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Associations between conflict violence, community violence, and household violence exposures among females in Colombia

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Abstract

Background: Exposure to protracted public violence is increasingly referenced as a risk factor for domestic violence, but limited quantitative evidence has demonstrated this association to date. This study analyzes associations in Colombia between lifetime experiences of external violence, including the Colombia civil conflict and community interpersonal violence, and experiences of household violence, including intimate partner and caregiver violence.

Methods and findings: We use the 2018 Colombia Violence Against Children and Youth Survey, employing multi-variable logistic regressions to determine the association between exposure to external violence and household violence victimization for females aged 13–24 (n = 1406) Adjusted models controlled for age, ever married, currently in school, and past 12-mo work experience and standard errors were adjusted to account for the multi-stage sampling design. Females who had ever witnessed community violence (39.23 %) faced increased risks of experiencing both physical violence (aOR = 2.81; 95 % CIs: 1.54–5.14; $p < 0.001$) and emotional violence (aOR: 2.48; 95 % CIs: 1.29–4.75; $p < 0.01$) from caregivers. Females who had ever witnessed internal conflict (15.99 %) had a greater likelihood of experiencing emotional violence from caregivers (aOR: 5.24; 95 % CIs: 1.86–14.76; $p < 0.01$) as well as physical violence perpetrated by intimate partners (aOR: 3.31; 95 % CIs: 1.22–8.95; $p < 0.05$).

Conclusions: This study demonstrates the connection between exposure to community violence and internal conflict and household violence victimization among adolescent and young adult females in Colombia. Findings build the evidence base for more holistic and coordinated policy and programming efforts and foreground the need to identify and support vulnerable populations across socioecological domains in contexts of chronic violence.

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Declaration of competing interest

None.

Keywords

Violence; Violence Against Children and Youth Survey; (VACS); Colombia; IPV; Caregiver violence; Emotional violence; Women and girls

1. Introduction

Household violence, which includes both intimate partner violence (IPV) and parental/caregiver violence, occurs regularly throughout the world and carries serious consequences for those exposed. IPV, defined as any physical, sexual, or psychological violence perpetrated by a current or past intimate partner, has a lifetime global prevalence of 27 % and past year prevalence of 13 % (Sardhina et al., 2022). Anyone can perpetrate or be victimized by IPV; however, socially-ascribed gender norms and inequality put female populations at disproportionate risk of victimization, which is further heightened during crises and displacement (Falb et al., 2015; Hynes et al., 2016; Stark et al., 2021). Violence against children (VAC) estimates, which include physical, sexual, and emotional violence perpetrated against people under 18 years of age, show that >50 % of children worldwide experienced such violence, with physical violence perpetrated by caregivers as the highest reported prevalence in most countries (Hillis et al., 2016). A growing body of literature suggests that IPV and parental/caregiver violence often co-occur within the same household (Guedes et al., 2016; Kenny & Cislaghi, 2019; Mathews et al., 2021). A study of family-based violence from Uganda, for example, concluded that approximately 33 % of households experienced violence within the intimate partner dyad and violence between at least one parent and child dyad. (Raising Voices, 2017). Similarly, a US-based study identified a 40 % co-occurrence of IPV parental/caregiver violence in households, underscoring the interconnectedness of these forms of violence (Appel & Holden, 1998; Raising Voices, 2017).

Experiencing violence, including caregiver maltreatment, during childhood can have long-lasting effects throughout the life course, including impairment of brain development, negative impacts on educational attainment, risky and negative coping strategies such as high-risk sexual behaviors and drug and alcohol use, higher rates of anxiety, depression, and other mental health conditions, and increased risk of non-communicable diseases such as cardiovascular disease and diabetes, as well as injury, and death (Kenny & Cislaghi, 2019; WHO, 2020). Many of the negative outcomes associated with household violence against children also hold true for IPV, which has been shown to lead to mental health concerns, engagement in risky behaviors such as substance use, and physical injury and death, in addition to adverse sexual health outcomes such as unintended pregnancies, sexually transmitted infections, higher rates of miscarriage, still birth, low birth weight babies and pre-term deliveries, (CDC, 2021b; WHO, 2021). Additionally, associations have been observed between these two categories of violence. Individuals who experience childhood maltreatment and witness IPV in their households have been shown to exhibit increased tolerance of IPV and violent behaviors, which can contribute to future experiences of violence and the intergenerational and compounding effects of such violence (Guedes et al., 2016; Kenny & Cislaghi, 2019; Li et al., 2019; Mathews et al., 2021). For example,

evidence shows that caregivers who were either perpetrators or victims of IPV were also more likely to exhibit violent behavior toward children in the household (Raising Voices, 2017).

Not only do these two key forms of household violence – IPV and violence perpetrated by caregivers – have overlapping and intersecting outcomes, they also have similar risk factor profiles in terms of victimization (Mathews et al., 2021; Stark et al., 2021). At the individual level, alcohol use, drug consumption, poor mental health, and limited coping mechanisms have been identified as risk factors for both forms of household violence; at the household level, male dominance, income level and economic status have been identified as shared risk factors (Mathews et al., 2021; Stark et al., 2021). Finally, at the community level, gender inequality and limited social supports have been found to predict household violence (Mathews et al., 2021; Stark et al., 2021).

An additional and critical risk factor for household violence is exposure to conflict and political violence (Stark et al., 2021). Exposure to armed conflict and displacement has been shown to exacerbate household stressors, which further contributes to a heightened risk of IPV and parental/caregiver violence (Mootz et al., 2019; Saile et al., 2014; Sriskandarajah et al., 2015). Moreover, the consequences of IPV in conflict and emergency settings are known to have myriad harmful impacts, particularly for survivors and their families (Meinhart et al., 2021). Less explored is whether and how violence within one's community – such as localized gang and neighborhood interpersonal violence – may contribute to household violence, though some nascent literature primarily from the U.S. suggests that similar relationships may exist (Boyce et al., 2020; Reed et al., 2009; Thulin et al., 2021). A recent systematic review on VAC in Latin America identified that gang violence and crime may have important linkages with child maltreatment, which has an estimated past-year prevalence of 34 % in the region (Hillis et al., 2016), but found that no analysis had explored this association (Devries et al., 2019), highlighting an important area for further inquiry. Notably, the review also found that physical violence perpetrated by caregivers was more frequently reported for very young children then declined as age increased, while emotional violence in the household was slightly less prevalent for very young children but remained consistent as they aged (Devries et al., 2019).

Given its long history of civil conflict and pronounced levels of community violence, Colombia presents a uniquely illustrative case to examine the relationship between different types of violence outside and within the home among females (Human Rights Watch, 2019; Kerr, 2020; Tamayo-Agudelo & Bell, 2018). Nascent evidence from Colombia suggests exposure to violence and displacement increases women's and children's experiences of violence perpetrated by family members, including IPV and household VAC, respectively (Kelly, Rubin, et al., 2021; Mootz et al., 2019). Community violence, elevated homicide rates, and presence of armed groups in neighborhoods in Colombia have also been shown to increase the probability of physically abusive disciplinary behavior from caregivers (Cuartas, 2018; Cuartas et al., 2019). However, more evidence is needed to understand these relationships and how they may differ in terms of their respective impact on various forms of household violence. This study analyzes the linkage between two types of external violence (internal conflict, defined as the conflict due to civil unrest, and community interpersonal

violence) on violence in the home. More specifically, we examine how distinct forms of girls' exposure to external violence are associated with IPV, physical violence perpetrated by a caregiver, and emotional violence perpetrated by a caregiver.

1.1. Setting

Colombia has seen nearly constant political or civil conflict since 1948, when a decade known as *la Violencia* (1948–1958) resulted in the formation of guerilla movements against the government in the early 1960s (Felter & Renwick, 2017). This decline into civil war led to rampant guerilla, paramilitary, and gang activity that continued for over 50 years, and was only brought to a formal end with the signing of a peace treaty between FARC (Revolutionary Armed Forces of Colombia) and the Colombian government in late 2016 (Felter & Renwick, 2017; Tamayo-Agudelo & Bell, 2018). It is estimated that >220,000 people were killed, 5.7–8.1 million people were displaced, and in excess of 27,000 people were kidnapped throughout the course of the 50-year conflict and the ongoing aftermath (Felter & Renwick, 2017; Human Rights Watch, 2019; Tamayo-Agudelo & Bell, 2018). Although it has slowed from levels observed during the civil war, internal displacement continues in the post-peace accord era; in the first seven months of 2019, >33,000 people were newly displaced across the country (Human Rights Watch, 2019). Although short-term decreases in violence were observed after the 2016 peace treaty, violent activity and strategies have been adapted and continued on multiple fronts between state actors, guerilla groups, right-wing paramilitaries, and drug trafficking groups (Human Rights Watch, 2019; Kerr, 2020; Tamayo-Agudelo & Bell, 2018).

Over the decades, this violence has become systematically embedded in the daily community life in Colombia (Tamayo-Agudelo & Bell, 2018). States often see higher rates of violence following the formal conclusion of conflict, even in the aftermath of peace processes (Steenkamp, 2022). Although gang activity in Colombia is difficult to accurately quantify, some research indicates that gangs have a notable presence in at least 12 Colombian cities, with thousands of individual gangs and gang members, who are often linked to the growing drug trade (Kerr, 2020). The coca and illicit drug market, which declined briefly in the early 2000s and has grown once again since the signing of the peace accord, has become increasingly intertwined in the functioning, financing, support, and power struggles of various combatant groups, gangs, and organized crime activity in the country (Felter & Renwick, 2017; Kerr, 2020). These longstanding interdependencies between social and power structures, economic systems, and violence in Colombia have the potential to contribute to notable threats to the health and safety of adults and children alike throughout the nation.

Colombia's complex history of civil and political conflict, ongoing and pronounced gang, neighborhood, and street violence, and high levels of violence perpetrated by intimate partners and parents/caregivers offer a unique opportunity to explore these intersections (Government of Colombia, Ministry of Health and Social Protection, 2019; Human Rights Watch, 2019; Kelly, Rubin, et al., 2021; Kerr, 2020; Mootz et al., 2019; Tamayo-Agudelo & Bell, 2018). In this paper, we use the 2018 Violence Against Children and Youth Survey

(VACS) data from Colombia to investigate the associations between exposures to different types of conflict or community violence and violence victimization within the household.

2. Methods

2.1. Data

The data used for this analysis were drawn from the nationally representative sample of the 2018 Colombia VACS (Government of Colombia, Ministry of Health and Social Protection, 2019). The VACS measures violence, health, behaviors, attitudes, and demographic characteristics among 13–24-year-old females and males. VACS are country-led and driven, with technical assistance provided by the US Centers for Disease Control and Prevention (CDC) (CDC, 2021a). Country-specific adaptations are undertaken to ensure cultural relevance while maintaining consistency in methods and data definitions across countries. Data are collected in-person by trained enumerators during an 8–12-week period. All study protocols for the Colombia VACs were approved by the Ethics and Research Methods Committee of the National Institute of Health of Colombia and the Institutional Review Board of the CDC.

The 2018 Colombia VACS used a three-stage, geographically clustered sampling design (Government of Colombia, Ministry of Health and Social Protection, 2019). First, enumeration areas (EAs) were selected using a split-sampling approach whereby separate EAs were designated for female and male respondents (to protect confidentiality around experiences of violence). Then, households were randomly selected within each EA. In the final stage, one eligible respondent from the sampled households was randomly selected for screening. If respondents were 18 years or younger then written consent was provided by caregivers and informed assent was provided by respondents; otherwise, respondents 18 years or older provided written consent. Given the disproportionate burden of violence against women and girls, this analysis uses only data collected from female respondents in the national sample. The final female sample included 1406 respondents for the national study and was weighted to account for 1) random selection, 2) non-response, and 3) population distribution (Nguyen et al., 2019).

2.2. Measures of interest

The primary predictor variable of lifetime external violence experience was informed by whether a respondent witnessed community violence and/or witnessed internal conflict. The variable was informed by two questions asking the frequency of seeing someone get attacked either 1) in a situation of combat within the internal conflict (internal conflict), or 2) outside the home or family environment (community violence). A respondent was reported to have witnessed external violence if affirming witnessing either “once” or “more than once”. While the majority of respondents who witnessed internal conflict also witnessed community violence, the reverse was not true. In other words, very few respondents witnessed internal conflict but did not witness community violence ($n = 45$). As such, we were unable to independently examine these variables as originally intended. These reporting patterns allowed us to create proxy measures for two different types of external violence: non-conflict-affected external violence (witnessed only community violence) and

conflict-affected external violence (witnessed internal conflict). Respondents received a '1' if they *only* witnessed community violence. Respondents received a '2' if they witnessed internal conflict, irrespective of the respondent's experience witnessing community violence. Finally, respondents who neither witnessed community violence nor witnessed internal conflict received a '0'.

A total of three variables of lifetime violence victimization within the household were measured in the VACS and included as dependent variables within this analysis: physical violence from an intimate partner, physical violence from a caregiver, and emotional violence from a caregiver. For both types of perpetrators, physical violence was informed by four questions. A respondent who affirmed ever experiencing any of the following received a '1': slapping, pushing, shoving, shaking, or intentionally throwing something; punching, kicking, whipping, or beating with an object; choking, smothering, trying to drown, or intentional burning, and; threatening with a knife, gun, or other weapon. Otherwise, the respondent received a '0'. Emotional violence perpetrated by a caregiver was also informed by four questions. A respondent who affirmed ever experiencing any of the following received a '1': being told that the respondent was not loved, or did not deserve to be loved; saying they wished the respondent had never been born or were dead; ridiculing or putting down respondent, and; threatening to get rid of respondent. Otherwise, the respondent received a '0'.

Covariates included age, marital status, current schooling status, and past 12-month work status. Age was measured as a continuous variable. The remaining covariates were measured dichotomously. Marital status was measured based on whether the respondent had ever been married or lived with a partner as if married '1' or not '0'. Respondents who reported being enrolled in schooling received a '1' and those who were not enrolled received a '0'. Respondents who reported working in the past 12 months received a '1' and those who had not received a '0'.

2.3. Analysis

We first estimated the descriptive statistics of each measure of interest. Proportional Venn diagrams were created to examine standalone and multiple forms of violence experienced or witnessed. Pearson correlations were then conducted to examine the correlations between each outcome dyad. When comparing each outcome dyad, all correlations were positive and significant ($p < 0.001$).

Multi-variable logistic regressions, unadjusted and adjusted, were used to estimate the associations between external violence exposures and each measure of violence victimization within the household. Adjusted models controlled for age, ever married, currently in school, and past 12-mo work experience. In all models, variable referent groups were those responses that received a '0'; however, Wald tests were used to test the significance of the difference in odds ratios based on experiences of external violence exposure in the multi-variable logistic regressions. Figures of predicted probabilities were then created for each of the fully adjusted models (Long & Freese, 2014).

All observations were weighted to be representative of females ages 13–24, and standard errors were adjusted for the complex multi-stage cluster sampling design. With fewer than 5 % of observations missing, all analyses included listwise deletion per model for observations missing any data. Final analyses were conducted in Stata18. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines were used to inform the analytical and narrative reporting of this study (S1 Checklist) (Elm et al., 2007).

3. Results

Approximately half (54.41 %) of females ages 13–24 years were currently in school, 37.01 % worked in the past 12 months, and 31.70 % were currently married or living with a partner as if married at the time of the survey (see Table 1). Most females were exposed to external community violence, as 39.23 % witnessed only community violence and an additional 15.99 % witnessed internal conflict (95 % CIs 33.35 %–45.12 % and 11.11 %–20.86 %, respectively).

Lifetime experiences of physical violence by an intimate partner, physical violence by a caregiver, and emotional violence by a caregiver were 13.79 % (95 % CIs: 10.20 %–17.37 %), 17.27 % (95 % CIs: 13.21 %–21.34 %), and 22.75 % (95 % CIs: 17.26 %–28.25), respectively. The most common type of physical violence by an intimate partner was slapping, pushing, shoving, shaking, or intentionally throwing something (13.20 %) and punching, kicking, whipping, or beating with an object was close (10.00 %). Less reported were choking, smothering, trying to drown, or intentional burning (3.50 %) and threatening with a knife, gun, or other weapon (2.71 %). Similar distributions were demonstrated with physical violence by a caregiver (13.48 %, 11.43 %, 1.63 %, and 0.88 %, respectively). The most common type of emotional violence by an caregiver was ridiculing or putting down respondent (20.37 %). Less reported were being told that the respondent was not loved, or did not deserve to be loved (7.12 %), being told that the caregiver wished the respondent had never been born or were dead (5.34 %), and being threatened to be “gotten rid of” (4.00 %).

The majority of females ages 13–24 who experienced violence only experienced one form: physical violence by an intimate partner (10.98 %), physical violence by a caregiver (6.70 %), and emotional violence by a caregiver (5.81 %). However, more than a third of females who experienced any form of violence experienced at least two forms of violence (13.11 % experienced two or more forms and 23.49 % experienced one form of violence). The most common experiences of multiple forms of violence were physical and emotional violence from caregivers (5.14 %) and experiencing all three forms of violence (4.00 %) (Fig. 1).

The majority of females ages 13–24 who witnessed internal conflict also witnessed community violence (12.50 %). Only 3.49 % of females witness internal conflict and did not witness community violence. However, Over a third of females witnessed community violence and did not witness internal conflict (39.23 %) (Fig. 2).

Results from the logistic regression are presented in Table 2. After controlling for basic demographic characteristics, having ever witnessed community violence was associated with increased odds of lifetime physical violence victimization by a caregiver (aOR:2.81; 95

% CIs:1.54, 5.14; $p < 0.001$) and lifetime emotional violence victimization by a caregiver (aOR: 2.48; 95 % CIs:1.29, 4.75; $p < 0.01$). Additionally, females ages 13–24 years who had ever witnessed internal conflict also faced increased odds of experiencing emotional violence by a caregiver (aOR: 5.24; 95 % CIs: 1.86, 14.76; $p < 0.01$). While witnessing community violence only was not significantly associated with IPV victimization, those who had ever witnessed internal conflict exhibited 3.31 times the odds of experiencing physical violence by an intimate partner (95 % CIs:1.22, 8.95; $p < 0.05$). None of the F-statistics from our Wald tests in the adjusted models demonstrated significant differences between the results for witnessing community violence versus witnessing internal conflict. The predicted probabilities from the logistic regressions, presented in Figs. 3–5, can support interpretation.

4. Discussion

The findings from this study contribute to a growing body of evidence demonstrating the interdependence between exposure to external violence and experiences of household violence and underscore the compounding forms of violence experienced by communities living in conflict-affected settings. Females ages 13–24 years living in Colombia who had ever witnessed community violence were more likely to have experienced both physical and emotional violence from their caregivers. Females who had witnessed internal conflict had higher odds of experiencing emotional and physical violence perpetrated by their caregivers; however, this group also had a higher likelihood of experiencing physical violence perpetrated by their intimate partners, compared with females who had not witnessed internal conflict. Exploring these intersections in the context of Colombia, which has a complex and protracted history of civil and political conflict (Human Rights Watch, 2019; Kerr, 2020; Tamayo-Agudelo & Bell, 2018), bolsters our understanding of violence as a systemic phenomenon that reproduces itself across and within socioecological domains rather than as a series of siloed events occurring in distinct domains of public and private life.

Previous literature has highlighted how exposure to conflict and political violence is a risk factor for violence in the household (Stark et al., 2021; Saile et al., 2014; Sriskandarajah et al., 2015), and how the burden of IPV in Colombia disproportionately impacts women and girls affected by conflict (Brown et al., 2022). Our analysis found witnessing internal conflict to be associated with IPV, a result that resonates with the current literature. A recent study from Colombia, for example, showed that women displaced by conflict faced 40 % greater odds of past-year IPV victimization than those who had not been displaced (Kelly, Rubin, et al., 2021). Another study demonstrated an association between conflict-related fatalities in Colombian women's communities and their increased like-lihood of experiencing IPV (Kelly, Colantuoni, et al., 2021). The results from our analysis also reinforce notable qualitative themes in the literature on Colombia; in particular, the findings resonate with and substantiate displaced community members' descriptions of increased household stressors due to shifting family systems and roles as drivers of IPV and VAC (Mootz et al., 2019).

This study also found that witnessing community violence was significantly associated with experiencing maltreatment from caregivers—a novel result, and one that fills a gap in

quantitative evidence affirming the perceived associations between gang violence and VAC in Latin America (Devries et al., 2019; Hillis et al., 2016). Interestingly, our findings on community violence do not align with some other studies demonstrating a link between community violence and elevated rates of IPV. In the United States, for example, studies have shown that gang-affiliated adolescents exhibit higher rates of IPV perpetration (Boyce et al., 2020), and that adults who have a history of involvement in gang or street violence, or believe that they live in a neighborhood where violence is present, are more likely to perpetrate IPV (Reed et al., 2009). An analysis from Michigan identified that observing neighborhood violence was significantly related to experiencing IPV, underscoring the importance of external influences on experiences of violence within the home (Thulin et al., 2021). Our analysis did not find these relationships to hold in the Colombian context.

The current study corroborates global evidence and provides Colombia-specific considerations into the critical linkages between violence outside and within the home. Despite initial reduction in violence following peace accords between the government and the FARC in 2016, conflict-related events in Colombia increased between 2020 and 2021, with armed groups employing violent strategies to maintain trafficking networks, respond to slow societal reintegration, and counter the continued killing of their leaders (The International Institute for Strategic Studies, 2022). The connection between internal conflict and the increased IPV it generates is costly, though likely an underestimation; a related analysis using the VACS data in Colombia found that the health burden associated with physical IPV in a single year was $90.6 million USD, with a disproportionate burden among conflict-affected females aged 13–24 years (Brown et al., 2022).

Moreover, our findings reveal strong implications for how protracted conflict impacts human development, or the ability for people to live in household and community conditions wherein they are able to thrive physically and psychologically “as individuals, social beings, and citizens” (Adams, 2017). In both experiencing and studying conflict as a Latin American, Adams has theorized the existence of a self-reproducing “chronic violence-human development nexus” wherein long-term violence in a context becomes normalized at all levels of the context’s socioecological system (microsystem, mesosystem, exosystem, macrosystem) over time (chronosystem), impeding the ability for its peoples to thrive (Adams, 2017). The theoretical framework rejects the conceptualization of and response to household violence, community violence, and protracted internal conflict as separate phenomena. In other words, if accurate, isolated interventions designed to address caregiver violence or IPV in Colombia may be fruitless if they are not coordinated alongside programming and policymaking efforts to enable conditions in which whole communities —regardless of individuals’ past victimization or perpetration—can thrive. Importantly, this study responds to numerous calls for an increased focus on women and girls’ acute needs in humanitarian contexts Accountability for Women and Girls in Humanitarian Settings, n.d.; Facts and figures, n.d.; Goal 5 | Department of Economic and Social Affairs, n.d., p. 5; Stark et al., 2021) by drawing attention to the heightened vulnerability to different types of violence female populations face in Colombia exacerbated by inequitable gender norms (Hynes et al., 2016; Pallitto & O’Campo, 2005). Further, by focusing specifically on an often-neglected group of women and girls—adolescent girls, and specifically those from Latin America—this study expands the diversity of existing evidence on violence prevention

among women and girls. However, future analyses might also consider perpetration by or victimization of men, boys, transgender, and intersex people in violence associations to guide holistic, diverse, and gender-responsive policy and programming.

This study is not without limitations. First, emotional violence was only included in measures of caregiver violence, even though it is well documented as a prominent form of IPV (Dokkedahl et al., 2019). While sexual violence was also measured within the VACS, the data only distinguish who perpetrated the first and last experience of sexual violence, and was thus not included in this analysis. Additionally, the data used for this study was cross sectional, limiting our ability to assess causality or interpret the directionality of the relationships between witnessing external violence and experiencing household violence. While it is conceivable that the observed associations could indicate directionality either way (e.g. witnessing external violence could normalize violence and thus influence perpetration of household violence, or, the normalization of violence in ones' household could amplify external violence), existing literature provides more support to the thesis that external violence heightens violence in the private sphere. Longitudinal research may usefully assess these pathways, as well as help explicate any unobservable intermediate variables that may be confounders. Data for this study were also collected by enumerators in person, which may heighten social desirability bias. Finally, while this study offers important insights from the context of Colombia, it is important to recognize that internal political conflict and community violence are situated within a larger, interconnected global political and economic system, and that the chronic violence present in this context may be influenced by migration and drug trafficking policies enacted by other countries. This study provides substantial statistical evidence that can help guide efforts to reduce violence in countries such as Colombia with longstanding conflict.

5. Conclusion

This study demonstrates substantial linkages between internal and external violence for adolescent and young adult females living in Colombia and emphasizes the need for identifying populations who have been exposed to conflict or neighborhood violence because of their increased prevalence in reporting violence occurring in the home setting. Linking conflict-related databases as the ones that exist in Colombia may help authorities identify populations that may be more vulnerable. Furthermore, identifying these populations may contribute to enabling partnerships between institutions that implement programs focused directly on families and communities exposed to conflict.

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Data availability

VACS data owned by the Government of Colombia and made available by the CDC through a Data Use Agreement or directly from the Ministry of Health and Social Protection of Colombia.

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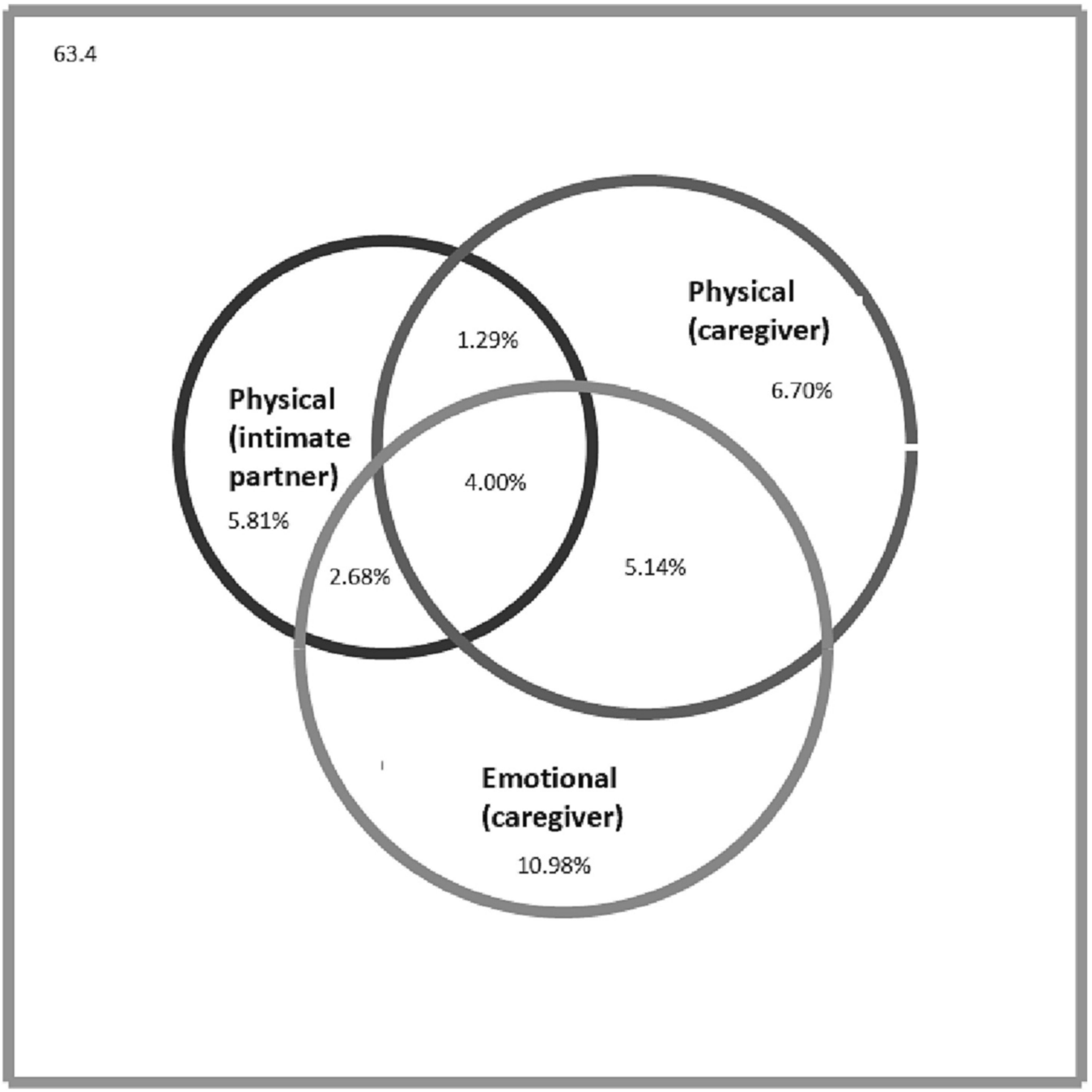


Fig. 1.
Proportional Venn diagram of violence experiences among females ages 13–24 in Colombia.

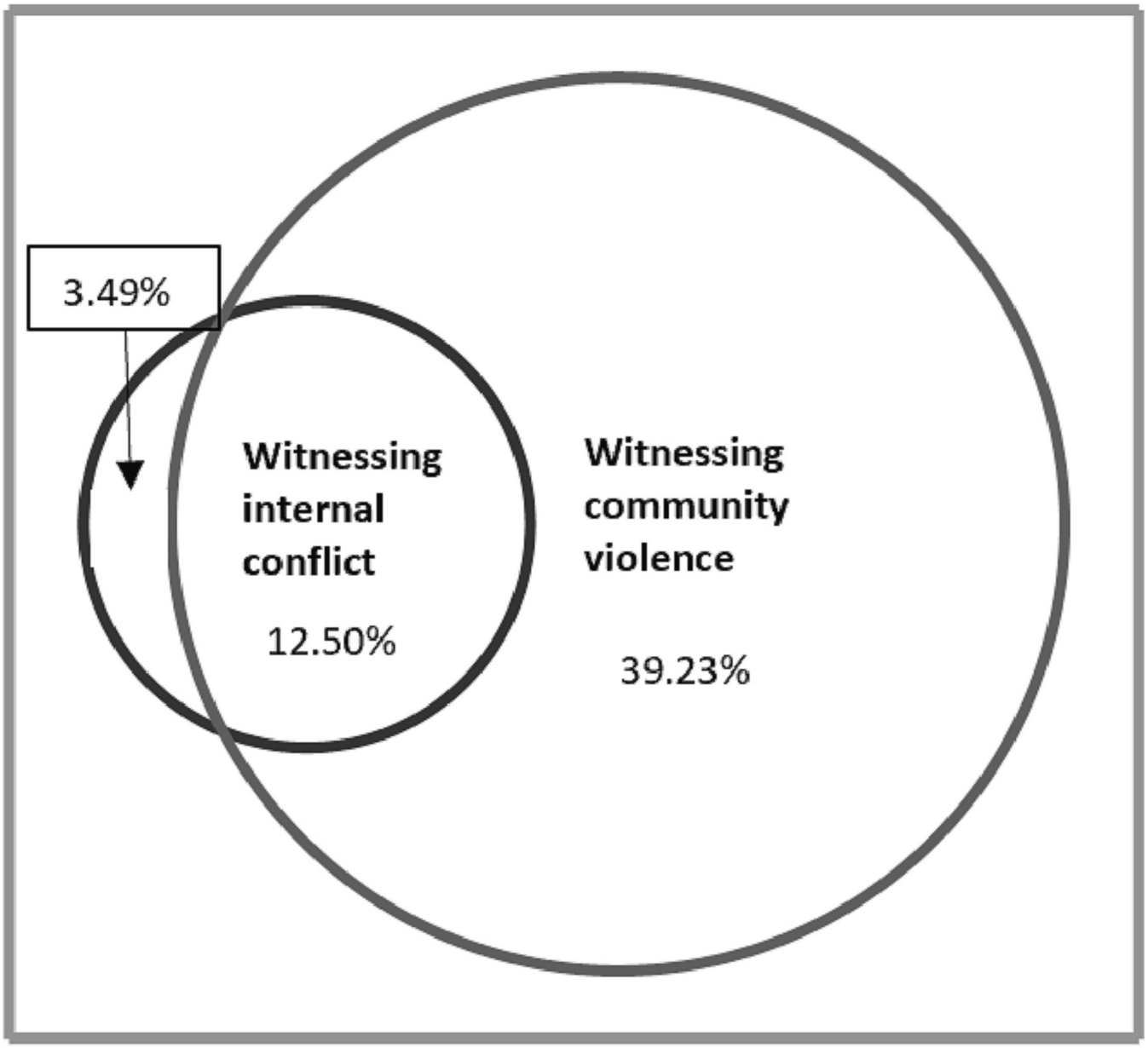
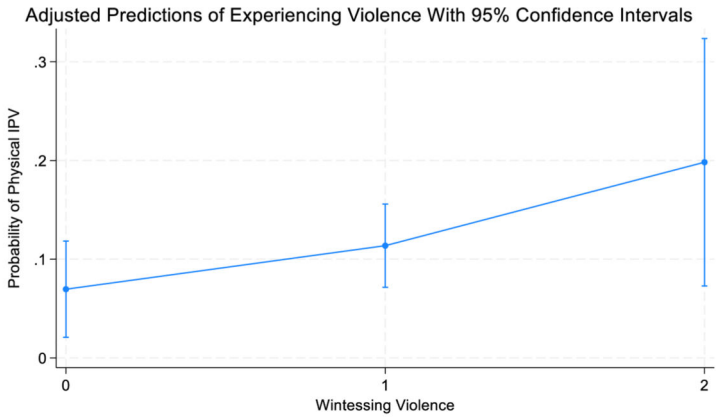
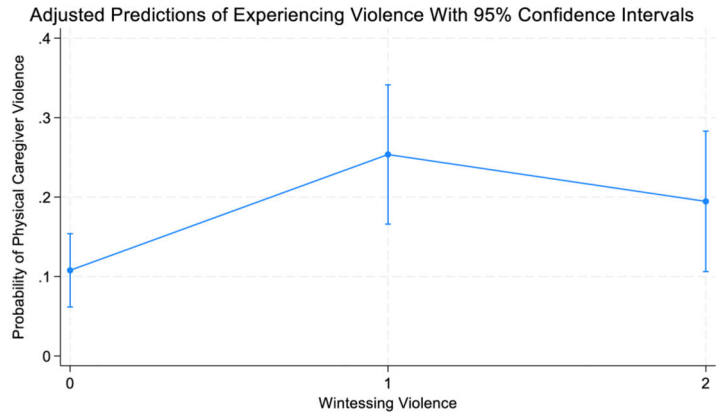


Fig. 2.
Proportional Venn diagram of witnessing violence among females ages 13–24 in Colombia.

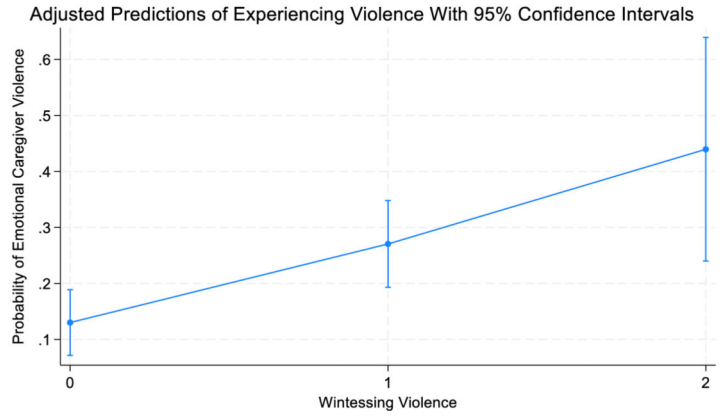
Physical (intimate partner)



Physical (caregiver)



Emotional (caregiver)



Figs. 3–5.

Predicted probability of experiencing violence, by exposure to external violence

Note: Values on the Y axis represent the predicted probability of experiencing the respective form of violence: Physical (intimate partner), physical (caregiver), or emotional (caregiver). Values on the X axis represent categories of witnessing violence whereby 0 represents neither witnessing community nor internal violence, 1 represents witnessing only community violence, and 2 represents witnessing internal conflict.

Table 1

Characteristics of females ages 13–24 years in Colombia, Violence Against Children and Youth Survey, 2018 (N=1406).

Continuous variables	**Mean (95 % CIs)**
Age	18.51 (18.18–18.83)
Dichotomized variables	% (95 % CIs)
Demographics	
Currently in school	54.41 % (49.11 %–59.19)
Worked in past 12-mo	37.01 % (31.49 %–42.54 %)
Ever married or living with partner as if married	31.70 % (27.71 %–37.70 %)
Individual-level exposure to external violence	
Witnessing community violence	51.26 % (44.81 %–57.70 %)
Witnessing internal conflict	15.99 % (11.11 %–20.86 %)
Witnessing only community violence	39.23 % (33.35 %–45.12 %)
Witnessing only internal conflict	3.49 % (1.19 %–5.80 %)
Witnessing both community violence and internal conflict	12.50 % (8.47 %–16.53 %)
Physical violence victimization, ever Intimate partner, any	13.79 % (10.20 %–17.37 %)
Slapping, pushing, shoving, shaking, or intentionally throwing something	13.20 % (9–58 %–16.82 %)
Punching, kicking, whipping, or beating with an object	10.00 % (6.75 %–13.25 %)
Choking, smothering, trying to drown, or intentional burning	3.50 % (1.63 %–5.37 %)
Threatening with a knife, gun, or other weapon	2.71 % (0.99 %–4.44 %)
Caregiver violence, any	17.27 % (13.21 %–21.34 %)
Slapping, pushing, shoving, shaking, or intentionally throwing something	13.48 % (9.99 %–16.97 %)
Punching, kicking, whipping, or beating with an object	11.43 % (8.13 %–14.72 %)
Choking, smothering, trying to drown, or intentional burning	1.63 % (0.07 %–3.18 %)
Threatening with a knife, gun, or other weapon	0.88 % (−0.19 %–1.94 %)
Emotional violence victimization, ever Caregiver violence, any	22.75 % (17.26 %–28.25 %)
Being told that the respondent was not loved, or did not deserve to be loved	7.12 % (4.54 %–9.70 %)
Saying they wished the respondent had never been born or were dead	5.34 % (2.83 %–7.85 %)
Ridiculing or putting down respondent	20.37 % (15.28 %–25.47 %)
Threatening to get rid of respondent	4.00 % (1.40 %–6.60 %)

Table 2

Association between external violence exposure and lifetime household violence experience among females 13–24 years old in Colombia, Violence Against Children and Youth Survey, 2018.

	Intimate partner violence (physical)		Caregiver violence (physical)		Caregiver violence (emotional)	
	OR [95 % CIs]	**aOR [95 % CIs]**	**OR [95 % CIs]**	**aOR [95 % CIs]**	**OR [95 % CIs]**	**aOR [95 % CIs]**
Witnessing only community violence	1.82 (0.87–3.79)	1.72 (0.78–3.77)	**2.84 *** (1.55–5.19)**	**2.81 *** (1.54–5.14)**	**2.51 ** (1.31–4.81)**	**2.48 ** (1.29–4.75)**
Witnessing internal conflict	**4.92 ** (1.88–12.84)**	**3.31 * (1.22–8.95)**	**2.08 * (1.02–4.26)**	2 (0.93–4.30)	**5.54 *** (2.04–15.05)**	**5.24 ** (1.86–14.76)**
Age		1.06 (0.93–1.20)		1.01 (0.92–1.12)		0.93 (0.84–1.03)
Currently in school		0.66 (0.28–1.56)		0.67 (0.31–1.47)		0.72 (0.35–1.46)
Worked in past 12-months		1.47 (0.57–3.80)		0.96 (0.48–1.90)		1.37(0.69–2.72)
Currently married		**3.01 * (1.14–7.93)**		0.69 (0.31–1.55)		1.33 (0.66–2.66)
Wald-test (F-statistic) Witnessing community violence vs witnessing internal conflict	**5.92 ***	2.45	0.69	0.81	3.18	3.00

Note: Logistic regressions were used to estimate adjusted odds ratios. A total of 12 models are included in this table, as separate OR and aOR models were run for each type of violence experience. Adjusted models controlled for age, ever married, currently in school, and past 12-mo work experience. The reference group for the aORs includes those who reported never witnessing community violence nor internal conflict. All observations are weighted to be representative of 13–24-year-old females in Colombia; standard errors are adjusted for the complex sampling design. Odds ratios and Wald tests are significant at

*** $p < 0.001$

** $p < 0.01$, and

* $p < 0.05$. Results are bolded when $p < 0.05$. OR = odds ratio; aOR = adjusted odds ratio; CI = 95 % confidence interval.