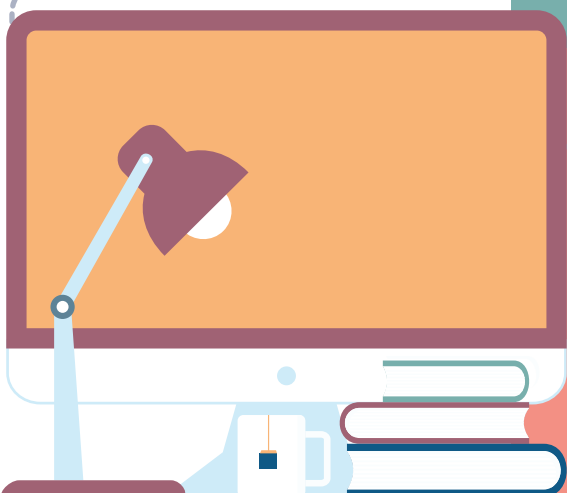
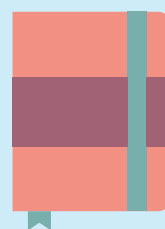
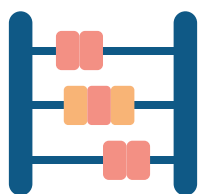


Tracking Progress towards Non-violent Childhoods

Measuring changes in attitudes and behaviour
to achieve an end to corporal punishment



Publisher	Council of the Baltic Sea States Secretariat Slussplan 9, PO Box 2010, 103 11 Stockholm, Sweden
Author	Staffan Janson, Guest professor in Pediatrics, Uppsala University, Sweden
Editors	Turid Heiberg and Maria Corbett
Programme Partners	Council of the Baltic Sea States; Ministry of Social Affairs, Estonia; Ministry of Social Affairs and Health, Finland; Ministry of Welfare, Latvia; Ombudsman for Children's Rights, Poland; Ministry of Health and Social Affairs, Sweden; and the Global Initiative to End All Corporal Punishment of Children.
Expert Inputs	Steven Lucas, Associate professor, Uppsala University, Sweden; Daja Wenke, Child rights consultant; Andres Aru, Head of department, Office of the Chancellor of Justice, Estonia; Ewa Jarosz, Professor, University of Silesia, Katowice, Poland; Sauli Hyvärinen, Chief Specialist, Central Union for Child Welfare; Anna Henry, Director, Global Initiative to End All Corporal Punishment of Children.
Design	Myah Design www.myahdesigns.com
Creative Team	Shawwna von Blixen and Marlene Riedel

ISBN: 978-91-984154-8-3



2018

This work is licensed by the Council of the Baltic Sea States under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nc-nd/4.0>

Would you like to translate this publication?

Please contact the Council of the Baltic Sea States to find out more about format, accreditation and copyright.

contents

the non-violent childhoods programme	1
---	----------

01

introduction	3
1.1 policy-makers' need for firm and trustworthy knowledge	3

02

definitions and definition problems	5
2.1 definitions of child maltreatment	5
2.2 definitions of physical punishment	5
2.3 definitions of psychological aggression	6
2.4 definitional problems	6

03

research sources	7
3.1 mortality registers	7
3.2 inpatient registers and outpatient health registers	7
3.3 agency registers and out of home placements	7
3.4 national or regional registers on income and social position	7
3.5 police reports	8

04

population-based surveys	10
4.1 parental reports of attitudes and behaviour	10
4.2 conflict tactic scale	10
4.3 maltreatment prevalence tracking tools	11
4.4 serial surveys	12

05

children's personal experiences	14
--	-----------

06

sampling methods and sample size	16
---	-----------

07

specific topics	18
7.1 neglect	18
7.2 physical and emotional neglect	18

08

child sexual abuse	20
---------------------------------	-----------

09

cultural-geographical differences between countries	21
9.1 validity problems	21
9.2 web-based surveys	22

10

ethical considerations	24
10.1 conclusion	25
references	26

the non-violent childhoods programme

Changing the World: Making Non-Violent Childhoods a Reality

The adoption of a national law that prohibits the corporal punishment of children in all settings, including in the home, is a milestone achievement. It makes a clear statement that corporal punishment is a form of violence against children which is no longer socially acceptable nor legally condoned. Once a prohibition is in place, societies and states have a duty to invest in ensuring its effective implementation. Countries all over the world are confronting this challenge and the goal of ending the corporal punishment of children is now firmly on both national and regional agendas.

The Baltic Sea Region is almost a 'no-corporal-punishment zone' for children as 10 out of the 11 countries in the region have prohibited corporal punishment in all settings. Sweden was the first country in the world to enact a legal ban in 1979; Finland (1983), Norway (1987), Denmark (1997), Latvia (1998), Germany (2000), Iceland (2003), Poland (2010), Estonia (2015) and Lithuania (2017). The Russian Federation has yet to introduce a legal ban.

The Baltic Sea Region is diverse. While some countries in the Region have almost 40 years of experience of implementing a legal ban, others have only just embarked on the journey to ensure childhoods free from violence. The Non-Violent Childhoods programme draws on the outstanding commitment and leadership demonstrated by changemakers in the region. This includes politicians, public officials, service providers, practitioners, researchers, advocates, the media and citizens, including children, young people and parents.

The developments in the Baltic Sea Region show that it is possible to change attitudes and behaviours and that social norms can be transformed in favour of positive, non-violent child rearing. Since the national bans have come into force, more and more parents have rejected the use of corporal punishment in the upbringing of their children. But despite the progress achieved, too many children continue to experience physical and emotional violence or humiliating and degrading treatment.

The aim of the Non-Violent Childhoods programme is to promote the full implementation of a ban on corporal punishment of children in the Baltic Sea Region through collaborative, multi-stakeholder planning and action. Its programme of work is managed by the Council of the Baltic Sea States Secretariat with co-funding from the European Commission. Five country partners are supporting the project drawn from ministries and national institutions in the Baltic Sea region: The Ministry of Social Affairs, Estonia; the Ministry of Social Affairs and Health, Finland; the Ministry of Welfare, Latvia; the Ombudsman for Children's Rights, Poland; and the Ministry of Health and Social Affairs, Sweden. The Global Initiative to End All Corporal Punishment of Children is an international partner to the programme.

The Non-Violent Childhoods programme has developed a set of guidance reports and a campaign, aimed at parents, children, practitioners, advocates and policy makers. Each report focuses on a specific theme; a step-by-step guide, implementing the ban in the domestic setting, positive parenting, awareness-raising campaigns, service provision and tracking progress. In addition, the campaign raises awareness of the harmful impact of corporal punishment and the importance for children to have trusted adults to turn to. The reports and campaign offer inspiration and provide guidance standards and practical tools aimed at transforming societies and making non-violent childhoods a reality. While the reports are based on the experience of the Baltic Sea Region, they convey key messages and highlight best practices that have relevance not only to the 11 states in the region but also to Europe and beyond.

More information on the reports and campaign can be accessed at **www.childrenatrisk.eu/nonviolence**

01

introduction

All states surrounding the Baltic Sea have made great progress with reference to child rights. During the last decades, all these states, except for Russia, have banned corporal punishment of children within the family. As of 2018, there is no other region in the world with comparable progress. The development is in accordance with the 1989 United Nations Convention of the Rights of the Child (UNCRC),¹ particularly article 19 which obliges states to take all appropriate measures to protect children from violence and neglect. It is also in accordance with the UN Goals of Sustainable Development.² Goal 16.2. targets ending abuse, exploitation, trafficking and all forms of violence against and torture of children and indicator 16.2.1 focused on the proportion of children aged one to 17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month.

The Nordic states were the first to introduce bans on corporal punishment and thus these states have the longest experience of epidemiological follow up, to track the progress of the bans. Sweden was the first country to introduce the ban in 1979 and a year after it performed a nationwide study of parental upbringing attitudes and behaviour. In 1988, Finland undertook the first study where children were asked about their experiences of maltreatment³. Sweden had collected good data on parental attitudes and behaviour towards corporal punishment since the 1960s, so there are baseline figures from which to assess the progress after the 1979 ban.

A key learning is the importance for all states to establish as soon as possible such baseline data in connection to the introduction of a ban. In circumstances where little is known about prevalence and cultural attitudes, qualitative interview studies with parents, teachers, other professionals and children are of great value before embarking on nationwide surveys. Qualitative studies may help identify different methods of punishment not covered by regular questionnaires about child abuse and neglect. Such information should be added to existing questionnaires as such abuse would otherwise be unreported. Children can often give information about circumstances that are unknown or overlooked by adults.

This guidance report is largely based on Swedish experiences, but also draws on international research in child maltreatment epidemiology. This report discusses some definitions of importance for maltreatment research, and explores difficulties and possibilities in child maltreatment epidemiology (tracking). It also highlights different research resources and specifically discusses population-based studies, which generally give us the most reliable data on the current maltreatment prevalence. It will also examine several specific topics concerning study validity and reliability. Validity tells if the right thing is measured; and reliability if repeated measurements at a certain time give the same results. Finally, some cultural and ethical issues are considered, the latter of which is particularly important when performing studies involving children and adolescents as subjects.

1.1 POLICY-MAKERS' NEED FOR FIRM AND TRUSTWORTHY KNOWLEDGE

Nowadays we have a fair understanding about the extent of the various forms of child maltreatment as well as trends, at least in industrialised countries.^{4,5} We also have quite good knowledge about the devastating impact of corporal punishment on children's health and development, with adverse psychological, somatic and social consequences, during childhood as well as having long-lasting effects into adulthood and old age.^{5,6} There is a widespread agreement that, to make progress in the prevention and reduction of child maltreatment, it is important for policy-makers to be informed about the scope and characteristics of the problem. Policy-makers also need knowledge about whether information on maltreated children is coming to the attention of school teachers, hospital staff, police departments, social services or alternative agencies and if these bodies are in the position to help and respond. As policy-makers bring in reforms, provide training and raise awareness, they also want to know if their reforms are changing the patterns originally observed.⁷

The experience from the Nordic countries in achieving a reduction in violence is that governments must express a distinct interest in child rights and in banning corporal punishment. This means, that governments must put in place a package of implementation measures to ensure that the ban is effectively applied in practice, including measures to gather data and track progress in implementation. How this can be

performed in practice is naturally up to each country, but the epidemiological tracking should be performed by an independent research group with high academic standards, and with a thorough knowledge of maltreatment surveys.

All states can benefit from having a Children's Ombudsperson who continuously follows up on children's rights and conditions. An active Ombudsperson in contact with ministries, social workers, medical staff and NGOs can provide important information when research is in the planning stage. An absolute prerequisite is that governments are ready to accept even negative results of progress and be ready to take further actions if needed.

The prevalence of child maltreatment in different countries and within different groups of children and families has been difficult both to estimate and to compare. The UN pointed this out in its 2006 World Report on Violence against Children.⁸ Reasons for this wide variation in incidence and prevalence include differences in definitions of maltreatment, varying quality of the sources used, non-uniform construction of surveys and validity problems. A large part of the variation in prevalence remains unexplained, some might be due to methodological artefacts. There is a need to strive towards common operational definitions of maltreatment and to work with representative samples.

Research on child maltreatment also has some specific difficulties compared to many other areas of epidemiological research, as the perpetrators seldom will acknowledge their actions even in anonymous surveys and some victims cannot describe what has happened due to exposure at an early age, severe brain injuries or reluctance to disclose violence from perpetrators on whom they are dependent.

KEY MESSAGES

- According to the United Nations Convention of the Rights of the Child, and the Sustainable Development Goals, it is each state's responsibility to carry out studies on child maltreatment.
- Policy makers need solid and trustworthy data for prevention and interventions.
- Baseline data in connection with the introduction of a corporal punishment ban is of great importance.
- Well validated instruments should be used.

definitions and definition problems

Definitions of child maltreatment have been difficult to operationalise universally and there are differing standards from legal, research and clinical perspectives. Legal definitions are based in cultural and social norms, which hinders a consistent approach across cultures and geographical areas.

Definitions of maltreatment from an epidemiological perspective are generally broader than legal definitions, but also represent objective attempts to operationalise acts of maltreatment.⁷ As the countries of the Baltic Sea Region have cooperated closely concerning the scope of maltreatment (in specific projects with the Council of the Baltic Sea States and with WHO Europe), it should be easier than in many other parts of the world to agree upon definitions necessary for qualified tracking of progress.

After introducing a corporal punishment ban, states are often interested in following the rates of physical violence within families. Research and experiences from the last decades teach us that physical punishment is often a part of polyvictimisation.⁴ If possible, one should therefore try to track the development of different forms of maltreatment. As seen below, the World Health Organisation (WHO) also has a wide definition of child maltreatment.

2.1 DEFINITIONS OF CHILD MALTREATMENT

Definitions of child maltreatment generally include physical and sexual abuse, emotional maltreatment, exposure to intimate partner violence and neglect of a person under 18 years of age by an adult on whom the person is dependent.

The WHO's definition of child maltreatment is as follows:⁹

Child maltreatment includes all types of physical and/or emotional ill treatment, sexual abuse, neglect, negligence and commercial or other exploitation that result 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.

The definitions do not discuss whether the maltreatment was intended or not, as this would lead to several problems. Whether acts are part of a planned punishment or sudden unplanned outbursts of rage with severe consequences is generally impossible to define. Nor do the definitions take into consideration whether there is a societal or cultural acceptance of corporal punishment. Although some understanding of cultural customs is necessary in practical work with children, this should not enter into definitions regarding research on incidence and prevalence. The issues of incidence and prevalence will have great impact on comparisons between countries, particularly when research is built upon agency and police reports. Corporal punishment, even severe, when regarded as a part of parental rights may not be reported to social services or to the police forces. This is one of the reasons why child and adolescent surveys are particularly important.

2.2 DEFINITIONS OF PHYSICAL PUNISHMENT

The UN definition of physical punishment, also referred to as corporal punishment, is as follows:

Any physical act intended to cause pain or discomfort, however light. Includes acts such as shaking, hitting or slapping on the hand/arm/leg, hitting on the bottom or elsewhere on the body with a hard object, spanking or hitting on the bottom with a bare hand, hitting or slapping on the face, head or ears, and hitting or beating repeatedly.

In contrast to the maltreatment definition, the latter definition includes intent.

2.3 DEFINITIONS OF PSYCHOLOGICAL AGGRESSION

Psychological aggression is defined as acts of verbal abuse such as shouting, yelling or screaming, as well as calling children offensive names such as “dumb” or “lazy”.

A glossary with UN accepted definitions in this field can be found in the UN handbook of INSPIRE; Indicator Guidance and Results Framework from 2018.⁹ The definition of neglect is specifically discussed in section 7.1 of this report.

2.4 DEFINITIONAL PROBLEMS

Surveys on parental attitudes and behaviour will often run into the following problems:

- Some parts of the population draw a distinct line between harsh parenting and corporal punishment. This is fundamental to the understanding of maltreatment and the plausible limitations of data estimating incidence and prevalence of child maltreatment i.e. how common child maltreatment is at a specific time and from a backwards perspective.
- Do some researchers only record severe types of maltreatment, but not what they may consider as mild forms of corrections, like a slap on the head or even spanking of the buttocks?
- Will all parents in a certain region give the same answers to specific questions, or will they look upon some questions as inappropriate or even provocative against their parenthood? Do members of sub-populations (such as immigrants or members of religious groups) consider childhood to include all those up to 18 years of age? For example, would the parents allow their daughter to marry at a younger age?

- If a parent punishes his/her child as a means of preventing the child from hurting itself or others – is that considered to be maltreatment or not? Such behaviour is usually reported as corporal punishment in northern Europe, particularly in the Nordic countries.

Other definitional problems include how one defines psychological abuse, sexual assault, neglect (passive and active), humiliation, witnessing violence, solitary or repeated violence and multiple violence. The best, but not perfect way, to overcome these problems is to let children themselves answer very specific questions about maltreatment behaviour separated from questions about attitudes.

KEY MESSAGE

Use internationally accepted definitions, like those presented in the UN document INSPIRE.

03

research sources

3.1 MORTALITY REGISTERS

Severe forms of maltreatment sometimes end in child mortality. Mortality registers are normally of high quality in industrialised countries, but there may be only one principal diagnosis registered and no contributing diagnoses. This is particularly troublesome when studying background factors and other possible associations in cases of child homicide, as a principal diagnosis may only give information on the type of injury, while contributing diagnoses can give important information about factors causing the death. Under such circumstances, the researcher has no other recourse than to read each individual's patient record to gather the necessary data. In several countries in the Western world, special Child Death Review Teams check each child mortality case, including cases where murder is suspected or proven, or cases where a proper diagnosis has not been reached.^{10, 11}

Sweden has long had an ongoing population-based registry, based on a unique personal identification number used for all official purposes. As an example, national cohort studies on mortality and mental health outcomes among children formerly involved in the child welfare system have given a deeper understanding of the manifestations of childhood trauma and the impact of maltreatment,¹² and a recent study showed that an unexpected number of infant deaths were ill-defined or reported without diagnoses.¹³

3.2 INPATIENT REGISTERS AND OUTPATIENT HEALTH REGISTERS

Inpatient registers are normally of a higher quality than outpatient registers if the latter exist at all. Before using any health registers, one must check their quality and completeness with the appropriate national or regional authority. In a country such as Sweden, the inpatient registers have been of a very high quality for decades. However, the shift from ICD-9 to ICD-10 (International classifications of Diseases) was introduced gradually in the late 1990s, making it difficult to compare certain diagnoses over longer periods. Other countries have introduced ICD-10 later and it is important to know when this shift occurred for countries involved in comparative studies.

A reluctance to register maltreatment diagnoses unless the health staff are sure that a child was abused further complicates register studies on child abuse. Diagnoses of maltreatment may be more correct in countries like

the Netherlands where there is no mandatory reporting to the social services and where multi-professional Child Abuse and Neglect Teams work to support the families through voluntary actions. Hospital data from different Western countries have shown no decline in maltreatment-related injuries or fatalities.¹⁴

3.3 AGENCY REGISTERS AND OUT OF HOME PLACEMENTS

Agency registers differ very much between countries, both in their total coverage and in what they report.⁵ A large problem is that social service registers may be nationwide, but quite often they may be regional or sometimes even local. Even private institutions may operate some registers. Before working with such registers, one must check their quality, coverage and how detailed their data is. Processing such data will not usually give a true picture of prevalence, but the results may nonetheless be of great importance for decision-makers. Such organisations may include community institutions involved with children, such as schools, mental health agencies, NGOs and child protection agencies. It can be important to compare data from agency registers with self-report data as it can demonstrate the number of abuse cases that have gone unreported over the years.

Another essential problem with agency registers and police registers is that many incidents of abuse or neglect are never admitted or reported. Estimates indicate that between 50 and 80 per cent of all victims of maltreatment are unknown to the child protection services. There are also vast differences even between neighbouring countries. For example, the rate of substantiated physical abuse in Canada is two and a half times that of the United States.¹⁵

3.4 NATIONAL OR REGIONAL REGISTERS ON INCOME AND SOCIAL POSITION

National or regional registers on income and social position are used to study social distributions with respect to abuse within a larger population. In countries where every person has a unique personal identity number, it is relatively easy to link different registers, allowing for powerful analyses of complex research questions. Before embarking on a register study, it is wise to check:

- If there are unique personal identifiers;
- If different forms of abuse are registered;
- If data quality differs between different registers;
- If and when important changes have been made in how data have been registered;
- If specific subgroups of people are not included or omitted from the registers.

3.5 POLICE REPORTS

Police reports on child maltreatment are highly dependent on national laws and the existing thresholds as to how serious cases must be in order to be reported. When using such data one has to be aware of these facts and how well the report system is handled by the police. In the Nordic countries since the 1980s, all professionals working with children are mandated to report not only obvious maltreatment cases, but also suspected cases of child abuse and neglect to the social services. The social services are then obliged to report severe cases to the police department when there is reason to believe that a crime has been committed.

In Finland, reports should be made to both the social services and the police forces. If all countries had mandatory reporting and handled these reports in the same way, international comparisons would be possible. However, great variation exists even between European countries.

In Sweden, police reports for child maltreatment have steadily increased and during the last decades include many cases of neglect, probably due to direct reports (referrals) from professionals outside the social services. An outsider would therefore assume that child maltreatment is more common in Sweden than in other countries, while self-report surveys among children have actually shown that the opposite is the case.¹⁶ So increasing rates of police reports may show increased cases of maltreatment or an increased awareness of minor cases of abuse or neglect. Two ways of checking the reason for the increased referral rate is to scrutinise mortality registers and hospital journals. In circumstances where there are no indications of increasing mortality or injuries due to corporal punishment, increased awareness is the most plausible reason for increased reporting to the police forces.

KEY MESSAGES

- Before embarking on register studies, check their coverage and diagnostic accuracy.
- Hospital and agency registers usually report much lower incidences of maltreatment than self-reports.
- Reports to social services and to the police are very much dependent on whether reporting from professional is mandatory or not.
- Mortality registers may have missed murders of small children. Consider creating multi-professional Child Death Review Teams.



04

population-based surveys

4.1 PARENTAL REPORTS OF ATTITUDES AND BEHAVIOUR

References to parental reports in this report mean what the parent answered in de-identified or anonymous questionnaires/interviews. Questionnaires are normally not completely anonymous, as the researchers need to send reminders in case they do not get any answers. When the survey is closed, one gives the replies a specific number and all names are de-identified. This procedure is naturally the same if questionnaires are distributed to children and adolescents.

Most previous population-based surveys were directed towards adult survivors of child maltreatment through telephone interviews or postal questionnaires. As known from all retrospective studies, responses from adult participants are subject to memory biases and reflect what may have happened decades ago rather than the current situation. Self-reports from adolescents, on the other hand, provide a more current view on the scope of the problem and respondents' memories are less affected by a long delay.⁷ A drawback may be that adolescents are too close to the events to have acquired a more objective perspective.

A recent systematic review of childhood maltreatment assessments in population-representative studies since 1990¹⁵ discusses several important topics concerning population surveys. It states that causality (what is cause and what is effect) cannot be inferred from cross-sectional surveys, even if common sense gives a hint of the direction. However, it has recently been argued that representative community-based surveys have an important role to play in understanding child maltreatment. Such surveys allow the study of relevant health outcomes that may be undocumented in administrative medical and social services databases. In addition, such studies allow for the exploration of research questions that are potentially difficult to address with survey samples of children due to ethical and reporting requirements. However, population samples usually have as a drawback that they are limited to persons with fixed household addresses and do not reach persons in prisons or institutions; or other marginalised groups. As a consequence we may miss marginalised groups that may have been heavily exposed to maltreatment in childhood. This

exclusion may give rise to an underestimation of the true incidence of maltreatment as well as weaker associations between maltreatment and adverse outcomes.

4.2 CONFLICT TACTIC SCALE

One of the world's most well-known survey instruments aimed at parents is the Conflict Tactic Scale (CTS), which since its creation in the 1970s has been revised and developed continuously.¹⁷ It:

- Is currently the world's most accepted and used scale for interpersonal violence with more than 600 reviewed papers. There is a specific scale for the parent-child-relationship (upbringing).
- Starts from the assumption that conflicts are unavoidable and asks about conflict solution techniques, from verbal consensus to severe violence. Asking non-provoking questions and slowly trickling down to questions surrounded by taboo or strong emotions, proves to work well.
- Has quantification of violent actions from zero to more than 10 times a year.
- Does not inquire about attitudes and emotions associated with the conflict solution techniques.
- Can be administered through a personal interview, telephone interview or questionnaires.

The Scale has been criticised for not contextualising violence within a range of circumstances such as family life conditions, economy, and isolation. It contains several questions concerning neglect, emotional abuse but no questions about sexual abuse. Every country (or research institution) can however add such questions. We have done so in Sweden since 2000, as socio-economic differences are obvious even in a welfare country. In Sweden, we have seen that relative poverty is an important background factor for increased violence within the family.

Although retrospective self-reports generally include more detailed information of maltreatment than administrative reports, it has been shown empirically that retrospective self-reports may miss violent incidents that have been officially reported. The reason may be that the individuals refrain from awakening unpleasant memories.

Reliance on a single method to identify experiences of childhood maltreatment often overlooks many cases. The maximal (highest) number of maltreatment cases is normally identified by using a combination of available methods, with prospective methods (longitudinal follow up of individual cases) seem to be most comprehensive. The most severe cases are however likely to be identified by both prospective and retrospective methods.⁷

The majority of the world's countries have no data on the occurrence of child abuse and have no official mechanism for receiving and responding to reports of child abuse or neglect. In 1996, the UN Secretary-General called for the creation of a global study on children and violence to address violence against children in homes and schools. When the WHO report on violence against children was published in 2006 this work had not yet been started.⁸ However, with back-up of the international child maltreatment report, the WHO required that studies on violence against, and maltreatment of children should be carried out in every country, and data on child abuse should be collected and reported from all countries. This is part of each state's responsibility to fulfil their obligation to the Convention on the Rights of the Child.¹

4.3 MALTREATMENT PREVALENCE TRACKING TOOLS

WHO Europe has recently published a short practical handbook "Measuring and monitoring national prevalence of child maltreatment",¹⁸ with the basic aim to support the creation of a surveillance system to measure and monitor child maltreatment across the European countries. The handbook suggests that community based surveys on prevalence are the most appropriate method for setting up a child maltreatment surveillance system. It proposes the use of one of three established maltreatment questionnaires; the ICAST, the JVQ or the ACE-IQ.

ACE-IQ: The Adverse Childhood Experiences International Questionnaire was developed by the Centres for Disease Control and Prevention at Kaiser Permanente in San Diego in 1995. The handbook provides a Short Child Maltreatment Questionnaire (one page), for countries lacking funds for bigger surveys.

ICAST: With UNICEF's support, ISPCAN (The International Society for the Prevention of Child Abuse and Neglect) began the development in 2004 of an international survey through repeated Delphi rounds with experts from 31 countries. The basic idea behind this procedure was to find consensus on which questions were so general that they can be used in practically all countries. The survey was modelled on the Conflict Tactic Scale 17, the Juvenile Victimization Questionnaires¹⁹ and the WorldSAFE questionnaire.²⁰ The parental version was tested in seven countries in Asia, Latin America and in Russia and subscales showed high internal consistency except for neglect and sexual abuse subscales.²¹

ICAST-C or ICAST-CH: A child version of the ACAST, ICAST-C and later called ICAST-CH, was successively developed, using the same methodology and has been tested in a number of countries. The author of this document has positive personal experience of using this instrument in Bangladesh. My view is that this instrument can be suitable for use in industrialised countries as well. The ICAST-C is now a multi-national, multi-lingual, consensus-based survey instrument available in a number of languages for international research to estimate child victimisation. Accordingly, international comparisons of prevalence can be done in order to set national and international priorities and garner support for programs and policy development aimed at child protection.²²

The ICAST-CH is a questionnaire designed for administration to children between eleven and 18 years of age about their experience of discipline and punishment in the home. In case the children have difficulties to understand some questions adult facilitators should be at hand. It should be administered in group settings, like school classes, where confidentiality and anonymity can be assured. An updated manual on its use was published in 2015.²³ When performing school surveys in Sweden, we have kept teachers and other school staff out of the classrooms when administering the questionnaires and the pupils have dropped their completed questionnaires into a sealed box.

The ICAST-CH asks the child what has happened during the last year, but the same questions can also be asked with a lifetime perspective. The ICAST-CH covers the following fields:

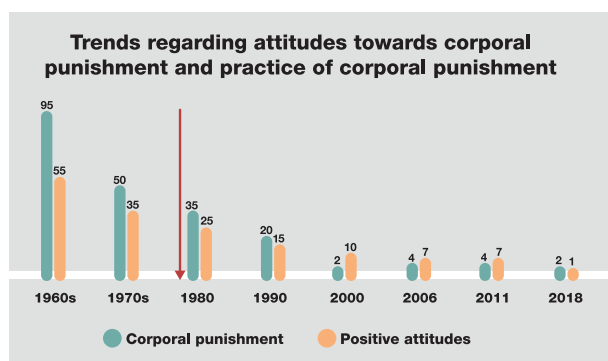
- Background factors
- Family violence
- Adverse or frightening experiences
- Threats, cursing, abandonment
- Bullying (in person bullying, cyber/digital bullying)
- Neglect
- Corporal punishment and severe maltreatment
- Sexual harassment and abuse

It would have been very interesting if all eleven countries of the Baltic Sea Region could agree to perform their tracking using the same research tool. The advantages of using the ICAST forms, both for children and adults, is that they are well validated and there are already results to compare with from studies all around the world. If any of the countries for some reason does not find it useful, the INSPIRE document, chapter 4, contains a number of other validated instruments.⁹ It is best practice to avoid the construction of a completely new instrument.

4.4 SERIAL SURVEYS

Serial surveys that repeat the same questions at different points in time are of great value. There is normally no great change in attitudes and behaviour within a few years, so periods of five to seven years are usually more suitable for follow-up studies. In Sweden, parental self-report studies according to the CTS model have been performed in 1980, 2000, 2006 and 2011.^{16, 24} The results from the parental studies are presented in the figure below. It represents an important tracking of adult's attitudes and behaviour concerning corporal punishment of children.

As can be seen from this figure Swedish adults have changed their attitudes and behaviour immensely within a forty-year period between 1960 and 2000. The red arrow indicates the year 1979, when Sweden introduced a corporal punishment ban in the home. The figure actually shows that the change in attitudes and behaviour started two decades before the ban, probably due to a longstanding debate on corporal punishment in Sweden.



Finland has experienced similar progress as Sweden. Their corporal punishment ban was introduced in 1984, and in 1992 the Supreme Court clearly stated that parents do not have the right to use corporal punishment and that the provision on petty assault can be applied in such cases. Since 1983 in Finland, the reporting of suspected corporal punishment and psychologically abusive practices to social services has also been mandatory for professionals, and since 2015 it has also been mandatory for professionals to report to the police if physical violence towards a child is suspected. For other citizens, reporting is possible but not mandatory.

In 2017, 95 per cent of Finns knew, that the law banned physical punishment of children. Today, a clear majority of Finns do not approve of corporal punishment even in exceptional circumstances. Before the ban on corporal punishment, approximately 50 per cent of Finns thought that physical discipline practices were acceptable, while by 2017 this figure had dropped to 13 per cent. The use of corporal punishment has decreased significantly and the change has been rapid in the 21st century. In 2007, approximately half of the parents responded that they had pulled their child's

hair at least occasionally, while in 2017, only 24 per cent reported such a behavior.

In addition Finnish parents almost never use spanking, as a means of disciplining children, nowadays. The rapidly decreasing prevalence of both physical and psychological corporal punishment is verified by the unique Child Victim Surveys, conducted in Finland since the late of. In the latest study just 16 per cent of 9th graders told they had experienced hair pulling by their parents, while in 2008 hair pulling was reported by 34 per cent and in 1988 by 65 per cent of 9th graders.³⁸

KEY MESSAGES

- There are several well validated survey questionnaires for parents and adolescents.
- The Conflict Tactic Scale (CTS) and International Child Abuse Screening Tool (ICAST) are recommended by WHO and used all over the world.
- Repeated surveys with the same methodology are needed to follow-up progress of child rights and corporal punishment bans.



05

children's personal experiences

Asking children about their experiences and perspectives requires approaches that may differ considerably from those used successfully with adults. Particularly for young children, common survey or interview methods have limited applicability, as they are not in tune with the child's level of psychological and emotional development, and therefore may give limited information about what they have experienced.

Children may also be afraid or ashamed to disclose their experiences in interviews and even in anonymous surveys, out of loyalty to a caregiver or fear of repercussions. Despite these limitations, it is vital to obtain children's personal experiences and perspectives in order to understand the scope and extent of the problem. As previously mentioned, surveys among self-reporting adolescents can provide current and accurate information that carries less risk of memory bias. Specifically, focused studies can also provide accurate information on underserved populations as well as knowledge of peer violence.

Lower socio-economic status is commonly associated with lower levels of participation in survey studies. However, the USA National Survey of Children's Exposure to Violence (NatSCEV) in 2014 indicated that those youths for whom parental consent was refused for the interview came from households with more educated parents, healthier children, higher income and less school or neighbourhood violence or from families with younger school children.²⁵

Conversely, immigrant parents were overrepresented among those who refused participation in the national Swedish (personal experience) survey. Systematic deviations in response rates such as these must be taken into account when analysing the data and discussing the findings. Marginalised groups are always difficult to reach. Some of these people are quite vulnerable and mistrust governments and officials. At the same time, they often want to convey their opinions, which normally needs discussion with experienced interviewers.

Interestingly, a low response rate does not necessarily increase the bias of a sample. There are studies that have shown little association between response rate and the size of non-response bias.^{26, 27}

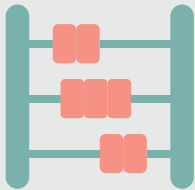
When asking children about maltreatment/violence, it is also important to ask them about:

- Disclosure of childhood physical or sexual violence, and to whom they disclose;
- If they are aware of support services for violence;
- If they have searched for help, and if they feel trust in professional services.

When a tracking study is performed, either by interview or by questionnaire, it should be assured that the children and adolescents have access to immediate services if bad memories are evoked. The easiest way to assure this is normally to contact the school nurse or social worker on site.

KEY MESSAGES

- Use clear-cut and easily understandable questions in child surveys.
- Children and adolescents should not only be asked about experiences of violence, but also about disclosure and awareness of professional support.
- Anonymity must be secured.



06

sampling methods and sample size

In research, representativeness is required with regard to socio-demographic characteristics of gender, age, region, and social status, all of which have an influence on health status and risk factors in a national perspective.

The following three components of representativeness are important:

- Sampling;
- Measures to recruit participants;
- Estimating and adjusting for people not taking part in the survey.

Especially in surveys that are part of a health monitoring system and that contribute to data assessments for political decision-making, representativeness is essential. Whenever possible the sample frames should be drawn from trustworthy national or local registers.²⁸

When calculating the sample size a number of factors have to be considered:

- Estimated prevalence of the problem
- An acceptable error margin (normally five per cent)
- Precision level
- Clustering of data
- Estimated non-response rate

It is wise to take advice from experienced statisticians and epidemiologists to solve the above-mentioned problems. Prevalence estimates should ideally be based on findings from previous studies with similar populations.

Recruiting adult participants for regional or national studies has become increasingly difficult, and in the Nordic countries the response rates have declined to around 50 per cent or less. Control methods to find representative samples of non-responders have become more and more important. Fortunately, when studying children's and adolescents' attitudes and behaviour, it is possible to get high response rates through classroom surveys.

For a study concerning children and adolescents, WHO Europe¹⁸ suggests a two-stage sampling process

where first a subset of schools is selected via cluster probability sampling and thereafter a randomised sampling of school classes for the appropriate ages. The cluster probability sampling means that you try to include different regions in the country like big cities, smaller cities and countryside municipalities, to ensure that you get samples that are representative for the whole country. A simple random sample will give a dominance of schools from the big cities and a risk of missing schools in less populated areas. If you have a dominance of dense populated areas, you can give a picture of what it would look like by special weighting procedures. Weighting can also be used to redistribute important background factors, so that they become more representative for the whole population from which the sample is drawn. School studies with these methods have been performed in Sweden since 1995. Remarkably, there have been very small changes in percentages for the answer alternatives for most questions, with or without weighting. Other background factors like socio-economic, immigrant status, gender etc. have had much greater impact on the results.

Questionnaires for children and adolescents need to be clear, easy to read, easy to understand, appealingly designed, and be focused on topics that appear interesting. Fortunately, the majority of children and adolescents finds questions about violence and maltreatment important to answer.

KEY MESSAGES

- **Response rates in national surveys of adults are unfortunately often quite low. The importance of dropouts has to be carefully considered.**
- **Classroom surveys of adolescents usually give high response rates.**
- **Statistical/epidemiological expertise is needed for sampling procedures and adjustments for dropouts and other biases.**



07

specific topics

7.1 NEGLECT

Within the field of maltreatment research, scientific studies regarding child neglect are under-represented, and researchers have pointed out a “neglect of neglect”.²⁹ There are many reasons for this. Historically, it has been easier to observe and diagnose physical abuse. In addition, there is no common consensus about the definition or definitions of neglect. Child neglect may be a composite of different types of omission on the part of the caregiver, or of unmet needs seen from the child’s perspective. These deficiencies are normally also on a continuum of severity, frequency and chronicity, and may have varying impact depending on the child’s age and individual characteristics.

The term neglect includes, but is not limited to, the following:

- Neglect of basic needs such as nutrition and shelter.
- Medical neglect, where a child’s medical needs with regard to accessing medical or dental services, preventive health services or treatment with prescribed medicines etc are not met.
- Emotional neglect, where the caregiver does not meet a child’s needs for love, attention and communication. Exposing the child to violence between adults in the home may be seen as a form of both emotional violence and emotional neglect.
- Educational neglect, where the caregiver fails to ensure that the child attends school or support the child’s academic performance.

7.2 PHYSICAL AND EMOTIONAL NEGLECT

A meta-analytic review from 2013 looked into studies between 1980 and 2007 of 13 independent samples of physical neglect and 16 independent samples of emotional neglect, both with almost 60,000 participants.³⁰ The overall estimated prevalence was 163/1000 for physical neglect and 184/1000 for emotional neglect, with no apparent gender differences.

In relation to physical neglect, the review identified the following important research problems:

- The influence of research design on the prevalence of physical neglect was more pronounced than on the prevalence of emotional neglect. Studies on

physical neglect in “low-resource” countries were conspicuously absent.

- The use of validated instruments yielded a significantly higher prevalence for physical neglect than the use of non-validated instruments.
- The combined prevalence of different forms of physical neglect was lower when one or two questions were used than when three or more questions were used. There was a significant increase of reported prevalence with an increasing number of questions.
- The combined prevalence in studies using convenience samples was significantly higher than that of studies with randomised samples.

In relation to emotional neglect, the review identified the following important research problems:

- There was no difference in the reported prevalence found between studies that reported on witnessing domestic violence only and studies that used a more comprehensive definition of emotional neglect.
- Interviews gave higher prevalence than questionnaires in relation to emotional neglect.
- Studies with a low to moderate response rate gave significantly lower prevalence of emotional neglect than studies with a high response rate.

Emotional neglect may be more difficult to measure than physical neglect, as the construct of emotional neglect may be more open to personal interpretation. To overcome this problem it is important to use multiple, behaviourally specific questions to rule out at least part of the subjectivity.³⁰

KEY MESSAGES

- The different forms of neglect should be covered in maltreatment surveys.
- Severely neglected children are usually victims of multiple forms of abuse.



08

child sexual abuse

Child sexual abuse (CSA) is common throughout the world. Studies of sexual abuse are fraught with a number of difficulties. The overall estimated prevalence of CSA is 127/1000 in self-report studies and 4/1000 in informant studies (agencies, official organs). This massive difference may partly be explained by the fact that most informant studies are based on reports of CSA during the last year (i.e. one-year prevalence) while most self-reports rely on longer periods, often reporting lifetime prevalence. Another important reason for this discrepancy is that many informant (agency) studies probably miss most of the offences due to underreporting.³¹

Self-reported CSA is more common among female (180/1000) than among male participants (76/1000). The lowest reported rates for both girls and boys have been found in Asia and the highest for girls in Australia and for boys in Africa. Girls are probably more often exposed to sexual abuse, but it is probably also true that men are more reluctant to disclose CSA, especially in countries with a more traditional view of men as aggressors rather than victims. The low CSA rates for both genders in Asia seem to be consistent with the idea that abuse experiences are less often disclosed in collectivistic cultures, and this has to be kept in mind, when studies are performed in Western states with large subculture populations.

As in other maltreatment studies, evidence points to the use of multiple behaviourally specific questions instead of single-item labelled questions as advantageous to obtain more accurate results. The use of behaviourally specific questions about CSA also diminishes the risk that the participants' subjective perceptions and definitions will affect their interpretation of "sexual abuse", a potential drawback of self-report studies.³¹

KEY MESSAGES

- Behaviourally specific questions about child sexual abuse give the most accurate answers.
- If questions about sexual abuse shall be included in surveys with adolescents, it needs preparatory discussions with experienced researchers in the field.

09

cultural-geographical differences between countries

Child physical abuse is a widespread global phenomenon, affecting the lives of millions of children all over the world. Recent meta-analyses on cultural-geographical differences in child abuse³² show extraordinarily great differences in reported prevalence of physical abuse per country, which seems to reflect how studies were performed rather than the reality of children's experiences.

The highest combined prevalence rates were found in studies using broad definitions of child abuse. For example, in the Scandinavian countries a box on the ear is registered as abuse, while this and even spanking on the buttocks are looked upon as normal parental behaviour in most countries in the world. High prevalence rates are also reported from studies concerning the whole childhood period and studies in which young adults have been the respondents.

When performing studies in different countries it is therefore important to:

- Prepare the prevalence study based on qualitative studies that demonstrate how children, adults, professionals and governmental bodies view what is child abuse and what is not. Results from such a study can give specific additional questions that can be added to an already well-known and validated questionnaire.
- Clearly state which period in life the study concerns.
- Clearly delineate the groups of people that will be invited to answer the questionnaire.
- Be aware that prevalence figures are usually higher in studies that use questions that are more detailed.

9.1 VALIDITY PROBLEMS

In their analysis of 54 representative population studies from 39 countries, Hovdestad et al¹⁵ found evidence for reliability and/or validity of the childhood maltreatment assessments in only seven studies. Despite the availability of well-established checklists of life events, these are seldom used and the psychometric properties of nearly all measures are uncertain. A further complication is that maltreatment in childhood is usually of multiple types and single item measurements are associated with underreporting.³³

Widom and Shephard³⁴ compared retrospective self-reports of early child maltreatment with official court and police records. When using severe/very severe violence subscales, individuals who were physically abused according to official records reported significantly higher rates of abuse than those who were not registered in official records. There was, however, a substantial group of physically abused individuals who underreported – almost 40 per cent. Whether these people did not report because of embarrassment, a wish to protect parents, a sense of having deserved the abuse, a conscious wish to forget the past, or lack of confidence with the interviewer is not known.

Some respondents may have been too young at the time of the abuse to remember it correctly and it is important to realise that what we remember from early childhood may be heavily dependent on information told to us later in childhood, constructed by a parent, or both. On the other hand, when using a minor violence subscale there was a very high rate of false positives. This means that the evaluation method has a direct influence of the answers given.³⁴

KEY MESSAGES

- Maltreatment of children, especially severe, is often of multiple forms and so you need multiple and specific questions to increase validity.
- Single item questions usually give low figures.
- Questions of minor exposure to violence may result in over-reporting.

9. 2 WEB-BASED SURVEYS

It has been argued that research participants may prefer to disclose victimisation when using a computer rather than in a discussion with an interviewer. The utility of online surveys in the area of child maltreatment is however uncertain, with potential risks for sampling bias, and to date there is no indication that online surveys create more accurate estimates in population characteristics.³⁵



10

ethical considerations

Surveillance responds to the state's ethical duty to protect the health of the population, which includes the duty to protect children and promote their health and well-being. According to the WHO⁹ it must be done rigorously and in accordance with WHO ethical guidelines number 8 and 9:

- **WHO Guideline 8:** Those responsible for surveillance should identify, evaluate, minimise and disclose risks of harm before surveillance is conducted. Monitoring for harm should be continuous, and when any harm is identified, appropriate actions should be taken to mitigate it.
- **WHO Guideline 9:** Surveillance of individuals or groups who are particularly susceptible to disease, harm or injustice is critical and demands careful scrutiny to avoid the imposition of unnecessary additional burdens.

To ensure that research is ethical, all research involving persons as the subjects must obtain prior approval by an ethics review committee, which shall conduct a thorough ethical assessment of the research protocols.

UNICEF's Guidance on Ethical Research involving Children provides comprehensive ethical guidelines. Research on violence against children must, in order to be ethical, have social and scientific value, or a prospect of generating the knowledge and means necessary to protect and promote children's health.

Children often do not have the social means at their disposal to enable them to assert their own interests in hierarchically formed social contexts. In relation to parents, physicians or researchers, there is a clear asymmetry of power and knowledge. Involving children in research, in which children provide information that may result in risks for themselves or others, requires careful consideration of whether children have the capacity to understand informed consent.³⁶ Research involving children in industrialised countries normally has to be approved by a research ethics committee. Children should be advised as to who they may contact in case they become upset, experience traumatic memories or are worried for any other reason.

Wherever an instrument is used, the investigators need to carefully develop their protocol with respect to recruitment, participation, consent, incentives and provision of child protection within the context of the legal, social and medical systems where the study is performed.

The majority of researchers and policy makers have found that the benefits outweigh the problems of collecting contemporaneous child maltreatment data. One must be aware of children's cognitive abilities, potential recall bias and, in the case of maltreatment, children's specific needs. Adolescent respondents have demonstrated sufficient maturity to complete even long questionnaires and very few adverse reactions have been reported. It is obvious that some children may find it stressful to complete questionnaires about violence - but the findings are inconsistent - and some children may even benefit from the surveys if it is followed up with possibilities for consultation or counselling. Several techniques are also available to increase comfort and privacy for children and adolescent responders. It is important to explain the survey carefully and to inform about confidentiality and each individual's right to withdraw from the study.³⁶

KEY MESSAGES

There is consensus that well-planned and ethically sound research on violence against children is beneficial for children's well-being, but researchers need to:

- Ensure that children participate voluntarily and that they are fully informed about their participation.
- Minimise risk of harm.
- Ensure that all research staff understand the importance of confidentiality.
- Store data collected in secure locations.
- Ensure that any written analysis or dissemination protects the confidentiality of participants.

10.1 CONCLUSION

Most researchers agree that maltreatment data can be collected from children, adolescents, and parents with approaches that are accurate, methodologically robust, legal and ethical.³⁷ However, research regarding child maltreatment has a fairly short history, with evidence-based methodology from the 1970s, and epidemiological studies of children's experiences from the 1990s. Since then many well validated instruments about children's behaviour have become available, and after the WHO report on child maltreatment in 2006, ISPCAN has developed epidemiological survey tools for parents and children, with support from UNICEF, that can be used worldwide. Furthermore, in 2016, WHO Europe published a handbook for measuring and monitoring national prevalence of child maltreatment.



references

1. United Nations convention of the Rights of the Child, UNCRC. https://www.unicef.org/crc/files/Rights_overview.pdf.
2. UN Sustainable Development Goals. <https://sustainabledevelopment.un.org/sdg16>.
3. Sariola, H. Lasten väkivalta- ja seksuaalirikokset. Lastensuojelun keskusliiton julkaisu 85. Helsinki 1990: Central Union for Child Welfare
4. Gilbert R, Spatz Widom C, Browne K, Fergusson D, Webb E, Janson S: Child maltreatment – burden and consequences in high income countries. *The Lancet* 2009; 373(9657):68-81.
5. Gilbert R, Fluke J, O'Donnell M, Gonzalez-Isquierdo A, Brownell M, Gulliver P, Janson S, Sidebotham P: Child maltreatment: variation in trends and policies in six developed countries. *The Lancet* 2012; 379:758-772.
6. Jackson Nakazawa D. Childhood disrupted: how your biography becomes your biology, and how you can heal. New York 2015; Atria Books.
7. Jud A, Fegert JM, Finkelhor D: On the incidence and prevalence of child maltreatment: a research agenda. *Child and Adolescent Psychiatry and Mental Health* 2016; DOI 10.1186/s13034-016-0105-8.
8. Pinheiro PS: World report on violence against children. Geneva, UN Publishing Services 2006.
9. INSPIRE Indicator Guidance and Results Framework; Ending violence against children: How to define and measure change. New York 2018; UNICEF, Child Protection Section.
10. Shaffer A, Huston L, Egeland B: Identification of child maltreatment using prospective and self-report methods: A comparison of maltreatment incidence and relation to later psychopathology. *Child Abuse & Neglect* 2008; 32(7):682-692.
11. Fraser J, Sidebotham P, Frederick J, Covington T, and Mitchell EA: Learning from child death review in the USA, England, Australia, and New Zealand. *The Lancet* 2014; 384:894-903.
12. Vinnerljung B, Hjertqvist A, Lindblad F: Suicide attempts and severe psychiatric morbidity among former child welfare clients: A national cohort study. *J Child Psychol Psychiatry* 2006; 47(7):723-733.
13. Otterman G, Lahne K, Arkema E, Lucas S, Janson S, Hellström-Westas L. Childhood death rates declined in Sweden from 2004 to 2014 but deaths from external causes were not always investigated. *Acta Paediatrica* <http://doi.org/10.1111/apa.14309>.
14. Fallon B, Trocme N, Fluke J, McLaurin B, Tonmyr L: Methodological challenges in measuring child maltreatment. *Child Abuse & Neglect* 2010; 34:70-79.
15. Hovdestad W, Campeau A, Potter D, Tonmyr L: A systematic review of childhood maltreatment assessments in population-representative surveys since 1990. *PLOS ONE*/DOI:10.1371/journal.pone.0123366 May 18, 2015.
16. Jernbro C, Janson S. Violence against children 2016 – a national survey. Stockholm 2017: The Swedish Welfare Institute
17. Straus MA, Hamby SL, Finkelhor D, Moore DW, Runyan D: Identification of child abuse in the parent-child conflict tactic scales. *Child Abuse & Neglect* 1998; 22:249-270.
18. Measuring and monitoring national prevalence of child maltreatment: a practical handbook. WHO regional office for Europe, Copenhagen 2016, ISBN 978 92 890 5163 7.
19. Finkelhor D, Hamby SL, Ormond R, Turner H: The Juvenile Victimization Questionnaire. Reliability, validity and national norms. *Child Abuse Neglect* 2005;29:383-412.
20. Sadowski LS, Hunter WM, Bangdiwala SI, Munoz SR: The world studies of abuse in the family environment (World SAFE): A model of a multi-national study of family violence. *Injury Control Safety Promotion* 2004; 11:81-90.
21. Runyan DK et al: The development and piloting of the ISPCAN Child Abuse Screening Tool-Parent version (ICAST-P). *Child Abuse Negl* 2009; 33:826-832.
22. Zolotor AJ, Runyan DK, Dunne MP, Jain D, Peters HR, Ramirez C, Volkova E, Deb S, Lidchi V, Muhammad T, Isaeva O: ISPCAN child abuse screening tool children's version (ICAST-C): Instrument development and multi-national testing. *Child Abuse Neglect* 2009; 33:833-841.
23. Runyan D, Brandspiegel S, Zolotor A, Dunne M. Manual for administration: The ISPCAN Child Abuse Screening Tool (ICAST). ISPCAN 2015.
24. Janson S, Långberg B, Svensson B: Physical punishment of children banned since 30 years: The Swedish experience. Chapter 19 in: *Global pathways to abolishing physical punishment*. New York 2011; Routledge publication.
25. Finkelhor D, Turner HA, Shattuck A, Hamby SL: Prevalence of childhood exposure to violence, crime and abuse. Results from the national survey of children's exposure to violence. *JAMA Pediatrics* 2015; 169(8):746-54.
26. Curtin R, Presser S, Singer E: Changes in telephone survey nonresponse over the past quarter century. *Public Opinion Q* 2005;69:87-98.
27. Peress M: Correcting for survey nonresponse using variable response propensity. *J American Stat Ass* 2010; 105(492):1418-1430.
28. Hoffman R, Gösswald A, Houben R, Lange M, Kurth BM. How to recruit a representative sample and how to look for it? In Kiess W, Bornehag CG & Gennings C. *Pediatric epidemiology*. Basel 2018. Karger publishing.
29. Dubowitz H. Understanding and addressing the "neglect of neglect" – digging into the molehill. *Child Abuse & Neglect* 2007;31(6): 603-606
30. Stoltenborgh M, Bakermans-Kranenburg MJ, van Ijzendoorn MH: The neglect of child neglect: a meta-analytic review of the prevalence of neglect. *Soc Psychiatr Epidemiol* 2013; 48: 345-355.
31. Stoltenborgh M, van Ijzendoorn MH, Euser EM, Bakermans-Kranenburg MJ: A global perspective on child sexual abuse: Meta-analysis of prevalence around the world. *Child Maltreatment* 2011; 16(2):79-101.
32. Stoltenborgh M, Bakermans-Kranenburg MJ, Ijzendoorn MH, Alink LRA: Cultural-geographical differences in the occurrence of physical abuse? A meta-analysis of global prevalence. *Int J Psychol* 2013; 48(2):81-94.
33. Kessler RC, Davis CG, Kendler KS: Childhood adversity and adult psychiatric disorder in the US national comorbidity study. *Psychol Med* 1997; 27:1101-1119.
34. Widom CS, Shepard RL: Accuracy of adult recollection of childhood victimization: part 1. Childhood physical abuse. *Psychol Assess* 1996; 8:412-421.
35. Bethlehem J: Selection bias in web surveys. *Int. Stat Rev* 2010; 78:161-188.
36. Rotzoll M, Willer M. Ethical issues in paediatric epidemiology. In Kiess W, Bornehag CG, Gennings C. *Pediatric epidemiology*. Basel 2018; Karger.
37. Tonmyr L, Hovdestad WE, Draca J: Commentary on Canadian child maltreatment data. *J Interpers violence* 2014; 29(1):186-197.
38. Hyvärinen, S: Finns' attitudes to parenting and the use of corporal punishment 2017 - Summary Helsinki 2017: Central Union for Child Welfare: https://www.lskl.fi/materiaali/lastensuojelun-keskusliitto/kuritusvakivalta_kysely_tivistelma_en-1.pdf

Non-Violent Childhoods

The Non-Violent Childhoods programme aims to promote the full implementation of the legal ban on corporal punishment in the Baltic Sea Region through collaborative, multi-stakeholder planning and action. The programme is managed by the Council of the Baltic Sea States and jointly funded by the European Commission. www.childrenatrisk.eu/nonviolence

Council of the Baltic Sea States

Established in 1992, the Council of the Baltic Sea States (CBSS) is a political forum for regional inter-governmental cooperation and dialogue. The member states of the CBSS are Denmark, Estonia, Finland, Germany, Iceland, Latvia, Lithuania, Norway, Poland, Russia, Sweden, as well as the European Commission. The CBSS operates through its networks and expert groups. In 1998, the CBSS initiated its work to implement the UN Convention on the Rights of the Child. The CBSS Expert Group on Children at Risk engages with national, regional and international stakeholders to end abuse, exploitation, trafficking and all forms of violence against children. www.cbss.org

A Regional Initiative and Partnership

The Non-Violent Childhoods programme operates in partnership with ministries from Estonia, Finland, Latvia and Sweden and with the Ombudsman for Children's Rights in Poland. Representatives from government ministries, national parliaments, ombuds-offices for children, academia and organisations as well as children from most of the countries in the Baltic Sea Region have in addition participated in expert meetings and contributed to the programme and the guidance reports. Experts from other countries and institutions in Europe have also taken part.

Global Initiative to End All Corporal Punishment of Children

The Global Initiative to End All Corporal Punishment of Children works with governments and non-governmental actors towards universal prohibition and elimination of corporal punishment of children. It is an international partner to the Non-Violent Childhoods programme. www.endcorporalpunishment.org

Guidance Reports

A Step-by-Step Guide on implementing the Convention on the Rights of the Child to achieve an end to corporal punishment

Ensuring Non-Violent Childhoods –
Guidance on implementing the prohibition of corporal punishment in domestic settings

Parenting for Non-Violent Childhoods –
Positive parenting to achieve an end to corporal punishment

Building Supportive Societies for Non-Violent Childhoods – Awareness-raising campaigns to achieve an end to corporal punishment

Service Providers as Champions for Non-Violent Childhoods – Service provision for children and parents to achieve an end to corporal punishment

Tracking Progress towards Non-Violent Childhoods – Measuring changes in attitudes and behaviour to achieve an end to corporal punishment

The Non-Violent Childhoods Programme is led by the
Council of the Baltic Sea States in partnership with:

Ministry of Social Affairs, Estonia
Ministry of Social Affairs and Health, Finland
Ministry of Welfare, Latvia
Ombudsman for Children's Rights, Poland
Ministry of Health and Social Affairs, Sweden
The Global Initiative to End All Corporal Punishment of Children

More information on the Non-Violent Childhoods programme, including its guidance reports and the campaign, can be found at www.childrenatrisk.eu/nonviolence



This project is co-funded by the European Union under the Rights, Equality and Citizenship Programme 2014-2020. This publication reflects the views only of the authors, and the European Commission cannot be held responsible for any use, which may be made of the information contained therein.



GLOBAL INITIATIVE TO
**End All Corporal
Punishment of Children**