BALKAN EPIDEMIOLOGICAL STUDY ON CHILD ABUSE & NEGLECT (BECAN)

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

BECAN
EPIDEMIOLOGICAL SURVEY ON CHILD ABUSE AND NEGLECT (CAN) IN GREECE

Institute of Child Health
Department of Mental Health and Social Welfare
Centre for the Study and Prevention
of Child Abuse and Neglect

Athens, January 2013

The work leading to this document has received funding from the European Community's 7th Framework Programme (FP7/2007-2013) under the Grant Agreement no HEALTH-F2-2009-223478

REPORT INFORMATION

Project

Project acronym:	**BECAN**
Project full title:	**Balkan Epidemiological Study on Child Abuse and Neglect**
Grant agreement no.:	**223478**
Funding scheme:	**Collaborative Project**
Project start date:	1-10-2009
Project duration:	40 months
Call topic:	Promoting healthy behaviour in children and adolescents, Implementation of research into healthcare practice, Trends of population health [HEALTH-2007-3.3-1, 3.1-1, 3.2-7]
Project web-site:	www.becan.eu

Report

Deliverable number:	3.1
Deliverable title:	Report on Incidence and Prevalence rates, types and determinants of CAN (on national and Balkan level) in children 11, 13 and 16 years old
Due date of deliverable:	38th Month
Actual submission date:	40th Month
Authors:	Kiki Petroulaki, Antonia Tsirigoti, Foteini Zarokosta, George Nikolaidis
Beneficiary:	Institute of Child Health-Department of Mental Health & Social Welfare
Work Package no.:	3
Work Package title:	Epidemiological Studies
Work Package leader:	Institute of Child Health-Department of Mental Health & Social Welfare
Work Package participants:	CRCA-AL, SWU-BG, UNIZG-HR, UniClPsy-FYRoM, UBB-RO, FASPER-RS, AAHD-TR, FPN-BiE
Dissemination level:	PU
Nature:	R
Version:	Final

CONTENTS

INTRODUCTION

The Project "Balkan Epidemiological Study on Child Abuse and Neglect" (B.E.C.A.N.) ran 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.

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 with convenience samples of children that have dropped-out of school in countries where the drop-out rates are high for producing estimates of respectful 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

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

participating country. Moreover, comparison at national level between inductance rates of CAN as found in the field survey on one hand and in the 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, National Networks were built consisting 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 9 National Conferences and one International Conference, scientific papers, announcements in scientific conferences and meetings, publications in press/media, publications of Reports, etc (more information about the project's activities can be found on 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.

The present Report describes in detail the methodology and the main results of the epidemiological survey conducted in Greece with the samples of pupils attending the 6th grade of primary school, the 1st grade of junior high school and the 1st grade of senior general and vocational high schools, as well as with their parents.

A. GENERAL INFORMATION

A.1. Survey timeline

In Greece, data collection from pupils and their parents lasted in total 10 months and was conducted from December 1st, 2010 until May 25th, 2012, by following different timelines per geographic area, as illustrated in Figure 1. More specifically, data collection in Attica lasted from the beginning of December 2010 until mid June 2011. Due to practical barriers related to the permission provided by the Ministry of Education, data collection in secondary schools was not completed before the end of the school year 2010-11 and it was continued during the following school year (end of January - mid March 2012). In Crete, data collection was conducted from the end of January 2011 until the beginning of February 2011 and from the beginning of March 2011 until the beginning of April 2011. In the Thessaloniki Prefecture, data collection was conducted in February 2011 and from mid March 2012 until the end of May 2012.

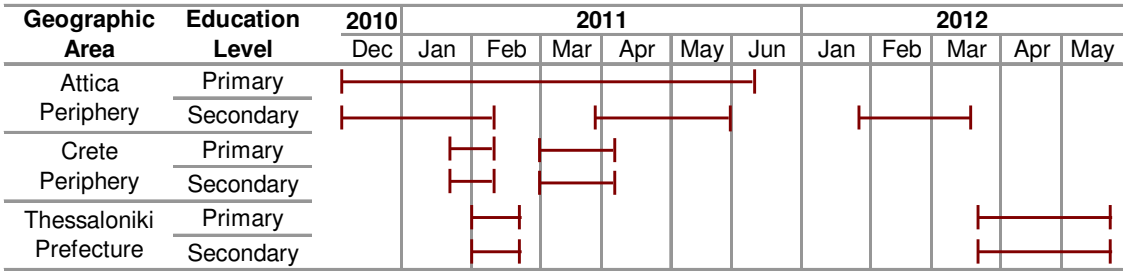


Figure A1. Timeline of data collection in Greece, per geographic area and education level.

A.2. Research team

The survey was designed and conducted 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 Scientific Coordinator of the research was George Nikolaidis, Psychiatrist, MD, MA, MSc, Ph.D. The Field Research Coordinator was Kiki Petroulaki, Experimental Psychologist, Ph.D., assisted by Antonia Tsirigoti, Psychologist. Statistical analysis of data was conducted by Foteini Zarokosta, Statistician, under the supervision of Vassilis Vasdekis, Associate Professor of Statistics at Athens University of Economics and Business. Data collection was conducted by a specially trained group of field researchers. The research group, at different periods of time, consisted of 4-12 field researchers (11 Psychologists and 1 Social Worker).

B. ORGANIZATION OF THE SURVEY

The preparation phase of the epidemiological study in Greece included a) the preparation of the research tools and materials (see chapter C4 of this Report), b) the obtainment of permission from the Ministry of Education, Lifelong Learning and Religious Affairs to conduct the survey in schools and c) the training of the field researchers' group.

B.1. Permission to access schools

On February 4th, 2010, two applications were submitted to the Ministry of Education, Lifelong Learning and Religious Affairs, one concerning the realization of the study at the 6th grade of Primary School (11-years old grade) and the other at the 1st grade of Junior and Senior High Schools (13- and 16-years old grades).

On the basis of the permissions granted on October 26th 2010 and November 23rd, 2010, the Ministry of Education rendered the obtainment of active parental consent[2] a mandatory prerequisite for the participation of children in the survey, for all educational levels, despite the well-documented request of ICH-MHSW for passive parental consent[3]. On the basis of well-grounded objections raised by ICH-MHSW after conducting a small part of the data collection in accordance with these obligatory terms, the Ministry accepted to revise its permissions and allowed the continuation of the research by use of passive parental consent for both primary and secondary schools (revised permissions granted on February 11th, 2011 and March 3rd, 2011, respectively).

Due to the delays faced with the obtainment of the revised permissions, the survey for some grades had to be continued during the following school year (2011-12) in some of the geographical areas (extended permission for secondary schools was granted on April 1st, 2011).

Ethical clearance of the research

In Greece there is no official legal procedure for ethical clearance of research. However, most Research Institutes and Universities have their own Ethics Committees that are responsible for the ethical conduct of all research undertaken by their Departments. The BECAN survey protocol in Greece was approved by the Ethics Committee of the Institute of Child Health. The entire research methodology was also approved by the project's National Advisory Board for ethical issues (NAB), which was established especially for the purposes of the BECAN project.

---

[2] **Active consent** procedure, require parents to sign and return a form indicating their **wish –either negative or positive**- regarding their child's participation in the research. Unreturned forms, as a consequence, lead to the exclusion of the child from the data collection.

[3] **Passive consent** procedure, similarly with the active one, require parents to sign and return a form indicating their wish- either negative or positive- regarding their child's participation in the research. However, via the information letter, parents are informed that "*in case the researchers don't receive the completed form it will be considered that you don't have any objection for your child's participation in the survey*".

B.2. Field researchers' training

The field researchers team attended a two-day training workshop (16 hours duration) conducted by ICH-MHSW on the 2nd - 3rd of September 2010. A total of 17 professionals[4] were trained: 16 Psychologists and one Social Worker.

Trainees were introduced to the theoretical background of the child abuse and neglect phenomenon and to the methodology (e.g. research tools, data collection methods, sample) and organization of the research with the samples of pupils and their parents as well as with the sample of children that have dropped-out of school and their parents. The training included a detailed step-by-step description and guidelines for data collection via self-completed questionnaires and via structured interviews; additionally, mock interviews conducted by each participant during the training (aiming towards the researchers' initial familiarization with the instruments and quality check of completion). Specific entities of the training also concerned a) ethical and safety issues related to the field research, b) crisis intervention and instructions on how to react to cases of -suspected or disclosed- Child Abuse and Neglect (CAN) and/or Intimate Partner Violence (IPV), and c) the supervision of field researchers.

Trainees were provided with a hardcopy of the "Guidelines for Researchers" (Petroulaki, Tsirigoti, Nikolaidis, 2010) that was specifically developed for this field research. The "Guidelines for Researchers" included all the information provided during the training in detail, as well as a list of pre-defined standardized answers that researchers had to use in order to answer possible questions the respondents' (children and parents) may have had, a list of organizations providing services for cases of CAN and IPV, information on how to conduct the quality check of collected data and how to report the process of data collection, as well as other necessary material (e.g. interview cards, reporting forms).

The trained researchers were also assigned, as a post-workshop obligation, to conduct pilot administration of the self-completed questionnaires (to at least two children and two parents) and pilot interviews (to at least two children and two parents). The aim of this pilot phase was for researchers to become completely familiar with the instruments, to identify any further questions that needed standardized answers to be developed, as well as to provide an additional pilot test of the research tools, which were further improved upon the basis of respondents' questions and suggestions.

Last but not least, the field researchers' training was evaluated by using pre- and post-questionnaires that trainees anonymously completed before the onset of the training and at the end. According to their post-ratings, trainees' evaluated, on a scale from 0 to 10, that they were almost "completely" satisfied by the overall training (M = 9.3, SD = .93) as well as by all other specific aspects of the training that they were asked to evaluate [the completeness of the training folder they were given (M = 9.7, SD = .48), the adequacy of the trainers (M = 9.6, SD = .62), the quality of the Guidelines for Researchers and the organization of the training (M = 9.4, SD = .72 and .63, respectively), the content of the training (M = 9.3, SD = .79), the implementation procedure of the training (M = 9.1, SD = .93), and the place where the training was conducted: (M = 8.6, SD = 1.03)]. Trainees also rated, on the same 11-point scale, their understanding of the survey's implementation and the manner in which the implementation, coordination and supervision of the research group on methodological issues and on

[4] Twelve out of the 17 trainees were hired for the data collection.

handling any revealed cases had been designed to be made, as highly sufficient (ratings 8.8 - 9.3 on 6 items). An additional indication that the training was highly effective was trainees' high mean ratings (9.1 and 8.8) on items asking them to indicate, *how clear are you on the role you will be called on to undertake as a researcher* and to *what extent do you think you will be able to fulfill your role as a researcher*?

Trainees were also asked, via pre- and post-training questionnaires, to assess on a scale 0 – 10 (not at all … completely), *how comfortable they feel asking a child (or a parent for her/his child) if s/he suffer any of 4 abuse forms*, *their current knowledge* on 11 topics related to methodological, ethical and CAN issues (theoretical and practical), their *confidence to handle* methodological, ethical and practical issues that may arise in the field (8 items). The mean ratings of trainees increased after the training, as compared with their pre-assessments for all of the 27 items rated. More specifically, trainees' comfortableness on asking a child or a parent about CAN (8 items), from pre-scores of 6 – 7.3 increased to post-scores of 7.1 – 8.6 (namely, scores increased by 0.1 -1.4 points). Similarly, trainees' mean ratings for their self-assessed knowledge (11 items), that ranged from 6 to 8.5 before the training, increased afterwards by 0.6 – 2.4 points (reaching, thus, the post-scores of 8.4 – 9.1). Last, but not least, trainees' confidence that they are able to handle problems they may face during the field research (8 items), increased from 6.6 – 7.9 in the pre-ratings to 8 – 8.5 in the post-ratings (namely, all ratings were increased by 0.5 – 1.6 points).

C. METHODOLOGY

The BECAN research was held in Greece with a representative sample of pupils attending to a) the last grade of Primary school (11-year olds grade group), b) the first grade of Junior High School (13-year olds grade group) c) the first grade of the General Senior High School (16-General grade group) and d) the first grade of the Vocational Senior High School (16-Vocational grade group) in all prefectures of the Peripheries of Attica and Crete and in the prefecture of Thessaloniki, as well as with a sample of their parents/guardians. Initially the research was planned to take place in all prefectures of Central Macedonia and, thus, the sampling (which is described in the next chapter) was conducted for all of the Prefectures of this Periphery (see Table C.1a-d). However, due to practical reasons (related mostly to time and resources restrictions) the research was rendered possible to be conducted only in the Prefecture of Thessaloniki which, in terms of pupil population, is the largest Prefecture of the Central Macedonia Periphery.

C.1. Sampling method

Multi-stage stratified cluster sampling was used for the selection of a representative sample from the general population of pupils' attending the 11-year olds[5], 13-year olds[6], the 16-General[7] και Vocational[8] grade groups in the Peripheries of Attica, Central Macedonia and Crete. The sample's size was set at the 5% of the pupils' population of Greece (330,508 pupils /-tion), namely 16,526 pupils. The sampling stages are described below:

- Out of the 13 Greek Peripheries the 3 largest, in terms of the pupils' population, were intentionally selected, namely Attica (106,516 pupils), Central Macedonia (60,598 pupils) and Crete (21,615 pupils). The Periphery of Crete was chosen as the third one, although its pupil population was slightly smaller than that of Thessaly (22,207 pupils) and Western Greece (21,785 pupils); this choice was made because, in comparison with them, Crete is the only insular Periphery and, moreover, it has some special features (increased tourist population for more than seven months in the year as well as gun possession and use). Overall, the 57% of the entire Greek pupil population of the selected grade groups is located in these 3 Peripheries attending. The sample (16,526 pupils) consists the 8.77% of the pupil population of the 3 Peripheries.

  The total sample was initially stratified to the three grade groups (the 16-year olds grade group was further stratified to General and Vocational Schools) in such a way so that the proportions of the pupil population of these grade groups (28.87%, 36.12, 27.74 and 7.26% for F, A School, Uniform and Career High School, respectively) in the selected Peripheries were maintained in the sample. Following this stratification, which defined the sample's size for each grade group, the stratification and sampling in all of the subsequent stages were conducted separately, for each grade group.

---

5 Public and Private, All day schools, Experimental, Intercultural and Schools of Special Education

6 Public and Private, Day and Evening schools, Experimental, Intercultural, Special Education, Art, and Music schools

7 Public and Private, Day and Evening schools, Experimental, Intercultural, Special Education, Art, and Music schools

8 Day and Evening schools

- In the next stage, each Periphery's Prefectures were not sampled, but were all included in the sample; more specifically, all of the prefectures of Attica (Athens, East Attica, West Attica, Piraeus), and all Prefectures of Central Macedonia (Imathia, Thessaloniki, Kilkis, Pella, Pieria, Serres, Chalkidiki) and of Crete (Heraklion, Lassithi, Rethymno, Chania) were included in the sample. Each grade group's sample was stratified to each Periphery's Prefectures (see in Tables C.1a –d, the column "Pupils' stratification in $n_{sel.}$") in such a way so that the proportions of the pupil population of these Prefectures were maintained in the sample (see in Tables C.1a –d, the column "Pupils' stratification in N").
- In the third stage, the number of schools required in order for the sample to be reached (see in Tables C.1a –d, the column "selected sample, $n_{sel.}$") was estimated, separately for each grade group; this estimation was made on the basis of pupils' sample size, as determined by the stratifications in the previous stages (see in Tables C.1a –d, the column "selected sample, n_{des}"). The schools were randomly selected from the Ministry's of Education list, including all schools per prefecture. Also randomly were selected some "**substitute schools"** which were anticipated to participate in the survey in case one or more of the sampled schools' Principals refused their school's participation in the research.
- For each sampled school all classrooms were considered eligible to participate in the research (ie, all children, along with one of their parents/carer were invited to participate in the survey). Due to the fact that the sampling unit was the school and not the pupils, the size of the selected sample (n_{sel}) was larger than the desired (n_{des}), reaching thus the number of 19.411 pupils in 406 schools (see Tables C.1a-d).

It should be noted here that, although the initial sampling design provided for a further stratification of the sample on the basis of the urbanity (urban - non-urban) of the school's location, in practice this could not be done due to the fact that the Ministry of Education did not have all schools classified is this way. In accordance, the sample's stratification on the basis of urbanicity was made retrospectively and, instead of the schools' location, the location of the respondents' residency (as reported in item 4.1 of the ICAST-CH questionnaire) was used.

In retrospect, this choice could be considered as more correct due to the fact that, in Greece, all Senior high schools (and most of the Junior high schools) are located in urban areas, while children attending them can live in both urban and non-urban areas

Table C.1a. School and pupil population (N), desired ($n_{des.}$) and selected ($n_{sel.}$) sample of Primary schools and of pupils attending the 6th grade (11-year olds), by Periphery and Prefecture (total Greece: 97.716 pupils attending the last grade of Primary school in 5.962 schools†)

PERIPHERIES & Prefectures	Population (N)†		Desired sample ($n_{des.}$)	Selected Sample ($n_{sel.}$)		Pupils' stratification (%) in	
	Schools	Pupils	Pupils	Schools	Pupils	N	N_{sel}
ATTICA	**1.118**	**29.937**	**2.655**	**103**	**2.790**	**54,34**	**52,19**
Athens	703	19.671	1.744	62	1.810	35,70	33,86
East Attica	149	4.040	358	12	361	7,33	6,75
West Attica	63	1.754	156	7	192	3,18	3,59
Piraeus	203	4.472	397	22	427	8,12	7,99
C. MACEDONIA	**891**	**18.549**	**1.645**	**84**	**1.825**	**33,67**	**34,14**
Imathia	80	1.533	136	8	154	2,78	2,88
Thessaloniki	366	10.537	934	35	971	19,12	18,16
Kilkis	56	772	68	4	74	1,40	1,38
Pella	126	1.563	139	11	150	2,84	2,81
Pieria	74	1.397	124	8	179	2,54	3,35
Serres	117	1.601	142	11	186	2,91	3,48
Chalkidiki	72	1.146	102	7	111	2,08	2,08
CRETE	**478**	**6.609**	**586**	**36**	**731**	**12,00**	**13,67**
Heraklion	231	3.268	290	13	344	5,93	6,43
Lasithi	67	793	70	6	95	1,44	1,78
Rethymnon	80	945	84	9	126	1,72	2,36
Chania	100	1.603	142	8	166	2,91	3,10
TOTAL	**2.487**	**55.095**	**4.886**	**223**	**5.346**	**100%**	**100%**

Table C.1b. School and pupil population (N), desired ($n_{des.}$) and selected ($n_{sel.}$) sample of Junior high schools and of pupils attending the 1st grade (13-year olds), by Periphery and Prefecture (total Greece: 117.521 pupils attending the 1st grade of Junior high school in 1.893 schools†)

PERIPHERIES & Prefectures	Population (N)†		Desired sample ($n_{des.}$)	Selected sample ($n_{sel.}$)		Pupils' stratification (%) in	
	Schools	Pupils	Pupils	Schools	Pupils	N	N_{sel}
ATTICA	**512**	**38.766**	**3.349**	**48**	**3.544**	**56.99**	**53.90**
Athens	329	24.824	2.145	30	2.199	36,50	33,44
East Attica	74	5.884	508	7	568	8,65	8,64
West Attica	26	2.261	195	3	203	3,32	3,09
Piraeus	83	5.797	501	8	574	8,52	8,73
C. MACEDONIA	**316**	**21.364**	**1.846**	**35**	**2.177**	**31.42**	**33.10**
Imathia	26	1.882	163	3	188	2,77	2,86
Thessaloniki	163	12.256	1.059	18	1.142	18,02	17,37
Kilkis	16	827	71	2	120	1,22	1,82
Pella	25	1.781	154	3	202	2,62	3,07
Pieria	22	1.494	129	2	188	2,20	2,86
Serres	40	1.803	156	4	204	2,65	3,10
Chalkidiki	24	1.321	114	3	133	1,94	2,02
CRETE	**108**	**7.880**	**681**	**11**	**855**	**11.59**	**13.00**
Heraklion	49	3.907	337	5	353	5,75	5,37
Lasithi	14	946	82	2	133	1,39	2,02
Rethymnon	19	1.132	98	2	142	1,66	2,16
Chania	26	1.895	164	2	227	2,79	3,45
TOTAL	**936**	**68.010**	**5.876**	**94**	**6.576**	**100%**	**100%**

† The data used for the sampling concerned the school year 2009-10 and were obtained from the Ministry of Education, Religion and Lifelong Learning, Directorate of Operational Infrastructure, Informatics and New Technologies.

Table C.1c. School and pupil population (N), desired ($n_{des.}$) and selected ($n_{sel.}$) sample of General Senior high schools and of pupils attending the 1st grade (16-General), by Periphery and Prefecture (total Greece: 89.181 pupils attending the 1st grade of General Senior high school in 1.123 schools†)

PERIPHERIES & Prefectures	Population (N)†		Desired sample ($n_{des.}$)	Selected Sample ($n_{sel.}$)		Pupils' stratification (%) in	
	Schools	Pupils	Pupils	Schools	Pupils	N	N_{sel}
ATTICA	**389**	**30.654**	**2.675**	**36**	**2.816**	**59,98**	**53,59**
Athens	262	20.915	1.825	22	1.899	40,92	36,14
East Attica	56	4.486	392	6	430	8,78	8,18
West Attica	15	1.232	107	2	113	2,41	2,15
Piraeus	56	4.021	351	6	374	7,87	7,12
C. MACEDONIA	**188**	**15.275**	**1.332**	**20**	**1.671**	**29,88**	**31,80**
Imathia	14	1.149	100	2	160	2,25	3,04
Thessaloniki	110	9.403	821	10	892	18,4	16,98
Kilkis	10	539	47	2	160	1,05	3,04
Pella	11	1.106	96	1	114	2,16	2,17
Pieria	12	1.147	100	2	107	2,24	2,04
Serres	21	1.251	109	1	124	2,45	2,36
Chalkidiki	10	680	59	2	114	1,33	2,17
CRETE	**67**	**5.185**	**452**	**7**	**767**	**10,14**	**14,61**
Heraklion	34	2.656	232	2	314	5,2	5,98
Lasithi	7	553	48	1	179	1,08	3,41
Rethymnon	9	667	58	2	116	1,3	2,21
Chania	17	1.309	114	2	158	2,56	3,01
TOTAL	**644**	**51.114**	**4.459**	**63**	**5.254**	**100%**	**100%**

Table C.1d. School and pupil population (N), desired ($n_{des.}$) and selected ($n_{sel.}$) sample of Vocational Senior high schools and of pupils attending the 1st grade (16-Vocational), by Periphery and Prefecture (total Greece: 26.090 pupils attending the 1st grade of Vocational Senior high school in 390 schools†)

PERIPHERIES & Prefectures	Population (N)†		Desired sample ($n_{des.}$)	Selected sample ($n_{sel.}$)		Pupils' stratification (%) in	
	Schools	Pupils	Pupils	Schools	Pupils	N	N_{sel}
ATTICA	**86**	**7.159**	**652**	**12**	**923**	**49,97**	**41.30**
Athens	55	4.350	396	6	444	30,37	19,87
East Attica	11	996	91	2	197	6,95	8,81
West Attica	5	515	47	1	97	3,59	4,34
Piraeus	15	1.298	118	3	185	9,06	8,28
C. MACEDONIA	**63**	**5.225**	**477**	**9**	**817**	**36,48**	**36,55**
Imathia	4	395	36	1	215	2,76	9,62
Thessaloniki	31	2.744	250	3	305	19,16	13,65
Kilkis	3	301	28	1	83	2,10	3,71
Pella	8	541	49	1	66	3,78	2,95
Pieria	4	459	42	1	28	3,20	1,25
Serres	8	500	46	1	44	3,49	1,97
Chalkidiki	5	285	26	1	76	1,99	3,4
CRETE	**24**	**1.941**	**176**	**5**	**495**	**13,55**	**22,15**
Heraklion	8	915	83	2	145	6,39	6,49
Lasithi	5	268	24	1	52	1,87	2,33
Rethymnon	3	245	22	1	196	1,71	8,77
Chania	8	513	47	1	102	3,58	4,56
TOTAL	**173**	**14.325**	**1.305**	**26**	**2.235**	**100%**	**100%**

† The data used for the sampling concerned the school year 2009-10 and were obtained from the Ministry of Education, Religion and Lifelong Learning, Directorate of Operational Infrastructure, Informatics and New Technologies.

C.2. Sample

The final sample of pupils (see Table C.2.1) approached to be surveyed differs from $n_{sel.}$ for two reasons; firstly, the survey was not undertaken in all prefectures of the Central Macedonia Periphery and, secondly, during the school years 2010-11, the number of enrolled pupils in the schools selected in the sample were slightly different from the number of pupils of the school year 2009-10, on which the sampling was based. Therefore, the final pupils' sample approached was 15,320 students attending 747 classes in 307 schools, which equals to the 4.6% of the entire Greek population of pupils attending the specific grades and 8.1 % of the pupils' population of the Attica and Crete Peripheries and of the Thessaloniki Prefecture.

Table C.2.1. Number of schools, classrooms, pupils and their parents in the samples, by grade group and geographical region. (Total sample: 15.320 pupils, attending 747 classes in 307 schools and 10.567 parents)

Geographical Region[1]	Grade group												Parents' sample
	11-year olds			13-year olds			16-year olds General school			16-year olds Vocational school			
	Schools	Class-rooms	Pupils	Schools	Class-rooms	Pupils	Schools	Class-rooms	Pupils	Schools	Class-rooms	Pupils	
Attica	97	146	2697	48	154	3318	34	130	2914	97	146	11	6521
Crete	34	47	764	11	36	770	8	30	730	34	47	5	1918
Thessaloniki	29	48	940	18	46	984	10	34	780	29	48	2	2128
TOTAL	**160**	**241**	**4401**	**77**	**236**	**5072**	**52**	**194**	**4424**	**160**	**241**	**18**	**10567**

[1] All prefectures of the Attica and of the Crete Peripheries and the Prefecture of Thessaloniki

C.3. Response rates

Schools. In regards to schools, out of all 324 primary and secondary schools sampled in the Peripheries of Attica and Crete and the Prefecture of Thessaloniki, 5 primary schools were either merged with other primary schools or not functioning or they did not have pupils attending the 6th grade during the school year that the survey conducted; from the remaining 319 sampled schools, a total of 31 school principals (namely, 9.7%) refused their schools' participation in the research. The 18 refusals concerned the 11-year olds grade (10.6% of primary schools), of which 3 were special education schools, 7 refusals concerned 13-year olds grade (9.1% of Junior High Schools) and 6 refusals concerned 16-year olds grade (8.2% of Senior High Schools), of which 4 (7.5%) were from General and 2 (10%) from vocational schools. In regards to private schools only 3, out of the 9 that were sampled, allowed the research to be conducted at their schools (one Lyceum and two Gymnasiums).

The main reasons for refusals expressed by the school Directors concerned a) lack of time (mainly by secondary schools), b) fear of parents' reactions (mainly by private schools and primary schools), c) the Teachers' Association or -in the case of primary schools- the Teacher of the classroom did not provide their approval to conduct the survey and d) a few school Directors claimed that their school had already participated in other research during the same school year or other research was ongoing at that point in time. In regards to primary schools and more specifically in cases of special education schools, the school Principals refused to participate on the grounds of their assessment that the children would not be able to answer the questions, not even via interviews. In cases of regular primary schools, the main reason for refusals was the school staff's reservations due to fear of any potential

negative reactions by parents –and this was independent of the type of parental consent used. It is worth noting that in two primary schools, at the end of data collection from children, the school principals did not want to send the parents their questionnaires. However, the successful realization of the research with all 307 schools indicates that such fears or reservations were unjustifiable.

The schools that refused their participation were replaced by other schools in the same area, which were selected from the list of "substitute" schools, according to their order of occurrence in the list (the schools in this list had also been randomly selected for each grade group and geographical area, during the sampling phase). For each area in which there were one or more school refusals, the substitute schools that were selected were as many as needed in order for the sample of this area to reach its desired magnitude; this was rendered necessary as it was very likely that the schools that refused would be larger and/or smaller (in terms of pupils' population) than the schools that appeared in the first positions of the "substitute" list. The "substitute" schools selected were 11 primary schools, 7 Junior High Schools, 5 General High Schools and 1 Vocational.

Participants. Pupils' and parents' participation and response rates are presented in Tables C.3.1 - C.3.3, along with the description of the reasons for the samples' losses.

It is worth noticing though that the type of parental consent (active versus passive) for their children participation in the survey, has greatly affected the participation rates, for all grade groups but especially for the 11- and 13-year olds. More specifically, on the basis of our results it was obvious that whenever active parental consent applied, the children's response rates decreased considerably, in comparison with the procedure of passive consent (the initial 49,8% total response rate of children under conditions of active parental consent was increased to 80,51% when passive parental consent was requested).

Table C.3.1. Pupils' and parents' samples, participation/response rates and reasons for samples' losses

	Grade group									
	11-year olds		13-year olds		16-General		16-Vocational		**TOTAL**	
Pupils	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Sample size (registered pupils)[1]	4401	**100,00**	5072	**100,00**	**4424**	**100,00**	**1423**	**100,00**	**15320**	**100,00**
Absent from school	251	5,70	184	3,63	232	5,24	111	7,80	**778**	5,08
Negative parental consent form	679	15,43	655	12,91	253	5,72	75	5,27	**1334**	8,71
Unreturned parental consent form and/or child's refusal	675	15,34	741	14,61	466	10,53	324	22,77	**2206**	14,40
Completed ICAST-CH (valid & invalid)	2796		3492		3473		913		**10674**	
Excluded ICAST-CH	**25**	0,57	**54**	1,06	**47**	1,06	**97**	6,82	**223**	1,46
valid, due to respondent's age (18+)	0	0,00	4	0,08	3	0,07	63	4,43	70	0,46
valid, due to respondent's unknown age	4	0,09	13	0,26	7	0,16	5	0,35	29	0,19
due to invalid completion	21	0,48	37	0,73	37	0,84	29	2,04	124	0,81
Participation rate (valid ICAST-CH)	2771	62,96	3438	67,78	3426	77,44	816	57,34	**10451**	68,22
Parents	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Sample size[2]	**2768**		**3477**		3461		861		**10567**	
Completed ICAST-P (valid & invalid)	2168	**78,32**	2310	**66,44**	1897	**54,81**	306	**35,54**	6681	**63,23**
Excluded ICAST-P	**36**	1,66	**36**	1,56	**32**	1,69	**23**	7,52	**127**	1,90
due to invalid completion	36	1,66	35	1,52	30	1,58	9	2,94	**110**	1,65
valid, due to another reason[3]		0,00	1	0,04	2	0,11	14	4,58	**17**	0,25
Response rate (valid ICAST-P)	**2132**	77,02	**2274**	65,40	**1865**	53,89	**283**	32,87	**6554**	62,02

[1] Pupils registered to school

[2] Parents addressed in order to complete the ICAST-P were the parents of pupils who have completed the ICAST-CH and had no problem to give their parent the ICAST-P

[3] Parents' questionnaire was valid but 15 answered for an adult pupil (that has been removed from this analysis) and 2 for a child with missing age

Table C.3.2. Description of pupils' sample, collected, excluded and valid ICAST-CH questionnaires, participation and response rates, by grade group and geographical region

Grade group	Geographical Region	Pupils' Sample		Completed ICAST-CH	ICAST-CH that excluded due to		valid ICAST-CH questionnaires		
		$N_{reg.}$[1]	$N_{pres.}$[2]	(valid & invalid)	invalid completion	another reason[3]	N	P.R.[4] (%)	R.R.[5] (%)
11-year olds	Attica	2697	2553	1640	9	3	1628	60,36	63,77
	Crete	764	708	504	10		494	64,66	69,77
	Thessaloniki	940	889	652	2	1	649	69,04	73,00
TOTAL 11-year olds		**4401**	**4150**	**2796**	**21**	**4**	**2771**	**62,96**	**66,77**
13-year olds	Attica	3318	3205	2260	21	13	2226	67,09	69,45
	Crete	770	742	496	4	2	490	63,64	66,04
	Thessaloniki	984	941	736	12	2	722	73,37	76,73
TOTAL 13-year olds		**5072**	**4888**	**3492**	**37**	**17**	**3438**	**67,78**	**70,34**
16-General school	Attica	2914	2752	2236	25	7	2204	75,63	80,09
	Crete	730	691	633	8		625	85,62	90,45
	Thessaloniki	780	749	604	4	3	597	76,54	79,71
TOTAL 16-GENERAL		**4424**	**4192**	**3473**	**37**	**10**	**3426**	**77,44**	**81,73**
16-Vocational school	Attica	780	721	468	18	49	401	51,41	55,62
	Crete	452	414	294	5	13	276	61,06	66,67
	Thessaloniki	191	177	151	6	6	139	72,77	78,53
TOTAL 16-VOCATIONAL		**1423**	**1312**	**913**	**29**	**68**	**816**	**57,34**	**62,20**
TOTAL		**15320**	**14542**	**10674**	**124**	**99**	**10451**	**58,22**	**71,87**

1. **$N_{registered}$:** Number of pupils registered to school
2. **$N_{present}$:** Number of pupils who were present in the classroom the day the ICAST-CH was administered
3. Questionnaires excluded from this analysis whenever the respondent was 18+ (70 individuals) or her/his age was missing (29 individuals).
4. **P.R.**: Participation Rate; it is calculated as a percentage of $N_{registered}$, indicating thus the percentage of the pupils' total sample that the survey managed to reach
5. **R.R.**: Response Rate; it is calculated as a percentage of $N_{present}$ in the classroom.

Table C.3.3. Description of parents' sample, collected, excluded and valid ICAST-P questionnaires and response rates, by children's grade group and geographical region

Grade group	Geographical Region	Parents' Sample	Completed ICAST-P (valid & invalid)	ICAST-P that excluded due to		valid ICAST-P questionnaires	
				invalid completion	another reason[1]	N	R.R. (%)
11-year olds	Attica	1614	1237	18		1219	75,53
	Crete	504	399	7		392	77,78
	Thessaloniki	650	532	11		521	80,15
TOTAL 11-year olds		**2768**	**2168**	**36**		**2132**	**77,02**
13-year olds	Attica	2252	1413	19	1	1393	61,86
	Crete	495	343	8		335	67,68
	Thessaloniki	730	554	8		546	74,79
TOTAL 13-year olds		**3477**	**2310**	**35**	**1**	**2274**	**65,40**
16-General school	Attica	2228	1069	15	1	1053	47,26
	Crete	632	429	9		420	66,46
	Thessaloniki	601	399	6	1	392	65,22
TOTAL 16-GENERAL		**3461**	**1897**	**30**	**2**	**1865**	**53,89**
16-Vocational school	Attica	427	130	2	9	119	27,87
	Crete	287	113	5	2	106	36,93
	Thessaloniki	147	63	2	3	58	39,46
TOTAL 16-VOCATIONAL		**861**	**306**	**9**	**14**	**283**	**32,87**
TOTAL		**10567**	**6681**	**110**	**17**	**6554**	**62,02**

1 Parents' questionnaire was valid but 15 answered for an adult pupil (that has been removed from this analysis) and 2 for a child with missing age

Table C.3.4. Children and parents paired samples, by children's grade group and geographical region

Grade group	Geographical Region	Valid questionnaires		Valid ICAST CH-P pairs
		ICAST-CH	ICAST-P	
11-year olds	Attica	1628	1219	1215
	Crete	494	392	386
	Thessaloniki	649	521	519
TOTAL 11-year olds		2771	2132	2120
13-year olds	Attica	2226	1393	1392
	Crete	490	335	334
	Thessaloniki	722	546	541
TOTAL 13-year olds		3438	2274	2267
16-General school	Attica	2204	1053	1051
	Crete	625	420	420
	Thessaloniki	597	392	391
TOTAL 16-GENERAL		3426	1865	1862
16-Vocational school	Attica	401	119	118
	Crete	276	106	105
	Thessaloniki	139	58	57
TOTAL 16-VOCATIONAL		816	283	280
	TOTAL	10451	6554	6529

C.4. Research tools

Data collection from pupils and their parents was conducted by using the modified ICAST-CH[9] and ICAST-P[10] questionnaires, respectively, in the Greek language[11]. A shorter version of the modified ICAST-CH questionnaire, including 72 of the 82 items of the long version, was administered to the younger pupils (11-year olds grade, namely 6th grade of primary school). The modifications made to the ICAST questionnaires by the BECAN Consortium in the context of the BECAN project is described in detail in the Balkan Report.

In addition to the questionnaires' common parts that were used in all 9 countries, the last question of the Greek ICAST-CH questionnaire, asked children: *if any of the above happen to a child, do you think that s/he must tell it to someone? [response scale: Yes/No (if yes, to whom?, if no, why not?)].* The purpose of adding this question was three-fold:

a. to investigate whether or not children reveal their violent experiences to someone, which may enhance the possibility of receiving protection or other type of support
b. to convey an additional, clear, message that the issues of violent experiences and abuse are not taboo and they can talk about them
c. to offer them a rehearsal opportunity, in other words an opportunity to think about what they would do if they had such an experience in the future (or the next time they experience it, in case they have

[9] The modified Greek ICAST-CH questionnaire is available on: www.becan.eu/sites/default/files/uploaded_images/GR_ICAST-CH.pdf

[10] The modified Greek ICAST-P questionnaire is available on: www.becan.eu/sites/default/files/uploaded_images/GR_ICAST-P.pdf

[11] The rights for translating into Greek and using the ICAST Questionnaires granted to the ICH-MHSW by the International Society for Prevention of Child Abuse and Neglect (ISPCAN)

already been abused). This cognitive rehearsal process could result in an improved reaction on the part of the children.

In the Greek ICAST-P questionnaire the "optional" questions[12] of the English modified ICAST-P questionnaire were also incorporated, with the aim to measure parents' knowledge (item 51) and attitudes (items 46 and 50) towards corporal punishment, as well as their subjective estimation on the frequency of the use of corporal punishment (47a-f) and on the existence of intimate partner violence (48a-f); last but not least, a set of items (49a-j) aimed to measure parents' exposure to violent behaviors (IPV and CAN) during their childhood. Several items were also added to the demographics section of the questionnaire (items 2, 4, 7 – 10), requesting information about parents' nationality and place of permanent residence (rural/urban), subjective assessment of the family's economic situation, as well as information regarding chronic illness or disability and mental health disorder that any member of the family may have.

Cultural validation

Upon translation, both Greek instruments were culturally validated prior to the survey via: a) focus group discussions with children and parents, b) pilot administrations via self-completion and via interview, with children and parents by the trained candidate researchers and c) a pilot study conducted in schools, under real conditions.

Focus groups. The focus groups' purpose was to conduct a pre-field testing of the Greek ICAST-CH and ICAST-P questionnaires with members of the research's target groups 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 additional important questions to be added in the questionnaires, and c) convert one open-ended question (concerning methods of upbringing) to a closed question by categorizing the respondents' responses (because in a previous survey parents' responsiveness was very low for this particular question).

The focus groups were conducted on the basis of a Focus Group Protocol and two Discussion Guides, for children and parents, developed by ICH-MHSW.

The ICAST-CH questionnaire was tested with a total of 17 children aged 11, 13 and 16 years old (7 boys and 10 girls) that participated in three focus groups conducted in June and July 2010. All children participated in the groups upon obtainment of their parents' informed consent and the children's assent to complete the questionnaire. The ICAST-P questionnaire was tested with only 3 parents (2 females and 1 male) that attended one focus group in May 2010. Even though ICH-MHSW organized additional focus groups they were not realized due to non attendance by invited parents.

On the basis of the results of the focus groups conducted in Greece, in combination with the results of the focus groups conducted in the remaining 8 countries participating in the BECAN survey, a)

[12] Questions added to the English modified ICAST-P questionnaire by the Project's Coordinator which were optionally to be added to the translated questionnaires of the partner countries.

some items and answer options of the research tools were modified in order to be totally clear and understandable, b) a list of standardized answers for the researchers was developed on the basis of the questions raised by the participants during the focus groups and c) the open-ended question included in both questionnaires was converted to a closed one by categorizing both children's and parents' responses.

Trained field researchers' post-workshop obligations. A second -larger scale- pre-field pilot testing of the instruments was conducted by the trained field researchers in the framework of their post-workshop obligations. Each researcher conducted pilot administrations of the self-completed questionnaire (with at least two children and two parents) and pilot interviews (with at least two children and two parents). Researchers reported their observations from the interviews and self-completions in reporting forms that were developed specifically for that purpose. On the basis of the researchers' observations, the respondents' requests for clarifications, comments and questions as well as on the basis of the quality check of the completion of the 104 collected questionnaires and interview forms (52 ICAST-CH and 52 ICAST-P), some items were reworded and the list of the researchers' standardized answers was completed with answers to the questions that respondents raised during the interviews and self-completions.

Pilot study. The goal of the pilot study was to pilot test the revised questionnaires and the procedure of their administration under real conditions. It was conducted by the trained field researchers with a small part of the survey's random sample of 11 and 16 year olds grades, in both rural and urban areas of Attica. The process followed for the pilot study was identical to the process that was planned to be followed for the epidemiological study which is described in the following chapter.

As illustrated in Table C4.1., a total of 120 questionnaires were collected by pupils attending the 11 and 16 year olds grades (59.4% response rate) and 91 questionnaires by their parents (75,8% response rate).

Table C4.1. Characteristics of the pilot study conducted in Greece

Grade Group	Location	Schools (N)	Classrooms (N)	Pupils* (N)	Collected Questionnaires (N)	
					by pupils	by parents
11 year olds	Rural	3	3	40	19	18
	Urban	3	4	59	44	33
16 year olds	Rural	1	3	62	39	25
	Urban	1	2	41	18	15
Total		**8**	**12**	**202**	**120**	**91**

* pupils present in the classroom on the day of data collection

Pilot study results did not reveal any need to further modify the tools; the process of data collection that was tested also proved to be very well functioning and organized. Consequently, the data of the pilot study were not excluded from the field research dataset.

C.5. Data collection and fieldwork process

The data collection and fieldwork process in Greece followed the principles and instructions that are described in detail in the "Training Manual and Guidelines for Researchers for the modified ICAST-CH and ICAST-P Questionnaires" (Petroulaki, Tsirigoti, Nikolaidis, 2010).

More specifically, each school Director was contacted by telephone and upon arrangement of the first appointment the researchers visited each classroom in order a) to inform the children of the targeted grades about the research and b) to give them the parents' information letter and consent form (for their children's participation in the research) with the instruction to give them to their parents and to return the signed consent forms. During the period in which the process of active parental consent was applied, more than one visit to each school was necessary in order to collect as many completed parental consent forms as possible from the children before the data collection. When the process of passive parental consent was applied, the consents were collected directly on the day of the questionnaires' distribution without conducting intermediate visits to the schools for the collection of consents forms.

According to the survey's design, data were collected by matched pairs of child - parent/guardian. In order to achieve this pairing without endangering anonymity and confidentiality, each ICAST-CH had been matched with an ICAST-P prior to data collection by assigning both of them the same, unique Subject Number. The matching code consisted of the initials of the country, the initials of the area and a unique number per pair of questionnaires. This code was written on the top right side of the first page of each pair of questionnaires. In order to ensure the delivery to each child of his/her parent's questionnaire (that was enclosed in a sealed envelope) and which had to bear the same code with his/her child's questionnaire, each child's questionnaire was attached -by using a paper clip- to the respective parent's envelope and both of them were delivered simultaneously to each child. The matching code of the respective pair of questionnaires was also written outside of the parent's sealed envelope in order for their reattachment to be possible, in case that a child's questionnaire happened to be detached from his/her parent's envelope.

Data collection from children was conducted in their classrooms via self-completion of the Greek ICAST-CH questionnaire. The average time for the questionnaire's completion in classroom was one teaching hour (45 minutes). In cases of children who were not able to complete the questionnaire by themselves[13] (due to having a broken hand, learning disabilities, etc.) it was provisioned that one researcher (additional, if the need was known from beforehand) would help the child answer the questionnaire via either structured interviews or guided self-completion. As a rule, data collection in classrooms was conducted by two field researchers (on rare occasions and only in classrooms with few pupils, data collection was conducted by one researcher); teachers were not allowed to be present in the classroom during data collection (only in a few cases in primary schools their presence was imposed by the school Principal); in these cases, researchers took every possible measure in order to assure that their presence was as discrete as possible, without intervening at all in data collection or compromising the privacy of the information provided by the children. In addition, before the onset of the questionnaires'

[13] In total, 37 children.

completion (and before distributing the questionnaires to the children), the researchers explained in detail the structure and the way to complete the questions by using a very large "demonstration poster" depicting the different types of response scales. Moreover, due to the fact that the parents' envelopes were sealed, researchers used a "demonstration envelope" in order to show children what the envelopes contained and to explain to them what information they should convey to their parents.

As soon as each child finished his/her questionnaire's completion, placed it into a very large envelope, and the researcher gave the child a thankful note that included the contact details of the research organization in case the child needed to discuss an experience that might have happened to him/her or to request further information about the survey. Along with the note, the researcher also orally gave the information to each child, in an effort to motivate the child to contact the research organization for anything s/he may need regarding not only the research but also for any issue that may concern the child.

Data collection from parents was conducted via self-completion of the Greek ICAST-P questionnaire in their home. As mentioned above, each child that participated in the research received - along with his/her own questionnaire- an envelope that contained the ICAST-P questionnaire, the information letter and the consent form for their own participation in the research, a thankful note and an empty envelope in order for their parents to enclose and return the completed questionnaire and consent form. In case a child expressed any concern (in verbal or non-verbal manner) or even when they simply asked, researchers clearly and openly provided the child with the possibility to decide whether s/he would like to not take the parental questionnaire home.

Parents were given the sealed envelopes back to their children in order for the children to give them back to the researchers, who visited the school several times, on predefined dates, for the collection of the parents' completed questionnaires. In cases where parents wished to complete the questionnaire but either did not have the time to deliver it on time or preferred a different way of delivery, or the children forgot to return them, the alternative way that was provided to parents was to deliver them by post to the premises of the research organization. For any questions that parents might have during completing their questionnaires, the possibility to call either the research organization or the field researchers on their mobile phones was provided.

After each visit to the schools, researchers participated in supervisory meetings with the field research coordinator in order for the results and the process of the visits to schools to be recorded as well as to report and discuss any revealed or suspected cases of CAN. In addition, researchers checked the completed questionnaires (immediately after data collection) in order to identify any child in need of immediate protection or assistance. In addition, they completed a specific Reporting Form for each classroom that they were responsible for in which they described all characteristics of data collection as well as their own observations during the data collection and/or from the review they had made of the completed questionnaires. These Reporting Forms were delivered to the field research coordinator, along with the collected questionnaires (ICAST-CH and –P) per classroom.

C.6. Ethical considerations related to the fieldwork process

The subject matter of the research, namely CAN, is sensitive and particular ethical issues were taken under consideration. The safety and well-being of research participants were of paramount importance and, thus, prevailed in every related decision and in any dilemma resolution.

For example, not only was it decided that the field researchers would be exclusively psychologists or social workers but, in addition to their basic knowledge of ethics in research with human participants, a specific part of their training for the BECAN study was devoted to ethical and safety issues. A handbook (Guidelines for Researchers) was also provided to researchers, which consisted of all the information needed, including their obligations, as researchers, prior, during and after data collection, step-by-step instructions about conducting the survey by use of self-completed questionnaires and structured interviews, what to do after data collection, and important ethical and safety issues and how to handle them. The most important ethical issues are briefly summarized in the entities that follow.

Privacy, anonymity and confidentiality

First of all, the Institute of Child Health, as a Governmental Agency supervised and funded by the Ministry of Health and Social Solidarity, is subject to the respective legislation and provisions regarding Protection of Personal Data.

Specific measures were taken in order to safeguard the privacy of the provided information during data collection with both methods (self-completed questionnaires and interviews) and to ensure the confidentiality of data or other information obtained by participants during data collection and/or after (e.g. from children approaching the researchers).

More specifically, the questionnaires were anonymous; information about anonymity was stated in writing in both parents' information letters, the child's assent form (see below the subchapter "Informed consent") and it was also stated to the children verbally by the researchers both during the first informational visit to the schools and before the questionnaires' completion in the classroom. In addition, during data collection in classrooms researchers used large envelopes in order to collect the children's questionnaires, namely, each child had to put his/her completed questionnaire in a large envelope, along with all of the classroom's questionnaires, instead of handing it directly to the researchers. Parents' consent forms for children's participation in the research were gathered separately, without being linked in any way with the children's questionnaires. Moreover, during the questionnaires' completion in the classroom, researchers closely monitored the process in order not to allow pupils to talk to each other or to see each other's answers. Third persons were not allowed to be present in the classroom during data collection; on the rare occasions (in primary schools) that the presence of the classroom's teacher was inevitable, researchers did not allow him/her to approach the children, to see the children's questionnaires, to talk to them or to walk around the classroom.

Parents also returned their completed questionnaires enclosed in sealed envelopes (the envelope delivered to each parent with his/her own questionnaire also included an empty envelope with instructions to use it in order to return his/her completed questionnaire) in order their children (who delivered them back) or other third persons not to have access to the data.

Even though the completed questionnaires were completely anonymous, the raw data (both completed questionnaires and the databases with the encoded data) were securely stored in a safe place in order to ensure the confidentiality of the data. The questionnaires and encoded data were not connected with the identity of the respondents and only authorized personnel had access to the codes record that linked questionnaires with schools.

The completed questionnaires were transferred to the data entry office in a very careful manner; the field research coordinator was responsible for gathering all completed (and blank) questionnaires. Researchers were extremely cautious when transferring questionnaires (both the blank and the completed ones) in order not to be misplaced and in order not to allow to anyone to have access to the data.

Moreover, researchers were strictly prohibited from discussing with their peer researchers in public (e.g. while travelling from school to school by public transportation or by taxi) any information obtained either via self-completed questionnaires or through interviews.

Both children and parents had been informed that their answers were anonymous and of a confidential nature but at the same time, the limits to confidentiality that were inherent in this study were stated in both parent's information letters (one for the child's participation in the research and one for their own participation) and in the ICAST-CH; in addition, children were orally informed about this before data collection by using the same statement: *nobody will ever be informed about your answers, except in the case that the life of someone is in danger or if you want to speak to someone else for something*. Similarly, in the parents' information letter for their child's participation in the research it was stated: *all of the information that your child will provide will be anonymous and strictly confidential, which means that his/her answers will not be revealed to anyone, unless a person's life is in danger or if the child asks to speak with someone else about an issue that concerns him/her*. On the parents' information letter for their own participation in the research it was similarly stated: "*all of the information that you will provide us with is strictly confidential, which means that your answers will not be revealed to anyone, unless a person's life is in danger or if you ask to speak to someone else about an issue that concerns you*". Therefore, possible conditions for breaking confidentiality were a) disclose of abuse by a child that was interviewed (instead of self-completion) and b) if an individual approached researchers in order to disclose abuse.

Informed consent

Parent's informed consent was requested for both their child's and their own participation in the research. In regards to the children's participation, researchers sent parents (via their children) an information letter and the consent form that had to be completed (by also stating the child's name) and signed. The letter provided information about the research namely: the name of the research organization, the aim of the study, that the survey was being conducted with the approval of the Ministry of Education and the school's principal, the way of selection of the child's school (random selection), the data collection methods, the voluntary character of their participation, anonymity, confidentiality and its limits, the right to refuse to participate, to discontinue or to withdraw from the research at any time and

without consequences or need for explaining their decision, the way to return their consent, and contact details of the research organization in case they needed clarifications or other information.

In regards to parents' participation in the research, the researchers sent parents (via their children) a sealed envelope that included –apart from their questionnaire- an information letter and the consent form that had to be completed and signed (only signature was asked for and not the parent's name). The letter provided to parents the respective information about the research like the previous one.

In addition, the first page of the ICAST-CH questionnaire consisted of the child's assent form that provided written information to children about the scope of the research, that there are no right or wrong answers, anonymity, confidentiality, and their right to decline to participate or withdraw from the research at any time. At the end of the form children had to tick if they wished to reply to the questions or not. In other words, the child was given once more the opportunity to decline to participate, despite her/his parental positive or non-negative consent, and without being observed by her/his classmates, which also enhanced the confidentiality of each person's participation.

It should be mentioned here that in the parents' information letter the aim of the study was generally described, without using terminology of CAN; this option was considered to be both justifiable and necessary in order to avoid a) adoption of a defensive position by the participants (parents and pupils), which might result in untruthful (invalid) responses, and b) reluctance by perpetrators of child abuse and neglect to allow their children to participate in a research described as studying child abuse and neglect. More importantly, this decision was considered to be justifiable and necessary in order to avoid exposing a child suffering CAN to greater danger than s/he already is, in case the perpetrator fears that the child may disclose his/her abuse. For this same reason, it was left upon each child's discretion whether or not, s/he would choose to take (or to deliver) the ICAST-P to her/his parent. More specifically, the survey was described as "*aiming to investigate factors that may influence children's life and their physical and mental health and wellbeing as well as parents' experiences during their children's upbringing*". On the other hand, this option, rendered even more important the obligation to: a) especially stress the participants' right to decline or withdraw their participation, b) make it clear to all of the participants that, under specific circumstances, the researcher may have to break the confidentiality she had promised them as well as the importance of debriefing participants and reversing any (short- or long-term) distress or other adverse consequences to them, due to their participation in the research.

Right to decline to participate and to withdraw

All respondents were informed before data collection that their participation in the survey was *voluntary* and more specifically that *they had the right to refuse to participate in the research,* as well as the right *to refuse to answer to any question(s) that they don't want to and the right to discontinue the completion of questionnaire (or the interview) at any time they wish, without any consequences or without having to explain the reasons for that to anyone.* This information was included in both parents' information letters, in the child's assent form and was also stated orally, before data collection in the classroom.

Debriefing

At the end of data collection from the children, the researchers provided the opportunity to participants to obtain any information they wished about the research and provided information on how to get help for experiences related to the questions included in the instrument. More specifically, when each child finished his/her questionnaire's completion, the researcher provided her/him with a thankful note that included the following statement: "*some of the issues that we asked questions about may cause to children stress or may make them want to speak to someone about something that might have happened to them or to another child that they may know"*. Underneath this statement -that was also stressed to each child orally by the researchers- the contact details of the research organization were provided in case they needed to discuss with a professional about an experience that might have happened to them or to request further information about the survey. A similar thankful note was also provided to all parents who received the ICAST-P, which was included in the envelope delivered to them.

In addition, field researchers -due to their professional background and training- were able to recognize any non-verbal signs of worry, anxiety or discomfort that children's participation in the research might have caused and therefore they could discretely approach a child to ask it if s/he needed any help.

Last but not least, even though such cases did not occur, the research organization had provisioned for several resources in order to fulfill its obligation to reverse any adverse effects their participation in the research may have caused to participants.

National Advisory Board for ethical issues

A **National Advisory Board (NAB)** for ethical issues was established specifically for the purposes of the Greek BECAN study, consisted of the Scientific Coordinator of BECAN Project George Nikolaidis, Psychiatrist, MD, MA, MSc, PhD, Head of Centre for the Study and Prevention of Child Abuse and Neglect, Department of Mental Health and Social Welfare, Institute of Child Health, and two independent experts: a) Athanasios Tzavaras, MD, PhD, Psychiatrist-Psychoanalyst, Professor Emeritus of National and Kapodistrian University of Athens on Methodology, History and Theory of Neuroscience and Psychiatry, and b) Rania Mahaira, Psychiatrist, Child and Adolescent Psychiatrist, former Head of the Community Mental Health Centre of Pagkrati ("Evaggelismos" General Hospital). The 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 to provide consultation towards solving ethical dilemmas that may emerge and to make recommendations for corrective interventions, if deemed necessary.

Process designed and followed in case of a CAN case's disclose

It is worth mentioning here that in Greece, on one hand, there are general legal provisions in the Greek legislative framework regarding professionals' duty to notify the authorities about criminal acts they happen to become aware of in general; however, on the specific topic of violence against children there is not a clear mandate to do so apart from personnel of educational sector (so, there is still not a

clear mandatory CAN reporting piece of legislation) and there is neither a Competent Agency where they can make a report nor a specific Reporting Form. More specifically (apart from the general provisos of the holding Penal Code, see below for awareness of criminal acts endangering life etc) according to Law 3727/2008 which ratified the Convention of the Council of Europe for the protection of children against sexual exploitation and abuse, it is stated that "those who have the obligation to follow confidentiality rules and who get in contact with children in the framework of their work, are **allowed** to break confidentiality and report to the competent authority (namely, to the police or the district attorney) any situation where they have reasonable grounds for believing that a child is a victim of sexual exploitation or sexual abuse". In addition, the Law 3500/2006 [Article 23(§1)] for combating domestic violence states that if teachers who are informed or realize that a crime of domestic violence is committed against a student, they have the obligation to inform the director of the school –without delay- who should report the crime immediately to the police. In the Greek Code of Penal Procedure [Article 37 (§1-2)] all civil servants are under obligation to notify the competent public prosecutor without delay of any information that they have received in any way on a punishable act that is prosecuted ex officio, if they have been informed thereof in the exercise of their duties. In fact, any citizen who is aware of an ex officio prosecuted punishable act has the duty to report it to the authorities [Article 40 (§1)]. On the other hand, though, there is not provisioned any legal responsibility to be imposed on a person –including professionals- who is aware of such an offense but does not report it. Namely, professionals that are in contact with children are urged by law to report suspected or disclosed cases of children's abuse but they are not mandated to report and the specific frame is rather obscure as there is neither designated procedure for reporting nor penalties for failing to report a case. In addition there is no public agency exclusively responsible for either investigating cases of CAN or enforcing and monitoring the implementation of the child protective measures ordered by the Prosecutor. These tasks are usually assigned by the Prosecutor to the Social Services of the Municipalities or the Prefectures, who have to undertake this task among many others and, in most of the cases, without being at all trained to do so.

Two features of the situation that the Greek research team had to take into account were on one hand the inexistence of a unified system of inquiring CAN reports and allegations which is constantly creating a great confusion over which agency or service is to do exactly what with suspicious cases and the inapplicability of legal immunity to professionals reporting such cases which makes existing resources even more reluctant to get involved with CAN allegations' verification process unless mandated by juridical authorities.

Last but not least, the main ethical dilemma all professionals face when a CAN case is revealed is whether a report to the police or the D.A. would be in the best interest of the child or would further endanger the safety of the child; in other words, as the judicial system, works very slowly there is a great possibility that the child would have to stay in the same house with the perpetrator even after s/he had been informed that the child had revealed her/his abuse to someone; it is also quite questionable whether the professionals who would be assigned to investigate the case would substantiate the abuse (due to lack of knowledge or interest) and, even if they do so, it is still highly improbable that the appropriate protection measures could be implemented or monitored, as there is scant support/protection resources and there is no agency authorised to undertake this role.

Now, regarding the specific ethical provisos of the implementation of the BECAN survey, field researchers a) had been trained and received clear guidelines on how to react to cases CAN or IPV disclosure by the minors or adults that participated in the research or by other persons, b) were working under the supervision of experienced professionals on prevention and research of child abuse and neglect and c) participated in regular supervision meetings that were held aiming, among others, to the discussion, reflection and decision making of CAN cases. More details in regards to the specific steps that researchers had to follow in case of a CAN case disclosure or suspicion can be found in the Greek "Guidelines for Researchers".

The ethical and legal obligations of reporting CAN disclosures could not be applied when the method of data collection was self-completed questionnaires (namely to the vast majority of participants) due to the anonymity of the questionnaires. However, such disclosures could occur during interviews with children who, for some reason, were unable to self-complete the questionnaire constituted those children identifiable. Besides the limits described above for reporting of CAN, any disclosures of abuse were handled by setting as a priority the protection of children or in other words by adopting a *child-centred approach* and were evaluated in terms of the form, severity and frequency of abuse, the identity of the perpetrator an well as the age of the victim. Every action targeted to benefit the victims, without taking any risks at all that could put them in further danger. In cases of severe CAN disclosure via the self-completed questionnaires the actions designed to be undertaken were more indirect, aiming to sensitize all children and the school community and thus encourage the possibility of future disclosure, such as the organization of informational activities in schools where children answered positively to items examining severe CAN. Finally, it should be stressed that even though the data collected were anonymous, the researchers, immediately after data collection, and during every visit (on the average 2-3 visits per classroom) made to each classroom for gathering the ICAST-P, took care to make their availability and willingness for children to approach and talk to them known; in addition they repeatedly offered children the opportunity to identify themselves at any time in the future by inviting them to contact us if they needed to talk and/or needed support (either by talking to the researchers or by calling the research organization).

So, in case of CAN disclosed by a child or any other person (e.g. a teacher or a classmate), researchers were instructed to assess if the child's safety was in immediate danger and if so to call immediately their field research coordinator in order for the information to be immediately conveyed to the scientific coordinator who would undertake the case. For every CAN disclosure by a child the researchers had to try to collect as much information as possible, such as a) contact details of the child and his/her family, b) the identity of the perpetrator, his/her relationship with the child and the access s/he has to the child, c) type, severity and frequency of abuse, d) people/agencies that the child or other person might have already approached, and e) any other information about his/her family (e.g. siblings, the existence or not of a supportive parent or of another adult person).

In addition, researchers had at their availability a list of local support services (per geographic region) in case it was necessary to refer a respondent for further help or to inform her/him where s/he could ask for help in the future. This list included local agencies providing support to both children victims of abuse and/or neglect and adults victims of intimate partner violence or other type of domestic violence.

Every case of CAN disclosure or suspicion was discussed during the supervision meetings that were held on a daily basis, immediately after data collection. The researchers had to report to the field research coordinator and the scientific coordinator any revealed or suspected cases of CAN for discussion and decision making about the way of handling each case. After the supervision meetings researchers also reviewed the self-completed anonymous questionnaires collected that day in order to check if a child reporting any severe disclosure of CAN had somehow asked for help (e.g. if a victimized child tried to make him/herself identifiable in writing, for example, by writing his/her name). No such case occurred during the entire survey but whenever a researcher found an anonymous questionnaire reporting severe abuse, she informed the field research coordinator by telephone in order to determine what actions should be taken the next time the researchers visited the same school in order to collect the parents' questionnaires. The most common acts taken in such cases were the following:

a) the coordinator made a modification in the research schedule in such a way that allowed the researchers to have at their disposal more time than usual to stay at the school in case the child who anonymously revealed the abuse decided to approach them to identify him/herself (it was a regular practice that the same researchers -if not both, at least one of them- who had administered the ICAST-CH visited the classrooms as many times as needed in order to collect the ICAST-P questionnaires; in all these visits the researchers tried to arrive at the school before a break or to remain at the school during the break, after they had finished with the questionnaires' gathering in order to be available to children who knew them in case they would like to approach and talk to them)

b) while in classroom they, again, stressed that if a child needed to discuss anything that concerned him/her, s/he should not hesitate to contact ICH-MHSW by using the contact details in the thankful note that had been given to them

c) the decision to contact schools in order to investigate whether there was a known case of CAN to them made in absolute discretion, without revealing any of the information provided by the child in the questionnaire, and only in cases where the school Principal or a teacher seemed to be interested about CAN experiences of a child and/or eager to take action towards the protection of the child.

Every reaction to cases of CAN disclosure was undertaken by the scientific coordinator, keeping thus the field researchers' involvement at a minimum. In any case, researchers were not allowed to proceed to act in any way before discussing the case with their supervisors. On top, the whole approach was design in such a manner that would in general be centered on assisting the child and/or its family to get support needed and not up-taking a judgmental or prosecutory stance in order to establish collaboration with children, cultivate an atmosphere of trust and acquire as much information for each individual case before taking any further action.

Moreover, one of the provisions that had been taken by ICH-MHSW before the research's onset in order to enhance its readiness to react in the event of CAN cases that would be revealed during the course of the survey and would need to be urgently addressed, was to use pre-existing collaborations with various agencies and organizations as well as synergies with the established BECAN network of

organizations and professionals in order to provide the best possible solution not only for protection of children at immense risk but also for making liaison referrals for psychosocial support, treatment and relevant services even if needed for CAN cases that occurred in the past and children talked about them with field researchers. For the special clause of acute such cases which could be indentified and for which the victim stated that wanted to preserve its anonymity an informal partnership with the NGO “The Smile of the Child” as well as with the Greek Ombudsman for the Child’s Rights, was established since these are the only two competent on handling cases of CAN agencies in Greece which receive regularly anonymous CAN reports or allegations.

Eventually, during the BECAN field survey’s implementation throughout the consequent school years 2010-2011 and 2011-2012 there were a number of reports, inquiries, tacit or overt disclosures which ranged substantially in terms of severity and outcome from generic requests for information of available services to sexual abuse cases. In all severe cases, a specific child-focused plan was laid down aiming at the protection of the child victim and securing its acute and long-term support and well being. Availability of existing local resources was examined as well as prior involvement of services and organizations. By applying a flexible approach, the outcome was to provide either information or direct referral to children and / or families in need and establish contact for collaboration and information sharing with pre-involved agencies and professionals. In cases where the issue at stake was more a search for services appropriate for each particular child’s or family’s troublesome situation, some focused direction was provided often including some preliminary liaison communication on behalf of ICH-MHSW with the agency assessed to be more appropriate to undertake the case in the long run.

Table D.1. Demographics for children participated in the ICAST-CH survey in Greece, and information about their living conditions and their parents **(Sample's size = 10451)**

	N	%
Gender		
Girls	5480	52,44
Boys	4971	47,56
Grade group (typical age of attending pupils)		
11 y-o	2771	26,51
13 y-o	3438	32,90
16 y-o, General school	3426	32,78
16 y-o, Vocational school	816	7,81
Age (completed years)		
11	606	5,80
12	2982	28,53
13	2450	23,44
14	132	1,26
15	1080	10,33
16	2847	27,24
17	266	2,55
18	88	0,84
Flunked years in school		
Unspecified	57	0,55
No	9920	95,44
Yes[1]	474	4,56
Persons cohabitating with the child		
Unspecified	33	0,32
father	8946	85,87
mother	10149	97,49
stepfather (mother's spouse)	234	2,25
stepmother (father's spouse)	29	0,28
foster father	8	0,08
foster mother	7	0,07
mother's partner	104	1,00
father's partner	13	0,12
grandfather	702	6,74
grandmother	1380	13,24
male sibling(s)	5198	49,94
female sibling(s)	4638	44,56
other relatives	319	3,06
other non relatives	74	0,71

	N	%
Urbanicity of the place of residence		
Unspecified	10	0,10
Urban	8759	83,89
Nonurban	1682	16,11
Nationality		
Unspecified	16	0,15
Greek	8958	85,85
Albanian	755	7,24
Mixed Greek	333	3,19
Romanian	41	0,39
Bulgarian	35	0,34
Russian	28	0,27
Ukrainian	23	0,22
Georgian	22	0,21
Other	215	2,06
Don't want to answer	15	1,14
Don't know	10	0,10
Religion		
Unspecified	91	0,87
Christian Orthodox	8953	86,42
Christian Catholic	178	1,72
Muslim	137	1,32
Other	90	0,87
None	656	6,33
Don't want to answer	198	1,91
Don't know	148	1,43
Parents' marital situation		
Unspecified	10	0,10
married	8795	84,24
divorced/separated	1264	12,11
never married	53	0,51
one parent is not living anymore	250	2,39
oth parents are not living anymore	5	0,05
Don't want to answer	47	0,45
Don't know	27	0,26

[1] 323 pupils had flunked one year, 113 two years, 26 three years, and 3 pupils had flunked from four to six years

Parental Educational level	Mother		Father	
	N	%	N	%
Unspecified	28	0,27	137	1,31
Hasn't gone to school	30	0,29	25	0,24
Some grades of primary school	54	0,52	65	0,63
Primary school	424	4,07	659	6,39
Junior High School	1134	10,88	1375	13,33
Senior High School	3957	37,96	3304	32,03
Technological Education Institute (T.E.I.)	1434	13,76	1562	15,14
University	2340	22,45	2053	19,90
Postgraduate studies (master, doctorate)	566	5,43	622	6,03
Don't know	484	4,64	649	6,29

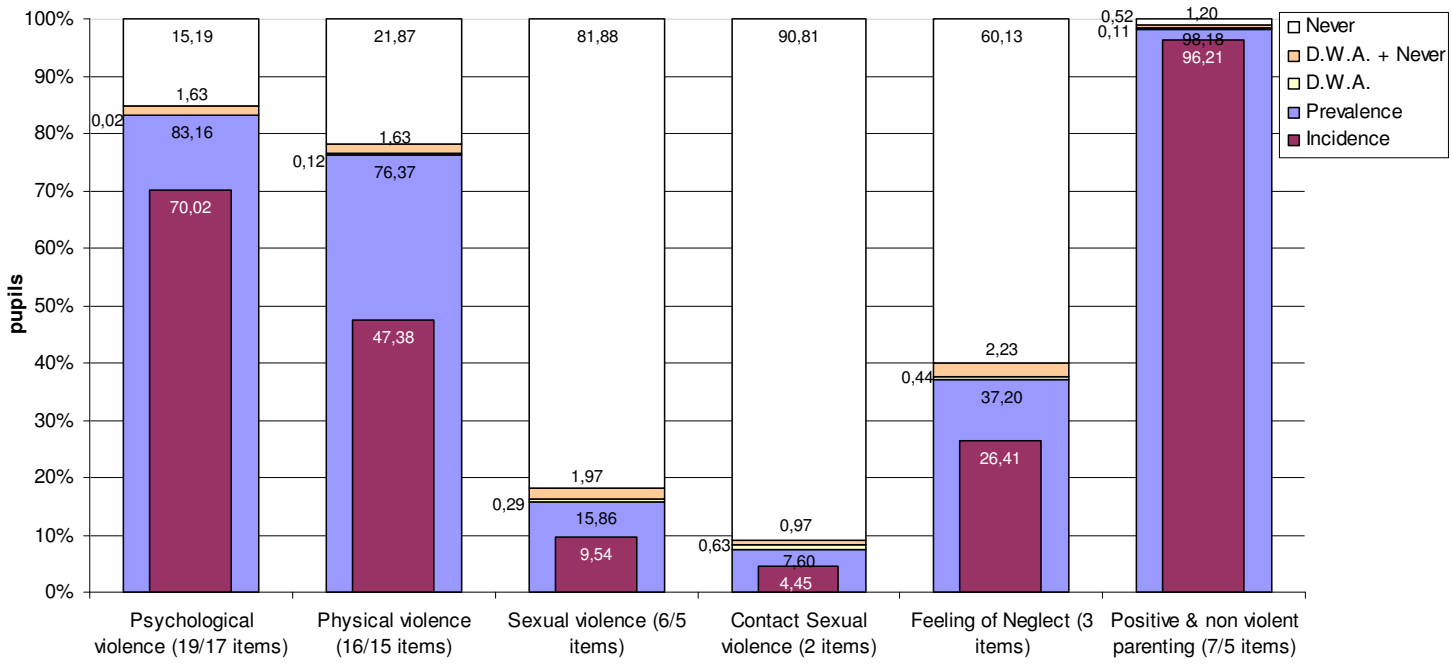


Figure D.1. Distribution of pupils' answers in regards to their exposure to different maltreatment forms and to positive parental behaviors during their life time (prevalence) and/or during past year (incidence) by scale.

Note

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.

Table D.2. Results of 12 binary logistic regression analyses' conducted on the prevalence and the incidence of the 3 scales of violent behaviour, of the feeling of neglect scale and of the positive parenting scale; the results of the analyses on the subscale of contact sexual violence are also illustrated

		Psychologi-cal violence	Physical violence	Sexual violence	Contact Sexual violence	Feeling of Neglect	Positive & non violent parenting
gender	**PR.**	**9.737*** **	**4.951***	**5.088***		**133.816****	**3.849****
	IN.			6.744**	16.944****	96.242****	5.485**
grade group	**PR.**	**253.425****	**65.053****	**214.126****	**138.798****	**251.848****	**7.951****
	IN.	145.775****	84.334****	71.231****	75.151****	83.606****	16.778****
geographical area	**PR.**					**18.593****	
	IN.				8.130*	22.143****	
urbanicity	**PR.**						
	IN.						
age difference	**PR.**			**22.701****	**26.705****		**38.502****
	IN.			30.302****	19.490****	4.306**	35.314****
consent	**PR.**						
	IN.		4.377*		8.537***		
gender x grade group	**PR.**	**10.766***	**26.623****	**30.342****		**28.580****	**8.181****
	IN.	18.410****	18.115****	18.631****		27.989****	17.126****
gender x geographical area	**PR.**						
	IN.						
gender x urbanicity	**PR.**						
	IN.						
gender x age difference	**PR.**						
	IN.						
gender x consent	**PR.**		**4.636***				
	IN.		4.560*				
grade group x geographical area	**PR.**				**15.510***		
	IN.						
grade group x urbanicity	**PR.**						
	IN.			11.179*	11.586**		
grade group x age difference	**PR.**			**8.977***			
	IN.						
grade group x consent	**PR.**		**10.398***				
	IN.						

* p<.05, **p<.01, ***p<.005, ****p<.001

PR: Prevalence, **IN:** Incidence

Note: In the cells of the table are depicted the values of the Wald Chi-Square only for the main effects and the 2-way interactions that reached significance.

All the significant interactions are illustrated on the Figures that follow, while the main effects are diagrammatically presented only for the cases where only the main effects and no significant interaction revealed.

The only significant effects that are not illustrated are:

- the main effect of the gender on the incidence of contact sexual violence (Girls = 3,50, Boys = 5.50)
- the main effects of the age difference and its interaction with grade on the prevalence of the sexual violence, that are discussed on chapter E.

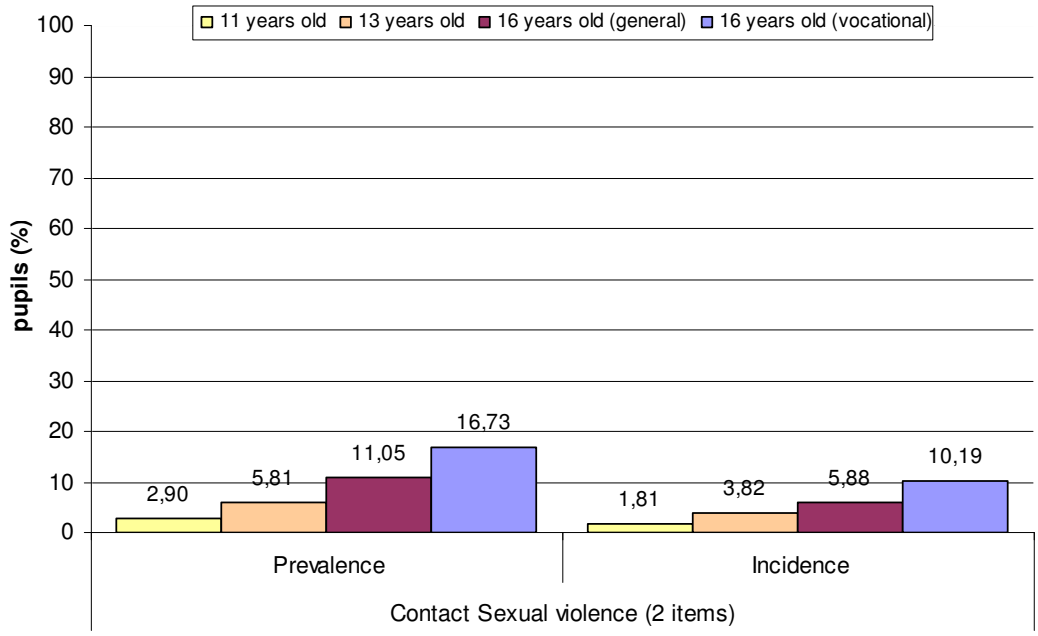


Figure D.2. Prevalence and incidence rates of pupils' exposure to contact sexual violent behaviors by grade group. (The scale of contact sexual violence was the only scale for which the analyses revealed a significant main effect of grade group).

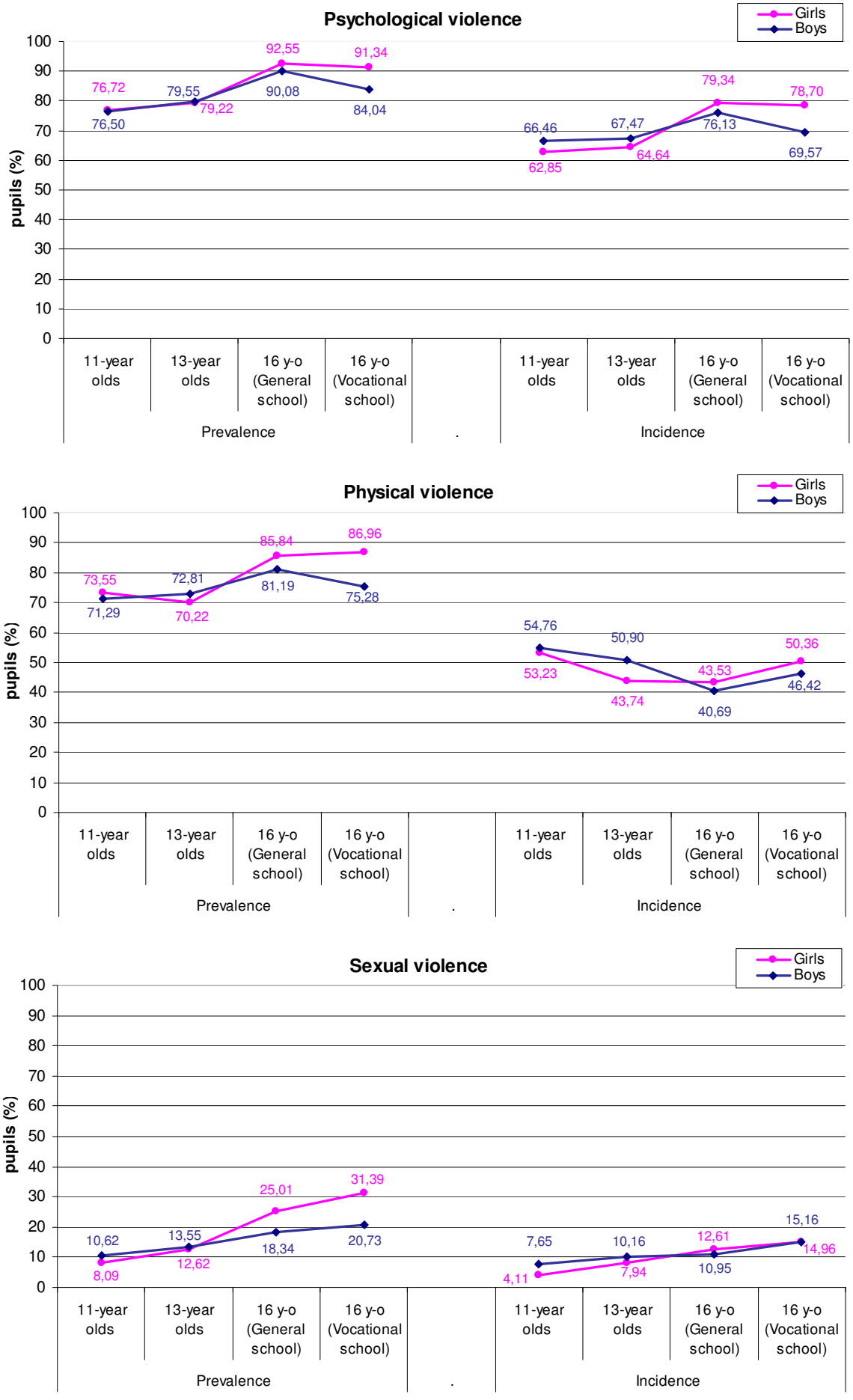


Figure D.3. Prevalence and incidence rates of pupils' exposure to violent behaviors by child's gender and grade group. (Only the scales for which the analyses revealed a significant interaction of gender x grade group are presented here). *(to be continued on the next page)*

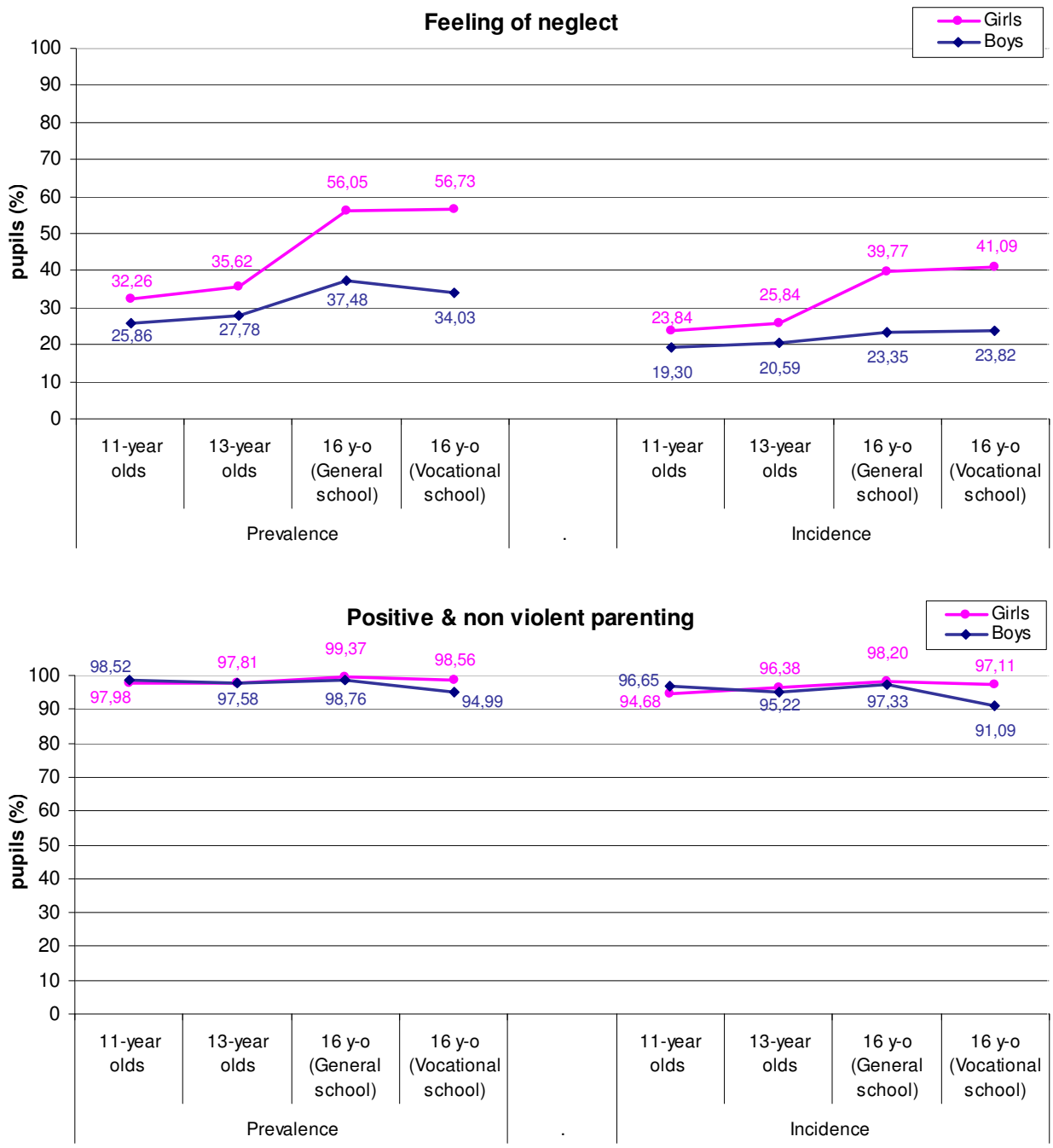


Figure D.3. Prevalence and incidence rates of pupils' exposure to violent behaviors by child's gender and grade group. (Only the scales for which the analyses revealed a significant interaction of gender x grade group are presented here). *(…continued from previous page)*

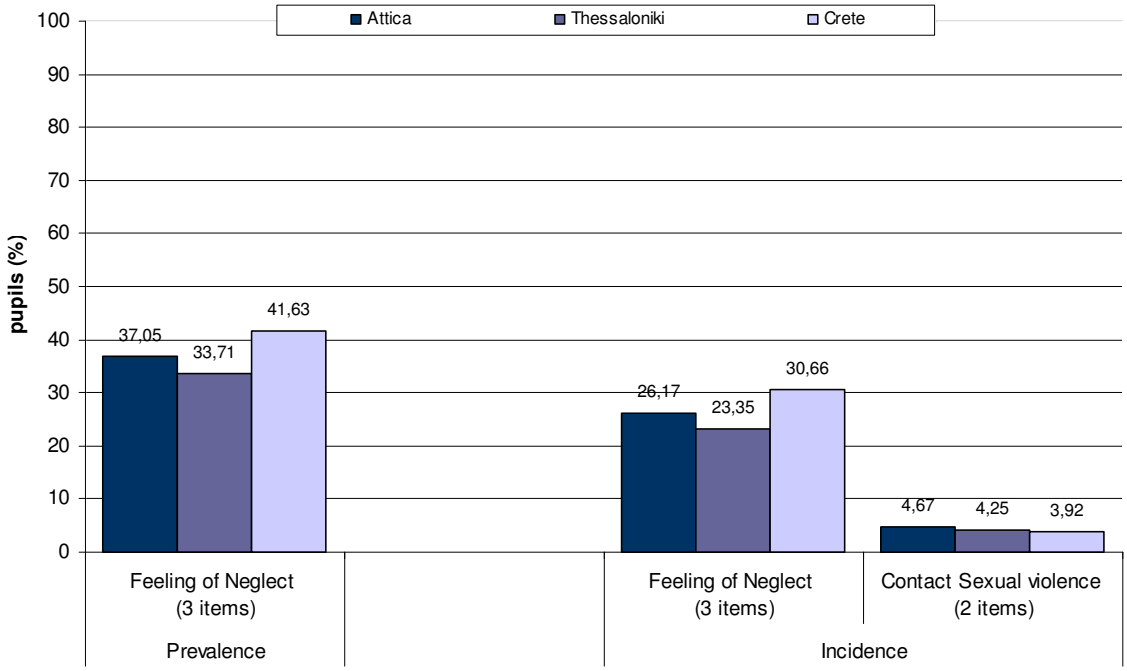


Figure D.4. Prevalence and incidence rates of pupils' exposure to violent behaviors by geographical area. (Only the scales for which the analyses revealed a significant main effect of geographical are presented here).

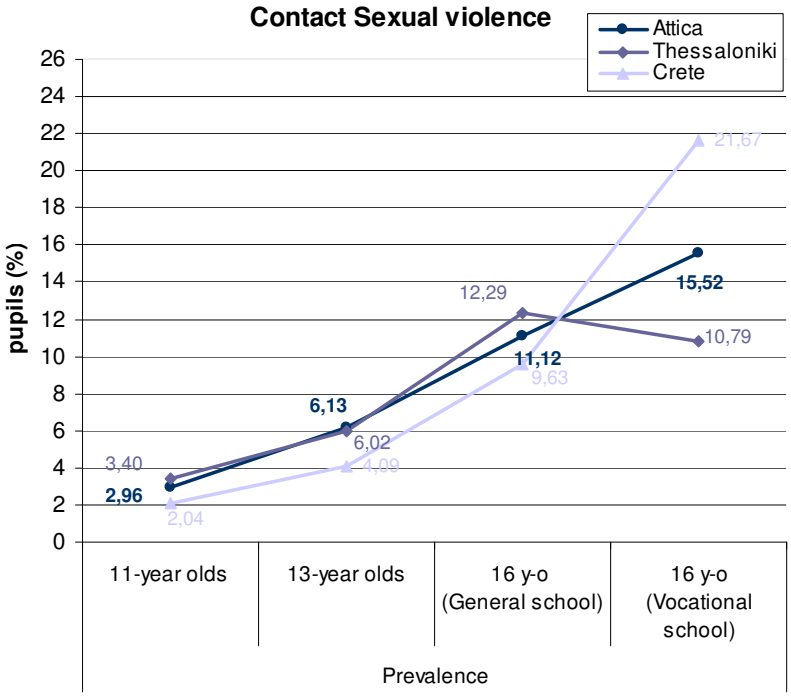


Figure D.5. Prevalence and incidence rates of pupils' exposure to contact sexual violent behaviors by grade group and geographical area. (The scale of contact sexual violence was the only scale for which the analysis revealed a significant interaction of grade group x geographical area on the prevalence rate).

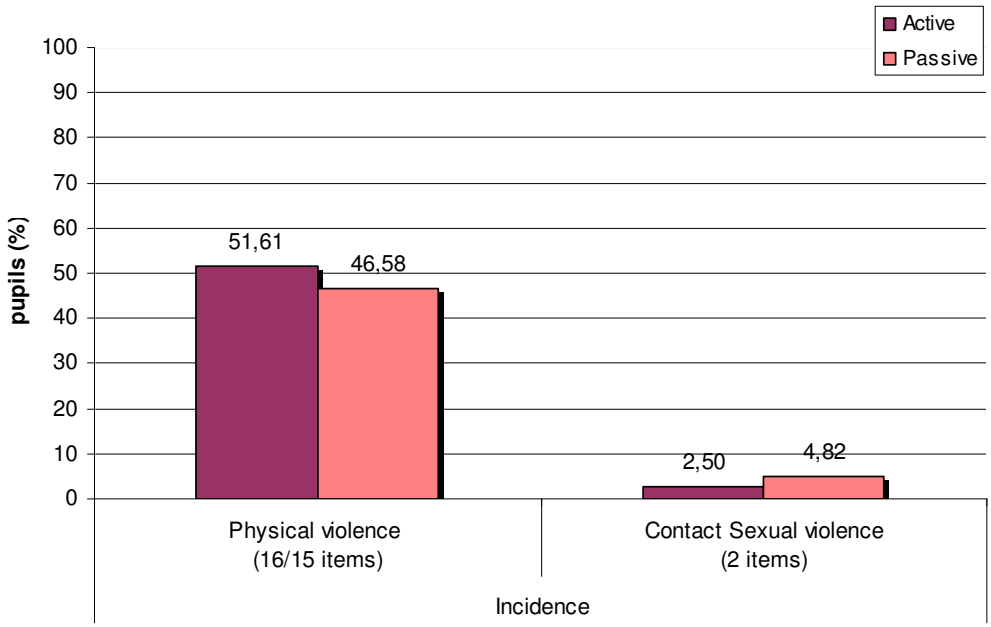


Figure D.6. Prevalence and incidence rates of pupils' exposure to violent behaviors by type of consent. (Only the scales for which the analyses revealed a significant main effect of type of consent presented here).

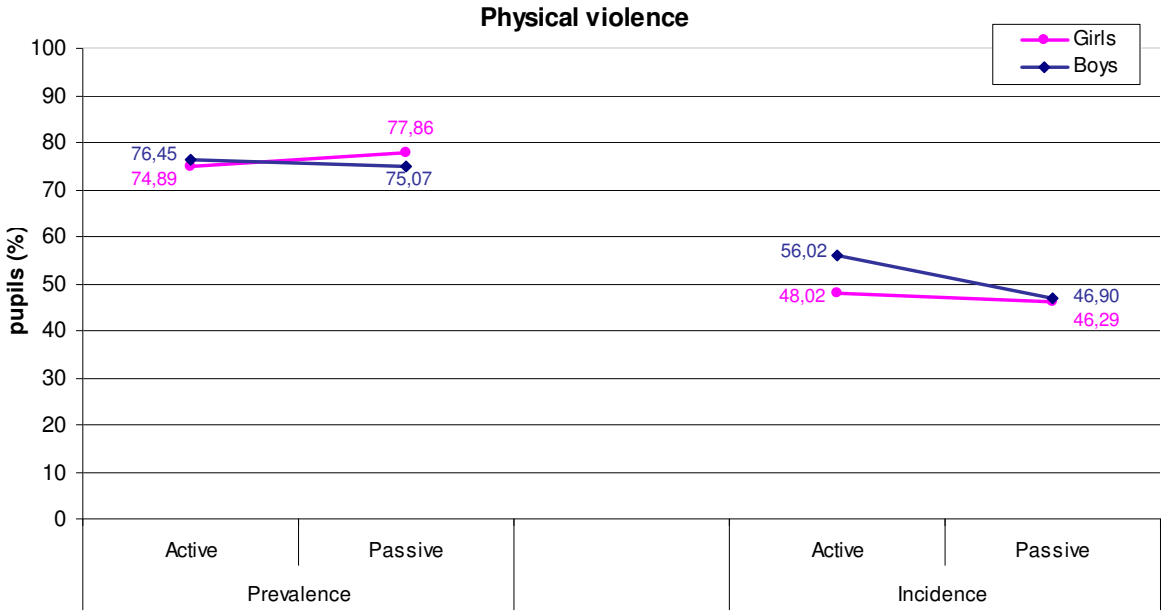


Figure D.7. Prevalence and incidence rates of pupils' exposure to physical violent behaviors by child's gender and type of consent. (The scale of physical violence was the only scale for which the analysis revealed a significant interaction of gender x consent on the prevalence and incidence rate).

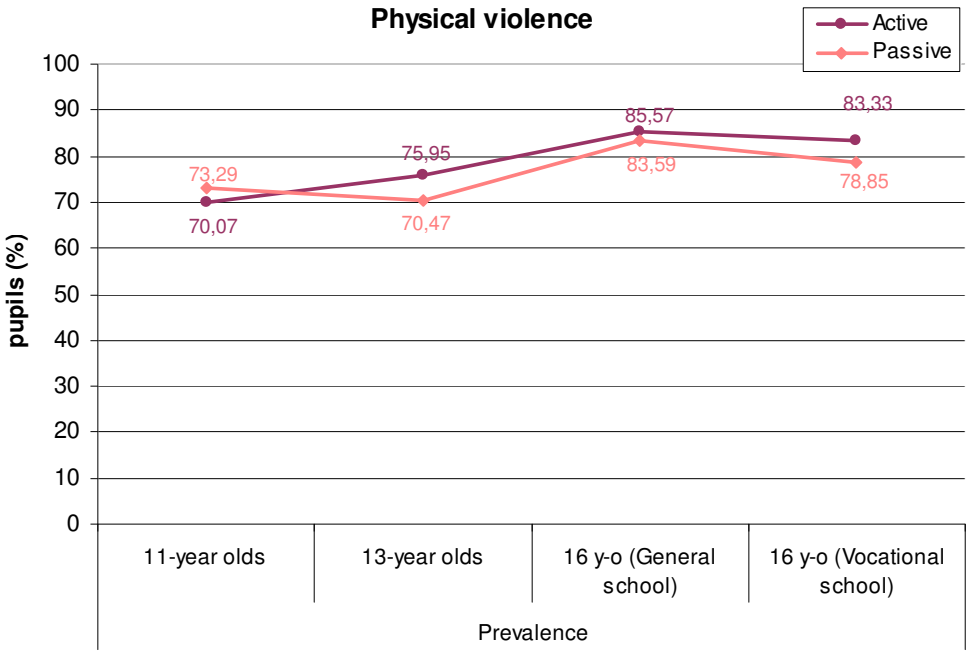


Figure D.8. Prevalence and incidence rates of pupils' exposure to physical violence by grade group and consent. (The scale of physical violence was the only scale for which the analysis revealed a significant interaction of grade group x consent on the prevalence rate).

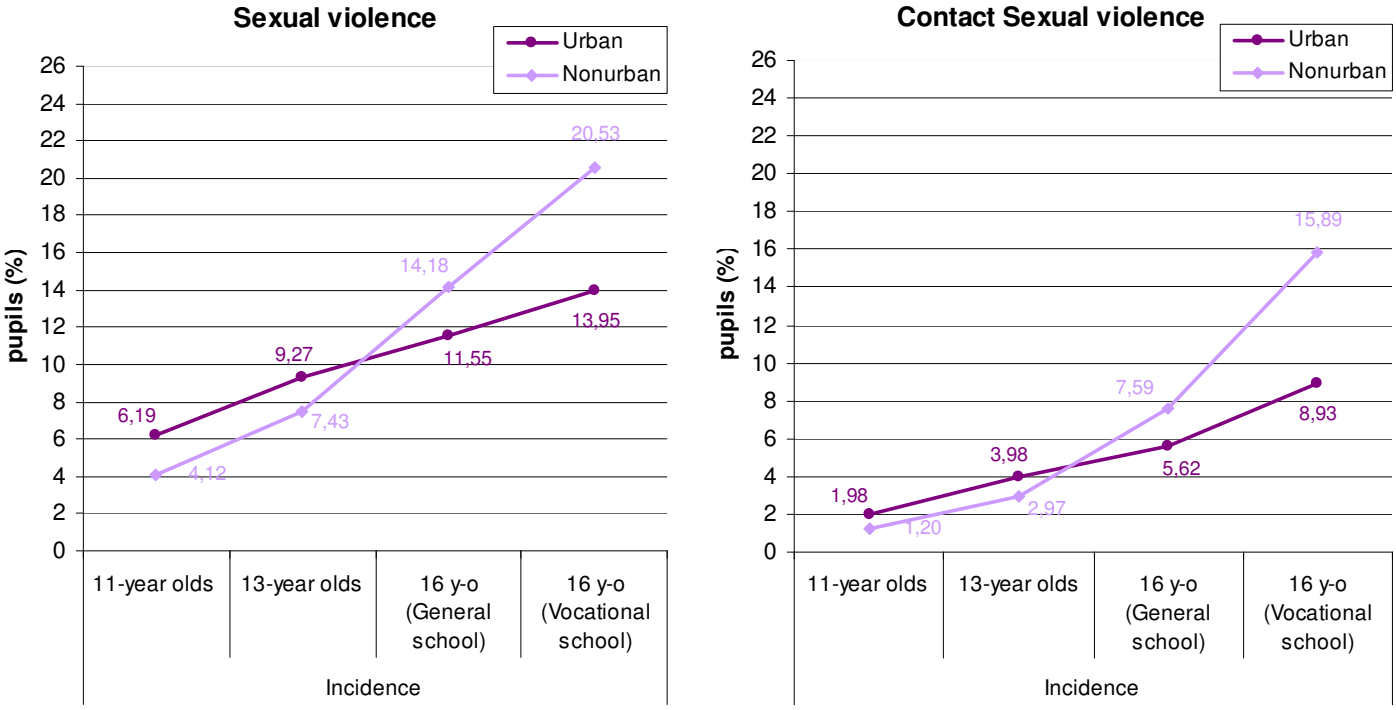


Figure D.9. Prevalence and incidence rates of pupils' exposure to violent behaviors by grade group and urbanicity. (Only the scales for which the analyses revealed a significant interaction of grade group x urbanicity are presented here).

Table D.3. Results of 12 Univariate GLM regression analyses conducted on the prevalence and the incidence of the 3 scales of violent behaviour, of the feeling of neglect scale and of the positive parenting scale; the results of the analyses on the subscale of contact sexual violence are also illustrated

		Psychologi-cal violence	Physical violence	Sexual violence	Contact Sexual violence	Feeling of Neglect	Positive & non violent parenting
gender	**PR.**	51.046****		32.782****	11.473****	201.343****	
	IN.	22.878****	8.015***	7.463**	10.735****	135.080****	
grade group	**PR.**	229.422****	53.003****	56.690****	49.907****	98.197****	526.883****
	IN.	78.951****	16.871****	22.110****	32.961****	36.175****	312.804****
geographical area	**PR.**		6.208***			6.503***	3.344*
	IN.				3.430*	4.729**	5.190**
urbanicity	**PR.**	4.636*					17.016****
	IN.				14.280****		8.469***
age difference	**PR.**	5.458*		56.522****	35.015****	7.802***	6.918**
	IN.	10.856****		37.422****	27.769****		8.362***
consent	**PR.**						
	IN.				5.609*		
gender x grade group	**PR.**	14.986****	11.843****	14.127****	4.731***	32.000****	12.380****
	IN.	17.532****	11.994****			26.148****	12.928****
gender x geographical area	**PR.**						
	IN.						
gender x urbanicity	**PR.**						
	IN.						
gender x age difference	**PR.**						
	IN.				9.103***		
gender x consent	**PR.**						
	IN.						
grade group x geographical area	**PR.**			2.382*	4.949****	2.223*	
	IN.					2.356*	
grade group x urbanicity	**PR.**						
	IN.			2.865*	7.405****	2.996*	
grade group x age difference	**PR.**				2.842*		3.044*
	IN.	2.696*					4.181**
grade group x consent	**PR.**		2.811*				
	IN.						

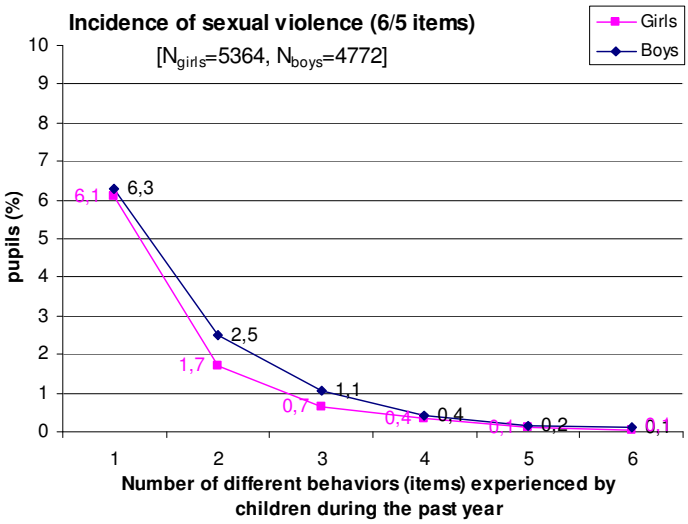
* p<.05, **p<.01, ***p<.005, ****p<.001

PR: Prevalence, **IN:** Incidence

Note: In the cells of the table are depicted the F-values only for the main effects and the 2-way interactions that reached significance.

All the significant interactions are illustrated on the Figures that follow, while the main effects are diagrammatically presented only for the cases where only the main effects and no significant interaction revealed.

The only significant effects that are not illustrated are these of the age difference and its interactions with gender and grade group.



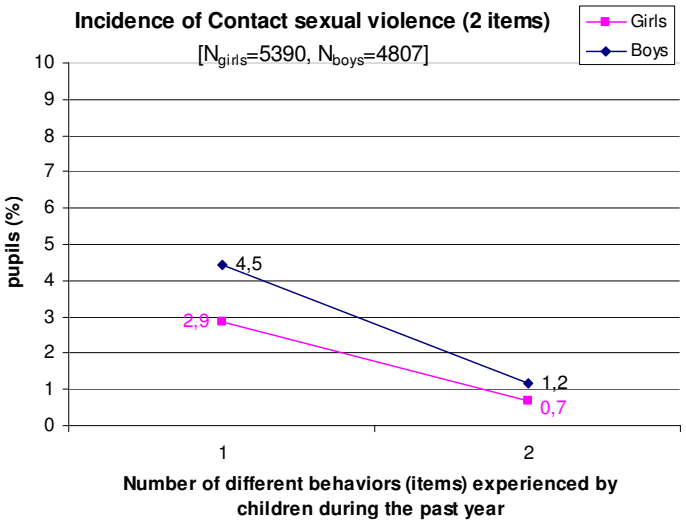
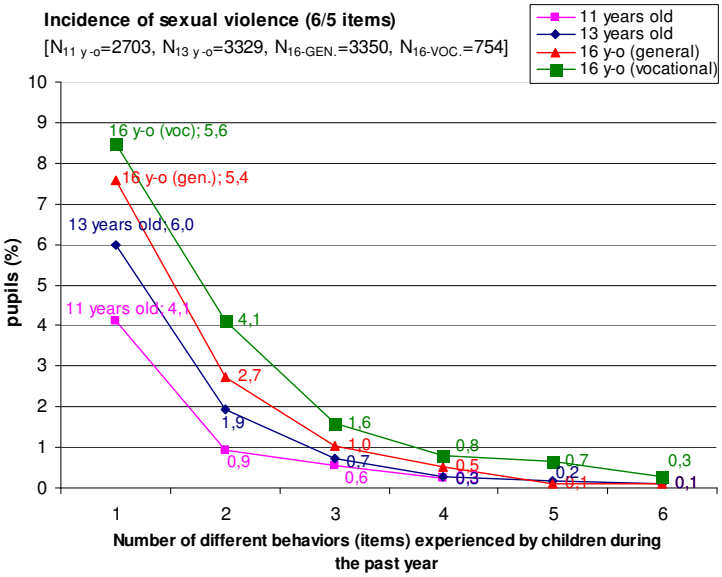


Figure D.10. Prevalence and incidence rates of pupils' exposure to violent behaviors by number of different behaviors (items) they have been exposed to and by child's gender.
(Only the scales for which the analyses revealed a significant main effect of gender and no significant interactions with gender are presented here).



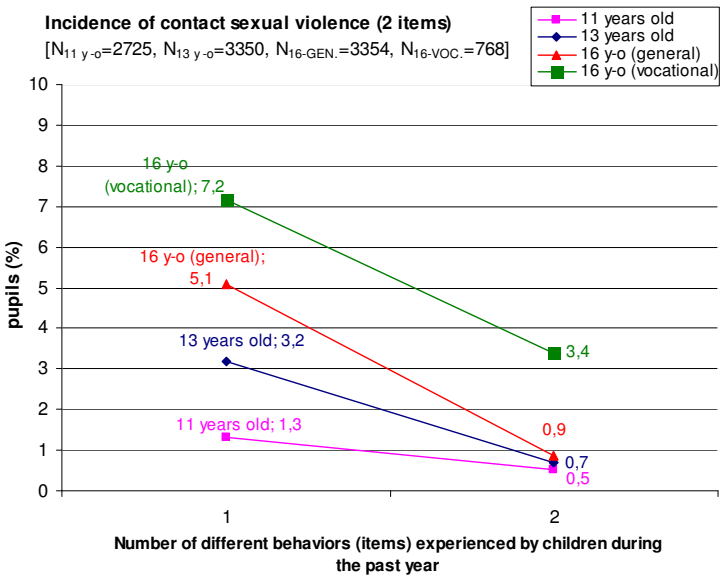


Figure D.11. Prevalence and incidence rates of pupils' exposure to violent behaviors by number of different behaviors (items) they have been exposed to and by grade group.
(Only the scales for which the analyses revealed a significant main effect of grade group and no significant interactions with grade group are presented here).

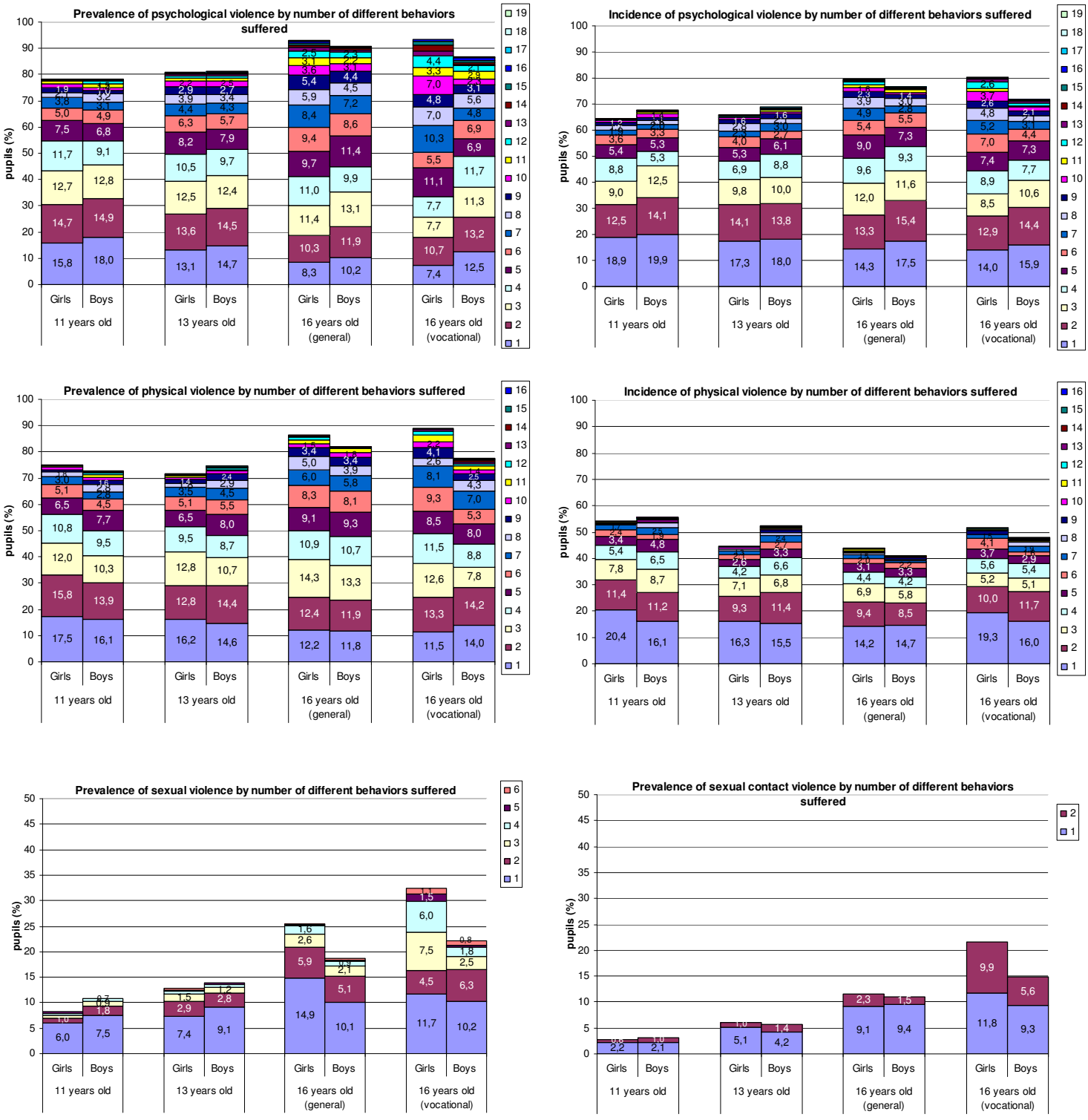


Figure D.12. Prevalence and incidence rates of pupils' exposure to violent behaviors by number of different behaviors (items) they have been exposed to and by gender and grade group. (Only the scales for which the analyses revealed a significant interaction of gender x grade group are presented here).

(to be continued on the next page)

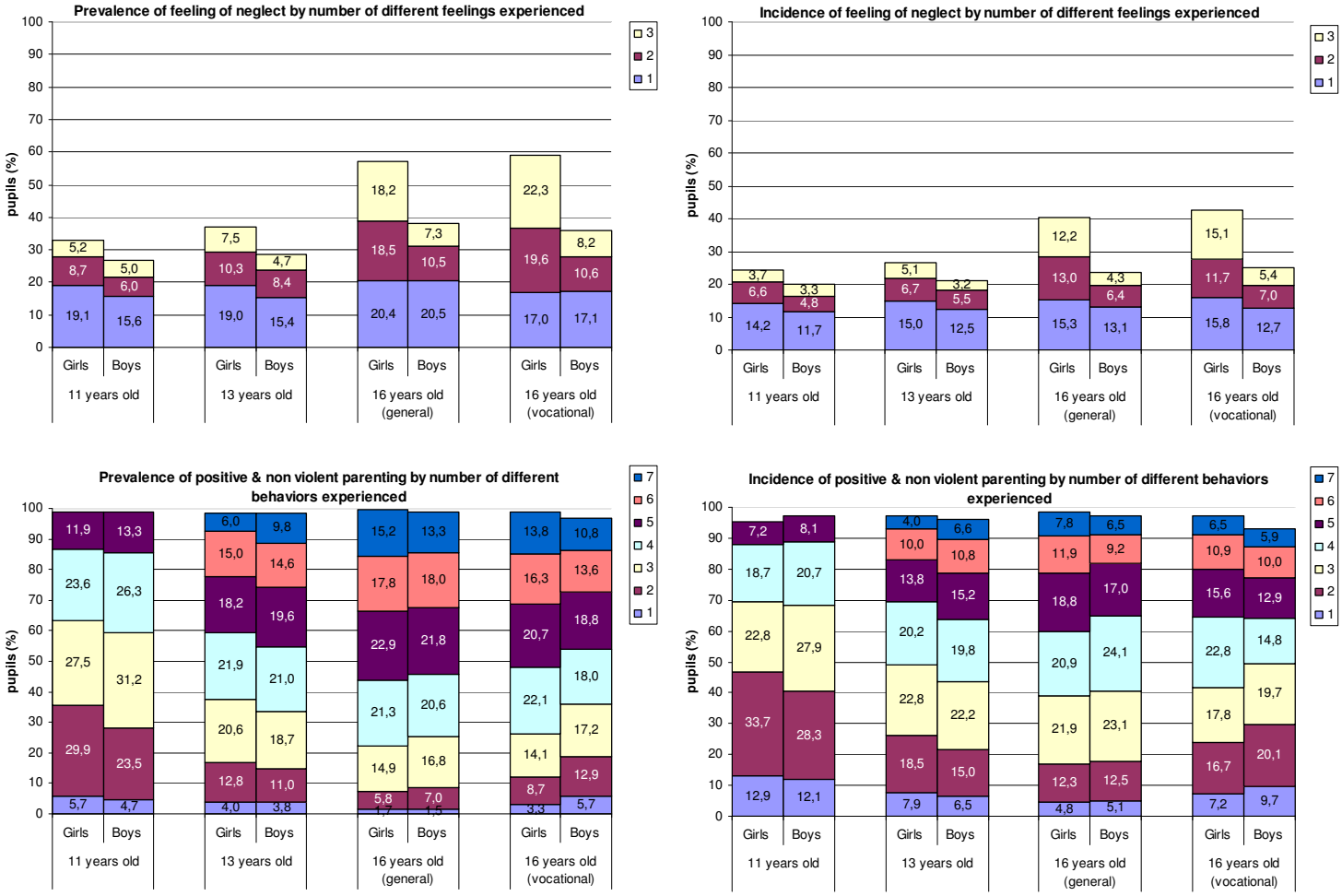
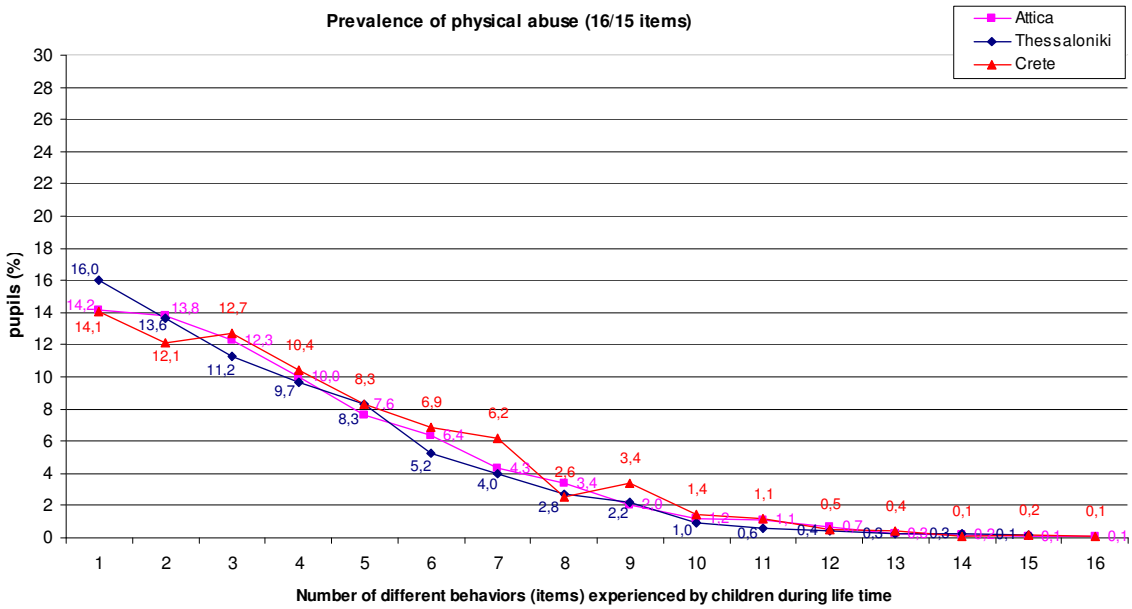
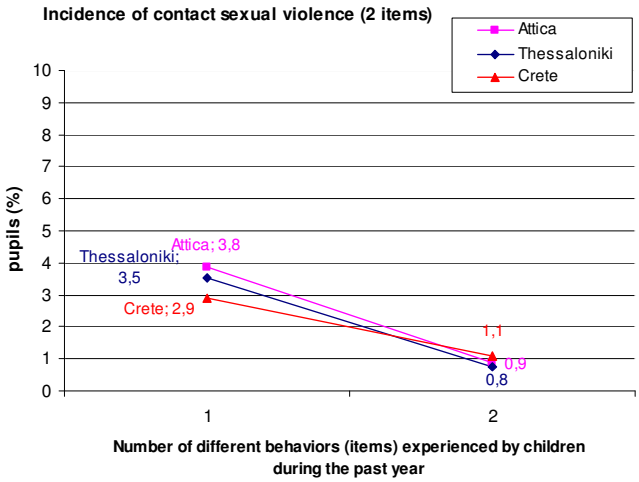
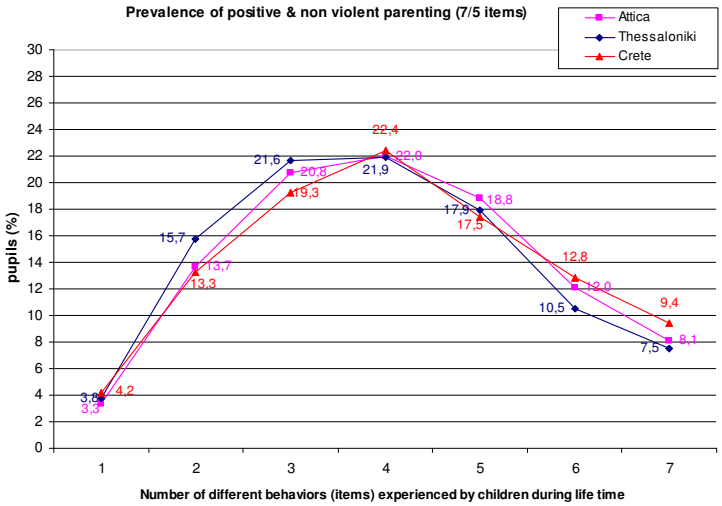


Figure D.12. Prevalence and incidence rates of pupils' exposure to violent behaviors by number of different behaviors (items) they have been exposed to and by gender and grade group. (Only the scales for which the analyses revealed a significant interaction of gender x grade group are presented here).

(…continued from previous page)







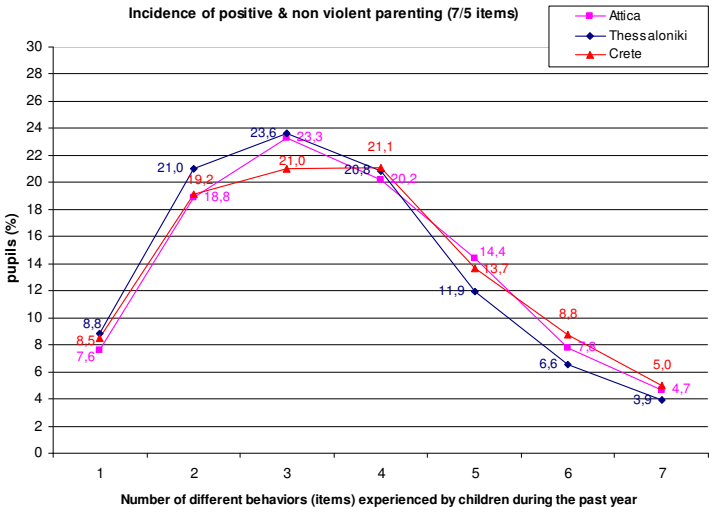
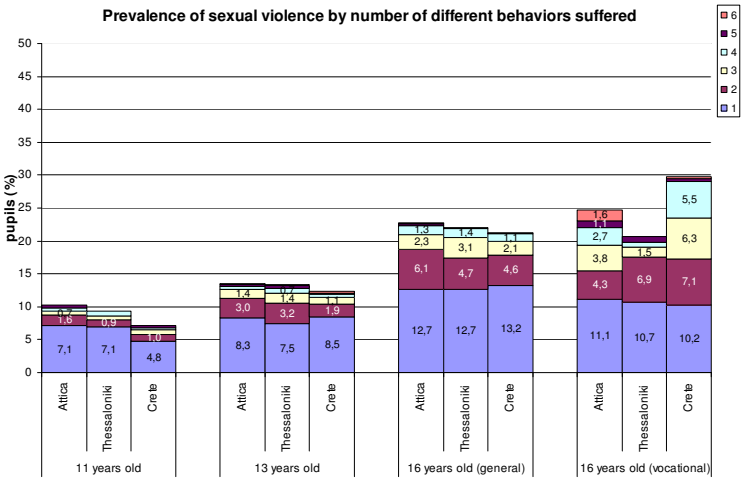
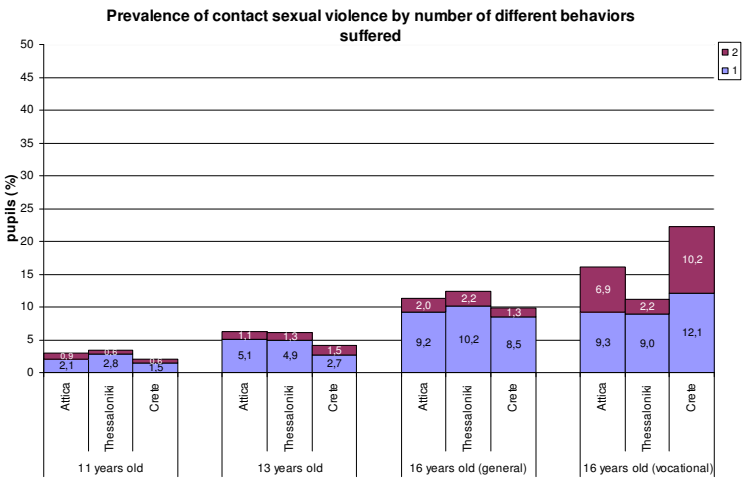
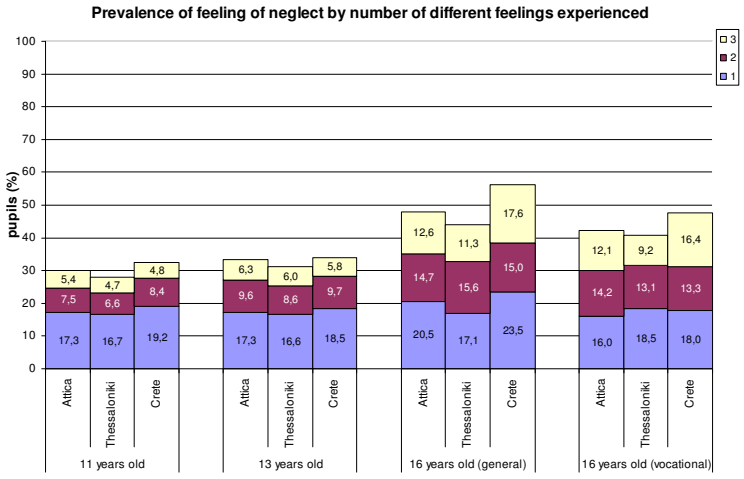


Figure D.13. Prevalence and incidence rates of pupils' exposure to violent behaviors by number of different behaviors (items) they have been exposed to and by geographical area.
(Only the scales for which the analyses revealed a significant main effect of geographical area and no significant interactions with geographical area are presented here).







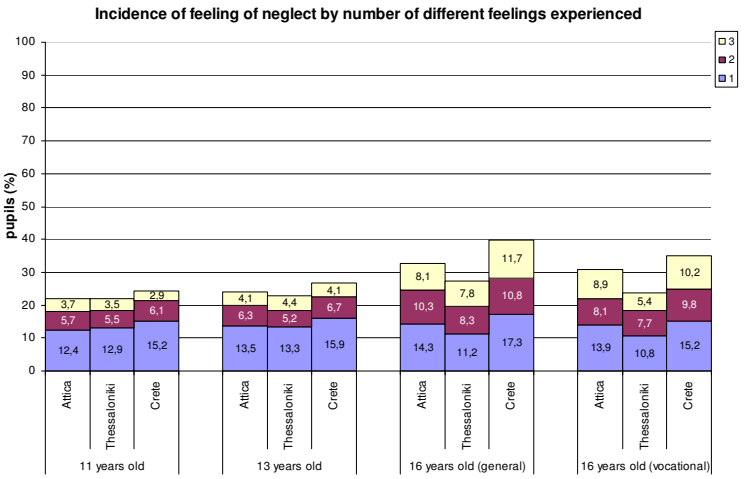
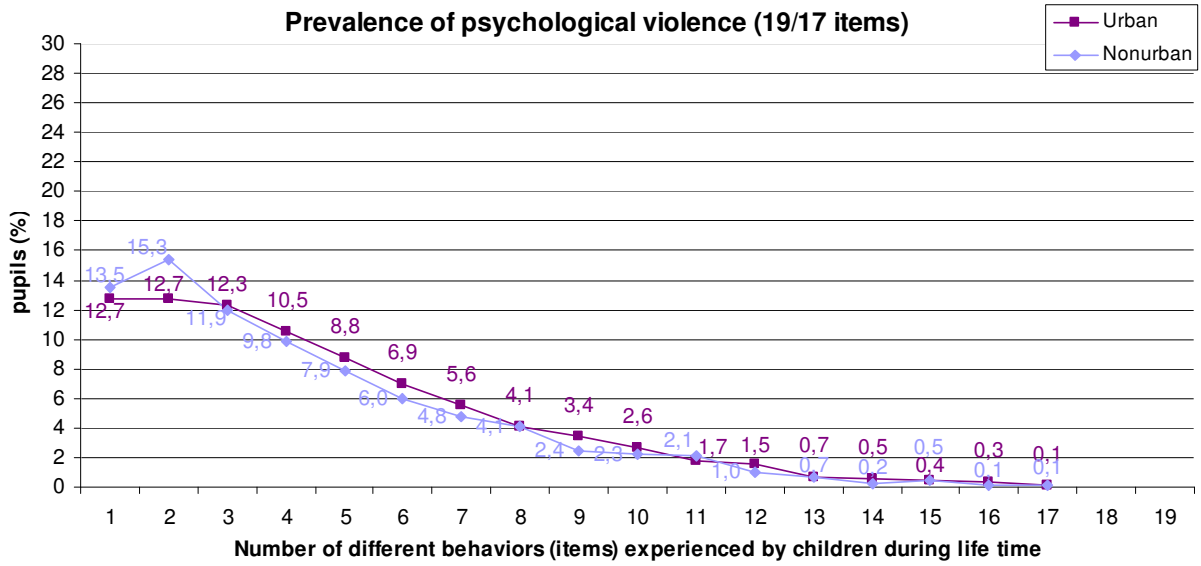
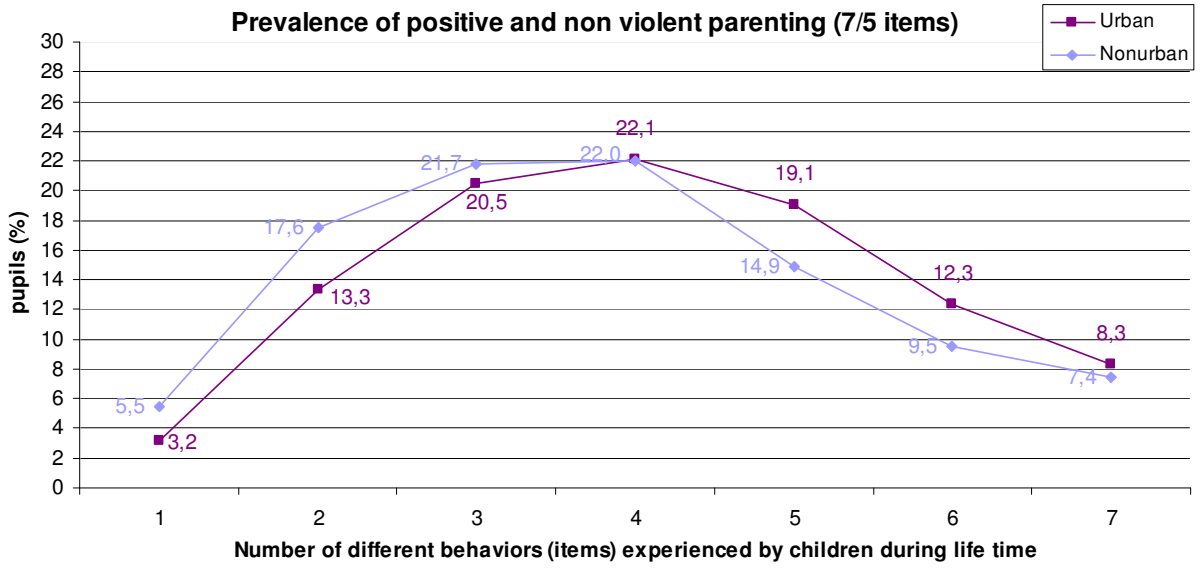


Figure D.14. Prevalence and incidence rates of pupils' exposure to violent behaviors by number of different behaviors (items) they have been exposed to and by grade group and geographical area.
(Only the scales for which the analyses revealed a significant interaction of grade group x geographical area are presented here).





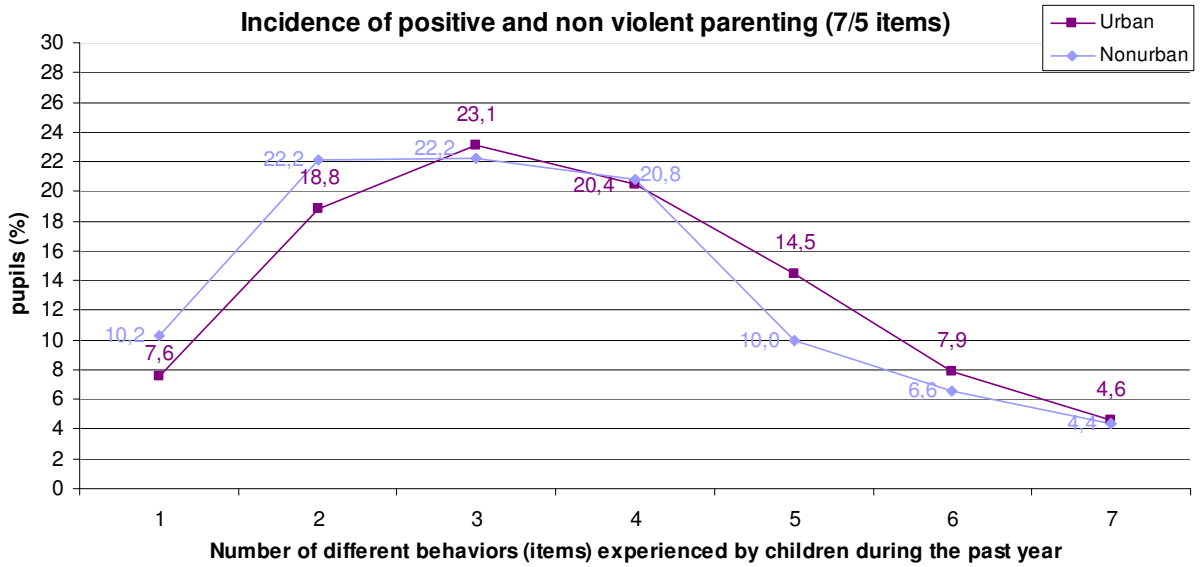


Figure D.15. Prevalence and incidence rates of pupils' exposure to violent behaviors by number of different behaviors (items) they have been exposed to and by urbanicity.
(Only the scales for which the analyses revealed a significant main effect of urbanicity and no significant interactions with urbanictiy are presented here).

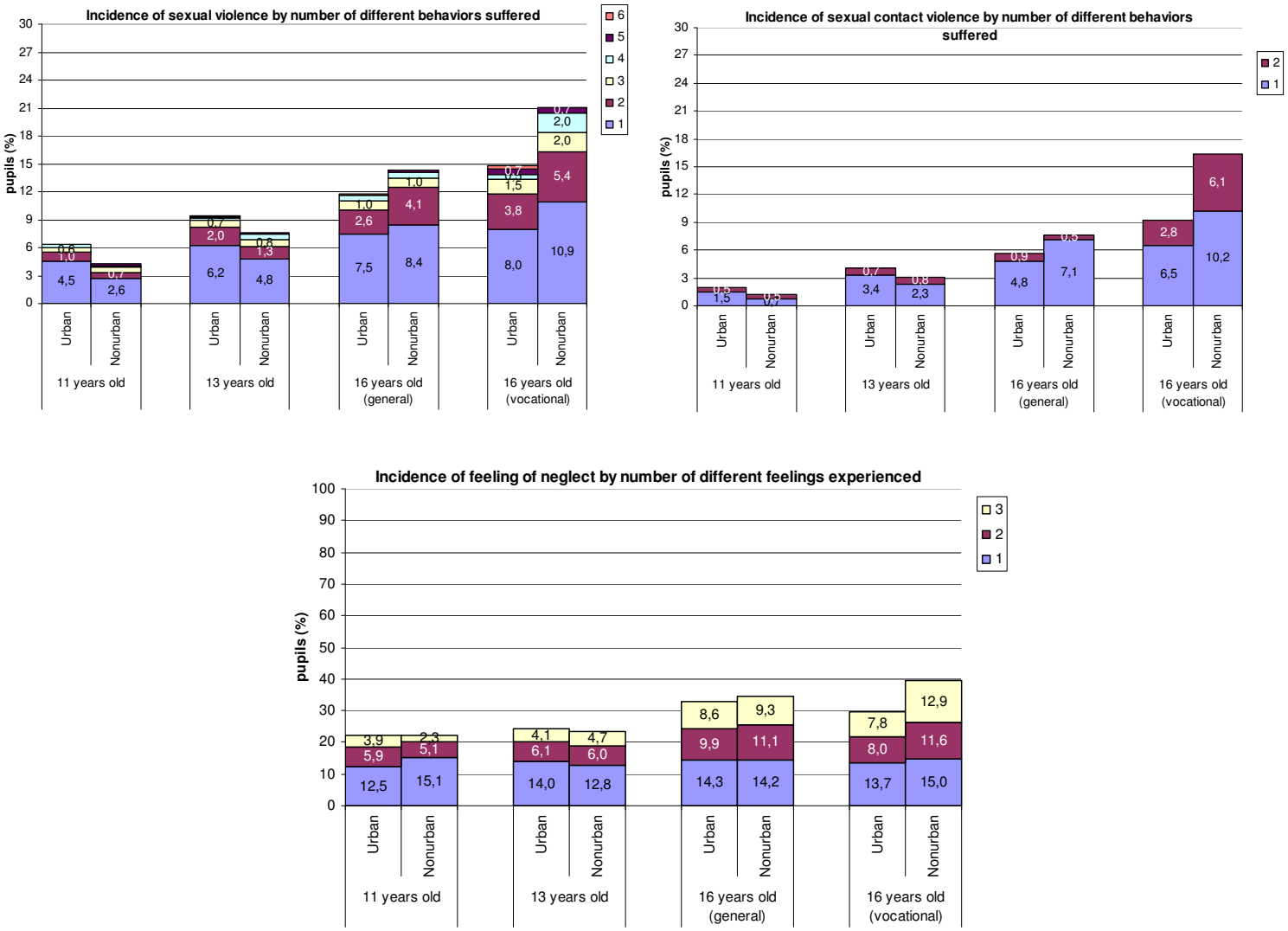


Figure D.16. Prevalence and incidence rates of pupils' exposure to violent behaviors by number of different behaviors (items) they have been exposed to and by grade group and urbanicity. (Only the scales for which the analyses revealed a significant interaction of grade group x urbanicity are presented here).

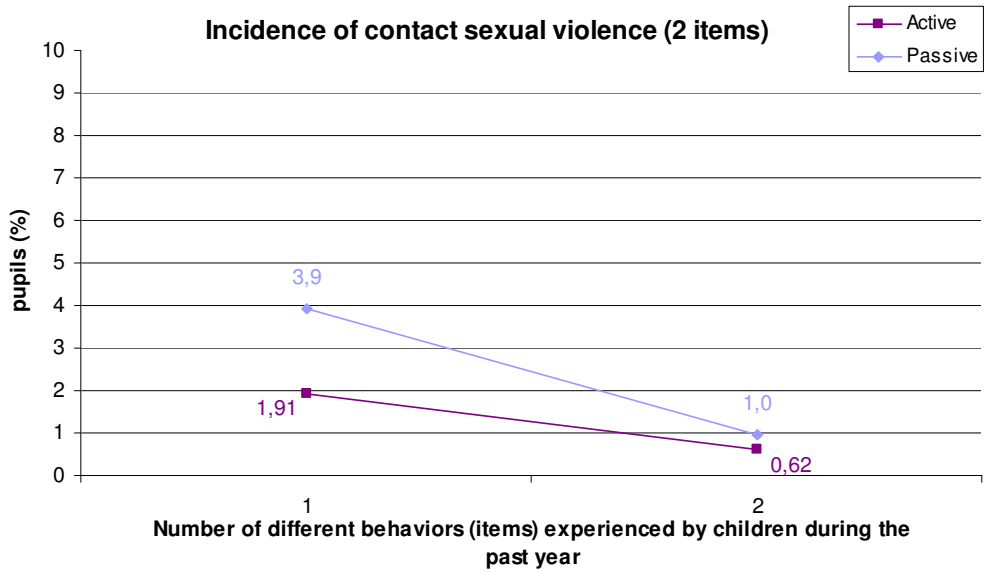


Figure D.17. Prevalence and incidence rates of pupils' exposure to violent behaviors by number of different behaviors (items) they have been exposed to and by consent.
(Only the scales for which the analyses revealed a significant main effect of consent and no significant interactions with consent are presented here).

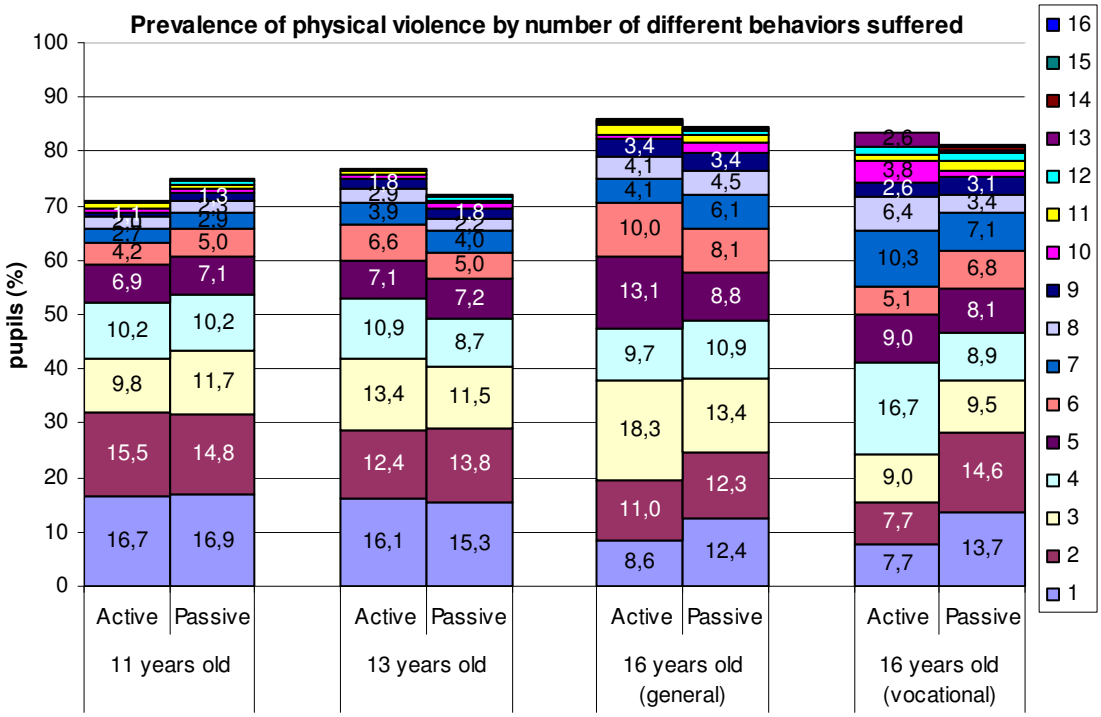


Figure D.18. Prevalence and incidence rates of pupils' exposure to violent behaviors by number of different behaviors (items) they have been exposed to and by grade group and consent. (Only the scales for which the analyses revealed a significant interaction of grade group x consent are presented here).

Table D.4. Internal consistencies (Cronbach's alpha) of 3 scales of maltreatment (psychologi-cal, physical and sexual violence), of the feeling of neglect and of the positive & non violent parenting scales

	Prevalence	Incidence
Psychological violence (19/17 items)	0,829	0,830
Physical violence (16/15 items)	0,892	0,892
Sexual violence (6/5 items)	0,827	0,828
Contact sexual violence (2 items)	0,645	0,645
Feeling of neglect (3 items)	0,601	0,601
Positive & non violent parenting (7/5 items)	0,724	0,723

Table D.5. Distribution of children by the number of different types of violence they had experienced during their lifetime (prevalence) and during the past 12 months (incidence)

Different types of violent experiences	Prevalence		Incidence	
	N	%	N	%
0	1071	10,25	2409	23,06
1	1517	14,52	2879	27,56
2	3711	35,53	3262	31,23
3	3175	30,39	1543	14,77
4	972	9,30	353	3,38
Multiple victimization (2-4 types)[1]	**7858**	**75,22**	**5158**	**49,38**

1. Multiple victimization was operationally defined as a child's exposure in more than one (up to 4) types of violent experiences, namely to psychological, physical and sexual violence as well as to domestic violence (items 11, 12, 13a and 14); the prevalence rate of the domestic violence scale is 38,81% (N=4054), while its incidence 21,04% (N=2198).

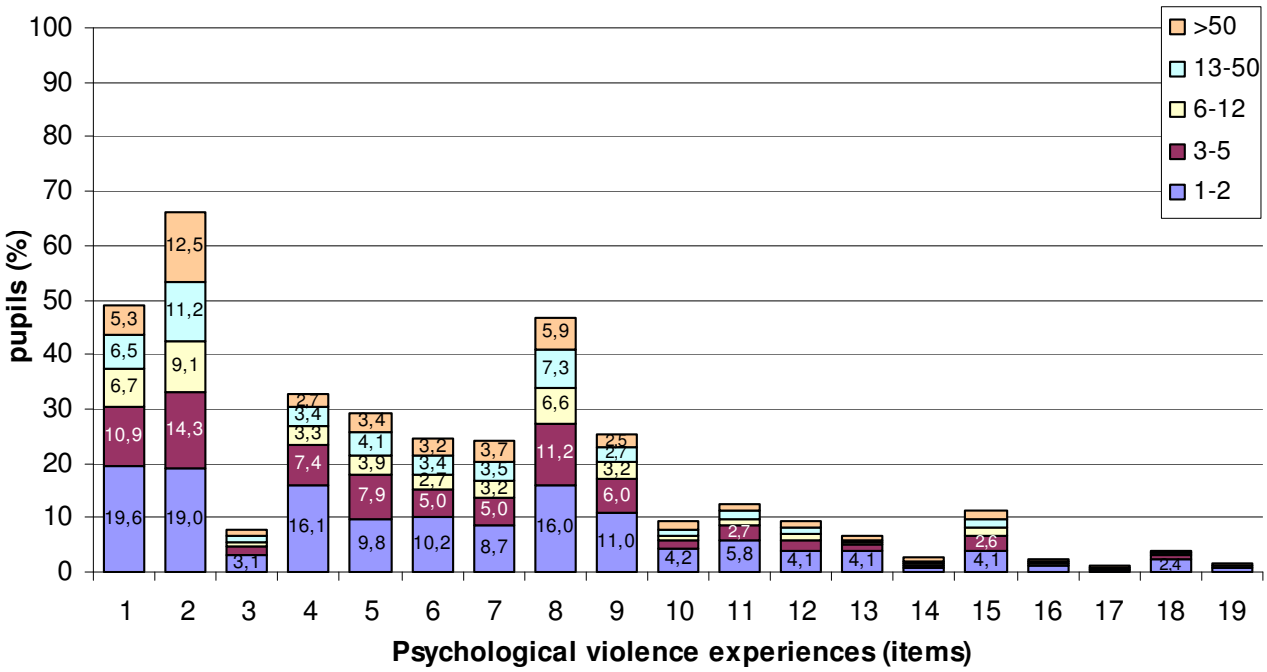


Figure D.19. Distribution of pupils' exposure to 19/17* different experiences of psychological violence, by experience (item) and frequency they experienced it during the past year (incidence).

Items*

1. Shouted, yelled, or screamed at you very loud and aggressively?
2. Insulted you by calling you dumb, lazy or other names like that?
3. Cursed you?
4. Refused to speak to you (ignored you)?
5. **Blamed you for his/her bad mood?**
6. Read your diary, your SMS or e-mail messages without your permission?
7. Went through your bag, drawers, pockets etc. without your permission?
8. Compared you to other children in a way that you felt humiliated?
9. Ashamed or embarrassed you intentionally in front of other people in a way that made you feel very bad or humiliated?
10. Said that they wished you were dead or had never been born?
11. Threatened to leave you or abandon you?
12. Threatened to kick you out of house or send you away?
13. Locked you out of the home?
14. **Threatened to invoke ghosts or evil spirits, or harmful people against you?**
15. Threatened to hurt or kill you?
16. 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?
17. Have to wear clothes that were dirty, torn, or inappropriate for the season, as a means of punishment?
18. Locked you up in a small place or in a dark room?
19. Threatened you with a knife or a gun?

Scale

- 1-2 (once or twice a year)
- 3-5 (several times a year)
- 6-12 (monthly or bimonthly)
- 13-50 (several times a month)
- more than 50 (once a week or more often)

* Items in bold had been excluded from the short-version of the ICAST-CH completed by the 11 y-o grade's pupils

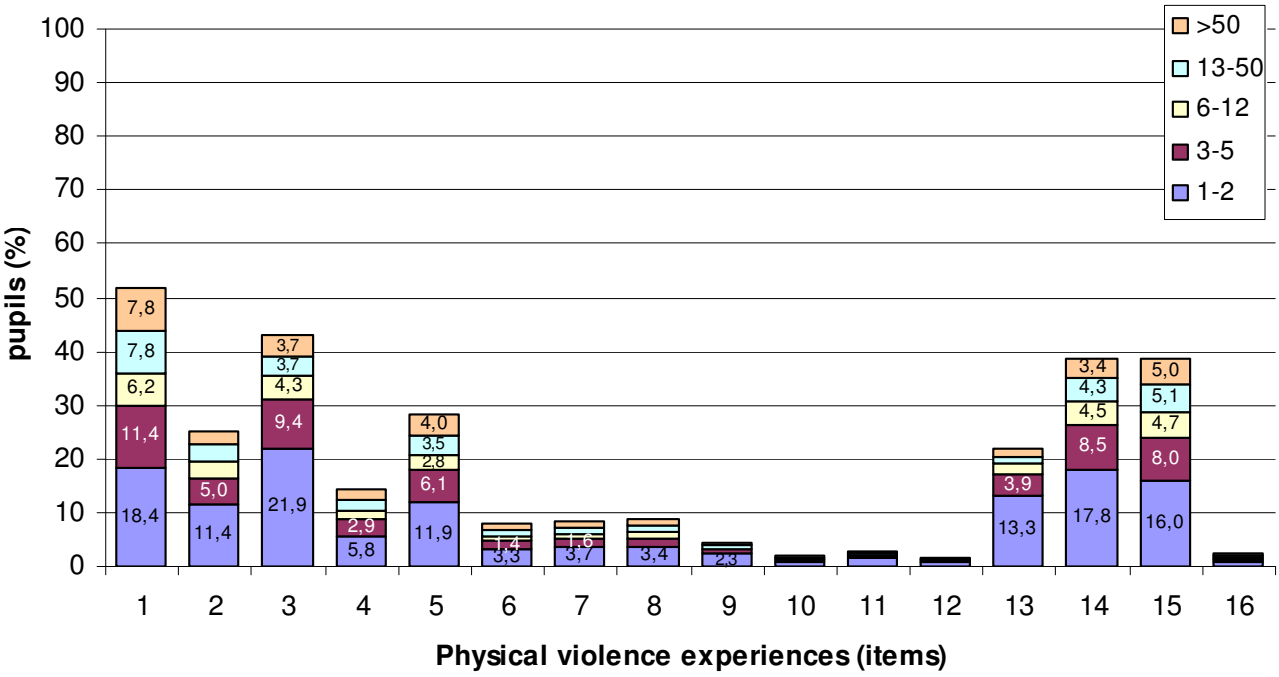


Figure D.20. Distribution of pupils' exposure to 16/15* different experiences of physical violence, by experience (item) and frequency they experienced it during the past year (incidence)

Items*

1. Pushed or kicked you?
2. Grabbed you by your clothes or some part of your body and shook you?
3. Slapped you?
4. Hit you on head with knuckle or back of the hand?
5. Spanked you on the bottom with bare hand?
6. Hit you on the buttocks with an object such as a stick, broom, cane, or belt?
7. Hit you elsewhere (not buttocks) with an object such as a stick, broom, cane, or belt?
8. Hit you over and over again with object or fist ("beat-up")?
9. Choked you or smothered you (prevent breathing by use of a hand or pillow) or squeezed your neck with hands (or something else)?
10. Intentionally burned or scalded you?
11. **Put chilli pepper, hot pepper, or spicy food in your mouth (to cause pain)?**
12. Tied you up or tied you to something using a rope or a chain?
13. Roughly twisted your ear?
14. Pulled your hair?
15. Pinched you roughly?
16. Forced you to hold a position that caused pain or humiliated you as a means of punishment?

Scale

- 1-2 (once or twice a year)
- 3-5 (several times a year)
- 6-12 (monthly or bimonthly)
- 13-50 (several times a month)
- more than 50 (once a week or more often)

* The item in bold had been excluded from the short-version of the ICAST-CH completed by the 11 y-o grade's pupils

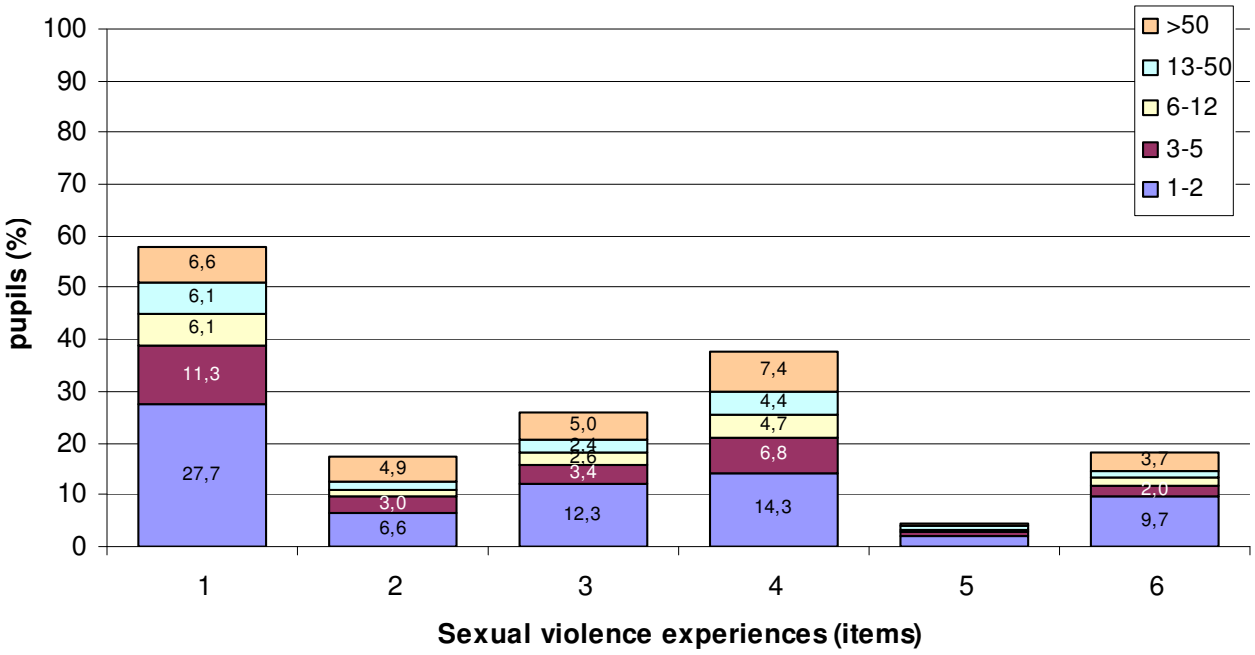


Figure D.21. Distribution of pupils' exposure to 6/5* different experiences of sexual violence, by experience (item) and frequency they experienced it during the past year (incidence)

Items*

1. Made you upset by speaking to you in a sexual way or writing sexual things about you?
2. Made you watch a sex video or look at sexual pictures in a magazine or computer when you did not want to?
3. Made you look at their private parts or wanted to look at yours?
4. Touched your private parts in a sexual way, or made you touch theirs?
5. **Made a sex video or took photographs of you alone, or with other people, doing sexual things?**
6. Tried to have sex with you when you did not want them to?

Scale

- 1-2 (once or twice a year)
- 3-5 (several times a year)
- 6-12 (monthly or bimonthly)
- 13-50 (several times a month)
- more than 50 (once a week or more often)

* The item in bold had been excluded from the short-version of the ICAST-CH completed by the 11 y-o grade's pupils

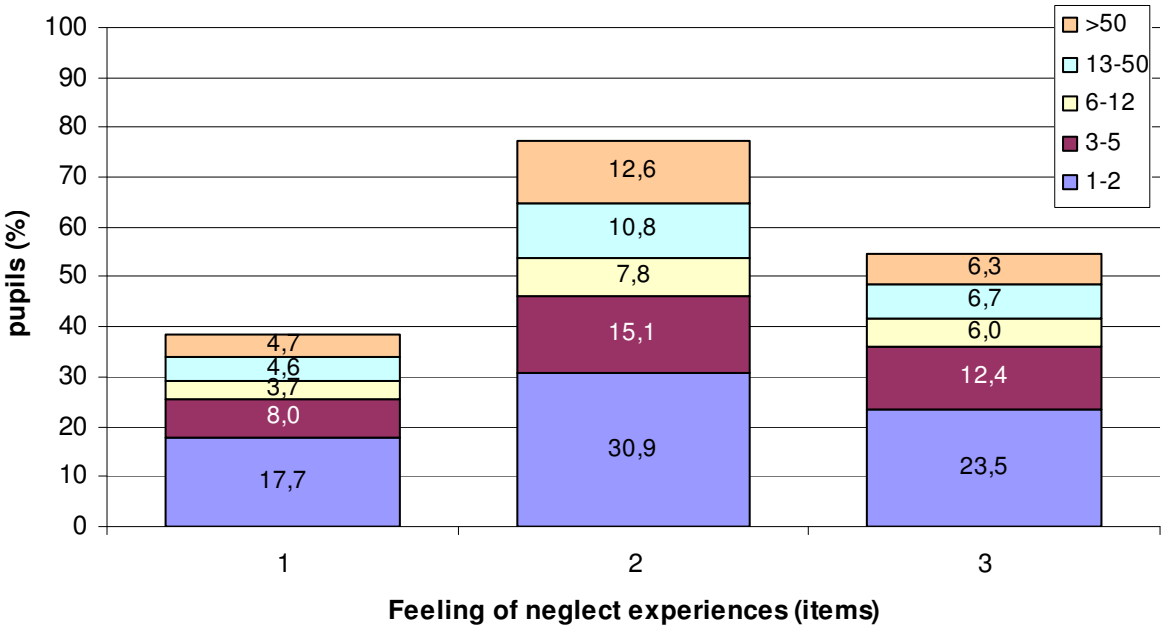


Figure D.22. Distribution of pupils' exposure to 3 different feelings of neglect, by feeling (item) and frequency they experienced it during the past year (incidence)

Items

1. You did not feel cared for?
2. Felt that you were not important?
3. Felt that there was never anyone looking after you, supporting you, helping you when you most needed it?

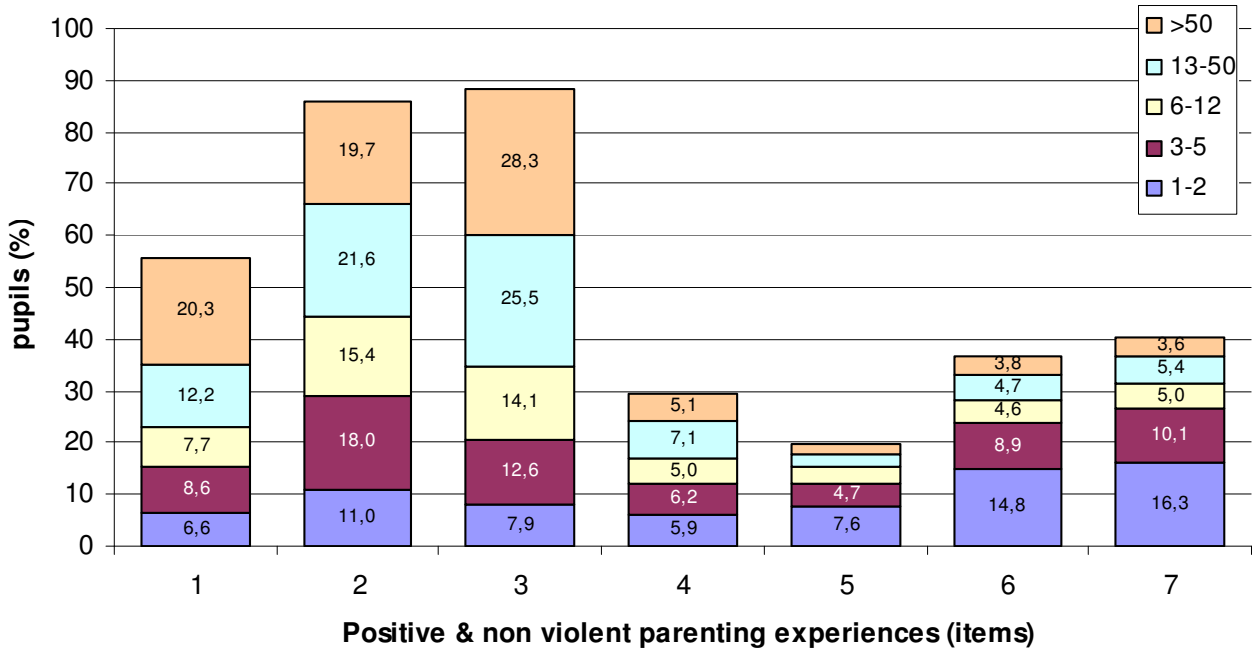


Figure D.23. Distribution of pupils' exposure to 7/6* different experiences of positive & non violent parenting, by experience (item) and frequency they experienced it during the past year (incidence)

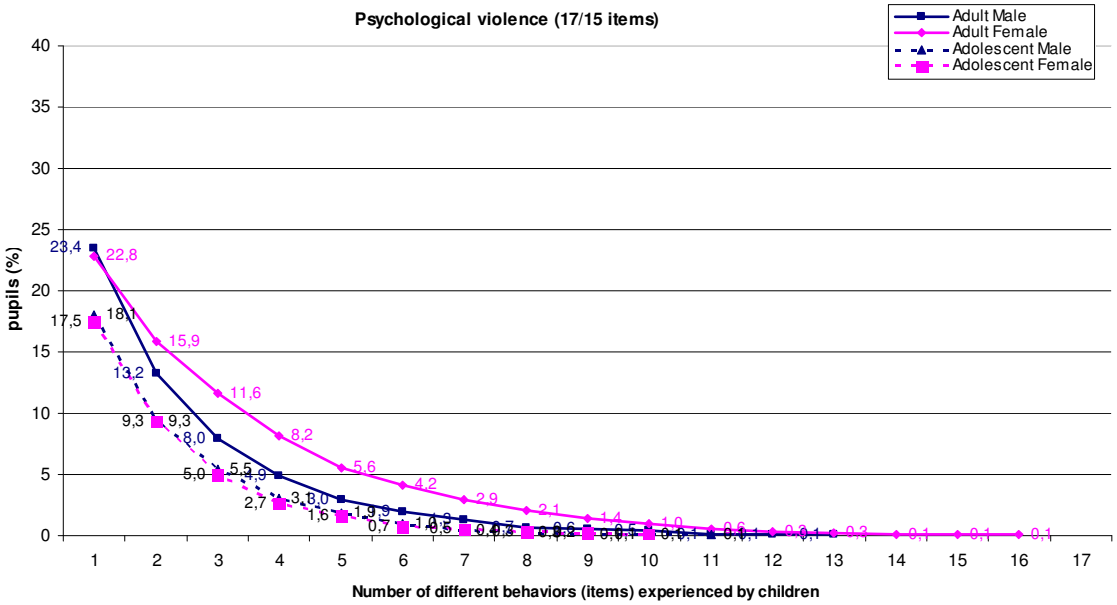
Items*

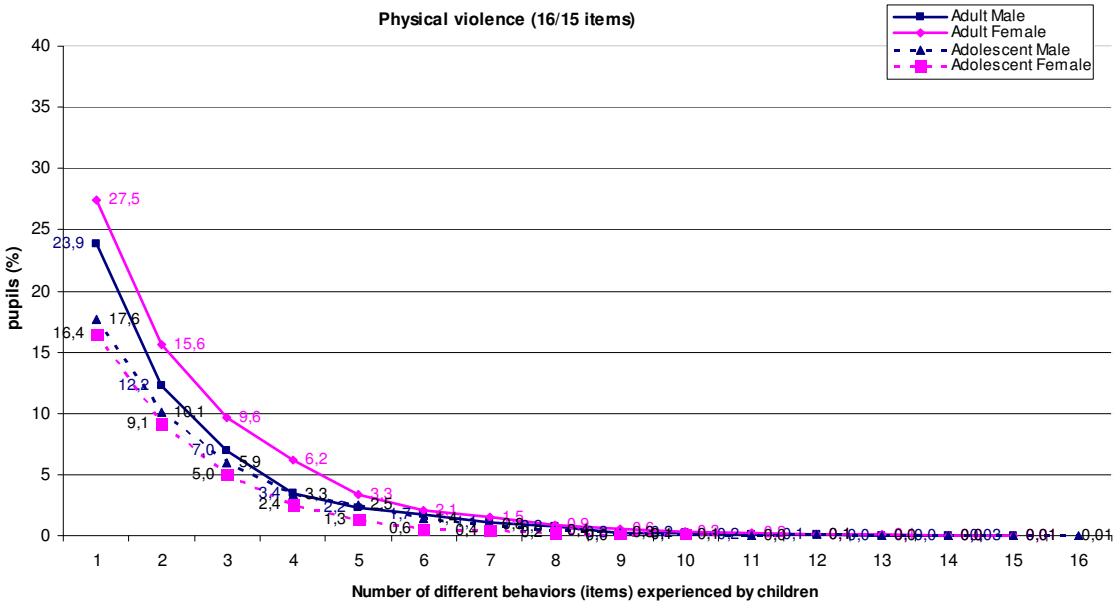
1. **Told you to start or stop doing something (e.g. start doing your homework or stop watching TV)?**
2. Explained you why something you did was wrong?
3. Gave you an award for behaving well?
4. **Gave you something else to do in order to distract your attention (e.g. to tell you do something in order to stop you watching TV)?**
5. Took away your pocket money or other privileges?
6. Forbade you something that you liked?
7. Forbade you to go out?

Scale

- 1-2 (once or twice a year)
- 3-5 (several times a year)
- 6-12 (monthly or bimonthly)
- 13-50 (several times a month)
- more than 50 (once a week or more often)

* Items in bold had been excluded from the short-version of the ICAST-CH completed by the 11 y-o grade's pupils





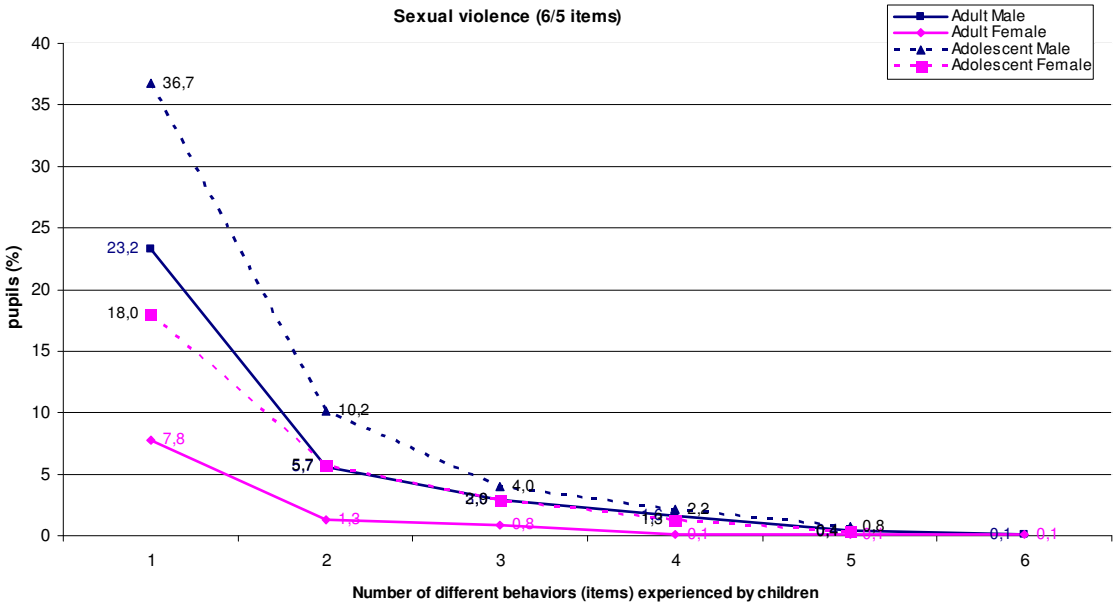


Figure D.24. Percentage of pupils who have experienced different violent behaviors by number of different behaviors (items) they have been exposed to and by type of perpetrator (adult male or female and adolescent male or female)

(to be continued on the next page)

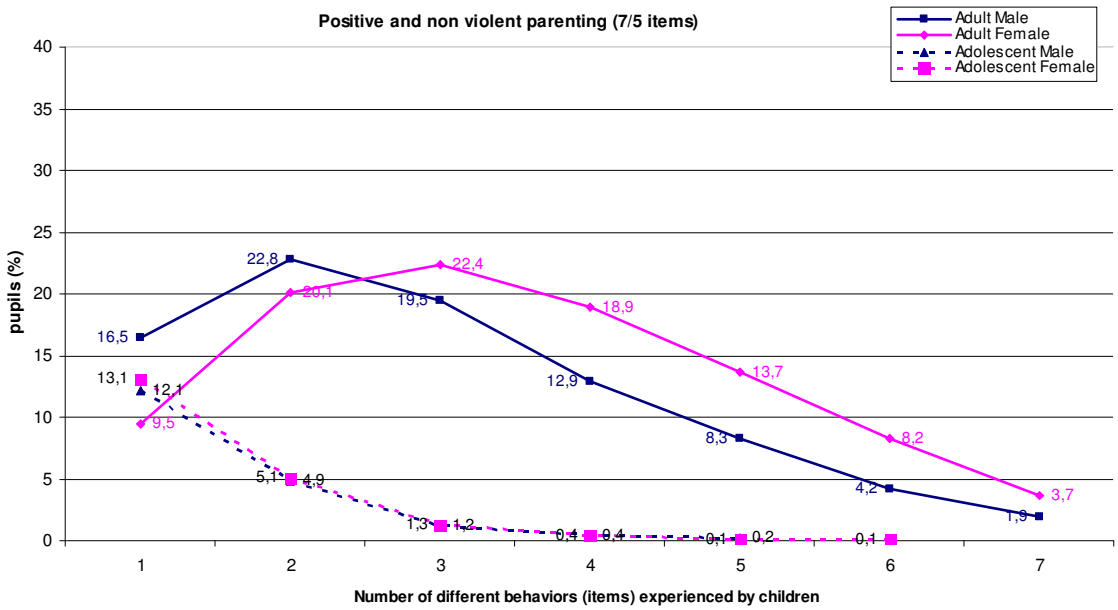


Figure D.24. Percentage of pupils who have experienced different violent behaviors by number of different behaviors (items) they have been exposed to and by type of perpetrator (adult male or female and adolescent male or female)

(…continued from previous page)

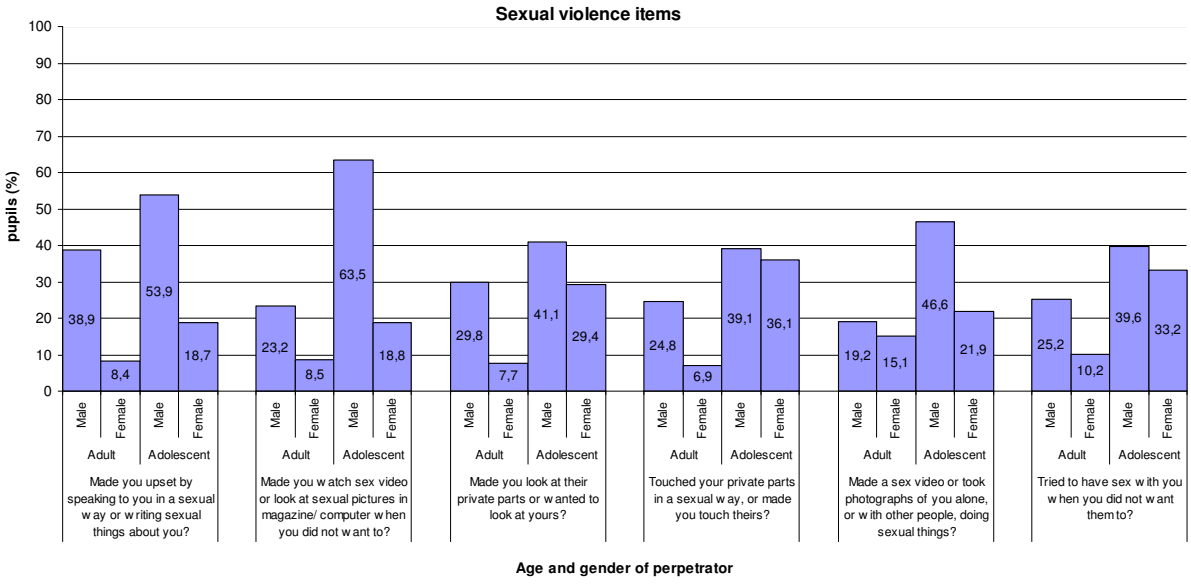


Figure D.25. Percentage of pupils who have experienced 6 different behaviors of sexual violence by type of perpetrator (adult male or female and adolescent male or female).

Note

The percentages are calculated on the total number of children who had each experience; their sum exceeds 100%, in case some children have experienced the same behavior from different types of perpetrators.

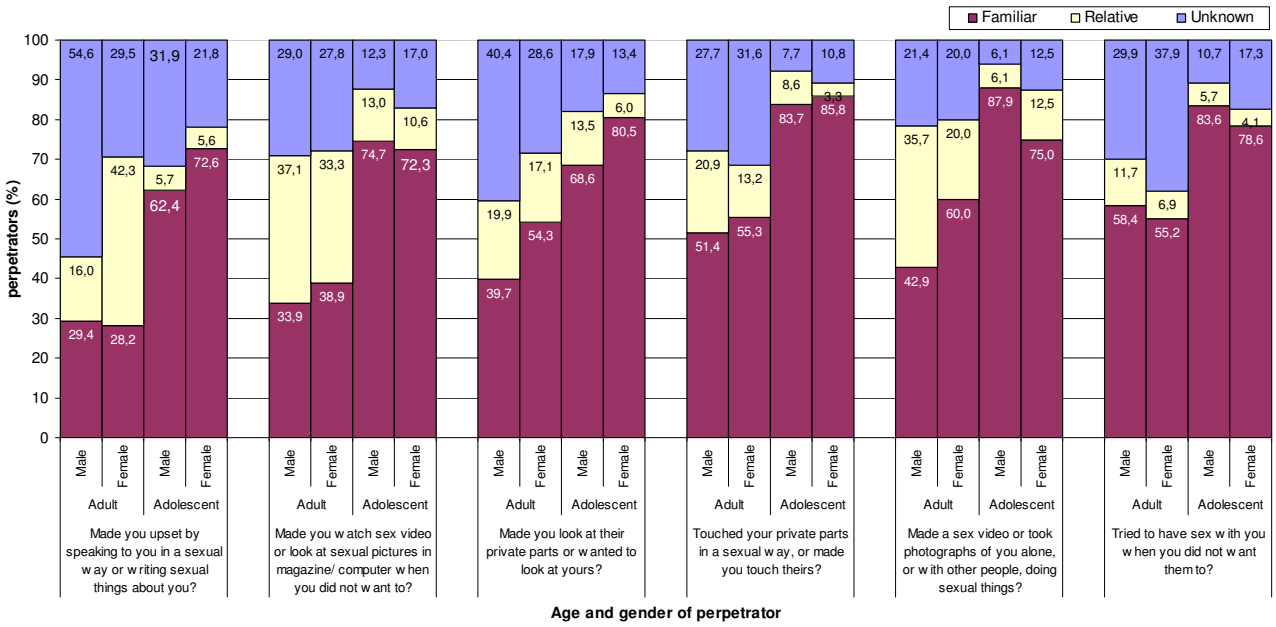


Figure D.26. Distribution of perpetrators as reported by children experienced each of 6 different behaviors of sexual violence, by type of perpetrator (adult male or female and adolescent male or female) and his/her relationship to the child (unknown person, familiar person, a relative).

Note

The percentages are calculated on the total number of perpetrators that had been reported by children who had each experience.

Table D.6. Demographics for matched pairs of children and their parent/caregiver participated in the ICAST-CH and ICAST-P survey in Greece, and information about their living conditions **(Sample's size = 6529 pairs of child – respondent parent/caregiver)**[1]

	N	%
Child's gender		
Girls	3792	58,08
Boys	2737	41,92
Child's age		
11	449	6,88
12	2228	34,12
13	1632	25,00
14	60	0,92
15	512	7,84
16	1540	23,59
17	82	1,26
18	26	0,40
Grade group (typical age of attending pupils)		
11 y-o	2120	32,47
13 y-o	2267	34,72
16 y-o, General school	1862	28,52
16 y-o, Vocational school	280	4,29
Child's birth position in the family		
Unspecified	3	0,05
only child	916	14,04
first child (oldest)	2363	36,21
middle child	661	10,13
last child (youngest)	2378	36,44
twins	197	3,02
not biological child	11	0,17
Persons cohabitating with the child		
Unspecified	2	0,03
mother	6422	98,39
father	5674	86,93
stepmother (father's spouse)	16	0,25
stepfather (mother's spouse)	131	2,01
foster mother	5	0,08
foster father	5	0,08
mother's partner	63	0,97
father's partner	8	0,12
grandmother	536	8,21
grandfather	234	3,59
female siblings(s)	2988	45,88
male siblings(s)	3241	49,77
other relatives	90	1,38
other non relatives	34	0,52
Respondent's relationship with the child		
Unspecified	14	0,21
mother	5243	80,48
father	1002	15,38
both parents	193	2,96
stepmother	3	0,05
stepfather	6	0,09
foster mother	3	0,05
foster father	3	0,05
sister	23	0,35
brother	6	0,09
grandmother	19	0,29
grandfather	3	0,05
other relative	7	0,11
other	4	0,06
Respondent also replied for:		
Unspecified	464	7,11
none (for her/himself only)	2281	37,61
the other parent	3436	56,65
her/his spouse/partner	107	1,76
other person, who looks after the child	213	3,51
other person	28	0,46

	Mother		Father	
	N	%	N	%
Parents' Nationality				
Unspecified	175	2,71	201	3,27
N/A (parent not alive)	29	0,45	109	1,77
Greek	5476	87,64	5253	89,92
Mixed	24	0,38	10	0,17
Albanian	439	7,03	407	6,97
Romanian	34	0,54	24	0,41
Other	275	4,40	148	2,53
Parents' marital situation				
Unspecified	178	2,76	315	4,88
N/A (parent not alive)	29	0,45	109	1,69
married	5269	84,37	5363	88,97
separated	202	3,23	153	2,54
divorced	410	6,57	266	4,41
remarried	152	2,43	127	2,11
cohabitating	84	1,35	84	1,39
single	30	0,48	10	0,17
widow	95	1,52	23	0,38
other	3	0,05	2	0,03
Urbanicity of the place of residence				
Unspecified	166	2,57	521	8,08
N/A (parent not alive)	29	0,45	109	1,69
Urban	5177	82,78	4741	81,50
Nonurban	1077	17,22	1076	18,50
Parents' employment condition				
Unspecified	169	2,62	536	8,31
N/A (parent not alive)	29	0,45	109	1,69
not working	1520	24,30	97	1,67
working	4113	65,77	5172	89,06
unemployed	470	7,52	284	4,89
retired	151	2,41	254	4,37

	Mother		Father	
	N	%	N	%
Parents' educational level				
Unspecified	163	2,53	520	8,06
N/A (parent not alive)	29	0,45	109	1,69
has not attended school	10	0,16	13	0,22
Some grades of Primary school	27	0,43	28	0,48
Primary school	260	4,15	411	7,06
Junior High School	698	11,15	865	14,85
Senior High School	2651	42,35	2102	36,10
Technological Education Institute (T.E.I.)	1001	15,99	1010	17,35
University	1342	21,44	1101	18,91
Postgraduate studies (masters, doctorate)	271	4,33	293	5,03

	N	%
Respondent's subjective estimation of economic situation		
Unspecified	113	1,74
very bad	170	2,67
bad	410	6,44
moderate	3297	51,77
good	2125	33,37
very good	366	5,75

[1] N is lower than the total sample in some variables due to the participation of twins

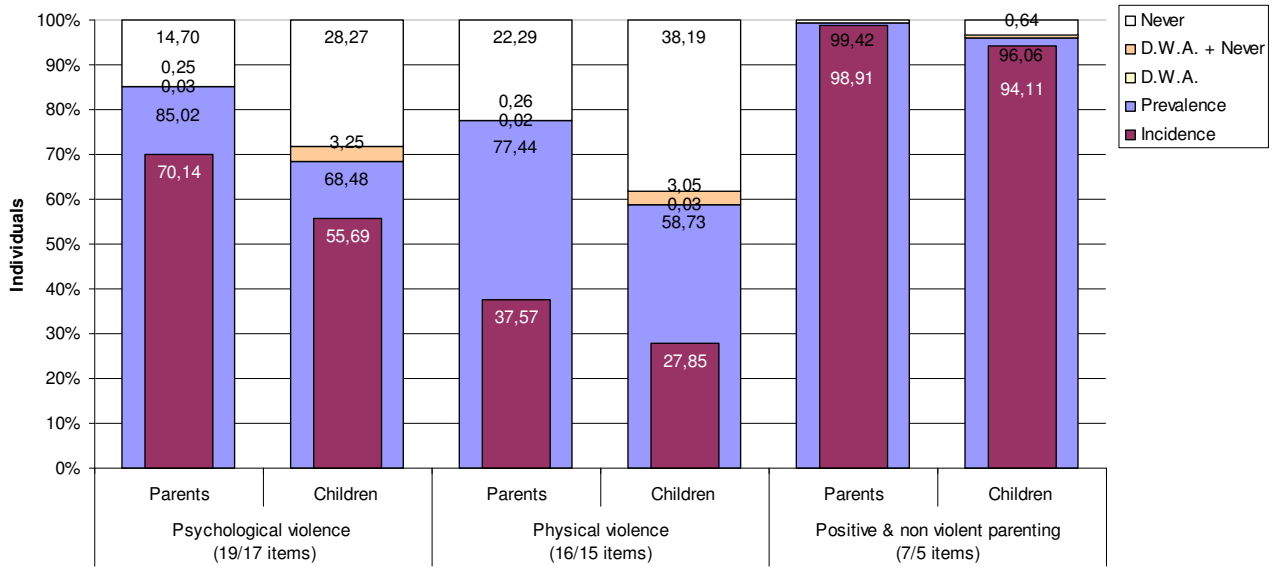


Figure D.27. Distribution of parents' and pupils' answers in regards to children's exposure to psychological and physical violence and to positive parental behaviors during their life time (prevalence) and/or during past year (incidence), by scale.

Note

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

Prevalence: percentage of parents/children reporting doing/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 parents/children answering "Don't want to answer" in all items of the scale

D.W.A+Never: percentage of parents/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 parents/children reporting that they have "Never" in their lives do/experience none of the scale's behaviors.

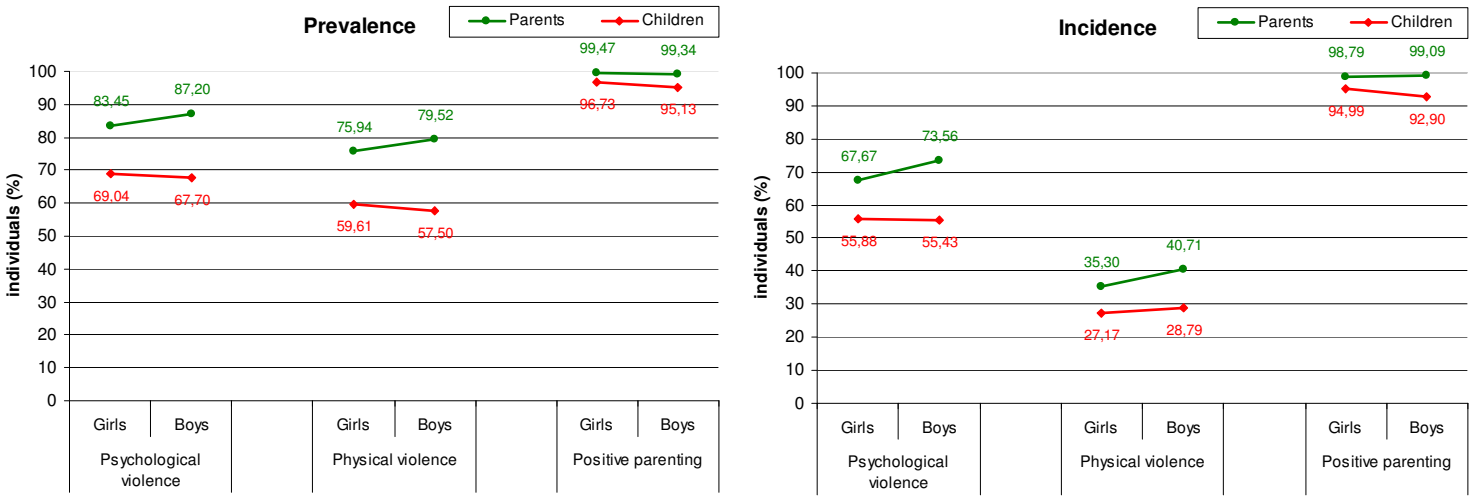


Figure D.28. Prevalence and incidence rates of parents' use and children's exposure to behaviors of psychological and physical violence and of positive parenting, by child's gender.

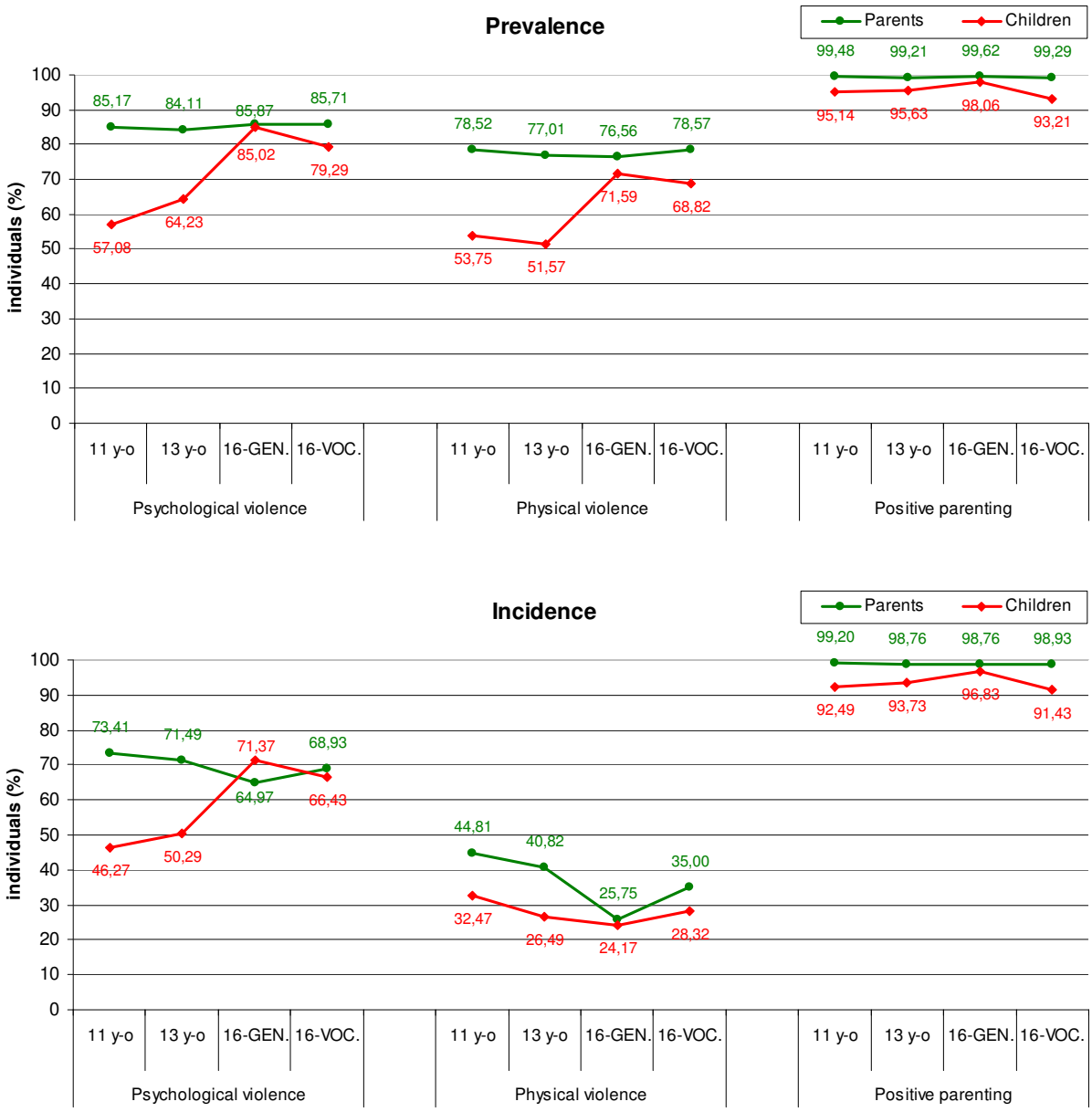


Figure D.29. Prevalence and incidence rates of parents' use and children's exposure to behaviors of psychological and physical violence and of positive parenting, by child's grade group.

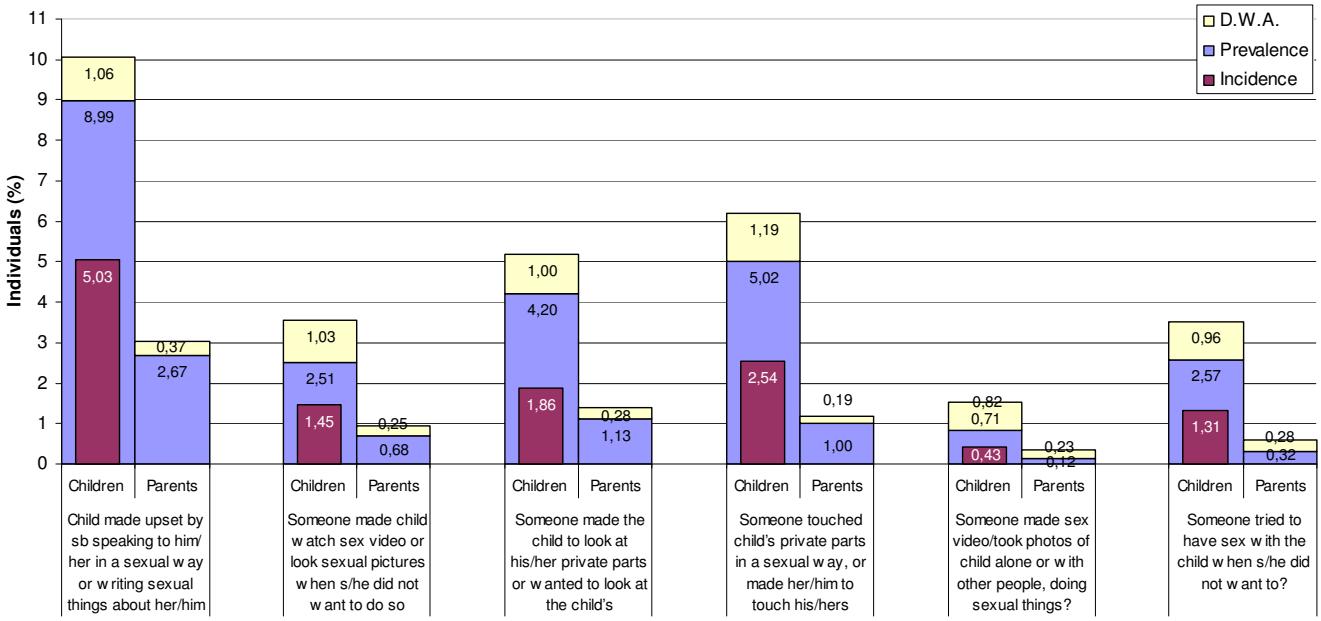


Figure D.30. Prevalence and incidence rates of children's exposure to 6 different sexually violent behaviors and rates of parental awareness for their children's exposure.

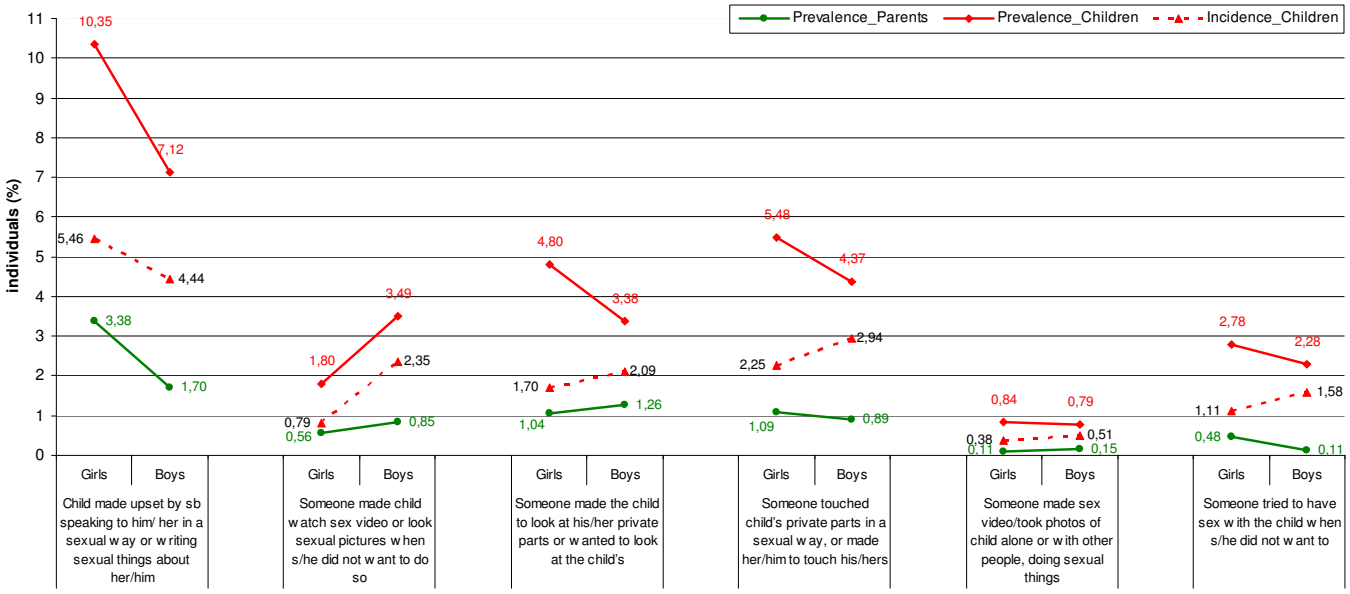


Figure D.31. Prevalence and incidence rates of children's exposure to 6 different sexually violent behaviors and rates of parental awareness for their children's exposure, by child's gender.

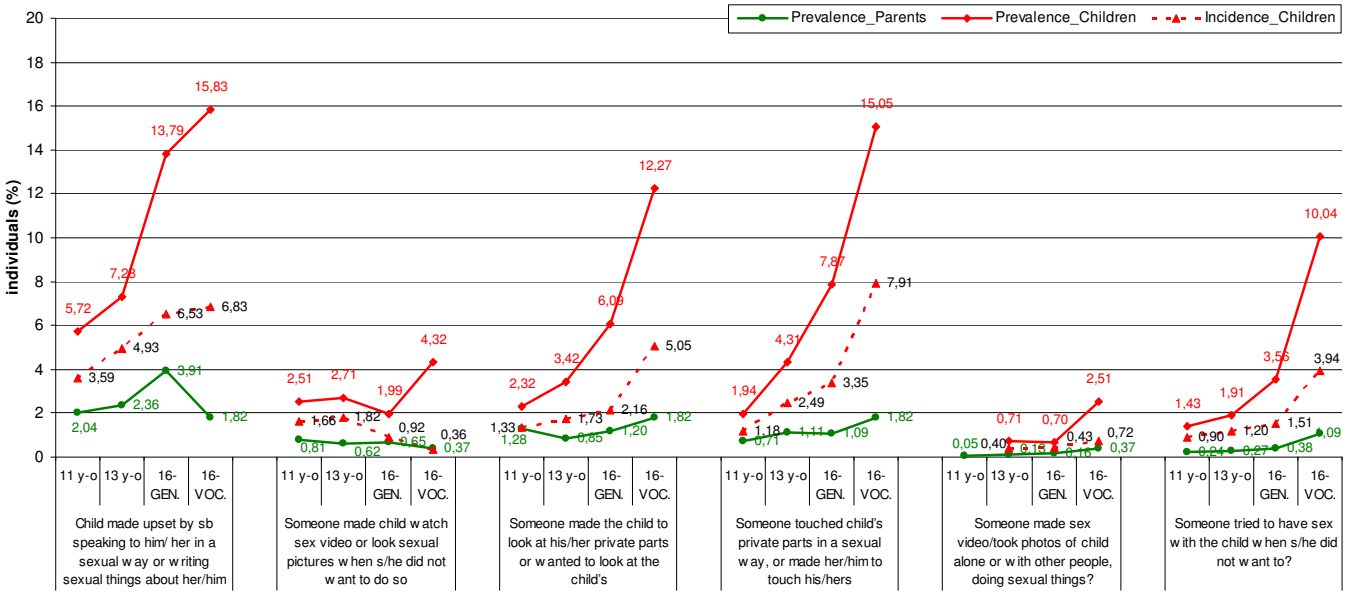


Figure D.32. Prevalence and incidence rates of children's exposure to 6 different sexually violent behaviors and rates of parental awareness for their children's exposure, by child's grade group.
(The item "has anyone ever… made a sex video or took photographs of you alone, or with other people, doing sexual things?" was not included in the short ICAST-CH version, completed by the 11 y-o grade's pupils, but it was included in the ICAST-P, their parents completed.)

Table D.7. Internal consistencies (Cronbach's alpha) of 3 scales of maltreatment (psychological, physical and sexual violence) and of the positive & non violent parenting scales

	Prevalence		**Incidence**	
	Children	Parents	Children	Parents
Psychological violence (19/17 items)	0,765	0,866	0,766	0,866
Physical violence (16/15 items)	0,854	0,907	0,854	0,907
Sexual violence (6/5 items)	0,802	N/A	0,801	N/A
Contact sexual violence (2 items)	0,642	N/A	0,642	N/A
Positive & non violent parenting (7/5 items)	0,620	0,693	0,621	0,693

Table D.8. (In)consistency in children's - parents' reports in regards to the parents' use and children's exposure to 4 specific behaviors (items asked)

		Individual answers (Yes)		Paired answers (Yes)		
		Parent	Child	Both	Only the parent	Only the child
Went through his/her bag, drawers, pockets etc. without his/her permission?	**N**	2603	920	565	2000	346
	%	**40,38**	**14,24**	**8,86**	**31,35**	**5,42**
Grabbed him/her by clothes or some part of his/her body and shook him/her?	**N**	2735	748	503	2191	238
	%	**42,3**	**11,59**	**7,87**	**34,28**	**3,72**
Slapped him/her?	**N**	2717	2048	1273	1354	745
	%	**41,72**	**32,26**	**20,27**	**21,56**	**11,86**
Spanked her/him on the bottom with bare hand?	**N**	4118	1979	1499	2451	459
	%	**63,7**	**31,45**	**24,06**	**39,34**	**7,37**

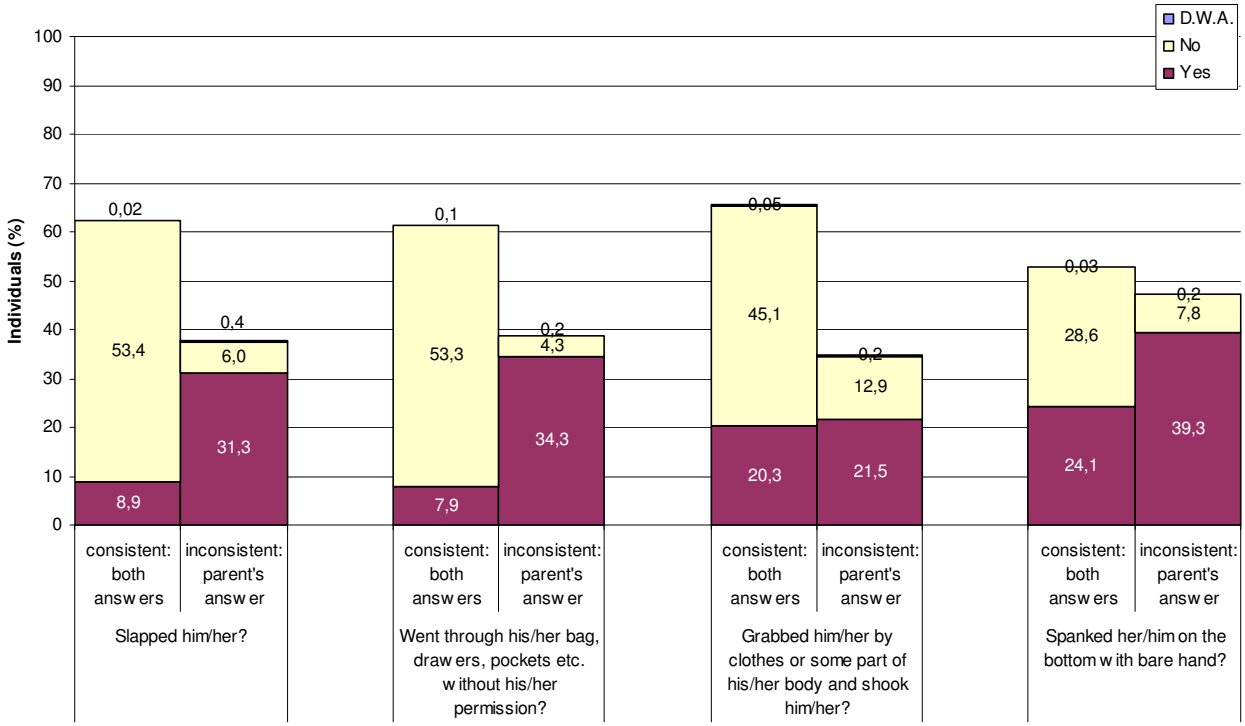


Figure D.33. Distribution of child-parent's consistent and inconsistent answers (Yes – No – Don't Want to Answer) on 4 items' prevalence rates.
(presented, as an example of the inconsistency observed between the self-reporting for the same behavior the parent may have used and her/his child may have experienced

Note
consistent: both answers (parent's and child's) are the same
inconsistent: the parent's answer is presented

Table D.9. (In)consistency in children's - parents' reporting in regards to the parents' use and children's exposure to the different behaviors of the psychological and physical violence as well as of the positive parenting scales

Scale	Items[1]	N_{pr}	N_{in}	Kappa coefficient[2]	
				PR	IN.
Psychological violence (19/17 items)	Shouted, yelled, or screamed at her/him very loud and aggressively?	6380	6373	0,149	0,157
	Insulted him/her by calling him/her dumb, lazy or other names like that?	6348	6336	0,187	0,181
	Cursed him/her?	6411	6409	0,206	0,165
	Refused to speak to him/her (ignore him/her)?	6391	6387	0,176	0,162
	Blamed him/her for your bad mood?	4317	4315	0,190	0,193
	Read his/her diary or his/her SMS or e-mail messages without his/her permission?	6393	6391	0,204	0,183
	Went through his/her bag, drawers, pockets etc. without his/her permission?	6379	6376	0,143	0,118
	Compared him/her to other children in a way that s/he felt humiliated?	6368	6363	0,236	0,196
	Ashamed or embarrassed her/him intentionally in front of other people in order to make him/her feel very bad or humiliated?	6382	6380	0,155	0,133
	Told her/him that you wished s/he was dead or had never been born?	6440	6440	0,241	0,229
	Threatened to leave or abandon him/her?	6393	6390	0,214	0,202
	Threatened to kick out of house or send away?	6413	6412	0,255	0,193
	Locked out of home?	6415	6415	0,295	0,216
	Threatened to invoke ghosts or evil spirits or harmful people against him/her?	4281	4281	0,216	0,074
Physical violence (16/15 items)	Threatened to hurt or kill her/him?	6404	6401	0,122	0,128
	Locked her or him up in a small place or in a dark room?	6402	6401	0,200	0,077
	Threatened him/her with a knife or gun?	6453	6453	0,160	0,091
	Pushed or kicked her/him?	6389	6388	0,168	0,137
	Grabbed him/her by clothes or some part of his/her body and shook him/her?	6392	6390	0,141	0,133
	Slapped him/her?	6279	6270	0,288	0,262
	Hit him/her on head with knuckle or back of the hand?	6407	6407	0,148	0,126
	Spanked her/him on the bottom with bare hand?	6230	6224	0,152	0,148
	Hit her or him on the buttocks with an object such as a stick, broom, cane, or belt?	6365	6365	0,259	0,176
	Hit elsewhere (not buttocks) with an object such as a stick, broom, cane, or belt?	6381	6379	0,240	0,168
	Hit her or him over and over again with object or fist ("beat-up")	6436	6436	0,116	0,112
	Choked or smothered him/her (prevent breathing by use of a hand or pillow) or squeezed his/her neck with hands (or something else)?	6448	6447	0,080	0,048
	Intentionally burned or scalded him/her?	6460	6458	0,060	0,040
	Put chili pepper, hot pepper, or spicy food in his/her mouth (to cause pain)?	4314	4314	0,282	0,059
	Tied him/her up or tied him/her to something using a rope or a chain?	6445	6445	0,115	0,015
	Roughly twisted her/his ear?	6262	6262	0,236	0,204
	Pulled her/his hair?	6257	6252	0,253	0,209
	Pinched her/him roughly?	6323	6322	0,152	0,149
	Forced him or her to hold a position that caused pain or humiliated him/her as a means of punishment?	6432	6432	0,089	0,060
Positive and non-violent parenting (7/5 items)	**Told her/him to start or stop doing something (e.g. start doing your homework or stop watching TV)?**	4209	4204	0,150	0,157
	Explained him/her why something s/he did was wrong?	6243	6234	0,074	0,112
	Gave him/her an award for behaving well?	6227	6219	0,121	0,125
	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)?	4272	4271	0,142	0,148
	Took away pocket money or other privileges?	6365	6362	0,188	0,173
	Forbade something that s/he liked?	6288	6285	0,209	0,203
	Forbade him or her from going out?	6269	6264	0,286	0,267

1. Items in bold had been excluded from the short-version of the ICAST-CH completed by the 11 y-o grade's pupils

2. The lower the kappa coefficient, the higher the disagreement between children's - parents' reports; Kappas lower than ,40 considered to be poor, ,41-,75 fair to good and larger than ,75 excellent agreement

E. DISCUSSION

The survey's results are very important for Greece because it is the first epidemiological study ever conducted in a representative sample and, as such, it will provide a baseline measurement in regards to children's exposure to violent experiences.

It is worth commenting the high prevalence and incidence rates (Fig. D.1) showing that more than almost 8 and more than 8 in 10 children report having experienced at least one behaviour of physical and psychological violence respectively, during their entire life. The incidence rates also showed that almost 5 and 7 children in 10 has been exposed to physical and psychological violence during the past year. Almost 2 in 10 children report having an experience of sexual violence in their life time and for 1 in 10 this experience occurred during the last year. Interesting is also the finding that almost 3 out of 10 children report having feelings of being neglected, while this number increases to 4 when it is referred to their life time.

The significant main effects and interactions (Table D.2) can be summarized as follows:

- the **gender** appears to greatly affect the prevalence of all types of violence, where a higher percentage of girls report experiences of psychological and contact or non contact sexual violence, as well feeling of neglect. In regards to the incidence, the same pattern is maintained only to the feeling of neglect while it is reversed to the physical and sexual violence (either contact or non contact), as more boys than girls report such violent experiences.
- the **grade group** (which is connected to the age of children) appears to greatly affect all types of children's violent experiences (see Fig. D.2-3), with the percentage of children who report that they have experienced at least one violent experience to be increased as the grade group increases, for both the prevalence and incidence rates.
- In addition, the significant interaction of **gender x grade group** (left Fig. D.3) on the prevalence rate of all types of violence, except for contact sexual violence, shows that even though boys and girls are not differentiated in regards to the violent experiences in 11, 13 and 16 year olds (General and Vocational) the observed increase is higher for girls who report more experiences of physiological, physical and sexual violence compared to boys. The same trend is also obvious for the feeling of neglect, where girls are having higher rates than boys, and this difference is increasing as it increases the grade. In regards to the incidence rates, the interaction (right Fig. D.3) reveals the same pattern regarding the feeling of neglect and the psychologically violent experiences. In the sexual and physical violent experiences, this pattern is slightly differentiated as 11 y-o boys report more violent experiences and 13 y-o boys report more physical violent experiences compared to their peer girls.
- the significant interaction of **grade group x urbanicity** on the prevalence rate of sexual violent experiences and on the incidence of contact sexual violence (Fig. 9) shows more experiences for the 11 and 13 year olds in urban areas while a reversed pattern is observed for 16 year olds, where the difference of urban – non urban areas increases from General schools to Vocational ones.

- last but not least, the significant main effect of **age difference** (from the typical age of children attending each grade) on both incidence and prevalence rates of sexual violence (contact and non contact) and on incidence of feeling of neglect, shows that the percentage of children who report such experiences is higher for older children compared to their peers who attend the same grade group. In the case of prevalence rate of sexual violence, the significant interaction of age difference with grade group occurs due to the greater difference that is observed between children of typical and older age in 16 year olds attending vocational schools.

In is worth to be mentioned here the main effect of **type of parental consent** (active – passive) observed only in the case of contact sexual violent experiences, where the percentage of reported violent experiences was higher under passive parental consent procedures (Fig. D.6), a finding that could be interpreted as showing that exclusion of children from the survey due to negative parental consent could lead to biased measure of such experiences. In regards to the prevalence rates of physical violence, it was found a significant interaction of type of consent with gender and grade group, revealing that a) the percentage of girls who report such experiences increases from conditions of active to passive parental consent while in boys remains stable (Fig. D.7) and b) a higher percentage of 11 year olds children report experiences of physical violence under conditions of passive parental consent, but this pattern is reversed in 13 year olds children while it does not affect 16 year olds (Fig. D.8). In regards to the incidence of physical violence, it was revealed a significant main effect of parental consent (Fig. D.6) but also its interaction with gender (Fig. D.7)., that shows that the observed decrease to the percentage of children who report such experiences happens due to the fact that the percentage of boys who report such experiences is increased under conditions of active parental consent.

F. FACILITATORS AND BARRIERS

Numerous factors both facilitated but also caused difficulties for the realization of this first large scale epidemiological study on CAN in Greece.

Facilitators

The successful realization of this research in Greece can be attributed to several factors. First of all it can be attributed to the well organization and supervision of its implementation as well as to the field researchers' team who, almost all, demonstrated great commitment to this research and followed all processes and principles of the research conduct as they were trained and instructed to do so. The role and duties of researchers were clearly and explicitly defined and in the case of unexpected events they always acted only after communication with their field research coordinator who was always accessible.

In addition, the acceptance of the Ministry of Education to reconsider its initial imposed obligation to apply the process of obtaining active parents' consent for their children's participation in the research in favour of the passive one for all grade groups could also be considered as a facilitating factor; and, according to the best of our knowledge, this was the first time that the Ministry allowed this option for such a sensitive issue. Therefore, it can be considered that the Ministry contributed with its decision to create the conditions that allowed the research to be realized with higher participation rates, without endangering the sample representativeness and validity of data, as well as with respect to the children's right to speak on matters that concern them in line with the spirit of Article 12 of the United Nations Convention of the Rights of the Child (United Nations, 1989) and with the recent increasing consensus of researchers, at international level -who investigate sensitive issues like family violence or child abuse- towards the allowance of children to express their opinion about their experiences and to decide for themselves by using either the option of passive parental consent (Carroll-Lind, Chapman, Gregory & Maxwell, 2006) or even no parental consent at all (Bagshaw, Brown, Wendt, Campbell, McInnes, Tinning et al., 2010).

An additional factor of crucial importance for the realization of the research was the degree of acceptance of such a research by the school's staff, which must be acknowledged as this was the first large scale epidemiological survey ever conducted in Greece concerning the sensitive issue of CAN.[14] Even though the permission granted by the Ministry of Education was the first prerequisite for the realization of the research, still the approval of the sampled schools' Principals and/or Teachers' Associations was of outmost importance to be obtained as it was at their absolute discretion to accept or decline the research to be conducted in their schools. Furthermore, the number of schools that did not consent to the research implementation was low and, in most of the cases, the schools' staff was supportive and facilitated the process. However, what is also important (or even more so) is the overall and unreserved acceptance of this research by both children and parents –independently of the type of consent that was requested by parents- contrary to the restraints or fears expressed by some schools'

[14] A similar epidemiological field survey was conducted by MHSW-ICH during the school year 2007-08 to 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 instruments.

principles or teachers (directly) and reflected (indirectly) in the Ministry's initial permissions that were granted to ICH-MHSW. During the period where passive consent was used, no parent complained about his/her child's participation in the research without obtaining his/her active consent, a fact that is also in line with the Ellickson & Hawes (1989) study who concluded that "parental failures to return consent forms are more likely to indicate *latent consents* rather than *deliberate refusal*" (as cited in Fletcher & Hunter, 2003, p .216). In reality some parents even contacted ICH-MHSW just to express their gratitude because the survey functioned as a trigger that made them reflect on their own ways of imposing discipline on their children and –most importantly- provided them with an opportunity and motivated them to open valuable discussions with their children in regards to the topics addressed, to what a child would or could do in case such an experience happened to him/her, etc.

An important indication that pupils welcomed their participation in a survey on this topic is the fact that the invalidly completed questionnaires were impressively fewer [11 year olds: 21 questionnaires (0.76%); 13 year olds: 37 questionnaires (1.08%); 16 year-olds: 66 questionnaires (1.56%) of which 37 questionnaires corresponded to General schools (1.08%) and 29 to vocational schools (3.55%), see also Table C.3.2] than was expected on the basis of our most optimistic predictions. The importance of this finding becomes even greater if we take into account that such low rates of invalid completion is a rare outcome for children of these ages, and especially when the questionnaire's completion is made in the classroom setting. Our interpretation is that children related with the questions asked as they recognized in them their everyday experiences; in addition to this, as indicated by the high percentage of children who answered the open questions (another finding that is rare in surveys with adults too and not only with children) they were more than willing to share their experiences and their opinions with us on topics that for most of the children, this survey was the fist time in their lives that someone had asked them about. Additionally, from some children's comments (written or oral) and/or their parents' "for expressing their gratitude" calls, it became obvious that they empathized with children suffering CAN and starting thinking of ways they could do something about it.

Regarding the data collection procedure, one factor that seemed to have facilitated the process of the questionnaires' valid completion was the use of the "demonstration material". More specifically, the explanation to the children about how to complete the response scales by using the visual aid of the "demonstration poster" with the response scales prior to the onset of the questionnaires' completion in the classroom increased the children's understanding of the structure of the tool and the way of completion. This process might also be one of the factors that contributed to the high number of valid collected questionnaires.

In addition, every effort was made in order for all field researchers to act as one in regards to how they presented the survey to the respondents and to the public, provided with the instructions to respondents for the data collection and answers to the respondents' queries for clarifications. The field researchers' training, the Guidelines for Researchers, as well as the development of the exhaustive list of standardized possible answers, contributed towards this direction. The supervision meetings that were always held at the end of each data collection day contributed greatly and substantially to the direct recording of information of data collection and to the day-to-day monitoring of the research progress as well as to the direct reporting, discussion and decision making about any suspicions or disclosures of

child abuse and/or neglect. As a result, we believe that the survey was conducted in the most harmonized possible way in all aspects, from using the standardized statements in order to answer the respondents' questions through the reporting of data collection and any information obtained regarding CAN cases, revealed, suspected or anonymously reported in the ICAST-CH.

Last but not least, the previous experience of the personnel of MHSW-ICH, after conducting a similar epidemiological field survey in the past, and more specifically the one-year delay of obtaining the approval of the previous research by the Ministry of Education led to the efforts to submit the application for approval as early as possible in order not to compromise the realization of the BECAN research in Greece. In addition, this past experience contributed highly to the modification and cultural validation of the tools, especially due to the fact that the previous survey had been conducted via personal interviews with the pupils and their parents, which provided immediate and clear feedback regarding the difficulties they had faced with specific questions, the restricted scale they had to use for answering, and other issues that are described in detail in Chapter C.2 of the Balkan Report, which is especially devoted to the modifications made to the ICAST tools in the context of the BECAN survey.

Barriers

One of the barriers faced was the fact that the pilot study could not be launched before obtainment of the permissions by the Ministry of Education (which were granted 8 and 9 months for primary and secondary educational levels respectively, after the submission of the applications); therefore the pilot study started in December 2010 and, as a result the main study's onset was delayed even further; despite the fact that the pilot study did not reveal any need for modifications of the research instruments, in order to print the final research instruments, we had to wait for the results of the study that pilot tested them.

Substantial difficulties were encountered -during the initial stages of the research (as explained previously in Chapter B.1)-due to the mandatory use of the procedure of **active consent** by parents in order to allow their children's participation in the research; the change though, from active to passive parental consent procedure, provided us with the opportunity to a posteriori examine whether the different parental consent procedure had any effect on the participation rates as well as on the reported prevalence and incidence rates for the different types of maltreatment and, as indicated by our results (see Fig. D. 6-8), many interesting effects were indeed found (see also Chapter G. Conclusions and Recommendations). The difficulties faced when conducting the research by use of the procedure of active consent are the following: first of all, the procedure of active consent resulted in the exclusion from the research of children who either did not deliver the consent form to their parents (e.g. because they forgot to do so or they lost the form) or their parents wanted their children to participate but they forgot or neglected to return their signed consent form or they returned it after the data collection day (either due to negligence or because their children forgot to bring it back or they lost the completed form). The results of the survey that was initially conducted with a small portion of the sample by following the procedure of active consent showed that 35-40% of parents did not return either positive or negative consent, and due to this fact their children were excluded from the research. In addition, apart from these

children, their parents also did not have the opportunity to participate in the research themselves, because the ICAST-P questionnaire was not distributed to children who did not complete the ICAST-CH (as this survey was designed to be conducted with matched pairs of children and their parents). It should also be stressed here the fact that the first permissions granted by the Ministry of Education requested the use of active consent for all educational levels, namely, not only for the grade groups of 11 or 13 year olds, but also for the grade groups of 16 year olds, where the possibilities of receiving completed consent forms are even lower than the other age groups (and especially for pupils of Vocational Lyceums) because parents are less connected with the school and, in many cases, the pupils stay in the city where their Lyceum is located, while their families live in a village. On a more practical level, the procedure of active consent caused the following difficulties:

- in schools having more than one classroom, due to the low number of children who had their parents' positive consent, it was preferable (for both the research organization and the school) to assemble all participants from different classrooms into one classroom; however moving the children from their own classroom to another proved to cause more difficulties and disorganization in the schools compared to the process of passive consent where all children remained in their own classroom
- it resulted in the consumption of a considerable amount of time, human and financial resources during the stage of consents' collection, as researchers had to repeatedly visit each school prior to the data collection day in order to collect as many consents as possible, by reminding the children to return them and redistributing new consent forms to children that may have lost them; those repeated visits were also not very well accepted by the school's staff because the lessons had to be interrupted several times.
- it caused an interruption in the realization of the research for a considerable time interval, following ICH-MHSW's request to the Ministry to reconsider the obligation of using active parental consent in the BECAN study.

Another factor that negatively influenced the timetable of the research was the general **strikes** that existed in Greece during the time period of conducting the research, as this period coincided with the beginning of a deep financial crisis in Greece and the austerity measures that were subsequently applied. On the one hand, teachers were on strike and therefore schools were either closed or mal-operating. On the other hand, strikes in public transportation resulted in a) increased children's absences from school (causing either low participation or cancelling of appointments for data collection) and b) researchers' hardship while moving from school to school due to the heavy traffic conditions.

As a consequence of all of the aforementioned barriers, the data collection for some education levels in some geographical areas (see Figure A.1.1.) could not be completed during the school year 2010-11 and it had to be extended during the following school year. In addition, this lack of time and financial resources prevented the research institute from conducting the survey in all Prefectures of Central Macedonia.

A last comment that deserves to be made is in regards to the educational system's resistance to such types of research. As it was also mentioned in the previous chapters, the main reasons for the schools' refusals concerned the schools' staff's reservations due to fear of any potential negative reactions from parents (mainly by private schools and primary schools); this can also be assumed to be the reason for the Ministry's preference for the use of the active parental consent. However, the

successful realization of the research in all 307 schools indicates that such fears or reservations were unjustifiable; but even in the case that their fears were proven to be justifiable, the question that emerges is clear: what should be more important for the schools and the educational system? Their own protection from potential adverse reactions from parents or the right of children to be protected from harmful discipline practices and from CAN? If the answer is not the first option, then there is an obligation by the school system to provide children with the opportunity to reveal their experiences of CAN, express their opinions, as well as to provide children with options for seeking help and access to related services.

G. CONCLUSIONS AND RECOMMENDATIONS

One of the issues that generated great discussions in the context of realizing this research at both national and Balkan levels, which has also triggered debates at international level, was the controversial issue of the type of **parental consent**.

Guidelines for ethical conduct in research with children and most ethics committees normally require obtainment of active parental consent. But as it is rather usual –especially in school-based surveys- that parents, even though they may have no objection to their child's participation, do not return the consent form because they forget it or due to other reasons. The pilot study of Ellickson and Hawes (1989) on alcohol and drug use that studied passive and active parental consent in two separate junior high schools found that non-response of parents to passive consent typically reflected conscious parental approval while non-response to active consent generally signified latent consent and not a deliberate refusal.

When active parental consent is applied, researchers try to find strategies that might increase participation rates such as the involvement of key school personnel in the consents' collection process, provision of incentives to teachers and/or students, follow-up procedures, direct mailing of consent forms to parents and not via the students either by the school or the researchers (Fletcher & Hunter, 2003; Esbensen, Miller, Taylor, He & Freng, 1999; Ellickson & Hawes, 1989; Chartier, Stoep, McCauley, Herting, Tracy & Lymp, 2008; Eaton, Lowry, Brener, Grunbaum & Kann, 2004). But even when these strategies are implemented (which most of the times they are -even prohibitively- costly), use of active parental consent may still result in low participation rates and sampling bias (Esbensen et al., 1999).

Studies that compare participation rates under use of different parental consent modalities, namely active – passive (Chartier et al., 2008; Frissell, McCarthy, D'Amico, Metrik, Ellingstad & Brown, 2004; Range, Embry & MacLeod, 2001; Tigges, 2003) or examine the effect of active consent on participation rates and sample representativeness (Esbensen et al., 1999) have shown that requiring active consent lowers -most of the times significantly- the response rates, increases sampling bias and excludes specific demographic and high risk groups. And, obviously, this is problematic as active parental consent seems to lower the likelihood that children participating in the research (and the collected data) will be representative of the larger population of their peers and therefore external validity may be limited.

Lately, more and more researchers have applied the procedure of passive parental consent instead of the active one or have totally bypassed parental consent if sensitive issues such as children's experiences of violence at home were examined. Carroll-Lind et al. (2006) conducted their research in New Zealand on children's (9-13 years old) violent experiences at home and school by applying the process of passive parental consent. Bagshaw et al. (2010, p. 42) carried out their research with individuals aged 5-25 years old (M = 12.92 years old) on family violence by bypassing the ethical principle of parental consent because they considered that "it would have been contrary to the best interests of the children to be expected to seek consent from the violent or abusive parent to complete the survey". However, in this case data collection was made via an online survey and interviews by phone and not at schools.

The research team in Greece asked for the use of passive parental consent and on the basis of the experience gained, it is recommended that -at least- for the school-based surveys examining children's violent experiences at home, the procedure of passive parental consent instead of active be allowed –under specific circumstances. Moreover, it is suggested that passive informed consent be allowed not only when adolescents are involved, as already applies in many countries, but for all age groups whenever the subject matter is CAN (as applies, for example, in New Zealand). Even though, for the time being, the use of passive parental consent is considered to be ethically questionable, it definitely contributes to higher participation rates and therefore increased representativeness of the samples without endangering the validity and generalization of the research findings. On the other hand, due to the nature of the subject matter and more specifically due the fact that the most common perpetrators of child abuse and neglect are the parents, all children should have the right to participate in a research asking about violent experiences at home as protection of the child's right to participate is considered more important than the legal right of parents to decide about their children's non-participation in such a research, as their refusal may aim to hide any violent practices towards their children at home.

However, it would also be justifiable to obtain only the child's consent in research examining children's violent experiences at home, as this would enable children to choose for themselves whether or not they want to participate. First of all, if a parent returns a negative consent (whether the procedure of passive or active consent is applied) it automatically leads to the exclusion of his/her child from the research; however, this parent might be a perpetrator of CAN and therefore the right of the child to speak about his/her experiences is again compromised and even his/her right to protection. Moreover, bypassing the parental consent (by modifying this ethical principle when it comes to sensitive issues like CAN), clearly communicates to children the message that family violence and child abuse and neglect is unacceptable but it is an acceptable subject for discussion, it is not a private issue covered by silence, and they have the right to talk about their experiences even when it is perpetrated in their homes.

As mentioned by Tigges (2003) as well as in the recent review of the Child Protection Monitoring and Evaluation Reference Group (CP MERG, 2012), Federal regulations regarding parental consent in the United States are open to waive or alter parental consent requirements such as 45 CFR § 46.408(c) of Subpart D where it is stated that "if the Institutional Review Board determines that a research protocol is designed for conditions or for a subject population for which parental or guardian permission is not a reasonable requirement to protect the subjects (for example, neglected or abused children), it may waive the consent requirements" under evaluation of specific criteria such as protection mechanisms for children, the risk and anticipated benefit to the research subjects, their age, maturity, status and condition. And, according to Black and Black (2007), "from a public health perspective, the question is not whether to ask but how to ask about participants' experience with violence and abuse" (as cited in CP MERG, 2012).

Therefore it is undeniable, as Fletcher and Hunter (2003, p. 216) have stated, that "a good research is defined in terms of both (a) adherence to ethical standards requiring that children and parents provide informed consent for participation in research and (b) inclusion of participants who are representative of the population from with they are drawn". But when these two are in conflict, as in cases where the parental consent can negatively affect not only the representativeness of the sample, but also the

abused children's safety and their right to protection, then it becomes apparent that the modification of the ethical obligation to ask for parental consent for sensitive issues like CAN is imperative.

In all cases though, the safety and protection of children should be considered both during as well as after the research, which means that there must be available sources of support for children victims of CAN as it might be necessary to remove them from their homes.

In addition, it is considered that children who participated in the research were benefited, because the survey per se acted as a prevention message by assisting children to realize that they have nothing to be ashamed of if an abuse experience happens to them, that it is an issue that it is discussed in their society and in their school and that there are resources from which they can ask for help and support if needed; it also assisted children in rehearsing their options of reacting (what they can do) in the unfortunate case that they have an experience like this in the future (e.g. are they going to ask for help from someone and from whom?).

Participating children expressed their appreciation for the opportunity to be heard, which supports the right of children to have a voice about important issues in their lives and the ways in which children perceive and experience violence.

Moreover, according to the experience gained form the realization of the BECAN survey in Greece it is suggested that, in future surveys on similar topics, the school's staff involvement should be kept to the lowest possible level. Teachers, because they are not aware of research methodology and ethical issues may unintentionally endanger the scientifically sound realization of the research.

Last but not least, the use of two versions of the modified ICAST-CH questionnaire (a long version for 13 and 16 year olds' grade and a shorter version for 11 year olds' grade) caused various difficulties in the data analysis and not only. First of all the items that were removed from the short version (see Table G.1.) were items that were comparable with the parents' questionnaire, and therefore those questions had to also be removed from the parents' questionnaire in the paired-analysis.

Table G.1. Prevalence and incidence rates for the items that has been excluded from the ICAST-CH short version for the 11-year olds, on the basis of their parents' answers and of the 13- and 16-year olds' answers

Scale	Items	Prevalence		Incidence	
		Children	Parents	Children	Parents
Psychological violence	Blamed you for his/her bad mood?	37,59	24,80	37,59	18,88
	Threatened to invoke ghosts or evil spirits, or harmful people against you?	21,74	9,56	21,74	1,38
Physical violence	Put chilli pepper, hot pepper, or spicy food in your mouth (to cause pain)?	10,39	3,53	10,39	0,29
Sexual violence	Made a sex video or took photographs of you alone, or with other people, doing sexual things?	1,13	0,05	1,13	0,00
Positive & non violent parenting	Told you to start or stop doing something (e.g. start doing your homework or stop watching TV)?	80,70	97,19	80,70	95,81
	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)?	47,70	80,32	47,70	70,52

In addition, and more importantly, some of the items removed seemed to have a high incidence and prevalence rates in the longer version of the ICAST-CH questionnaire, as well as for the answers of parents of 11 year old children for the same questions and, therefore, it is suggested that they should not have been removed.

REFERENCES

Bagshaw, D., Brown, T., Wendt, S., Campbell, A., McInnes, E., Tinning, B., et al. (2010). *Family violence and family law in Australia: The experiences and view of children and adults from families who separated post-1995 and post-2006*. Vol. 1. Canberra: Attorney-General's Department. Retrieved January 17, 2013 from: eprints.jcu.edu.au/16852/3/16852_Bagshaw_et_al_2010.pdf

Carroll-Lind, J., Chapman, J., Gregory, J., & Maxwell, G. (2006). The key to the gatekeepers: Passive consent and other ethical issues surrounding the rights of children to speak on issues that concern them. *Child Abuse & Neglect, 30*, 979-989.

Chartier, M., Stoep, A. V., McCauley, E., Herting, J. R., Tracy, M., Lymp, J. (2008). Passive Versus Active Parental Consent: Implications for the Ability of School-based Depression Screening to Reach Youth at Risk. *Journal of School Health, 78*, 157–186.

Child Protection Monitoring and Evaluation Reference Group [CP MERG]. (2012). Ethical principles, dilemmas and risks in collecting data on violence against children: A review of available literature. New York: Statistics and Monitoring Section/Division of Policy and Strategy, UNICEF.

Ellickson, P. L. & Hawes, J. A. (1989). An Assessment of Active Versus Passive Methods for Obtaining Parental Consent. *Evaluation Review, 13*, 45-55.

Esbensen, F., Miller, M. H., Taylor, T. J., He, N., & Freng, A. (1999). Differential attrition rates and active parental consent. *Evaluation Review, 23*, 316–335.

Fletcher, A. & Hunter, A. (2003). Strategies for obtaining parental consent to participate in research. *Family Relations, 52*, 216-221.

Frissell, K. C., McCarthy, D. M., D'Amico, E. J., Metrik, J., Ellingstad, T. P., Brown, S. A. (2004). Impact of consent procedures on reported levels of adolescent alcohol use. *Psychology of Addictive Behaviors, 18*, 307–315.

Petroulaki, K., Tsirigoti, A., Nikolaidis, G. (2010). Εγχειρίδιο Εκπαίδευσης και Οδηγός Έρευνας για τα τροποποιημένα ICAST-CH και ICAST-P Ερωτηματολόγια [Training Manual and Guidelines for Researchers for the modified ICAST-CH and ICAST-P Questionnaires]. Athens: Institute of Child Health, Department of Mental Health and Social Welfare.

Range, L., Embry, T., MacLeod, T. (2001). Active and passive consent: A comparison of actual research with children. *Ethical Human Sciences & Services, 3*, 23-31.

Tigges, B. B. (2003). Parental consent and adolescent risk behavior research. *Journal of Nursing Scholarship*, 35, 283–289.

United Nations. (1989). The United Nations Convention on the rights of the child. New York: United Nations.