



Published in final edited form as:

J Trauma Stress. 2022 August ; 35(4): 1226–1239. doi:10.1002/jts.22824.

Experiences of participation in a population-based survey on violence: Emotional discomfort, disclosure concerns, and the perceived value of participation among adolescents and young adults

Liping Zhu¹, Marie Kaye Soletchi Seya¹, Andrés Villaveces¹, Martha Conkling², Beugre Joseph Trika³, Maman Fathim Myriam Kamagate³, Francis B. Annor¹, Greta M. Massetti¹

¹Division of Violence Prevention, U.S. Centers for Disease Control and Prevention, Atlanta, Georgia, USA

²Division of Global HIV & TB, U.S. Centers for Disease Control and Prevention, Maseru, Lesotho

³Division of Global HIV & TB, U.S. Centers for Disease Control and Prevention, Abidjan, Côte d'Ivoire

Abstract

The accurate measurement of violence depends on high-quality data collected using methods that ensure participant confidentiality, privacy, and safety. To assess survey participants' emotional distress, discomfort, and self-perceived value of participating in the Honduras (2017), El Salvador (2017), Cote d'Ivoire (2018), and Lesotho (2018) Violence Against Children and Youth Surveys, which include sensitive topics such as sexual, physical, and emotional violence, we investigated individual self-reported distress and perceived value of participation by age, sex, and other demographic factors. We also examined the associations between past experiences of violence and both self-reported distress and perceived value of survey participation. Few individuals reported distress or concerns about disclosure. Across countries, 82.9% (Cote d'Ivoire) to 96.1% (Honduras) of participants indicated they were not afraid that someone might overhear their answers, 82.5% (Cote d'Ivoire) to 98.0% (El Salvador) said participation was not upsetting or stressful, and 93.3% (Cote d'Ivoire) to 98.6% (Honduras) said participation was worthwhile. The value of these interviews may exceed the negative feelings that some questions potentially elicit and can contribute to improved responses to victims.

Correspondence: Liping Zhu, 4770 Buford Highway NE, Atlanta, GA 30341., IVK3@cdc.gov.

Data collection for the Violence Against Children Surveys was supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the U.S. Centers for Disease Control and Prevention (CDC) for Cote d'Ivoire and Lesotho and the U.S. Agency for International Development (USAID) for Honduras and El Salvador. The findings and conclusions in this report are those of the authors and do not represent the official position of the Centers for Disease Control and Prevention.

OPEN PRACTICES STATEMENT

The Violence Against Children and Youth Surveys (VACS) datasets analyzed in the present study are available to the public upon request. VACS data used in this study are owned by the countries of Côte d'Ivoire, Honduras, El Salvador, and Lesotho. Interested parties should submit their requests for data access to any of these datasets through Together for Girls (<https://www.togetherforgirls.org/>) by submitting a digital request through their VACS data access request form: <https://www.togetherforgirls.org/request-access-vacs>. For any technical issues, researchers can contact Begonia Fernández at begona@togetherforgirls.org.

Violence against children is a global public health problem, with over 1,000,000,000 children experiencing violence each year (Hillis et al., 2016). Understanding the factors that lead to and the consequences of violence requires the collection of high-quality, representative data from children and youth. The findings from such research are essential in informing data-driven and evidence-based efforts to prevent childhood violence and mitigate its effects on those who have already experienced it. The Violence Against Children and Youth Surveys (VACS) are the only global nationally representative surveys to collect comprehensive information about experiences of violence among children and youth (Nguyen, Kress, et al., 2019). VACS participants include female and male adolescents and young adults aged 13–24 years. These surveys measure the prevalence, nature, and consequences of physical violence (PV), emotional violence (EV), and sexual violence (SV). VACS focus on understanding the magnitude and nature of and context surrounding exposure to violence, with an aim to guide and support effective response strategies and programs addressing violence against children (Chiang et al., 2016; Hillis et al., 2016; Massetti, 2020). To date, 24 VACS have been implemented in 22 countries, with new countries being added annually.

The published literature highlights concerns about potential stress related to participation in surveys that ask questions about past trauma exposure and adversity, including violence (Jaffe et al., 2015). These concerns are usually the basis for hesitation among Institutional Review Boards (IRBs) to approve research on violence due to the potential that asking victims about their past trauma experience may elicit extreme distress (Rinehart et al., 2017; Yeater et al., 2012). Of major interest are the potential risks of increased anxiety, shame, fear, guilt, embarrassment, inconvenience, and, sometimes, frustration involved with answering questions about past adverse experiences (Hermeren, 1983; JE, 2000). Nonetheless, a growing body of literature has documented that asking participants about past trauma exposure and adversity, such as violence victimization, can, in fact, help participants and that participants often find the interview experience to be positive, valuable, and enjoyable (Black et al., 2006; Ferrier-Auerbach et al., 2009; Jaffe et al., 2015; Labott et al., 2013; Rinehart et al., 2017). Black and colleagues (2006), for example, noted that individuals who were asked questions about their experiences of violence indicated that those questions should be asked. Yeater and colleagues (2012) compared participation in surveys on trauma with cognitive tests and noted that although individuals who completed trauma-related surveys acknowledged slightly higher degrees of negative emotion, both groups reported that higher levels of daily life stressors were associated with more distress than their participation in the study.

Most of the literature on participant reactions to violence research comes from adult samples (McClinton Appollis et al., 2015). Gaps exist in data on reactions to such questions among youth, including adolescents and young adults. Understanding the impacts and experiences of participation in violence surveys among adolescents and young adults is important, as these are often vulnerable populations that may experience limited access to services and support for violence exposure. To ensure that participants are not inadvertently exposed to stress due to their participation in the survey, VACS employ several measures: (a) rigorous training for interviewers and their supervisors; (b) ensuring privacy and confidentiality before the survey is administered and during its administration; and (c)

offering professional help and referrals to respondents who report experiencing emotional distress, report violence victimization, or are at imminent risk of injury during the survey (Centers for Disease Control and Prevention [CDC], 2017). With these safeguards in mind, it is critical to understand youth responses to participation in the survey and whether demographic characteristics and a history of violence are associated with distress stemming from participation. The purpose of the present study was, therefore, to assess responses to participation in nationally representative violence surveys and assess factors associated with feelings of participation-related distress. We analyzed participants' responses to questions about their experiences and perceptions of the questionnaire collected during survey administration of VACS in Honduras, El Salvador, Lesotho, and Côte d'Ivoire. The findings have important implications for ensuring approaches to data collection that are sensitive to participants' needs and informing efforts to strengthen ethical protections of participants during survey research on violence.

METHOD

Participants and procedure

VACS data from Honduras (2017), El Salvador (2017), Côte d'Ivoire (2018), and Lesotho (2018) were used to assess participants' perceptions of VACS survey participation. These surveys were selected because they are the most recent and have similar questionnaire structures. VACS are cross-sectional household surveys of adolescents and young adults aged 13–24 years that are administered to assess the prevalence of childhood PV, SV, and EV. Multistage, geographically clustered sampling designs are adopted for each country. The survey sample size in each country was calculated based on an estimated prevalence of childhood SV, the design effect (deff) of 2, and a *Z* score for 95% confidence intervals. A three-stage survey sample design was used: The first stage involved the selection of enumeration areas, which were selected separately for males and female participants; the second stage comprised the selection of households within each enumeration area; and the third stage was a random selection of one eligible member of the household for an interview. The interviews were conducted in private by trained interviewers who read questions aloud to participants and recorded responses on netbooks or tablets. Detailed information on VACS survey sampling design and methodology has been previously published (Nguyen, Kress, et al., 2019). Sample sizes for female and male participants were calculated separately. Sample weights were calculated following data collection (Annor et al., 2020; Nguyen, Kress, et al., 2019).

For the present study, we included 6,714 male participants (Honduras: $n = 2,659$, response rate: 74.6%; El Salvador: $n = 1,380$, response rate: 75.0%; Côte d'Ivoire: $n = 1,208$, response rate: 87.7%; Lesotho: $n = 1,467$, response rate: 96.2%) and 11,894 female participants (Honduras: $n = 2,537$, response rate: 83.8%; El Salvador: $n = 1,056$, response rate: 78.0%; Côte d'Ivoire: $n = 1,200$, response rate: 92.4%; Lesotho: $n = 7,101$, response rate: 96.2%) between 13 and 24 years of age who completed VACS interviews. Participants younger than 18 years of age provided verbal informed assent, and parents provided informed consent; emancipated minors and participants aged 18–24 years provided informed consent. Local sex-matched interviewers were trained in confidential data

collection, subject-matter sensitivity, and informed consent, and conducted interviews with participants in privacy. Interview teams used prepared response plans to link respondents with social services and respond to cases of immediate danger. Both the CDC IRB and country-specific local Ethics Review Boards approved the VACS study protocols in each country (Chiang et al., 2016; Nguyen, Kegler, et al., 2019).

Participants were categorized into two age groups: 13–17 and 18–24 years old (American Academy of Pediatrics, 2019; Miller et al., 2018). Educational attainment was categorized as having completed primary school or less versus having completed secondary school or higher. Orphan status was coded as having one or both parents die before the respondent was 18 years old or not being an orphan. Witnessing violence in the home was defined as seeing their father or stepfather hit, punch, kick or beat their mother or stepmother or witnessing their parents hit, punch, kick, or beat their brothers or sisters; witnessing violence in the community was defined as seeing anyone get attacked outside of the home and family environment. Other covariates included sex, marital status (i.e., ever married or lived with someone as if married vs. not), and ever had sexual intercourse, defined as vaginal, oral, or anal sex or the insertion of an object into the vagina or anus by someone else. These covariates were included based on their associations with outcome variables indicated by bivariate analyses and previous studies (World Health Organization [WHO], 2020).

Measures

VACS overview—Questions aimed at assessing participants' reactions to survey questions were included at the end of the questionnaire. All participants were asked to respond to the following four questions: “At any point during the interview, were you afraid that someone might hear your answers and hurt or embarrass you in any way because of what they heard?”, “Did any of the questions I asked you make you feel upset because of a past experience?”, “Did you find it upsetting or stressful to answer any of these questions?”, and “Do you feel that the time you took to answer these questions was worthwhile for you?” Response options to all these questions were “yes,” “no,” “don’t know,” or “declined.” All “don’t know” and “declined” responses were recoded as missing for the current analyses. Responses to questions about feeling upset because of a past experience and finding it upsetting or stressful to answer the questions were combined into a single “upsetting or stressful” variable if a participant answered “yes” to either question.

SV—SV was defined as having ever experienced unwanted sexual touching (i.e., touching in a sexual way, kissing, grabbing, or fondling), unwanted attempted sex, pressured or coerced sex, and physically forced sex (Government of El Salvador & Ministry of Justice and Public Security, 2019; Government of Honduras et al., 2019; Ministry of Social Development of Lesotho et al., 2020; Ministry of Women Family and Children of Côte d’Ivoire et al., 2019). Participants were asked questions about their lifetime experiences of SV. Any experience of SV by any perpetrator constituted SV.

PV—To assess PV, participants were asked to indicate whether any of the following happened to them during their lifetime: being slapped, pushed, shoved, or having something intentionally thrown at them with the intention of harm; being punched, kicked, whipped,

or beaten with an object; being choked, smothered, or having someone intentionally attempt to drown or burn them; having someone use a knife, gun, or other weapon against them or to threaten them. Participants were asked about PV by four types of perpetrators: current or former intimate partners, peers, parents or adult caregivers, and adults in the community (Government of El Salvador & Ministry of Justice and Public Security, 2019; Government of Honduras et al., 2019; Ministry of Social Development of Lesotho et al., 2020; Ministry of Women Family and Children of Côte d'Ivoire et al., 2019).

EV—To assess EV, participants were asked if they were ever told that they were unloved or did not deserve to be loved; told by someone that they wished the respondent was dead or had never been born; or had been ridiculed or put down by parents, adult caregivers, or other adult relatives during lifetime (Government of El Salvador & Ministry of Justice and Public Security, 2019; Government of Honduras et al., 2019; Ministry of Social Development of Lesotho et al., 2020; Ministry of Women Family and Children of Côte d'Ivoire et al., 2019; Norman et al., 2012).

Data analysis

Descriptive analysis of the three violence-related independent variables (i.e., SV, EV, and PV), three outcome variables (i.e., afraid that someone might hear survey answers, felt upset or stressed due to the survey questions, and perceived value in participating in the VACS) and covariates of interest were conducted using the Proc Surveyfreq procedure in SAS (Version 9.3; SAS Institute Inc., Cary, North Carolina). We estimated the unadjusted weighted percentage of three outcome variables by the three core independent variables and covariates of interest. We also assessed associations between two outcome variables (afraid that someone might hear their answers; upset or stressful) with all three core independent variables while adjusting for the covariates using SAS Proc Surveylogistic procedure. Statistical significance was determined by estimating the adjusted odds ratios (aORs) and their corresponding 95% confidence intervals. We were unable to conduct a multivariable modeling analysis for the outcome of “worthwhile to participate in the VACS survey” because very few participants answered that it was not worthwhile to participate, leading to an unstable model. Thus, only descriptive analyses were conducted for this variable. Female and male samples were combined in each country to optimize sample sizes. Missing values were rare (i.e., up to 2.1% among these four countries) and were not imputed. Variance computation treated missing values as not missing completely at random using the Taylor series variance estimation after adopting the “not missing completely at random” (i.e., NOMCAR) option.

RESULTS

Our analysis included 5,196 participants from Honduras, 2,436 from El Salvador, 2,408 from Côte d'Ivoire, and 8,568 from Lesotho. The weighted sample size ranged from 491,639 in Lesotho to 5,213,050 in Côte d'Ivoire. Across all four countries, male and female participants were evenly distributed (Table 1). There was a range of variability with regard to demographic variable prevalence in the four countries. In total, and varied by country, 14.8%–28.4% of participants were married or lived with someone, 40.4%–56.8% had ever

had sex, 10.8%–45.8% were orphans, and 33.2%–55.3% had completed primary school or less. Depending on the country, 21.6%–33.0% of participants reported witnessing violence in the community, and the prevalence of witnessing violence in the home ranged from 16.4% to 47.9%. The prevalence of lifetime EV ranged from 12.1% to 26.3%, whereas lifetime PV exposure ranged from 23.4% to 68.2%, and lifetime SV exposure ranged from 8.3% to 25.8%. The proportion of youth who indicated they were afraid someone might hear their answers was low for these four countries, ranging from 3.0% to 17.1%. In total, 2.0%–17.5% of youth found it upsetting or stressful to answer the survey questions. More than 90% of youth across the four countries found it worthwhile to participate in the survey, ranging from 93.3% to 98.6% (all proportions, by country, are shown in Table 1).

Table 2 includes the unadjusted weighted percentages and adjusted odds ratios of fearing that someone might hear the answers, stratified by demographic characteristics and violence experiences. Female participants in Honduras, $aOR = 1.6$, 95% CI [1.2, 2.1] and Lesotho, $aOR = 1.9$, 95% CI [1.1, 3.2] had higher odds of being afraid of being overheard compared to male participants. In Honduras, youth aged 13–17 years had 1.5 higher odds, of being afraid of being overheard compared with those aged 18–24 years. In Honduras, $aOR = 1.6$, 95% CI [1.1, 2.2], and Côte d'Ivoire, $aOR = 2.1$, 95% CI [1.1, 3.9], not being married or living with someone was associated with higher odds of the fear of someone hearing one's survey answers. In Honduras, $aOR = 1.4$, 95% CI [1.0, 1.9], and Côte d'Ivoire, $aOR = 1.7$, 95% CI [1.2, 2.4], ever having had sex was associated with higher odds of being afraid of being overheard. Neither orphan status nor witnessing violence in the community was significantly associated with the fear of being overheard in any country. In Honduras, youth who completed primary school or less had 1.5 higher odds, 95% CI [1.2, 1.9], of being afraid of being overheard. In Côte d'Ivoire, youth who witnessed violence in the home had 1.5 higher odds, 95% CI [1.1, 2.0], of being afraid of being overheard than those who did not witness violence in the home. Across all countries, experiencing EV was associated with higher odds of being afraid that someone would hear survey answers, Honduras: $aOR = 1.8$, 95% CI [1.4, 2.4]; El Salvador: $aOR = 3.7$, 95% CI [1.5, 9.6], Côte d'Ivoire: $aOR = 1.7$, 95% CI [1.2, 2.4]; Lesotho: $aOR = 2.1$, 95% CI [1.4, 3.1]. Similarly, experiencing SV was associated with higher odds of being afraid that someone would hear one's survey answers across all countries, Honduras: $aOR = 2.6$, 95% CI [2.1, 3.3]; El Salvador: $aOR = 2.2$, 95% CI [1.2, 4.1]; Côte d'Ivoire: $aOR = 2.1$, 95% CI [1.4, 3.0]; Lesotho: $aOR = 1.6$, 95% CI [1.1, 2.2]. In Honduras, experiencing PV was associated with 1.4 higher odds, 95% CI [1.1, 1.8], of being afraid someone would overhear.

Table 3 shows the unadjusted weighted percentages and adjusted odds ratios for finding participation upsetting or stressful, by demographic characteristics and violence experiences. Higher odds of finding participation upsetting or stressful were found among female participants in Lesotho, $aOR = 1.6$, 95% CI [1.0, 2.4]; youth who had never been married or cohabitated in Honduras, $aOR = 1.7$, 95% CI [1.1, 2.7], and Lesotho, $aOR = 1.5$, 95% CI [1.1, 2.1]; and orphans in El Salvador, $aOR = 3.8$, 95% CI [1.6, 8.8]. In each country, some experiences of violence were significantly associated with finding participation upsetting or stressful. In Honduras and El Salvador, youth who experienced EV, Honduras: $aOR = 2.3$, 95% CI [1.5, 3.5], El Salvador: $aOR = 2.7$, 95% CI [1.2, 6.3], and SV, Honduras: $aOR = 2.0$, 95% CI [1.3, 3.0], El Salvador: $aOR = 3.0$, 95% CI [1.4, 6.5], had higher odds of finding

participation upsetting or stressful than those who did not experience EV or SV, respectively. In Côte d'Ivoire and Lesotho, youth who witnessed violence in the home, Côte d'Ivoire: $aOR = 1.4$, 95% CI [1.0, 1.8], Lesotho: $aOR = 1.5$, 95% CI [1.1, 1.9]; experienced EV, Côte d'Ivoire: $aOR = 1.7$, 95% CI [1.1, 2.6], Lesotho: $aOR = 3.4$, 95% CI [2.6, 4.5]; experienced PV, Côte d'Ivoire: $aOR = 1.8$, 95% CI [1.0, 3.0], Lesotho: $aOR = 1.5$, 95% CI [1.1, 1.9]; and experienced SV, Côte d'Ivoire, $aOR = 3.3$, 95% CI [2.3, 4.8], Lesotho: $aOR = 2.3$, 95% CI [1.8, 3.0], had higher odds of finding survey participation upsetting or stressful.

DISCUSSION

We assessed the reported reactions to being asked difficult questions about violence exposures in a sample of 18,608 individuals aged 13–24 years across four countries (i.e., two in Africa and two in Central America) as part of country-specific survey interviews about experiences of violence during childhood and adolescence. Several demographic characteristics were associated with distress related to survey participation; however, patterns of findings were inconsistent across countries. Across all countries, more than 90% of children and youth found survey participation worthwhile. Fewer than 18% of children and youth in any country, with fewer than 4% of participants in Honduras and El Salvador and approximately 8% in Lesotho, reported being upset or stressed by being asked questions about their exposures to violence or expressed fear that anyone might hear their answers during the interviews.

VACS are the only global nationally representative surveys that collect comprehensive data on violence among children and youth. These surveys use a rigorous methodology to ensure data quality while preserving confidentiality, protecting survey staff and participants, and providing response plans to give services to participants in need of assistance. These findings highlight the value of VACS data and suggest that negative reactions were relatively uncommon in three of the four countries examined. The findings also show a high degree of consistency across countries, suggesting that these findings are neither contextually nor culturally specific. This study extends and further affirms Deprince and colleagues' (2006) finding that these questions are not harmful to participants; rather, participants value survey participation. Similar to other studies (McClinton Appollis et al., 2015; Sikweyiya et al., 2021), the present findings demonstrate that negative reactions were relatively uncommon, and when they occurred, there was no evidence of harm or a negative impact of participation. This may suggest that answering questions about experiences of violence that a respondent associates with feeling upset or stressed are not likely to result in long-term harm from VACS participation.

Reactions to questions about experiences of violence may be modulated by the types of violence experienced and the context in which the interviews take place. EV and SV were associated with more negative responses to survey participation, albeit with relatively small effects. Individuals who experienced SV expressed more fear of someone hearing their answers and more feelings of being stressed or upset by the questions relative to those who were not exposed to SV. Experiences of SV can carry more stigma (Kennedy & Prock, 2018) among survivors, including victim-blaming messages as well as specific stigmatizing reactions from others. EV exposure was also associated with more fear of being heard

and reported distress regarding survey questions and answers relative to no EV exposure. Although most youths did not find participation stressful, these findings suggest that many participants who disclosed their experiences of violence to the interviewer retained some privacy concerns and experienced some degree of stress. Geographic and cultural differences can also account for the differences between the surveys.

The context of the interview is also key. Documenting the perceptions and reactions of interviewees during interviews that address violence experiences can inform researchers and practitioners about how best to measure these experiences ethically while minimizing harm. It can also create opportunities for service referrals for participants who may need them. Previous literature (Cater & Øverlien, 2014; Morris et al., 2012; WHO, 2007) has highlighted the importance of conducting interviews with children and youth in safe environments, following clear consent procedures, and communicating about the questions being asked. Asking about experiences of violence and other sensitive topics may, nonetheless, lead to distress among respondents. A study conducted in the United States found that about 23% of 10-15-year-old survey respondents reported feeling upset by questions about violence (Ybarra et al., 2009). Another U.S. study among 13-18-year-olds found that 30% reported some level of distress when asked questions about violence (Langhinrichsen-Rohling et al., 2006). In other settings, a recent school-based study in Kenya used mixed methods to assess children's perceptions of being screened about SV (Undie & Mak'anyengo, 2020). The authors found an overall positive reaction among children, school authorities, and parents with regard to screening for SV victimization and observed that among participants, screening tool use was associated with improved communication with and disclosure to parents or school authorities. Another survey of primary school children in Uganda qualitatively assessed the perceptions of children about being asked about their experiences with violence (Devries et al., 2015). The findings demonstrated that interviewees felt more at ease responding when they perceived an environment of trust with interviewers. Assurances of confidentiality contributed to decisions to disclose their experiences and their expectations of help; feeling hopeful that something about the violence they were experiencing would change also contributed to disclosure.

Asking these questions could be useful for prioritizing responses. Ybarra et al. (2009) and McClinton Appollis et al. (2015) suggest that responses to these questions can be used to identify participants who may benefit from additional follow-up. Although more evidence is available from studies that have assessed intimate partner violence among adult populations (Clark et al., 2012; Garcia-Moreno et al., 2005), evidence examining children seems to highlight similar findings. For example, studies among adults and children suggest that the benefits of asking these sensitive questions outweigh the negative consequences of not asking them, including stimulating participants' feelings of distress or upset, directly causing harm, losing participants, concerns regarding whether it is ethical to disclose stigmatizing information (Becker-Blease & Freyd, 2006; Newman & Kaloupek, 2004; Rinehart et al., 2017), or the fact that some respondents will experience distress during the process of being interviewed (Cromer et al., 2006; Decker et al., 2011). In a systematic review of 46 studies, Jorm and colleagues (2007) concluded that even when participants experience distress, it

often dissipates quickly, and their findings suggest that participation in research does not pose more than minimal risk of emotional harm.

The present report highlights characteristics of the participants who reported distress or concerns about disclosure of their experiences of violence. This information can be used to train interviewers and design response strategies aimed at identifying children at higher risk or children who might need additional support in the context of interviews. The proportion of individuals who reported distress was similar across most countries included in this study and is consistent with findings reported in other settings (Ybarra et al., 2009). The higher prevalence of distress in Cote d'Ivoire warrants further investigation.

The present study had several limitations, including a reliance on cross-sectional data, which precludes us from establishing temporal associations. In addition, although the survey was lengthy, only a few questions address respondents' perceptions of the survey experience, and there are potentially unmeasured social variables that may have contributed to a higher prevalence of violence among certain groups. Qualitative assessments could provide further reasons for the given responses. We cannot determine which specific cultural characteristics might exist that account for the potential observed differences by country. Finally, VACS survey responses are self-reported; thus, they are subject to recall biases and the potential of nondisclosure due to social desirability or fear. Despite these limitations, these findings provide useful information from a large sample of adolescents and young adults from different regions.

This study has relevant implications for practice, including providing researchers with information about elements to include in ethical protocols for violence research and when training interviewers to collect violence-related data. These findings also suggest the need to ensure referrals are available and offered to participants as needed. Second, the findings highlight the importance of ensuring that violence surveys are conducted in an environment of safety and trust, where privacy is ensured and respected. Finally, the VACS surveys invest a considerable amount of time in training in theory and practice on how to properly conduct surveys addressing these sensitive topics. Such training is essential and can be beneficial regarding not only the collection of high-quality data but also in providing participants with an avenue for addressing their experiences and offering assistance if they wish to seek help.

REFERENCES

- American Academy of Pediatrics. (2019). Stages of adolescence Author.
- Annor FB, Gilbert LK, Davila EP, Massetti GM, 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, 104510. 10.1016/j.chiabu.2020.104510 [PubMed: 32447142]
- Becker-Blease KA, & Freyd JJ (2006). Research participants telling the truth about their lives: the ethics of asking and not asking about abuse. *American Psychologist*, 61(3), 218–226. 10.1037/0003-066X.61.3.218 [PubMed: 16594838]
- Black MC, Kresnow MJ, Simon TR, Arias I, & Shelley G (2006). Telephone survey respondents' reactions to questions regarding interpersonal violence. *Violence and Victims*, 21(4), 445–459. [PubMed: 16897912]

- Cater Å, & Øverlien C (2014). Children exposed to domestic violence: A discussion about research ethics and researchers' responsibilities. *Nordic Social Work Research*, 4(1), 67–79. 10.1080/2156857X.2013.801878
- Centers for Disease Control and Prevention. (2017). Critical elements of interviewer training for engaging children and adolescents in global violence research, best practices, and lessons learned from the Violence Against Children Survey National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Chiang LF, Kress H, Sumner SA, Gleckel J, Kawemama P, & Gordon RN (2016). Violence Against Children Surveys (VACS): Towards a global surveillance system. *Injury Prevention*, 22(Suppl 1), i17–i22. 10.1136/injuryprev-2015-041820 [PubMed: 27044493]
- Clark CJ, Shahrouri M, Halasa L, Khalaf I, Spencer R, & Everson-Rose S (2012). A mixed-methods study of participant reaction to domestic violence research in Jordan. *Journal of Interpersonal Violence*, 27(9), 1655–1676. 10.1177/0886260511430383 [PubMed: 22203623]
- Cromer LD, Freyd JJ, Binder AK, DePrince AP, & Becker-Blease K (2006). What's the risk in asking? Participant reaction to trauma history questions compared with reaction to other personal questions. *Ethics & Behavior*, 16(4), 347–362. 10.1207/s15327019eb1604_5
- Decker SE, Naugle AE, Carter-Visscher R, Bell K, & Seifert A (2011). Ethical issues in research on sensitive topics: participants' experiences of distress and benefit. *Journal of Empirical Research on Human Research Ethics*, 6(3), 55–64. 10.1525/jer.2011.6.3.55
- DePrince AP, & Freyd JJ (2006). Costs and Benefits of being asked about trauma history. *Journal of Trauma Practice*, 3(4), 23–35. 10.1300/J189v03n04_02
- Devries KM, Child JC, Elbourne D, Naker D, & Heise L (2015). "I never expected that it would happen, coming to ask me such questions": Ethical aspects of asking children about violence in resource-poor settings. *Trials*, 16, 516. 10.1186/s13063-015-1004-7 [PubMed: 26558829]
- Ferrier-Auerbach AG, Erbes CR, & Polusny MA (2009). Does trauma survey research cause more distress than other types of survey research? *Journal of Traumatic Stress*, 22(4), 320–323. 10.1002/jts.20416 [PubMed: 19618383]
- Garcia-Moreno C, Jansen H, Ellsberg M, Heise L, & Watts C (2005). WHO multi-country study on women's health and domestic violence against women: Initial results on prevalence, health outcomes and women's responses World Health Organization. <https://www.who.int/reproductivehealth/publications/violence/24159358X/en/>
- Government of El Salvador, & Ministry of Justice and Public Security. (2019). El Salvador Violence Against Children Survey, 2017 Author.
- Government of Honduras, Sub-Secretariat of Security in Prevention, & Secretariat of Security. (2019). Honduras Violence Against Children Survey, 2017 Author.
- Hermeren G (1983). Human and social consequences of research. *Progress in Clinical and Biological Research*, 128, 359–79. [PubMed: 6634734]
- 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. 10.1542/peds.2015-4079 [PubMed: 26810785]
- Jaffe AE, DiLillo D, Hoffman L, Haikalis M, & Dykstra RE (2015). Does it hurt to ask? A meta-analysis of participant reactions to trauma research. *Clinical Psychology Review*, 40, 40–56. 10.1016/j.cpr.2015.05.004 [PubMed: 26051308]
- Jorm AF, Kelly CM, & Morgan AJ (2007). Participant distress in psychiatric research: A systematic review. *Psychological Medicine*, 37(7), 917–926. 10.1017/S0033291706009779 [PubMed: 17224097]
- Kennedy AC, & Prock KA (2018). "I still feel like I am not normal": A review of the role of stigma and stigmatization among female survivors of child sexual abuse, sexual assault, and intimate partner violence. *Trauma, Violence & Abuse*, 19(5), 512–527. 10.1177/1524838016673601
- Labott SM, Johnson TP, Fendrich M, & Feeny NC (2013). Emotional risks to respondents in survey research. *Journal of Empirical Research on Human Research Ethics*, 8(4), 53–66. 10.1525/jer.2013.8.4.53

- Langhinrichsen-Rohling J, Arata C, O'Brien N, Bowers D, & Klibert J (2006). Sensitive research with adolescents: Just how upsetting are self-report surveys anyway? *Violence and Victims*, 21(4), 425–444. [PubMed: 16897911]
- Masseti GM, Chiang L, Mercy J, Fernandez B, Ligiero D, & Hart C (2020). Linking Violence Against Children And Youth Surveys to coordinated and effective action: CDC and the Together for Girls Partnership National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.togetherforgirls.org/wp-content/uploads/2021/03/VACS-Process-Paper-2021.pdf>
- McClinton Appollis T, Lund C, de Vries PJ, & Mathews C (2015). Adolescents' and adults' experiences of being surveyed about violence and abuse: A systematic review of harms, benefits, and regrets. *American Journal of Public Health*, 105(2), e31–e45. 10.2105/ajph.2014.302293
- Miller GF, Chiang L, & Hollis N (2018). Economics and violence against children, findings from the Violence Against Children Survey in Nigeria. *Child Abuse and Neglect*, 85, 9–16. 10.1016/j.chiabu.2018.08.021 [PubMed: 30201521]
- Ministry of Social Development of Lesotho, ICAP, & the U.S. Centers for Disease Control and Prevention. (2020). Violence Against Children and Youth Survey, 2018 Ministry of Social Development of Lesotho.
- Ministry of Women Family and Children of Côte d'Ivoire, National Program for the Care of Orphans and Other Children made Vulnerable by HIV/AIDS, National Institute of Statistics, & U.S. Centers for Disease Control and Prevention (2019). Violence against children and youth in Côte d'Ivoire: Findings from a national survey, 2018 Ministry of Women, Family, and Children.
- Morris A, Hegarty K, & Humphreys C (2012). Ethical and safe: Research with children about domestic violence. *Research Ethics*, 8(2), 125–139. 10.1177/1747016112445420
- Newman E, & Kaloupek DG (2004). The risks and benefits of participating in trauma-focused research studies. *Journal of Traumatic Stress*, 17(5), 383–394. 10.1023/B:JOTS.0000048951.02568.3a [PubMed: 15633917]
- Nguyen KH, Kegler SR, Chiang L, & Kress H (2019). Effects of poly-victimization before age 18 on health outcomes in young Kenyan adults: Violence Against Children Survey. *Violence and Victims*, 34(2), 229–242. 10.1891/0886-6708.Vv-d-17-00182 [PubMed: 31019010]
- Nguyen KH Kress H, Villaveces A, & Massetti GM (2019). Sampling design and methodology of the Violence Against Children and Youth Surveys. *Injury Prevention*, 25(4), 321–327. 10.1136/injuryprev-2018-042916 [PubMed: 30472679]
- Norman RE, Byambaa M, De R, Butchart A, Scott J, & Vos T (2012). The long-term health consequences of child physical abuse, emotional abuse, and neglect: A Systematic review and meta-analysis. *PLoS Medicine*, 9(11), e1001349. 10.1371/journal.pmed.1001349 [PubMed: 23209385]
- Rinehart JK, Nason EE, Yeater EA, & Miller GF (2017). Do Some students need special protection from research on sex and trauma? New Evidence for young adult resilience in “sensitive topics” research. *Journal of Sex Research*, 54(3), 273–283. 10.1080/00224499.2016.1156047 [PubMed: 27093242]
- Seiber JE (2000). Planning research: Basic ethical decision-making American Psychological Association.
- Sikweyiya Y, Mahlangu P, Dartnall E, & Suich H (2021). Examining the Risks of engaging in population-based surveys on violence: Follow-up study of the Individual Deprivation Measure in South Africa. *Journal of Empirical Research on Human Research Ethics*, 16(3), 212–224. 10.1177/15562646211010641 [PubMed: 33890813]
- Undie C-C, & Mak'anyengo M (2020). Asking and telling: An assessment of the feasibility of screening children for sexual violence in Kenyan school and health facility contexts Population Council.
- World Health Organization. (2007). WHO ethical and safety recommendations for researching, documenting, and monitoring sexual violence in emergencies http://apps.who.int/iris/bitstream/handle/10665/43709/9789241595681_eng.pdf?sequence=1
- World Health Organization. (2020). Violence against children fact sheet <https://www.who.int/news-room/fact-sheets/detail/violence-against-children>

- Ybarra ML, Langhinrichsen-Rohling J, Friend J, & Diener-West M (2009). Impact of asking sensitive questions about violence to children and adolescents. *Journal of Adolescent Health*, 45(5), 499–507. 10.1016/j.jadohealth.2009.03.009
- Yeater E, Miller G, Rinehart J, & Nason E (2012). Trauma and sex surveys meet minimal risk standards: Implications for institutional review boards. *Psychological Science*, 23(7), 780–787. 10.1177/0956797611435131 [PubMed: 22623507]

Author Manuscript

Author Manuscript

Author Manuscript

Author Manuscript

TABLE 1

Demographic characteristics, violence exposure, and responses to survey participation for youth aged 13–24 years, by location

Variable	Honduras (2017)		El Salvador (2017)		Cote d'Ivoire (2018)		Lesotho (2018)	
	<i>n</i> ^a	Weighted % (<i>n</i> = 5,196; weighted <i>n</i> = 2,246,856)	<i>n</i> ^a	Weighted % (<i>n</i> = 2,436; weighted <i>n</i> = 1,640,774)	<i>n</i> ^a	Weighted % (<i>n</i> = 2,408; weighted <i>n</i> = 5,213,050)	<i>n</i> ^a	Weighted % (<i>n</i> = 8,568; weighted <i>n</i> = 491,639)
Sex								
Male	2,659	49.0	1,380	50.5	1,208	50.3	1,467	50.0
Female	2,537	51.0	1,056	49.5	1,200	49.7	7,101	50.0
Age (years)								
13–17	2,495	47.3	1,154	47.0	1,088	44.0	4,160	42.9
18–24	2,701	52.7	1,282	53.0	1,320	56.0	4,408	57.1
Ever married or lived with someone								
Yes	1,532	28.4	539	22.1	480	18.9	1,690	14.8
No	3,657	71.6	1,897	77.9	1,922	81.1	6,872	85.2
Ever had sex								
Yes	2,591	49.1	985	40.4	1,369	56.8	4,161	54.7
No	2,566	50.9	1,435	59.6	1,036	43.2	4,407	45.3
Orphan status								
Lost one or both parents before age 18	560	10.8	279	11.4	577	23.6	3,711	45.8
Not an orphan	4,520	89.2	2,072	88.6	1,818	76.4	4,562	54.2
Educational attainment								
Completed primary school or less	2,820	55.3	657	40.4	1,077	41.5	2,566	33.2
Secondary school or higher	2,360	44.7	988	59.6	1,331	58.5	5,987	66.8
Witnessed PV in the community								
Yes	1,784	33.0	529	21.6	678	32.6	1,971	29.5
No	3,402	67.0	1,901	78.4	1,720	67.4	6,586	70.5
Witnessed PV in the home								
Yes	986	18.8	373	16.4	1,073	47.9	3,546	42.0
No	4,197	81.2	2,057	83.6	1,330	52.1	5,016	58.0
Experienced emotional violence ^b								
Yes	830	16.1	269	12.1	591	26.3	1,111	12.2

Variable	Honduras (2017)		El Salvador (2017)		Cote d'Ivoire (2018)		Lesotho (2018)	
	<i>n</i> ^a	Weighted %	<i>n</i> ^a	Weighted %	<i>n</i> ^a	Weighted %	<i>n</i> ^a	Weighted %
<i>(n = 5,196; weighted n = 2,246,856)</i>								
No	4,362	83.9	2,166	87.9	1,816	73.7	7,452	87.8
Experienced physical violence ^c								
Yes	2,025	38.3	560	23.4	1,548	68.2	3,612	51.4
No	3,169	61.7	1,874	76.6	860	31.8	4,956	48.6
Experienced sexual violence ^d								
Yes	793	14.9	183	8.3	592	25.8	1,299	13.2
No	4,398	85.1	2,246	91.7	1,816	74.2	7,264	86.8
Afraid that someone might hear survey answers								
Yes	533	10.7	154	6.5	355	17.1	314	3.0
No	4,655	89.3	2,272	93.5	2,040	82.9	8,250	97.0
Survey participation was upsetting or stressful								
Yes	191	3.9	57	2.0	381	17.5	783	8.4
No	5,003	96.1	2,379	98.0	2,027	82.5	7,785	91.6
Survey participation in the survey was worthwhile								
Yes	5,088	98.6	2,325	97.3	2,217	93.3	8,293	93.8
No	69	1.4	59	2.7	146	6.7	244	6.2

Note:

^aValues are unweighted and represent the numerator.

^bEmotional violence was defined as the respondent being told they were unloved or did not deserve to be loved; someone close wished the respondent was dead or had never been born; or the respondent being ridiculed or put down during their lifetime.

^cPhysical violence was considered to have occurred if the respondent reported: being slapped, pushed, or shoved, or having something intentionally thrown at them with the intention of harm; being punched, kicked, whipped, or beaten with an object; being choked or smothered or having someone try to drown or burn them intentionally; having someone use or threaten to use a knife, gun, or another weapon against them.

^dSexual violence exposure was defined as having experienced unwanted sexual touching (i.e., touching in a sexual way, kissing, grabbing, or fondling), having experienced unwanted attempted sex, being pressured or coerced into sex, or being physically forced into sex during their lifetime.

TABLE 2

Factors associated with being afraid that someone might hear survey answers among youth aged 13–24 years, by survey location

Variable	Honduras (2017) (<i>n</i> = 5,196)					El Salvador (2017) (<i>n</i> = 2,436)					Cote d'Ivoire (2018) (<i>n</i> = 2,408)					Lesotho (2018) (<i>n</i> = 8,568)				
	<i>n</i>	<i>a</i>	WP (%)	aOR	95% CI	<i>n</i>	<i>a</i>	WP (%)	aOR	95% CI	<i>n</i>	<i>a</i>	WP (%)	aOR	95% CI	<i>n</i>	<i>a</i>	WP (%)	aOR	95% CI
Sex																				
Male	211	8.2		Ref.		53	3.9		Ref.		160	15.4		Ref.		37	2.1		Ref.	
Female	322	13.2		1.6*	[1.2, 2.1]	101	9.2		1.7	[0.9, 3.0]	195	18.9		1.2	[0.8, 2.0]	277	3.9		1.9*	[1.1, 3.2]
Age (years)																				
13–17	288	12.2		1.5*	[1.2, 1.9]	79	7.0		1.2	[0.7, 2.3]	172	17.6		1.3	[0.9, 2.0]	145	2.9		0.9	[0.5, 1.5]
18–24	245	9.4		Ref.		75	6.0		Ref.		183	16.7		Ref.		169	3.1		Ref.	
Ever married or lived with someone																				
Yes	163	10.6		Ref.		34	6.4		Ref.		52	12.3		Ref.		52	2.6		Ref.	
No	369	10.7		1.6*	[1.1, 2.2]	120	6.5		1.1	[0.5, 2.4]	302	18.2		2.1*	[1.1, 3.9]	262	3.1		1.6	[1.0, 2.7]
Ever had sex																				
Yes	285	11.3		1.4*	[1.0, 1.9]	67	6.4		1.1	[0.6, 2.1]	224	19.6		1.7*	[1.2, 2.4]	156	2.9		0.8	[0.5, 1.4]
No	244	10.2		Ref.		86	6.6		Ref.		131	13.8		Ref.		158	3.2		Ref.	
Orphan status																				
Lose one or both parents before age 18	63	12.8		1.2	[0.8, 1.7]	19	9.0		1.4	[0.7, 3.1]	86	15.0		0.8	[0.5, 1.1]	154	3.2		1.1	[0.8, 1.6]
Not an orphan	454	10.4		Ref.		129	6.2		Ref.		267	17.8		Ref.		152	2.9		Ref.	
Educational attainment																				
Completed primary school or less	307	11.7		1.5*	[1.2, 1.9]	38	6.2		1.2	[0.7, 1.9]	144	15.8		1	[0.6, 1.5]	73	2.7		1.1	[0.6, 1.8]
Secondary school or higher	224	9.5		Ref.		58	5.4		Ref.		211	18.1		Ref.		241	3.2		Ref.	
Witnessed violence in the community																				
Yes	237	14.3		1.2	[0.9, 1.6]	56	10.9		1.4	[0.8, 2.5]	125	19.3		1	[0.7, 1.4]	84	3.0		0.9	[0.7, 1.3]
No	296	9.0		Ref.		97	5.3		Ref.		229	16.1		Ref.		230	3.0		Ref.	
Witnessed violence in the home																				
Yes	160	17.4		1.3	[1.0, 1.8]	42	12.2		1.2	[0.6, 2.4]	208	21.4		1.5*	[1.1, 2.0]	164	3.7		1.2	[0.9, 1.8]
No	372	9.2		Ref.		111	5.4		Ref.		146	13.2		Ref.		150	2.5		Ref.	
Experienced emotional violence ^b																				
Yes	188	22.6		1.8*	[1.4, 2.4]	56	21.1		3.7*	[1.5, 9.6]	132	25.3		1.7*	[1.2, 2.4]	94	6.7		2.1*	[1.4, 3.1]

Variable	Honduras (2017) (n = 5,196)					El Salvador (2017) (n = 2,436)					Cote d'Ivoire (2018) (n = 2,408)					Lesotho (2018) (n = 8,568)				
	n	a	WP (%)	aOR	95% CI	n	a	WP (%)	aOR	95% CI	n	a	WP (%)	aOR	95% CI	n	a	WP (%)	aOR	95% CI
No	344		8.4	Ref.		98		4.6	Ref.		223		14.2	Ref.		220		2.5	Ref.	
Experienced physical violence ^c																				
Yes	312		15.6	1.4 [*]	[1.1, 1.8]	61		10.8	1.2	[0.5, 2.5]	260		18.8	1	[0.6, 1.6]	167		3.4	1.2	[0.8, 1.8]
No	221		7.7	Ref.		93		5.2	Ref.		95		13.5	Ref.		147		2.6	Ref.	
Experienced sexual violence ^d																				
Yes	195		24.8	2.6 [*]	[2.1, 3.3]	35		16.9	2.2 [*]	[1.2, 4.1]	148		27.7	2.1 [*]	[1.4, 3.0]	95		5.6	1.6 [*]	[1.1, 2.2]
No	338		8.3	Ref.		119		5.6	Ref.		207		13.4	Ref.		219		2.6	Ref.	

Note: WP = weighted prevalence; aOR = adjusted odds ratio.

^aValues are unweighted and represent the numerator.

^bEmotional violence was defined as the respondent being told they were unloved or did not deserve to be loved; someone close wished the respondent was dead or had never been born; or the respondent being ridiculed or put down during their lifetime.

^cPhysical violence was considered to have occurred if the respondent reported: being slapped, pushed, or shoved, or having something intentionally thrown at them with the intention of harm; being punched, kicked, whipped, or beaten with an object; being choked or smothered or having someone try to drown or burn them intentionally; having someone use or threaten to use a knife, gun, or another weapon against them.

^dSexual violence exposure was defined as having experienced unwanted sexual touching (i.e., touching in a sexual way, kissing, grabbing, or fondling), having experienced unwanted attempted sex, being pressured or coerced into sex, or being physically forced into sex during their lifetime.

^{*} $p < .05$.

TABLE 3

Factors associated with finding survey participation upsetting or stressful among youth aged 13–24 years, by survey location

Honduras (2017) (<i>n</i> = 5,196)				El Salvador (2017) (<i>n</i> = 2,436)				Cote d'Ivoire (2018) (<i>n</i> = 2,408)				Lesotho (2018) (<i>n</i> = 8,568)									
Variable	<i>n</i>	<i>a</i>	WP (%)	aOR	95% CI	<i>n</i>	<i>a</i>	WP (%)	aOR	95% CI	<i>n</i>	<i>a</i>	WP (%)	aOR	95% CI	<i>n</i>	<i>a</i>	WP (%)	aOR	95% CI	
Sex																					
Male	95	3.8	Ref.			29	1.6	Ref.			183	16.5	Ref.			92	6.4	Ref.			
Female	96	3.9	0.9		[0.6, 1.3]	28	2.4	0.7		[0.3, 1.5]	198	18.5	1.0		[0.7, 1.5]	691	10.5	1.6*		[1.0, 2.4]	
Age (years)																					
13–17	84	3.7	0.9		[0.6, 1.4]	20	1.8		2.4		[1.0, 5.9]	133	13.6	0.9		[0.6, 1.3]	330	6.8	1.0		
18–24	107	4.0	Ref.			37	2.2	Ref.			248	20.5	Ref.			453	9.7	Ref.			
Ever married or lived with someone																					
Yes	52	3.5	Ref.			15	2.3	Ref.			81	18.7	Ref.			164	9.2	Ref.			
No	138	4.0	1.7*		[1.1, 2.7]	42	1.9	1.0		[0.4, 2.6]	298	17.1	1.3		[0.8, 2.2]	617	8.3	1.5*		[1.1, 2.1]	
Ever had sex																					
Yes	110	4.3	1.3		[0.8, 2.0]	32	2.8		1.5		[0.6, 3.5]	266	22.3	1.4		[0.9, 2.2]	452	10.0	1.3		[0.9, 2.0]
No	78	3.4	Ref.			23	1.4	Ref.			115	11.2	Ref.			331	6.6	Ref.			
Orphan status																					
Lose one or both parents before age 18	28	5.6	1.5		[0.9, 2.7]	13	4.1	3.8*		[1.6, 8.8]	119	21.8	1.4		[1.0, 2.0]	389	8.5	1.0		[0.8, 1.3]	
Not an orphan	154	3.6	Ref.			44	1.8	Ref.			261	16.3	Ref.			357	8.2	Ref.			
Educational attainment																					
Completed primary school or less	94	3.8	1.2		[0.8, 1.7]	19	2.6		1.6		[0.8, 3.4]	144	15.2	0.8		[0.5, 1.1]	157	5.6	0.8		[0.6, 1.1]
Secondary school or higher	96	3.9	Ref.			26	1.9	Ref.			237	19.1	Ref.			623	9.8	Ref.			
Witnessed violence in the community																					
Yes	94	5.5	1.2		[0.9, 1.7]	23	3.9		2.1		[0.8, 5.3]	145	22.3	1.0		[0.7, 1.5]	245	10.2	1.0		[0.7, 1.4]
No	97	3.1	Ref.			33	1.5	Ref.			236	15.3	Ref.			537	7.7	Ref.			
Witnessed violence in the home																					
Yes	55	6.1	1.2		[0.8, 1.9]	12	3.4	0.7		[0.3, 1.9]	225	22.2	1.4*		[1.0, 1.8]	459	12.1	1.5*		[1.1, 1.9]	
No	134	3.3	Ref.			45	1.8	Ref.			155	13.1	Ref.			322	5.8	Ref.			
Experienced emotional violence ^b																					
Yes	72	8.9	2.3*		[1.5, 3.5]	20	6.8	2.7*		[1.2, 6.3]	164	28.4	1.7*		[1.1, 2.6]	293	25.9	3.4*		[2.6, 4.5]	

Variable	Honduras (2017) (n = 5,196)					El Salvador (2017) (n = 2,436)					Cote d'Ivoire (2018) (n = 2,408)					Lesotho (2018) (n = 8,568)				
	n	a	WP (%)	aOR	95% CI	n	a	WP (%)	aOR	95% CI	n	a	WP (%)	aOR	95% CI	n	a	WP (%)	aOR	95% CI
No	119	2.9		Ref.		37	1.4		Ref.		216	13.6		Ref.		490	6.0		Ref.	
Experienced physical violence ^c																				
Yes	112	5.8		1.3	[0.9, 1.9]	26	4.1		0.9	[0.4, 2.2]	305	21.7		1.8 [*]	[1.0, 3.0]	502	11.1		1.5 [*]	[1.1, 1.9]
No	79	2.7		Ref.		31	1.4		Ref.		76	8.5		Ref.		281	5.6		Ref.	
Experienced sexual violence ^d	69	8.8		2.0 [*]	[1.3, 3.0]	17	6.9		3.0 [*]	[1.4, 6.5]	198	36.3		3.3 [*]	[2.3, 4.8]	321	22.1		2.3 [*]	[1.8, 3.0]
Yes	122	3.0		Ref.		40	1.6		Ref.		183	10.9		Ref.		461	6.4		Ref.	
No	95	3.8		Ref.		29	1.6		Ref.		183	16.5		Ref.		92	6.4		Ref.	

Note: WP = weighted prevalence; aOR = adjusted odds ratio.

^aValues are unweighted and represent the numerator.

^bEmotional violence was defined as the respondent being told they were unloved or did not deserve to be loved; someone close wished the respondent was dead or had never been born; or the respondent being ridiculed or put down during their lifetime.

^cPhysical violence was considered to have occurred if the respondent reported: being slapped, pushed, or shoved, or having something intentionally thrown at them with the intention of harm; being punched, kicked, whipped, or beaten with an object; being choked or smothered or having someone try to drown or burn them intentionally; having someone use or threaten to use a knife, gun, or another weapon against them.

^dSexual violence exposure was defined as having experienced unwanted sexual touching (i.e., touching in a sexual way, kissing, grabbing, or fondling), having experienced unwanted attempted sex, being pressured or coerced into sex, or being physically forced into sex during their lifetime.

* $p < .05$.