

---

4-29-2024

## Uganda Humanitarian Violence Against Children and Youth Survey, 2022: Summary Report

Francis Obare Onyango  
*Population Council*

George Odwe  
*Population Council*

Peter Kisaakye

Stephen Kizito  
*Population Council*

Yohannes Dibaba Wado

*See next page for additional authors*

Follow this and additional works at: [https://knowledgecommons.popcouncil.org/hubs\\_humanitarian](https://knowledgecommons.popcouncil.org/hubs_humanitarian)  
**How does access to this work benefit you? Click here to let us know!**

---

### Recommended Citation

Obare Onyango, Francis, George Odwe, Peter Kisaakye et al. 2024. "Uganda Humanitarian Violence Against Children and Youth Survey, 2022: Summary Report," Baobab Technical Report. Nairobi: Population Council, Inc., Population Council Kenya, and African Population and Health Research Center.

This Report is brought to you for free and open access by the Population Council.

---

## Authors

Francis Obare Onyango, George Odwe, Peter Kisaakye, Stephen Kizito, Yohannes Dibaba Wado, Francis Annor, Laura Chiang, Greta Massetti, Stella Muthuri, Gloria Seruwagi, Darlson Kusasira, Charles Bafaki, Katie Ogwang, and Chi-Chi Undie



# Uganda Humanitarian Violence Against Children and Youth Survey, 2022

## Summary Report

April 2024





The Population Council leads the Baobab Research Program Consortium in close partnership with the Population Council Kenya and the African Population and Health Research Center. Situated in the East and Horn of Africa, this Africa-based and African-led consortium is filling critical evidence gaps to reduce inequities in sexual reproductive health and rights among vulnerable populations in humanitarian settings.

**Suggested citation:** Obare, F., Odwe, G., Kisaakye, P., Kizito, S., Wado, Y., Annor, F., Chiang, L., Massetti, G., Muthuri, S., Seruwagi, G., Kusasira, D., Bafaki, C., Ogwang, K., Undie, C. 2023. Uganda Humanitarian Violence Against Children and Youth Survey, 2022: Summary Report. Baobab Technical Report. Nairobi, Kenya.

© 2023 Population Council

Please address any inquiries about the Baobab Research Programme Consortium to:

Dr Chi-Chi Undie, Research Director, [cundie@popcouncil.org](mailto:cundie@popcouncil.org)

In collaboration with:



This document was borne out of a collaboration between the Government of Uganda's Office of the Prime Minister (Department of Refugees); the UNHCR Regional Bureau for the East and Horn of Africa and the Great Lakes; and the Baobab Research Programme Consortium, with support from Together for Girls and the United States Centers for Disease Control and Prevention, Atlanta, Georgia, USA.

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the U.S. Centers for Disease Control and Prevention.

Funded by:



This document is an output from a programme funded by the UK Aid from the UK government for the benefit of developing countries. However, the views expressed and information contained in it are not necessarily those of, or endorsed by the UK government, which can accept no responsibility for such views or information or for any reliance placed on them.

# Table of Contents

- Acknowledgments ..... iv
- List of Abbreviations ..... v
- Introduction ..... 1
- Methodology ..... 2
  - Study sites and population ..... 2
  - Sampling ..... 2
  - Data collection ..... 2
  - Ethical considerations ..... 3
  - Response rates ..... 4
  - Analysis ..... 4
  - Definitions ..... 4
- Key Findings ..... 7
  - Prevalence of violence against children ..... 7
  - Overlap of forms of violence against children ..... 8
  - Perpetrators of violence against children ..... 9
  - Contexts of violence against children ..... 11
  - Witnessing and perpetration of violence ..... 12
  - Disclosure and service-seeking behaviour ..... 14
  - Factors associated with experiencing sexual or physical violence in the past 12 months .... 15
  - Injuries and health conditions associated with violence against children ..... 16
- Summary and Implications ..... 24
  - Summary ..... 24
  - Implications ..... 24
- References ..... 26

# Table of Figures

Figure 1: Prevalence of sexual, physical, and emotional violence prior to age 18, among 18-24-year-olds – Uganda Humanitarian Violence Against Children and Youth Survey (HVACS), 2022..... 7

Figure 2: Prevalence of sexual, physical, and emotional violence in the past 12 months among 13-17-year-olds - Uganda Humanitarian Violence Against Children Survey (HVACS), 2022..... 8

Figure 3: Perpetrators of the first incident of sexual violence prior to age 18 among 18-24-year-olds who experienced sexual violence – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022..... 9

Figure 4: Prevalence of physical violence prior to age 18 by perpetrator – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022 ..... 10

Figure 5: Perpetrators of sexual violence in the past 12 months among 13-17-year-olds who experienced sexual violence – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022..... 10

Figure 6: Perpetrators of physical violence in the past 12 months among 13-17-year-olds who experienced physical violence – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022..... 11

Figure 7: Location of first incident of sexual violence in childhood among 18-24-year-olds who experienced sexual violence – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022..... 12

Figure 8: Location of most recent incident of sexual violence among 13-17-year-olds who experienced sexual violence – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022..... 12

Figure 9: Lifetime perpetration of physical violence by experience of childhood violence among 18-24-year-olds – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022 ..... 13

Figure 10: Factors associated with experience of sexual or physical violence in the past 12 months among 18-24-year-olds – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022..... 15

Figure 11: Experience of sexual or physical violence by witnessing violence and disability status among 13-17-year-olds – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022..... 16

Figure 12: Mental health, self-harm, and suicide ideation by experience of sexual violence in childhood among 18-24-year-olds – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022..... 17

Figure 13: Mental health, self-harm, and suicide ideation by experience of physical violence in childhood among 18-24-year-olds – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022..... 18

Figure 14: Mental health, self-harm, and suicide ideation by experience of emotional violence in childhood among 18-24-year-olds – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022 .....	18
Figure 15: Mental health, self-harm, and suicide ideation by experience of sexual violence in the past 12 months among 13-17-year-olds – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022 .....	19
Figure 16: Mental health, self-harm, and suicide ideation by experience of physical violence in the past 12 months among 13-17-year-olds – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022 .....	19
Figure 17: Mental health, self-harm, and suicide ideation by experience of emotional violence in the past 12 months among 13-17-year-olds – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022 .....	20
Figure 18: Sexual risk-taking by experience of sexual violence in childhood among 18-24-year-olds – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022 .....	21
Figure 19: Sexual risk-taking by experience of physical violence in childhood among 18-24-year-olds – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022 .....	21
Figure 20: Sexual risk-taking by experience of emotional violence in childhood among 18-24-year-olds – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022 .....	21
Figure 21: STI symptoms or diagnosis by experience of sexual, physical, and emotional violence in childhood among 18-24-year-olds – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022 .....	22
Figure 22: Endorsement of traditional norms about gender, sexual behaviour, and intimate partner violence among 13-17- and 18-24-year-olds – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022 .....	23

# Acknowledgments

The implementation of this landmark survey would have been impossible without the dedication, support, and generosity of a range of key stakeholders in the field. We owe a debt of gratitude to them all. We especially thank the Department of Refugees, under the Office of the Prime Minister, Uganda, which collaborated with us prior to and throughout the implementation process, providing critical and practical guidance on conducting surveys in refugee settings in Uganda, and ensuring that their staff in every region of the country were involved. We are grateful to the UNHCR Regional Bureau for the East and Horn of Africa and the Great Lakes for playing a facilitative, catalytic role for the Baobab Research Programme Consortium overall, including for this particular study. Our thanks also go to UNHCR Uganda for technical assistance on sampling techniques in refugee contexts in Uganda, as well as for guidance on the referral pathways for psychosocial support, and on updating the service directories in these contexts.

During the data collection process, we were generously supported by five UNHCR implementing partners in Uganda, which provided psychosocial care to survey participants in need of it. We deeply appreciate the organisations that played this important role, including: Danish Refugee Council, Humanitarian Assistance and Development Services, International Rescue Committee, Lutheran World Federation, and Medical Teams International. The Violence Against Children and Youth Survey and its humanitarian version are products of the Together for Girls partnership, which comprises the U.S. Centers for Disease Control and Prevention (CDC) and other partners. We are fortunate to have had Together for Girls and CDC walk with us throughout this journey, providing pre- and post-survey technical guidance and input in a wide-ranging sense. Our sincere thanks go to both institutions. We are also deeply thankful for the data collection teams – composed of refugees and host community members, alike – and for the study participants, whose participation led to the generation of evidence shared in this report.

Finally, it would be remiss not to mention and profusely thank Janet Munyasya for her generous and skilful administrative support toward the study upon which this report is based.



# List of Abbreviations

CDC	Centers for Disease Control and Prevention
CI	Confidence Interval
FGM/C	Female Genital Mutilation/Cutting
HVACS	Humanitarian Violence Against Children and Youth Survey
OPM	Office of the Prime Minister
PSU	Primary Sampling Unit
STI	Sexually Transmitted Infection
TfG	Together for Girls
UNHCR	United Nations High Commissioner for Refugees
VAC	Violence Against Children
VACS	Violence Against Children and Youth Survey(s)

# Introduction

Violence against children (VAC) refers to all forms of abuse or maltreatment of people under the age of 18 years, and includes ‘physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to a child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power’ (WHO 2020).

The Violence Against Children and Youth Surveys (VACS), led by national governments with technical assistance from the U.S. Centers for Disease Control and Prevention (CDC) as part of the Together for Girls (TfG) partnership, have documented the magnitude and prevalence of physical, emotional, and sexual violence against children in more than 20 low- and middle-income countries, with a view to informing national prevention and response programs (Chiang et al. 2016). Despite the precedent for understanding the extent of VAC from the perspectives of adolescents and pre-adolescent children, interest in systematic documentation of similar experiences of children in humanitarian settings is just emerging, following the development of guidance for the implementation of the VACS in such contexts (Chiang et al. 2020).

This report presents key findings from the first-ever VACS conducted exclusively in a humanitarian context – specifically, in refugee settings in Uganda. The survey is referred to as the ‘Uganda Humanitarian VAC Survey’ (HVACS). Uganda hosts the largest number of unaccompanied child refugees in the world (about 41,000, as of June 2020), with most below the age of 15 years (UNHCR 2020). Unaccompanied minors are likely to be exposed to various forms of VAC due to their vulnerable situation and are unlikely to receive care/support (ibid.). Uganda also hosts the largest number of refugees in the East and Horn of Africa, with children below the age of 18 years comprising more than half of the refugee population (Office of the Prime Minister and UNHCR 2021). Understanding the extent, consequences, and implications of VAC in refugee settings in the country is therefore important for informing long-term, innovative, cost-effective prevention and response interventions that can be implemented at scale to bring about change in the lives of refugee children.

# Methodology

## Study sites and population

The Uganda HVACS was conducted from March to April 2022. It was a representative household survey of 13 to 24-year-old females and males drawn from all 13 refugee settlements in the country, namely: Adjumani in Adjumani District, Bidibidi in Yumbe District, Imvepi in Terego District, Kiryandongo in Kiryandongo District, Kyaka II in Kyegegwa District, Kyangwali in Kikuube District, Lobule in Koboko District, Nakivale in Isingiro District, Oruchinga in Isingiro District, Palabek in Lamwo District, Palorinya in Moyo District, Rhino in Madi-Okollo/Terego Districts, and Rwamwanja in Kamwenge District.

## Sampling

The survey employed the standard VACS methodology (Nguyen et al. 2019): A three-stage cluster sampling process was used to identify and recruit females and males ages 13-24 years for individual interviews. The first stage entailed a random selection of zones (primary sampling units) from each of the settlements. Next, a split sampling design was used whereby, in each settlement, zones sampled for female interviews were distinguished from those sampled for male interviews. Fifty-six zones (28 for female and 28 for male interviews) were randomly sampled from the list of 109 zones that was provided by UNHCR and the Office of the Prime Minister (OPM). In the second stage, a fixed number of households (193 for female zones and 134 for male zones) was randomly selected from each of the sampled zones (see definition of household under the section on “Definitions”). In the third stage, one eligible 13-24-year-old participant was randomly selected from each sampled household and provided assent/consent to participate in the survey. Female interviewers conducted interviews in female zones, while male interviewers conducted interviews in male zones.

## Data collection

The Uganda HVACS included a core questionnaire for the head of household as well as participant questionnaires (both a male and a female version) that were adapted for humanitarian settings. The core HVACS questionnaire was adapted based on guidance for implementing Humanitarian Violence Against Children and Youth Surveys developed in 2020 by Together for Girls, CDC, and the International Rescue Committee, along with other partners (Chiang et al. 2020). The questionnaire comprised two modules – a household module administered to heads of households and an individual module administered to an eligible 13-24-year-old participant. The head of household module assessed the socioeconomic conditions of the household and basic demographic information.

The individual questionnaire contained questions covering: demographics; socioeconomic status; parent relationships; education; general connectedness to family, friends, and community; marital status and relationships; sexual behaviour and practices; transactional sex; pregnancy; HIV/AIDS service history; experiences of sexual, physical, and emotional violence; health problems associated with exposure to violence; and utilisation of services for violence. In addition, the survey included questions on disability (assessing difficulty performing basic universal activities related to movement, sight, hearing, communication, self-care, and cognition) and female genital mutilation. Those who experienced any form of violence were also asked whether the incident occurred before or after arriving in the refugee settlement. For survey participants ages 18 to 24, the primary focus was on violence experienced during childhood (before age 18), rather than about recent or adulthood violence.

## Ethical considerations

Ethical considerations are often not systematically outlined in research publications focusing on refugees (Seagle et al., 2020). Yet, the documentation of such considerations is important for ensuring adherence to ethical principles, particularly among refugees whose positionality heightens their vulnerability to ‘harm, burden, or undue influence’ (ibid., p. 1). This section describes the ethical procedures undertaken to ensure the safeguarding of refugee participants during data collection for the Uganda HVACS.

The Uganda HVACS was approved by the Population Council Institutional Review Board (Protocol 986 dated October 21, 2021) and Mildmay Uganda Research Ethics Committee (MUREC), REF 0310-2021 dated November 24, 2021. The research was also granted regulatory approval by the Uganda National Council for Science and Technology (UNCST) – REF SS1130ES dated January 10, 2022.

Participants provided verbal consent to participate in the research. Interviewers read out the informed consent document (programmed in Open Data Kit [ODK] within data collection tablets) to potential participants. Participants were then given an opportunity to verbally indicate their willingness to participate in the research. The interviewers then recorded an electronic signature in the tablet to confirm that they read and personally explained to the participant the nature of the research. This approach was adopted to protect the privacy of participants, given that a signed informed consent document could be used to link a participant to the study and thus breach their privacy.

Participants ages 18-24 years and emancipated minors ages 13-17 years provided individual consent. For dependant participants ages 13-17 years, interviewers first obtained permission from parents or primary caregivers to talk to the eligible participant before obtaining assent from the participants. However, the parents/caregivers were given limited information about the objectives of the research to protect participants whose parents/guardians could be the perpetrators of violence. Specifically, the study was introduced to parents/guardians as one that focused on the health, educational and life experiences of children and young people in refugee settings in Uganda, rather than as a ‘Violence Against Children and Youth’ survey. Emancipated minors were defined under the survey as participants aged 13 to 17 years who had assumed adult roles and responsibilities, including household headship, marriage, and/or procreation. Such participants provided informed consent for study participation.

Minimising harm to survivors is a key ethical tenet of the implementation guidance around conducting HVACS. While attention to harm reduction is critical for research on violence in general, it is particularly so for research on children and youth in humanitarian contexts, whose circumstances engender additional vulnerabilities (Chiang et al., 2020). A response plan for participants whose participation in the study triggers trauma is a hallmark of the VACS. The HVACS implementation guidance mandates that prompt counselling; strong, voluntary referrals (except in contexts of mandatory reporting) for sustained services; and geographic proximity of support agencies be in place in advance of the survey as part of the response plan in humanitarian settings.

Under the Uganda HVACS, UNHCR implementing partners in charge of child protection and gender-based violence service provision in each settlement were identified, and caseworkers affiliated with these organizations (who regularly provided psychosocial support to young survivors) were incorporated into each data collection team. Each data collection team included at least one

caseworker who accompanied the team throughout the fieldwork period and provided immediate counselling to study participants who required it, in addition to referrals for further care when necessary. General psychosocial support was also offered to any member of the household from which the participant was recruited. Additionally, a directory of services specific to each settlement was made available to survivors identified through the survey. These directories were a collation of community services offered by government and non-governmental humanitarian agency services in each settlement, along with the contact information of the focal points concerned. A deliberate effort was made to include a range of available services in various sectors to ensure that the directories were not seen as referral information for violence. This strategy was geared toward ensuring that the focus of the study was known only to the interviewee. Interviewers were trained to highlight VAC-related services in the directory for participants at the end of the interview.

## Response rates

A total of 5,087 households were sampled from 28 randomly selected primary sampling units (PSUs) for females, and 1,338 females completed the survey. The sample sizes were determined for females and males separately to detect the prevalence of any form of childhood sexual violence among 13-17 years and 18-24 years at 95% confidence level and 4% margin of error. The overall female response rate was 46.6% (53.3% household response rate and 87.5% individual response rate). A total of 3,556 households were sampled from 28 randomly selected PSUs for males, and 927 males completed the survey. The overall male response rate was 50.6% (56.2% household response rate and 90.1% individual response rate). These response rates reflect challenges related to locating sampled households, which is expected in refugee settings. However, upon identification of sampled households, the likelihood of eligible participants consenting to survey participation was high for both females and males.

## Analysis

All analyses were descriptive and accounted for the complex survey design by applying weights to the estimates. This report includes highlights of key indicators from the HVACS, focusing on experiences of violence among 18-24-year-old females and males during childhood (prior to age 18) as well as experiences of violence among 13-17-year-olds in the 12 months preceding the survey. Analysis of circumstance information (e.g., perpetrator, whether they told someone, whether they sought services) for 18-24-year-olds focused on the first incident prior to age 18 while for 13-17-year-olds, it is on the most recent incident. To evaluate whether differences between any groups or subgroups were statistically significant and not due to random variation, 95% confidence intervals (CIs) were compared to determine whether they overlapped. The CI overlap method is a conservative method that determines statistical difference by comparing the CI for two estimates – if the CIs do not overlap, then the estimates are considered statistically or significantly different and not due to random chance. For the purpose of this summary report, some differences between sub-groups that are statistically significant are noted in the text as significantly different. Where CIs overlap, this is not explicitly noted as significantly different.

## Definitions

**Household:** This refers to a person or group of persons who live and eat together, sleep under the same roof, and share resources and household responsibilities. Households are not always clearly defined, such as the case of a man with multiple wives who each have a home structure and children of their own (in this case, each wife would be considered as having her own household, unless, for instance, the husband spends most nights in her home); or multiple families living under one roof (in this case, each family is regarded as a separate household); or a group of people

who are not related by blood but meet the aforementioned criteria (this would be regarded as a household). People living together, if not pooling resources, etc., are not regarded as a household.

**Childhood:** This refers to the state of being below the age of 18, based on the definition by the United Nations Convention on the Rights of the Child of 1989, which defines a “child” as “any human being below the age of 18 years” (United Nations General Assembly, 1989, article 1).

**Child marriage:** This refers to any formal marriage or informal union between a child under the age of 18 and an adult or another child. It was measured as the proportion of ever married participants 18-24 years old who were first married before age 18.

**Abduction:** This refers to the unauthorized removal of the participant from the custody of biological parents or legally appointed caregivers. In the Uganda HVACS, questions are posed about lifetime experience and timing (i.e., before or after arrival in a refugee setting) of personal abduction, and about the abduction experiences of family members or people close to the participant and the timing associated with these.

**Violence:** The World Health Organisation defines violence as “the intentional use of physical force or power, threatened or actual, against oneself, or another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation” (Krug et al., 2002).

**Sexual Violence:** Sexual violence encompasses a range of acts, including completed non-consensual sex acts, attempted nonconsensual sex acts, and abusive sexual contact. In the Uganda HVACS, questions were posed on four forms of sexual violence. Forms of sexual violence include:

- *Unwanted Sexual Touching:* If anyone, male or female, ever touched the participant in a sexual way without their permission but did not try to force the participant to have sex. Touching in a sexual way without permission includes fondling, pinching, grabbing, or touching on or around the participant’s sexual body parts.
- *Unwanted Attempted Sex:* If anyone ever tried to make the participant have sex against their will but did not succeed (sex or sexual intercourse includes vaginal, oral, or anal sex). They might have tried to physically force the participant to have sex or they might have tried to pressure the participant to have sex through harassment or threats.
- *Pressured or Coerced Sex:* If anyone ever pressured the participant to have sex, through harassment or threats and did succeed in having sex with the participant.
- *Physically Forced Sex:* If anyone ever physically forced the participant to have sex and did succeed in having sex with the participant. In addition, questions were included about sex when a person was too drunk to give consent or say no. Although this is considered a form of sexual violence, it was not included in the sexual violence combined indicator because this question is new to the questionnaire and has not been fully tested or used in an African context.

**Physical Violence:** Participants were asked about physical acts of violence perpetrated by four types of potential perpetrators: 1) Current or previous intimate partners, including a romantic partner, a boyfriend/girlfriend, or a spouse, 2) Peers, including people the same age as the participant not including a boyfriend/girlfriend, spouse, or romantic partner. These might be people the participant may have known or not known including siblings, schoolmates, neighbours,

or strangers, 3) Parents, adult caregivers, or other adult relatives, and 4) Adults in the community such as teachers, police, employers, religious or community leaders, neighbours, or adults the participant did not know.

For each perpetrator type, participants were asked about four measures of physical violence: Has (1) an intimate partner; (2) a peer; (3) a parent, adult caregiver, or other adult relative; (4) an adult in the community ever:

- Slapped, pushed, shoved, shook, or intentionally threw something at the participant to hurt them.
- Punched, kicked, whipped, or beat the participant with an object.
- Choked, smothered, tried or attempted to drown, or burned the participant intentionally.
- Used or threatened the participant with a knife, gun or other weapon.

**Emotional Violence:** The behaviours measured for emotional violence varied according to the perpetrators. To assess emotional violence perpetrated by parents, adult caregivers or other adult relatives, participants were asked whether:

- The participant was told that they were not loved or did not deserve to be loved.
- The participant was told they (perpetrator) wished the participant had never been born or were dead.
- The participant was ridiculed or put down, for example told that they were stupid or useless.

To assess emotional violence perpetrated by intimate partners, participants were asked if they had ever been treated the following way by a current or former romantic partner, boyfriend or spouse:

- Insulted, humiliated, or made fun of in front of others.
- Kept the participant from having their own money.
- Tried to keep the participant from seeing or talking to their family or friends.
- Kept track of the participant by demanding to know where the participant was and what the participant was doing.
- Made threats to physically harm the participant.

To assess emotional violence by peers, participants were asked whether a person the participant's own age had done the following in the past 12 months:

- Made the participant feel scared or feel really bad because they were calling the participant names, saying mean things to the participant, or saying they did not want them around.
- Told lies or spread rumours about the participant or tried to make others dislike the participant.
- Kept the participant out of things on purpose, excluded the participant from their group of friends, or completely ignored the participant.

**Female genital mutilation/cutting (FGM/C):** This refers to the partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons. In the Uganda HVACS, FGM/C was considered a form of violence, and questions were asked about whether the participant had ever experienced FGM/C, what kind, at which age, and at what time (i.e., before or after arrival in a refugee setting), and at the hands of whom.

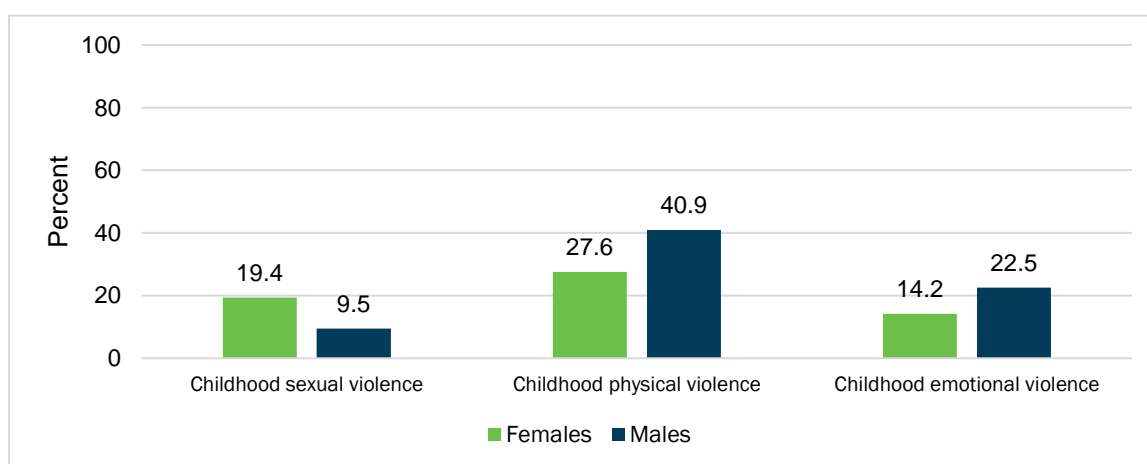
# Key Findings

## Prevalence of violence against children

### Prevalence of VAC among 18-24-year-olds

Prevalence of sexual violence
<ul style="list-style-type: none"> <li>• About one out of five females (19.4%) and one out of ten males (9.5%) aged 18-24 years experienced sexual violence before age 18.</li> <li>• Among those who experienced sexual violence in childhood, about 1 in 3 females (37.7%) experienced the first incident when they were 13 years or younger; 68.8% of males experienced the first incident when they were between ages 16-17 years.</li> <li>• Of those who experienced sexual violence in childhood, about 2 out of 3 (62.7%) females and more than half (55.5%) of males experienced multiple incidents.</li> </ul>
Prevalence of physical violence
<ul style="list-style-type: none"> <li>• Physical violence was the most common type of VAC among both females and males aged 18-24 years. Significantly more males than females experienced physical violence prior to the age of 18 (40.9% versus 27.6%).</li> <li>• Of those who experienced physical violence in childhood, 13.7% of females and about 1 in 5 males (18.3%) had their first experience between the ages of 6 and 11.</li> </ul>
Prevalence of emotional violence
<ul style="list-style-type: none"> <li>• Fourteen percent of females and one in four males (22.5%) experienced emotional violence from a parent, adult caregiver, or other adult relatives in childhood.</li> <li>• Among those who experienced emotional violence before the age of 18, at least one in five (21.2%) females and one in four (25.7%) males experienced the first incident before the age of 11.</li> </ul>

**Figure 1: Prevalence of sexual, physical, and emotional violence prior to age 18, among 18-24-year-olds – Uganda Humanitarian Violence Against Children and Youth Survey (HVACS), 2022**

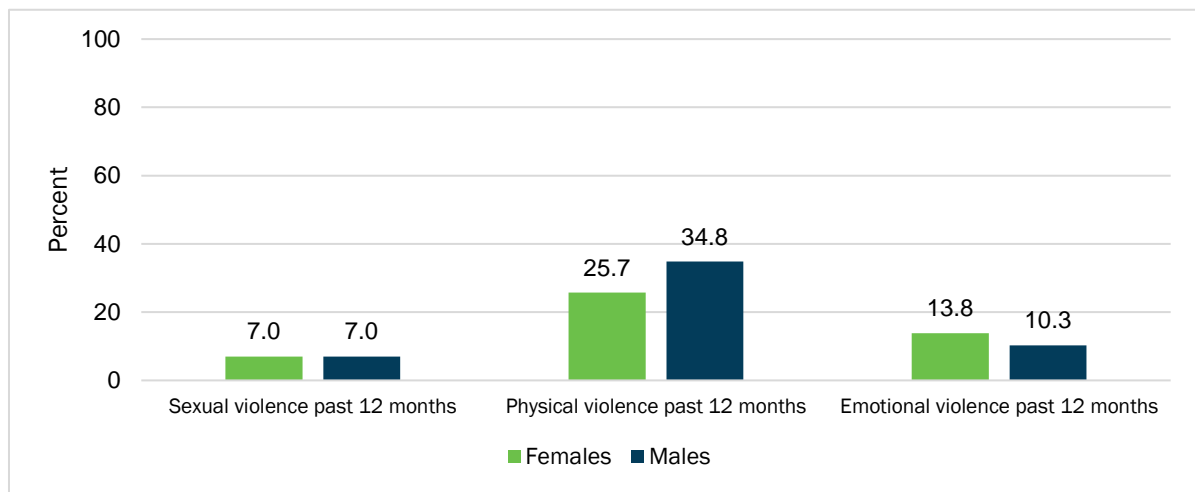




### Prevalence of violence in the past 12 months among 13-17-year-olds

Prevalence of sexual violence
<ul style="list-style-type: none"> <li>Seven percent of females and males aged 13-17 years experienced sexual violence in the 12 months preceding the survey.</li> </ul>
Prevalence of physical violence
<ul style="list-style-type: none"> <li>About 1 in 5 females (25.7%) and 1 out of 3 males (34.8%) aged 13-17 years experienced physical violence in the past 12 months.</li> </ul>
Prevalence of emotional violence
<ul style="list-style-type: none"> <li>Fourteen percent of females and 1 in 10 males (10.3%) aged 13-17 years experienced emotional violence from a parent, adult caregiver, or other adult relatives in the past 12 months.</li> </ul>

**Figure 2: Prevalence of sexual, physical, and emotional violence in the past 12 months among 13-17-year-olds - Uganda Humanitarian Violence Against Children Survey (HVACS), 2022**



### Overlap of forms of violence against children

#### Overlap of forms of VAC among 18-24-year-olds

Overlap of sexual, physical, and emotional violence in childhood
<ul style="list-style-type: none"> <li>Forty three percent of females and 49.6% of males aged 18-24 years experienced at least one form of VAC (sexual, physical, or emotional) before age 18.</li> <li>Eight percent of females and 6.9% of males aged 18-24 years experienced both sexual and physical violence during childhood.</li> <li>The overlap of physical and emotional violence was 9.2% for females and 16.1% for males.</li> <li>Three percent of females and 4.7% of males aged 18-24 years experienced all forms of violence (sexual, physical, and emotional) during childhood.</li> </ul>

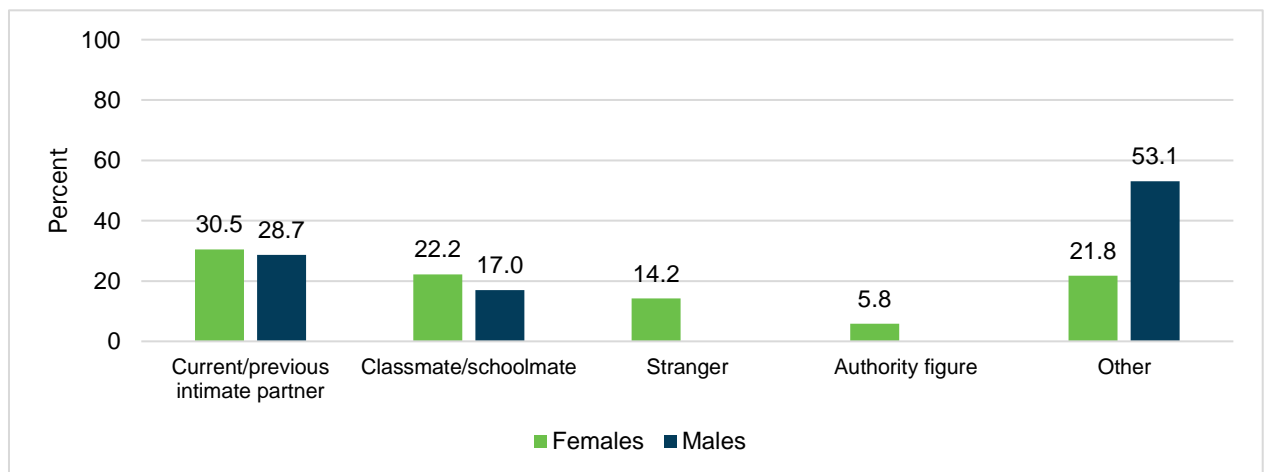
### Overlap of violence forms in the past 12 months among 13-17-year-olds

Overlap of sexual, physical, and emotional violence in the past 12 months
<ul style="list-style-type: none"> <li>• About 1 out of 3 (32.0%) females and 40.0% of males aged 13-17 years experienced at least one form of violence (sexual, physical, or emotional) in the past 12 months.</li> <li>• Seven percent of females and males aged 13-17 years experienced both physical and emotional violence in the past 12 months.</li> <li>• Four percent of females and 3.0% of males aged 13-17 years experienced both sexual and physical violence in the past 12 months.</li> <li>• Three percent of females and 0.8% of males aged 13-17 years experienced all forms of violence (sexual, physical, and emotional) in the past 12 months.</li> </ul>

### Perpetrators of violence against children

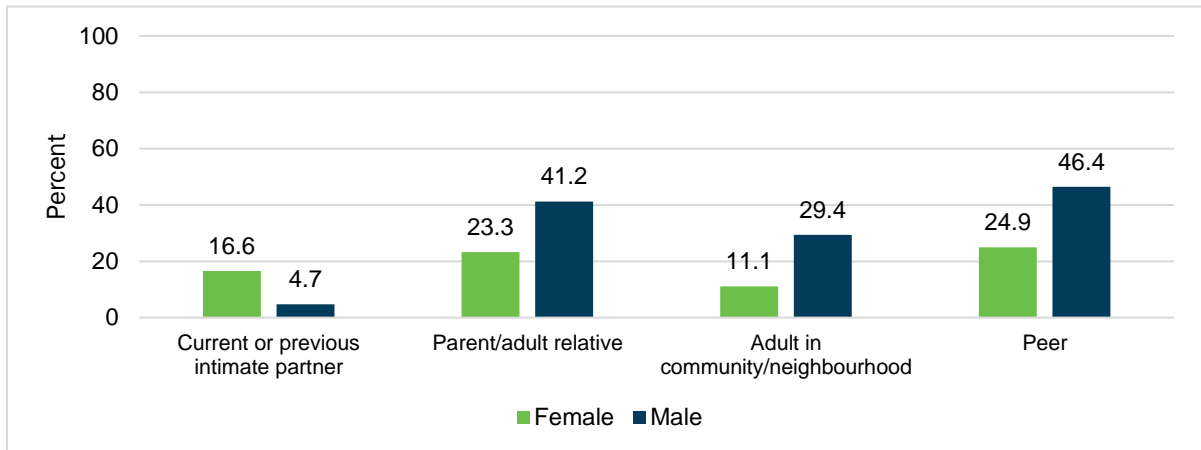
Perpetrators of sexual violence
<ul style="list-style-type: none"> <li>• Among 18-24-year-olds who experienced childhood sexual violence, current or previous intimate partners (including a romantic partner, a boyfriend/girlfriend, or a spouse) were the perpetrators of the first incident for 30.5% of females and 28.7% of males.</li> <li>• For more than half (54.2%) of females and 12.8% of males aged 18-24 years who experienced sexual violence in childhood, the perpetrator of the first incident was 5 years older or more.</li> </ul>
Perpetrators of physical violence
<ul style="list-style-type: none"> <li>• The prevalence of physical violence in childhood was 24.9% for females and 46.4% for males for peer physical violence; 23.3% for females and 41.2% for males for parent or adult relative physical violence; 11.1% for females and 29.4% for males for adult in the community or neighbourhood physical violence; and 16.6% for females and 4.7% for males for current or previous intimate partner physical violence.</li> <li>• Significantly more females than males aged 18-24 years experienced the first incident of physical violence in childhood from an intimate partner (16.6% versus 4.7%).</li> </ul>

**Figure 3: Perpetrators of the first incident of sexual violence prior to age 18 among 18-24-year-olds who experienced sexual violence – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022**



**Note:** Authority figure includes teacher, security officer, employer, community/religious leader, aid worker or medical professional.

**Figure 4: Prevalence of physical violence prior to age 18 by perpetrator – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022**



**Perpetrators of violence in the past 12 months among 13-17-year-olds**

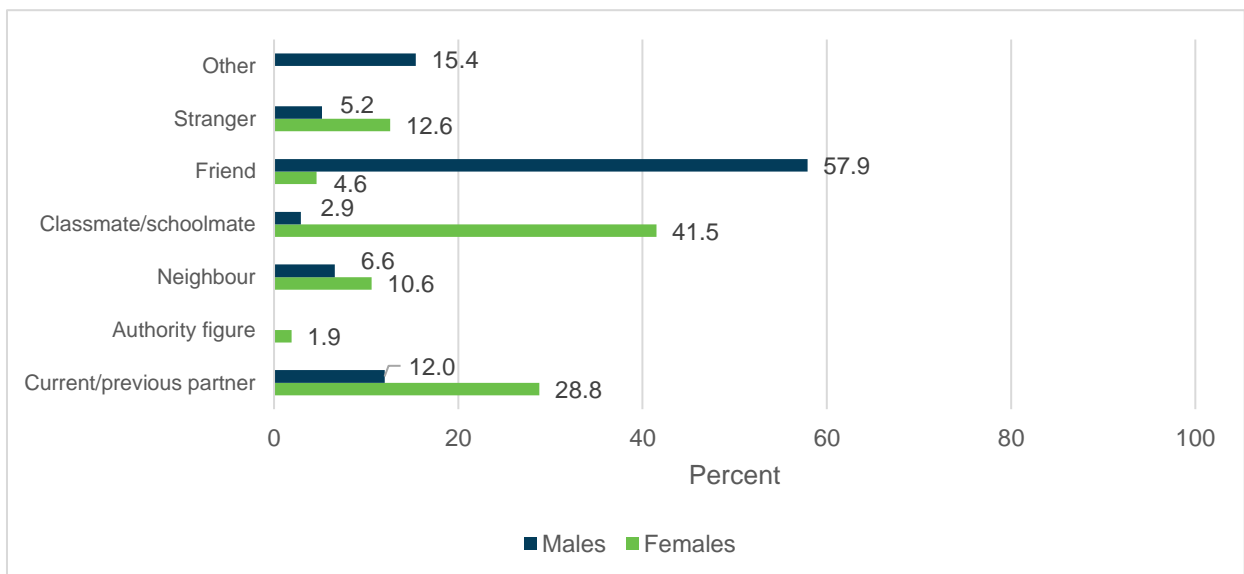
**Perpetrators of sexual violence**

- Among 13-17-year-olds who experienced sexual violence in the past 12 months, common perpetrators of the most recent incident were classmates or schoolmates for 41.5% of females, current or previous partners for 28.8% of females, and friends for 57.8% of males.
- A higher proportion of females (30.5%) than males (6.1%) aged 13-17 years who experienced sexual violence in the past 12 months indicated the perpetrator of the most recent incident was 5 years or older than them.

**Perpetrators of physical violence**

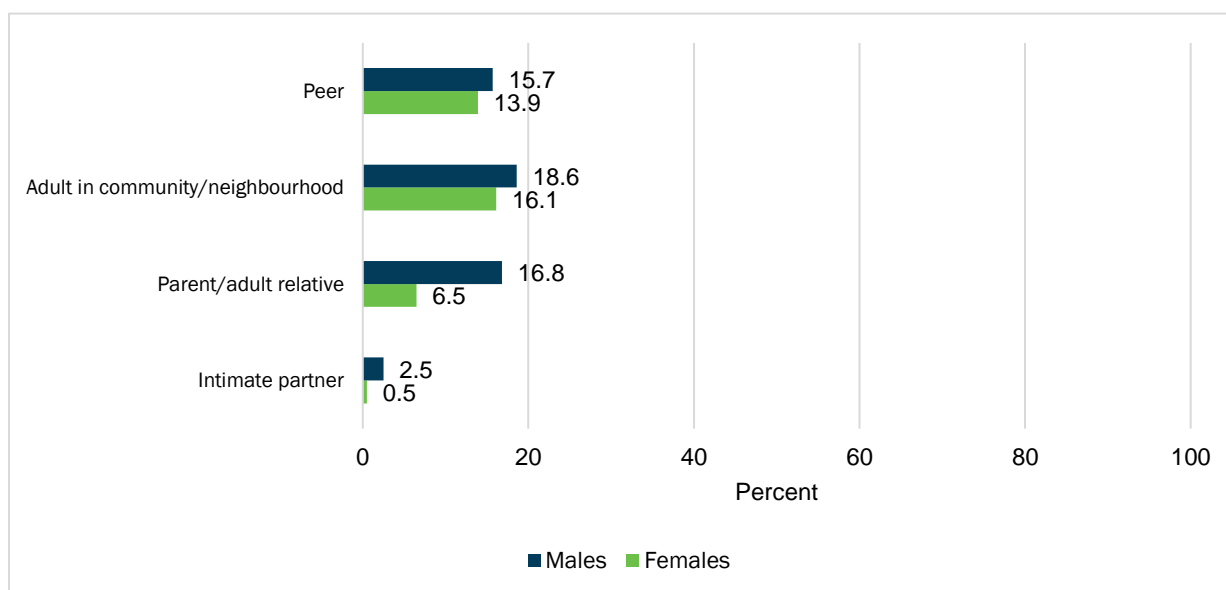
- The prevalence of physical violence in the past 12 months was 13.9% for females and 15.7% for males for peer physical violence, 16.1% for females and 18.6% for males for adult in the community/neighbourhood physical violence, and 6.5% for females and 16.8% for males for parent/adult relative physical violence.

**Figure 5: Perpetrators of sexual violence in the past 12 months among 13-17-year-olds who experienced sexual violence – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022**



**Note:** Authority figure includes teacher, security officer, employer, community/religious leader, aid worker or medical professional.

**Figure 6: Perpetrators of physical violence in the past 12 months among 13-17-year-olds who experienced physical violence – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022**



## Contexts of violence against children

### Contexts of sexual violence against children

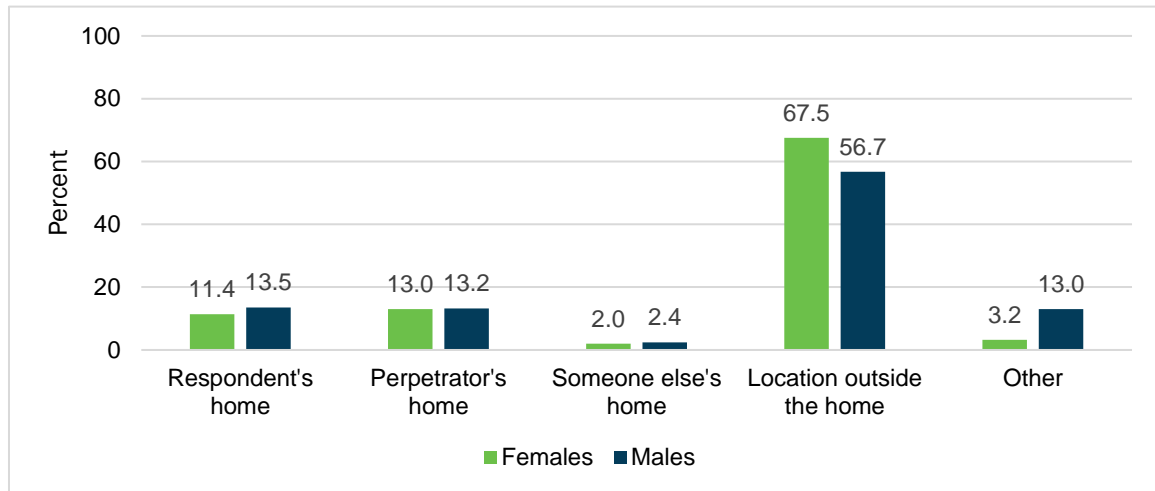
#### Context of sexual violence in childhood among 18-24-year-olds

- The first incident of sexual violence in childhood among females and males aged 18-24 years mostly occurred in locations outside the home such as on a road/street, market/shop, school, lake/river or other body of water, and field/other natural area (67.5% among females and 56.7% among males).
- For both females and males aged 18-24 years, the first incident of sexual violence in childhood occurred either in the evening (47.3% among females and 46.0% among males) or in the afternoon (30.1% among females and 38.3% among males).
- Among those who experienced sexual violence, a higher proportion of females than males aged 18-24 years experienced the first incident in childhood after arriving in the refugee settlement (73.3% versus 53.2%).

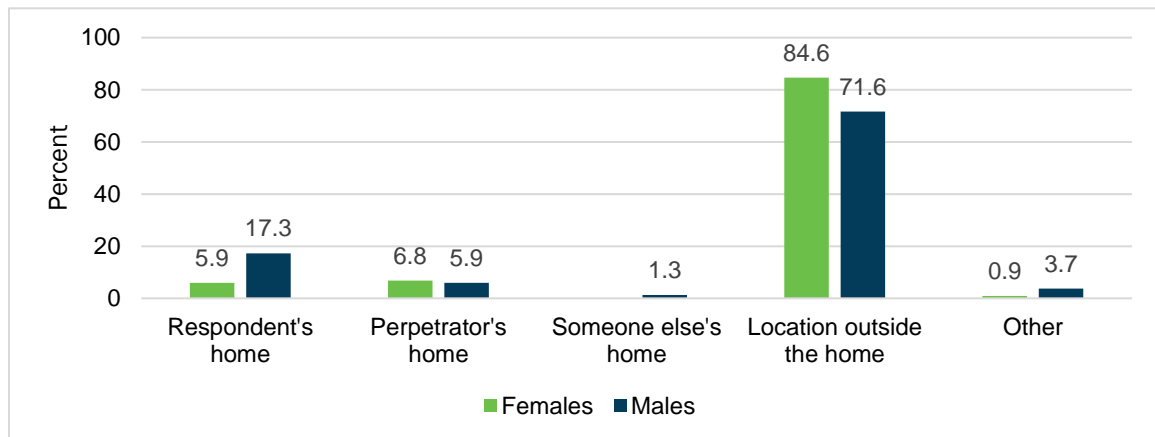
#### Context of sexual violence in the past 12 months among 13-17-year-olds

- Most females and males aged 13-17 years experienced the most recent incident of sexual violence in outside locations such as on a road/street, market/shop, school, lake/river or other body of water, and field/other natural area (84.6% among females and 71.6% among males).
- For both females and males aged 13-17 years, the most recent incident of sexual violence occurred either in the evening (47.0% among females and 59.2% among males) or in the afternoon (44.3% among females and 32.0% among males).

**Figure 7: Location of first incident of sexual violence in childhood among 18-24-year-olds who experienced sexual violence – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022**



**Figure 8: Location of most recent incident of sexual violence among 13-17-year-olds who experienced sexual violence – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022**



### Contexts of physical and emotional violence against children

#### Context of physical VAC among 18-24-year-olds

- More than two-thirds (66.6%) of females and 43.3% of males who experienced physical violence in childhood experienced the first incident after arrival in the refugee settlement.

#### Context of emotional VAC among 18-24-year-olds

- Among those who experienced emotional violence, a higher proportion of females than males experienced the first incident in childhood after arriving in the refugee settlement (88.6% females versus 42.6% males).

## Witnessing and perpetration of violence

### Witnessing physical violence

#### Witnessing physical violence in childhood among 18-24-year-olds

- A higher proportion of males than females aged 18-24 years witnessed physical violence at home during childhood (43.9% versus 33.0%).
- About 1 in 4 females (23.5%) compared to 41.5% of males witnessed physical violence in the neighbourhood during childhood.

#### Witnessing physical violence in the past 12 months among 13-17-year-olds

- A higher proportion of females than males aged 13-17 years witnessed physical violence at home (58.0% versus 41.5%) or in the neighbourhood (70.1% versus 61.7%) in the 12 months preceding the survey.

**Prevalence of lifetime perpetration of physical violence among 18-24-year-olds**

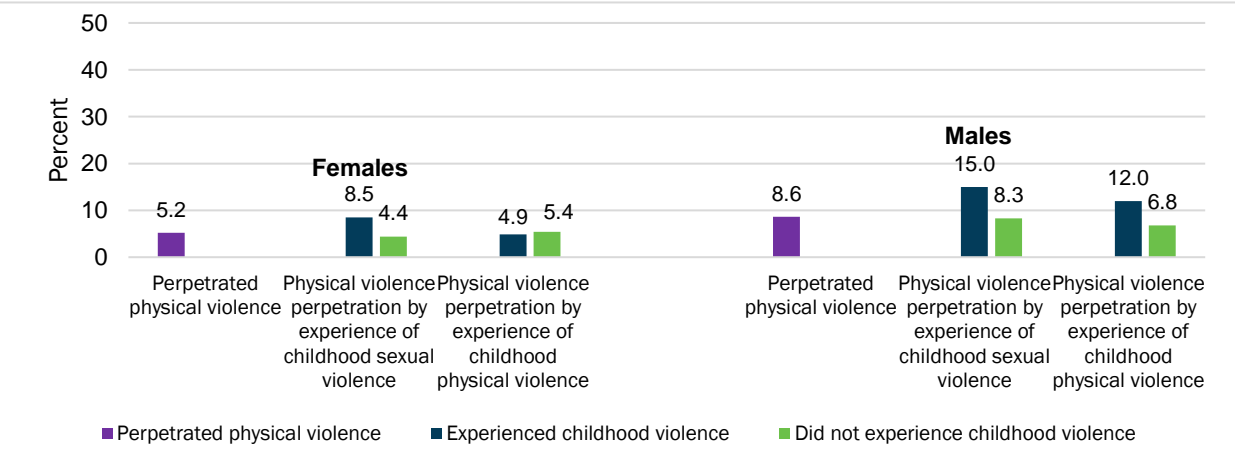
**Perpetration of physical violence among 18-24-year-olds**

- Among 18-24-year-olds, a higher proportion of males than females ever perpetrated physical violence (8.6% versus 5.2%).
- The proportion of females and males aged 18-24 years who perpetrated physical violence in their lifetime was higher among those who experienced sexual violence in childhood than among those who did not experience sexual violence in childhood (8.5% versus 4.4% among females and 15.0% versus 8.3% among males).
- Among males aged 18-24 years, the proportion who perpetrated physical violence in their lifetime was higher among those who experienced physical violence in childhood than among those who did not experience physical violence in childhood (12.0% versus 6.8%).

**Perpetration of intimate partner violence among 18-24-year-olds**

- Among 18-24-year-olds who ever had an intimate partner (current or previous), a higher proportion of males than females perpetrated physical intimate partner violence (10.8% versus 4.7%).
- Among 18-24-year-olds who ever had an intimate partner, 7.2% of those who experienced sexual violence in childhood perpetrated intimate partner physical violence compared to 3.8% of those who did not experience sexual violence in childhood.
- Among 18-24-year-old males who ever had an intimate partner, 12.4% of those who experienced physical violence in childhood perpetrated physical intimate partner violence compared to 9.6% of those who did not experience physical violence in childhood.

**Figure 9: Lifetime perpetration of physical violence by experience of childhood violence among 18-24-year-olds – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022**



**Prevalence of lifetime perpetration of physical violence among 13-17-year-olds**

**Perpetration of physical violence among 13-17-year-olds**

- Among 13-17-year-olds, 2% of females and 1% of males had ever perpetrated physical violence.
- A similar proportion (6%) of females and males aged 13-17 years who experienced sexual violence in the past 12 months perpetrated lifetime physical violence compared to those who did not experience sexual violence in the past 12 months (1% of females and a similar proportion of males).

## Disclosure and service-seeking behaviour

### Disclosure and service-seeking behaviour among 18-24-year-olds who experienced sexual or physical violence

#### Disclosure and service-seeking for sexual violence among 18-24-year-olds

- Seventeen percent of females and 30.6% of males aged 18-24 years who experienced childhood sexual violence told someone about the experience.
- More than half (54.8%) of females and 73.0% of males aged 18-24 years who experienced childhood sexual violence knew of a place to seek help.
- Only 5.1% of females and 17.2% of males aged 18-24 years who experienced childhood sexual violence sought help.
- Only 3.4% of females and 17.1% of males aged 18-24 years who experienced childhood sexual violence received help.

#### Disclosure and service-seeking for physical violence among 18-24-year-olds

- A higher proportion of males than females aged 18-24 years told someone about their experience of physical violence in childhood—among those who experienced physical violence during childhood, only 6.3% of females and 9.0% of males told someone about their experiences.
- Over half (51.7%) of females and 70.2% of males aged 18-24 years were aware of at least one place where they could seek help. However, only 3.4% of females and 1.0% of males sought help for physical violence experienced during childhood, while 2.1% of females and 1.0% of males received help.
- Females aged 18-24 years who experienced physical violence during childhood and told someone about their experiences most often told a relative (52.9%), followed by a service provider or authority figure (21.7%) and friends or neighbours (17.9%).

### Disclosure and service-seeking behaviour among 13-17-year-olds

#### Disclosure and service-seeking for sexual violence among 13-17-year-olds

- Only 6.4% of females and 5.7% of males aged 13-17 years who experienced sexual violence in the past 12 months told someone about the experience.
- About 1 out of 3 (30.4%) females and 70.9% of males aged 13-17 years who experienced sexual violence in the past 12 months knew of a place to seek help.
- Only 1.7% of females and no males aged 13-17 years who experienced sexual violence in the past 12 months sought and received help.

#### Disclosure and service-seeking for physical violence among 13-17-year-olds

- Among 13-17-year-olds who experienced any physical violence in the past 12 months, only 2.5% of females and less than 1% of males told someone about their experience.
- About 4 out of 10 (41.2%) females and almost half (48.7%) of males aged 13-17 years who experienced physical violence in the past 12 months were aware of places where they could seek help.
- Less than 1% of females and males aged 13-17 years who experienced physical violence in the past 12 months sought and received help.

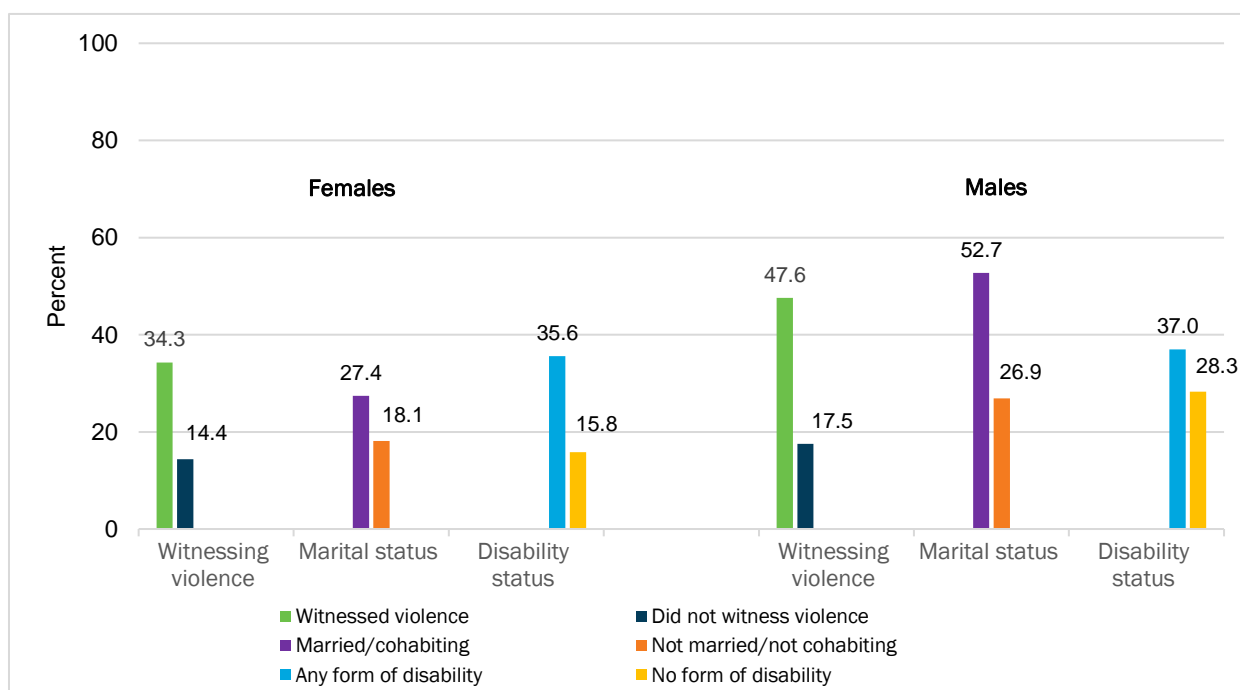
## Factors associated with experiencing sexual or physical violence in the past 12 months

### Factors associated with experience of sexual or physical violence among 18-24-year-olds

#### Factors associated with violence among 18-24-year-olds

- Females aged 18-24 years who witnessed violence in the home during childhood were significantly more likely to experience sexual or physical violence in the past 12 months compared to those who did not witness violence at home (34.3% versus 14.4%).
- Males aged 18-24 years who witnessed violence in the home during childhood were significantly more likely to have experienced sexual or physical violence in the past 12 months than those who did not witness violence at home (47.6% versus 17.5%).
- A higher proportion of females and males aged 18-24 years who were married or cohabiting experienced sexual or physical violence in the past 12 months compared to those who were not (27.4% versus 18.1% among females, and 52.7% versus 26.9% among males).
- A higher proportion of females aged 18-24 years with any form of disability experienced sexual or physical violence in the past 12 months compared to those without any form of disability (35.6% versus 15.8%).
- Among males aged 18-24 years, 37.0% of those with any form of disability experienced sexual or physical violence in the past 12 months, compared to 28.3% of those without any form of disability.

**Figure 10: Factors associated with experience of sexual or physical violence in the past 12 months among 18-24-year-olds – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022**



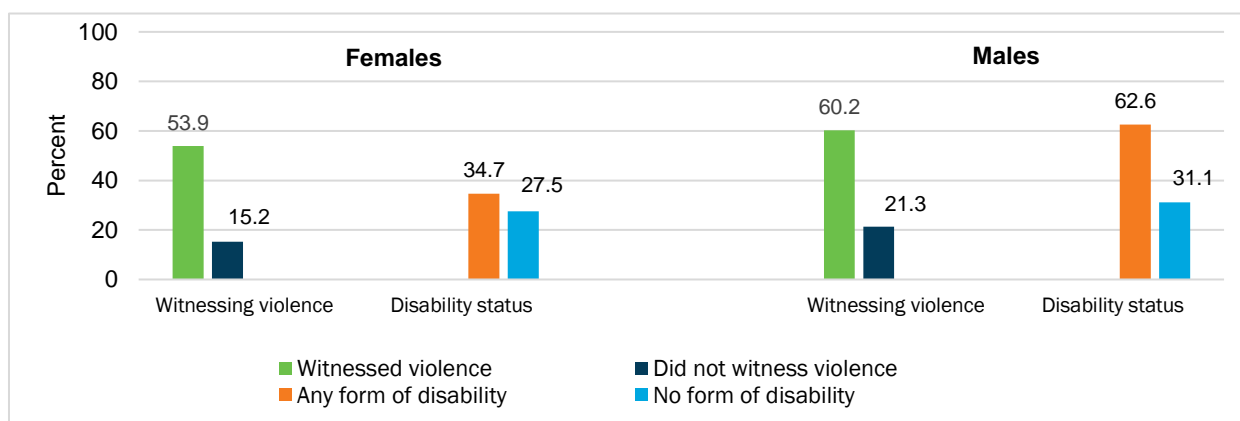


## Factors associated with experience of sexual or physical violence among 13-17-year-olds

### Characteristics associated with violence among 13-17-year-olds

- Among 13-17-year-old females, those who witnessed violence in the home were significantly more likely to experience physical or sexual violence in the past 12 months (53.9%) compared to those who did not witness violence at home (15.2%).
- Males aged 13-17 years who witnessed violence in the home were significantly more likely to have experienced physical or sexual violence in the past 12 months than those who did not witness violence at home (60.2% versus 21.3%).
- About 1 out of 3 (34.7%) females aged 13-17 years with any form of disability experienced sexual or physical violence in the past 12 months compared to 27.5% of those without any form of disability.
- Among males aged 13-17 years, the proportion who experienced sexual or physical violence in the past 12 months was higher among those with any form of disability compared to those without any form of disability (62.6% versus 31.1%).

**Figure 11: Experience of sexual or physical violence by witnessing violence and disability status among 13-17-year-olds – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022**



## Injuries and health conditions associated with violence against children

### Experienced injury as a result of physical violence

#### Injury as a result of physical violence in childhood among 18-24-year-olds

- About 1 out of 3 females (30.0%) and 2 out of 3 males (62.9%) who experienced physical violence in childhood were injured as a result of their first childhood experience of physical violence.
- Significantly more males than females aged 18-24 years who experienced physical violence in childhood experienced an injury as a result of physical violence perpetrated by a peer (58.4% among males and 3.2% among females).
- A higher proportion of males than females aged 18-24 years who experienced physical violence in childhood experienced an injury, as a result of physical violence perpetrated by parent/caregiver/adult relative (43.0% among males and 26.7% among females) or an adult in the community (38.3% among males and 26.4% among females).
- Almost half of the females aged 18-24 years (48.4%) who experienced physical intimate partner violence in childhood experienced physical harm or injury as a result of physical violence by the intimate partner.

#### Injury as a result of physical violence in the past 12 months among 13-17-year-olds

- About 1 out of 3 females (34.1%) and 2 out of 3 males (62.9%) aged 13-17 years who experienced physical violence in the past 12 months experienced an injury as a result of the physical violence.
- A higher proportion of males than females aged 13-17 years who experienced physical violence in the past 12 months experienced an injury as a result of physical violence was by a peer (59.0% among males and

37.6% among females), a parent/caregiver/adult relative (43.9% among males and 30.6% among females), or an adult in the community (39.9% among males and 24.5% among females).

### Experience of violence and mental health outcomes among 18-24-year-olds

#### Experience of sexual violence in childhood and mental health outcomes among 18-24-year-olds

- A higher proportion of females aged 18-24 years who experienced sexual violence in childhood experienced mental distress in the 30 days preceding the survey (81.6% versus 70.4%), intentional self-harm (14.5% versus 7.4%), and having ever thought of suicide (23.0% versus 7.6%), compared to those who did not experience sexual violence in childhood.
- A higher proportion of males aged 18-24 years who experienced sexual violence in childhood experienced mental distress in the 30 days preceding the survey (86.2% versus 77.7%), intentional self-harm (25.0% versus 4.1%), and having ever thought of suicide (35.5% versus 4.9%), compared to those who did not experience sexual violence in childhood.

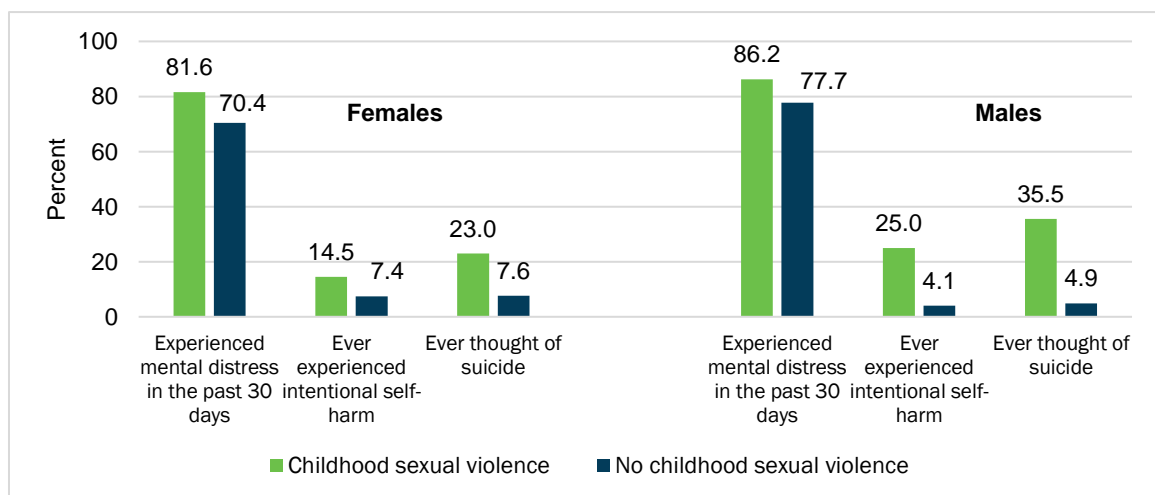
#### Experience of physical violence in childhood and mental health outcomes among 18-24-year-olds

- A higher proportion of females aged 18-24 years who experienced physical violence in childhood had ever experienced self-harm (10.4% versus 6.5%) or had ever thought of suicide (12.5% versus 8.9%), compared to those who did not experience physical violence in childhood.
- A higher proportion of males aged 18-24 years who experienced physical violence in childhood experienced mental distress in the 30 days preceding the survey (83.5% versus 74.1%), or had ever thought of suicide (13.4% versus 3.8%), compared to those who did not experience physical violence in childhood.

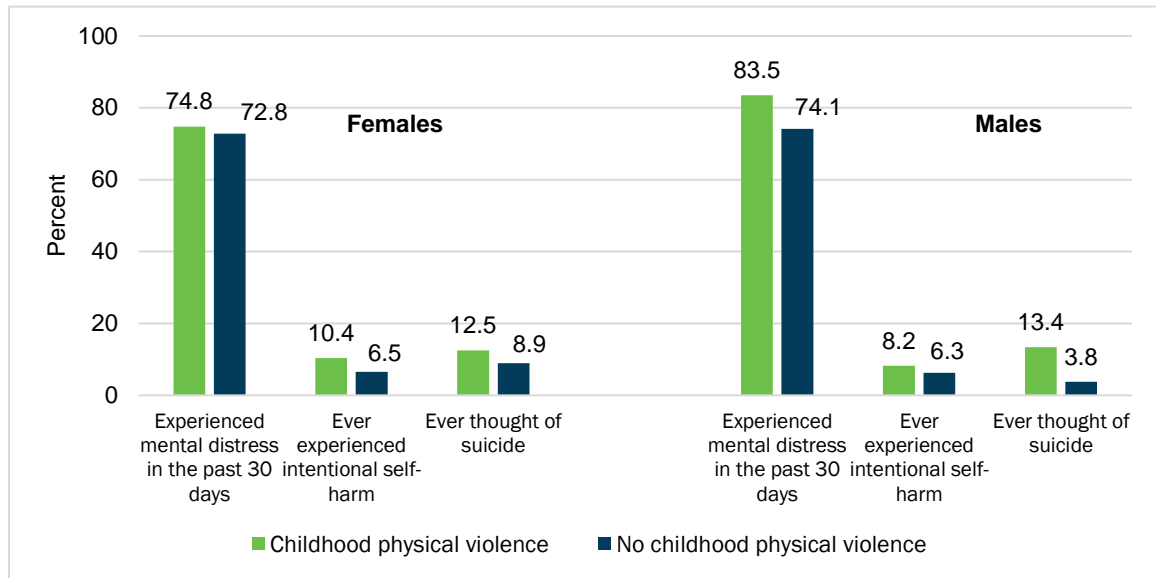
#### Experience of emotional violence in childhood and mental health outcomes among 18-24-year-olds

- A higher proportion of females aged 18-24 years who experienced emotional violence in childhood had experienced mental distress in the past 30 days preceding the survey (77.4% versus 71.9%), intentional self-harm (20.4% versus 6.5%), or had ever thought of suicide (21.3% versus 8.9%), compared to those who did not experience emotional violence in childhood.
- A higher proportion of males aged 18-24 years who experienced emotional violence in childhood had experienced mental distress in the past 30 days preceding the survey (81.0% versus 77.1%), self-harm (11.2% versus 6.4%), and had ever thought of suicide (19.4% versus 3.7%), compared to those who did not experience emotional violence in childhood.

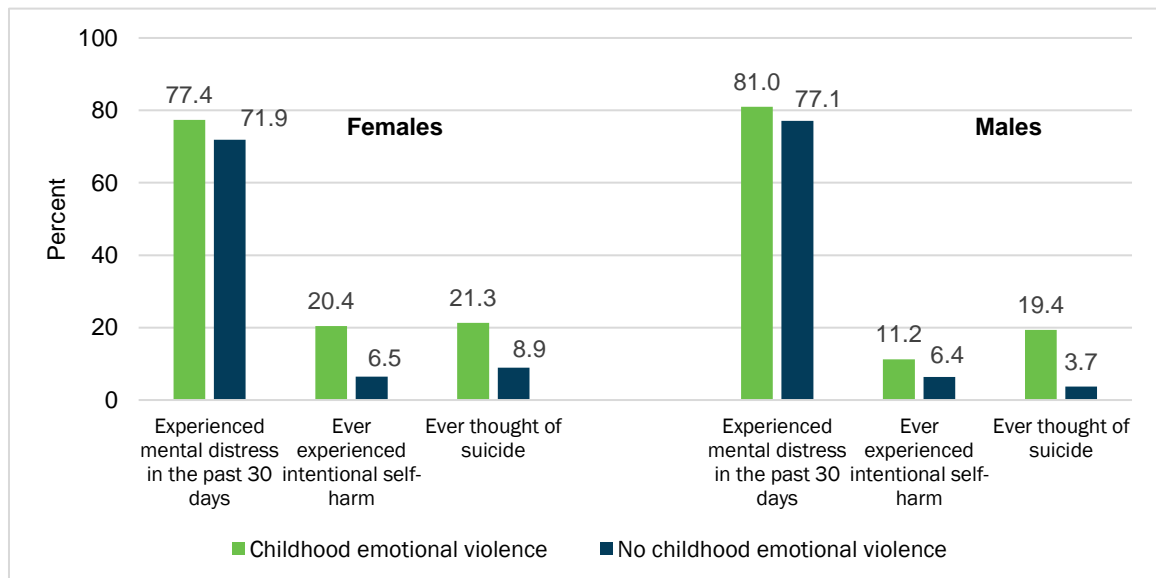
**Figure 12: Mental health, self-harm, and suicide ideation by experience of sexual violence in childhood among 18-24-year-olds – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022**



**Figure 13: Mental health, self-harm, and suicide ideation by experience of physical violence in childhood among 18-24-year-olds – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022**



**Figure 14: Mental health, self-harm, and suicide ideation by experience of emotional violence in childhood among 18-24-year-olds – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022**



**Mental health by experience of violence in the past 12 months among 13-17-year-olds**

**Mental health by experience of sexual violence in the past 12 months among 13-17-year-olds**

- A higher proportion of females aged 13-17 years who experienced sexual violence in the past 12 months had experienced mental distress in the 30 days preceding the survey (85.9% versus 52.1%), self-harm (19.0% versus 3.9%), or had ever thought of suicide (20.4% versus 3.5%), compared to those who did not experience sexual violence in the past 12 months.
- A higher proportion of males aged 13-17 years who experienced sexual violence in the past 12 months had experienced mental distress in the 30 days preceding the survey (74.9% versus 71.1%), self-harm (8.0% versus 4.7%), or had ever thought of suicide (8.7% versus 5.6%), compared to those who did not experience sexual violence in the past 12 months.

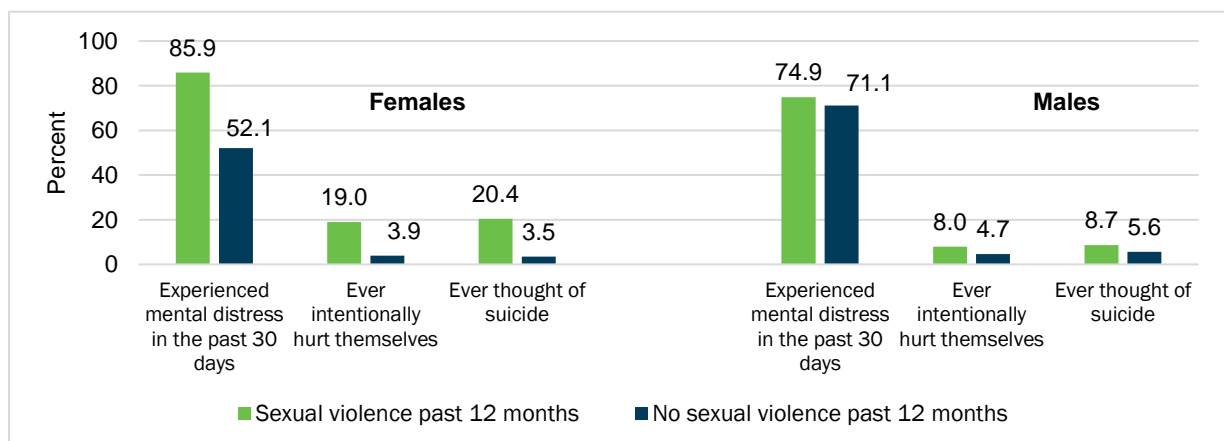
**Mental health by experience of physical violence in the past 12 months among 13-17-year-olds**

- Among females aged 13-17 years, the proportion who experienced intentional self-harm or had ever thought of suicide was higher among those who experienced physical violence in the past 12 months than among those who did not experience physical violence in the past 12 months (9.7% versus 3.8% for intentional self-harm, and 13.5% versus 2.4% for suicidal ideation).
- Among males aged 13-17 years, the proportion who experienced mental distress in the 30 days preceding the survey (79.6% versus 66.9%) or who had ever thought of suicide (10.8% versus 2.9%) was higher among those who experienced physical violence in the past 12 months, compared to those who did not experience physical violence in the past 12 months.

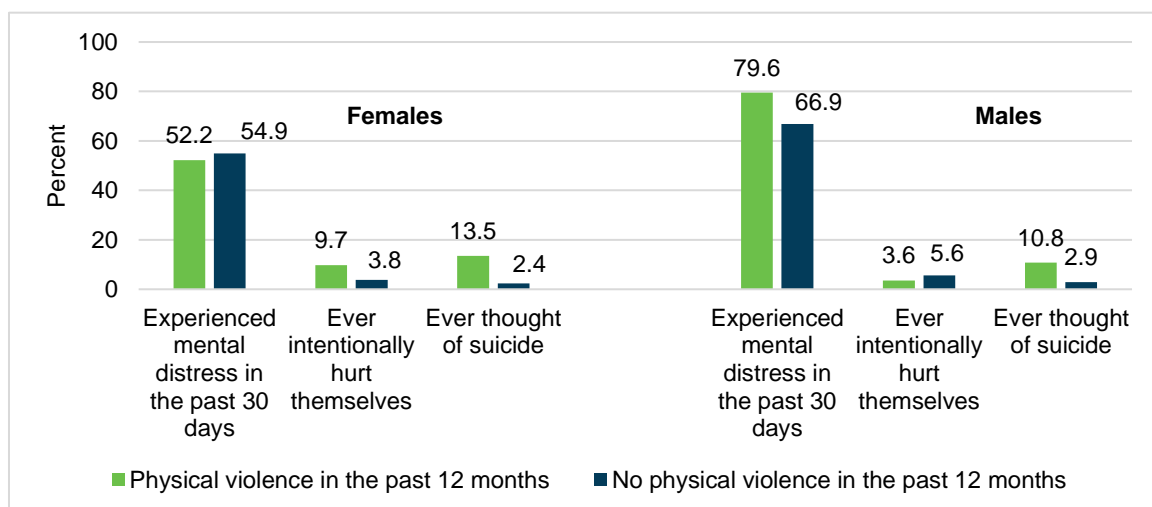
**Mental health by experience of emotional violence in the past 12 months among 13-17-year-olds**

- A higher proportion of females aged 13-17 years who experienced emotional violence in the past 12 months experienced mental distress in the 30 days preceding the survey (74.2% versus 50.9%), had self-harm (10.2% versus 4.2%), or had ever thought of suicide (13.9% versus 3.2%), compared to those who did not experience emotional violence in the past 12 months.
- A higher proportion of males aged 13-17 years who experienced emotional violence in the past 12 months experienced mental distress in the 30 days preceding the survey than those who did not experience emotional violence in the past 12 months (80.8% versus 70.4%).

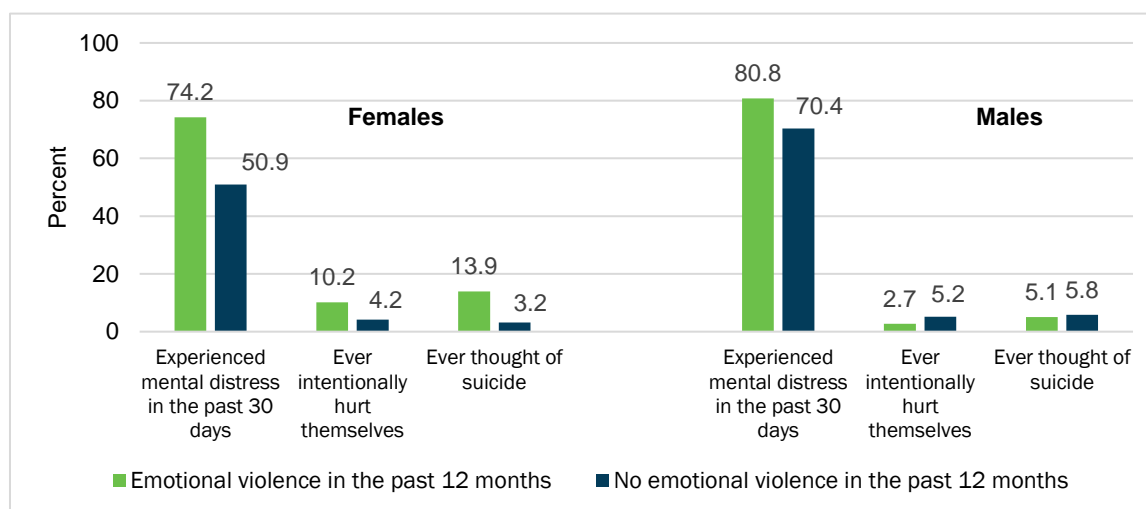
**Figure 15: Mental health, self-harm, and suicide ideation by experience of sexual violence in the past 12 months among 13-17-year-olds – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022**



**Figure 16: Mental health, self-harm, and suicide ideation by experience of physical violence in the past 12 months among 13-17-year-olds – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022**



**Figure 17: Mental health, self-harm, and suicide ideation by experience of emotional violence in the past 12 months among 13-17-year-olds – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022**



### Experience of violence and risk-taking behaviour among 18-24-year-olds

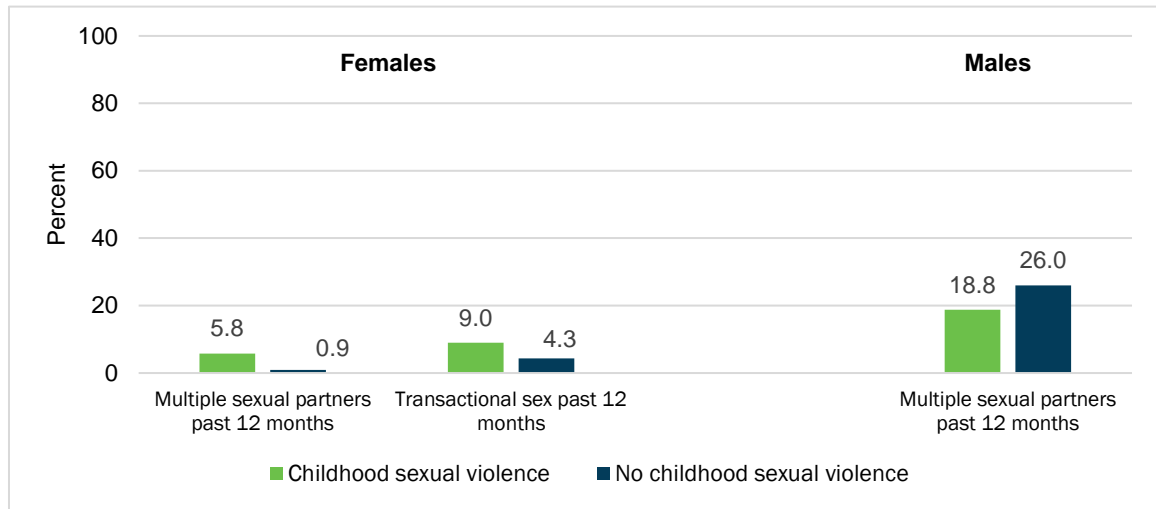
#### Experience of violence and sexual risk-taking among 18-24-year-olds

- A higher proportion of females aged 18-24 years who experienced sexual violence in childhood had multiple sexual partnerships and transactional sex in the past year compared to those who did not experience sexual violence in childhood (5.8% versus 0.9%, respectively for multiple sexual partnerships, and 9.0% versus 4.3%, respectively for transactional sex).
- A higher proportion of females aged 18-24 years who experienced emotional violence in childhood had multiple sexual partnerships in the past 12 months compared to those who did not experience emotional violence in childhood (5.6% versus 1.4%, respectively).

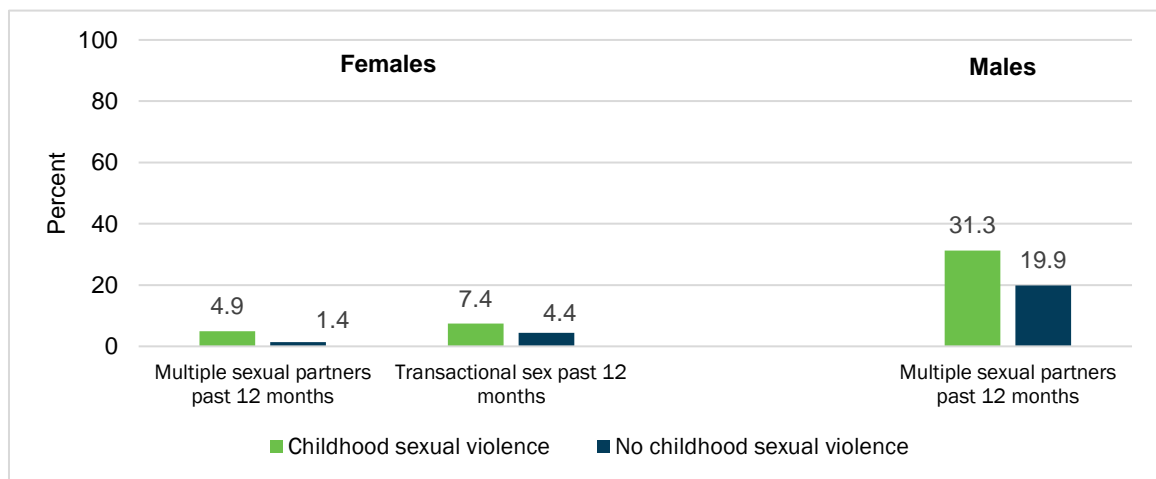
#### Experience of violence and substance abuse and STIs among 18-24-year-olds

- A higher proportion of females and males aged 18-24 years who experienced sexual violence in childhood had ever had symptoms of sexually transmitted infections (STIs) or been diagnosed with an STI, compared to those who did not experience sexual violence in childhood (44.1% versus 21.2% among females, and 51.9% versus 30.5% among males).
- Similarly, a higher proportion of females and males aged 18-24 years who experienced physical violence in childhood had ever had symptoms of an STI or been diagnosed with an STI, compared to those who did not experience physical violence in childhood (31.7% versus 20.7% among females, and 44.0% versus 23.5% among males).
- A higher proportion of males aged 18-24 years who experienced emotional violence in childhood had ever had symptoms of an STI or been diagnosed with an STI, compared to those who did not experience emotional violence in childhood (50.5% versus 27.4%), while for females, the proportion who experienced STI symptoms or had been diagnosed with an STI was similar for those who had or had not experienced emotional violence in childhood (25% in each group).
- Males aged 18-24 years who experienced physical violence in childhood were significantly more likely than those who did not experience physical violence in childhood to engage in binge drinking (4.6% versus 0.7%) and to smoke cigarettes (8.0% versus 0.8%).

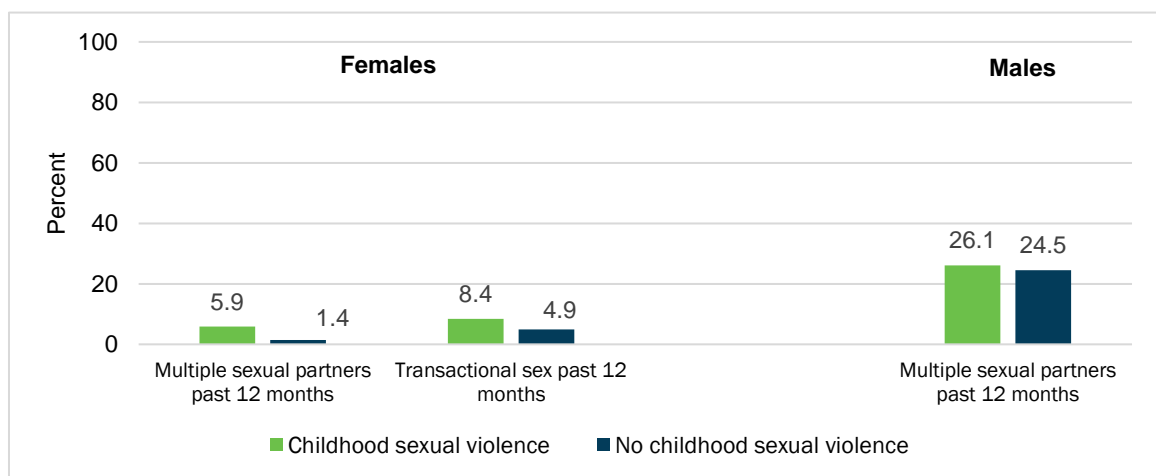
**Figure 18: Sexual risk-taking by experience of sexual violence in childhood among 18-24-year-olds – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022**



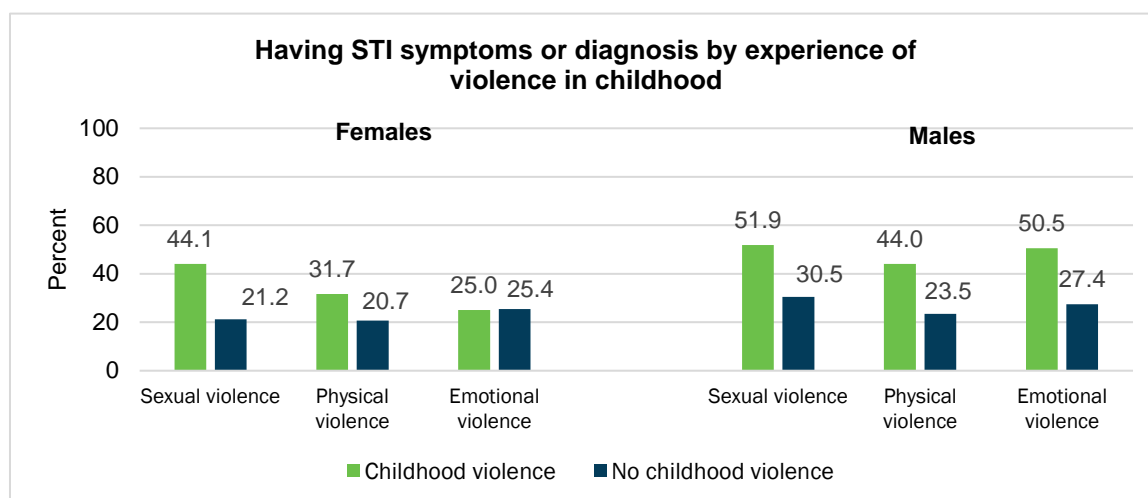
**Figure 19: Sexual risk-taking by experience of physical violence in childhood among 18-24-year-olds – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022**



**Figure 20: Sexual risk-taking by experience of emotional violence in childhood among 18-24-year-olds – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022**



**Figure 21: STI symptoms or diagnosis by experience of sexual, physical, and emotional violence in childhood among 18-24-year-olds – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022**



### Prevalence of other forms of violence against children

#### Prevalence of child abduction among 13-17-year-olds

- Males aged 13-17 years were five times more likely to have ever been abducted compared to females. About 1% of females and 4.8% of males aged 13-17 years had ever been abducted.

#### Prevalence of child marriage among 18-24-year-olds

- Four out of 10 females (39.8%) and 16.4% of males aged 18-24 years had ever been married. Among those who had ever been married, 1% of females and none of the males were first married before the age of 15.
- About 1 out of 3 (36.5%) ever married females and 12.3% of ever married males aged 18-24 years were first married before the age of 18.

#### Knowledge and prevalence of female genital mutilation/cutting (FGM/C)

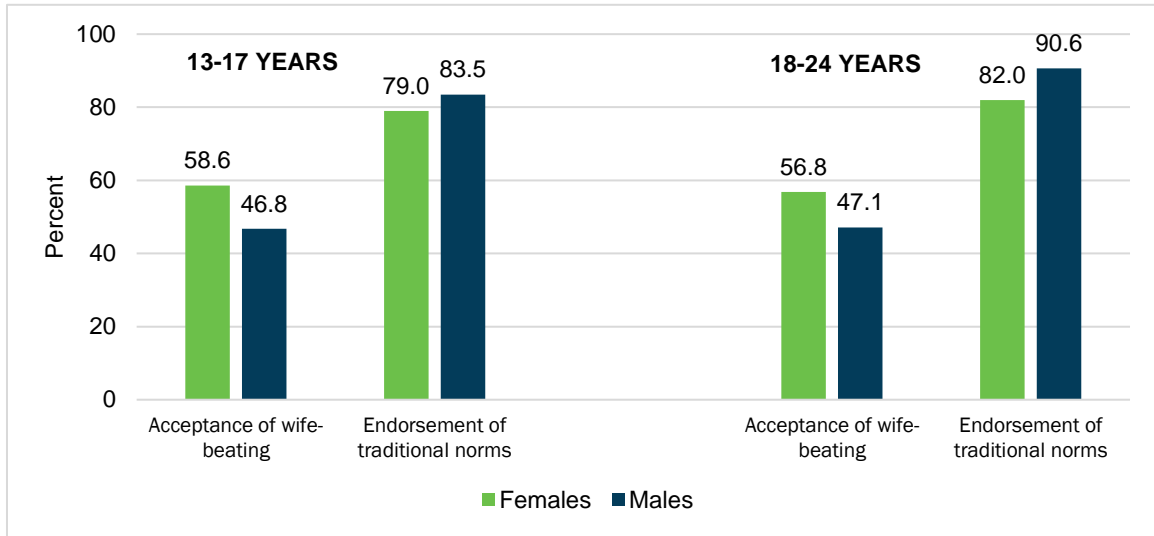
- About 3 out of 10 females (30.0%) aged 18-24 years and 13.4% of females aged 13-17 years had heard of female genital mutilation/cutting (FGM/C).
- Among those who had heard of FGM/C, 1.6% of females aged 18-24 years and 2.5% of those aged 13-17 years had experienced FGM/C.

### Attitudes and beliefs related to gender and violence

#### Attitudes and beliefs related to gender and violence among 13-24-year-olds and 18-24-year-olds

- Among females, 58.6% of 13-17-year-olds and 56.8% of 18-24-year-olds indicated that it was acceptable for a husband to beat his wife for one or more reasons food. The proportion was higher for females ages 13-24 years than males.
- Among males, 46.8% of 13-17-year-olds and 47.1% of 18-24-year-olds indicated that it was acceptable for a husband to beat his wife for one or more reasons.
- Among 13-17-year-olds, about 8 out of 10 females (79.0%) and males (83.5%) endorsed one or more harmful traditional beliefs about gender, sexual behaviour and intimate partner violence. These included beliefs about traditional roles of men and women in sexual relationships as well as beliefs about justification of wife-beating on certain grounds.
- Among 18-24-year-olds, 82.0% of females and 90.6% of males endorsed one or more harmful traditional beliefs about gender, sexual behaviour and intimate partner violence.

**Figure 22: Endorsement of traditional norms about gender, sexual behaviour, and intimate partner violence among 13-17- and 18-24-year-olds – Uganda Humanitarian Violence Against Children Survey (HVACS), 2022**





# Summary and Implications

## Summary

- The prevalence of violence against children in refugee settings in Uganda is high, with nearly half of females and males aged 18-24 years having experienced at least one form of violence (sexual, physical, or emotional) before age 18. In addition, about a third (32%) of females and 40% of males aged 13-17 years experienced at least one form of violence in the past 12 months.
- The majority of females and a considerable proportion of males in the 18-24-year-old age range experienced their first incident of sexual, physical, or emotional violence *after* arriving in a refugee settlement.
- Physical violence was the most common type of violence against children among both females and males across age groups. However, males were more likely than females to experience physical violence in childhood, while females aged 18-24 were more likely than males to have experienced sexual violence in childhood.
- Across age groups, perpetrators of violence against children were mostly people that the children knew, including parents or adult relatives, adults in the community, an intimate partner, classmates/schoolmates, or friends.
- Certain sub-groups of children are particularly vulnerable to experiencing violence compared to others, including those who witnessed violence in the home, those living with disabilities, and those who were married or cohabiting. Findings show that this is the case across age groups, except when it comes to those who were married or cohabiting, where the association was found for females and males in the 18-24 age range, specifically.
- Knowledge of where to seek help for violence was higher for males than for females. Most children who experienced violence did not disclose their experiences or seek help. This was the case across age groups.
- Compared to children who did not experience violence, those who experienced violence were more likely to:
  1. *perpetrate violence* (across age groups, those who experienced sexual violence were more likely to have perpetrated some form of violence against others in their lifetime, and males aged 18-24 who experienced physical violence in childhood were more likely to perpetrate physical intimate partner violence);
  2. *experience mental health problems* (across age groups, except for girls aged 13-17 in relation to the experience of physical violence in the past 12 months); and
  3. *engage in risk-taking behaviours* (e.g., females aged 18-24 years who experienced sexual violence in childhood with respect to having multiple sexual partners and engaging in transactional sex).
- There were high levels of endorsement of traditional norms about gender, sexual behaviour and intimate partner violence among children and young people in the refugee settings, across age groups.

## Implications

- A gendered approach to programming may be greatly beneficial to children experiencing violence in refugee settings in Uganda. Prevention and response models could benefit from taking into account the greater likelihood for girls to experience sexual violence over time, and for boys to

experience physical violence, as well as the greater likelihood for male survivors to know where to seek care, compared to their female counterparts.

- The implementation and testing of interventions for addressing physical violence are desirable, given the high prevalence of this form of violence among refugee children – particularly, boys. These could comprise prevention and response approaches, including capacity-building in these areas for service providers.
- Community-based, community-wide interventions remain critical for effectively addressing VAC in refugee settings. Interventions that include household-based prevention and response models to curtail children’s witnessing of violence in the home are key, given that perpetrators of VAC include a wide range of community members. These interventions may be stronger if they also include gender and social norm-shifting approaches geared toward ending violence against children.
- Given the large proportion of children living with disabilities in refugee settings in Uganda, focusing on these special populations for specific prevention and response efforts is essential. Similarly, targeted efforts aimed at young populations who are married or cohabiting may also benefit these specific groups.
- Interventions that are child-friendly by design may foster increased disclosure of violence victimization. Similar child-friendly approaches for providing information on how to seek help coupled with service provision links may improve responses to these populations.
- Strengthening of mental health services tailored to children’s needs may provide more direct benefits for these younger populations.

## References

Chiang, L., Fernandez, B., Falb, K., Massetti, G., Ligiero, D, and Behnam, N. 2020. *Measuring Violence Against Children in Humanitarian Settings: Implementation Guidance for a Humanitarian Violence Against Children and Youth Survey (HVACS)*. Washington, DC: Together for Girls.

Chiang, Laura F., Howard Kress, Steven A Sumner, Jessie Gleckel, Philbert Kawemama, and Rebecca N Gordon. 2016. "Violence Against Children Surveys (VACS): towards a global surveillance system." *BMJ Injury Prevention* 22 (Issue Suppl 1):1-16.

Krug, E., Dahlberg, L., Mercy, J. et al. 2002. *World Report on Violence and Health*. Geneva: World Health Organization.

Nguyen KH, Kress H, Villaveces A, Massetti GM. 2019. Sampling design and methodology of the Violence Against Children and Youth Surveys. *Injury Prevention* 25(4):321-327.

Office of the Prime Minister (OPM) & UNHCR. 2021. *Uganda Refugees and Nationals by District*. Available at: <https://data2.unhcr.org/en/country/uga> [Last accessed: March 18, 2021].

Seagle, E.E., Dam, A.J., Shah, P.P., Webster, J.L., Barretts, D.H., Ortmann, L.W., Cohen, N.J., Marano, N.N. 2020. Research Ethics and Refugee Health: A Review of Reported Considerations and Applications in Published Refugee Health Literature, 2015-2018. *Conflict and Health* 14:39. Available at: <https://doi.org/10.1186/s13031-020-00283-z> [Last accessed: March 14, 2024].

UNHCR (United Nations High Commissioner for Refugees). 2020. *Child Protection Dashboard: Uganda Refugee Response Plan (RRP) 2020-2021*. Available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/Child%20Protection%20Dashboard%2002%202020.pdf> [Last accessed: November 16, 2021].

WHO (World Health Organization). 2020. *Violence Against Children*. Available at: <https://www.who.int/news-room/fact-sheets/detail/violence-against-children> [Last accessed: May 17, 2021].