

Declines in Violence Documented in the Violence Against Children and Youth Surveys

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The findings and conclusions in this presentation are those of the presenter and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Content Warning



- Many of us attending this meeting today have experienced violence, or know someone who has been impacted by violence
- This presentation will discuss violence and some of the content could be retraumatizing or trigger difficult emotions
- Please take care of yourself and feel free to step away at any time

Background

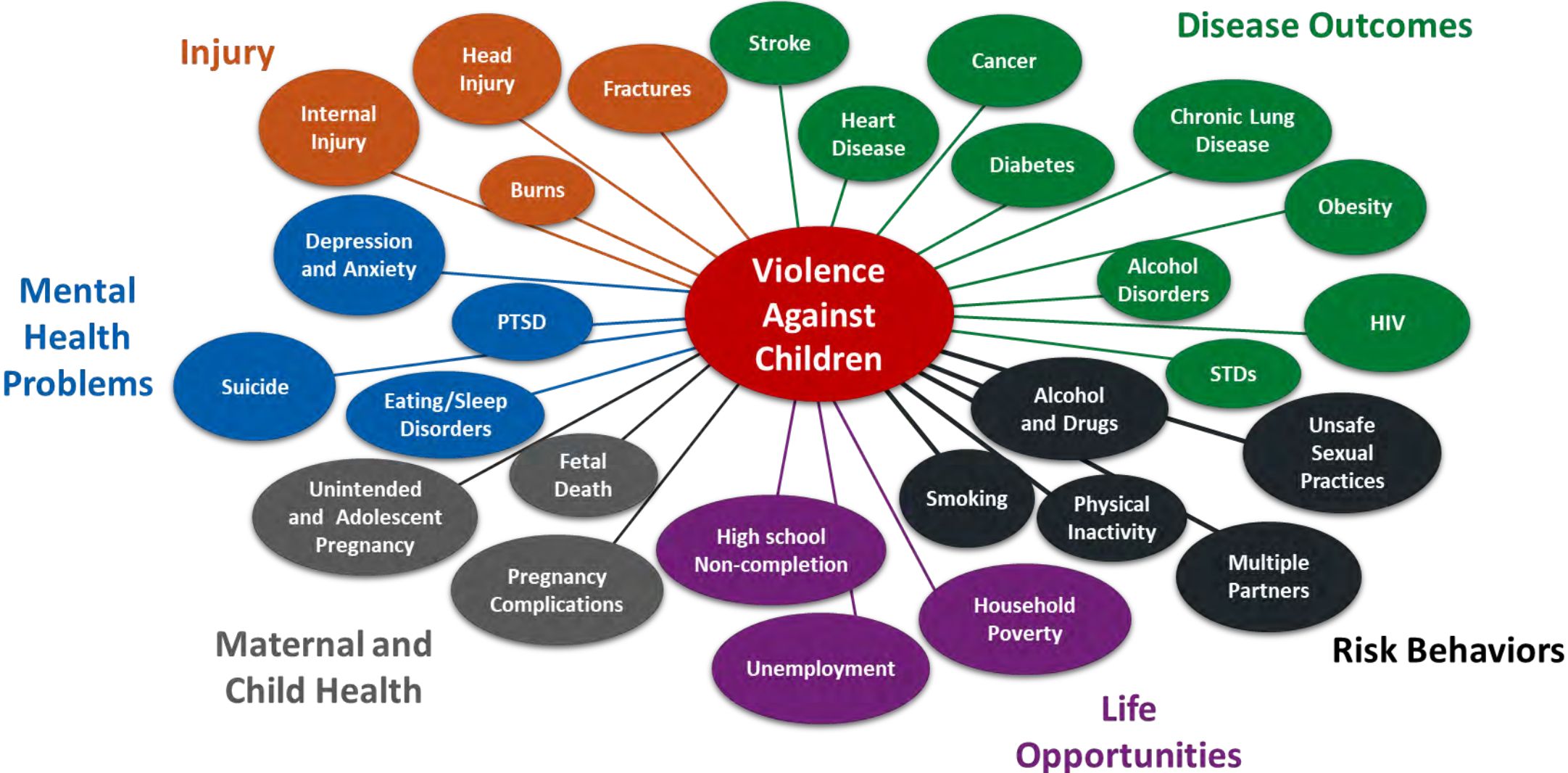
**Violence is
common in
the lives of
children**



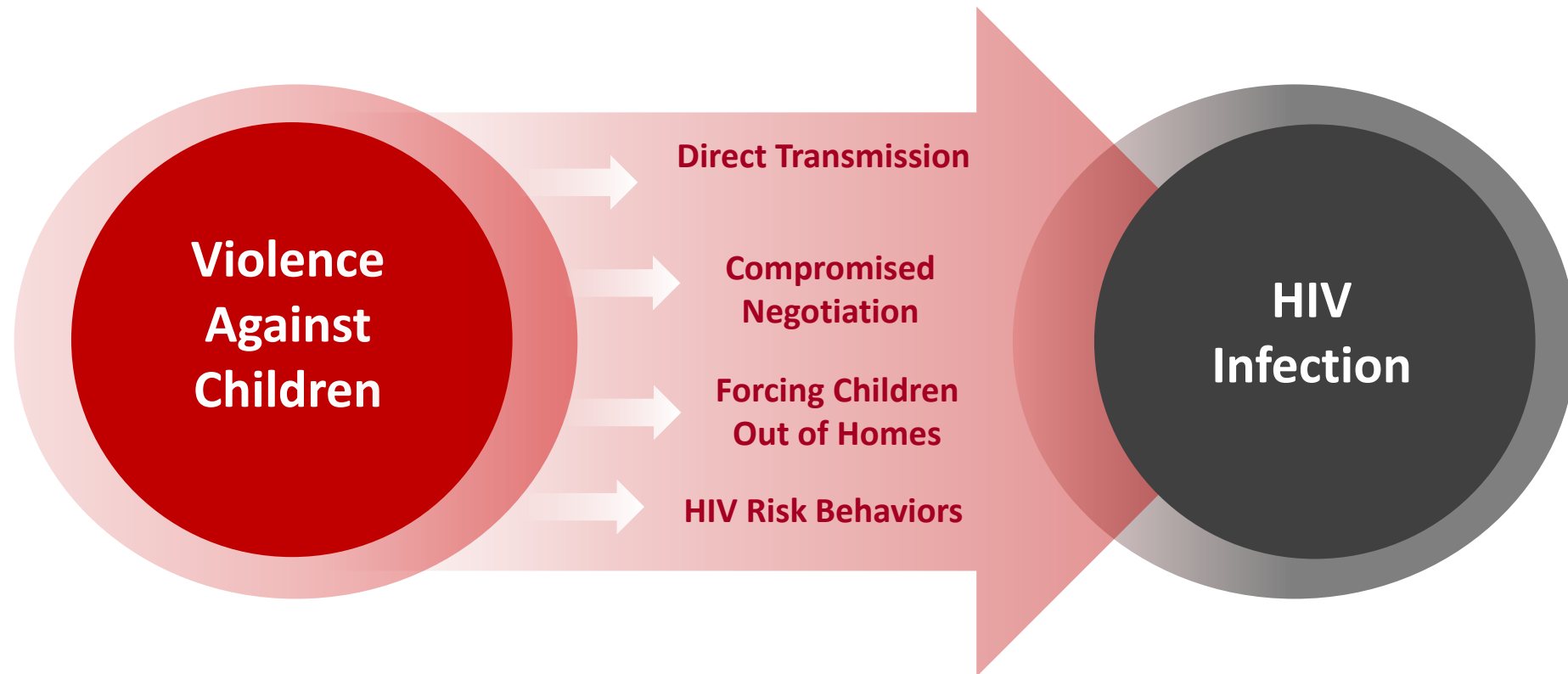
Estimated Number of Children Experiencing Annual Sexual, Severe Physical, or Emotional Violence Exceeds 1 Billion



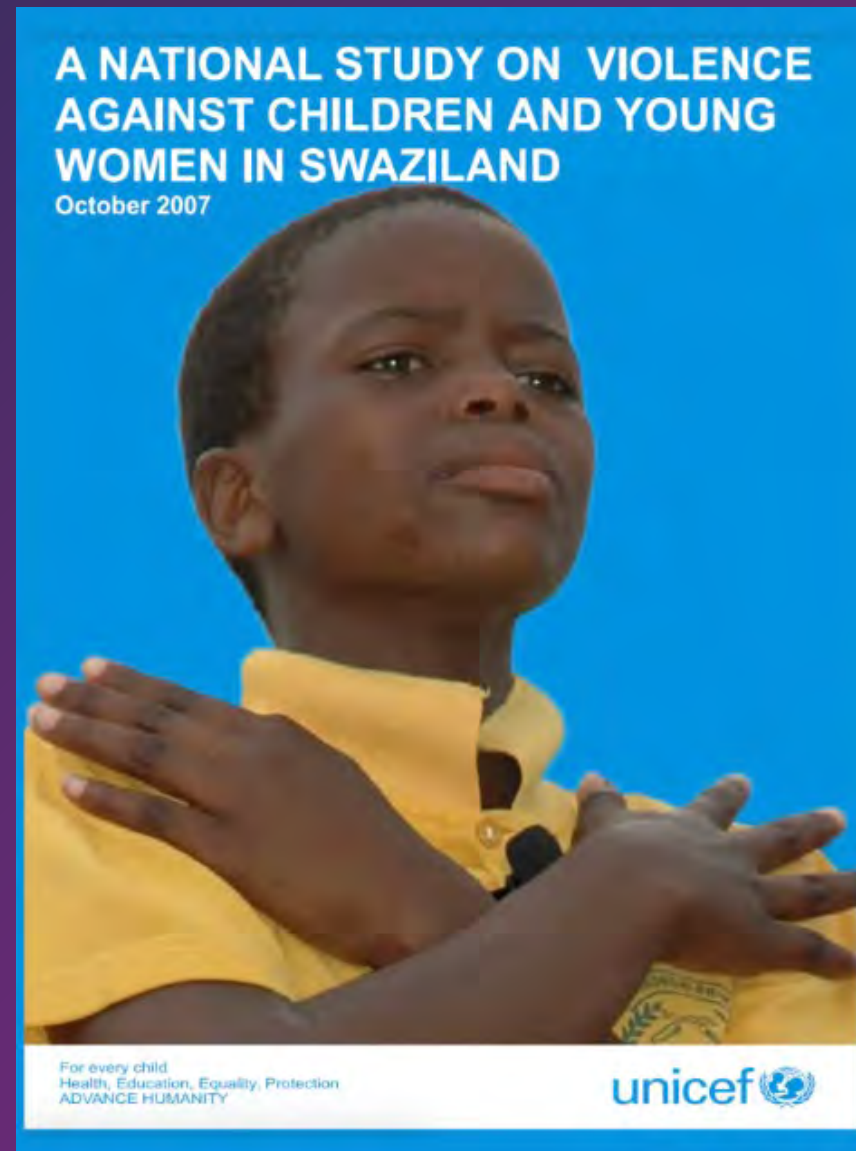
Consequences of Violence Against Children



Paths leading from violence to HIV



In 2007 CDC and UNICEF partnered to implement the first national survey on violence against children in Eswatini



Note: The Kingdom of Swaziland changed names to the Kingdom of Eswatini in 2018

Key **Findings** from 2007 Eswatini VACS



- One in three girls experienced sexual violence before the age of 18 (38%)
- One in four girls experienced physical violence before the age of 18 (25%)
- Nearly one in three girls experienced emotional violence before age 18 (30%)
- Most victims of sexual violence and physical violence never told anyone about the experience
- Most perpetrators of sexual violence were well known to the victim (intimate partners, neighbors, and other male relatives)

Key **Action** from 2007 Eswatini VACS



- Established Domestic Violence, Child Protection, and Sexual Offences Units
- Created database to track violence cases



- Established mentoring programs for girls in school



- Scaled up post rape care services in one-stop centers



- Child Protection and Welfare Bills passed
- Sexual Offences and Domestic Violence Bills passed



Violence Against Children and Youth Survey (VACS) Addresses Two Key Questions

- How can we **MEASURE** the **SCALE** of violence and its **IMPACT** on children's lives?
- How can we foster **POLITICAL AND PUBLIC ENGAGEMENT** to reduce violence against children?

CDC Violence Against Children and Youth Surveys (VACS)

COMPLETED

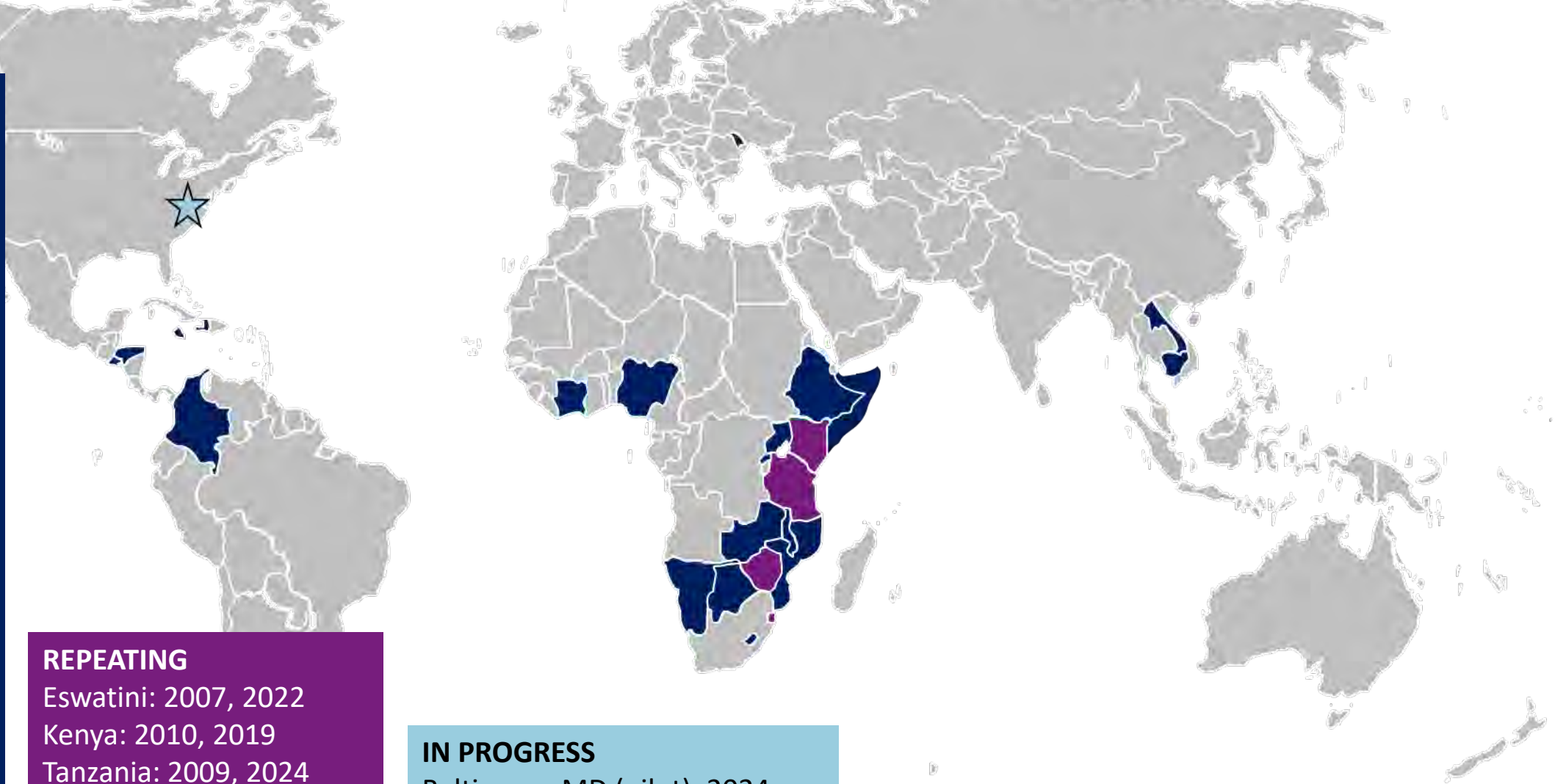
Botswana, 2016
Cambodia, 2013
Colombia, 2019
Cote d'Ivoire, 2018
El Salvador, 2017
Ethiopia, 2022
Haiti, 2012
Honduras, 2017
Jamaica, 2023
Laos, 2014
Lesotho, 2018
Malawi, 2013
Moldova, 2019
Mozambique, 2019
Namibia, 2019
Nigeria, 2014
Rwanda, 2016
Uganda, 2015
Zambia, 2014

REPEATING

Eswatini: 2007, 2022
Kenya: 2010, 2019
Tanzania: 2009, 2024
Zimbabwe: 2011, 2017

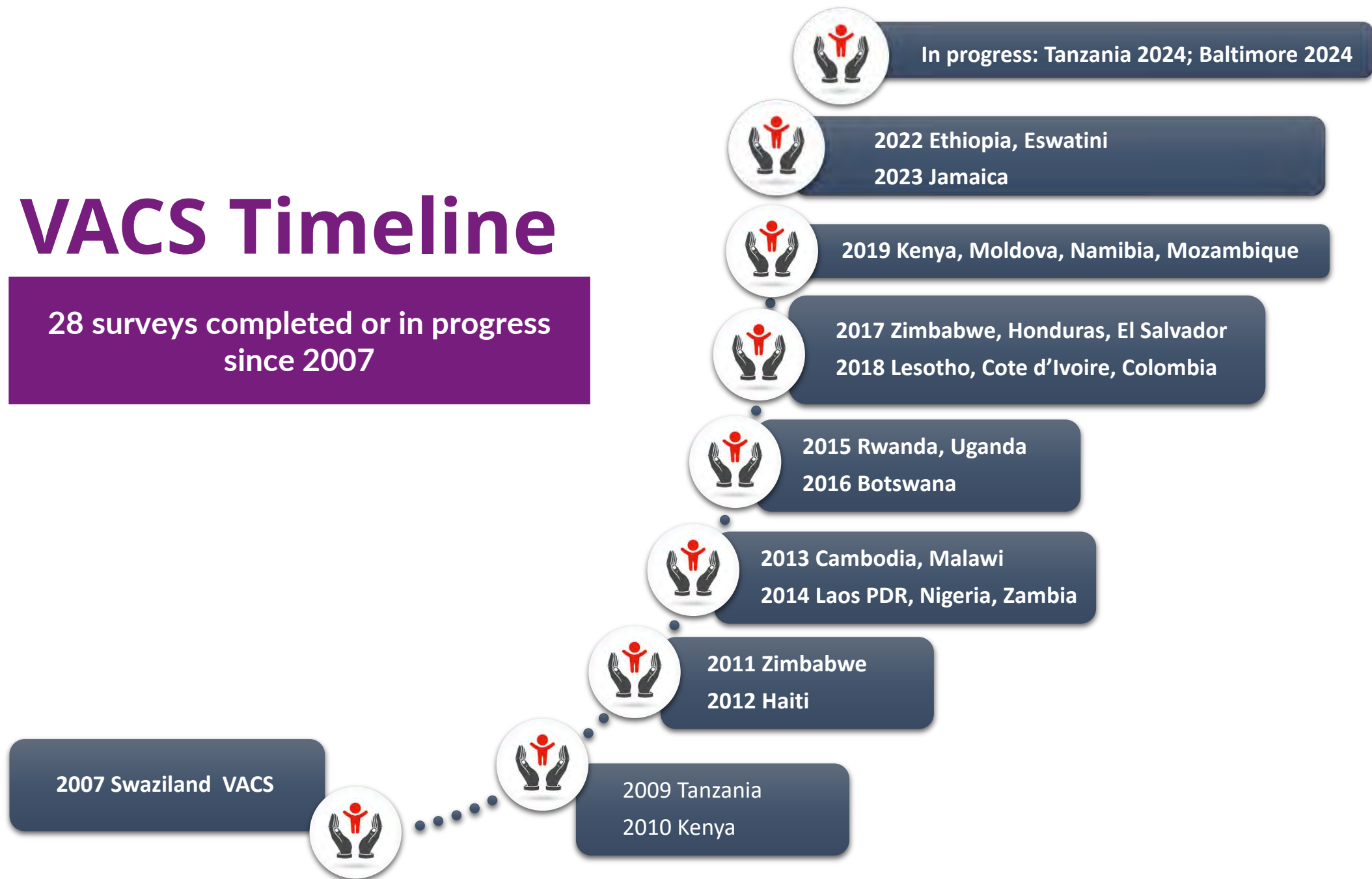
IN PROGRESS

Baltimore, MD (pilot), 2024



VACS Timeline

28 surveys completed or in progress since 2007





Together for girls

STRENGTH IN NUMBERS

Ending Violence Against Children Through Partnership



VACS Study Objectives

- Assess the burden of violence and its contexts
- Examine health consequences
- Identify risk and protective factors
- Assess utilization of services
- Help guide violence prevention and HIV programs and policies



VACS Methods and Protections

VACS Methodology

- National household surveys
- 13-24-year-old males & females
- Three-stage cluster sample survey design
- Carried out by in-country institutions
- Extensive training and protocols to protect child respondents
- Offer HIV testing (when generalized epidemic and funded by PEPFAR)



VACS Protections

- Split sample design
- Intentional community entry and household entry process
- Child-friendly consent forms & graduated consent process
- Surveys only conducted in a private space
- Referrals for violence and HIV services

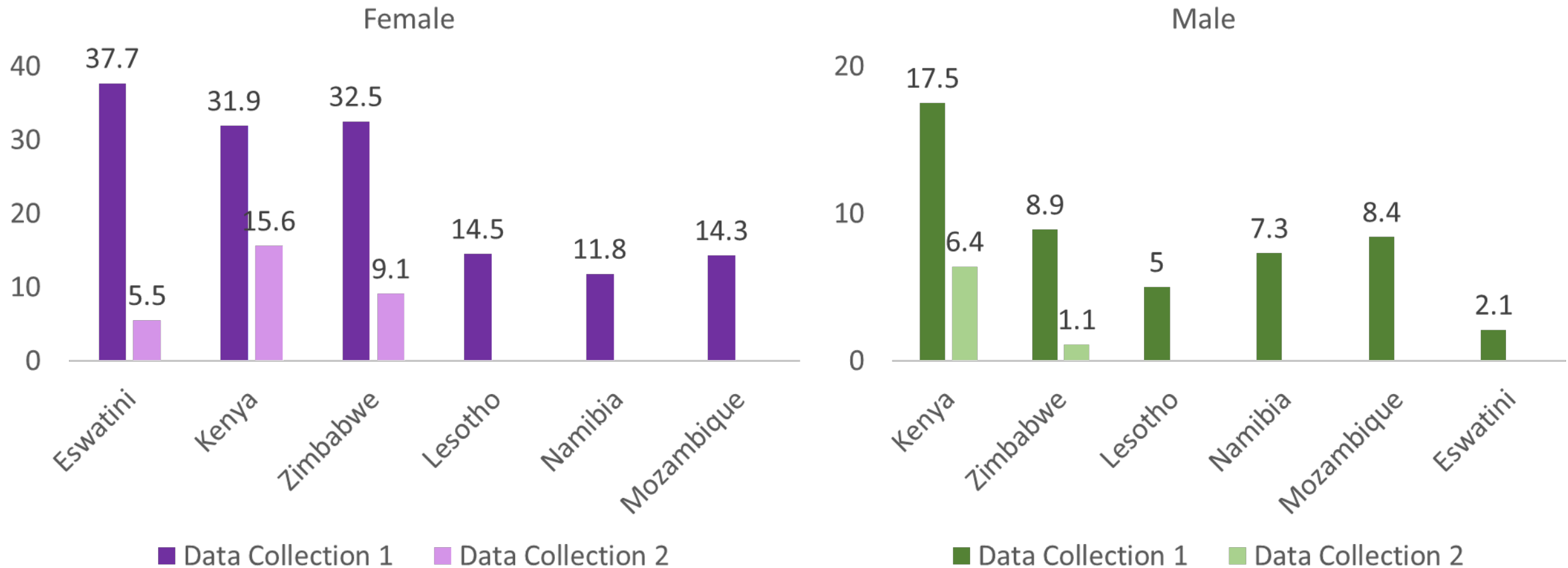




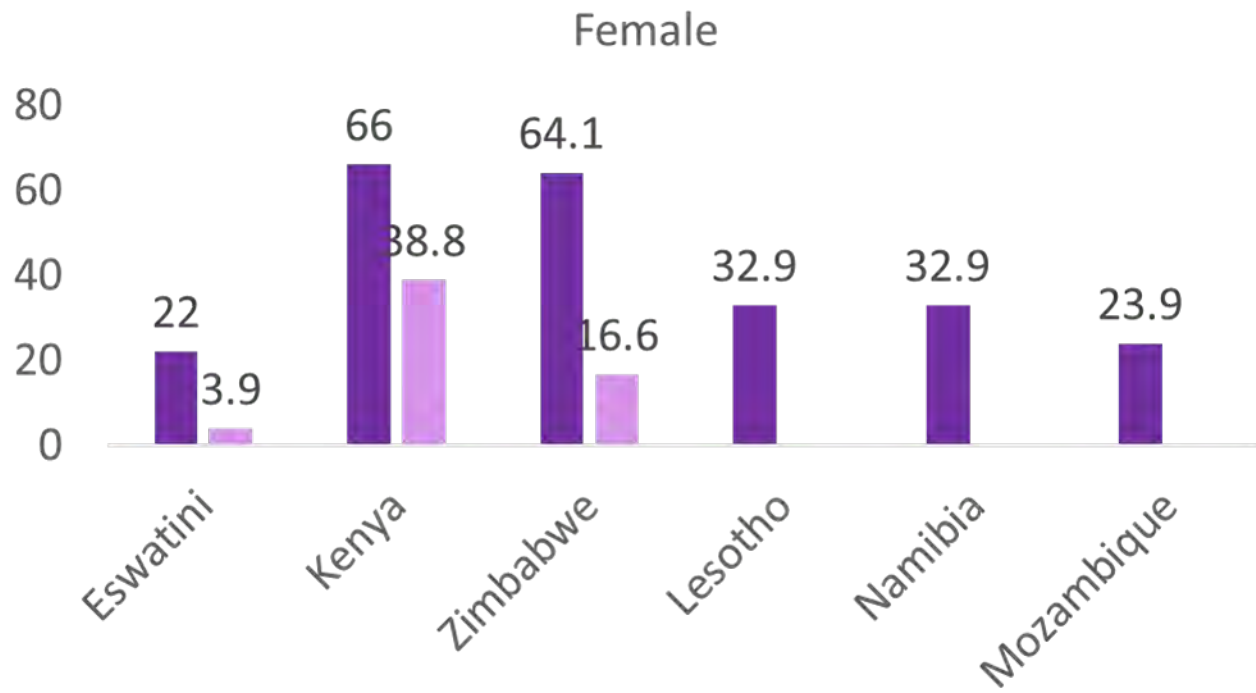
Providing Critical Technical Assistance and Capacity Strengthening

Data

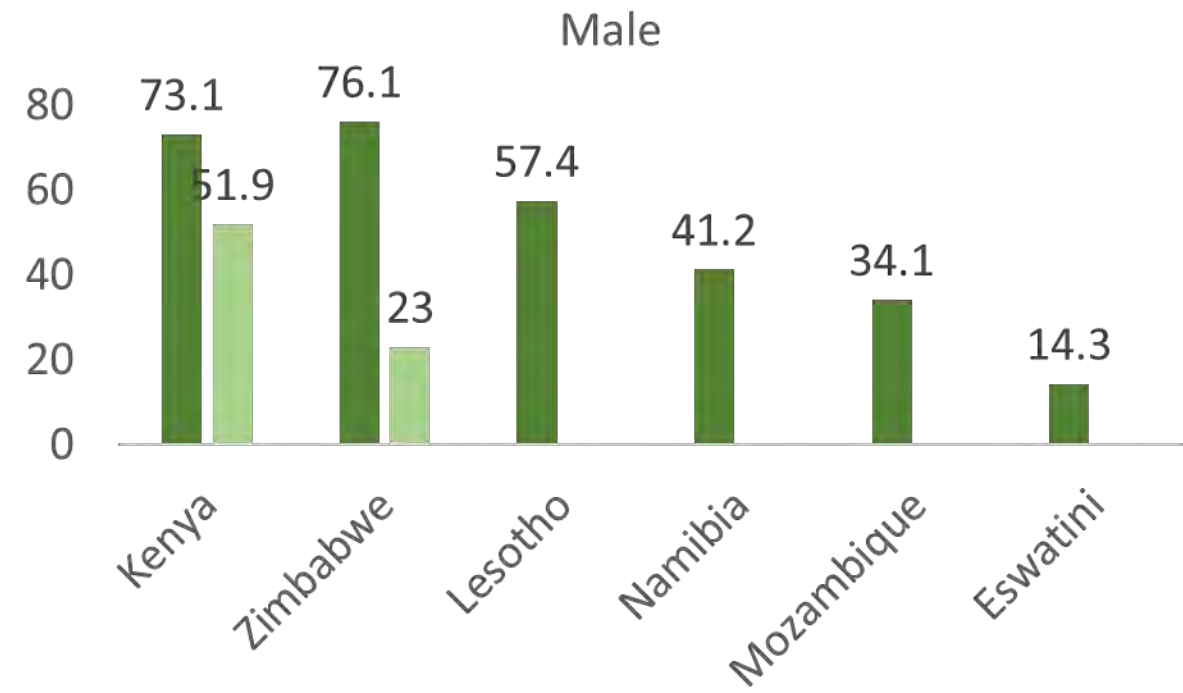
Childhood Sexual Violence among 18- to 24-year-olds prior to 18, VACS



Childhood Physical Violence among 18- to 24-year-olds prior to 18, VACS

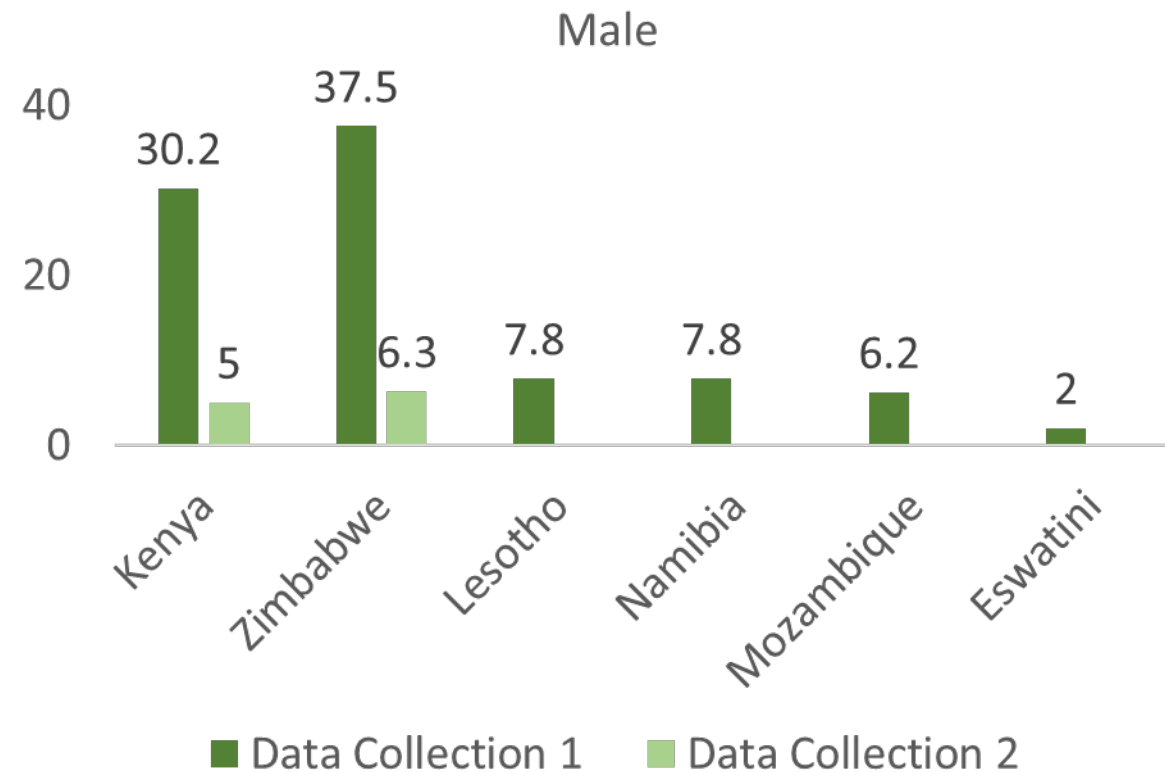
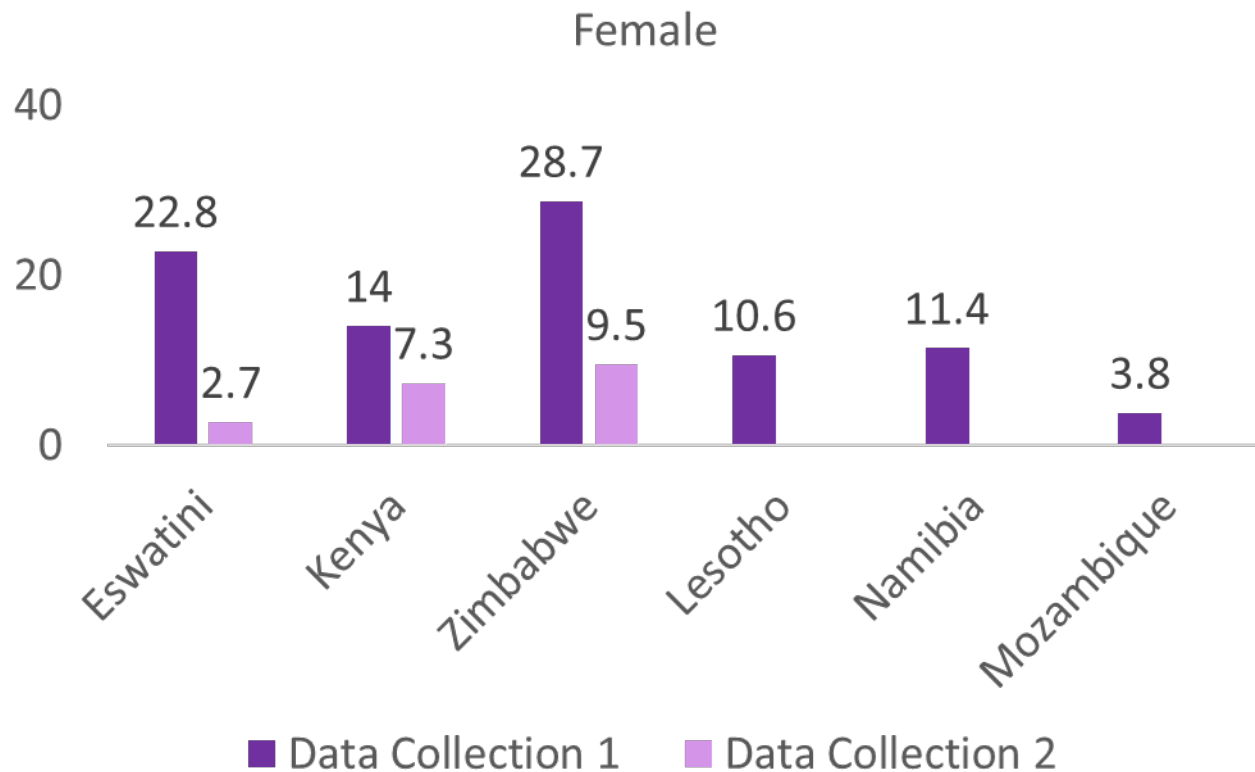


■ Data Collection 1 ■ Data Collection 2



■ Data Collection 1 ■ Data Collection 2

Childhood Emotional Violence by Parent, Adult Caregiver or Adult Relative among 18- to 24-year-olds prior to 18, VACS



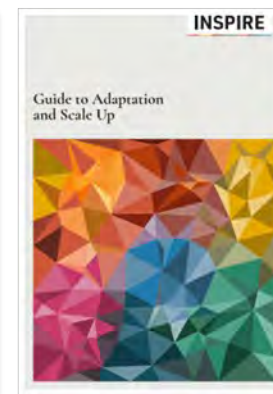
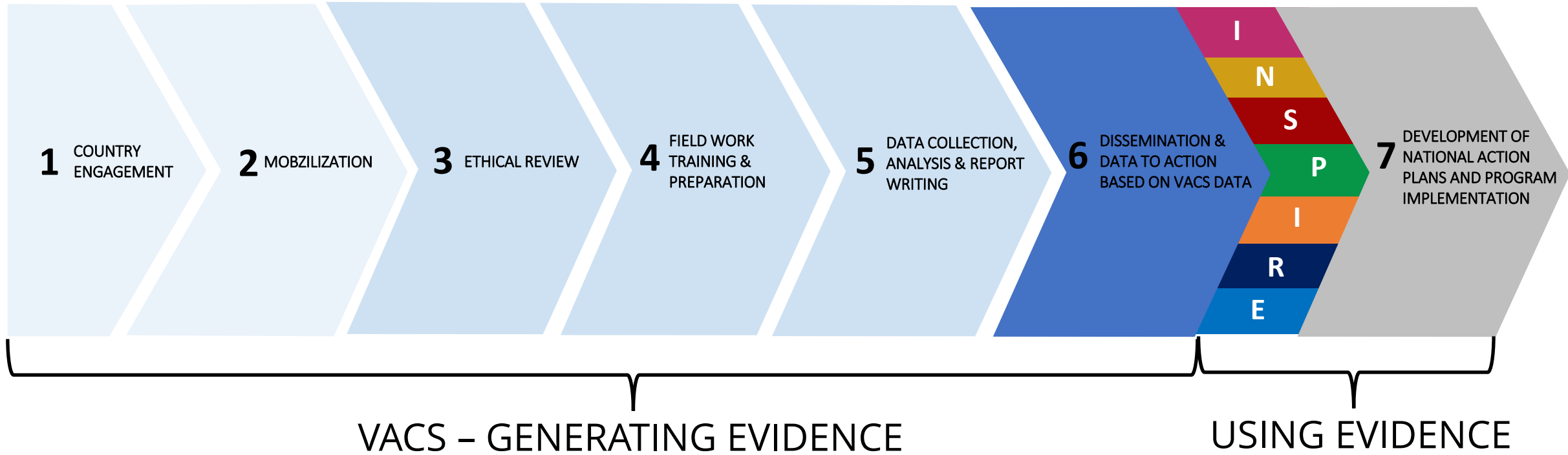
Data to Action



Data to Action Objectives

- Interpret key findings from VACS data
- Use data to develop priority topics within and across sectors
- Identify ways to strengthen prevention and response to violence against children through strategies and actions backed by data and evidence
- Form the basis for multi-sector national action planning and identify next steps

From VACS data to policy and programmatic actions



The Seven Strategies



Data to Action is a Multi-Sector Strategy by Design



HEALTH



SOCIAL SERVICES



POLICY, FINANCE
AND DEVELOPMENT



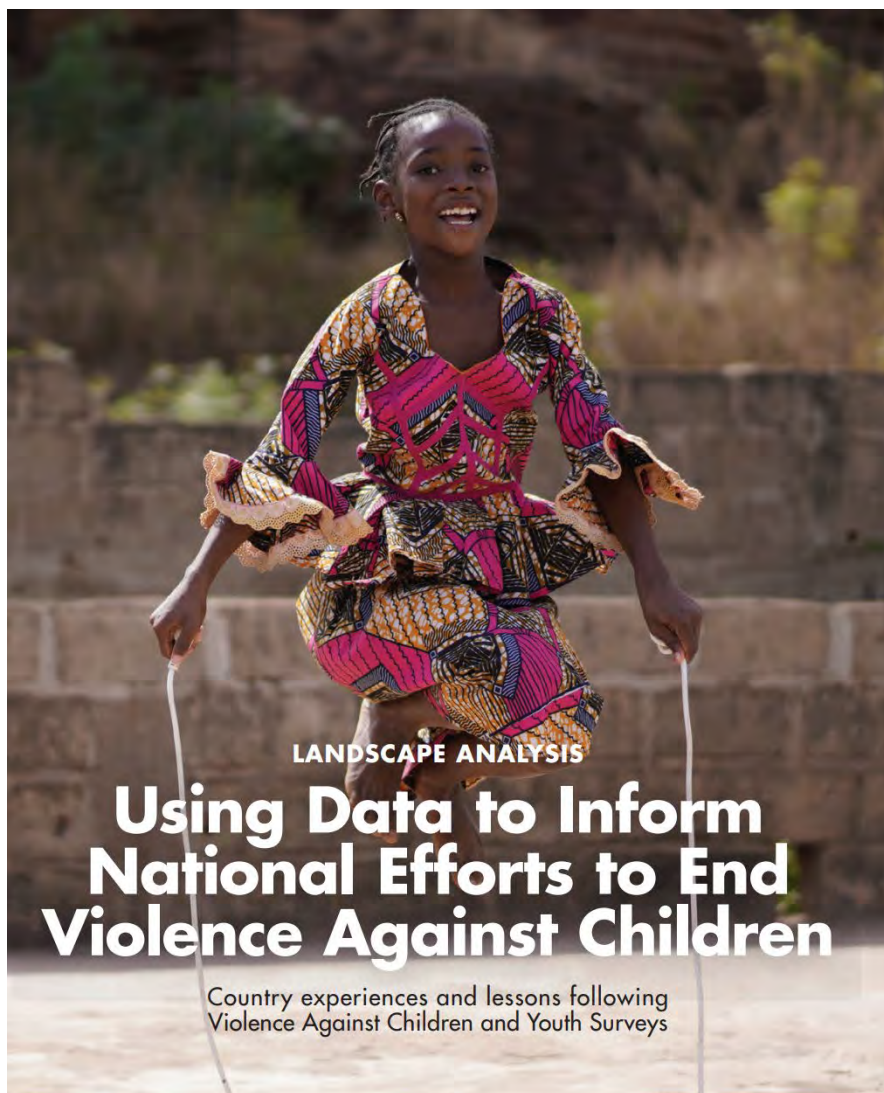
EDUCATION



JUSTICE AND LAW
ENFORCEMENT



COMMUNITY, CIVIL
SOCIETY, AND FAITH-
BASED



























The Power of Data to Action: Country experiences and lessons from VACS

Summary of key findings and recommendations

VACS generate learning and action, strengthen capacity and inform national responses to end violence against children

VACS data and post-VACS efforts propel policy reform and strengthen programs

							
Country	Adding/amending existing child safety laws/regulations	Banning child marriage	Banning corporal punishment	Improved staff capacity	New initiatives addressing the safety of girls	VACS questions/indicators in national statistics	
 Botswana	●						
 Cambodia	●		●	●		●	
 Colombia	●	●	●				
 Côte d'Ivoire	●	●	●	●	●		
 El Salvador	●	●	●				
 Honduras	●					●	
 Kenya 2010			●				
 Kenya 2019	●	●	●	●	●	●	
 Lao PDR		●					
 Lesotho		●					
 Malawi	●	●	●	●			
 Nigeria	●			●			
 Rwanda	●		●		●		
 Uganda	●	●	●			●	
 Zambia	●		●	●		●	
 Zimbabwe 2011		●	●		●		
 Zimbabwe 2019	●	●	●		●		

Kenya



**With powerful data,
we can light a path
to prevention.**

Scan to learn more about **VACS** and how countries around the world can use data to protect our children.



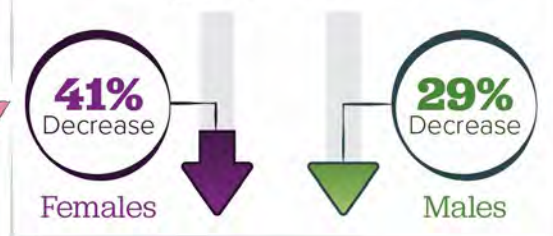
KENYA

By completing a repeat survey, Kenya proved that VACS and the resulting policies **LEAD TO REAL CHANGE.**

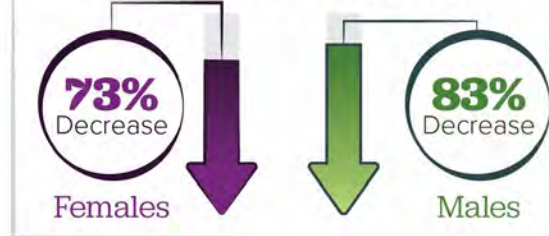
Sexual Violence



Physical Violence

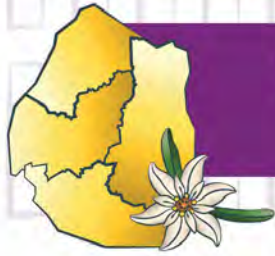


Emotional Violence



*Above data includes a decrease in violence before age 18 for youth ages 18–24

Eswatini



Between 2007 and 2022, Eswatini greatly **reduced violence** against girls...



*Data include a decrease in violence before age 18 for girls ages 18–24



It's time to **SHINE LIGHT** on remarkable data and inspire action.

Scan to learn more about VACS and how countries all around the world can lead the way in protecting our children.



Sample Secondary Analysis on VACS Documenting Violence Declines

Summary of Findings

- Significant declines in sexual, physical and emotional violence for both females and males
- Significant declines in HIV risk behavior and increased HIV testing
- Significantly more female victims seeking and receiving service for sexual violence
- Significantly more male victims knew where to go for services for sexual violence

Changes in prevalence of violence and risk factors for violence and HIV among children and young people in Kenya: a comparison of the 2010 and 2019 Kenya Violence Against Children and Youth Surveys

Francis B Annor, Laura F Chiang, Patricia R Oluoch, Vivienne Mang'oli, Marygorret Mogaka, Mary Mwangi, Anne Ngunjiri, Francis Obare, Thomas Achia, Pragna Patel, Greta M Massetti, Linda L Dahlberg, Thomas R Simon, James A Mercy

Summary

Background Previous research has shown a high prevalence of violence among young people in Kenya. Violence is a known risk factor for HIV acquisition and these two public health issues could be viewed as a syndemic. In 2010, Kenya became the third country to implement the Violence Against Children and Youth Survey (VACS). The study found a high prevalence of violence in the country. Led by the Government of Kenya, stakeholders implemented several prevention and response strategies to reduce violence. In 2019, Kenya implemented a second VACS. This study examines the changes in violence and risk factors for violence and HIV between 2010 and 2019.

Methods The 2010 and 2019 VACS used a similar sampling approach and measures. Both VACS were cross-sectional national household surveys of young people aged 13–24 years, designed to produce national estimates of physical, sexual, and emotional violence. Prevalence and changes in lifetime experiences of violence and risk factors for violence and HIV were estimated. The VACS uses a three-stage cluster sampling approach with random selection of enumeration areas as the first stage, households as the second stage, and an eligible participant from the selected household as the third stage. The VACS questionnaire contains sections on demographics, risk and protective factors, violence victimisation, violence perpetration, sexual behaviour, HIV testing and services, violence service knowledge and uptake, and health outcomes. For this study, the main outcome variables were violence victimisation, context of violence, and risk factors for violence. All analyses were done with the entire sample of 13–24-year-olds stratified by sex and survey year.

Findings The prevalence of lifetime sexual, physical, and emotional violence significantly declined in 2019 compared with 2010, including unwanted sexual touching, for both females and males. Experience of pressured and forced sex among females also decreased between the surveys. Additionally, significantly more females sought and received services for sexual violence and significantly more males knew of a place to seek help in 2019 than in 2010. The prevalence of several risk factors for violence and HIV also declined, including infrequent condom use, endorsement of inequitable gender norms, endorsement of norms justifying wife beating, and never testing for HIV.

Interpretation Kenya observed significant declines in the prevalence of lifetime violence and some risk factors for violence and HIV, and improvements in some service seeking indicators between 2010 and 2019. Continued prioritisation of preventing and responding to violence in Kenya could contribute to further reductions in violence and its negative outcomes. Other countries in the region that have made substantial investments and implemented similar



Lancet Glob Health 2021

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See Online/Comment
[https://doi.org/10.1016/S2214-109X\(21\)00487-3](https://doi.org/10.1016/S2214-109X(21)00487-3)

Division of Violence Prevention, National Center for Injury Prevention and Control (F B Annor PhD, L F Chiang MA, G M Massetti PhD, L L Dahlberg PhD, T R Simon PhD, J A Mercy PhD) and Division of Global HIV and TB, Center for Global Health (P Patel MD), US Centers for Disease Control and Prevention, Atlanta, GA, USA; Division of Global HIV and TB, Center for Global Health, Centers for Disease Control and Prevention, Nairobi, Kenya (P R Oluoch PhD, M Mwangi PhD, T Achia PhD); Department of Children Services, Nairobi, Kenya (V Mang'oli BA, M Mogaka MA); LVCT Health, Nairobi, Kenya (A Ngunjiri MPH); Population Council, Nairobi, Kenya (F Obare PhD)

Correspondence to:

Summary of Findings

- Different latent classes emerged between the 2010 and 2019 VACS
- For both males and females, across the two survey years, some continuity around themes
- Orphanhood emerged as relevant in 2019 compared to 2010 for males
- Understanding latent classes of adversity and how they change over time can help prevention efforts



Miedema et al. Cross-time comparison of adverse childhood experience patterns among Kenyan youth: Violence Against Children and Youth Surveys, 2010 and 2019. *Child Abuse & Neglect*, 141 (2023) 106-153

Innovative Opportunities

- **Domestic VACS**
 - Piloting VACS in Baltimore
 - Epi-Aid in Western Maryland
- **Humanitarian VACS**
 - Uganda and Ethiopia HVACS in refugee camp settings
- **Innovative projects with PEPFAR**
- **Translating lessons learned from global to domestic efforts across NCIPC**





Thank you!
Questions?

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