BALKAN EPIDEMIOLOGICAL STUDY ON CHILD ABUSE & NEGLECT (BECAN)

FP7 DG-RESEARCH [CONTRACT NO: HEALTH-F2-2009-223478]

EPIDEMIOLOGICAL SURVEY ON CHILD ABUSE AND NEGLECT (CAN) IN 9 BALKAN COUNTRIES

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EXECUTIVE SUMMARY

Children's exposure to violent experiences has been recognized as a major public health issue related with a spectrum of physical and mental health as well as of psychosocial implications. Thus, the necessity for relevant internationally comparable data is evident.
BECAN project's field research was implemented in a representative sample of general children's population enrolled in the school grades that are typically attended by 11-, 13- and 16- years olds in Greece, Turkey, Albania, Bulgaria, FYROM, Bosnia and Herzegovina, Serbia, Croatia and Romania via the self-completed modified ICAST-CH questionnaire. The overall sample was 42.272 children (response rate: 66,83%).

Exposure rates for psychological violence were between 64,58% (FYROM) and 83,16% (Greece) for prevalence and 59,62% (Serbia) and 70,02% (Greece) for incidence. For physical violence, figures varied between 50,66% (FYROM) and 76,37% (Greece), for prevalence and 42,4% (FYROM) to 51,01% (Bosnia) for incidence. violence figures were higher prevalence in Bosnia for overall (18,68%) and contact (9,75%) and lower in FYROM for overall (7,60%) and Romania (3,56%) for contact sexual adverse experiences. Incidence respective rates were lower in Romania for overall (4,99%) and contact (2,09%) sexual victimization and higher in Bosnia for both (13,62% and 7,65% respectfully). Subjective feelings of neglect showed higher rates of prevalence and incidence in Turkey (42,62% and 37,55%) and lower in Romania (22,59% and 16,66%). Experiences of positive parental practices in general were reported by most responding children in all countries. Gender distribution varied with similar rates males and females in physical and psychological violence. Regarding sexual violence more diversity appears, with male rates even exceeding female ones' in some countries. Subjective feelings of neglect showed a predominance of female responders' rates.
Findings illustrate an increased magnitude of minors' exposure to violence, with mostly interesting results the relative equation of gender distribution of exposure for physical and sexual violence.

In overall, findings of this research illustrate a rather increased magnitude of minors' exposure to violence in countries of the Balkan Peninsula. Almost half children reported at least one experience of exposure to physical violence during the year prior to research in all participant countries while almost two out of three report such a history over their childhood. Rates of exposure to psychological violence appear even higher reaching in many of the participant countries almost two thirds of responding children for incidence and even more than three quarters at some occasions for prevalence. Such an image can be better understood combined with sex distribution figures: pace standard conceptualization and prior research reports that physical violence is concerning predominantly boys, this particular research advocates for a more equated distribution pattern with male to female ratios being almost equivalent to one and in some cases females' report exceeding male ones. Whether

such a rather unusual pattern of physical violence experiences' distribution should be attributed to cultural factors of the particular geographical area or is indicative of a widespread practice underestimated insofar, remains to be inquired by further research.

Overall rates of sexual adverse experiences are found to range from one in twelve to one in six children for prevalence and between one in twenty and one in seven children for incidence. More alarming, of course, are the equivalent percentages of children's self-reports for exposure to contact sexual violence which ranges from 2,09% to 7,65% for the last year and 3,5% to 9,75% for history during childhood. Such findings exceed "present-state" estimations of international organizations advocating for the Rights of the Child against sexual victimization like the Council of Europe which had insofar adopted more conservative estimations about the extent of the phenomenon. Again this finding goes also against usually advocated perceptions of the phenomenon of children's sexual victimization, according to which rates of female victimization exceed by far male ones. It should also be added that during the last couple of years there is an increased interest in respectful international scientific communities about research results reporting similar findings (higher boys and lower girls' rates of sexual victimization, which probably indicates that at least for some of its part the trend documented by this research could probably reflect the actual prevailing situation.

Finally, subjective feelings of neglect are clearly been reported more by female children. Moreover, further analysis showed that these feelings especially in girls grow higher in percentages as moving to higher school grade groups, namely as moving towards adulthood. This finding was also more or less consistent in the most of the participant countries. However, despite the entire rest of the ICAST-C questionnaire, in which exposure to particular practices or behaviors is inquired, at this particular sub-scale the subjective nature of questions and consequently responses is evident. Still, subjective conceptualization of their reality can also inflict certain serious psychosocial implications to children experiencing such feelings.

In overall age – school grade distribution of exposure to violence experiences vary substantially in virtue of the type of violence exposure. As illustrated in individual National Reports for this epidemiological field study, the general trend documented is the constant decrease by age of incidence and increase of prevalence rates of exposure to physical violence while respective rates for psychological violence indicate almost the reverse trend regarding incidence rates.

INTRODUCTION

Preface - background

Child abuse and neglect and in general exposure of minors to violence has attracted gradually increasing clinical attention over the last decades. By its first reporting by the American Pediatrician Henry Kempe in the '60ties (Kempe et al., 1962) up to its recognition by World Health Organization as a major public health issue in late '90ties (W.H.O., 1997, 1999), perspectives over the subject matter changes drastically. During the last two decades, the main paradigm under which the phenomenon is dealt with internationally is predominantly the one of evidence-based social policy and clinical practice while the so called public health perspective on the issue is also gaining ground among professionals. Reasons and causes of the phenomenon's increased visibility over the years should be ascribed in the documentation of the severe implications of early exposure of children to violence or deprivation. These implications have been sufficiently correlated with a number of mental health problems in childhood and in later adulthood of victims like anxiety and depression, increased rates of suicidal behavior, abuse of alcohol and substances, dissociation and personality disorders, as well as with wider psychosocial consequences related with adolescent delinquency, educational shortcomings, difficulties in relations and family roles in adulthood, criminal activity and reproduction of the "circle of violence" (W.H.O. 2001, U.N.I.C.E.F.-I.R.C., 2005).

As a result, the necessity for building up a robust evidence base regarding the magnitude, characteristics and correlations of the phenomenon as well as of its various types is becoming an ultimate necessity for the international scientific community. One straightforward obstacle to that goal has been traditionally the radical incommensurability of results reported by various researchers around the globe in virtue of different tools used measuring fundamentally incompatible variables of the phenomenon (Putnam, 2003). Moreover, it has been noticed that since some of these tools were actually inquiring about subjective perceptions of exposure to violence, results could not be easily compared to one another but also suffered from decreased credibility as such (Amaya-Jackson et al., 2000).

To tackle such perplexities the World Health Organization and the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) during the last decade have initiated a set of recommendations for producing globally compatible and reliable data on measuring children's exposure to violence (W.H.O. and I.S.P.C.A.N., 2006). This initiative was later on supplemented by other such organizations trying to specify optimum methodological requirements for conducting field research on child maltreatment (Bianchi and Ruggiero, 2009). The main characteristics of all such recommendations of international organizations (W.H.O. and I.S.P.C.A.N., 2006, Fallon et al., 2010, Tromnyl, 2010) are by and large the following:

(i) applying credible and internationally used tools for inquiring child abuse and neglect's prevalence and incidence,

(ii) using questionnaires constituted by entries inquiring particular practices' experiences versus subjective experiences of children's victimization, i.e. asking how many times a child has been "beaten, spanked or shacked" instead of "subjected to" or "experiencing physical violence" which allows too much degrees of liberty of subjective interpretation ,

(iii) following standardized high-level methodologies of conducting research (e.g. using trained professionals instead of laymen as field researchers, design strict protocols for research implementation for avoiding biased suggestion of researchers' attitudes and prejudices to participant subjects) and

(iv) conducting field studies in representative randomly selected samples of the respective children's general population in order for results to represent a valid estimation of the actual situation in the referred population (in contrast with results deriving from clinical or victimological studies).

Within this overall framework the BECAN project was undertaken, funded by EU's 7th Framework Program for Research and Innovation (I.D.: 223478/HEALTH/2007), in order to apply the aforementioned principles in child abuse and neglect research throughout nine countries of the Balkan Peninsula. More specifically, the Project "Balkan Epidemiological Study on Child Abuse and Neglect" (B.E.C.A.N.) run from September 2009 until January 2013 in 9 Balkan countries and was co-funded by the EU's 7th Framework Programme for Research and Innovation (FP7/2007-2013)[1] and the participating partner organizations. The project's coordinator was the Institute of Child Health, Department of Mental Health and Social Welfare, Centre for the Study and Prevention of Child Abuse and Neglect (ICH-MHSW), in Athens (Greece), while the national coordinators for each of the participating countries were the following Organizations:

- Children's Human Rights Centre of Albania (Albania)
- Department of Medical Social Sciences, South-West University "Neofit Rilski" (Bulgaria)
- Faculty of Political Sciences, University of Sarajevo (Bosnia & Herzegovina)
- Department of Social Work, Faculty of Law, University of Zagreb (Croatia)
- University Clinic of Psychiatry, University of Skopje (F.Y.R. of Macedonia)
- Social Work Department, Faculty of Sociology and Social Work, Babes-Bolyai University (Romania)
- Faculty for Special Education and Rehabilitation, University of Belgrade (Serbia)
- Association of Emergency Ambulance Physicians (Turkey)

The project's evaluation was conducted by Istituto degli Innocenti (Italy) and the project's external scientific supervision was undertaken by Prof. Kevin Browne, Head of the W.H.O. Collaborating Centre for Child Care and Protection (United Kingdom) and Chair of Forensic Psychology and Child Health, Institute of Work, Health & Organisations, University of Nottingham.

[1] Grant Agreement No: HEALTH-F2-2009-223478.

The BECAN project included the design and realization of an **Epidemiological field survey** and a **Case-Based Surveillance study** in 9 Balkan countries (Albania, Bosnia & Herzegovina, Bulgaria, Croatia, F.Y.R. of Macedonia, Greece, Romania, Serbia and Turkey).

The 9 Epidemiological Surveys that were conducted aimed at investigating the prevalence and incidence of child abuse and neglect (CAN) in representative randomized samples of the general population of pupils attending three grades (the grades attended mainly by children 11, 13 and 16 year-olds). In addition, supplementary surveys were conducted to convenience samples of children that have dropped-out of school in countries where the drop-out rates are high for producing estimates of respective CAN indicators at national level. Data were collected by two sources, namely by matched pairs of children and their parents, by using two of the ICAST Questionnaires (the ICAST-CH and the ICAST-P) modified for the purposes of the BECAN project.

The Case-Based Surveillance Study (CBSS) aimed at identifying CAN incidence rates based on already existing data extracted from the archives of agencies involved in the handling of CAN cases (such as child protection, health, judicial and police-services and NGOs) in the same geographical areas and for the same time period as the epidemiological field survey. The collected data were related to the characteristics of individual cases such as child, incident, perpetrator(s), caregiver(s), and information concerning the family. At the same time, the CBSS targeted to map the existing surveillance mechanisms, where available, and to outline the characteristics of the surveillance practices in each participating country. Moreover, comparison at national level between inductance rates of CAN as found in field survey in one hand and in case based surveillance study on the other would produce evidence based estimates of the instantiation of the “iceberg” phenomenon regarding CAN, viz. that actual rates of the phenomenon are substantially higher than the number of cases actually known or provided for by services in the participant countries.

In addition, in the context of the BECAN Project were built National Networks of agencies (governmental and non-governmental) working in the fields of child protection from the areas of welfare, health, justice, education and public order. In total, 9 National Networks were developed in the participating countries, having more than 430 agencies-members. Last but not least, a wide range of dissemination activities were conducted which included the organization of National Conferences and one International Conference, scientific papers, announcements to scientific conferences and meetings, publications in press/media, publication of Reports, etc (more information about the project’s activities can be found at the project’s website: www.becan.eu).

Finally, BECAN aimed to include all aforementioned outcomes in terms of evidence produced, experience gained and networking of resources into comprehensive consolidated reports at national and Balkan level that could facilitate evidence based social policy design and implementation for improving child protection services and overall provisos.

A. GENERAL INFORMATION

A.1. Timeline of surveys

As it is illustrated in Figure 1, the timeline of the epidemiological studies' data collection was different among countries in terms of their starting and ending points as well as in terms of their duration (which were dependent on each survey's sample size, the human resources devoted and other factors that either facilitated or hindered the onset or the process of realizing the surveys).

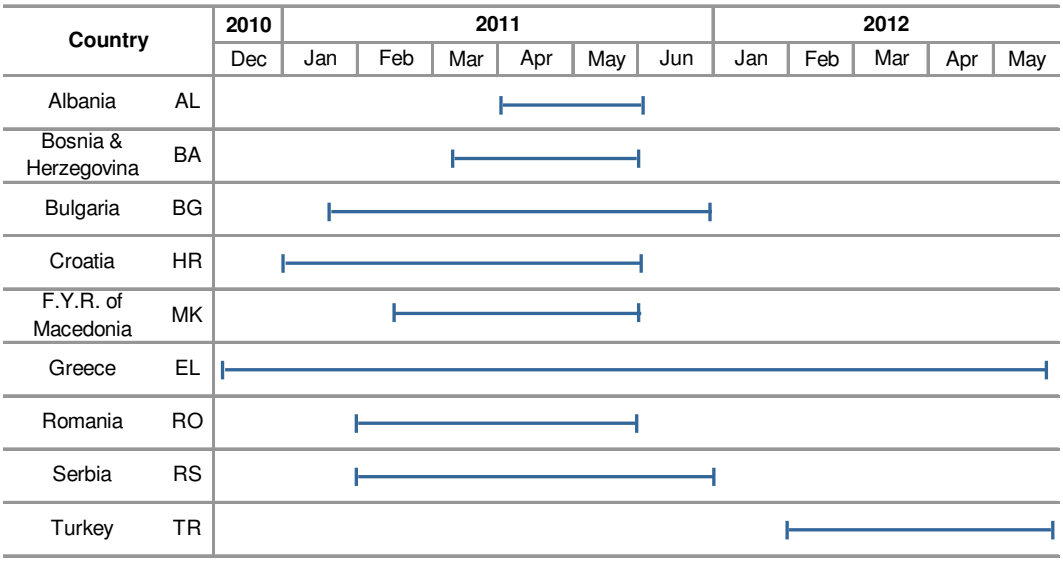

Figure 1. Timeline of data collection in the 9 Balkan countries

A.2. Research teams

For the purposes of the data collection, each country assembled and trained its own National research team. Overall, the 9 research teams consisted of 266 professionals and, more specifically, of 217 researchers who were coordinated and supervised by 49 professionals. The composition of the research teams, in terms of their specialties, for each participating country is described in detail in their National Reports that are available at the project's website[2].

The epidemiological field survey in **Albania** was undertaken by Children's Human Rights Centre of Albania (CRCA). The research team comprised 9 field researchers who conducted the data collection and four supervisors who were responsible for the organization and supervision of the research, namely, Enila Cenko, Ph.D., Psychologist, National Coordinator, Lead Researcher, Assoc. Prof. Edlira Haxhiymeri, Social Worker, Team Leader for the field survey, Altin Hazizaj, Ph.D. Candidate, Barrister in Law, General Director of CRCA, Team Leader for the field survey, and Belioza Coku, Ph.D. Candidate, Double

[2] Deliverable 3.1, available at http://www.becan.eu/node/29

Specialization in Social Work and Law, Team Leader for the field survey. All field researchers were psychologists or social workers with at least a Bachelor degree in their area of specialization.

The survey in **Bosnia & Herzegovina** was implemented by the University of Sarajevo, Faculty of Political Sciences. The core team responsible for the organization and implementation of epidemiological studies were Emir Vajzovic, MA, BECAN BiH National Project Coordinator and Jelena Brkic-Šmigoc, MA, Senior Researcher in the project. In order to establish quality communication with schools where the research was conducted, the coordination of the data collection in elementary schools was led by Nefiza Dautović, MA, and in secondary schools by Ranka Katalinski, Pedagogue. The preparation of all necessary materials for researchers and technical coordination of the research was managed by Selma Mameledžija, BA Sociology, who led a team of eight volunteers. The research team included 18 field researchers –Social Workers, Psychologists, Sociologists and a Pedagogue– all specially trained for this research.

The survey in **Bulgaria** was conducted by the South-West University "Neofit Rislki" (Blagoevgrad) and the research team was supervised by: Vaska Stancheva - Popkostadinova, National Coordinator of BECAN in Bulgaria, Stefka Chincheva, coordinator for the implementation of the survey in Blagoevgrad region, Victoria Sotirova (Psychologist), Ekaterina Mitova (Pediatrician), Natasha Virmozelova (Psychologist), Stanislava Stoyanova (Psychologist). In total 32 field researchers (including local coordinators) participated in the field survey (social workers, psychologists, social pedagogues and a sociologist).

In **Croatia**, the study was conducted by the Department of Social Work, Faculty of Law, University of Zagreb. The project leader was Marina Ajduković, Ph.D. and team members who participated in the organization and supervision of the research were Ivan Rimac, Ph.D., Miroslav Rajter and Nika Sušac. Regional research coordinators in different parts of Croatia were Danijel Antunović, Danijela Didić, Ana Miljenović, Miroslav Rajter, Silvija Ručević and Nika Sušac. The research team included 67 field researchers (psychologists, social workers, sociologists, teachers, social pedagogues).

In **F.Y.R. of Macedonia**, the survey was conducted by the University Clinic of Psychiatry. The research team consisted of 11 field researchers who were coordinated and supervised by the scientific researcher Prof. Dr. Marija Raleva, child and adolescent psychiatrist and three regional researchers: Assistant Professor Izabela Filov, MD Ph.D., in charge of South-East region; Aleksandra Coneva, MA Social Worker, in charge of Central-South region and Liljana Trpchevska, MA, special educator, in charge of North-East region. The field researchers were 3 clinical psychologists, 3 psychologists, 2 psychiatrists and 3 MDs.

The survey in **Greece** was undertaken by the Institute of Child Health, Department of Mental Health and Social Welfare, Centre for the Study and Prevention of Child Abuse and Neglect (ICH-MHSW), the project's coordinating Organization, which had also designed the field survey. Data collection was conducted by a specially trained group of 12 field

researchers (11 Psychologists and 1 Social Worker), who were coordinated and supervised by the Field Research Coordinator, Kiki Petroulaki, Experimental Psychologist, Ph.D. and Antonia Tsirigoti, Psychologist, as well as by the Scientific Coordinator of the research, George Nikolaidis, Psychiatrist, MD, MA, MSc, Ph.D. Statistical analysis was undertaken by Foteini Zarokosta, Statistician, under the supervision of Vassilis Vasdekis, Associate Professor of Statistics at Athens University of Economics and Business.

The survey in **Romania** was conducted by the Social Work Department, Faculty of Sociology and Social Work, "Babes-Bolyai" University Cluj-Napoca. The research team included 21 field researchers (psychologists, social workers, sociologists, teachers), divided into 4 groups with 4-5 field researchers; each field researchers' group covered one of the 4 counties of the country) and was supervised by a field research coordinator. The field research coordinators were Corina Voicu (Social worker), Cristina Oaneş (Lecturer in the SW Department, Social worker), Csaba Degi (Lecturer in the SW Department, Social worker) and Zita Kiss (Ph.D. student, Sociologist). The supervisors of the field research coordinators were Maria Roth (Professor in the SW Department, Psychologist), Imola Antal (Lecturer in the SW Department, Psychologist) and Dávid-Kacsó Ágnes (Researcher-Psychologist). The research team comprised also by Elemer Mezei (Lecturer in the SW Department, Sociologist), and Rozalia Szasz (Assistant researcher, Social worker).

The research in **Serbia** was conducted by the Faculty for Special Education and Rehabilitation, Belgrade University. The National Scientific Coordinator was Prof. Veronika Ispanovic – Radojkovic, Ph.D, and the researchers were Professor Lazar Tenjovic, Ph.D. in methodology and statistics (Faculty of Philosophy, Belgrade University), Associate Professor Natasa Hanak, Ph.D. in clinical psychology and Assistant Professor Ana Vlajkovic, MSc in social psychology (Faculty of Media and Communications, Department of Psychology, Singidunum University). Data collection was conducted by 33 field researchers, who were psychologists and pedagogues, mainly employed in schools (minority in the Ministry of Education) and had specialization in school psychology/pedagogy.

The research in **Turkey** conducted by the Association of Emergency Ambulance Physicians. The research team consisted of 14 field researchers who were coordinated and supervised by Zeynep Sofuoglu, MD, Ph.D. – Scientific Coordinator, Turhan Sofuoglu, MD – National Coordinator, Ismail Umit Bal, MD – Field Coordinator, Fulya Aydin, MA - Clinical Psychologist, Sinem Cankardes, MA – Clinical Health Psychologist and Birsu Kandemirci, BA – Psychologist. The field researchers were 3 medical doctors, 3 social service workers, 2 nurses, 1 sociologist, 1 media relations worker, 1 child development specialist and 3 psychologists.

B. ORGANIZATION OF SURVEYS

The preparation phase of the epidemiological surveys in the 9 Balkan countries included the following core actions a) obtainment of official permissions from national authorities to enter the schools and granting official approval of the research by respective bodies for ethical evaluation where applicable, b) development and translation of the "Training Manual and Guidelines for Researchers for the modified ICAST-CH and ICAST-P Questionnaires", and c) realization of a Train-the-Trainers Workshop at Balkan level and 9 Field Researchers' Training Workshops at National level.

Other preparatory steps such as the obtainment of permission by the International Society of the Prevention of Child Abuse and Neglect (ISPCAN) in order to translate and use the ICAST questionnaires and their subsequent manuals in each country and the modification, translation and cultural validation of the research instruments are described in Chapter C.

B.1. Permissions to access schools

All national teams applied to national authorities (e.g. Ministries of Education) and obtained official permission to access schools in order to conduct the epidemiological surveys. In some countries was granted one permission for all grade groups (e.g. Bulgaria, F.Y.R. of Macedonia, Albania) while in other countries were granted separate permissions for different grade groups (e.g. Greece, Croatia) or separate permissions per geographical area (e.g. Bosnia & Herzegovina, Turkey).

In addition, national teams obtained ethical approval of the research protocols by the respective Ethics Committees of their Universities or Research Institutes (wherever it was applicable).

B.2. Training Manual and Guidelines for Researchers

For the purpose of the national epidemiological studies it was developed the BECAN "Training Manual and Guidelines for the modified ICAST-CH & ICAST-P Questionnaires" (Petroulaki, Tsirigoti, Nikolaidis, 2010) aiming to offer useful guidelines to the trainers of national researchers' teams, the field research coordinators and to the field researchers in order to conduct the national epidemiological surveys at a uniform way in all countries. The BECAN Manual was based on the principles of the accompanying Manuals of the ICAST instruments developed by ISPCAN (ISPCAN, 2006a,b), supplemented with specific entities in order to cover all methodological and educational needs of the field researchers that undertook the data collection in the context of the BECAN epidemiological studies in the 9 Balkan countries.

The target group of the BECAN Manual is two-fold as it targets both the trainers of field researchers and the filed researchers themselves[3]. Therefore, it consists of two parts: a) the fist part (Training Manual) includes guidelines for the field research coordinators that undertook the organization of the surveys but it was also developed in order to be used by the trainers of the national field researchers' teams in order to provide a standardized training of researchers in all participating countries, and b) the second part (Guidelines for Researchers), was developed in such a way offering a ready-for-printing material to be distributed to the field researchers during their training providing them with a useful guide for the data collection and handling problems that might emerge while being in the field.

More specifically, the BECAN "Training Manual" is divided into various chapters, covering in detail all issues related to the preparation, organization and coordination of the epidemiological surveys, the methodology, the process to be followed for data collection via the two different methods (self-completed questionnaires and structured interviews), the steps to be followed after data collection (quality check, data entry and encoding), as well as ethical and safety issues. The BECAN "Guidelines for Researchers", include the researchers' obligations prior, during and after data collection, the materials they needed during data collection, instructions about conducting the survey by use of self-completed questionnaires and structured interviews, actions to be undertaken after data collection and important ethical and safety issues they needed to take into consideration.

This handbook was translated from English to 9 official languages of the participating countries (Albanian, Bosnian, Bulgarian, Croatian, Greek, Macedonian, Romanian, Serbian, Turkish). Apart from translation, national teams completed parts of the BECAN Manual and Guidelines with country-specific information, such as, the national epidemiological survey's sampling method and sample, instructions about actions to be taken by the field research coordinators and field researchers in case of CAN disclose according to national legislation and code of ethics, development of a list of support services for both CAN and IPV etc.

B.3. Train-the-Trainers Seminar

Before the onset of the national surveys, the project's coordinator (ICH-MHSW) conducted a Train-the-Trainers Workshop (Tirana, 17-18 May 2010) aiming to the harmonization of the research activities among the 9 Balkan countries. A total number of 34 representatives of the project's partner organizations were trained on the methodology of the epidemiological studies in order to be able to conduct the national surveys and train respectively their field researchers by using the same methodology.

During the training, participants a) were introduced to the methodology and the suggested step-by-step process to be followed in order to organize and collect data from children and their parents via two methods (self-completed questionnaires and structured interviews) and b) conducted mock interviews among them; anticipated problems and

[3] Deliverable 2.2., available at www.becan.eu/node/25#Deliverables

solutions were also discussed. The training also contained issues related to the quality check of completed questionnaires and data encoding. Last but not least, ethical and safety issues related to the survey's participants (children and parents) and the researchers themselves were included in the training.

B.4. Field Researchers' Trainings

The field researchers is the key to a successful study; "they are the heart and soul" of a study and especially if the study deals with sensitive issues such as experiences of abuse and neglect or issues that are considered to be "family matters" (ISPCAN, 2006a). Therefore, candidate researchers had to chosen carefully, to be appropriately trained and to conform to specific qualifications. Eligible field researchers to be trained were professionals of health or social sciences or other related sciences.

Each national team conducted a field researchers' training workshop prior to the onset of the surveys. For that purpose it was developed a suggested 16-hours Training Module for all countries, which could be modified according to the researchers' needs and to their duties (e.g. if they would undertake coding of data).

The trainings aimed at familiarizing candidate field researchers with the process to be followed for data collection as well as with the instruments. For that purpose, trainees were suggested to conduct mock interviews during their training as well as to conduct mock administrations of the self-completed versions of the questionnaires and pilot interviews with children and parents in order to become more familiar with the instruments (post-workshop obligations of researchers). Researchers were also provided with a hardcopy of the "Guidelines for Researchers" that included also pre-defined standardized answers to participants' possible queries. The suggested contents of the field researchers' trainings were:

1. Brief methodological description of the survey
2. How the survey in pupils and their parents will be organized and coordinated
3. Step-by-step process and instructions for administering the self-completed questionnaires and for conducting structured interviews
4. Conduct mock interviews by using the modified ICAST-CH and ICAST-P questionnaire and subsequent quality check of completion
5. Ethical and safety Issues (e.g. process to be followed in cases of CAN and/or IPV disclosure, crisis intervention and supervision of researchers, safety issues concerning participants and researchers, informed consent procedures, privacy and confidentiality, safety of data)
6. Overview of the "Guidelines for Researchers" and discussion
7. Additional sessions (if needed)
    a. coding of data and quality check of questionnaires (if applicable)
    b. sessions on CAN and/or methodological and ethical issues (according to the educational needs of researchers).

Researchers' post-workshop obligations included the administration of the modified ICAST-CH and ICAST-P questionnaires to children and parents via: a) self-completion (from at least 2 children and 2 parents) and structured interview (with at least 2 children and 2 parents).

The number of field researchers trained in order to implement the field survey at national level varied from country to country in virtue of the size of the sample as well as of the country (i.e. from whether the field survey was to be conducted in remote areas etc) as it is illustrated in Table 1. A total of 250 professionals were trained in all countries having professional or academic background in Psychiatry, Psychology, Social Work, Pedagogy, Sociology.

Table 1. Professionals (N) who were trained and who were participated as field researchers in the data collection, by country

Country	Trained Professionals (N)	Field researchers Occupied (N)	Field researchers "drop-outs" (N)*
Albania	9	9	0
B&H	21	18	3
Bulgaria	34	32	2
Croatia	72	67	5
FYROM	13	11	2
Greece	17	12	5
Romania	21	21	0
Serbia	33	33	0
Turkey	30	14	16
Total	**250**	**217**	**33**

* a researcher's "drop-out" occurred both as employee's personal decision or as employer's decision

C. METHODOLOGY

The 9 Epidemiological Surveys conducted aimed at investigating the prevalence and incidence of child abuse and neglect (CAN) in representative randomized samples of the general population of pupils attending three grades (the grades attended mainly by children 11, 13 and 16 year-olds). Data were collected by two sources, namely by matched pairs of children and their parents, by using two of the ICAST Questionnaires (the ICAST-CH and the ICAST-P) modified for the purposes of the BECAN project.

C.1 Sampling method and sample

The method of **multi-stage stratified cluster sampling** was suggested for the selection of a representative sample of pupils attending three grades (the grades attended mainly by children 11, 13 and 16 year-olds) in both urban and rural areas of at least three different geographical areas in each participating country; a paired sample of each child's parent/caregiver was also addressed; each country's sampling is described in detail in the respective National Report, where there are also mentioned *any differences from the initially designed sampling method*.

The pupils' and their parents' samples for the 9 participating countries are presented in Tables 2 and 3, respectively.

Table 2. Description of pupils' sample and participation/response rates by grade group and country

Grade group	11-year olds			13-year olds			16-year olds			Total		
	S.S[1]	valid I-CH[2]	P.R/ R.R[3]	S.S[1]	valid I-CH[2]	P.R/ R.R[3]	S.S[1]	valid I-CH[2]	P.R/ R.R[3]	S.S[1]	valid I-CH[2]	P.R/ R.R[3]
Albania	1652	1187	71,85	1667	1204	72,23	1125	937	83,29	**4444**	**3328**	**74,89**
Bulgaria*	1241	662	53,34	1105	685	61,99	1273	693	54,44	**3619**	**2040**	**56,37**
B & H	1333	682	51,16	1340	692	51,64	1501	1345	89,61	**4174**	**2719**	**65,14**
Croatia	1744	1223	70,13	1771	1188	67,08	1492	1233	82,64	**5007**	**3644**	**72,78**
Greece	4401	2771	62,96	5072	3438	67,78	5847	4242	72,55	**15320**	**10451**	**68,22**
FYROM	2058	670	32,56	2183	791	36,23	1408	1121	79,62	**5649**	**2582**	**45,71**
Romania*	3471	1976	56,93	2709	1849	68,25	2190	2130	97,26	**8370**	**5955**	**71,15**
Serbia	2131	908	42,61	2623	1400	53,37	2811	1719	61,15	**7565**	**4027**	**53,23**
Turkey	2913	2500	85,82	3162	2564	81,09	3027	2462	81,33	**9102**	**7526**	**82,69**
Total	**20944**	**12579**	**60,06**	**21632**	**13811**	**63,85**	**20674**	**15882**	**76,82**	**63250**	**42272**	**66,83**

[1] **S.S.:** Sample size; number of pupils registered to school; the asterisk indicates the countries for which the sample was the number of pupils who were present in the classroom the day the ICAST-CH was administered

[2] **I-CH:** ICAST-CH

[3] **P.R./R.R.**: Participation Rate or Response Rate. P.R. is calculated as a percentage of $N_{registered}$, indicating thus the percentage of the pupils' total sample that the survey managed to reach, while R.R. is calculated as a percentage of $N_{present}$ in the classroom; the asterisk indicates the countries for which R.R. is presented.

Table 3. Description of parents' sample and response rates by children's grade group and country

Grade group	11-year olds			13-year olds			16-year olds			Total		
	S.S[1]	valid I-P[2]	R.R[3]	S.S[1]	valid I-P[2]	R.R[3]	S.S[1]	valid I-P[2]	R.R[3]	S.S[1]	valid I-P[2]	R.R[3]
Albania	1211	886	73,16	1267	940	74,19	951	617	64,88	3429	2443	71,25
Bulgaria	707	324	45,83	717	437	60,95	736	356	48,37	2160	1117	51,71
B & H	685	605	88,32	670	568	84,78	1329	876	65,91	2684	2049	76,34
Croatia	1259	1042	82,76	1204	998	82,89	1291	768	59,49	3754	2808	74,80
Greece	2768	2132	77,02	3477	2274	65,40	4322	2148	49,70	10567	6554	62,02
FYROM	858	441	51,40	836	486	58,13	1212	776	64,03	2906	1703	58,60
Romania	1981	1367	69,01	1856	1263	68,05	2152	1224	56,88	5989	3854	64,35
Serbia	2113	892	42,21	2614	1304	49,89	2784	955	34,30	7511	3151	41,95
Turkey	2500	808	32,32	2564	696	27,15	2462	1104	44,84	7526	2608	34,65
Total	**14082**	**8497**	**60,34**	**15205**	**8966**	**58,97**	**17239**	**8824**	**51,19**	**46526**	**26287**	**56,50**

[1] **S.S.:** Sample size
[2] **I-P:** ICAST-P
[3] **P.R./R.R.**: Participation Rate or Response Rate. P.R. is calculated as a percentage of $N_{registered}$, indicating thus the percentage of the pupils' total sample that the survey managed to reach, while R.R. is calculated as a percentage of $N_{present}$ in the classroom; the asterisk indicates the countries for which R.R. is presented.

C.2 Research Tools

The research tools selected to be used for this survey were two of the ISPCAN Child Abuse Screening Tools (ICAST) and more specifically the **ICAST-CH and ICAST-P questionnaires,** modified, translated and culturally adapted for use in the 9 Balkan countries.

With the support of the Oak Foundation, ISPCAN collaborated with UNICEF, the UN Secretary General's Study on Violence against Children, the Office of the High Commissioner of Human Rights, and the World Health Organization (WHO) to create the ICAST instruments. The tools were designed by international experts, reviewed by more than 100 professionals from different countries using a Delphi process, pilot tested in 8 countries, and refined (Runyan et al., 2009, Zolotor et al., 2009). Since then, the ICAST instruments have been translated and tested in at least 20 languages.

The ICAST instruments are a set of three model questionnaires that are designed to collect data, on the extent of violence against children, by parents [ICAST-P (parents)], independent young adults [ICAST-R (retrospective)] and children over 11 years old [ICAST-C (child)]. The ICAST-C is further divided into an instrument to assess children's victimization in the home (ICAST-CH for home) and an instrument to assess victimization in the school or work place (ICAST-CI for institution).

The creators of the ICAST instruments aimed to offer a set of international standardized instruments for the collection of comparable data among countries with the ultimate goal being –apart from the investigation of the extent of child abuse around the world- to contribute to the assessment of changes related to new efforts at prevention, to the

development of policies and programs for the promotion of child protection and to inform policy makers and educators. In addition, the items included in the tools are as much clear and specific as possible, namely they ask about the occurrence of very specific behaviors and not about broad terms such as "violence" or "abuse" in order to avoid answering subjective questions and thus facilitating cross-country comparisons.

All project's national coordinators applied and subsequently obtained permission from ISPCAN to translate, culturally adapt and use the ICAST questionnaires (and their manuals) for the survey in the 9 Balkan countries.

The ICAST-CH and ICAST-P questionnaires were modified for the purposes of the BECAN study. The main reason that rendered this modification necessary was the matched-pairs design of the epidemiological studies; more specifically, data was designed to be collected from matched pairs of children and their parents/guardians but even though both of the original ICAST-P and ICAST-CH tools measure the same topics, they differ in the way the items are stated as well as in the scales used.

Process of questionnaires' modification and cultural validation

A four phase process for modifying the ICAST-CH and ICAST-P questionnaires was followed, through open consultation with all participant national teams (via both electronic communication and face-to-face meetings[4]), that consisted of the following:

- firstly, the project coordinator suggested a series of modifications to the tools that derived mainly from own prior experience of the ICAST tools' administration[5]; on the basis of these suggestions and on matrixes developed for that purpose, an open process of proposals for changes was opened to all participant national teams that resulted to the first modification of the tools. The methodology for applying modifications proposed followed the main principles of consensus experts' panel standard methods. Following the fist modification to the English version of both tools, they were translated to 10 languages (apart from the English version), including the official languages of each participating country along with languages of big ethnic minorities (namely, Hungarian in virtue of the extended Hungarian-speaking minority in Romania and Serbia); in addition, some translated questionnaires were exchanged among countries in order to be used –after proper adaptations- to big ethnic minorities. Following the translation, all national teams

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[4] The process of modification and cultural validation of the tools was quite lengthy and lasted almost one year (it began in December 2009 and concluded in November 2010).

[5] A similar epidemiological field survey had been conducted by the project coordinator (MHSW-ICH) during the school year 2007-08 via structured interviews with a sample of 486 students attending the 1st grade of Junior High School and their parents to the Peripheries of North and South Aegean, by applying the ICAST-CH, ICAST-CI and ICAST-P instruments (***"Epidemiology of Child Abuse in Two Paired Samples of High School Students and their Parents in the Greek Regions of Northern and Southern Aegean",*** *K. Petroulaki, M. Stavrianaki, S. Georgoulas, G. Nikolaidis*, in J. Grey (ed.), "World Perspectives on Child Abuse, 9th Edition", I.S.P.C.A.N. publ., Aurora, Colorado, U.S.A., September 2010, I.S.B.N.-10: 0-9787530-2-X, I.S.B.N.-13: 978-0-9787530-2-3, p.p. 41-42).

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conducted an initial cultural validation of the tools in order to be adapted to their local customs.

- subsequently, the translated modified ICAST tools were applied to real subjects of the target research population (children and parents) in focus groups that were conducted in all participating countries. On the grounds of the focus group results and the experience gained, a round of open consultation with all national participant teams was followed that leaded to an extended revision of the modified tools again according to the principles of consensus panel methodology.
- next, the tools were again applied to real subjects (children and parents) by the trained field researchers who conducted -in the context of their post-workshop obligations- pilot administrations of the self-completed questionnaires and pilot interviews; after this process, a third round of consultation repeated that leaded to small scale modifications to the tools and to the completion of the list of standardized pre-formulated answers to possible respondents' queries
- finally, the modified ICAST tools were applied in real field research conditions during the pilot study phase implemented in all participating countries.

The goal of pilot testing the modified tools via this multiple stage strategy, namely via focus groups, pilot administrations of self-completed questionnaires and pilot interviews as well as pilot studies, was to test a number of very distinct and different in nature features, such as the comprehensiveness of the translated questionnaires, the necessity of the field researchers to get used to perplexities of the questionnaires' delivery in classroom settings as well as the readiness for handling of data that were to be gathered and the compatibility of the procedures and outcomes among the countries.

More specifically, the focus groups' purpose was to conduct a pre-field testing of the translated modified ICAST-CH and ICAST-P questionnaires on members of the target research population in order to: a) identify any problems that respondents may encounter during completion of the tools (e.g. questions' and response options' comprehensiveness and understanding, questions' cultural appropriateness, unintentional skipping of instructions and/or questions, the questionnaire's format and if it facilitated answering of questions), b) identify any further important questions to be added in the questionnaires, c) identify any clarifications needed to be provided to the respondents as well as any questions that may needed to be answered (in order to develop standard pre-formulated answers to these questions), d) convert one open-ended question (concerning methods of upbringing) to a closed question by categorizing the respondents' responses and e) estimate the time needed to complete the questionnaires.

In order the focus groups to be conducted in all countries on the basis of the same methodology, the project's consortium agreed on a common Focus Groups' Protocol accompanied by two Discussion Guides (one for the parents' and one for the children's

group); for the same purpose were developed the respective invitation letters and informed consent forms for parents' and children's participation in the focus groups and the child assent form as well as the thankful letters for the participants.

Each national team conducted at least three focus groups with pupils attending each one of the three targeted school grade groups (in some countries more than three focus groups were with pupils and therefore, instead of the 27 provisioned focus groups, 33 were conducted with 364 participants in total[6]); in addition, each national team conducted at least one focus group with parents having at least one child at the targeted grade groups (some countries conducted more than one focus group with parents resulting in 14 focus groups with 93 participants in total). On the basis of the focus group results in each country an open round of proposals for modifications to the questionnaires reopened which leaded to the first revision of the modified ICAST questionnaires.

Table 4. Number of Focus Groups that were conducted with children and parents in 9 countries

Country	Children Focus Groups				Parents' Focus Group
	11 years olds	13 years olds	16 years olds	Drop-outs	
Albania	1	1	1		2
B & H	1	2	1		1
Bulgaria	1	1	1	1	2
Croatia	2	2	2	1	3
FYROM	1	1	1	1	1
Greece	1	1	1		1
Romania	-	2	2	1	2
Serbia	2	1	1		1
Turkey	1	1	1		1
Total	**10**	**12**	**11**	**4**	**14**

Table 5. Total number of children and parents who participated in the Focus Groups that were conducted in 9 countries

Country	Children				Parents
	11 years olds	13 years olds	16 years olds	Drop-outs	
Albania	13	12	13		11
B & H	7	26	7		7
Bulgaria	14	11	14	6	18
Croatia	19	17	19	9	16
FYROM	16	17	16	4	11
Greece	8	7	2		3
Romania	-	36	18	9	11
Serbia	21	14	13		5
Turkey	8	7	9		11
Sub Total	**106**	**147**	**111**	**28**	**93**
Total		**392**			**93**

The subsequent -larger scale- pre-field pilot testing of the instruments was conducted by the trained field researchers in all countries in the framework of their post-workshop obligations. More specifically, each trained researcher conducted pilot administrations of the

[6] An additional 4 focus groups involving 28 more children were also conducted for children who had dropped out from schools during the same preparation phase.

self-completed questionnaire (to at least two children and two parents) and pilot interviews (to at least two children and two parents). On the basis of this experience the tools were further improved and the list of standardized answers was completed with answers to the questions that respondent's raised during the interviews and self-completions.

In regards to the last step, the goal of the pilot studies was the actual administration of the modified questionnaires in real conditions of classroom by the field researchers, aiming to pilot test a) the modified ICAST-CH and ICAST-P questionnaires and the procedures of their administration in the real setting and b) the procedures of handling the data including the compatibility of procedures and outcomes among the countries. The tools were pilot tested to pupils (and their parents) attending the grades of 11 and 16 year olds at schools located in both urban and rural areas, while three countries (BG, RO, BA) additionally tested the tools to pupils attending the 13 year olds grades at schools located in urban areas.

The questionnaires were administered to a small part of the randomized sample of each country (pupils and their parents) in order to avoid substantial reduction of the remaining sample -in case the results of the pilot studies would reveal the necessity of questionnaires' modification and/or to the process of their administration. As illustrated in Table 6, a total of 1.331 questionnaires were collected by pupils in all targeted grade groups and 620 by their parents/guardians.

Table 6. Characteristics of the pilot studies conducted at Balkan level

Grade Group	Location	Schools (N)	Pupils* (N)	Collected Questionnaires** (N)	
				ICAST-CH	ICAST-P
11 year olds	**Rural**	9	214	156	117
	Urban	18	757	493	197
13 year olds	**Rural**	-	-	-	-
	Urban	8	359	262	66
16 year olds	**Rural**	5	183	118	93
	Urban	9	348	302	147
Total		**49**	**1.861**	**1.331**	**620**

* pupils present in the classroom on the day of data collection
** valid and invalid

Due to the fact that the pilot study results did not reveal any further modifications necessary neither to the tools nor to the procedure of their administration, the tools used for the pilot studies were the final ones and therefore were included in the main surveys' datasets.

The modified ICAST tools

The overall modifications made to the tools –which leaded to the final version of the modified ICAST-CH[7] and ICAST-P[8] questionnaires used to the epidemiological studies- on the basis of the above described methodology are summarized below.

Response scales. The response scales were modified and changes applied to both tools in order to be totally comparable; more specifically, the original ICAST-CH tool has four response options for the incidence and prevalence of CAN ("many times", "sometimes", never, not in the past year by this has happened) while the respective ICAST-P tool includes six response options (once or twice, 3-5 times, 6-10 times, >10 times, not in the past year, never) plus the option of "N/A"). Therefore, firstly, the scale of the original ICAST-P was introduced to the modified ICAST-CH but the option "N/A" was converted to the option "I don't want to answer" and the answer option for the prevalence of CAN was reworded in order to be identical between both tools ["not in the past year, but it has happened (to me) before"]. However, due to the fact that the option ">10 times" aggregates participants' experiences happening at a very different frequency and having subsequently different severity, all national teams concluded to the necessity to re-modify scale in a way that would offer a wider range of options to respondents and a more balanced distribution of frequencies; therefore, the purely descriptive options "many times", "sometimes", which might be interpreted differently among responding subjects was substituted by 5-point numerical scale, resulting thus in the final modified response scale (Picture 1) that was inserted in both tools ("1-2 times", "3-5 times", "6-12 times", "13-50 times", ">50 times") for measuring the incidence's frequency; each of the 5 points of the scale has been operationally defined by use of the following verbal descriptions ("once or twice a year", "several times a year", "monthly or bimonthly", "several times a month", "once a week or more often"); these descriptive "labels" was added in order to facilitate the "cognitive calculations" the respondents had to make in order to correctly remember, count and report the number of times the had experienced a specific behavior during the course of a 12-month period, by breaking down the frequency options in smaller periods of time. Lastly, the options "never in my life" and "I don't want to answer" completed the response options of both questionnaires. Picture 1 illustrates the response options, as it appears in the modified ICAST-CH questionnaire.

During the past year (previous 12 months)					*Not in the past year, but it has happened to me before*	*Never in my life*	*I don't want to answer*
1-2	3-5	6-12	13-50	more than 50			
Once or twice a year	*Several times a year*	*Monthly or bimonthly*	*Several times a month*	*Once a week or more often*			
☐	☐	☐	☐	☐	☐	☐	☐

Picture 1. Sample of the response scale of the modified ICAST-CH questionnaire.

[7] The modified ICAST-CH questionnaire is available in English on: www.becan.eu/sites/default/files/uploaded_images/EN_ICAST-CH.pdf while all translated versions are available on: www.becan.eu/node/25#Deliverables

[8] The modified ICAST-P questionnaire is available in English on: www.becan.eu/sites/default/files/uploaded_images/EN_ICAST_P.pdf while all translated versions are available on: www.becan.eu/node/25#Deliverables

The respective scale of the modified ICAST-P was identical, as illustrated in Picture 2, where one can also see one additional modification that was made, namely the modification of the wording to the line of the responding parent/adult caregiver that was formulated as “me” (the responding parent/caregiver).

Parent/Adult carer	During the past year (previous 12 months)					*Not in the past year, but it has happened before*	*Never in my life*	*I don't want to answer*
	1-2	3-5	6-12	13-50	more than 50			
	Once or twice a year	*Several times a year*	*Monthly or bimonthly*	*Several times a month*	*Once a week or more often*			
Me	☐	☐	☐	☐	☐	☐	☐	☐
Other parent/adult carer	☐	☐	☐	☐	☐	☐	☐	☐

Picture 2. Sample of the response scale of the modified ICAST-P questionnaire

Moreover, regarding the items of sexual violence, the ICAST-CH tool requests from children who answer positively, to indicate if the perpetrator is: an *adult, another child or adolescent, or both* (which is also applicable to most of the other questions regarding physical and psychological violence) and how well do the child knows him/her: *not at all, not very well, very well*. This scale was also revised (Picture 3) in order to be able to determine the gender of the perpetrator [*adult male, adult female, boy (child or adolescent), girl (child or adolescent)*] and the relation of the perpetrator to the child (*unknown person, known person, a relative*). The same scale was also applied to the respective items of the modified ICAST-P questionnaire.

Adult male			Adult female			Child/adolescent male			Child/adolescent female		
○			○			○			○		
*b. What was **his relation to you?***			*What was **her relation to you?***			*What was **his relation to you?***			*What was **her relation to you?***		
Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative	Unknown person	Familiar person	A relative
○	○	○	○	○	○	○	○	○	○	○	○

Picture 3. Sample of the response scale of the modified ICAST-CH questionnaire.

Addition of items. firstly, items that were initially available only in one of the two questionnaires were endorsed to both of them (e.g. addition to the ICAST-CH questionnaire of questions that were available only in the original ICAST-P questionnaire and vice versa) in order the two instruments to be absolutely comparable. Within this context, the wording of similar questions already existing in both tools was modified in order these similar questions to be identical between the two tools. Secondly, it was introduced a socio-demographic section to the ICAST-P questionnaire that included self-reported socioeconomic indicators and family status determinants; more specifically, it included questions about parents' age (Q.1), nationality (Q.2), family status (Q.3), area of permanent residence –urban/rural- (Q.4), educational (Q.5) and working status (Q.6)[9] as well as questions about existence of chronic illness or disability and mental health disorder of any member of the family (Q.7-10). Moreover, three questions concerning the children's area of residence (Q4.1), their parents' family status (Q5.1) and educational level (Q5.2) were also added to the modified ICAST-CH (aiming to collect such information from children in case his/her parent did not want to participate in the research). Thirdly, two items were added to the ICAST-CH (Q10.1 and Q10.2) asking children *if they feel safe in their family* and *if they like being with their family*

[9] Inclusion of demographic questions No 2 and 4 and 7-10 to the translated questionnaires was optional.

respectively (answer options: always, usually, few times, never); this addition was based on the project coordinators' prior experience of using those two items in ICAST-CH that was administered via structured interviews; this experience revealed that when a child was answering something else except for "always" to those questions -and especially to the first one- there was a high possibility to reveal CAN later on during the interview. Therefore, these items were included in the modified ICAST-CH aiming to test this previous empirical observation and check if any of those two items or both could serve as "screening" question of CAN. Fourthly, it was introduced to the ICAST-P questionnaire a set of items aiming to measure parents' knowledge (Q.51) and attitudes (Q.46 and 50) towards corporal punishment, as well as their subjective estimation for the frequency of use of corporal punishment (Q.47a-f) and for the existence of intimate partner violence (Q.48a-f). Another set of added items (49a-j) aimed to measure parents' exposure to violent behaviors (IPV and CAN) during their childhood.[10] Fifthly, a few items about positive parenting methods and psychological violence were introduced to both tools (e.g. Q19.5 of the modified ICAST-CH *"Gave you an award for behaving well?"* and Q32.1 of the modified ICAST-P *"Blamed him/her for your bad mood"* or Q38.2 *"Compared him/her to other children in a way that s/he felt humiliated?"*) in order on one hand to measure phenomena not covered by the initial ICAST and on the other to illustrate also the extent of usage of positive parental techniques (whose lack also might be an indirect measurement of mis-parenting.

Modification of existing items and existing answering options. Firstly, the open-ended question Q.45 of the original ICAST-P questionnaire was converted to a closed question by categorizing the responses of focus group participants; in addition this question was also added to the modified ICAST-CH questionnaire (Q.10.3) for reasons of comparability as explained previously. Moreover, some items that proven to be not totally clear and understandable to the focus group participants were reworded or explanations were added next to them in order to increase participants' understanding [e.g. Q.9 of the original ICAST-P "told him/her to start or stop doing something" was further explained as follows: "told her/him to start or stop doing something (e.g. start doing your homework or stop watching TV)"]. Moreover, if an item measures different experiences, it was spitted to separate items (wherever it was rendered necessary) [e.g. Q.24 of the original ICAST-CH: "threatened to hurt or kill you, including invoking evil spirits against you" was converted to two separate items: "threatened to invoke ghosts or evil spirits, or harmful people against you" (Q.24A), and "threatened to hurt of kill you" (Q.24B)]; however, there were also items that was decided to be merged, like items Q.25 ["choked him/her or squeezed his or her neck with hands (or something else)"] and Q.34 ["used a hand or pillow to prevent breathing (smother)] of the original ICAST-P that were merged to one question [Q25a of the modified ICAST-P: "chocked or smothered him/her (prevent breathing by use of a hand or pillow) or squeezed his/her neck with hands (or something else)]. Finally, some answer options to other existing items were

[10] Inclusion of questions No 46-51 to the translated questionnaires was optional.

modified (e.g. addition of the option "I don't want to answer" to questions Q.40-44 of the original ICAST-P).

Format. The modified ICAST-P was transformed to a self-completed version (as the original ICAST-P is designed to be administered via structured interviews) in terms of the format as well as the instructions of the tool; generally, the format of both questionnaires was substantially modified in order to be more user-friendly and easily completed as self-completed instruments; moreover, parts of the instructions of both tools were modified. Finally both modified tools were developed non only in a self-completed format but also in a format appropriate for conducting structured interviews to be used in special occasions like children having learning of physical disabilities –e.g. children having a broken hand- or parents that would prefer to respond via a structured interview rather than to self-complete the questionnaire (if any).

Last but not least, the project's consortium decided to develop a shorter version of the modified ICAST-CH questionnaire that was administered only to the younger pupils (namely, at the grades attended by children 11 years old). The short version of the modified ICAST-CH questionnaire, included 72 out of the 82 items of the long version[11] and the main reason that leaded to this decision was the decrease of time needed by young children to complete the questionnaire as researchers had only one teaching hour at their disposal for the questionnaires' administration.

During the modification of the instruments every effort was made to preserve the meaning of the original items and the numbering of original items. As it is also instructed by ISPCAN, additional questions were numbered in a distinctive way [namely, marked as: position number + number (Q15.1)], while existing questions that were substantially modified were marked as: original number + letter either capitalized (e.g. Q15.A) or not (e.g. Q14.a).

Finally, both questionnaires include a matching code (Subject No), in order to be possible the pairing of the child's questionnaire with their parent's/guardian's questionnaire. The matching code consisted of the initials of the country, the initials of the area and a unique number per pair of questionnaires.

[11] The questions of the full version of the modified ICAST-CH questionnaire that are not available in the short version are questions No 10.3, 15a-17, 19.2-3, 19.6, 24A, 36B, 45A.

C.3. Data collection

Data collection was designed to be conducted to matched pairs of children and their parents/guardians. In order to pair each child with his/her parent/guardian, without endangering anonymity and confidentiality, a unique Subject Number, was assigned in each pair of child-parent questionnaires prior to data collection.

The method proposed by ISPCAN for the data collection from children is self-completion of the ICAST-CH questionnaire and structured interviews based on the ICAST-P for the data collection from parents/guardians. The proposed by ISPCAN methods were modified for the purposes of the BECAN survey as follows:

- Pupils: administration of paper self-completed questionnaires to the pupils in the classroom by the trained field researchers (with the exception of children having learning or physical disability where the method of structured interview or guided completion was offered)
- Parents/guardians: sent paper self-completed questionnaires to children's parents/guardians at their home (structured interview was planned to be offered only to parents that would request from researchers to help them with the completion).

The method designed to be followed for the data collection and the field work process is described in detail in the "Training Manual and Guidelines for Researchers for the modified ICAST-CH and ICAST-P Questionnaires" (Petroulaki, Tsirigoti, Nikolaidis, 2010), where are also provided the step-by-step instructions to the field researchers for the administration of the questionnaires via both methods. The process that was followed for the data collection per country can be found to the National Reports of participant national teams.

C.4. Ethical considerations

As mentioned above, all subjects participating both children and their parents were well informed in advance and provided their permission to join in the survey. Additionally, an official permission was also granted from all countries respective educational authorities for conducting research involving children in school settings.

However, as usually in such type of research (King and Churchill, 2000) a wide range of additional ethical and methodological perplexities have emerged during the implementation of field research. Given that national legislation and authoritative agency's responses differ substantially within participant countries, a number of issues had to be addressed such as passive or active parental consent in children's participation in the field survey in schools; the rights of disabled children to participate as well; differentiation of oral versus written consent for parents and children and their implications; potential of concealing cases of abuse by parents or carers who are perpetrators in cases that the implementation of research is pre-announced; the importance (positive or negative) of presence of educational personnel during field research and so fort. Furthermore, additional ethical challenges emerged such as

responsiveness of research teams in cases of children either overtly or tacitly taking advantage of the research setting to report a severe case of abuse that they are subjected to; the issue of confidentiality and anonymity of research as general guiding research principles versus the responsibility to safeguard the life and well being of a child that is in danger; the differentiated perplexities of interviews versus self-completion of questionnaires. Main tools utilized to tackle such issues were:

(i) providing for constant supervision by independent ethical advisory boards specially set for this purpose in each individual country as well as the overall supervision and guidance of an international ethics' advisory board and

(ii) setting up ad hoc crisis intervention teams in place while conducting the field survey and/or establishing close collaboration with local communities' agencies for tackling unforeseen events and especially children's disclosures which eventually emerged in more or less all participant countries.

Accordingly, particular ethical and safety issues were taken under consideration during the planning phase of the epidemiological surveys in the 9 Balkan countries which are described in detail in the Training Manual and Researchers' Guidelines (Petroulaki, Tsirigoti, Nikolaidis, 2010).

For the purposes of the BECAN Project a **Central Independent Advisory Board** (CIAB) and 9 **National Advisory Boards (NAB)** for Ethical Issues, one in each participating country, had been established. Each NAB was consisted from one representative from the partner organization, who was responsible for the project, and two independent experts on CAN issues. Each NAB was responsible inter allia for reviewing the project and processes before conducting the research, monitoring ethical issues during the entire duration of the research conduct and provide advice for corrective interventions, if deemed necessary. The CIAB for ethical issues was responsible inter allia for the overall supervision of the research design and implementation in respect of ethical aspects. The CIAB consisted of five internationally recognized professionals and experts in the field of CAN research and prevention, namely: **Prof. Kevin Browne** (Head of the W.H.O. Collaborating Centre for Child Care and Protection and Professor of Forensic Psychology and Child Health, Institute of Work, Health & Organizations, University of Nottingham), **Donata Bianchi** (Institute Degli Innocenti - UNICEF), **Prof. John Fluke** (Kempe Center for the Prevention and Treatment of Child Abuse and Neglect in the Department of Pediatrics, University of Colorado School of Medicine; Factor-Inwentash Faculty of Social Work, University of Toronto), **Prof. Paul Durning** (Professor of Education Sciences at the University of Paris X Nanterre & National Observatory of Childhood at Risk), and **Prof. Hans Grietens** (Professor of Remedial Education, Department of Pedagogy and Educational Sciences, University of Groningen). The methodology of BECAN research was submitted for ethical review to the National Advisory Boards for ethical issues that were established in each participating country as well as to the Central Independent Advisory Board for Ethical Issues.

All national scientific coordinators of the BECAN project committed themselves to carry out surveys that strictly follow the Principles of the Code of Ethics for research with human participants with respect to recruitment, participation, consent and provision of child protection within the context of the legal, social, and medical systems where the study was performed.

However, complex ethical dilemmas thrived in the multinational and multicultural research context due to the radical differences among countries in terms of national legislation and codes for ethics. For example, differentiations occurred in terms of legal and/or regulatory provisions for conducting research involving children: in some countries Codes for Ethics required the application of “active” parental consent, some others allowed “passive” parental consent, while in some others it was unspecified the type of consent. Moreover, in some countries, it was allowed for adolescents to participate without requesting their parents’ consent. That is due to the fact that individual participant countries have such radically different respective existing legislation at this point: for instance, in some countries national legislation applying mandates “active” parental consent (viz. that for each individual child to participate in research, a written and undersigned consent from parent/carer that holds custody is required in advance), in others “passive” parental consent is allowed (viz. that parent/carer that holds custody of a child should be notified, informed of the forthcoming research and given the allowance to opt-out on behalf of his/her child’s participation but without requirement of an active undersigned consent in advance), while in others especially in adolescents no parental consent is allowed by law on the basis of the implementation of the Convention for the Rights of the Child (implying that providing for parental consent for a child i.e. 14 or 16 years old represents a violation of the child’s rights to self-determination of his/her actions). Moreover, this issue is even more complicated given that different types of parental consent might be related with differentiated types of response rates and opt-out rates in respect to parental attitude towards the very same phenomenon of CAN which is to be measured (viz. a perpetrating parent might either opt-out or hesitate to opt-out according to relevant scientific literature). That is to say that it is suspected (and this is in accordance with relevant scientific literature in the field) that parents who abuse or neglect their children are more prone to attempt to avoid their offspring’s participation in such a survey; it has also been established in international literature that – especially in cases of high severity parental abuse such as sexual abuse – those parents might avoid been exposed by not allowing their children to participate in such a survey but instead will try to make such thing happen without being regarded as responsible for doing so. Subsequently, passive consent techniques were initially developed and are at the time being considered as far more efficient along with additional techniques on distracting attention of perpetrating parents; such techniques include for instance slight vagueness on determining particular days of the research to be implemented (specifying week instead of particular day) for avoiding mostly victimized children to be kept at home by their perpetrating parents or carers. Furthermore, such perplexities are more complex given the different field research tradition in participant

countries (in some there have been such or similar prior initiatives while in some it was actually the first such attempt) as well as other bureaucratic characteristics (such as central, federal or regional structure of authoritative agencies to provide such official permission implying the probability of having differentiated outcomes in different provinces, countries or regions within the same country etc). Needless to underline that type of parental consent was included in official permissions by authoritative bodies and agencies in most of the participant countries (usually according to respective pieces of national legislation), determining thus the methodology to be followed by the national research teams at this particular part. As a result of all the above, the type of parental permission defined by official permissions came out to be as illustrated in Table 7.

Table 7. Type of parental consent for children's participation in the survey, by country and by child's grade-group

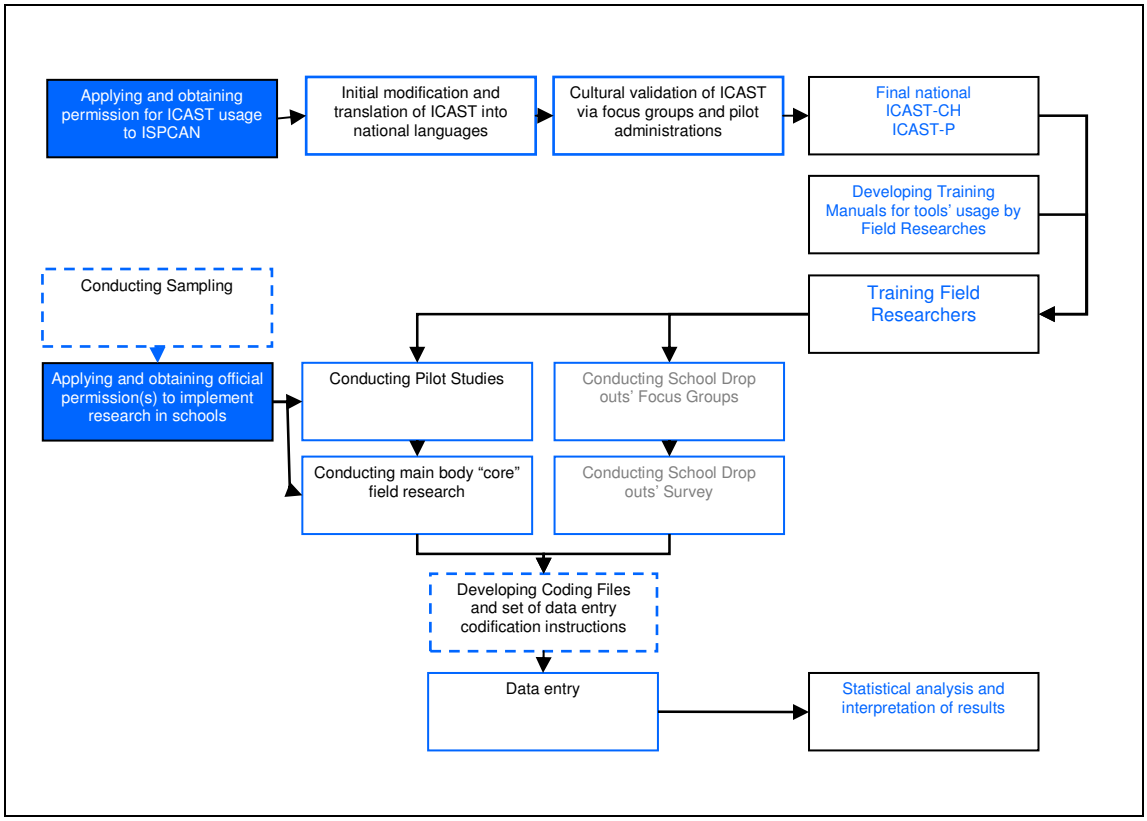
Country	Grade Group		
	11-year olds	13-year olds	16-year olds
Albania	Passive	Passive	Passive
B&H	Active	Active	No consent*
Bulgaria	Active	Active	Active
Croatia	Active	Active	No consent*
FYROM	Active**	Active**	No consent*
Greece	Active/Passive***	Active/Passive***	Active/Passive**
Romania	Passive	Passive	No consent*
Serbia	Passive	Passive	Passive
Turkey	Active**	Active**	Active**

(*) No parental consent provided for according to existing national legislation and/or applying national Code for Ethics of conducting research with children in schools.
(**) In some cases the school's Principals allowed children to participate in the research via applying the process of passive parental consent and/or only on the basis of children's own assent.
(**) Change in authoritative agency's permission terms during the implementation of the survey.

Therefore, any differences among countries regarding handling of ethical issues (e.g. kind of parental consent, reactions to CAN cases disclosure according to national legislation) are described in the 3 consequent Annual Reports for Ethical Issues drafted by each country's National Advisory Board for Ethical Issues. Based on these Reports, the CIAB also developed 3 Annual Reports for ethical and methodological issues concerning the entire consortium's functions and activities including dealing with complicated matters of compatibility of research among participant countries. However, as can be easily understood, such perplexity, representing a major issue in the project's development, had to be taken into serious consideration. That was the reason for the consortium's decision during the 2nd managerial meeting in Tirana to refer this issue as well as all related or consequent ones regarding methodological differences necessarily evoked by administrative or legislative acts or decisions initially to the NABs and subsequently to the CIAB for further consultation. The CIAB's final reply was incorporated as a different supplementary document in the 1st Annual Ethical Report where the problems and potential solutions regarding compatibility and comparability of research among participants as well as other matters entailing ethical considerations in conducting the particular field research are thoroughly discussed.

Data were collected from all nine participant countries. Statistical process and analyses was conducted via using package S.P.S.S.+ 18.0. The whole protocol of research including official permissions, tools' modification process and pilot testing, training of researchers, survey's implementation and data processing is illustrated below:

Field survey's flowchart



As can be seen, the development of the whole epidemiological field survey had to go through certain stages and meet a number of requirements in each one of those. Eventually, this was possible in all 9 countries. In some of the participant countries school drop out supplementary surveys were not eventually implemented on the basis of a prior feasibility and utility study conducted by the national research teams. Reasons for opting not to implement this part of the surveys initial design include either very low percentages of recorded school dropping out (which made the usefulness of correction of national CAN incidence and prevalence rates by school drop outs' convenience samples as rather insignificant in terms of potential impact on the figures of overall national rates) and issues of feasibility (in terms of pre-existing national legislation not allowing for schools to share information which could lead to tracing children who had previously dropped out from school).

D. MAIN RESULTS

The distribution of children's answers in regards to their experiences of psychological, physical, sexual violence, their subjective feeling of being neglected as well as their experiences with positive parenting behaviors are illustrated in the six Figures D.1 - 3 that follow, for each country; Figures D.4 – 6 present the prevalence and incidence rates per country for each type of violent behaviors as well as for positive parenting techniques by pupils' gender.

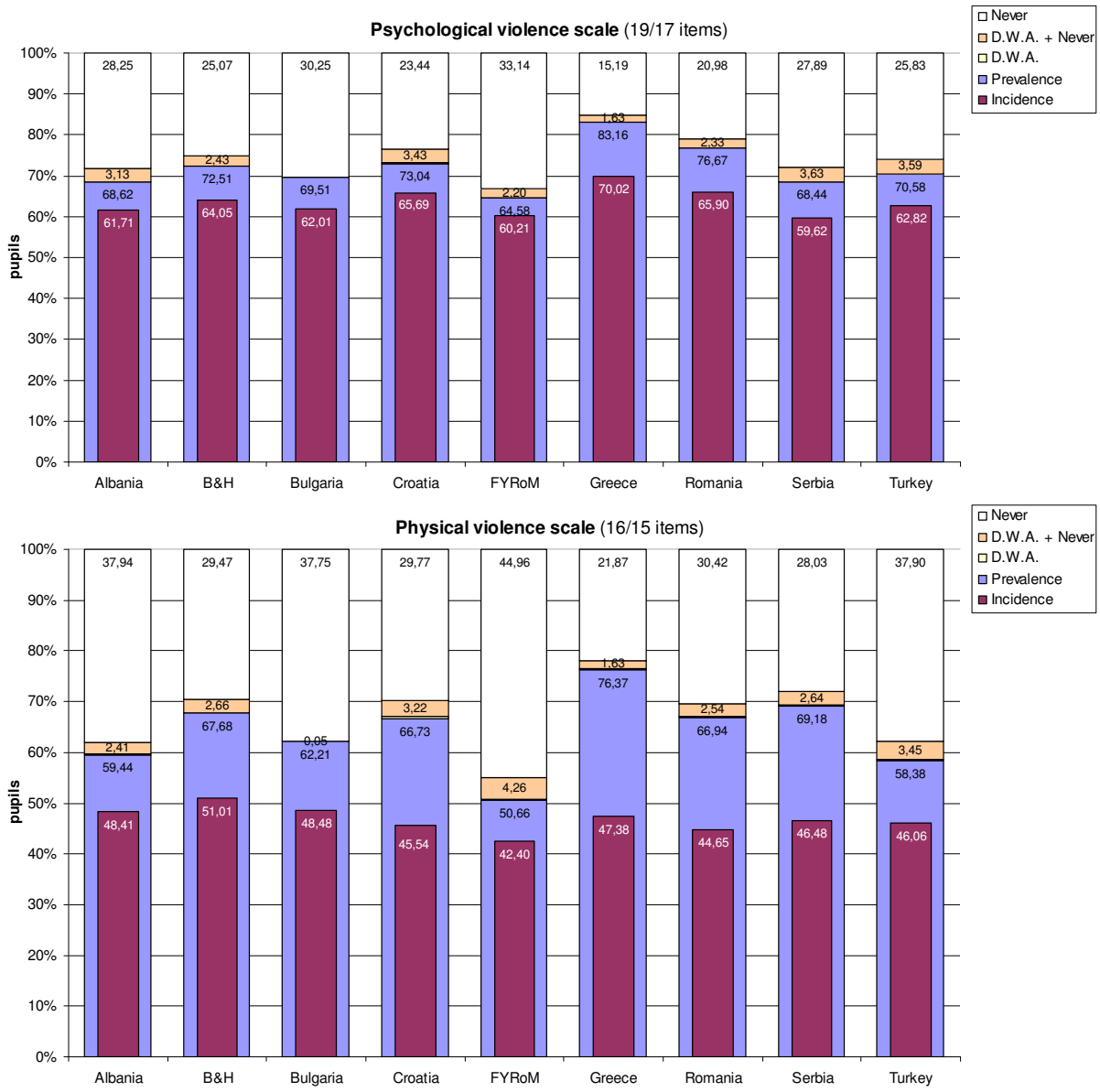


Figure D.1. Distribution of pupils' answers in regards to their exposure to psychological and physical violence during their life time (prevalence) and during past year (incidence), by country.

Note 1 the numbers in the parentheses show the number of items that were included in the long/short version of the modified ICAST-CH for each scale.

Note 2

Incidence: percentage of children reporting any frequency score under "During the past year (previous 12 months)" in at least 1 item of the scale

Prevalence: percentage of children reporting having experienced at least 1 behavior of the scale during their entire life time (either in the past year or before)

D.W.A.: percentage of children answering "Don't want to answer" in all items of the scale

D.W.A+Never: percentage of children answering "Don't want to answer" in 1 or more items of the scale and "Never" to all other items of this scale

Never: percentage of children reporting that they have "Never" in their lives experience none of the scale's behaviors.

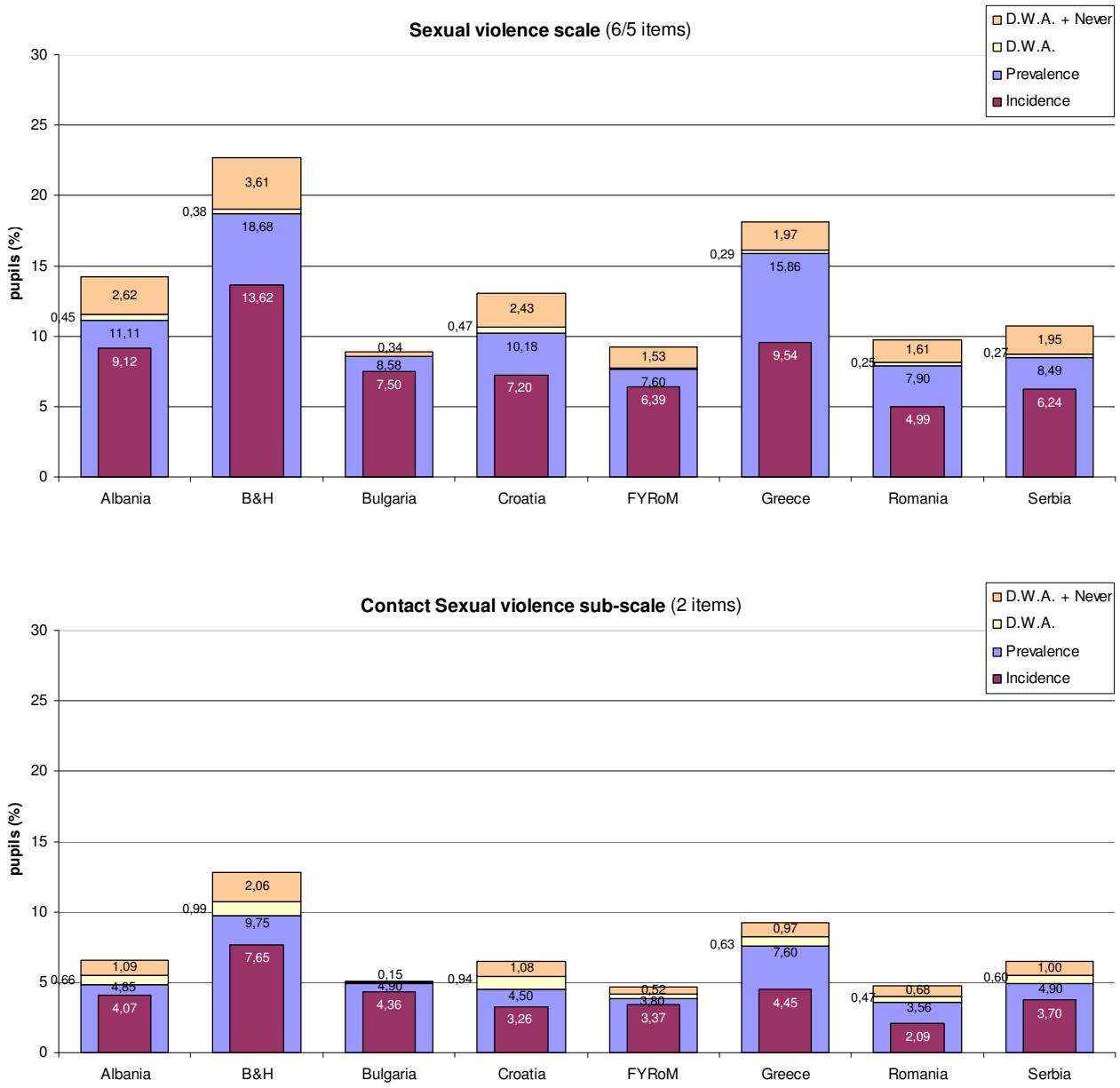


Figure D.2. Distribution of pupils' answers in regards to their exposure to sexual violence during their life time (prevalence) and during past year (incidence), by country.

Note 1 the numbers in the parentheses show the number of items that were included in the long/short version of the modified ICAST-CH for each scale.
Note 2 The 2 items of the contact sexual violence sub-scale are included in the sexual violence scale
Note 3 For the shake of the clearer illustration of the remaining response options, the percentage of pupils who answered "never" has been omitted

Note 4
Incidence: percentage of children reporting any frequency score under "During the past year (previous 12 months)" in at least 1 item of the scale
Prevalence: percentage of children reporting having experienced at least 1 behavior of the scale during their entire life time (either in the past year or before)
D.W.A.: percentage of children answering "Don't want to answer" in all items of the scale
D.W.A+Never: percentage of children answering "Don't want to answer" in 1 or more items of the scale and "Never" to all other items of this scale
Never: percentage of children reporting that they have "Never" in their lives experience none of the scale's behaviors.

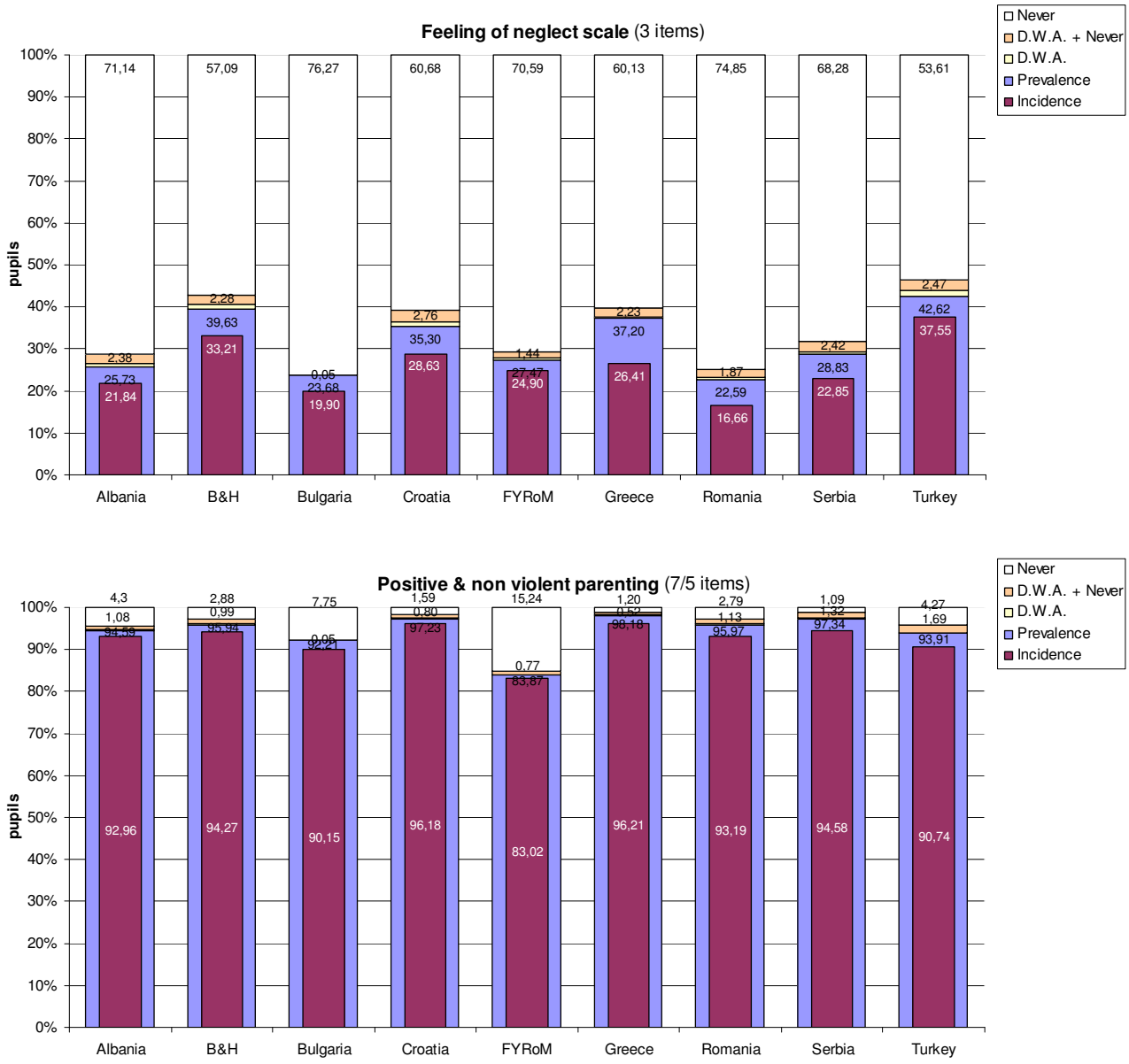


Figure D.3. Distribution of pupils' answers in regards to their feeling of being neglected and to their exposure to positive parental behaviors during their life time (prevalence) and during past year (incidence), by country.

Note 1 the numbers in the parentheses show the number of items that were included in the long/short version of the modified ICAST-CH for each scale.

Note 2

Incidence: percentage of children reporting any frequency score under "During the past year (previous 12 months)" in at least 1 item of the scale

Prevalence: percentage of children reporting having experienced at least 1 behavior of the scale during their entire life time (either in the past year or before)

D.W.A.: percentage of children answering "Don't want to answer" in all items of the scale

D.W.A+Never: percentage of children answering "Don't want to answer" in 1 or more items of the scale and "Never" to all other items of this scale

Never: percentage of children reporting that they have "Never" in their lives experience none of the scale's behaviors.

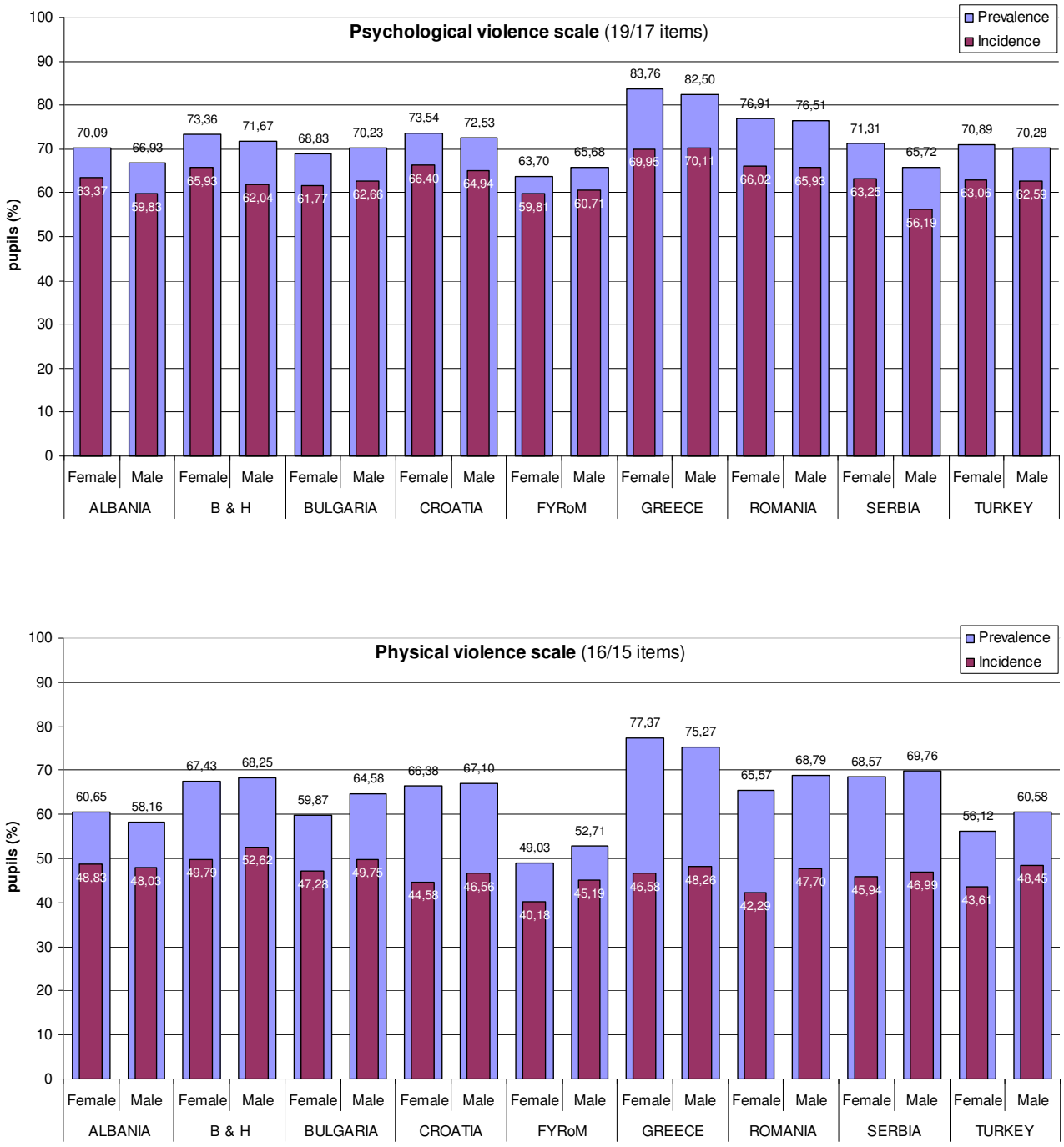
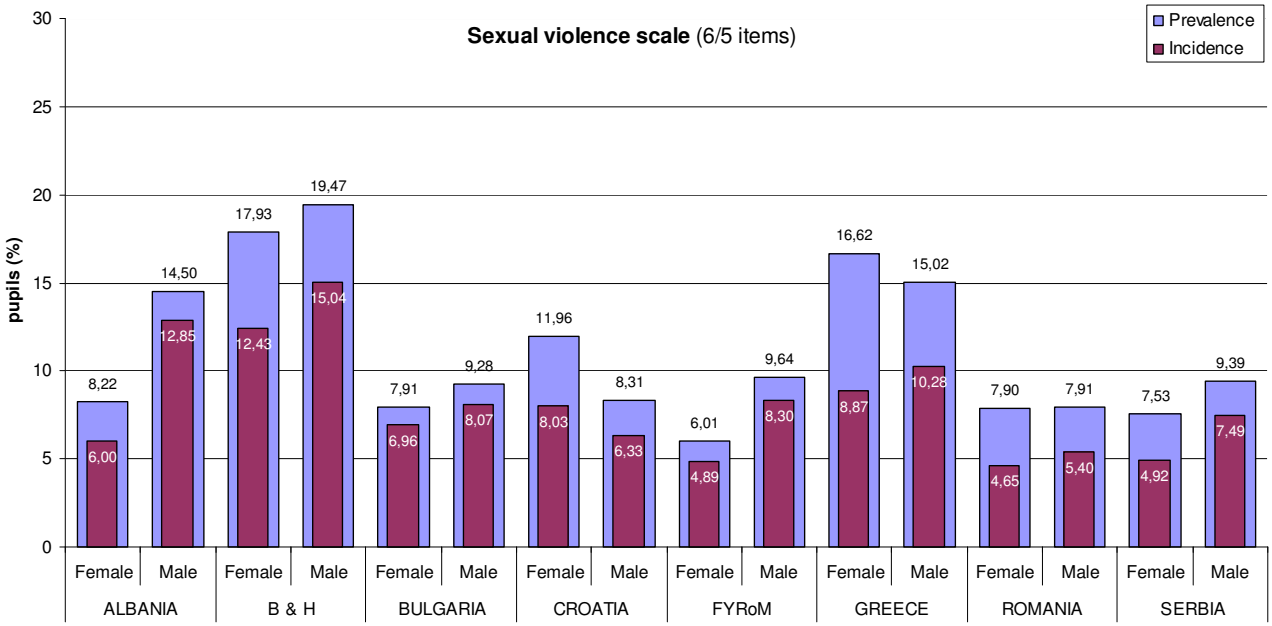


Figure D.4. Prevalence and incidence rates of pupils' exposure to psychological and physical violent behaviors, by child's gender and by country.

Note. The numbers in the parentheses show the number of items that were included in the long/short version of the modified ICAST-CH for each scale.



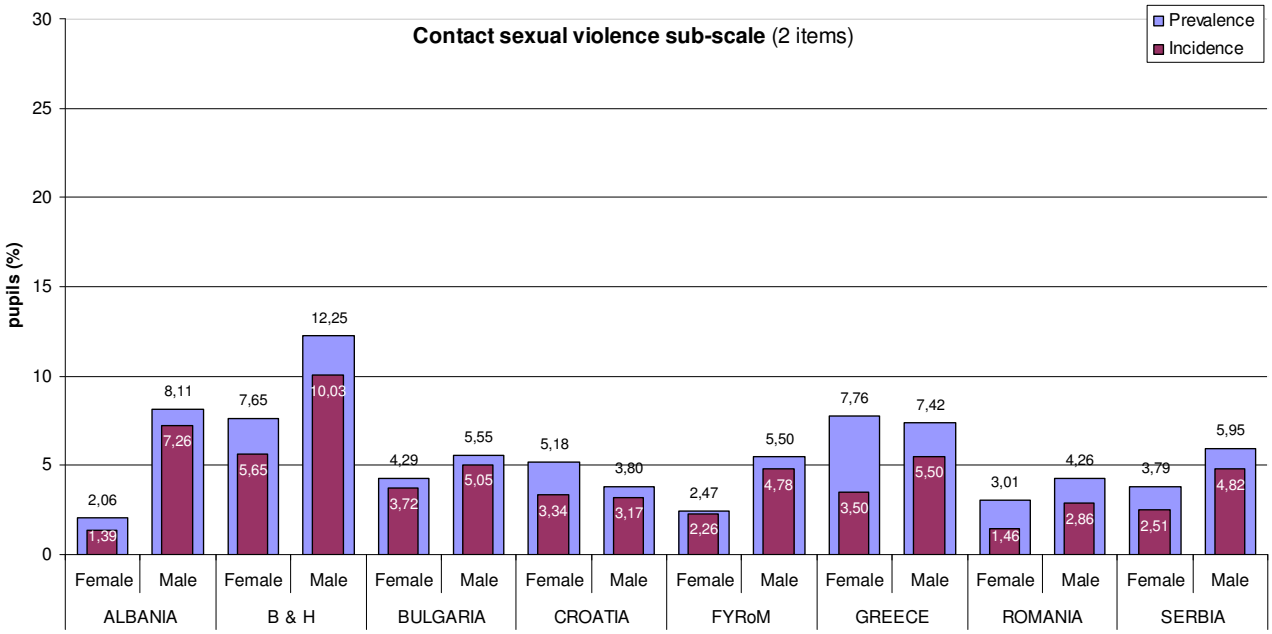
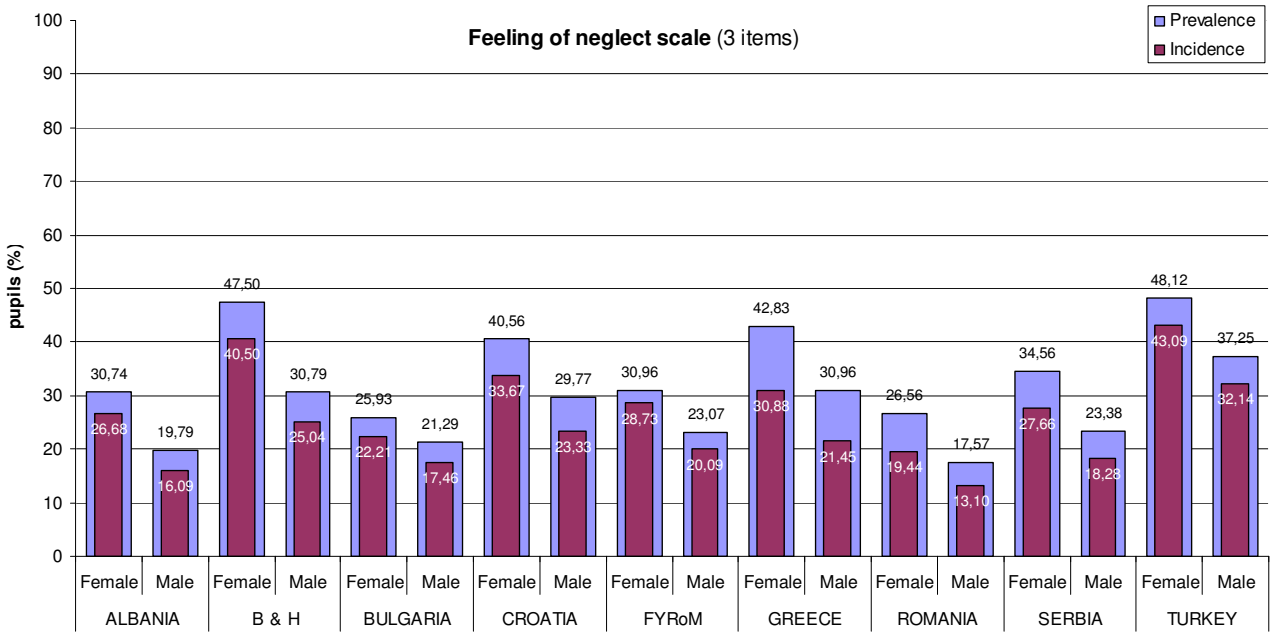


Figure D.5. Prevalence and incidence rates of pupils' exposure to sexual violent behaviors, by child's gender and by country.

Note 1. The numbers in the parentheses show the number of items that were included in the long/short version of the modified ICAST-CH for each scale.
Note 2. The 2 items of the contact sexual violence sub-scale are included in the sexual violence scale
Note 3. For the shake of the clearer illustration of the remaining response options, the percentage of pupils who answered "never" has been omitted.



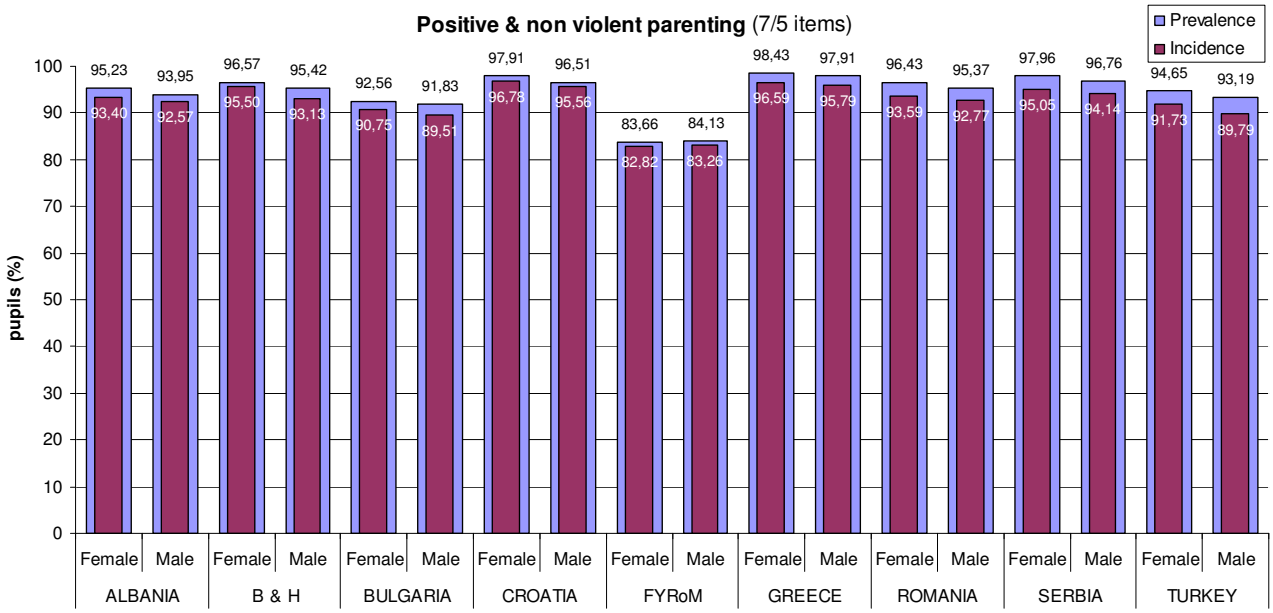


Figure D.6. Prevalence and incidence rates of pupils' feeling of being neglected and exposure to positive and non-violent behaviors by child's gender and by country.

Note. The numbers in the parentheses show the number of items that were included in the long/short version of the modified ICAST-CH for each scale.

E. CONCLUSIONS AND RECOMMENDATIONS

Conclusions

Exposure rates for psychological violence were found to range between 64,58% (FYROM) and 83,16% (Greece) for prevalence and 59,62% (Serbia) and 70,02% (Greece) for incidence rates respectfully. For physical violence figures were found to exhibit greater variance for prevalence, ranging from 50,66% (FYROM) to 76,37% (Greece), and smaller for incidence rates, ranging from 42,4% (FYROM) to 51,01% (Bosnia) for incidence rates. Regarding exposure to sexual violence figures were found to vary substantially with higher rates of prevalence in Bosnia both for overall (18,68%) and contact (9,75%) sexual adverse experiences and lower in FYROM for overall (7,60%) and Romania (3,56%) for contact such experiences. For incidence respective rates the lowest figures were found in Romania for overall (4,99%) and contact (2,09%) sexual adverse childhood experiences and higher in Bosnia for both as well (13,62% and 7,65% respectfully). Self-reported subjective feelings of neglect showed higher rates of prevalence and incidence in Turkey (42,62% and 37,55%) and lower in Romania (22,59% and 16,66%). Experiences of positive non violent parental practices in general were found to be reported by the vast majority of responding children in al participant countries with percentages exceeding 90% of the sample with higher rates in Greece for both prevalence and incidence (98,18% and 96,21%) and lower in FYROM (83,87% and 83,02%).

Now, regarding gender distribution of self-reported exposure to violence, results show a mixed image being similar at some types of violence' exposure, while in others they differ significantly. More specifically, in regards to exposure to psychological violence's experiences, prevalence rates of female responders exceed male ones in most of the countries with the exception of FYROM and Bulgaria. In respective incidence rates a reverse trend is also found in results in FYROM and Bulgaria and Greece. Results of exposure to physical violence appear higher in males' reports regarding incidence in all participant countries except Albania; however, in prevalence results from two countries' samples, namely Greece and Albania, have the opposite trend, viz. female rates to exceed male ones. In overall, results of incidence rates for physical and psychological violence seem to vary less than prevalence ones, with the former ranging between 40-50% and 60-70% respectively for the vast majority of countries for both male and female responders.

However, exposure to sexual violence appears to be more diverse in terms of values. Still, in prevalence and incidence rates reports of males seem to exceed female ones' in most of the countries excluding for prevalence Greece and Croatia (as well as Romania where the 2 genders have equal rates) and for incidence Croatia, where the sex ratio is reverse. The same pattern equally applies to contact sexual adverse experiences of children with the only

differences being the Croatian prevalence and incidence as well as the Greek prevalence rates, where a trend of females to exceed males is observed. As for subjective feelings of neglect, results clearly show a predominance of rates of female responders for both prevalence and incidence in all participant countries. The same picture appears also regarding rates of reported positive parental experiences in which only FYROM shows males' rates to be slightly higher than the ones of females.

In overall, findings of this research illustrate a rather increased magnitude of minors' exposure to violence in countries of the Balkan Peninsula. Almost half children reported at least one experience of exposure to physical violence during the year prior to research in all participant countries while almost two out of three report such a history over their childhood. Rates of exposure to psychological violence appear even higher reaching in many of the participant countries almost two thirds of responding children for incidence and even more than three quarters at some occasions for prevalence. Such an image can be better understood combined with sex distribution figures: pace standard conceptualization and prior research reports that physical violence is concerning predominantly boys, this particular research advocates for a more equated distribution pattern with male to female ratios being almost equivalent to one and in some cases females' report exceeding male ones. Whether such a rather unusual pattern of physical violence experiences' distribution should be attributed to cultural factors of the particular geographical area or is indicative of a widespread practice underestimated insofar, remains to be inquired by further research.

Overall rates of sexual adverse experiences are found to range from one in twelve to one in six children for prevalence and between one in twenty and one in seven children for incidence. More alarming, of course, are the equivalent percentages of children's self-reports for exposure to contact sexual violence which ranges from 2,09% to 7,65% for the last year and 3,5% to 9,75% for history during childhood. Such findings exceed "present-state" estimations of international organizations advocating for the Rights of the Child against sexual victimization like the Council of Europe which had insofar adopted more conservative estimations about the extent of the phenomenon. Again this finding goes also against usually advocated perceptions of the phenomenon of children's sexual victimization, according to which rates of female victimization exceed by far male ones (U.N.I.C.E.F., 2007). Apart from potential impact of cultural determinants (which, however, are insofar considered to play in general a less decisive role in sexual abuse unlike physical one) such pattern of sex rates' differences could be better understood by taking account four important dimensions. Firstly the fact that the ICAST-CH tool at its sexual sub-scale includes items inquiring both adult and child/peer/adolescent victimization; a good portion of the positive responses in most of the countries' results seem to concern actually peer sexual violence. Moreover, the very verbatim articulation of questions might also contribute to some confusion over differentiation between unwilling and unspecified sexual experiences of respondents, thus, creating a hint of potential

bias. Additionally, it should be noted that further analysis showed that a good portion of such adverse experiences reported in many of the participant countries' samples are by and large reported being done by "familiar" or "relative" and very few by "stranger" perpetrators. Last but not least, there is the possibility of this research shedding light to an insofar unexplored area of male child sexual victimization which traditional, male-dominant culture might not enable to be visible preventing those children to seek for help, even if victimized. Even though more in depth analysis is needed in order for these reverse trends to be interpreted, it should also be added that during the last couple of years there is an increased interest in respective international scientific communities about research results reporting similar findings (higher boys and lower girls' rates of sexual victimization, Finkelhor, 2012, personal communication), which probably indicates that at least for some of its part the trend documented by this research could probably reflect the actual prevailing situation.

Finally, subjective feelings of neglect are clearly been reported more by female children. Moreover, further analysis showed that these feelings especially in girls grow higher in percentages as moving to higher school grade groups, namely as moving towards adulthood. This finding was also more or less consistent in the most of the participant countries. However, despite the entire rest of the ICAST-C questionnaire, in which exposure to particular practices or behaviors is inquired, at this particular sub-scale the subjective nature of questions and consequently responses is evident. Still, subjective conceptualization of their reality can also inflict certain serious psychosocial implications to children experiencing such feelings.

In overall age – school grade distribution of exposure to violence experiences vary substantially in virtue of the type of violence exposure. As illustrated in individual National Reports for this epidemiological field study, the general trend documented is the constant decrease by age of incidence and increase of prevalence rates of exposure to **physical** violence while respective rates for **psychological violence** indicate almost the reverse trend regarding incidence rates. Regarding exposure to physical violence findings are reasonably within the anticipated range. Children's exposure to violence in "real time" is found to be decreasing as children move through adolescence towards adulthood while at the same time the overall childhood history tends to increase over time.

On the contrary, respective findings regarding current exposure to psychological violence, viz. incidence rates, provide some hint that maybe the use of various means of psychological violence tend to substitutive corporal punishment as a method of discipline as children grow older. Respective findings of age – school grade trends regarding prevalence rates of exposure to psychological violence are the hardest to be interpreted since in cases (countries' data) there seems to be trend of even decrease in respective prevalence rates over time. That particular finding being also contradictory with commonsense rationale

(implying that aggregative exposure over time could not in principle be decreasing) might be attributable to some artifact of the questionnaires, research methodology and related issues. For instance, it has been reported in other research settings that children whenever been inquired for their entire childhood tend to reply more on the ground of their most recent experience, namely the previous years (than recollect truthfully events and occurrences of the most remote years of their lives). That fact, along with some inevitable intrinsic ambiguity in comprehensible content of some of the psychological violence' sub-scale items of the questionnaire (thus, introducing some subjective perception element in understanding of these items and consequently in their replies) might be the best possible explanatory insights of this peculiar phenomenon regarding age – school grade trends of prevalence rates of exposure to psychological violence.

Furthermore, in the case of feelings of neglect, the age – school grade trend is definitely a progressive one especially regarding incidence rates in all participant countries' results. This gradient is found to be sharper in female responding subjects. However, it should be stressed that at this particular sub-scale of the questionnaire, what is inquired is actually subjective perception of these feelings than objective circumstances that might trigger such sentiments. Still, even that, namely that children, especially female, tend during adolescence and towards adulthood to feel as if they are neglected, is an important finding illustrating features of youngsters' mental health as they grow up, bearing also potential implications regarding their vulnerability to common mental health issues.

As regards children's sexual adverse experiences, time trends indicate a constant progressive tendency in all participant countries' results for both incidence and prevalence rates. In general, this is found to be consistent with prior research as well as common knowledge and clinical practice on the subject matter. Moreover, the documented increase is considerably higher between 13- and 16- year old children's equivalent school grades than the one between 11- and 13- year old ones, implying that a substantial portion of unwanted adverse sexual childhood experiences probably takes place in between this age period of adolescence. Additionally, in countries in which data were available for differences between general and vocational high schools (meaning wherever this difference was apparent in virtue of educational system's differentiated characterizations of the orientation of high schools), incidence and prevalence rates were found higher in vocational ones. Partially, this can be interpreted since in most of the countries vocational schools' students are by and larger older than general ones; and although adults were excluded from datasets, the amount of children aging 17- and over is probably higher in vocational schools sub-part of the sample. Still, even in age equivalent portions of the two categories (general and vocational schools) some difference sustains, indicating probably the social gradient of childhood exposure to sexual violence (given the fact that vocational schools tend to include students from more deprived socioeconomic environments than general ones).

Last but not least, self-reported experiences of positive non violent parental practices tend to be higher in rates as moving to older children's school grade results. That finding is consistent with other resources and reasonable in terms of aggregative recollections of responding children. A similar trend is evident in many of the participant countries' results regarding incidence rates as well. That finding is one of the positive ones from this field study, given that it implies that at least parental upbringing towards children might be reoriented to more positive means as children became adolescents and in turn adults.

Recommendations

In general, on the grounds of this study some recommendations could be articulated for various stakeholders, namely professionals, services, the respective scientific community as well as societies in overall and policy - decision makers. For instance, in regards to the scientific community, services and professionals on the field, overall field research results indicate a number of crucial points some of which go beyond the current state of the art on this particular field of scientific inquiry, this representing an additional benefit from this particular research apart from the obvious one that insofar no mapping of the subject matter has been done in participant countries on a representative randomly selected, sizable sample of the general population of children. Such key results include:

- The almost equation of exposure to violence experiences between male and females in most of the types of exposure (physical, psychological, sexual) in the participant countries where minor differences might exist individually per type and / or per country but without dramatically diverse overall image of gender distribution.
- The considerably high rates of exposure to contact sexual adverse childhood experiences in males that in most of the countries are equal or even higher of these of females and
- The constant finding of progressive increasing by age subjective feelings of being neglected predominantly by female children.

Such findings apart from introducing new insights to the phenomenon of children's victimization, and, thus, provide new areas for further research, indicate also the necessity of reorientation of current preventive and therapeutic perspectives of individual professionals and collective efforts to successfully tackle the phenomenon of children's exposure to violence. For instance, at the individual level, professionals in virtue of results as such, are invited to be more positive to recognizing and inquiring cases of female children physically abused or male children sexually victimized. Accordingly, preventive programs for children's

raising awareness and parental guiding and educating should be respectively redeployed in order to include such dimensions which have been gone underestimated insofar. Mental health and in general supportive services availability and accessibility is to be reinforced as well on the grounds of the strong portion of children reporting their experiences of being neglected; given the relation between self perceptions, self esteem and subjective comprehension of parental interest on them on one hand and common mental health incidents and disorders on the other, the considerable portion of children's population that reports perceiving itself outside the range of parental concerns justifies increased psychosocial interventions mechanisms. Moreover, apart from consequences at the professionals and services levels, these findings indicate certain implications on the insofar dominant theoretical schemata providing explanatory patterns of understanding of violence against minors. More specifically, for example, traditional understandings that attributed e.g. sexual violation of children to more conventional patterns seem to be inadequate to facilitate the totality of results as such Furthermore, traditional gender roles social theory attributions for early exposure of male children to physical violence and female children to sexual violence again seem to require some considerable revising on the light of evidence brought about by this survey.

Naturally, results from this survey are to be further replicated in order to be either verified or contradicted by further research. Additionally, more research areas are emerging by findings reported at this instance: given i.e. the relatively increased rates of male children's sexual adverse experiences, the issue of perpetrators' gender and relation to the child victim becomes of great importance requiring further inquiry. More fine grained research, probably of qualitative and clinical nature, could also clarify better mechanisms of internalization of feelings of neglect by adolescent children especially female. Social determinants and family characteristics could be further investigated in sub-parts of the phenomenon that this particular research tried to illustrate in overall. And despite the fact that indeed some preliminary data were also been produced within the context of this field survey on the aforementioned subjects, more detailed and focused rigorous inquiry is invited and provided with preliminary material for design and implementation.

In regards to policy decision makers and the societal level, results from this study also carry a number of important recommendations to be acknowledged. Such recommendations include the following:

- The necessity for conducting such field research on a regular basis. That is not only documented in virtue of the novel and indeed alarming findings of this survey about children's exposure to violence; it is also grounded on the fact that periodic measurement with comparable methodology could provide time trends of the phenomenon in societies under study – and this could in turn facilitate more firm conclusions about basic features of the phenomenon as well as for its development in time.

- The necessity for more trust towards children themselves and their own judgment. It is worth mentioning that wherever research was allowed (in virtue of pre-existing national legislation) to be conducted with “passive” parental consent, response rates were considerably higher, especially in higher school grades. For that reason, the BECAN consortium on the grounds of the experience of implementing the survey throughout the 9 participant countries in its last meeting concluded to issue a position statement advocating for the ethical and scientific preference in favor of no parental (but just child’s) consent in similar future research. At the end of the day, given the fact that the most plausible perpetrator of a child victim of violence is its own parent or caregiver, it is at least problematic to ask for an advance permission of the later for a research inquiring exposure to violence of the former.
- The necessity to speak up to the civil societies for the phenomenon: by and large, all national research teams begun field work with considerable cautiousness being afraid of potential distress by parents or children during its implementation. However, the overall impression of national research groups, also documented in the NAB Reports, was that eventually civil society seemed more ready to uptake the message of protecting children against violence than administrators and institutions. As a matter of fact, despite the extent of the survey and the relative inexistence of prior history of similar research in most of the countries, there were very limited complaints or inquires regarding the nature and scope of the survey; instead, there were many instances of positive feedback from parents, school teachers and by far children themselves welcoming the study’s implementation. Accordingly, resistances at the institutional level should be tackled and similar packages of research with provided referral mechanisms for further supportive services should be initiated.

Finally, it should also be mentioned that on this particular field of inquiry, namely minors’ exposure to violence, field research in itself, apart from bringing about new epidemiological evidence which could contribute to increased predicting and explanatory value of mental health sciences’ discourses, has also an increased social utility function. That is to say that by providing a robust evidence-base for the understanding of the phenomenon of children’s victimization can ultimately facilitate effective social and child protection policy design and implementation. From this angle, current evidence indicates new targets for social policies and awareness raising interventions that could tackle insofar invisible aspects of the phenomenon of children’s exposure to violence. Further research is also invited in order to verify these findings, shedding more light to minors’ victimization which apart from medical, mental and psycho-social concerns represents also a human rights’ challenge for modern societies.

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ANNEXES

Table 1. Differences in the items between the original and the modified ICAST-P

Original ICAST-P	Modified ICAST-P
8. Explained why something was wrong	**8.** Explained him/her why something s/he did was wrong?
--	**8.1.** Gave him/her an award for behaving well?
9. Told him/her to start or stop doing something	**9.** Told her/him to start or stop doing something (e.g. start doing your homework or stop watching TV)?
10. Shook him/her	**10a.** Grabbed him/her by clothes or some part of his/her body and shook him/her?
11. Hit him or her on the buttocks with an object such as a stick, broom, cane, or belt	**11.** Hit her or him on the buttocks with an object such as a stick, broom, cane, or belt?
12. Hit elsewhere (not buttocks) with an object such as a stick, broom, cane, or belt	**12.** Hit elsewhere (not buttocks) with an object such as a stick, broom, cane, or belt?
13. Gave him/her something else to do (distracted him or her)	**13.** Gave him/her something else to do in order to distract his/her attention (e.g. to tell him/her to do something else in order to stop watching TV)?
14. Twisted his/her ear	**14a.** Roughly twisted her/his ear?
15. Hit him/her on head with knuckle or back of the hand	**15.** Hit him/her on head with knuckle or back of the hand?
16. Pulled his/her hair	**16.** Pulled her/his hair
17. Threatened to leave or abandon him/her	**17a.** Threatened to leave or abandon him/her?
18. Shouted, yelled, or screamed at him/her	**18a.** Shouted, yelled, or screamed at her/him very loud and aggressively?
19. Threatened to invoke ghosts or evil spirits, or harmful people	**19.** Threatened to invoke ghosts or evil spirits or harmful people against him/her
20. Kicked him/her with a foot	**20a.** Pushed or kicked her/him?
21. Put chili pepper, hot pepper, or spicy food in mouth (to cause pain)	**21.** Put chili pepper, hot pepper, or spicy food in his/her mouth (to cause pain)?
22. Forced him/her to kneel or stand in a manner that results in pain	**22a.** Forced him or her to hold a position that caused pain or humiliated him/her as a means of punishment?
--	**22.1.** Read his/her diary or his/her SMS or e-mail messages without his/her permission?
--	**22.2.** Went through his/her bag, drawers, pockets etc. without his/her permission?
23. Cursed him/her	**23.** Cursed him/her?
24. Spanked him/her on the bottom with bare hand	**24.** Spanked her/him on the bottom with bare hand?
25. Choked him/her or squeezed his or her neck with hands (or something else)	**25a.** Choked or smothered him/her (prevent breathing by use of a hand or pillow) or squeezed his/her neck with hands (or something else)?
34. Used a hand or pillow to prevent breathing (smother)	
26. Threatened to kick out of house or send away for a long time	**26a.** Threatened to kick out of house or send away?
27. Locked out of house	**27.** Locked out of home?
28. Took away privileges or money, forbade something [name] liked or prohibited him or her from leaving the home	**28a.** Took away pocket money or other privileges?
	28b. Forbade something that s/he liked?
	28c. Forbade him or her from going out?
29. Insulted him/her by calling [name] dumb, lazy, or other names like that	**29.** Insulted him/her by calling him/her dumb, lazy or other names like that?
30. Pinched him/her	**30a.** Pinched her/him roughly?
31. Slapped on face or back of head	**31a.** Slapped him/her?
32. Refused to speak to him/her	**32.** Refused to speak to him/her (ignore him/her)?
--	**32.1.** Blamed him/her for your bad mood?
--	**33.1.** Told her/him that you wished s/he was dead or had never been born?

Original ICAST-P	Modified ICAST-P
--	**34a.** Threatened to hurt or kill her/him?
35. Burned, scalded or branded him/her	**35a.** Intentionally burned or scalded him/her?
36. Hit him or her over and over again with object or fist (“beat-up”)	**36.** Hit her or him over and over again with object or fist (“beat-up”)
37. Threatened him/her with a knife or gun	**37.** Threatened him/her with a knife or gun?
38. Locked him or her in a dark room	**38a.** Locked her or him up in a small place or in a dark room?
--	**38.1.** Tied him/her up or tied him/her to something using a rope or a chain?
--	**38.2.** Compared him/her to other children in a way that s/he felt humiliated?
39. Used public humiliation to discipline him or her	**39a.** Ashamed or embarrassed her/him intentionally in front of other people in order to make him/her feel very bad or humiliated?
40. Was there a time in the past year that your child didn’t get the medical care for an injury or illness that he or she needed at that time?	**40a.** Was there a time in the past year that your child did not taken care of when s/he was sick or injured, for example not taken to see a doctor when she or he were hurt or not given the medicines s/he needed?
33. Withheld a meal as punishment	**41a.** Was there a time in the last year that your child did not get enough to eat (went hungry) and/or drink (was thirsty) even though there was enough for everyone, as a means of punishment?
41. Was there a time in the last year that your child didn’t get the food or liquid that he or she needed?	
--	**41.1.** Was there a time in the last year that your child had to wear clothes that were dirty, torn, or inappropriate for the season, as a means of punishment?
42. Was there a time, in the past year that your child was seriously hurt or injured (cuts, broken bones or worse) when you or another adult should have been supervising him or her and weren’t?	**42a.** Was there a time, in the past year that your child was hurt or injured because no adult was supervising him or her?
--	**42.1.** Did you ever happen to learn/be informed that your child has been bullied (teased, embarrassed) so that he/she felt sad or bad, by another child at home?
--	**43.1.** Did you ever happen to learn/be informed that your child has been made upset by someone speaking to him/her in a sexual way or writing sexual things about her/him?
--	**43.2.** Did you ever happen to learn/be informed that someone made your child to watch a sex video or look at sexual pictures in a magazine or computer when he or she did not want to do so?
--	**43.3.** Did you ever happen to learn/be informed that someone made your child to look at his/her private parts or wanted to look at your child’s?
-	**43.4.** Did you ever happen to learn/be informed that someone made a sex video or took photographs of your child alone, or with other people, doing sexual things?
43. Was there a time in the last year that your child was touched in a sexual way by an adult?	**43.A.** Did you ever happen to learn/be informed that someone touched your child’s private parts in a sexual way, or made her/him to touch his/hers?
44. Was there a time in the last year that your child had sexual intercourse with an adult?	**44.A.** Did you ever happen to learn/be informed that someone tried to have sex with your child when he or she did not want to?
45. What methods of discipline have you found to be most successful in changing your child’s behavior? (open question)	**45.** Which of the following do you do, which convinces your child to change his/her behavior? (closed question)

Table 2. Differences in the items between the original and the modified ICAST-CH

Original ICAST-CH	Modified ICAST-CH
--	**10.1.** Do you feel safe in your family?
--	**10.2.** Do you like being with your family?
--	**10.3.** Which of the following, if your parents did, would convince you to change your behavior?
11. Has anyone in your home used drugs and/or alcohol and then behaved in a way that frightened you?	**11.** Has anyone in your home used alcohol and/or drugs and then behaved in a way that frightened you?
12. Have you seen adults in your home shouting and yelling at each other (arguing) in a way that frightened you?	**12.** Have you seen adults in your home shouting and yelling at each other (arguing) in a way that frightened you?
13. Have you seen adults in your home hit, kick, slap, punch each other or hurt each other physically in other ways?	**13a.** Have you seen adults in your home hurt each other physically (e.g. hitting, slapping, kicking)?
14. Have you seen anyone in your home used knives, guns, stick, rocks or other things to hurt or scare someone else inside home?	**14.** Have you seen anyone in your home used knives, guns, stick, rocks or other things to hurt or scare someone else inside home?
15. Has anyone close to you, family, friend or neighbour been killed by someone in real life (not on the TV, video or film) on purpose near your home?	**15a.** Has anyone close to you (a family member, friend or neighbour) been murdered?
16. Have you lived somewhere where you have seen people being shot, bombs going off, people fighting, or rioting?	**16.** Have you lived somewhere where you have seen people being shot, bombs going off, people fighting, or rioting?
17. Has anyone come into your home and stolen something?	**17.** Has anyone come into your home and stolen something?
18. Screamed at you very loud and aggressively?	**18A.** Shouted, yelled, or screamed at you very loud and aggressively?
19. Called you names, said mean things or cursed you?	**19A.** Insulted you by calling you dumb, lazy or other names like that?
	19B. Cursed you?
--	**19.1.** Refused to speak to you (ignored you)?
--	**19.2.** Blamed you for his/her bad mood?
--	**19.3.** Told you to start or stop doing something (e.g. start doing your homework or stop watching TV)?
--	**19.4.** Explained you why something you did was wrong?
--	**19.5.** Gave you an award for behaving well?
--	**19.6.** Gave you something else to do in order to distract your attention (e.g. to tell you do something in order to stop you watching TV)?
--	**19.7.** Took away your pocket money or other privileges?
--	**19.8.** Forbade you something that you liked?
--	**19.9.** Forbade you to go out?
--	**19.10.** Read your diary, your SMS or e-mail messages without your permission?
--	**19.11.** Went through your bag, drawers, pockets etc. without your permission?
--	**19.12.** Compared you to other children in a way that you felt humiliated?
20. Made you feel ashamed/embarrassed in front of other people in a way you will always feel bad about?	**20A.** Ashamed or embarrassed you intentionally in front of other people in a way that made you feel very bad or humiliated?
21. Said that they wished you were dead/ had never been born?	**21.** Said that they wished you were dead or had never been born?
22. Threatened to leave you forever or abandon you?	**22.** Threatened to leave you or abandon you?

Original ICAST-CH	Modified ICAST-CH
--	**22.1.** Threatened to kick you out of house or send you away?
23. Locked you out of the home for a long time?	**23A.** Locked you out of the home?
24. Threatened to hurt or kill you, including invoking evil spirits against you?	**24A.** Threatened to invoke ghosts or evil spirits or harmful people against you?
	24B. Threatened to hurt or kill you?
25. Have you been bullied (teased, embarrassed) so that you feel sad or bad, by another child at home?	**25.** Have you been bullied (teased, embarrassed) so that you feel sad or bad, by another child at home?
26. Do you feel that you did not get enough to eat (went hungry) and/or drink (were thirsty) even though there was enough for everyone?	**26A.** Did not get enough to eat (went hungry) and/or drink (were thirsty) even though there was enough for everyone, as a means of punishment?
27. Have to wear dirty, torn clothes, or clothes that were not warm enough/too warm, shoes that were too small even though there were ways of getting better/new ones?	**27A.** Have to wear clothes that were dirty, torn, or inappropriate for the season, as a means of punishment?
28. Not taken care of when you were sick - for example not taken to see a doctor when you were hurt or not given the medicines you needed?	**28.** Not taken care of when you were sick or injured - for example not taken to see a doctor when you were hurt or not given the medicines you needed?
--	**28.1.** You were hurt or injured because no adult was supervising you?
29. You did not feel cared for?	**29.** You did not feel cared for?
30. Felt that you were not important?	**30.** Felt that you were not important?
31. Felt that there was never anyone looking after you, supporting you, helping you when you most needed it?	**31.** Felt that there was never anyone looking after you, supporting you, helping you when you most needed it?
32. Pushed, Grabbed, or Kicked you?	**32A.** Pushed or Kicked you?
--	**32.1.** Grabbed you by your clothes or some part of your body and shook you?
33. Hit, beat, or spanked you with a hand?	**33A.** Slapped you?
	33B. Hit you on head with knuckle or back of the hand?
	33C. Spanked you on the bottom with bare hand?
34. Hit, beat, or spanked you with a belt, paddle, a stick or other object?	**34A.** Hit you on the buttocks with an object such as a stick, broom, cane, or belt?
	34B. Hit you elsewhere (not buttocks) with an object such as a stick, broom, cane, or belt?
--	**34.1.** Hit you over and over again with object or fist (“beat-up”)?
35. Choked you, smothered you or tried to drown you?	**35A.** Choked you or smothered you (prevent breathing by use of a hand or pillow) or squeezed your neck with hands (or something else)?
36. Burned or scalded you, (including putting hot chillies or peppers in your mouth)?	**36A.** Intentionally burned or scalded you?
	36B. Put chilli pepper, hot pepper, or spicy food in your mouth (to cause pain)?
37. Locked you up in a small place, tied you up, or chained you to something?	**37A.** Locked you up in a small place or in a dark room?
	37B. Tied you up or tied you to something using a rope or a chain?
38. Pulled your hair, pinched you, or twisted your ear?	**38A.** Roughly twisted your ear?
	38B. Pulled your hair?
	38C. Pinched you roughly?
39. Making you stay in one position holding a heavy load or another burden or making you do exercise as punishment?	**39A.** Forced you to hold a position that caused pain or humiliated you as a means of punishment?
40. Threatened you with a knife or a gun	**40.** Threatened you with a knife or a gun?

Original ICAST-CH	Modified ICAST-CH
41. Made you upset by speaking to you in a sexual way or writing sexual things about you?	**41.** Made you upset by speaking to you in a sexual way or writing sexual things about you?
42. Made you watch a sex video or look at sexual pictures in a magazine or computer when you did not want to?	**42.** Made you watch a sex video or look at sexual pictures in a magazine or computer when you did not want to?
43. Made you look at their private parts or wanted to look at yours?	**43.** Made you look at their private parts or wanted to look at yours?
44. Touched your private parts, or made you touch theirs?	**44.** Touched your private parts in a sexual way, or made you touch theirs?
45. Made a sex video of you alone or with other people doing sexual things?	**45A.** Made a sex video or took photographs of you alone, or with other people, doing sexual things?
46. Tried to have sex with you when you did not want them to?	**46.** Tried to have sex with you when you did not want them to?
47. Do you have any other experiences with being hurt at Home that we have not already asked you about?	**47.** Do you have any other experiences with being hurt at home that we have not already asked you about?
48. Do you have any suggestions for preventing violence against children:	**48.** Do you have any suggestions for preventing violence against children?
49. Was this a hard questionnaire to answer?	**49.** Was this a hard questionnaire to answer?
50. Is there anything that you didn't understand?	**50.** Is there anything that you didn't understand?
51. Was it difficult to be completely open about what happened to you?	**51.** Was it difficult to be completely open about what happened to you?
52. Is there anything else you would like to say about what happened to you or about filling in the questionnaire?	**52.** Is there anything else you would like to say about what happened to you or about filling in the questionnaire?

Table 3. Matched questions between the modified ICAST-P and ICAST-CH in parallel with the original tools

ICAST-CH	Modified ICAST-CH	Modified ICAST-P	ICAST-P
--	**10.1.** Do you feel safe in your family?	--	--
--	**10.2.** Do you like being with your family?	--	--
--	**10.3.** Which of the following, if your parents did, would convince you to change your behavior?	**45.** Which of the following do you do, which convinces your child to change his/her behavior? (closed question)	**45.**
11.	**11.** Has anyone in your home used alcohol and/or drugs and then behaved in a way that frightened you?	--	--
12.	**12.** Have you seen adults in your home shouting and yelling at each other (arguing) in a way that frightened you?	--	--
13.	**13a.** Have you seen adults in your home hurt each other physically (e.g. hitting, slapping, kicking)?	--	--
14.	**14.** Have you seen anyone in your home used knives, guns, stick, rocks or other things to hurt or scare someone else inside home?	--	--
15.	**15a.** Has anyone close to you (a family member, friend or neighbour) been murdered?	--	--
16.	**16.** Have you lived somewhere where you have seen people being shot, bombs going off, people fighting, or rioting?	--	--
17.	**17.** Has anyone come into your home and stolen something?	--	--
18.	**18A.** Shouted, yelled, or screamed at you very loud and aggressively?	**18a.** Shouted, yelled, or screamed at her/him very loud and aggressively?	**18.**
19.	**19A.** Insulted you by calling you dumb, lazy or other names like that?	**29.** Insulted him/her by calling him/her dumb, lazy or other names like that?	**29.**
	19B. Cursed you?	**23.** Cursed him/her?	**23.**
--	**19.1.** Refused to speak to you (ignored you)?	**32.** Refused to speak to him/her (ignore him/her)?	**32.**
--	**19.2.** Blamed you for his/her bad mood?	**32.1.** Blamed him/her for your bad mood?	--
--	**19.3.** Told you to start or stop doing something (e.g. start doing your homework or stop watching TV)?	**9.** Told her/him to start or stop doing something (e.g. start doing your homework or stop watching TV)?	**9.**
--	**19.4.** Explained you why something you did was wrong?	**8.** Explained him/her why something s/he did was wrong?	**8.**
--	**19.5.** Gave you an award for behaving well?	**8.1.** Gave him/her an award for behaving well?	--
--	**19.6.** Gave you something else to do in order to distract your attention (e.g. to tell you do something in order to stop you watching TV)?	**13.** Gave him/her something else to do in order to distract his/her attention (e.g. to tell him/her to do something else in order to stop watching TV)?	**13.**
--	**19.7.** Took away your pocket money or other privileges?	**28a.** Took away pocket money or other privileges?	**28.**
--	**19.8.** Forbade you something that you liked?	**28b.** Forbade something that s/he liked?	
--	**19.9.** Forbade you to go out?	**28c.** Forbade him or her from going out?	
--	**19.10.** Read your diary, your SMS or e-mail messages without your permission?	**22.1.** Read his/her diary or his/her SMS or e-mail messages without his/her permission?	--
--	**19.11.** Went through your bag, drawers, pockets etc. without your permission?	**22.2.** Went through his/her bag, drawers, pockets etc. without his/her permission?	--
	19.12. Compared you to other children in a way that you felt humiliated?	**38.2.** Compared him/her to other children in a way that s/he felt humiliated?	--

ICAST-CH	Modified ICAST-CH	Modified ICAST-P	ICAST-P
20.	**20A.** Ashamed or embarrassed you intentionally in front of other people in a way that made you feel very bad or humiliated?	**39a.** Ashamed or embarrassed her/him intentionally in front of other people in order to make him/her feel very bad or humiliated?	**39.**
21.	**21.** Said that they wished you were dead or had never been born?	**33.1.** Told her/him that you wished s/he was dead or had never been born?	**--**
22.	**22.** Threatened to leave you or abandon you?	**17a.** Threatened to leave or abandon him/her?	**17.**
--	**22.1.** Threatened to kick you out of house or send you away?	**26a.** Threatened to kick out of house or send away?	**26.**
23.	**23A.** Locked you out of the home?	**27.** Locked out of home?	**27.**
24.	**24A.** Threatened to invoke ghosts or evil spirits or harmful people against you?	**19.** Threatened to invoke ghosts or evil spirits or harmful people against him/her?	**19.**
	24B. Threatened to hurt or kill you?	**34a.** Threatened to hurt or kill her/him?	**--**
25.	**25.** Have you been bullied (teased, embarrassed) so that you feel sad or bad, by another child at home?	**42.1.** Did you ever happen to learn/be informed that your child has been bullied (teased, embarrassed) so that he/she felt sad or bad, by another child at home?	**--**
26.	**26A.** Did not get enough to eat (went hungry) and/or drink (were thirsty) even though there was enough for everyone, as a means of punishment?	**41a.** Was there a time in the last year that your child did not get enough to eat (went hungry) and/or drink (was thirsty) even though there was enough for everyone, as a means of punishment?	**33 + 41**
27.	**27A.** Have to wear clothes that were dirty, torn, or inappropriate for the season, as a means of punishment?	**41.1.** Was there a time in the last year that your child had to wear clothes that were dirty, torn, or inappropriate for the season, as a means of punishment?	**--**
28.	**28.** Not taken care of when you were sick or injured - for example not taken to see a doctor when you were hurt or not given the medicines you needed?	**40a.** Was there a time in the past year that your child did not taken care of when s/he was sick or injured, for example not taken to see a doctor when she or he were hurt or not given the medicines s/he needed?	**40.**
--	**28.1.** You were hurt or injured because no adult was supervising you?	**42a.** Was there a time, in the past year that your child was hurt or injured because no adult was supervising him or her?	**42.**
29.	**29.** You did not feel cared for?	--	**--**
30.	**30.** Felt that you were not important?	--	**--**
31.	**31.** Felt that there was never anyone looking after you, supporting you, helping you when you most needed it?	--	**--**
32.	**32A.** Pushed or Kicked you?	**20a.** Pushed or kicked her/him?	**20.**
--	**32.1.** Grabbed you by your clothes or some part of your body and shook you?	**10a.** Grabbed him/her by clothes or some part of his/her body and shook him/her?	
33.	**33A.** Slapped you?	**31a.** Slapped him/her?	**31.**
	33B. Hit you on head with knuckle or back of the hand?	**15.** Hit him/her on head with knuckle or back of the hand?	**15.**
	33C. Spanked you on the bottom with bare hand?	**24.** Spanked her/him on the bottom with bare hand?	**24.**
34.	**34A.** Hit you on the buttocks with an object such as a stick, broom, cane, or belt?	**11.** Hit her or him on the buttocks with an object such as a stick, broom, cane, or belt?	**11.**
	34B. Hit you elsewhere (not buttocks) with an object such as a stick, broom, cane, or belt?	**12.** Hit elsewhere (not buttocks) with an object such as a stick, broom, cane, or belt?	**12.**
--	**34.1.** Hit you over and over again with object or fist (“beat-up”)?	**36.** Hit her or him over and over again with object or fist (“beat-up”)	**36.**
35.	**35A.** Choked you or smothered you (prevent breathing by use of a hand or	**25a.** Choked or smothered him/her (prevent breathing by use of a hand or	**25 +34**

ICAST-CH	Modified ICAST-CH	Modified ICAST-P	ICAST-P
	pillow) or squeezed your neck with hands (or something else)?	pillow) or squeezed his/her neck with hands (or something else)?	
36.	**36A.** Intentionally burned or scalded you?	**35a.** Intentionally burned or scalded him/her?	**35.**
	36B. Put chilli pepper, hot pepper, or spicy food in your mouth (to cause pain)?	**21.** Put chili pepper, hot pepper, or spicy food in his/her mouth (to cause pain)?	**21.**
37.	**37A.** Locked you up in a small place or in a dark room?	**38a.** Locked her or him up in a small place or in a dark room?	**38.**
	37B. Tied you up or tied you to something using a rope or a chain?	**38.1.** Tied him/her up or tied him/her to something using a rope or a chain?	**--**
38.	**38A.** Roughly twisted your ear?	**14a.** Roughly twisted her/his ear?	**14.**
	38B. Pulled your hair?	**16.** Pulled her/his hair	**16.**
	38C. Pinched you roughly?	**30a.** Pinched her/him roughly?	**30.**
39.	**39A.** Forced you to hold a position that caused pain or humiliated you as a means of punishment?	**22a.** Forced him or her to hold a position that caused pain or humiliated him/her as a means of punishment?	**22.**
40.	**40.** Threatened you with a knife or a gun?	**37.** Threatened him/her with a knife or gun?	**37.**
41.	**41.** Made you upset by speaking to you in a sexual way or writing sexual things about you?	**43.1.** Did you ever happen to learn/be informed that your child has been made upset by someone speaking to him/her in a sexual way or writing sexual things about her/him?	--
42.	**42.** Made you watch a sex video or look at sexual pictures in a magazine or computer when you did not want to?	**43.2.** Did you ever happen to learn/be informed that someone made your child to watch a sex video or look at sexual pictures in a magazine or computer when he or she did not want to do so?	--
43.	**43.** Made you look at their private parts or wanted to look at yours?	**43.3.** Did you ever happen to learn/be informed that someone made your child to look at his/her private parts or wanted to look at your child's?	--
44.	**44.** Touched your private parts in a sexual way, or made you touch theirs?	**43.A.** Did you ever happen to learn/be informed that someone touched your child's private parts in a sexual way, or made her/him to touch his/hers?	**43.**
45.	**45A.** Made a sex video or took photographs of you alone, or with other people, doing sexual things?	**43.4.** Did you ever happen to learn/be informed that someone made a sex video or took photographs of your child alone, or with other people, doing sexual things?	--
46.	**46.** Tried to have sex with you when you did not want them to?	**44.A.** Did you ever happen to learn/be informed that someone tried to have sex with your child when he or she did not want to?	**44.**
47.	**47.** Do you have any other experiences with being hurt at home that we have not already asked you about?	**--**	**--**
48.	**48.** Do you have any suggestions for preventing violence against children?	**--**	**--**
49.	**49.** Was this a hard questionnaire to answer?	**--**	**--**
50.	**50.** Is there anything that you didn't understand?	**--**	**--**
51.	**51.** Was it difficult to be completely open about what happened to you?	**--**	**--**
52.	**52.** Is there anything else you would like to say about what happened to you or about filling in the questionnaire?	**--**	**--**