

An exploratory study of University Students' Lived Experiences and Memories of Childhood Abuse

Paskas Wagana

Department of Sociology, St. Augustine University of Tanzania (SAUT)/Tanzania.

Received 05-02-2024

Revised 05-02-2024

Accepted 21-02-2024

Published 23-02-2024



Copyright : © 2024 The Authors. Published by Publisher. This is an open access article under the CC BY-NC-ND license (<https://creativecommons.org/licenses/by-nc-nd/4.0/>).

Abstract:

Child abuse is a serious and devastating global problem. In Tanzania this problem exists in a variety of forms and is deeply rooted in cultural, educational and social practices, often mixed with, and difficult to distinguish from normal measures of correcting and disciplining children. This study is undertaken to describe the patterns of child abuse (physical, emotional and sexual) as experienced by university students in Tanzania in their childhood. The study also aims at obtaining deeper understanding of the different types of perpetrators who interacted with, and inflicted abuse to children in the family and community at large.

Data comes from a representative sample drawn from university students (n=470) in one university in Tanzania in March 2019. Structured questionnaires were used to collect data. Descriptive statistics were used to analyze data.

The results show multiple experiences of physical, emotional and sexual child abuse for both male and female students. The findings also indicate that family members, teachers, peers, and motor-cycle drivers were involved in the abuse of children consistent with similar studies which categorize such groups of people as perpetrators of child abuse (Moore et al, 2007; UNICEF Tanzania, 2011; Kisanga, 2012; McCrann, 2017)

The study recommends that behaviors of child abuse be given due attention to ensure proper care, normal development and guarantee protection of children. The study also highlights the significance of engaging university students on intervention programs to counteract the negative effects of child abuse during adulthood.

Key words: Child abuse, University students, Perpetrators, Tanzania.

Introduction:

In Tanzania, a child is defined as a person who is under the age of 18. Tanzania's Law of the Child Act, 2009, stipulates that "A person below the age of eighteen years shall be known as a Child" (Law of the Child Act, 2009, S4 (1)). This definition reflects the contents of other definitions of a child adopted by regional and international conventions

on the rights and protection of children including the African Charter on the Rights and Welfare of the Child, 1999 (article 2), The United Nations Convention on the Rights of the Child, 1989 (article 1), ILO Conventions on Child Labour such as the Convention on the Worst Forms of Child Labour 182 of 1999 and the Convention on

Minimum Age of Employment 138 of 1973. All these conventions define a child to be a person below the age of 18 years. A period which includes three stages of human development: infancy, childhood, and adolescence (WHO, 2018).

Child Abuse refers to the maltreatment or violation of the right of a child, harmful to the wellbeing of a child. Children, like any other people in the society, have the right to be protected. But children are vulnerable. They cannot adequately offer care and protection by themselves – they depend on other people and institutions to realize their rights. Child abuse is, therefore, an inadequate provision of care, protection or purposeful omission of what is supposed to be the right of the child done by the guardian of the child, community or child care agency. Tanzanian Law of the Child Act defines Child abuse as "...contravention of the rights of the child which causes physical, moral or emotional harm including beatings, insults, discrimination, neglect, sexual abuse and exploitative labour (Law of the Child Act, 2009 s2).

This definition mirrors the 1999 WHO Child Abuse definition

"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 the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power." (WHO 1999, p.15).

This article begins with an exploration of the prevalence of Child abuse before proceeding to a brief review of the different forms of child abuse in Tanzania. Following the review, two theoretical frameworks useful for explaining the causes and consequences of child abuse are also explained. This background information is followed by results of an empirical study that demonstrate the different patterns of child abuse experienced by students in one university in Tanzania in their childhood and the perpetrators of such abuse. The findings are discussed along with practical implications to help professionals working with university students on

how to mitigate the consequences of childhood abuse for students on campus, and how to offer professional support to prevent the effects of child abuse experiences of students from spilling-over to their adulthood.

1. Literature review

1.1 The pervasive nature of child abuse

Child abuse is a serious and devastating global problem which occurs in a variety of forms, and is deeply rooted in cultural, economic and social practices (Krug et al., 2002). WHO report estimates that one out of two children aged 2–17 years experiences some form of violence each (WHO, 2020).

Child abuse has been in existence from time immemorial in the forms of infanticide, mutilation, abandonment, malnourishment, child concubinage, slavery, temple prostitution, etc. However, the issue began to receive widespread global attention in 1960s (Krug et al., 2002; McCrann, 2017). Today, there is almost virtual unanimity among nations that child abuse must be prevented. This global campaign on the prevention of violence against children has been spearheaded by the United Nations through the creation of several international laws and conventions. In 1989, the General Assembly of the United Nations adopted the Convention on the Rights of the Child (UNCRC). Article 19 of this Convention stipulates that the child should be protected from all forms of neglect, negligent treatment, abuse and exploitation. Articles 32 and 35 further specifies that child trafficking, exploitation and children's right be protected in all countries (UNCRC, 1989).

There are marked gender disparities in child abuse between female and male children. For example, the UN report in 2016 demonstrated that childhood sexual abuse was 18% for girls, compared to 8% for boys (WHO, 2016). Girls were more likely to suffer from extra abusive behavior such as rape, early marriage, trafficking and female genital mutilation than boys, who in spite of being victims of abuse can, at times, turn to be perpetrators of the same (WHO, 2016).

Studies conducted in Sub-Saharan Africa indicate highest rates of abuse against children compared to global rates. For example, the National surveys of violence against children carried out in four Sub-Saharan countries in Kenya, Tanzania, Swaziland and Zimbabwe, indicated that about one in three girls experienced sexual abuse during their childhood. Prevalence of emotional abuse during childhood for these four countries was also high ranging between 24% to 38% (WHO, 2014).

African Union (AU), created the African Charter on the Rights and Welfare of the Child (AFCRWC) in July 1990 (which came into effect in November 1999). Article 16 of the Charter emphasizes that Children should be protected from all forms of torture, inhuman or degrading treatment and especially physical or mental injury or abuse, neglect or maltreatment including sexual abuse. And article 27 of the Charter obliges member states with the responsibilities to protect the children (AU, 1999).

In 2016 the United Nations created seventeen Sustainable development Goals (SDGs) to support nations focus on the 2030 Agenda for Sustainable Development. Goal number 16 focus on ending all forms of violence against children. It includes issues of halving violence-related deaths everywhere, ending violence against children and eliminating all forms of violence against women and girls by 2030 (WHO, 2014).

Recently, the United Nations has reinforced the protections guaranteed in the Convention on the Rights of the Child (CRC) by translating it into a framework of INSPIRE Seven Strategies for Ending Violence Against Children 2016 & 2018. This is a participatory framework which brings together stakeholders for protection of children namely, governments, civil societies, and communities to collaborate together to implement interventions to prevent violence against all children and adolescents and help them to reach their full potential (WHO, 2016, 2018).

Child abuse, although so pervasive in many societies and harbors so much devastating consequences, yet, is the most evasive form of

atrocities. Child abuse against children is mostly hidden, goes on un-noticed and is mostly under-reported; only a small proportion of cases of child maltreatment are reported to authorities (Krug et al., 2002; Kisanga, 2012; WHO, 2014; WHO, 2016).

1.2 Child abuse in Tanzania:

Tanzania has signed and ratified several regional and international conventions for the rights, welfare and protection of the child including the African Charter on the Rights and Welfare of the Child (AFCRWC) of 1999, and the United Nations Convention on Rights of the Child (UNCRC) of 1989. Others include The International Labour Organization's (ILO) Minimum Age for Admission to Employment (No.138), the Worst Forms of Child Labour Convention (No. 182). Tanzania's Employment and Labour Relations Act No. 6 of 2004 prohibits employment of children under 14 years of age. In 2008, Tanzania developed Child Development Policy (2008) which gives directives on how to address the developmental needs of two groups of children: those who are between 6 to 13 years, and those from 14 to under 18 years of age. Tanzania criminalized female genital mutilation (FGM) in 1998. In 2009, Tanzania adopted its own Law of the Child Act (LCA) in the mainland and the Children's Act (2011) applicable in Zanzibar. Tanzania has also adopted the Bujumbura Declaration on Child Rights and Wellbeing in the East African Community (2012). Tanzania is the first country in Africa to undertake A National Study on Violence against Children (URT, 2011).

In spite of Tanzanian government colorful policy gestures such as the ratification of the United Nation's Conventions and support of various legislations, child maltreatment in Tanzania still exists in great magnitudes. The country continues to experience child violations in multiple ways. Children growing up in Tanzania mainly suffer from the following major types of abuse: physical, sexual, emotional, child trafficking, early marriage, female genital mutilation and child labour.

1.2.1 Physical abuse

Physical abuse is an act carried out by parents or guardians or community members which brings physical injury to children. It is a common form of abuse which includes corporal punishments such as kicking, beating, slapping, whipping, and hitting or threatening children with objects such as a gun or knife (WHO, 1999; MoHCDGEC, 2016; Wallat, 2017). Physical abuse also includes signs that indicate the occurrence of physical abuse such as bruises, injuries that are inconsistent with the child's age as for example scrapes on knees of newborn babies (Robinson & Breaux, 2019). Physical abuse is socially tolerated and, in some cases, legally accepted as a common way of correcting the behavior of children. Almost three-quarters of children, both male and female, experience physical violence before the age 18 in Tanzania (URT, 2011) manifested through beating and kicking (UNICEF Tanzania, 2011).

Physical abuse can bring many negative consequences to children including injuries, disabilities and death. It can also result into the development of violent behavior in childhood and later life (Krug et al., 2002).

1.2.2 Sexual abuse

Child sexual abuse (CSA) refers to the acts of engaging a child in all activities that are considered as sexual for which the child cannot fully comprehend, not developmentally prepared for and is unable to give consent to (Krug et al., 2002). In the Tanzanian context, acts which constitute child sex abuse includes physical contacts or involving children in looking at or in the production of sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for sexual abuse (Law of the Child Act, 2009; URT, 2011; Kisanga, 2012; Ezekiel et al., 2017). World report on Violence and Health 2002, classify female genital mutilation (FGM) into child sexual abuse acts (Krug et al., 2002).

According to the National Survey report findings of 2009 on violence against children in Tanzania, 3 out of every 10 females and 1 out of every 7 males

reported at least one experience of sexual violence prior to the age of 18. The most common form of sexual violence experienced by both females and males before the age of 18 was sexual touching - 16.0% and 8.7%, respectively (URT, 2011; McCrann, 2017). Zanzibar, in particular, presents one of the attractive locations for sexual exploitation of children in tourism industry (Wyser, 2018). The report on the violence against Children in Tanzania shows that the common perpetrators of childhood sexual violence against children in Zanzibar were strangers (32.5%) (URT, 2011)

A growing number of studies on child sexual abuse contend that perpetrators of child sexual abuse are known to the victims and may actually be someone in the family, close relatives, friends, and acquaintances. Neighbors, teachers and peers are also often mentioned as perpetrators of child sexual abuse (Kisanga, 2012). Such people are, unfortunately, rarely disclosed and their atrocities are often not reported (Moore et al, 2007; Osemi, 2016). Girls and boys, victims of child sexual abuse, who venture to report such violence are often stigmatized or not believed (WHO, 2016).

1.2.3 Emotional abuse

Emotional abuse refers to any attitude, behavior, or failure or delay to act that interferes with a child's health or social development. It ranges from simple verbal assault to an extreme form of punishment. Emotional abuse includes such behaviors as scolding or humiliating a child in public, and refraining from frequent contacts with a child (Robinson & Breaux, 2019). In its extreme form, emotional abuse can lead the child to suffer from psychological effects such as segregation, discrimination, stigma, isolation, loneliness, poor social behavior, and difficult in learning. Cultural factors have strong influence on the perpetuation of emotional abuse (Krug et al. 2002). Approximately one-quarter of children in Tanzania, both male and female, experience emotional abuse prior to age 18 (URT, 2011).

1.2.4 Early marriage

Early marriage is a common form of abuse of female children in Tanzania. It is a marriage carried out with girls who are below the age of 18 years. Girls who are under 18 years are considered to be physically, physiologically, and psychologically immature to assume marital responsibilities and childbearing duties. Like physical abuse, early marriage is highly influenced by culture. Traditional practices such as the practice of female genital mutilation (FGM) are used as a rite of passage into adulthood – customarily authorizing girls to marry (McCran, 2017).

Important national surveys indicate the existence of early marriage in Tanzania. For example, Tanzania HIV/AIDS and Malaria Indicator Survey 2011-2012 shows that on average, almost two out of five girls get married before their 18th birthday. And about 37% of the women aged 20-24 were married before age 18 (TDHS, 2012). Girls married early in life are more likely to experience violence, abuse, forced sexual relations and drop from school.

Child marriage in Tanzania complicates child rights and stands in juxtaposition to the laws of the land. The Law of the marriage Act (1971) stipulates the age of consent for sexual activity is 15 years (Act 4) and allows separation of age of marriage for boys (18 years) and girls (15 years). But according to section 130 (2) of Tanzania penal Code - section 5 of Sexual Offences Special Provision Act (SOSPA) of 1998, the consent for sexual activity is eighteen years of age and above (McCran, 2017). Furthermore, some customary and religious laws contradict statutory Law of marriage. Thus, Child marriage violate child rights and introduce ambiguities into policies intended to protect children in Tanzania (McCran, 2017).

1.2.5 Female Genital Mutilation (FGM).

Female Genital Mutilation refers to injury done to the female genital organs for reasons other than medical (i.e. social/cultural). The practice of FGM is rooted in social norms and cultural beliefs and, in many communities, is revered as a reference point for the rite of passage into womanhood or

adulthood. FGM has detrimental impacts on the health of girls, including their sexual, reproductive, psychological health and death. About 5.2% of females aged 13 to 17 and 9.6% of females aged 18 to 24 reports to being circumcised in Tanzania (URT, 2011).

Tanzania criminalized female genital mutilation (FGM) in 1998. The Sexual Offences Special Provisions Act 1998 (SOSPA) section 169A (1) prohibits the performance and procurement of FGM. Besides, The National Plan of Action to end Violence against Women and Children (NPA-VAWC) 2017/18-2021/22 specifically addressed FGM as a traditional practice that harms women and children. Tanzania is taking initiatives of ending violence against women and children in all its forms, including FGM, by 2030 within the framework of the 2030 Agenda on Sustainable Development (MoHCDGEC, 2016).

1.2.6 Child Labour

The International Labour Organization (ILO) defines child labour as work that deprives children of their childhood, their potential and their dignity, and that is harmful to their physical and mental development (MoHCDGEC, 2016; NBS & ILO, 2016). About 29 per cent of children in Tanzania aged 5–17 years are engaged in some form of child labour in various economic sectors, including agriculture, domestic work, fishing, stone crushing and mining industries (NBS & ILO, 2016; Wyser, 2018). Child labour includes child trafficking. Children are sent through middlemen to faraway destinations (often unknown to both parents and the children) to work as laborers or as domestic servants.

1.3 Theoretical frameworks for child abuse

There are many theories formulated to explain the phenomenon of child abuse. They include attachment theory, social learning theory, intergenerational transmission of violence, strain theory, psychoanalytic theory, cognitive-developmental theory, labeling theory, self-control theory, filicide typology theory, etc. There is no one single theoretical perspective among these that apply to all forms of child abuse (Robinson &

Breaux, 2019). It is the application of multiple theoretical frameworks that offers a better chance to understand causes and consequences of child abuse. This study has adopted two frameworks: social learning theory and intergenerational transmission of violence theory to explain the possible consequences of university students' childhood abuse.

1.3.1 Social Learning Theory.

This theory postulates that individuals learn behaviors through modeling, observation and cognitive processes. According to theory, behaviors especially criminal behaviors are learned. Thus, adults, parents and caregivers who abuse their children do so because of self-reflection of their own abuse or memories of events of abuse they witnessed in their childhood.

1.3.2 Theory of Intergenerational Transmission of Violence

The intergenerational transmission of violence, also known as the Cycle of Violence theory, is an offshoot of Social Learning theory. It claims that individuals who are victims of crime learn to become delinquents, violent individuals, criminals or perpetrators of crime by themselves. So, violence is passed on from one generation to another. For example, when a child is abused by the parents, he will harbor that resentment, grow with it, and later as a grown-up individual will use it to victimize his own children.

Thus, children learn aggression from their parents and other key role models through imitation and later they pass on what they have learned to others by victimization. In other words, in the cycle of violence, individuals learn how to victimize others through their own experiences of abuse (Bandura, et al., 1961; Reckdenwald, et al., 2013). The cycle of violence is not only limited to family environment, but can also extend leading an individual to participate in groups known for violence and perpetration (Reckdenwald, et al., 2013).

2. Data and Methods

A descriptive cross-sectional survey design was employed in this study. Data used in this study came from a cross-sectional surveys study conducted in one university in Tanzania. The objective of the study is to describe the patterns of child abuse (physical, emotional and sexual) as experienced by university students when they were small children at home, school or neighborhood. The study also aimed at obtaining deeper understanding of the different types of perpetrators who interacted with children in the family and community.

A representative sample (n=470) was drawn from male and female participants who are university students from five faculties. Stratified sampling was used to obtain the sample. Faculties were represented as strata and the different programs within each faculty were treated as layers of the strata. The proportions of male and female students in each layer and strata were considered in order to have adequate representation of the sample in correct proportions. A simple random sampling was afterwards done to each stratum and the resulting sub-samples were combined together to get an overall sample (n=470).

A structured self-administered questionnaire was used to collect data from the participants. This method was preferred because the questionnaire contained questions which asked about situations in which respondents were probably hurt in their childhood. Structured self-administered questionnaire offers room for the respondent to answer sensitive questions as well as freedom to skip questions one feels uncomfortable to answer. The questionnaire was written in English. This was thought to be appropriate because participants were university students who undertake their academic work in English. Therefore, responding to questionnaires written in English was suitable.

The demographic information about students such as age, gender, religion, place of origin, and faculty were collected. The demographic information was analyzed by using descriptive statistics. Data was analyzed using SPSS version 21.

The outcome variable - student's childhood experiences of abuse - was measured in two ways: first, different types of abuse (physical, emotional and sexual) were measured by binary categorical variables with values "0=No" and "1=Yes". Secondly, perpetrators of these forms of abuse were assessed with five-points Likert scale measurements with values ordered 1=very frequently, 2=frequently, 3=less frequently, 4=rarely, 5=never. Five predictor variables gender, place of origin, religion, type of parenting, and type of settlement being rural or urban were used to assess how they are associated with the different types of childhood abuse.

4. Results and discussion.

The purpose of this study was to describe types of child abuse as experienced by university students in their childhood, and to determine the perpetrators of such abuse. This section summarizes the results of the analysis in four consecutive parts: The first part presents the demographic information of the participants, the second part is about physical and verbal abuse, the third part explains emotional abuse, and the last part gives a summary of the perpetrators of the

three categories of child abuse (physical, verbal, and emotional abuse).

4.1 Demographic Characteristics

The mean age of the participants was 23.28 with standard deviation (SD) of 3.347. The age of participants varied from 18 to 40 years, giving a range of 22 years between the youngest and oldest participants. Male participants were the majority constituting 59.4% (279) of the total sample of 470, while female participants constituted 40.4% (190). As far as religion is concerned, majority 80.8% (375) were Christians followed by Muslims 18.1% (84) and those from other religions were 1.1% (5). Slightly more than half of all the participants 52.1% (475) were brought up in rural areas and 45.5% (214) hailed from urban areas.

4.2 Physical and Verbal abuse experienced in childhood

Physical abuse was measured by considering various corporal punishments sustained during childhood such as kicking, beating, slapping, whipping, hitting, locked in rooms, being choked, tied with ropes or belts, confined in dark places (store or room), and threatening with objects such as a knife. The findings are shown in figure1.

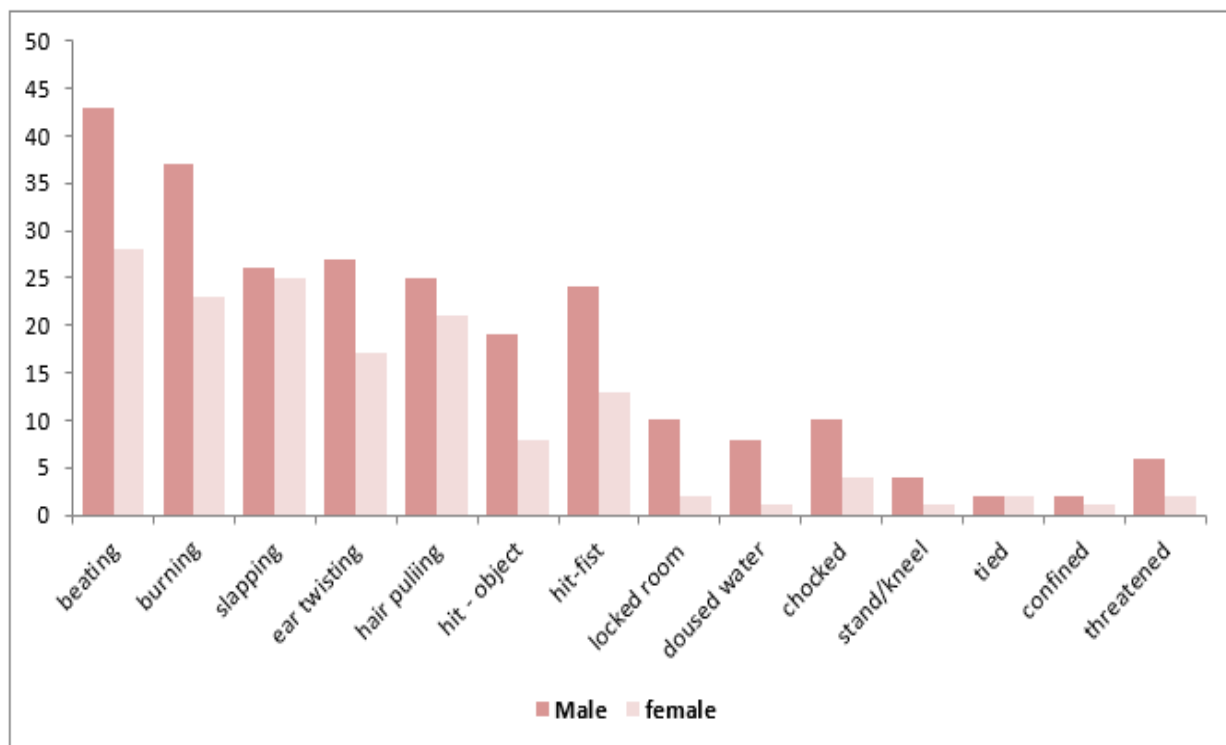


Figure 1: Prevalent types of physical abuse by sex.

Figure 1 demonstrates that both male and female suffered from physical abuse. Male participants were subjected to more violent physical abuse than females. The leading violent actions were beating, burning, ear twisting, hitting with fisticuffs, choking and threatening with sharp objects. Forty-three percent of males received beatings compared to females 28%; more males 37% were burned

compared to 23% of females; ear twisting was mostly done to males 27% than females 17%; hitting with fisticuffs was more common to males 27% compared to 17% for females; Chocking was also more experienced with males 10% than females 4%; and very few females 2% participants were threatened with sharp objects compared to males 6%.

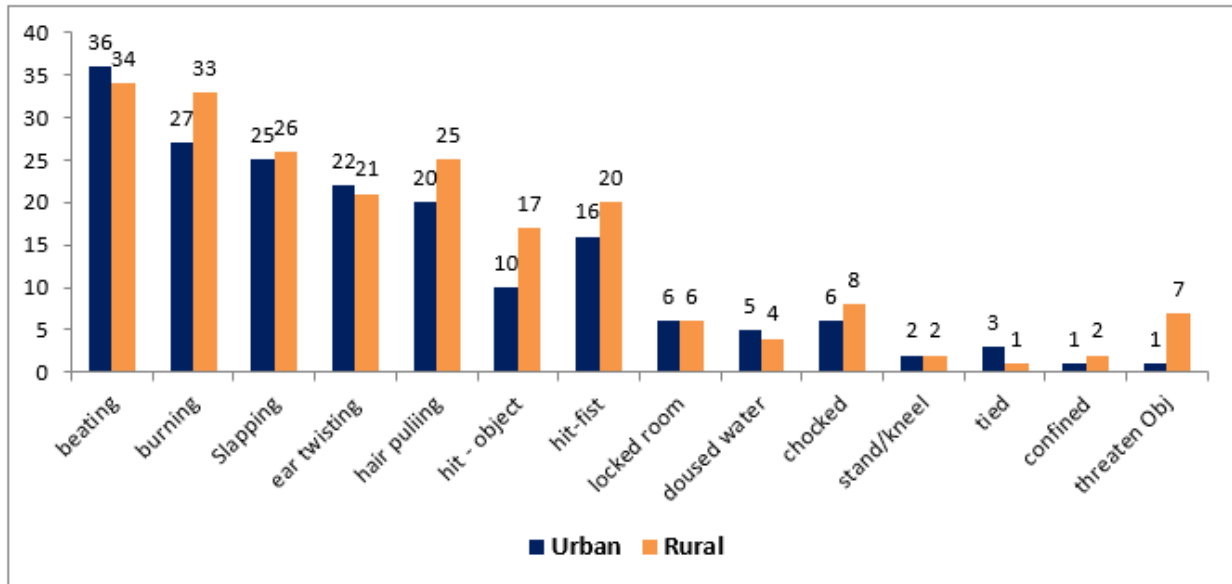


Figure 2: Prevalent types of physical abuse by rural and urban settings.

Rural and urban settings were compared regarding the extent of physical violence on children. With the exception of punishments such as beating (36% urban and 34% rural), ear twisting (22% urban and 21% rural), dousing with water (5% urban and 4% rural), and tying (3% urban and 1% rural), all other physical violence were predominantly done in rural areas. Burning, for example, was 33% for

participants brought up in rural areas compared to 27% for those brought up in urban areas. Threatening with a sharp object was experience by 7% of participants raised in rural while their counterparts in urban areas experienced it only by 1%. Similarly, hair-pulling was 20% in urban areas and 25% in rural areas, hitting with objects was 10% in urban areas while it was 17% in rural areas.

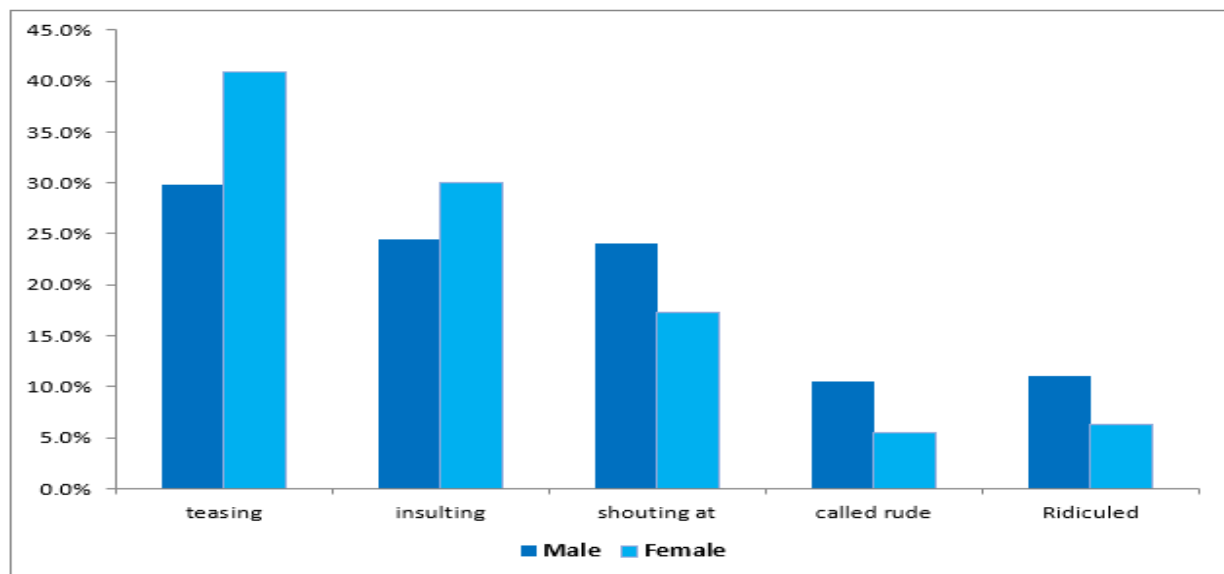


Figure 3: Experiences of Verbal abuse by sex.

Children are frequent victims of verbal abuse from parents, peers, and other guardians in school or community. Five forms of verbal abuse were measured in this study namely, teased, deliberately insulted, shouted at for the purpose of embarrassment or humiliation, called rude or by a bad name which hurts, and ridiculed. The results indicate a sharp divide between the sexes on verbal abuse. Females were more teased and insulted than males; while males were more shouted at, labeled with bad names and ridiculed than females. About 40.9% of female participants experienced the problem of teasing than males 28.9%, while 24.5% of males were less insulted than 30% of females. Males were more shouted at 24.0% (against 17.3% females), called rude 10.6% (against 5.5% of

females), and ridiculed 11.1% (against 6.4% of females).

4.3 Emotional abuse experienced in childhood.

In this study emotional abuse was measured by asking participants to consider their experiences with regard to issues such as lack of praise from parents and guardians, deprivation of opportunities such as to play with other children, indifferentism of parents or guardians when participants cried for help, delay in provision of food, purposeful damage of participant belongings, humiliation in front of others and force to do degrading things. Figure 4 demonstrates the experiences of participants with regard to emotional abuse.

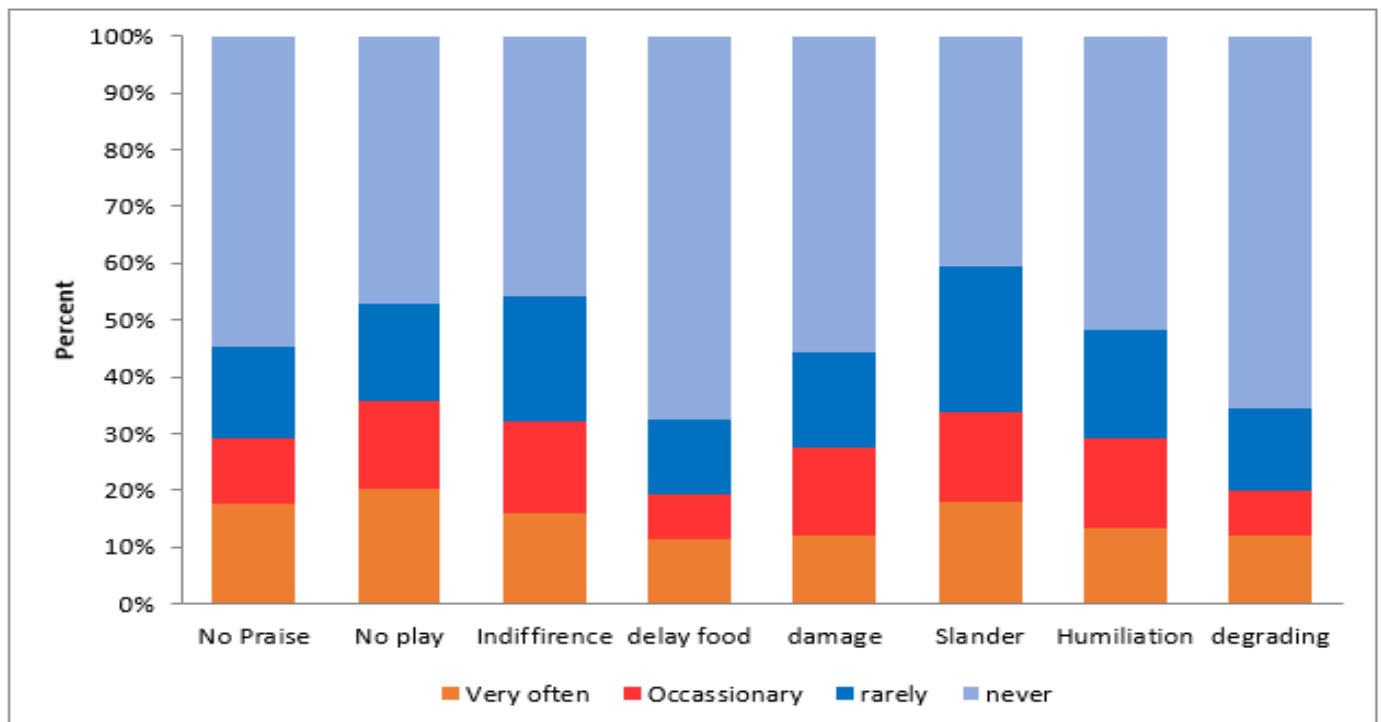


Figure 4: Types of emotional abuse experienced by participants in their childhood.

Several types of emotional abuse emerged as outstanding experiences of participants. More than a quarter of all the participants experienced restrictions on the privileges to play with other children 35.6%, slander 33.7%, indifferentism 32.2%, humiliation 29.2%, lack of praise 29% and purposeful damage of participants' belongings 27.6%.

4.4 Sexual abuse experienced in childhood.

Because of their tender age, children often become victims of sexual abuse and exploitation. The following behaviors were used to test the experience of sexual abuse among participants in their childhood: whether they were given hints about sexual activity, or shown pornographic pictures and movies, inappropriately touched on buttocks and breasts or made to expose their naked bodies for the purpose of taking pictures.

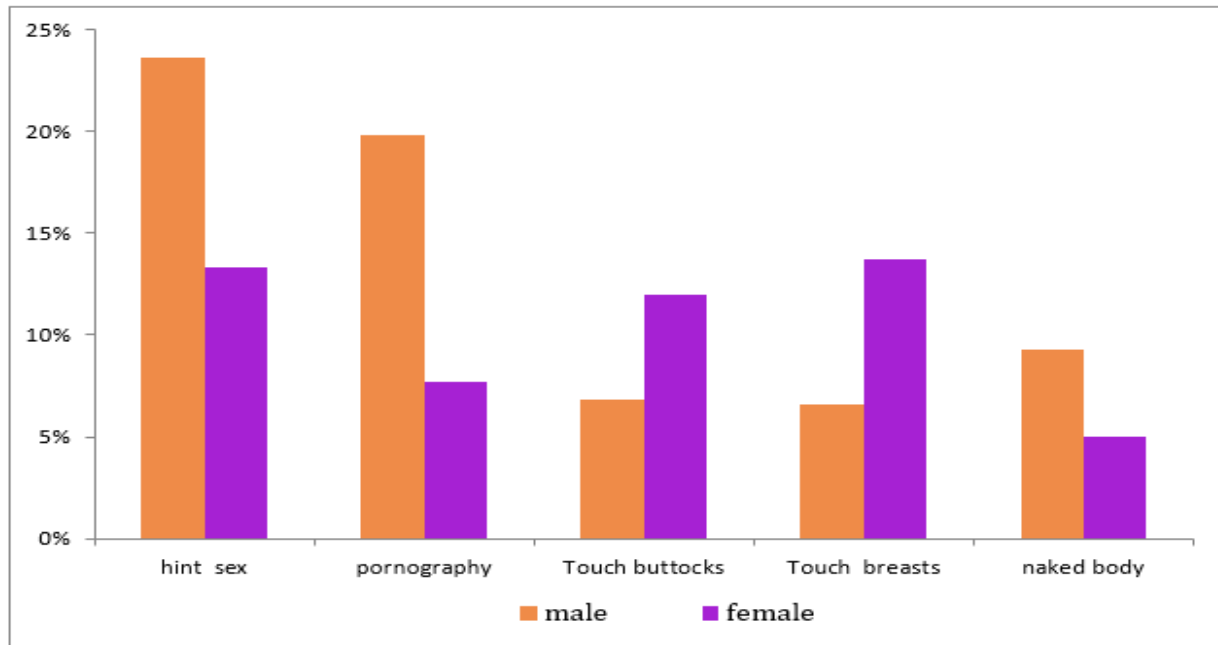


Figure 5: Experiences of sexual abuse by sex.

Sexual abuse had a very strong gender dimension. Male were subject to more hints on sexual activities 23.6% than females 13.3%. Similarly, less female participants 7.7% were exposed to pornography than males 19.8%. Also, more males 9.3% experienced exposure of bodies for pictures than females 5%. On the other hand, female experience frequent touching of buttocks 12% (than males 6.8%) and breasts 13.7% compared to males 6.6%.

4.5 Perpetrators of physical and emotional abuse

Participants were asked to identify frequent perpetrators of verbal and physical abuse in their childhood and say whether they inflicted abuse very frequently, frequently, less frequently, rarely or never. Nine groups of abusers were proposed and the participants were required to choose any number of them depending on one's experience with the abuser. Figure 6 shows the major perpetrators of physical and verbal abuse.

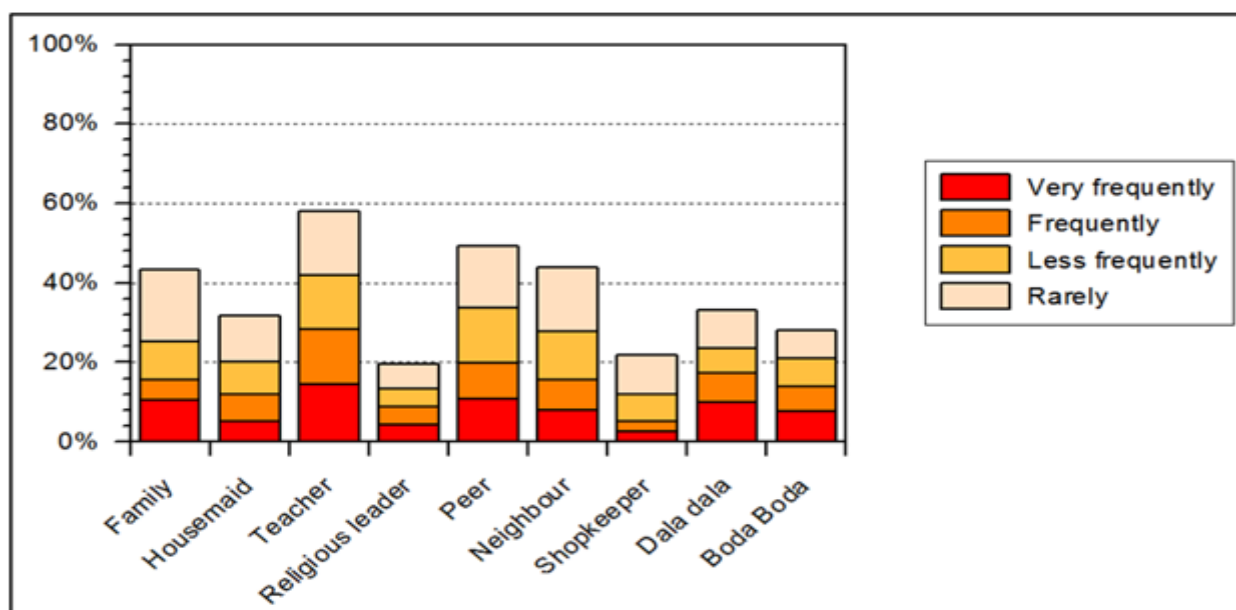


Figure 6: Main perpetrators of physical and verbal abuse

Results in figure 6 indicate perpetrators of physical and verbal abuse. Three groups of people have emerged as common perpetrators of physical and verbal abuse: About 32.1% of the participants

experienced physical and verbal abuse by Teachers, 22.6% by their peers, and 19.5% by daladala (town bus) workers.

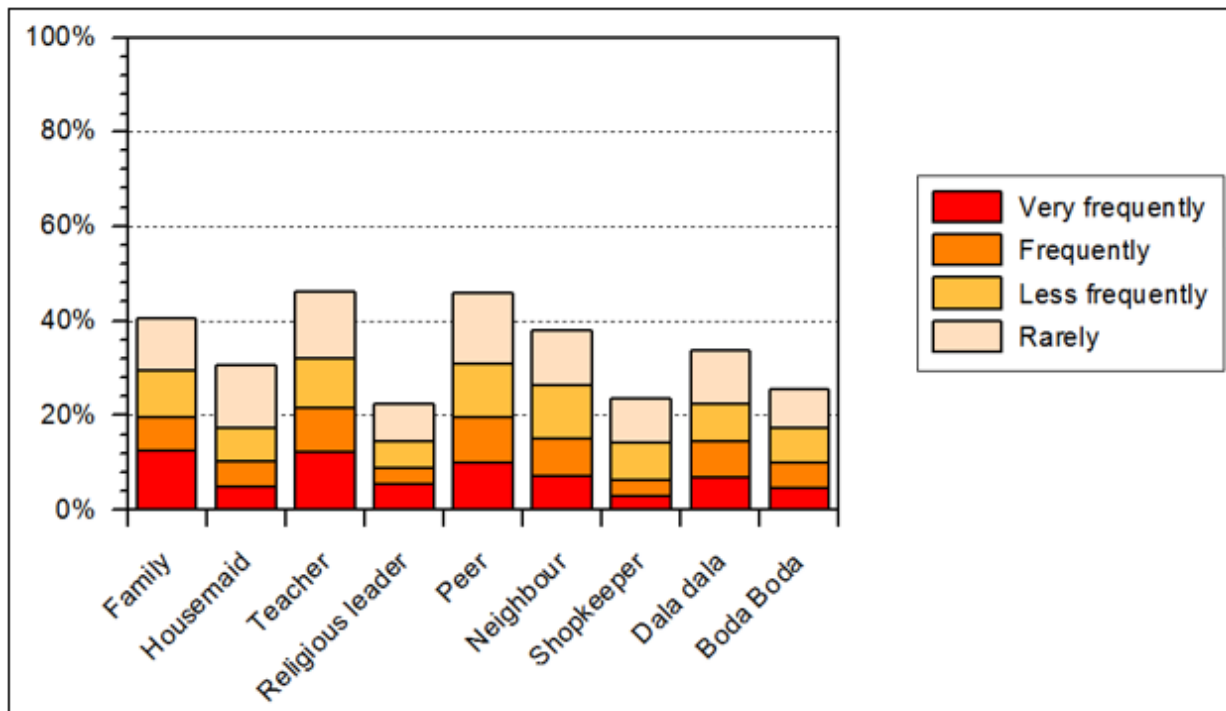


Figure 7: Perpetrators of emotional abuse

Emotional abuse was measured by observing behaviors such as lack of praise from parents and guardians, deprivation of opportunities to interact with other children, indifferentism of parents or guardian, delay in provision of food, purposeful

damage of participant belongings, humiliation and degrading behaviors. Figure 7 demonstrates that emotional abuse was mostly done by family members 22.3%, Teachers 25.4% and peers 22.9%.

4.6 Perpetrators of sexual abuse experienced in childhood.

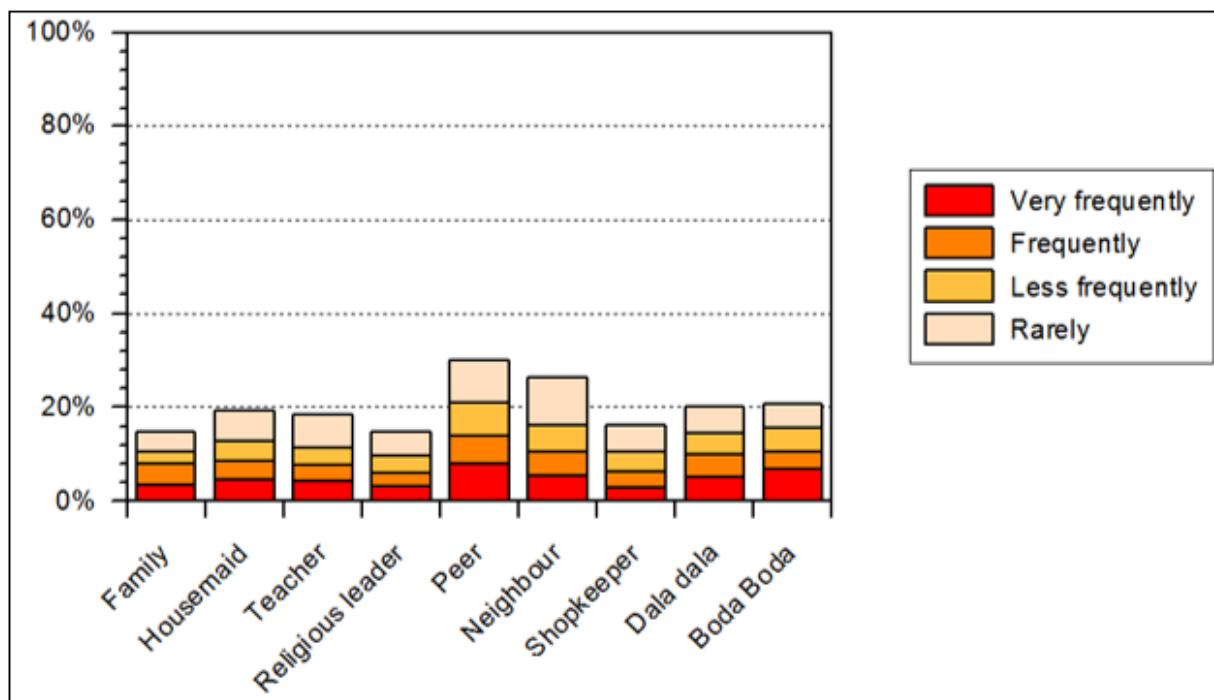


Figure 8: Frequent perpetrators of sexual abuse

Sexual abuse was tested by measuring behavior such as giving hints to children about sexual activity, or showing children pornographic pictures and movies, or inappropriately touching children on buttocks and breasts or exposing their naked bodies for the purpose of taking pictures. Figure 8 shows that the main perpetrators of sexual abuse were people from outside the family: older children 16.2%, and motor cycle drivers 12.4%.

4.7. Tactics used to deal with child abuse

Despite of the number of abuses experience, participants continued to live in the same localities

of perpetration. Participants were asked to identify strategies that helped them to deal with the problems of abuse. The following strategies were given to the participants to choose: Avoid the situation (e.g., by refusing to go along, running away, etc.), distancing or self-isolation, Seeking support (eg. reporting to local authority/ police), disclosure (keeping it as secret) and Screaming (eg. crying out loudly and for so long to express great pain).

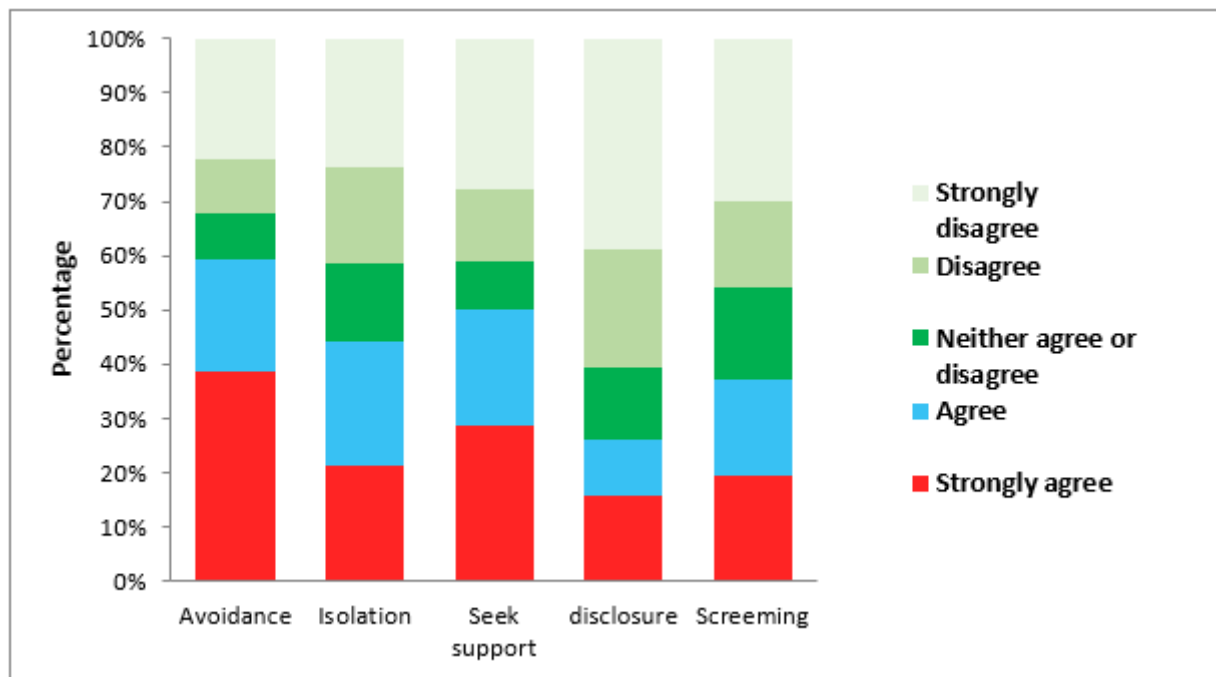


Figure 9: Strategies adopted to deal with child abuse

Figure 9 show the results of strategies used by participants to deal with intricacies of abuse. More than half of the participants 59.2% resorted to avoiding the situations which were hazardous to child abuse and 44.3% isolated themselves. About 37.3% screamed for help, 26.1% kept everything as secrete and 50.1% sought support from authorities.

4.8 Discussion

Child abuse has far-reaching health, social, economic, and psychological consequences to victims of abuse as well as to the society at large. A number of adult illnesses such as heart, cancer and lung diseases are significantly associated with experiences of childhood abuse (Krug et al., 2002). Similarly, a substantive body of literature accounts

that survivors of child abuse exhibit mental health problems such as depression, anxiety disorders, aggression, trauma and suicidal thoughts. Azaf et al (2024) in their study of university students in Perdana university in Malaysia, found out that multiple childhood abuses were significantly related to negative effects on the victims of abuse psychological status with heightened levels of depression, anxiety and stress. About 22 students (18%) in their sample of 121 students, exhibited severe levels of either depression, anxiety, stress, or a combination all three mental health problems.

Some victims of childhood abuse develop behavioral problems by perpetrating violence in adulthood, or adopting risk sexual behaviors and

harmful substance abuse (Krug et al., 2002; WHO, 2014; Wallecy-Henry, 2015). This resonates with the two theories mentioned in this study, social learning and cycle of violence theories, which associate learning behaviors in childhood as a consequence of adulthood violence. "A child who is abused is more likely to abuse others as an adult so that violence is passed down from one generation to the next" (WHO, 2022, p.17).

This study has revealed that both male and female students experienced physical abuse in their childhood with male suffering more violent abuse than females. Most of physical abuses was experienced by students from rural areas than in urban areas. The results also indicate a sharp divide between the sexes on verbal abuse. Females were more teased and insulted than males; while males were more shouted at, labeled with bad names and ridiculed than females. These findings are in line with the study of Krug et al., (2002) who reported that male children were at greater risk of harsh physical punishment than girls. There are no clear empirical reasons as to why there is a divide of corporal punishments between the sexes. However, there are suggestions that subjecting boys to harsher physical punishment can be a way of preparing them for tough male adult roles, or otherwise, it can probably be said that boys do not positively respond to softer punishments and therefore require more stern measures of discipline.

The rate of physical abuse is generally high in the African continent with prevalence of 60% for boys and 51% for girls, respectively. These prevalence rates are quite high compared to other continents such as Europe where prevalence is 12% for girls and 27% for boys (WHO, 2022).

The existence of physical abuse is a reality in Tanzania proved by a large body of literature. The report on violence against children extracted from a national survey of 2009 shows that a high percentage of both males and females aged from 13 to 24 years reported that they had experienced physical violence in childhood. Over 7 in 10 females and males reported that they were punched, whipped, or kicked. And approximately 3% of females and males aged 13 to 24 years

reported being threatened with a weapon in their childhood (URT, 2018).

However, child abuse is not the monopoly of Tanzania. It exists in many other places in Sub-Saharan Africa, Africa and many other parts of the world. Scholars cite several causes for the persistence of the phenomenon of child abuse. There is no single cause that is significant than others but a convergence of multiple factors that form a complex interplay for the configuration of child abuse phenomenon. Common factors include status of parents whether they had proper parenting skills, or were victims of substance and child abuse themselves (WHO, 1999), family status in terms of size, Poverty levels, and domestic violence (WHO, 1999; Sossou & Yatba, 2009), or nature of the child whether male or female, unwanted or disabled (WHO, 1999), nature of community whether it values children and has existent and enforced child protection laws (WHO, 1999), lack of basic knowledge about child abuse (Gilligan, 2006), and culture – using child abuse as a cultural tool for correction of children to teach them obedience (Wallat, 2017).

The last point deserves special comment. Many cultures tend to justify corporal punishments on the pretense that it helps in the formation of children, but there are no empirical evidences that prove this claim. Using violence against children to punish children does not steer them towards a correct behavior. Instead, if parents use physical violence to correct their children, there are higher chances that these children will grow up to transmit violence by victimizing other people (Wallat, 2017) – a phenomenon which Heyman & Smith (2002) term as 'intergenerational transmission of violence'.

There are substantial empirical evidences which prove this point. Despite the fact that Corporal punishment is widespread, its dangerous effects for children have multiplier effects and are transmitted to victim's adulthood social relationships. In the long run, childhood abuse becomes a significant factor in the development of violent behavior, and it is associated with myriads of problems in adulthood (Krug et al., 2002). Heyman & Smith

(2002) talk of the 'cycle of violence' where victimized children end up becoming perpetrators of child abuse themselves. That is, those individuals who were abused as children have more likelihood to abuse their own children. Briere (1994), Meston et al., (1999), Horwitz et al., (2001), Nichols & Harlo (2004), Larsen et al., (2011) Wallat (2017), and WHO (2018) lists a number of behavioral outcomes resulting from children who had experienced childhood abuse: delinquency, alcohol and illicit drug abuse, smoking, emotional pain, depression, noncommunicable diseases, sexually transmitted diseases, suicidal attempts, unrestricted adult sexual behaviors, intimate partner violence and ineffective social functioning. Smith (1996) adds that child maltreatment has the negative effect of increasing the risk of teenage pregnancy.

This study also revealed that students were exposed to various forms of sexual violence in their childhood. Males were subject to types of abuses which seduced them to engage on acts of sexual abuse but females suffered from sexual abuse that involved physical contacts such as inappropriate touching (fondling). Child sexual abuse is a big problem in Tanzania. The 2009 Tanzania Violence against Children Study (VACS), the first national survey of violence against children in Tanzania, indicated that violence against children is a serious problem: nearly 3 in 10 females and approximately 1 in 7 males in Tanzania have experienced sexual violence prior to the age of 18 (McCrann 2017). Globally, approximately 120 million females aged under 20 years suffered some form of forced sexual violence in 2020 (WHO, 2020). Although there are no sex disintegrated data on child sexual abuse between male and female children, but few available survey data from samples in low- and middle-income countries indicate that both boys and girls encounter sexual abuse under the age of 18 years. This is true for 33% of girls in Zimbabwe, 35% of girls in Uganda, and for 18% of boys in Kenya (WHO, 2020).

Child sexual abuse involving physical contact is associated with higher levels of depression and other psychological problems. It can also lead to

long-term mental health problems in adulthood (Kisanga, 2012). Problems such as early child pregnancies and sexual transmitted diseases are associated with child sexual abuse (WHO, 2020). Smith (1999) found out in her study of a representative sample of 249 teenage women that early experiences of maltreatment of girls – including those with sexual abuse history - led to teenage pregnancies. Pregnancy rates increased for girls exposed to multiple maltreatments in their childhood. In another study of undergraduate university students by Meston et al. (1999), it was revealed that childhood sexual abuse among girls increased their likelihood to engage on unrestricted sexual behaviors and fantasies.

Emotional abuse also emerged in this study as an outstanding experience childhood abuse. Participants witnessed that they were restricted to play with other children, and they were also subjected to slander, indifferentism, humiliation, lack of praise and purposeful damage of their possessions. These results echo the findings of a study of Azaf et al (2022), who found that emotional abuse was a recurrent form of abuse experienced by university students in their childhood. According to WHO (2020), emotional or psychological abuse impact many children globally. It is estimated that emotional abuse affects 363 per 1000 children aged under 18 years; and 1 in 4 children under the age of 5 is cared by a mother who is a victim of intimate partner violence.

There are compelling evidences that associate emotional childhood abuse with mental health problems. Early emotional abuse leads to significant negative side-effects on the victims' mental health status. It predominantly contributes to such mental problem as depression, anxiety, stress, and poor self-esteem that can have potential adverse effects on student academic activities and employment prospects (Azaf et al., 2022). Spertus et al. (2003) also found out that a history of abuse in childhood is associated with depression, anxiety, stress and vulnerability to life-long trauma exposure.

Unfortunately, the process of uncovering emotional abuse is complex to the extent that many

emotional abuse incidents go on unreported. Although emotional abuse can exhibit warning signs such as poor self-esteem, substance abuse, depression, suicidal thoughts, and destructive behavior and aggression, these signs may be manifested differently for boys and girls. Girls in particular manifest withdraw while boys behave aggressively (Lau et al., 2009). In general, childhood emotional abuse result in complex deviant behavior in adulthood.

Another important manifestation from this study is that the chief perpetrators of physical abuse were Teachers, older children, and town-bus (daladala) workers. Emotional abuse was mostly done by family members, Teachers and peers. Evidence from scholarly literature attests that family members, particularly parents, do inflict emotional abuse to their children. Azaf et al., (2022) draw a list of types of emotional abuse elicited by the parents to include yelling, ridiculing, humiliating, provoking and instilling fear to children.

Main perpetrators of sexual abuse were from outside the family: older children, motor cycle drivers. These findings concur with vast literature on child sexual abuse that perpetrators of child sexual abuse are known to the victims and can be community members whom the child encounters within their day-to-day environment (Ngiloi & Carneiro, 1999; WHO, 1999; Moore et al, 2007; Kisanga, 2012). Azaf et al., (2022) refer to a study in Malyasia which reported that people from the neighborhood such as adult friends and relatives formed the largest group which accounted for the perpetration of childhood sexual abuse.

Contrary to some studies on child sexual abuse in Tanzania, this study did not find teachers to be main perpetrators of child sexual abuse. Instead, older children and motor cycle drivers were the main perpetrators. This goes against most research findings in Tanzania such as McCrann (2017) and UNICEf Tanzania (2011) which found that 1 in 10 females who experienced childhood sexual violence reported that it was perpetrated by a teacher; only males reported neighbours or people they knew (i.e., friends, classmates, or recent acquaintances) as perpetrators.

Regarding tactics used by victims of child abuse to deal with problems of abuse, it was found that more than half of the participants resorted to avoiding situations which were hazardous to child abuse and isolated themselves. Others decided not to disclose acts of sexual abuse keeping them as secretes. Many studies have found that child abuse, particularly child sexual abuse, is intrinsically underreported (Boakye,2009; UNICEf Tanzania, 2011; Osemi, 2016; McCrann 2017). Osemi et al. (2016) reports about a case in which a college girl was sexually abused by her father for two years without exposing that heinous offence to anybody. Child sexual abuses are rarely reported due to shame and embarrassment faced by the affected children and parents, fear of perpetrator's retaliation, shyness in being ridiculed by the society, fear of stigmatization, negative past experiences in dealing with such cases with the police, cost of seeking justice, protecting the family name and the culture of arranging for informal settlements for such kind of abuses without involving the law enforcement agencies (Gilligan, 2006; Sossou & Yatba,2009; Kisanga, 2012; Osemi, 2016).

5. Conclusion:

The purpose of this study was to describe the patterns of child abuse (physical, emotional and sexual) as experienced by university students in their childhood. The study also undertook to facilitate comprehensive understanding of the different types of perpetrators who inflicted abuse to children. The results indicated that Child abuse is in existence and is manifested in the forms of physical, sexual, emotional and sexual violence. It was also revealed that there were different categories of child abuse perpetrators specific for different patterns of child abuse. Teachers, older children, and town-bus (daladala) workers were chief perpetrators of physical abuse whereas emotional abuse was mostly perpetrated by family members including parents. The key perpetrators of sexual abuse were people from outside the family such as older children in the neighborhood and motor cycle drivers. The study results contradicted previous researches in Tanzania,

which reported that childhood sexual abuse was perpetrated by teachers.

This study has shown that university students are victims of child abuse in many respects. The existence of childhood abuse by itself is a warning sign for social pathology. Child abuse is socially catastrophic. It has the tendency to create interpersonal difficulties and thus hamper social interaction. It is harmful to the academic activities as well because it fosters educational under-performance. Studies also establish relationship between child abuse and adulthood poverty. Bunting et al., (2018) affirms that child maltreatment is associated with negative economic outcomes in adulthood such as reduced income, unemployment, reduced assets, and financial insecurity. Victims of child abuse ultimately end up with significant demands on health care related to health problems such as sexually transmitted infections, reproductive health problems including early pregnancies, communicable and noncommunicable diseases, delayed cognitive development and other mental health problems. The cost associated with care of victims in terms of medical expenses, legal costs, foster care, employment absenteeism, etc., is enormous and can slow down economic and social development of the country (WHO, 1999; Krug et al., 2002; WHO, 2014).

Based on the discussion in this paper, it can be concluded that childhood abuse is unsuitable for the society; it must be shunned in its entirety. Fortunately, child abuse is predictable and preventable (WHO 2018, 2020). Child abuse can be prevented if there is collaboration among stakeholders. A holistic approach is therefore necessary to establish effective prevention and intervention strategies to tackle the negative effects of child abuse at the individual, institutional and national levels.

This study has shown that university students are victims of child abuse and stand in need of professional help to assist them overcome the negative effects of childhood abuse. Effective policies and procedures should be established to respond to the needs of this specific social group in

the campus. Therefore, the plan for appropriate professional interventions should include therapeutic services to university students including subjecting students with the history of child abuse to counselling services. Additionally, other intervention programs such as mentorship and mental health screening may be established to help students disclose their abused experiences and get assisted to cope with the situation.

At the institutional level, the participatory approach involving multisectoral partnership in fighting against child abuse is desirable. Effective multisectoral collaboration involving the government, nongovernmental agencies and other stakeholders will facilitate the setting of agenda, define roles, pull resources, coordinate activities and make informed decisions on child abuse prevention initiatives.

At the national level, governments should establish national frameworks or action plans for preventing abuse against children. Of paramount importance in this context is the adoption and implementation of the INSPIRE strategies to reduce child abuse and violence against children. INSPIRE is an international action plan consisting of seven strategies for ending violence against children (WHO, 2018).

It is important also to make note of the limitations of this study. The study provides useful information on childhood abuse and its perpetrators but the information was gathered from only one spot, at one-point in time, which seems to be insufficient to generalize the results. In addition to that, the questionnaire guided the participants to recall childhood victimization retrospectively. The existing developmental gap between childhood and adulthood pose a methodological challenge on the accuracy of eliciting information from long-time events. Future researchers interested in this topic are directed to use triangulation to extend the scope of measurement.

References

1. AU. (1999). *African Charter on the Rights and Welfare of the Child*. African Union.
2. Azaf N.S., Vizabaskaran K., Karisnan K., Jamaludin A.N. (2022). Impact of Multi-Type Childhood Abuse on Psychological Development and Coping Strategies among Perdana University Students. *Mal J Med Health Sci* 18(1): 187-194.
3. Bandura, A., Ross, D., & Ross, S. A. (1961). Transmission of aggression through imitation of aggressive models. *Journal of Abnormal and Social Psychology*, 63, 575–582
4. Boakye, K. E. (2009). Culture and Nondisclosure of Child Sexual Abuse in Ghana: A Theoretical and Empirical Exploration. *Law & Social Inquiry*, 34(4), 951–979.
5. Briere, J. N., & Elliott, D. M. (1994). Immediate and Long-Term Impacts of Child Sexual Abuse. *The Future of Children*, 4(2), 54–69.
6. Bunting L., Davidson G., McCartan C., Hanratty J., Bywaters P., Mason W., & Steils N., (2018). The association between child maltreatment and adult poverty – A systematic review of longitudinal research. *Child Abuse & Neglect*, Vol.77, pp. 121-133.
7. Chandran, A., Puvanachandra, P., & Hyder, A. A. (2011). Commentary: Prevention of violence against children: A framework for progress in low and middle-income countries. *Journal of Public Health Policy*, 32(1), 121–134. <https://doi.org/10.1093/jphp/2010.40>
8. Connolly, M., Crichton-Hill, Y., & Ward, T. (2006). *Culture and Child Protection Reflexive Responses*. London: Jessica Kingsley Publishers.
9. Ezekiel, M. J., Mosha, I. H., Kisanga, F., Mpembeni, R., Anaeli, A., Kamazima, S. R., & Muhondwa, E. P. Y. (2017). Factors associated with child sexual abuse in Tanzania: a qualitative study. *Tanzania Journal of Health Research*, 19(2), 1–10. <http://dx.doi.org/10.4314/thrb.v19i2.9>
10. Foreman, S., & Seligman, L. (1983). Adolescent Abuse. *The School Counselor*, 31(1), 17–25.
11. Gilligan, P., & Akhtar, S. (2006). Cultural Barriers to the Disclosure of Child Sexual Abuse in Asian Communities: Listening to What Women Say. *The British Journal of Social Work*, 36(8), 1361–1377. <https://doi.org/10.1093/bjsw/bch309>
12. Hawke, A., & Raphael, A. (2016). *Offender on The Move: The Global Study Report on Sexual Exploitation of Children in Travel and Tourism*. ECPAT International.
13. Heyman R & Smith A (2002). Do Child Abuse and Interparental Violence Lead to Adulthood Family Violence? *Journal of Marriage and Family*, 64 (4) pp. 864-870.
14. Humphreys, C., & Stanley, N. (2006). *Domestic Violence and Child Protection Directions for Good Practice*. London: Jessica Kingsley Publishers.
15. ILO & NBS. (2016). *Tanzania national child labour survey 2014: Analytical Report / International Labour Office; Fundamental Principles and Rights at Work (FUNDAMENTALS)*. Tanzania National Bureau of Statistics.
16. Indigenous Law Centre. (2006). Breaking the Silence, Creating the future: Addressing Child Sexual Assault in Aboriginal Communities in New South Wales. *Indigenous Law Centre*, 10(3), 63–71.
17. Iratzoqui, A. (2018). Strain and opportunity: A theory of repeat victimization. *Journal of Interpersonal Violence*, 33(8), 1366–1387. <https://psycnet.apa.org/record/2018->

[11786-008](#)

18. Kisanga, F. (2012). *Child sexual abuse in urban Tanzania: Possibilities and barriers for prevention* (Doctoral thesis). Umeå University Medical Dissertation.
19. Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (2002). *World report on violence and health* (No. HV 6625). Geneva: World Health Organization.
20. Landgren, K. (2005). The Protective Environment: Development Support for Child Protection. *Human Rights Quarterly*, 27(1), 214–248.
21. Lau, K.J., Krase, K., & Morse, R. (2009). *Mandated reporting of child abuse and neglect: A practical guide for social workers*. New York, NY: Springer Publishing.
22. Law of the Child Act. (2009). *The Law of the Child Act, 2009*. United Republic of Tanzania.
23. Lawrence, A. (2004). *Principles of Child Protection: Management and Practice*. New York: Open University Press.
24. McCrann, D. (2017). *An Exploratory Study of Child Sexual Abuse in Tanzania* (Doctoral thesis). Dublin Institute of Technology, Dublin.
25. Meston C., Heiman J., & Trapnell P. (1999). The Relation between Early Abuse and Adult Sexuality. *The Journal of Sex Research*, 36 (4), pp. 385-395
26. MoHCDGEC. (2016). *National Plan of Action to End Violence against Women and Children in Tanzania (NPA-VAWC) 2017/18 – 2021/22*. Ministry for Health, Community Development, Gender, Elderly and Children.
27. Moore, A. M., Awusabo-Asare, K., Madise, N., John-Langba, J., & Kumi-Kyereme, A. (2007). Coerced First Sex among Adolescent Girls in Sub-Saharan Africa: Prevalence and Context. *African Journal of Reproductive Health*, 11(3), 62–82.
28. NBS & ILO. (2016). *Tanzania National Child Labour Survey 2014*. Tanzania National Bureau of Statistics.
29. NBS. (2013). *Tanzania HIV/AIDS and Malaria Indicator Survey 2011-12*. TACAIDS, ZAC, NBS, OCGS, and ICF International.
30. Ogunyemi, B. (2000). Knowledge and Perception of Child Sexual Abuse in Urban Nigeria: Some Evidence from a Community-Based Project. *African Journal of Reproductive Health*, 4(2), 44–52.
31. Oseni, T. I. A., Lawani, O. E., & Oyedeji, A. I. (2016). A Case Study of Sexual Abuse of a Minor. *African Journal of Reproductive Health / La Revue Africaine de La Santé Reproductive*, 20(1), 109–113.
32. Reckdenwald, A. Mancini, C. & Beauregard E (2013). The Cycle of Violence: Examining the Impact of Maltreatment Early in Life on Adult Offending. *Violence and Victims*, 28(3), 466-482.
33. Robinson, T. & Breaux, M. (2019). Theoretical Frameworks for Understanding Child Maltreatment. Crime Victims' Institute: Sam Houston State University
34. Smith C. (1996). The link between childhood maltreatment and teenage pregnancy. *Social Work Research*. 20 (3), pp. 131-141.
35. Sossou, M.-A., & Yogtiba, J. A. (2009). Abuse of Children in West Africa: Implications for Social Work Education and Practice. *British Journal of Social Work*, 39, 1218–1234. <https://doi.org/10.1093/bjsw/bcn033>
36. Spertus, I. L., Yehuda, R., Wong, C. M., Halligan, S., & Seremetis, S. V. (2003). Childhood emotional abuse and neglect as predictors of psychological and physical symptoms in women presenting to a primary care practice. *Child Abuse and Neglect*, 27(11), pp. 1247-1258.
37. UNFPA. (2014). *Child Marriage Fact Sheet*. UNFPA.
38. UNFPA. (n.d.). *Female Genital Mutilation*

- (FGM). United Nations Population Fund.
39. UNICEF Tanzania. (2011a). *Kikosi kazi kinachojumuisha Sekta Mbalimbali: Mpango wa Taifa wa kukabiliana na Ukatili Dhidi ya Watoto*. Dar es salaam.
40. UNICEF Tanzania. (2011b). *Ukatili Dhidi ya Watoto Tanzania: Muhtasari*. Dar es salaam.
41. UNICEF Tanzania. (2017). *UNICEF Annual Report 2017; United Republic of Tanzania*. Dar es salaam.
42. URT. (2011). *Violence Against Children in Tanzania Findings from a National Survey 2009*. United Republic of Tanzania.
43. WHO. (1999). *Report of the consultation on child abuse prevention*. (No. WHO/HSC/PVI/99.1). Geneva: WHO.
44. WHO. (2014). *Global status report on violence prevention 2014*. (No. HV 6625). Geneva: World Health Organization.
45. WHO. (2017). *Responding to children and adolescents who have been sexually abused: WHO clinical guidelines*. World Health Organization.
46. WHO. (2018). *INSPIRE Handbook: action for implementing the seven strategies for ending violence against children*. Geneva: World Health Organization.
47. WHO. (2018). *INSPIRE: seven strategies for ending violence against children*. World Health Organization.
48. WHO. (2020). *Global status report on preventing violence against children*. Geneva: World Health Organization; Licence: CC BY-NC-SA 3.0 IGO.
49. Wyser, B. (2018). *Assessment of the Impact of Tourism on Communities and Children in Zanzibar*. Bureau Wyser.