REPUBLIC OF KENYA

Ministry of Labour and Social Protection



VIOLENCE AGAINST CHILDREN SURVEY REPORT

2019

KENYA VIOLENCE AGAINST CHILDREN SURVEY, 2019

The Department of Children's Services (Ministry of Labour and Social Protection) with the Kenya National Bureau of Statistics, conducted the Violence Against Children survey in Kenya, with funding provided by the President's Emergency Plan for AIDS Relief (PEPFAR). The technical guidance and coordination of this study was provided by the United States Centers for Disease Control and Prevention (CDC).

All photographs for this report were taken by Shehzad Noorani and courtesy of UNICEF Kenya.

Recommended Citation:
Ministry of Labour and Social Protection of Kenya, Department of Children's Services. Violence against Children in Kenya: Findings from a National Survey, 2019. Nairobi, Kenya: 2019.

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the United Nations Children's Fund or the U.S. Centers for Disease Control and Prevention. CDC authors conducted weighting and data analysis in support of this report and consulted with the Government of Kenya on evidence-based strategies to prevent violence against children and youth. Any policy recommendations contained within this document with regard to budget allocations or statutory changes are the recommendations of the Government of Kenya and do not reflect an endorsement of the CDC or the U.S. Government. The mark 'CDC' is owned by the US Dept of Health and Human Services and is used with permission. Use of this logo is not an endorsement by HHS or CDC of any particular product, service, or enterprise.

Attribution of support: This survey has been supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the US Centers for Disease Control and Prevention (CDC) under the terms of #5NU2GGH001520 and #1U2GGH001619.

Design and prodution: Big Yellow Taxi, Inc.

Additional information on VACS can be obtained from the Department of Children's Services: P. O Box 40326-00100 or 16936-00100 Nairobi Phone +254 (0)2729800-4 Fax +254 (0)2726222 Email: watotoidara@gmail.com



REPUBLIC OF KENYA

Ministry of Labour and Social Protection

VIOLENCE AGAINST CHILDREN SURVEY REPORT 2019



















Foreword

Kenya is a signatory to the UN Convention on the Rights of the Child (UNCRC), and the African Charter on the Rights and Welfare of the Child (ACRWC), representing a commitment towards response and prevention of all forms of violence against children.

The consequences of violence on its survivors are often devastating, causing negative outcomes associated with physical health, social mobility and success, and mental health. In addition, violence is specifically associated with increased risk for sexually transmitted infections, including HIV. Indeed, violence against children affects the entire social ecology from the individual to the full society.

The Government of Kenya conducted the first Violence Against Children Survey (VACS) in 2010 aimed at establishing the magnitude, nature and consequences of violence against children in order to plan for effective programming and resource allocation to combat violence. Consequently, a summary of findings and response plan 2013-2018 was developed in collaboration with partners to prevent and respond to violence against children.

The need to conduct the 2019 VAC Survey was derived from the fact that the findings from the 2010 survey are nearly a decade old and need to be updated. The new data will aid in reviewing the national prevention and response plan as well as progress towards sustainable development goals (SDGS) related to violence against children and violence against women.

The 2019 VACS was a nationally representative household survey of children and young adults aged 13 to 24-years. It was designed to measure the prevalence and circumstances surrounding emotional, physical, and sexual violence against males and females in childhood (before age 18). It also measured the prevalence of violence in the last 12 months experienced by children aged 13 to 17 years. It identified risks and protective factors as well as consequences of violence against children and service utilization.

The rich data from the Kenya VACS 2019 will increase our understanding of the frequency, drivers, and impact of violence as well as help society prevent and respond to violence against children.

It is our collective responsibility to prevent violence and shift norms to create safe, protective environments where young people have the opportunity to live their lives to the fullest potential.

The Government of Kenya, in collaboration with partners, is committed to addressing the problem of violence against children and will continue to support and monitor the action resulting from the survey findings.

Simon K. Chelugui EGH
Cabinet Secretary
Ministry of Labour and Social protection

Contents

Click on section boxes at the top of each page to navigate publication

FOREWORD 2

LIST OF FIGURES 6

EXECUTIVE SUMMARY 8

SECTION A: CONTRIBUTORS 11

SECTION B: KEY TERMS AND DEFINITIONS 13

VIOLENCE 13

1. Sexual Violence 13

2. Physical Violence 13

3. Emotional Violence 13

SECTION C: LIST OF ACRONYMS 14

SECTION 1

Introduction and Background 15

1.1 INTRODUCTION TO KENYA 16

1.2. BACKGROUND 16

1.3. LEADERSHIP AND KEY PARTNERS 17

1.4. VIOLENCE AGAINST CHILDREN IN KENYA 19

SECTION 2

Methods 21

2.1. STUDY DESIGN AND SAMPLING 22

2.2. SURVEY QUESTIONNAIRE 22

2.3. ELIGIBILITY CRITERIA 23

2.4. DATA COLLECTION 23

2.5. ETHICAL CONSIDERATIONS 23

2.5.1. Referrals 23

2.5.2. Survey Informed Consent 24

2.6. RESPONSE RATES AND DATA ANALYSIS 24

2.6.1. Weighted Percentages 25

2.6.2. Definition of Unreliable Estimates 25

2.6.3. Technical Note to the Reader 26

2.6.4. Differences Between Estimates 26

2.6.5. Comparison of 2010 and 2019 VACS 26

SECTION 3

Background Characteristics of Youth 27

3.1. CHARACTERISTICS OF 18-24-YEAR-OLDS 28

3.2. CHARACTERISTICS OF 13-17-YEAR-OLDS 29

SECTION 4

Sexual Violence 30

4.1. SEXUAL VIOLENCE IN CHILDHOOD AMONG 18-24-YEAR-OLDS 31

4.1.1. Perpetrators of the First Incidents of Sexual Violence in Childhood Among 18-24-Year-Olds 32

4.1.2. Contexts of the First Incidents Of Sexual Violence In Childhood Among 18-24-Year-Olds 33

4.1.3. Disclosure, Service-Seeking, and Receipt of Services for Sexual Violence in Childhood Among 18-24-Year-Olds 33

4.2. SEXUAL VIOLENCE IN THE PAST 12 MONTHS AMONG 18-24-YEAR-OLDS 34

4.3. SEXUAL VIOLENCE IN THE PAST 12 MONTHS AMONG 13-17-YEAR-OLDS 35

4.3.1. Perpetrators of the Most Recent Incidents of Sexual Violence Among 13-17-Year-Olds 35

4.3.2. Context of the Most Recent Incident of Sexual Violence Among 13-17-Year-Olds 36

4.3.3. Disclosure, Knowledge of Services, and Service-Seeking for Sexual Violence in the Past 12 Months Among 13-17-Year-Olds 36

SECTION 5

Physical Violence 37

5.1. PHYSICAL VIOLENCE IN CHILDHOOD AMONG 18-24-YEAR-OLDS 38

5.1.1. Disclosure, Knowledge of Services, and Service-Seeking for Physical Violence in Childhood Among 18-24-Year-Olds 38

5.2. PHYSICAL VIOLENCE IN THE PAST 12 MONTHS AMONG 18-24-YEAR-OLDS 39

5.3. PHYSICAL VIOLENCE IN THE PAST 12 MONTHS AMONG 13-17-YEAR-OLDS 39

CONTENTS

5.3.1. Injuries From Physical Violence Among 13-17-Year-Olds 40

5.3.2. Disclosure, Knowledge of Services, and Service-Seeking for Physical Violence in the Past 12 Months Among 13-17-Year-Olds 40

5.4. WITNESSING VIOLENCE IN THE HOME OR COMMUNITY 41

SECTION 6

Emotional Violence 42

6.1. EMOTIONAL VIOLENCE IN CHILDHOOD AMONG 18-24-YEAR-OLDS 43

6.2. EMOTIONAL VIOLENCE IN THE PAST 12 MONTHS AMONG 18-24-YEAR-OLDS 43

6.3 EMOTIONAL VIOLENCE IN THE PAST 12 MONTHS AMONG 13-17-YEAR-OLDS 44

SECTION 7

Overlap of Types of Violence: Sexual, Physical, and Emotional Violence 45

7.1. OVERLAP OF TYPES OF VIOLENCE IN CHILDHOOD AND IN THE PAST 12 MONTHS AMONG 18-24-YEAR-OLDS 46

7.2. OVERLAP OF TYPES OF VIOLENCE IN THE PAST 12 MONTHS AMONG 13-17-YEAR-OLDS 46

SECTION 8

Outcomes and Health-Related Conditions Associated with Sexual, Physical, and Emotional Violence 48

8.1. SEXUAL, PHYSICAL, AND EMOTIONAL VIOLENCE IN CHILDHOOD AND MENTAL AND PHYSICAL HEALTH AMONG 18-24-YEAR-OLDS 49

8.1.1. Health Conditions and Childhood Sexual Violence 49

8.1.2. Health Conditions and Childhood Physical Violence 50

8.1.3. Health Conditions and Childhood Emotional Violence 50

8.2. SEXUAL, PHYSICAL, AND EMOTIONAL VIOLENCE IN THE PAST 12 MONTHS AND MENTAL AND PHYSICAL HEALTH AMONG 13-17-YEAR-OLDS 51

8.2.1. Health Conditions and Sexual Violence 51

8.2.2. Health Conditions And Physical Violence 51

8.2.3. Health Conditions and Emotional Violence 52

8.3. PREGNANCY AS A RESULT OF SEXUAL VIOLENCE AND MISSING SCHOOL DUE TO SEXUAL OR PHYSICAL VIOLENCE 52

SECTION 9

Sexual Risk-Taking Behaviours and HIV 53

9.1. SEXUAL RISK-TAKING BEHAVIOURS IN THE PAST 12 MONTHS AMONG 19-24-YEAR-OLDS 54

9.2. HIV/AIDS TESTING KNOWLEDGE AND BEHAVIOURS 55

9.2.1. HIV Testing Knowledge and History by Experience of Sexual Violence 56

9.2.2. HIV Status by Experience of Violence 56

SECTION 10

Beliefs and Attitudes About Gender and Violence and Violence Perpetration 57

10.1. BELIEFS ABOUT WIFE-BEATING AND TRADITIONAL GENDER NORMS 58

10.2. PREVALENCE OF VIOLENCE PERPETRATION 58

10.3. PREVALENCE OF INTIMATE PARTNER VIOLENCE PERPETRATION 60

SECTION 11

Characteristics Associated With Violence 61

11.1. CHARACTERISTICS ASSOCIATED WITH VIOLENCE IN THE PAST 12 MONTHS AMONG 18-24-YEAR-OLDS 62

11.2. CHARACTERISTICS ASSOCIATED WITH VIOLENCE IN THE PAST 12 MONTHS AMONG 13-17-YEAR-OLDS 62

SECTION 12

Inspire Indicators 64

12.1. NORMS AND VALUES 65

12.2. SAFE ENVIRONMENTS 66

12.3. PARENT AND CAREGIVER SUPPORT 66

12.4. INCOME AND ECONOMIC STRENGTHENING 66

12.5. EDUCATION AND LIFE SKILLS 66

CONTENTS

SECTION 13

Kenya VACS 2010 and 2019 Comparison 67

13.1. DIFFERENCES IN SEXUAL VIOLENCE PREVALENCE BETWEEN 2010 AND 2019 68

13.2. DIFFERENCES IN PHYSICAL VIOLENCE PREVALENCE BETWEEN 2010 AND 2019 68

13.3. DIFFERENCES IN EMOTIONAL VIOLENCE PREVALENCE BETWEEN 2010 AND 2019 71

SECTION 14

Discussion 73

14.1. PRIORITY FINDINGS FOR NATIONAL RESPONSE 74

14.2. STRENGTHS AND LIMITATIONS 77

14.3. IMPLICATIONS FOR PREVENTION AND RESPONSE 78

14.4. PREVENTION AND RESPONSE PRIORITIES 82

APPENDIX 83

APPENDIX A: KENYA 2019 VACS DATA TABLES 83

SECTION 3: BACKGROUND CHARACTERISTICS 83

Background characteristics of 18-24-year-olds 83

Background characteristics of 13-17-year-olds 85

SECTION 4: SEXUAL VIOLENCE 86

Sexual violence in childhood among 18-24-year-olds 86

Sexual violence in the past 12 months among 18-24-year-olds 89

Sexual violence in the past 12 months among 13-17-year-olds 93

SECTION 5: PHYSICAL VIOLENCE 96

Physical violence in childhood among 18-24-year-olds 96

Physical violence in the past 12 months among 18-24-year-olds 97

Physical violence in the past 12 months among 13-17-year-olds 99

SECTION 6: EMOTIONAL VIOLENCE 102

Emotional violence in childhood among 18-24-year-olds 102

Emotional violence in the past 12 months among 18-24-year-olds 102

Emotional violence in the past 12 months among 13-17-year-olds 103

SECTION 7: OVERLAP AMONG SEXUAL, PHYSICAL, AND EMOTIONAL VIOLENCE 104

Overlap among different forms of violence among 18-24-year-olds 104

Overlap among different forms of violence among 13-17-year-olds 105

SECTION 8: HEALTH CONDITIONS ASSOCIATED WITH VIOLENCE 105

SECTION 9: SEXUAL RISK-TAKING BEHAVIOURS AND HIV 114

SECTION 10: ATTITUDES AND BELIEFS RELATED TO GENDER AND VIOLENCE, AND VIOLENCE PERPETRATION 118

SECTION 11: CHARACTERISTICS ASSOCIATED WITH VIOLENCE 121

Characteristics associated with violence among 18-24-year-olds 121

Characteristics associated with violence among 13-17-year-olds 122

SECTION 12: INSPIRE INDICATORS 123

INSPIRE indicators among 18-24-year-olds 123

INSPIRE indicators among 13-17-year-olds 124

SECTION 13: COMPARISON OF VIOLENCE PREVALENCE BETWEEN KENYA VACS 2010 AND 2019 125

Differences in sexual violence prevalence between 2010 and 2019 125

Differences in physical violence prevalence between 2010 and 2019 127

Differences in emotional violence prevalence between 2010 and 2019 128

APPENDIX B: KENYA 2019 VACS RESPONSE PLAN FOR PARTICIPANTS 130

APPENDIX C: SUPPLEMENTARY SAMPLING METHODS 132

REFERENCES 134

LIST OF FIGURES*

FIGURE 3.1. Percentage of 18-24-year-olds who worked for money or other payment in the past 12 months – Kenya Violence Against Children Survey (VACS), 2019 28

FIGURE 3.2. Percentage of 18-24-year-olds who had ever been married or lived with someone as if married– Kenya Violence Against Children Survey (VACS), 2019. 28

FIGURE 4.1. Prevalence of sexual violence prior to age 18, among 18-24-year-olds – Kenya Violence Against Children Survey (VACS), 2019. 31

FIGURE 4.2. Prevalence of different types of sexual violence prior to age 18, among 18-24-year-old females – Kenya Violence Against Children Survey (VACS), 2019. 32

FIGURE 4.3. Perpetrators of the first incident of any sexual violence in childhood, among 18-24-year-old females who experienced sexual violence before age 18 – Kenya Violence Against Children Survey (VACS), 2019. 33

FIGURE 4.4. Disclosure, service-seeking, and receipt for any incident of sexual violence among 18-24 year-olds who experienced childhood sexual violence – Kenya Violence Against Children Survey (VACS), 2019. 34

FIGURE 4.5. Prevalence of different types of sexual violence in the past 12 months, among 18-24-year-old females – Kenya Violence Against Children Survey (VACS), 2019. 34

FIGURE 4.6. Perpetrators of the most recent incident of sexual violence, among 18-24-year-old females who experienced sexual violence in the past 12 months – Kenya Violence Against Children Survey (VACS), 2019. 35

FIGURE 4.7. Prevalence of any sexual violence in the past 12 months, among 13-17-year-olds – Kenya Violence Against Children Survey (VACS), 2019. 36

FIGURE 4.8. Disclosure, service-seeking and receipt for any incident of sexual violence, among 13-17-year-old females who experienced sexual violence in the past 12 months – Kenya Violence Against Children Survey (VACS), 2019. 36

FIGURE 5.1. Prevalence of physical violence prior to age 18, among 18-24-year-olds – Kenya Violence Against Children Survey (VACS), 2019. 38

FIGURE 5.2. Prevalence of physical violence prior to age 18 by perpetrator, among 18-24-year-olds – Kenya Violence Against Children Survey (VACS), 2019. 39

FIGURE 5.3. Prevalence of physical violence in the past 12 months among 13-17-year-olds – Kenya Violence Against Children Survey (VACS), 2019. 39

FIGURE 5.4. Prevalence of experiencing physical harm or injury as a result of any physical violence, among 13-17-year-olds who experienced any physical violence in the past 12 months, overall and by perpetrator – Kenya Violence Against Children Survey (VACS), 2019. 40

FIGURE 6.2. Prevalence of emotional violence in the past 12 months by an intimate partner, by a peer, online or through technology, and online among those who have a social media account, among 18-24-year-olds – Kenya Violence Against Children Survey (VACS), 2019. 43

FIGURE 6.1. Age at first experience of emotional violence before age 18, among 18-24-year-olds – Kenya Violence Against Children Survey (VACS), 2019. 43

FIGURE 6.3. Prevalence of emotional violence in the past 12 months by perpetrator, among 13-17-year-olds – Kenya Violence Against Children Survey (VACS), 2019. 44

FIGURE 7.1. Prevalence of any violence and overlap of different types of violence in the past 12 months among 18-24-year-olds – Kenya Violence Against Children Survey (VACS), 2019. 46

FIGURE 8.1. Prevalence of mental health distress in the past 30 days, by experience of sexual, physical, or emotional violence before age 18, among 18-24-year-old females – Kenya Violence Against Children Survey (VACS), 2019. 49

FIGURE 8.2. Prevalence of ever having thought of suicide by experience of sexual, physical, or emotional violence in the past 12 months, among 13-17-year-old females – Kenya Violence Against Children Survey (VACS), 2019. 51

FIGURE 9.1. Sexual risk-taking behaviours among 19-24-year-olds – Kenya Violence Against Children Survey (VACS), 2019. 54

FIGURE 9.2. Sexual risk-taking behaviours among 19-24-year-olds who had sex in the past 12 months – Kenya Violence Against Children Survey (VACS), 2019. 55

FIGURE 9.3. HIV testing knowledge and behaviour among 15-24-year-olds – Kenya Violence Against Children Survey (VACS), 2019. 56

FIGURE 10.1. Endorsement of traditional norms about gender, sexual behaviour, and intimate partner violence among 13-17- and 18-24-year-olds – Kenya Violence Against Children Survey (VACS), 2019. 58

* *All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

LIST OF FIGURES*

FIGURE 10.2. Physical violence perpetration among 18-24-year-olds – Kenya Violence Against Children Survey (VACS), 2019. 59

FIGURE 11.1. Childhood characteristics of 18-24-year-old females by experience of sexual and physical violence in the past 12 months – Kenya Violence Against Children Survey (VACS), 2019 62

FIGURE 11.2. Childhood characteristics of 18-24-year-old males by experience of sexual or physical violence in the past 12 months – Kenya Violence Against Children Survey (VACS), 2019. 63

FIGURE 11.3. Characteristics of 13-17-year-old females by experience of sexual or physical violence in the past 12 months – Kenya Violence Against Children Survey (VACS), 2019. 63

FIGURE 11.4. Characteristics of 13-17-year-old males by experience of sexual or physical violence in the past 12 months – Kenya Violence Against Children Survey (VACS), 2019. 63

FIGURE 11.1. Childhood characteristics of 18-24-year-old females by experience of sexual or physical violence in the past 12 months – Kenya Violence Against Children Survey (VACS), 2019 65

FIGURE 13.1. Differences in prevalence of different types of sexual violence before age 18, among 18-24-year-old females – Kenya Violence Against Children Survey (VACS) 2010 and 2019. 68

FIGURE 13.2. Differences in prevalence of different types of sexual violence in the past 12 months, among 13-17-year-old females – Kenya Violence Against Children Survey (VACS) 2010 and 2019. 69

FIGURE 13.3. Differences in prevalence of different types of sexual violence in the past 12 months, among 13-17-year-old males – Kenya Violence Against Children Survey (VACS) 2010 and 2019. 70

FIGURE 13.4. Differences in prevalence of physical violence before age 18, overall and by perpetrator, among 18-24-year-old females – Kenya Violence Against Children Survey (VACS) 2010 and 2019. 70

FIGURE 13.5. Differences in prevalence of physical violence before age 18 overall and by perpetrator, among 18-24-year-old males – Kenya Violence Against Children Survey (VACS) 2010 and 2019. 71

FIGURE 13.6. Differences in prevalence of physical violence in the past 12 months overall and by perpetrator, among 13-17-year-old females – Kenya Violence Against Children Survey (VACS) 2010 and 2019. 71

FIGURE 13.7. Differences in prevalence of physical violence in the past 12 months overall and by perpetrator, among 13-17-year-old males – Kenya Violence Against Children Survey (VACS) 2010 and 2019. 72

* *All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

Executive Summary



The survey measures the prevalence, nature, and consequences of physical, emotional, and sexual violence against children and youth.

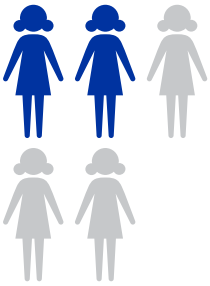
The following summary highlights key findings from the Kenya 2019 Violence Against Children Survey (VACS). This survey is the second nationally representative survey conducted in Kenya on violence against children and youth, following the first VACS in 2010. The survey measures the prevalence, nature, and consequences of physical, emotional, and sexual violence against children and youth. The survey enhances the country's capacity to design, implement, and evaluate violence prevention programmes and build successful child protection systems. The VACS results include several notable findings that provide critical insights into the experiences of Kenyan children and youth.

KEY FINDINGS

- **Prevalence of Childhood Violence (18-24-year-olds)**
  - Nearly half of females (45.9%) and more than half of males (56.1%) experienced childhood violence in Kenya.
  - Among the 15.6% of females who experienced childhood sexual violence, nearly two-thirds (62.6%) experienced multiple incidents before age 18.
  - Physical violence is the most common type of violence experienced in childhood in Kenya. Nearly two out of five females (38.8.%) and half of males (51.9%) experienced childhood physical violence.
- Perpetrators of Childhood Violence (18-24-year-olds)
  - For females, intimate partners are the most common perpetrators of childhood sexual violence, comprising 44.4% of first incidents.
  - Childhood physical violence by parents, caregivers, and adult relatives is common, affecting 28.9% of females and 37.9% of males.
- Childhood emotional violence by peers is also common, affecting 30.9% of females and 31.0% of males.
- **Disclosure of Violence (18-24-year-olds)**
  - Only two out of five females who experienced childhood sexual violence (41.3%) told someone about an incident of sexual violence.
  - Only two out of five females (41.0%) and males (39.2%) who experienced childhood physical violence told someone about an incident of physical violence.



Childhood physical violence by parents, caregivers, and adult relatives is common, affecting 28.9% of females and 37.9% of males.



Only two out of five females who experienced childhood sexual violence (41.3%) told someone about an incident of sexual violence.

EXECUTIVE SUMMARY

- **Service-seeking for Violence (18-24-year-olds)**
  - Females who did not seek services for sexual violence indicated that the most common reason was that they did not think it was a problem (53.6%).
  - One third of youth who experienced sexual violence knew where to go for services for sexual violence (females, 34.8%; males, 34.2%), but very few sought or received services: only 12.5% of females sought services and 10.7% successfully received services for sexual violence. Among males, 3.2% sought services and 3.2% successfully received services for sexual violence.
  - Only one out of three (33.3.%) females who had experienced physical violence knew where to go for services; less than 1 in 10 sought services (8.9%) and only 7.2% received services for an incident of physical violence.
  - Two out of five (40.6%) males who experienced physical violence knew where to go for services; less than 1 in 10 sought services (8.5%) and only 6.4% successfully received services for an incident of physical violence.
- **HIV Testing Behaviour (15-24-year-olds)**
  - Significantly more females than males had ever been tested for HIV (females, 89.9%, males 78.0%).
  - Among females who experienced sexual violence in the past 12 months, 88.2% had ever been tested for HIV.
  - Among males who experienced sexual violence in the past 12 months, 73.7% had ever been tested for HIV.
- **Consequences of Childhood Violence (19-24-year-olds)**
  - SEXUAL RISK-TAKING BEHAVIOUR. Females are more likely than males to have had multiple sex partners in the past year (females, 94.9%; males, 69.3%). Males were more likely to infrequently or never use condoms in the past year (males, 39.9%; females, 30.4%).
  - MENTAL HEALTH PROBLEMS. Females who experienced childhood violence are more likely to experience mental distress (77.4%) and suicidal ideation (40.7%) compared to females who did not experience childhood violence.
  - VIOLENCE PERPETRATION. Experiencing physical violence in childhood was significantly associated with physical violence perpetration among females (12.5% among survivors; 5.0% among those who did not experience physical violence in childhood).

53.6%

Females who did not seek services for sexual violence indicated that the most common reason was that they did not think it was a problem (53.6%).

Females who experienced childhood violence are more likely to experience mental distress (77.4%) and suicidal ideation (40.7%) compared to females who did not experience childhood violence.

- **Risk Factors Associated with Violence**
  - WITNESSING VIOLENCE AT HOME. Females ages 13-17 who witnessed violence in their home were significantly more likely to have experienced sexual or physical violence in the past 12 months compared to those who had not witnessed violence in the home (70.5% versus 25.6%). Males ages 13-17 who witnessed violence in their homes were significantly more likely to have experienced sexual or physical violence in the past 12 months compared to those who had not witnessed violence in the home (69.6% versus 25.2%).
  - FOOD INSECURITY. Females ages 18-24 who experienced food insecurity were significantly more likely to experience sexual and physical violence in the past 12 months compared to females ages 18-24 who had not experience food insecurity (39.6% versus 25.5%). Males ages 18-24 who experienced food insecurity were significantly more likely to experience sexual and physical violence in the past 12 months compared to males who did not experience food insecurity (41.3% versus 19.6%).

Informed by the 2019 VACS findings, the multi-sector technical working group, led by the Department of Children Services, has developed the National prevention and response plan with identified priority areas and interventions. The plan aims to prevent and respond to violence against children in Kenya.



© UNICEF/UN1174101/HALLAHAN

SECTION A: CONTRIBUTORS

MINISTRY OF LABOUR AND SOCIAL PROTECTION, DEPARTMENT OF CHILDREN'S SERVICES
Noah O. Sanganyi HSC
Maurice Tsuma
Marygorret Mogaka
Mary Mbuga*
Vivienne Mang'oli*
Eunice Moraa*
Esther Mugure*
Tom Ochieng*
Jotham Kamau*
Philip Nzenge*
Mwambi Mong'are*
Abdinoor Mohammed*
Aggrey Ambwaya*
Janet Muema*
Rose Mwangi

KENYA NATIONAL AND BUREAU STATISTICS
Macdonald G. Obudho
Robert C. Buluma*
Stanley M. Wambua*
John K. Bore*
Rosemary Kongani*
Willie Konde*
Renice Bunde*
James Munguti*
Vivian Nyarunda*
Godfrey Otieno*
Abdulkadir A. Awes*
Zachary Ochola
Rajab Mbaruk
Maurice Kamau

TEACHERS SERVICE COMMISSION
Zipporah Musengi

MINISTRY OF EDUCATION
Hellen Avisa
Alice Nyakiongora

MINISTRY OF HEALTH
Silas Ogutu
Jean Patrick

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)
Mary Mwangi*
Patricia Oluoch*
Thomas Achia*
Emily Zielinski-Gutierrez*
Peter Young*
James Ransom*
Muthoni Junghae*
Alberta Mirambeau*
Laura Chiang *
Pragna Patel
Greta Massetti*
Leah Gilbert
Francis Annor
Howard Kress
Evelyn Davila
Ermias Amene
Angela Guinn
Catherine Nguyen

UNIVERSITY OF CALIFORNIA SAN FRANCISCO (GLOBAL PROGRAMMES)
George Rutherford*
Wanjiru Waruiru*
Brenda Ashanda*
Mary Mwangome*
Millicent Odongo

UNICEF
Monika Sandvik-Nylund*
Catherine Kimotho
Yoko Kobayashi*
Aminul Aislam
Haithar Ahmed
Ruth Koshal

USAID
Jeniffer Wasianga
Kerry Kirimi

WORLD VISION INTERNATIONAL
Moses Wangunyu

POPULATION COUNCIL
Harriet Birungi
Francis Obare*
Karen Austrian*
George Odwe*
Daniel Mwanga*
Chi-Chi Undie*
Clarice Atieno*
Jerry Okal
Joyce Ombeva

LVCT HEALTH
Lina Digolo*
Jane Thiomi*
Anne Ngunjiri*
Millicent Kiruki*
Ronald Kotut*
Michael Gaitho*
Juliet Njuguna*
Rose Kahariri
Dorothy Njeru
Grace Wairimu
Phyllis Awimbo
Mary Valai
Grace Kaome

DIRECTORATE OF CRIMINAL INVESTIGATION
Grace Ndirangu
David Gitau

NATIONAL POLICE SERVICE
Collins Songa

KAACR
Timothy Ekesa
Brenda Chege

AMREF
Patricia Kwamboka

CHILDFUND
Eunice Kilundo

FIELD SUPPORT
SUPPORT FOR RESPONDENTS
LVCT HEALTH
HTS COUNSELLORS
Lawi Oloo
Duncan Owino
Peter Nyoike
Peter Keya Aturu
Mwamburi Jacob Robinson
David Nzomo
Abdulahi Aden
Daniel Mweu
Bare Madey Hassan
Benjamin Odhiambo Nandi
Zedekiah Odhiambo Rido
Timothy Nyaosi
David Chumo
Abkul Tadicha
Joseph Eipa
Sylvester Kibet Kiplagat
Patrick Muthuri
Salleh Murumba
Gideon Kipkirui
Nixon Lusaka
John Tonui
Winnie Akinyi
Faith Kavele
Winfed Wambui
Catherine Maina
Esther Waithera Gichohi
Shilla Abdullai Issa
Pascaline Pendo Kenda
Maryline A Dindi
Nancy Gatwiri
Winnie Kobia
Angeline Kasyoka
Anne Wanjiru
Mercy Awino
Stellah Mbuta
Sharon Okota
Judith Ombega
Roselyne Ogao
Sharon Mucheke
Rose Sigey
Lilian Chepkorir
Linner Chepkorir
Betsy Koech
Margaret Maina
Nancy Wanjiku Mwari
Rebecca Naanyu
Virginia Musembi
Lydia Mapesa
Georgina Wakoli
Winfred Anyango Ombara
Peres Apasi Asienda
Sheila Kowino
Beth Mutitu Muchiri
Haroun Riungu
Halima Saadia
Lawrence Kiriungi Muriungi
Amina Adan Abdi
Stephen M. Nganga
Scolastica Sila
Tabitha Onyango
Rael Angana
James Mweu Mwangangi
Boniface Shad Nzioka
Brian Vincent Atwa
John Chasimba
Joshua Shiveka
Johnson Gachie
Edward Kaingu Mwakizani
Irene Nthenge
Christine Atieno Mogallo
Rogers Omollo
Christine Anyango Ayoma
Florence Adhiambo
Leah Aoko Muruka
Helga Chepkorir Maina
Grace Kariuki
Maryan Mohammed

* Participated in the Kenya VACS Technical Working Group (TWG)

SECTION A: CONTRIBUTORS

GBV COUNSELLORS

Jane Nkirote
Anne Njenga
Eunice Kiburu
Grace Wanjiku Kamachu
Martha Mung'ure
Cleopa Kinyua
Anestein Nkinga Njue
Irene Kinya
Purity Njagi
Masha Ngowa
Seaver Mwambogha
Lenox Baya
Lucas Museri
Roselyne Onyango
Tom Onyango
Simon Oyango
Christabel Mujhoma
George Masagara
Anne Olum
Isaiah Wafula Kutoyi
Dismas Makokha
William Rono
Mabel Bwire
Loise Jeruto Mueje
Stephen Melly
Robert Wasike
Easter Saruni
Ruth Wanjiru
Francis Mwangi
Ambrose Wambua
Halima Ibrahim
Eunice Ojwacka
Nancy Irungu
Beatrice Mwangi
Beatrice Nthenya
Pauline Ndumi
Dinah Katina
Hariet Ngautani Muriuki
Aziza Kombo
Sammy Daido
Ambrose Wambua
Doris Kemunto
John Kitur
Towet Wilfred
Patrick Chemwok
Alice Mudodo
Lydia Kimanzi

FIELD TEAM LEADERS

Jacob Wanyonyi Nato
Michael Githinji
Jadiel Kimani Chege
Moses Mwangome
Musyoka Josephat Kyalo
Adanker Alio Haji
Austine Wanga
Victor Masese Luta
Machuki Samuel Ong'ayo
Derrick Kamadi Asa
Godfrey Karie Kiarie
Evarastus Clay Oundo
Stella Mollen Nabwire
Salome Wachira
Charity Kahuki
Carol Adhiambo Olela
Beryl Akinyi Haya
Brigitte Muthoni Kariara
Jacinta Mumbua Musau
Halima Ibrahim Abdi
Lilian Awino Adongo
Sophie Anyango Opiyo
Mary Miller Akinyi Owiti
Nuria Dida Hache
Delvin Chepkemoi
Eva Chebet Tangus
Florence Khakame
Grace Silantoi Kapaiko
Linet Pesa Maloba
Joan Torodia Nyikuli

INTERVIEWERS

Leila Maranga
Pamella Adhiambo Ondiek
Kimani Evelyn Njeri
Jackline Njeri Maina
Levina Achieng' Olewe
Purity Wanjiku Mogo
Gretel Andaye
Maureen Kadogo Otema
Alice Kanyuti Mukiri
Millicent Gesare
Clara Gakii Njeru
Jane C Wambui
Lenah Kathini Kilonzo
Amy Ruth Moyi
Nuria Ibrahim Abdinoor
Dahabu Ali
Linet Akinyi Odhiambo
Rachel Okwar
Beran Akello
Solet Amondi
Naomi Bosibori Mogire
Rahma Yatani Hassan
Priscilla Akwanga Elim
Anyika Nicol Muhandichi
Regina Chepkorir Ruto
Felistus Nyamusi Nyangena
Irene Nakitare Wafula
Beatrice W. Mwendwa
Seline Atieno Ochola
Joy Nyanchoka
Elizabeth Sintamei Masaine
Celestine Ekesa
Davina Khakonya Musanga
Janepher Akanga Okwisa
Stephanie Shari Irangi
Geoffrey N. Moloiment
Arnold Omondi Odhiambo
David Kamaru Irungu
Luiz Magembe Orioki
Tobias W. Changuku
John Kiama Ngari
Rashid Juma Hamisi
Sidney K. Kamadi
Edwin Namachanja Khapoya
Richard Kimwele
Adan Hussein
Patric Okille Galgallo
Erick Oluoch Aum
Opilluh Dickson Odhiambo
Nelson Tora Mogire
Robert Samson Orina
Isaac Ekerilem Lemuya
Gideon Kipkorir Cheruiyot
Dennis Kiptoo Korir
Teddy Agai Twara
Samwel M. Bagasa
Phillip Oundo
Ansalim Onalo Mang'oli
Isaac Koitet Kileteny
Rosemary Wangui

DATA MANAGEMENT AND ANALYSIS TEAM

Thomas Achia
Francis Annor
Ermias Armene
Evelyn Davila
Angela Guinn
Daniel Mwanga

REPORT WRITING

Thomas Achia
Francis Annor
Laura Chiang
Lina Digolo
Hudson Imbayi
Alfred Itunga
Yoko Kobayashi
Patricia Kwamboka
Caroline Kwamboka
Vivienne Mang'Oli
Alberta Mirambeau
Eunice Moraa
Esther Mugure
Waruinge Muhindi
Roselyn Mutemi
Daniel Mwanga
Rose Mwangi
Mary Mwangi
Anne Ngunjiri
Catherine Nguyen
Alice Nyakiongora
Kennedy Odera
Patricia Oluoch
Jane Thiomi
Maurice Tsuma
Chi-Chi Undie
Stanley Wambua
Wanjiru Waruiru
Peter Young

SECTION B: KEY TERMS AND DEFINITIONS

VIOLENCE

According to the World Health Organization, violence is "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."[1]

1. SEXUAL VIOLENCE

Sexual violence encompasses a range of acts, including completed non-consensual sex acts, attempted non-consensual sex acts, and abusive sexual contact. In this survey, 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[2] against their will but *did not* succeed. 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.

- **Alcohol-Facilitated Forced Sex**: If participants ever had sex when they were too drunk to say no.

2. 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.
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.

3. EMOTIONAL VIOLENCE

The behaviours measured for emotional violence varied according to the perpetrators. For 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.

SECTION B: KEY TERMS AND DEFINITIONS

For emotional violence perpetrated by intimate partners, participants were asked if they had been ever 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.

For 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.

SECTION C: LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CDC	United States Centers for Disease Control and Prevention
CI	Confidence Interval(s)
DCS	Department of Children Services
DHS	Demographic and Health Survey
EA	Enumeration Areas
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
KNBS	Kenya National Bureau of Statistics
MICS	Multiple Indicator Cluster Surveys
NGO	Non-Governmental Organization(s)
ODK	Open Data Kit
PEPFAR	President's Emergency Plan for AIDS Relief
RSE	Relative Standard Error
SDGs	Sustainable Development Goals
STIs	Sexually Transmitted Infections
TfG	Together for Girls
TWG	Technical Working Group
UCSF	University of California San Francisco
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VACS	Violence Against Children Survey(s)
WHO	World Health Organization
YRBS	Youth Risk Behaviour Survey

SECTION 1



Introduction and Background



Kenya, located in East Africa, borders Uganda, Tanzania, South Sudan, Ethiopia and Somalia.

In the **2019 census**, Kenya had a population size of

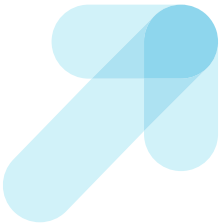
47,564,29



Violence has **severe consequences** for the health and well-being of children.

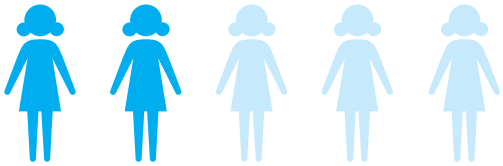
It is estimated that **over 1 billion** children globally experience physical, sexual or emotional violence annually.





Children exposed to violence have a higher likelihood of **normalizing violence and becoming perpetrators** or victims of violence in adulthood.

In 2016, the average life expectancy was **64 for males** and and **69 for females.**



Two out of five girls experience different types of interpersonal violence that tend to occur at different stages of their development. These can include **direct experiences of physical, sexual, and emotional abuse,** as well as indirect experiences such as witnessing violence in homes, schools, and communities.

© UNICEF/UN0259567/NDINDA

1.1 INTRODUCTION TO KENYA

Kenya, located in East Africa, borders Uganda, Tanzania, South Sudan, Ethiopia and Somalia. In the 2019 census, Kenya had a population size of 47,564,29.[3] Life expectancy has improved over the years, with the average life expectancy currently at 64 and 69 years in 2016 for males and females, respectively.[4] With improved life expectancy and a corresponding drop in infant mortality, Kenya's population is expected to grow to 85 million by 2050.[5] According to the World Bank, Kenya's economy experienced 5.7% growth in its gross domestic product in 2019, making it one of the fastest-growing economies in sub-Saharan Africa.[6] Economic growth is being driven by a robust services sector, positive investor confidence, and a stable macroeconomic environment. This growth is expected to remain stable in the near future.

1.2. BACKGROUND

Violence against children is a global human rights violation that spans every country worldwide and affects millions of children each year. According to the World Report on Violence and Health, child abuse or maltreatment "constitutes all forms of 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".[7]

It is estimated that over 1 billion children globally experience physical, sexual or emotional violence annually.[8] The Violence against Children Surveys (VACS) have been conducted across several countries and demonstrate a high regional prevalence of violence against children. For example, the prevalence of childhood sexual violence across seven countries in the region range from 25% to 38% for females and from 9% to 18% for males.[9]

Children experience different types of interpersonal violence that tend to occur at different stages of their development. These can include direct experiences of physical, sexual, and emotional abuse, as well as indirect experiences such as witnessing violence in homes, schools, and communities.

Violence has severe consequences for the health and well-being of children. The impact of violence against children goes far beyond the initial incident, and those who have experienced emotional, physical, and sexual violence may experience severe short- to long-term health and social consequences.[10] Neurobiological and behavioural research indicates that early childhood exposure to violence can affect brain development and thereby increase the child's susceptibility to a range of mental and physical health problems. These health problems can span into adulthood including anxiety or depressive disorders, cardiovascular health problems, and diabetes.[11,12,13] Children's exposure to family violence can result in perpetuating cycles of violence with intergenerational impact. Children exposed to violence have a higher likelihood of normalizing violence and becoming perpetrators or victims of violence themselves in adulthood. All these various forms of violence can also play a role in increasing child survivors' risks of injury, HIV, other sexually transmitted infections, mental health problems, reproductive health problems, and non-communicable diseases, including cardiovascular disease, cancer, chronic lung disease, and diabetes.[14] Given the serious and lasting impact on children, it is critical to understand the magnitude and nature of violence against children in order to develop effective prevention and response strategies. In sub-Saharan Africa, scientific research on the prevalence and incidence of violence and exploitation of children, adolescents, and young adults is still in its nascent stages in most countries, including

Kenya. However, the quest for quality, population-level data has tremendous potential to inform appropriate, strategic resource allocation and public health strategies to prevent violence.

At the global level, progress has been made in strengthening policies and standards that aim to improve the quality of services that are offered to children who experience violence. In 2016, the World Health Organization (WHO) released *INSPIRE: Seven Strategies for Ending Violence Against Children*, a technical package that includes evidence-based strategies with demonstrated success in preventing and responding to violence in childhood.[15] The seven INSPIRE strategies include: **I**mplementation and enforcement of laws; **N**orms and values; **S**afe environments; **P**arent and caregiver support; **I**ncome and economic strengthening; **R**esponse and support services; and **E**ducation and life skills. These strategies aim to create the safe, nurturing environments and relationships that allow children and youth to thrive. In 2017, WHO released guidelines for responding to children and adolescents who have been sexually abused.[16] Further, UNICEF offered six strategies of Action for ending violence against children.[17] Subsequently, multiple countries have committed to adapting and implementing these various guidelines with an aim of preventing violence against children and strengthening response services for child survivors.

1.3. LEADERSHIP AND KEY PARTNERS

The survey was planned and implemented as a partnership between the Government of Kenya [Ministry of Labour and Social Protection-Department of Children Services (DCS) and Kenya National Bureau of Statistics (KNBS)], University of California San Francisco (UCSF), Population Council, LVCT Health, and the Kenya Violence Against Children Survey (VACS) Technical Working Group (TWG) in collaboration with CDC. This multi-sectoral



© SHEHZAD NOORANI/UNICEF

TWG was comprised of stakeholders from various sectors including social services, health, education, justice, security, and civil society organizations.

Mid-level and technical officials from the participating ministries and other partners engaged in daily activities within the technical working group on VACS. They provided cultural context to the adaptation of the study tools for Kenya as well as promoted broad ownership from the most pertinent Governmental and non-Governmental agencies (see Section A: Contributors). Their efforts will be integral in organizing action around the survey results.



© SHEHZAD NOORANI/UNICEF

Field implementation activities were guided by the Government of Kenya through DCS and KNBS in collaboration with Population Council. HIV testing and referrals (for violence and HIV services) were coordinated by LVCT Health. UCSF through funding from CDC Kenya supported coordination of study activities and provided funding to Population Council and LVCT Health through sub-awards. CDC provided technical guidance in the planning, implementation and monitoring of the study. This study was financed by PEPFAR through CDC Kenya.

The Kenya VACS took place as part of the broader Together for Girls (TfG) partnership. TfG is a global partnership among national Governments, United Nations (UN) agencies, and private sector organizations, working at the intersection of violence against children and youth and violence against women. Through data, nationally-led action, and advocacy, the partnership works to raise awareness, promote evidence-based solutions, and galvanize coordinated response across sectors to end violence against boys and girls, with a special focus on sexual violence against girls. The partnership was founded in 2009, following the ground-breaking, first-ever VACS that was conducted in Eswatini (previously known as Swaziland).[18] Since then, the partnership has grown to over twenty countries. The TfG partnership envisions a world where every child, adolescent and young

person is safe, protected, and thriving, and supports countries to undertake research, programme and policy response, and raise awareness to contribute to this vision.

To end violence against children and youth around the world, a unique public private partnership of major stakeholder groups came together in 2015 to focus their efforts with an objective of holding themselves accountable and working together to prevent and respond to violence. The Global Partnership to End Violence Against Children (*End Violence*) includes Governments, UN agencies, international organizations, civil society organizations, faith groups, the private sector, philanthropic foundations, research practitioners, academics and children themselves. Major partners include the Pan American Health Organization (PAHO)/World Health Organization (WHO), CDC, PEPFAR, TfG, UNICEF, the United Nations Office on Drugs and Crime, USAID, and the World Bank.

1.4. VIOLENCE AGAINST CHILDREN IN KENYA

Though small studies have assessed the prevalence of violence against children in parts of Kenya, overall, there is a paucity of comprehensive data on violence against children in the country.[19,20] As such, Government agencies and stakeholders encounter challenges in planning, implementing, monitoring and evaluating appropriate policies and programming on child protection. Furthermore, limited data have resulted in little documented evidence to support advocacy, to inform national planning and funding allocation and to monitor the impact of all forms of violence.

To address this gap, in 2010 Kenya conducted its' first-ever national violence against children survey.[21] Findings from this survey confirmed that violence against children is a serious problem. About a third of females and 18% of males in Kenya experienced some form of sexual violence before they turned 18. Perpetrators were most commonly noted to be intimate partners (boyfriends/girlfriends) by girls and boys alike. Parents were the most common type of perpetrator within the category of physical violence by family members, and of emotional violence in general. Of note is the fact that less than 10% of females and males who experienced sexual, physical, or emotional violence in childhood received some form of professional help. In response to these needs, a small body of studies on violence against children has begun to emerge in Kenya.[22,23,24]

More recent small studies have highlighted the inadequacy of public health facilities' response to child survivors of sexual violence: such services are typically established for adult survivors, despite the fact that children form the bulk of survivors presenting for services in these settings.[25,26] Gaps in availability and quality of social services have also been pinpointed by studies, along with calls for strengthened psychological counselling and mental health support as a result.[27] Despite the potential role of parents to provide guidance and emotional support to their children for violence incidents, a recent Kenya-based study found that the majority of children did not talk to their parents about relations with the opposite sex, and that many children and parents alike were too embarrassed to have sex-related discussions with one another.[28]

The Kenyan Government and its partners committed to a robust response to the VACS 2010 findings. The Department of Child Services in collaboration with partners developed a Summary Findings and Response Plan, Violence Against Children in Kenya 2013-2018[29] to mitigate violence against children; the Ministry of Health released the country's first-ever National Standard Operating Procedures for the Management of Sexual Violence Against Children in February 2018.[30] Additional national sexual violence data collection tools have been adjusted to allow for finer disaggregation, including paediatric age groups. Violence screening interventions are ongoing in the country,

coupled with prevention and response interventions, through the U.S. President's Emergency Plan for AIDS Relief's (PEPFAR) DREAMS partnership [31]. Violence prevention strategies have been incorporated into a range of HIV prevention programmes in Kenya, including DREAMS. A national training model to support providers in responding to VAC in health facilities has been developed and used in various public health facilities.

Despite the structural and programmatic changes implemented in the past decade to address violence against children in Kenya, there is a need to continuously evaluate the epidemiologic patterns of risk and protective factors of violence experienced by children in Kenya for the purpose of continuing to develop and implement effective prevention and response strategies. Furthermore, violence prevention can contribute to the prevention of HIV transmission in Kenya, particularly in vulnerable populations such as adolescent girls.

In response to the need for comprehensive data on the magnitude and dynamics of violence against children, and to inform interventions and prevention strategies, DCS in collaboration with other stakeholders conducted a second national survey on violence against children (VACS 2019), with data collection taking place between December 2018 and January 2019. The study was a national household survey to retrospectively assess violence against children, including physical, emotional and sexual violence against female and male children. The main objectives of VACS 2019 were to estimate the prevalence of sexual, physical and emotional violence against children; identify potential risk and protective factors for violence against children; identify health and social outcomes of violence against children; and assess knowledge and utilization of services available for children who have experienced violence in Kenya, as well as barriers to accessing such services. The results for VACS 2019 will serve as a follow-on national estimate of violence against children to inform future interventions and prevention strategies.

The VACS 2019 followed the thematic direction of the UN in developing studies aimed at protecting children and young adults.[6] The study is aligned with Government priorities on child protection which have been set in the National Children's Policy, the National Monitoring and Evaluation Framework toward the Prevention of and Response to sexual and gender-based violence in Kenya, the National Plan of Action for Children in Kenya (2015-2022), and the National Standard Operating Procedures for the Management of Sexual Violence Against Children. Further, the 2019 VACS used very similar methods as the 2010 VACS with the goal of allowing some comparison of prevalence estimates between 2010 and 2019.

SECTION 2

Methods



The Kenya VACS sampled from **all 47 counties** in Kenya.

Survey respondents were aged **13–24**

Childhood violence was assessed among individuals **18 years and older** because they have already completed childhood.

788 males and 1344 females completed interviews.

Respondent's answered a questionnaire that assessed: experiences of **violence, parent relationships, sexual behavior, pregnancy, use of services for violence and health outcomes** (among many other areas).

© SHEHZAD NOORANI/UNICEF

The Kenya 2019 VACS was a cross-sectional household-based survey of youth ages 13 to 24. The survey was designed to produce national level estimates of experiences of physical, sexual, and emotional violence in childhood. The data were analysed to provide: (1) the national prevalence of childhood violence (physical, sexual and emotional), defined as violence occurring before age 18 years among 18-24-year-olds and (2) the prevalence of violence in the past 12 months among adolescents (ages 13-17) and young adults (ages 18-24). HIV testing was also conducted for eligible and consenting participants ages 15 to 24.

2.1. STUDY DESIGN AND SAMPLING

To obtain a nationally representative sample, the VACS used the National Sample Survey and Evaluation Programme 5th (NASSEP-V). This sample frame is developed and maintained by KNBS. As with the previous Kenya VACS, the 2019 Kenya VACS was a nationally representative cross-sectional survey of non-institutionalized females and males ages 13-24. The survey used a three-stage cluster sampling design. Separate Enumeration Areas (EAs) were randomly selected for females and males. In the first stage, 266 EAs (155 female EAs and 109 male EAs) were selected from the 5,360 EAs in the NASSEP-V frame using probability proportional to size. In the second stage, 34 households were randomly selected, and in the third stage one eligible 13-24-year-old participant was selected. Additional design and sampling details are included in Appendix C: Supplementary Sampling Methods.

The Kenya VACS used a split sample approach, such that the survey for females was conducted in different communities than the survey for males. This approach was to protect the confidentiality of participants by eliminating the chance that opposite sex perpetrators and victims will be interviewed in the same community, discover the purpose of the study, and possibly retaliate against participants.

2.2. SURVEY QUESTIONNAIRE

VACS includes a core questionnaire for the head of household as well as participant questionnaires (both a male and a female version) that are adapted for each country survey. The core VACS questionnaire was adapted for the Kenya 2019 implementation through a consultative process of key stakeholders and partners, led by the DCS. The questionnaire comprised two modules, a household module administered to heads of households and an individual questionnaire administered to an eligible 13-24-year-old participant. The head of household questionnaire assessed the socioeconomic conditions of the household and basic demographic information. The participant questionnaire covered the following topics: demographics; parental relationships; education; general connectedness to family; friends and community; endorsement of traditional gender norms; perceptions of safety; witnessing violence in the home or community; sexual history and risk-taking behaviour; experiences of physical, sexual and emotional violence; violence perpetration; pregnancy; health outcomes and risk behaviours; violence disclosure, service-seeking and utilization of services; and HIV/AIDS service history. The questionnaire has extensive skip patterns to improve accuracy and ask relevant follow-up questions to participants based on their prior answers to stem questions. This approach served to minimize the amount of time participants had to give for the survey.

All participants were asked about ever experiencing childhood violence in addition to experiences of violence in the past 12 months. However, for analysis purposes, prevalence estimates of childhood violence were based on responses from participants ages 18 to 24 reporting on their experiences prior to the age 18 whereas the estimates of current childhood violence were based on responses from both participants ages 13-17 and 18-24-years reporting on experiences

occurring in the 12 months preceding the survey. This allowed for the examination of current patterns and contexts of childhood violence in Kenya.

2.3. ELIGIBILITY CRITERIA

Households were included if there was at least one eligible member of the household who was ages 13 to 24. Males and females younger than 13 years were excluded because they may not have the maturity to answer some of the complex survey questions. Males and females older than 24 years were also excluded because of a desire to focus on understanding violence against children and youth, and the fact that the ability to accurately recall events in the past related to childhood experiences is diminished with the passing of time.

Inclusion criteria for this study included males and females 13 to 24-years of age, who resided in selected households in Kenya and spoke one of the following languages: Borana, English, Kalenjin, Kamba, Kikuyu, Kisii, Luhya, Luo, Maasai, Meru, Mijikenda, Somali, and Swahili. Persons who did not have the capacity to understand and/or respond to the survey questions due to cognitive impairment or significant physical disability (e.g., severe hearing or speech impairment) were ineligible to participate. Persons living or residing in institutions such as hospitals, prisons, nursing homes, and other similar institutions were not included in the survey because VACS was a household-based survey. HIV testing was offered to all participants ages 15-24 who did not report a previous positive HIV test.

2.4. DATA COLLECTION

Data collection was done electronically using Open Data Kit (ODK) programme installed on data collection tablets running on the Android operating system. Data collection was conducted in face-to-face computer assisted personal interviews (CAPI) by trained interviewers with selected eligible participants using a structured questionnaire. Before data collection began, a field pre-test was conducted. To ensure privacy during the study, interviewers were trained to ensure that interviews were conducted in safe and secure locations in order to maximize disclosure and ensure confidentiality. If privacy of a participant could not be ensured, interviewers were instructed to reschedule the interview. The initial visit record form of the survey tool had a section that allowed the survey team to track incomplete interviews, as well as interviews that needed to be rescheduled. Field teams were trained to make three attempts to reach every sampled household. Data collection was conducted between December 2018 and January 2019.

2.5. ETHICAL CONSIDERATIONS

The Kenya VACS adhered to WHO recommendations on ethics and safety in studies of violence against women.[32] The survey protocol was independently reviewed and approved by the Kenyatta National Hospital/University of Nairobi ethics review committee and the CDC, the UCSF and the Population Council institutional review boards to ensure appropriate protections for the rights and welfare of human research participants.

2.5.1. REFERRALS

The study envisaged the possibility that during interviews some participants could recall frightening, humiliating, or painful experiences that could elicit a strong emotional response. Participants could also have recently experienced violence and desired immediate assistance or counselling. Therefore, to respond to the needs of participants, the study committee developed a social welfare response plan and established multiple ways to link participants to support. Using an innovative approach for case management, funds were sent to social workers by mobile money to ensure that cases could be managed in a timely manner. This plan was established with the support of LVCT Health and DCS. For more details regarding the Response Plan, see Appendix B.

The study also had an HIV testing and counselling component. All participants ages 15-24-years who did not self-report a prior HIV positive diagnosis were offered HIV testing. A referral plan was developed to ensure appropriate and timely linkage to care in case of an HIV positive result. Linkage to care was also offered to participants who self-reported a prior HIV positive diagnosis (and were thus not re-tested during VACS) and were not currently on treatment.

2.5.2. SURVEY INFORMED CONSENT

The first step in the informed consent process was to seek consent from the head of household for their own participation in answering the household questionnaire. Next, for selected eligible participants under 18 years old, the parent or guardian provided consent for their dependent to participate. Participants ages 18 or older, emancipated persons under age 18, and minors who were married provided their own consent to participate in the survey. For minor participants who were dependents, after the parent or guardian provided consent, the participant was then asked for their assent to participate.

To ensure safety and confidentiality of both participants and interviewers, when seeking consent from the head of household and/or parents or guardians, the survey was introduced as an "an opportunity to learn more about young people's health, educational, and life experiences" to avoid potential risk of negative consequences to survey participants if other household members heard about the full, sensitive content of the survey. This is consistent with WHO ethical and safety recommendations regarding obtaining informed consent for participation in surveys that contain questions on domestic violence to define those surveys in terms other than violence.[33]

During the consent/assent process, participants were informed that their participation in the survey was voluntary, that information provided was confidential and anonymous, and that if they chose to participate, questions about their sexual activity, and their experiences with physical, sexual, and emotional violence would be asked. They were also informed that they could skip any question they did not feel comfortable answering or end their participation at any time and for any reason. At the conclusion of the consent process, an informed consent statement was read to each participant and they indicated verbal consent that the interviewer documented in the tablets. Verbal consent was considered to be the best approach to ensure wide participation by allowing illiterate participants the opportunity to participate and also to avoid collecting signature that could be identified, given the sensitive nature of the study.

2.6. RESPONSE RATES AND DATA ANALYSIS

Given the split sample design of the 2019 VACS, response rates, including household response rates, are tabulated separately for males and females. The overall response rate for females was 74.0%; response rate at the household level was 90.5%, and the individual response rate was 81.7%. For males, the overall response rate was 66.5%; the household response rate was 91.4%, and the individual response rate was 72.8%. In the female sample, 5,270 households were surveyed, and 1,344 females completed the individual questionnaire. For the male sample, 3,774 households were surveyed, and 788 males completed the individual questionnaire.

Data were analysed separately for participants ages 13-17 and 18-24-years given differences in how childhood

RESPONSE RATE (%)			
	Household Response Rate	Individual Response Rate	Overall Response Rate
Females	90.5%	81.7%	74.0%
Males	91.4%	72.8%	66.5%



© SHEHZAD NOORANI/UNICEF

violence was defined in these two age groups. Data from 13-17-year-olds generated estimates for the prevalence of violence experienced in the past 12 months among adolescents (i.e., childhood violence). Data from 18-24-year-olds generated estimates of prevalence of violence experienced before age 18 (i.e., childhood violence) and in the past 12 months among young adults. Although the analyses distinguished results by sex and age group, all VACS participants responded to the same questions, except questions about pregnancy, which only applied to females. SAS statistical software (version 9.4) was used for data management and analysis to produce weighted point estimates and their associated standard errors. Sample weights were applied to all results to yield nationally representative estimates. When calculating the estimates for measures included in this report, missing values were excluded from the analysis.

2.6.1. WEIGHTED PERCENTAGES

Sample weights were created and applied to each individual record in order to adjust for the probability of selection, differential non-response, and calibration to the census population.

2.6.2. DEFINITION OF UNRELIABLE ESTIMATES

Standard errors for estimates were calculated using methods that take the complex survey design into account. Estimates were considered unreliable based on the corresponding Relative Standard Error (RSE), also commonly referred to as Coefficient of Variation (CV). RSE is calculated by dividing the standard error by the estimate and then multiplying by 100. As such, the RSE is affected by the magnitude of the estimate (i.e., the percentage or proportion) and the sample size. If sample weights are computed, as in VACS, then estimates are based on the weighted sample size.

In the present report two RSE cuts offs were used to indicate degree of unreliability. Estimates with an RSE greater than 30% but not more than 50% were considered moderately unreliable and marked with one asterisk, with the warning in the footnote that the result should be interpreted with caution. These results were included in the tables but not discussed in the results section. Estimates with an RSE greater than 50% were considered unreliable and suppressed. When the prevalence of an item is zero percent (0.0%), those results are denoted as <0.1 in the tables and should be interpreted with caution. It should not be assumed that the prevalence of the item in the entire population is an absolute zero.

2.6.3. TECHNICAL NOTE TO THE READER

For all point estimates, 95% confidence intervals (CI) were calculated. The 95% CI is a statistical measure that indicates how confident we can be in our point estimates, within a specified margin of error. The CIs are calculated as the Z-score for a normal distribution containing 95% of the values (1.96) multiplied by the standard error of the prevalence estimate. Smaller CIs mean that the estimates are more precise, whereas wider CIs indicate more variation in the sample data.

The range of the 95% CI indicates that, for 95 out of 100 samples completed in the same way as the VACS, the true population prevalence of violence will lie between the upper and lower CI values. For example, if the expected childhood sexual violence prevalence in Kenya was 30%, with a CI of 26% to 34%, this would mean that if we could survey all youth in Kenya, between 26% and 34% would report having experienced sexual violence in childhood.

2.6.4. DIFFERENCES BETWEEN ESTIMATES

To evaluate whether differences between any groups or subgroups were statistically significant and not due to random variation, the 95% CI for point estimates were compared to determine whether they overlapped or not. 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 were considered "statistically different" and not due to random chance.

2.6.5. COMPARISON OF 2010 AND 2019 VACS

There were several indicators and violence prevalence estimates that utilized the same questions in Kenya VACS 2010 and 2019. For these indicators that were measured consistently across the two surveys, statistical analysis was conducted to compare any differences in measured prevalence. A two-sample two-sided Z-test of proportions was used to test whether the proportions as estimated from VACS (2010) and VACS (2019) were statistically equivalent. Standard errors for test statistics were calculated by taking the square root of the sum of the squared standard errors from the two estimated proportions. Weighted average and accompanying standard error of the two VACS subpopulation estimates were computed. The weights used were the proportion of the aggregated sample that belonged to a subpopulation. Estimates from 2010 and 2019 were said to be statistically significantly different from each other if the p-value of the z-test was less than 0.05.

SECTION 3



Background Characteristics of Youth

Among 18-24-year-olds, 67% of females and 74% of males had **attained secondary school or higher educational levels**

Females are **4 times more likely to be married** than males of the same age.

Among ages 13-17, high school enrolment for **females is 93% and males 89%.**

11.5% of females and 20.2% of males 13-17 years old **worked for money in the past 12 months**

Among those who ever had sex, median age at first sex is **17 years for females and males .**

17

One in five males and females were **orphaned before age 18.**

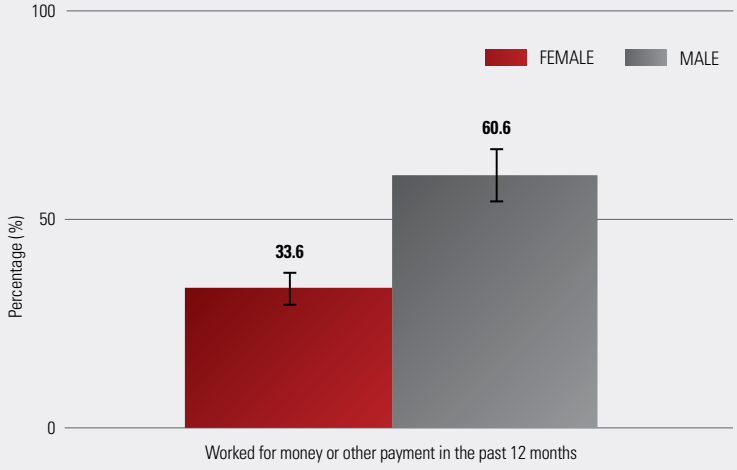
© SHEHZAD NOORANI/UNICEF

This section presents selected background characteristics of youth in Kenya by age, sex, education, orphan status, work experience, marital status, and sexual activity. Orphanhood is defined as the loss of one (*single orphan*) or both (*double orphan*) parents before age 18. "Married" refers to those who were ever married or ever lived with someone as if married, otherwise known as cohabitation.

3.1. CHARACTERISTICS OF 18-24-YEAR-OLDS

Tables 3.1.1. through 3.1.2 include background characteristics of 18-24-year-olds. Among females, 5.3% had never attended school, 5.5% had attended but not completed primary school, 22.6% had completed primary school, 47.4% had completed or were attending secondary school, and 19.2% attended higher than secondary school. Among males, 21.0% completed primary school, 53.3% had completed or were attending secondary school, and 21.1% attended higher than secondary school. One in five females (20.1%) and males (18.1%) lost one parent before age 18. Males were almost twice as likely (60.6%) as females (33.6%) to work for money or other payment within the past 12 months (Figure 3.1). This difference was statistically significant.

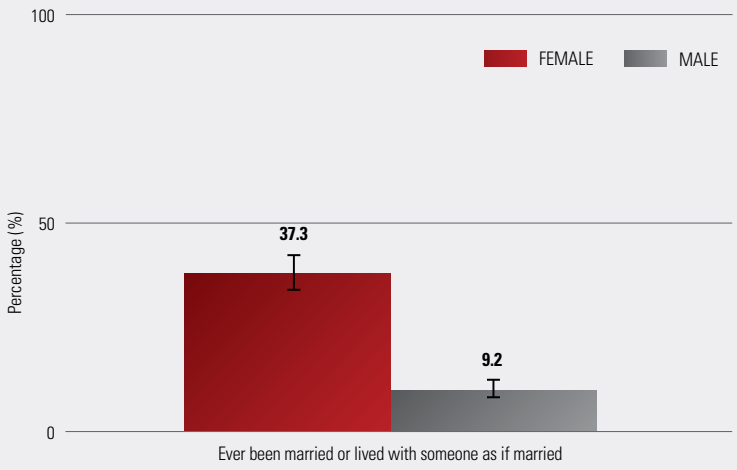
FIGURE 3.1. Percentage of 18-24-year-olds who worked for money or other payment in the past 12 months – Kenya Violence Against Children Survey (VACS), 2019



Source: Kenya Violence Against Children Survey (VACS), 2019.
**All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

Among females who had worked in the past year, common work locations were shops/kiosks (17.4%), a farm or garden (16.0%), a formal office (16.0%), family dwelling (13.6%), or a restaurant, hotel, café or bar (11.6%). For males, common locations of work were a farm or garden (24.1%), a construction site, mine, or quarry (21.5%), a formal office (13.9%) or a factory or workshop (12.4%).

FIGURE 3.2. Percentage of 18-24-year-olds who had ever been married or lived with someone as if married– Kenya Violence Against Children Survey (VACS), 2019.



Source: Kenya Violence Against Children Survey (VACS), 2019.
**All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

Females were four times (37.3%) more likely than males (9.2%) to have ever been married or lived with someone as if married (Figure 3.2). This difference was statistically significant. Among females who were married, 9.8% were in an arranged marriage. The estimate for males for arranged marriages was not reliable. Almost one in ten females (8.7%) were married or lived with someone as if married before the age of 18. The estimate for males who were married or lived with someone as if married was not reliable. Nearly two out of three females (64.5%) and three out of five males (59.0%) had ever had sex. The median age of first sex among those who had ever had sex was 17.1 years old for females and 16.7 years old for males.



© UNICEF/UNI192666/NOORANI

Among females and males ages 13-17, **more than half completed primary school** or less (females, 58.8%; males, 59.9%).

3.2. CHARACTERISTICS OF 13-17-YEAR-OLDS

Tables 3.2.1 through 3.2.2 include background characteristics of 13-17-year-olds. Among females and males ages 13-17, more than half completed primary school or less (females, 58.8%; males, 59.9%). Four in five females (83.8%) and males (82.6%) were not an orphan. Approximately nine in ten females (92.9%) and males (88.7%) were currently enrolled in school. Males were twice as likely as females to work for money or other payment in the past 12 months (20.2% versus 11.5%). This difference was statistically significant. One in four females (26.4%) and one in five males (19.9%) experienced food insecurity. Among those who worked in the past year, the most common locations of work for both females and males were on a farm or garden (49.0% and 61.6%, respectively) and at a family dwelling (21.2% and 18.1%, respectively).

Only 1.1% of females had ever been married or lived with someone as if married. The estimate for males who were married or lived with someone as if married was not reliable. One in ten females (10.5%) and almost one in five males (17.6%) had ever had sex.

SECTION 4



Sexual Violence

Among females who experienced childhood sexual violence, more than **three out of five (62.6%) experienced multiple incidents before age 18.**

Among 18-24 year old females, **9 in 10 victims who experience sexual violence** did not seek help .

Females are **more than twice as likely (16%)** to experience sexual violence in childhood as males (6%).

8 out of 10 first incidences of sexual violence against females occurred in the afternoon or evening.

Among victims of childhood sexual violence, one in five females **experienced sexual violence before age 13.**

© SHEHZAD NOORANI/UNICEF

This section describes the prevalence, perpetrators, and context of sexual violence against children in Kenya. Four types of sexual violence were included: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex. This section further describes the contexts in which sexual violence occurs as well as service knowledge and utilization for experiences of sexual violence.

For each type of sexual violence, the perpetrator, context, and location of the first incident is reported among 18-24-year-olds. Due to the structure of the questionnaire where an 18-24-year-old might have reported multiple incidence of sexual violence throughout their lifetime, this allows us to focus on incidents that we know occurred in childhood. On the other hand, for 13-17-year-olds, the most recent incident is reported to provide the most current information about the experiences of adolescents. If a participant experienced multiple forms of sexual violence, such as unwanted sexual touching and unwanted attempted forced sex, she or he was asked about the perpetrator of the first or most recent incident of each form of violence. Since any participant could have provided up to eight perpetrators (one perpetrator for the first or most recent incident of each form of sexual violence experience), the total percentage of perpetrators may sum to more than 100%. All findings presented are weighted proportions of those who experienced sexual violence in childhood (for those ages 18-24) or experienced sexual violence in the past 12 months (for those ages 13-17 and 18-24).

4.1. SEXUAL VIOLENCE IN CHILDHOOD AMONG 18-24-YEAR-OLDS

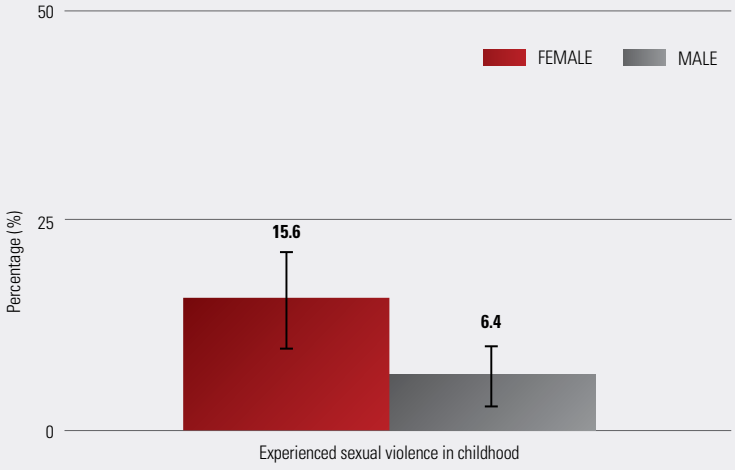
The prevalence of childhood (before age 18) sexual violence is presented in this section. The prevalence of each of the four types of sexual violence are also described along with age at first experience of sexual violence and experiences of multiple incidents of sexual violence. Multiple incidents include more than one incident of sexual violence, whether the same type or different types. Rates of unwanted first sex, including physically forced or pressured sex at sexual debut, are also presented. In some cases, the number of incidents of sexual violence for females and males were too small to generate reliable estimates for certain indicators. Findings of sexual violence in childhood among 18-24-year-olds are presented in Tables 4.1.1 through 4.1.4 and 4.1.7 through 4.1.10.

Sexual violence was experienced by 15.6% of females and 6.4% of males before age 18 (Figure 4.1). Among females, 6.8% experienced unwanted sexual touching, 7.5% experienced unwanted attempted sex, 4.3% experienced pressured sex, and 4.3% experienced physically forced sex in childhood (Figure 4.2). The estimate for males by type of sexual violence were not reliable. The prevalence of experiencing pressured or physically forced sex in childhood among females was 6.9%; the estimate for males was unreliable.



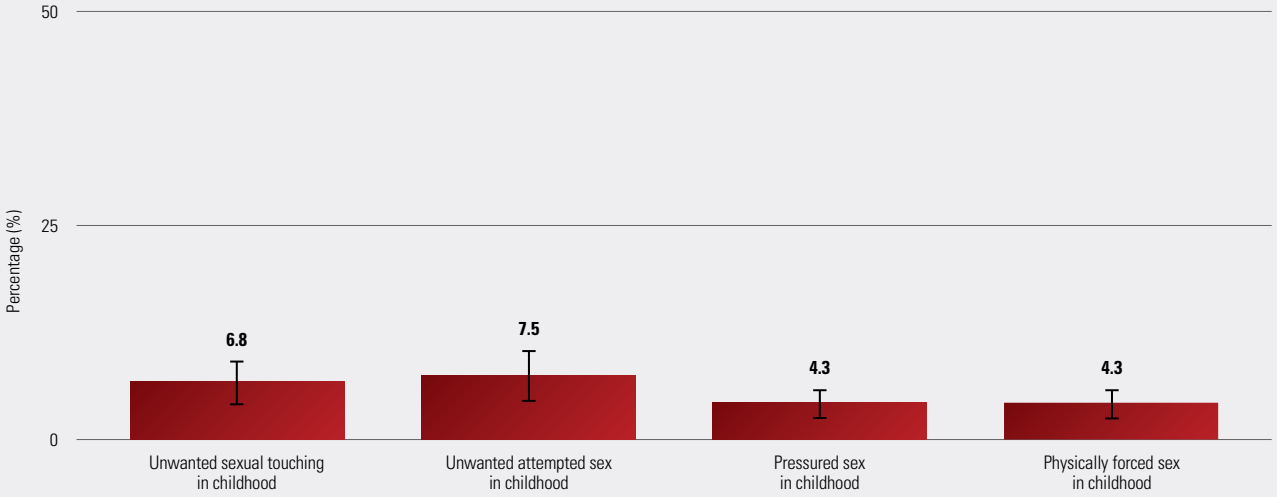
The most common location of the first incident of childhood sexual violence for females was an outside location (53.7%).

FIGURE 4.1. Prevalence of sexual violence prior to age 18, among 18-24-year-olds – Kenya Violence Against Children Survey (VACS), 2019.

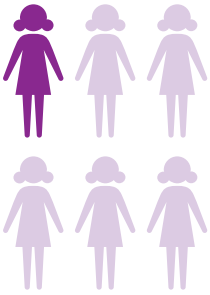


Source: Kenya Violence Against Children Survey (VACS), 2019.
**All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

FIGURE 4.2. Prevalence of different types of sexual violence prior to age 18, among 18-24-year-old females – Kenya Violence Against Children Survey (VACS), 2019.



Source: Kenya Violence Against Children Survey (VACS), 2019.
**All figures are presented with 95% confidence intervals represented by the line above and below the bars.*



1 in 6 females experienced sexual violence in childhood.

Among those who experienced any childhood sexual violence, 18.4% of females experienced the *first* incident at age 13 or younger, 26.6% between age 14-15, and 54.9% between age 16-17. The estimates of age at first experience of sexual violence among males were unreliable. Among females who experienced pressured or physically forced sex in childhood, nearly three out of ten (30.4%) experienced the first incident between ages 14-15 and 54.6% between ages 16-17. The estimates of age of first experience of pressured or physically forced sex for males were unreliable.

Among females who experienced childhood sexual violence, more than three out of five (62.6%) experienced multiple incidents before age 18. The estimate for males who experienced multiple incidents of sexual violence was not reliable. Among females who had sex before age 18, 8.9% were pressured or physically forced to have sex at their first sexual experience. The estimate for males who experienced pressured or physically forced sex at first sexual experience before age 18 was not reliable.

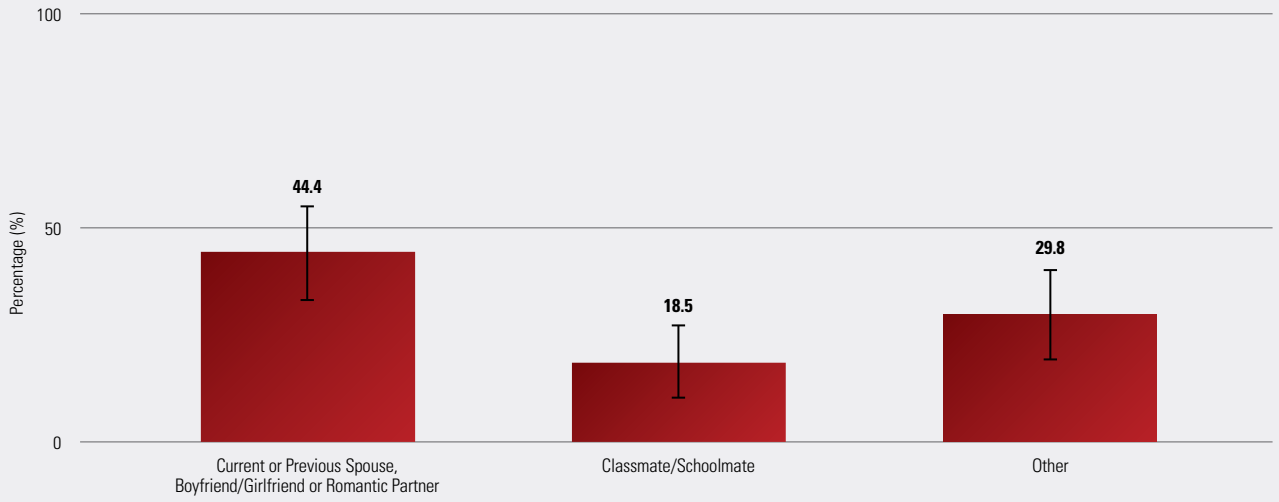
4.1.1. PERPETRATORS OF THE FIRST INCIDENTS OF SEXUAL VIOLENCE IN CHILDHOOD AMONG 18-24-YEAR-OLDS

Among females, the most common perpetrator of the first incident of any sexual violence in childhood was a current or previous spouse, boyfriend, girlfriend or romantic partner (44.4%), followed by a classmate/schoolmate (18.5%; Figure 4.3) and other (29.8%). The estimate for perpetrators of first incident of sexual violence in childhood for males was not reliable.

Among females ages 18-24 who experienced any sexual violence in childhood, more than one third (34.5%) indicated the perpetrator of the first incident was at least five years older. Additionally, three out of ten (30.0%) females who experienced pressured or physically forced sex before age 18 indicated the perpetrator of the first incident was at least five years older. These estimates were unreliable for males.

Among females ages 18-24 who experienced sexual violence in childhood, one out of four (25.9%) had more than one perpetrator involved in the first incident of childhood sexual violence. This estimate was unreliable for males.

FIGURE 4.3. Perpetrators of the first incident of any sexual violence in childhood, among 18-24-year-old females who experienced sexual violence before age 18 — Kenya Violence Against Children Survey (VACS), 2019.



Source: Kenya Violence Against Children Survey (VACS), 2019.

** All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

4.1.2. CONTEXTS OF THE FIRST INCIDENTS OF SEXUAL VIOLENCE IN CHILDHOOD AMONG 18-24-YEAR-OLDS

The most common location of the first incident of childhood sexual violence for females was an outside location (53.7%) followed by the perpetrator's home (31.9%), and the respondent's home (16.1%). There were too few males who experienced sexual violence in childhood to generate reliable estimates regarding location. Among females who experienced sexual violence, 49.4% of the first incidents occurred in the afternoon, followed by evening (40.0%). There were too few males who experienced sexual violence in childhood to generate reliable estimates for time of day of the first incident.

4.1.3. DISCLOSURE, SERVICE-SEEKING, AND RECEIPT OF SERVICES FOR SEXUAL VIOLENCE IN CHILDHOOD AMONG 18-24-YEAR-OLDS

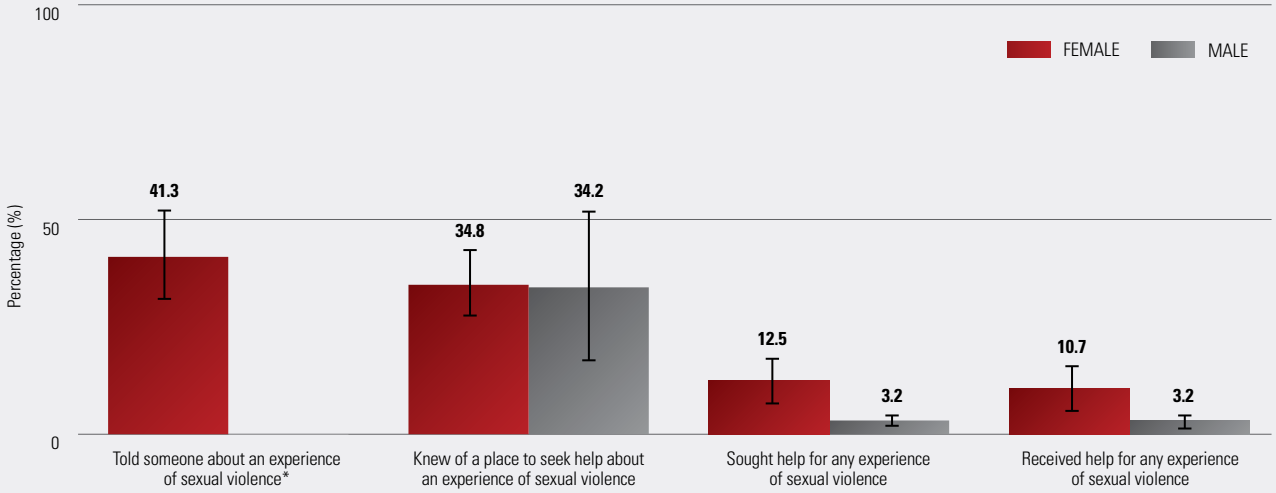
Among those who experienced any sexual violence in childhood, 41.3% of females told someone about their experience (Figure 4.4). This estimate was unreliable among males. Females most commonly disclosed to a relative (57.6%) or a friend or neighbour (35.3%).

Only around one third of females (34.8%) and males (34.2%) who experienced childhood sexual violence knew of a place to go for help. One out of eight females (12.5%) who ever experienced sexual violence sought help for any incident of sexual violence, and only 10.7% received help. Among males, only 3.2% sought help and 3.2% received help. About half of females (56.0%) who sought help did so from doctors, nurses, or other healthcare workers. This estimate for males was unreliable.

Among females who did not seek services for sexual violence, the most common reason for not seeking services was that they did not think it was a problem or did not need or want services (53.6%), followed by factors characterized by fear (20.9%), including fear of getting in trouble, being dependent on the perpetrator, or fear of being abandoned. The estimates for reasons for not seeking services for males were unreliable.

Among females who experienced pressured or physically forced sex, 36.8% told someone and 41.6% knew of a place to seek help. About one in five (17.5%) females sought help for pressured or physically forced sex and 15.7% received help.

FIGURE 4.4. Disclosure, service-seeking, and receipt for any incident of sexual violence among 18-24 year-olds who experienced childhood sexual violence – Kenya Violence Against Children Survey (VACS), 2019.



Source: Kenya Violence Against Children Survey (VACS), 2019.
* The estimate for males who received help for any experience of sexual violence was unreliable and is not included in the figure.

7.0%

Among females who experienced any childhood sexual violence, 7% experienced pressured or physically forced sex.

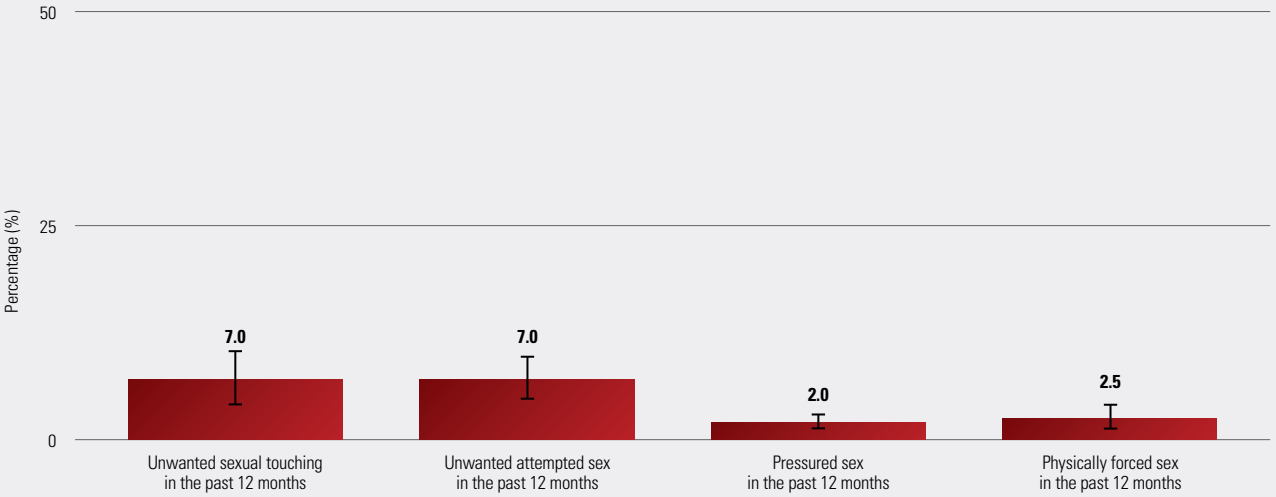
4.2. SEXUAL VIOLENCE IN THE PAST 12 MONTHS AMONG 18-24-YEAR-OLDS

This section describes sexual violence in the past 12 months among young adults. Prevalence, perpetrators, and service-seeking for sexual and physical violence are included for 18-24-year-olds who experienced violence in the past year. The overall prevalence of sexual violence in the past 12 months among young adults are presented. The prevalence of each of the four types of sexual violence are also described.

Findings related to sexual violence in the past 12 months among 18-24-year-olds are provided in Tables 4.1.5 and 4.1.6. In the past 12 months, 14.4% of females and 8.2% of males experienced sexual violence. Among females, 7.0% experienced unwanted sexual touching, 7.0% experienced unwanted attempted sex, 2.0% experienced pressured sex, and 2.5% experienced physically forced sex (Figure 4.5). These estimates were unreliable for males. Among females 3.8% experienced pressured or physically forced sex in the past 12 months. This estimate was unreliable for males.

The most common perpetrators of the most recent incidents of sexual violence

FIGURE 4.5. Prevalence of different types of sexual violence in the past 12 months, among 18-24-year-old females – Kenya Violence Against Children Survey (VACS), 2019.



Source: Kenya Violence Against Children Survey (VACS), 2019.
**All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

experienced by females in the past 12 months were a current or previous spouse, boyfriend/girlfriend, or romantic partner (34.9%), followed by a friend (22.2%) and authority figure (12.4%; Figure 4.6). There were too few males who experienced sexual violence in the past 12 months to report reliable estimates of perpetrators of the most recent incidents of sexual violence.

Nearly three in ten 18-24-year-old females (28.9%) who experienced any sexual violence in the past 12 months stated the perpetrators of the most recent incidents was at least five years older. This estimate was unreliable for males.

Transactional sex was defined as having sex with a person mainly in order to get things that they need or want such as money, gifts, or other things that are important to them. Among 18-24-year-old females who had ever had sex, 6.1% engaged in transactional sex in the past 12 months. This estimate was unreliable for males.

4.3. SEXUAL VIOLENCE IN THE PAST 12 MONTHS AMONG 13-17-YEAR-OLDS

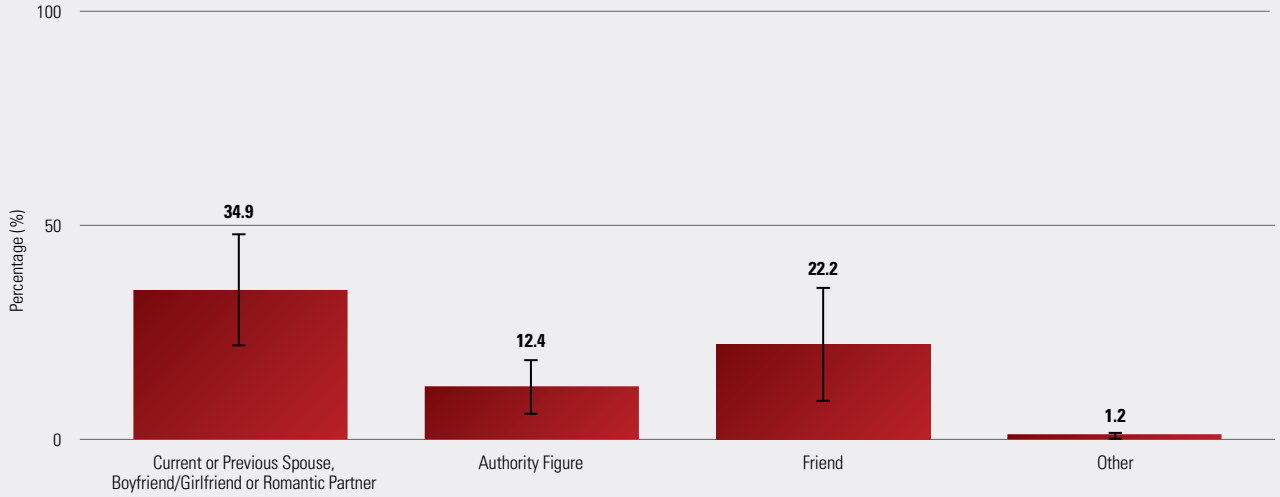
Findings of sexual violence in childhood among 13-17-year-olds are presented in Tables 4.2.1 through 4.2.7. In the past year, 13.5% of females and 2.4% of males ages 13-17 experienced sexual violence (Figure 4.7). Among females, 6.5% experienced unwanted sexual touching and 8.5% experienced unwanted attempted sex in the past 12 months. The estimate for females who experienced pressured or physically forced sex in the past 12 months was not reliable. Among males, 1.9% experienced unwanted sexual touching, 0.5% experienced unwanted attempted sex in the past 12 months and 0.1% experienced unwanted pressured sex in the past 12 months. The estimate for males who experienced physically forced sex in the past 12 months was not reliable.

Among 13-17-year-old females and males who had ever had sex, for 33.7% of females and 5.6% of males, their first sexual experience was pressured or physically forced.

4.3.1. PERPETRATORS OF THE MOST RECENT INCIDENTS OF SEXUAL VIOLENCE AMONG 13-17-YEAR-OLDS

Among females ages 13-17 who experienced sexual violence in the past 12 months, the most common perpetrator of the most recent incident was a current or previous spouse, boyfriend/

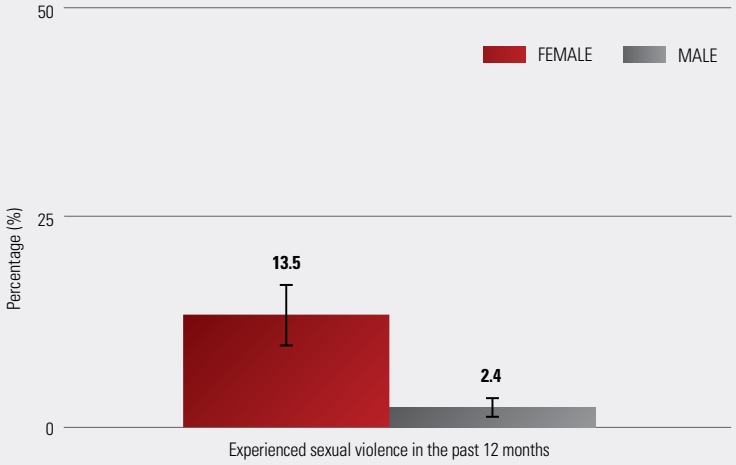
FIGURE 4.6. Perpetrators of the most recent incident of sexual violence, among 18-24-year-old females who experienced sexual violence in the past 12 months – Kenya Violence Against Children Survey (VACS), 2019.



Source: Kenya Violence Against Children Survey (VACS), 2019.
**All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

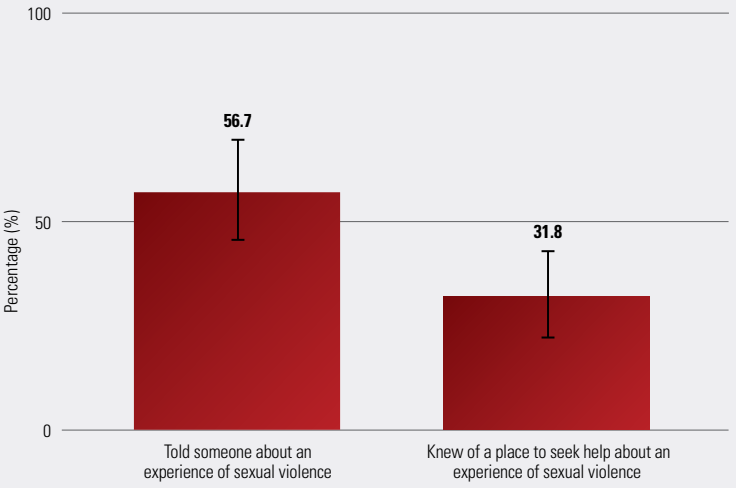
girlfriend (23.8%), a neighbour (16.2%), a classmate/schoolmate (15.9%), a family member (10.1%), or a friend (9.1%). Among males, the most common perpetrators of the most recent incident of sexual violence in the past 12 months were a current or previous spouse, boyfriend/girlfriend (45.8%), a stranger (45.8%), a family member (7.2%), or a classmate/schoolmate (4.3%).

FIGURE 4.7. Prevalence of any sexual violence in the past 12 months, among 13-17-year-olds – Kenya Violence Against Children Survey (VACS), 2019.



Source: Kenya Violence Against Children Survey (VACS), 2019.
**All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

FIGURE 4.8. Disclosure, service-seeking and receipt for any incident of sexual violence, among 13-17-year-old females who experienced sexual violence in the past 12 months – Kenya Violence Against Children Survey (VACS), 2019.



Source: Kenya Violence Against Children Survey (VACS), 2019.
**All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

4.3.2. CONTEXT OF THE MOST RECENT INCIDENT OF SEXUAL VIOLENCE AMONG 13-17-YEAR-OLDS

Among 13-17-year-old females who experienced sexual violence in the past 12 months, the most common locations of the most recent incident were an outside location (75.5%) and the perpetrator's home (14.9%). Among 13-17-year-old males who experienced sexual violence in the past 12 months, the most common locations of the most recent incident were the survivor's home (10.3%) and someone else's home (5.1%). The most recent incident of sexual violence among 13-17-year-old females occurred in the afternoon (56.6%) and evening (37.3%). The estimates of time of day of the most recent incident were unreliable for males.

4.3.3. DISCLOSURE, KNOWLEDGE OF SERVICES, AND SERVICE-SEEKING FOR SEXUAL VIOLENCE IN THE PAST 12 MONTHS AMONG 13-17-YEAR-OLDS

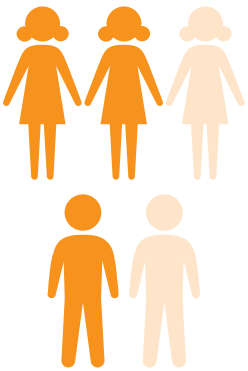
More than half of 13-17 year-old females (56.7%) who experienced any incident of sexual violence in the past 12 months told someone about their experience (Figure 4.8). Females disclosed to a relative (55.1%) or a friend or neighbour (35.5%). About three in ten 13-17-year-old females (31.8%) who experienced sexual violence in the past 12 months knew of a place to seek help (Figure 4.9). The estimates for service-seeking and receipt of services for females were unreliable. The estimates for disclosure, service-seeking, and receipt of services for males were unreliable.

Among females who experienced pressured or physically forced sex in the past 12 months, 31.2% knew of a place to seek help. The estimate for knowledge of services for males was unreliable. The estimates for disclosure, service-seeking, and receipt of services among males and females who experienced pressured or physically forced sex were unreliable.

SECTION 5

Physical Violence





2 out 3 females and 1 out of 2 males experienced physical violence in childhood.

Among age 13-17, **1 in 2 females experienced first incident** of physical violence between age 6-11 while **2 in 3 males experienced the first incident** of physical violence between age 12-17 years.



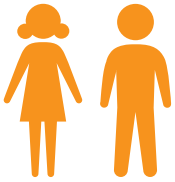
Nearly **one out of five females and males experienced physical violence** by a parent, caregiver or adult relative among age

13–17



Half of females (52%) and **half of males (52%)** witnessed physical violence in the home in childhood.

Among 13-17 year olds who experienced physical violence in the past 12 months, **42% of females and 31% of males experienced an injury as a result.**



© SHEHZAD NOORANI/UNICEF

This section describes the magnitude and contexts of physical violence against children in Kenya. The perpetrators of childhood physical violence, injuries received, and disclosure of violence, knowledge and utilization of services are also described. Findings include the overall prevalence of physical violence in childhood (before age 18) for 18-24 year-olds and in the past 12 months for 13-17 year-olds.

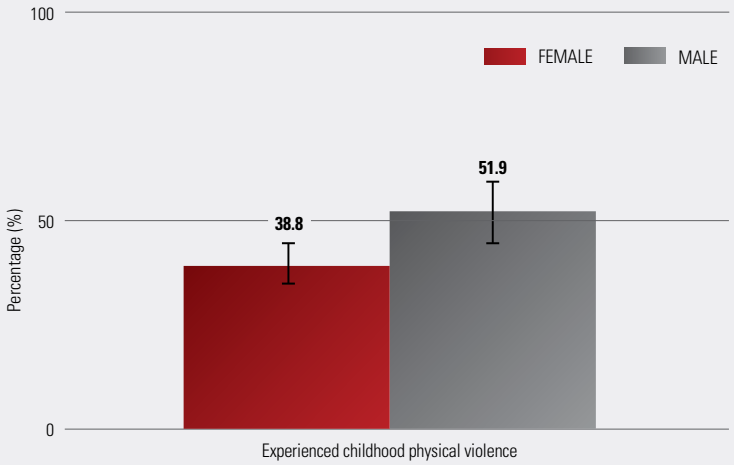
1 out of 3 females (37%) and half of males (55%) witnessed violence in the community before age 18.

Injuries from physical violence are also described. Such injuries include: minor bruises, scrapes or scratches, black eyes or other eye injuries, gashes, deep wounds (e.g., from a knife, gun or other object), broken bones or teeth, or burns.

5.1. PHYSICAL VIOLENCE IN CHILDHOOD AMONG 18-24-YEAR-OLDS

Tables 5.1.1 and 5.1.3 through 5.1.7 include findings related to physical violence in childhood among 18-24-year-olds. Nearly two out of five 18-24-year-old females (38.8%) and over half of 18-24-year-old males (51.9%) experienced physical violence before age 18 (Figure 5.1). Nearly three in ten females (28.9%) and two in five males (37.9%) experienced physical violence by a parent or other adult relative in childhood (Figure 5.2). Significantly more females experienced violence from an intimate partner in childhood than males (3.6% versus 0.7%). Significantly more males (22.9%) than females (9.2%) experienced physical violence from a peer in childhood.

FIGURE 5.1. Prevalence of physical violence prior to age 18, among 18-24-year-olds – Kenya Violence Against Children Survey (VACS), 2019.



Source: Kenya Violence Against Children Survey (VACS), 2019.
**All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

About one in seven females (15.2%) and one in five males (21.5%) experienced physical violence in childhood by an adult from the community or neighbourhood.

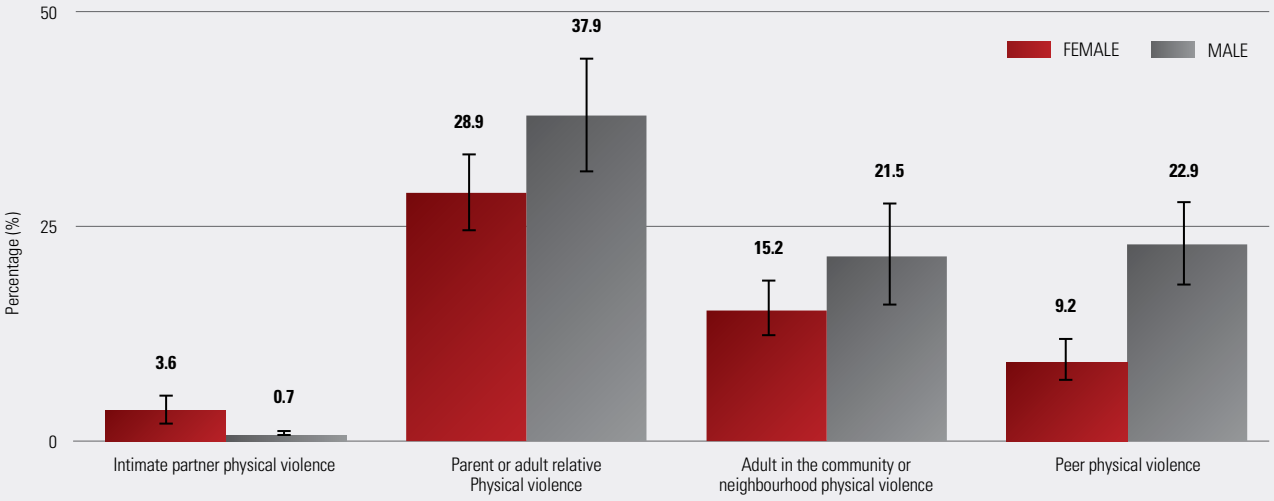
Among 18-24-year-old females who experienced childhood physical violence, nearly half (46.2%) indicated the first incident was at age 12-17, 42.7% by age 6-11, and 11.1% by age five or younger. For 18-24-year-old males who experienced childhood physical violence, the first incident occurred most commonly at age 12-17 (60.6%), followed by age 6-11 (32.3%).The estimate for males who first experienced physical violence at age five or younger was not reliable.

5.1.1. DISCLOSURE, KNOWLEDGE OF SERVICES, AND SERVICE-SEEKING FOR PHYSICAL VIOLENCE IN CHILDHOOD AMONG 18-24-YEAR-OLDS

Among 18-24-year-olds who experienced childhood physical violence, about two out of five females (41.0%) and males (39.2%) told someone about their experience. Among those who disclosed, the person they most commonly told was a relative (females, 73.2%; males, 66.3%), followed by a friend or neighbour (females, 23.5%; males, 30.7%).

One third of 18-24-year-old females (33.3%) and two out of five males (40.6%) knew of a place to seek help for an experience of physical violence. Only 8.9% of females and 8.5% of males sought help for any experience of physical violence, and 7.2% of females and 6.4% of males received help. Among females who received help for any experience of physical violence, four out of five (79.1%) received services from a doctor, nurse, or other healthcare worker. The estimate for source of service receipt

FIGURE 5.2. Prevalence of physical violence prior to age 18 by perpetrator, among 18–24-year-olds – Kenya Violence Against Children Survey (VACS), 2019.



Source: Kenya Violence Against Children Survey (VACS), 2019.
**All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

for males was unreliable. Among those 18-24-year-olds who did not seek services for physical violence, females indicated that the most common reasons for not seeking services were that they did not think it was a problem (28.6%), felt that it was their fault (27.5%), or did not need or want services (24.5%). Among males, the most common reasons for not seeking services for physical violence were that they felt that the violence was their fault (40.7%), did not think it was a problem (35.4%), or did not need or want services (10.4%).

5.2. PHYSICAL VIOLENCE IN THE PAST 12 MONTHS AMONG 18–24-YEAR-OLDS

Table 5.1.2 include results of physical violence in the past 12 months among 18-24-year-olds. One in five females (19.0%) and males (21.5%) experienced physical violence in the past 12 months.

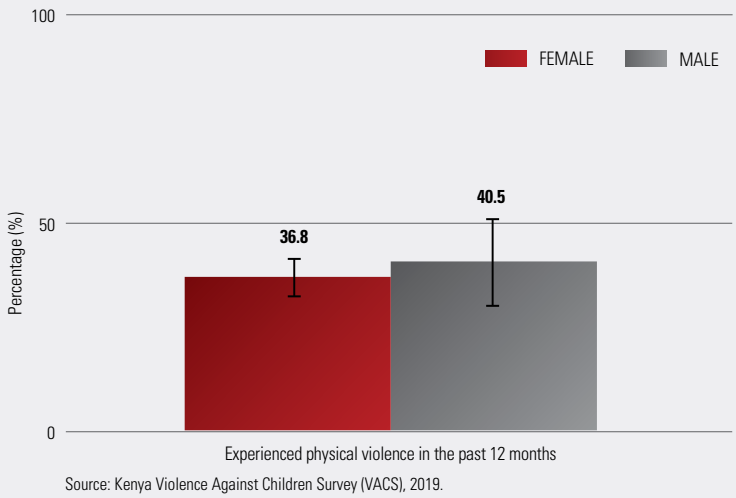
5.3. PHYSICAL VIOLENCE IN THE PAST 12 MONTHS AMONG 13–17-YEAR-OLDS

Tables 5.2.1 through 5.2.6 include results of physical violence in the past 12 months among 13-17-year-olds. More than one out of three females (36.8%) and two out of five males (40.5%) experienced physical violence in the past 12 months (Figure 5.3).

About one out of four 13-17-year-old females (23.6%) and males (26.0%) experienced physical violence by an adult in the neighbourhood or community in the past 12 months. Nearly one out of five females (19.8%) and males (17.0%) experienced physical violence by a parent, caregiver, or adult relative in the past 12 months. More than one in ten females (12.6%) and nearly one in five males (18.5%) experienced violence by a peer in the past 12 months. The estimates for both females and males who experienced physical violence by an intimate partner in the past 12 months were not reliable.

Among 13-17-year-old females who experienced physical violence in the past 12 months, 42.1% experienced the first incident between ages 12-17, 50.2% experienced the first incident between ages 6-11, and 7.7% experienced the

FIGURE 5.3. Prevalence of physical violence in the past 12 months among 13–17-year-olds – Kenya Violence Against Children Survey (VACS), 2019.



Source: Kenya Violence Against Children Survey (VACS), 2019.
**All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

first incident at age 5 or younger. For 13-17-year-old males who experienced any physical violence in the past 12 months, the most common age of the first incident of physical violence was between 12-17 years (64.6%), followed by ages 6-11 years (26.9%) and age 5 or younger (8.5%). A larger proportion of females (50.2%) experienced physical violence between ages 6-11 compared to males (26.9%). A larger proportion of males had the onset of physical violence between ages 12-17 years compared to females (64.6% versus 42.1%).

5.3.1. INJURIES FROM PHYSICAL VIOLENCE AMONG 13-17-YEAR-OLDS

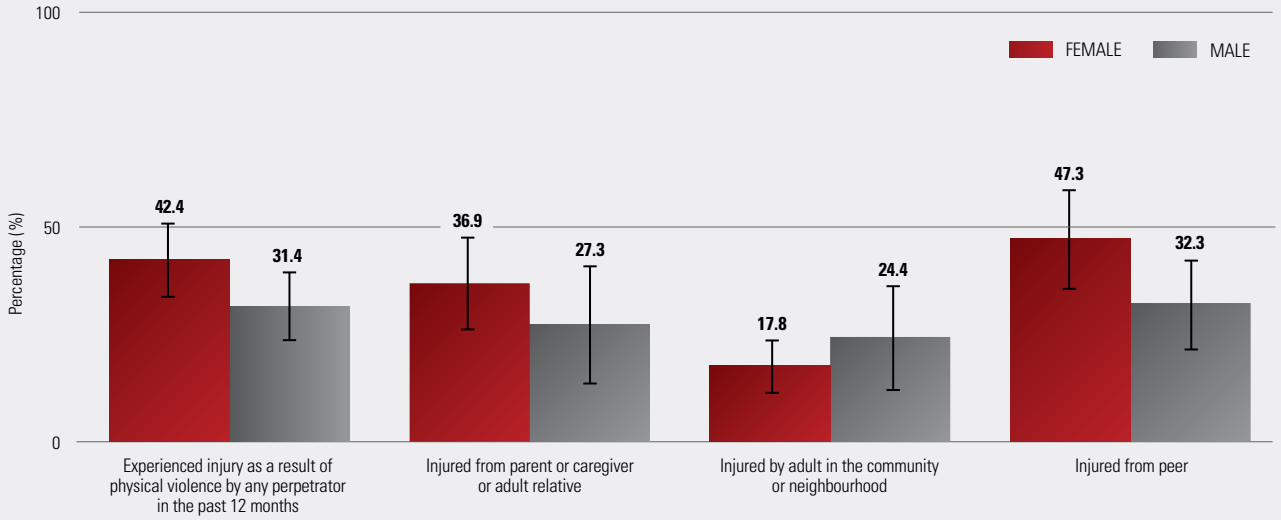
Among 13-17-year-olds who had experienced physical violence in the past 12 months, 42.4% of females and 31.4% of males were injured as a result of the violence (Figure 5.4). Among those who experienced physical violence by a parent, caregiver, or adult relative in the past 12 months, 36.9% of females received an injury, and 27.3% of males received an injury. Among those who experienced physical violence by an adult in the neighbourhood in the past 12 months, 17.8% of females and 24.4% of males experienced injury. Among those who experienced peer physical violence in the past 12 months, 47.3% of females and 32.3% of males received an injury.

5.3.2. DISCLOSURE, KNOWLEDGE OF SERVICES, AND SERVICE-SEEKING FOR PHYSICAL VIOLENCE IN THE PAST 12 MONTHS AMONG 13-17-YEAR-OLDS

Among 13-17-year-olds who experienced any physical violence, one third of females (34.4%) and males (33.1%) told someone about an experience of physical violence. Both females (68.5%) and males (76.5%) most commonly told a relative, followed by a friend or neighbour (females, 26.4%; males, 34.1%). More than one out of four females (28.0%) and males (23.9%) who experienced physical violence knew of a place to seek help for physical violence. Only 6.0% of females and 5.7% of males sought help for an experience of physical violence, and 4.4% of females received help. The estimate for service receipt for males was unreliable.

Among those 13-17-year-old females who experienced physical violence in the past 12 months and did not seek services, the most common reasons were that they did

FIGURE 5.4. Prevalence of experiencing physical harm or injury as a result of any physical violence, among 13-17-year-olds who experienced any physical violence in the past 12 months, overall and by perpetrator – Kenya Violence Against Children Survey (VACS), 2019.



Source: Kenya Violence Against Children Survey (VACS), 2019.

**All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

not think it was a problem (42.5%) or felt that it was their fault (23.4%). For males, the most common reasons for not seeking services were that they did not think it was a problem (54.4%) or felt it was their fault (15.6%).

5.4. WITNESSING VIOLENCE IN THE HOME OR COMMUNITY

Witnessing physical violence in the home was defined as seeing or hearing a parent be punched, kicked, or beaten up by another parent or their boyfriend or girlfriend or seeing or hearing a sibling be punched, kicked, or beaten by a parent. Witnessing physical violence in the community included seeing anyone outside of the home and family environment experience physical violence. Table 5.3.1 includes findings of witnessing violence in the home and in the community among 18-24-year-olds in childhood and 13-17-year-olds in the past 12 months.

Half of females (52.0%) and males (51.5%) ages 18-24 witnessed violence in the home before age 18. One third of females (36.5%) and half of males (54.6%) witnessed violence in the community before age 18. Among children ages 13-17, 34.6% of females and 22.4% of males witnessed violence in the home in the past 12 months, and 22.4% of females and 21.7% of males witnessed violence in the community or neighbourhood in the past 12 months.



Many Kenyan youth don't seek help because they blame themselves.



© SHEHZAD NOORANI/UNICEF

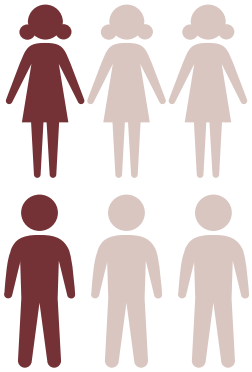
SECTION 6



Emotional Violence

Among 18-24 year olds, nearly **one third of females and males experienced emotional violence** by peers in the past 12 months (females, 30.9%; males, 31.0%).





Among 13-17 year olds, about **one third of females and males experienced emotional violence by a peer** in the past 12 months (females, 34.3%; males, 32.2%).

Among 18-24, **the age at first experience of emotional violence** was 12-17 years for 60.4% of females and age 11 or younger for 39.6% of females



Among 18-24 year olds, nearly one in ten females (9.6%) and males (9.2%) **experienced emotional violence online or through technology by a peer** in the past 12 months.



Among 13-17-year-olds, females, **12.3% experienced emotional violence by a parent, caregiver or adult** relative in the past 12 months.

12.3%

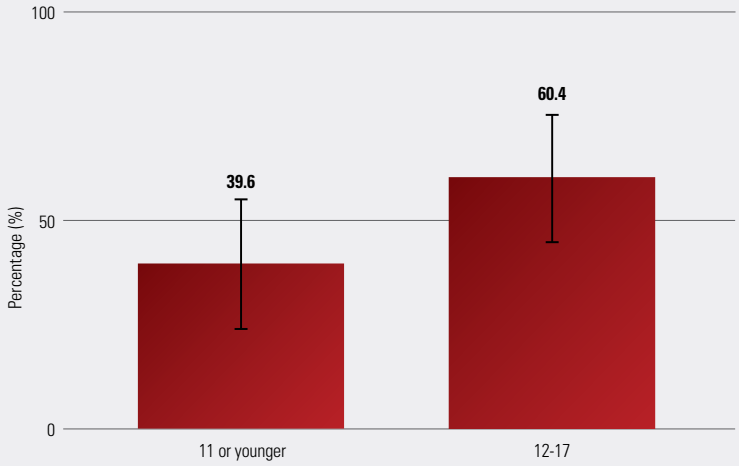
© SHEHZAD NOORANI/UNICEF

This section describes childhood and young adult experiences of emotional violence perpetrated by intimate partners, parents, adult caregivers, or other adult relatives. For 13-17-year-olds, peer emotional violence is also reported.

6.1. EMOTIONAL VIOLENCE IN CHILDHOOD AMONG 18-24-YEAR-OLDS

Table 6.1.1 includes findings of emotional violence in childhood among 18-24-year-olds. Among females, 7.3% experienced emotional violence by a parent, adult caregiver, or adult relative before age 18. The age at first experience was 12-17 years for 60.4% of females and age 11 or younger for 39.6% of females (Figure 6.1). The estimates of childhood emotional violence by a parent, adult caregiver, or adult relative for males were unreliable.

FIGURE 6.1. Age at first experience of emotional violence before age 18, among 18-24-year-olds – Kenya Violence Against Children Survey (VACS), 2019.

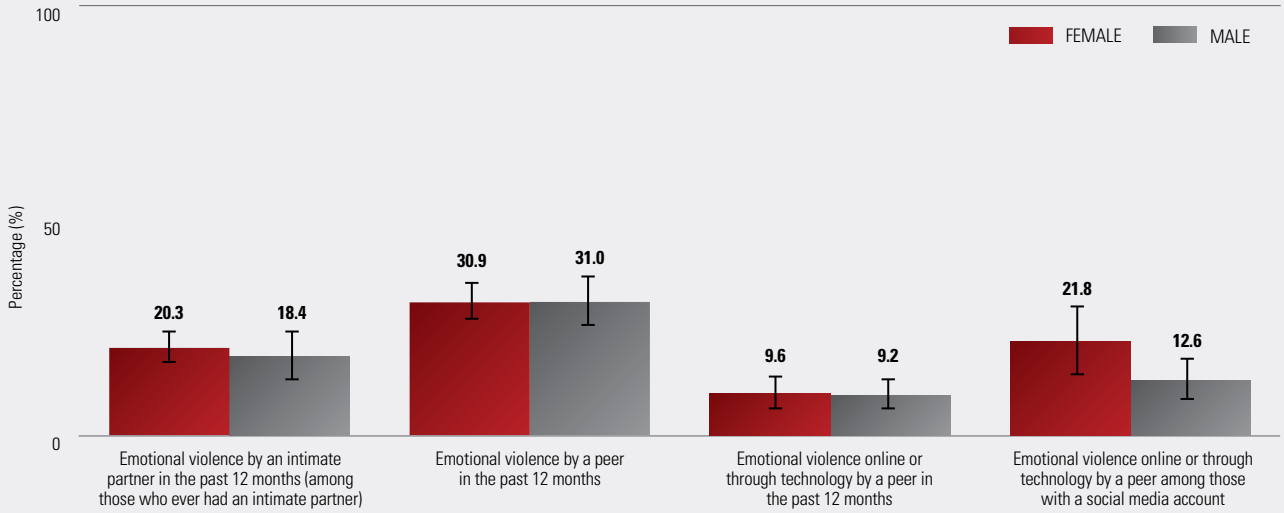


Source: Kenya Violence Against Children Survey (VACS), 2019.
**All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

6.2. EMOTIONAL VIOLENCE IN THE PAST 12 MONTHS AMONG 18-24-YEAR-OLDS

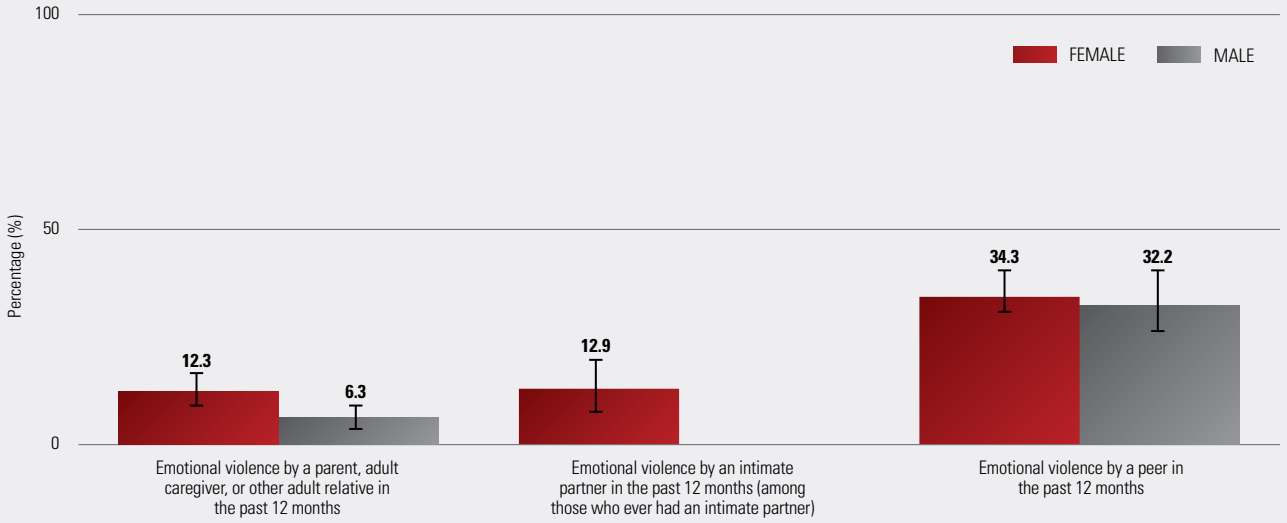
Table 6.2.1 and Figure 6.2 include results of emotional violence in the past 12 months among 18-24-year-olds. Among those who had ever had an intimate partner, 20.3% of females and 18.4% of males experienced emotional violence by an intimate partner in the last 12 months. Nearly one third of females and males experienced emotional violence by peers in the past 12 months (females, 30.9%; males, 31.0%). Nearly one in ten females (9.6%) and males (9.2%) experienced emotional violence online or through technology by a peer in the past 12 months. Among females and males who had a social media account (e.g.,

FIGURE 6.2. Prevalence of emotional violence in the past 12 months by an intimate partner, by a peer, online or through technology, and online among those who have a social media account, among 18-24-year-olds – Kenya Violence Against Children Survey (VACS), 2019.



Source: Kenya Violence Against Children Survey (VACS), 2019.
**All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

FIGURE 6.3. Prevalence of emotional violence in the past 12 months by perpetrator, among 13-17-year-olds – Kenya Violence Against Children Survey (VACS), 2019.



Source: Kenya Violence Against Children Survey (VACS), 2019.

** All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

Facebook, Twitter, Instagram, etc.), one out of four females (21.8%) and 12.6% of males experienced peer emotional violence online or through technology in the past 12 months.

6.3 EMOTIONAL VIOLENCE IN THE PAST 12 MONTHS AMONG 13-17-YEAR-OLDS

Tables 6.3.1 through 6.3.2 and Figure 6.3 include findings of emotional violence in the past 12 months among 13-17-year-olds. Among females, 12.3% experienced emotional violence by a parent, caregiver or adult relative in the past 12 months; the prevalence for males was 6.3%. Among females who had an intimate partner, 12.9% experienced emotional violence by an intimate partner. This estimate was unreliable among males. About one third of females and males experienced emotional violence by a peer in the past 12 months (females, 34.3%; males, 32.2%).



© SHEHZAD NOORANI/UNICEF

SECTION 7



Overlap of Types of Violence: Sexual, Physical, and Emotional Violence

Among females aged 13-17, **5.1% experienced both sexual and physical violence** in the past 12 months, 5.3% experienced physical and emotional violence, and 3.0% experienced all three types.

About **three out of ten females** (31.9%) and **one out of four males** (26.4%) ages 18-24 experienced any violence in the past 12 months.

Among 18-24-year-old females, 7.7% experienced sexual and physical violence, 3.9% experienced physical and emotional violence, and **1.9% experienced all 3 types in childhood.**

Nearly half of females (45.2%) and about two out of five males (41.6%) ages 13-17 **experienced any type of violence** in the past 12 months.

Nearly **half of females (45.9%) and more than half of males (56.1%)** experienced at least one type of violence before age 18.

© SHEHZAD NOORANI/UNICEF

7.1. OVERLAP OF TYPES OF VIOLENCE IN CHILDHOOD AND IN THE PAST 12 MONTHS AMONG 18-24-YEAR-OLDS

Table 7.1 and Figure 7.1 include data on the overlap of different forms of violence among 18-24-year-olds in childhood and in the past 12 months. Nearly half of females (45.9%) and more than half of males (56.1%) experienced at least one type of violence before age 18. Among females, 5.9% experienced sexual violence only, and 25.1% experienced physical violence only before age 18. The estimate for emotional violence for females was unreliable. Among males, 46.0% experienced physical violence only before age 18. The estimates for sexual violence only and emotional violence only for males were unreliable.

There was some overlap in violence experiences in childhood among 18-24-year-old females: 7.7% experienced sexual and physical violence, 3.9% experienced physical and emotional violence, and 1.9% experienced all 3 types. The estimates for all overlap categories for childhood violence for males were unreliable.

About three out of ten females (31.9%) and one out of four males (26.4%) ages 18-24 experienced any violence in the past 12 months. Among females, 8.1% experienced sexual violence only, 11.3% experienced physical violence only, and 3.6% experienced both sexual and physical violence in the past 12 months. Among males, 13.9% experienced physical violence only in the past 12 months, and the estimates for sexual violence only and for both sexual and physical violence were unreliable.

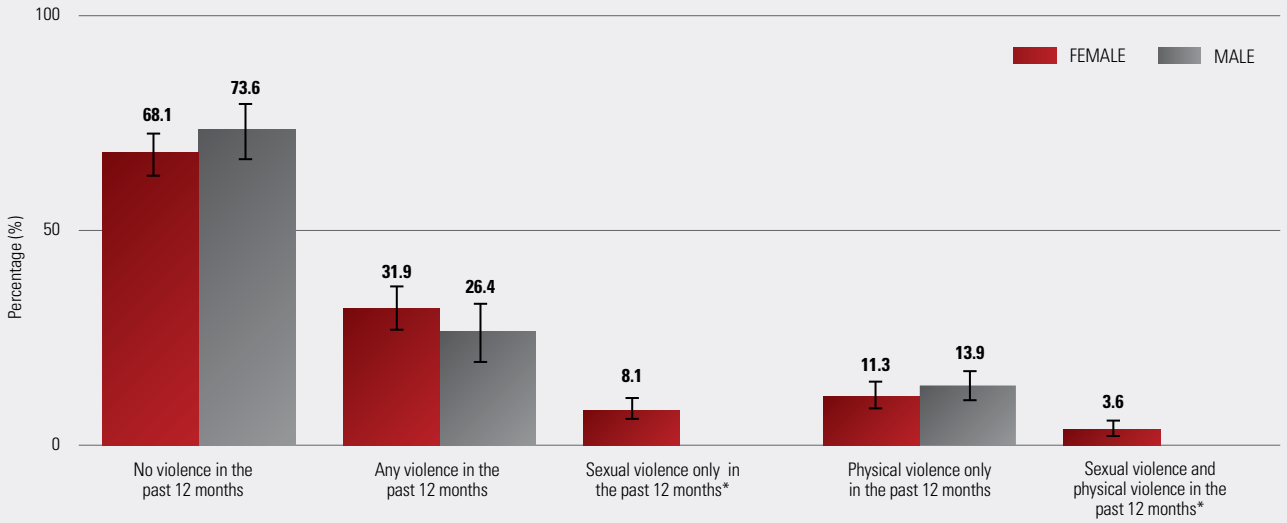
5.5%

Among males aged 13-17, 5.5% experienced both physical and emotional violence in the past 12 months.

7.2. OVERLAP OF TYPES OF VIOLENCE IN THE PAST 12 MONTHS AMONG 13-17-YEAR-OLDS

Table 7.2 includes data on overlap among types of violence in the past 12 months for 13-17-year-olds. Nearly half of females (45.2%) and about two out of five males (41.6%) ages 13-17 experienced any type of violence in the past 12 months. Among females, 4.5% experienced sexual violence only, 23.3%

FIGURE 7.1. Prevalence of any violence and overlap of different types of violence in the past 12 months among 18-24-year-olds – Kenya Violence Against Children Survey (VACS), 2019.



Source: Kenya Violence Against Children Survey (VACS), 2019.
The estimate for males experiencing sexual violence and both sexual and physical violence in the past 12 months is unreliable and is not included in the figure.
** All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

experienced physical violence only, and 3.1% experienced emotional violence only in the past 12 months. Among males, 0.8% experienced sexual violence only, and 33.3% experienced physical violence only. The estimate for emotional violence only for males was unreliable. Among females, 5.1% experienced both sexual and physical violence in the past 12 months, 5.3% experienced physical and emotional violence, and 3.0% experienced all three types. The estimate for both sexual and emotional violence was unreliable. Among males, 5.5% experienced both physical and emotional violence in the past 12 months. The estimate for experiencing both sexual and physical violence was unreliable for males as was the estimate for experiencing all three types.



© SHEHZAD NOORANI/UNICEF

SECTION 8



Outcomes and Health-Related Conditions Associated with Sexual, Physical, and Emotional Violence

Females ages 18-24 who experienced either sexual, physical or emotional violence in childhood were **significantly more likely to have mental distress in the past 30 days** and to have ever thought of suicide compared to those who did not experience sexual, physical or emotional violence respectively in childhood.



Males ages 13-17 who **experienced sexual and emotional violence** in the past 12 months were **significantly more likely to experience mental distress** in the past 30 days compared to males who did not experience sexual and emotional violence in the past 12 months.





Females ages 13-17 who experienced sexual, physical and emotional violence in the past 12 months were **significantly more likely to have ever thought about suicide compared to those who did not experience sexual and emotional violence** in the past 12 months.

© UNICEF/UN1149763/SCHERMBRUCKER

This section describes the relationships between outcomes and health-related conditions and exposure to violence. The health-related conditions assessed include: mental distress in the past 30 days; alcohol intoxication in the past 30 days; cigarette smoking in the past 30 days; substance use in the past 30 days; self-harm behaviours, suicidal ideation, and suicide attempts; and symptoms or diagnosis of sexually transmitted infections (STIs). Health-related conditions that do not specify "in the past 30 days" may have occurred at any time in the person's life (ever). This section also describes pregnancy among females as a result of coerced, alcohol-facilitated or physically forced sex. This section also includes school absenteeism due to sexual violence. Section 8.1 reports the relationships between exposure to violence in childhood and health conditions among 18-24-year-olds, and section 8.2 reports the relationships between exposure to violence in the past 12 months and health conditions among 13-17-year-olds.

8.1. SEXUAL, PHYSICAL, AND EMOTIONAL VIOLENCE IN CHILDHOOD AND MENTAL AND PHYSICAL HEALTH AMONG 18-24-YEAR-OLDS

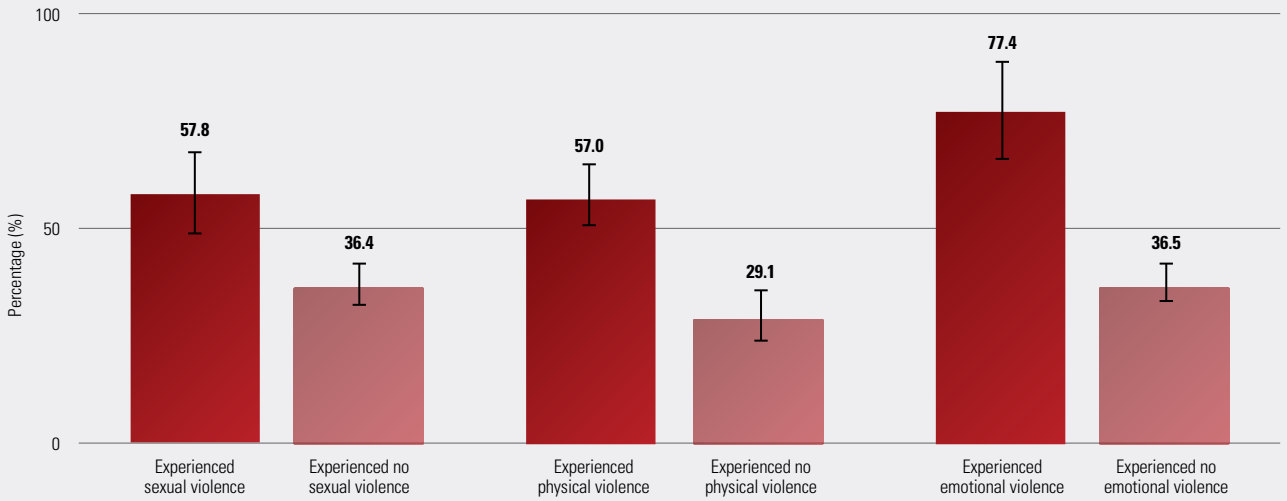
Tables 8.1.1 through 8.1.6 include findings of health conditions and childhood sexual, physical, and emotional violence among 18-24-year-olds.

8.1.1. HEALTH CONDITIONS AND CHILDHOOD SEXUAL VIOLENCE

Females ages 18-24 who experienced sexual violence in childhood were significantly more likely to have mental distress in the past 30 days (57.8% versus 36.4%; Figure 8.1) and to have ever thought of suicide (29.0% versus 12.8%) compared to those who did not experience sexual violence in childhood. For current smoker, drug use in the past 30 days, ever intentionally hurt themselves, and ever had symptoms or diagnosis of an STI, there were no statistically significant difference between females who experienced childhood sexual violence and those who did not. The estimates for females who ever attempted suicide or participated in binge drinking who experienced sexual violence in childhood were not reliable.

The estimates for males for mental distress, ever thought of suicide, ever intentionally hurt themselves, ever

FIGURE 8.1. Prevalence of mental health distress in the past 30 days, by experience of sexual, physical, or emotional violence before age 18, among 18-24-year-old females – Kenya Violence Against Children Survey (VACS), 2019.



Source: Kenya Violence Against Children Survey (VACS), 2019.

**All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

attempted suicide, or ever had symptoms or diagnosis of an STI, binge drinking in the past 30 days, current smoker, and drug use in the past 30 days among those who experienced sexual violence were unreliable.

8.1.2. HEALTH CONDITIONS AND CHILDHOOD PHYSICAL VIOLENCE

Females ages 18-24 who experienced physical violence before age 18 were significantly more likely to have mental distress in the past 30 days compared to those who did not experience childhood physical violence (57.0% versus 29.1%).



© SHEHZAD NOORANI/UNICEF

Females who experienced childhood physical violence were also significantly more likely to have ever thought of suicide compared to those who did not experience childhood physical violence (23.7% versus 10.1%). There were no differences for females on ever intentionally hurting themselves, ever attempted suicide, and ever had symptoms or diagnosis of an STI. The estimates for binge drinking in the last 30 days among females who experienced physical violence in childhood were unreliable.

There were no statistically significant differences in mental distress in past 30 days, ever thought of suicide, binge drinking in the past 30 days, and current smoker among males who did versus did not experience physical violence in childhood. The estimates for ever intentionally hurt themselves, ever attempted suicide, drug use in the past 30 days, and ever had symptoms or diagnosis of STI for males by experience of childhood physical violence in childhood were unreliable.

8.1.3. HEALTH CONDITIONS AND CHILDHOOD EMOTIONAL VIOLENCE

Females ages 18-24 who experienced childhood emotional violence were significantly more likely to experience mental distress in the past 30 days (77.4% versus 36.5%) and ever thought of suicide (40.7% versus 13.3%) than those who did not experience childhood emotional violence. There were no significant differences for females by childhood emotional violence experience on ever intentionally hurting themselves. The estimates for binge drinking the last 30 days, ever had symptoms or diagnosis of STI, and ever attempted suicide by experience of emotional violence in childhood for females were unreliable. All estimates for males for health conditions among those who experienced childhood emotional violence were unreliable.

8.2. SEXUAL, PHYSICAL, AND EMOTIONAL VIOLENCE IN THE PAST 12 MONTHS AND MENTAL AND PHYSICAL HEALTH AMONG 13-17-YEAR-OLDS

Tables 8.2.1 through 8.2.6 include findings related to health conditions and sexual, physical, and emotional violence in the past 12 months among 13-17-year-olds.

8.2.1. HEALTH CONDITIONS AND SEXUAL VIOLENCE

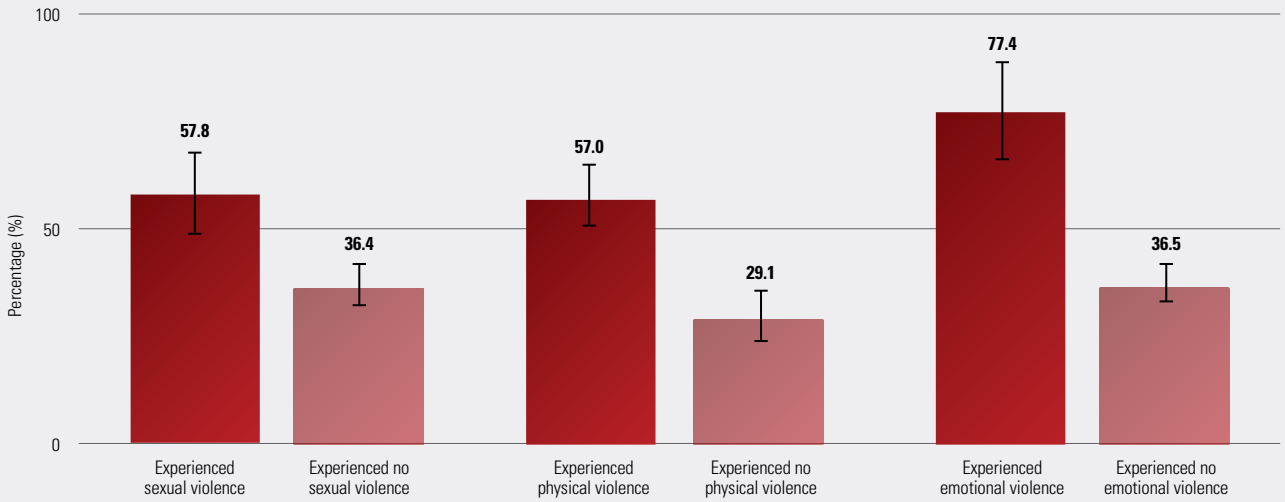
Females ages 13-17 who experienced sexual violence in the past 12 months were significantly more likely to have ever thought about suicide compared to those who did not experience sexual violence in the past 12 months (20.0% versus 5.8%; Figure 8.2). There were no significant differences for females by sexual violence experience in the past 12 months on mental distress in the past 30 days, current smoker, and ever intentionally hurting oneself. The estimates for females for binge drinking and drug use in the last 30 days, ever attempted suicide, and ever had symptoms or diagnosis of an STI among those who experienced f sexual violence in the past 12 months were unreliable.

Males ages 13-17 who experienced sexual violence in the past 12 months were significantly more likely to experience mental distress in the past 30 days (51.8% versus 19.7%), have smoked in the past 30 days (3.9% versus 0.8%) and have ever intentionally hurt themselves (35.3% versus 10.4%) compared to males who did not experience sexual violence in the past 12 months. The estimates for males for ever thought of suicide, ever attempted suicide, binge drinking, and drug use the last 30 days, and ever had symptoms or diagnosis of STI among those who experienced sexual violence in the past 12 months were unreliable.

8.2.2. HEALTH CONDITIONS AND PHYSICAL VIOLENCE

Females ages 13-17 who experienced physical violence in the past 12 months were significantly more likely to have mental distress in the past 30 days (48.1% versus 21.9%) and have ever thought of suicide (14.4% versus 3.8%) compared to those who did not experience physical violence in the past 12 months. There were no significant differences for females for ever had symptoms or diagnosis of STI by

FIGURE 8.2. Prevalence of ever having thought of suicide by experience of sexual, physical, or emotional violence in the past 12 months, among 13-17-year-old females – Kenya Violence Against Children Survey (VACS), 2019.



Source: Kenya Violence Against Children Survey (VACS), 2019.

**All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

8.4%

Among 13-24-year-old females who experienced pressured or physically forced sex or sex when the person was too drunk to say no, 8.4% became pregnant as a result.

experience of physical violence in childhood. The estimates for females for binge drinking the past 30 days, current smoking, drug use the past 30 days, ever intentionally hurt themselves, ever attempted suicide among those who experienced physical violence were unreliable.

Males ages 13-17 who experienced physical violence in the past 12 months were significantly less likely to smoke in the past 30 days compared to those who did not experience physical violence in the past 30 days (0.5% versus 1.1%). There were no significant differences for males ages 13-17 for mental distress in the past 30 days by experience of physical violence in childhood. The estimates for males for binge drinking or drug use in the past 30 days, ever intentionally hurting themselves, ever thought of suicide, ever attempted suicide, and ever had symptoms or diagnosis of an STI among those who by experienced physical violence were unreliable.

8.2.3. HEALTH CONDITIONS AND EMOTIONAL VIOLENCE

Females ages 13-17 who experienced emotional violence in the past 12 months were significantly more likely to have mental distress in the past 30 days (72.1% versus 25.9%) and have thoughts of suicide (33.1% versus 4.2%) compared to those females who did not experience emotional violence in the past 12 months. The estimates for females for binge drinking in the past 30 days, current smoking, drug use in the past 30 days, ever intentionally hurting themselves, ever attempted suicide, and ever had symptoms or diagnosis of an STI among those who experienced emotional violence were unreliable.

Males ages 13-17 who experienced emotional violence in the past 12 months were significantly more likely to experience mental distress in the past 30 days compared to those who did not experience emotional violence (51.4% versus 18.4%). The estimates for males for binge drinking in the past 30 days, current smoking, drug use in the past 30 days, ever intentionally hurt themselves, ever thought of suicide, ever attempted suicide, and ever had symptoms or diagnosis of an STI among those who experienced emotional violence were unreliable.

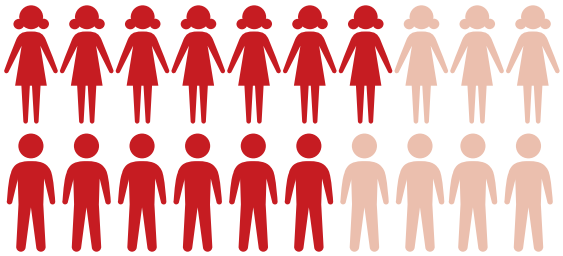
8.3. PREGNANCY AS A RESULT OF SEXUAL VIOLENCE AND MISSING SCHOOL DUE TO SEXUAL OR PHYSICAL VIOLENCE

Tables 8.3.1 and 8.3.2 include estimates for pregnancy as a result of sexual violence and missing school due to sexual or physical violence. Among 13-24-year-old females who experienced pressured or physically forced sex or sex when the person was too drunk to say no, 8.4% became pregnant as a result. Among 18-24-year-olds, 12.2% of females missed school as a result of childhood sexual violence. The estimate for 13-17 year old females who missed school due to sexual violence was not reliable. Among 18-24-year-olds, 7.7% of females and 11.2% males missed school as a result of childhood physical violence. Among 13-17-year-old females, 4.3% missed school as a result of childhood physical violence. The estimate for 13-17-year-old males who missed school as a result of childhood physical violence was not reliable.

SECTION 9



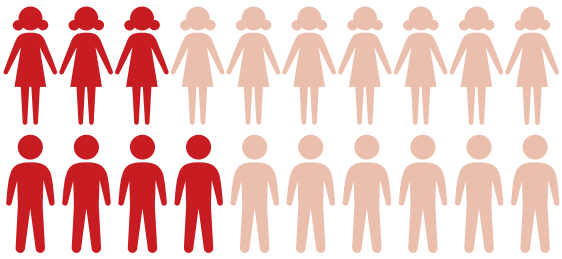
Sexual Risk-Taking Behaviours and HIV



About **7 in 10 (72.3%) of female and 6 in 10 (61.4%) of male** aged 19-24 have ever had sex in their lifetime.

More than 9 in 10 (94.5%) of female and 7 in 10 (69.3%) of male aged 19-24 **who had had sex in last 12 months had multiple sex partners.**

Three in ten female (30.4%) and four in ten males (39.9%) **used condoms infrequently in the past 12 months.**





Perception that they **did not need to be tested or that they had low HIV risk was a common reason for not testing (35.2%)** among 15-24 year old female who had ever had sex but were never tested for HIV.

35.2%

© SHEHZAD NOORANI/UNICEF

This section examines the association between exposure to violence in childhood and sexual risk-taking behaviours such as having multiple sexual partners, infrequent condom use, and sexual exploitation in young adulthood. Multiple sexual partners is defined as two or more sexual partners in the past 12 months. Infrequent condom use is defined as never or sometimes using condoms if unmarried, or if married and had sex with more than one person and did not use condoms consistently.

The analyses were restricted to youth ages 19-24 to ensure the exposure to violence in childhood and risk-taking behaviours are separated in time. The inclusion of only those age 19 or older ensures that violence in childhood preceded involvement in current sexual risk-taking behaviours.

9.1. SEXUAL RISK-TAKING BEHAVIOURS IN THE PAST 12 MONTHS AMONG 19-24-YEAR-OLDS

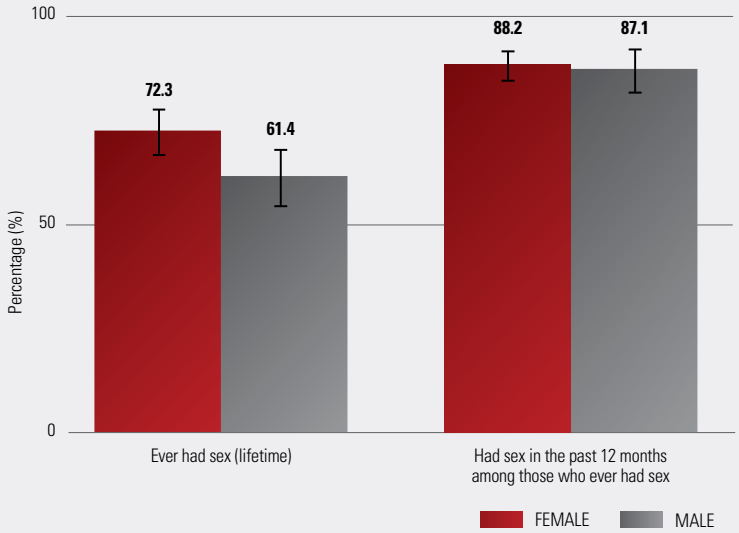
Findings related to sexual risk-taking behaviours, overall and by experience of different types of violence, are included in Tables 9.1.1 to 9.1.2. Overall, 72.3% of females and 61.4% of males ages 19-24 ever had sex (Figure 9.1). Among 19-24-year-olds who ever had sex, 88.2% of females and 87.1% of males were sexually active in the past 12 months. Among 19-24-year-olds who had sex in the past year, significantly more females than males had two or more sex partners in the past year (females, 94.9%; males, 69.3%; Figure 9.2). Three in ten females (30.4%) and two in five males (39.9%) used condoms infrequently in the past 12 months.

Sexual violence and sexual risk-taking behaviour: Among 19-24-year-old females, 39.4% who experienced childhood sexual violence and 28.7% of those who did not experience childhood sexual violence infrequently used condoms in the past 12 months. This difference is not statistically significant. The estimate for infrequent condom use among those who experienced sexual violence for males was unreliable. The estimates for both females and males who had multiple sex partners in the past 12 months among those who experienced sexual violence were not reliable.

Physical violence and sexual risk-taking: Among 19-24-year-old females, 32.2% who experienced childhood physical violence and 29.1% of those who did not experience childhood physical violence infrequently used condoms in the past 12 months. This is not a statistically significant difference. For 19-24-year-old males, 27.8% who experienced childhood physical violence and 25.6% of those who did not experience childhood physical violence had multiple sex partners in the past 12 months. This is not a statistically significant difference. Additionally, 40.1% of 19-24-year-old males who experienced childhood physical violence used condoms infrequently in the past 12 months compared to 39.7% of males who did not experience childhood physical violence. This is not a statistically significant difference.

Emotional violence and sexual risk taking: These estimates were unreliable for both females and males.

FIGURE 9.1. Sexual risk-taking behaviours among 19-24-year-olds – Kenya Violence Against Children Survey (VACS), 2019.



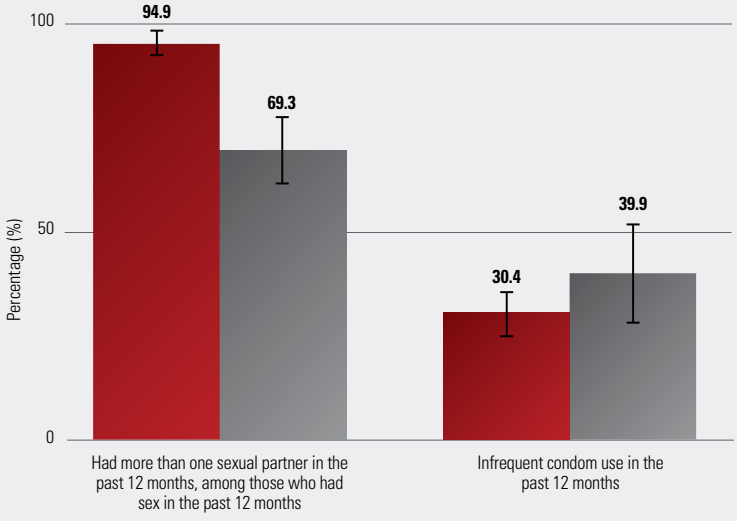
Source: Kenya Violence Against Children Survey (VACS), 2019.

** All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

9.2. HIV/AIDS TESTING KNOWLEDGE AND BEHAVIOURS

Findings related to knowledge of HIV testing services and HIV testing behaviours among females and males ages 15-24 are included in Tables 9.2.3 and 9.2.4. This section describes knowledge of HIV testing services and HIV testing behaviours among females and males overall and among those who experienced any sexual violence before age 18, compared to those who did not experience childhood sexual violence. Although unwanted sexual touching and unwanted attempted sexual intercourse are considered low risk for direct HIV transmission, those findings are still presented, as all forms of sexual violence may increase the risk of HIV indirectly, for example, through diminished ability to negotiate safer sex and engagement in sexual risk-taking behaviours later in life. Data are presented in a single age range of 15-24-years, as the age of consent for HIV testing in Kenya is 15 years.

FIGURE 9.2. Sexual risk-taking behaviours among 19-24-year-olds who had sex in the past 12 months – Kenya Violence Against Children Survey (VACS), 2019.



Source: Kenya Violence Against Children Survey (VACS), 2019.

**All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

Among 15-24-year-olds, 94.9% of females and 94.2% of males knew where to get tested for HIV, and 89.9% of females and 78.0% of males had ever been tested for HIV (Figure 9.3). Among 15-24-year-old females who ever had sex but were never tested for HIV, the perception that they did not need to be tested or they had low HIV risk was a

9/10

More than 9 in 10 of both female (94.9%) and male (94.2%) aged 15-24 years old knew of where to go for HIV test.



© SHEHZAD NOORANI/UNICEF

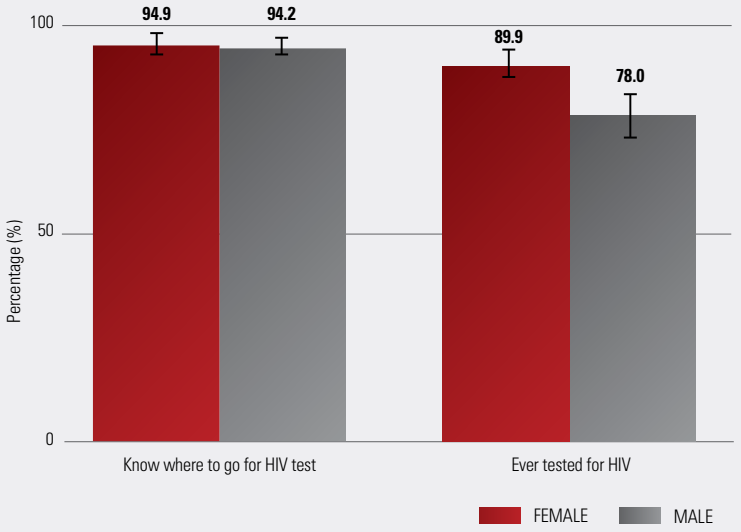
Among females who had ever experienced any type of childhood violence, the prevalence of HIV was 1.9%. The prevalence of HIV among females who experienced childhood physical violence was 2.4%, and among females who experienced childhood emotional violence was 2.3%.

common reason for not testing (35.2%). The estimate for the reasons for not testing among 15-24-year-old males who ever had sex but were never tested for HIV were not reliable.

9.2.1. HIV TESTING KNOWLEDGE AND HISTORY BY EXPERIENCE OF SEXUAL VIOLENCE

Among males who ever had sex, 93.7% of those who had never experienced lifetime sexual violence knew where to go for HIV testing. The estimate for females who ever had sex and who had never experienced lifetime sexual violence and knew where to go for HIV testing were not reliable. The estimates for both females and males who experienced ever had sex and who ever had lifetime sexual violence and knew where to go for an HIV test were not reliable.

FIGURE 9.3. HIV testing knowledge and behaviour among 15-24-year-olds – Kenya Violence Against Children Survey (VACS), 2019.



Source: Kenya Violence Against Children Survey (VACS), 2019.
**All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

Among females age 15-24-years who had ever had sex, 89.3% of those who experienced sexual violence had ever been tested for HIV and 90.3% of those who had not experienced sexual violence had ever been tested for HIV. Among males age 15-24-years who ever had sex, 77.3% of those who experienced sexual violence had ever been tested for HIV and 78.1% of those who had not experienced sexual violence had ever been tested for HIV.

9.2.2. HIV STATUS BY EXPERIENCE OF VIOLENCE

HIV status was determined through HIV testing or a participant self-reporting the findings of a prior positive HIV test. Participants who self-reported a positive HIV status were requested to provide documentation to show they were enrolled in HIV care and treatment. The prevalence of HIV among females age 15-24 was 1.4%. Among females who had ever experienced any type of childhood violence, the prevalence of HIV was 1.9%. The prevalence of HIV among females who experienced childhood physical violence was 2.4%, and among females who experienced childhood emotional violence was 2.3%. All other estimates for HIV among females and all estimates of HIV status among males were unreliable.

SECTION 10



Beliefs and Attitudes About Gender and Violence and Violence Perpetration

Among 18-24-year-olds, **fewer females (60.5%) than males (72.5%)** endorsed one or more traditional beliefs about gender, sexual behaviour and intimate partner violence.



Among 13-17-year-olds, **one out of ten females (12.0%) and males (11.0%)** perpetrated physical violence.

About half of females (49.3%) and males (48.1%) aged 18-24-year-olds indicated it was **acceptable for a husband to beat his wife** for one or more reasons.



Among 18-24-year-olds who ever had a partner, **males were twice as likely to perpetrate physical intimate partner violence** compared to females (16.5% versus 7.4%).

16.5% vs. 7.4%

© SHEHZAD NOORANI/UNICEF

This section examines attitudes and beliefs related to violence. Questions assessed attitudes justifying the use of physical violence by husbands against their wives. All participants were asked if it was right for a husband to hit or beat his wife under five different circumstances: if she goes out without telling him, if she does not take care of the children, if she argues with him, if she refuses to have sex with him, or if she is suspected of having an affair.

The survey also examined the endorsement of traditional norms about gender and sexual behaviour and intimate partner violence. These included: men, not women, should decide when to have sex; men need more sex than women; men need to have sex with other women even if they have a good relationship with their wife; women who carry condoms have sex with a lot of men; and a woman should tolerate violence to keep her family together.

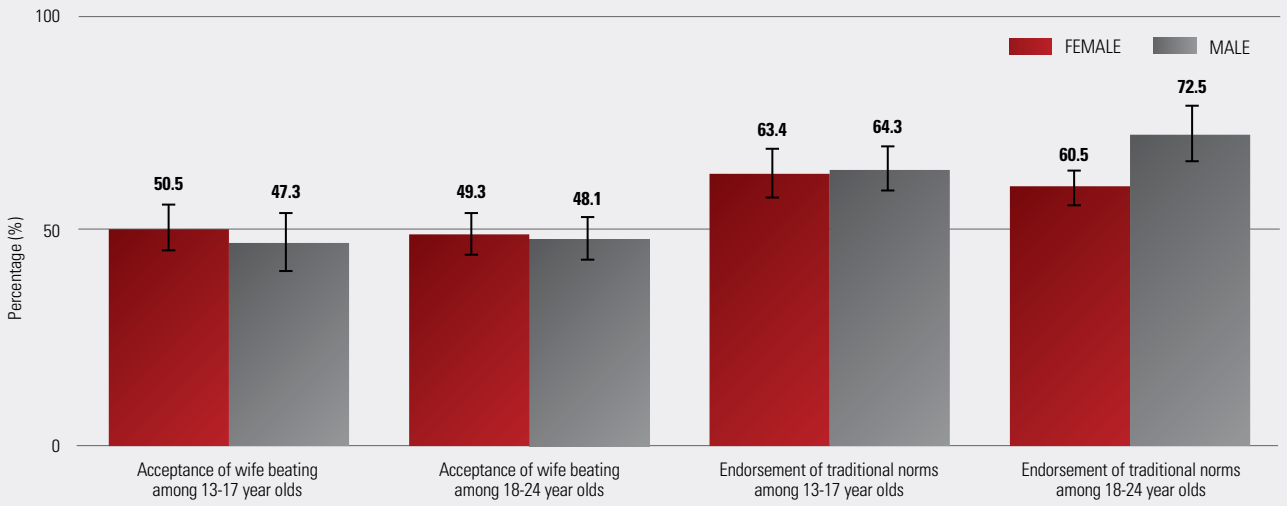
10.1. BELIEFS ABOUT WIFE-BEATING AND TRADITIONAL GENDER NORMS

Findings related to attitudes about domestic violence and traditional gender norms are included in Tables 10.1.1 and 10.1.2 and Figure 10.1. Among females, 50.5% of 13-17-year-olds and 49.3% of 18-24-year-olds indicated it was acceptable for a husband to beat his wife for one or more reasons (Figure 10.1). Among males, 47.3% of 13-17-year-olds and 48.1% of 18-24-year-olds indicated it was acceptable for a husband to beat his wife for one or more reasons. Among 13-17-year-olds, two-thirds of females (63.4%) and males (64.3%) endorsed one or more traditional beliefs about gender, sexual behaviour and intimate partner violence. Among 18-24-year-olds, fewer females (60.5%) than males (72.5%) endorsed one or more traditional beliefs about gender, sexual behaviour and intimate partner violence, which was statistically significant.

10.2. PREVALENCE OF VIOLENCE PERPETRATION

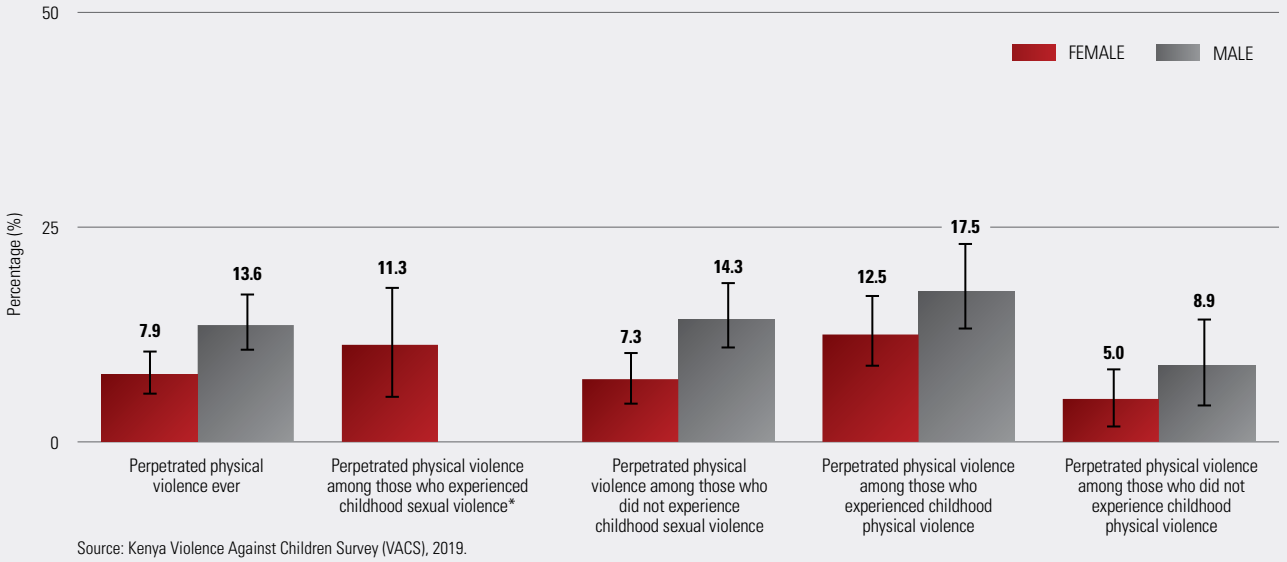
This section presents the prevalence of sexual and physical violence perpetration among 18-24- and 13-17-year-old females and males. Here, violence includes the physical violence measures of: slapping, pushing, shoving, shaking, or intentionally throwing something at to hurt; punching, kicking, whipping, or beating with an

FIGURE 10.1. Endorsement of traditional norms about gender, sexual behaviour, and intimate partner violence among 13-17- and 18-24-year-olds – Kenya Violence Against Children Survey (VACS), 2019.



Source: Kenya Violence Against Children Survey (VACS), 2019.
**All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

FIGURE 10.2. Physical violence perpetration among 18–24-year-olds – Kenya Violence Against Children Survey (VACS), 2019.



Source: Kenya Violence Against Children Survey (VACS), 2019.

* The estimate for males who perpetrated physical violence among those who experienced childhood sexual violence was unreliable and is not included in the figure.

** All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

object; choking, suffocating, trying to drown, or burning intentionally; and using or threatening with a knife, gun or other weapon. Similarly, sexual violence perpetration was asked about in terms of forcing a current or former intimate partner or someone else to have sex when they did not want to. This section also presents data on perpetration of violence by experiences of sexual violence and physical violence victimization in childhood. Participants were asked if they had ever perpetrated these measures of violence, so it is not possible to determine when the perpetration happened in relation to timing of experiences of childhood violence victimization. Tables 10.2.1 through 10.2.3 and Figure 10.2 include findings of violence perpetration.

Among 18-24-year-olds, males were almost twice as likely to perpetrate physical violence as females (13.6% versus 7.9%; Figure 10.2). This difference was statistically significant. About one out of ten (11.3%) females who experienced childhood sexual violence and 7.3% who did not experience childhood sexual violence perpetrated physical violence in their lifetime. The estimate for physical violence perpetration for males who experienced childhood sexual violence was unreliable. For females, 12.5% who experienced childhood physical violence and 5.0% who did not experience childhood physical violence perpetrated physical violence in their lifetime, which is a statistically significant difference. Among males, 17.5% who experienced childhood physical violence and 8.9% of those who did not experience childhood physical violence perpetrated childhood physical violence, which is not a statistically significant difference.

Among 13-17-year-olds, one out of ten females (12.0%) and males (11.0%) perpetrated physical violence. Among



© SHEHZAD NOORANI/UNICEF

15.0%

Among 13-17-year-olds who ever had a partner, 15.0% of males perpetrated intimate partner violence.

females, 15.1% who experienced sexual violence in the past 12 months and 11.5% who did not experience sexual violence in the past 12 months perpetrated lifetime physical violence. The estimate for perpetration among those males who experienced sexual violence in the past 12 months were unreliable. For females, 19.1% who experienced physical violence in the past 12 months and 7.8% of those who did not experience physical violence in the past 12 months perpetrated lifetime physical violence. This difference was statistically significant. For males, 17.1% of those who experienced physical violence in the past 12 months, and 6.8% of those who did not experience physical violence in the past 12 months, perpetrated lifetime physical violence, which was statistically significant.



© UNICEF/UNI127338/NOORANI

10.3. PREVALENCE OF INTIMATE PARTNER VIOLENCE PERPETRATION

Intimate partner violence, or violence perpetration against intimate partners, is described in this section. Intimate partner violence measured in the Kenya VACS 2019 included both forcing an intimate partner to have sex and/or perpetrating physical violence against an intimate partner. As in previous sections, an intimate partner refers to a current or previous boyfriend, girlfriend, romantic partner, husband or wife, while ever-partnered refers to someone who has ever had an intimate partner. Intimate partner violence perpetration findings are provided in Tables 10.3.1 through 10.3.2

Among 18-24-year-olds who ever had a partner, males were twice as likely to perpetrate physical intimate partner violence compared to females (16.5% versus 7.4%). This difference was statistically significant. Among 18-24-year-old ever-partnered females, 9.7% of those who experienced childhood sexual violence perpetrated intimate partner physical violence while 7.2% of 18-24-year-old ever-partnered females who did not experienced childhood sexual violence perpetrated intimate partner physical violence. The estimates for intimate partner violence perpetration by experience of childhood sexual violence for males were unreliable. Among 18-24-year-old ever-partnered males, 26.9% of those who experienced childhood physical violence perpetrated physical intimate partner violence, while 13.5% of 18-24-year-old ever-partnered males who did not experience childhood physical violence perpetrated physical intimate partner violence. The estimates for intimate partner violence perpetration by experience of childhood physical violence for females were unreliable.

Among 13-17-year-olds who ever had a partner, 15.0% of males perpetrated intimate partner violence. This estimate was unreliable for females. The estimates of intimate partner violence perpetration for both females and males among those who experienced sexual violence and physical violence were unreliable.



SECTION 11

Characteristics Associated With Violence

Among 18-24-year-old females, those who witnessed violence in the home before age 18 were **significantly more likely to experience physical or sexual violence in the past 12 months** (39.0%) compared to those who did not witness violence at home (18.1%).

Among **females aged 13-17, those who witnessed violence at home** were significantly more likely to have experienced sexual or physical violence in the past 12 months **[7 out of 10 (70.5%) versus 3 out of 10 (25.6%)].**



69.9%

Males aged 13-17 who witnessed violence at home were significantly more likely than males who did not to have experienced sexual or physical violence in the past 12 months (69.9% versus 25.2%).

Males who witnessed violence in the home before age 18 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 (35.0% versus 14.8%).

© UNICEF/UNI149794/SCHERMBRUCKER

This section presents experiences of violence in the past 12 months by characteristics of youth, including: orphan status, school attendance and completion, employment status, ever witnessing violence at home, and marriage or cohabitation status. Although cross-sectional surveys do not allow for statements of causality, evaluating associations between characteristics of youth by violence in the past 12 months allows for a separation in the characteristics (youth) and the violence outcome (recent). As such, this section does not include associations between characteristics of youth and 18-24-year-old violence outcome prior to 18.

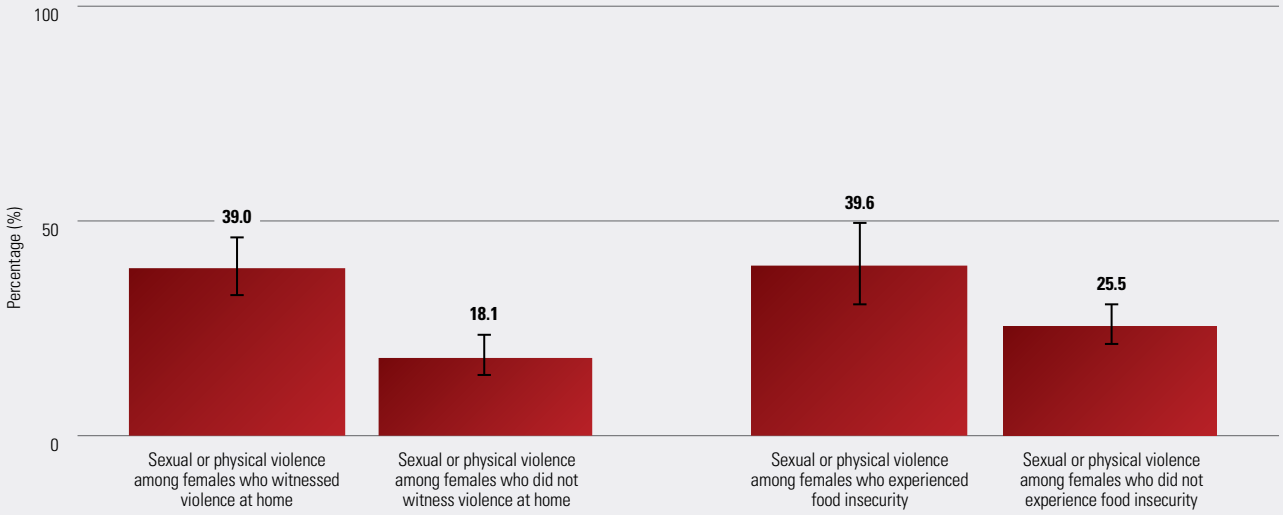
11.1. CHARACTERISTICS ASSOCIATED WITH VIOLENCE IN THE PAST 12 MONTHS AMONG 18-24-YEAR-OLDS

Table 11.1 includes findings of characteristics of 18-24-year-olds by experience of violence in the past 12 months. Among 18-24-year-old females, those who witnessed violence in the home before age 18 were significantly more likely to experience physical or sexual violence in the past 12 months (39.0%) compared to those who did not witness violence at home (18.1%; Figure 11.1). Males who witnessed violence in the home before age 18 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 (35.0% versus 14.8%; Figure 11.2). Among females, those who experienced food insecurity were more likely to experience sexual or physical violence in the past 12 months compared to those who did not experience food insecurity (39.6% versus 25.5%). Among males, those who experienced food insecurity were more likely to have experienced sexual or physical violence in the past 12 months (41.3%) compared to those who did not experience food insecurity (19.6%). There were no other statistically significant differences in experience of violence by characteristics for females or males.

11.2. CHARACTERISTICS ASSOCIATED WITH VIOLENCE IN THE PAST 12 MONTHS AMONG 13-17-YEAR-OLDS

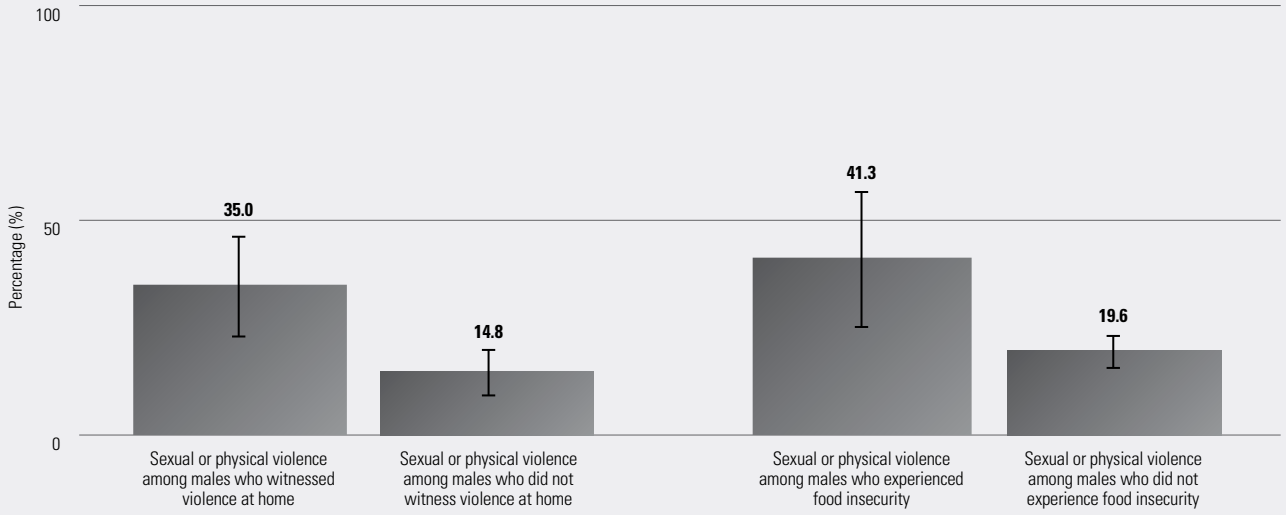
Table 11.2 includes findings of characteristics of 13-17-year-olds by

FIGURE 11.1. Childhood characteristics of 18-24-year-old females by experience of sexual and physical violence in the past 12 months – Kenya Violence Against Children Survey (VACS), 2019



Source: Kenya Violence Against Children Survey (VACS), 2019.
**All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

FIGURE 11.2. Childhood characteristics of 18–24-year-old males by experience of sexual or physical violence in the past 12 months – Kenya Violence Against Children Survey (VACS), 2019.

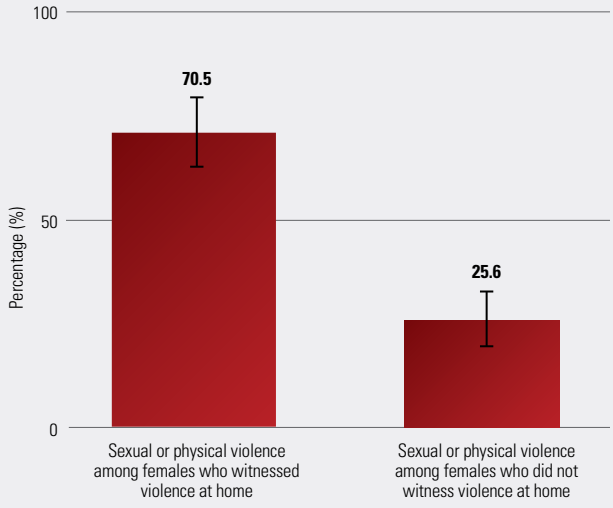


Source: Kenya Violence Against Children Survey (VACS), 2019.

**All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

experience of violence in the past 12 months. Among females, those who witnessed violence at home were significantly more likely to have experienced sexual or physical violence in the past 12 months (70.5% versus 25.6%; Figure 11.3). Males who witnessed violence at home were significantly more likely than males who did not to have experienced sexual or physical violence in the past 12 months (69.9% versus 25.2%; Figure 11.4). There were no other statistically significant differences in experience of violence in the past 12 months by characteristic for 13-17-year-old females or males.

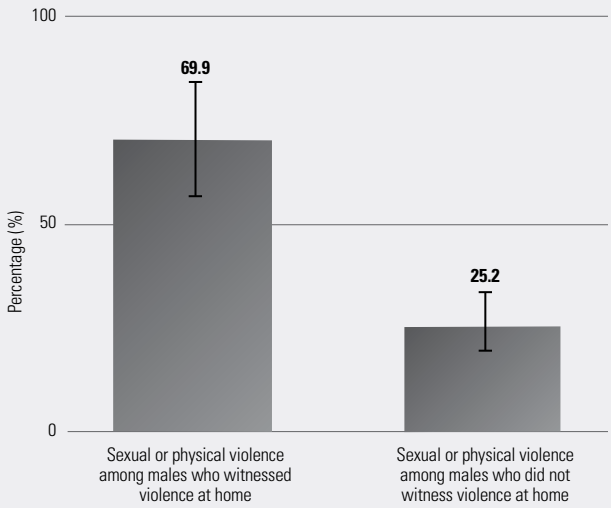
FIGURE 11.3. Characteristics of 13–17-year-old females by experience of sexual or physical violence in the past 12 months – Kenya Violence Against Children Survey (VACS), 2019.



Source: Kenya Violence Against Children Survey (VACS), 2019.

**All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

FIGURE 11.4. Characteristics of 13–17-year-old males by experience of sexual or physical violence in the past 12 months – Kenya Violence Against Children Survey (VACS), 2019.



Source: Kenya Violence Against Children Survey (VACS), 2019.

**All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

SECTION 12



INSPIRE Indicators

Among 18-24 year-old, about one in two females (49.3%) and males (48.1%) **accepted wife-beating in 1 or more circumstances.**

Among 18-24 year-old, **nearly one out of two females (47.1%) and more than half of males (56.9%)** agreed it was necessary for teachers to use corporal punishment.

Among 13-17 year-old, nearly one out of two females (48.2%) and two out of five males (41.7%) **experienced physical discipline or verbal aggression by a parent** in the past 12 months.

Among 18-24 year-old, **one in five females (22.3%) were pregnant** before the age of 18.

Among 13-17 year-old, **81.0% of females and 80.4% of males** said it was easy to talk to their mothers about something that was really bothering them.

© SHEHZAD NOORANI/UNICEF

In 2016, the Global Partnership to End Violence Against Children released INSPIRE: Seven Strategies for Ending Violence Against Children, a technical package that includes evidence-based strategies with demonstrated success in preventing and responding to violence in childhood.[11] INSPIRE was co-developed through a collaboration with key partner organizations, including CDC, PEPFAR, USAID, the World Health Organization, UNICEF, the World Bank, and others. It reflects the best-available evidence on effective strategies to prevent violence against children, with a focus on programmes and approaches with proven success in low-resource settings.

There are seven strategies that INSPIRE encompasses but this section presents indicators for 5 strategies: **N**orms and values; **S**afe environments; **P**arent and caregiver support; **I**ncome and economic strengthening, and **E**ducation and life skills. Data on the **R**esponse and support services indicators are previously provided in this report in Sections 4 and 5, and include: disclosure, knowledge of services, service-seeking, and receipt of services for sexual and physical violence. Data on the INSPIRE indicators capture key opportunities to inform evidence-based interventions and approaches. They are also aligned with the INSPIRE Indicator Guidance and Results Framework, designed to measure and monitor progress on implementation and impact of INSPIRE.[11] Table 12.1 includes findings of INSPIRE indicators among 18-24-year-olds, and Table 12.2 includes findings of INSPIRE indicators among 13-17-year-olds. Findings are reported in this section by INSPIRE strategy and may include data from either or both tables in each section.

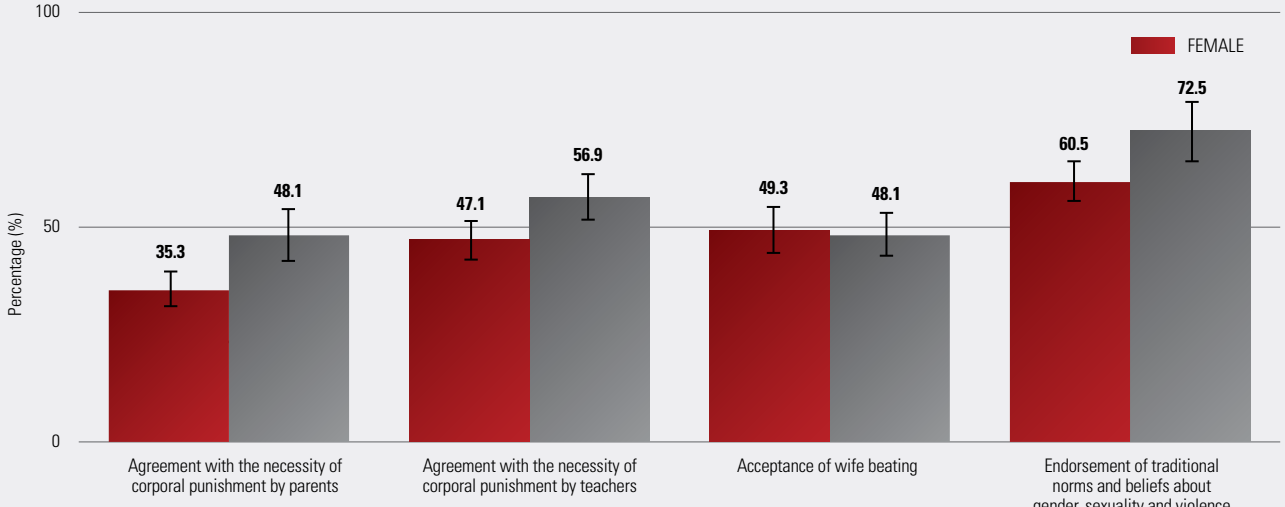
12.1. NORMS AND VALUES

Among 18-24-year-olds, 35.3% of females and 48.1% of males agreed it was necessary for parents to use corporal punishment to raise children (Figure 12.1). The difference between males and females was statistically significant. Nearly one out of two females (47.1%) and more than half of males (56.9%) agreed it was necessary for teachers to use corporal punishment. About one in two females (49.3%) and males (48.1%) accepted wife-beating in 1 or more circumstances. Significantly more males (72.5%) than females (60.5%) endorsed traditional norms about gender, sexual behaviour, and violence.



Among 18-24-year-olds, 35.3% of females and 48.1% of males agreed it was necessary for parents to use corporal punishment to raise children.

FIGURE 11.1. Childhood characteristics of 18–24-year-old females by experience of sexual or physical violence in the past 12 months – Kenya Violence Against Children Survey (VACS), 2019



Source: Kenya Violence Against Children Survey (VACS), 2019.

**All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

8.7%

Among 18-24 year-old, 8.7% were married or cohabitated before age 18.

12.2. SAFE ENVIRONMENTS

Data on the indicator for Safe Environments indicate that 6.0% of females and 2.5% of males ages 13-17 who are enrolled in school missed school or did not leave the home due to fear of violence in the past 12 months. This difference was statistically significant.

12.3. PARENT AND CAREGIVER SUPPORT

Among 13-17-year-olds, 31.2% of females and 23.1% of males said their parents used positive discipline strategies in the past 12 months. In contrast, nearly one out of two females (48.2%) and two out of five males (41.7%) experienced physical discipline or verbal aggression by a parent in the past 12 months. More than four out of five females (85.8%) and 88.8% of males said they were close or very close to their mothers, and 81.0% of females and 80.4% of males said it was easy to talk to their mothers about something that was really bothering them. More than four out of five females (85.8%) and males (83.5%) indicated their parents had high parental monitoring and supervision.

12.4. INCOME AND ECONOMIC STRENGTHENING

The survey included questions about work, food insecurity and who makes economic decisions in the household as indicators of Income and Economic Strengthening. Among 13-17-year-olds, 26.4% of females and 19.9% of males experienced food insecurity. The question about women's economic empowerment assessed to what extent married or cohabitating females indicated that they have a say in how money is spent in the household. Among 18-24-year-old married or cohabitating females who worked for money or other payment in the last 12 months, 91.8% indicated they have a say in how money is spent.

12.5. EDUCATION AND LIFE SKILLS

Indicators of Education and Life Skills assess both engagement and participation in education and risk behaviours. Among 13-17-year-olds, 92.9% of females and 88.7% of males are currently enrolled in school. Binge drinking is rare among adolescents in Kenya; the estimates for both females and males engaged in binge drinking in the past 30 days were not reliable. One in ten females (11.1%) and one in five males (20.2%) had been in a physical fight in the past 12 months. Among 18-24-year-olds, 9.9% of females and 12.6% of males had early sexual debut, defined as first sex at or before age 15. One in five females (22.3%) were pregnant before the age of 18, and 8.7% were married or cohabitated before age 18. The estimate for males who were married or cohabitating before age 18 was not reliable.

INSPIRE

Seven Strategies for Ending Violence Against Children



Implementation and enforcement of laws



Norms and values



Safe environments



Parent and caregiver support



Income and economic strengthening



Response and support services



Education and life skills

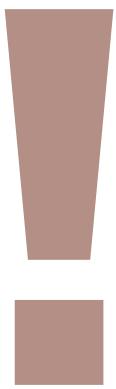
Source: *INSPIRE: Seven strategies for ending violence against children, The World Health Organization*

SECTION 13



Kenya VACS 2010 and 2019 Comparison

In 2010, **twice as many females (14% vs. 7%) experienced emotional violence** perpetrated by a parent, adult caregiver or other relative in childhood compared to 2019.





Emotional violence decreased 50% for females 18-24-year-olds and more than 80% for males 18-24-year-olds between 2010 and 2019.

Physical violence decreased more than 40% for females 18-24-year-olds and more than 25% for males 18-24-year-olds between 2010 and 2019.





Sexual violence decreased by 50% for females 18-24-year-olds and 66% for males 18-24-year-olds between 2010 and 2019.

© UNICEF/UNI149538/SCHERMBRUCKER

This section presents a comparison of prevalence estimates of sexual, physical and emotional violence obtained in the 2010 VACS and 2019 VACS results.

Among 18-24 year old females, the prevalence of unwanted sexual touching was 20.7% in 2010 compared to 6.8% in 2019.

13.1. DIFFERENCES IN SEXUAL VIOLENCE PREVALENCE BETWEEN 2010 AND 2019

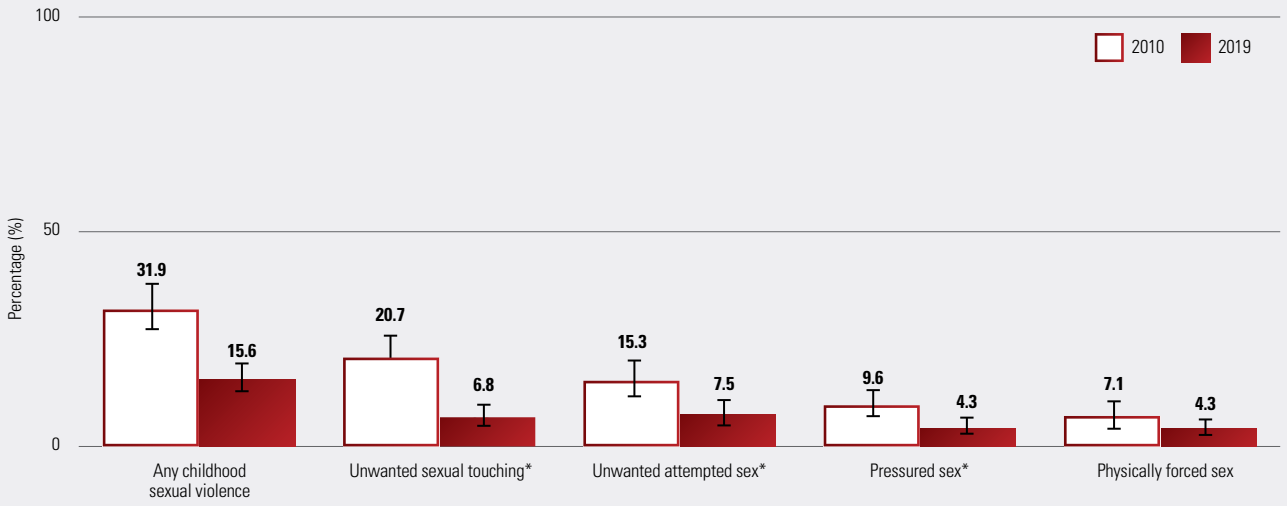
Table 13.1.1 and Figure 13.1 presents comparisons of prevalence of childhood sexual violence among 18-24-year-olds. Among females, the prevalence of any childhood sexual violence was significantly higher in 2010 (31.9%) compared to 2019 (15.6%). The prevalence of unwanted sexual touching was 20.7% in 2010 compared to 6.8% in 2019, and unwanted attempted sex was 15.3% in 2010 compared to 7.5% in 2019. The prevalence of pressured sex was 9.6% in 2010 and 4.3% in 2019. The prevalence of physically forced sex was 7.1% and 4.3% in 2010 and 2019, respectively. The differences between prevalence of sexual violence by type in 2010 compared to 2019 were statistically significant for unwanted sexual touching, unwanted attempted sex, and pressured sex. The difference between the prevalence of physically forced sex between 2010 and 2019 was not statistically significant.

Experience of any childhood sexual violence among 18-24-year-old males declined significantly from 17.5% in 2010 to 6.4% in 2019.

Table 13.1.2 presents comparisons of prevalence for different types of sexual violence experienced by 13-17-year-olds in the 12 months preceding the 2010 and 2019 VACS. Among females, the prevalence of unwanted attempted sex in the past 12 months was significantly lower in 2010 (3.3%) compared to 2019 (8.5%; Figure 13.2). There were no significant differences in the prevalence of other types of sexual violence in the 12 months for females ages 13-17.

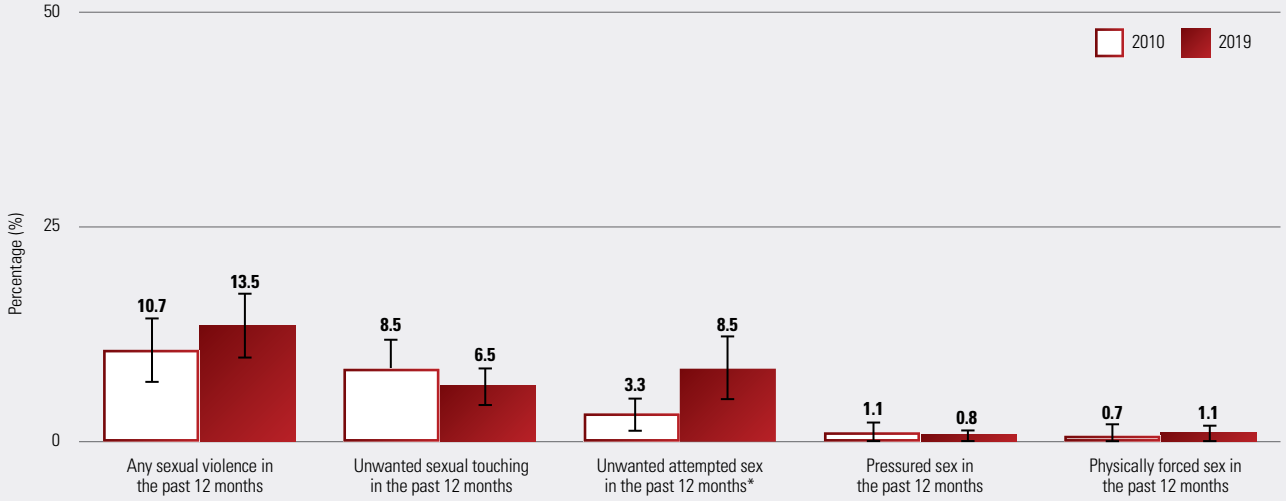
Among males ages 13-17, the only significant difference in the prevalence of unwanted sexual touching in the past 12 months preceding the survey was a decline in unwanted attempted sex (2010, 2.1%; 2019, 0.5%; Figure 13.3).

FIGURE 13.1. Differences in prevalence of different types of sexual violence before age 18, among 18-24-year-old females – Kenya Violence Against Children Survey (VACS) 2010 and 2019.



Source: Kenya Violence Against Children Survey (VACS), 2019.
* Statistically significant results are notated with an asterisk.
**All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

FIGURE 13.2. Differences in prevalence of different types of sexual violence in the past 12 months, among 13-17-year-old females – Kenya Violence Against Children Survey (VACS) 2010 and 2019.



Source: Kenya Violence Against Children Survey (VACS), 2019.
* Statistically significant results are notated with an asterisk.
**All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

13.2. DIFFERENCES IN PHYSICAL VIOLENCE PREVALENCE BETWEEN 2010 AND 2019

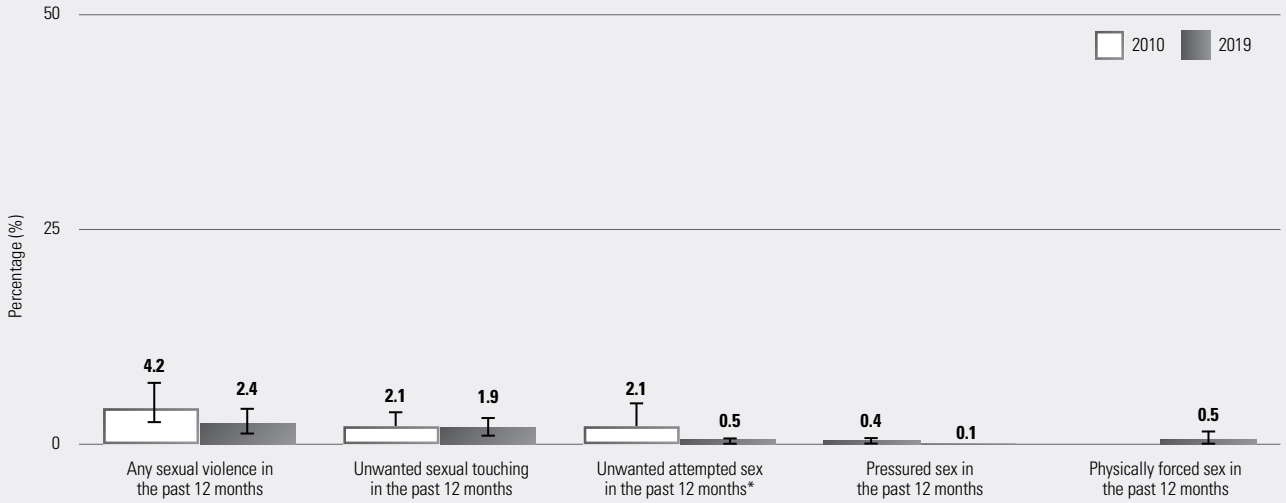
Table 13.2.1 presents comparisons of prevalence for different types of physical violence experienced by 18-24-year-olds in childhood. Physical violence among females was lower in 2019 compared to 2010 (Figure 13.4). The prevalence of any childhood physical violence was significantly lower in 2019 (38.8%) compared to 2010 (66.0%). There was also a decline for females in the prevalence of childhood physical violence perpetrated by a parent or adult relative from 50.3% in 2010 to 28.9% in 2019. Similarly, prevalence of physical violence perpetrated against females in childhood by adults in the community/neighbourhood was also significantly higher in 2010 (57.7%) compared to 2019 (15.2%).

Among 18-24-year-old males, the prevalence of physical violence by each perpetrator was significantly higher in



© UNICEF/UNI284481/CRANSTON

FIGURE 13.3. Differences in prevalence of different types of sexual violence in the past 12 months, among 13-17-year-old males – Kenya Violence Against Children Survey (VACS) 2010 and 2019.

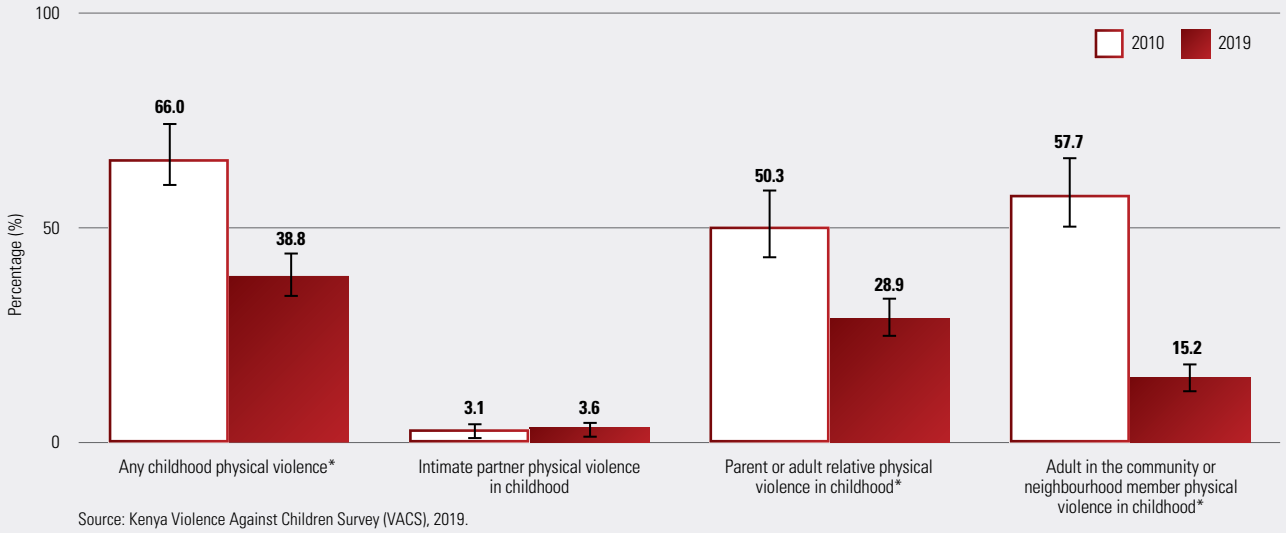


Source: Kenya Violence Against Children Survey (VACS), 2019.
* Statistically significant results are notated with an asterisk.
** All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

2010 compared to 2019 (Figure 13.5). There was a significant decline from 2010 to 2019 for males in the prevalence of any childhood physical violence (73.1% versus 51.9%), childhood physical violence perpetrated by an intimate partner (2.9% versus 0.7%), childhood physical violence perpetrated by a parent or adult relative (56.1% versus 37.9%), and childhood physical violence perpetrated by an adult in the community or neighbourhood (57.5% versus 21.5%).

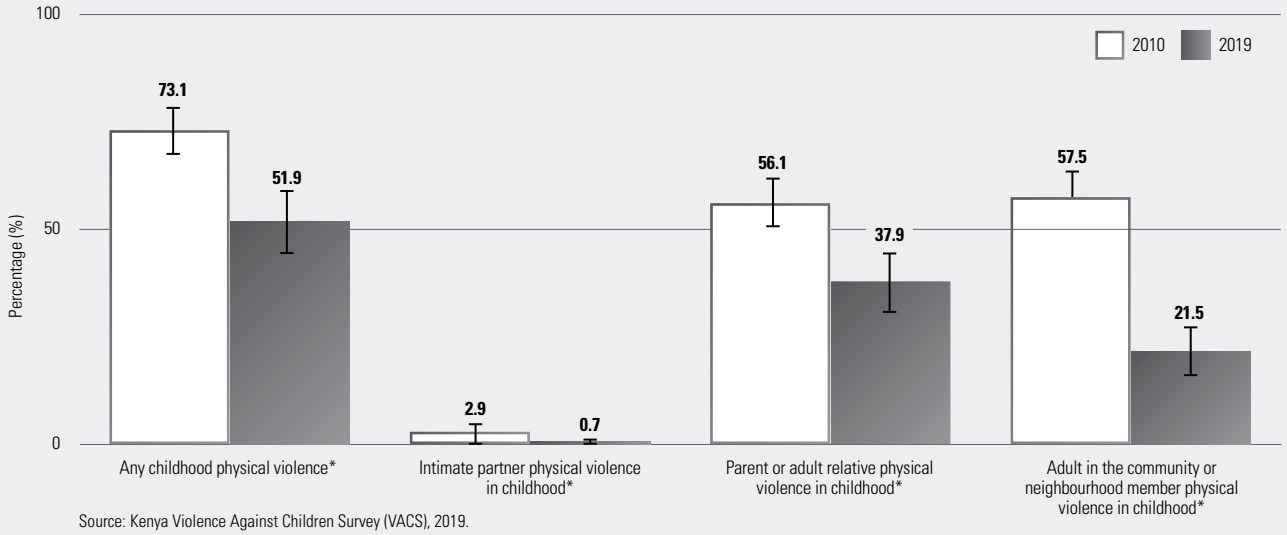
Table 13.2.2 presents comparisons of prevalence for different types of physical violence experienced by 13-17-year-olds in the 12 months before the 2010 and 2019 VACS. Among 13-17-year-old females, the prevalence of physical violence in the past 12 months was significantly lower in 2010 compared to 2019 (17.8% versus 36.8%; Figure 13.6). Physical violence by an adult in the community or neighbourhood in the past 12 months was also lower in 2010 compared to 2019 (1.1% versus 23.6%). There was no

FIGURE 13.4. Differences in prevalence of physical violence before age 18, overall and by perpetrator, among 18-24-year-old females – Kenya Violence Against Children Survey (VACS) 2010 and 2019.



Source: Kenya Violence Against Children Survey (VACS), 2019.
* Statistically significant results are notated with an asterisk.
** All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

FIGURE 13.5. Differences in prevalence of physical violence before age 18 overall and by perpetrator, among 18-24-year-old males – Kenya Violence Against Children Survey (VACS) 2010 and 2019.



Source: Kenya Violence Against Children Survey (VACS), 2019.
* Statistically significant results are notated with an asterisk.
** All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

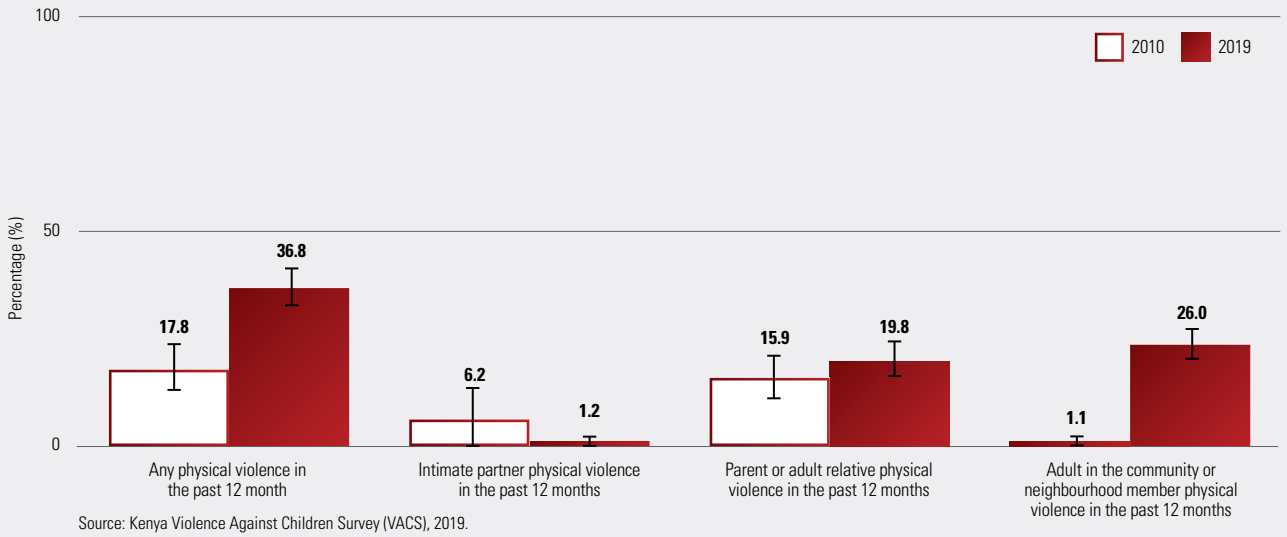
statistically significant difference between the prevalence of physical violence by a parent or adult relative experienced in the past 12 months from 2010 to 2019 among females ages 13-17.

For males ages 13-17, the only statistically significant difference between 2010 and 2019 was for physical violence by an adult in the community or neighbourhood in the past 12 months (44.7% versus 26.0%; Figure 13.7).

13.3. DIFFERENCES IN EMOTIONAL VIOLENCE PREVALENCE BETWEEN 2010 AND 2019

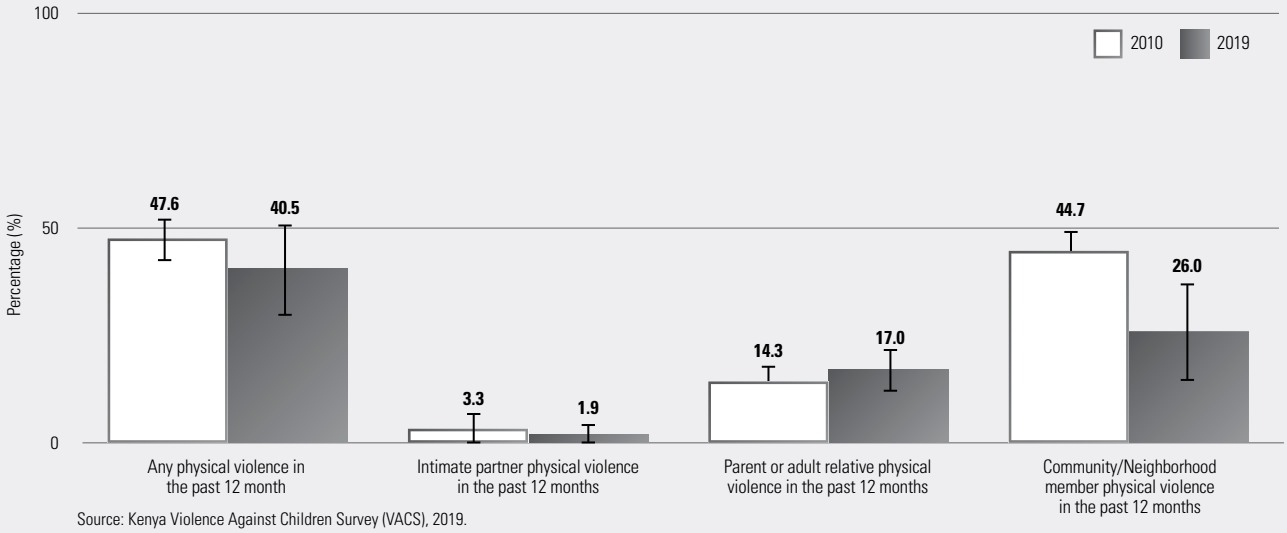
Tables 13.3.1 presents comparisons between prevalence of emotional violence experienced among 18-24-year-olds in childhood in 2010 and 2019 VACS. There was a statistically significant difference in the prevalence of emotional violence perpetrated by a parent, adult caregiver or other relative in childhood in 2010 compared to 2019 (14.0% versus 7.3%) .

FIGURE 13.6. Differences in prevalence of physical violence in the past 12 months overall and by perpetrator, among 13-17-year-old females – Kenya Violence Against Children Survey (VACS) 2010 and 2019.



Source: Kenya Violence Against Children Survey (VACS), 2019.
** All figures are presented with 95% confidence intervals represented by the line above and below the bars.*

FIGURE 13.7. Differences in prevalence of physical violence in the past 12 months overall and by perpetrator, among 13-17-year-old males – Kenya Violence Against Children Survey (VACS) 2010 and 2019.



Source: Kenya Violence Against Children Survey (VACS), 2019.

** All figures are presented with 95% confidence intervals represented by the line above and below the bars.*



© SHEHZAD NOORANI/UNICEF

SECTION 14

Discussion



For females age 13-17-years-old who **experienced sexual violence in the past 12 months,** the perpetrator of the most recent incidents were often **current or previous spouse/boyfriend/ girlfriend or neighbor.**

About a quarter of females (28.6%) and more than a third of males (35.4%) 18-24 years who experienced physical violence before age 18 and **did not seek service, did not do so because they did not think it was a problem.**

Out of 18-24-year-old females who experienced any childhood violence (45.9 %), **7.7% of females experienced both sexual and physical violence** in childhood.

Witnessing violence in the home in childhood is common both among females (52.0%) and males (51.5%) ages 18-24.

A higher proportion of females ages 13-17 who experienced physical violence in the past 12 months (19.1%) perpetrated physical violence compared to females who did not experience physical violence in the past 12 months (7.8%). Similarly, **a higher proportion of males ages 13-17 who experienced physical violence in the past 12 months (17.1%) perpetrated physical violence** compared to males who did not experience physical violence in the past 12 months (6.8%).

© UNICEF/UN059751/OSE

The Kenya 2019 VACS is the second nationally-representative survey on the prevalence and epidemiology of sexual, physical, and emotional violence among female and male children and youth in Kenya. This report describes the burden, contexts, and consequences for violence against children. It also explores the overlap between sexual, physical, and emotional violence and the services sought and utilized for incidents of sexual violence and physical violence. The wealth of information provided by the VACS can guide prevention and response efforts that are uniquely adapted to the Kenya context.

Parents and caregivers who are the primary caregivers and protectors of children often perpetrate physical violence in childhood against both females (28.9%) and males (37.9%) ages 18-24.

14.1. PRIORITY FINDINGS FOR NATIONAL RESPONSE

The findings paint a complex and nuanced picture of the experiences of violence among children, its impact, and drivers. Several notable findings point to unique aspects of the lives and environments that Kenya's girls and boys live in and how violence affects their lives.

Violence in home settings

- The prevalence of **physical violence** against children in the home setting is high. Parents and caregivers who are the primary caregivers and protectors of children often perpetrate physical violence in childhood against both females (28.9%) and males (37.9%) ages 18-24.
- In addition, 12.3% of females and 6.3% of males ages 13-17 experienced **emotional violence** by a parent, adult caregiver, or other adult relative in the past 12 months, having been told that either they were unloved or did not deserve to be loved, that the parent or caregiver wished they were dead or had never been born, or were ridiculed or put down.
- The prevalence of **violent discipline including corporal punishment and psychological aggression** against children is also high. Almost half of females (48.2%) and males (41.7%) ages 13-17 experienced physical discipline or verbal aggression by parents or caregivers in the past 12 months.
- **Children's exposure to violence at home is high. Witnessing violence in the home in childhood is common** both among females (52.0%) and males (51.5%) ages 18-24.
- Despite these results, one of the encouraging findings **was close relationships that children have with mother**, which is a key protective factor. Children ages 13-17 had a close relationship with their mother (85.8% of females and 88.8% of males) and found their mothers being easy to talk to (81% of females and 80.4% of males). Similarly, parental monitoring and supervision was high among both females (85.8%) and males (83.5%). In addition, about a quarter of 13-17-year-olds (31.2% of females and 23.1% of males) had parents and caregivers who used positive discipline.
- **When children disclose incidents of violence, they mostly talk to family members or relatives.** Less than half of females (41.3%) ages 18-24 told someone about an experience of sexual violence in childhood. Most of them told a relative (56.7%) or a friend or neighbour (35.3%) about the incident. Similarly, less than half of females (41.0%) and males (39.2%) told someone about experience of any physical violence in childhood. Both females (73.2%) and males (66.3%) most commonly told a relative. This is another finding that points to the importance of nurturing children's relationship with parents and family members as protective relationships that can build resilience among youth.

Children's experience of violence in early childhood

Child's exposure to violence starts early in Kenya. The VACS indicates that **children's exposure to physical and emotional violence begins young**.

- For physical violence, 11.1% of females ages 18-24 who experienced physical violence in childhood had their first experience when they were 5 or younger, 42.7% experienced the first incident between ages 6 and 11 and 46.2% experienced their first incident between ages 12 and 17.
- For emotional violence, 39.6% of females ages 18-24 who experienced childhood emotional violence had the first experience when they were 6-11 years old and 60.4% had their first experience when they were 12-17 years old.

Intergenerational cycles of violence

One of the findings of the VACS is the indication of a cycle of violence affecting children in Kenya. By being survivors or witnesses of violence, children and youth are at a higher risk of further victimization or perpetration. Children who experienced violence are at a higher risk of perpetrating violence themselves. Equally, youth who were witnesses to violence in childhood are at a higher risk of becoming perpetrators in young adulthood, carrying forward the impact of violence they experienced in childhood to their own relationships. Witnessing violence at home in childhood is also significantly associated with victimization in childhood as well as in young adulthood.

- **Perpetration:** A higher proportion of males ages 13-17 who experienced physical violence in the past 12 months (17.1%) perpetrated physical violence compared to males who did not experience physical violence in the past 12 months (6.8%). Similarly, a higher proportion of females ages 13-17 who experienced physical violence in the past 12 months (19.1%) perpetrated physical violence compared to females who did not experience physical violence in the past 12 months (7.8%).
- A higher proportion of males ages 18-24 who experienced childhood physical violence perpetrated physical violence (17.5%) compared to males who did not experience childhood physical violence (8.9%), though the difference is not statistically significant. A higher proportion of females ages 18-24 who experienced childhood physical violence also perpetrated physical violence (12.5%) compared to females who did not experience childhood physical violence (5.0%).
- **Victimization:** VACS identified a high level of association between witnessing violence at home and experiencing sexual and physical violence victimization against children: 70.5% of females ages 13-17 who witnessed violence at home had experienced sexual or physical violence compared to 25.6% of females who did not witness violence at home. Similarly, 69.9% of males ages 13-17 who witnessed violence at home experienced sexual or physical violence compared to 25.2% of males who did not witness violence at home.
- Similar patterns are observed for youth ages 18-24: 39.0% of females and 35.0% of males who witnessed violence at home in childhood were survivors of either physical or sexual violence in the past one year, compared to 18.1 % of females and 14.8 % of males compared to 18.1% of females and 14.8% of males who did not witness violence at home and were survivors of either physical or sexual violence.

Violence in school settings

Children spend most of their waking hours in pre-school and school. When children are exposed to violence at school, they are not only denied of their rights to protection but to education.

- Children in Kenya are exposed to violence in school settings. For nearly one in five females (18.5%) ages 18-24 who experienced childhood

Youth ages 18-24: 39.0% of females and 35.0% of males who witnessed violence at home in childhood were survivors of either physical or sexual violence in the past one year, compared to 18.1 % of females and 14.8 % of males who did not witness violence against at home in childhood.

22%

Notably, among 18-24-year-olds, 22% of females and 13% of males with a social media account experienced emotional violence by a peer online or through technology in the past 12 months.

sexual violence, the perpetrator of the first incident was a classmate or schoolmate. For a quarter of females (22.4%), the perpetrator of the first incident of pressured or physically forced sex in childhood was a classmate or schoolmate.

- In addition, there is a high level of acceptance of corporal punishment by teachers. Almost half of youth (47.1% of females and 56.9% of males) ages 18-24 agreed that corporal punishment by teachers is necessary.
- Positive findings in school settings are that close to half of children ages 13-17 have been taught some life skills in school. For example, 43.7% of females and 41.3% of males have been taught anger management in school. In addition, 58.0% of females and 59.5% of males have been taught how to avoid physical fights and violence in school. Over half of 13-17-year-olds (55.9% of females and 51.8% of males) have been taught how to avoid bullying in school.



© SHEHZAD NOORANI/UNICEF

Violence by peers

Children are also exposed to violence from their peers, which include people of the same age not including a boyfriend/ girlfriend, spouse, or romantic partner.

- For females who experienced **sexual violence** in the past 12 months, the perpetrators of the most recent incidents were often classmates (15.9%) or friends (9.1%).
- Among 13-17-year-olds, 12.6% of females and 18.5% of males experienced **physical violence** by a peer in the past 12 months. Among those who experienced peer physical violence in the past 12 months, 47.3% of females and 32.3% of males suffered from an injury, indicating the serious nature of the violence.
- **Emotional violence** by peers is an area of special concern. About one third of females (34.3%) and males (32.2%) ages 13-17 experienced emotional violence by a peer in the past 12 months. Notably, among 18-24 year old females with a social media account, 21.8% experienced emotional violence by a peer online or through technology in the past 12 months. Among 18-24 year old males with a social media account, 12.6% experienced emotional violence by a peer online or through technology in the past 12 days.

Violence by boyfriends, girlfriends and romantic partners

- Violence perpetrated by romantic partners is equally noteworthy. Among

18-24-year-olds who experienced childhood sexual violence, 44.4% of females and 44.8% of males experienced their first experience of sexual violence by their current or previous spouses, boyfriends and girlfriends, or romantic partners.

Attitudes, values and social norms

- **High level of acceptance and normalization of violence against children and women by adolescents and young people was also revealed.** Among 18-24-year-olds, 35.3% of females and 48.1% of males agreed that corporal punishment by parents is necessary; close to half (49.3% of females and 48.1% of males) justified wife beating by a husband. Furthermore, the majority (60.5% of females and 72.5 % of males) endorsed traditional norms and beliefs about gender, sexuality and violence.
- These harmful norms are also an aspect of why child survivors of violence do not get the professional services that they need. Among 18-24-year-old females who experienced any sexual violence before age 18 and did not seek services, 53.6% did not seek services because they did not think it was a problem. Similarly, about a quarter of females (28.6%) and more than a third of males (35.4%) 18-24 years who experienced physical violence before age 18 and did not seek service, did not do so because they did not think it was a problem and about a quarter of females and one in ten males who experienced physical violence before age 18 and did not seek service, did not do so because they felt it was their fault (24.5% and 10.4%).

Differences between boys and girls in disclosure and service-seeking for violence

Males are less likely to disclose and seek services, especially when they suffer from sexual violence. While about one-third of both females (34.8%) and males (34.2%) ages 18-24 who experienced childhood sexual violence knew of a place to seek for sexual violence, a higher percentage of females (12.5%) compared to males (3.2%) sought help. As for physical violence, 33.3% of 18-24-year-old females and 40.6 % of males who experienced physical violence knew of a place to seek help for physical violence, and about the same percentage of females (8.9%) and males (8.5%) sought help for an incident of physical violence.

Linkages between food/material insecurity and violence

- The VACS results confirmed an association between food insecurity and violence; 39.6% of females and 41.3% of males ages 18-24 who experienced food insecurity, experienced sexual or physical violence in the past 12 months, compared to 25.5 % of females and 19.6% of males who did not experience food insecurity.

Poly-victimization in childhood violence: children experience different forms of violence in multiple settings including home, school and communities.

Out of 18-24-year-old females who experienced any childhood violence (45.9 %), 7.7% of females experienced both sexual and physical violence in childhood, and 3.9% experienced both physical and emotional violence. Only 1.9 % of 18-24-year-old females experienced all three types, sexual, physical and emotional violence, in childhood. Children also experienced violence in multiple settings including home, school and community.

14.2. STRENGTHS AND LIMITATIONS

The VACS is Kenya's second nationally representative study on the burden of sexual, physical, and emotional violence against children and youth. There are important strengths and limitations to consider when interpreting the data. The sampling

Males are less likely to disclose and seek services, especially when they suffer from sexual violence.

strategy ensured the data are nationally representative, and random sampling using a stratified three-stage cluster design allowed for calculation of weighted estimates. Another benefit of the survey is the level of detail obtained on the context of violence. The rich, contextualized data in the Kenya VACS can inform programmatic and policy strategies to address violence. Another strength of the VACS is that it relies on a core questionnaire that is consistent across countries. This allows for cross-country comparison and facilitates interpretation of findings as they can be assessed within a global context. Most importantly, the process of planning the VACS – thorough engagement with the Kenyan Government agencies, partners, and stakeholders – can bolster country ownership of the data and results, encouraging efforts to use the data to prevent and respond to violence against children and youth in Kenya. The maintenance of a core questionnaire also allowed for the comparison of the 2010 VACS and the 2019 VACS.

There are also limitations that must be considered. Because the VACS involves a household survey, vulnerable populations (such as children residing in institutions, residential care, or justice systems, as well as those living on the street), have been excluded or missed. Similarly, children and youth who are away from home to attend school or for other reasons would not have been available to participate in the survey. Children were also excluded from the study if they had a disability that prevented them from understanding or responding to the interview questions or from being interviewed in private. Children residing outside of the home in vulnerable settings, or living with disabilities, could be at higher risk for violence. Future studies should address the burden of violence among these special populations.

An additional limitation is that the survey only collects contextual information on the first and most recent episodes of each type of violence, when individuals reported multiple instances of a form of violence. This potentially results in missing important contextual detail on certain violent events affecting participants. The VACS is also vulnerable to recall bias. The study does not include participants over the age of 24 years old to maximize participants' ability to recall events from childhood. However, there is still a chance that participants do not accurately recall the details of their experiences, particularly those very early in childhood.

Another possible limitation is that some participants may not have been comfortable disclosing personal and sensitive life experiences with strangers, thus providing an underestimate of the prevalence of violence. The survey was only conducted if interviewers could ensure privacy and reduce the risk of retaliation for participation in the survey. Interviewers underwent extensive training on how to maximize rapport with participants. Finally, the survey moved through sensitive questions in a graduated manner to help comfort participants and facilitate trust-building with their interviewer. These strategies were in place to facilitate disclosure.

14.3. IMPLICATIONS FOR PREVENTION AND RESPONSE

The key findings from the Kenya 2019 VACS have important implications for the Government and stakeholders in Kenya to accelerate efforts to prevent and effectively respond to violence against children.

- **Parenting education to promote positive parenting and to prevent all forms of violence at home can benefit from meaningful male engagement**. The survey results indicate that home is not safe for many children in Kenya, where they directly experience physical and emotional violence and are violently disciplined. At the same time, children are witnessing domestic violence at alarming rates. Children are forming norms that accept violent discipline against them as well as wife beating

by a husband and traditional gender norms. There is an urgent need to equip parents and other caregivers on positive parenting and prevention and response to violence against children and other forms of violence within a family, including violence against women. Addressing all forms of violence in family environments is critical for meaningful impact on safety and security of children. In addition, parenting programmes that ensure meaningful male engagement can promote fathers' involvement in positive parenting and violence prevention at home.

- **Patterns of violence against children and violence against women indicate inter-generational effects, fuelling cycles of violence. From the policy level to service provision on the ground, efforts to prevent and respond to violence against children and those to address violence against women and gender based violence could be strategized to take into consideration their co-occurrence, shared risk factors and common consequences.** For example, research has shown children in families where the mother is abused are more likely to experience violent discipline themselves. In addition, partner violence and violence against children can take place in the same households, given shared risk factors such as harmful use of alcohol and drugs and male dominance in the household. Frontline workers responsible for supporting domestic violence and gender based violence survivors can work closely with those responsible for child protection in order to provide children who witness domestic violence with psychosocial and other necessary support. Children exposed to domestic violence are at a higher risk of directly experiencing violence against themselves and becoming perpetrators. Both female survivors of gender based violence and their children should be supported to de-normalize acceptance of violence.
- **Children require age-appropriate life skills to protect themselves from experiencing and perpetrating violence from an early age.** Children need to be empowered with life skills to protect themselves from both experiencing and perpetrating all forms of violence. Children need to be equipped with knowledge to protect themselves from violence perpetrated by parents, relatives, teachers and other adults in different settings. At the same time, given a high level of perpetration of violence by intimate partners, children and adolescents need to have knowledge and skills to prevent and respond to intimate partner violence, dating violence, peer violence, and bullying including online violence. Life skills programmes designed in an age-appropriate manner and those that start early have the greatest potential for success, given that many sexual violence survivors suffered the first experience at the age of 15 or younger. In addition, programmes that are contextualized can address the high levels of acceptance of the existing harmful attitudes and social norms around violence against children (corporal punishment), violence against women (wife beating by husband) and gender inequality. To the extent possible, the content of life skills for children and adolescents should be aligned to the content of parenting education so that both children and adults learn consistent messages.
- **Psychosocial support and mental health services for survivors of violence is critical.** Mental distress and suicidal ideation are alarmingly high among survivors of all forms of violence. While emotional violence is often not visible, the VACS revealed severe impact of emotional violence on mental health condition of child survivors. Children and adolescents who suffer from emotional violence

can benefit from psychosocial support and mental health interventions. At the same time, efforts to educate social workers and child protection workforce who directly support child survivors of violence about the impact of violence on mental health of child survivors can improve the services they provide. Such efforts can relate how to be caring and sensitive to survivors throughout the process of case management and to ensure that they have access to appropriate psychosocial support and mental health treatment.

- **Both demand and supply-side impediments to service-seeking and receipt of services need to be addressed.** Knowledge of where to seek support as well as service-seeking behaviour for violence is low among children. This was especially true of childhood sexual violence, where only 34.8% of females and 34.2% of males knew of a place to seek help and only 12.5% of females and 3.2% of males sought help for childhood sexual violence. Children and adolescents need to be given information on where to contact and seek support in cases of violence and service-seeking for violence should be encouraged and normalized. Efforts to reach parents are also important, given findings that child survivors who tell anyone about incidents of violence most often confide in their family, friends and peers. At the same time, service providers in relevant sectors (such as education, health, judicial, law enforcement and social protection) can benefit from strategies to strengthen knowledge and skills for early identification, reporting and referral.
- **Attitudes, values and social norms that condone violence against children and women need to be addressed at different levels – children, parents/caregivers and community.** Acceptance of corporal punishment, wife beating, and traditional gender norms was high among children and young adults. Normalization and acceptance of violence also affect non-reporting and service-seeking as well as future violence perpetration and victimization. Age-appropriate programmes for young children can target norms that are formed at an early age. Children in early adolescence can also be targeted through social media platforms and in youth-friendly settings, such as at school. At the same time, parents and caregivers could be sensitized on the existence and negative impact of some social norms. Community-wide interventions to address acceptance of violence, harmful attitudes, and social norms can address social norms at the community or societal level. Community dialogues that encourage self-reflection and critical analysis among community members by trained facilitators can be impactful, especially when combined with other appropriate mass media interventions. Efforts should be made that address both violence against children and violence against women in the context of harmful gender norms.
- **Violence prevention would benefit from understanding and preventing children's experience of violence in early childhood.** Early childhood is a time of tremendous physical, cognitive and socio-emotional development. Violence hampers healthy child development. Advances in neuroscience have revealed severe impacts of toxic stress, especially on early brain development. The first year of life is a vulnerable period for not only infectious diseases but also due to violence, abuse and neglect. Furthermore, normalization of violence starts in early years. Prevention, early identification, response and referral of violence against young children can be mainstreamed in an existing platform, especially health services, which has access to parents and caregivers of young children. Equipping the child protection workforce with knowledge of special vulnerability of young children to violence as well as prevention and response strategies

working with multi-sector stakeholders can promote well-being and health.

- **A gender-sensitive approach is needed to address specific vulnerability of both boys and girls.** Boys are less likely to disclose and seek services when they suffer from sexual violence. Traditional social norms that endorse masculinity which tend to expect boys to be strong, use violence as an acceptable strategy in peer, partner and parenting interactions, and not to show emotion need to be addressed. Life skills training for boys can address boys' rights to protection and the importance of discussing and seeking support when they encounter challenges including violence. Distinct vulnerability of girls can also continue to be prioritized.
- **Special attention to be given to children who experience food or material insecurity.** The survey Findings confirmed an association between food insecurity and exposure to violence in childhood. This implies the value of special attention to children who are vulnerable to food or material insecurity. While not covered in the VACS, these efforts should consider the unique needs of children affected by humanitarian situations, such as internally displaced persons and refugees as well as children in streets, institutions, and labour situations. Cash transfers and other social protection measures have the potential to address violence rooted in economic insecurity.
- **Online violence may be a growing problem and should be researched to inform prevention and response programming.** Online violence is an emerging area of concern in Kenya that requires further research on prevalence, drivers, consequences and evidence-based responses.
- **Violence prevention efforts need to include primary, secondary, and tertiary prevention.** A comprehensive prevention response must approach the problem from multiple levels in order to mitigate the severe consequences of violence. As shown in the VACS results, violence affects children's



© SHEHZAD NOORANI/UNICEF

mental health, school attendance, acceptance and normalization of violence and perpetration and victimization at later stages. In addition to primary prevention, secondary and tertiary prevention can address the consequences of violence that last into adolescence and adulthood by mitigating its effects. Secondary prevention refers to early identification and management of violence against children so as to break the progress of the problem. Tertiary prevention refers to efforts to respond, protect and rehabilitate child survivors. Tertiary prevention is often referred to as response; it is critical to remember its importance as part of prevention of reoccurrence of violence not only against the same victim but also their normalization of violence and further victimization or future penetration. At the same time, care should be taken so as not to stigmatize child survivors or witnesses of violence as not all of them become victims of other forms of violence and perpetrators in the future.

While the 2019 VACS data did not capture situations of children not residing in households, it is important to remember specific vulnerabilities that these children face and prioritize vulnerable populations for research, prevention and response efforts.

- Children in residential care institutions including Charitable Children's Institutions (CCI) and statutory institutions such as remand homes and correction centres are known to be at high risk of violence. Development and implementation of child protection policies in residential care institutions as well as training of caregivers is necessary in addition to monitoring of the minimum standard of care. It is equally important to ensure children are protected from violence in all family-based alternative care as well as the home that they will be reintegrated with. Biological parents, relatives and caregivers of children with protection concerns can be included in parenting programmes to teach positive parenting skills and prevention of violence in family settings.
- Children affected by emergencies and humanitarian situations including internally displaced and refugee children as well as those in street situations were also not covered in the 2019 VACS. Their vulnerability warrants special consideration for violence prevention and response.
- Disability status was also not assessed. Although children with severe disabilities were excluded from the VACS sample, those with milder impairments that did not preclude their participation in the survey were included. However, it is not possible to identify these children within the VACS sample. Children with disabilities have a high level of vulnerability to all forms of violence. Programmes that aim to prevent and respond to violence among children with disabilities should consider different forms of disabilities.

14.4. PREVENTION AND RESPONSE PRIORITIES

The multi-sector technical working groups led by the Department of Children Services identified key areas for special attention in the country's efforts to prevent and respond to violence against children in Kenya. The National Prevention and Response Plan on Violence against Children 2019-2023 has been developed with a special focus on prevention and response. The Plan is informed by both data from the 2019 VACS, globally available evidence-based strategies – notably INSPIRE – and promising approaches and programmes that already exist in Kenya. Priority interventions are chosen for their potential impact on addressing key drivers of violence in different layers of a socio-ecological model while strengthening a protective environment for children.

APPENDIX A:

KENYA 2019 VACS DATA TABLES

SECTION 3: BACKGROUND CHARACTERISTICS

BACKGROUND CHARACTERISTICS OF 18-24-YEAR-OLDS

TABLE 3.1.1. Background characteristics of 18-24-year-olds — Kenya Violence Against Children Survey (VACS), 2019.

	Females	Males
	Weighted % (95% CI)	Weighted % (95% CI)
EDUCATION STATUS	**FEMALES (N= 691)**	**MALES (N= 408)**
Never attended school	5.3 (2.8 - 7.8)	2.8 (0.2 - 5.5)*
Less than or attending primary school	5.5 (3.4 - 7.6)	1.8 (0.7 - 2.9)*
Completed primary school	22.6 (18.7 - 26.5)	21.0 (16.6 - 25.4)
Completed or attending secondary school	47.4 (43.3 - 51.5)	53.3 (47.1 - 59.6)
Higher than secondary school	19.2 (15.2 - 23.2)	21.1 (15.1 - 27.1)
ORPHAN STATUS BEFORE AGE 18	**FEMALES (N= 642)**	**MALES (N= 393)**
Not an orphan before age 18	77.5 (73.4 - 81.6)	77.5 (73.1 - 81.9)
Lost one parent before age 18	20.1 (16.1 - 24.2)	18.1 (14.3 - 21.9)
Lost both parents before age 18	2.4 (1.2 - 3.6)	4.4 (1.9 - 6.8)
SOCIOECONOMIC CONDITIONS	**FEMALES (N= 691)**	**MALES (N= 408)**
Worked for money or other payment in the past 12 months	33.6 (29.7 - 37.4)	60.6 (54.3 - 66.8)
	Females (n= 688)	**Males (n= 407)**
Experienced food insecurity in the past month	22.1 (18.2 - 26.0)	26.3 (18.7 - 33.9)
	Females (n= 691)	**Males (n= 407)**
Unable to seek medical care due to cost in the past month	17.4 (13.7 - 21.1)	14.3 (9.3 - 19.3)
RELATIONSHIP STATUS	**FEMALES (N= 672)**	**MALES (N= 403)**
Ever been married or lived with someone as if married	37.3 (33.1 - 41.6)	9.2 (7.1 - 11.3)
	Females (n= 669)	**Males (n= 403)**
Married or lived with someone as if married before age 18	8.7 (6.4 - 11.1)	**
	Females (n= 194)	**Males (n= 18)**
Arranged marriage (out of those who are married)	9.8 (4.5 - 15.1)	**

TABLE 3.1.1. Background characteristics of 18-24-year-olds – Kenya Violence Against Children Survey (VACS), 2019 [continued].

	Females	Males
	Weighted % (95% CI)	Weighted % (95% CI)
CURRENT MARITAL STATUS	**FEMALES (N= 672)**	**MALES (N= 399)**
Never married	62.7 (58.4 - 66.9)	91.2 (89.2 - 93.2)
Married or cohabiting	32.9 (28.9 - 36.9)	6.3 (4.0 - 8.7)
Divorced/ separated	4.4 (2.6 - 6.2)	2.5 (0.6 - 4.4)*
Widowed	0.1 (0.1 - 0.1)	<0.1†
SEXUAL HISTORY	**FEMALES (N= 687)**	**MALES (N= 405)**
Ever had sex[1]	64.5 (59.3 - 69.6)	59.0 (52.8 - 65.3)
	Females (n= 659)	**Males (n= 385)**
Had first sex before age 16	9.9 (7.4 - 12.5)	12.6 (9.2 - 16.1)
	Females (n= 428)	**Males (n= 233)**
Median age at first sex (among those who ever had sex)	17.1 (16.9-17.4)	16.7 (16.3-17.1)

Note: CI = confidence interval.
[1] Sex includes vaginal, oral, or anal intercourse.
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.
†Zero percent prevalence (0.0%) are denoted as <0.1 and should be interpreted with caution. It should not be assumed that the prevalence of the item in the entire population is an absolute zero

TABLE 3.1.2. Location of work among 18-24-year-olds who have worked in the past year – Kenya Violence Against Children Survey (VACS), 2019.

	Females		Males	
	n§	Weighted % (95% CI)	n§	Weighted % (95% CI)
Family dwelling	45	13.6 (7.7 - 19.5)	18	6.9 (2.8 - 11.0)
Formal Office	39	16.0 (11.2 - 20.7)	30	13.9 (8.1 - 19.7)
Factory/Workshop	12	7.1 (3.4 - 10.8)	29	12.4 (5.6 - 19.1)
Farm/garden	36	16.0 (11.0 - 21.0)	62	24.1 (19.8 - 28.4)
Construction site/mine/quarry	1	0.1 (0.1 - 0.1)	58	21.5 (15.2 - 27.8)
Shop/kiosk	41	17.4 (11.7 - 23.0)	18	8.0 (3.8 - 12.2)
Restaurant/hotel/cafe/bar	30	11.6 (7.3 - 15.8)	8	2.6 (1.5 - 3.8)
Different places	21	8.9 (4.8 - 13.1)	26	7.3 (4.4 - 10.2)
Fixed, street or market stall	19	8.6 (4.5 - 12.8)	6	2.9 (0.1 - 5.8)*
Pond/Lake/River	2	**	3	0.4 (0.3 - 0.4)

Note: CI = confidence interval.
n§ represents numerator
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.

BACKGROUND CHARACTERISTICS OF 13–17-YEAR-OLDS

TABLE 3.2.1. Background characteristics of 13–17-year-olds — Kenya Violence Against Children Survey (VACS), 2019.

	Females	Males
	Weighted % (95% CI)	Weighted % (95% CI)
EDUCATION STATUS	**FEMALES (N= 652)**	**MALES (N= 380)**
Never attended school	1.1 (0.4 - 1.9)*	1.2 (0.0 - 2.4)*
Completed primary education or less	58.8 (53.6 - 64.0)	59.9 (54.5 - 65.3)
Some secondary education or more	40.0 (34.7 - 45.3)	38.8 (33.7 - 44.0)
CURRENT SCHOOL ENROLMENT STATUS		
	Females (n= 635)	**Males (n= 373)**
Currently enrolled in school	92.9 (90.3 - 95.6)	88.7 (84.0 - 93.3)
ORPHAN STATUS	**FEMALES (N= 632)**	**MALES (N= 374)**
Not an orphan	83.8 (80.2 - 87.3)	82.6 (76.5 - 88.7)
Lost one parent	15.0 (11.5 - 18.4)	16.6 (10.5 - 22.7)
Lost both parents	1.3 (0.4 - 2.1)*	**
SOCIOECONOMIC CONDITIONS	**FEMALES (N= 653)**	**MALES (N= 379)**
Worked for money or other payment in the past 12 months	11.5 (8.8 - 14.2)	20.2 (16.3 - 24.2)
	Females (n= 651)	**Males (n= 380)**
Experienced food insecurity in the past month	26.4 (21.7 - 31.1)	19.9 (15.5 - 24.2)
	Females (n= 652)	**Males (n= 380)**
Unable to seek medical care due to cost in the past month	16.2 (11.3 - 21.0)	10.5 (7.6 - 13.3)
RELATIONSHIP AND SEXUAL HISTORY		
	Females (n= 643)	**Males (n= 375)**
Ever been married or lived with someone as if married	1.1 (0.7 - 1.6)	**
	Females (n= 652)	**Males (n= 378)**
Ever had sex[1]	10.5 (7.6 - 13.5)	17.6 (13.0 - 22.2)
	Females (n= 67)	**Males (n= 62)**
Median age at first sex (among those who ever had sex)	14.1 (13.5-14.6)	13.0 (11.4-14.5)

Note: CI = confidence interval.
[1] Sex includes vaginal, oral, or anal intercourse.
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.

TABLE 3.2.2. Location of work among 13–17-year-olds who have worked in the past year – Kenya Violence Against Children Survey (VACS), 2019.

	Females		Males	
	n§	Weighted % (95% CI)	n§	Weighted % (95% CI)
Family dwelling	17	21.2 (11.6 - 30.8)	23	18.1 (11.1 - 25.0)
Farm/garden	35	49.0 (37.5 - 60.5)	56	61.6 (48.9 - 74.4)
Other[1]	22	21.2 (11.6 - 30.8)	23	18.1 (11.1 - 25.0)

Note: CI = confidence interval.
n§ represents numerator
[1]Other includes: formal office, factory/workshop, construction site/mine/quarry, shop/kiosk, restaurant/hotel/café/bar, difference places, fixed street/market stall, and pond/lake/river.

SECTION 4: SEXUAL VIOLENCE

SEXUAL VIOLENCE IN CHILDHOOD AMONG 18–24-YEAR-OLDS

TABLE 4.1.1. Prevalence of different types of sexual violence[1] before age 18, among 18–24-year-olds – Kenya Violence Against Children Survey (VACS), 2019

	Females	Males
	Weighted % (95% CI)	Weighted % (95% CI)
	Females (n= 691)	Males (n= 407)
Any type of sexual violence in childhood	15.6 (12.5 - 18.7)	6.4 (2.8 - 10.0)
	Females (n= 685)	Males (n= 402)
Unwanted sexual touching in childhood	6.8 (4.4 - 9.2)	0.3 (0.1 - 0.6)*
	Females (n= 684)	Males (n= 402)
Unwanted attempted sex in childhood	7.5 (4.6 - 10.4)	4.2 (1.1 - 7.3)*
	Females (n=679)	Males (n= 402)
Pressured sex[2] in childhood	4.3 (2.7 - 5.9)	**
	Females (n= 684)	Males (n= 404)
Physically forced sex in childhood	4.3 (2.7 - 5.9)	**
	Females (n= 688)	Males (n= 406)
Pressured or physically forced sex in childhood	6.9 (5.0 - 8.8)	**
	Females (n= 689)	Males (n= 406)
Sex when survivor was too drunk to say no in childhood	2.3 (0.4 - 4.3)*	**
	Females (n= 451)	Males (n= 251)
Pressured or physically forced sex at first sexual experience[3]	8.9 (6.0 - 11.8)	**

Note: CI = confidence interval.
[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats).
[2] Pressured sex includes: harassment or threats.
[3] Among 18-24-year-olds who had sex before age 18.
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.

TABLE 4.1.2. Characteristics of survivors at the first experience of sexual violence[1], among 18–24-year-olds who experienced any sexual violence before age 18 – Kenya Violence Against Children Survey (VACS), 2019.

	Females (n= 100)	Males (n= 23)
	Weighted % (95% CI)	Weighted % (95% CI)
AGE AT FIRST EXPERIENCE OF SEXUAL VIOLENCE IN CHILDHOOD		
13 or younger	18.4 (10.2 - 26.7)	**
14-15	26.6 (16.4 - 36.9)	11.8 (1.9 - 21.7)*
16-17	54.9 (44.4 - 65.5)	78.9 (57.9 - 99.9)*
AGE AT FIRST EXPERIENCE OF PRESSURED OR PHYSICALLY FORCED SEX IN CHILDHOOD (AMONG THOSE WHO EXPERIENCED PRESSURED OR PHYSICALLY FORCED SEX IN CHILDHOOD)		
	Females (n= 47)	**Males (n= 11)**
13 or younger	15.0 (5.4 - 24.7)*	**
14-15	30.4 (15.2 - 45.5)	**
16-17	54.6 (40.0 - 69.2)	**
	Females (n= 91)	**Males (n= 21)**
Experienced multiple incidents of sexual violence in childhood	62.6 (52.2 - 73.0)	**

Note: CI = confidence interval.
[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (through harassment or threats) sex
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
**Unreliable estimate (RSE is greater than50%), estimate is suppressed.



© UNICEF/UN1114086/HOLT

TABLE 4.1.3. Characteristics of perpetrators of the first experience of sexual violence[1], among 18–24-year-olds who experienced any sexual violence before age 18 — Kenya Violence Against Children Survey (VACS), 2019.

	Females (n= 98)	Males (n= 22)
	Weighted % (95% CI)	**Weighted % (95% CI)**
PERPETRATORS OF FIRST INCIDENT OF ANY SEXUAL VIOLENCE IN CHILDHOOD		
Current or Previous Spouse /Boyfriend /Girlfriend or Romantic Partner	44.4 (33.6 - 55.2)	44.8 (9.2 - 80.5)*
Classmate/Schoolmate	18.5 (10.3 - 26.7)	38.9 (5.5 - 72.3)*
Other[2]	29.8 (19.5 - 40.2)	**
PERPETRATORS OF FIRST INCIDENT OF PRESSURED OR PHYSICALLY FORCED IN CHILDHOOD		
	Females (n= 46)	**Males (n= 11)**
Current or Previous Spouse /Boyfriend /Girlfriend or Romantic Partner	69.5 (57.1 - 82.0)	**
Classmate/Schoolmate/friend/neighbour	22.4 (12.3 - 32.4)	**
Other[3]	10.0 (0.7 - 19.4)*	**
PERPETRATORS OF FIRST INCIDENT OF SEXUAL VIOLENCE IN CHILDHOOD WHO WERE 5 OR MORE YEARS OLDER THAN THE SURVIVOR		
	Females (n= 100)	**Males (n= 23)**
Perpetrator 5 or more years older at first incident of any sexual violence in childhood	34.5 (23.8 - 45.1)	**
	Females (n= 47)	**Males (n= 11)**
Perpetrator 5 or more years older at first incident of pressured or physically forced sex in childhood	30.0 (17.0 - 43.0)	**
	Females (n= 98)	**Males (n= 22)**
More than one perpetrator at first incident of sexual violence in childhood	25.9 (14.2 - 37.6)	41.0 (1.7 - 80.2)*

Note: CI = confidence interval.
[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
[2]Other include: Family member, teacher, police/security person, employer, neighbourhood/religious leader, neighbour, friend, and stranger
[3] Other include: teacher, police/security person, employer, neighbourhood/religious leader, stranger, other
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.

TABLE 4.1.4. Location and time of day of first incident of sexual violence[1], among 18–24-year-olds who experienced sexual violence before age 18 – Kenya Violence Against Children Survey (VACS), 2019.

	Females (n= 100)	Males (n= 22)
	Weighted % (95% CI)	Weighted % (95% CI)
LOCATION OF FIRST INCIDENT OF SEXUAL VIOLENCE IN CHILDHOOD		
Respondent's home	16.1 (9.6 - 22.6)	**
Perpetrator's home	31.9 (22.5 - 41.2)	**
Someone else's home	**	44.1 (3.7 - 84.5)*
Outside location[2]	53.7 (43.9 - 63.5)	**
Other[3]	**	<0.1†
TIME OF DAY[4] OF FIRST INCIDENT OF SEXUAL VIOLENCE IN CHILDHOOD		
Morning	7.5 (2.3 - 12.7)*	1.0 (0.3 - 1.7)*
Afternoon	49.4 (38.0 - 60.8)	68.9 (42.2 - 95.7)*
Evening	40.0 (29.8 - 50.2)	27.5 (2.1 - 52.8)*
Late at night	10.1 (0.2 - 20.0)*	**

Note: CI = confidence interval.
[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats).
[2] Outside location includes: On a road/street, market/shop, school, lake/river or other body of water, and field/other natural area.
[3] Other includes inside a car/bus, alcohol outlet (e.g., restaurant, bar, disco, club, etc), religious institutions, and office.
[4] Morning refers to sunrise-noon, afternoon refers to noon-sunset, evening refers to sunset-midnight, and late at night refers to midnight-sunrise.
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.
Note: Percents may sum to >100% because some survivors may have experienced multiple forms of sexual violence that may have occurred at different locations or at different time of the day.
†Zero percent prevalence (0.0%) are denoted as <0.1 and should be interpreted with caution. It should not be assumed that the prevalence of the item in the entire population is an absolute zero.

SEXUAL VIOLENCE IN THE PAST 12 MONTHS AMONG 18–24-YEAR-OLDS

TABLE 4.1.5. Prevalence of different types of sexual violence[1] in the past 12 months, among 18–24-year-olds – Kenya Violence Against Children Survey (VACS), 2019.

	Females (n= 691)	Males (n= 407)
	Weighted % (95% CI)	Weighted % (95% CI)
Any type sexual violence in the past 12 months	14.4 (10.5 - 18.3)	8.2 (4.1 - 12.3)
	Females (n= 691)	**Males (n= 404)**
Unwanted sexual touching in the past 12 months	7.0 (3.9 - 10.1)	3.9 (1.4 - 6.4)*
	Females (n= 690)	**Males (n= 405)**
Unwanted attempted sex in the past 12 months	7.0 (4.5 - 9.5)	3.7 (0.7 - 6.8)*
	Females (n= 689)	**Males (n= 407)**
Pressured sex[2] in the past 12 months	2.0 (1.2 - 2.8)	2.3 (0.0 - 4.6)*
	Females (n= 689)	**Males (n= 407)**

TABLE 4.1.5. Prevalence of different types of sexual violence[1] in the past 12 months, among 18–24-year-olds – Kenya Violence Against Children Survey (VACS), 2019 [continued].

	Females (n= 691)	Males (n= 407)
	Weighted % (95% CI)	Weighted % (95% CI)
Physically forced sex in the past 12 months	2.5 (1.3 - 3.8)	**
	Females (n= 691)	Males (n= 407)
Pressured or physically forced sex in the past 12 months	3.8 (2.3 - 5.3)	2.7 (0.3 - 5.0)*
	Females (n= 382)	Males (n= 205)
Transactional sex[3] in the past 12 months	6.1 (3.5 - 8.7)	5.6 (0.6 - 10.5)*

Note: CI = confidence interval.
[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.
[2] Pressured sex includes: threats, harassment, or tricking.
[3] Transactional sex includes receiving money, gifts, food, or favours in exchange for sex.
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.

TABLE 4.1.6. Characteristics of perpetrators of the most recent incident of sexual violence[1], among 18–24-year-olds who experienced sexual violence in the past 12 months – Kenya Violence Against Children Survey (VACS), 2019.

	Females (n= 78)	Males (n= 28)
	Weighted % (95% CI)	Weighted % (95% CI)
PERPETRATORS OF THE MOST RECENT INCIDENT OF SEXUAL VIOLENCE IN THE PAST 12 MONTHS		
Current or Previous Spouse/Boyfriend/ Girlfriend/ Romantic Partner	34.9 (22.1 - 47.7)	34.3 (2.9 - 65.8)*
Authority Figure[2]	12.4 (6.1 - 18.7)	<0.1†
Neighbour	6.9 (1.7 - 12.2)*	**
Classmate/Schoolmate	7.8 (2.8 - 12.8)*	**
Friend	22.2 (9.0 - 35.4)	**
Stranger	<0.1†	33.3 (2.8 - 63.9)*
Other	1.2 (0.8 - 1.6)	4.3 (1.3 - 7.3)*
PERPETRATORS OF THE MOST RECENT INCIDENT OF PRESSURED OR PHYSICALLY FORCED SEX IN THE PAST 12 MONTHS		
	Females (n= 46)	Males (n= 11)
Current or Previous Spouse /Boyfriend /Girlfriend or Romantic Partner	69.5 (57.1 - 82.0)	**
Classmate/Schoolmate/friend/neighbour	22.4 (12.3 - 32.4)	**
PERPETRATORS OF MOST RECENT INCIDENT OF SEXUAL VIOLENCE WHO WERE 5 OR MORE YEARS OLDER THAN THE SURVIVOR		
	Females (n= 78)	Males (n= 28)
Perpetrator was 5 or more years older at the most recent incident of any sexual violence in the past 12 months	28.9 (20.4 - 37.5)	**

Note: CI = confidence interval.
*Unreliable estimate (RSE is > 30%), result should be interpreted with caution.
[1] Sexual violence includes: unwanted sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.
[2] Authority figure: includes teacher, police/security person, employer, neighbourhood/religious leader.
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.
†Zero percent prevalence (0.0%) are denoted as <0.1 and should be interpreted with caution. It should not be assumed that the prevalence of the item in the entire population is an absolute zero

TABLE 4.1.7. Disclosure, service-seeking and receipt of services for any incident of sexual violence[1] among 18-24-year-olds who have experienced any sexual violence and pressured or physically forced sex– Kenya Violence Against Children Survey (VACS), 2019.

DISCLOSURE, SERVICE-SEEKING, AND RECEIPT OF SERVICES FOR ANY INCIDENT OF SEXUAL VIOLENCE		
	Females (n= 188)	**Males (n= 57)**
	Weighted % (95% CI)	**Weighted % (95% CI)**
Told someone about an experience of any sexual violence	41.3 (31.0 - 51.6)	26.7 (9.8 - 43.6)*
	Females (n= 185)	**Males (n= 57)**
Knew of a place to seek help for any experience of sexual violence	34.8 (27.4 - 42.2)	34.2 (17.1 - 51.3)
Sought help for any experience of sexual violence	12.5 (7.4 - 17.7)	3.2 (1.6 - 4.7)
Received help for any experience of sexual violence	10.7 (5.8 - 15.7)	3.2 (1.6 - 4.7)
DISCLOSURE, SERVICE-SEEKING, AND RECEIPT OF SERVICES FOR ANY INCIDENT OF SEXUAL VIOLENCE AMONG THOSE WHO HAVE EXPERIENCED ANY PRESSURED OR PHYSICALLY FORCED SEX		
	Females (n= 89)	**Males (n= 23)**
	Weighted % (95% CI)	**Weighted % (95% CI)**
Told someone about experience of any sexual violence	36.8 (26.9 - 46.7)	19.1 (5.3 - 33.0)*
Knew of a place to seek help for an experience of any sexual violence	41.6 (29.7 - 53.4)	23.4 (6.9 - 39.8)*
Sought help for experience of any sexual violence	17.5 (11.3 - 23.8)	3.2 (0.5 - 5.8)*
Received help for experience of any sexual violence	15.7 (9.7 - 21.7)	3.2 (0.5 - 5.8)*

Note: CI = confidence interval.
[1] Sexual violence includes: unwanted sexual touching, attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.

TABLE 4.1.8. Relationship with the person the survivor told about any incident of sexual violence[1], among 18-24-year-olds who experienced any sexual violence and who told someone – Kenya Violence Against Children Survey (VACS), 2019.

PERSON THE SURVIVOR TOLD ABOUT SEXUAL VIOLENCE	**Females (n= 78)**	**Males (n= 17)**
	Weighted % (95% CI)	**Weighted % (95% CI)**
Relative[2]	57.6 (45.1 - 70.0)	25.1 (8.1 - 42.1)*
Friend or neighbour	35.3 (21.7 - 48.9)	64.1 (43.1 - 85.1)
Service provider or authority figure[3]	7.5 (1.4 - 13.6)*	<0.1†

Note: CI = confidence interval.
[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats).
[2]Relative includes: mother, father, brother, sister, and other relatives
[3] Service provider or authority figure includes: traditional healer, NGO worker, teacher, employer, community leader, religious leader, children's officer.
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
†Zero percent prevalence (0.0%) are denoted as <0.1 and should be interpreted with caution. It should not be assumed that the prevalence of the item in the entire population is an absolute zero

TABLE 4.1.9. Source of service received for any incident of sexual violence[1], among 18-24-year-olds who experienced any sexual violence and received help – Kenya Violence Against Children Survey (VACS), 2019.

	Females (n= 19)	Males (n= 4)
	Weighted % (95% CI)	Weighted % (95% CI)
Doctor, nurse, or other health care worker	56.0 (32.7 - 79.3)	**
Police or other security personnel	41.4 (16.4 - 66.5)*	34.9 (20.7 - 49.0)
Legal professional	**	34.9 (20.7 - 49.0)
Children's officer, social worker or counsellor	**	34.9 (20.7 - 49.0)

Note: CI = confidence interval.
[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats).
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.
Note: Percents may sum to >100% because some survivors may have received service from multiple providers.

TABLE 4.1.10. Reasons for not seeking services for sexual violence[1], among 18-24-year-olds who experienced any sexual violence before age 18 and did not seek services – Kenya Violence Against Children Survey (VACS), 2019.

REASONS FOR NOT SEEKING SERVICES	Females (n= 37)	Males (n= 17)
	Weighted % (95% CI)	Weighted % (95% CI)
Fear of getting in trouble/dependent on perpetrator/afraid of being abandoned	20.9 (8.7 - 33.2)	25.5 (10.0 - 41.0)*
Didn't think it was a problem/did not need/want services	53.6 (34.7 - 72.4)	58.6 (19.8 - 97.3)*
Embarrassed/felt was fault/perpetrator threatened me	25.5 (10.0 - 41.0)*	**

Note: CI = confidence interval.
[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats).
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.



© SHEHZAD NOORANI/UNICEF

SEXUAL VIOLENCE IN THE PAST 12 MONTHS AMONG 13–17-YEAR-OLDS

TABLE 4.2.1. Prevalence of different types of sexual violence[1] in the past 12 months, among 13–17-year-olds — Kenya Violence Against Children Survey (VACS), 2019.

	Females (n= 653)	Males (n= 380)
	Weighted % (95% CI)	Weighted % (95% CI)
Any type of sexual violence in the past 12 months	13.5 (9.9 - 17.1)	2.4 (1.3 - 3.6)
	Females (n= 652)	Males (n= 380)
Unwanted sexual touching in the past 12 months	6.5 (4.5 - 8.5)	1.9 (0.9 - 2.8)
	Females (n= 652)	Males (n= 379)
Unwanted attempted sex in the past 12 months	8.5 (5.0 - 12.0)	0.5 (0.2 - 0.7)
	Females (n= 652)	Males (n= 379)
Pressured sex in the past 12 months	0.8 (0.2 - 1.5)*	0.1 (0.1 - 0.1)
	Females (n= 653)	Males (n= 379)
Physically forced sex in the past 12 months	1.1 (0.2 - 2.1)*	**
	Females (n= 653)	Males (n= 379)
Pressured or physically forced sex in the past 12 months	1.7 (0.6 - 2.8)*	**
	Females (n= 51)	Males (n= 38)
Transactional sex in the past 12 months[2]	19.7 (6.7 - 32.7)*	15.3 (1.3 - 29.2)*
	Females (n= 69)	Males (n= 67)
Pressured or physically forced sex at first sexual experience among those who have ever had sex	33.7 (23.1 - 44.3)	5.6 (3.0 - 8.2)

Note: CI = confidence interval.
[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats).
[2] Transactional sex includes receiving money, gifts, food, or favours in exchange for sex.
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.

TABLE 4.2.2. Characteristics of perpetrators of the most recent experience of sexual violence[1], among 13–17-year-olds who experienced any sexual violence in the past 12 months — Kenya Violence Against Children Survey (VACS), 2019.

	Females (n= 84)	Males (n= 10)
	Weighted % (95% CI)	Weighted % (95% CI)
PERPETRATORS OF THE MOST RECENT INCIDENT OF SEXUAL VIOLENCE IN THE PAST 12 MONTHS		
Current or Previous Spouse, Boyfriend, Girlfriend	23.8 (12.9 - 34.8)	45.8 (25.2 - 66.3)
Family Member	10.1 (4.3 - 16.0)	7.2 (4.1 - 10.3)
Neighbour	16.2 (6.9 - 25.5)	**
Classmate/Schoolmate	15.9 (7.1 - 24.6)	4.3 (2.5 - 6.2)
Friend	9.1 (4.4 - 13.9)	36.1 (11.7 - 60.6)*
Stranger	<0.1†	45.8 (25.2 - 66.3)

TABLE 4.2.2. Characteristics of perpetrators of the most recent experience of sexual violence [1], among 13-17-year-olds who experienced any sexual violence in the past 12 months – Kenya Violence Against Children Survey (VACS), 2019 [continued].

	Females (n= 84)	Males (n= 10)
	Weighted % (95% CI)	Weighted % (95% CI)
PERPETRATORS OF THE MOST RECENT INCIDENT OF SEXUAL VIOLENCE IN THE PAST 12 MONTHS WHO WERE 5 OR MORE YEARS OLDER THAN THE SURVIVOR		
	Females (n= 84)	**Males (n= 10)**
Perpetrator 5 or more years older at the most recent incident of any sexual violence in the past 12 months	18.9 (6.7 - 31.2)*	**
SEX OF THE PERPETRATOR OF THE MOST RECENT INCIDENT OF SEXUAL VIOLENCE		
	Females (n= 84)	**Males (n= 12)**
Female	1.1 (0.2 - 2.1)*	86.7 (80.2 - 93.1)
Male	99.3 (99.1 - 99.5)	13.3 (6.9 - 19.8)

Note: CI = confidence interval.
[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.
†Zero percent prevalence (0.0%) are denoted as <0.1 and should be interpreted with caution. It should not be assumed that the prevalence of the item in the entire population is an absolute zero

TABLE 4.2.3. Location and time of day of the most recent incident of sexual violence[1], among 13-17-year-olds who experienced sexual violence in the past 12 months – Kenya Violence Against Children Survey (VACS), 2019.

	Females (n= 83)	Males (n= 12)
	Weighted % (95% CI)	Weighted % (95% CI)
LOCATION OF THE MOST RECENT INCIDENT OF SEXUAL VIOLENCE IN THE PAST 12 MONTHS		
Respondent's Home	5.4 (0.3 - 10.5)*	10.3 (5.3 - 15.2)
Perpetrator's Home	14.9 (7.8 - 22.0)	**
Someone else's Home	**	5.1 (2.7 - 7.6)
Outside location[2]	75.5 (63.7 - 87.3)	78.9 (65.3 - 92.4)*
Other[3]	**	<0.1†
	Females (n= 84)	**Males (n= 12)**
TIME OF DAY[4] OF FIRST INCIDENT OF SEXUAL VIOLENCE IN THE PAST 12 MONTHS		
Morning	7.8 (1.4 - 14.1)*	<0.1†
Afternoon	56.6 (42.5 - 70.7)	26.9 (10.0 - 43.8)*
Evening	37.3 (27.0 - 47.6)	78.3 (62.4 - 94.2)*
Late at night	**	<0.1†

Note: CI = confidence interval.
[1] Sexual violence includes: unwanted sexual touching, attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
[2] Outside location includes: On a road/street, market/shop, school, lake/river or other body of water, and field/other natural area.
[3] Other includes inside a car/bus, field or other natural area, bar/restaurant/disco club, and other.
[4] Morning refers to sunrise-noon, afternoon refers to noon-sunset, evening refers to sunset-midnight, and late at night refers to midnight-sunrise.
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
**Unreliable estimate (RSE is greater than50%), estimate is suppressed.
†Zero percent prevalence (0.0%) are denoted as <0.1 and should be interpreted with caution. It should not be assumed that the prevalence of the item in the entire population is an absolute zero

TABLE 4.2.4. Disclosure, service-seeking and receipt for any incident of sexual violence[1], among 13-17-year-olds who experienced any sexual violence or pressured or physically forced sex in the past 12 months – Kenya Violence Against Children Survey (VACS), 2019.

DISCLOSURE, SERVICE-SEEKING, AND RECEIPT OF SERVICES FOR ANY INCIDENT OF SEXUAL VIOLENCE		
	Females (n= 116)	**Males (n= 31)**
	Weighted % (95% CI)	**Weighted % (95% CI)**
Told someone about experience of any sexual violence	56.7 (44.6 - 68.9)	30.1 (6.1 - 54.1)*
	Females (n= 114)	**Males (n= 31)**
Knew of a place to seek help about experience of any sexual violence	31.8 (21.5 - 42.2)	30.8 (9.8 - 51.8)*
Sought help for experience of any sexual violence	9.1 (1.3 - 16.8)*	**
Received help for experience of any sexual violence	8.5 (0.8 - 16.3)*	**
DISCLOSURE, SERVICE-SEEKING, AND RECEIPT OF SERVICES FOR ANY SEXUAL VIOLENCE AMONG THOSE WHO EXPERIENCED PRESSURED OR PHYSICALLY FORCED SEX IN THE PAST 12 MONTHS		
	Females (n= 28)	**Males (n= 9)**
	Weighted % (95% CI)	**Weighted % (95% CI)**
Told someone about experience of any sexual violence	31.2 (10.8 - 51.6)*	20.8 (1.9 - 39.7)*
Knew of a place to seek help about experience of any sexual violence	31.2 (15.0 - 47.3)	**
Sought help for experience of any sexual violence	9.8 (1.2 - 18.4)*	<0.1†
Received help for experience of any sexual violence	8.6 (0.1 - 17.2)*	<0.1†

Note: CI = confidence interval.
[1] Sexual violence includes: unwanted sexual touching, attempted sex, physically forced sex, and pressured sex (through threats, harassment, or tricking).
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.
†Zero percent prevalence (0.0%) are denoted as <0.1 and should be interpreted with caution. It should not be assumed that the prevalence of the item in the entire population is an absolute zero

TABLE 4.2.5. Relationship with the person the survivor told about any incident of sexual violence[1], among 13-17-year-olds who experienced any sexual violence in the past 12 months and who told someone – Kenya Violence Against Children Survey (VACS), 2019.

PERSON THE SURVIVOR TOLD ABOUT SEXUAL VIOLENCE	**Females (n= 62)**	**Males (n= 9)**
	Weighted % (95% CI)	**Weighted % (95% CI)**
Relative	55.1 (42.1 - 68.1)	**
Spouse, boyfriend/girlfriend or partner	0.7 (0.4 - 0.9)	<0.1†
Friend or neighbour	35.5 (23.3 - 47.7)	**

Note: CI = confidence interval.
[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats).
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.
†Zero percent prevalence (0.0%) are denoted as <0.1 and should be interpreted with caution. It should not be assumed that the prevalence of the item in the entire population is an absolute zero

TABLE 4.2.6. Source of services received for any incident of sexual violence[1], among 13-17-year-olds who experienced any sexual violence in the past 12 months and received help – Kenya Violence Against Children Survey (VACS), 2019.

	Females (n= 7)	**Males (n= 1)**
	Weighted % (95% CI)	**Weighted % (95% CI)**
Doctor, nurse, or other health care worker	90.1 (69.9 - 100.0)	**

Note: CI = confidence interval.
[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats).
**Denominator is unreliable (RSE is greater than 50%), estimate is suppressed.

TABLE 4.2.7. Reasons for not seeking services for sexual violence[1], among 13-17-year-olds who experienced any sexual violence in the past 12 months and did not seek services – Kenya Violence Against Children Survey (VACS), 2019.

REASONS FOR NOT SEEKING SERVICES	Females (n= 22)	Males (n= 4)
	Weighted % (95% CI)	Weighted % (95% CI)
Fear of getting in trouble/dependent on perpetrator/afraid of being abandoned	20.9 (4.8 - 37.1)*	<0.1†
Didn't think it was a problem/did not need/want services	69.8 (45.9 - 93.8)*	100.0 (100.0 - 100.0)
Embarrassed/felt was fault/perpetrator threatened me	**	<0.1†

Note: CI = confidence interval.
[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats).
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.
†Zero percent prevalence (0.0%) are denoted as <0.1 and should be interpreted with caution. It should not be assumed that the prevalence of the item in the entire population is an absolute zero

SECTION 5: PHYSICAL VIOLENCE

PHYSICAL VIOLENCE IN CHILDHOOD AMONG 18-24-YEAR-OLDS

TABLE 5.1.1. Prevalence and age of first experience of physical violence[1] before age 18, among 18-24-year-olds – Kenya Violence Against Children Survey (VACS), 2019.

	Females (n= 688)	Males (n= 407)
	Weighted % (95% CI)	Weighted % (95% CI)
Childhood physical violence, any perpetrator	38.8 (34.2 - 43.3)	51.9 (44.7 - 59.0)
PERPETRATORS OF FIRST INCIDENT OF PV		
	Females (n= 563)	**Males (n= 285)**
Intimate partner[2] physical violence	3.6 (1.9 - 5.2)	0.7 (0.6 - 0.9)
	Females (n= 657)	**Males (n= 393)**
Parent or adult relative physical violence	28.9 (24.5 - 33.2)	37.9 (31.2 - 44.6)
	Females (n= 660)	**Males (n= 382)**
Adult in the community or neighbourhood physical violence	15.2 (12.0 - 18.4)	21.5 (15.6 - 27.3)
	Females (n= 681)	**Males (n= 382)**
Peer physical violence	9.2 (7.0 - 11.5)	22.9 (18.1 - 27.6)
AGE OF FIRST EXPERIENCE OF PHYSICAL VIOLENCE, AMONG THOSE WHO EXPERIENCED PHYSICAL VIOLENCE BEFORE AGE 18		
	Females (n= 232)	**Males (n= 164)**
5 or younger	11.1 (6.3 - 15.8)	7.1 (2.5 - 11.6)*
6-11	42.7 (35.7 - 49.7)	32.3 (21.9 - 42.8)
12-17	46.2 (39.2 - 53.3)	60.6 (52.0 - 69.2)

Note: CI = confidence interval.
[1] Physical violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon.
[2] Among those who have an intimate partner.
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.

PHYSICAL VIOLENCE IN THE PAST 12 MONTHS AMONG 18-24-YEAR-OLDS

TABLE 5.1.2. Prevalence of physical violence[1] in the past 12 months, among 18-24-year-olds – Kenya Violence Against Children Survey (VACS), 2019.

	Females (n= 691)	Males (n= 408)
	Weighted % (95% CI)	**Weighted % (95% CI)**
Physical violence in the past 12 months	19.0 (15.5 - 22.4)	21.5 (16.5 - 26.5)
	Females (n= 566)	**Males (n= 296)**
Intimate partner[2] physical violence	9.4 (6.8 - 12.0)	2.4 (1.8 - 3.0)
	Females (n= 688)	**Males (n= 407)**
Adult in the community or neighbourhood physical violence	5.7 (4.0 - 7.4)	10.1 (5.1 - 15.2)
	Females (n= 690)	**Males (n= 407)**
Peer physical violence	4.5 (2.3 - 6.8)	13.7 (10.4 - 17.0)
	Females (n= 114)	**Males (n= 87)**
Prevalence of experiencing harm or injury as a result of physical violence, among those who experienced physical violence in the past 12 months	35.3 (24.6 - 46.1)	39.9 (22.9 - 57.0)

Note: CI = confidence interval.
[1] Physical violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon.
[2] Among those who have an intimate partner.

TABLE 5.1.3. Prevalence of experiencing physical harm or injury as a result of physical violence[1], among 18-24-year-olds who experienced any physical violence before age 18, by perpetrator – Kenya Violence Against Children Survey (VACS), 2016.

	Females (n= 336)	Males (n= 201)
	Weighted % (95% CI)	**Weighted % (95% CI)**
Experienced injury as a result of physical violence by any perpetrator	37.4 (30.5 - 44.3)	25.2 (20.4 - 30.1)
	Females (n= 5)	**Males (n= 4)**
Injured by intimate partner[2]	<0.1†	**
	Females (n= 234)	**Males (n= 124)**
Injured by parent or caregiver or adult relative	28.6 (20.8 - 36.4)	20.0 (13.5 - 26.4)
	Females (n= 196)	**Males (n= 103)**
Injured by adult in the community or neighbourhood	18.3 (11.3 - 25.4)	23.8 (13.2 - 34.4)
	Females (n= 141)	**Males (n= 119)**
Injured by peer	40.5 (30.7 - 50.2)	21.4 (16.0 - 26.8)

Note: CI = confidence interval.
[1] Physical violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon.
[2] Among those who have an intimate partner.
**Unreliable estimate (RSE is greater than 50%), estimate suppressed.
†Zero percent prevalence (0.0%) are denoted as <0.1 and should be interpreted with caution. It should not be assumed that the prevalence of the item in the entire population is an absolute zero

TABLE 5.1.4. Service-seeking and receipt for any incident of physical violence[1], among 18-24-year-olds who experienced physical violence before 18 – Kenya Violence Against Children Survey (VACS), 2019.

	Females (n= 368)	Males (n= 252)
	Weighted % (95% CI)	Weighted % (95% CI)
Told someone about experience of any physical violence	41.0 (35.0 - 47.0)	39.2 (31.1 - 47.3)
	Females (n= 367)	**Males (n= 251)**
Knew of a place to seek help for any experience of physical violence	33.3 (27.9 - 38.8)	40.6 (31.0 - 50.3)
Sought help for any experience of physical violence	8.9 (5.4 - 12.5)	8.5 (4.6 - 12.5)
Received help for any experience of physical violence	7.2 (4.0 - 10.3)	6.4 (3.0 - 9.8)

Note: CI = confidence interval.
[1] Physical violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon.

TABLE 5.1.5. Relationship with the person the survivor told about any incident of physical violence[1], among 18-24-year-olds who experienced any physical violence before age 18 and who told someone – Kenya Violence Against Children Survey (VACS), 2019.

PERSON THE SURVIVOR TOLD ABOUT PHYSICAL VIOLENCE	Females (n= 141)	Males (n= 94)
	Weighted % (95% CI)	Weighted % (95% CI)
Relative	73.2 (65.5 - 81.0)	66.3 (59.8 - 72.8)
Spouse, boyfriend/girlfriend or partner	3.9 (1.2 - 6.7)*	1.4 (0.3 - 2.5)*
Friend/neighbour	23.5 (16.3 - 30.7)	30.7 (14.9 - 46.5)
Service provider or authority figure[2]	1.9 (0.1 - 3.8)*	11.5 (3.4 - 19.6)*

Note: CI = confidence interval.
[1] Physical violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon.
[2] Service provider or authority figure includes: Traditional healer, NGO worker, teacher, employer, community leader, religious leader, children's officer.
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
Note: Percents may sum to >100% because some survivors may have experienced physical violence multiple times and may have told multiple people.

TABLE 5.1.6. Source of services received for any incident of physical violence[1] among 18-24-year-olds who experienced physical violence before age 18 and received help – Kenya Violence Against Children Survey (VACS), 2019.

	Females (n= 25)	Males (n= 23)
	Weighted % (95% CI)	Weighted % (95% CI)
Doctor, nurse, or other health care worker	79.1 (61.4 - 96.9)	63.2 (30.5 - 95.9)*
Police or other security personnel	16.1 (3.1 - 29.1)*	37.4 (13.6 - 61.2)*
Social worker, children's officer, or counsellor	15.6 (3.8 - 27.5)*	7.7 (2.3 - 13.1)*
Helpline	12.6 (0.1 - 25.1)*	<0.1†

Note: CI = confidence interval.
[1] Physical violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon. *Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
Note: Percents may sum to >100% because some survivors may have received service from multiple providers.
†Zero percent prevalence (0.0%) are denoted as <0.1 and should be interpreted with caution. It should not be assumed that the prevalence of the item in the entire population is an absolute zero

TABLE 5.1.7. Reasons for not seeking services for physical violence[1], among 18–24-year-olds who experienced physical violence before age 18 and did not seek services — Kenya Violence Against Children Survey (VACS), 2019.

REASONS FOR NOT SEEKING SERVICES	Females (n= 86)	Males (n= 84)
	Weighted % (95% CI)	Weighted % (95% CI)
Dependent on perpetrator	3.4 (1.2 - 5.6)*	<0.1†
Did not think it was a problem	28.6 (15.3 - 41.9)	35.4 (20.9 - 49.9)
Did not need/want services	24.5 (14.5 - 34.6)	10.4 (4.5 - 16.4)
Felt it was my fault	27.5 (14.7 - 40.4)	40.7 (24.0 - 57.3)
Could not afford services	0.1 (0.0 - 0.1)	0.4 (0.3 - 0.5)

Note: CI = confidence interval.
[1] Physical violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon.
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
†Zero percent prevalence (0.0%) are denoted as <0.1 and should be interpreted with caution. It should not be assumed that the prevalence of the item in the entire population is an absolute zero

PHYSICAL VIOLENCE IN THE PAST 12 MONTHS AMONG 13–17-YEAR-OLDS

TABLE 5.2.1. Prevalence and age at first experience of physical violence[1] in the past 12 months, among 13–17-year-olds — Kenya Violence Against Children Survey (VACS), 2019.

	Females (n= 653)	Males (n= 380)
	Weighted % (95% CI)	Weighted % (95% CI)
Physical violence in the past 12 months, any perpetrator	36.8 (32.5 - 41.0)	40.5 (30.3 - 50.6)
	Females (n= 147)	**Males (n= 99)**
Intimate partner[2] physical violence	**	**
	Females (n= 653)	**Males (n= 380)**
Parent or adult relative physical violence	19.8 (15.9 - 23.7)	17.0 (12.4 - 21.6)
	Females (n= 652)	**Males (n= 379)**
Adult in the community or neighbourhood physical violence	23.6 (20.1 - 27.0)	26.0 (14.9 - 37.1)
	Females (n= 653)	**Males (n= 380)**
Peer physical violence	12.6 (9.8 - 15.4)	18.5 (13.7 - 23.3)
AGE AT FIRST EXPERIENCE OF PHYSICAL VIOLENCE, AMONG THOSE WHO EXPERIENCED PHYSICAL VIOLENCE IN THE PAST 12 MONTHS		
	Females (n= 206)	**Males (n= 107)**
5 or younger	7.7 (3.9 - 11.5)	8.5 (4.5 - 12.6)
6-11	50.2 (42.1 - 58.3)	26.9 (19.4 - 34.4)
12-17	42.1 (35.4 - 48.8)	64.6 (54.3 - 74.8)

Note: CI = confidence interval.
[1] Physical violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon.
[2] Among those who have an intimate partner.
**Unreliable estimate (RSE is greater than 50%), estimate suppressed.

TABLE 5.2.2. Prevalence of experiencing physical harm or injury as a result of any physical violence[1], among 13-17-year-olds who experienced any physical violence in the past 12 months, by perpetrator – Kenya Violence Against Children Survey (VACS), 2019.

	Females (n= 257)	Males (n= 133)
	Weighted % (95% CI)	Weighted % (95% CI)
Experienced injury as a result of physical violence by any perpetrator in the past 12 months	42.4 (33.9 - 50.8)	31.4 (23.7 - 39.2)
	Females (n= 134)	**Males (n= 62)**
Injured by parent or caregiver or adult relative	36.9 (26.5 - 47.3)	27.3 (13.8 - 40.9)
	Females (n= 168)	**Males (n= 80)**
Injured by adult in the community or neighbourhood	17.8 (11.7 - 23.9)	24.4 (12.4 - 36.4)
	Females (n= 86)	**Males (n= 67)**
Injured by peer	47.3 (35.8 - 58.8)	32.3 (22.1 - 42.5)

Note: CI = confidence interval.
[1] Physical violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon.
[2] Among those who have an intimate partner.
Note: Percents may sum to >100% as youth may experience violence from more than one person.

TABLE 5.2.3. Disclosure, service-seeking and receipt for any incident of physical violence [1], among 13-17-year-olds who experienced physical violence in the past 12 months – Kenya Violence Against Children Survey (VACS), 2019.

	Females (n= 352)	Males (n= 207)
	Weighted % (95% CI)	Weighted % (95% CI)
Told someone about an experience of any physical violence	34.4 (28.7 - 40.0)	33.1 (22.5 - 43.7)
	Females (n= 350)	**Males (n= 207)**
Knew of a place to seek help for an experience of any physical violence	28.0 (21.4 - 34.6)	23.9 (17.3 - 30.4)
Sought help for experience of any physical violence	6.0 (3.9 - 8.1)	5.7 (2.6 - 8.9)
Received help for experience of any physical violence	4.4 (2.5 - 6.4)	3.5 (0.4 - 6.6)*

Note: CI = confidence interval.
[1] Physical violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon.
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.

TABLE 5.2.4. Relationship with the person the survivor told about any incident of physical violence[1], among 13-17-year-olds who experienced any physical violence in the past 12 months and who told someone – Kenya Violence Against Children Survey (VACS), 2019.

PERSON THE SURVIVOR TOLD ABOUT PHYSICAL VIOLENCE	Females (n= 107)	Males (n= 56)
	Weighted % (95% CI)	Weighted % (95% CI)
Relative	68.5 (58.1 - 78.9)	76.5 (68.6 - 84.4)
Friend/neighbour	26.4 (14.6 - 38.2)	34.1 (21.1 - 47.1)
Service provider or authority figure[2]	9.4 (3.3 - 15.6)*	12.7 (4.8 - 20.7)*

Note: CI = confidence interval.
[1] Physical violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon.
[2] Service provider or authority figure includes: Traditional healer, NGO worker, teacher, employer, community leader, religious leader, children's officer.
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
Note: Percents may sum to >100% because some survivors may have experienced multiple sexual violence and may have told multiple people.

TABLE 5.2.5. Source of service receipt for any incident of physical violence [1] among 13-17-year-olds who experienced any physical violence in the past 12 months and received help – Kenya Violence Against Children Survey (VACS), 2019.

	Females (n= 13)	Males (n= 8)
	Weighted % (95% CI)	Weighted % (95% CI)
Doctor, nurse, or other health care worker	84.1 (75.1 - 93.1)	54.3 (3.7 - 100.0)*
Police or other security personnel	35.5 (18.7 - 52.2)	63.4 (26.6 - 100.0)*
Legal professional	2.4 (1.2 - 3.5)	**
Social worker, children's officer, or counsellor	30.5 (16.1 - 44.9)	**
Helpline	6.1 (3.2 - 9.0)	23.8 (0.0 - 47.9)*

Note: CI = confidence interval.
[1] Physical violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon.
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.
Note: Percents may sum to >100% because some survivors may have received service from multiple providers

TABLE 5.2.6. Reasons for not seeking services for physical violence [1], among 13-17-year-olds who experienced physical violence in the past 12 months and did not seek services – Kenya Violence Against Children Survey (VACS), 2019.

REASONS FOR NOT SEEKING SERVICES	Females (n= 76)	Males (n= 41)
	Weighted % (95% CI)	Weighted % (95% CI)
Dependent on perpetrator	2.1 (1.3 - 2.9)	**
Did not think it was a problem	42.5 (24.9 - 60.1)	54.4 (33.3 - 75.5)
Did not need/want services	23.2 (8.9 - 37.5)*	5.9 (0.7 - 11.1)*
Embarrassed for self or my family	**	1.6 (0.9 - 2.3)
Felt it was my fault	23.4 (11.7 - 35.1)	15.6 (8.9 - 22.4)
Services too far away	2.5 (1.5 - 3.4)	**

Note: CI = confidence interval.
[1] Physical violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon.
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.

TABLE 5.3.1. Prevalence of witnessing physical violence in the home [1] and in the neighbourhood [2], among 18-24-year-olds before age 18 and among 13-17-year-olds in the past 12 months – Kenya Violence Against Children Survey (VACS), 2019.

WITNESSED VIOLENCE IN CHILDHOOD (AMONG 18-24-YEAR-OLDS)		
	Females (n= 669)	Males (n= 402)
	Weighted % (95% CI)	Weighted % (95% CI)
In the home	52.0 (47.5 - 56.4)	51.5 (46.2 - 56.9)
In the neighbourhood	36.5 (31.6 - 41.3)	54.6 (47.7 - 61.4)
WITNESSED VIOLENCE IN THE PAST 12 MONTHS (AMONG 13-17-YEAR-OLDS)		
	Females (n= 501)	Males (n= 281)
	Weighted % (95% CI)	Weighted % (95% CI)
In the home	34.6 (28.3 - 41.0)	22.4 (15.1 - 29.7)
	Females (n= 640)	Males (n= 371)
In the neighbourhood	22.4 (17.9 - 26.9)	21.7 (19.4 - 23.9)

Note: CI = confidence interval.
[1] Witnessing physical violence in the home includes: hearing or seeing a parent punch, kick or beat your other parent, their boyfriend or girlfriend, or your brothers or sisters.
[2] Witnessing physical violence in the neighbourhood includes: seeing someone get attacked outside of your home and family environment.

SECTION 6: EMOTIONAL VIOLENCE

EMOTIONAL VIOLENCE IN CHILDHOOD AMONG 18-24-YEAR-OLDS

TABLE 6.1.1. Prevalence and age at first experience of emotional violence [1] before age 18, among 18-24-year-olds — Kenya Violence Against Children Survey (VACS), 2019.

	Females (n= 679)	Males (n= 400)
	Weighted % (95% CI)	Weighted % (95% CI)
Emotional violence by a parent, adult caregiver, or other adult relative in childhood	7.3 (5.0 - 9.6)	5.0 (1.7 - 8.4)*
AGE AT FIRST EXPERIENCE OF EMOTIONAL VIOLENCE		
	Females (n= 48)	**Males (n= 18)**
5 or younger	**	**
11 or younger	39.6 (24.2 - 55.0)	79.1 (58.3 - 100.0)*
12-17	60.4 (45.0 - 75.8)	20.9 (0.0 - 41.7)*

Note: CI = confidence interval.

Note: CI = confidence interval.

[1] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted by a parent, adult caregiver, or other adult relative.

*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.

**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.

EMOTIONAL VIOLENCE IN THE PAST 12 MONTHS AMONG 18-24-YEAR-OLDS

TABLE 6.2.1. Prevalence of emotional violence [1] in the past 12 months, among 18-24-year-olds — Kenya Violence Against Children Survey (VACS), 2019.

	Females (n= 566)	Males (n= 295)
	Weighted % (95% CI)	Weighted % (95% CI)
Emotional violence by an intimate partner [2] in the past 12 months (among those who ever had an intimate partner)	20.3 (16.9 - 23.8)	18.4 (12.7 - 24.0)
	Females (n= 691)	**Males (n= 408)**
Emotional violence by a peer [3] in the past 12 months	30.9 (27.0 - 34.8)	31.0 (25.6 - 36.4)
	Females (n= 687)	**Males (n= 407)**
Emotional violence online or through technology [4] by a peer in the past 12 months	9.6 (6.4 - 12.8)	9.2 (6.2 - 12.3)
	Females (n= 212)	**Males (n= 229)**
Emotional violence online or through technology [4] by a peer among those with a social media account	21.8 (14.6 - 29.1)	12.6 (7.8 - 17.4)

Note: CI = confidence interval.

[1] Emotional violence includes any emotional violence by a parent, adult caregiver, or adult relative, or by an intimate partner or by a peer.

[2] Emotional violence by an intimate partner includes: being insulted, humiliated, or made fun of in front of others; keeping you from having your own money; tried to keep you from seeing or talking to family or friends; keeping track of you by demanding to know where you were and what you were doing; made threats to physically harm you.

[3]Emotional violence by a peer in the past 12 months include: a) made you get scared or feel really bad because they were calling you names, saying mean things to you, or sating they didn't want you around; b) told lies or spread rumours about you, or tried to make others dislike you; c) kept you out of things on purpose, excluded you from their group of friends or completely ignored you.

[4] Emotional violence online or through technology included: Someone saying or doing hurtful or nasty things to someone, through by mobile phones (texts, calls, video clips), or online (email, instant messaging, social networking, chatrooms).

EMOTIONAL VIOLENCE IN THE PAST 12 MONTHS AMONG 13-17-YEAR-OLDS

TABLE 6.3.1. Prevalence of emotional violence in the past 12 months, among 13-17-year-olds – Kenya Violence Against Children Survey (VACS), 2019.

	Females (n= 651)	Males (n= 379)
	Weighted % (95% CI)	**Weighted % (95% CI)**
Emotional violence by a parent, adult caregiver, or other adult relative [1] in the past 12 months	12.3 (8.7 - 15.9)	6.3 (3.6 - 9.0)
	Females (n= 147)	**Males (n= 99)**
Emotional violence by an intimate partner [2] in the past 12 months (among those who ever had an intimate partner)	12.9 (7.1 - 18.7)	13.4 (3.4 - 23.3)*
	Females (n= 653)	**Males (n= 380)**
Emotional violence by a peer [3] in the past 12 months	34.3 (29.6 - 39.0)	32.2 (25.8 - 38.6)

Note: CI = confidence interval.
[1] Emotional violence by parent, adult caregiver, or other adult relative includes being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted.
[2] Emotional violence by an intimate partner includes: being insulted, humiliated, or made fun of in front of others; keeping you from having your own money; tried to keep you from seeing or talking to family or friends; keeping track of you by demanding to know where you were and what you were doing; made threats to physically harm you.
[3] Emotional violence by a peer in the past 12 months include: a) made you get scared or feel really bad because they were calling you names, saying mean things to you, or saying they didn't want you around; b) told lies or spread rumours about you, or tried to make others dislike you; c) kept you out of things on purpose, excluded you from their group of friends or completely ignored you.
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.

TABLE 6.3.2. Age at first experience of emotional violence [1] by a parent, adult caregiver, or adult relative, among 13-17-year-olds who experienced emotional violence in the past 12 months – Kenya Violence Against Children Survey (VACS), 2019.

	Female (n= 57)	Male (n= 19)
	Weighted % (95% CI)	**Weighted % (95% CI)**
11 or younger	8.1 (2.1 - 14.1)*	30.9 (8.7 - 53.2)*
12-17	91.9 (85.9 - 97.9)*	69.1 (46.8 - 91.3)*

Note: CI = confidence interval.
[1] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted.
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.



© UNICEF/UN1149225/SCHERMBRUCKE

SECTION 7: OVERLAP AMONG SEXUAL, PHYSICAL, AND EMOTIONAL VIOLENCE

OVERLAP AMONG DIFFERENT FORMS OF VIOLENCE AMONG 18-24-YEAR-OLDS

TABLE 7.1. Prevalence and overlap of different types of violence among 18-24-year-olds – Kenya Violence Against Children Survey (VACS), 2019.

ANY VIOLENCE	Female (n= 691)	Male (n= 408)
	Weighted % (95% CI)	Weighted % (95% CI)
No childhood violence	54.1 (49.4 - 58.9)	43.9 (35.1 - 52.8)
Any childhood violence	45.9 (41.1 - 50.6)	56.1 (47.2 - 64.9)
ONE TYPE OF VIOLENCE ONLY	**Female (n= 691)**	**Male (n= 408)**
	Weighted % (95% CI)	**Weighted % (95% CI)**
Childhood sexual violence [1] only	5.9 (4.0 - 7.9)	2.9 (0.2 - 5.6)*
Childhood physical violence [2] only	25.1 (21.6 - 28.5)	46.0 (39.5 - 52.5)
Childhood emotional violence [3] only	1.3 (0.1 - 2.5)*	**
MULTIPLE TYPES OF VIOLENCE	**Female (n= 691)**	**Male (n= 408)**
	Weighted % (95% CI)	**Weighted % (95% CI)**
Childhood sexual and physical violence	7.7 (4.8 - 10.6)	2.3 (0.0 - 4.6)*
Childhood sexual and emotional violence	<0.1†	<0.1†
Childhood physical and emotional violence	3.9 (2.5 - 5.4)	2.2 (0.6 - 3.8)*
Childhood sexual, physical, and emotional violence	1.9 (1.0 - 2.9)	**
OVERLAP AMONG DIFFERENT TYPES OF VIOLENCE IN THE PAST 12 MONTHS		
ANY VIOLENCE	**Female (n= 691)**	**Male (n= 408)**
	Weighted % (95% CI)	**Weighted % (95% CI)**
No Violence	68.1 (63.1 - 73.0)	73.6 (67.2 - 80.0)
Any violence in the past 12 months	31.9 (27.0 - 36.9)	26.4 (20.0 - 32.8)
ONE TYPE OF VIOLENCE ONLY	**Female (n= 691)**	**Male (n= 408)**
	Weighted % (95% CI)	**Weighted % (95% CI)**
Sexual violence [1] only in the past 12 months	8.1 (5.6 - 10.6)	3.3 (1.0 - 5.7)*
Physical violence [2] only in the past 12 months	11.3 (8.3 - 14.2)	13.9 (10.8 - 17.0)
TWO TYPES OF VIOLENCE	**Female (n= 691)**	**Male (n= 408)**
	Weighted % (95% CI)	**Weighted % (95% CI)**
Sexual violence and physical violence	3.6 (2.1 - 5.1)	**

Note: CI = confidence interval.

[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.
[2] Physical violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon by intimate partner, parent/adult relative, adult in the community or neighbourhood or peer.
[3] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted by a parent, adult caregiver, or other adult relative.

*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.

**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.

†Zero percent prevalence (0.0%) are denoted as <0.1 and should be interpreted with caution. It should not be assumed that the prevalence of the item in the entire population is an absolute zero

OVERLAP AMONG DIFFERENT FORMS OF VIOLENCE AMONG 13-17-YEAR-OLDS

TABLE 7.2. Prevalence and overlap of different types of violence experienced in the past 12 months, among 13-17-year-olds – Kenya Violence Against Children Survey (VACS), 2019.

ANY VIOLENCE	Female (n= 653)	Male (n= 380)
	Weighted % (95% CI)	Weighted % (95% CI)
No violence	54.8 (50.2 - 59.4)	58.4 (48.4 - 68.4)
Any violence	45.2 (40.6 - 49.8)	41.6 (31.6 - 51.6)
ONE TYPE OF VIOLENCE ONLY	**Female (n= 653)**	**Male (n= 380)**
	Weighted % (95% CI)	**Weighted % (95% CI)**
Sexual violence [1] only	4.5 (1.9 - 7.1)	0.8 (0.6 - 0.9)
Physical violence [2] only	23.3 (19.4 - 27.2)	33.3 (23.3 - 43.2)
Emotional violence [3] only	3.1 (1.2 - 4.9)	0.4 (0.1 - 0.7)*
MULTIPLE TYPES OF VIOLENCE	**Female (n= 653)**	**Male (n= 380)**
	Weighted % (95% CI)	**Weighted % (95% CI)**
Sexual and physical violence	5.1 (2.9 - 7.3)	1.3 (0.5 - 2.2)*
Sexual and emotional violence	**	<0.1†
Physical and emotional violence	5.3 (2.9 - 7.8)	5.5 (2.9 - 8.2)
Sexual violence and physical and emotional violence	3.0 (2.0 - 4.0)	**

Note: CI = confidence interval.

[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.

[2] Physical violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon by intimate partner, parent/adult relative, adult in the community or neighbourhood or peer.

[3] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted by a parent, adult caregiver, or other adult relative.

*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.

**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.

†Zero percent prevalence (0.0%) are denoted as <0.1 and should be interpreted with caution. It should not be assumed that the prevalence of the item in the entire population is an absolute zero

SECTION 8: HEALTH CONDITIONS ASSOCIATED WITH VIOLENCE

TABLE 8.1.1. Mental health conditions by experience of sexual [1], physical [2], or emotional [3] violence before age 18, among 18-24-year-old females – Kenya Violence Against Children Survey (VACS), 2019.

	Mental distress in the past 30 days	Ever intentionally hurt themselves	Ever thought of suicide	Ever attempted suicide [4]
	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)
SEXUAL VIOLENCE IN CHILDHOOD				
Experienced sexual violence n¥	57.8 (47.9 - 67.7) 100	11.7 (5.4 - 18.1) 100	29.0 (20.3 - 37.6) 100	32.7 (12.4 - 53.0)* 30
No sexual violence n¥	36.4 (32.1 - 40.7) 591	9.8 (6.6 - 12.9) 591	12.8 (9.8 - 15.7) 591	29.3 (18.9 - 39.7) 69
PHYSICAL VIOLENCE IN CHILDHOOD				
Experienced physical violence n¥	57.0 (50.3 - 63.7) 283	10.2 (6.3 - 14.0) 283	23.7 (18.8 - 28.6) 283	22.9 (12.8 - 32.9) 60
No physical violence n¥	29.1 (23.4 - 34.7) 405	10.0 (6.9 - 13.1) 405	10.1 (6.1 - 14.0) 405	41.4 (22.8 - 60.0) 39

TABLE 8.1.1. Mental health conditions by experience of sexual [1], physical [2], or emotional [3] violence before age 18, among 18-24-year-old females – Kenya Violence Against Children Survey (VACS), 2019 [continued].

	Mental distress in the past 30 days	Ever intentionally hurt themselves	Ever thought of suicide	Ever attempted suicide [4]
	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)
EMOTIONAL VIOLENCE IN CHILDHOOD				
Experienced emotional violence n¥	77.4 (66.4 - 88.3) 50	25.1 (11.0 - 39.2) 50	40.7 (27.2 - 54.2) 50	29.7 (7.6 - 51.8)* 21
No emotional violence n¥	36.5 (32.4 - 40.6) 629	8.9 (6.1 - 11.6) 629	13.3 (10.0 - 16.5) 629	30.6 (17.9 - 43.4) 75

Note: CI = confidence interval.
[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.
[2] Physical violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon by intimate partner, parent/adult relative, adult in the community or neighbourhood or peer.
[3] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted.
[4] Among those who experienced thoughts of suicide.
n¥ represent the denominator of the subgroup for which the analyses was run for such as those who experienced sexual violence.
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.

TABLE 8.1.2. Mental health conditions by experience of sexual [1], physical [2], or emotional [3] violence before age 18, among 18-24-year-old males – Kenya Violence Against Children Survey (VACS), 2019.

	Mental distress in the past 30 days	Ever intentionally hurt themselves	Ever thought of suicide	Ever attempted suicide [4]
	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)
SEXUAL VIOLENCE IN CHILDHOOD				
Experienced sexual violence n¥	48.7 (12.6 - 84.8)* 23	55.1 (21.1 - 89.2)* 23	46.2 (11.2 - 81.2)* 23	** 8
No sexual violence n¥	31.1 (24.5 - 37.7) 384	7.9 (4.0 - 11.7) 382	8.6 (4.6 - 12.7) 383	16.7 (5.8 - 27.6)* 30
PHYSICAL VIOLENCE IN CHILDHOOD				
Experienced physical violence n¥	36.3 (28.0 - 44.6) 186	16.4 (5.2 - 27.6)* 184	12.3 (6.3 - 18.2) 185	17.1 (4.1 - 30.2)* 24
No physical violence n¥	27.6 (16.3 - 39.0) 221	** 221	9.4 (2.6 - 16.1)* 220	** 13
EMOTIONAL VIOLENCE IN CHILDHOOD				
Experienced emotional violence n¥	79.4 (61.6 - 97.2)* 20	45.8 (7.3 - 84.3)* 20	70.9 (49.2 - 92.6)* 20	** 6
No emotional violence n¥	30.4 (23.6 - 37.1) 380	7.8 (3.8 - 11.8) 378	6.6 (3.8 - 9.4) 378	20.7 (8.3 - 33.1) 30

Note: CI = confidence interval.
[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.
[2] Physical violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon by intimate partner, parent/adult relative, adult in the community or neighbourhood or peer.
[3] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted.
[4] Among those who experienced thoughts of suicide.
n¥ represent the denominator of the subgroup for which the analyses was run for such as those who experienced sexual violence. *Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.

TABLE 8.1.3. Sexual risk-taking behaviours by experience of sexual[1], physical[2], or emotional[3] violence before age 18, among 18-24-year-old females – Kenya Violence Against Children Survey (VACS), 2019.

	Multiple sexual partners in the past 12 months	Infrequent condom use[4] in the past 12 months	Transactional sex in the past 12 months	Ever tested for HIV
	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)
SEXUAL VIOLENCE IN CHILDHOOD				
Experienced sexual violence n¥	7.8 (1.3 - 14.2)* 77	37.7 (21.4 - 54.0) 60	19.0 (7.2 - 30.7)* 59	** 76
No sexual violence n¥	5.0 (2.2 - 7.7) 375	30.3 (24.8 - 35.8) 332	3.8 (1.8 - 5.8) 323	93.5 (90.9 - 96.0) 372
PHYSICAL VIOLENCE IN CHILDHOOD				
Experienced physical violence n¥	6.0 (2.6 - 9.4) 204	33.5 (26.2 - 40.8) 176	7.5 (2.9 - 12.0)* 168	95.4 (93.1 - 97.7) 202
No physical violence n¥	5.1 (1.2 - 9.0)* 247	30.0 (23.2 - 36.7) 215	5.1 (2.3 - 8.0) 213	91.7 (87.4 - 96.0) 245
EMOTIONAL VIOLENCE IN CHILDHOOD				
Experienced emotional violence n¥	** 36	23.5 (0.1 - 46.8)* 32	10.3 (0.0 - 20.6)* 29	100.0 (100.0 - 100.0) 36
No emotional violence n¥	5.7 (2.9 - 8.4) 409	32.1 (26.8 - 37.4) 354	5.9 (3.4 - 8.4) 347	93.3 (90.4 - 96.1) 404

Note: CI = confidence interval.
[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.
[2] Physical violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon by intimate partner, parent/adult relative, adult in the community or neighbourhood or peer.
[3] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted.
[4] Infrequent condom use: never or sometimes use condoms in the past 12 months. Married persons who had sex with only one partner in the past 12 months and who didn't use condom were included in the frequent condom user category.
n¥ represent the denominator of the subgroup for which the analyses was run for such as those who experienced sexual violence. *Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.

TABLE 8.1.4. Sexual risk-taking behaviours by experience of sexual[1], physical[2], or emotional[3] violence before age 18, among 18-24-year-old males – Kenya Violence Against Children Survey (VACS), 2019.

	Multiple sexual partners in the past 12 months	Infrequent condom use[4] in the past 12 months	Transactional sex in the past 12 months	Ever tested for HIV
	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)
SEXUAL VIOLENCE IN CHILDHOOD				
Experienced sexual violence n¥	** 19	9.8 (0.9 - 18.7)* 15	** 16	96.3 (93.2 - 99.3)* 19
No sexual violence n¥	24.2 (18.8 - 29.6) 229	41.5 (31.4 - 51.7) 189	3.4 (1.3 - 5.5)* 189	77.0 (70.8 - 83.2) 228
PHYSICAL VIOLENCE IN CHILDHOOD				
Experienced physical violence n¥	25.6 (15.6 - 35.5) 131	39.1 (25.7 - 52.6) 105	** 106	77.3 (66.3 - 88.2) 130
No physical violence n¥	24.6 (19.9 - 29.3) 117	38.8 (24.9 - 52.7) 99	3.6 (0.9 - 6.3)* 99	79.8 (76.7 - 82.9) 117

TABLE 8.1.4. Sexual risk-taking behaviours by experience of sexual [1], physical [2], or emotional [3] violence before age 18, among 18-24-year-old males – Kenya Violence Against Children Survey (VACS), 2019 [continued].

	Multiple sexual partners in the past 12 months	Infrequent condom use [4] in the past 12 months	Transactional sex in the past 12 months	Ever tested for HIV
	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)
EMOTIONAL VIOLENCE IN CHILDHOOD				
Experienced emotional violence n¥	** 15	** 13	<0.1† 13	89.3 (79.0 - 99.5)* 15
No emotional violence n¥	25.9 (20.0 - 31.8) 228	41.1 (30.6 - 51.5) 187	6.0 (0.6 - 11.4)* 188	77.8 (70.8 - 84.8) 227

Note: CI = confidence interval.

[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.
[2] Physical violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon by intimate partner, parent/adult relative, adult in the community or neighbourhood or peer.
[3] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted.
[4] Infrequent condom use: never or sometimes use condoms in the past 12 months. Married persons who had sex with only one partner in the past 12 months and who didn't use condom were included in the frequent condom user category.

n¥ represent the denominator of the subgroup for which the analyses was run for such as those who experienced sexual violence. *Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.

**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.

†Zero percent prevalence (0.0%) are denoted as <0.1 and should be interpreted with caution. It should not be assumed that the prevalence of the item in the entire population is an absolute zero

TABLE 8.1.5. Substance misuse and STI history by experience of sexual [1], physical [2], or emotional [3] violence before age 18, among 18-24-year-old females – Kenya Violence Against Children Survey (VACS), 2019.

	Binge drinking[5] in the past 30 days	Current smoker	Drug use in the past 30 days	Ever had symptoms or diagnosis of STI [4]
	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)
SEXUAL VIOLENCE IN CHILDHOOD				
Experienced sexual violence n¥	** 98	<0.1† 100	<0.1† 100	14.1 (8.4 - 19.8) 100
No sexual violence n¥	5.3 (2.6 - 8.0) 544	<0.1† 590	<0.1† 590	7.1 (4.1 - 10.1) 591
PHYSICAL VIOLENCE IN CHILDHOOD				
Experienced physical violence n¥	4.7 (1.8 - 7.6)* 278	<0.1† 283	<0.1† 282	11.8 (7.5 - 16.2) 283
No physical violence n¥	5.1 (2.2 - 7.9) 361	<0.1† 404	<0.1† 405	5.9 (3.1 - 8.8) 405
EMOTIONAL VIOLENCE IN CHILDHOOD				
Experienced emotional violence n¥	** 49	<0.1† 50	<0.1† 50	** 50
No emotional violence n¥	4.8 (2.5 - 7.1) 581	<0.1† 628	<0.1† 628	8.1 (5.4 - 10.9) 629

Note: CI = confidence interval.

[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.
[2] Physical violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon by intimate partner, parent/adult relative, adult in the community or neighbourhood or peer.
[3] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted.
[4] STI (Sexually Transmitted Infection) symptoms include: genital sore/ulcer.
[5] Binge drinking included drinking 4 or more drinks in one occasion.

n¥ represent the denominator of the subgroup for which the analyses was run for such as those who experienced sexual violence. *Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.

**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.

†Zero percent prevalence (0.0%) are denoted as <0.1 and should be interpreted with caution. It should not be assumed that the prevalence of the item in the entire population is an absolute zero

TABLE 8.1.6. Substance misuse and STI history by experience of sexual [1], physical [2], or emotional [3] violence before age 18, among 18-24-year-old males – Kenya Violence Against Children Survey (VACS), 2019.

	Binge drinking [5] in the past 30 days	Current smoker	Drug use in the past 30 days	Ever had symptoms or diagnosis of STI [4]
	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)
SEXUAL VIOLENCE IN CHILDHOOD				
Experienced sexual violence n¥	52.0 (15.0 - 88.9)* 22	2.6 (0.8 - 4.4)* 23	** 23	0.8 (0.2 - 1.3)* 23
No sexual violence n¥	10.9 (7.4 - 14.3) 367	2.8 (1.7 - 4.0) 384	8.3 (4.8 - 11.8) 381	3.0 (2.0 - 4.0) 383
PHYSICAL VIOLENCE IN CHILDHOOD				
Experienced physical violence n¥	15.4 (8.8 - 22.0) 178	3.8 (1.9 - 5.8) 186	6.7 (1.9 - 11.5)* 184	1.9 (0.6 - 3.2)* 185
No physical violence n¥	11.6 (4.6 - 18.5) 211	1.7 (0.9 - 2.6) 221	10.9 (4.7 - 17.2) 220	3.8 (2.6 - 5.0) 221
EMOTIONAL VIOLENCE IN CHILDHOOD				
Experienced emotional violence n¥	2.3 (0.7 - 4.0)* 19	** 20	** 20	** 20
No emotional violence n¥	12.9 (8.8 - 17.0) 363	2.7 (1.6 - 3.9) 380	8.2 (4.1 - 12.4) 377	2.9 (1.9 - 3.8) 379

Note: CI = confidence interval.

[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.
[2] Physical violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon by intimate partner, parent/adult relative, adult in the community or neighbourhood or peer.
[3] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted.
[4] STI (Sexually Transmitted Infection) symptoms include: genital sore/ulcer.
[5] Binge drinking included drinking 4 or more drinks in one occasion.
n¥ represent the denominator of the subgroup for which the analyses was run for such as those who experienced sexual violence. *Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.

TABLE 8.2.1. Mental health conditions by experience of sexual [1], physical [2], or emotional [3] violence in the past 12 months, among 13-17-year-old females – Kenya Violence Against Children Survey (VACS), 2019.

	Mental distress in the past 30 days	Ever intentionally hurt themselves	Ever thought of suicide	Ever attempted suicide [4]
	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)
SEXUAL VIOLENCE IN CHILDHOOD				
Experienced sexual violence n¥	41.9 (31.1 - 52.8) 84	13.5 (6.9 - 20.1) 84	20.0 (11.0 - 29.0) 84	49.9 (19.0 - 80.8)* 14
No sexual violence n¥	29.9 (24.3 - 35.5) 567	7.0 (4.0 - 10.0) 569	5.8 (2.9 - 8.6) 569	43.1 (23.0 - 63.2) 26
PHYSICAL VIOLENCE IN CHILDHOOD				
Experienced physical violence n¥	48.1 (39.9 - 56.3) 256	12.7 (7.7 - 17.7) 257	14.4 (9.5 - 19.3) 257	54.8 (33.2 - 76.4) 29
No physical violence n¥	21.9 (17.2 - 26.7) 395	5.1 (1.8 - 8.3)* 396	3.8 (1.6 - 6.1) 396	25.5 (4.3 - 46.7)* 11

TABLE 8.2.1. Mental health conditions by experience of sexual [1], physical [2], or emotional [3] violence in the past 12 months, among 13–17-year-old females – Kenya Violence Against Children Survey (VACS), 2019 [continued].

	Mental distress in the past 30 days	Ever intentionally hurt themselves	Ever thought of suicide	Ever attempted suicide [4]
	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)
EMOTIONAL VIOLENCE IN CHILDHOOD				
Experienced emotional violence n¥	72.1 (59.5 - 84.7) 68	13.5 (3.8 - 23.3)* 68	33.1 (22.1 - 44.0) 68	52.9 (28.3 - 77.4) 21
No emotional violence n¥	25.9 (21.5 - 30.3) 581	7.1 (3.9 - 10.3) 583	4.2 (1.8 - 6.5) 583	37.4 (7.7 - 67.1)* 19

Note: CI = confidence interval.
[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.
[2] Physical violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon by intimate partner, parent/adult relative, adult in the community or neighbourhood or peer.
[3] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted.
[4] Among those who experienced thoughts of suicide.
n¥ represent the denominator of the subgroup for which the analyses was run for such as those who experienced sexual violence. *Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.

TABLE 8.2.2. Mental health conditions by experience of sexual [1], physical [2], or emotional [3] violence in the past 12 months, among 13–17-year-old males – Kenya Violence Against Children Survey (VACS), 2019.

	Mental distress in the past 30 days	Ever intentionally hurt themselves	Ever thought of suicide	Ever attempted suicide [4]
	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)
SEXUAL VIOLENCE IN CHILDHOOD				
Experienced sexual violence n¥	51.8 (34.7 - 68.9) 12	35.3 (17.1 - 53.6) 12	** 12	<0.1† 1
No sexual violence n¥	19.7 (15.2 - 24.2) 366	10.4 (4.5 - 16.4) 368	5.0 (1.0 - 8.9)* 368	** 12
PHYSICAL VIOLENCE IN CHILDHOOD				
Experienced physical violence n¥	20.9 (14.5 - 27.2) 134	12.6 (0.3 - 24.8)* 134	** 134	** 7
No physical violence n¥	20.2 (14.6 - 25.7) 244	10.0 (5.9 - 14.1) 246	3.5 (0.0 - 6.9)* 246	** 6
EMOTIONAL VIOLENCE IN CHILDHOOD				
Experienced emotional violence n¥	51.4 (28.1 - 74.7) 25	5.1 (0.0 - 10.2)* 25	3.9 (0.6 - 7.2)* 25	75.0 (57.0 - 93.1)* 4
No emotional violence n¥	18.4 (13.9 - 22.9) 352	11.4 (5.2 - 17.6) 354	5.1 (1.0 - 9.3)* 354	** 9

Note: CI = confidence interval.
[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.
[2] Physical violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon by intimate partner, parent/adult relative, adult in the community or neighbourhood or peer.
[3] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted.
[4] Among those who experienced thoughts of suicide.
n¥ represent the denominator of the subgroup for which the analyses was run for such as those who experienced sexual violence. *Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.
†Zero percent prevalence (0.0%) are denoted as <0.1 and should be interpreted with caution. It should not be assumed that the prevalence of the item in the entire population is an absolute zero

TABLE 8.2.3. Sexual risk-taking behaviours by experience of sexual [1], physical [2], or emotional [3] violence in the past 12 months, among 13-17-year-old females – Kenya Violence Against Children Survey (VACS), 2019.

	Multiple sexual partners in the past 12 months	Infrequent condom use [4] in the past 12 months	Transactional sex in the past 12 months	Ever tested for HIV
	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)
SEXUAL VIOLENCE IN CHILDHOOD				
Experienced sexual violence n¥	** 28	45.2 (21.1 - 69.3) 23	29.8 (12.6 - 46.9) 23	50.9 (29.9 - 71.8) 27
No sexual violence n¥	<0.1† 41	44.3 (23.0 - 65.6) 29	** 28	42.3 (22.1 - 62.4) 37
PHYSICAL VIOLENCE IN CHILDHOOD				
Experienced physical violence n¥	** 31	47.2 (28.9 - 65.6) 24	21.4 (5.4 - 37.5)* 23	43.7 (25.6 - 61.9) 28
No physical violence n¥	<0.1† 38	43.2 (20.8 - 65.6) 28	18.8 (0.6 - 37.1)* 28	45.5 (25.0 - 66.0) 36
EMOTIONAL VIOLENCE IN CHILDHOOD				
Experienced emotional violence n¥	<0.1† 14	** 11	** 11	46.9 (13.9 - 79.9)* 14
No emotional violence n¥	** 55	47.9 (30.2 - 65.6) 41	24.6 (8.4 - 40.9)* 40	44.2 (26.4 - 62.0) 50

Note: CI = confidence interval.

[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.
[2] Physical violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon by intimate partner, parent/adult relative, adult in the community or neighbourhood or peer.
[3] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted.
[4] Infrequent condom use: never or sometimes use condoms in the past 12 months. Married persons who had sex with only one partner in the past 12 months and who didn't use condom were included in the frequent condom user category.

n¥ represent the denominator of the subgroup for which the analyses was run for such as those who experienced sexual violence. *Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.

**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.

†Zero percent prevalence (0.0%) are denoted as <0.1 and should be interpreted with caution. It should not be assumed that the prevalence of the item in the entire population is an absolute zero

TABLE 8.2.4. Sexual risk-taking behaviours by experience of sexual [1], physical [2], or emotional [3] violence in the past 12 months, among 13-17-year-old males – Kenya Violence Against Children Survey (VACS), 2019.

	Multiple sexual partners in the past 12 months	Infrequent condom use [4] in the past 12 months	Transactional sex in the past 12 months	Ever tested for HIV
	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)
SEXUAL VIOLENCE IN CHILDHOOD				
Experienced sexual violence n¥	57.3 (19.0 - 95.6)* 6	85.5 (72.5 - 98.5)* 5	45.1 (3.5 - 86.8)* 5	** 6
No sexual violence n¥	19.7 (1.6 - 37.8)* 60	65.5 (49.8 - 81.2) 33	** 33	67.2 (53.9 - 80.5) 57
PHYSICAL VIOLENCE IN CHILDHOOD				
Experienced physical violence n¥	33.9 (5.0 - 62.8)* 29	84.2 (70.3 - 98.1)* 19	** 19	73.5 (54.6 - 92.4)* 29
No physical violence n¥	** 37	46.7 (31.2 - 62.1) 19	8.8 (6.0 - 11.5) 19	56.2 (45.1 - 67.3) 34

TABLE 8.2.4. Sexual risk-taking behaviours by experience of sexual [1], physical [2], or emotional [3] violence in the past 12 months, among 13-17-year-old males – Kenya Violence Against Children Survey (VACS), 2019 [continued].

	Multiple sexual partners in the past 12 months	Infrequent condom use [4] in the past 12 months	Transactional sex in the past 12 months	Ever tested for HIV
	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)
EMOTIONAL VIOLENCE IN CHILDHOOD				
Experienced emotional violence n¥	** 3	100.0 (100.0 - 100.0) 2	** 2	<0.1† 3
No emotional violence n¥	21.7 (4.8 - 38.7)* 63	66.4 (51.2 - 81.6) 36	14.3 (0.2 - 28.5)* 36	66.5 (52.9 - 80.1) 60

Note: CI = confidence interval.

[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.
[2] Physical violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon by intimate partner, parent/adult relative, adult in the community or neighbourhood or peer.
[3] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted.
[4] Infrequent condom use: never or sometimes use condoms in the past 12 months. Married persons who had sex with only one partner in the past 12 months and who didn't use condom were included in the frequent condom user category.

n¥ represent the denominator of the subgroup for which the analyses was run for such as those who experienced sexual violence. *Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.

**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.

†Zero percent prevalence (0.0%) are denoted as <0.1 and should be interpreted with caution. It should not be assumed that the prevalence of the item in the entire population is an absolute zero.

TABLE 8.2.5. Substance misuse and STI history by experience of sexual [1], physical [2], or emotional [3] violence in the past 12 months, among 13-24-year-old females – Kenya Violence Against Children Survey (VACS), 2019.

	Binge drinking [5] in the past 30 days	Current smoker	Drug use in the past 30 days	Ever had symptoms or diagnosis of STI [4]
	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)
SEXUAL VIOLENCE IN CHILDHOOD				
Experienced sexual violence n¥	** 83	<0.1† 84	** 84	11.2 (4.4 - 18.1)* 84
No sexual violence n¥	0.7 (0.1 - 1.2)* 541	0.1 (0.1 - 0.1) 568	** 569	2.9 (1.6 - 4.3) 567
PHYSICAL VIOLENCE IN CHILDHOOD				
Experienced physical violence n¥	2.1 (0.4 - 3.8)* 255	0.2 (0.2 - 0.2) 257	** 257	6.3 (2.9 - 9.7) 256
No physical violence n¥	0.1 (0.1 - 0.1) 369	<0.1† 395	** 396	2.7 (1.2 - 4.2) 395
EMOTIONAL VIOLENCE IN CHILDHOOD				
Experienced emotional violence n¥	** 68	<0.1† 68	<0.1† 68	9.9 (2.5 - 17.3)* 68
No emotional violence n¥	0.4 (0.1 - 0.7)* 554	0.1 (0.1 - 0.1) 582	1.2 (0.0 - 2.5)* 583	3.2 (1.9 - 4.6) 581

Note: CI = confidence interval.

[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.
[2] Physical violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon by intimate partner, parent/adult relative, adult in the community or neighbourhood or peer.
[3] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted.
[4] STI (Sexually Transmitted Infection) symptoms include: genital sore/ulcer.
[5] Binge drinking included drinking 4 or more drinks in one occasion.

n¥ represent the denominator of the subgroup for which the analyses was run for such as those who experienced sexual violence.

*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.

**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.

†Zero percent prevalence (0.0%) are denoted as <0.1 and should be interpreted with caution. It should not be assumed that the prevalence of the item in the entire population is an absolute zero.

TABLE 8.2.6. Substance misuse and STI history by experience of sexual [1], physical [2], or emotional [3] violence in the past 12 months, among 13-17-year-old males – Kenya Violence Against Children Survey (VACS), 2019.

	Binge drinking [5] in the past 30 days	Current smoker	Drug use in the past 30 days	Ever had symptoms or diagnosis of STI [4]
	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)
SEXUAL VIOLENCE IN CHILDHOOD				
Experienced sexual violence n¥	5.3 (2.7 - 8.0) 11	3.9 (2.0 - 5.9) 12	** 12	<0.1† 12
No sexual violence n¥	0.7 (0.1 - 1.2)* 353	0.8 (0.6 - 0.9) 368	** 362	3.4 (1.3 - 5.4)* 367
PHYSICAL VIOLENCE IN CHILDHOOD				
Experienced physical violence n¥	** 130	0.5 (0.3 - 0.7) 134	** 133	6.7 (2.4 - 11.0)* 134
No physical violence n¥	** 234	1.1 (1.0 - 1.3) 246	** 241	0.9 (0.6 - 1.3) 245
EMOTIONAL VIOLENCE IN CHILDHOOD				
Experienced emotional violence n¥	1.0 (0.5 - 1.5) 23	<0.1† 25	** 35	** 25
No emotional violence n¥	** 341	0.9 (0.7 - 1.1) 354	** 348	3.3 (0.9 - 5.7)* 353

Note: CI = confidence interval.

[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.
[2] Physical violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon by intimate partner, parent/adult relative, adult in the community or neighbourhood or peer.
[3] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted.
[4] STI (Sexually Transmitted Infection) symptoms include: genital sore/ulcer.
[5] Binge drinking included drinking 4 or more drinks in one occasion.

n¥ represent the denominator of the subgroup for which the analyses was run for such as those who experienced sexual violence. *Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.

**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.

†Zero percent prevalence (0.0%) are denoted as <0.1 and should be interpreted with caution. It should not be assumed that the prevalence of the item in the entire population is an absolute zero

TABLE 8.3.1. Pregnancy as a result of pressured or forced sex or alcohol-facilitated sex, among 13-24-year-old females who experienced pressured or forced sex, or sex when survivor was too drunk to say no – Kenya Violence Against Children Survey (VACS), 2019.

	Females (n= 136)
	Weighted % (95% CI)
Pregnancy as a result of pressured sex, forced sex, or alcohol-facilitated sex	8.4 (4.3 - 12.4)

Note: CI = confidence interval.

TABLE 8.3.2. Missing school as a result of any sexual [1] or physical [2] violence – Kenya Violence Against Children Survey (VACS), 2019.

MISSED SCHOOL DUE TO ANY EXPERIENCE OF SEXUAL VIOLENCE	Females (n= 99)	Males (n= 23)
	Weighted % (95% CI)	Weighted % (95% CI)
18-24-year-olds who experienced any childhood sexual violence	12.2 (5.8 - 18.5)	**
	Females (n= 115)	Males (n= 31)
13-17-year-olds who experienced any sexual violence	2.4 (0.5 - 4.2)*	<0.1†
MISSED SCHOOL DUE TO ANY EXPERIENCE OF PHYSICAL VIOLENCE	**Females (n= 266)**	**Males (n= 178)**
	Weighted % (95% CI)	**Weighted % (95% CI)**
18-24-year-olds who experienced any childhood physical violence	7.7 (4.7 - 10.6)	11.2 (5.6 - 16.8)
	Females (n= 344)	Males (n= 204)
13-17-year-olds who experienced any physical violence	4.3 (2.2 - 6.4)	6.5 (2.0 - 11.0)*

Note: CI = confidence interval.
[1] Sexual violence includes: unwanted sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.
[2] Physical violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon.
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.
†Zero percent prevalence (0.0%) are denoted as <0.1 and should be interpreted with caution. It should not be assumed that the prevalence of the item in the entire population is an absolute zero

SECTION 9: SEXUAL RISK-TAKING BEHAVIOURS AND HIV

TABLE 9.1.1. Sexual risk taking behaviours among 19-24-year-olds who had sexual intercourse in the past 12 months – Kenya Violence Against Children Survey (VACS), 2019.

	Females (n= 538)	Males (n= 306)
	Weighted % (95% CI)	Weighted % (95% CI)
Ever had sex (lifetime)	72.3 (66.9 - 77.8)	61.4 (54.8 - 68.0)
	Females (n= 401)	Males (n= 198)
Had sex in the past 12 months among those who ever had sex	88.2 (84.8 - 91.7)	87.1 (82.4 - 91.9)
NUMBER OF SEXUAL PARTNERS IN THE PAST 12 MONTHS, AMONG THOSE WHO HAD SEX IN THE PAST 12 MONTHS	**Females (n=354)**	**Males (n= 169)**
One	5.1 (2.5 - 7.6)	30.7 (22.8 - 38.5)
More than one	94.9 (92.4 - 97.5)	69.3 (61.5 - 77.2)
	Females (n= 353)	Males (n= 167)
Infrequent condom use in the past 12 months [1]	30.4 (25.3 - 35.5)	39.9 (28.4 - 51.4)
	Females (n= 345)	Males (n= 168)
Transactional sex in the past 12 months [2]	5.2 (3.0 - 7.5)	6.5 (0.8 - 12.2)*

Note: CI = confidence interval.
[1] Infrequent condom use: never or sometimes use condoms in the past 12 months. Married persons who had sex with only one partner in the past 12 months and who didn't use condom were included in the frequent condom user category.
[2] Transactional sex includes receiving money, gifts, food, or favours in exchange for sex.
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.

TABLE 9.1.2. Prevalence of having multiple sexual partners [1] and infrequent condom use [2] in the past 12 months by experience of sexual [3], physical [4], or emotional [5] violence before age 18, among 19-24-year-olds who had sexual intercourse in the past 12 months – Kenya Violence Against Children Survey (VACS), 2019.

	FEMALES		MALES	
	Multiple sex partners in the past 12 months	Infrequent condom use in the past 12 months	Multiple sex partners in the past 12 months	Infrequent condom use in the past 12 months
	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)	Weighted % (95% CI)
SEXUAL VIOLENCE IN CHILDHOOD				
Experienced sexual violence n¥	7.1 (0.2 - 14.0)* 60	39.4 (21.4 - 57.3) 51	** 14	10.3 (0.4 - 20.2)* 11
No sexual violence n¥	3.9 (1.5 - 6.4)* 341	28.7 (23.1 - 34.4) 302	25.8 (19.9 - 31.7) 184	42.8 (30.7 - 54.8) 156
PHYSICAL VIOLENCE IN CHILDHOOD				
Experienced physical violence n¥	5.5 (2.1 - 9.0)* 180	32.2 (24.7 - 39.6) 157	27.8 (15.7 - 39.8) 98	40.1 (23.2 - 56.9) 81
No physical violence n¥	3.7 (0.2 - 7.1)* 220	29.1 (22.7 - 35.5) 195	25.6 (20.7 - 30.6) 100	39.7 (25.0 - 54.5) 86
EMOTIONAL VIOLENCE IN CHILDHOOD				
Experienced emotional violence n¥	** 32	** 28	** 10	** 9
No emotional violence n¥	4.4 (1.9 - 6.9) 365	30.9 (25.6 - 36.2) 322	27.3 (20.4 - 34.2) 186	41.9 (29.8 - 54.1) 156

Note: CI = confidence interval.

[1] Having 2 or more sexual partners in the previous 12 months.

[2] Sometimes or never use of condom when had sex with partners other than spouse in the past 12 months.

[3] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.

[4] Physical violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon by intimate partner, parent/adult relative, adult in the community or neighbourhood or peer.

[5] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted.

n¥ represent the denominator of the subgroup for which the analyses was run for such as those who experienced sexual violence.

*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.

**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.



© UNICEF/UNI174109/HALLAHAN

TABLE 9.2.3. HIV testing knowledge and behaviour among 15–24-year-olds who ever had sex [1] by experience of lifetime sexual violence – Kenya Violence Against Children Survey (VACS), 2019.

	Females		Males	
	n¥	Weighted % (95% CI)	n¥	Weighted % (95% CI)
Know Where to Go for HIV Test	503	94.9 (92.4 - 97.3)	298	94.2 (92.5 - 95.9)
Ever tested for HIV	504	89.9 (86.9 - 93.0)	298	78.0 (73.1 - 82.8)
KNOW WHERE TO GO FOR AN HIV TEST BY EXPERIENCE OF ANY SEXUAL VIOLENCE	**Females**		**Males**	
	n¥	**Weighted % (95% CI)**	**n¥**	**Weighted % (95% CI)**
Experienced sexual violence	182	94.5 (90.1 - 98.9)*	60	96.3 (93.7 - 99.0)*
No sexual violence	321	95.1 (92.0 - 98.1)*	238	93.7 (91.4 - 96.0)
EVER TESTED FOR HIV BY EXPERIENCE OF ANY SEXUAL VIOLENCE	**Females**		**Males**	
	n¥	**Weighted % (95% CI)**	**n¥**	**Weighted % (95% CI)**
Experienced sexual violence	182	89.3 (84.5 - 94.1)	61	77.3 (66.2 - 88.3)
No sexual violence	322	90.3 (86.8 - 93.7)	237	78.1 (72.7 - 83.6)
KNOW WHERE TO GO FOR AN HIV TEST BY EXPERIENCE OF SEXUAL VIOLENCE IN THE PAST 12 MONTHS	**Females**		**Males**	
	n¥	**Weighted % (95% CI)**	**n¥**	**Weighted % (95% CI)**
Experienced sexual violence	86	**	32	97.2 (95.5 - 99.0)*
No sexual violence	417	95.1 (92.5 - 97.7)	266	93.8 (91.9 - 95.8)
EVER TESTED FOR HIV BY EXPERIENCE OF SEXUAL VIOLENCE IN THE PAST 12 MONTHS	**Females**		**Males**	
	n¥	**Weighted % (95% CI)**	**n¥**	**Weighted % (95% CI)**
Experienced any sexual violence	86	88.2 (81.5 - 95.0)	32	73.7 (58.8 - 88.5)
No sexual violence	418	90.3 (87.1 - 93.4)	266	78.5 (73.4 - 83.6)

Note: CI = confidence interval.
[1] Age of consent for HIV testing in Kenya is 15.
[2] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.
n¥ represent the denominator of the subgroup for which the analyses was run for such as those who experienced sexual violence.
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
**Unreliable estimate (RSE is greater than50%), estimate is suppressed.

TABLE 9.2.4. Reasons for not getting tested for HIV, among 15–24-year-olds who ever had sex but were never tested for HIV – Kenya Violence Against Children Survey (VACS), 2019.

REASONS FOR NOT TESTING FOR HIV	Females (n= 48)	Males (n= 54)
	Weighted % (95% CI)	Weighted % (95% CI)
No knowledge about HIV test	7.1 (0.2 - 14.0)*	24.7 (8.0 - 41.4)*
Don't know where to get HIV test	18.8 (2.4 - 35.3)*	**
Transport to test site is too much	1.6 (1.1 - 2.2)	<0.1†
Test site too far away	**	6.2 (0.5 - 11.9)*
Afraid husband/partner will know about test/test results	<0.1†	1.7 (1.0 - 2.4)
Don't need test/low risk	35.2 (21.8 - 48.6)	36.7 (12.9 - 60.4)*
Don't want to know if I have HIV	**	14.9 (4.2 - 25.6)*
Other	28.1 (15.4 - 40.8)	<0.1†

Note: CI = confidence interval.
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.
†Zero percent prevalence (0.0%) are denoted as <0.1 and should be interpreted with caution. It should not be assumed that the prevalence of the item in the entire population is an absolute zero

TABLE 9.3.1. HIV Prevalence among 15–24-year-olds, by experience of lifetime sexual [2], physical [3], and emotional [4] violence — Kenya Violence Against Children Survey (VACS), 2019.

	Females		Males	
	n¥	Weighted % (95% CI)	n¥	Weighted % (95% CI)
Tested positive for HIV	877	1.4 (0.6 - 2.2)	489	**
HIV STATUS AND ANY VIOLENCE				
HIV positive and experienced any violence	572	1.9 (0.9 - 3.0)	315	0.2 (0.0 - 0.8)*
HIV positive and experienced no violence	305	**	174	<0.1†
HIV STATUS AND SEXUAL VIOLENCE				
HIV positive and experienced sexual violence	245	1.8 (0.5 - 3.2)*	62	<0.1†
HIV positive and experienced no sexual violence	632	1.2 (0.2 - 2.1)*	427	0.2 (0.0 - 0.6)*
HIV STATUS AND PHYSICAL VIOLENCE				
HIV positive and experienced physical violence	479	2.4 (1.1 - 3.6)	301	0.3 (0.0 - 0.8)*
HIV positive and experienced no physical violence	398	**	188	<0.1†
HIV STATUS AND EMOTIONAL VIOLENCE				
HIV positive and experienced emotional violence	150	2.3 (1.1 - 3.5)	61	<0.1†
HIV positive and experienced no emotional violence	726	1.2 (0.2 - 2.1)*	428	0.2 (0.0 - 0.6)*

Note: CI = confidence interval.
[1] Determined through HIV rapid test results, demonstrating proof of treatment, or self-report of a prior HIV test. Note: CI = confidence interval.
[2] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats).
[3] Physical violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon by intimate partner, parent/adult relative, adult in the community or neighbourhood or peer.
[4] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted.
n¥ represent the denominator of the subgroup for which the analyses was run for such as those who experienced sexual violence.
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
**Unreliable estimate (RSE is greater than 50%), estimate is suppressed
†Zero percent prevalence (0.0%) are denoted as <0.1 and should be interpreted with caution. It should not be assumed that the prevalence of the item in the entire population is an absolute zero

SECTION 10: ATTITUDES AND BELIEFS RELATED TO GENDER AND VIOLENCE, AND VIOLENCE PERPETRATION

TABLE 10.1.1. Attitudes and beliefs related to gender and violence among 13-17-and 18-24-year-olds – Kenya Violence Against Children Survey (VACS), 2019.

	Females	Males
	Weighted % (95% CI)	**Weighted % (95% CI)**
ACCEPTANCE OF ONE OR MORE REASONS FOR WIFE BEATING [1], BY AGE GROUP		
	Females (n=639)	**Males (n=372)**
Acceptance of wife beating among 13-17-year-olds	50.5 (45.5 - 55.5)	47.3 (40.7 - 53.9)
	Females (n=673)	**Males (n=403)**
Acceptance of wife beating among 18-24-year-olds	49.3 (44.5 - 54.1)	48.1 (43.1 - 53.2)
ENDORSEMENT OF ONE OR MORE HARMFUL BELIEFS ABOUT GENDER, SEXUAL BEHAVIOUR, AND INTIMATE PARTNER VIOLENCE [2], BY AGE GROUP		
	Females (n=637)	**Males (n=367)**
Endorsement of traditional norms among 13-17-year-olds	63.4 (58.0 - 68.7)	64.3 (59.3 - 69.2)
	Females (n=673)	**Males (n=402)**
Endorsement of traditional norms among 18-24-year-olds	60.5 (56.4 – 64.5)	72.5 (65.9 – 79.1)

Note: CI = confidence interval.
[1] Includes respondents who endorsed one or more of the following: it is acceptable for a husband to beat his wife if she: goes out without telling him; neglects the children; argues with him; refuses to have sex with him; is suspected of having an affair.
[2] Includes respondents who endorsed one or more of the following: men decide when to have sex; men need more sex than women; men need other women; women who carry condoms are "loose;" women should tolerate violence to keep the family together.

TABLE 10.2.1. Physical violence [1] perpetration among 18-24-year-olds – Kenya Violence Against Children Survey (VACS), 2019.

	Females (n= 691)	Males (n=408)
	Weighted % (95% CI)	**Weighted % (95% CI)**
Perpetrated physical violence ever	7.9 (5.6 - 10.2)	13.6 (10.5 - 16.6)
PHYSICAL VIOLENCE PERPETRATION (EVER) BY EXPERIENCE OF CHILDHOOD SEXUAL VIOLENCE	**Females (n = 100)**	**Males (n = 23)**
	Weighted % (95% CI)	**Weighted % (95% CI)**
Experienced childhood sexual violence	11.3 (5.3 - 17.3)	1.9 (0.6 - 3.2)*
	Females (n = 591)	**Males (n = 384)**
No childhood sexual violence	7.3 (4.5 - 10.1)	14.3 (10.7 - 17.8)
PHYSICAL VIOLENCE PERPETRATION (EVER) BY EXPERIENCE OF CHILDHOOD PHYSICAL VIOLENCE	**Females**	**Males**
	Weighted % (95% CI)	**Weighted % (95% CI)**
Experienced childhood physical violence	12.5 (8.7 - 16.4) (n = 283)	17.5 (12.8 - 22.3) (n = 186)
No childhood physical violence	5.0 (1.9 - 8.2) (n = 405)	8.9 (4.1 - 13.8) (n = 221)

Note: CI = confidence interval.
[1] Violence includes: slapping, pushing, shoving, shaking, or intentionally thrown something at to hurt; punching, kicking, whipping, or beaten with an object, ; choking, suffocating, tried to drown, or burned intentionally; used or threatened with a knife, gun or other weapon; or forcing another person to have sex when they did not want to. .
[2] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.
[3] Physical violence includes: punching, slapping, kicking, whipping, lashing, poking with an object, choking, smothering, trying to drown, burning intentionally, using or threatening to use a gun, knife, screwdriver, softball bat, knobkerrie, gun, or other weapon.
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.

TABLE 10.2.2. Physical violence [1] perpetration among 13-17-year-olds – Kenya Violence Against Children Survey (VACS), 2019.

	Females (n=652)	Males (n=380)
	Weighted % (95% CI)	**Weighted % (95% CI)**
Perpetrated physical violence ever	12.0 (8.4 - 15.6)	11.0 (8.1 - 13.9)
PHYSICAL VIOLENCE PERPETRATION (EVER) BY EXPERIENCE OF SEXUAL VIOLENCE IN THE PAST 12 MONTHS	**Females (n = 84)**	**Males (n = 12)**
	Weighted % (95% CI)	**Weighted % (95% CI)**
Experienced sexual violence	15.1 (5.9 - 24.3)	45.1 (27.1 - 63.2)*
	Females (n = 568)	**Males (n = 368)**
No sexual violence	11.5 (7.3 - 15.8)	10.1 (7.5 - 12.8)
PHYSICAL VIOLENCE PERPETRATION (EVER) BY EXPERIENCE OF PHYSICAL VIOLENCE IN THE PAST 12 MONTHS	**Females (n = 257)**	**Males (n = 134)**
	Weighted % (95% CI)	**Weighted % (95% CI)**
Experienced physical violence	19.1 (13.0 - 25.3)	17.1 (9.4 - 24.8)
	Females (n = 395)	**Males (n = 246)**
No physical violence	7.8 (3.3 - 12.3)	6.8 (4.5 - 9.1)

Note: CI = confidence interval.
[1] Violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon, or forcing another person to have sex when they did not want to.
[2] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.
[3] Physical violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon.
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.

TABLE 10.3.1. Physical intimate partner [1] violence perpetration [2] by experience of sexual violence [3] or physical violence [4] before age 18, among 18-24-year-olds who ever had a partner – Kenya Violence Against Children Survey (VACS), 2019.

	Females (n= 566)	Males (n= 296)
	Weighted % (95% CI)	**Weighted % (95% CI)**
Perpetrated physical intimate partner violence	7.4 (4.6 - 10.2)	16.5 (12.5 - 20.6)
INTIMATE PARTNER VIOLENCE PERPETRATION (EVER) BY EXPERIENCE OF CHILDHOOD SEXUAL VIOLENCE [3]	**Females (n = 88)**	**Males (n = 20)**
	Weighted % (95% CI)	**Weighted % (95% CI)**
Experienced childhood sexual violence	9.7 (4.1 - 15.2)	5.5 (1.2 - 9.9)*
	Females (n = 478)	**Males (n = 276)**
No childhood sexual violence	7.2 (4.0 - 10.5)	21.7 (16.1 - 27.3)
INTIMATE PARTNER VIOLENCE PERPETRATION (EVER) BY EXPERIENCE OF CHILDHOOD PHYSICAL VIOLENCE [4]	**Females (n= 248)**	**Males (n= 141)**
	Weighted % (95% CI)	**Weighted % (95% CI)**
Experienced childhood physical violence	11.5 (7.6 - 15.4)	26.9 (18.8 - 34.9)
	Females (n= 317)	**Males (n= 154)**
No childhood physical violence	4.9 (1.5 - 8.3)*	13.5 (7.0 - 20.1)

Note: CI = confidence interval.
[1] Intimate partner includes: current or previous boyfriend, girlfriend, romantic partner, husband or wife.
[2] Violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon, or forcing another person to have sex when they did not want to.
[3] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats).
[4] Physical violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon.
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.

TABLE 10.3.2. Physical intimate partner [1] violence perpetration[2], among 13-17-year-olds who ever had a partner – Kenya Violence Against Children Survey (VACS), 2019.

	Females (n= 147)	Males (n= 99)
	Weighted % (95% CI)	**Weighted % (95% CI)**
Perpetrated physical intimate partner violence	2.9 (0.3 - 5.6)*	15.0 (9.3 - 20.6)
INTIMATE PARTNER VIOLENCE PERPETRATION (EVER) BY EXPERIENCE OF ANY SEXUAL VIOLENCE [3]	**Females (n = 53**	**Males (n = 15)**
	Weighted % (95% CI)	**Weighted % (95% CI)**
Experienced sexual violence	**	28.7 (4.4 - 52.9)*
	Females (n = 94)	**Males (n = 84)**
No sexual violence	3.5 (0.9 - 6.0)*	14.3 (7.4 - 21.2)
INTIMATE PARTNER VIOLENCE PERPETRATION (EVER) BY EXPERIENCE OF ANY PHYSICAL VIOLENCE [4]	**Females (n = 83)**	**Males (n = 68)**
	Weighted % (95% CI)	**Weighted % (95% CI)**
Experienced physical violence	6.3 (1.5 - 11.2)*	21.9 (14.0 - 29.8)
	Females (n = 64)	**Males (n = 31)**
No physical violence	**	<0.1†

Note: CI = confidence interval.

[1] Intimate partner includes: current or previous boyfriend, girlfriend, romantic partner, husband or wife.

[2] Violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon, or forcing another person to have sex when they did not want to.

[3] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured sex (through harassment or threats).

[4] Physical violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon.

*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.

**Unreliable estimate (RSE is greater than50%), estimate is suppressed.

†Zero percent prevalence (0.0%) are denoted as <0.1 and should be interpreted with caution. It should not be assumed that the prevalence of the item in the entire population is an absolute zero

SECTION 11: CHARACTERISTICS ASSOCIATED WITH VIOLENCE

CHARACTERISTICS ASSOCIATED WITH VIOLENCE AMONG 18-24-YEAR-OLDS

TABLE 11.1. Characteristics of 18-24-year-olds by experience of sexual or physical violence in the past 12 months – Kenya Violence Against Children Survey (VACS), 2019.

	Females		Males	
	n¥	Weighted % (95% CI)	n¥	Weighted % (95% CI)
ORPHAN STATUS (LOST ONE OR BOTH PARENTS IN CHILDHOOD)				
Orphan	141	37.6 (26.6 - 48.7)	97	27.4 (19.0 - 35.7)
Non-orphan	501	26.5 (21.5 - 31.6)	296	24.6 (17.1 - 32.1)
SCHOOL ATTENDANCE				
Completed primary school or less	271	33.2 (24.5 - 42.0)	114	31.0 (22.9 - 39.2)
Completed secondary school or more	420	26.4 (20.9 - 31.8)	294	23.3 (15.4 - 31.2)
WORKING FOR MONEY OR OTHER PAYMENT IN THE PAST YEAR				
Worked	235	23.9 (17.5 - 30.4)	245	30.3 (19.6 - 41.0)
Did not work	456	31.0 (25.4 - 36.7)	163	17.6 (11.5 - 23.6)
WITNESSED VIOLENCE AT HOME				
Witnessed violence at home	351	39.0 (32.5 - 45.4)	189	35.0 (23.8 - 46.2)
Did not witness violence at home	318	18.1 (13.4 - 22.7)	213	14.8 (9.8 - 19.8)
MARRIAGE OR COHABITATION				
Married or cohabiting	289	28.3 (22.2 - 34.5)	46	27.2 (11.1 - 43.3)
Unmarried and not cohabiting	383	29.7 (23.8 - 35.7)	357	25.1 (18.0 - 32.3)
ARRANGED OR FORCED MARRIAGE AND VIOLENCE				
Arranged marriage	22	69.8 (48.5 - 91.1)*	2	**
In a marriage that was not arranged	172	21.0 (14.1 - 27.8)	16	12.3 (6.5 - 18.1)
FOOD INSECURITY				
Experienced food insecurity	169	39.6 (30.5 - 48.8)	103	41.3 (25.9 - 56.7)
Did not experience food insecurity	519	25.5 (21.0 - 30.1)	304	19.6 (15.6 - 23.6)

Note: CI = confidence interval.
n¥ represent the denominator of the subgroup for which the analyses was run for such as those who experienced sexual violence.
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
**Unreliable estimate (RSE is greater than50%), estimate is suppressed

CHARACTERISTICS ASSOCIATED WITH VIOLENCE AMONG 13-17-YEAR-OLDS

TABLE 11.2. Characteristics of 13-17-year-olds by experience of sexual or physical violence in the past 12 months – Kenya Violence Against Children Survey (VACS), 2019.

	Females		Males	
	n¥	Weighted % (95% CI)	n¥	Weighted % (95% CI)
ORPHAN STATUS (LOST ONE OR BOTH PARENTS IN CHILDHOOD)				
Orphan	108	46.7 (34.4 - 58.9)	60	34.2 (15.3 - 53.1)
Non-orphan	524	41.4 (36.5 - 46.3)	314	42.4 (31.9 - 53.0)
SCHOOL ATTENDANCE				
Not attending school	42	43.3 (20.5 - 66.1)	37	35.7 (13.1 - 58.2)*
Attending school	593	42.5 (37.9 - 47.1)	336	42.5 (31.9 - 53.2)
WORKING FOR MONEY OR OTHER PAYMENT IN THE PAST YEAR				
Worked	60	56.2 (41.8 - 70.5)	80	58.9 (47.5 - 70.3)
Did not work	593	40.3 (36.0 - 44.6)	299	36.8 (25.4 - 48.3)
WITNESSED VIOLENCE AT HOME				
Witnessed violence at home	173	70.5 (62.3 - 78.7)	60	69.9 (56.4 - 83.4)
Did not witness violence at home	328	25.6 (19.4 - 31.9)	221	25.2 (18.2 - 32.2)
MARRIAGE OR COHABITATION				
Married or cohabiting	10	29.9 (13.1 - 46.6)	2	100.0 (100.0 - 100.0)
Unmarried and not cohabiting	633	42.1 (37.6 - 46.5)	373	40.0 (29.7 - 50.3)
FOOD INSECURITY				
Experienced food insecurity	165	43.3 (36.2 - 50.5)	86	46.8 (28.0 - 65.5)
Did not experience food insecurity	486	41.5 (36.2 - 46.8)	294	39.9 (31.0 - 48.7)

SECTION 12: INSPIRE INDICATORS

INSPIRE INDICATORS AMONG 18-24-YEAR-OLDS

TABLE 12.1. INSPIRE Indicators among 18-24-year-olds – Kenya Violence Against Children Survey (VACS), 2019

	Females	Males
	Weighted % (95% CI)	Weighted % (95% CI)
NORMS AND VALUES		
	Females (n=671)	**Males (n= 401)**
Agreement with the necessity of corporal punishment by parents	35.3 (31.5 - 39.0)	48.1 (42.3 - 53.9)
	Females (n=670)	**Males (n= 403)**
Agreement with the necessity of corporal punishment by teachers	47.1 (42.7 - 51.4)	56.9 (51.7 - 62.1)
	Females (n=673)	**Males (n= 403)**
Acceptance of wife beating [1]	49.3 (44.5 – 54.1)	48.1 (43.1 – 53.2)
	Females (n=673)	**Males (n= 402)**
Endorsement of traditional norms and beliefs about gender, sexuality and violence [2]	60.5 (56.4 – 64.5)	72.5 (65.9 – 79.1)
INCOME AND ECONOMIC STRENGTHENING		
	Females (n=126)	**Males (n= 38)**
Married or cohabitating females who had some responsibility for how money was spent	91.8 (86.5 – 97.2)	NA
EDUCATION AND LIFE SKILLS		
	Females (n=659)	**Males (n=385)**
Early sexual debut: first sex at or before age 15	9.9 (7.4 – 12.5)	12.6 (9.2 – 16.1)
	Females (n= 452)	
Early pregnancy: pregnant before age 18	22.3 (17.8 – 26.9)	NA
	Females (n=669)	**Males (n=403)**
Child marriage: married or cohabitating before age 18	8.7 (6.4 – 11.1)	**
	Females (n=213)	**Males (n=188)**
Ever been taught anger management in school	51.8 (44.6 – 59.1)	43.5 (35.1 – 52.0)
	Females (n=214)	**Males (n=187)**
Ever been taught how to avoid physical fights and violence in school	53.7 (45.5 – 61.9)	50.2 (41.9 – 58.5)
	Females (n=214)	**Males (n=187)**
Ever been taught how to avoid bullying in school	53.2 (45.0 – 61.5)	51.5 (42.5 – 60.5)

Note: CI = confidence interval.

[1] Includes respondents who endorsed one or more of the following: it is acceptable for a husband to beat his wife if she: goes out without telling him; neglects the children; argues with him; refuses to have sex with him; is suspected of having an affair.

[2] Includes respondents who endorsed one or more of the following: men decide when to have sex; men need more sex than women; men need other women; women who carry condoms are "loose;" women should tolerate violence to keep the family together.

*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.

**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.

INSPIRE INDICATORS AMONG 13-17-YEAR-OLDS

TABLE 12.2. INSPIRE Indicators among 13-17-year-olds – Kenya Violence Against Children Survey (VACS), 2019

	Females	Males
	Weighted % (95% CI)	Weighted % (95% CI)
NORMS AND VALUES FOR 13-17 YEARS		
	Females (n=640)	**Males (n= 372)**
Agreement with the necessity of corporal punishment by parents	49.2 (45.1 - 53.3)	52.4 (45.9 - 59.0)
	Females (n=643)	**Males (n= 374)**
Agreement with the necessity of corporal punishment by teachers	60.3 (55.2 - 65.3)	64.6 (56.6 - 72.6)
SAFE ENVIRONMENTS		
	Females (n=636)	**Males (n= 369)**
Missing school or not leaving home due to fear of violence or safety problems in the past 12 months	6.0 (4.1 - 7.8)	2.5 (1.4 - 3.5)
	Females (n= 640)	**Males (n= 371)**
Witnessed violence in the neighbourhood in the past 12 months	22.4 (17.9 - 26.9)	21.7 (19.4 - 23.9)
PARENT AND CAREGIVER SUPPORT		
	Females (n=642)	**Males (n=372)**
Parents' use of positive parental discipline in the past 12 months	31.2 (27.1 - 35.3)	23.1 (17.1 - 29.1)
	Females (n=613)	**Males (n=356)**
Close relationship with mother	85.8 (81.8 - 89.8)	88.8 (83.5 - 94.2)
	Females (n=532)	**Males (n=326)**
Close relationship with father	59.6 (53.6 - 65.6)	86.7 (80.3 - 93.0)
	Females (n=622)	**Males (n=364)**
Easy to talk to mother	81.0 (77.6 - 84.5)	80.4 (74.7 - 86.1)
	Females (n=574)	**Males (n=340)**
Easy to talk to father	44.6 (39.5 - 49.7)	76.8 (71.2 - 82.5)
	Females (n=644)	**Males (n=374)**
High parental monitoring and supervision	85.8 (83.0 - 88.6)	83.5 (77.9 - 89.1)
	Females (n=644)	**Males (n=375)**
Parents' use of physical discipline or verbal aggression in the past 12 months	48.2 (42.6 - 53.7)	41.7 (36.7 - 46.8)
INCOME AND ECONOMIC STRENGTHENING		
	Females (n=651)	**Males (n= 380)**
Experiencing food insecurity	26.4 (21.7 - 31.1)	19.9 (15.5 - 24.2)

TABLE 12.2. INSPIRE Indicators among 13-17-year-olds – Kenya Violence Against Children Survey (VACS), 2019 (continued)

	Females	Males
	Weighted % (95% CI)	Weighted % (95% CI)
EDUCATION AND LIFE SKILLS		
	Females (n=635)	**Males (n=373)**
Currently enrolled in school	92.9 (90.3 - 95.6)	88.7 (84.0 - 93.3)
	Females (n=632)	**Males (n=380)**
Binge drinking [1] in the past 30 days	0.9 (0.3 - 1.6)*	**
	Females (n=652)	**Males (n=379)**
In a physical fight in the past 12 months	11.1 (7.9 - 14.3)	20.2 (14.2 - 26.2)
	Females (n= 587)	**Males (n= 335)**
Ever been taught anger management in school	43.7 (39.2 - 48.1)	41.3 (36.1 - 46.5)
	Females (n= 585)	**Males (n= 334)**
Ever been taught how to avoid physical fights and violence in school	58.0 (52.5 - 63.5)	59.5 (52.4 - 66.6)
	Females (n= 589)	**Males (n= 333)**
Ever been taught how to avoid bullying in school	55.9 (50.6 - 61.2)	51.8 (44.9 - 58.8)

Note: CI = confidence interval.
[1] Binge drinking included drinking 4 or more drinks in one occasion.
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.

SECTION 13: COMPARISON OF VIOLENCE PREVALENCE BETWEEN KENYA VACS 2010 AND 2019

DIFFERENCES IN SEXUAL VIOLENCE PREVALENCE BETWEEN 2010 AND 2019

TABLE 13.1.1. Differences in prevalence of different types of sexual violence [1] before age 18, among 18-24-year-olds – Kenya Violence Against Children Survey (VACS) 2010 and 2019.

	2010 VACS		2019 VACS		p-value
	n	Weighted % (95% CI)	n	Weighted % (95% CI)	
FEMALES					
Any childhood sexual violence	674	31.9 (27.0-36.7)	691	15.6 (12.5-18.7)	<0.001
Unwanted sexual touching	666	20.7 (16.2-25.1)	685	6.8 (4.4-9.2)	<0.001
Unwanted attempted sex	673	15.3 (11.5-19.0)	684	7.5 (4.6-10.4)	0.0009
Pressured sex [2]	671	9.6 (6.7-12.4)	679	4.3 (2.7-5.9)	0.0007
Physically forced sex	672	7.1 (4.2-9.9)	684	4.3 (2.7-5.9)	0.0693

TABLE 13.1.1. Differences in prevalence of different types of sexual violence [1] before age 18, among 18-24-year-olds – Kenya Violence Against Children Survey (VACS) 2010 and 2019 [continued].

MALES					
Any childhood sexual violence	690	17.5 (12.9-22.0)	407	6.4 (3.0-9.9)*	0.0006
Unwanted sexual touching	693	10.8 (7.1-14.5)	407	0.3 (0.1-0.6)*	<0.001
Unwanted attempted sex	694	7.2 (4.7-9.8)	402	4.2 (1.2-7.3)*	0.1877
Pressured sex [2]	670	3.6 (1.6-5.6)	402	**	***
Physically forced sex	696)	1.4 (0.2-2.6)	404	**	***

Note: CI = confidence interval.
[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.
[2] Pressured sex includes: threats, harassment.
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.
*** No statistical test was performed due to the 2019 estimate being unreliable.

TABLE 13.1.2. Differences in prevalence of different types of sexual violence [1] in the past 12 months, among 13-17-year-olds – Kenya Violence Against Children Survey (VACS) 2010 and 2019.

	2010 VACS		2019 VACS		p-value
	n	Weighted % (95% CI)	n	Weighted % (95% CI)	
FEMALES					
Any sexual violence in the past 12 months	540	10.7 (7.1-14.3)	653	13.5 (9.9-17.1)	0.2813
Unwanted sexual touching in the past 12 months	542	8.5 (5.1-11.9)	652	6.5 (4.5-8.5)	0.2927
Unwanted attempted sex in the past 12 months	540	3.3 (1.5-5.0)	652	8.5 (5.0-12.0)	0.0030
Pressured sex [2] in the past 12 months	545	1.1 (0.0-2.3)	652	0.8 (0.2-1.5)*	0.7140
Physically forced sex in the past 12 months	545	0.7 (0.0-2.0)	653	1.1 (0.2-2.1)*	0.6346
MALES					
Any sexual violence in the past 12 months	737	4.2 (2.3-6.1)	380	2.4 (1.3-3.6)	0.0902
Unwanted sexual touching in the past 12 months	740	2.1 (1.0-3.2)	380	1.9 (0.9-2.8)	0.7411
Unwanted attempted sex in the past 12 months	740	2.1 (0.6-3.7)	379	0.5 (0.2-0.7)	0.0003
Pressured sex [2] in the past 12 months	734	0.4 (0.0-0.9)	379	0.1 (0.1-0.1)	0.0744
Physically forced sex in the past 12 months	739	<0.1†	379	**	***

Note: CI = confidence interval.
[1] Sexual violence includes: unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, or tricking) sex.
[2] Pressured sex includes: threats, harassment.
*Unreliable estimate (RSE is greater than 30% but less than or equal to 50%), result should be interpreted with caution.
**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.
*** No statistical test was performed due to the 2019 estimate being unreliable.
†Zero percent prevalence (0.0%) are denoted as <0.1 and should be interpreted with caution. It should not be assumed that the prevalence of the item in the entire population is an absolute zero

DIFFERENCES IN PHYSICAL VIOLENCE PREVALENCE BETWEEN 2010 AND 2019

TABLE 13.2.1. Differences in prevalence of physical violence [1] before age 18, among 18-24-year-olds – Kenya Violence Against Children Survey (VACS) 2010 and 2019.

	2010 VACS		2019 VACS		
	n	Weighted % (95% CI)	n	Weighted % (95% CI)	p-value
FEMALES					
Any childhood physical violence	679	66.0 (59.1-72.9)	688	38.8 (34.3-43.3)	<0.001
Intimate partner [2] physical violence	570	3.1 (1.6-4.6)	563	3.6 (1.9-5.2)	0.6817
Parent or adult relative physical violence	679	50.3 (42.7-57.9)	657	28.9 (24.5-33.2)	<0.001
Adult in the community or neighbourhood physical violence	678	57.7 (50.2-65.2)	660	15.2 (12.0-18.4)	<0.001
MALES					
Any childhood physical violence	704	73.1 (67.8-78.3)	407	51.9 (44.7-59.0)	<0.001
Intimate partner [2] physical violence	561	2.9 (1.1-4.7)	295	0.7 (0.6-0.9)	<0.001
Parent or adult relative physical violence	703	56.1 (50.8-61.4)	393	37.9 (31.2-44.6)	<0.001
Adult in the community or neighbourhood physical violence	702	57.5 (51.3-63.6)	382	21.5 (15.6-27.3)	<0.001

Note: CI = confidence interval.

[1] Physical violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon.

[2] Among those who have an intimate partner.

[3] Among 18-24-year-olds who had sex before age 18.

TABLE 13.2.2. Differences in prevalence of physical violence [1] in the past 12 months, among 13-17-year-olds – Kenya Violence Against Children Survey (VACS) 2010 and 2019.

	2010 VACS		2019 VACS		p-value
	n	Weighted % (95% CI)	n	Weighted % (95% CI)	
FEMALES					
Any physical violence in the past 12 months	545	17.8 (12.5-23.1)	653	36.8 (32.5-41.0)	<0.001
Intimate partner [2] physical violence in the past 12 months	107	6.2 (0.0-12.9)	147	**	***
Parent or adult relative physical violence in the past 12 months	544	15.9 (11.0-20.7)	653	19.8 (15.9-23.7)	0.2218
Adult in the community or neighbourhood physical violence in the past 12 months	545	1.1 (0.0-2.2)	652	23.6 (20.1-27.0)	<0.001
MALES					
Any physical violence in the past 12 months	743	47.6 (42.9-52.3)	380	40.5 (30.3-50.6)	0.2195
Intimate partner [2] physical violence in the past 12 months	199	3.3 (0.0-7.1)	99	**	***
Parent or adult relative physical violence in the past 12 months	743	14.3 (10.8-17.8)	380	17.0 (12.4-21.6)	0.3348
Adult in the community or neighbourhood physical violence in the past 12 months	743	44.7 (40.0-49.3)	379	26.0 (14.9-37.1)	0.0089

Note: CI = confidence interval.
[1] Physical violence includes: slapping, pushing, shoving, or intentionally thrown something at to hurt, punching, kicking, whipping, or beaten with an object, choking, suffocating, tried to drown or burn intentionally, using or threated with a knife, gun or other weapon.
[2] Among those who have an intimate partner.
[3] Among 18-24-year-olds who had sex before age 18.
**Unreliable estimate (RSE is greater than 50%), estimate is suppressed.
*** No statistical test was performed due to the 2019 estimate being unreliable

DIFFERENCES IN EMOTIONAL VIOLENCE PREVALENCE BETWEEN 2010 AND 2019

TABLE 13.3.1. Differences in emotional violence [1] before age 18, among 18-24-year-olds – Kenya Violence Against Children Survey (VACS) 2010 and 2019.

	2010 VACS		2019 VACS		p-value
	n	Weighted % (95% CI)	n	Weighted % (95% CI)	
FEMALES					
Emotional violence by a parent, adult caregiver, or other adult relative in childhood	675	14.0 (10.5-17.5)	679	7.3 (5.0-9.6)	0.0008
MALES					
Emotional violence by a parent, adult caregiver, or other adult relative in childhood	483	30.2 (24.8-35.7)	400	5.0 (1.7-8.4)*	<0.001

Note: CI = confidence interval.
[1] Emotional violence includes: being told that you were unloved or did not deserve to be loved, being told that they wished you were dead or had never been born, or being ridiculed, put down, or insulted by a parent, adult caregiver, or other adult relative



© SHEHZAD NOORANI/UNICEF

APPENDIX B:

KENYA 2019 VACS RESPONSE PLAN FOR PARTICIPANTS

In conducting of any Violence Against Children Survey (VACS), it is anticipated that there would be participants who have experienced violence and would need intervention. The intervention is either to immediately remove them from danger or to help the children deal with consequences of violence. All VACS include a detailed and specific protocol response plan to provide referrals to participants and address needs that may arise. The Kenya VACS response plan was based on the CDC and UNICEF guidance for response plan on VACS. The response plan included development of criteria offering referrals, establishment of protocols for providing referrals, and the identification of potential danger to the participants.

B.1. REFERRALS FOR PARTICIPANTS AND SERVICES

All participants were provided with a general brochure with available services addressing diverse issues and experiences by young people and a list of places in Kenya where they can get help according to need. The range of services were general and not all specific to violence and included HIV, STI, pregnancy and GBV services, and amenities currently offered in Kenya. In addition to the services, the brochure also included a list of sub-county child protection officers, youth-friendly centres, and helplines. The interviewers and HTS providers had more detailed referral directories if additional referrals were sought. Interviewers and HTS providers provided information to participants on which organizations and institutions provided services for violence, to access in case of need.

B.2. DIRECT REFERRAL CRITERIA AND PROCEDURES

During the interview, participants who met any one or more of the following criteria were offered a direct referral for counselling or to the DCS children protection team:

- The participant became upset during the interview (for example, tearful, angry, sad, shaking body, difficulty breathing etc.).
- The participant shared at any point during the interview that he or she does not feel safe in his or her current living situation, including in his or her home or community due to violence.
- The participant experienced violence in the past 12 months.
- The participant was under the age of 18 and traded sex for money or goods in the past 12 months (i.e. sex trafficking of minors).
- The participant reported that he or she is in immediate danger (see 3.13 on acute cases).
- The participant asked for help for violence, regardless of what they may or may not have disclosed during the interview.

If the participant indicated that he or she wanted a direct referral, the interviewer obtained their consent and referred them to the onsite HTS provider who was part of the survey team. The HTS provider gave first-line support. If a respondent needed more support and indicated that they wanted to talk to a GBV counsellor, the HTS provider sought consent to obtain their contact information and a safe place and method for the GBV counsellor to find them. It is important to note that the interviewers never gave any of the information shared during the interview to the service provider unless the participant requested that they do so. The HTS provider also put the participant in contact with a GBV counsellor on the phone for participants who authorized the call. One designated focal point at LVCT Health was on call for the duration of the study. The LVCT Health focal point followed and monitored all referrals for the duration of data collection. The focal point received the referral information and was responsible for following with the assigned GBV counsellor within 48 hours. The GBV counsellor then worked directly with the participants to determine the most appropriate services needed and provided further referrals. The GBV counsellor, with support from the focal point, made every effort to respond to the request for a direct referral within one week of the interview. The GBV counsellors provided counselling services for a maximum period of 3 months and follow up on retention to the other referral services. After the 3 months, the participant was transitioned to other appropriate services within the community.

B.3. MANAGING ACUTE CASES

If an acute case was identified, the interviewers followed the response plan below. An acute case refers to cases where:

- The participant shared at any point during the interview that he or she does not feel safe in his or her current living situation, including in his or her home or community due to violence; or
- The participant reported that he or she was in immediate danger.

For the participants who met the above criteria, the interviewer immediately alerted the team leader and the HTS counsellors who called the pre-identified contact at the child protection team. Child protection response plan was activated with participant's consent. If the participant rejected referral, then their wishes were respected. The HTS counsellor offered initial counselling followed with referral for those participants who needed help.

During data collection, 1,499 participants were eligible for the response plan referral and 780 agreed to be referred to the HTS providers. The HTS providers provided first-line support and referred 56 participants who required a long-term plan to GBV counsellors, and 44 reached the GBV counsellor and had at least one session on counselling. There were 44 trained GBV counsellors involved in the follow-up of the participants. The clients were followed up from December 2018 to March 2019.

SERVICE CASCADE	MALES	FEMALES
Eligible for referral	519	930
Agreed for Referral	210	459
Received 1st Line Support **	210	459
Referred for other services	10	46

** HTS providers were part of the survey and were to provide first-line support to all consenting participants if the accepted to receive support services.

B.4. HIV TESTING AND LINKATE TO CARE

The response plan also included voluntary HIV testing. HIV testing procedures were based on the WHO "*Consolidated guidelines on HIV testing services 2015"* and Kenya National Guidelines for HIV Testing Services (2016);[34] it provides that adolescents and youth aged 15 years and above can give their own consent for HIV testing without consent from a parent/guardian and have the right to receive their test results in private without a parent/guardian present, and to choose whether or not to disclose their results to parents or significant others in accordance with global recommendations from WHO.[35] Therefore, 15-24-year-old participants were eligible for VACS HIV testing, and testing was offered by HTS providers to participants who completed the survey and met the age bracket eligibility. Testing services included pre-test counselling and testing using rapid testing kit by obtaining blood from finger prick. Participants were provided test results and post-test counselling, including active linkage to treatment for all HIV-positive participants and according to Kenya national standards. The HTS provider obtained consent for HIV testing separately from consent for participation in the survey and performed the HIV test and gave the results of the test. The participants were encouraged to disclose their HIV status to a significant other but made the decision for themselves whether and to whom to disclose their HIV results. During the study period, a trained, practicing HTS supervisor was part of the survey team. The HTS supervisor ensured that HTS was done according to the standard operating procedures and consistent with quality standards.

Based on the eligibility criteria for HIV testing, 1,480 respondents were eligible for HIV testing. Of those eligible for testing, 1,359 consented to HIV testing. Among those who consented, 1,358 completed the testing for HIV. Four people tested positive for HIV and were referred to treatment services. Eleven participants were known HIV positive, with nine on treatment. One was a treatment defaulter and was linked back to treatment by the counselling supervisor, and the other positive was lost to follow up and unreachable.

APPENDIX C:

SUPPLEMENTARY SAMPLING METHODS

The development and the implementation of the Kenya VACS was led by Government of Kenya through DCS and KNBS with technical support from CDC in Atlanta and Kenya. The 2019 Kenya VACS methodology follows and builds on surveys completed in other countries such as Swaziland in 2007, Tanzania in 2009, Kenya 2010, Zimbabwe in 2011, Haiti in 2012, Cambodia in 2013, Malawi in 2013, and Rwanda in 2015. The survey was implemented between December 2018 and January 2019 in every county in Kenya.

C.1. SAMPLING FRAME AND SAMPLE SIZE SELECTION

The National Sample Survey and Evaluation Programme 5th frame (NASSEP-V) developed and maintained by KNBS was used. The NASSEP-V frame is a large, representative sample (i.e., "master sample") of clusters created from 5,360 enumeration areas (EAs) selected from the approximately 96,000 EAs created for the 2009 Kenya Population and Housing Census. The EAs selected for the NASSEP-V master sample were selected with probabilities proportionate to size (based on 2009 census household counts) within strata defined by county and urban/rural status. No county or local Government area was excluded from the sampling frame. The sample size was determined from a standard cluster sample formula where an estimated prevalence of 32% sexual violence in childhood for females and 17% sexual violence in childhood for males based on 2010 Kenya VACS results were used.

A three-stage cluster sampling method was used in the Kenya 2019 VACS. In the first stage of selection, 266 clusters were selected using probability proportional to the size of the cluster. In the second stage, a fixed number of 34 households were selected by equal probability systematic sampling. In the third stage, one eligible respondent (male or female, depending on the EA) was randomly selected from among all eligible respondents ages 13-24 in each household for the interview questionnaire.

The Kenya VACS used a split sample approach, such that the survey for females was conducted in different EAs than the survey for males. This approach was to protect the confidentiality of participants by eliminating the chance that perpetrators and survivors of violence would be interviewed in the same community, discover the purpose of the study, and possibly retaliate against participants.

C.2. INCLUSION CRITERIA AND SELECTION OF HOUSEHOLDS AND PARTICIPANTS

This survey included females and males living in selected households in Kenya who were between ages of 13 and 24 at the time of survey, and who spoke one of the survey languages: English, Borana, Kalenjin, Kamba, Kikuyu, Kisii, Luo, Luhya, Maasai, Meru, Mijikenda, Swahili and Somali. Survey teams, to the extent possible, clarified questions when asked by a respondent with lesser proficiency in one of the survey languages. Females and males with mental disabilities who did not have the capacity to understand the questions and those with significant impairing physical disabilities (e.g. hearing and speech impairment) were excluded from the study. Females and males living in institutions such as hospitals, prisons, nursing homes, and other such institutions were not included in the survey. Detailed methodology of the VACS is available in reference materials.[36,37]

C.3. SAMPLE WEIGHTS

Weighting is a method used to obtain parameters from the data set resulting from sampling in order to represent the total population. The VACS used a three-step weighting procedure: (Step 1) computation of base weight for each sample participant; (Step 2) adjustment of the base weights for differential non-response in the sample; and (Step 3) post-stratification calibration adjustment of weights to known population totals. Sample weighting provides representative parameter estimates from survey data. CDC weighted the data to obtain parameters that represented the total population of Kenya adolescents and young adults ages 13-24. A three-step weighting procedure was applied:

Step 1 – computation of base weight for each sample respondent.

Step 2 – adjustment of the base weights for differential non-response in the sample.

Step 3 – calibration of the adjusted weights to known population totals.

The base weight of a respondent in any probability sample is one divided by the overall probability of selection for the respondent given the steps completed in selecting the respondent (Step 1). Included in the calculations of the base weight was the probabilities of selection of enumeration areas, selection of households, gender specification, and selection of eligible individuals. In Step 2, base weights were adjusted to account for the losses in the sample outcome due to differential non-response. In this step, non-response adjustments were made for non-responding enumeration areas, non-responding households, and non-responding respondents. The household-level non-response adjustment was performed by using weighted data at the national level. For the person-level non-response adjustment, weighting cells were formed taking into account age group (13-17 or 18-24), and sex. In the final stage of the weighting process (Step 3), calibration adjustment was done to adjust weights to conform with 2009 national census data distributed by urbanization, age group (13-17 or 18-24), and gender. These variables were used to form weighting cells. The final weights assigned to each responding unit were computed as the product of the base weights, the non-response adjustment factors, and post-stratification calibration adjustment factors. CDC produced weighted point estimates and 95% confidence intervals using SAS statistical software (version 9.4). CDC, KNBS and Population Council produced a complete description of the findings, including reporting frequencies and percentages on the principal variables of interest. Charts and diagrams were used to display data. Tables were created to illustrate distributions of characteristics associated with sexual behaviour and practices; physical, emotional, and sexual violence; and utilization of health care services, counselling services, and other services utilized by respondents.

C.4. RESPONSE RATES

A total of 9,044 households were visited during the study: 5,270 for females and 3,774 for males. The household response rates were 90.5% for females and 91.4% for males. Within all visited households, a household members' listing was completed, from which one eligible respondent residing in the household were identified and interviewed. As a result, a total of 2,132 individuals ages 13-24 participated in the 2019 Kenya VACS. This included 1,344 females and 788 males who completed the individual questionnaire, yielding an individual response rate of 81.7% for females and 72.8% for males respectively. The combined household and individual response rates provide an overall response rate for females of 74.0% and for males of 66.5%.

C.5. WEIGHTED PERCENTAGES AND CONFIDENCE INTERVALS

The VACS results are based on a sample of the population rather than a census; therefore, there is a degree of uncertainty and error associated with the point estimates. Survey weights were created and applied to each individual record to adjust for the probability of selection, differential non-response, and calibration to the 2009 Kenya census population. The estimates in the 2019 Kenya VACS are accompanied by a 95% confidence interval. This range indicates that, for 95 in 100 samples completed in the same way as VACS, the true population prevalence of violence will be between the upper and lower confidence interval values. For example, if the expected sexual violence prevalence in Kenya is 30%, with a confidence interval of 4%, this means that, if we could survey all children in Kenya at the same time, the VACS data estimate that between 26% and 34% of the total child population of Kenya have experienced sexual violence. In short, the CI helps determine how effectively prevalence is measured and how to make inferences about the national population.

C.6. COMPARISON OF 2010 AND 2019 VACS

A two-sample two-sided Z-test of proportions was used to test whether the prevalence estimates from the 2010 VACS and the 2019 VACS were statistically equivalent. Let Y_i denote the number of individuals experiencing violence out of n_i individuals sampled in the i-th survey, $i = 1, 2$ and also let p_i denote the weighted proportion of individuals experiencing violence in the i-th survey, $i = 1, 2$. To test the differences in prevalence in the two surveys $(d = p_1 - p_2)$, a z-statistic was constructed as the difference in the point estimates $(\hat{d} = \hat{p}_1 - \hat{p}_2)$ between the surveys divided by the standard error of the difference:

$$Z = \frac{\hat{d}}{s.e.(\hat{d})},$$

where the standard error of the difference is calculated as follows:

$$(\hat{d}) = \sqrt{\hat{p}(1-\hat{p})\left(\frac{1}{n_1} + \frac{1}{n_2}\right)},$$

and where $\hat{p} = \frac{Y_1 + Y_2}{n_1 + n_2}$ is the proportion of individuals experiencing violence in the combined sample.

There was a significant difference between the two survey estimates if the p-value of the z-test was less than 0.05.

REFERENCES

1. Krug E, Dahlberg L, Mercy J. et al World report on violence and health. 2002. Geneva: World Health Organization.
2. Sex or sexual intercourse includes vaginal, oral or anal sex.
3. Kenya National Bureau of Statistics. 2019 Kenya Population and Housing Census Results. https://www.knbs.or.ke/?p=5621.
4. World Health Organization. Country Cooperation Strategy at a Glance. 2018. Geneva, Switzerland. Available from: https://apps.who.int/iris/bitstream/handle/10665/136904/ccsbrief_ken_en.pdf?sequence=1
5. United Nations, Department of Economic and Social Affairs, Population Division. World Urbanization Prospects: The 2018 Revision. 2018. New York, New York.
6. The World Bank. Kenya: Overview. Last updated, September 2019. Available from: https://www.worldbank.org/en/country/kenya/overview
7. Runyan D, et al., Child Abuse and Neglect by Parents and Other Caregivers. In, World Report on Violence and Health. Krug E, et al., Editors. 2002: 147-182. World Health Organization. Geneva, Switzerland.
8. Hillis S, Mercy J, Amobi A, Kress H. Global prevalence of past-year violence against children: a systematic review and minimum estimates. *Pediatrics*. 2016; 137(3): e20154079.
9. United Nations Children's Emergency Fund. Hidden in Plain Sight: A statistical analysis of violence against children. 2014. New York, New York.
10. Pinheiro PS, Office of the High Commissioner for Human Rights, United Nations Children's Emergency Fund, World Health Organization . United Nations' Secretary General Study on Violence Against Children. 2003. Available from: http://www.unicef.org/violencestudy/presskits/2%20Study%20findings_Press%20kit%20EN.pdf.
11. National Research Council and Institude of Medicine. From neurons to hoods: the science of early childhood development. in Committee on Integrating the Science of Early Childhood Development. Board on Children, Youth, and Famillies, Commission on Behavioral and Social Sciences and Education. 2000. Washington, DC: National Academy Press.
12. Felitti V, et al., The relationship of adult health status to childhood abuse and household dysfunction. *American Journal of Preventative Medicine*. 1998; 14: 245-58.
13. Kendall-Tackett K. Treating the lifetime health effects of childhood victimization. 2003. Civic Research Institute, Inc. Kingston.
14. Hillis SD, Mercy JA, Saul JR. The enduring impact of violence against children. *Psychology, Health & Medicine*. 2017; 22(4).
15. World Health Organization. INSPIRE: Seven Strategies for Ending Violence Against Children. 2016. Geneva, Switzerland.
16. World Health Organization. Responding to children and adolescents who have been sexually abused: WHO clinical guidelines. 2017. World Health Organization. Geneva, Switzerland.
17. United Nations Children's Emergency Fund. Ending Violence Against Children: Six Strategies for Action. 2014. New York, New York.
18. United Nations Children's Emergency Fund, Centers for Disease Control and Prevention. A National Study on violence Against Children and Young Women in Swaziland. 2007. Mbabane, Eswatini. https://www.togetherforgirls.org/wp-content/uploads/2017/10/Violence_study_report-swaziland.pdf
19. Ruto S. Sexual abuse of school age children: Evidence from Kenya. *Journal of International Cooperation in Education*. 2009; 12(1):177-192.
20. Ajema C, Muraya K, Karuga R, Kiruki M. Childhood experience of abuse in Kajiado County, Kenya: Findings from a cross-sectional survey. 2016. LVCT Health: Nairobi, Kenya.
21. United Nations Children's Emergency Fund, Centers for Disease Control and Prevention, Kenya National Bureau of Statistics. Violence against Children in Kenya: Findings from a 2010 National Survey. Summary Report on the Prevalence of Sexual, Physical and Emotional Violence, Context of Sexual Violence, and Health and Behavioral Consequences of Violence Experienced in Childhood. 2012. United Nations Children's Emergency Fund. Nairobi, Kenya.
22. Samquist C, Kang JL, Amuyunzu-Nyamongo M, et al. A protocol for a cluster-randomized controlled trial testing an empowerment intervention to prevent sexual assault in upper primary school adolescents in the informal settlements of Nairobi, Kenya. *BMC Public Health*. 2019; 19(1): 2-11.
23. Baiocchi M, Omondi B, Langat N, et al. A behavior-based intervention that prevents sexual assault: the results of a matched-pains, cluster-randomized study in Nairobi, Kenya. *Prevention Science*. 2017. 18(7): 818-827.
24. Sinclair J, Sinclair L, Otieno E, Mulinge M, Kapphahn C, Golden NH. A self-defense program reduces the incidence of sexual assault in Kenyan adolescent girls. *Journal of Adolescent Health*. 2014. 54(1): 116.
25. Ajema C, Undie C, Mbugua C, Kyongo J, Digolo L. Health sector inadequacies in attending to child survivors of sexual abuse in Kenya: An operations research. *Child Abuse Review*. 2018; 27(6): 475-485.
26. LVCT Health, Ministry of Health, and Population Council. Fostering a multisectoral response to violence against children in East and Southern Africa. Learning Updates from Kenya: *The Africa Regional SGBV Network Learning* Brief Series, Brief #4. 2016. https://www.popcouncil.org/uploads/pdfs/2016RH_LearningBrief4_KenyaKNH.pdf.
27. Population Council, Kenyatta National Hospital. Fostering a multisectoral response to violence against children in East and Southern Africa. Learning Updates from Kenya: The Africa Regional SGBV Network Learning Brief Series, Brief #2. 2016. https://www.popcouncil.org/uploads/pdfs/2016RH_LearningBrief2_KenyaLVCT.pdf.
28. Ajema C, Muraya K, Karuga R, Kiruki M. Childhood experience of abuse in Kajiado County, Kenya: Findings from a cross-sectional survey. 2016. LVCT Health: Nairobi, Kenya.

29. United Nations Children's Emergency Fund, Centers for Disease Control and Prevention, Together for Girls, Kenya Vision 2030. Summary of Findings and Response Plan: Violence against Children in Kenya, Findings from a 2010 National Survey. 2012. Nairobi, Kenya. https://www.togetherforgirls.org/wp-content/uploads/2017/08/VAC_in_Kenya_Summary_Report_and_Response_Plan_Final_27_November_2012.pdf

30. Kenya Ministry of Health. Kenya National Standard Operating Procedures for the Management of Child Survivors of Sexual Violence. 2018. https://www.popcouncil.org/uploads/pdfs/2018RH_KenyaMOH-SOPsMgmtSVAC.pdf

31. PEPFAR's DREAMS (Determined, Resilient, Empowered, AIDS-Free, Monitored, and Safe) partnership seeks to address the root causes of HIV acquisition, and support violence prevention and response, among adolescent girls and young women. DREAMS is implemented in several countries globally, including Kenya.

32. World Health Organization. Putting Women First: Ethical and Safety Considerations for Research on Domestic Violence Against Women. 2001. Geneva, Switzerland.

33. World Health Organization, Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women, 2001, Department of Gender and Women's Health, World Health Organization: Geneva, Switzerland.

34. World Health Organization. Consolidated Guidelines on HIV Testing Services. 2015. Geneva, Switzerland. https://www.who.int/hiv/pub/guidelines/hiv-testing-services/en/

35. Ministry of Health. The Kenya HIV Testing Services Guidelines. National HIV and STI Control Program. 2015. Nairobi, Kenya.

36. Nguyen KH, Kress H, Villaveces A, Massetti GM. Sampling design and methodology of the Violence Against Children and Youth Surveys. *Injury Prevention*. 2018; 25(4): 321-327.

37. Chiang L, Howard A, Gleckel J, Ogoti C, Karlsson J, Hynes M, Mwangi M. Cycle of violence among young Kenyan women: The link between childhood violence and adult intimate partner violence in a population-based survey. *Child Abuse & Neglect*. 2018; 84: 45-52.



© SHEHZAD NOORANI/UNICEF

INSIDE BACK COVER
INTENTIONALLY BLANK



REPUBLIC OF KENYA

Ministry of Labour and Social Protection

VIOLENCE AGAINST CHILDREN SURVEY REPORT 2019

















