



Global Public Health

An International Journal for Research, Policy and Practice

ISSN: (Print) (Online) Journal homepage: <https://www.tandfonline.com/loi/rgph20>

The Violence Against Children Surveys (VACS): Using VACS data to drive programmes and policies

Amanda Nace, Catherine Maternowska, Begoña Fernandez & Kathleen Cravero

To cite this article: Amanda Nace, Catherine Maternowska, Begoña Fernandez & Kathleen Cravero (2021): The Violence Against Children Surveys (VACS): Using VACS data to drive programmes and policies, Global Public Health, DOI: [10.1080/17441692.2021.2010116](https://doi.org/10.1080/17441692.2021.2010116)

To link to this article: <https://doi.org/10.1080/17441692.2021.2010116>



Published online: 14 Dec 2021.



Submit your article to this journal [↗](#)



View related articles [↗](#)



View Crossmark data [↗](#)



The Violence Against Children Surveys (VACS): Using VACS data to drive programmes and policies

Amanda Nace^a, Catherine Maternowska^b, Begoña Fernandez^c and Kathleen Cravero^d

^aUniversity Research Co., Chevy Chase, MD, USA; ^bEnd Violence Lab at the University of Edinburgh, Edinburgh, Scotland; ^cTogether for Girls, Washington, DC, USA; ^dCUNY Graduate School of Public Health and Health Policy, New York, NY, USA

ABSTRACT

The Violence Against Children Surveys (VACS) are nationally representative surveys of males and females aged 13–24 years, designed to measure the burden of sexual, physical, and emotional violence experienced in childhood, adolescence and early adulthood. As of 2020, 22 countries implemented or are implementing a VACS. Since the first article using VACS data was published in 2009, several peer-reviewed articles have been published on the VACS. However, no publications have analysed the breadth of the work and how the data are represented in the literature. We conducted a review of the peer-reviewed research which used VACS data or mentioned the VACS. Between 2009 and July 2020, 50 peer-reviewed articles with data from 11 countries were published. Two studies (2/50; 4.0%) focused on boys, while 14 studies (14/50; 28.0%) focused on violence against girls. Fourteen articles focused on sexual violence (14/50; 28.0%), compared to three on emotional violence (3/50; 6.0%), and two on physical violence (2/50; 4.0%). Lastly, 52% of the articles (26 of the 50) were first authored by someone at the U.S. Centers for Disease Control and Prevention. We identified the need to support local authors, and additional research on violence against boys, and physical and emotional violence.

ARTICLE HISTORY

Received 26 July 2021
Accepted 14 November 2021

KEYWORDS

Violence Against Children Surveys; global health; violence prevention

Background

Violence against children remains one of the world's most complex public health challenges. It affects more than 1 billion children every year – about half the children in the world – with wide-reaching consequences (Hillis et al., 2016). In the last decade, data collection on the magnitude, nature and consequences of violence has accelerated worldwide thanks to committed coalitions of scientists, donors and policymakers. The Violence Against Children and Youth Surveys (VACS; <https://www.cdc.gov/violenceprevention/childabuseandneglect/vacs/index.html>), government-led nationally representative surveys that measure the burden of sexual, physical, and emotional violence in childhood, adolescence, and young adulthood, have been at the forefront of this data-driven effort (Nguyen, Kress, Villaveces, et al., 2018). Since the first survey conducted in Eswatini in 2007, VACS have generated meaningful and actionable data on violence against children and youth in 22 countries. Designed to provide countries with the data needed to address, reduce, and ultimately eliminate violence against children, the resulting data translation pathway has contributed to the development of multi-sectoral national action plans

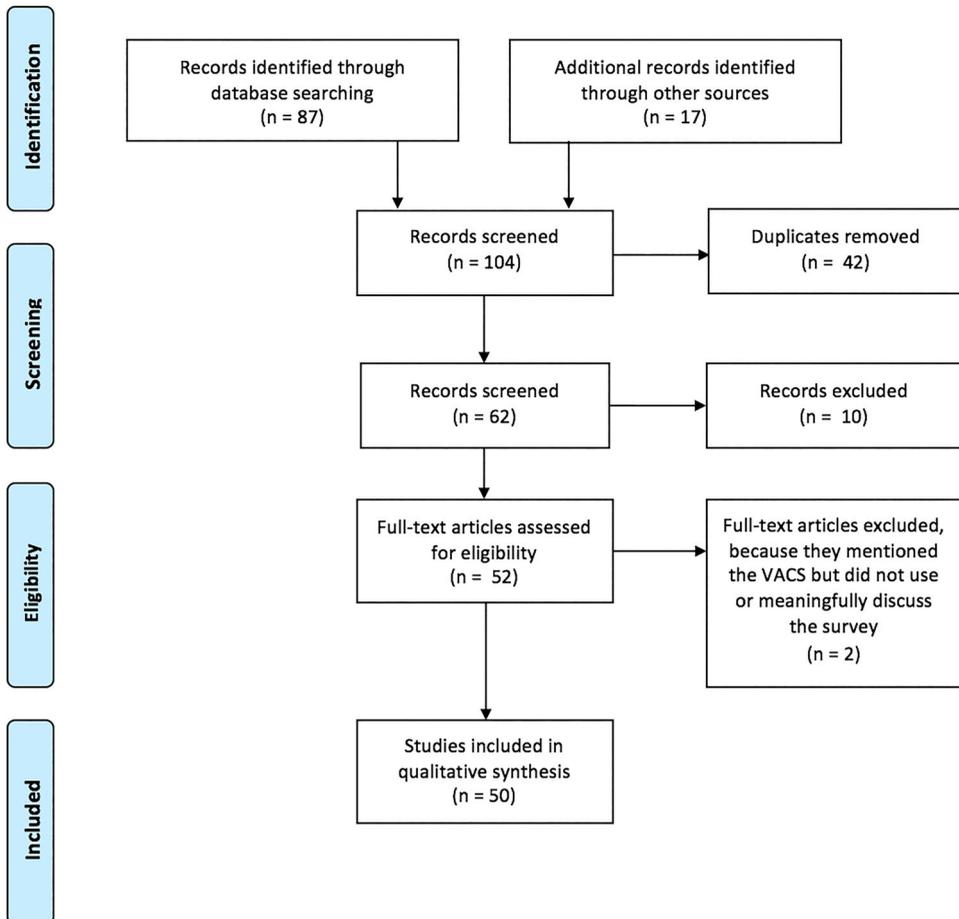
and country reporting on progress toward Sustainable Development Goal (SDG) 16.2 – ‘end abuse, exploitation, trafficking, and all forms of violence against and torture of children,’ SDG 5.2 – ‘eliminate all forms of violence against all women and girls,’ and SDG 5.3 – ‘eliminate all harmful practices, such as child, early and forced marriage’ (VanderEnde et al., 2018). Led by national governments with technical assistance and support from the U.S. Centers for Disease Control and Prevention (CDC) as part of the Together for Girls (TfG) partnership, the VACS provide national governments with actionable, timely data on violence against children as well as risk and protective factors and health consequences (Chiang et al., 2016). TfG is a global public-private partnership dedicated to ending violence against children, with special attention to sexual violence against girls. VACS data are used in combination with INSPIRE (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), an evidence-based technical package of violence prevention interventions to facilitate developing national action plans, policies, and programmes to end violence against children (World Health Organization (WHO), 2018).

We document this data-informed achievement by reviewing the types and foci of studies using VACS data, gaps in the research, and who is driving the production of this knowledge. The aim is to critically review the past decade of academic knowledge production coming from the VACS and reflect on lessons learned while also charting the course forward as countries strive to meet the SDG 2030 deadline. This paper presents recommendations for a variety of stakeholders to facilitate and improve research on violence against children globally.

Methods

Our database search conducted in July 2019, using PubMed, ScienceDirect, and SpringerLink identified 87 peer-reviewed articles by using the search term ‘violence against children survey’. This review did not include white papers, government reports, etc. as the aim of the paper was to review the peer-reviewed literature which used VACS data. We extended our search from July 2019 to July 2020 and reviewed the website of TfG which hosts a repository of literature on violence against children and publicly available VACS data sets. During this extended review, we identified 17 additional articles. After screening a total of 104 articles, 42 were excluded due to duplication, 10 were excluded because they did not mention the VACS. The final 50 articles met the following criteria for inclusion: (1) discussed or used data from the VACS, (2) published in English, (3) published between 2009 and 2020. To conduct the literature review one investigator (A.N.) identified and reviewed studies against inclusion criteria and drafted preliminary findings. Co-authors reviewed the list of articles and inclusion criteria and provided feedback, as well as made revisions to subsequent drafts of the manuscript.

The included literature was reviewed by the following criteria: year of publication, type of analyses conducted, country of focus, and number of countries VACS data included. Additionally, articles were reviewed by topical analysis including: sexual violence, physical violence, and emotional violence, boys and violence, and cross-country comparisons. We also reviewed the literature’s discussion of measurement and design issues including; adaptation of the instrument, mixed methods research, recall bias, and confounding variables. Lastly, we reviewed the articles by authorship and ownership. There were no a priori analytic categories that guided the review, all VACS peer-reviewed literature was included and subsequently categorised.



Findings

Overview of findings

VACS data are featured in 50 peer-reviewed articles published between 2009 and July 2020. Over half (29/50; 58.0%) of all the peer-reviewed publications on the VACS were published between 2018 and 2020, signalling a significant uptake in scientific contributions related to violence prevention. The majority of articles (42/50; 84.0%) applied secondary analyses of VACS data; the remaining articles (8/50; 16.0%) reference and/or discuss VACS data generated from a specific country or in relation to the survey's contributions to the global evidence base. The 50 studies in this review use data from 11 countries, including: Cambodia, Eswatini, Haiti, Kenya, Lao People's Democratic Republic (PDR), Malawi, Nigeria, Tanzania, Uganda, Zambia, and Zimbabwe (Table 1).

Half of the VACS literature analysed single country data (27/50; 54.0%), while one-third of all articles analysed VACS data from multiple countries (15/50; 30.0%). Eight articles discussed the VACS, but did not do secondary data analysis (8/50; 16.0%). Palermo and colleagues used VACS data from females and males age 13–17, from Cambodia, Haiti, Kenya, Malawi, Nigeria, and Tanzania and found schooling had ambiguous effects on lifetime violence risk among girls; schooling was protective in some settings and risky in others (Palermo et al., 2019). In Haiti,

Table 1. List of VACS countries, year of data collection, year VACS report was published, year VACS dataset was available, and number of peer-reviewed articles with country VACS data.

Country	Year of data collection	Year VACS report published	Year VACS data publicly available ^a	Number of peer-reviewed articles with country VACS data ^b
Kenya I	2010	2012	2014	17
Tanzania	2009	2011	2015	15
Malawi	2013	2015	2016	14
Nigeria	2014	2016	2018	13
Haiti	2012	2015	2016	12
Cambodia	2013	2014	2015	10
Eswatini	2007	2007	2014	10
Zambia	2014	2018	2019	3
Zimbabwe I	2011	2013	No	2
Lao PDR	2014	2018	No	2
Uganda	2015	2018	2019*	2
El Salvador	2017	2019	2019	0
Honduras	2017	2019	2019	0
Zimbabwe II	2017	2019	2020	**
Colombia	2018	2020	2021	**
Botswana	2016	2019	No	0
Côte D'Ivoire	2018	2020	2021	**
Lesotho	2018	2020	2021	**
Moldova	2018–2019	2020	2021	**
Mozambique	2019	N/A	2022	**
Namibia	2019	N/A	2022	**
Rwanda	2015	2018	No	0
Kenya II	2018–2019	2020	2021	**

^aAll data sets are available, however, some are only available through a special request to the Government of those countries, and thus not publicly available.

^bSome articles used data from more than one country and therefore numbers do not total 50.

*Uganda VACS data publicly available through restricted data set.

**VACS data for these countries are not yet available for secondary data analysis and publication.

school enrolment was protective for girls, while in Nigeria it was a risk factor among girls for lifetime physical violence and lifetime polyvictimisation (Palermo et al., 2019). In Eswatini, researchers found that being educated at the tertiary level was a protective factor against emotional abuse (Meinck et al., 2017). Sumner and colleagues also found notable differences in reports of the prevalence of sexual violence against children in Haiti, Kenya, and Cambodia (Sumner et al., 2016), reinforcing the point that violence against children manifests differently across countries and contexts.

Some countries feature more prominently in the literature. For example, 17 peer-reviewed articles used data from the VACS in Kenya, and six articles used data from the VACS in Zimbabwe (Table 1). This may be due to the fact that some countries conducted a VACS earlier and the data has been available longer. Lastly, while some studies compared countries in the same region – such as the scoping review of violence against children in Southeast Asia (Arifiani et al., 2019) – other studies compared data from different countries across regions including Southeast Asia, Africa, and the Caribbean (Devries et al., 2018; Seff & Stark, 2019; Sumner et al., 2016).

Findings by topical analysis

VACS data capture exposures to sexual, physical, and emotional violence against children, the majority of publications focused on sexual violence (14/50; 28.0%), compared to emotional violence (3/50; 6.0%), and physical violence (2/50; 4.0%) (Table 2).

Sexual violence

The VACS literature on sexual violence has examined the association between its occurrence in childhood, risky sexual behaviours, and HIV risk factors and outcomes (Boudreau et al., 2018;

Table 2. List of VACS peer-reviewed articles by country, number of VACS/type of analysis, title of the article, author, first author affiliation, year of publication, type of violence studied, sex, and age group.

#	Country(ies)	# of VACS/ Type of Analysis	Title of article	Author(s)	First Author Affiliation	Year of Publication	Type of Violence	Sex	Age Group
1	Haiti	1 VACS	Prevalence of physical violence against children in Haiti: A national population-based cross-sectional survey	Flynn-O'Brien, K.T., et al.	Department of Surgery, University of Washington & Harborview Injury Prevention and Research	2016	Physical Violence	Boys and Girls	13–24
2	Haiti	1 VACS	The experience of violence against children in domestic servitude in Haiti: Results from the Violence Against Children Survey, Haiti 2012	Gilbert, L. et al	CDC-Atlanta	2018	Physical, Emotional & Sexual Violence	Boys and Girls	13–24
3	Haiti	1 VACS	Did internal displacement from the 2010 earthquake in Haiti lead to long-term violence against children? A matched pairs study design	Cerna-Turoff, I., Kane, J.C., Devries, K., Mercy, J., Massetti, G, Baiocchi, M.	Global Health and Development, London School of Hygiene & Tropical Medicine, London, UK	2020	Physical, Emotional & Sexual Violence	Boys and Girls	13–17
4	Haiti	1 VACS	Violence victimization and negative health correlates of youth in post-earthquake Haiti: Findings from the cross-sectional violence against children survey	Lai, B.S., Osborne, M.C., De-Veauuse-Brown, N., Swedo, E., Self-Brown, S., Massetti, G.M.	Boston College	2020	Physical, Emotional & Sexual Violence	Boys and Girls	13–24
5	Haiti	1 VACS	Sentinel events predicting later unwanted sex among girls: A national survey in Haiti, 2012	Sumner, S.A., Marcelin, L.H., Celac, T., Mercy, J.A., Lea, V, Kress, H. and Hillis, S.D.	CDC – Atlanta	2015	Sexual Violence	Girls	13–24
6	Kenya	1 VACS	Correlates of disclosure of sexual violence among Kenyan youth	Boudreau, C.	Emory University	2018	Sexual Violence	Boys and Girls	13–24
7	Kenya	1 VACS	Cycle of violence among young Kenyan women: The link between childhood violence and adult physical intimate partner violence in a population-based survey	Chiang, L., Howard, A., Gleckel, J., Ogoti, C., Karlsson, J., Hynes, M., Mwangi, M.	CDC-Atlanta	2018	Physical, Emotional & Sexual Violence	Girls	18–24
8	Kenya	1 VACS	Perpetrators and context of child sexual abuse in Kenya	Mwangia, M.W., Kellogg, T.A., Brookmeyer, K., Bulumad, R., Chiang, L., Otieno-Nyunyaa, B., Chesanga, K.	CDC-Kenya	2015	Sexual Violence	Boys and Girls	13–17 and 18–24

(Continued)

Table 2. Continued.

#	Country(ies)	# of VACS/ Type of Analysis	Title of article	Author(s)	First Author Affiliation	Year of Publication	Type of Violence	Sex	Age Group
9	Kenya	1 VACS and other surveys (DHS) – mixed methods study	Missed treatment opportunities and barriers to comprehensive treatment for sexual violence survivors in Kenya: a mixed methods study	Gatuguta, A., Merrill, K.G., Colombini, M., Soremekun, S., Seeley J., Mwanzo, I., and Devries, K.	Department of Global Health and Development, Faculty of Public Health and Policy, London School of Hygiene and Tropical Medicine	2018	Sexual Violence	Boys and Girls	15–50+
10	Kenya	1 VACS	Effects of Poly-Victimization Before Age 18 on Health Outcomes in Young Kenyan Adults: Violence Against Children Survey	Nguyen K.H., Kegler S.R., Chiang, Kress H.	CDC-Atlanta	2019	Polyvictimization – Physical, Emotional & Sexual Violence	Boys and Girls	13–24
11	Malawi	1 VACS	Violent experiences in childhood are associated with men's perpetration of intimate partner violence as a young adult: a multistage cluster survey in Malawi	VanderEnde, K. et al.	CDC-EIS	2016	Physical, Emotional & Sexual Violence	Young Men	18–24
12	Malawi	1 VACS	Adverse Childhood Experiences and HIV Sexual Risk-Taking Behaviors Among Young Adults in Malawi	VanderEnde, K., Chiang, L., Mercy, J., Shawa, M., Hamela, J., Maksud, N., Gupta, S., Wadonda-Kabondo, N., Saul, J., Gleckel, J., Kress, H., and Hillis, S.	CDC-EIS	2018	Physical, Emotional & Sexual Violence	Boys and Girls	19–24
13	Malawi	1 VACS	Childhood Violence Is Associated with Forced Sexual Initiation Among Girls and Young Women in Malawi: A Cross-Sectional Survey	Swedo, E.A., Sumner, S.A., Msungama, W., Massetti, G.M., Kalanda, M., Saul, J.	CDC-Atlanta	2019	Physical, Emotional & Sexual Violence	Girls	13–24
14	Malawi	1 VACS	Applying Structural Equation Modeling to Measure Violence Exposure and Its Impact on Mental Health: Malawi Violence Against Children and Young Women Survey, 2013	Fan, A.Z. et al.	CDC-Atlanta	2017	Physical, Emotional & Sexual Violence	Boys and Girls	13–24
15	Malawi	1 VACS	Do self-reported data reflect the real burden of lifetime exposure to sexual violence among females aged 13–24 years in Malawi?	Fan, A.Z. et al.	CDC-Atlanta	2016	Sexual Violence	Girls	13–24



16	Nigeria	1 VACS	Sexual Violence Experience Among Nigerian Girls and Young Women: What Are the Roles of Early Sexual Debut, Multiple Sex Partnerships, and Traditional Gender Role Beliefs?	De Veause Brown, N.F., Annor, F.B., Swahn, M.H. et al.	Georgia State University	2020	Sexual Violence	Girls	13–24
17	Nigeria	1 VACS	Emotional violence in childhood and health conditions, risk-taking behaviors, and violence perpetration among young adults in Nigeria	Annor, F.B. et al.	CDC-ATL	2020	Emotional Violence	Boys and Girls	18–24
18	Nigeria	1 VACS	Perpetration of intimate partner violence and mental health outcomes: sex-and gender-disaggregated associations among adolescents and young adults in Nigeria	Stark et al.	Washington University in St. Louis	2020	Intimate Partner Violence	Boys and Girls	13–24
19	Nigeria	1 VACS	Economics and violence against children, findings from the Violence Against Children Survey in Nigeria	Miller, G.F. Chiang, L., Hollis, N.	CDC-Atlanta	2018	Physical, Emotional & Sexual Violence	Boys and Girls	13–24
20	Swaziland	1 VACS	Risk factors associated with sexual violence towards girls in Swaziland	Breiding, M.J. et al.	CDC-Atlanta	2011	Sexual Violence	Girls	13–24
21	Swaziland	1 VACS	A national survey of childhood physical abuse among females in Swaziland	Breiding, M.J. et al.	CDC-Atlanta	2013	Physical Violence	Girls	13–24
22	Swaziland	1 VACS	Sexual violence and its health consequences for female children in Swaziland: a cluster survey study	Reza, A.	CDC-Atlanta	2009	Sexual Violence	Girls	13–24
23	Swaziland	1 VACS	Emotional abuse of girls in Swaziland: prevalence, perpetrators, risk and protective factors and health outcomes	Meinck, F.	University of Oxford	2017	Emotional Violence	Girls	13–24
24	Tanzania	1 VACS	HIV and Childhood Sexual Violence: Implications for Sexual Risk Behaviors and HIV Testing in Tanzania	Chiang, L.F. et al.	CDC-Atlanta	2015	Sexual Violence	Girls	19–24
25	Tanzania	1 VACS		Vagi, K.J. et al.	CDC-Atlanta	2016	Sexual Violence		13–24

(Continued)

Table 2. Continued.

#	Country(ies)	# of VACS/ Type of Analysis	Title of article	Author(s)	First Author Affiliation	Year of Publication	Type of Violence	Sex	Age Group
26	Zimbabwe	Mention of VACS – no secondary data analysis	Sexual Violence Against Female and Male Children in the United Republic of Tanzania The Multi-Country Study on the Drivers of Violence Affecting Children in Zimbabwe: Using a mixed methods, multi-stakeholder approach to discover what drives violence	Izumi, N., Baago Rasmussen, L.	UNICEF Zimbabwe,	2017	Physical, Emotional & Sexual Violence	Boys and Girls	13–24
27	Zimbabwe	1 VACS	Risk factors and health consequences of physical and emotional violence against children in Zimbabwe: a nationally representative survey	Chigjji, H., Fry, D., Mwadiwa, T.E., Elizalde, A., Izumi, N., Baago-Rasussen, L., Maternowska, M.C.	Social Statistics, ZIMSTAT: Zimbabwe National Statistics Agency	2018	Emotional and Physical Violence	Boys and Girls	13–24
28	Multi-Country – Eswatini, Kenya (2010), Tanzania, Zimbabwe (2011), Haiti and Cambodia, Indonesia and Malawi, Lao PDR, Nigeria, and Zambia	Overview of VACS, no secondary analyses	Violence Against Children Surveys (VACS): towards a global surveillance system	Chiang, L.F., Kress, H., Sumner, S.A., Gleckel, J., Kawemama, P., Gordon, R.N.	CDC-Atlanta	2016	Physical, Emotional & Sexual Violence	Boys and Girls	13–24
29	Multi-Country – Tanzania, Cambodia, Kenya, Swaziland	4 VACS	What Explains Childhood Violence? Micro-correlates from VAC Surveys	Ravi, S., Ahluwalia, R.	Development Economics, Brookings India, New Delhi; Governance Studies Program, Brookings Institution	2017	Physical, Emotional & Sexual Violence	Boys and Girls	13–24
30	Multi-Country – Lao PDR, Cambodia, Indonesia	Scoping Review – 3 VACS and 8 other surveys no secondary analyses	Assessing large-scale violence against children surveys in selected Southeast Asian countries: A scoping review	Arifiani, S.D., Handayani, S.A., Baumont, M., Bennouna, C., Kusumaningrum, S.	Center on Child Protection and Wellbeing, Universitas Indonesia (PUKAPA)	2019	Physical, Emotional & Sexual Violence	Boys and Girls	13–24
31	Multi-Country – Tanzania, Malawi, Swaziland	This study describes the VACS, doesn't conduct secondary analyses	Sampling design and methodology of the Violence Against Children and Youth Surveys	Nguyen K.H., Kress H, Villaveces A, Massetti G.M.	CDC-Atlanta	2018	Physical, Emotional & Sexual Violence	Boys and Girls	13–24



32	Multi-Country – Nigeria	1 VACS and 5 other case studies	Gender norms and health: insights from global survey data	Weber, A.M., et al.	Department of Pediatrics, Stanford University School of Medicine	2019	IPV – Intimate Partner Violence	Women	13–24
33	Multi-Country – Nigeria & Tanzania	2 VACS	Attitudinal Acceptance of Intimate Partner Violence Among Adolescents and Young Adults in Nigeria and Tanzania: An Exploration Into Target Reference Groups	Meinhart, M., Seff, I., Darmstadt, G.L., Weber, A.M., Stark, L.	Columbia University	2020	IPV – Intimate Partner Violence	Boys and Girls	13–24
34	Multi Country – Nigeria, Uganda, Zambia	3 VACS	Coerced and forced sexual initiation and its association with negative health outcomes among youth: Results from the Nigeria, Uganda, and Zambia Violence Against Children Surveys	Nguyen, K.H., Padilla, M., Villaveces, A., Patel, P., Atuchukwu, V., Onotu, D., Apondi, R., Aluzimbi, G., Chipimo, P., Kancheya, N., Kress, H.	CDC-Atlanta	2019	Physical, Emotional & Sexual Violence – Focus on forced sexual initiation	Boys and Girls	13–24
35	Multi-Country – Swaziland, Zimbabwe, Tanzania, Kenya, Haiti, Malawi, Nigeria, Cambodia	8 VACS and several other studies	Global Prevalence of Past-year Violence Against Children: A Systematic Review and Minimum Estimates	Hillis, S., Mercy, J., Amobi, A., Kress, H.	CDC-Atlanta	2016	Physical, Emotional & Sexual Violence	Boys and Girls	2–17
36	Multi-Country – Cambodia, Haiti, Kenya, Malawi, Swaziland, Tanzania, Zimbabwe	7 VACS	Prevalence of Sexual Violence Against Children and Use of Social Services – Seven Countries, 2007–2013	Sumner, S. et al.	CDC-Atlanta	2015	Sexual Violence	Boys and Girls	13–24
37	Multi-Country – Swaziland, Tanzania, Kenya, Zimbabwe	4 VACS	Preventing Sexual Violence and HIV in Children	Sommarin, C., Kilbane, T., Mercy, J., Moloney-Kitts, M., Ligiero, D.	Child Protection Section, Programme Division, United Nations Children’s Fund,	2014	Sexual Violence	Girls	13–24
38	Multi-Country – Cambodia, Haiti, Kenya, Malawi, Nigeria, Tanzania	6 VACS	Risk factors for childhood violence and polyvictimization: A cross-country analysis from three regions	Palermo, T. et al.	UNICEF Office of Research – Innocenti, Piazza	2019	Polyvictimization – Physical, Emotional & Sexual Violence	Boys and Girls	13–24
39	Multi-Country – Malawi, Nigeria, Uganda, Zambia	4 VACS	Prevalence of Violence Victimization and Perpetration Among Persons Aged 13–24 Years – Four Sub-Saharan African Countries, 2013–2015	Swedo, E.A.	CDC-Atlanta	2019	Sexual and Physical Violence	Boys and Girls	13–24
40	Multi-Country – Mentions VACS in	Narrative review	The enduring impact of violence against children	Hillis, S., Mercy, J., Saul, J.R.	CDC-Atlanta	2017	Physical, Emotional & Sexual Violence		13–24

(Continued)

Table 2. Continued.

#	Country(ies)	# of VACS/ Type of Analysis	Title of article	Author(s)	First Author Affiliation	Year of Publication	Type of Violence	Sex	Age Group
41	Tanzania, Swaziland, Zimbabwe, Kenya Multi-Country – Nigeria, Malawi	includes 4 VACS – no secondary analyses 3 VACS	Disclosure of Sexual Violence Among Girls and Young Women Aged 13–24 Years: Results From the Violence Against Children Surveys in Nigeria and Malawi.	Nguyen, K.H. et al.	CDC-Atlanta	2018	Sexual Violence	Boys and Girls Girls	13–24
42	Multi-Country – Tanzania, Kenya, Haiti	2 VACS	A sex-disaggregated analysis of how emotional violence relates to suicide ideation in low- and middle-income countries	Seff, I and Stark, L.	Department of Population and Family Health, Columbia University Mailman School of Public Health	2019	Emotional Violence	Boys and Girls	13–24
43	Multi-Country – Haiti, Kenya, Cambodia	3 VACS	Childhood Sexual Violence Against Boys: A Study in 3 Countries	Sumner, S. et al.	CDC-Atlanta	2016	Sexual Violence	Boys	13–24
44	Multi-Country – Haiti, Kenya, Tanzania, (4th country not listed in table)	4 VACS and other survey data	Who perpetrates violence against children? A systematic analysis of age- specific and sex-specific data	Devries, K. et al.	Global Health and Development, London School of Hygiene & Tropical Medicine, London, UK	2017	Physical, Emotional & Sexual Violence	Boys and Girls	0–19
45	Multi-Country	Mentions VACS no new secondary data analysis	Thirty years after the adoption of the Convention on the Rights of the Child: Progress and challenges in building statistical evidence on violence against children	Cappa, C., Petrowski, N	UNICEF – USA Data and Analytics Section	2020	n/a	n/a	n/a
46	Multi-Country	Mentions VACS no new secondary data analysis	The Political, Research, Programmatic, and Social Responses to Adolescent Sexual and Reproductive Health and Rights in the 25 Years Since the International Conference on Population and Development	Venkatraman, C-M. et al.	WHO – Geneva	2019	n/a	n/a	n/a
47	Multi-Country – Cambodia & Haiti	2 VACS	Associations between mental distress, polyvictimization, and	Juan, C. et al.		2019		Girls	13–19

			gender attitudes among adolescent girls in Cambodia and Haiti: an analysis of Violence Against Children Surveys		The Demographic and Health Surveys Program, ICF		Polyvictimization – Physical, Emotional & Sexual Violence			
48	Multi-Country – Cambodia, Haiti, Kenya, Malawi, Nigeria, Tanzania	6 VACS	Disclosure, reporting and help seeking among child survivors of violence: a cross-country analysis	Pereira, A. et al.	International Food Policy Research Institute	2020	Physical and Sexual Violence	Boys and Girls	13–17	
49	Multi-Country Cambodia, Haiti, Kenya, Malawi, and Tanzania	5 VACS	Sex and age effects in past-year experiences of violence amongst adolescents in five countries	Stark, L. Seff, I., Hoover, A. Gordon, R., Ligiero, D., Massetti, G.	Washington University in St. Louis	2019	Physical, Emotional & Sexual Violence and Intimate Partner Violence	Boys and Girls	13–24	
50	Multi-Country	Mentions VACS no new analysis	Addressing violence against children online and offline	Kardefelt-Winther, D., & Maternowska, C.	UNICEF – Office of Research	2019	n/a	n/a	n/a	

Breiding et al., 2011; Chiang et al., 2015; Fan et al., 2016; Gatuguta et al., 2018; Lees & Devries, 2018; Mwangi et al., 2015; Nguyen, Kress, Atuchukwu, et al., 2018; Ramabu, 2020; Reza et al., 2009; Sommarin et al., 2014; Sumner, Marcelin, et al., 2015; Sumner et al., 2016; Vagi et al., 2016; De Veause Brown et al., 2020). Sommarin et al. used data from the VACS in Eswatini, Tanzania, Kenya and Zimbabwe and found an association between sexual violence against children and Intimate Partner Violence (IPV) against girls aged 19–24 years, and engaging in HIV risk behaviours (Sommarin et al., 2014). In Tanzania, history of childhood sexual violence was significantly associated with infrequent condom use in the past 12 months, among females and males ages 19–24 years (Sommarin et al., 2014; UNICEF, 2014).

The literature identified different rates of sexual violence among girls and boys. Ravi and Ahluwalia (2017) used VACS data from Tanzania, Cambodia, Kenya, and Eswatini and found sexual violence is twice as likely for girls than boys, (20.3% vs. 11% respectively) (Ravi & Ahluwalia, 2017). Similarly, VACS data from Zimbabwe identified a high prevalence of sexual violence among females (32.5%), but low prevalence among males (8.9%) (Sumner, Mercy, et al., 2015).

Physical violence

Of the two studies that focused on physical violence, Flynn-O'Brien, et al. used VACS data from Haiti and found that 67% of children experienced physical violence during childhood and the percentage was similar in males and females (Flynn-O'Brien et al., 2016). Breiding et al. used VACS data from Eswatini and found one in five females (19.7%) experienced childhood physical abuse in their lifetime, and nearly one in 20 (4.9%) experienced abuse so severe it required medical attention (Breiding et al., 2013). Risk factors associated with childhood physical abuse were maternal death prior to age 13, having lived with three or more families during their childhood, and having experienced emotional abuse prior to the age of 13 (Breiding et al., 2013).

Emotional violence

Three of the studies included in this review focused on emotional violence against children and youth (Table 2). Seff and Stark used VACS data from Tanzania, Kenya, and Haiti, and found the odds of suicidal ideation were consistently and significantly greater for adolescents whoever reported being exposed to emotional violence (Seff & Stark, 2019). This association was not observed for either physical or sexual violence across the countries (Seff & Stark, 2019). Annor et al. used data from young women and men aged 18–24 from VACS Nigeria to examine the association between emotional violence by a parent or adult caregiver in childhood and health conditions, risk-taking behaviours, and violence perpetration (Annor et al., 2020). The study found that emotional violence was associated with mental distress in both males and females (Annor et al., 2020). Finally, Swedo et al. examined all three types of violence in Malawi and found that experiencing emotional violence alone or in combination with physical and/or sexual violence during childhood is associated with forced sexual initiation, while other forms of violence were only associated with forced sexual initiation when experienced with emotional violence (Swedo et al., 2019). The findings suggest that emotional violence may be the primary driver of this association (Swedo et al., 2019).

Boys and violence

One of the strengths of the VACS, compared to other violence against children studies, is the inclusion of boys and the ability to draw attention to the prevalence and contexts of violence against them (Chiang et al., 2016). However, only two studies in this review specifically focused on violence against boys/young men: one examined childhood sexual violence against boys in Haiti, Kenya, and Cambodia (Sumner et al., 2016) (Table 2). The other study examined if having experienced violence

during childhood was associated with men's perpetration of intimate partner violence (IPV) as young adults in Malawi (VanderEnde et al., 2016). The study found that among young men in Malawi, exposure to violence in childhood was associated with an increased odds of perpetrating IPV (VanderEnde et al., 2016).

Cross-country comparisons

There is a general lack of international consensus on preferred measurement instruments and definitions, research tools, and methodologies for conducting research on violence against children. This makes comparing rates of violence against children difficult across countries (Breiding et al., 2011; S. Hillis et al., 2016; Nguyen, Kress, Villaveces, et al., 2018; Reza et al., 2009; Rumble et al., 2018). However, VACS utilise relatively stable definitions of violence and instruments (based on WHO definitions and guidance) which may make the data the best available for exploring differences and similarities across countries.

Measurement and design issues

Nguyen and colleagues discussed threats to internal and external validity of the VACS in their review of the VACS methodology (Nguyen, Kress, Villaveces et al., 2018). They highlight three potential issues: selection bias caused by excluding data collection related to children living outside family settings, who may be the most vulnerable to violence; the limitations of cross-sectional design, which does not support the identification of causal relationships; and social desirability bias caused by the reliance on self-reported data (Nguyen, Kress, Villaveces et al., 2018). The authors concluded that these issues may have resulted in an underestimation of violence against children (Nguyen, Kress, Villaveces et al., 2018). Despite only surveying individuals who live in households, the high prevalence of violence against children identified by the VACS suggests the need for further research with special populations at higher risk of violence such as street children, institutionalised children, and children in humanitarian settings.

Adaptation of the instrument

A key challenge for VACS has been to balance culturally adapted and standardised instruments. One of the solutions to this challenge is that the VACS has a standard set of questions asked across countries, and additionally countries have the option of adding country-specific modules. For example, in Honduras the VACS included a module on migration and gang violence.

Mixed methods research

In order to create culturally adapted instruments the literature suggests conducting formative research with an extensive piloting period as was done during the VACS in Haiti and Malawi (Arifiani et al., 2019; Nguyen, Kress, Villaveces et al., 2018; Rumble et al., 2018). Additionally, three cognitive labs using qualitative information were used to adapt the VACS questionnaires for several regions, which contributed to more contextually specific surveys. Cambodia's VACS included a qualitative component that enabled researchers to further contextualise the types of violence experienced by children in different settings, understand how children experience emotional and sexual violence, and learn more about barriers to disclosure (Arifiani et al., 2019). Future research on violence against children should employ an explanatory sequential mixed methods design, with the qualitative component helping to explain the quantitative data from VACS.

Recall bias

Most articles mention recall bias (inherent to all of these studies), without addressing its impact on reporting specifically. However, one article details its potential effects in relation to reporting violence experiences by age. Fan et al. (2016) examined and discussed how recall bias may have impacted the findings of the VACS in Malawi (Fan et al., 2016). The study found the risk of experiencing sexual violence during their lifetime was greater for younger females compared to older age females (Fan et al., 2016). The study also found that the current risk of exposure to sexual violence seems to influence the recall of lifetime and childhood victimisation (Fan et al., 2016). This phenomenon, known as telescoping was also mentioned by some other authors as a potential threat to the internal validity of their findings (Breiding et al., 2013; Fan et al., 2016; Flynn-O'Brien et al., 2016).

Confounding variables

Some studies discussed the potential that confounding variables biased their findings. For example, Meinck et al. attempted to adjust for several confounders in their study on emotional abuse in Eswatini, but acknowledged that no adjustment was possible for caregiver related variables commonly associated with emotional abuse such as mental health problems, drug abuse, or community variables such as social norms, service availability, and knowledge of services (Meinck et al., 2017). Therefore, there are other factors which may be confounding the associations found in many of the studies with VACS data.

Authorship and ownership

Studies have shown that scholars in lower- and middle-income countries are under-represented in top international peer-reviewed social and medical sciences journals (Cummings & Hoebink, 2017) and VACS publications follow this pattern. Half (26/50; 52.0%) of all peer-reviewed publications were first authored by scientists from the CDC. Approximately one-third of the articles (14/50; 28.0%) had a first author from academia – all based at universities in Europe or North America. Among the 14 studies first authored by someone from a university, only one was a university located in a lower- or middle-income country (Arifiani et al., 2019). Five of the studies (10.0%) had a first author from UNICEF, and four (8.0%) were first authored by individuals at other international organisations. We found only one study had a first author from a local government agency, the Zimbabwe National Statistics Agency (ZIMSTAT), reflecting inequalities of global academic knowledge production generally.

Discussion

The power of VACS to reveal the untold story of violence against children was first revealed in 2007, in Eswatini. The survey then expanded to other countries across the African continent and moved on to Asia by 2013, and more recently to the Americas. Furthermore, two countries have repeated the VACS (Kenya and Zimbabwe), and Eswatini will repeat their VACS in the near future. These data will enable countries and researchers to track whether there have been reductions in violence – an essential set of questions previously unanswerable. The ability of the survey to galvanise the public around the issue of violence prevention has been substantial and reflected in the generation of an impressive 50 peer-reviewed publications reviewed here.

Behind this public health data revolution, policymakers, practitioners and international stakeholders have dedicated years of service – to translating the findings to fuel national action plans to end violence, and to helping countries implement INSPIRE.

Our analysis of this body of literature offers an opportunity to review progress and identify numerous gaps in knowledge as the field of violence prevention continues to mature. Our findings suggest that topically, there is a paucity of research on violence against boys, and on physical and emotional violence. That sexual violence against girls has been the focus of so many of the publications points to an encouraging trend to address the specific vulnerabilities of girls throughout the lifecycle.

As a field, understandings the causes and consequences of violence are important. Understanding the drivers of violence – that is the factors that create the conditions in which violence against children is more or less likely to occur – is as important as identifying the risk and protective factors that reflect the likelihood of violence occurring (Maternowska & Fry, 2018). Equally critical, good measurement depends on accurately defining and measuring the constructs studied (Devries et al., 2018). Yet, violence is an extremely complex phenomenon and therefore, its measurement is difficult to operationalise. Notions of what is acceptable and unacceptable in terms of behaviours towards children and what constitutes harm are culturally influenced and constantly under review as values and social norms evolve. The studies reviewed in this analysis indicate that VACS publications continue to struggle with this issue. However, progress has been made through refinement of the instrument (five iterations of the instruments over ten years) and use of common definitions and guidance. In the field of public health, the challenge is to operationalise violence in such a way that it effectively represents the range of perpetrated acts and the subjective experiences of victims in different contexts, without becoming so broad that it loses meaning.

The review of the VACS peer-reviewed literature by authorship suggests that few first authors come from countries that are implementing VACS or are published by institutions in those countries. These findings are not surprising for two reasons: (1) the need for nationally driven knowledge production and publication in academic journals is not unique to the VACS, and (2) CDC is the major provider of technical support for the VACS and therefore often the first author on publications. Other reasons for the limited number of publications by local authors could be; lack of capacity, time, funding, or access to full data sets, and deserves further exploration. Various efforts by international agencies, including the CDC and TfG, to build national engagement from the start of the survey through its analysis and support VACS-specific research fellowships have been noteworthy. However, the actual production of knowledge, as nationally driven peer-reviewed publications remains biased to scholars in high-income countries. Addressing this inequity will be critical especially as the push for policy and programme shifts accelerates. Authors determine what research questions are asked, how the findings are interpreted, and what recommendations are made. The input of local authors is needed to inform a culturally appropriate response to and prevention of violence against children.

Strengths and limitations

The strength of this research is that this is the first review of the peer-reviewed publications using VACS data. Through reviewing how the VACS data have been analysed and published in various contexts globally we identified gaps and areas for future research. There are two limitations of this research. First, we only included articles published in English, and second, we did not include grey literature in the analysis. An analysis of the grey literature was outside of the scope of this review, however additional research of the grey literature is suggested in order to gain a complete picture of how VACS data are being used and identify areas for improvement.

Significant policy and programme shifts

VACS have provided unprecedented levels of information on the prevalence, types, settings, and perpetrators of violence against children in every country in which they have been implemented. One of the primary objectives of the VACS is to support national governments to catalyse the

development of national actions and foster systems strengthening with support from civil society and development partners, including UNICEF. All VACS countries use VACS data to inform multi-sectoral national actions. Eight countries – Cambodia, Kenya, Lao PDR, Malawi, Nigeria, Tanzania, Uganda and Zimbabwe – have developed multi-sectoral national action plans and more plans are underway.

Results from the VACS are being used in myriad ways to inform the implementation of country-led, multi-sectoral responses to prevent violence against children, both to prevent the negative consequences of childhood violence and achieve an AIDS-free generation (Hillis et al., 2017). Malawi is one of the countries that used their VACS data to develop comprehensive national action plans on gender-based violence and on orphans and vulnerable children. The priorities of the Orphans and Vulnerable Children Plan are: increased investment in training caregivers/parents on building safe relationships with their children; an emphasis on life skills for children and youth; increased access to and awareness of services to respond to violence against children; and the development of policies and programmes to address harmful gender norms (Nguyen, Kress, Villaveces et al., 2018).

The VACS have also contributed to other legal, policy, and practice reforms, some of which are highlighted in the peer-reviewed literature. For example, one study cited Eswatini's adoption of a Children's Policy and the passage of a Child Protection and Welfare Act, both of which highlighted violence against children (Sommarin et al., 2014). The Government of Tanzania established a multi-sectoral task force to address violence against children, developed a costed National Plan of Action to Prevent and Respond to Violence, and built a national child protection system with plans for evaluation and national scale-up (Vagi et al., 2016).

Conclusions

This review of a large body of literature using the VACS reveals how data, evidence and learning can contribute to change. Maintaining the data and evidence momentum to enable policy change is critical with less than 10 years remaining as nations strive to meet their SDGs. We face an unprecedented opportunity to address this gross violation of children's rights: international attention is increasing, new global coalitions are emerging, and the SDGs are providing a new and powerful platform for action. Supporting VACS in additional countries – as well as further analyzing existing VACS data – will be crucial in making the most of these possibilities.

Recommendations

The findings from this analysis of peer-reviewed literature indicate that the VACS have resulted in a wealth of information about and a range of plans and policies aimed at preventing and responding to violence against children. To build a common agenda and maximise the outcomes for all victims and survivors of violence, we suggest further analysis and action both in policy and practice:

- (1) **Support local authors** to analyse and publish their data. The academic community also has a role to play. Editors should invite contributions from global South scholars who might not normally submit papers to these journals. Building stronger efforts to harness local capacity around analyses of VACS data should be encouraged. This could be facilitated by greater funding of researchers and academics in VACS countries who are able and willing to contribute to the literature.
- (2) **Encourage more analyses on violence against boys, and emotional and physical violence.** Research studying/examining violence against boys is under-represented in the VACS peer-reviewed literature. This is interesting given that one of the strengths of the VACS, compared to other violence against children studies, is its inclusion of boys and its ability to draw attention to the prevalence and context of violence against boys (Chiang et al., 2016). Further analysis of the VACS data may be able to illuminate the context and consequences of violence against boys.

This analysis also found significant differences in the types of violence studied in the VACS

peer-reviewed literature. In addition to studies examining sexual violence, further research on emotional and physical violence is needed. Efforts should be made to enhance understandings of poly-victimisation, since children rarely suffer from one form of violence (Le et al., 2018; Palermo et al., 2019). All forms of violence against children are a violation of human rights and should be researched and treated as such.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

This article is made possible by the support of the American People through the United States Agency for International Development (USAID). The contents of this manuscript are the sole responsibility of University Research Co., LLC under the Health Evaluation and Applied Research Development (HEARD), Cooperative Agreement No. AID-OAA-A-17-00002 and do not necessarily reflect the views of USAID or the United States Government.

References

- Annor, F. B., Gilbert, L. K., Davila, E. P., Massetti, G. M., Kress, H., Onotu, D., & Ogbanufe, O. (2020). Emotional violence in childhood and health conditions, risk-taking behaviors, and violence perpetration among young adults in Nigeria. *Child Abuse and Neglect*, 106, Article 104510. <https://doi.org/10.1016/j.chiabu.2020.104510>
- Arifiani, S. D., Handayani, S. A., Baumont, M., Bennouna, C., & Kusumaningrum, S. (2019). Assessing large-scale violence against children surveys in selected Southeast Asian countries: A scoping review. *Child Abuse and Neglect*, 93, 149–161. <https://doi.org/10.1016/j.chiabu.2019.05.005>
- Boudreau, C. L., Kress, H., Rochat, R. W., & Yount, K. M. (2018). Correlates of disclosure of sexual violence among Kenyan youth. *Child Abuse and Neglect*, 79, 164–172. <https://doi.org/10.1016/j.chiabu.2018.01.025>
- Breiding, M. J., Mercy, J. A., Gulaid, J., Reza, A., & Hleta-Nkambule, N. (2013). A national survey of childhood physical abuse among females in Swaziland. *Journal of Epidemiology and Global Health*, 3(2), 73–81. <https://doi.org/10.1016/j.jegh.2013.02.006>
- Breiding, M. J., Reza, A., Gulaid, J., Blanton, C., Mercy, J. A., Dahlberg, L. L., Dlamini, N., & Bamrah, S. (2011). Risk factors associated with sexual violence towards girls in Swaziland. *Bulletin of the World Health Organization*, 89(3), 203–210. <https://doi.org/10.2471/BLT.10.079608>
- Chiang, L. F., Chen, J., Gladden, M. R., Mercy, J., Kwasigabo, G., Mrisho, F., Dahlberg, L. L., Nyunt, M., Brookmeyer, Z., Kate, A., & Vagi, K. (2015). HIV and childhood sexual violence: Implications for sexual risk behaviors and HIV testing in Tanzania. *AIDS Education and Prevention*, 27(5), 474–487. <https://doi.org/10.1521/aeap.2015.27.5.474>
- Chiang, L. F., Kress, H., Sumner, S. A., Gleckel, J., Kawemama, P., & Gordon, R. N. (2016). Violence against children surveys (VACS): Towards a global surveillance system. *Injury Prevention*, 22(Suppl 1), i17–i22. <https://doi.org/10.1136/injuryprev-2015-041820>
- Cummings, S., & Hoebink, P. (2017). Representation of academics from developing countries as authors and editorial board members in scientific journals: Does this matter to the field of development studies? *European Journal of Development Research*, 29(2), 369–383. <https://doi.org/10.1057/s41287-016-0002-2>
- De Veause Brown, N. F., Annor, F. B., Swahn, M. H., & Self-Brown, S. R. (2020). Sexual violence experience among Nigerian girls and young women: What are the roles of early sexual debut, multiple sex partnerships, and traditional gender role beliefs? *Journal of Interpersonal Violence*. <https://doi.org/10.1177/0886260520945676>
- Devries, K., Knight, L., Petzold, M., Merrill, K. G., Maxwell, L., Williams, A., Cappa, C., Chan, K. L., Garcia-Moreno, C., Hollis, N., Kress, H., Peterman, A., Walsh, S. D., Kishor, S., Guedes, A., Bott, S., Butron Riveros, B. C., Watts, C., & Abrahams, N. (2018). Who perpetrates violence against children? A systematic analysis of age-specific and sex-specific data. *BMJ Paediatrics Open*, 2(1), e000180. <https://doi.org/10.1136/bmjpo-2017-000180>
- Fan, A. Z., Kress, H., Gupta, S., Wadonda-Kabondo, N., Shawa, M., & Mercy, J. (2016). Do self-report data reflect the real burden of lifetime exposure to sexual violence among females aged 13–24 years in Malawi? *Child Abuse & Neglect*, 58, 72–79. <https://doi.org/10.1016/j.chiabu.2016.05.003>
- Flynn-O'Brien, K. T., Rivara, F. P., Weiss, N. S., Lea, V. A., Marcelin, H., Vertefeuille, J., & Mercy, J. A. (2016). Prevalence of physical violence against children in Haiti: A national population-based cross-sectional survey. *Child Abuse & Neglect*, 51, 154–162. <https://doi.org/10.1016/j.chiabu.2015.10.021>

- Gatuguta, A., Merrill, K. G., Colombini, M., Soremekun, S., Seeley, J., Mwanzo, I., & Devries, K. (2018). Missed treatment opportunities and barriers to comprehensive treatment for sexual violence survivors in Kenya: A mixed methods study. *BMC Public Health*, 18(1), 1–18. <https://doi.org/10.1186/s12889-018-5681-5>
- Hillis, S. D., Mercy, J. A., & Saul, J. R. (2017). The enduring impact of violence against children. *Psychology, Health & Medicine*, 22(4), 393–405. <https://doi.org/10.1080/13548506.2016.1153679>
- Hillis, S., Mercy, J., Amobi, A., & Kress, H. (2016). Global prevalence of past-year violence against children: A systematic review and minimum estimates. *Pediatrics*, 137(3), e20154079–e20154079. <https://doi.org/10.1542/peds.2015-4079>
- Le, M. T. H., Holton, S., Romero, L., & Fisher, J. (2018). Polyvictimization among children and adolescents in low- and lower-middle-income countries: A systematic review and meta-analysis. *Trauma, Violence, & Abuse*, 19(3), 323–342. <https://doi.org/10.1177/1524838016659489>
- Lees, S., & Devries, K. (2018). Local narratives of sexual and other violence against children and young people in Zanzibar. *Culture, Health and Sexuality*, 20(1), 99–112. <https://doi.org/10.1080/13691058.2017.1332390>
- Maternowska, M. C., & Fry, D. (2018). The multi-country study on the drivers of violence affecting children: An overview. *Vulnerable Children and Youth Studies*, 13(sup1), 12–25. <https://doi.org/10.1080/17450128.2018.1476748>
- Meinck, F., Fry, D., Ginindza, C., Wazny, K., Elizalde, A., Spreckelsen, T. F., Maternowska, M. C., & Dunne, M. P. (2017). Emotional abuse of girls in Swaziland: Prevalence, perpetrators, risk and protective factors and health outcomes. *Journal of Global Health*, 7(1), 1–12. <https://doi.org/10.7189/jogh.07.010410>
- Mwangi, M. W., Kellogg, T. A., Brookmeyer, K., Buluma, R., Chiang, L., & Otieno-nyunya, B. (2015). Perpetrators and context of child sexual abuse in Kenya. *Child Abuse & Neglect*. <https://doi.org/10.1016/j.chiabu.2015.03.011>
- Nguyen, K. H., Kress, H., Atuchukwu, V., Onotu, D., Swaminathan, M., & Ogbanufe, O. (2018). Disclosure of sexual violence among girls and young women aged 13 to 24 years: Results from the violence against children surveys in Nigeria and Malawi. *Journal of Interpersonal Violence*, 1–17. <https://doi.org/10.1177/0886260518757225>
- Nguyen, K. H., Kress, H., Villaveces, A., & Massetti, G. M. (2018). Sampling design and methodology of the violence against children and youth surveys. *Injury Prevention*, 1–7. <https://doi.org/10.1136/injuryprev-2018-042916>
- Palermo, T., Pereira, A., Neijhoft, N., Bello, G., Buluma, R., Diem, P., Aznar Daban, R., Fatoumata Kaloga, I., Islam, A., Kheam, T., Lund-Henriksen, B., Maksud, N., Maternowska, M. C., Potts, A., Rottanak, C., Samnang, C., Shawa, M., Yoshikawa, M., & Peterman, A. (2019). Risk factors for childhood violence and polyvictimization: A cross-country analysis from three regions. *Child Abuse and Neglect*, 88, 348–361. <https://doi.org/10.1016/j.chiabu.2018.10.012>
- Ramabu, N. M. (2020). The extent of child sexual abuse in Botswana: Hidden in plain sight. *Heliyon*, 6(4), e03815. <https://doi.org/10.1016/j.heliyon.2020.e03815>
- Ravi, S., & Ahluwalia, R. (2017). What explains childhood violence? Micro correlates from VACS surveys. *Psychology, Health & Medicine*, 22(sup1), 17–30. <https://doi.org/10.1080/13548506.2017.1282162>
- Reza, A., Breiding, M. J., Gulaid, J., Mercy, J. A., Blanton, C., Mthethwa, Z., Bamrah, S., Dahlberg, L. L., & Anderson, M. (2009). Sexual violence and its health consequences for female children in Swaziland: A cluster survey study. *The Lancet*, 373(9679), 1966–1972. [https://doi.org/10.1016/S0140-6736\(09\)60247-6](https://doi.org/10.1016/S0140-6736(09)60247-6)
- Rumble, L., Ramly, A. A., Nuryana, M., & Dunne, M. P. (2018). The importance of contextual factors in carrying out childhood violence surveys: A case study from Indonesia. *Child Indicators Research*, 11(2), 405–421. <https://doi.org/10.1007/s12187-017-9457-8>
- Seff, I., & Stark, L. (2019). A sex-disaggregated analysis of how emotional violence relates to suicide ideation in low- and middle-income countries. *Child Abuse and Neglect*, 93, 222–227. <https://doi.org/10.1016/j.chiabu.2019.05.008>
- Sommarin, C., Kilbane, T., Mercy, J. A., Moloney-Kitts, M., & Ligiero, D. P. (2014). Preventing sexual violence and HIV in children. *Journal of Acquired Immune Deficiency Syndromes*, 66(Suppl. 2), S217–S223. <https://doi.org/10.1097/QAI.0000000000000183>
- Sumner, S. A., Marcelin, L. H., Cela, T., Mercy, J. A., Lea, V., Kress, H., & H, S. D. (2015). Sentinel events predicting later unwanted sex among girls: A national survey in Haiti, 2012. *Child Abuse & Neglect*, 50, 49–55. <https://doi.org/10.1016/j.chiabu.2015.07.015>
- Sumner, S. A., Mercy, J. A., Buluma, R., Mwangi, M. W., Marcelin, L. H., Kheam, T., Lea, V., Brookmeyer, K., Kress, H., & Hillis, S. D. (2016). Childhood sexual violence against boys: A study in 3 countries. *Pediatrics*, 137(5), e20153386. <https://doi.org/10.1542/peds.2015-3386>
- Sumner, S. A., Mercy, J. A., Saul, J., Motsa-Nzuza, N., Kwesigabo, G., Buluma, R., Marcelin, L. H., Lina, H., Shawa, M., Moloney-Kitts, M., & Kilbane, T. (2015). Prevalence of sexual violence against children and use of social services – Sweden, 2007–2013. *Morbidity and Mortality Weekly Report*, 64(21), 565–569.
- Swedo, E. A., Sumner, S. A., Msungama, W., Massetti, G. M., Kalanda, M., Saul, J., Auld, A. F., & Hillis, S. D. (2019). Childhood violence is associated with forced sexual initiation among girls and young women in Malawi: A cross-sectional survey. *Journal of Pediatrics*, 208, 265–272.e1. <https://doi.org/10.1016/j.jpeds.2018.12.066>
- UNICEF. (2014). *Violence against children in Tanzania: Findings from a national survey 2009* (pp. 1–152). IBSN:9987-443-11-7.

- Vagi, K. J., Brookmeyer, K. A., Gladden, R. M., Chiang, L. F., Brooks, A., Nyunt, M., Kwesigabo, G., Mercy, J. A., & Dahlberg, L. L. (2016). Sexual violence against female and male children in the United Republic of Tanzania. *Violence Against Women*, 22(14), 1788–1807. <https://doi.org/10.1177/1077801216634466>
- VanderEnde, K., Chiang, L., Mercy, J., Shawa, M., Hamela, J., Maksud, N., Gupta, S., Wadonda-Kabondo, N., Saul, J., Gleckel, J., Kress, H., & Hillis, S. (2018). Adverse childhood experiences and HIV sexual risk-taking behaviors among young adults in Malawi. *Journal of Interpersonal Violence*, 33(11), 1710–1730. <https://doi.org/10.1177/0886260517752153>
- VanderEnde, K., Mercy, J., Shawa, M., Kalanda, M., Hamela, J., Maksud, N., Ross, B., Gupta, S., & Wadonda-Ka, N. (2016). Violent experiences in childhood are associated with men's perpetration of intimate partner violence as a young adult: A multistage cluster survey in Malawi. *Annals of Epidemiology*, 26(10), 723–728. <https://doi.org/10.1016/j.annepidem.2016.08.007>
- World Health Organization. (2018). *INSPIRE handbook: Action for implementing the seven strategies for ending violence against children*. http://www.who.int/violence_injury_prevention/violence/inspire