLE: <input type="text"/> <input type="text"/> DON'T KNOW 98 DECLINED..... 99	
IF Q804>1 PROVIDE TEXT BELOW IF Q804=1/98/99 GO TO Q805 Of these people who physically forced you to have sex this last time, think of the person you know best for the following questions:			

Q805	What was this person's relationship to you?	<p style="text-align: center;">MALE</p> BOYFRIEND/ROMANTIC PARTNER 1 HUSBAND 2 EX-BOYFRIEND/ROMANTIC PARTNER 3 EX-HUSBAND 4 FATHER 5 STEP FATHER 6 BROTHER 7 MALE RELATIVE 8 MALE CLASSMATE/SCHOOLMATE 9 MALE TEACHER 10 MALE POLICE/SECURITY PERSON 11 MALE EMPLOYER 12 MALE NEIGHBOR 13 MALE COMMUNITY/RELIGIOUS LEADER 14 MALE FRIEND 15 MALE STRANGER 16 OTHER MALE (SPECIFY) 77 DON'T KNOW 98 DECLINED 99	<p style="text-align: center;">FEMALE</p> GIRLFRIEND/ROMANTIC PARTNER WIFE EX-GIRLFRIEND/ROMANTIC PARTNER EX-WIFE MOTHER STEP MOTHER SISTER FEMALE RELATIVE FEMALE CLASSMATE/SCHOOLMATE FEMALE TEACHER FEMALE POLICE/SECURITY PERSON FEMALE EMPLOYER FEMALE NEIGHBOR FEMALE COMMUNITY/RELIGIOUS LEADER FEMALE FRIEND FEMALE STRANGER OTHER FEMALE (SPECIFY)		
Q806	How old was this person? Please give your best guess.	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW 98 DECLINED 99			
Q807	Did the person who did this to you this <u>last time</u> use a weapon such as a gun, knife or machete?	YES 1 NO 2 DON'T KNOW 98 DECLINED 99			
Q808	Where were you when this happened to you?	MY HOME 1 PERPETRATOR'S HOME 2 SOMEONE ELSE'S HOME 3 ON A ROAD/STREET 4 MARKET/SHOP 5 SCHOOL 6 INSIDE A CAR/BUS 7 LAKE, RIVER, OTHER BODY OF WATER 8 FIELD OR OTHER NATURAL AREA 10 ALCOHOL OUTLET (E.G., RESTAURANT, BAR, DISCO, CLUB, ETC.) 11 RELIGIOUS INSTITUTION 12 OFFICE 98 DON'T KNOW 99 DECLINED			
Q809	About what time of day did this happen?	MORNING (SUNRISE TO NOON) 1 AFTERNOON (NOON TO SUNSET) 2 EVENING (SUNSET TO MIDNIGHT) 3 LATE AT NIGHT (MIDNIGHT TO SUNRISE) 4 DON'T KNOW 98 DECLINED 99			
SKIP TO Q811					
Q810	SV3B: PHYSICALLY FORCED SEX – FIRST TIME Did this happen to you in the past 12 months?	YES 1 NO 2 DON'T KNOW 98 DECLINED 99			
Q811	How old were you the <u>first time</u> anyone physically forced you to have sex?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW 98 DECLINED 99			
Q812	This <u>first time</u> , how many people physically forced you to have sex?	NUMBER OF PEOPLE: <input type="text"/> <input type="text"/> DON'T KNOW 98 DECLINED 99			

IF Q812>1 PROVIDE TEXT BELOW IF Q812=1/98/99 GO TO Q813																																									
Of these people who physically forced you to have sex the <u>first time</u> , think of the person you know best for the following questions:																																									
Q813	What was this person's relationship to you? <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">MALE</td> <td style="width:50%; border:none;">FEMALE</td> </tr> <tr> <td style="border:none;">BOYFRIEND/ROMANTIC PARTNER..... 1</td> <td style="border:none;">GIRLFRIEND/ROMANTIC PARTNER.....</td> </tr> <tr> <td style="border:none;">HUSBAND..... 2</td> <td style="border:none;">WIFE.....</td> </tr> <tr> <td style="border:none;">EX-BOYFRIEND/ROMANTIC PARTNER..... 3</td> <td style="border:none;">EX-GIRLFRIEND/ROMANTIC PARTNER.....</td> </tr> <tr> <td style="border:none;">EX-HUSBAND..... 4</td> <td style="border:none;">EX-WIFE.....</td> </tr> <tr> <td style="border:none;">FATHER..... 5</td> <td style="border:none;">MOTHER.....</td> </tr> <tr> <td style="border:none;">STEP FATHER..... 6</td> <td style="border:none;">STEP MOTHER.....</td> </tr> <tr> <td style="border:none;">BROTHER..... 7</td> <td style="border:none;">SISTER.....</td> </tr> <tr> <td style="border:none;">MALE RELATIVE..... 8</td> <td style="border:none;">FEMALE RELATIVE.....</td> </tr> <tr> <td style="border:none;">MALE CLASSMATE/SCHOOLMATE..... 9</td> <td style="border:none;">FEMALE CLASSMATE/SCHOOLMATE.....</td> </tr> <tr> <td style="border:none;">MALE TEACHER..... 10</td> <td style="border:none;">FEMALE TEACHER.....</td> </tr> <tr> <td style="border:none;">MALE POLICE/SECURITY PERSON..... 11</td> <td style="border:none;">FEMALE POLICE/SECURITY PERSON.....</td> </tr> <tr> <td style="border:none;">MALE EMPLOYER..... 12</td> <td style="border:none;">FEMALE EMPLOYER.....</td> </tr> <tr> <td style="border:none;">MALE NEIGHBOR..... 13</td> <td style="border:none;">FEMALE NEIGHBOR.....</td> </tr> <tr> <td style="border:none;">MALE COMMUNITY/RELIGIOUS LEADER..... 14</td> <td style="border:none;">FEMALE COMMUNITY/RELIGIOUS LEADER.....</td> </tr> <tr> <td style="border:none;">MALE FRIEND..... 15</td> <td style="border:none;">FEMALE FRIEND.....</td> </tr> <tr> <td style="border:none;">MALE STRANGER..... 16</td> <td style="border:none;">FEMALE STRANGER.....</td> </tr> <tr> <td style="border:none;">OTHER MALE (SPECIFY)..... 77</td> <td style="border:none;">OTHER FEMALE (SPECIFY).....</td> </tr> <tr> <td style="border:none;">DON'T KNOW..... 98</td> <td style="border:none;"></td> </tr> <tr> <td style="border:none;">DECLINED..... 99</td> <td style="border:none;"></td> </tr> </table>	MALE	FEMALE	BOYFRIEND/ROMANTIC PARTNER..... 1	GIRLFRIEND/ROMANTIC PARTNER.....	HUSBAND..... 2	WIFE.....	EX-BOYFRIEND/ROMANTIC PARTNER..... 3	EX-GIRLFRIEND/ROMANTIC PARTNER.....	EX-HUSBAND..... 4	EX-WIFE.....	FATHER..... 5	MOTHER.....	STEP FATHER..... 6	STEP MOTHER.....	BROTHER..... 7	SISTER.....	MALE RELATIVE..... 8	FEMALE RELATIVE.....	MALE CLASSMATE/SCHOOLMATE..... 9	FEMALE CLASSMATE/SCHOOLMATE.....	MALE TEACHER..... 10	FEMALE TEACHER.....	MALE POLICE/SECURITY PERSON..... 11	FEMALE POLICE/SECURITY PERSON.....	MALE EMPLOYER..... 12	FEMALE EMPLOYER.....	MALE NEIGHBOR..... 13	FEMALE NEIGHBOR.....	MALE COMMUNITY/RELIGIOUS LEADER..... 14	FEMALE COMMUNITY/RELIGIOUS LEADER.....	MALE FRIEND..... 15	FEMALE FRIEND.....	MALE STRANGER..... 16	FEMALE STRANGER.....	OTHER MALE (SPECIFY)..... 77	OTHER FEMALE (SPECIFY).....	DON'T KNOW..... 98		DECLINED..... 99	
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Q814	How old was this person? Please give your best guess. YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW..... 98 DECLINED..... 99																																								
Q815	Did the person who did this to you the <u>first time</u> use a weapon such as a gun, knife or machete? YES..... 1 NO..... 2 DON'T KNOW..... 98 DECLINED..... 99																																								
Q816	Where were you when this happened to you? MY HOME..... 1 PERPETRATOR'S HOME..... 2 SOMEONE ELSE'S HOME..... 3 ON A ROAD/STREET..... 4 MARKET/SHOP..... 5 SCHOOL..... 6 INSIDE A CAR/BUS..... 7 LAKE, RIVER, OTHER BODY OF WATER..... 8 FIELD OR OTHER NATURAL AREA... 9 ALCOHOL OUTLET (E.G., RESTAURANT, BAR, DISCO, CLUB, ETC.)..... 10 RELIGIOUS INSTITUTION..... 11 OFFICE..... 12 DON'T KNOW..... 98 DECLINED..... 99																																								
Q817	About what time of day did this happen? MORNING (SUNRISE TO NOON)..... 1 AFTERNOON (NOON TO SUNSET)..... 2 EVENING (SUNSET TO MIDNIGHT)... 3 LATE AT NIGHT (MIDNIGHT TO SUNRISE)..... 4 DON'T KNOW..... 98 DECLINED..... 99																																								
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Q901	SV4: PRESSURED SEX- LIFETIME How many times in your life has someone <u>pressured</u> you to have sex through harassment or threats and did succeed? 1..... 1 → Q909 WRITE NUMBER IF <input type="text"/> <input type="text"/> 2 TIMES OR MORE: TOO MANY TO RECALL..... 66 DON'T KNOW..... 98 → Q909 DECLINED..... 99																																								

Q902	SV4A: PRESSURED INTO SEX – MOST RECENT Now think about the <u>last time</u> this happened. Did this happen to you in the past 12 months?	YES..... NO..... DON'T KNOW..... DECLINED.....	1 2 98 99																																																																																	
Q903	How old were you the <u>last time</u> this happened?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW..... DECLINED.....	98 99																																																																																	
Q904	This <u>last time</u> , how many people pressured you to have sex?	NUMBER OF PEOPLE: <input type="text"/> <input type="text"/> DON'T KNOW..... DECLINED.....	98 99																																																																																	
IF Q904=1 PROVIDE TEXT BELOW IF Q904=1/98/99 GO TO Q905 Of the people who pressured you to have sex when you did not want to this last time, think of the person you know best for the following questions:																																																																																				
Q905	What was this person's relationship to you?	<table border="0"> <tr> <td colspan="2" style="text-align: center;">MALE</td> <td colspan="2" style="text-align: center;">FEMALE</td> </tr> <tr> <td>BOYFRIEND/ROMANTIC PARTNER.....</td> <td>1</td> <td>GIRLFRIEND/ROMANTIC PARTNER.....</td> <td></td> </tr> <tr> <td>HUSBAND.....</td> <td>2</td> <td>WIFE.....</td> <td></td> </tr> <tr> <td>EX-BOYFRIEND/ROMANTIC PARTNER.....</td> <td>3</td> <td>EX-GIRLFRIEND/ROMANTIC PARTNER.....</td> <td></td> </tr> <tr> <td>EX-HUSBAND.....</td> <td>4</td> <td>EX-WIFE.....</td> <td></td> </tr> <tr> <td>FATHER.....</td> <td>5</td> <td>MOTHER.....</td> <td></td> </tr> <tr> <td>STEP FATHER.....</td> <td>6</td> <td>STEP MOTHER.....</td> <td></td> </tr> <tr> <td>BROTHER.....</td> <td>7</td> <td>SISTER.....</td> <td></td> </tr> <tr> <td>MALE RELATIVE.....</td> <td>8</td> <td>FEMALE RELATIVE.....</td> <td></td> </tr> <tr> <td>MALE CLASSMATE/SCHOOLMATE.....</td> <td>9</td> <td>FEMALE CLASSMATE/SCHOOLMATE.....</td> <td></td> </tr> <tr> <td>MALE TEACHER.....</td> <td>10</td> <td>FEMALE TEACHER.....</td> <td></td> </tr> <tr> <td>MALE POLICE/SECURITY PERSON.....</td> <td>11</td> <td>FEMALE POLICE/SECURITY PERSON.....</td> <td></td> </tr> <tr> <td>MALE EMPLOYER.....</td> <td>12</td> <td>FEMALE EMPLOYER.....</td> <td></td> </tr> <tr> <td>MALE NEIGHBOR.....</td> <td>13</td> <td>FEMALE NEIGHBOR.....</td> <td></td> </tr> <tr> <td>MALE COMMUNITY/RELIGIOUS LEADER.....</td> <td>14</td> <td>FEMALE COMMUNITY/RELIGIOUS LEADER.....</td> <td></td> </tr> <tr> <td>MALE FRIEND.....</td> <td>15</td> <td>FEMALE FRIEND.....</td> <td></td> </tr> <tr> <td>MALE STRANGER.....</td> <td>16</td> <td>FEMALE STRANGER.....</td> <td></td> </tr> <tr> <td>OTHER MALE (SPECIFY).....</td> <td>77</td> <td>OTHER FEMALE (SPECIFY).....</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">DON'T KNOW.....</td> <td colspan="2" style="text-align: right;">98</td> </tr> <tr> <td colspan="2" style="text-align: right;">DECLINED.....</td> <td colspan="2" style="text-align: right;">99</td> </tr> </table>	MALE		FEMALE		BOYFRIEND/ROMANTIC PARTNER.....	1	GIRLFRIEND/ROMANTIC PARTNER.....		HUSBAND.....	2	WIFE.....		EX-BOYFRIEND/ROMANTIC PARTNER.....	3	EX-GIRLFRIEND/ROMANTIC PARTNER.....		EX-HUSBAND.....	4	EX-WIFE.....		FATHER.....	5	MOTHER.....		STEP FATHER.....	6	STEP MOTHER.....		BROTHER.....	7	SISTER.....		MALE RELATIVE.....	8	FEMALE RELATIVE.....		MALE CLASSMATE/SCHOOLMATE.....	9	FEMALE CLASSMATE/SCHOOLMATE.....		MALE TEACHER.....	10	FEMALE TEACHER.....		MALE POLICE/SECURITY PERSON.....	11	FEMALE POLICE/SECURITY PERSON.....		MALE EMPLOYER.....	12	FEMALE EMPLOYER.....		MALE NEIGHBOR.....	13	FEMALE NEIGHBOR.....		MALE COMMUNITY/RELIGIOUS LEADER.....	14	FEMALE COMMUNITY/RELIGIOUS LEADER.....		MALE FRIEND.....	15	FEMALE FRIEND.....		MALE STRANGER.....	16	FEMALE STRANGER.....		OTHER MALE (SPECIFY).....	77	OTHER FEMALE (SPECIFY).....		DON'T KNOW.....		98		DECLINED.....		99			
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Q906	How old was this person? Please give your best guess.	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW..... DECLINED.....	98 99																																																																																	
Q907	Where were you when this happened to you?	MY HOME..... PERPETRATOR'S HOME..... SOMEONE ELSE'S HOME..... ON A ROAD/STREET..... MARKET/SHOP..... SCHOOL..... INSIDE A CAR/BUS..... LAKE, RIVER, OTHER BODY OF WATER..... FIELD OR OTHER NATURAL AREA..... ALCOHOL OUTLET (E.G., RESTAURANT, BAR, DISCO, CLUB, ETC.)..... RELIGIOUS INSTITUTION..... OFFICE..... DON'T KNOW..... DECLINED.....	1 2 3 4 5 6 7 8 9 10 11 12 98 99																																																																																	
Q908	About what time of day did this happen?	MORNING (SUNRISE TO NOON)..... AFTERNOON (NOON TO SUNSET) ... EVENING (SUNSET TO MIDNIGHT) .. LATE AT NIGHT (MIDNIGHT TO SUNRISE)..... DON'T KNOW..... DECLINED.....	1 2 3 4 98 99																																																																																	
SKIP TO Q910																																																																																				

Q909	SV4B: PRESSURED INTO SEX – FIRST TIME Did this happen to you in the past 12 months?	YES..... NO..... DON'T KNOW..... DECLINED.....	1 2 98 99	
Q910	How old were you the <u>first time</u> anyone pressured you to have sex through harassment or threats and did succeed?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW..... DECLINED.....	98 99	
Q911	This <u>first time</u> , how many people pressured you to have sex?	NUMBER OF PEOPLE: <input type="text"/> <input type="text"/> DON'T KNOW..... DECLINED.....	98 99	
IF Q911>1 PROVIDE TEXT BELOW IF Q911=1/98/99 GO TO Q912 Of these people who pressured you to have sex this <u>first time</u> , think of the person you know best for the following questions:				
Q912	What was this person's relationship to you?	<p style="text-align: center;">MALE</p> BOYFRIEND/ROMANTIC PARTNER 1 HUSBAND 2 EX-BOYFRIEND/ROMANTIC PARTNER 3 EX-HUSBAND 4 FATHER 5 STEP FATHER 6 BROTHER 7 MALE RELATIVE 8 MALE CLASSMATE/SCHOOLMATE..... 9 MALE TEACHER 10 MALE POLICE/SECURITY PERSON 11 MALE EMPLOYER 12 MALE NEIGHBOR 13 MALE COMMUNITY/RELIGIOUS LEADER 14 MALE FRIEND 15 MALE STRANGER..... 16 OTHER MALE (SPECIFY)..... 77 DON'T KNOW 98 DECLINED 99	<p style="text-align: center;">FEMALE</p> GIRLFRIEND/ROMANTIC PARTNER WIFE EX-GIRLFRIEND/ROMANTIC PARTNER..... EX-WIFE MOTHER..... STEP MOTHER..... SISTER..... FEMALE RELATIVE FEMALE CLASSMATE/SCHOOLMATE..... FEMALE TEACHER..... FEMALE POLICE/SECURITY PERSON FEMALE EMPLOYER FEMALE NEIGHBOR FEMALE COMMUNITY/RELIGIOUS LEADER . FEMALE FRIEND FEMALE STRANGER..... OTHER FEMALE (SPECIFY).....	
Q913	How old was this person? Please give your best guess.	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW..... DECLINED.....	98 99	
Q914	Where were you when this happened to you?	MY HOME PERPETRATOR'S HOME..... SOMEONE ELSE'S HOME..... ON A ROAD/STREET MARKET/SHOP..... SCHOOL..... INSIDE A CAR/BUS..... LAKE, RIVER, OTHER BODY OF WATER FIELD OR OTHER NATURAL AREA. ALCOHOL OUTLET (E.G., RESTAURANT, BAR, DISCO, CLUB, ETC.)..... RELIGIOUS INSTITUTION..... OFFICE..... DON'T KNOW..... DECLINED.....	1 2 3 4 5 6 7 8 9 10 11 12 98 99	

Q915	About what time of day did this happen?	MORNING (SUNRISE TO NOON)..... AFTERNOON (NOON TO SUNSET) ... EVENING (SUNSET TO MIDNIGHT). LATE AT NIGHT (MIDNIGHT TO SUNRISE)..... DON'T KNOW..... DECLINED.....	1 2 3 4 98 99	
REFER TO Q1000 FOR ROUTING TO NEXT SECTION: IF Q1000=1 MOVE TO Q1001 ELSE MOVE TO Q1200				
Q1001	SV5: TOO DRUNK TO SAY NO – LIFETIME (ALCOHOL FACILITATED FORCED SEX) How many times in your life has someone had sex with you when you were too drunk to say no and did succeed?	1 WRITE NUMBER IF <input type="text"/> <input type="text"/> 2 TIMES OR MORE: TOO MANY TO RECALL..... DON'T KNOW..... DECLINED.....	1 → 66 98 99	Q1009 Q1009
Q1002	SV5A: TOO DRUNK TO SAY NO – MOST RECENT (ALCOHOL FACILITATED FORCED SEX) Now think about the <u>last time</u> this happened. Did this happen to you in the past 12 months?	YES..... NO..... DON'T KNOW..... DECLINED.....	1 2 98 99	
Q1003	How old were you the <u>last time</u> this happened?	YEARS OLD: <input type="text"/> <input type="text"/> DON'T KNOW..... DECLINED.....	98 99	
Q1100	PREGNANCY OUTCOMES Did you ever get pregnant as a result of being physically forced or pressured to have sex, or when you were too drunk to say no?	YES..... NO..... DON'T KNOW..... DECLINED.....	1 2 98 99	→Q1200
IF Q1100=1 AND Q418=2 THEN: "EARLIER YOU TOLD ME THAT YOU HAD NEVER BEEN PREGNANT, BUT YOU JUST TOLD ME THAT YOU THINK YOU GOT PREGNANT AS A RESULT OF BEING PHYSICALLY FORCED OR PRESSURED TO HAVE SEX. I NEED TO REVIEW THESE QUESTIONS WITH YOU TO MAKE SURE I UNDERSTAND YOUR ANSWERS CORRECTLY."				
Q1101	How many times did you get pregnant as a result of being pressured or physically forced to have sex?	NUMBER OF PREGNANCIES: <input type="text"/> <input type="text"/> DON'T KNOW..... DECLINED.....	98 99	
Q1102	Did you ever deliver a live baby from one of these pregnancies when you were pressured or physically forced to have sex?	YES..... NO..... DON'T KNOW..... DECLINED.....	1 2 98 99	
IF Q3=1 (EVER ATTENDED TO SCHOOL) CONTINUE TO Q1200 IF Q3=2/98/99 (NEVER ATTENDED TO SCHOOL) CONTINUE TO Q1201				
Q1200	SV SERVICES Thinking about all your unwanted sexual experiences, did you ever have to miss school because of what happened?	YES..... NO..... DON'T KNOW..... DECLINED.....	1 2 98 99	
Q1201	Thinking about all your unwanted sexual experiences, did you know a hospital/clinic, police station, helpline, social welfare, or legal office to go for help?	YES..... NO..... DON'T KNOW..... DECLINED.....	1 2 98 99	→Q1206
Q1202	Did you try to seek help from any of these places for any of these experiences?	YES..... NO..... DON'T KNOW..... DECLINED.....	1 2 98 99	→Q1204 →Q1206
Q1203	What was the <u>main reason</u> you did not try to seek help from a hospital/clinic, police station, helpline, social welfare or legal office?	AFRAID OF GETTING IN TROUBLE..... EMBARRASSED FOR SELF/FAMILY..... COULD NOT AFFORD SERVICES..... DEPENDENT ON PERPETRATOR..... PERPETRATOR THREATENED ME..... DID NOT THINK IT WAS A PROBLEM..... FELT IT WAS MY FAULT.....	1 2 3 4 5 6 7	

		AFRAID OF BEING ABANDONED.....	8	
		DID NOT NEED/WANT SERVICES	9	
		AFRAID OF COMMUNITY VIOLENCE	10	
		SERVICES TOO FAR AWAY.....	11	
		DON'T KNOW.....	98	
		DECLINED.....	99	
SKIP TO Q1206				
Q1204	Did you receive any help for any of these experiences from a hospital/clinic, police station, helpline, social welfare or legal office?	YES.....	1	→Q1206
		NO.....	2	
		DON'T KNOW.....	98	
		DECLINED.....	99	
Q1205	Did you receive help from:		YES NO DK DTA	
	A) A doctor, nurse or other healthcare worker?	A) A DOCTOR, NURSE OR OTHER HEALTHCARE WORKER?	1 2 98 99	
	B) Police or other security personnel?	B) POLICE OR OTHER SECURITY PERSONNEL?	1 2 98 99	
	C) A lawyer, judge/magistrate or other legal professional, other than police?	C) A LAWYER, JUDGE/MAGISTRATE OR OTHER LEGAL PROFESSIONAL, OTHER THAN POLICE?	1 2 98 99	
	D) A Children's Officer, social worker or counselor?	D) A CHILDREN'S OFFICER, SOCIAL WORKER OR COUNSELOR?	1 2 98 99	
	E) A helpline (incl. phone/internet/website)?	E) A HELPLINE?	1 2 98 99	
	F) A religious leader or community leader?	F) A RELIGIOUS LEADER OR COMMUNITY LEADER?	1 2 98 99	
Q1206	Did you tell <u>anyone</u> about <u>any</u> of these experiences?	YES.....	1	→ Q1208
		NO.....	2	
		DON'T KNOW.....	98	
		DECLINED.....	99	
Q1207	Who did you tell? (Choose all responses that apply)			
	MOTHER.....	A NEIGHBOR.....	I	
	FATHER.....	B TRADITIONAL HEALER.....	J	
	SISTER.....	C NGO WORKER.....	K	
	BROTHER.....	D TEACHER.....	L	
	OTHER RELATIVE.....	E EMPLOYER.....	M	
	HUSBAND.....	F COMMUNITY LEADER.....	N	
	BOYFRIEND/ROMANTIC PARTNER.....	G RELIGIOUS LEADER.....	O	
	FRIEND.....	H CHILDREN'S OFFICER.....	P	
		DON'T KNOW.....	98	
		DECLINED.....	99	
SKIP TO Q1300				
Q1208	What was the <u>main reason</u> you did not tell anyone?	DID NOT KNOW WHO TO GO TO	1	
		AFRAID OF GETTING IN TROUBLE	2	
		EMBARRASSED FOR SELF/FAMILY	3	
		DEPENDENT ON PERPETRATOR.....	4	
		PERPETRATOR THREATENED ME.....	5	
		DID NOT THINK IT WAS A PROBLEM.....	6	
		FELT IT WAS MY FAULT	7	
		AFRAID OF BEING ABANDONED.....	8	
		DID NOT NEED/WANT TO TELL ANYONE	9	
		DON'T KNOW.....	98	
		DECLINED.....	99	
IF Q36=3/98/99 (NEVER MARRIED/NEVER LIVED W/ SOMEONE AS MARRIED/DK/DTA) AND Q41=2/98/99 (NEVER PARTNER) SKIP TO Q1301 IF Q36=1/2 (EVER MARRIED OR LIVED WITH SOMEONE AS MARRIED) OR Q41=1 (EVER PARTNER) CONTINUE WITH Q1300				
Q1300	<i>SV PERPETRATION</i>			
	Have you ever forced a boyfriend/romantic partner, ex-boyfriend/romantic partner, husband, or ex-husband to have sex with you when they did not want to?	YES.....	1	
		NO.....	2	
		DON'T KNOW.....	98	
		DECLINED.....	99	

Q1301	Have you ever forced someone who was not your boyfriend/ romantic partner, ex-boyfriend/romantic partner, husband, or ex-husband to have sex with you when they did not want to?	YES..... NO..... DON'T KNOW..... DECLINED	1 2 98 99																																																									
Q1400	SUBSTANCE ABUSE How old were you when you drank alcohol for the first time that was more than a few sips?	YEARS OLD: <input type="text"/> <input type="text"/> NEVER DRANK ALCOHOL..... DON'T KNOW..... DECLINED	1 98 99	→ Q1402																																																								
Q1401	In the past month, on how many days did you have 4 or more drinks of alcohol in a row?	NUMBER OF DAYS: <input type="text"/> <input type="text"/> DON'T KNOW..... DECLINED	98 99																																																									
Q1402	Do you currently smoke tobacco on a daily basis, less than daily, or not at all?	DAILY..... LESS THAN DAILY..... NOT AT ALL..... DON'T KNOW..... DECLINED	1 2 3 98 99	→ Q1404																																																								
Q1403	How old were you when you first started smoking tobacco *daily*?	YEARS OLD: <input type="text"/> <input type="text"/> NEVER SMOKED TOBACCO..... DON'T KNOW..... DECLINED	1 98 99																																																									
Q1404	In the past 30 days, have you used drugs such as marijuana, <i>bang</i> , <i>miraa</i> , pills, ecstasy, or sniffed any chemical such as petrol or glue?	YES..... NO..... DON'T KNOW..... DECLINED	1 2 98 99																																																									
Q1405	MENTAL HEALTH: During the past 30 days, how often did you feel the following ways: all the time, most of the time, some of the time, a little of the time, or none of the time? (Read categories below) A) Nervous? B) Hopeless? C) Restless? D) So sad that nothing could cheer you up? E) That everything was an effort? F) Worthless?	<table border="1"> <thead> <tr> <th></th> <th>ALL THE TIME</th> <th>MOST OF THE TIME</th> <th>SOME OF THE TIME</th> <th>A LITTLE OF THE TIME</th> <th>NONE OF THE TIME</th> <th>DK</th> <th>DTA</th> </tr> </thead> <tbody> <tr> <td>A: NERVOUS</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>98</td> <td>99</td> </tr> <tr> <td>B: HOPELESS</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>98</td> <td>99</td> </tr> <tr> <td>C: RESTLESS</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>98</td> <td>99</td> </tr> <tr> <td>D: SO SAD THAT NOTHING COULD CHEER YOU UP</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>98</td> <td>99</td> </tr> <tr> <td>E: THAT EVERYTHING WAS AN EFFORT</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>98</td> <td>99</td> </tr> <tr> <td>F: WORTHLESS</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>98</td> <td>99</td> </tr> </tbody> </table>		ALL THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME	DK	DTA	A: NERVOUS	1	2	3	4	5	98	99	B: HOPELESS	1	2	3	4	5	98	99	C: RESTLESS	1	2	3	4	5	98	99	D: SO SAD THAT NOTHING COULD CHEER YOU UP	1	2	3	4	5	98	99	E: THAT EVERYTHING WAS AN EFFORT	1	2	3	4	5	98	99	F: WORTHLESS	1	2	3	4	5	98	99		
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Q1406	Have you ever intentionally hurt yourself in any way?	YES..... NO..... DON'T KNOW..... DECLINED	1 2 98 99																																																									
Q1407	Have you ever thought about killing yourself?	YES..... NO..... DON'T KNOW..... DECLINED	1 2 98 99	→ Q1409																																																								
Q1408	Have you ever tried to kill yourself?	YES..... NO..... DON'T KNOW..... DECLINED	1 2 98 99																																																									
Q1409	STIs: Apart from HIV, have you heard about infections that one can get through having sex, or some other kind of sexual contact, with an infected person?	YES..... NO..... DON'T KNOW..... DECLINED	1 2 98 99																																																									
Q1409a	Now I would like to ask you some questions about your health in the past 12 months. During the past 12 months, have you had a disease which you got through sexual contact?	YES..... NO..... DON'T KNOW..... DECLINED	1 2 98 99																																																									

Q1409b	Sometimes, women and girls experience a bad-smelling abnormal genital discharge. During the past 12 months, have you had a bad-smelling abnormal genital discharge?	YES..... NO..... DON'T KNOW..... DECLINED.....	1 2 98 99	
Q1409c	Sometimes, women and girls have a genital sore or ulcer. During the past 12 months, have you had a genital sore or ulcer?	YES..... NO..... DON'T KNOW..... DECLINED.....	1 2 98 99	
IF Q1409a=2/98/99, OR Q1409b=2/98/99, OR Q1409c=2/98/99 SKIP TO Q1500				
Q1410	The last time you had [PROBLEM FROM Q1409a, Q1409b, and/or Q1409c], did you seek any kind of advice or treatment?	YES..... NO..... DON'T KNOW..... DECLINED.....	1 2 98 99	
Q1410a	When you had ([PROBLEM FROM Q1409a, Q1409b, and/or Q1409c], did you inform the persons with whom you were having sex?	YES, INFORMED ALL PARTNERS . . . INFORMED SOME, NOT ALL NO, INFORMED NONE. DID NOT HAVE A PARTNER. DON'T KNOW DECLINED	1 2 3 4 98 99	
Q1410b	When you had [PROBLEM FROM Q1409a, Q1409b, and/or Q1409c], did you do anything to avoid infecting your sexual partner(s)?	YES..... NO..... DON'T KNOW..... DECLINED.....	1 2 98 99	
IF Q1410b=2, SKIP TO Q1500				
Q1410e	What did you do to avoid infecting your partner(s)? Did you: a) Use medicine? b) Stop sex? c) Use a condom when having sex?	YES NO DK DTA a) USE MEDICINE 1 2 98 99 b) STOP HAVING SEX . . . 1 2 98 99 c) USE CONDOM 1 2 98 99		
Q1500	RESPONSES TO SENSITIVE QUESTIONS: Thank you for taking the time to answer these questions. I would like to ask you about your opinion of this survey and the questions that I asked you. Do you feel that the time you took to answer these questions was worthwhile for you?	YES, WORTHWHILE..... NO, NOT WORTHWHILE..... DON'T KNOW..... DECLINED.....	1 2 98 99	
Q1501	At any point during the interview, were you afraid that someone might hear your answers and hurt or embarrass you in any way because of what they heard?	YES..... NO..... DON'T KNOW..... DECLINED.....	1 2 98 99	
Q1502	Did any of the questions I asked you make you feel upset because of a past experience?	YES..... NO..... DON'T KNOW..... DECLINED.....	1 2 98 99	
Q1503	Did you find it upsetting or stressful to answer any of these questions?	YES..... NO..... DON'T KNOW..... DECLINED.....	1 2 98 99	
IF Q1502=1 OR Q1503=1 CONTINUE WITH Q1504 IF Q1502=2/98/99 AND Q1503=2/98/99 GO TO Q1505				
Q1504	Why did you find it upsetting or stressful to answer these questions? _____ _____ _____			
Q1505	I have asked you about many difficult things. How has talking about these things made you feel? _____ _____ _____			
Q1506	We have now finished the interview. Do you have any comments, or is there anything else you would like to add? _____ _____			

RECORD THE TIME THE INTERVIEW ENDED:	TIME: (00:00) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

RESPONSE PLAN CHECKLIST:

DID RESPONDENT TELL YOU ABOUT/DISCLOSE ANY VIOLENCE IN THE PAST 12 MONTHS?

- YES
 NO

DID THE RESPONDENT SHOW ANY SIGNS OF BEING UPSET AT ANY POINT DURING THE INTERVIEW, E.G. BEING TEARFUL, ANGRY, SAD, SHAKING BODY, DIFFICULTY IN BREATHING ETC.?

- YES
 NO

(IF UNDER AGE 18) DID THE RESPONDENT TRADE SEX FOR MONEY OR GOODS IN THE PAST 12 MONTHS?

- YES
 NO

DID THE RESPONDENT TELL YOU THAT SHE IS IN IMMEDIATE DANGER

- YES
 NO

DID THE RESPONDENT TELL YOU ABOUT FEELING UNSAFE IN CURRENT LIVING SITUATION?

- YES
 NO

DID THE RESPONDENT ASK FOR HELP WITH CURRENT OR PAST EXPERIENCES OF VIOLENCE AT ANY POINT DURING INTERVIEW?

- YES
 NO

IF NO WAS SELECTED FOR ALL OF THE ABOVE AND THE RESPONDENT DID NOT DISCLOSE ANY VIOLENCE, CONTINUE TO FINISH OPTION 1.

IF YES WAS SELECTED FOR ANY OF THE ABOVE, CONTINUE TO FINISH OPTION 2.

FINISH OPTION 1: RESPONDENT DID NOT MEET ANY RESPONSE PLAN CRITERIA

I would like to thank you very much for helping me. I appreciate the time that you have taken. I realize that these questions may have been difficult for you to answer, but it is only by listening to children and young people like you that we can really understand about the health and life experiences of children and young people in [INSERT COUNTRY NAME].

Sometimes the questions I have asked might remind you of times when you, or people you know, have experienced difficulties in life and you may think that you would like to talk to someone about this. This might be now or at any time in the future. I have a list of organizations here that provide various types of services that may be of interest to you. Please contact them if you need help or wish to find out more information about what they offer. You can contact them whenever you would like to.

Do you have any questions you would like to ask me?

FINISH OPTION 2: RESPONDENT MET ONE OR MORE RESPONSE PLAN CRITERIA

I would like to thank you very much for helping me. I appreciate the time that you have taken. I realize that these questions may have been difficult for you to answer, but it is only by listening to children and young people like you that that we can really understand about the health and experiences of children and young people in [INSERT COUNTRY NAME].

From what you have told me, I understand that you have experienced some very difficult times in your life. No one has the right to treat someone else in that way and you also have the right to receive protection and support when you need it. You are not alone.

As part of the research we are doing, we care about the welfare of the people we interview and are committed to making sure that support and help is offered and provided.

There may be a time when you may like to talk to someone about your experiences. This might be now or at any time in the future. I have a list of organizations here that provide various types of services that may be of interest to you, as they provide support, legal advice and listening and social work services to people like you who may have experienced different kinds of violence. Please contact them if you want to talk about your experiences, need help or wish to find out more information about what they offer. You can contact them whenever you feel ready, either soon or later on.

I also understand that it may be very difficult to ask for help when you need it. If you would like me to I can help put you in contact with a social worker who is specially trained to listen and support people with problems similar to the ones you have told me about, so if you would like to meet one of our social workers in a private place, which can easily be arranged. Sometimes having someone listen to your thoughts and feelings can be very helpful to relieve stress and help you decide what you need to do.

There are also other services in this area that offer support and our social workers could talk about them with you and what they provide, and help put you in touch with these organizations if you wish.

If I put you in touch with a social worker, I will only share with that person the information you want to share. As I explained at the beginning, your answers are confidential.

Do you think that you would like to talk to one of our social workers/arrange for a social worker from a local NGO to speak with you?

- YES (*CONTINUE TO SERVICE REFERRAL FORM; OR CONTACT SOCIAL WORKER FROM RESPONSE TEAM IF RELEVANT*)
 NO

It is fine that you do not want to speak with a social worker now. However, if you change your mind at any time in the future, please contact any of the services provided in the list if you would like to talk over your situation with someone. You can go whenever you feel ready, either soon or later on.

Do you have any questions you would like to ask me?

Ministry of Labour and Social Protection (2021). Violence Against Children in Kenya: Findings from a national survey 2019. D. o. C. Services. Nairobi, Kenya.

National AIDS Control Council of Kenya (2018). KENYA AIDS RESPONSE PROGRESS REPORT Nairobi.

Together for Girls (2019). Together for Girls 2019 Partnership Progress Report.