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Data collection and ethical challenges associated with VAC studies

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Population Council

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Data Collection and Ethical Challenges associated with Violence Against Children (VAC) Studies
Screening for SVAC in school and health facility contexts in Nairobi, Kenya

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October 22, 2021
Defining VAC

• “VAC includes all forms of physical and sexual violence and emotional abuse, neglect, negligent treatment and exploitation that is perpetrated against minors aged 18 years and under.”

• “VAC is defined as any physical or sexual abuse, or neglect; which are often categorized as ‘child abuse,’ ‘child maltreatment’ and other variations of these terms in the published literature.”

• “VAC is a human rights violation and global public health problem. Negative and lifelong effects are associated with VAC, including impacts on physical, mental, and reproductive health as well as social and cognitive development.”

• Globally, 1 billion children aged 2-17 are estimated to have experienced physical, sexual, or emotional violence or neglect in the past year.

Sources: Wirtz et al. (2016); Hills et al. (2016)
Health consequences of VAC

- Can play a role in increasing child survivors’ risks of:
  - injury
  - HIV
  - sexually transmitted infections
  - mental health problems
  - reproductive health problems
  - non-communicable diseases, including cardiovascular disease, cancer, chronic lung disease, and diabetes; damage to the nervous, endocrine, circulatory, musculo-skeletal, reproductive, respiratory, and immune systems

Sources: Broyles et al. (2012); Danese & McEwen (2012)
Progress in measuring VAC
Defining sexual violence

• ‘Non-consensual completed or attempted sexual contact and acts of a sexual nature not involving contact (such as voyeurism or sexual harassment)’

Summary of VAC findings in Kenya (2010 VACS)

– 32% females, 18% males reported experiencing sexual violence before the age of 18
– Of these, 54% of girls, 64% of boys did not tell anyone
– Only 3% of these girls received services, as 75% did not know where to get help for sexual violence
– Yet, about 25% of all girls reporting sexual violence in childhood would have liked to have received services
– In Kenya, unwanted sexual touching often happens for the first time in school

Existing evidence that screening can help detect adult (female) survivors in Nairobi and link them to services
Possible solution:

If they don’t tell … why not ask?
We know it works for women

- 8%-10% of women screening in East African health facility settings disclosed currently experiencing some form of SGBV.

- Of these, 40%-64% ended up receiving care.

Sources: Undie et al., 2014; Undie et al. 2016
But asking is complicated …

• Asking children about sexual violence:
  – Whom to ask?
  – Who should ask?
  – Where to ask?
  – How to ask?
Whom to ask?
Consent & assent issues
What comprehension level?
What capacities?
Response strategies

Who should ask?
What sort of qualifications & training?
What sort of positioning vis-à-vis the children?
What sort of availability?

Where to ask?
Which setting(s)?
What level of privacy exists in the space?
What’s the confidentiality culture like in the setting?

How to ask?
Terminology?
Questioning style
(explanations, reminders, refusal opportunities, options for response styles, etc.)?
Communication aids?
Whom we decided to ask …

**Schools**
- Primary School Pupils, Standard 6-8, Two Schools

**Hospital**
- Children aged 11-17, Accompanied by female caregiver
- KNH Casualty Department
Intervention Components

- Accompanied referrals for further care
- Parent dialogues
- School/hospital-based counseling
- Screening of children
- Student sensitization sessions
- Provider training in Narrative Therapy for children & parents
- Screening tool dev’t
Screening tool domains

✓ Lifetime and current experience of sexual violence
✓ Type
✓ Timing
✓ Perpetrator
✓ Interest in getting help
✓ Interest in having female caregiver present/involved when getting help
Assessing the feasibility of screening for sexual violence against children

<table>
<thead>
<tr>
<th>Feasibility Domains</th>
<th>Data Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Expressed interest or intention to use</td>
<td>• Parent permission forms</td>
</tr>
<tr>
<td>• Actual use</td>
<td>• Register of assenting children</td>
</tr>
<tr>
<td>• Intent to continue use</td>
<td>• Screening tool data</td>
</tr>
<tr>
<td>• Satisfaction</td>
<td>• Psychologists’ fieldnotes</td>
</tr>
<tr>
<td>• Perceived demand</td>
<td>• FGDs with providers</td>
</tr>
<tr>
<td>• Perceived appropriateness</td>
<td>• Key informant interviews with key stakeholders</td>
</tr>
<tr>
<td>• Perceived +ve/-ve effects on organization</td>
<td></td>
</tr>
<tr>
<td>• Fit within organizational culture</td>
<td></td>
</tr>
</tbody>
</table>
Intervention Photos
Parent Dialogues
Parent Dialogues
primary school children presenting
a play on sexual VAC
Parent Dialogues
primary school children presenting
a play on sexual VAC
Parent Dialogues
Parent Dialogues (Fathers-Only)
Sensitization sessions in primary schools
Provider training in response to sexual violence against children (led by the Regional Psychosocial Support Initiative)
Screening and referral in primary schools
Psychosocial support in primary schools
‘Unanticipated’ ethical issues

✓ Demand from parents, teachers, students wanting children/others outside of the sampling frame to be screened/to receive care
✓ Children not wanting to disclose their experience of abuse to their parents
✓ Parents’ own trauma after learning of their children’s abuse for the first time
✓ Responding to survivors whose parents were the perpetrators
✓ Children’s reports of sexual violence experiences beyond the life of the study
✓ Psychologists’ personalities informing disclosure patterns (more of a data collection issue)
Key Findings: Schools
Key Finding I:
There was strong parental demand for CSV screening and support
Parents were willing for their children to be screened **and** to receive accompanied referrals in their absence.

293 out of 347 parents in School A are willing.

180 out of 236 parents in School B are willing.

84% of parents in School A

76% of parents in School B
Excerpts from parent dialogue reports

‘A few parents who previously had children in School A, but had transferred their children to other schools due to incidents of suspected [CSV] also attended. They wanted to know how to help their children. Some heard about the meeting from neighbors while others had children in other classes and heard about the meeting from them.’
- School A

‘Some parents promised to come [back] to the school to talk to the psychologists concerning their children.’ – School B

‘After the meeting, some parents took the initiative to ask what help can be given to their sexually abused children. Of the 5 parents who approached the ... staff, only 2 were [eligible] for screening. One parent wanted counselling for her 8 year old who was sexually abused when she was 4. Two parents wanted counselling services for their children who do not attend the school. They wanted directions to KNH (GBVRC). One parent wanted help for her daughter who is in Class 5 and is being sexually abused by her father. One wanted help for her daughter who is in Class 7 who was sexually abused by the neighbor. All these parents talked to the KNH staff on site and were given appointments.’ – School A
Key Finding II:

Children were willing to be screened
456 children were screened in schools
62% female; 38% male

473 parents gave written consent

456 children gave written assent

96% of children were willing to be screened
Key Finding III:

Children were willing to disclose SV
Sexual violence affects a large proportion of children

- About **half** (49%) of screened children disclosed **ever** having experienced SV (222 out of 456)

- **Both** girls and boys are affected:
  - 59% girls
  - 41% boys
Types of sexual violence disclosed (ever experienced) *multiple responses allowed

- 64% genital touching
- 22% attempted rape
- 12% forced porn viewing
- 7% rape
- 5% attempted genital touching
- 6% forced touching of others’ genitals, oral sex, inappropriate touching (non-genital), etc.
Current experience of sexual violence

• 5% of screened children disclosed currently experiencing sexual abuse (23 out of 456)

• Both girls and boys are affected:
  • 74% girls
  • 26% boys
Types of sexual violence disclosed (currently experiencing) *multiple responses allowed

- 70% genital touching
- 26% attempted rape
- 4% rape
- 7% attempted genital touching
Fieldnote excerpts
(11 year old boy: rape by a neighbor)

• “My mom sent me to throw away trash and this man called me [into his house], closed the door, and told me to lie down. I shouted, ‘uuuuiii, uuuuuu,’ but nobody heard me. I shouted again and he told me if I keep shouting, he’ll kill me. He entered behind me and started ‘doing bad manners,’ which was very painful. I cried for help but the man [covered] my mouth. He later left me and told me to go without looking behind me or telling anybody about it ...”
Fieldnote excerpts
(12 year old girl: attempted rape by a neighbor)

• “This neighbor ... sent me to the shop to get him a box of matches. When I came back, he pulled me inside his house and started undressing me. I screamed and he said, ‘Keep quiet, or I’ll kill you.’ I screamed louder and he got scared and left me alone. I didn’t tell my mom because I thought she would beat me. ... I always feel sad and think if this man raped me, I would be pregnant ...”
Fieldnote excerpts
(11 year old girl: rape by paternal uncle)

• “When my dad was told about the incident, he said that it’s nonsense – meaning he did not believe his brother raped me. It was so tough for my parents and they later separated. This is because mum was trying to protect me, but my dad was for his brother. Today, I feel good to have talked to you. Though I was treated [back then], I did not get a chance to talk to anyone about the issue. The incident makes me so sad when I remember it, and I cry alone because I have never talked to anyone about it.”
Fieldnote excerpts
(11 year old boy: genital touching by neighbor)

• “He has been showing me his private parts as well. I was scared he may rape me and I told my mum. My mother asked him about it, and he was very rude. He met me on the road and told me, ‘Continue telling your mum. One day, I will catch you.’”
Child survivors in school disclosed experiencing polyvictimization

15%

- ... of children who disclosed ever experiencing SV also disclosed experiencing more than one type of SV
  (34 out of 222 children)
<table>
<thead>
<tr>
<th>Types of sexual violence disclosed</th>
<th># children disclosing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genital touching (GT) + attempted rape</td>
<td>xxxxxxxxxxxxxxxxxxxxx</td>
</tr>
<tr>
<td>GT + forced porn viewing</td>
<td>xxxxxxxx</td>
</tr>
<tr>
<td>Attempted GT + forced porn viewing</td>
<td>xxx</td>
</tr>
<tr>
<td>GT + rape</td>
<td>xxx</td>
</tr>
<tr>
<td>Attempted rape + rape</td>
<td>xx</td>
</tr>
<tr>
<td>GT + forced GT of others</td>
<td>xx</td>
</tr>
<tr>
<td>GT + forced oral sex</td>
<td>xx</td>
</tr>
<tr>
<td>GT + forced porn viewing + attempted rape</td>
<td>x</td>
</tr>
<tr>
<td>Attempted GT + GT</td>
<td>x</td>
</tr>
</tbody>
</table>
Key Finding IV:

Perpetrators of SV were often children
Fellow students primarily reported as being perpetrators (*multiple responses allowed)

<table>
<thead>
<tr>
<th>Perpetrator indicated by those disclosing ever experiencing SV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fellow student: 55%</td>
</tr>
<tr>
<td>Neighbor: 31%</td>
</tr>
<tr>
<td>Relative: 11%</td>
</tr>
<tr>
<td>Stranger: 10%</td>
</tr>
<tr>
<td>Friend: 5%</td>
</tr>
<tr>
<td>Unknown: 1%</td>
</tr>
<tr>
<td>Etc.: 4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Perpetrator indicated by those disclosing currently experiencing SV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fellow student: 49%</td>
</tr>
<tr>
<td>Neighbor: 43%</td>
</tr>
<tr>
<td>Unknown: 4%</td>
</tr>
<tr>
<td>Stranger: 0%</td>
</tr>
<tr>
<td>Etc.: 4%</td>
</tr>
</tbody>
</table>
Fieldnote excerpt
(13-year-old girl: genital touching by fellow students)

• “Our school has some notorious boys who harass girls by touching our breasts, buttocks and others even want to put fingers in our private parts. When you tell them to stop, they tell us, ‘Aah, you stop pretending, I know you like it and it makes you feel good.’ This is really annoying and someone should find a way of stopping them before they start raping us.”
Key Finding V:

Children wanted to receive care alone — not with their female caregivers
• Only **4%** (5 *girls* out of 114 students) of those who reported *ever* experiencing SV were willing to receive care in the company of their female caregivers.

• **None** of those who reported *currently* experiencing SV were willing to receive care in the company of their female caregivers.
Fieldnote excerpts

• I asked her why she didn't tell her mum and she said, ‘My mom is those tough and strict mothers. I don't know where i will even start with her.’ (11 year old girl, Class 6, attempted rape)

• When I asked her why she did not tell her mother she told me: ‘It’s hard to tell mum about this. She is very tough and I thought she would beat me.’ (13 year old girl, Class 7, attempted rape)

• ‘My mom is so tough and I don’t know where I will start. I have not told her.’ I asked her if she could allow me to disclose to her mother in her presence and she said yes. The mom came the following week and she said, "She can’t tell me [such a thing]. I am very tough." [The mother] was very appreciative[.] (13 year old girl, Class 8, genital touching and attempted rape)
‘We noted and the fathers also noted that there is a gap in the way they relate with their children. There is a gap in parenting. The way children are parented; there is a very big gap. We also noted that even the way the parents relate with each other, there is a very big gap. So we don’t know whether it is parenting skills that these parents require.’

FGD, GBVRC-KNH providers
Key Finding VI:

Most children disclosing SV obtained care
75% of those who disclosed ever experiencing sexual violence obtained care

Nearly all (15 out of 16) of those who disclosed ever experiencing rape received school-based counseling.

About a third (5 out of 16) of those who disclosed ever experiencing rape received an accompanied referral to the OSC.
Key Findings: Hospital
41 children screened at hospital (46% female; 54% male)

10% (4 out of 41) disclosed ever experiencing SV

2% (1 boy out of 41 children) disclosed currently experiencing SV
Fellow students again primarily reported as being perpetrators (*multiple responses allowed)

Perpetrator indicated by those disclosing ever experiencing SV

- **Fellow student:** pinpointed by 3 out of 4 screened children who disclosed ever experiencing SV

Perpetrator indicated by those disclosing currently experiencing SV

- **Fellow student:** pinpointed by 1 out of 4 screened children who disclosed currently experiencing SV
“[The child] was brought in by the mother due to school expulsion due to stealing Ksh 3,000. During counseling session he revealed that he stole so that he would be expelled and go to another school since he didn’t have any other way of explaining to the mother about the abuse. Has been sodomized by several students several times. Was requested whether the mother can be informed and he accepted. Referred to be seen by doctor ... when the mother is available to be taken to [the GBVRC] for follow up counseling.”
3 out of 4 children disclosing ever experiencing SV …

- Immediately accepted care
- Were willing to receive care in the company of female caregiver
- Were referred to GBVRC and received comprehensive care
Key Finding VII:

Children expressed strong satisfaction with the intervention
During [the 2nd screening round], the girl was very happy because she got courage to disclose to her mom how this man has been trying to rape her and the mother really protected her by confronting the man. The man apologized, saying he didn't mean that and her dad also went to warn him. ‘I think you people helped our parents a lot by telling them to talk to us, because this is something I was not going to tell my mom, who is very strict. We are very free nowadays and we talk so much about sex. You have helped us a lot.’
Fieldnote excerpt
(12-year-old girl, Class 7)

• ‘Before [the 2nd screening round], the girl came to tell me she disclosed to her mom about this neighbor’s behavior of wanting to rape her, and the man got into trouble. ‘My dad took him to the chief and the man was to be taken to the police. He begged and he was very shocked because he didn't know I would ever tell anybody. After that, I saw him once and I have never seen him again. Thank you very much for helping me tell my parents, who supported me so much.’ The girl is very happy and relaxed.
Fieldnote excerpt
(13-year-old girl, Class 7)

• 'This has been the hardest thing to do. I was not able to tell my mom, but my uncle came and he was trying to touch me and I shouted and told him, ‘If you try to touch me again, I am going to report you to my mom.’ He was so scared because I have never talked to him. He begged me not to tell anybody and said he will never try it again. I told myself this is the best thing that has happened to me – that courage to tell him to his face.'
Fieldnote excerpt
(13-year-old boy, Class 7)

• ‘I told my mother how this neighbor used to force me to [look at] pictures of people having sex, especially the boys to boys, or men to men kind. My mother and other people in our neighborhood approached him and took him to the Chief’s office. Some of my friends in the neighborhood also confessed that the same man had had sex with them. My father was equally happy that I told my mother about it and encouraged me never to keep quiet should someone do anything like that to me. He looked at me calmly and firmly told me that they are my parents and I shouldn’t fear them. Sincerely speaking, I used to fear them, but since that time, I am very free with them. Thank you.’
Conclusion

- Routine screening for sexual VAC is **feasible** in both school and health facility settings, and highly **acceptable** to children, parents, and providers in the education and health sectors.

- Such screening is also **effective** for expanding child survivors’ access to care.
References


Undie & Ma’anyengo (2021). If we ask, will they tell? (and then, what?): Screening for sexual violence against children in Kenya. *Child Abuse Review*.


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