

Colombia 2018 VACS Data File

SUMMARY

The Colombia Violence Against Children and Youth Survey (VACS) is the first-ever nationally representative household survey of all non-institutionalized females and males ages 13-24 years designed to estimate the prevalence of sexual, physical, and psychological violence against children and youth in the country. It is also the first to provide representative data for children living in areas historically exposed to the internal conflict. The data from the Colombia VACS are intended to inform programs and policies to end all forms of violence against children and youth and, in doing so, serve as an example to other countries in leveraging high-quality data to drive action to prevent violence and provide services to victims. This survey is the product of work led by the Ministry of Health and Social Protection of Colombia (MoHSP), with technical and methodological support from the U.S. Centers for Disease Control and Prevention (CDC), financial support from the United States Agency for International Development (USAID), and partnership support from Together for Girls. The operational aspects of this endeavor were led by the International Organization for Migration (IOM).

The purpose of the Colombia VACS was to estimate (1) the prevalence of childhood violence (physical, sexual and psychological), defined as violence occurring before 18 years of age among 18-24-year-olds, and (2) the prevalence of violence in the 12 months prior to the survey among adolescents (ages 13-17) and young adults (ages 18-24). To achieve the survey objectives, the Colombia VACS assessed the experiences of females and males ages 13-24, via a nationally representative household survey.

The Colombia VACS includes a core questionnaire for the head of household as well as participant questionnaires (both a male and a female version). The questionnaire was adapted to Spanish in Colombia after cognitive interviews and qualitative evaluation by Together for Girls and by the University of Los Andes. Cognitive interviews were conducted in December 2016 in four regions of the country with populations having the same age range as that of the VACS. Through the Inter-sectoral Working Group (IWG) and key stakeholders who were familiar with the problem of violence against children and child protection, Colombia further adapted the core questionnaire to the local and cultural context. The questionnaire drew questions and definitions from several validated survey tools, to (1) compare data with other studies as a useful validation, and (2) use measures that had already been field tested in other studies. The participant questionnaire included approximately 300 questions and covered the following topics: demographics; parent-child relationships, education, connectedness to family, friends and community; endorsement of traditional norms about gender and sexuality; perceptions of safety; witnessing violence in the home and community; sexual history and risk-taking behavior; experiences of physical, sexual and psychological violence; violence perpetration; pregnancy; health outcomes and risk behaviors; and violence disclosure, service-seeking and utilization of services. Additionally, the survey contained modules that were specific for Colombia and the region. These included questions about sexual orientation, internal displacement, remittances, migration, bullying, online sex, weapons carrying, and community violence. The questionnaire adaptation for Colombia considered local linguistic expressions as well as country-specific census classifications.

The Colombia VACS 2018 sample was derived from a subsample of the Master Sample of Households for Health Studies developed by the Ministry of Health and Social Protection. This was done to ensure a comprehensive and complementary thematic view of the studied populations and to warrant comparable representation and population disaggregation as that of other studies conducted within the National System of Studies and Surveys in Health. The master sample was generated in compliance with the requirements for all population-based studies in health and is probabilistic, clustered, stratified, and multistage. Using this strategy, a probabilistic subsample of populations is selected. The study universe for the VACS is made of non-institutionalized civilian population ages 13 to 24 years living in urban and rural areas of the 1,222 municipalities and 32 departments of Colombia and Bogota DC. The sampling frame used was based on the Population and Household Census of 2005. The study additionally selected a stratum that was representative of 170 municipalities (historically exposed to conflict) and selected a 20% oversample from specific areas from the four main cities of the country: Bogotá, Cali, Medellín, and Barranquilla. During study implementation, data collection for females and males was conducted in separate Enumeration Areas (EAs), using a split sample approach. This strategy serves to protect the confidentiality of participants and eliminates the chance that a male perpetrator of violence and the female victim in the same community would both be interviewed.

The VACS utilized a three-stage stratified sample design. For the national stratum, in the first stage, a total of 619 EAs were selected randomly from the master frame; 296 were assigned to be female EAs and 323 were assigned to be male EAs. For the priority municipalities stratum, 49 of the 170 municipalities were selected; in the first stage, 516 EAs were randomly selected; 248 were assigned to be female EAs and 268 were assigned to be male EAs. In the second stage, in both strata, a fixed number of 24 households were selected using equal probability systematic sampling. In the last stage, one eligible participant (female or male depending on the selected EA) was randomly selected from the list of all eligible participants (females or males) 13-24 years of age in each household and administered the questionnaire. EAs with less than 50 households were excluded from the study to protect participants' confidentiality. During the original sample draw, an additional 82 EAs were selected (44 EAs for the national stratum [18 female and 26 for male EAs] and 38 EAs for the priority stratum [15 female and 23 male EAs]), but no surveying was ever completed in those areas due to community violence, gated neighborhoods or inclement weather, therefore they were dropped from analysis and not considered further. In the national sample, 14,630 households were visited, 8,206 were screened for eligibility to participate in the survey. Specifically, in the female sample 6,916 households were surveyed. Within these households, 1,406 females completed the participant questionnaire. In the male national sample 7,536 households were surveyed. Within these households, a total of 1,299 males completed the participant questionnaire. In the priority municipalities sample, 12,166 households were visited, 7,651 were screened for eligibility to participate in the survey. In the female sample, 5,809 households were surveyed. Within these households, 1,302 females completed the participant questionnaire. In the male priority municipality sample 6,265 households were surveyed. Within these households, a total of 1,211 males completed the participant questionnaire.

Due to the complex sample design, clustering, stratification and sample weights should be used in the data analysis in order to obtain proper point estimates and variances. Users of the Colombia VACS 2018 Data Files should use statistical software packages such as SAS, SPSS, SUDAAN, or Stata that have specific analytic procedures for complex survey designs. The stratification, cluster, and sample weight variables for both the national and priority municipalities sample are Dept, PSU, and Wght_Final

respectively. Male (Sex=1) and female (Sex=2) data have been combined for both the national and the priority municipalities datasets.