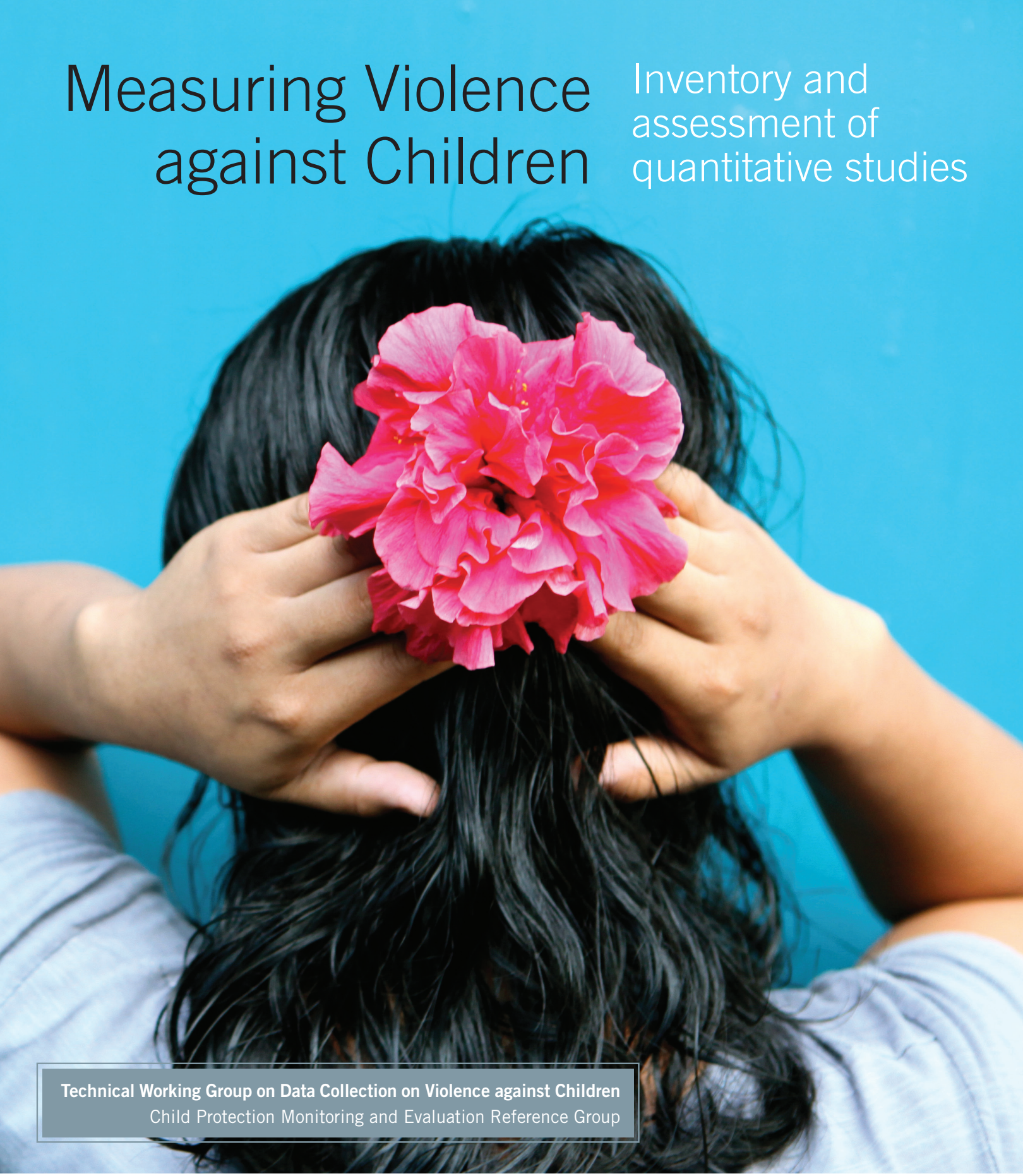
Measuring Violence against Children

Inventory and assessment of quantitative studies



Technical Working Group on Data Collection on Violence against Children
Child Protection Monitoring and Evaluation Reference Group

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Foreign Affairs, Trade and Development Canada
Affaires étrangères, Commerce et Développement Canada
FRA European Union Agency for Fundamental Rights
ILO
ISPCAN International Society for the Prevention of Child Abuse and Neglect
Plan
Population Council
Save the Children
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The CP MERG was established in 2010 in response to gaps and challenges in child protection monitoring, evaluation and research. Given the general lack of data on violence against children and the momentum created by the 2006 publication of the United Nations Secretary-General's Study on Violence against Children, the CP MERG created a Technical Working Group. The Group was tasked with developing tools that can guide and support the collection of reliable and useful data on violence against children in an ethically sensitive manner.

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CONTENTS

ACRONYMS

ACE	Adverse Childhood Experiences Study
CASI	Computer-assisted self-interviewing
CDC	United States Centers for Disease Control and Prevention
CP MERG	Child Protection Monitoring and Evaluation Reference Group
CRC	Convention on the Rights of the Child
CTSPC	Parent-Child Conflict Tactics Scale
DCSF	Department for Children, Schools and Families (UK)
DHS	Demographic and Health Surveys
EA	Enumeration areas
ESOMAR	European Society for Opinion and Market Research
GSHS	Global School-based Student Health Survey
HBSC	Health Behaviour in School-aged Children Study
ICAST	ISPCAN Child Abuse Screening Tools
ICC	International Chamber of Commerce
IDP	Internally displaced person
ISPCAN	International Society for the Prevention of Child Abuse and Neglect
JVQ	Juvenile Victimization Questionnaire
KI	Key informant
MICS	Multiple Indicator Cluster Surveys
NatSCEV	National Survey on Children's Exposure to Violence
NGO	Non-governmental organization
NSPCC	National Society for the Prevention of Cruelty to Children (UK)
PDA	Personal digital assistant
PPS	Probability proportional to size
TG	Target group
UK	United Kingdom of Great Britain and Northern Ireland
UN	United Nations
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women (now merged into UN Women)
USAID	United States Agency for International Development
VAC	Violence against children
WHO	World Health Organization
WorldSAFE	World Studies of Abuse in the Family Environment

EXECUTIVE SUMMARY

Research and data on violence against children are scarce and inconsistent, especially in low- and middle-income countries. As a result, rigorous evidence on the extent, nature and impact of violence against children and on the underlying social norms and attitudes that perpetuate it is limited. Robust data are needed to develop evidence-based programmes and policies that can prevent and respond to violence, to establish baselines and monitor progress, and for advocacy. Such data are also needed to inform the development of and improve campaigns, laws, regulations and services that contribute to children's protection and well-being.

The last two decades have witnessed a proliferation of different measurement activities aimed at filling the existing gaps, primarily through population-based sample surveys. Initiatives have been undertaken by or with the support of international agencies, international and local non-governmental organizations (NGOs), government institutions and researchers. The fact that governments and others have expressed interest in advancing in this area and have invested in improving related data-collection efforts is a positive step forward.

While many organizations and individuals are active in research on violence against children, no gold standard for measuring this sensitive issue has been agreed upon internationally. As a result, different approaches have been developed to gather data, including the use of diverse indicators, questionnaires and study designs. This combination of factors has often led to the collection of inconsistent and unreliable data. It has also raised important questions about the risks and ethical issues that arise when the data-collection process involves children.

The Child Protection Monitoring and Evaluation Reference Group's (CP MERG) Technical Working Group on Data Collection on Violence against Children was established to provide guidance in this area and to produce outputs that can assist countries and partners in their efforts to gather data that are both reliable and useful and obtained in an ethically sensitive manner. The goal is to support, facilitate and coordinate the development of guidelines, standards and tools for the collection of data on violence against children at global, regional and national levels. With these objectives in mind, the Working Group decided to undertake a review of quantitative studies on violence against children to provide an overview of some recent data-collection activities that will feed into the development of guidelines.

This review focused mainly on studies conducted in low- and middle-income countries; however, three studies from Western Europe (Germany, Switzerland and the United Kingdom) and one study from the United States were also included. The review was based upon interviews with key informants, the identification of large-scale studies on violence against children, and an in-depth assessment of surveys from six countries and one subregion: Chile, the Eastern Caribbean, Georgia, India, the Republic of Moldova, the United Kingdom and the United Republic of

Tanzania. Surveys conducted as part of larger international survey programmes, such as the Multiple Indicator Cluster Surveys and Demographic and Health Surveys, were not included in the review.

The review led to the following findings:

- Interest in research on violence against children has gained momentum since the 2006 publication of the *United Nations Secretary-General's Study on Violence against Children*.
- Research on violence against children appears highly fragmented, and most studies remain unknown to the larger body of stakeholders, practitioners and researchers.
- The quality of the studies identified and reviewed in this assessment is highly uneven.
- Few studies used sound research methodologies and approaches to, for example, sample design, questionnaire design, data entry and data analysis. Indeed, some studies were found to violate basic quantitative research principles, including the use of purposive samples in studies aimed at obtaining representative data at the population level.
- Key terms (such as 'violence' and 'abuse') were often defined on an ad hoc basis that was unique to each study. This makes comparison across studies difficult, despite their use of similar labels, such as 'physical abuse'.
- In relation to the behaviours, risk factors and attitudes researched, more dissimilarities than commonalities were found among the studies, again impeding comparability and underscoring the fragmentation of the overall sector. One reason for this could be the absence of a clear theoretical and conceptual research framework in most of the studies assessed.
- Most of the studies were interested in the experiences of both boys and girls; three gathered data only about girls. The age groups of the target populations varied widely among studies and ranged from children as young as 5 years of age to young adults.
- Almost all of the studies were interested in experiences of violence that had occurred in the home, except for the few that focused solely on violence at school.
- Many studies relied on research and ethical protocols that were developed from scratch. In most instances, the choice for or against selecting specific research and ethical protocols was not discussed in the reports.
- Some of the studies offered examples of innovation or solutions to address important issues, such as the establishment of procedures to allow respondents to report victimization experiences anonymously during interviews.
- Most of the tools, concepts and approaches that were used in the studies had been originally developed and used in high-income countries; they were later adopted for use in low- and middle-income countries without undergoing a rigorous process of cognitive and field-testing prior to their use for data collection.
- The majority of studies were commissioned by individual organizations or agencies, namely international organizations – most commonly the United Nations Children's Fund (UNICEF) – international NGOs and government agencies. Several were commissioned under a partnership that usually included a national government and international organization. The types of agencies and organizations responsible for implementation varied widely across studies, from national and local NGOs to private sector agencies, academic institutions, research centres and individual consultants.

1 INTRODUCTION

The aim of the *United Nations Secretary-General's Study on Violence against Children*,[2] released in 2006, was to present a detailed picture of the extent, nature and causes of violence against children (VAC) and to develop recommendations for action. The study (subsequently referred to as the *UN Study on Violence against Children*) brought global attention to the lack of adequate data on this important issue and generated momentum in terms of data gathering in the lead-up to the study and following its publication.

The ensuing years have witnessed a proliferation of different measurement activities aimed at filling existing gaps, primarily through population-based sample surveys. Initiatives have been undertaken by or with the support of international agencies, international and local non-governmental organizations (NGOs), government institutions and researchers. However, these activities have largely been carried out in isolation, and many of them remain unknown to the broader child protection community. Moreover, the tools used for data collection vary extensively in terms of scope, target population and design. An additional challenge includes the use of diverse protocols for fieldwork. The adoption of a variety of procedures and approaches with regard to these aspects of data collection has raised legitimate questions about the quality of various initiatives and the comparability of research findings.

In 2010, UNICEF and Save the Children, in consultation with partners, established the global Child Protection Monitoring and Evaluation Reference Group (CP MERG). A Technical Working Group on Data Collection on Violence against Children was created under the CP MERG to guide, support, facilitate and coordinate the establishment of guidelines for data collection. As a first step towards the development of such guidelines, the Working Group identified the need to review recent quantitative studies that aimed at producing prevalence data. The review was conducted to provide an overview of major areas of progress, gaps and challenges in the development of data-collection tools and methodologies. This report summarizes the main findings of this work. [3]

The review consisted of an inventory and technical assessment of large-scale quantitative studies on violence against children. The assessment covered the scope and content of data-collection instruments, aspects related to the implementation of the studies (such as sample size and design, selection and composition of the field team, content and length of interviewer training), quality control procedures, and ethical protocols, including reporting mechanisms for disclosure of experiences of violence.

2 Pinheiro, P. S., *World Report on Violence against Children*, United Nations Secretary-General's Study on Violence against Children, United Nations, Geneva, 2006.

3 A sister project that was carried out simultaneously with this review discusses ethical issues related to the collection of data on violence against children: Child Protection Monitoring and Evaluation Reference Group (CP MERG), *Ethical Principles, Dilemmas and Risks in Collecting Data on Violence against Children: A review of available literature*, Statistics and Monitoring Section, Division of Policy and Strategy, UNICEF, New York, 2012.

The review consisted of three phases:

- **Phase 1: Interviews with key informants (KIs)** to identify examples of recent studies and to discuss strengths and weaknesses of the research sector on violence against children
- **Phase 2: Inventory and description** of 38 studies – their type, regional and thematic coverage, methodological aspects and survey content and implementation
- **Phase 3: In-depth assessment** of seven studies on a number of predefined topics, including study design, field implementation and availability of supporting documentation.

It is important to note that the review only included studies that were publicly available at the time and is not meant to be exhaustive. As a result, the findings are not necessarily representative of the entire research sector, which was found to be highly decentralized and fragmented.

Although notable differences are found between the definitions of 'violence', 'abuse' and 'maltreatment' used in the studies, this report uses 'violence against children', or 'VAC', as a generic term to capture all forms. A large number of studies used the terms mentioned above interchangeably or adopted their own definitions. The detailed assessment of seven specific studies (Chapter 4) uses the exact terms that were used in the study being cited.

Finally, data quality was not part of the assessment, as this was outside the scope of this review and would have required access to datasets that were, for the most part, unavailable.

2 INTERVIEWS WITH KEY INFORMANTS AND IDENTIFICATION OF STUDIES

The first phase of the work aimed to identify surveys dealing with violence against children and to understand how KIs perceived past and current data-collection activities in this area. A 'snowball sampling' technique stemming from qualitative research was used: Key informants were asked for leads on other KIs who might be able to provide information or material about a certain study or about stakeholders who were known to have conducted one or more surveys in the past. A total of 13 interviews were conducted (see Appendix A): Four of them involved researchers, while the others were conducted with representatives of national and international organizations. The KI interviews had three objectives:

1. Obtain an initial listing of widely recognized VAC surveys and leads on existing studies
2. Understand the perceived strengths and weaknesses of current VAC data-collection activities
3. Identify knowledge gaps and data needs.

2.1 IDENTIFICATION OF STUDIES

The first component of KI interviews revealed a largely fragmented research sector. Although the informants came from different organizations, it became clear during the interviews that their knowledge of quantitative studies overlapped, with a bias towards large international data-collection projects. The following studies were mentioned (shown in order of decreasing frequency): [4]

- Pilot testing of the Child Abuse Screening Tool Children's Version, conducted by the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) in Colombia, Iceland, India and the Russian Federation between 2004 and 2009[5]
- A survey conducted in Swaziland in 2007[6] by the United States Centers for Disease Control and Prevention (CDC) and UNICEF in collaboration with the Government of Swaziland, and another survey conducted in

4 If the KIs mentioned studies undertaken by them or their own organizations, these were not counted.

5 Zolotor, A. J., et al., 'ISPCAN Child Abuse Screening Tool Children's Version (ICAST-C): Instrument development and multinational pilot testing', *Child Abuse & Neglect*, vol. 33, no. 11, 2009, pp. 833-841.

6 United Nations Children's Fund Swaziland, *A National Study on Violence against Children and Young Women in Swaziland*, UNICEF Swaziland, Mbabane, 2007.

the United Republic of Tanzania in 2009[7] by the Government, the Muhimbili University of Health and Allied Sciences, UNICEF and the CDC, under the Together for Girls initiative

- The Multiple Indicator Cluster Surveys (MICS) conducted in several low- and middle-income countries with support from UNICEF over multiple years
- The Optimus Study conducted in China (2009-2010) and Switzerland (2009), sponsored by the Optimus Foundation of UBS[8]
- The Adverse Childhood Experiences (ACE) Study developed by the CDC and Kaiser Permanente's Health Appraisal Clinic of San Diego, and first implemented in the United States in 1995-1997[9]
- The Developmental Victimization Survey and its Juvenile Victimization Questionnaire, developed by the Crimes against Children Research Center of the University of New Hampshire and first implemented in the United States in 2002-2004[10]
- The Child Abuse and Neglect Study conducted in the United Kingdom in 2011 by the National Society for the Prevention of Cruelty to Children.[11]

Although the key informants were also asked about other national studies, only a few had knowledge of any, most of which were referred to only vaguely as: "There was a study in (country) I heard of, but I do not have the report," making it difficult to identify or locate such studies. In most cases, KIs considered their own knowledge of quantitative research activities in this sector to be limited, apart from knowing about large international projects and a limited number of studies conducted by their organizations. The reasons given for this were:

- Most of the VAC studies they were familiar with were qualitative in nature. As an illustration, one KI shared a database of VAC-related research consisting of more than 40 studies, but fewer than five were quantitative.

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7 United Nations Children's Fund, US Centers for Disease Control and Prevention and Muhimbili University of Health and Allied Sciences, *Violence against Children in Tanzania: Findings from a national survey 2009*, UNICEF Tanzania, Dar es Salaam, 2011. Building on the experience in Swaziland, a group of international organizations from the public, private and non-profit sectors formed a global partnership focused on ending violence against children called Together for Girls. The partnership brings together 10 public and private sector organizations, including the United States Department of State-President's Emergency Plan for AIDS Relief, the Office of Global Women's Health Issues, CDC, UNICEF, United Nations Population Fund, Joint United Nations Programme on HIV/AIDS, United Nations Development Fund for Women (UNIFEM, now merged into UN Women), World Health Organization, Becton, Dickinson, and Company, CDC Foundation, Grupo ABC and the Nduna Foundation. This initiative focuses on three core activities: conducting national surveys and collecting data to document the magnitude, nature and effects of violence (including sexual violence); informing government leaders, communities and donors and supporting a plan of action at the country level to address violence; and building public awareness to motivate change in societal and gender norms and behaviours that are harmful to children and women. Under this initiative, seven surveys had been completed at the time of this review (in Cambodia, Indonesia, Haiti, Kenya, Malawi, United Republic of Tanzania and Zimbabwe), and others were in the planning or pilot stages. Information on this initiative can be found at: <www.togetherforgirls.org/>, accessed 15 October 2013.

8 The Optimus Study is a large-scale research project that was launched by the Optimus Foundation of UBS (a global financial services company). As part of this initiative, population and agency-based surveys were conducted in China and Switzerland between 2008 and 2011 to improve the recording of and prevention of sexual abuse and sexual victimization of adolescents and children. Further studies and projects are planned for the coming years. At the time of this review, only the survey report of the Switzerland study had been released. See: Averdijk, M., K. Müller-Johnson and M. Eisner, *Sexual Victimization of Children and Adolescents in Switzerlan*d, UBS Optimus Foundation, Zurich, February 2012 (second edition). Information about this initiative can be found at <www.optimusstudy.org>, accessed 15 October 2013.

9 The ACE study was designed to assess associations between adverse childhood experiences, including childhood maltreatment, and future health and well-being. After the initial implementation in the US, the study was replicated in a few countries, including Canada, China, Jordan, Norway, the Philippines and the United Kingdom. Information about this study can be found at: <www.cdc.gov/ace/about.htm>, accessed 15 October 2013.

10 Information can be found at: <www.unh.edu/ccrc/projects/developmental_victimization_survey.html>, accessed 15 October 2013.

11 National Society for the Prevention of Cruelty to Children, *Child Abuse and Neglect in the UK Today*, NSPCC, London, 2011.

- Adequate documentation was lacking, as was a central database or overview of research activities conducted at the country level. In a number of cases, KIs indicated that they believed that a lot of research activities had been undertaken, but they were not sure what kinds of studies these were or whether this assumption was correct.
- Awareness of research activities undertaken in the area by others was limited.
- Institutional memory at the global, national or local levels was weak.
- Some smaller studies not under the umbrella of large international research activities were perceived as untrustworthy.

2.2 STRENGTHS AND WEAKNESSES OF CURRENT DATA-COLLECTION ACTIVITIES

The initial plan was to ask KIs about the strengths and weaknesses of the specific studies they mentioned. It became evident during the interviews, however, that most of them preferred to share their overall views on research in the sector rather than commenting on individual studies. Indeed, a number of their comments on strengths and weaknesses were found to be valid for the whole sector.

One key point made by a number of KIs on the strength of current research activities was the growing interest in VAC research as well as the increasing professionalism of such research:

> "There has been a lot of interest in researching violence on an international level lately, and right now a lot of people are working on tools that offer internationally comparable projects."

> "I think the upsurge and interest in international instruments is a strength. Especially the MICS3 was a strong process which has contributed to the fact that we have now more comparable and reliable data than before."

> "When you look at the literature, you can actually identify waves in research. The first research activities in a country are usually driven by the desire to advocate on the rights of the child rather than using a scientific approach. So we can find rough and ready research that has not used scientific methods, but the main issue then was to make a claim.... In this case, sometimes people would project data from small-scale studies to the entire society, which is not correct and a dangerous thing to do.... Later these rough-and-ready approaches are followed by more focused research. I think in a lot of countries we are now in this phase."

The main weaknesses mentioned by the KIs were the poor quality of VAC studies, particularly small-scale surveys, as well as the lack of internationally comparable data:

> "A lot of these small surveys are not representative. They use opportunistic sampling, which means that the findings [are] not representative and there are no conclusions possible."

> "There are not too many quantitative surveys around, and we have always lacked documentation on prevalence, although we would need this.... Sometimes 'statistics' are produced that are not always correct, and people use doubtful methods to calculate prevalence. We are reluctant to use those numbers.... For example, when you check the references these studies cite, sometimes they are very old, sometimes from the 1970s, so this is not very useful."

"We really do not have international data. It was quite sobering when I saw an overview of studies and wondered, 'Is this all we have?'.... When you look at a map of the world, you realize that most countries are blank."

"The main weakness I see is that there is not enough work done to validate instruments. I think what is needed are comparative interview methods."

The question of research ethics was also debated in some interviews, underlining the need for further discussion:

"The ethical issues are complex. Sometimes people think that they need to bypass the parents so that the children can answer more honestly. This is a difficult position because parents can become understandably upset when children are involved in interviews without their consent. We need to think more about the ethical dimensions of researching violence against children."

"There are complications when it comes to collecting information from children.... There are studies I know of where the researchers were not prepared properly.... What happened was that the children requested help from the researchers when they were victimized, but the researchers did not have the programmatic processes in place to deal with disclosures... so they could not deal with the consequences of their own research."

"We need to confirm a couple of assumptions, for example what impact interviewing children on [sexual] violence has on the children.... We need to get evidence for these assumptions."

"I wonder what the minimal age for interviewing children should [be] and when we need to involve the parents – or do not need to involve the parents any more for obtaining consent.... In Western countries, children are often involved in interviews when they are 16 and older, but in other countries also very young children are asked. We are looking for answers to these questions."

2.3 KNOWLEDGE GAPS AND DATA NEEDS

The knowledge gaps and data needs mentioned by the KIs were, in general, the result of the perceived weaknesses, including the need to develop better tools and methodologies. Another concern was the content of the surveys. Some KIs expected surveys to stop concentrating on obtaining prevalence data and uncover the underlying reasons for violence against children. In this way, future studies could provide actionable insights to help address the issue at a programmatic level:

"What we have now are mostly descriptive analyses of what happens to children, but no multilevel analysis to understand the linkages and consequences of violence.... What are the risk factors? Were interventions effective?"

"I would expect that the search for the [prevalence/incidence] numbers will disappear and people will try to understand the mediating factors. I found that it was not useful to look for effects of emotional, physical or sexual abuse alone.... We need to look at multiple victimization and adversity."

"We need sound epidemiological studies that provide us with representative data.... [Such studies] should not only focus on one type of violence, such as sexual violence, but on multiple ones.... Surveys should not only address girls or only boys, because there are a lot of similarities, for example, when it comes to sexual abuse."

2.4 INFORMANT INTERVIEWS: KEY FINDINGS

The findings from the KI interviews can be summarized as follows:

- The KIs observed a growing interest in researching violence against children and expected the increasing professionalization of the sector to generate more robust and internationally comparable data.
- The VAC research sector was perceived to be highly fragmented with many isolated research activities, lacking a centralized database and with limited awareness of the true scope of research in this area.
- The data-collection activities best known to the KIs were large-scale surveys. These studies were, in general, more trusted among the KIs than smaller-scale studies.
- Key informants expressed scepticism towards the findings of (and methods used in) a number of quantitative VAC studies. The main point made was that some of the studies were based on non-random sampling that, in essence, renders the findings non-representative and limits their use. In addition, some called into question the choice of sample sizes and methods used to obtain prevalence figures.
- Some KIs expressed the hope that future surveys would focus more on uncovering the underlying reasons for violence against children rather than concentrating solely on prevalence. This information was considered essential for the design of programmes and policies that address root causes.
- Research ethics was seen as a challenging area that needs to be addressed.

3 INVENTORY OF STUDIES ON VIOLENCE AGAINST CHILDREN

To develop the inventory, key informants were asked for reports or leads on quantitative studies. A number of studies were mentioned and reports shared during this phase, but a sizeable number could only be identified by following up on references in available reports or through an Internet search.

To be considered for possible inclusion in the inventory, studies had to meet the following criteria:

- Be quantitative (or based on mixed methods with a strong quantitative component)
- Have as one goal the production of prevalence data on violence against children
- Be large-scale, either at the national or subnational level
- Be publicly available with some written documentation
- Be recent (conducted between 1997 and 2012).[12]

Surveys conducted as part of an international survey programme were not part of the review. These included the UNICEF-supported Multiple Indicator Cluster Surveys (MICS); the United States Agency for International Development (USAID)-supported Demographic and Health Surveys (DHS); the Global School-based Student Health Surveys (GSHS), developed by the World Health Organization (WHO) and the CDC; and the Health Behaviour in School-aged Children Study (HBSC), implemented by an international alliance of researchers in collaboration with the WHO Regional Office for Europe (*see Box 3.1*). Pilot studies, such as the original Adverse Childhood Experiences (ACE) Study conducted in the US in 1995-1997, were not included in the inventory. In the case of the ACE study, however, its replication in the Philippines in 2007 was included.

The review did not separately consider questionnaires developed to measure violence against children, such as the ISPCAN Child Abuse Screening Tools (ICAST), but rather included studies that implemented such instruments. The specific tool(s) used in each of the studies is outlined in Section 3.2 on the definitions, indicators and content of the questionnaires.

In total, 30 country studies,[13] four multi-country studies and four general surveys that included a VAC component were

12 Not considering earlier waves of repeated studies.

13 Although conducted under the Together for Girls initiative, the VAC surveys in Kenya, Swaziland and the United Republic of Tanzania cannot be considered as one study since there were changes made in the methodologies used across the surveys. The Optimus study conducted in Switzerland in 2009 is part of the larger multinational Optimus study, but it is considered here as an individual country study since it was the only one completed (with a country report released) at the time of this review.

THE UNITED REPUBLIC OF TANZANIA - Eight-year-old Marjina [name changed] was sexually abused three times by men in the neighbourhood. In 2009, Marjina reported that a second man had abused her. "Marjina is a small girl and she was abused not once or twice, but three times. If the law does not punish people who commit such crimes against children, it will never stop. It will happen to other children", said her mother.

identified. Thus, the inventory includes a total of 38 studies. In addition, leads were found to some 25 other studies that were either not published at the time of the review or whose findings had been embargoed, or that KIs mentioned but that could not be found through further research. [14]

Information on the content and methodological parameters of all 38 identified studies was compiled in an electronic database. The database consists of multiple Excel sheets that detail more than 50 variables suited to describe any survey from a methodological point of view. A comparative analysis of the surveys presented here was carried out across a selection of the variables included in the database within the following six dimensions:

- Basic characteristics of the study, including year and country of implementation, coverage and commissioning/implementing agencies
- Definitions, indicators and content of the questionnaires, including the definition of violence against children; target groups and gender focus; types of violence, abuse or maltreatment researched; behaviours assessed; research tool/instrument used
- Methodology and sample design, including possible sources of errors or bias and the use of sampling weights
- Field implementation, including selection and profiles of field staff, training and use of a pilot test
- Quality control procedures, including the use of callback procedures and quality control checks in the field
- Ethical protocols, including informed-consent procedures and follow-up procedures for abuse disclosures.

14 The list of surveys that were included in the review can be found in Appendix B. The inventory could not cover the Optimus study conducted in China (2009-2010), 'Violence against Children in Georgia: National Survey of Knowledge, Attitude and Practices' (2013), or the VAC surveys conducted in Cambodia (2012), Haiti (2012), Indonesia (2012), Iraq (2009-2010), the Maldives (2008) or Zimbabwe (2011), since there were no published reports or publicly available documentation at the time the inventory was compiled. A few other studies/reports were identified during the review but excluded from the inventory since they did not meet the inclusion criteria listed above. These included a summary of data-collection efforts undertaken in 24 countries in West and Central Africa (United Nations Children's Fund, *Exploitation et abus sexuels des enfants en Afrique de l'Ouest et du Centre*, UNICEF West and Central Africa Regional Office, Dakar, 2008) and a similar overview of research activities on violence against children in the East Asia and Pacific region (United Nations Children's Fund, *Child Maltreatment: Prevalence, incidence and consequences in the East Asia and Pacific Region – A systematic review of research*, UNICEF East Asia and Pacific Regional Office, Bangkok, 2012).

BOX 3.1 INTERNATIONAL SURVEY PROGRAMMES WITH COMPONENTS ON VIOLENCE AGAINST CHILDREN

Multiple Indicator Cluster Surveys (MICS)

UNICEF assists countries in collecting and analysing data on the situation of women and children through the MICS programme. Since its inception in the mid-1990s, this international household survey programme has enabled more than 100 low- and middle-income countries to collect nationally representative and internationally comparable data on more than 100 key indicators in areas such as nutrition, child health, mortality, education, water and sanitation, child protection and HIV and AIDS. To date, four rounds of MICS have been completed (MICS1: 1995-1996, MICS2: 2000-2001, MICS3: 2005-2006 and MICS4: 2009-2012). The fifth round of MICS (MICS5) is currently under way and is expected to be completed by 2015.

UNICEF develops the MICS survey tools in consultation with relevant experts from various UN organizations and interagency monitoring groups. The core tools include a household questionnaire, a questionnaire for individual girls and women between the ages of 15 and 49 and a questionnaire on children under age 5 (administered to mothers or primary caregivers). Beginning in MICS4, an individual men's questionnaire has also been added to the core survey tools. The questionnaires are all modular in nature and can be adapted or customized to the needs of the country.

The third round of MICS included for the first time an optional module on child discipline adapted from the Parent-Child version of the Conflict Tactics Scale (CTSPC), developed by sociologist Murray Straus in the 1970s.[15] The MICS module inquires about the use of eight violent (six physical and two psychological) and three non-violent disciplinary practices used at home. Some countries have customized the module to include additional forms of punishment such as isolating a child, withholding a meal or burning a child with fire or a hot instrument, among others. The last item in the module probes the personal beliefs of the respondent about the necessity of using physical punishment to raise/educate children. In MICS3, the mother or primary caregiver of one randomly selected child was asked whether any of the discipline methods covered in the module had been used by any member of the household in the past month. Beginning with MICS4 (and all subsequent rounds), the methodology was changed so that any adult household member, not just the mother or primary caregiver, can act as the respondent for the child discipline module. As of May 2014, data on child discipline had been collected in 47 countries.[16] Details on all the rounds of MICS can be found at data.unicef.org.

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15 Straus, M. A., 'Measuring Intrafamily Conflict and Violence: The Conflict Tactics (CT) scales', *Journal of Marriage and the Family*, vol. 41, no. 1, 1979, pp. 75-88; Straus, M. A., et al., 'Identification of Child Maltreatment with the Parent-Child Conflict Tactics Scales: Development and psychometric data for a national sample of American parents', *Child Abuse & Neglect*, vol. 22, no. 4, 1998, pp. 249-270.

16 This list includes countries that collected information on child discipline in MICS3, MICS4 or both rounds. Several additional countries are currently completing the preparation of MICS4 reports and therefore this number only represents those with available results as of May 2014.

Demographic and Health Surveys (DHS)

The DHS collect nationally representative data on topics including population, health, HIV and AIDS, nutrition and women's status and empowerment. Surveys are carried out in low- and middle-income countries at regular four- to five-year intervals with the support of USAID.[17]

Several countries added the MICS child discipline module, or a modified version thereof, to DHS conducted after 2005. The standard module was used in the Albania DHS 2008-2009, Armenia DHS 2010, Azerbaijan DHS 2006, Jordan DHS 2012, Liberia DHS 2007 and Niger DHS 2012. The Egypt DHS 2005 implemented a modified version of the module that included questions on only three violent and one non-violent disciplinary practice for children between the ages of 3 and 17. The module on child discipline applied in the Congo DHS 2011-2012 included two additional types of punishment (pulling a child's ears and withholding a meal) while the Haiti DHS 2012 included three additional forms of punishment (pulling a child's ears, withholding a meal and making a child kneel).

A set of questions on child discipline (not the MICS module) was also included in the Plurinational State of Bolivia DHS in 2003 and 2008. Men aged 15 to 64 years and women aged 15 to 49 years were asked about their own behaviours with regards to discipline in the home and their agreement or disagreement with a number of justifications for hitting children. The Colombia DHS in 2005 and 2010 included a similar set of questions on child discipline, but these were posed only to women aged 15 to 49 years residing in the household.

In addition to collecting data on child discipline, the DHS programme includes a standard module on violence based on a modified version of the Conflict Tactics Scale. The first time such data were collected as part of a DHS was in Colombia in 1990. In 1995, questions were fielded in Egypt and again in Colombia. It is only in 1998-1999, however, that the DHS programme developed a standardized approach to the measurement of violence and first implemented it as a part of the 1998 DHS in Nicaragua. The module is addressed to girls and women ages 15 to 49 years and includes questions on the experience of specific acts of domestic and other forms of interpersonal violence. In particular, information is collected on any form of physical violence committed by anyone that has been experienced by girls and women since age 15, sexual violence at any age (including whether first sexual intercourse was forced) and help-seeking behaviours (including if and from whom help was sought). Ever-married girls and women are asked about controlling behaviours of spouses or partners; experiences of emotional, physical or sexual violence committed by their current or most recent partner; frequency of abuse; physical consequences of the violence; and when the violence first began in the relationship. Information is also collected on women perpetrating spousal violence. In addition, girls and women who have ever been pregnant are asked whether they experienced any physical abuse during pregnancy and their relationship to the perpetrator. As of July 2014, data on violence against girls and women have been collected through DHS in about 43 countries. Trend analysis is possible for a number of countries that have collected these data more than once, including, for example, Cambodia, Cameroon, Colombia, the Dominican Republic, Haiti, Kenya, Malawi, Peru, the Plurinational State of Bolivia, Rwanda, Uganda, Zambia and Zimbabwe. A handful of countries have also included a version of the module to collect information on the experiences of violence among boys and men. Further information about the DHS can be found on the DHS website at www.measuredhs.com.

17 A few countries conducted surveys using standard DHS modules and terminology but were not part of the DHS global programme.

Global School-based Student Health Surveys (GSHS)

The GSHS are a collaborative surveillance project of WHO and the CDC to help countries measure and assess behavioural risk and protective factors in 10 key areas among adolescents. The GSHS questionnaires are self-administered and are composed of 10 core modules, core expanded questions and country-specific questions. One of the 10 core modules is on violence and unintentional injury and contains two questions about physical violence (experience of being physically attacked and involvement in physical fights in the last year) and two about bullying (frequency and type of bullying experienced in the past 30 days). The GSHS core expanded questionnaire also includes questions on dating violence, sexual violence, carrying of weapons, perception of safety at school and physical violence by teachers.

The GSHS are implemented upon request from countries. The first set of surveys was conducted in 2003 and the latest surveys were completed in 2012; they have been implemented, or are currently under way, in 109 countries.[18] Of these, 72 countries have collected information on all, or some, of the questions pertaining to violence and bullying. For some of these countries these data are available for more than one point in time, including Argentina, the Bolivarian Republic of Venezuela, Chile, Egypt, Ghana, Guyana, Jordan, Lebanon, Mauritius, Morocco, Oman, the Philippines, Swaziland, Trinidad and Tobago, the United Arab Emirates and Uruguay. Further information about the GSHS can be found on the WHO website at www.who.int/chp/gshs/en/ and the CDC website at www.cdc.gov/GSHS/.

Health Behaviour in School-aged Children Study (HBSC)

The development of the HBSC dates back to 1982, when a group of researchers in Finland, Norway and the United Kingdom agreed to create and implement a common research methodology for surveying school-aged children. The earliest HBSC survey was conducted in 1983-1984, when it was adopted by the WHO Regional Office for Europe as a collaborative study and then repeated seven more times (every four years) until 2009-2010. Thus, trend analysis is possible for countries with successive surveys.

The HBSC study collects data on the health behaviours and social environments of girls and boys ages 11, 13 and 15 through self-administered questionnaires completed in the classroom. Topics include, for example, body image, life satisfaction, oral health, relationships with family and peers, sexual behaviour, substance use and physical activity. Questions on the experience of being bullied and bullying others have been included since the first survey; information on injuries and fighting has been collected since the 1993-1994 round. The standardized questionnaire enables cross-national comparisons to be made across participating countries. These findings have been summarized in five international reports (for the years 1993-1994, 1997-1998, 2001-2002, 2005-2006 and 2009-2010). The HBSC has a regional focus on Europe and North America and has been implemented in 43 countries.[19] Further details about the study can be found on the HBSC website at www.hbsc.org.

18 According to the pages on the Global School-based Student Health Surveys in the WHO website (as of May 2014).

19 According to the Health Behaviour in School-aged Children Study website (as of May 2014).

3.1 BASIC CHARACTERISTICS OF THE STUDIES

All of the 30 country studies had a specific focus on violence against children, as did the four multi-country surveys ('World Studies of Abuse in the Family Environment (WorldSAFE)', 'Perceptions of, Attitudes to, and Opinions on Child Sexual Abuse in the Eastern Caribbean', 'Protect Me with Love and Care' and 'Violence against Children in Africa'). The four general national surveys that included questions or modules related to violence were the 'Encuesta Nacional de Hogares de Propósitos Múltiples' (National Household Survey of Multiple Purposes), conducted in the Dominican Republic, and 'Adolescent Sexual and Reproductive Health' surveys of adolescents conducted in Burkina Faso, Ghana, Malawi and Uganda. The comparative analysis in subsequent sections covers these 38 identified studies.

YEAR OF IMPLEMENTATION

The vast majority of studies identified in this review (33) were conducted just once.[20] The following studies were repeated: 'Encuesta Nacional de Hogares de Propósitos Múltiples', conducted in the Dominican Republic in 2006 and in 2009-2010; 'Maltrato Infantil y Relaciones Familiares en Chile' (Child Maltreatment and Family Relationships in Chile) conducted in 1994, 2000, 2006 and 2012; 'Erster Forschungsbericht zur Repräsentativbefragung Sexueller Missbrauch' (Sexual Abuse in Germany) conducted in 1992 and 2011; 'Child Abuse and Neglect in the UK Today' conducted in 1998-1999 and 2009; and the 'National Survey on Children's Exposure to Violence (NatSCEV)' conducted in the US in 2007-2008 and in 2002-2003 under a different name ('Developmental Victimization Survey').

Among the 38 studies, 28 studies were conducted in or after 2006, the latest in 2012 (last round of the 'Maltrato Infantil y Relaciones Familiares en Chile'). Before 2006, 10 studies were carried out (not considering the earlier waves for repeated studies), with the earliest individual country study in 2002-2003 ('Violence against Children in the Republic of Armenia').[21] Interestingly, 16 studies took place between 2006 and 2008, following on the heels of the *UN Study on Violence against Children*.

Because the reports from large-scale research studies often take a good deal of time to publish, and because some are still being finalized, reports on additional studies that have been conducted in recent years are expected to become available in the near future.

COUNTRIES

While this review focused mainly on studies conducted outside Western Europe and North America, four countries were included from these regions (Germany, Switzerland, the United Kingdom and the United States). As mentioned earlier, four studies were multi-country in nature: the WorldSAFE study was undertaken in Brazil, Chile, Egypt, India, the Philippines and the United States; 'Perceptions of, Attitudes to, and Opinions on Child Sexual Abuse in the Eastern Caribbean' was conducted in Anguilla, Barbados, Dominica, Grenada, Montserrat and Saint Kitts and Nevis; 'Protect Me with Love and Care' was carried out in Fiji, Kiribati, Solomon Islands and Vanuatu; and the 'Violence against Children in Africa' retrospective study was undertaken in Ethiopia, Kenya and Uganda.

Table 3.1 shows the identified studies included in the inventory by region and country. Most countries had completed only one study by the time of this review (numbers presented in the table do not count earlier waves of a study

20 One exception is the ACE Philippines study, since the ACE tools had been previously piloted in the United States in the mid-1990s.

21 The multi-country WorldSAFE study was implemented between 1997 and 2004.

separately). The exceptions are Chile, Ethiopia, Georgia, Ghana, India, Kenya, Malawi and the United States, where two studies were conducted in each country. In both the Philippines and Uganda, three studies were conducted. The two studies conducted in Georgia included a household survey and a school survey undertaken as part of the same project (in 2007 and in 2007-2008, respectively). In Ghana, Malawi and Uganda, it is interesting to observe that the first surveys were conducted in 2004. This seemed to trigger government interest in further investigations of the issue, with additional studies on violence against children in subsequent years.

Table 3.1 Identified studies by region and country

Western Europe and North America	**5**	**Sub-Saharan Africa**	**17**
Germany	1	Burkina Faso	1
Switzerland	1	Ethiopia	2*
United Kingdom	1	Gambia	1
United States	2*	Ghana	2
		Guinea	1
Central and Eastern Europe and the Commonwealth of Independent States	**5**	Kenya	2*
		Malawi	2
Armenia	1	Mali	1
Georgia	2	Swaziland	1
Kazakhstan	1	Uganda	3*
Republic of Moldova	1	United Republic of Tanzania	1

Asia and Pacific	**13**	**Latin America and Caribbean**	**11**
China	1	Anguilla	1*
Fiji	1*	Barbados	1*
India	2*	Brazil	1*
Kiribati	1*	Chile	2*
Malaysia	1	Dominica	1*
Philippines	3*	Dominican Republic	1
Solomon Islands	1*	Grenada	1*
Timor-Leste	1	Mexico	1
Vanuatu	1*	Montserrat	1*
Viet Nam	1	Saint Kitts and Nevis	1*

Middle East and North Africa	**3**
Egypt	1*
Jordan	1
Lebanon	1

Note: *The asterisk indicates a country that participated in a multi-country project. Since countries participating in one of the four multi-country studies are counted separately, the total number of studies mentioned in this table exceeds 38. The table does not include countries that collected data on violence against children through MICS, DHS, GSHS or HBSC.*

HAITI - Nine-year-old Rachel [name changed] sits in a darkened room in Port-au-Prince, the capital. She and her sisters moved into a tent camp after their house was destroyed in the earthquake. One morning, while walking to a store near their tent, Rachel was kidnapped. She was later found near a river, raped and badly beaten. After eight days of hospitalization, Rachel was brought back to the family's tent, where the man who assaulted her tried to attack her again. She and her sisters have moved to another camp, but the kidnapper has not been found. Rachel remains weak and in pain, and has been unable to return to school.

COVERAGE

Of the 38 identified studies, 27 were large-scale surveys with national coverage. This includes two multi-country studies ('Protect Me with Love and Care' and 'Child Sexual Abuse in the Eastern Caribbean') and all four general surveys. The remaining studies did not provide national coverage, but rather collected data in selected cities, districts or provinces. The multi-country VAC in Africa study, for example, collected data only in the capital cities of Ethiopia, Kenya and Uganda, while the 'Study on Child Abuse and Spouse Battering' in China was only carried out in Hong Kong (Special Administrative Region of China).

COMMISSIONING AND IMPLEMENTING AGENCIES

Of the 38 studies identified, seven were commissioned by international organizations, nine were commissioned by international NGOs and 10 were commissioned by government agencies. In six of the seven studies commissioned by an international organization, the organization responsible was UNICEF (the seventh was a partnership between UNICEF and UNIFEM [the UN Development Fund for Women, now merged into UN Women]). Only one study was commissioned by an academic institution (the ACE Study in the Philippines), while another was commissioned by a

private foundation (the Optimus Study in Switzerland). The commissioning agency or agencies of two of the studies was unclear. The remaining studies were commissioned under a partnership, most commonly the national government and an international organization.

The types of agencies and organizations responsible for implementation varied widely across the surveys – from domestic NGOs to private sector agencies, academic institutions, research centres and individual consultants.

3.2 DEFINITIONS, INDICATORS AND CONTENT OF THE QUESTIONNAIRES

DEFINITIONS OF VIOLENCE

While a number of definitions can be found to describe violence, abuse or child maltreatment, the vast majority of the surveys identified in this review used their own definitions (as shown in Table 3.2). Only a handful adopted the definitions of violence or child abuse/maltreatment brought forward by WHO reports published in 1999 or 2002 (*see Box 3.2 for examples of definitions used in the studies*). Reference to the Convention on the Rights of the Child (CRC) was made in only seven of the studies, and mainly to define who is considered a 'child'.[22] All the studies under review were conducted before 2013, at a time when no internationally agreed and legally binding definitions existed, which may partially explain the use of different definitions. In a few cases, the definitions used reflected national legal frameworks or domestic laws on violence.

Table 3.2 Definitions referred to in the identified studies

Definition referred to	No. of studies
Own definition	20
WHO definitions (violence and/or abuse)	12
No definition mentioned	10
National/domestic legislation	10
United Nations Convention on the Rights of the Child	7
Finkelhor (1994)[23]	1
Global Initiative to End All Corporal Punishment of Children	1

Note: *Some studies referenced more than one definition, therefore the total number of studies mentioned in this table exceeds 38.*

Interestingly, despite the various definitions used in the studies (or the lack of such definitions), the questionnaires and questions were often very similar. For example, the WHO definition of violence focuses on *intentional use* of force or power that *causes* harm – in contrast to its definition of child abuse or maltreatment as that which *results* "in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power". There should, therefore, be a marked difference in how issues are researched according to the definitions they refer to: 'violence' focusing on *intentional use of force* that *deliberately causes harm* versus behaviours that *result in actual or potential harm*. The questions used by the studies and the definitions they refer to were largely disconnected, however.

22 According to the CRC, "a child means every human being below the age of eighteen years" (article 1).

23 Finkelhor, D., 'Current Information on the Scope and Nature of Child Sexual Abuse', *The Future of Children*, vol. 4, 1994, pp. 31-53.

BOX 3.2 EXAMPLES OF DEFINITIONS OF VIOLENCE USED IN THE STUDIES

The Convention on the Rights of the Child (article 19):

"States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child."[24]

Finkelhor:

"In general, legal and research definitions of child sexual abuse require two elements: (1) sexual activities involving a child and (2) an 'abusive condition'."[25]

"The term *sexual activities involving a child* refers to activities intended for sexual stimulation."[26]

"*Abusive conditions* exist when

the child's partner has a *large age or maturational advantage* over the child; or

the child's partner is *in a position of authority or in a caretaking relationship* with the child;

or

the activities are carried out against the child *using force or trickery.*

All of these conditions indicate an unequal power relationship and violate our notion of consensuality."[27]

World Health Organization:

Violence

"… the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation".[28]

Child abuse or maltreatment

"… constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power".[29]

24 United Nations General Assembly, *Convention on the Rights of the Child*, United Nations, New York, 1989.

25 Finkelhor 1994, p. 33.

26 Finkelhor 1994, p. 33. The definition further defines specific acts that constitute 'contact sexual abuse' and 'noncontact sexual abuse'.

27 Finkelhor 1994, p. 33.

28 World Health Organization, *World Report on Violence and Health*, WHO, Geneva, 2002.

29 World Health Organization, *Report of the Consultation on Child Abuse Prevention, 29-31 March 1999*, WHO, Geneva, 1999.

WHO defines different types of child abuse as follows:[30]

Physical abuse

"Physical abuse of a child is that which results in actual or potential physical harm from an interaction or lack of an interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust. There may be a single or repeated incidents."

Emotional abuse

"Emotional abuse includes the failure to provide a developmentally appropriate, supportive environment, including the availability of a primary attachment figure, so that the child can develop a stable and full range of emotional and social competencies commensurate with her or his personal potentials and in the context of the society in which the child dwells. There may also be acts towards the child that cause or have a high probability of causing harm to the child's health or physical, mental, spiritual, moral or social development. These acts must be reasonably within the control of the parent or person in a relationship of responsibility, trust or power. Acts include restriction of movement, patterns of belittling, denigrating, scapegoating, threatening, scaring, discriminating, ridiculing or other non-physical forms of hostile or rejecting treatment."

Neglect and negligent treatment

"Neglect is the failure to provide for the development of the child in all spheres: health, education, emotional development, nutrition, shelter, and safe living conditions, in the context of resources reasonably available to the family or caretakers and causes or has a high probability of causing harm to the child's health or physical, mental, spiritual, moral or social development. This includes the failure to properly supervise and protect children from harm as much as is feasible."

Sexual abuse

"Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violate the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to:

– The inducement or coercion of a child to engage in any unlawful sexual activity.

– The exploitative use of a child in prostitution or other unlawful sexual practices.

– The exploitative use of children in pornographic performances and materials."

Exploitation

"Commercial or other exploitation of a child refers to use of the child in work or other activities for the benefit of others. This includes, but is not limited to, child labour and child prostitution. These activities are to the detriment of the child's physical or mental health, education, or spiritual, moral or social-emotional development."

30 WHO 1999, pp. 13-17.

TYPES OF VIOLENCE, ABUSE OR MALTREATMENT RESEARCHED

The inventory included a categorization of studies by the broad types of violence researched. This review counted each study that claimed to be interested in 'physical violence', 'physical abuse' or 'physical maltreatment' under the physical dimension; 'psychological abuse' and 'emotional abuse' in the emotional dimension; and 'sexual abuse' and 'sexual violence' in the sexual dimension. The dimensions for neglect and bullying followed the same logic. A separate category was created for studies that collected information on violent discipline, specifically corporal/physical punishment.

Table 3.3 provides an overview of the broad types of violence covered in the 38 studies (roughly based on WHO's typology of violence).[31] All but four of the studies explored multiple types of violence. One study looked exclusively at corporal punishment, and three studies explored sexual violence only. Most studies were interested in the physical dimension, followed closely by the sexual and emotional dimensions (including forms of psychological aggression and verbal abuse). Corporal punishment was the focus of fewer, but still a significant number of studies, possibly because of the definitional difficulties in distinguishing it from physical abuse or maltreatment. Bullying and neglect were less commonly researched.

Table 3.3 Types of violence researched by the studies

Types of violence	No. of studies
Physical	34
Sexual	32
Emotional	28
Corporal punishment	22
Bullying	12
Neglect	12

Note: *Most studies researched multiple types of violence, therefore the total number of studies mentioned in this table exceeds 38.*

Although a number of key informants criticized the fact that studies focused on a single dimension (mainly physical or sexual), the breakdown provided in Table 3.4 shows that most studies actually researched more than one dimension. The only study that researched all six dimensions was the 'Child Abuse and Neglect in the UK Today' study. Therefore, the assumption that some KIs voiced that most studies concentrated on 'single issues' was not verified by this review. Indeed, this assumption might be influenced by the existence of a considerable number of qualitative studies that were identified during this research that did concentrate on a single issue (mostly in the area of child sexual abuse).

31 WHO 2002.

Table 3.4 Overview of the multiple forms of violence against children reflected in the studies

Physical abuse	Corporal punishment	Sexual abuse	Emotional abuse	Neglect	Bullying	No. of studies
X	X	X	X		X	7
X		X	X			6
X	X	X				3
X	X	X	X	X		3
		X				3
X	X	X	X			2
X		X	X	X		2
X		X	X	X	X	2
X	X		X	X		2
	X					1
X	X					1
X	X		X			1
		X			X	1
X	X	X	X	X	X	1
X			X			1
X		X		X		1
X			X	X	X	1

BEHAVIOURS ASSESSED AND FREQUENCY OF EXPOSURE

While most surveys asked whether the child was subjected to any specific behaviours within a certain time frame, the behaviours measured (that is, the ways in which 'violence' was operationalized) in different questionnaires were rarely the same.

To illustrate this point, Table 3.5 compares the operationalization of 'physical violence' or 'physical abuse' in three of the identified studies in which children were asked about their own experiences. The table outlines the specific behaviours that were used in each of the studies to measure 'physical violence/abuse'. It becomes apparent that, for example, the 'Violence against Children in Tanzania' study used two items to describe this dimension, while the 'National Study on Violence against Children in Georgia' probed a number of specific behaviours separately. This means that two studies that set out to describe a seemingly similar set of behaviours measure different aspects of those behaviours and may not, therefore, be comparable.

Table 3.5 Comparison of behaviours to assess 'physical violence' by different studies

Behaviour assessed	National Study on Violence against Children in Georgia	National Survey on Children's Exposure to Violence (US)	Violence against Children in Tanzania
Pushed, grabbed or kicked you	X		
Hit, beat or spanked you with a hand	X		
Hit, beat or spanked you with a belt, stick or other object	X		
Choked you or tried to drown you	X		
Burned or scalded you (including putting pepper in your mouth)	X		
Locked you up in a small place, tied you up or chained you to something	X		
Pulled your hair, pinched you or twisted your ear	X		
Made you stay in one position holding a heavy load or burden or made you do exercise as punishment	X		
Threatened you with a knife or gun	X		
Hurt you or caused you pain at school	X		
Tried to cut you purposefully with a sharp object (at school)	X		
Hit or attacked you on purpose with an object or weapon		X	
Hit or attacked you without using an object or weapon		X	
Threatened to hurt you when you thought they might really do it		X	
Started to attack you, but for some reason it didn't happen (for example, you got away)		X	
Hit, beat, kicked or physically hurt you in any way (not including spanking on the bottom)		X	
Hit, jumped or attacked by a group of kids or a gang		X	
Slapped or hit by a boyfriend or girlfriend		X	
Hit you with a fist, kicked you or beat you up			X
Threatened to use or actually used a gun, knife or other weapon against you			X

In addition to the specific experiences assessed, a number of different ways of formulating questions were also used, even to measure similar behaviours. The four questions below all ask about the concept of being 'hit', but use very different wording:

1. *Has an adult ever [hit] you?* (This includes all adults: parents, teachers, older siblings and strangers, but not other children.)
2. *Has a parent ever [hit] you?* (Being a subgroup of 'adults', this operationalization is very narrow and, if no other questions are asked on other types of adults, the resulting information produced differs markedly from the first case.)
3. *At school, were you ever [hit]?* (This question focuses on a specific place and therefore collects information only about incidents that happened there by all possible perpetrators, including other children.)
4. Were you ever [hit]? (This is the most general question since it does not suggest a perpetrator or location, and would need to include follow-up questions to elicit such information.)

As a general rule, studies that use different operationalizations are not immediately comparable, even if the same behaviours are assessed. Although the results of the different questions are expected to differ, validity testing is needed to determine which set of questions yields the most reliable results in measuring different dimensions of violence. Most studies reviewed did not make it clear whether any tests of different possible questions were conducted.

Almost all the studies tried to obtain prevalence data on the experience of violence.[32] One exception was the multi-country study on 'Child Sexual Abuse in the Eastern Caribbean' (discussed in greater detail in Chapter 4). Most studies were interested in lifetime prevalence, which usually covers the life of the target population up to the date of the interview or, in the case of adults, their recall of events up to the age of 18. In addition to lifetime prevalence, studies often measured prevalence within a given time frame (usually in the last 12 months or the last month). Several studies attempted to gauge both lifetime prevalence and prevalence within the last year or the last month.

In order to ascertain prevalence, an overwhelming number of surveys asked if children had experienced certain *behaviours*. For example:[33]

Has anyone:

– *Touched you against your will*

– *Tried to kiss you or hug you in an upsetting way against your will*

– *Kissed various parts of your body (not only your face) against your will*

– *Exposed his/her private parts*

– *Etc.*

In some cases, respondents were asked about the frequency with which they had experienced certain behaviours by providing the answer categories of *often, sometimes, never* or *1-2 times, 3-5 times*, etc. The following question had the response categories *very often, often, sometimes, rarely* and *never:*[34]

Does your mother or father do this to you:

– *Slap you on the face*

– *Hit or punch you on the back*

– *Beat you with a stick*

– *Tie you to a bed or other object*

– Etc.

32 Prevalence can be defined as the percentage of a population that is affected by a given issue at a given time. In contrast to prevalence, incidence is defined as the number of new cases of a problem divided by the population over a specific period. Therefore, in calculating 'incidence', every incident is counted as a separate new case, regardless of whether it happened to the same or different persons. Prevalence figures that cover a specific time frame (that is, in the last 12 months) are, on occasion, labelled incorrectly as incidence. See Ellsberg, M., and L. Heise, *Researching Violence against Women: A practical guide for researchers and activists*, World Health Organization and PATH, Washington, D.C., 2005, p. 86.

33 'Child Sexual Abuse: The Situation in Lebanon'.

34 'Speak Nicely to Me: A Study on Practices and Attitudes about Discipline of Children in Timor-Leste'.

A few studies, however, used a different approach: A certain kind of violence was defined first and then respondents were asked if that had ever happened to them. For example:[35]

> *Sometimes a school has a few bully or dada students who tease other students.*
>
> *– Does your class or school have such bullies or dadas?*
>
> *– Has a bully or dada student teased you too during [the] last one month in the school?*

The advantage of prompting a number of behaviours and asking if a respondent has experienced them is that it creates less bias than introducing a certain concept. The bullying definition in the example above includes behaviours that are essentially subjective, such as being 'teased', and excludes other behaviours, so that it might be difficult for a respondent to determine whether a behaviour he or she has experienced constitutes actual bullying or not (at least within the context of the study).

RESEARCH APPROACH OR INSTRUMENT USED

Most of the studies identified chose to use individual interviews in gathering data, likely because of the sensitive nature of collecting information on experiences of violence, especially among children. Only eight studies were found to be purely self-administered (the samples of which varied and included, in one study, children as young as 6 years of age). A number of studies used a combination of techniques, such as the 'Study on Child Abuse and Spouse Battering' in China, which was interviewer-assisted with some self-administration for questions that were deemed sensitive.

The 'Study on Child Abuse and Neglect in the UK Today' utilized computer-assisted self-interviewing (CASI) techniques in which participants could privately answer sensitive questions by touch screen on a laptop computer. The 'National Survey on Children's Exposure to Violence (NatSCEV)', conducted in the US, employed computer-assisted telephone interviewing (CATI) to allow for greater anonymity and privacy than face-to-face interviews.

A number of institutions have tried to establish internationally valid questionnaires for researching violence against children in recent years, most notably the ISPCAN ICAST tools (*see Box 3.3)* and the Parent-Child Conflict Tactics Scale (CTSPC).[36] However, only seven studies explicitly stated that the instrument used was either the original Conflict Tactics Scale (or its modified versions) or one of the ICAST tools. In fact, only four studies in the review used at least one of the ICAST tools.

Indeed, the vast majority of studies developed their own tools, although items were often drawn or based on existing tools. One additional study ('Victimization Experiences of Adolescents in Malaysia') developed its own tool with items adapted from the CTSPC and a number of other existing measures.[37] Because questionnaires used in some of the studies were unavailable, it was not possible to determine which tools were used. The availability of questionnaires

35 'Study on Child Abuse in India'.

36 The CTSPC is a modification of the original 1979 Conflict Tactics Scale (CTS), now the Revised Conflict Tactics Scale (CTS2).The CTSPC tool measures violence in the following domains: non-violent discipline, psychological aggression, physical assault, neglect and sexual abuse. There are two versions of the CTSPC, one version for adult reports and another for children's reports. See: Straus, M.A., 'Measuring Intrafamily Conflict and Violence: The Conflict Tactics Scales (CTS)', *Journal of Marriage and Family,* vol. 41, no. 1, 1979, pp. 75-88; Straus, M.A., et al., 'Identification of Child Maltreatment with the Parent-Child Conflict Tactics Scales: Development and psychometric data for a national sample of American parents (CTSPC)', *Child Abuse & Neglect,* vol. 22, no. 4, 1998, pp. 249-270.

37 The WorldSAFE tool also includes items partially derived from the CTSPC.

in the report allows readers to understand what information was collected through which questions. Finally, if the questionnaire is not attached, this prevents other researchers from replicating the study or building upon existing instruments/tools. Despite the importance of including the questionnaire(s) in the study materials, they were only readily available for 15 of the 38 studies reviewed. [38]

BOX 3.3 ISPCAN CHILD ABUSE SCREENING TOOLS

The Child Abuse Screening Tools (ICAST) were developed by the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) in collaboration with an international team of researchers. Three versions of the tool are available: a parent questionnaire that asks about behaviours directed towards children in the home (ICAST P), a young adult version that asks about experiences during childhood (ICAST R) and a children's version for those aged 11 and older (ICAST C). The questionnaire for children is available in a version for measuring victimization in the home (ICAST CH) and for victimization at school or the workplace (ICAST CI). All of the tools are designed to enable the systematic collection of comparable data across cultures, countries and time.

The parent version was field-tested with a convenience sample of 697 caregivers of children under the age of 18 in six countries; the young adult version was piloted with a convenience sample of 842 young adults aged 18 to 26 years in seven countries. The results of both pilots concluded that the tools had satisfactory properties and could be adopted as survey instruments to measure prevalence and other contextual aspects of child maltreatment.

The initial draft of the children's version of the ICAST was developed with input from scientists and practitioners from 40 countries. The final ICAST CH contains 38 items; the ICAST CI has 44 items. The items serve as screeners for the following types of abuse/maltreatment: physical, emotional, sexual, neglect and corporal/physical punishment. Follow-up questions probe the frequency and perpetrators of violence. The tool is designed to be self-administered. The ICAST children's versions were field-tested in 2009 with a convenience sample of 571 children aged 12 to 17 in selected schools and classrooms in four countries: Colombia, Iceland, India and the Russian Federation. Findings from the field tests revealed moderate to high internal consistency of the tools and demonstrated the feasibility of using the self-report ICAST C to assess child victimization.

To date, the ICAST tools have been translated and tested in 20 languages, but the procedures manual is currently only available in English. Further information about the ICAST can be found at www.ispcan.org/?page=ICAST.

TARGET POPULATIONS

Most of the identified studies were interested in the experiences of both boys and girls. Only three studies gathered data about girls only: 'A Study on Violence against Girls in Primary Schools and Its Impacts on Girls' Education in Ethiopia', 'Violence Against Children in Swaziland' and the multi-country 'Violence against Children in Africa: A Retrospective Survey in Ethiopia, Kenya and Uganda'.

38 The questionnaires for some studies, such as the VAC studies in the United Republic of Tanzania, were accessed through correspondence with lead researchers during the review process.

All studies reviewed included a highly diverse mix of target groups.[39] Most studies defined target populations using pragmatic definitions. These sometimes took the form of a specific age range (for example, 'children aged 12 to 18' or 'all schoolchildren enrolled in 3rd to 11th grade') or an explicit function (such as 'primary caregivers in households where children are present'). In most cases, however, no rationale for the selection of the target group(s) was given.

With regard to the types of information sought, in general it appears that most of the time children (both in school and at home) were asked about their own experiences. In addition to asking about students' own experiences, the 'Child Sexual Abuse in Schools in Ghana' study also asked students about the experiences of their friends and schoolmates. In studies that included adults as the target population, questions were typically asked about their experiences in childhood or, in the case of parents/caregivers, about their behaviours towards their own child(ren).

3.3 SAMPLING

SAMPLE DESIGN

The majority of studies used a stratified multistage design based on a random sample. A number of studies, however, also relied on non-random samples, such as convenience or purposive samples. Nevertheless, practically all studies but one ('Perceptions of, Attitudes to, and Opinions on Child Sexual Abuse in the Eastern Caribbean'), aimed to obtain either regionally or nationally representative data.

In the case of the 'Study on Child Abuse in India' and of 'Protect Me with Love and Care', which strived to obtain representative data, the use of non-random sampling strategies was prone to produce biased results. For example, a survey that is conducted only in communities where a certain child protection intervention is present is likely to produce findings, such as prevalence rates or access to services, which differ from a survey conducted in communities selected at random. In four cases (shown in Table 3.6), no information was provided about the type of sample used – a critical lack of information that is necessary to understand the data properly. Additionally, very few studies actually provided a rationale for the use of a specific sampling design.

Table 3.6 Overview of sampling types

Sample type	No. of studies
Random cluster sample	17
Other random sample	9
Purposive sample	5
No information	4
Convenience sample	2
Other non-random sample[40]	1

39 The choice of target group(s) is important since it affects what information can be obtained. For example, when collecting information on lifetime prevalence of physical abuse from schoolchildren attending grade 8, the data cannot provide information about children out of school or prevalence rates for older children.

40 Quota sampling was used in the study 'Violence against Children: The Voices of Ugandan Children and Youth'.

SOURCES OF ERRORS OR BIAS

Sample surveys are prone to bias and are affected by errors that can be divided into three general categories:[41]

- **Selection bias:** This occurs when the eligible respondents are not selected randomly. As mentioned, a number of the identified studies used a non-random sampling strategy, which introduces such bias.[42]
- **Non-sampling errors:** These occur as effects of fieldwork when, for example, those targeted misunderstand a certain question, when there are errors in the data entry or when certain people are unavailable at the time of the survey or refuse to take part.
- **Sampling errors:** These are unavoidable, given the nature of the selection process of study participants. A sample is only one portion of the population, and a large number of different samples can be obtained from the same population. Therefore each potential sample is likely to yield a slightly different estimate of the same indicator. If, however, samples are selected similarly and scientifically, the estimates will be the same within a small range (known as the 'confidence interval'). The amount of sampling error can then be calculated and expressed as the 'margin of error' associated with the confidence interval. Because sampling errors (unlike selection bias and non-sampling errors) cannot be avoided, each study strives to reduce its (mathematically calculable) impact. The sampling error decreases as the number of interviews for the population of interest (that is, national, regional, local) increases, so researchers usually choose a sampling size that guarantees robust estimates. In general, VAC research strives to inform stakeholders about the situation of children (and changes in their situation over time). It is, therefore, imperative to report on the sampling error to ensure that apparent changes are statistically robust.

Only one third of the 38 studies identified in this review actually reported on the sampling error, and some of them did so incorrectly: The multi-country WorldSAFE project, for example, reported on sampling errors but used convenience samples, which do not allow for a sampling error calculation. On the other hand, assumptions in the design phase related to the so-called 'design effect',[43] which multiplies the sampling error in cluster samples, were not always revisited after the study was conducted.[44] In the case of the two VAC studies in Georgia, for example, the reported (and theoretically assumed) sampling errors might not reflect the real sampling error, which can only be known after the study is conducted.

USE OF SAMPLING WEIGHTS

While most of the studies used a cluster sampling approach, only a minority explicitly reported that they weighted the data to represent the target population. A few notable exceptions of studies that did outline the weighting procedures used were: 'Child Abuse and Neglect in the UK Today'; 'National Study on Domestic Violence against Women in Viet Nam'; 'Study on Child Abuse and Spouse Battering' in China; 'Sexual Victimization of Children

41 United Nations, 'Household Sample Surveys in Developing and Transition Countries', *Studies in Methods,* Series F No. 96, Statistics Division, Department of Economic and Social Affairs, United Nations, New York, 2005.

42 When non-random samples are used, there may be systematic differences beween those who are selected for participation in the study and those who are not selected for participation (otherwise referred to as selection bias). In this case, it is not possible to use survey results to describe the broader population, as the survey sample may differ significantly from the broader population. See: Cuddeback, G., et al. 'Detecting and Statistically Correcting Sample Selection Bias', *Journal of Social Service Research*, vol. 30, no. 3, 2004, pp. 19-33.

43 Further information on the 'design effect' and its calculation can be found in United Nations 2005, Chapter 6.

44 The design effect multiplies the sampling error because those targeted are not sampled randomly. In cluster samples, the first selection is usually a geographic area, such as a village from which a limited number of people are asked to participate. Since one can assume that the inhabitants of a particular village share, to some extent, the same attitudes and customs, the sampling error needs to be adjusted when certain sampling designs are used, such as cluster samples.

and Adolescents in Switzerland'; the three VAC studies in Kenya, Swaziland and the United Republic of Tanzania; NatSCEV in the United States;[45] and the three general national surveys of adolescents in Burkina Faso, Ghana, Malawi and Uganda. Since a cluster sample usually requires an appropriate weighting procedure to deliver robust data (unless it is self-weighting), it is unclear in a number of studies whether the data were weighted and, therefore, how far the data actually represent the target population.

3.4 FIELD IMPLEMENTATION

This part of the review aimed at understanding the kinds of fieldwork procedures and quality control measures that were implemented in the studies. However, only very few studies actually reported on these procedures or did so in broad and general terms. As a result, the procedures used to gather the data were unclear in many cases. In addition, missing or ineffective supervision processes during the implementation phase can undermine data quality and reliability; the lack of such information is another critical shortcoming in the majority of studies identified.[46]

SELECTION AND PROFILES OF FIELD STAFF

In choosing the size of the field team, it is important to consider the sample size, the amount of available time for data collection and the number of respondents an interviewer can reasonably interview in one day. Once these parameters have been established, the particular composition of the field teams needs to be decided.[47] The abilities and motivation of the potential supervisors and interviewers should be carefully assessed during the selection process. Supervisors, in particular, should be capable of adhering to data-collection procedures and ensuring that interviewers follow instructions in obtaining consent (if under their responsibility) and administering the survey tools. Ideally, supervisors should have previous experience in conducting surveys of a similar nature.[48] Two other important personal characteristics of interviewers should be considered: sex and age. Depending on the particular nature of the study, it may be more (or less) appropriate to recruit a mixture of male and female interviewers. Within the context of violence research specifically, it is often recommended that either all female interviewers are used or that interviewers of the same sex as the respondent are used.[49] The age of the interviewer is a similarly important factor to consider: Some researchers may choose to avoid using younger interviewers while others may decide to select interviewers within a similar age range to that of respondents (unless children under the age of 18 are the target group).

Nearly half of the identified studies did not provide any explanation or information about the criteria used to select the field staff or the profiles of the interviewers chosen. In the few cases where some information on the profiles of interviewers was outlined, this was typically very brief and often ambiguous. For example, a few studies reported

45 Weighting procedures are detailed in the Methods Report of the NatSCEV, available at: <www.unh.edu/ccrc/pdf/NATSCEV_methods_report.pdf>, accessed 15 October 2013.

46 International standards for data collection do exist and have been summarized in a number of guidebooks, for example: Save the Children, *How to Research the Physical and Emotional Punishment of Children*, International Save the Children Alliance, Southeast, East Asia and Pacific Region, Bangkok, 2004; Ellsberg and Heise 2005; United Nations 2005; and World Health Organization, *Guidelines for Conducting Community Surveys on Injuries and Violence,* WHO, Geneva, 2004. Most of the recommendations discussed in the following sections synthesize the relevant chapters in the guidebooks mentioned above.

47 Some guidebooks recommend a team size of about 7 or 8 persons composed of a supervisor, 5 to 6 interviewers and a driver or other necessary administrative personnel (WHO 2004). The UN Handbook (United Nations 2005) recommends teams that are neither too small nor too large; a supervisor should oversee a minimum of 2 or 3 and a maximum of 5 interviewers, since this is believed to ensure an effective level of supervision.

48 The WHO 2004 guidebook outlines the following key characteristics that field staff should possess: intelligence and literacy (for example, a secondary school or higher education); willingness to follow instructions precisely and accurately; sensitivity and ability to establish good rapport with respondents (this is particularly important in the case of interviewing children); fluency in the local language(s) and (preferably) English.

49 Ellsberg and Heise 2005.

that the interviewers were "trained social workers", "professional interviewers", "researchers with previous research experience" or "had prior experience in any of the following: psychology, counselling or social work", but did not provide any further elaboration.

Some of the studies made specific mention of the sex/ages of the interviewers, such as "a mixture of male and female, older and younger field researchers", "young people hired from both urban and rural islands" and "generally young, aged 18-25 years, who were successful and performed well in the training". In sum, few of the identified studies chose to detail the procedures for selecting field staff in their reports.

TRAINING

While it is difficult to ascertain an 'ideal' length of time to set aside for training, the two key elements are the experience of the interviewers selected and the complexity of the survey and its tools.[50] Few of the studies reviewed here described how long the interviewer training lasted. Even when provided, this information was often vague (one study, for example, simply stated that interviewers had been trained "three times", but did not define exactly what this meant). Twelve of the 18 studies with this information conducted trainings that were five days in length or longer. Overall, the training ranged from one day ('Child Sexual Abuse in Schools in Ghana') to two weeks (studies in Kiribati and Viet Nam and national surveys of adolescents in Burkina Faso, Ghana, Malawi and Uganda). A few studies (for example, the 'Speak Nicely To Me' study in Timor-Leste) actually tried to train interviewers in both qualitative and quantitative methodologies within only a four-day time frame. While some studies used a two-stage process to train field staff (that is, supervisors or team leaders were trained first and then trained interviewers, the so-called 'training of trainers' approach), most used central training, in which all interviewers and supervisors trained in one location.

PILOT TESTING

Most studies (26) reported that they had conducted a pilot test, while two additional studies mentioned that the questionnaire/tool used was pretested or piloted in some way. However, in most cases, this information was not followed by any detailed information about the pilot or about how it contributed to the development of the final study. In the case of the 'National Study on Violence against Children in Georgia', it was mentioned that only supervisors participated in the pilot. In the 'Violence against Children in Kenya' and 'Violence against Children in Tanzania' studies, only team leaders were involved in the pilot tests. No rationale was provided for such an approach.[51]

In practice, some pilot tests in the studies reviewed played only a secondary role in the training and were conducted in just half a day, which left little time for the interviewers to conduct sufficient interviews. Such a short time span also does not allow for any necessary discussions or retraining after the pilot prior to full implementation of the study.

3.5 QUALITY CONTROL PROCEDURES

Quality control is a key element in obtaining high-quality data. Only a minority of reports, however, actually mentioned their quality control processes. Although such information might be considered too specific to include in a research report, the existence and effectiveness of a quality control mechanism is important if readers are to

50 For example, the standard training for the DHS, which is a highly complex survey, takes about three weeks.

51 It is good research practice to include all members of the field team in the pilot test (and not only certain parts of the team), according to the UN Handbook (United Nations 2005).

understand the quality of the data. If space does not permit a detailed explanation of quality control procedures within the general study report, then researchers should consider drafting a separate methodological report that can outline quality control and other specifics of the methodology used (for example, sample size estimation, weighting procedures, etc.).

USE OF CALLBACK PROCEDURES

Only nine studies outlined the use of callback procedures in the event that selected respondents were not available at the time initial contact was attempted. In five of these studies, three callback attempts were made and, in two studies, five callbacks were made (the number of callback attempts in two studies were not stated). Following three callback attempts in the 'ACE Philippines' study, another eligible household member was randomly drawn, whereas the 'Violence against Children in Swaziland' and the NatSCEV studies did not use any replacements in situations where respondents could not be reached following callbacks.

The 'Speak Nicely to Me' study in Timor-Leste reported that callback procedures were discarded since researchers felt it was beyond the scope of the study in terms of time and resources to revisit houses when occupants had not been home at the time of the first attempted visit.[52]

It is not clear whether the studies that did not report on any callback procedure(s) implemented them and did not document this in the reports, or whether no callback procedures were carried out.

QUALITY CONTROL CHECKS IN THE FIELD

With specific reference to quality control checks in the field, the UN Handbook[53] identified five main elements of quality control:

1. The supervisor should be checking the work of the interviewers for at least half of his/her time.
2. A supervisor should have a short checklist with which he/she can check the completed interviews in the field to "ensure that some basic rules for completing the interviews are being followed".
3. Supervisors should make unannounced visits in observing the interviewers. This is to ensure that the interviewers are adhering to the sampling procedures (that is, they are where they are supposed to be and interviewing the right people) and to get an understanding of how interviews are conducted on a day-to-day basis.
4. Supervisors should pay random visits to people who have been interviewed earlier. It is good research practice for the supervisor to use a mini-questionnaire during this revisit. This short interview should take no more than five minutes to understand a) if the interviewer actually conducted the interview, b) if the interviewer behaved appropriately during the interview and c) to ask a limited number of key questions from the questionnaire to check if the interviewer conducted the interview correctly.
5. To be able to perform all these tasks, it is imperative that the supervisor follows his/her team to all areas and performs these random checks on a daily basis.

52 It is generally advisable to ensure that callback attempts are made on different days and at different times to increase the likelihood of contacting potential study participants. See Iarossi, G., *The Power of Survey Design: A user's guide for managing surveys, interpreting results, and influencing respondents*, World Bank, Washington, D.C., 2006; United Nations 2005.

53 United Nations 2005.

Seven of the identified studies mentioned that supervisors had checked the interviewers' questionnaires in the field. Four additional studies had used so-called 'field editors' to review and check all completed questionnaires, but it was not clear whether these were supervisors or some other field-team members. Interviewers should also be made responsible for checking their own work, so that questionnaires are filled out accurately and completely when given to supervisors.[54] However, only six of the studies reviewed explicitly stated that interviewers had been responsible for checking their questionnaires as a part of quality control procedures. One study mentioned that interviewers checked each other's questionnaires (but not their own) as a measure of quality control. It is important to note that most of the studies did not provide information on supervisor or interviewer checks, so it is unclear whether this did not take place or whether it was simply not documented in the reports.[55]

PROCEDURES FOR DATA PROCESSING

When it comes to data processing, only a handful of studies mentioned how this phase was structured to address the following two issues:

1. **Use of a dedicated, professional data entry programme** that can perform a variety of checks (range checks of allowed values, logical consistency, etc.) in real time during data entry. In contrast, entering data directly on a spreadsheet is prone to a number of errors, such as typos or wrong filter jumps. The identification of these errors requires a good deal of time and attention during the data-cleaning phase. The most popular programmes that can set up a complete data entry mask are CSPro and EpiInfo. Nine of the 38 identified studies reported that they had used one of these two software programmes.
2. **Implementation of a double-blind data entry procedure.** Through this process, a random sample, usually 5 per cent to 20 per cent of all questionnaires, is re-entered by different coders into a database; datasets are then compared for data entry errors. If the difference between the two datasets is below a certain threshold (usually under four errors in 1,000 keystrokes), the dataset is considered to be reasonably accurate. If the error rate is higher, the amount of double data entry is raised to up to 100 per cent. Six of the studies reviewed mentioned the use of double data entry, but none of these clarified whether this procedure was blind or not.

The 'Protect Me with Love and Care' studies undertaken in four Pacific islands attempted to use personal digital assistants (PDAs) to collect data. These are essentially hand-held computers with the questionnaires/tools loaded onto them. Some of the advantages of using PDAs that were noted in these studies are that they eliminated the need to carry around paper questionnaires; they also minimized the amount of subsequent data entry and coding and researcher errors due to the programming of automated 'skips' in questionnaire numbers. All this contributed to saved time in the overall research process. Notable challenges with the use of PDAs included the amount of training required to learn to use the device, the additional responsibility interviewers felt was placed on them in using the device and ensuring it did not get damaged, difficulty in accessing power to recharge the PDAs, and the cumbersome and time-consuming process of moving between questions and in choosing *'if other, please specify'* options. In fact, two of these studies mentioned that interviewers used paper questionnaires and then entered answers into PDAs at the end of the day, thereby defeating the purpose of using the PDAs to immediately capture the information.

54 United Nations 2005.

55 According to the UN Handbook, for all these checks to be effective, they need to be conducted in situ. This means that they should be carried out in the enumeration area where the field team is working. It would not be advisable to check, for example, the completeness of questionnaires somewhere else, since this makes it impossible to finalize incomplete interviews (which would have to be discarded). Source: United Nations 2005.

3.6 ETHICAL PROTOCOLS

As with the fieldwork and quality control measures, the consideration of ethical processes and protocols and how much these influenced the overall research process is documented in only a few research reports. Several ethical issues arise when collecting data on violence against children. This review, however, provides only the main findings on three such issues.

SEX OF THE INTERVIEWERS

Only 14 of the 38 studies under review specified who interviewed the study participants: eight of these studies indicated that those who conducted the interviews were of the same sex as those being interviewed,[56] while the other six studies used only female interviewers.[57] In the 'Speak Nicely to Me' study in Timor-Leste, same-sex interviewers were utilized for the parental component of the study, but there was no information on the sex of the interviewers for children. This information was not available for the remainder of the studies, even though the sex of the interviewer has been found to have an impact on the openness of the respondent and, therefore, the quality of the data. The sex of the interviewer is, therefore, an important variable that needs to be considered, bearing the local culture in mind.

INFORMED CONSENT PROCEDURES

Another research ethics issue is the question of informed consent. The Save the Children Research Handbook[58] defines informed consent as follows:

> "Informed consent – Agreement to voluntary participation by a participant in research, based on the person fully understanding the goals, methods, benefits and risks of the study. Informed consent is given on the understanding that the participant can change his or her mind about taking part in the study at any time....
>
> "Despite the time it takes informed consent is not an optional extra – it is a human right, and shows that research participants are respected."

The International Code on Market and Social Research drawn up by the International Chamber of Commerce (ICC) and the European Society for Opinion and Market Research (ESOMAR) states that:

> "Respondents' cooperation is voluntary and must be based on adequate, and not misleading information about the general purpose and nature of the project when their agreement to participate is being obtained and all such statements shall be honoured. The rights of respondents as private individuals shall be respected by market researchers and they shall not be harmed or adversely affected as the direct result of cooperating in a market research project."[59]

56 In 'Suffering at School: Results of the Malawi Gender-based Violence in Schools Survey', boy participants could also be interviewed by female interviewers but not vice versa for girl participants.

57 Three of these studies used female interviewers for both males and females, while the remaining three studies were samples of women only.

58 Save the Children, Bangkok, 2004, p. 180.

59 International Chamber of Commerce/European Society for Opinion and Marketing Research, *ICC/ESOMAR International Code on Market and Social Research*, ICC/ESOMAR, Paris/Amsterdam, 2008, p. 4.

SIERRA LEONE - A 14-year-old girl sits in the house where she lives with her sister in the town of Kailahun, Kailahun district. She was sexually abused and impregnated by an older man back in her village. "I don't feel good about being pregnant because I'm just a small girl," she said. She had to drop out of school, but is hoping to go back to study nursing.

To make sure that research meets the requirement for participants to be provided with "…adequate, and not misleading information about the general purpose and nature of the project…",[60] a first step is to review how they were introduced to the study. While a more detailed assessment of selected studies is included later in this report (see Chapter 4), few of the studies included the questionnaire and, therefore, in most cases it was not possible to understand how the study was introduced to potential participants. In fact, even when the questionnaire was available, it did not always include the narrative that would have been used to introduce and explain the study to participants. This lack of documentation makes it impossible to assess whether, in the majority of studies, the data collection was actually conducted in an ethically sound way.

The question of whether informed consent was obtained from study participants is essential for the overall quality of research. However, only 25 study reports actually mentioned the use of informed consent. Among those that did, the reports did not always detail *how* informed consent was obtained, and only very few made the consent forms and procedures available in the study materials. Four studies vaguely mentioned or seemed to suggest that consent or permission was obtained, but did not elaborate further. Table 3.7 outlines the informed consent procedures followed in 12 selected studies where this information was available from the research reports. The table shows that most of these studies reported that they sought consent from both the child and an adult. Two studies (in Georgia and the Philippines) did not seek approval from any adult.

60 With regard to interviewing children, the *ESOMAR World Research Codes & Guidelines for Interviewing Children and Young People* (2009) and Save the Children (Save the Children, *So You Want to Involve Children in Research? A toolkit supporting children's meaningful and ethical participation in research relating to violence against children,* Save the Children Sweden, Stockholm, 2004) stress that when children are being researched, not only do they need to consent to participate, but so do the adults responsible for their care. In the case of a school, this would be primarily a teacher or another person of authority, according to the ESOMAR guidelines. At home this would be a parent or guardian.

Table 3.7 makes it clear that, in the case of children interviewed at school, school authorities often gave consent along with the children themselves. In all cases where interviews took place in the home and for which this information was available, consent was obtained from both the child and his or her parent, guardian or caregiver (except in the case of the Georgia study) when this was appropriate (that is, when the person being interviewed was under age 18).

Table 3.7 Informed consent procedures in selected studies

Study	Target group	Child consent sought?	Adult consent sought?
Maltrato Infantil y Relaciones Familiares en Chile	All children in grade 8	Yes	Yes (principals of the schools)
National Study on School Violence in Georgia	All children aged 10-17 years going to school in Georgia	Yes	Yes (directors of the schools)[61]
National Study on Violence against Children in Georgia	All children aged 11-17 years living at home or in centres for internally displaced persons	Yes	No
Adolescent Sexual and Reproductive Health in Ghana	All children aged 12-19 years living in households	Yes	Yes (parent or guardian in cases where the child was between the ages of 12 and 17)
Study on Child Abuse in India	All children aged 5-18 years: in family environments but not attending school; in school; in institutional care; working; living on the streets	Yes	Yes (principals/teachers at the schools & parents/caregivers)
Victimization Experiences of Adolescents in Malaysia	All children aged 15-17 years attending 'form 4' (approximately equivalent to grade 10 in the Western school system)	Yes	Yes (school authorities)
Suffering at School: Results of the Malawi Gender-based Violence in Schools Survey	All schoolchildren aged 10-18 years	Yes	Yes (principal or head teacher at the school)[62]
Protect Me with Love and Care (Fiji)	Children aged 16-17 years living in households	Yes	Yes (parent or caregiver)
A Baseline Study on Violence against Children in Public Schools in the Philippines	All students aged 6-17 years in grade 1 and above attending public schools	Yes	No
Violence against Children in Kenya	Males and females aged 13-24 years living in households	Yes	Yes (parent or guardian in cases where the child was under 18 years old)
National Survey on Children's Exposure to Violence (NatSCEV) in the US	All children aged 10-17 years living in households	Yes	Yes (parent or guardian)
Child Abuse and Neglect in the UK Today	All children aged 11-17 years living in households	Yes	Yes (parent/caregiver)

61 In this study, parents or guardians were informed in advance about their child's possible participation in the study, but no consent was sought.

62 Malawian law does not necessitate parental consent during school hours since the principal or head teacher is legally responsible for children during this time.

FOLLOW-UP PROCESSES FOR ABUSE DISCLOSURES

When researching sensitive – and possibly illegal – behaviours such as violence or abuse, the question of how researchers should react to disclosure is critical. The main question is whether a case of sexual abuse, for example, should be referred to specific authorities or services for follow-up. In the study conducted in the United Kingdom, this ethical dilemma between confidentiality of the interviews on the one hand and helping a child out of a potentially dangerous situation on the other received considerable attention (detailed in an annex to the study report). In the end, the researchers in that study decided that the best interests and safety of the children outweighed data protection, so a child who was considered to be 'at risk of immediate danger' had to be referred to social services.

However, less than half of the studies addressed this issue: only 16 of the 38 studies established a follow-up process for situations of abuse disclosures, as shown in Table 3.8.

Table 3.8 Follow-up actions for abuse disclosures

Follow-up process	No. of studies
Provision of contact details of local services to all respondents	9
Respondents were provided with referrals to appropriate local agencies/services when further support was directly requested, when respondents became distressed/upset or reported abuse	8
Red-flagging of cases of 'immediate risk' and follow-up referral or reporting as necessary	2
The researcher/interviewer informed implementing agency or steering committee about disclosures of abuse; the agency or committee then decided on next steps	2

Note: *Some studies implemented more than one follow-up action, therefore the total number of studies mentioned in this table exceeds 16.*

The most commonly used follow-up process was to provide a contact list of local social services to each respondent (whether an adult or child) so that he or she could request assistance if needed. In the case of the three VAC studies in Kenya, Swaziland and the United Republic of Tanzania, the list provided to participants included multiple kinds of local services and support, not just ones related to violence. This was done to ensure that the nature of the survey was not revealed to people who did not participate, and to protect participants from possible retaliation.

3.7 INVENTORY OF STUDIES: KEY FINDINGS

The findings of the inventory exercise can be summarized as follows:

- Thirty-eight study reports dealing with violence against children were identified.
- The majority of studies were conducted after 2006; 16 of these took place in the two years (2006-2008) following the publication of the *UN Study on Violence against Children.* Only a few studies could be identified before that time, which speaks to the positive impact of the UN study as a means to raise awareness and interest in the issue.

- The review verified the impression of the overall fragmentation of the VAC research sector expressed by key informants, since few studies share any similarities. This is especially true for definitions and questionnaires, since most studies created their own customized definitions and tools.
- Because of diverging – and often unclear – definitions, it was not always obvious what kinds of victimization were referred to in the reports or, given the lack of documented questionnaires, how such victimization was measured. It does appear, however, that the main type of abuse or violence measured was physical, followed by sexual violence. Corporal punishment, emotional violence, neglect and bullying were found to have been researched less frequently.
- Most of the studies chose to develop their own research tools and questionnaires with a few opting to derive or draw items from pre-existing tools, most notably the Parent-Child Conflict Tactics Scale and the ISPCAN Child Abuse Screening tools. The inventory process also revealed that most studies were designed to provide answers to country-specific issues, rather than seeking to be internationally comparable.
- In most cases, little or no rationale was provided for different methodological decisions, such as the choice of sample design or target group(s), which makes the reasons for such critical choices unclear.
- While most studies used random sampling procedures (mostly cluster sampling), a few used convenience or purposive sampling. Only a minority of studies in the review reported sampling errors.
- The vast majority of studies did not provide detailed information when it came to fieldwork processes. The duration and content of the training for interviewers and supervisors was either unclear or inadequate given the sensitive and complex nature of researching violence against children. Only a minority of reports documented basic field procedures and quality control measures, making it impossible to obtain a sense of overall data quality in most of the studies.
- Ethical considerations and follow-up processes were not explicitly documented by all of the studies. In more than half of the studies it was unclear what was done if children disclosed that they were victims of violence or abuse.

4 ASSESSMENT OF SEVEN STUDIES

Following the identification of 38 studies in the inventory, seven were selected for more detailed analysis on the following aspects of study methodology: definition(s) and operationalization of violence, questionnaire content and implementation, sample selection and design, and ethical considerations and protocols.[63] The seven studies are:

1. Maltrato Infantil y Relaciones Familiares en Chile
2. Perceptions of, Attitudes to, and Opinions on Child Sexual Abuse in the Eastern Caribbean
3. National Study on Violence against Children in Georgia and National Study on School Violence in Georgia
4. Study on Child Abuse in India
5. Violence against Children in the Republic of Moldova
6. Violence against Children in Tanzania
7. Child Abuse and Neglect in the UK Today

The criteria for the selection of the seven studies were as follows:[64]

- The full questionnaire used in the study was available.
- A dedicated chapter on the study design was available, including information on sampling and definition(s) of the target groups.
- Details on the fieldwork and quality control measures were documented.
- Details on the ethical considerations and protocols used in the study were available.

In addition, studies from three countries were purposely selected either because they generated a great deal of attention in the child protection community (the Eastern Caribbean and India studies) or because there are plans to replicate them in the near future (the Republic of Moldova study).

63 Although part of the initial plan, it was difficult to obtain information about data dissemination strategies or follow-up, so this element had to be dropped from the assessment.

64 These criteria had to be adapted somewhat since documentation for some of the studies was missing or lacking. It is important to note that this report is a retrospective review of completed studies, and therefore depended on publicly available documentation. To verify that the information presented in the assessment was accurate, someone knowledgeable about the study (either the principal investigator or the study focal point in the commissioning agency) was contacted and asked to review the study summary. The only exception was the study in India, for which no contact person could be identified. In addition, no direct observation of survey implementation was possible, which imposed some restrictions on the assessment.

4.1 MALTRATO INFANTIL Y RELACIONES FAMILIARES EN CHILE

Main survey parameters					
Commissioned by	UNICEF Chile				
Implemented by	Department of Sociology at Pontificia Universidad Católica de Chile (DESUC)				
Purpose of study	To determine prevalence of physical, psychological and sexual maltreatment of children as well as associated risk factors and potential impact				
VAC definitions referred to	Own definitions; WHO 1999 definition of child abuse; WHO 2002 *World Report on Violence and Health* definition of child abuse or maltreatment; Kempe (1962 and 1978)				
Intended coverage	Representative of all Chilean children attending grade 8				
Sampling type	Multistage cluster sampling (random)				
Target groups and number of interviews	Target group	No. males	% males	No. females	% females
	Children attending grade 8	743	49%	782	51%
Gender focus	Males and females				
Study type	Individual survey (completed in classrooms)				
Type of study instrument	Self-administered paper-and-pencil interview				
VAC areas addressed	Physical, emotional, sexual, corporal punishment and bullying				
Settings	At home and at school (bullying only); questions on sexual abuse refer to such experiences in any setting				
Methodologies used	Quantitative				
Years of implementation	1994, 2000, 2006 and 2012				

OVERVIEW AND PURPOSE OF THE STUDY

This study was conducted four times, in 1994, 2000, 2006 and 2012, making it the longest-running of the studies assessed in this chapter, as well as the only study that has been carried out on a regular basis. UNICEF commissioned the study in response to a lack of data on child maltreatment that was believed to impede regular updates on the situation of children and prevent the development of suitable interventions. The information gathered in the study was intended to inform both the public and the Government of Chile and be used in advocacy on behalf of the country's children. The assessment presented in this chapter refers specifically to the latest iteration of the study conducted in 2012.

FOCUS OF THE STUDY

The study focuses on physical and emotional abuse at home, sexual abuse that occurred in any setting[65] as well as experiences of physical punishment and bullying by classmates.[66] The study was designed to be nationally representative for all schoolchildren attending grade 8.[67]

65 Questions on sexual abuse were asked for the first time in the study conducted in 2012.

66 Questions on bullying by classmates were asked for the first time in the study conducted in 2006.

67 The choice to use students in grade 8 was made in the first study conducted in 1994 because, at that time, it was the last year of primary education in Chile. The use of students in grade 8 was kept constant across all waves of the study in order to maintain comparability of the findings.

The study collected information on prevalence of physical and emotional abuse (experiences of violence perpetrated by the mother or the father during the child's lifetime and in the past year), and lifetime prevalence of sexual abuse. It also gathered general information about relations with parents.

The study set out to identify risk factors as well as the impact of violence on the child and the family environment.

DEFINITIONS AND OPERATIONALIZATION OF VIOLENCE AGAINST CHILDREN

The report cites and discusses a number of definitions of 'child abuse', including the 1999 and 2002 WHO definitions as well as early conceptualizations of child and sexual abuse put forth by Kempe in 1962 and 1978, respectively.[68] These definitions are used as a starting point to operationally define the three main types of violence under investigation (maintained across all waves of the study for comparability):

- **Psychological violence,** which included children's experiences of any of the following behaviours directed towards them: shouted at (many times), told they are not loved, locked in, insulted or called bad names, made fun of in front of others, ignored for prolonged periods of time or threatened physically.
- **Physical violence** further classified as either mild or serious. Mild physical violence included being slapped or having things thrown at them; being pushed, cornered or having their ears or hair pulled; and being smacked or slapped. Serious physical violence included the following behaviours: being hit with a fist or object; being kicked, dragged or given a beating; being burned (or attempted burning); or threatened with a pistol, knife or other weapon.
- **Sexual violence** was captured by a positive response to the following question: *Has anyone ever touched or sexually caressed some part of your body, or forced you to touch them sexually?* Additionally, children were considered to have experienced sexual violence only if they were at least five years younger than the abuser and if the abuser was at least 12 years of age.

QUESTIONNAIRE CONTENT

Children completed the self-administered survey individually within the classroom setting. The first part of the questionnaire collected demographics such as parental characteristics (including educational attainment and employment) and aspects of the family situation (number of siblings, living arrangements, family relations, financial situation, aggression between parents, etc.). In addition, the psychosocial well-being of children was assessed through the collection of a 33-item scale (revised version of the Pediatric Symptom Checklist, Youth, known as PSC-Y). The reliability of the scale was evaluated prior to its use since it had not been used in a self-administered survey before and is usually completed by parents and not children.

The next section of the questionnaire consisted of blocks of questions to assess children's experiences of physical or psychological violence in the past year and, separately, at any point during their lives, at the hands of their mothers or fathers (or those acting as primary caregivers). Responses to questions on parental use of various disciplinary methods, particularly physical punishment, were also collected.

Questions pertaining to sexual violence were separated from other victimization experiences and appear towards the

68 For the definition of 'child abuse', see: Kempe, C. H., et al., 'The Battered-Child Syndrome', *JAMA*, vol. 181, no. 1, 1962, pp. 17-24; for 'sexual abuse', see: Kempe, C. H., 'Sexual Abuse, Another Hidden Pediatric Problem: The 1977 C. Anderson Aldrich Lecture', *Pediatrics*, vol. 62, no. 3, 1978, pp. 382-389.

end of the survey. Information was collected on the frequency of sexual violence, the age at which it occurred for the first and last time, the sex and age of the child as well as his or her relationship to the perpetrator.

Children were also asked to report on school performance, use of any medications, availability and type of social support, relationships with classmates and teachers (including experiences of being bullied at school), use of alcohol or drugs (both by themselves and by those living in the same home) and mental health issues and bodily injuries (connected to physical violence). The Chile study also sought to understand how children themselves perceive physical punishment and justifications for the use of violence in child-rearing. It therefore attempts to shed light on the cultural roots of violence against children. Because the study has undergone four iterations, changes in attitudes can be tracked over time.

SAMPLE SELECTION AND DESIGN

The sampling design is stratified multistage cluster, yielding nationally representative data on the situation of children in the eighth grade. To ensure comparability, the same sampling methodology was used in all iterations of the study.

- Six regions were selected in the first stage. The three regions with the highest number of students attending school were selected. Two regions (XI and XII) were not included because both have less than 2 per cent of the total number of students attending the eighth grade. Of those regions that have less than 10,000 students, region IV was randomly selected. Of those regions that have between 10,001 and 20,000 students, regions IX and X were randomly selected. The choice to use students in the eighth grade was made in the first study conducted in 1994 since, at that time, it was the last year of primary education in Chile. In order to be able to compare results across surveys, the region and grade selection was kept constant in later waves of the study, including the one conducted in 2012.
- Within the selected regions, schools were selected proportional to the size of the strata (that is, region).
- Within each school, the cluster (an eighth-grade class) was selected randomly.[69]
- The sample size per cluster was set at 17. If a class consisted of more than 17 students, then students were selected at random.

In total, 102 schools were selected and 1,650 children took part in the study (but only 1,555 had valid questionnaires). A weighting procedure was required because the sample was not, by its nature, self-weighting. There is no information in the report, however, on how the sample was weighted for the final analysis.

69 This random selection of classes was conducted only if there was more than one eligible class. If only one class existed, this was sampled automatically.

FIELD IMPLEMENTATION

Interviewers were selected with dual goals in mind: an ability to positively manage relationships with principals and teachers in selected schools and an ability to build rapport with and exhibit empathy towards participating children. The following characteristics were considered when selecting interviewers:

- Educational level – Interviewers were either "professional graduates" or students in their final years of social science or education schooling. The exact level of education was not specified.
- Gender – Only female interviewers were selected in light of previous research that showed it is more appropriate to employ female interviewers when addressing issues of domestic violence and sexual abuse.
- Age – All interviewers were aged 22 and above.
- Experience – Preference was given to interviewers with "prior work experience in the area of study"; details of how prior experience was defined were not provided. The study report indicated that DESUC (the Department of Sociology at the Catholic University of Chile) had a staff of professional survey-takers that had participated in similar studies in the five years prior to the study in question. However, it was not articulated how many field staff had experience with previous DESUC research projects.
- Residence – Interviewers who resided in the specific region of study were selected.
- Availability – Interviewers with sufficient time "necessary to carry out the data gathering within the given deadlines" were selected. No details were provided on how this determination was made.

A team of professional managers was selected to supervise and support the field team. Although the activities of the professional coordinators were noted in study documentation, details on the qualifications of the professional coordinators were not provided.

All interviewers were required to attend "a training session". The training covered the following:

- Introduction of the team, the study, subject and objectives of the research
- Training regarding the phenomenon of interfamilial violence, violence at school, and child sexual abuse
- Review of research protocols pertaining to the child survey (selection of cases, survey administration, common problematic situations, and monitoring of questionnaires)
- Practice implementation activities to familiarize participants with the questionnaires and act out situations.

No further information was provided in regard to the specific content of each of the above training components.

There was no mention of a pilot test in study documentation. As such, it is not known whether the questionnaires were pretested prior to study implementation.

RESEARCH ETHICS

Survey-takers were "professional graduates or students in their final years of social science or education". Only females who were at least 22 years of age were selected as survey-takers and had to reside in the specific region for which they were collecting data. Training of the survey personnel was eight hours in duration and included ethical and security aspects to be considered during data collection.

Although consent to conduct the study was obtained from the head of the Pedagogical Technical Unit, school counsellor or principal, parents were never involved in the consent process. Written informed consent was obtained from children prior to their participation. The introductory part of the questionnaire and the consent form do not explicitly outline what the study is about, but state that the survey is being conducted by UNICEF to "understand the experiences of children in Chile in their family relationships, especially the relationship they have with their parents or those who perform this role within their families" (quoted from the consent form). Children were assured that participation was voluntary and that all answers were confidential.

Schools were requested to provide a private space where children could be taken if they became distressed or upset during the administration of the survey. Schools were also asked to make professional support available in the form of a psychologist, counsellor or other staff member deemed appropriate to provide support to students if necessary. The interviewers were trained to give first-hand help in the form of emotional support and counselling if a crisis situation arose during administration of the questionnaire. In the event that a child disclosed abuse and requested help, interviewers were instructed to document the personal information of the child, including his or her name, age and contact details as well as a description of the problem identified by the child, but only if voluntarily provided. This information was then communicated to the head of the study. The next step involved contacting the National Service for Minors (SENAME) to request programme support if deemed necessary.

KEY STRENGTHS

The questionnaire is detailed and covers a number of variables needed to understand the mitigating factors in child maltreatment. As a whole, the flow of the questionnaire offers enough variation in the types of questions and their scales to avoid respondent fatigue. A number of ethical safeguards were put in place, and informed consent was obtained. There is the possibility of exploring trends and changes over time, given that the survey has been carried out every six years since 1994.

KEY LIMITATIONS

There was no mention of a pilot test in study documentation. It is not known whether the questionnaires were pretested prior to study implementation. Some information on weighting procedures and protocols for referral are lacking from the publicly available documentation. It is not clear whether the length and nature of the interviewers' training was sufficient.

4.2 PERCEPTIONS OF, ATTITUDES TO, AND OPINIONS ON CHILD SEXUAL ABUSE IN THE EASTERN CARIBBEAN

Main survey parameters					
Commissioned by	UNICEF and UNIFEM with the agreement of respective governments				
Implemented by	Action for Children (an NGO) and University of Huddersfield				
Purpose of study	To gain an understanding of the perceptions of, attitudes towards and opinions on child sexual abuse in the Eastern Caribbean region				
VAC definitions referred to	WHO 1999 definition of child abuse; definition of 'commercial sexual exploitation' by Harper and Scott 2005; definition of trafficking in article 3 of the 2000 Palermo Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children; own definitions; domestic legislation and laws in the Caribbean region; CRC (to define 'childhood')				
Intended coverage	Representative of adults aged 18 and older in Anguilla, Barbados, Dominica, Grenada, Montserrat and Saint Kitts and Nevis				
Sampling type	Multistage cluster sampling				
Target groups and number of interviews	Target group	No. males	% males	No. females	% females
	Adults aged 18 and over	319	38%	522	62%
Gender focus	Males and females				
Study type	Individual survey, policy and practice interviews, focus groups and narrative interviews				
Type of study instrument	Either self-administered or verbally administered by an interviewer (in cases with concern over a respondent's literacy)				
VAC areas addressed	Sexual violence, witnessing domestic violence				
Settings	Not specified				
Methodologies used	Qualitative and quantitative				
Year of implementation	2008-2009				

OVERVIEW AND PURPOSE OF THE STUDY

This regional study covering six countries in the Eastern Caribbean was commissioned jointly by UNICEF and UNIFEM, with the agreement of respective governments. [70]

The study was commissioned to investigate the perceptions, attitudes and behaviours that contribute to child sexual abuse based on a belief that policy and programmes should be relevant to the cultural and social context in which abuse occurs. The study also aimed to provide information on perceptions of the scale of the problem. In particular, it sought to:[71]

- Increase understanding of the perceptions and behaviours associated with child sexual abuse, including incest, within the cultural context of the Eastern Caribbean region

70 For Anguilla and Montserrat, funding was provided by the United Kingdom's Department for International Development.

71 Jones, A. D., and E. Trotman Jemmott, *Child Sexual Abuse in the Eastern Caribbean*, UNICEF, Action for Children and University of Huddersfield, Huddersfield, 2009, p. 7.

- Increase research capacity in the Eastern Caribbean on issues affecting children
- Provide baseline data on perceptions of the scale of the problem within the region
- Investigate the manifestations of child sexual abuse across diverse ethnic, religious, and social and economic groups
- Sensitize stakeholders to the sociocultural and psychosocial issues underlying child sexual abuse
- Develop partnerships with key stakeholders and professionals to enhance country and regional capacity for addressing child sexual abuse and its psychosocial effects
- Identify inter-country and country-specific policies and strategies for reducing child sexual abuse
- Contribute to the establishment of a shared language on the definition of child sexual abuse and to regional partnerships and consensus on what needs to be done to address the problem within Caribbean contexts
- Make recommendations for the development of relevant policy, protocols and programming.

The authors acknowledged that most of the previous research activities in this field were conducted in the United Kingdom and the United States. They decided, however, against using tools developed in those countries because they had a cultural bias and would, therefore, be of limited use in the Eastern Caribbean cultural and social context. Rather than using only quantitative methods to measure the extent of child sexual abuse, the study focused on gaining a deeper understanding of the cultural and social layers of the issue through the application of qualitative methods. These included practice- and policy-focused interviews, focus groups and narrative interviews with adult survivors of child sexual abuse.

FOCUS OF THE STUDY

In contrast to the majority of studies assessed in this chapter, the main focus of this study was to explore the issue of sexual abuse in the Eastern Caribbean through qualitative research.

The target populations for the research were males and females aged 18 and older. An attempt was made to achieve a balance between younger and older adults, resulting in four target groups: males aged 18-30, males aged 31 and older, females aged 18-30 and females aged 31 and older.[72]

The quantitative community survey aimed to gather representative data on a number of issues, namely:

- Attitudes towards several definitions of childhood
- Perceptions on what behaviours constitute child sexual abuse
- Attitudes and perceptions around child sexual abuse, perpetrators and victims
- Opinions about social change and action to address child sexual abuse
- Personal experiences of sexual abuse.

The study did not seek to obtain prevalence figures but rather aimed to facilitate individual storytelling and narration of victimhood/survivorhood based on people's perceptions of abuse.

72 Eighteen cases were missing information on the sex of the respondent.

DEFINITIONS AND OPERATIONALIZATION OF VIOLENCE AGAINST CHILDREN

While the research report quoted a number of definitions (see 'Main survey parameters' at the start of this section), these were not the basis for the study. Rather than imposing a definition of 'sexual abuse', a key aim of the research was to understand what kinds of behaviours were perceived (and popularly defined) by the public to be 'sexual abuse'. Therefore, the definition was expected to arise from the study.

QUESTIONNAIRE CONTENT

The researchers developed an instrument entitled the PAOQ (Perceptions, Attitudes and Opinions Questionnaire) specifically for the purposes of this study. The questionnaire was informed by a literature review, designed for use in the Caribbean context, and was pretested with a representative sample in each of the participating countries. The questionnaire included a section to introduce the research study followed by a section on the social and economic background of the respondent. The remaining sections employed a Likert-type scale to a battery of 73 individual items with the following response categories: *agree*, *disagree* and *not sure,* and included the following subsections:

- Attitudes regarding several definitions of childhood
- Perceptions of behaviours that constitute child sexual abuse
- Attitudes and perceptions around child sexual abuse, perpetrators and victims
- Opinions about social change and action to address child sexual abuse.

The final section of the questionnaire probed the respondents on their own experiences of child sexual abuse (either as perpetrator or victim). The survey was implemented in one of two ways: It was either self-administered (that is, respondents filled out the questionnaire by themselves) or it was administered verbally by a researcher within a group setting (if there were concerns that respondents might not be literate). In all cases, individual questionnaires were completed.

The questionnaire leads from general issues (social and economic background) to attitudes and opinions on 'sexual abuse' to more specific and sensitive questions, namely the respondent's own experiences. The item battery covered a wide range of attitudes and opinions on many different aspects of sexual abuse. For example, the section on perceptions of what constitutes child sexual abuse asked respondents whether they agree, disagree or are unsure about the following statements:

In some families sex between adults and children is considered normal….

Children are not damaged by sexual activity with adults as long as they are loved by the person….

Sexual activity between an adult and child is never OK, no matter what….

Sex between a woman and a girl will lead to the girl becoming a lesbian….

In the section dealing with personal experiences of child sexual abuse, two questions were asked about whether the respondent was ever involved in any kind of sexual behaviour that *you consider was child sexual abuse* and that *somebody else might describe as child sexual abuse*. The questions aimed to reveal personal opinions as to what constitutes 'sexual abuse'.

Information collected through the questionnaire offered insights into individual opinions about child sexual abuse and uncovered possible theoretical explanations for the perpetuation of abuse within the Caribbean context, such as

patriarchal values, men's sense of sexual entitlement and conceptualizations of childhood. The descriptive analyses could be used as a useful starting point to collect prevalence data on child sexual abuse, based on how this is conceptualized and defined within the region.

SAMPLE SELECTION AND DESIGN

Six countries were selected to reflect regional representation and diversity: Anguilla, Barbados, Dominica, Grenada, Montserrat and Saint Kitts and Nevis. A pro-rata distribution plan was created so that the number of respondents from each country was proportionate to the size of the country's population, thus creating a sufficient sample to be representative of the Eastern Caribbean.

The study employed a multistage cluster sampling method with four steps:

1. Half of all districts or parishes in the target countries were chosen randomly. In some instances, which are not described in detail in the summary report, all districts or parishes were selected.
2. In the selected districts or parishes, naturally occurring clusters or organizational groups were identified, such as churches, colleges, work settings, leisure clubs, sports groups, health centres, hotels, youth groups and residential institutions.
3. Two of these sites (one as a backup) were randomly selected for each of the target groups.
4. Simple random sampling was conducted at selected sites of individuals that fitted into one or more additional variables, against which the target persons were stratified.[73]

The resulting sample distribution was found to be biased towards women (62 per cent female versus 38 per cent male) along key variables; however, this was explained in the report by higher rates of refusal among men as compared to women.

FIELD IMPLEMENTATION

Information on criteria used to select interviewers was not provided in the study report. Caribbean research assistants who were familiar with the local communities in which research was being implemented or who "employed the assistance of someone who was" were employed in this study. Although the study report indicated that interviews were conducted by "researchers with counselling skills", no details were provided regarding their specific qualifications or prior experience.

A five-day training programme was provided for members of the research team. The training covered: team-building, research methods, ethical issues, researcher safety, strategies for managing "problems and obstacles", duty of care and piloting study instruments. No information was provided regarding the training process, the content of these training modules, or on which members of the research team were involved in the training. All research assistants received training on ethical issues, including confidentiality and how to respond to distress and disclosures of trauma and abuse. While study documentation notes that the training programme "worked very well", no description was provided to explain how this determination was made.

The questionnaire was piloted, subjected to an internal validity test and retested. Details about this process were, however, not included in the study report.

73 The additional strata were: age, rural/urban, socio-economic status, education, gender, has/does not have children.

RESEARCH ETHICS

The report included a detailed Annex on the Ethical Protocol employed by the study and mentioned, among other things, that the following ethical guidelines were applied:

> "i. The aims and objectives of the research will be clearly explained to all participants and stakeholders
>
> ii. All interview respondents will remain anonymous – actual names and other means of individual identification will not be used and each person will be allocated an ID number
>
> …
>
> v. Data will be kept confidential in a secured and locked location. Each research assistant will be asked to sign an undertaking to this effect and that when field work is complete the datasets will be transferred to the operational office for the project where they will be kept in a locked cabinet.
>
> vi. The data will only be seen by members of the research team."[74]

In addition to these guidelines guaranteeing the privacy of the data and anonymity of the respondents, written informed consent was obtained from all participants with the following guidance:

> "x. Informed Consent – all participants in the project (e.g., interviewees, survey informants, practitioners, agency representatives) will be asked to sign a consent form and will be informed:
>
> - Of the nature of the research (goals and objectives, etc.)
> - Of the research methodology to be used
> - Of any risks or benefits
> - Of their right not to participate, not to answer any questions, and/or to terminate participation at any time without prejudice
> - Of their right to anonymity and confidentiality
> - That in the interests of safeguarding children, any information revealed in the course of the project that indicates actual risk of abuse may be passed to the relevant authorities."[75]

The study also established in each of the countries a National Response Team comprised of counsellors who could be contacted by respondents in the event of disclosure or other trauma raised by the study:

> "viii. Due to the sensitive subject of the research, and the possibility that during interviews, topics may be brought up that cause psychological distress or trauma (child abuse or domestic violence), National Response Teams will be identified comprising statutory specialists…and trusted organizations…and individual specialists…. These teams will be briefed about the research and will be asked to provide support/interventions for research participants who have experienced abuse or are at risk."[76]

All the interviewers had access to regular professional debriefing and external counsellors. In addition, participants were provided ongoing access to counselling as needed.

74 Excerpted from the Ethical Protocol Annex in: Jones and Trotman Jemmott, 2009, p. 271.

75 Excerpted from the Ethical Protocol Annex in: Jones and Trotman Jemmott, 2009, p. 272.

76 Jones and Trotman Jemmott, 2009, p. 271.

KEY STRENGTHS

The study was able to produce representative baseline data on how the public perceives 'child sexual abuse' in the region. The questionnaire is innovative in that it strives to obtain a conceptual understanding of what constitutes child sexual abuse. A number of ethical safeguards were in place.

KEY LIMITATIONS

Reasons for some of the choices made with regard to the selection of interviewers and sampling (for example, choosing all parishes or districts, in some cases, instead of a random selection) were not outlined in the study report. The sampling distribution was found to be biased towards women due to higher rates of refusal among men.

4.3 NATIONAL STUDY ON VIOLENCE AGAINST CHILDREN IN GEORGIA AND NATIONAL STUDY ON SCHOOL VIOLENCE IN GEORGIA

Main survey parameters					
Commissioned by	UNICEF with several Georgian governmental (particularly the Ministry of Education for the school study) and non-governmental actors				
Implemented by	BCG (local private sector research company) and the Public Health and Medicine Development Fund of Georgia (PHMDFG, a local NGO), supported by a team of international consultants from UNICEF and the International Society for Prevention of Child Abuse and Neglect				
Purpose of study	To understand the extent of, and factors associated with, violence against children in Georgia				
VAC definitions referred to	United States Department of Education definition of bullying				
Intended coverage	Nationally representative for target groups				
Sampling type	Multistage cluster sampling (random)				
Target groups and number of interviews	Target groups	No. males	% males	No. females	% females
	TG1: Parents or guardians of children aged 0-10 years living at home or in collective centres for internally displaced persons (IDP)	n/a	n/a	n/a	n/a
	TG2: Children aged 11-17 years living at home or in IDP collective centres	524	50%	526	50%
	TG3: Children aged 11-17 years living in Social Care Residential Institutions	156	52%	145	48%
	TG4: School-going children aged 11-17 years	645	50%	655	50%
Gender focus	Males and females				
Study type	Individual survey conducted at home (TG1), at school (TG2 and 4), in IDP collective centres (TG1 and 2) or in institutions (only TG3)				
Type of study instrument	Individual interviews				
VAC areas addressed	Physical, sexual, emotional, corporal punishment (all target groups), neglect (TG1, 2 and 3), bullying (only TG4) and witnessing domestic violence (TG2 and 3)				
Settings	At home (TG1 and 2), at school (TG2, 3 and 4), in the community (TG2 and 3) and institutions (only TG3)				
Methodologies used	Quantitative only				
Year of implementation	2007-2008				

OVERVIEW AND PURPOSE OF THE STUDIES

The two studies were commissioned by UNICEF together with several governmental and non-governmental actors to gain an understanding of the "extent and nature of violence experienced by children in Georgia". They were undertaken in response to the 2006 *UN Study on Violence against Children.*[77]

The Georgian studies researched children's experiences of violence in four settings: at home, at school, in the community and in institutions to obtain a complete picture of the situation of children in Georgia. The main goal was "…to identify within Georgia:

- The extent of violence [including child abuse and neglect] against children;
- The pattern of violence;
- Factors associated with violence;
- The extent and type of response needed to prevent violence, child abuse and neglect."[78]

Ultimately, the findings of the studies were envisaged to serve as an evidence base to "…produce data which could be used to develop national violence prevention policies". More specifically, the data from surveys on children living at home and in institutions were envisaged to "…inform planning of services for the recognition and management of child abuse and neglect". The findings of the school survey were intended to assist the Ministry of Education and Science to "…develop a safe school policy with the goal of creating school[s] free from violence to enhance the education and development of children and young people in schools in Georgia".

FOCUS OF THE STUDIES

The following target groups were identified:

VAC at home and in institutions:

- Parents or guardians of children below the age of 11 living at home or in collective centres for IDPs[79]
- Children aged 11 to 17 living at home or in collective centres for IDPs[80]
- Children aged 11 to 17 living in Social Care Residential Institutions.[81]

VAC in school:

- School-going children aged 11 to 17. [82]

The studies aimed to measure the prevalence of children's victimization experiences *ever* and in the *last year* in terms

77 A new study on violence against children in Georgia was expected to be released in late 2013.

78 United Nations Children's Fund, *National Study on Violence against Children in Georgia*, UNICEF Georgia, Tbilisi, 2008, p. 20.

79 Interviews were conducted with the parents or guardians of 1,650 children (1,100 living at home and 550 living in IDP collective centres). The report does not provide the number of parents or guardians interviewed.

80 Seven hundred children were living at home and 350 in IDP centres. A small number of children were 18 years old at the time of the interview and it was presumed these children had a birthday between the sampling and interviewing stages.

81 This sample included 301 children. A small number of children were 18 years old at the time of the interview and it was presumed these children had a birthday between the sampling and interviewing stages. All the institutions were public and for children without disabilities.

82 This sample included 1,300 children. Because children were identified by school year (that is, grade), some 10-year-old children were included in this sample.

of the following types of abuse at the respective location (home, school or institution):

- Physical
- Sexual
- Emotional
- Corporal punishment
- Neglect (at home only)
- Bullying (at school only).

DEFINITIONS AND OPERATIONALIZATION OF VIOLENCE AGAINST CHILDREN

The studies did not provide any explicit definitions for 'violence' or 'abuse'.[83] The table below lists all the questionnaire items and assumes that, for instance, the definition of 'physical violence' in the studies included all the behaviours given under that heading. Some items were included only in the questionnaire for children living at home (for example, questions on witnessing domestic violence) and some were included only in the questionnaire for children in institutions (such as questions about being embarrassed because of being poor or an orphan). The definition for 'bullying' was from the United States Department of Education: "Bullying involves intentional, and largely unprovoked, efforts to harm another. Bullying can be physical or verbal, and direct or indirect in nature."[84] Nevertheless, respondents were not provided with a clear definition or explanation of what should be considered as bullying within the questionnaire itself.

Physical violence

1. Pushed, grabbed or kicked
2. Hit, beat or spanked with a hand
3. Hit, beat or spanked with a belt, stick or other object
4. Choked or tried to drown you
5. Burned or scalded
6. Locked, tied or chained you up
7. Pulled hair, pinched you or twisted ear
8. Forced to hold a heavy load
9. Threatened with a knife or gun
10. Hurt or caused pain
11. Threw an object at you
12. Hit with a closed fist
13. Kicked you
14. Crushed fingers or hands
15. Washed mouth with soap or pepper
16. Made you stand/kneel for punishment
17. Made to stay outside in the cold or heat
18. Put in hot or cold water
19. Took food away as punishment
20. Tied you up
21. Tried to cut you with a sharp object.

Psychological violence

1. Shouted/screamed at you
2. Swore at you
3. Threatened you with bad marks
4. Called you rude or hurtful names
5. Insulted you
6. Made you feel stupid
7. Stole from you or broke belongings
8. Isolated you
9. Hurtful prejudice (gender, ethnicity, etc.)

83 However, general definitions of child abuse were discussed in the manual and training materials provided to interviewers.

84 UNICEF Georgia 2008, p. 7.

Psychological violence *cont.*

10. Hurtful prejudice against health problems
11. Embarrassed you because you are poor
12. Embarrassed you because you are an orphan
13. Made you feel ashamed/embarrassed in front of others
14. Threatened to leave/abandon you
15. Threatened to kill or hurt you.

Sexual violence

1. Showed pornography
2. Unwanted kiss
3. Touched in a sexual way
4. Took their own clothes off
5. Made you take your clothes off
6. Made you touch their private parts
7. Unwanted touch to your private parts
8. Involved you in making pornography
9. Tried to or made you have sex with them
10. Gave you money for sexual things
11. Spoke or wrote about you in a sexual way.

Neglect

1. Did not get enough to eat and/or drink
2. Had to wear dirty or torn clothes or clothes that were not warm enough/too warm or shoes that were too small
3. Not taken care of when sick (for example, taken to see a doctor or given medicine)
4. Did not feel cared for
5. Felt you were not important
6. Felt there was no one looking after you, supporting you or helping you when needed.

Witnessing domestic violence

1. Seen adults shouting/yelling at each other
2. Seen adults hit, punch or hurt each other physically
3. Seen adults use weapons to hurt or scare each other.

QUESTIONNAIRE CONTENT

Modified versions of the ISPCAN Child Abuse Screening Tools (ICAST) were used for the studies. The parent version (ICAST P) and child version for victimization in the home (ICAST CH) were used for the violence against children at home study, while the child version for victimization at school or the workplace (ICAST CI) was used for the sample of institutionalized children and for the school study. A number of demographic questions were added to all of the questionnaires.

The parental questionnaire collected information on the use of disciplinary methods (both non-violent and violent) by the respondent or any other caregiver in the home. The types of violent disciplinary methods included those that were both psychological and physical in nature. Respondents were also asked to report on whether, to their knowledge, their child had experienced certain forms of neglect or sexual abuse in the previous year. For instance, parents were asked: "Was there a time in the last year that your child didn't get the food or liquid he or she needed?" and "Was there a time in the last year when your child was touched in a sexual way by an adult?" Parents were interviewed face to face either at home or in the IDP collective centres.

The ICAST CH asked about children's experiences of physical and psychological violence, sexual abuse and neglect at home, at school or in the community. Children classified as 'living at home' were interviewed either at school or in the IDP collective centres.

The ICAST CI also asked about children's experiences of physical, psychological and sexual violence directed towards them (by adults or other children) within the institution or at school (in the case of the school study). Questions on neglect were added by the local research team to the ICAST CI based on the ICAST CH, since it was deemed important to understand children's views on the care they were receiving in institutions and schools. The version of the ICAST CI used for the school study also included additional questions on the school climate, school safety and location and timing of bullying, adapted from the standard questionnaire used in WHO's Health Behaviours Survey for Children. The sample of institutionalized children was interviewed in the Social Care Residential Institutions where the children were living, and the sample of schoolchildren was interviewed at school.

The basic logic of the children's versions of the ICAST questionnaires used here was to ask the children how often they had certain experiences in the past year: *many times, sometimes, never, not in the past year but this has happened*. The inclusion of this last response category means that prevalence can be obtained for both lifetime and for the 12 months preceding the survey. If children responded that they had a particular experience, two more questions were asked: whether the perpetrator was an adult, another child/adolescent or both, and whether the child *wishes to say more*. In cases of sexual abuse, children were also asked how well they knew the perpetrator.

The child was asked to report on more than 40 different abusive behaviours in one monolithic block during the interview. The interview was, therefore, highly repetitive.[85]

The introduction to the children's questionnaires (for both children living at home and in institutions) read:

> "Children in many parts of the world have been exposed to violence or bad treatment by family members, at school, in their communities, or at work. This is an important problem for children in all parts of the world. We would like to ask you about your experiences with violence directed against you."

This had the potential to create bias for the following reasons:

- First, it did not emphasize that the focus of the research was on the child's own experiences. It did not explain how the data would be used or why the child would benefit from taking part and giving honest answers (without raising expectations that the child would benefit directly from participating in the study).
- Second, it stated that children all over the world suffer from violence and abuse. This could lead to responses that the child thinks are socially acceptable.
- Third, it used words such as 'violence' and 'bad treatment' ('abuse' in the school version) that are subject to cultural biases that could influence how the questions were understood.

Another issue with the children's questionnaires is that the introduction to the block measuring experiences of victimization is fairly long and consists of two basic concepts that were not repeated anywhere later in the questionnaire:

- The behaviours must have happened at school/at home/in an institution *and*
- Within the past year.

Respondents who might not have paid attention to the introduction might report any kinds of behaviour, regardless of where they happened and when. In addition, the qualification of *within the past year* is somewhat misleading, since

85 Long and repetitive questionnaires can induce respondent fatigue and introduce bias if respondents learn that certain answers can shorten the interview.

one of the response categories included whether the behaviour happened *not in the past year but this has happened*.

Furthermore, the introduction to the victimization questions did not make it sufficiently clear that all answers are strictly confidential. Instead, it states that:

> "Unless you want to talk, no one will ever know that the answers that you gave us are about you."

Here, the child might assume that *if* he/she wants to talk about these experiences, *then* the answers will be disclosed and his or her privacy no longer guaranteed. This might deter children from disclosing violent or abusive situations. The parental questionnaire does not contain a statement regarding confidentiality and privacy.

Although children were asked about their experiences of victimization at school, the studies only identified the perpetrator in very general terms. That is, a child might be hit by a teacher or by his or her own parent while at school, yet the questionnaire only recorded whether the perpetrator was an adult or a child.

SAMPLE SELECTION AND DESIGN: VIOLENCE AGAINST CHILDREN AT HOME

Because the target groups for the 'VAC at home' study consisted of both parents/guardians and children in the general population living at home as well as those living in IDP centres, the overall sample design was complex and can be characterized as a multistage cluster sample.

Sampling of internally displaced persons

To select the caregivers and children in IDP centres, the report says the survey team used a database from the Ministry of Refugees and Placement to randomly choose centres according to their probability proportional to size (PPS). However, one important caveat was added: Only centres with a population of more than 150 were included in the sample. With a sample size of 36 interviews per centre, small centres might be unable to provide the necessary number of target persons. This could result in a slightly skewed sample since not all members of the population have the same probability of being included in the study. Families within the centres were then chosen through a 'random wandering' method. However, it is not clear how respondents within each 'family' were then selected to be interviewed.

Sampling of the general population

Although the study was planned to be nationally representative, and despite a page-long explanation of the sample design for the general population, the process for selecting the sample is not entirely clear. The sampling frame consisted of the population of Georgia drawn from the 2002 census. In general, Georgia is divided into four 'strata' according to the level of urbanization (the capital city of Tbilisi, large cities, small towns and villages). The sampling size was distributed through the strata proportional to the number of children who were living there.

The primary sampling units (PSUs) in urban areas were 'census sectors', while in rural settlements they were 'local councils', which were not described further. Clusters within different strata were selected by the PPS method with a total of 36 interviews conducted per cluster. Within each cluster in the three urban strata, 'families' (assumed to refer to households) were chosen according to the random wandering method (presumably for the parent/guardian interviews at home), the exact details of which are not provided in the report. Schools were also chosen by the PPS method for each cluster of the three urban strata (presumably for the children's interviews). The report states that in each selected cluster of the rural strata, villages were selected by the PPS method and interviews conducted in 'families' (again assumed to refer to households) and in schools.

From a methodological point of view, this procedure has some shortcomings:

- The sampling frame may be inappropriate and make it difficult to weight the data: It is feasible that the populations in the clusters changed considerably between the 2002 census and the time of survey implementation (2007).
- The random walk process requires strong supervision mechanisms to ensure that the interviewers follow all the rules. In the absence of such mechanisms there is a likelihood of non-random selection and difficulties in verifying whether the sample is complete and whether interviews were conducted.
- Because of the underlying method of a random walk sample, no true probability weights can be calculated. This could result in concerns about the representativeness of the estimates.

The report does not describe how the parents/guardians within households were selected. For example, if two mothers taking care of two different children aged 0 to 10 years lived in the same household, then both would be eligible for an interview. Here, the effective sample size per sampling unit would be greater than one, since multiple members of the household could be included in the study. If this were the case, it would have important implications for the overall robustness of the estimates.

The questionnaire for parents and guardians used the concept of an 'index child', who is selected when there is more than one eligible child. This child becomes the main reference point of the interview. To ensure the absence of bias, selection of an 'index child' is typically performed at random, but sometimes other, non-random criteria are used, such as the oldest child or youngest girl in the household. However, neither the report nor the questionnaire explained the procedure for choosing the index child in this study.

As with the parents/guardians in the general population sample, it is not clear how children were selected to be interviewed. In fact, the exact sampling procedures used with children living at home were not clear because the report claims these children were interviewed at school (and not in the home).

Because this study used a cluster sampling approach, weights need to be calculated to reflect the overall study population. However, the report did not provide a description of any weighting procedures.

SAMPLE SELECTION AND DESIGN: VIOLENCE AGAINST CHILDREN IN INSTITUTIONS

The sampling frame consisted of all child-care institutions and public boarding schools under the supervision of the Ministry of Education and Science. The 22 institutions in Georgia were stratified according to their size: small (up to 28 children), medium (between 28 and 56 children) and large (more than 56 children). The sampling size was distributed through the strata proportional to the number of children who were living there.

Interviewers created a roster of all eligible girls and boys within the target age group (11 to 17 years) that were currently residing in the institutions. In 'small' institutions, one child of each age between 11 and 17 years (and of a gender that was defined in advance) was randomly selected to be interviewed. In 'medium' institutions, one randomly selected child of each gender and at every age between 11 and 17 was chosen while two children of each gender and every age were selected in 'large' institutions.

SAMPLE SELECTION AND DESIGN: VIOLENCE AGAINST CHILDREN AT SCHOOL

The sampling frame of the study was a database of all 2,462 schools in Georgia provided by the Ministry of Education and Science, which also included the number of students in each class (but no lists of students). Since children aged 11 to 17 were expected to attend grades 5 through 11, only these classes were considered for the sampling.

The sample was stratified along two parameters: regions (Tbilisi and nine other regions) and settlement size (large cities with more than 45,000 inhabitants, small towns and other regional centres, and villages). There were 24 strata in total and the report mentioned that the schools were selected by PPS (that is, proportional to the number of students in each strata). No further information is available about the strata, which means that the sample design is not entirely documented. In total, 93 schools were selected, of which 33 were located in the capital city (Tbilisi) and 60 were located in other regions of Georgia.

The following sampling procedure was used in the selected schools:

- In each class (grades 5 through 11) of the selected school, one girl and one boy were sampled – a total of 14 children in each school.
- The procedure for selecting the target child was random: Students were selected randomly from the school journal.
- Another child was selected randomly if those selected initially were not members of the target group in terms of age or sex or if they refused to participate.

As a result of the overall disproportionate cluster sampling approach, a weighting of the data is necessary to adjust it to the target population. However, no information was provided about whether weighting procedures were actually carried out.

Although the report cited the sampling error to be +/- 2 per cent (at 95 per cent confidence), it did so with the caveat that this is true for "more common types of victimization" (those that occur in 10 per cent of subjects). Indeed, the study showed that some types of abuse were experienced by 15 per cent to 20 per cent of all children.

FIELD IMPLEMENTATION

Interviewers were hired through Business Consulting Group (BCG)'s pool of "experienced personnel" and were already working in regional teams, each of which had a supervisor. Interviewers fulfilled the qualifications criteria specified in the ICAST manual for interviewers; these criteria were not provided in the study report. The training programme followed a training of trainers model in which supervisors were first trained and then trained their local teams. The training of supervisors took place in two sessions. The first, organized by psychologists and a UNICEF consultant, primarily addressed the issues of child abuse and neglect. This session, which lasted two hours, incorporated the following topics: what is meant by child abuse and neglect, understanding in a non-judgemental manner how child abuse and neglect can happen, the consequences of child abuse and neglect, what to do if a parent or child becomes distressed, what to do if current abuse is disclosed by a parent or child and the benefits of seeking support from supervisors/attending debriefing sessions at the end of field work. The second session, which was run by BCG, addressed the questionnaires in greater detail along with methods for interviewing and data entry. Details regarding the content and duration of this session were not provided. The content, duration, standardization and evaluation of the training provided by supervisors to interviewers are unclear.

Prior to finalizing the research instruments, a focus group was conducted with parents to determine the interview format. Supervisors piloted the translated questionnaire with 30 parents and 60 children (30 from the community and 30 from institutions). The piloting, which was monitored by team members of the Public Health and Medicine Development Fund of Georgia, did not identify the need for changes to the questionnaires; however, it raised the need for additional training and instructions. Additional training was implemented through a workshop provided by PHMDFG prior to the commencement of fieldwork. The content, duration and research team's level of participation in this workshop are unclear.

RESEARCH ETHICS

The report stated that the studies obtained approval from the ISPCAN Ethical Committee and that a 'reference group' was established to provide further comments on the ethical aspects of the research plan. The membership of this group was documented to include representatives from ministries, selected NGOs and UNICEF.

Informed consent

- All participants signed a written consent form, which was identical for all target groups (both adults and children). The consent form is provided in Annex 6 of the national study report.
- The nature of the study was described in the form as follows: "UNICEF is conducting a study on health and life experience of children and parents in Georgia. The study is supported by International Society for Prevention of Child Abuse and Neglect (ISPCAN).... This is a national study, which, to our belief, is very important for improving the situation of children and parents in Georgia. This kind of research is being conducted in many parts of the world to ensure the safety of children."
- Since the study was described as being about health issues, it is debatable whether this introduction enabled participants to give informed consent, since the true aims of the study were left somewhat ambiguous.
- While there is no law in Georgia that requires the consent of a parent to interview his or her child, the research team "...felt, however, that parents should be informed in advance of their child's possible participation in the study". How parents were informed, however, was not made clear in the report.
- When children were interviewed at school (as was the case for children living at home but not in IDP centres and for children in the school study), directors of the schools were asked for written consent but parents were not.

Safety, privacy and follow-up processes for abuse disclosures

- The report outlines some considerations that were made and actions taken to ensure the safety of participants and interviewers and references a detailed manual on this topic (available only in Georgian).
- The report states that a 'crisis intervention plan' was formulated to deal with crises in the field and to provide referral to local services.
- Confidentiality of participant responses was covered in the instructions to interviewers and in their training, but is not mentioned clearly in the questionnaires.

KEY STRENGTHS

The studies offer a detailed assessment of many different types of victimization in a variety of settings and populations, including some that are understudied, vulnerable and hard to reach, such as IDPs and children living in institutional care. Ethical aspects of the research were cleared by an Ethical Committee, all participants gave their written consent and consent forms were made available as part of the study documentation. Intervention plans were developed in advance to deal with crises that might arise during study implementation and referral to local services was available for study participants.

KEY LIMITATIONS

The report itself does not refer to any definitions for the concepts it uses (such as 'violence' and 'abuse'); these had to be assumed based on questionnaire items and data analyses. The content of the questionnaire limits the ability to conduct a multidimensional analysis to identify 'factors' contributing to and 'patterns' of abuse, which was stated as part of the main goal of the study. Further, the type of questionnaire design, which consists of one monolithic block of more than 40 items with repetitive scales and answer categories, is prone to respondent fatigue at later stages of the interview. Large gaps in study documentation make it difficult to understand key methodological aspects of the study, such as sampling strategies and weighting procedures. While often used in market research, the 'random wandering' used to select the sample living in IDP centres has several shortcomings. Several debatable choices were made (such as not requiring informed consent of parents when their child was interviewed and describing the study to participants as one concerned with broad health-related issues). Given the lack of clarity regarding the interviewers' and supervisors' levels of experience pertaining to violence against children, it is troublesome that only two hours of training were provided to supervisors to address a wide range of highly sensitive issues pertaining to children's experiences of violence. Since limited training was provided to supervisors, it is reasonable to assume that interviewers did not receive sufficient training and preparation to adequately address highly sensitive ethical issues related to collecting data on violence against children.

4.4 STUDY ON CHILD ABUSE IN INDIA

Main survey parameters					
Commissioned by	Ministry of Women and Child Development, Government of India				
Implemented by	Prayas (local NGO) and Haryali Centre for Rural Development (for data entry and analyses)				
Purpose of study	To obtain prevalence estimates of various forms of child abuse in India and to study the social and economic profiles of abused children				
VAC definitions referred to	WHO 1999 definition of child abuse; WHO 2002 *World Report on Violence and Health* definition of child abuse or maltreatment; national policies and legislation; own definitions				
Intended coverage	Nationally representative				
Sampling type	Multistage purposive sampling (non-random)				
Target groups and number of interviews	Target groups	No. males	% males	No. females	% females
	TG1: Children aged 5-18 years in family environments, not attending school	1,167	52%	1,078	48%
	TG2: Children aged 5-18 years in school	1,574	50%	1,589	50%
	TG3: Children aged 5-18 years in institutional care	1,190	53%	1,055	47%
	TG4: Working children aged 5-18 years	1,239	50%	1,238	50%
	TG5: Children aged 5-18 years living on the street	1,274	55%	1,043	45%
	TG6: Young adults aged 18-24 years	1,208	52%	1,116	48%
	TG7: Stakeholders	Total: 2,449 (no further breakdown)			
Gender focus	Males and females				
Study type	Individual survey				
Type of study instrument	Individual interviews and focus group discussions				
VAC areas addressed	Physical, sexual, emotional, neglect (girls only) and bullying (only TG2)				
Settings	At home, at school, in the community				
Methodologies used	Qualitative (focus groups with children) and quantitative				
Year of implementation	2007				

OVERVIEW AND PURPOSE OF THE STUDY

This study was commissioned in 2007 by the Ministry of Women and Child Development, Government of India, with technical support from UNICEF and Save the Children. It was planned as a national study on child abuse. The study was commissioned in an attempt to bridge data gaps and inform effective policy formulation. The official statistics for the country reflect only reported crimes against children and are generally thought to underestimate the true extent of the problem of violence against children in India. The study had as its four main objectives to:

- Assess the magnitude and forms of child abuse in India
- Study the profile of abused children and the social and economic circumstances leading to their abuse
- Facilitate analysis of the existing legal framework to deal with the problem of child abuse in the country
- Recommend strategies and programme interventions for preventing and addressing issues of child abuse.[86]

FOCUS OF THE STUDY

The groups targeted in the research were as follows:

- Children aged 5 to 18 years (5-12, 13-14 and 15-18 years)
- Young adults aged 18 to 24
- Stakeholders.[87]

The study focused on the experiences of children aged 5 to 18 and the different types of abuse they may have personally experienced:[88]

- Physical
- Sexual
- Emotional
- Neglect (girls only)
- Bullying (block of children in schools only).

In total, five blocks of children were included in the study:

- Children living in the family, but not attending school
- Children in school
- Children in institutional care
- Working children
- Children living on the street.

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86 Ministry of Women and Child Development, Government of India, *Study on Child Abuse: India 2007*, Government of India, New Delhi, 2007, p. 13. Available at: <*wcd.nic.in/childabuse.pdf*>, accessed 15 October 2013.

87 This group included persons in the government or private service sector, representatives of NGOs, community leaders and elected representatives of urban and rural local bodies.

88 The questionnaire asked about lifetime experiences of sexual and emotional violence and of neglect, about past-year experiences of physical violence and about past-month experiences of bullying.

DEFINITIONS AND OPERATIONALIZATION OF VIOLENCE AGAINST CHILDREN

In order to define the types of violence under consideration, the study referred to the respective WHO (1999) definitions, which were not quoted verbatim in the report. Indeed, when comparing the study's working definitions to those put forward by WHO, they diverged widely. The study acknowledged having made a number of modifications to the definitions.

For example, the original WHO definition of physical abuse is as follows:

> "Physical abuse of a child is that which results in actual or potential physical harm from an interaction or lack of an interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust. There may be a single or repeated incidents."[89]

The same definition is quoted in the report as follows:

> "According to WHO [1999]: … Physical abuse is the inflicting of physical injury upon a child. This may include burning, hitting, punching, shaking, kicking, beating or otherwise harming a child. The parent or caretaker may not have intended to hurt the child. It may, however, be the result of over-discipline or physical punishment that is inappropriate to the child's age."[90]

This definition was then changed to the following 'working definition' for the study (changes to the above definition are tracked):[91]

> *Physical abuse is ~~the~~ inflicting ~~of~~ physical injury upon a child. This may include ~~burning,~~ hitting, ~~punching,~~ shaking, kicking, beating or otherwise harming a child <u>physically</u>. ~~The parent or caretaker may not have intended to hurt the child. It may, however, be the result of over-discipline or physical punishment that is inappropriate to the child's age.~~"*[92]

It becomes apparent, therefore, that the WHO definitions referred to did not form the basis for the study. The definitions ultimately used were tailored to the needs of the study. The same is true for the other definitions of abuse referred to in the report.

Interestingly, the study goes on to outline the specific behavioural indicators that were chosen to measure the different types of abuse, but then asked about only a selection of these behaviours in the actual questionnaire. For example, the behavioural indicators for 'physical abuse' were outlined as: slapping/kicking, beating with a stave/stick, pushing and shaking (see page 14 of the report for a list of the behavioural indicators used for the other types of abuse). 'Physical abuse' was assessed by asking the following questions:

During last 12 months, have you been beaten by a family member? If yes, which was the most common method used?

- *Slap/blow/kick*
- *Stave/stick/danda*
- *Any other (specify).*

It can be said, therefore, that while the definition was customized according to the information needs of the study, not all elements were actually measured.

89 WHO 1999, p. 15.

90 Ministry of Women and Child Development 2007, p. 3.

91 Ministry of Women and Child Development 2007, p. 4. Words that have been struck through have been removed from the working definition; underlined words have been added.

92 A slightly different definition of 'physical abuse' is provided in the methodology section of the study report on p. 13.

QUESTIONNAIRE CONTENT

A two-phased approach was used for data collection with children aged 10 to 12. First, children participated in a focus group to establish rapport and introduce the subject matter of the study in a subtle manner through various activities (such as storytelling, drawing and games). Second, the children were invited to participate in one-on-one interactions in which interviewers used a structured information schedule to guide the interview, but later filled out the questionnaire themselves, drawing on their notes and a taped transcript. Therefore, bias might have been introduced – first, because the children were prompted and motivated to talk about abuse in a group setting prior to the interview, and second because the interviewers were free to interpret what the child said when filling out the questionnaires. Individual interviews were used with the young adult and stakeholder samples.

It is not clear from the report why the same procedures for data collection were not followed with children of other ages included in the study (that is, children aged 5 to 9 and 13 to 18). If indeed only children aged 10 to 12 took part in focus groups, this introduces a serious bias since these children were sensitized to talking about abuse prior to being interviewed.

Despite the large number of interviews conducted (more than 10,000) and the use of quantitative questionnaires, the sampling strategy (purposive and non-random) and procedures for data collection (the use of informal interactions using 'friendly dialogue' and general note-taking rather than the use of a structured interview or self-administered questionnaire) resembles more of a qualitative study.

In addition to the issues concerning questionnaire implementation, only girls were asked questions dealing with neglect, on the assumption that they are more likely than boys to suffer from this form of abuse, particularly within the Indian context. Since the study planned to collect evidence on different types of abuse (and on which kinds of children are prone to abuse), this can be considered a shortcoming in the questionnaire design, which the authors do highlight.[93]

The questions asked of different groups of children were very diverse, making it impossible to compare the extent to which they faced different kinds of victimization. For example, children living on the street and working children were not asked about their experiences of sexual abuse, even though these children can be considered especially vulnerable to such abuse (a difficulty recognized by the authors of the study report). In fact, it is not entirely clear in examining the questionnaire whether all the blocks of victimization questions were even administered to the various groups of children. For example, the 'emotional abuse' block specifically refers to experiences that have happened 'in the family', but this is clearly not applicable to certain children in institutional care.

While the questionnaire did collect some personal information, such as respondents' marital status and religion, the authors note that it did not collect any social and economic data (just 'social groups/caste') or other important information, such as whether the respondent was living in an urban or rural area. The decision not to collect such data means that it is not possible to explore some of the social and economic circumstances surrounding abuse, which was one of the study's main objectives.

The flow of questions does not always follow a clear logic. For example, for the sample of children living in family environments, first a child is asked about the father's education, then if the father uses alcohol or drugs, and then the nature of the father's occupation.

93 Ministry of Women and Child Development 2007, p. 19.

One method used to collect information on experiences of sexual abuse was to provide children with three illustrative stories. They were then asked if they had ever had a similar experience and, if so, whether they reported it. This is an interesting approach that should undergo further validation to see if it is suitable for children.

Although the study targeting young adults aged 18 to 24 set out to triangulate and give more depth to the findings from the children's study, the researchers remarked that few of the same operationalizations of violence were used for the two groups, so the findings cannot be compared.

SAMPLE SELECTION AND DESIGN

The overall sample design was described in the report as 'multistage purposive sampling', which strived to obtain nationally representative data. As a first step, India was divided into six zones (North, South, East, West, Central and Northeast).

The second step involved purposely selecting two states from each zone (a total of 12 states and Maharashtra) that, according to the report, represented different 'literacy quartiles'. The states were checked against records from the National Crime Records Bureau to ensure that they represented different levels of reported offences/crimes against children. For instance, the selected states ranged from Madhya Pradesh, with the highest recorded incidence of crimes against children, to Mizoram, with no recorded incidences. The next step was to select two districts from each state (a total of 26 districts), with one district representing the upper literacy quartile and the other the lower. Within each district, two 'blocks' were then selected – again, one from the upper literacy quartile and one from the lower (a total of 52 blocks or four blocks per state).

Children from each of the five target groups (at home, in school, in institutions, working and living on the street) were then selected through a process meant to be "as representative as possible". Schools were selected through purposive sampling with children identified through principals, teachers and caregivers. Working children and children living on the street were selected with assistance from civil society organizations. Institutions were identified on the basis of government records and with the help of NGOs. The selection process for children living at home is not described in detail, other than to indicate that it was done through quota sampling; this information is also missing for the two remaining target groups – young adults and stakeholders.

It is important to note that the study defined a child as "…a person not having completed 18 years of age" but the sample included some adolescents who were 18 years old. Given the definition of childhood applied in the study, it can be assumed that these respondents were over the age of 18 but under the age of 19. Therefore, there is some overlap in the age groups covered in the child and young adult studies, and it is not immediately clear from the report how prevalence for those aged 18 was calculated.

The young adults aged 18 to 24 were asked about experiences in their childhood and were, according to the report:

> "…engaged in work in the government and private sector, agricultural sector, businesses, etc. [and were] included in the sample because they would be in a better position to recognize abuse compared to children and would feel more comfortable talking about their experiences of abuse in childhood and sharing them with others".

The inclusion of only working young adults introduces some bias, since those who are unemployed or studying in school but not working were not represented among this evidence group. This is likely to have affected the magnitude of abuse reported within this population.

Stakeholders were those who held:

> "…positions in government departments, private service, urban and rural local bodies and individuals from the community… [to obtain] perception[s] on various ways of dealing with emotional abuse and also on the agencies to deal with various forms of abuse…".

The target sample size was 50 children from each of the five target groups (children at home, in school, in institutions, working and living on the street) in each of the four blocks within the selected states (a total of 13,000 children). Targets for the young adult and stakeholder groups were 200 interviews each per state (a total of 2,600 young adults and 2,600 stakeholders). This means that the samples were not selected proportional to the size of the respective populations. Aside from the fact that a non-random sample was used, such disproportionate samples always require some degree of weighting to represent the target populations. Although it can be assumed that the population of children living at home is greater than the population of children living in institutions or on the street, each group of children received the same weight (that is, n=50 at the state level) in the data analysis. This means that all data reported on the total number of children disproportionately over-represents those who do not live at home.

Because this study was based on a purposive, and hence non-random, sample, it cannot be expected to produce representative data for any of the sampled populations. In essence, the study fails to reach its foremost objective: to collect evidence on the nature and extent of child abuse. While it can be considered appropriate to use non-random sampling methods with hard-to-reach target groups, such as children living on the street, it is not entirely clear why this approach was extended to all target groups, especially children at home, schoolchildren and young adults.

FIELD IMPLEMENTATION

Staff of the same sex as child research participants were selected to conduct focus group discussions. It is unclear who conducted one-on-one interviews with study participants. Study documentation indicates that interviewers were sensitized about "ethical issues including the importance of confidentiality, consent and freedom to participate". Ethical guidelines, guidelines for focus group discussions with children, and guidelines for one-on-one interactions with children were developed. However, no further information was provided regarding the training of interviewers in the implementation of these guidelines or qualifications of interviewers.

Study instruments were pretested on a "small proportionate sample" in Delhi; based on this pilot, study instruments were modified in regard to their content, language and sequence. Specific modifications were not described. As the study covered 13 states in India with a diverse range of cultures and languages, it is unclear why the study instruments were not pretested in more of the participating regions. It is also not clear which members of the research team participated in the pretest, and/or whether a second pilot of the instrument was conducted following revisions.

RESEARCH ETHICS

The study developed detailed ethical guidelines to "…safeguard the child's rights and to protect the child from potential trauma". The report indicated that these guidelines were informed by documents developed by UNICEF[94] and Save the Children.[95]

94 United Nations Children's Fund, *Researching Violence against Children using Participatory Assessments: A handbook*, UNICEF, New York, March 2005.

95 Save the Children Sweden 2004.

Written informed consent was obtained from the principals/directors of participating schools, young adult respondents, parents/caregivers and child respondents. The report also includes copies of the consent forms used for each of these groups. However, the consent forms refer to an 'information sheet' that is not provided in the report, so it is difficult to ascertain what the target persons were informed about. In addition, the introductory part of the questionnaires is too general to form the basis for informed consent.[96]

The inclusion of children as young as 5 years old in the study raises questions from an ethical perspective. The instrument used to collect data was the same for children of all age groups, and was therefore not adapted to reflect the varying and evolving development and knowledge of children across the wide age group studied (that is, those aged 5 to 18). This is especially evident in the use of words such as 'bullying' and 'private parts', which might not be readily understood by very small children.

The report also mentions that the interviews with children were always conducted by interviewers of the same sex. Although the report mentions that the interviewers were trained to deal with children and to identify and follow up cases of child abuse, the report does not provide further details about these processes.

KEY STRENGTHS

The study includes children in many different types of living conditions, particularly those in hard-to-reach populations such as working children and children living on the street. The study attempts to collect information on some understudied aspects of violence against children. The use of some novel data collection techniques, namely the illustrative stories used to obtain data on experiences of sexual abuse, are interesting and warrant further research and validation testing.

KEY LIMITATIONS

WHO definitions are not quoted accurately, but are used as a reference point for the development of customized definitions of different types of abuse. Some forms of abuse, however, were researched only partially, since important behaviours identified as 'violent' were not covered in the questionnaire. The questionnaire content and its implementation differed across the target groups, which raises questions about the comparability of the findings. The reliance on purposive sampling methods means that the data produced are only illustrative and cannot be considered representative. Further, the samples were not selected proportionally to the size of the respective populations, and equal weights were applied to all population groups. Therefore, the majority of the national- or state-level analyses are highly skewed towards children living on the street, working children and children in institutions. Limited information is provided on the processes and safeguards that were established for the study; moreover, the inclusion of very young children raises some important ethical questions. Information regarding the training or qualifications of interviewers is also lacking.

96 The introduction to the children's questionnaire states that the researchers are "studying the situation and difficulties faced by our children in the country. It is important that information on children's background, health and other childhood experiences is gathered.... In this connection, we are meeting and talking to those children who are smart and have rich experience." See Ministry of Women and Child Development 2007, p. 158.

4.5 VIOLENCE AGAINST CHILDREN IN THE REPUBLIC OF MOLDOVA

Main survey parameters					
Commissioned by	Ministry of Education and Youth and the Ministry of Social Protection, Family and Child of the Republic of Moldova				
Implemented by	Institute of Marketing and Polls IMAS-Inc. (local private sector company) with support from UNICEF Moldova				
Purpose of study	To obtain data on the extent of violence against children in the Republic of Moldova and to gain an understanding of adults' and children's attitudes towards different forms of violence against children, particularly corporal punishment				
VAC definitions referred to	Own definitions				
Intended coverage	Nationally representative for children aged 10 to 18 years and primary caregivers of children				
Sampling type	Cluster sampling (random)				
Target groups and number of interviews	Target groups	No. males	% males	No. females	% females
	TG1: Children attending grades 5 through 12 (aged 10-18 years)	776	48%	840	51%
	TG2: Primary caregivers of children	101	16%	529	84%
Gender focus	Males and females				
Study type	Classroom survey (TG1); individual interviews (TG2)				
Type of study instrument	Self-administered written questionnaire (TG1); individual interviews (TG2)				
VAC areas addressed	Physical, sexual, emotional, corporal punishment and neglect; parents asked about violence between partners both within their current family and during childhood				
Settings	At home, at school				
Methodologies used	Quantitative only				
Year of implementation	2006				

OVERVIEW AND PURPOSE OF THE STUDY

The Republic of Moldova's Ministry of Education and Youth and the Ministry of Social Protection, Family and Child commissioned this study in response to the *UN Study on Violence against Children*. It was implemented by the Institute of Marketing and Polls IMAS-Inc., with support from UNICEF Moldova.

As in most of the studies under consideration, this study was designed to obtain reliable data on the extent of violence, given low official reporting rates in the country, and to understand the attitudes of both adults and children towards different forms of violence – particularly corporal punishment.

Two studies were commissioned to build a better evidence base for planning a number of activities, such as the development of a protection system and the implementation of targeted community-based services set out in the first National Action Plan. These included a:

- 'Study on the State Responsiveness to Violence against Children', implemented by a local NGO
- Survey on violence against children, which is assessed in this section.

The goals of the survey on violence against children were summarized as follows:

"To identify and estimate the incidence of different forms of violence;

To identify and explore some of the causes of violence;

To identify risk groups among children;

To study the attitudes of parents and children towards violence;

To study the knowledge and attitudes of parents towards the role of professionals who might assist in cases of violence against children;

To make recommendations aimed at decreasing the phenomenon of violence against children." [97]

FOCUS OF THE STUDY

To reach its aims, the study conducted interviews with the following target groups:

- School-going children attending grades 5 through 12 (aged 10 to 18 years)
- Primary caregivers (defined as those persons spending the most time with children in their family/household).

According to the study's goals, it focused on the following types of violence against children at school and in the home:

- Domestic neglect
- Domestic emotional/psychological abuse
- Domestic physical abuse/beating
- Forced housework
- Sexual abuse
- Violence at school by teachers.

97 Ministry of Education and Youth, Ministry of Social Protection, Family and Children, Government of the Republic of Moldova, *Violence against Children in the Republic of Moldova: Study report,* Government of the Republic of Moldova, Chisinau, 2007, p. 7.

DEFINITIONS AND OPERATIONALIZATION OF VIOLENCE AGAINST CHILDREN

It should be noted at the outset that the study did not quote any definitions for its main concepts ('violence' and 'abuse') but rather stated that:

> "…A broader definition of violence has been adopted in order to cover as many facets of the phenomenon as possible."

According to the study, 'violence' was defined through the inclusion of types of 'abuse' that were of interest for the study. No clear definitions of these types of abuse were provided, so they are defined implicitly through the behaviours measured in the questionnaire. The following overview of the behaviours that constituted the different forms of violence is derived from the data analysis section in the report:

Domestic neglect

Physical

1. Lack of sufficient food at home (often hungry)
2. Lack of sufficient clothes
3. Lack of sufficient school supplies.

Emotional

1. Lack of supervision
2. Lack of interest (do not talk to them, ask about school, their friends or what they do).

Domestic emotional/psychological abuse

1. Excessive parental control
2. Verbal violence
3. Threats
4. Interdictions
5. Lack of support and trust by parents
6. Emotional pressure from excessive parental expectations, etc.

Domestic physical abuse/beating[98]

Being beaten up by parents for disobedience.

Forced housework

Housework that leaves no time for playing, meeting with friends or doing school homework.

Sexual abuse

1. Involvement in watching pornographic movies
2. Physical sexual molestation.

Violence at school by teachers

1. Discrimination (disproportionate and unfair criticism of a particular student)
2. Verbal violence (teacher regularly shouts at a particular student)
3. Physical violence (teacher slaps or otherwise physically interferes with a student)
4. Sexual harassment or abuse.

QUESTIONNAIRE CONTENT

Separate questionnaires were developed for the child and caregiver samples with some basic demographic data collected on both target groups (for example, sex and the presence of siblings for children, and sex and educational level for caregivers). Children completed written questionnaires following instructions given to them by study operators, while face-to-face interviews were conducted with caregivers. Given that no English versions of the questionnaires are available, assumptions about content and implementation are based on the analysis sections of the study report.

98 Children were also asked their perceptions of potential causes of beatings *(Do you think that parents/people who take care of children beat their children when they… start smoking? Get low marks at school? Are lazy? Etc.).*

It appears that children were presented with hypothetical situations to illustrate the different behaviours that constituted the types of violence and abuse under investigation. For instance, according to the report, the researchers operationalized 'domestic neglect' in the children's questionnaire as follows:

> "Physical neglect was demonstrated by using the example of a child described as often hungry because there is not sufficient food at home, whose parents very rarely buy him/her clothes, and who is sometimes without sufficient school supplies.
>
> Emotional neglect was illustrated using two examples, the first in which children are not supervised and return home when they want, sometimes even very late, and the second in which children's parents do offer them 'all they need', but practically do not talk to them, do not ask them about school, their friends, or what they actually do." [99]

Apparently, three follow-up questions were then asked for each of these situations:

- If the child thinks that at least some children in the Republic of Moldova suffer from physical/emotional neglect
- If the child knows of at least one child in a similar situation
- If the child would identify him/herself with this situation, at least partially.

This same approach was used to elicit responses about all other types of violence. If this measurement strategy is understood correctly, the dimension 'domestic neglect' aims to measure if the child *perceives* other children and him/herself as neglected *according to the examples* provided.

Caregivers were asked about their own behaviour towards children within the different dimensions of violence assessed. The following analysis that appears in the report shows how the dimension of 'domestic neglect' was measured among caregivers:

> "Of parents interviewed, 16 per cent say that often or very often they do not have sufficient food for their children.
>
> Approximately 25 per cent of parents declare that they cannot afford to provide their children with adequate dwelling conditions or sufficient clothing.
>
> Approximately 37 per cent of parents say that they cannot regularly meet three of the basic needs for their children (food, clothes or sufficient dwelling).
>
> …
>
> Approximately 10 per cent of parents declare that they leave children home without supervision either often or very often…."[100]

With regards to violence at school, parents were asked about their perceptions of teachers' use of violent educational practices and were also asked to report on their use of a number of disciplinary practices (both violent and non-violent).[101]

99 Ministry of Education and Youth 2007, p. 21.

100 Ministry of Education and Youth 2007, p. 23.

101 Without the questionnaire, it is not clear whether parents were asked to refer to a specific 'index child' or to all children in their care.

In addition to being asked about their own behaviour, caregivers were also asked about their perceptions of the presence of the various types of violence in the country and whether they had direct knowledge of any cases of these within their communities. Caregivers were also asked to report on their own experiences of domestic violence (that is, arguments or violence between parents or adults) both within their current family or household and in their childhood.

The caregiver questionnaire also included a number of attitudinal questions on the acceptability or necessity of using physical discipline, whether the law should regulate the way parents treat their children, family/gender roles, the effectiveness of education about violence against children in the Republic of Moldova and individual and state responses to violence against children.

While the study aimed to obtain information on the incidence of certain behaviours, the data analysis in the report suggests rather that prevalence rates were obtained. Because only a local language version of the questionnaire is available, no in-depth review of the flow or the exact wording of the questionnaire was undertaken.

SAMPLE SELECTION AND DESIGN: CHILDREN'S SURVEY

A total of 1,629 interviews with children were conducted using a cluster random sampling procedure to obtain a stratified, probabilistic sample. The report does not explain the sampling procedure in great detail. From the information that is available, however, the selection process was roughly as follows:

- The population was divided into (unidentified) regions that served as the basis of a geographic stratification.
- Based on the stratification, localities (defined as a municipality, town of more than 15,000 people, town of less than 15,000 people or rural area), schools and grades were chosen randomly "to the extent possible". Because the report says that "preliminary information regarding the number of students enrolled in various schools was not precise", it is assumed that the initial plan was for schools to be chosen in proportion to the number of students attending each school. The report makes it clear, however, that, in a number of cases, the schools selected originally had to be replaced because either the necessary grades (5 through 12) no longer existed or the number of students was too low.
- Overall, the report mentions that 79 grades from 57 localities were sampled, but does not indicate how many schools were sampled or the number of grades selected per school.
- Presumably, all children in the selected grade were then asked to participate.

In general, the report provides too little information on the sample design to allow for an assessment on whether or not it was appropriate. Furthermore, the missing documentation of methodological details might pose a serious obstacle to the replication of the study.

SAMPLE SELECTION AND DESIGN: PARENTS' SURVEY

As with the children's survey, little detail is provided on the sampling parameters of the parents' study, which comprised a total of 630 interviews. The report mentions that a cluster random sampling procedure was used to select localities according to geographic location. No further information is provided on the exact approach to the stratification or the cluster selection. The identification and selection of respondents is equally unclear: The report only states that the selected respondent was the adult bearing responsibility for a child or children (taking care of their upbringing and education and spending the most time with them in the family/home). For this reason, it is unclear

whether the study does, in fact "ensure that the sample was representative at the national level". Furthermore, no information is available for either survey on whether the datasets were weighted, which would have been necessary for a cluster sample.

FIELD IMPLEMENTATION

The study report contains extremely limited information regarding field implementation. The report does not mention the qualifications of interviewers, the process for selecting them, training protocols and procedures or supervision guidelines. No information is provided regarding pilot testing of the study instrument, so it is unknown whether such a pilot was conducted.

RESEARCH ETHICS

The report does not mention any procedures for obtaining informed consent or for follow-up processes in the case of abuse disclosures.

KEY STRENGTHS

The study strives to cover a number of different types of abuse and attempts a number of analyses to put violence against children into a larger perspective (attitudes, perceptions, transgenerational transmission of abuse, etc.).

KEY LIMITATIONS

The study aims to measure a child's actual experiences of victimization, but the questionnaire focuses on a child's perceptions of such experiences. A child *perceiving* him/herself (not) to be physically/emotionally abused or neglected provides only limited evidence on the actual situation and extent of the abuse/neglect. No information is provided regarding pilot testing of the study instrument. The details of the sample design are largely missing or left to interpretation, which could pose a serious obstacle to the replication of the study and calls into question the 'representativeness' of the findings. Furthermore, there is no mention of the use of weights and no information on the ethical protocols used in the study. The study report contains extremely limited information on field implementation, nor does it mention the qualifications of interviewers, the process for selecting them, training protocols and procedures or supervision guidelines.

4.6 VIOLENCE AGAINST CHILDREN IN TANZANIA

Main survey parameters					
Commissioned by	Government of the United Republic of Tanzania				
Implemented by	The national Multi-Sector Task Force, UNICEF Tanzania, the US Centers for Disease Control and Prevention (CDC) and Muhimbili University of Health and Allied Sciences (local academic institution)				
Purpose of study	To obtain nationally representative data on several forms of violence against children, with a particular emphasis on sexual violence. It also set out to identify potential risk and protective factors for violence against children, health consequences and service utilization				
VAC definitions referred to	WHO 2002 *World Report on Violence and Health* definition of child abuse or maltreatment; 'Uniform definitions and recommended data elements' outlined by the CDC's National Center for Injury Prevention and Control, 2002				
Intended coverage	Nationally representative for children and adults aged 13 to 24				
Sampling type	Multistage cluster sampling (random)				
Target groups and number of interviews	Target groups	No. males	% males	No. females	% females
	Individuals aged 13-24 years in mainland United Republic of Tanzania	891	50%	908	50%
	Individuals aged 13-24 years in Zanzibar	880	45%	1,060	55%
Gender focus	Males and females				
Study type	Household survey				
Type of study instrument	Individual interviews				
VAC areas addressed	Physical, emotional, sexual				
Settings	At home, in the community				
Methodologies used	Quantitative only				
Year of implementation	2009				

OVERVIEW AND PURPOSE OF THE STUDY

The study was commissioned by the Government of the United Republic of Tanzania, led by a Multi-Sector Task Force[102] and coordinated by UNICEF Tanzania with technical support from the CDC, a government agency and Muhimbili University of Health and Allied Sciences. It represents the first national survey on violence against children in the United Republic of Tanzania. The study methodology and tools were guided by the 2007 'Violence against Children in Swaziland' study conducted by UNICEF and the CDC. Although a number of prior studies on sexual violence had raised awareness of this problem in the United Republic of Tanzania, they were considered to have important limitations, namely:

- Target persons were adults or 'special populations' that did not include children or adolescents.
- Studies were conducted mostly at the regional level and were not comparable because of the use of different definitions and measurements (meaning that they elicited no national estimates).
- Studies, particularly those on sexual violence, focused mostly on the experiences of women, providing no information about the situation of men.

This study was, therefore, commissioned as a way to obtain nationally representative data on focused types of child abuse – namely sexual, physical and emotional – at the national level to inform the government and other stakeholders about:

> "(1)... the magnitude of the problem of violence against children in Tanzania, with a special emphasis on sexual violence
>
> (2) identify potential risk and protective factors for violence against children
>
> (3) identify health consequences of violence against children
>
> (4) assess utilization of social, criminal justice, and health services available for children who experience sexual violence
>
> (5) use data to guide policies and programmes to prevent and protect children from violence." [103]

FOCUS OF THE STUDY

The target group of the study comprised males and females aged 13 to 24. This target group was defined after a review of scientific articles and ethical considerations that identified it as best suited to respond accurately to questions about experiences of victimization in childhood.

A total of 1,799 respondents were interviewed in mainland United Republic of Tanzania and 1,940 in Zanzibar, a semi-autonomous region that has its own unique culture and was therefore analysed separately.

The thematic focus of the study was to collect prevalence estimates for different types of violence, with a special emphasis on sexual violence as agreed to by the Multi-Sector Task Force, and to answer questions on attitudes and health-related issues. Information was collected on the following areas:

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102 The Multi-Sector Task Force was created with the central aim of ensuring national ownership and oversight of the entire process. The Task Force was led by the Government of the United Republic of Tanzania (Ministry of Community Development, Gender and Children) and was meant not only to guide the research study, its implementation and the launch of the final report, but also to help steer the research into action and provide a political platform to address the report's findings and operationalize a national response.

103 United Nations Children's Fund, US Centers for Disease Control and Prevention and Muhimbili University of Health and Allied Sciences, *Violence against Children in Tanzania: Findings from a national survey 2009*, UNICEF Tanzania, Dar es Salaam, 2011, p. 11.

- Sexual violence
- Physical violence
- Emotional violence
- Context of abuse (location, perpetrators)
- Children's help-seeking behaviours for sexual violence
- Health outcomes of violence (including physical/reproductive and mental health)
- Sexual risk-taking behaviours, including sex with multiple partners and condom use
- HIV-testing knowledge and behaviours
- Child sexual exploitation (that is, receiving money or goods in exchange for sex)
- Child vulnerability factors (namely orphan status)
- Attitudes towards domestic violence
- Prevalence of and attitudes towards female genital mutilation/cutting.

DEFINITIONS AND OPERATIONALIZATION OF VIOLENCE AGAINST CHILDREN

Although the report cites the WHO 2002 definition of 'child abuse or maltreatment', the basis of the study was a large number of working definitions developed for the project that cover key terms such as 'child', 'emotional violence' and 'physical violence'. These definitions generally served to summarize the specific behaviours that were used to operationalize the types of violence under investigation, as illustrated in Table 4.1.

Table 4.1 Definition and operationalization of 'physical violence'

Definition	**Physical violence:** Physical acts of violence such as being slapped, pushed, hit with a fist, kicked, or whipped, or threatened with a weapon such as a gun or knife.
Operationalization	*Has (perpetrator)* ***ever slapped you or pushed you****?*[104]
	Has (perpetrator) ***ever hit you with a fist, kicked you****, or* ***beaten you up****?*
	Has (perpetrator) ever ***threatened to use*** *or actually used* ***a gun, knife, or other weapon*** *against you?*

A comparison of the definition of 'physical violence' used in an earlier (and much different) iteration of the study in Swaziland supports the notion that the definitions were – as in all studies under consideration – determined for the most part by the behaviours of interest in the study. While it could be argued that the two definitions below are close enough to capture the same dimension, their operationalization is different (as shown in Table 4.2 with areas of overlap in bold), which makes it difficult to compare prevalence rates for meta-concepts such as 'physical violence' across the two countries and studies.

104 This question was only asked in the section on current or previous romantic partner as perpetrator. The reason for not including this question when asking about other perpetrators is unclear.

Table 4.2 Comparison of two definitions of 'physical violence' (United Republic of Tanzania and Swaziland studies)

Swaziland	United Republic of Tanzania
"**Physical violence:** Physical act of violence such as being **kicked**, bitten, **slapped**, **hit with a fist**, or **threatened with a weapon, such as a knife, stick, or a gun**, regardless of whether or not it resulted in obvious physical or mental injury."[105]	"**Physical violence:** Physical acts of violence such as being **slapped**, pushed, **hit with a fist**, **kicked**, or whipped, or **threatened with a weapon such as a gun or knife**…."

As shown previously in Table 4.1, the Tanzanian study included two behaviours (or three in the case of romantic partners as perpetrators) to measure the dimension of 'physical violence', while the Swaziland study measured all of the behaviours with just one question:

> *Has any **adult** ever kicked, bitten, slapped, hit you with a fist, threatened you with a weapon, such as a knife, stick, or a gun, or thrown something at you?*
>
> (Question 81 on the Swaziland questionnaire)

QUESTIONNAIRE CONTENT

The questionnaire was developed with input from a number of experts and was based on existing questions from the following international and national surveys:

> "Tanzania Demographic and Health Survey (DHS), HIV/AIDS/STI Behavioural Surveillance Surveys (BSS), Youth Risk Behaviour Survey (YRBS), Behavioural Risk Factor Surveillance System (BRFSS), the National Longitudinal Study of Adolescent Health (Add Health), the Hopkins Symptoms Checklist, the World Health Organization (WHO) Multi-Country Study on Women's Health and Domestic Violence against Women, the Child Sexual Assault Survey (CSA), the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN), and the study on Violence Against Children and Young Women in Swaziland." [106]

The study used two questionnaires: a demographic survey administered to the head of household and a comprehensive survey of victimization experiences administered to the respondents (separate versions for females and males). All information was gathered through face-to-face interviews. The report mentions that key stakeholders and informants helped to inform the survey questions and adapt them to the local cultural context.[107]

The questionnaires consisted of the following blocks (in order of appearance):

- Respondent's background (age and number of households lived in)
- Socio-economic status of the household
- Respondent's parents and relationship with parents
- Family connectedness
- Schooling

105 UNICEF Swaziland, p. 13.

106 UNICEF Tanzania 2011, pp. 13-14.

107 The questionnaire was translated from English into Kiswahili. The translation was reviewed and revised by survey team members who were fluent in both Kiswahili and English during the training for the pilot. The translations were further revised based on feedback from the pilot and interviewers who administered the survey.

- School connectedness
- Marriage
- Pregnancy
- Female genital mutilation/cutting
- Sexual activity
    1. First sexual intercourse
    2. Lifetime sex history/sexual risk-taking
- Goods exchanged for sex
- Additional risk-taking behaviours (drug use and anal sex)
- Attitudes towards domestic violence
- Alcohol
- Smoking
- Health
- Connectedness with friends
- HIV/AIDS – sexually transmitted diseases
- Physical abuse
- Emotional abuse
- Community perception
- Sexual violence (consisting of subsections with detailed assessments on when abusive behaviours happened for the first time and the most recent time)
    1. Seeking help
- Response to sensitive questions.

Questions regarding individual characteristics of the respondent, such as age, marriage or children, appear in different sections of the questionnaire, even though it might have been appropriate to address such questions in one dedicated block.

The overall sequencing of the blocks does not appear to follow any logical order. For example, the block on female genital mutilation/cutting is preceded by a number of questions on having children, and is then followed by questions on sexual activity. Although these issues are connected, this sequence introduces a type of victimization (that is, female genital mutilation/cutting) quite abruptly. Similarly, questions on sexual activities and sexual violence are placed within the first third of the questionnaire, while questions that are less sensitive (such as health and connectedness with friends) are addressed later. The rationale for this unusual sequence is not provided.

When the Tanzanian questionnaire inquired about some issues, especially sexual violence, the language is quite technical and explicit, for example:

> *For the next few questions, 'sex' or 'sexual intercourse' refers to anytime someone else's penis enters your vagina or your anus, however slight.*

Here it is important to highlight that, even though the target group of the survey included those aged 13 to 24 (individuals that can be considered to have different levels of maturity and possible exposure to sexual activities), only one questionnaire was used.

The physical violence section probes respondents about abusive behaviours experienced *ever in their lifetim*e and *within the last 12 months* at the hands of three types of perpetrators: current or previous romantic partners, parents and adult relatives, and authority figures (for example, teachers, policemen, religious leaders, military soldiers). Follow-up questions ask about the number of times violence occurred, the age at which it first happened and the gender and identity of the perpetrator (such as father, mother, brother, sister, etc.). The emotional violence section only refers to experiences that have occurred *ever* in the respondent's lifetime and also gathers information on frequency, age of first experience and perpetrator.

The sexual violence section is the most lengthy, given that it is the main focus of the study. Subsections cover the following types of sexual violence: touching against will, attempted sex against will, physically forced sex and pressured into sex.[108] Within each of these four types, the questionnaire asks a series of follow-up questions on *lifetime experiences*, as well as the *first time* and the *most recent time* these incidents happened. For the analyses then, prevalence of sexual violence is reported for three time periods: ever, before turning 18 years old and during the last 12 months. To illustrate, in the 'physically forced' subsection, the following questions were asked:

Lifetime experiences[109]

- *How many times in your life has anyone physically forced you to have sexual intercourse against your will?*
- *Did you know any of the people who did this?*
- Identity of the perpetrator (four sub-questions)
- *Have you ever become pregnant as a result of being physically forced to have sex? If yes, did you give birth to the child?*

Most recent abuse experience

- *How old were you when this happened?*
- *How many people physically forced you to have sex on this most recent occasion?*
- *Did you know the person who did this?*
- *Was the person who did this a boyfriend, romantic partner, husband or somebody else?*
- Identity of the perpetrator
- *Was the person older than you, younger than you, or about the same age?*
- *Where did this happen?*
- *What was going on just before this happened?*
- *Did this incident happen to you within the past 12 months?*

First abuse experience

- *How old were you the first time this happened?*
- *How many people physically forced you to have sex the first time that this happened?*

108 Explanations of the behaviours used to categorize each of these types of sexual violence are included at the start of each subsection. For example: *These questions ask about a time when anyone, male or female, touched you in a sexual way against your will, but the person did <u>not</u> try to force you to have sex. This includes being fondled, pinched, grabbed or touched inappropriately.*

109 Despite a few modifications in the later Kenya and Zimbabwe questionnaires, the overall logic remains valid for these studies as well.

- *Did you know the person who did this?*
- *Was the person who did this a boyfriend, romantic partner, husband or somebody else?*
- Identity of the perpetrator
- *Was the person older than you, younger than you, or about the same age?*
- *Where did this happen?*
- *What was going on just before this happened?*
- *About what time of day did this happen?*
- *Did this incident happen to you within the past 12 months?*

This format means that a child (or an adult for that matter) who has been raped more than once in his or her lifetime is asked to go through all three blocks of questions. Those responding that they had been raped once answer the blocks on lifetime and first abuse experiences. And those who have not been raped skip past these sections altogether. This has important ethical, as well as procedural, implications:

- The questions force the respondent to produce very detailed memories of the incident (what happened, where, around what time, etc.). This raises the question of whether it is really ethical to ask a respondent to (potentially) recount the same experience multiple times.
- A person suffering from multiple types of abuse (or having had multiple experiences of different kinds of sexual abuse) would be required to remember all of these incidents – this might take much more time than an average interview. Depending on the size and privacy of the communities, therefore, an exceptionally long interview could be interpreted as a sign that a person has a long history of abuse and might, indirectly, undermine the confidentiality of the interview (or stigmatize the respondent in the community).
- The procedure for all items in this block is exactly the same, thus introducing a certain learning effect: A respondent who has learned that disclosing victimization would result in (potentially painful) follow-up questions might choose not to disclose subsequent victimizations in order to skip over such questions.
- The overall style of the inquiry resembles an official reporting procedure, which could influence the rapport between the interviewer and the respondent.
- The skip patterns are quite complex and would likely have required substantial training in order to ensure they were fully comprehended and accurately implemented by the interviewers.

To understand the effects these questions might have had on the target persons, the last block of questions elicits feedback from the respondents on how they felt answering the sensitive questions. While it is a good idea to understand the impact of the questionnaire, the first question in the block asks the respondent, indirectly, to conduct a cost-benefit analysis between his or her individual pain and the need to obtain data on violence:

> *We have just asked you several questions about your exposure to violence, including violence by intimate partners and family members and sexual violence. Some people feel that asking these questions may frighten or upset people. On the other hand, answers to these questions may help us learn more about how to prevent violence. Do you think a survey like this should or should not ask these questions about violence?*

The bias in this question is that it sets individual issues (such as being 'frightened' or 'upset') against the greater good, namely learning more about how to prevent violence. Having set the scene in this way, the question might produce biased results.[110]

Another question in this section asks indirectly about confidentiality:

> *Did my asking you any of these violence questions make you feel afraid that someone might hear your answer and hurt you in any way?*

This question is difficult because it is the interviewer's core responsibility to ensure that nobody else overhears the questions or answers, regardless of the content. Therefore, the answers to this question cannot be easily analysed: If the interview was conducted in a way that ensured high levels of privacy, the respondent would feel safe and would be expected to answer 'no'. If the respondent was never victimized (and would therefore not be afraid that anybody would overhear), the answer would also be 'no', regardless of the privacy of the interview. Victimized people would, presumably, not disclose anything if privacy was not ensured, and if they did, the interviewer would have failed to establish a basic research principle and could, in principle, invite harm against the respondent.

SAMPLE SELECTION AND DESIGN

The sampling frame for this study was the 2002 National Population and Housing Census. The sample design is described in the report as a three-stage cluster sample design with stratification by region (the mainland and Zanzibar) and by sex.

The first stage of the sample was drawn as follows:

- One hundred enumeration areas (EAs) were selected per geographic area (the mainland and Zanzibar), using a systematic sample and probability proportional to size.
- The target group to be interviewed in each selected EA was assigned randomly, so that for each region, 50 EAs were selected in which only men were interviewed and 50 in which only women were interviewed.

The rationale for using this approach is described in the report as follows:

> "The survey for females was conducted in different enumeration areas than the survey for males in order to protect the respondents by reducing the chance that a perpetrator of sexual violence and the victim of sexual violence would both be interviewed in the same community."[111]

The next step involved the random selection of households within the EAs according to a 'systematic sampling approach' that is not detailed further. In the last stage, one eligible[112] female in female EAs or one eligible male in male EAs in selected households was selected randomly.

110 In the later iterations of the survey in Kenya and Zimbabwe, this question was moved to the very end of the questionnaire to prevent this possible bias.

111 UNICEF Tanzania 2011, p. 13.

112 A target person was eligible when they were in the appropriate age group, of the appropriate gender, and "...spoke Swahili, lived in the household for at least six months over the last year, and did not have a disability that would interfere with their ability to provide consent or complete the interview without a trained translator (e.g., deafness or a mental disability)". Source: UNICEF Tanzania 2011, p. 13.

FIELD IMPLEMENTATION

In total, 24 teams comprised of four to five interviewers and one team leader conducted the data collection. These teams were supervised by five regional supervisors and three technical advisers from the CDC. Interviewers were of the same sex as participants. All staff received training before conducting the survey. Team leader interviewers received seven days of training, which included participating in the pilot study and assisting with the training of interviewers. Interviewers participated in six days of training, which covered the following topics: (1) background on the purpose of the study, data collection and study design, (2) a participatory review of study instruments and classroom practice of interviewing techniques (including role-playing), (3) sampling procedures and assignment of sampling areas, (4) procedures for and importance of maintaining confidentiality, (5) sensitivity towards study participants, (6) protecting the privacy of the participants, (7) referral services and procedures, (8) identification and response to adverse effects, (9) discussion regarding interviewers' attitudes and beliefs towards sexual violence, (10) interviewer safety and referral services and procedures for the interviewers and (11) protection of individuals involved in the research. Information regarding the content of the training on the above-mentioned topics was not provided in the study report.

A pilot test of the survey was conducted prior to implementation at the national level. The pilot was conducted in two villages close to Dar es Salaam that were not part of the survey sample. The female survey was tested in one village, while the male survey was tested in the other. The pilot involved testing the survey instrument itself, along with testing the survey procedure for random sampling and providing support to respondents. The report indicates that translations of the study instrument were revised based on feedback from the pilot. Although the report notes that "survey questions and procedures were improved in response to findings from the pilot", it is unclear what specifically was changed in the study questions and procedures and how it was determined that the pilot was successful. It is also unknown who participated in the pilot and whether the instruments were tested again following the first round of revisions.

RESEARCH ETHICS

The study in the United Republic of Tanzania follows ethical procedures that, according to the report, were approved by the CDC's Institutional Review Board as well as two national review boards in that country.

In addition to using only interviewers of the same sex as the respondents, the other main elements of the study's research ethics are:

Informed consent procedures

- Available documentation indicates that when the interviewer entered the household, the head of the household received a short introduction to the study before being administered a demographic survey. The survey included a household listing (to determine whether any males or females aged 13 to 24 were living there), followed by a series of other household demographic questions. After the target respondent was identified, the head of household[113] was then asked to provide verbal consent for that person's participation in the study. It should be noted that the study was described to the head of the household and the targeted respondent as being about 'health and life experiences', raising the question of whether the consent is indeed 'informed'. Participants were also told the data may "help us find ways to decrease health problems among young people", potentially raising unrealistic expectations. Moreover, it is unclear who actually served as the first contact point in the household since the questionnaire did not include any specific instructions

113 One important ethical point to consider here is that the head of the household might not necessarily be the child's parent or guardian – this would be a breach of the fundamental ESOMAR research code. This question is addressed in more detail in the sister project that was conducted alongside this review. See: CP MERG 2012.

to identify the head of household.

- The target respondent was then approached and, once in a private setting, provided with a more detailed explanation of the study, confidentiality agreements and his or her right to stop the interview at any time before being asked for verbal consent to take part.
- The consent sheets were not attached to the study report.[114]

Procedures to follow up on distress and abuse disclosure

- To be able to deal with potentially strong emotional responses from respondents when asked about traumatic experiences, training of the interviewers covered sensitivity towards study subjects and identification and response to adverse effects. The training material was not available, so the content of this training cannot be assessed.
- At the end of the interview, all participants were offered a list of local and regional services and sources of support as well as a national hotline covering a wide range of health problems (such as HIV and substance use) and not just violence.

It was advised that a referral process be initiated in the following cases:

- Interviewers sensed that a respondent became upset during the interview.
- The respondent asked directly for help.
- The respondent reported incidents of sexual or severe physical violence in the past 12 months.

In such cases, the interviewer offered to place the respondent in direct contact with a specific counselling service. If the respondent agreed, he or she would then be asked for contact information and to suggest somewhere safe where a counsellor could find him/her. This contact information was recorded on a form separate from the interview forms and then given to supervisors, who informed the respective service. Counsellors then worked with victims to determine and link them to the best and most appropriate services. It is important to note that before the study began, a network of available services was identified to be able to react quickly in cases of abuse disclosure or respondent distress.

Overall, the follow-up procedures can be seen as very detailed. However, the report provides no detail about their actual implementation. At the same time, the quality of the training the interviewers received to identify and manage distress was a key element to ensure the overall effectiveness of the procedure and would have been worth documenting in the report.

KEY STRENGTHS

All key concepts are defined, although the sources for these definitions are not cited and are presumed to be working definitions developed specifically for the project. The questionnaire is comprehensive and covers many different forms of violence. Sample design procedures are well documented. A number of ethical safeguards were devised and are explained in detail in the study documentation.

114 The consent forms were obtained directly from the principal study investigators following a request.

KEY LIMITATIONS

The flow of the questionnaire appears fragmented and, at times, jumps between different issues. Some aspects of the design are very complex to implement (such as the skip patterns), and it is not clear whether such detailed and numerous questions were necessary. Although the report notes that "survey questions and procedures were improved in response to findings from the pilot", it is unclear what specifically was changed and how it was determined that the pilot was successful. Given the varying levels of maturity within the age range of the target group, it may not have been entirely appropriate to use the same instrument for children aged 13 up to adults aged 24. The actual execution of consent procedures in the field lacked clarity, so it is unclear whether those targeted can be considered to be informed about the study's true aims.

4.7 CHILD ABUSE AND NEGLECT IN THE UK TODAY

Main survey parameters		
Commissioned by	National Society for the Prevention of Cruelty to Children (NSPCC)	
Implemented by	TNS-BMRB (a local private sector company specializing in social research) and NSPCC research team	
Purpose of study	To measure the prevalence and frequency of child abuse and neglect in the United Kingdom and to investigate risk and protective factors for several types of abuse	
VAC definitions referred to	WHO 1999 definition of 'child maltreatment' and 'HM Government guidance for professionals' outlined in *Working Together to Safeguard Children*	
Intended coverage	Nationally representative for target groups	
Sampling type	Simple random sampling	
Target groups and number of interviews	Target groups	No.
	TG1: Parents of children aged 0-10	2,160
	TG2: Children and young people aged 11-17; parents of children aged 11-17	2,275 2,275
	TG3: Young adults aged 18-24	1,761
Gender focus	Males and females	
Study type	Individual survey	
Type of study instrument	Interviewer-assisted and computer-assisted self-interviewing (CASI), Audio-CASI for young people aged 11-17	
VAC areas addressed	Physical, sexual, emotional, corporal punishment, neglect, bullying, online abuse and witnessing domestic violence	
Settings	At home, at school, in the community	
Methodologies used	Quantitative (focus group discussions with youth and with parents to verify questionnaire)	
Year of implementation	2009	

OVERVIEW AND PURPOSE OF THE STUDY

The aim of the study was to provide current information on the prevalence and impact of child abuse and neglect, in the context of all other victimization experiences and other childhood adversities.[115] The study rooted the research within an ecological framework and included measures of child well-being and a wide range of questions designed to capture data on key risks and protective factors that can influence outcomes for children and young people. The main objectives of the study were to:[116]

- Measure the frequency of child abuse and neglect and other forms of child victimization (lifelong and in the past year)

115 An earlier (and significantly different) iteration of the study was carried out in 1998-1999 and was commissioned by the London-based NSPCC. At the time, this was considered the most comprehensive study on child abuse and neglect in the UK.

116 NSPCC 2011, p. 21.

- Measure the prevalence of child abuse and neglect in the UK in a manner comparable to other large-scale studies conducted in countries around the world
- Investigate the risk and protective factors associated with prevalence rates and impact[117]
- Improve understanding of young people's perceptions of helpful and unhelpful interventions and the range of factors they believe contribute to stopping abuse[118]
- Generate new knowledge to improve the delivery of services
- Explore whether or not changes have been made in the prevalence of maltreatment since the 2000 publication of the earlier NSPCC study.

FOCUS OF THE STUDY

The study was comprised of three distinct target groups for which three different questionnaires were prepared:

- Parents of children aged 0 to 10. This interview focused on a child's experiences over his or her lifetime, as reported by the main caregiver.
- Children aged 11 to 17 and a parent. The interview with the parent asked about family background and health; the interview with the child asked about his or her own experiences of victimization.
- Young adults aged 18 to 24. This interview focused on the experiences of the target individual as a child.

The total numbers of interviews conducted were 2,160, 2,275 and 1,761, respectively, by target group.

The main aim of the study was to obtain data on the prevalence (lifetime and over the past year), impact and the severity of the following types of child abuse:

- Physical
- Emotional
- Sexual
- Neglect
- Bullying, including online abuse
- Witnessing domestic violence
- Exposure to violence in the community.

The overall focus of the study was not limited to a specific location. Indeed, the location of the victimization was asked in a specific follow-up block so that it was possible to collect data on all three settings: at home, at school and in the community.

DEFINITIONS AND OPERATIONALIZATION OF VIOLENCE AGAINST CHILDREN

To define the overall scope of the project, the study adopted the CRC definition of childhood (that is, a person under 18 years of age) and the WHO definition of 'child maltreatment'.[119] When it came to defining the various types of abuse (physical, sexual and emotional abuse and neglect), the study used national definitions from the

117 This will, according to the report, be analysed in 'subsequent publications' that were not available at the time of this review.

118 This information was gathered using qualitative interviews with survivors of child maltreatment; findings from this phase were not available at the time of this review.

119 WHO 1999.

UK Department for Children, Schools and Families (DCSF). For example, according to the report, the DCSF defines physical abuse as follows: "Physical abuse includes acts such as hitting, kicking, baby-shaking or other physical aggression likely to hurt or cause significant harm to a child."[120] Comparing this definition to the way in which physical abuse was operationalized in the research, it becomes apparent that this depended largely on which behaviours covered in the questions were "likely to hurt or cause significant harm to a child". The following questions were used in the survey to measure 'physical violence':

- *Sometimes people are attacked with sticks, rocks, guns, knives, or other things that would hurt. At any time in (child's life/your life/before you were 18), did anyone hit or attack (child/you) on purpose WITH an object or weapon?*
- *At any time in (child's life/your life/before you were 18), did anyone hit or attack (child/you) WITHOUT using an object or weapon?*
- *At any time in (child's life/your life/before you were 18), did someone start to attack (child/you), but for some reason, IT DIDN'T HAPPEN? For example, someone helped (child/you) or (child/you) get away?*
- *When a person is kidnapped, it means they were made to go somewhere, like into a car, by someone who they thought might hurt them. At any time in (child's life/your life), has anyone ever tried to kidnap (child/you/ before you were 18, did anyone try to kidnap you)?*
- *At any time in (child's life/your life/before you were 18), (has child been/have you been/were you) hit or attacked because of (child's/your) skin colour, religion, or where (child's/your) family comes from, because of a physical or learning problem (child has/you have) or because someone said (child was/you were) gay?*
- *Not including smacking, at any time in (child's life/your life/before you were 18) did a grown-up in (child's life/your life) hit, beat, kick, or physically hurt (child/you) in any way?*
- *At any time in (child's life/your life/before you were 18) did a grown up in (child's life/your life) shake (child/ you) very hard or shove (child/you) against a wall or a piece of furniture?*

As in the other studies, even though international definitions of violence, maltreatment and abuse were adopted, the construction of the indicators reflected national legislation with respect to what exactly was considered to be violent, abusive or harmful behaviour. One example is the following item, which excludes a behaviour (underlined) that, in other contexts and countries might be considered an abusive behaviour: *Not including smacking, at any time in child's/your life did a grown-up in child's/your life hit, beat, kick, or physically hurt you in any way?*[121]

QUESTIONNAIRE CONTENT

The questionnaire drew on modules from the Juvenile Victimization Questionnaire (JVQ).[122] The questionnaire can be seen as providing a full view of the target person's situation in terms of victimization experiences (and details

120 Department for Children, Schools and Families, Government of the United Kingdom, 'Serious Case Reviews', Chapter 8 in *Working Together to Safeguard Children: Government response to public consultation*, DCSF Publications, Nottingham, 2009. Available at: <www.dcsf.gov.uk/consultations/downloadableDocs/Serious%20Case%20Reviews%20consultation%20results.pdf>, accessed 15 October 2013.

121 As explained by the researchers involved in the study, the exclusion of 'smacking' from the accounts of physical violence was based on what is defined as against the law in the UK, and corporal punishment at home was legal in the UK.

122 The Juvenile Victimization Questionnaire was developed by the Crimes against Children Research Center of the University of New Hampshire and first implemented in the United States in 2002-2004. Additional information can be found at: <www.unh.edu/ccrc/jvq/index_new.html>, accessed 11 June 2014.

of those), both within and outside the family environment. It also provided questions on the impact and severity of victimization. In particular, the questionnaire touched on the following dimensions:

- Respondents' demographics (including family life and relationships; schooling and employment; housing, income, health and disability)
- Parenting styles (parents only)
- Adult relationships (parents and young adults only)
- Victimization experiences (conventional crime, child maltreatment, peer and sibling violence, sexual abuse, physical punishment, witnessing family and community violence)
- Follow-up questions on victimization (perpetrator, location, reporting, injuries, etc.)
- Social support and help-seeking
- Self-concept
- Mental health, emotional well-being, self-esteem, lifetime adversity
- Delinquency
- Alcohol use.

All interviews were conducted in the respondents' homes using computer-assisted self-interviewing (CASI). Through this method, respondents read sensitive questions personally on a laptop computer and enter their answers on a private touch screen.[123] It was believed that the higher level of anonymity provided by this method would make it possible to obtain more reliable data on victimization experiences than disclosure to an interviewer.[124] As mentioned previously, three separate versions of the questionnaire were used (see Table 4.3). Parents or guardians completed the entire interview on behalf of children under the age of 11 and also completed a self-administered written survey on family demographics for children aged 11 to 17. Children then completed the remainder of the interview, including questions on abuse and neglect, using CASI. The young adults (aged 18 to 24) first answered questions posed by an interviewer and then completed the rest of the survey by CASI.

Table 4.3 Selection criteria of respondent

Age of target person	Interviews conducted with
1 month-10 years	Proxy interview with primary caregiver of target person
11-17 years	Primary caregiver of target person AND target person
18-24 years	Target person only

The core questionnaire consisted of a total of 39 victimization screening questions: 29 of these were drawn directly from the JVQ, seven were taken from the NatSCEV study, and three were developed specifically for this survey (two on maltreatment and one on sexual relations between a person aged 16 or 17 with an adult in a position of trust).[125]

123 For persons with reading difficulties, questions were pre-recorded and could be listened to through a personal set of headphones provided by the interviewer.

124 A number of studies have shown this to be the case, including: Mirrlees-Black, C., *Domestic Violence: Findings from a New British Crime Survey Self-completion Questionnaire*, Home Office Study 191, Home Office, London, 1999.

125 These questions were added on the advice of external experts and to reflect United Kingdom law.

These screener questions were presented in a series of five modules (conventional crime, child maltreatment, peer and sibling victimization, sexual victimization and witnessing and indirect victimization). The questionnaire underwent cognitive testing on a small sample of caregivers and young people and their feedback was incorporated into the final version. A pilot study with 318 participants was also conducted prior to the study implementation.

The screening questions all had more or less the following format:

At any time in (your child's/ your) life, did anyone (description of behaviour)?

The instrument measures behaviours that might or might not have happened. In the event of a positive answer, follow-up questions were asked about the identity of the perpetrator, the location of the victimization, whether it happened in the past 12 months, whether it was reported and to whom, etc. All the screener questions were asked first and the follow-up questions came later to guard against respondent fatigue.[126] Overall, the instrument is highly complex, with many filters that either let the respondent skip or prompt additional questions. While this guarantees that the interview has a good flow and enables the instrument to gather additional information where and when needed, the complexity of the interview would be difficult to administer by an interviewer without the aid of a computer.

SAMPLE SELECTION AND DESIGN

The sampling frame for the research was the residential Postcode Address File, which holds more than 29 million addresses and is estimated to cover more than 98 per cent of residential households in the United Kingdom.

Addresses of households were selected randomly. Advance letters were sent explaining that the NSPCC was conducting a survey on 'Child safety and victimization' and that interviewers would call to determine if eligible persons (individuals under the age of 25) were part of the household and if they would be willing to be interviewed. The letter contained a number that households could call if they were not eligible or did not want to take part. If the household had more than one eligible person, the respondent was selected randomly using the Kish grid method.[127]

FIELD IMPLEMENTATION

TNS-BMRB staff conducted interviews for this study. TNS-BMRB was selected as a partner for data collection due to the company's extensive experience managing large field surveys; the same company also conducted interviews for the NSPCC child abuse research in 1998. While the study report notes that a team of approximately 350 regionally based interviewers were employed in this study, information regarding the qualifications and gender composition of personnel was not provided.

The NSPCC research team collaborated with the TNS-BMRB project team to develop training for interviewers that addressed ethical issues and monitoring. The study report specifies that members of the research team attended "a number of regionally based interviewer briefings" that covered basic information about child maltreatment, the rationale for conducting the survey, procedures for contacting households, gaining consent, conducting the interview

126 This was done so that the respondent did not 'learn' early in the interview that a positive response would prompt additional follow-up questions, thereby reducing the risk that the respondent would adapt his or her answers to shorten the interview.

127 The Kish grid method is a technique for randomly selecting a household member to interview. This method is implemented by first listing all eligible household members in order of age and then using a pre-assigned table of random numbers (based on the number of household members and last digit of the questionnaire) to select a household member to interview. See: Elder, S., *ILO School-to-work Transition Survey: A methodological guide, module 3,* International Labour Organization, Geneva, 2009.

and ethical issues. However, it is unclear how many members of the research team joined these briefings, how long the briefings lasted, and/or the specific content covered in the above-mentioned areas.

The survey procedures and questionnaire were tested using a pilot of 318 participants. A letter explaining the purpose of the survey was sent to selected addresses two weeks prior to fieldwork. Occupants of the pre-selected addresses were screened for their eligibility on the doorstep. Participants were offered a £10 gift voucher at the end of the interview. The majority of participants in the pilot indicated that it had been worthwhile participating in the survey, including 70 per cent who indicated that it had been extremely or very worthwhile. Only 3 per cent stated that it had not been very worthwhile. Following the pilot, several key changes were made to the survey procedures. The most critical changes included shortening the length of the main stage of the questionnaire to ensure that interviews could be completed within one hour.

RESEARCH ETHICS

The report underscores a number of ethical processes. A specific section on research ethics states that these processes were informed by ethical guidelines produced by several national entities[128] and were also discussed with the NSPCC's research ethics committee and a group of international experts acknowledged in the report.[129] The processes included the following:

- Sending out advance letters to selected households with information on the study to give them time to consider taking part or opting out
- Providing each interviewer with a specific briefing pack and training to prepare them
- Alerting representatives from children's services and the police of the study and the involvement of children
- Developing a complaints process and joint review programme to identify and eliminate any issues that might be detrimental to the success of the study (by, for example, reviewing complaints from the public about interviewer conduct)
- Introducing the survey to participants as being about 'child safety and victimization' rather than the more generic term 'family life' (the pilot study confirmed that participants preferred a more open and honest approach[130])
- Implementing procedures of informed consent that required the parent or caregiver's written consent for a child's participation and the target individual's consent to take part in the study at the start of the CASI interview
- Providing participants an opportunity at the end to say whether anything had upset them during the interview, giving them the chance to talk to a trained professional or providing them with relevant contact addresses on request[131]
- Providing a debriefing sheet, complete with contact details of free help hotlines, to every respondent and conducting specific training for those individuals staffing such hotlines during the field phase

128 Including the British Sociological Association, the Social Research Association, Medical Research Council, National Children's Bureau, Society for Research in Child Development, and the Economic and Social Research Council.

129 Although the consent forms and the full questionnaire are not attached to the research report, a 'Technical Report' (available upon request) is referred to that consists of copies of these forms.

130 The authors note that the study may underestimate past year victimization rates for children and young people, particularly in cases where parents were perpetrators, since they may have been more likely to decline participation.

131 These processes guarantee the complete anonymity of answers. They were implemented because the CASI method presents some challenges in identifying and responding to participants who become upset. Interviewers must rely on other cues, such as body language, to identify distress.

- Providing follow-up support to distressed parents/caregivers or young adults by recruiting an independent and experienced counsellor
- Developing a mechanism ('red-flagging' of cases) to identify children in immediate danger and initiating a follow-up process; this was based on a decision taken by the NSPCC that putting a child out of harm's way would override any regulations concerning data protection and confidentiality
- Warning participants that, in cases of immediate danger, they might be referred to authorities.

KEY STRENGTHS

The study uses national (criminal code, government definitions) and international (CRC and WHO) sources as the basis for defining its main concepts ('abuse', 'maltreatment', 'violence', 'severe abuse', etc.). The questionnaire is well designed for conducting a highly complex study by employing extensive filters and using questions from previously validated tools. The flow and language of the questionnaire offers enough variation in the types of questions and scales to avoid respondent fatigue. The sample design is appropriate for approaching target individuals and minimizes selection bias. The ethical protocols of this research meet the requirements laid out by several handbooks,[132] including informed consent and follow-up procedures in case of disclosure or if a child is considered to be at high risk.

KEY LIMITATIONS

While very comprehensive, the section of the questionnaire with the victimization screening questions is quite long, with 39 different items. The highly complex nature of the questionnaire makes it difficult to replicate without the aid of a computerized survey system. The 'Technical Report' referred to, which contains the respective documents (consent forms, etc.) and describes the ethical processes, is not publicly available at present.

132 Save the Children, Bangkok, 2004; Save the Children Sweden 2004.

4.8 SUMMARY OF THE SEVEN STUDIES

OVERVIEW AND PURPOSE OF THE STUDIES

The rationale for having undertaken most of the seven studies was the lack of official (prevalence) data and the need to obtain robust information on the extent of violence. Several studies also referred directly to the publication of the *UN Study on Violence against Children* as a defining moment that created national and global awareness of the issue.

On the other hand, the studies were found to serve different purposes. While the study in the Eastern Caribbean focused on obtaining information on attitudes and local definitions of sexual abuse, those conducted in Georgia focused only on gathering prevalence data. Most studies fell somewhere between these two extremes, setting out to obtain information on both the extent of child abuse and factors that perpetuate or prevent it.

Despite their differences in thematic focus, all seven studies expected the data to inform national governments and to generate knowledge that would guide the development of programmes or interventions based on their findings. However, the study designs (including sampling methodology) and the questionnaires contributed to these results only in certain instances. For example, the aim of the study conducted in India was to obtain representative prevalence data, but the use of a purposive sample meant findings could only illustrate, not represent, a situation or population.

FOCUS OF THE STUDIES

Given that the focus of the studies diverged widely, it is not surprising that they used different target groups and settings of interest to reach their respective aims, as shown in Table 4.4.

Table 4.4 Target groups, locations and type of VAC information gathered by the seven studies

Study	Target population	Location	Form of VAC surveyed
Violence against Children in Tanzania	Children and young adults aged 13-24	Home, school, community	Physical, sexual, emotional, attitudes/opinions, risk factors
Maltrato Infantil y Relaciones Familiares en Chile	Children attending grade 8	Home	Physical, emotional, attitudes/ opinions, risk factors, witnessing domestic violence
Violence against Children in Georgia studies	Children aged 10-17 attending school	School	Physical, sexual, emotional, bullying, attitudes/opinions, risk factors
	Children aged 10-17 living at home or in an IDP centre	Home, school, community	Physical, sexual, emotional, corporal/physical punishment, neglect, witnessing domestic violence, attitudes/opinions, risk factors
	Children aged 11-17 living in institutions	Institution, school, community	Physical, sexual, emotional, corporal/physical punishment, neglect, attitudes/opinions, risk factors
	Primary caregivers of children under age 10 living at home or in an IDP centre	Home	Physical, sexual, emotional, corporal/physical punishment, neglect, risk factors

Study	Target population	Location	Form of VAC surveyed
Child Abuse and Neglect in the UK Today	Children aged 11-17; parents/guardians of children under age 10; young adults aged 18-24	Home, school, community	Physical, sexual, emotional, corporal/physical punishment, neglect, bullying, witnessing domestic violence, attitudes/ opinions, risk factors
Study on Child Abuse in India	Children aged 5-18; young adults aged 18-24	Home, school, community	Physical, sexual, emotional, neglect (only girls), bullying (only children in school), attitudes/ opinions, risk factors
Perceptions of, Attitudes to, and Opinions on Child Sexual Abuse in the Eastern Caribbean	Adults aged 18+	Not specified	Sexual, witnessing domestic violence, attitudes/opinions, risk factors
Violence against Children in the Republic of Moldova	Children attending grades 5 to 12 (aged 10-18)	Home, school	Physical, sexual, emotional, corporal/physical punishment, neglect, attitudes/opinions, risk factors
	Primary caregivers	Home, school	Physical, sexual, emotional, corporal/physical punishment, neglect, witnessing domestic violence, attitudes/opinions, risk factors

The many different target groups make it difficult to compare the data gathered by the different studies. Some studies, such as the one conducted in the Republic of Moldova, asked adults about their behaviour towards their own children, while in the United Kingdom young adults were asked about their experiences during childhood.

Although a number of studies involved schoolchildren, they were not always asked about the situation at school. Often, the questions concerned the situation at home. Conversely, children at home were sometimes asked about their experiences in school.

DEFINITIONS AND OPERATIONALIZATION OF VIOLENCE AGAINST CHILDREN

A number of studies did not refer to any definitions at all, but rather defined various types of violence or abuse through the inclusion (and exclusion) of different behaviours. This only becomes apparent by examining the questionnaire or reading the analyses.

Some studies referred explicitly to a definition (most often the WHO definitions of 'violence', 'child maltreatment' and different types of 'abuse').[133] However, because such definitions are often abstract, types of abuse (or violence) were implicitly defined through the behaviours they summarized. In the United Republic of Tanzania study, for example, the definitions were summary descriptions of various behaviours that were then operationalized in the questionnaire itself.

Violence is a multifaceted phenomenon that results from the complex interplay of a range of variables, particularly local culture. It is therefore understandable that researchers strive to include only those behaviours that are believed to influence the presence of violence in a particular country. For example, 'cyber-bullying' would probably not be

133 The CRC was often used solely as a basis for defining 'children'.

relevant in a country where there is little access to the Internet.

Despite the multitude of definitions used ('physical abuse', 'physical violence', 'physical maltreatment') it is interesting to see that, in the end, it was the operationalization of the definitions that determined what was researched. For example, the studies in Swaziland and the United Republic of Tanzania used similar definitions, but their operationalization showed marked differences. In this case, although both studies used the label 'physical violence', the resulting data are not fully comparable.

QUESTIONNAIRE CONTENT

When analysing the various questionnaires, it became apparent that the studies' different areas of focus and target groups generated a multitude of tools and approaches, raising a number of issues:

- The assessment shows no general consensus on what kinds of information, in addition to prevalence, need to be measured to gain a complete picture of the extent and nature of violence against children.
- Of the seven studies reviewed, only the Georgian studies used the widely published ICAST questionnaires, which seek to obtain prevalence rates in an internationally comparable fashion. The remaining studies used either items/questions from existing tools (specific behaviours or answer scales) or developed their own tools that were deemed to be better suited to obtain the desired information. Overall, questionnaires were found to be highly customized according to the needs of the study.
- Not only did the behaviours and operationalization vary to a high degree, but so did the answer categories. For example, questions dealing with prevalence in a given time frame (lifetime, last month, last year, etc.) had answer categories that included: *Yes/no, almost all the time, very often, sometimes, never* and *Many times, sometimes, never, not in the past year but this has happened*. While these categories make it possible to obtain prevalence estimates, it appears that there is no standard or commonly used scale.
- The questionnaires that focused on prevalence (namely, from Georgia and the United Republic of Tanzania) repeatedly asked about the forms of violence that the respondent had experienced. When a child reported that he or she had been victimized, detailed follow-up questions were usually posed immediately afterwards. A child who wanted to end the interview quickly could easily surmise how to do so. In contrast, in the United Kingdom study, reporting of victimization and related follow-up questions were separated to limit the possible bias that can result from respondent fatigue.
- All the questionnaires consistently mentioned the behaviours listed under various types of violence in the same order. In the case of child abuse, for example, the first behaviour mentioned was always 'slapping', followed by 'hitting with a stick', etc. However, there is no evidence in the study reports to suggest that *exactly this order* was best suited to ensure that the answer to the previous question did not influence the answer to the next one.
- A few questionnaires were found to have less than optimal flow. That is, they did not necessarily move from more general to more specific questions or they asked highly sensitive questions without putting them into context at an earlier stage.
- Few innovative approaches were developed to guarantee privacy during interviews. In most studies, though not all, interviewers were asked to find a private place for the interview. Only two studies actually developed some method to ensure that sensitive questions were not asked, and answers were not given, within the hearing range of anybody else: In the United Kingdom, respondents were provided with a laptop computer on which they could read and enter all answers themselves.

SAMPLE SELECTION AND DESIGN

All studies in the assessment (except the Eastern Caribbean study) set out to obtain representative prevalence estimates of different forms of violence, which can only be obtained by employing a randomized sampling process. However, some of the studies (India, for example) used a non-random sample design or described the sample design only vaguely (Georgia and the Republic of Moldova). In these cases, it was not clear whether the estimates are indeed robust and/or how such studies can be replicated. The research reports of the CDC and UNICEF study in the United Republic of Tanzania and the UK study contained more detailed documentation.

Multistage cluster samples were the preferred choice when sampling households. Some of the studies under consideration used a 'random walk' or 'random wandering' approach, instead of using a household listing of the selected cluster from which to draw the households randomly.

In several studies, it is not clear whether the data were weighted back to adjust to the study's population, which means that the overall representativeness of the estimates cannot be assessed.

A number of different approaches were used for the sampling of schoolchildren, from asking whole classes to participate to the random selection of only one boy and one girl from each class. Clearly, both approaches have their advantages and disadvantages. No information was provided in the study reports on the rationale behind the choice of one approach over the other.

FIELD IMPLEMENTATION

With the exception of the Republic of Moldova, most of the studies included in the assessment provided some information on the qualifications of the selected interviewers, but details were generally lacking. The exception was Chile, which outlined the characteristics considered when selecting interviewers, which included, among other things, sex, age and educational level. All of the studies (again, except the Republic of Moldova) mentioned the use of training with field staff but information on both the duration and content was generally vague. The studies in Georgia and the United Republic of Tanzania, however, did provide a detailed explanation of the topics that were covered in training sessions with interviewers and other field staff.

In five of the seven studies, it was clear that a pilot test or some pretesting of the survey instruments had taken place prior to data collection. In the remaining two studies (Chile and the Republic of Moldova), it was not clear from the study documentation whether a pilot test had been conducted. The level of detail provided on the exact process for the pilot testing and any subsequent modifications made prior to field implementation varied substantially among the studies.

RESEARCH ETHICS

The assessment revealed essentially two approaches to presenting information on ethical protocols: studies that documented the different safeguards and procedures to ensure an ethical research process (as happened in the UK study) and studies that offered little or no documentation in this area.

The main aspects of research ethics employed by the different studies were:

- Informed consent
- Establishment of a follow-up process in cases of disclosure
- And, to a lesser degree, utilizing same-sex interviewers or female interviewers only.

5 REFLECTIONS ON THE VIOLENCE AGAINST CHILDREN RESEARCH SECTOR

This paper has reviewed a significant body of literature, spanning 38 studies, to contribute to the development of guidelines on collecting data on violence against children. Its main purpose was to identify and explore key issues and challenges in this arena.

Given their high implementation costs, surveys – especially national ones – are likely to be conducted once every five years or even less often. Nevertheless, the data produced is often expected to serve as the basis for long-running (national-level) interventions. If the first iteration of a study or its follow-up is of limited quality and usefulness, subsequent investments may be based on faulty information. Moreover, research efforts in the area of violence against children carry potential safety risks for all involved. It is therefore crucial that fundamental principles are followed for the ethical collection of sound data. This chapter summarizes the findings of this assessment. It also provides some brief and general reflections on the state of, and challenges facing, the violence against children research sector.

INTENSIFICATION OF DATA-COLLECTION EFFORTS IN RECENT YEARS

A growing interest in VAC research has been observed since the 2006 publication of the *UN Study on Violence against Children*. However, most studies remain unknown to the larger body of stakeholders, practitioners and researchers.

UNDERUTILIZATION OF TESTING PROCESSES TO IDENTIFY THE MOST EFFECTIVE RESEARCH DESIGNS AND TOOLS

Many of the tools, concepts and approaches that were used in the studies had been originally designed for use in high-income countries. They were later adopted for use in low- and middle-income countries without undergoing a rigorous process of cognitive or field-testing prior to their implementation. The assessment also found that most studies reviewed did not make it clear whether extensive validity testing had been employed; such testing would determine which approaches and sets of questions yield the most reliable data for measuring different dimensions of violence.

LACK OF CLEARLY DEFINED CONCEPTUAL FRAMEWORKS

The assessment found that most studies achieved their aims. However, these aims diverged widely – from obtaining prevalence rates only to understanding the diverse factors that serve to perpetuate or curb violence. What was lacking in many of the study reports was reference to a well-defined and clear theoretical/conceptual framework that actually defines possible 'risk or protective factors' and suggests possible relationships among different constructs.

ABSENCE OF INTERNATIONALLY AGREED AND COMMON DEFINITIONS OF VIOLENCE

In many of the studies, key terms (such as 'violence' and 'abuse') were defined on an ad hoc basis that was unique to each study. In some instances, the studies under review used definitions that reflected national legal frameworks or domestic laws on violence, which vary widely from one country to the next. In addition, the operationalization and choice of behaviours used to measure types of violence, such as 'physical abuse', for example, were very diverse among the studies reviewed. As a result, findings are largely incomparable.

VARYING QUALITY IN STUDY DESIGN AND LIMITED INFORMATION ON STUDY PARAMETERS

Overall, the quality of the studies identified and reviewed in this assessment varied to a high degree. Only a few studies used sound research methodologies and approaches to, for example, sample design, questionnaire design, data entry and data analysis. Indeed, some studies were found to violate basic quantitative research principles, including the use of purposive samples in studies aimed at obtaining representative data at the population level. Additionally, the assessment found that, in many cases, information on basic parameters (such as sampling methods, target groups, sample sizes and sampling errors) was either not available in the research reports or was buried somewhere within them, which limits a reader's ability to properly understand the findings.

UNKNOWN LEVELS OF INVESTMENT IN HUMAN RESOURCES

The majority of studies included in the assessment did not provide sufficient detail to understand, or even assess, the appropriateness of either the duration or content of training for field staff. The information that was provided was generally short, broad and generic, providing only limited understanding of fieldwork procedures and practical experience with the research tool.

LITTLE DISCUSSION AROUND ETHICAL ISSUES AND LIMITED INFORMATION ON ETHICAL PROTOCOLS

The assessment identified a number of additional ethical questions connected with researching violence against children:

- What should be the minimum age at which children can take part in a study? For example, the study conducted in India included children aged 5 and older, while other studies, such as those in Georgia and the United Kingdom, considered the earliest possible age for participation to be 11 years.
- At what age should children be asked questions about severe forms of violence, such as sexual abuse? How explicit do the filter questions need to be?
- Which age groups are considered to be at a similar cognitive stage and of similar maturity, so that they can be administered the same questionnaire?

Most studies included no or very little discussion around these ethical issues and lacked explanations on the rationale behind the choice of the respondent's age, from both ethical and methodological standpoints. Additionally, no or little information was provided on the ethical protocols followed to protect those involved in the implementation of the studies. Many were found to have violated basic principles of research ethics (such as the need to obtain consent) or relied on research and ethical protocols that were developed from scratch. In most instances, the choice for or against specific approaches (such as the methods used to protect confidentiality) was not discussed in the reports. On the other hand, a number of the studies offered examples of innovation or solutions to address important issues, such as the establishment of procedures to allow respondents to report victimization experiences anonymously during interviews.

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APPENDIX A: KEY INFORMANTS INTERVIEWED

Name	Title and affiliation at the time of the interview
Alexander Butchart	Coordinator, Violence Prevention, World Health Organization
Michael Dunne	Professor, Faculty of Health, School of Public Health, University of Queensland
David Finkelhor	Director, Crimes against Children Research Center, Co-Director, Family Research Laboratory and Professor of Sociology, University of New Hampshire
Martin Hayes	Senior Child Protection Specialist, ChildFund International
Theresa Kilbane	Senior Adviser, Child Protection Section, UNICEF, New York
James A. Mercy	Associate Director, Division of Violence Prevention, National Center for Injury Prevention and Control, US Centers for Disease Control and Prevention
George Nikolaidis	Head, Department of Mental Health and Social Welfare Centre for Study and Prevention of Child Abuse & Neglect, Institute of Child Health
Astrid Podsiadlowski	Programme Manager – Social Research, Equality and Citizen's Rights Department, European Union Fundamental Rights Agency
Regina Reza	Consultant, Child Protection Section, UNICEF, New York
Desmond Runyan	Executive Director, The Kempe Center
Clara Sommarin	Child Protection Specialist, Child Protection Section, UNICEF, New York
Denise Stuckenbruck	Programme Manager, Child Protection Initiative, Save the Children
Ann-Kristin Vervik	Head, Human Rights Section, Plan International Norway

APPENDIX B: IDENTIFIED STUDIES

Individual country studies			
Name of study	**Country**	**Year of implementation**	**Earlier waves**
Violence against Children in the Republic of Armenia	Armenia	2002-2003	Solo study
Maltrato Infantil y Relaciones Familiares en Chile	Chile	2012	1994, 2000, 2006
Study on Child Abuse and Spouse Battering	China	2003-2004	Solo study
A Study on Violence against Girls in Primary Schools and its Impacts on Girls' Education in Ethiopia	Ethiopia	2007	Solo study
National Study on School Violence in Georgia	Georgia	2007-2008	Solo study
National Study on Violence against Children in Georgia	Georgia	2007	Solo study
Erster Forschungsbericht zur Repräsentativbefragung Sexueller Missbrauch, 2011 (Sexual Abuse in Germany, 2011)	Germany	2011	1992
Child Sexual Abuse in Schools in Ghana	Ghana	2008	Solo study
La violence faite aux enfants en milieu scolaire en Guinée (Violence against Children in Schools in Guinea)	Guinea	2010	Solo study
Study on Child Abuse in India	India	2007	Solo study
Violence against Children study in Jordan	Jordan	2007	Solo study
Violence against Children in Kenya: Findings from a 2010 National Survey	Kenya	2010	Solo study
Violence against Children in State-Run Residential Institutions in Kazakhstan: An Assessment	Kazakhstan	2011	Solo study
Child Sexual Abuse in Lebanon	Lebanon	2007	Solo study
Suffering at School: Results of the Malawi Gender-based Violence in Schools Survey	Malawi	2005	Solo study
Victimization Experiences of Adolescents in Malaysia	Malaysia	2006	Solo study
La violence faite aux enfants en milieu scolaire au Mali (Violence against Children in Schools in Mali)	Mali	2009	Solo study
Violencia de Género en la Educación Básica en México (Gender Violence in Basic Education in Mexico)	Mexico	2008-2009	Solo study
Toward a Child-Friendly Education Environment: A Baseline Study on Violence Against Children in Public Schools	Philippines	2008	Solo study
ACE Philippines	Philippines	2007	Solo study (implementation of ACE tools in the US in 1995-1997)
Violence against Children in the Republic of Moldova	Republic of Moldova	2006	Solo study
A National Study on Violence against Children and Young Women in Swaziland	Swaziland	2007	Solo study

APPENDIX B: IDENTIFIED STUDIES *CONT.*

Name of study	Country	Year of implementation	Earlier waves
Sexual Victimization of Children and Adolescents in Switzerland	Switzerland	2009	Solo study
Beating the Misconceptions, Not the Children. A Survey of Corporal Punishment in the Gambia	Gambia	2005	Solo study
Speak Nicely to Me	Timor-Leste	2004-2005	Solo study
Violence against Children: The Voices of Ugandan Children and Adults	Uganda	2004	Solo study
Child Abuse and Neglect in the UK Today	United Kingdom	2009	1998-1999
Violence against Children in Tanzania: Findings from a National Survey 2009	United Republic of Tanzania	2009	Solo study
National Survey on Children's Exposure to Violence (NatSCEV)	United States	2007-2008	2002-2003 (Developmental Victimization Survey)
Keeping Silent Is Dying – Results from the National Study on Domestic Violence against Women in Viet Nam	Viet Nam	2009-2010	Solo study
Multi-country studies			
WorldSAFE	Brazil, Chile, Egypt, India, Philippines, and United States	1997-2004	Solo studies
Child Sexual Abuse in the Eastern Caribbean	Anguilla, Barbados, Dominica, Grenada, Montserrat, and Saint Kitts and Nevis	2008-2009	Solo study
Violence against Children in Africa: A Retrospective Survey in Ethiopia, Kenya and Uganda	Ethiopia, Kenya, Uganda	2006	Solo study
Protect Me with Love and Care	Fiji, Kiribati, Solomon Islands, Vanuatu	2008	Solo studies
General surveys with a VAC component			
Encuesta Nacional de Hogares de Propósitos Múltiples (ENHOGAR) (Multi-purpose National Household Survey)	Dominican Republic	2009-2010	2006
Adolescent Sexual and Reproductive Health in Burkina Faso: Results from the 2004 National Survey of Adolescents	Burkina Faso	2004	Solo study
Adolescent Sexual and Reproductive Health in Ghana: Results from the 2004 National Survey of Adolescents	Ghana	2004	Solo study
Adolescent Sexual and Reproductive Health in Malawi: Results from the 2004 National Survey of Adolescents	Malawi	2004	Solo study
Adolescent Sexual and Reproductive Health in Uganda: Results from the 2004 National Survey of Adolescents	Uganda	2004	Solo study

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COVER PHOTO: *THE PHILIPPINES - Angel [name changed], aged 16, in Zamboanga City, on the island of Mindanao. She was sexually abused by her employer when she worked as a domestic servant; he also beat her and fed her spoiled food. She attempted to commit suicide, but her employer rushed her to the hospital. She now lives in one of the city's shelters, where she receives psychosocial support as well as assistance with her education. She ultimately decided to press charges against her former employer.*