



Measuring violence against children: A Methods Menu

Produced by the **Global End Violence Against
Children Knowledge Network: A Forum for
Users and Producers of Evidence**



**End Violence
Against Children**





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Introduction

This menu intends to provide guidance to national leaders and stakeholders looking to measure the prevalence of violence against children, including physical, sexual and emotional violence. The methods and strategies laid out in this menu can yield critically valuable data on both the magnitude and characteristics of violence, and support with the identification of vulnerable groups.

This menu can guide efforts to collect baseline data and strengthen the prevention of violence against children through evidence-based strategies, such as those documented in the [INSPIRE: Seven Strategies for Ending Violence Against Children](#). These data can also be useful in monitoring progress over time. This menu should be used in conjunction with the [INSPIRE Handbook and Technical Package](#), which includes core indicators and detailed guidance linked to INSPIRE strategies.

The menu also presents the existing quantitative tools to measure the prevalence of violence against children and related factors. It includes both methods that are broader in scope but that collect data on violence within specific modules or sections, as well as methods specifically designed to measure violence against children.

The menu includes quantitative surveys, which have an associated methodology for obtaining prevalence estimates. Questionnaires without additional methodology, protocols, and sampling plans on how they should be implemented have therefore been excluded.





About this Methods Menu

Section 1: Survey methods at a glance

The first section describes the available methods and approaches at a glance for quick referral. A short description of each method is provided, along with costs and information on where users can find additional details. Regarding costs, readers should note that surveys implemented on a national scale are generally more expensive because of their scope.

Section 2: Available methods and tools to measure violence against children

In this section, the same surveys and approaches are described, but in greater detail to better situate users when considering the options and best fit for their context. The methods are colour-coded in groups:

Household Surveys; **School-based Surveys**; and **Community-based Surveys**.

Each method is presented in an overview format that highlights the following information:

- Name and acronym
- Purpose, short description and key features
- Capacity needed and offered to use the method
- Estimations of costs for implementation: \$ (<\$100K), \$\$ (<\$100K-\$500K), \$\$\$ (>\$500K-\$1.5M), \$\$\$\$ (>\$1.5M)
- Information on which INSPIRE indicators are covered
- Links to access more information

Section 3: Overview of INSPIRE indicator coverage by survey

This section connects the measurement tools with indicators in the INSPIRE Indicator Guidance and Results Framework and gives an overview of which information can be collected using which tool. Some tools collect the same indicators as the INSPIRE indicator guidance, while others capture variations on these indicators. The INSPIRE indicator coverage is therefore indicative and should be carefully reviewed.

Section 4: Secondary data sources on violence against children

This section includes additional sources of data that may be available through other methods. These are meant to provide information complementary to the data information to the data and the methods included in section 2.





Considerations

This menu should be used with some caveats in mind. First, there are no international measurement standards for violence against children and its different forms including sexual violence, bullying, physical maltreatment, etc. Therefore, each method uses its own definitions. In assessing variations across methods, users should consider which methods are most aligned with the INSPIRE Indicator Guidance. Second, all methods carry some limitations, and these should be taken into consideration in the selection process. Ultimately, decisions should be made based on the best fit with respect to a variety of factors.

Any survey work requires adherence to ethical guidelines and the approval of an Ethics Review Committee. The [Ethical Research Involving Children \(ERIC\)](#) website, a collaborative partnership among researchers and practitioners, highlights a central tenant of all work on violence against children: “that the human dignity of children is honoured and their rights and wellbeing are respected in all research, regardless of context.” Readers are encouraged to review the ERIC compendium, which is currently available in six languages, as it aims to assist researchers and the research community to understand, plan and conduct ethical research involving children and young people in any geographical, social, cultural or methodological context.

Acknowledgements

This menu was spearheaded by [the Global Partnership to End Violence Against Children](#), a unique public-private collaboration of over 400 governments, UN agencies, civil society organisations, research institutions, private sector companies, and more, all focused on one thing: making the world safe for children.

The menu is among the first of a series of global products produced under [the Global End Violence Against Children Knowledge Network: A Forum for Users and Producers of Evidence](#), an alliance of partners and stakeholders dedicated to ending violence through the collection of sound data and evidence. The EVAC Knowledge Network is a platform for technical discussions on data, learning, and evidence focused on filling gaps and developing tools to support the translation of data into evidence-based action to end violence against children.

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Section 1

Survey methods
at a glance





HOUSEHOLD SURVEYS

ACE – ADVERSE CHILDHOOD EXPERIENCES SURVEYS

The ACE surveys measure Adverse Childhood Experiences (ACEs), and the association between ACEs and risk behaviours in later life. ACE experiences include multiple types of abuse; neglect; exposure to violence against a parent or caregiver; other kinds of serious household dysfunction such as alcohol and substance abuse; and peer, community and collective violence. ACE surveys are designed to be administered to people aged 18 years and older, either as a stand-alone survey or as a survey about health.

Costs: \$\$\$ as a stand-alone survey; \$\$ as an added module to an existing survey

For more information: who.int/violence_injury_prevention/violence/activities/adverse_childhood_experiences/en/
cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html

DHS – DEMOGRAPHIC AND HEALTH SURVEYS

The DHS is primarily designed to collect data on population, health, HIV and nutrition. It has a specific module on violence against women that collects data on the experience of multiple forms of violence, including violence prior to age 15. The DHS also has a module for men that has been applied in many countries.

Costs: \$\$\$\$

For more information: dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm

GKO - GLOBAL KIDS ONLINE SURVEY

GKO is a household-based survey methodology to understand children's use of the internet and associated opportunities and risks. It yields information on children's exposure to violence, exploitation, and other experiences through technology. Respondents are children aged 9–17 who have used the internet at least once during the last three months.

Costs: \$\$

For more information: globalkidsonline.net/contact/
globalkidsonline.net/about/how-to-join/

MICS - Multiple Indicators Cluster Surveys

MICS are administered by trained fieldwork teams who conduct face-to-face interviews with household members on a variety of topics that affect the lives of children and women ranging from maternal and child health, education and child mortality to child protection, HIV/AIDS and water and sanitation. MICS questionnaires include questions on female genital mutilation, male circumcision, attitudes towards intimate partner violence and victimisation. In the questionnaire for children under 5, as well as for children aged 5-17, there are questions related to child disciplinary methods and beliefs towards physical punishment. The questionnaire for children aged 5-17 has also questions regarding child labour. Respondents are women and men aged 15 to 49 years and mothers or primary caregivers of children aged 0 to 17 years.

Costs: \$\$\$

For more information: mics.unicef.org/





VACS – VIOLENCE AGAINST AND YOUTH CHILDREN SURVEYS

The VACS are nationally representative household surveys that measure the lifetime prevalence, past 12-month incidence, circumstances and consequences of sexual, physical and emotional violence in childhood and adolescence (up to the age of 18) and young adulthood (from 18-24).

Costs: \$\$\$

For more information: www.cdc.gov/violenceprevention/childabuseandneglect/vacs/index.html
www.togetherforgirls.org/about-the-vacs/

SCHOOL-BASED SURVEYS

GSHS – GLOBAL SCHOOL-BASED HEALTH SURVEYS

GSHS address factors associated with morbidity and mortality among children, including alcohol use; dietary behaviours; drug use; hygiene; mental health; physical activity; protective factors; sexual behaviours; tobacco use; violence and unintentional injury.

The core questionnaire Module on Violence and Unintentional Injury contains questions on physical attacks, serious injuries and bullying. The Core-Expanded Questions for the Protective Factors Module includes questions on connection with the parents as well as a section on Parental Disrespect of Individuality/Worth. Respondents of the GSHS are students aged 13-17 in schools.

Costs: \$\$

For more information: who.int/chp/gshs/methodology/en

COMMUNITY-BASED SURVEYS

Grounded Child Protection and Well-Being Survey (GROWS)

GROWS surveys capture child protection and well-being measures representative of a given community, district, or other catchment area using locally-defined indicators of child well-being, child protection, and social norms that underpin child protection issues such as female genital mutilation/cutting, child marriage, and corporal punishment. Respondents are adolescents aged 13-17, parents or adult caregivers answering questions about children aged 5-12. To date, the GROWS surveys have been used cross-sectionally in selected districts in Senegal and Côte d'Ivoire. The methodology can be replicated to track changes in a given area over time.

Costs: \$\$

For more information: cpcnetwork.org/policy-and-practice-guidance/grows/





Section 2

Available methods and tools to measure violence against children





1. HOUSEHOLD SURVEYS

ACE – Adverse Childhood Experiences Surveys

Description

Adverse Childhood Experiences (ACE) refer to some of the most intensive and frequently occurring sources of stress that children may suffer early in life. Such experiences include multiple types of abuse; neglect; exposure to violence against a parent or caregiver; other kinds of serious household dysfunction such as alcohol and substance abuse; and peer, community and collective violence. ACE surveys are designed to be administered to people aged 18 years and older, either as a stand-alone survey or as a survey about health. Questions cover family dysfunction; physical, sexual and emotional abuse and neglect by parents or caregivers; peer violence; witnessing community violence, and exposure to collective violence. There are two versions of the ACE survey, the original questionnaire, and the ACE International Questionnaire (ACE-IQ) developed by WHO, CDC and other partners.

Information about the original ACE surveys conducted in the United States is available on CDC's website: cdc.gov/violenceprevention/childabuseandneglect/cestudy/resources.html. The ACE-IQ includes additional questions covering peer violence; witnessing community violence, and exposure to collective violence. ACE surveys can be administered as stand-alone surveys or as an added module to existing household surveys with adults.

Purpose

Findings from ACE surveys can be of great value in advocating for increased investments to reduce childhood adversities. They can also be used to inform the design of prevention programmes.

Costs

\$\$\$ as a stand-alone survey

\$\$ as an added module to an existing survey

INSPIRE indicators coverage

1.3; 1.10; 6.2; 9.4; 9.5

Key Features

- Assesses the impacts of violence and identifies linkages to health and other outcomes in adulthood
- Questionnaire and survey is highly adaptable to local context
- Consistency in protocols and questionnaires allows for comparisons across countries and contexts
- Use of retrospective self-report among adults captures occurrences that could have taken place many years prior to the survey; this could be a source of recall bias

Respondents

Adults aged 18 and older report on their experiences prior to age 18

Capacity needed and offered

Two tools are available to ensure high-quality interviews by research teams conducting ACE surveys. First, the ACE-IQ question-by-question guide explains the purpose of each question and the meaning of key terms. Second, the interviewer's guide provides guidelines for interviewers on how to ask the ACE questions and how to manage language issues.

For more information

who.int/violence_injury_prevention/violence/activities/adverse_childhood_experiences/en/





DHS — Demographic and Health Surveys

dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm

Description

The DHS is primarily designed to collect data on population, health, HIV and nutrition. It has a specific module on violence against women that collects data on the experience of multiple forms of violence, including violence prior to age 15. The DHS also has a module for men that has been applied in many countries. The DHS Interviewer's and Supervisor's Manuals, which contain detailed discussion of specific elements of the questionnaire and fieldwork procedures, should also be used during training. These can be found here: dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm.

Purpose

As a nationally representative household survey, DHS provides data for a wide range of monitoring and impact evaluation indicators in the areas of population, health and nutrition.

Costs

\$\$\$\$

INSPIRE indicators coverage

1.3; 1.4; 1.5; 4.1; 4.3; 7.3; 7.4; 9.1; 9.3; 9.4; 9.5

Key Features

- A highly reliable and valid survey that is able to generate nationally representative data
- Use of a standardized methodology and questionnaire allows for comparability across time and countries
- Gathers retrospective data on exposure to violence prior to age 15, as well as information on how children in the home are disciplined
- Children living outside the household are not captured

Respondents

For questions relevant to violence: women of reproductive age 15-49; for men, the ages and conditions for asking about violence vary. See the DHS website for more information.

Capacity needed and offered

The DHS manual is an aid for the design and implementation of field staff training for Demographic and Health Surveys (DHS). This document provides general guidelines for organizing and conducting the training of field staff. The DHS Interviewer's and Supervisor's Manuals, which contain detailed information of specific elements of the questionnaire and fieldwork procedures, should also be used during training.

These guidelines are intended to establish a standard approach to DHS data collection, since variation in procedures may undermine the quality and comparability of data across countries and across time within a country. However, the manual should be adapted to the specific needs and content of each survey.

For more information

dhsprogram.com/Who-We-Are/Contact-Us.cfm





GKO — Global Kids Online Survey

Description

Global Kids Online was developed as a collaborative initiative between the UNICEF Office of Research-Innocenti, the London School of Economics and Political Science (LSE), and the EU Kids Online network. It was supported by the WeProtect Global Alliance (2015 – 2016). Typically implemented through household-based survey methodology, GKO offers a comprehensive research toolkit on children's use of the internet and its associated opportunities and risks. There is also a parent questionnaire that can be implemented alongside the child questionnaire, which can be used for generating data from the parent of the child being interviewed. This adds additional information on their life context and support networks, primarily parental support around internet use. The toolkit comprises tools to help design, carry out, and analyse quantitative data and offers guidelines for qualitative research.

Purpose

GKO Surveys can be used to generate and sustain a rigorous cross-national evidence base to understand children's use of the internet and its associated opportunities and risks. The resulting knowledge about how children's rights are being enhanced or undermined in the digital age can help inform policymakers and practitioners working in the digital space nationally and internationally.

Costs

\$\$

INSPIRE indicators coverage

5.3, 5.4, 16.2

Key Features

- Yields extensive information on children's exposure to violence, exploitation and other experiences through technology
- Questionnaire is highly adaptable to local needs and context
- Only includes experiences of violence online
- Does not include any information on forms of violence that take place outside the technology context, for example, physical violence or sexual violence

Respondents

Children aged 9–17 who have used the internet at least once during the last three months

Capacity needed and offered

The Global Kids Online toolkit is free to use for non-commercial actors as long as the source is credited. For membership in the Global Kids Online network, a formal membership process is required. Typically, a national project is conducted by a UNICEF country office together with an academic partner and national government, but some projects are led by research institutions. UNICEF Office of Research-Innocenti supports national partners with adaptation and implementation of the survey and hosts a comparative dataset with data from all membership countries that have implemented the project to date. The Global Kids Online methodology has been used for nationally representative surveys with children aged 9-17 in 36 countries to date. It is slated to be implemented in 12 additional countries in 2020.

For more information

globalkidsonline.net/contact/

globalkidsonline.net/about/how-to-join/





MICS - Multiple Indicators Cluster Surveys

Description

Since its inception in 1995, UNICEF-supported MICS surveys have been used to collect statistically sound and internationally comparable data on women and children worldwide. Trained fieldwork teams conduct face-to-face interviews with household members on a variety of topics affecting the lives of children and women ranging from maternal and child health, education and child mortality to child protection, HIV/AIDS and water and sanitation. The MICS survey programme is one of the largest global sources of statistically sound and internationally comparable data on children and women.

MICS questionnaires include questions on female genital mutilation, male circumcision, attitudes towards intimate partner violence and victimisation. In the questionnaire for children under age 5 as well as for children aged 5-17, there are questions related to child disciplinary methods and beliefs towards physical punishment. The questionnaire for children aged 5-17 also has questions regarding child labour. Respondents are women and men aged 15 to 49 years and mothers or primary caregivers of children aged 0 to 17 years. MICS collect data from caregivers about how children are disciplined (as opposed to asking children directly).

Purpose

Data are collected for sound decision-making and advocacy on children and women's policies. Countries also use MICS results to report on their progress towards international goals. For example, MICS has generated data on the majority of Millennium Development Goal (MDG) indicators and MICS surveys are key sources of data for several Sustainable Development Goals (SDGs).

Costs

\$\$\$

INSPIRE indicators coverage

1.1; 4.1; 4.3(age 15–49 only); 6.1; 6.2; 7.4; 9.1; 9.3; 9.4; 9.5

Key Features

- A survey programme that can generate highly reliable and valid data
- As of July 2019, data sets (at different levels of completeness) are available for 20 years for over 110 countries and territories
- MICS has been carried out in low, middle and some high-income countries
- Large samples allow for different layers of disaggregation
- Conducted at regular intervals, therefore are suitable for monitoring progress
- Topical areas covered are across several well-being domains
- Does not collect data on children living outside of the household

Respondents

Women and men aged 15 to 49 years and mothers or primary caregivers of children aged 0 to 17 years

Capacity needed and offered

MICS questionnaires are designed by implementing agencies based on an assessment of a country's data gaps and needs. Countries choose from the MICS modules in the standard MICS questionnaires. The Global MICS Team collaborates with experts to support implementing agencies to customize the questionnaires, as well as to carry out the survey and write up the report. Capacity-building workshops are delivered to cover all the stages of the data generation process, from questionnaire design to data analysis and interpretation. A system of technical assistance involving regional and country focal points exists to support implementing agencies throughout the entire process.

For more information

mics.unicef.org/





VACS – Violence Against Children and Youth Children Surveys

Description

The Violence Against Children and Youth Surveys (VACS), led by country governments with technical assistance and support from the U.S. Centers for Disease Control and Prevention (CDC) as part of the Together for Girls partnership, are nationally representative household surveys of males and females aged 13 to 24.

Purpose

The VACS measure the prevalence, past 12-month incidence and circumstances surrounding sexual, physical and emotional violence in childhood, adolescence (before age 18) and young adulthood (before age 24). The surveys also identify risk factors, protective factors and consequences of violence. VACS results are published in national reports, used in the development of national action plans, and guide effective, evidence-based programmes and policies.

Costs

\$\$\$

INSPIRE indicators coverage

1.1; 1.2; 1.3; 1.4; 1.5; 1.6; 1.7; 1.8; 1.10; 2.1; 4.1; 4.2; 4.3; 4.4; 5.2; 5.3; 5.4; 6.1; 6.2; 6.3; 6.4; 7.3; 7.4; 8.1; 8.2; 8.3; 8.4; 8.5; 8.6; 8.7; 9.1; 9.2; 9.3; 9.4; 9.5; 9.6; 9.7

Key Features

- Yields highly reliable, valid and comprehensive data on violence against children and youth
- Consistency in protocols and questionnaires allows for comparisons across countries and contexts
- Generates nationally-representative data on prevalence, contexts, risk and protective factors, along with health behaviours and health risks associated with violence
- Comprehensive - the VACS covers most or all forms of violence against children as well as violence against adolescents and young adults, and exposure to violence at home and in the community
- Covers experiences of violence against children as well as comprehensive information about contextual factors, risk and protective factors, and vulnerabilities
- Surveys are adapted to local context and reflect country needs and priorities
- Does not collect data on children living outside of family care

Respondents

Males and females aged 13 to 24

Capacity needed and offered

At the country level, the implementation of the VACS is led by the national government, with the CDC providing technical support. Together for Girls partners, such as UNICEF and CDC, play a critical role in supporting the multi-sector task force to coordinate the surveys and response efforts, ensuring wide participation and facilitating the transition to action when the surveys are completed.

For more information

cdc.gov/violenceprevention/childabuseandneglect/vacs/index.html

togetherforgirls.org/about-the-vacs/





2. SCHOOL-BASED SURVEYS

GSHS — Global School-Based Health Surveys

who.int/ncds/surveillance/gshs/methodology/en/

Description

The GSHS was developed by the World Health Organization (WHO) in collaboration with UNICEF, UNESCO and UNAIDS; and with technical assistance from the US Centers for Disease Control and Prevention. The 10 core questionnaire modules address the leading causes of morbidity and mortality among children and adults worldwide including: alcohol use; dietary behaviours; drug use; hygiene; mental health; physical activity; protective factors; sexual behaviours; tobacco use; violence and unintentional injury.

The core questionnaire Module on Violence and Unintentional Injury contains questions on physical attacks, serious injuries and bullying. The Core-Expanded Questions for the Protective Factors Module includes questions on connection with the parents as well as parental disrespect of individuality and worth.

Purpose

The purpose of the GSHS is to provide accurate data on health behaviours and protective factors among students to help countries develop priorities, establish programmes, and advocate for resources for school health and youth health programmes and policies. Results allow international agencies, countries and others to make comparisons across countries regarding the prevalence of health behaviours and protective factors. It can also help establish trends in the prevalence of health behaviours and protective factors by country for use in evaluation of school health and youth health promotion.

Costs

\$\$

INSPIRE indicators coverage

1.2; 1.6; 1.7; 1.8; 5.2; 9.2; 9.3; 9.7

Key Features

- Self-administration in a school setting allows for efficient data collection procedures
- Does not include children out of school who may be particularly vulnerable to violence

Respondents

Students aged 13-17 in schools

Capacity needed and offered

The GSHS is implemented at country level by a survey coordinator who is nominated by the Ministry of Health or Ministry of Education and liaises with other agencies and organisations in the country, as well as with the WHO and CDC. Survey implementation workshops are planned for new countries wishing to implement GSHS as funds become available.

For more information

who.int/ncds/surveillance/gshs/contact/en/





3. COMMUNITY-BASED SURVEYS

Grounded Child Protection and Well-Being Survey (GROWS)

Description

GROWS surveys capture child protection and well-being measures representative of a given community, district, or other catchment area using locally defined indicators of child well-being, child protection and social norms that underpin child protection issues such as female genital mutilation, child marriage and corporal punishment. Respondents are adolescents aged 13-17; parents or adult caregivers answering questions about children aged 5-12. To date, the GROWS surveys have been used cross-sectionally in selected districts in Senegal and Côte d'Ivoire. The methodology can be replicated to track changes in a given area over time.

Purpose

GROWS surveys monitor locally defined indicators and measures of child well-being and child protection representative of a local or community level. They also measure social norms in a specific defined community that underpin a number of child protection issues such as female genital mutilation, child marriage and corporal punishment.

Costs

\$\$

INSPIRE indicators coverage

Variable depending on survey planning

Key Features

- Uses random cluster sampling for the survey so the sample is representative of the selected areas
- Incorporates local definitions of violence to develop locally relevant indicators
- Includes information on social norms and attitudes
- Allows for the development of plans at a local or community level
- Use of locally defined constructs does not allow for comparisons across settings and contexts

Respondents

Adolescents aged 13-17; parents or adult caregivers answering questions about children aged 5-12

Capacity needed and offered

At least one individual familiar with survey design is required to oversee GROWS. Trainers in both interviewing techniques and survey administration are also required. Data collectors for both the first and second phases are required and should have research experience, though they do not need to be researchers by training. For example, students or graduates of social work training institutes, for example, have been employed in GROWS sites. It is essential to employ national data analysts from the countries where the surveys were taking place to ensure ownership.

For more information

cpcnetwork.org/policy-and-practice-guidance/grows/





Section 3

Overview of INSPIRE
indicator coverage
by survey





In this table, the INSPIRE indicators that can be measured through survey methods are included and assessed. This can allow comparisons in coverage of INSPIRE indicators across methods and tools. Information on sources of INSPIRE indicators measured through administrative sources is available directly in the INSPIRE Indicator Guidance and Results Framework.

INSPIRE Indicators		MICS	DHS	GSHS	VACS
1.1	Percentage of girls and boys aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month, by sex and age	X			X
1.2	Percentage of female and male children and/or adolescents currently attending school who report being physically punished by a teacher in the past 12 months, by sex and grade level (or age)			X	X
1.3	Percentage of young women and men aged 18–29 years who experienced sexual violence before 18 years of age, by sex and age		X		X
1.4	Percentage of female and male adolescents aged 13–17 years who experienced sexual violence in the past 12 months, by sex and age		X		X
1.5	Percentage of ever-partnered adolescent girls aged 15–19 years subjected to physical and/or sexual violence by a current or former intimate partner in the past 12 months		X		X
1.6	Percentage of female and male adolescents aged 13–19 years subjected to physical and/or sexual violence by any romantic partner in the past 12 months, among those who ever had a romantic partner, by sex and age			X	X
1.7	Percentage of female and male adolescents who experienced bullying during the past 12 months, by type, sex and grade level (or age)			X	X
1.8	Percentage of female and male adolescents who were physically attacked in the past 12 months, by sex and grade level (or age)			X	X
1.10	Percentage of female and male adolescents and young adults aged 13–24 years who report that their father or stepfather ever hit or beat their mother or stepmother during the respondents' childhood, by sex and age of respondent				X
2.1	Proportion of 10 impact indicators for which country has recent, national prevalence estimates on violence against children and adolescents from population-based household or school-based surveys, disaggregated by sex and age (if applicable)				X
3.5	Percentage of female and male adolescents and adults who are aware of legislation banning key forms of violence against children, such as physical punishment (violent punishment), by sex and age				
4.1	Percentage of female and male adults or adolescents who agree that physical punishment of children is necessary for child-rearing	X	X		X
4.2	Percentage of female and male adolescents or adults who agree that teachers or administrators should be allowed to physically punish children in school				X





INSPIRE Indicators		MICS	DHS	GSHS	VACS
4.3	Percentage of females and males aged 13–49 years (for MICS age 15–49 only) who agree that a husband (man) is justified in hitting or beating his wife (partner) for at least one specified reason, by sex and age	X	X		X
4.4	Percentage of females and males aged 13–49 years who believe that a wife (woman) is obliged to have sex with her husband even if she does not feel like it, by sex and age				X
5.2	Percentage of female and male adolescents and young adults who report carrying a weapon, such as a gun or knife, in the community or neighbourhood in the past 30 days, by sex and age			X	X
5.3	Percentage of female and male child and adolescent Internet users who interacted online in the past 12 months with persons they had not met before in person, by sex and age				X
5.4	Percentage of female and male child and adolescent Internet users who met face to face in the past 12 months with persons they first met online, by sex and age				X
6.1	Percentage of girls and boys aged 1–17 years who experienced any non-violent method of discipline by a caretaker in the past month, by sex and age	X			X
6.2	Percentage of girls and boys aged 36–59 months with whom an adult household member engaged in four or more activities to promote learning and school readiness in the past three days	X			X
6.3	Percentage of female and male adolescents aged 13–17 years who report that their parents or guardians understood their problems and worries most of the time or always during the past 30 days, by sex and age				X
6.4	Percentage of female and male adolescents aged 13–17 years who report that their parents or guardians knew what they were really doing with their free time most of the time or always, in the past 30 days, by sex and age				X
7.2	Percentage of girls and boys aged 0–17 years whose households experienced food insecurity at moderate or severe levels, in the past 12 months, based on the Food Insecurity Experience Scale (FIES) or another regionally or nationally validated scale				X
7.3	Percentage of currently partnered women and girls aged 15–49 years who participate (alone or jointly) in all three of the following decisions: their own health care, making large purchases, and visits to family, relatives and friends, by age (15–19 and 15–49)		X		X
7.4	Percentage of girls and boys aged 0–17 years living in households covered by social protection floors/systems (i.e. economic assistance programmes) within the last three months	X	X		X





INSPIRE Indicators		MICS	DHS	GSHS	VACS
8.1	Percentage of female and male adolescents aged 13–17 years who ever disclosed experiences of childhood sexual violence, among those who ever experienced sexual violence, by sex				X
8.2	Percentage of female and male adolescents aged 13–17 years who ever disclosed experiences of physical violence in childhood, among those who ever experienced physical violence, by sex				X
8.3	Percentage of female and male adolescents aged 13–17 years who sought institutional or professional help for sexual violence, among those who report experiencing sexual violence ever in life, by sex				X
8.4	Percentage of female and male adolescents aged 13–17 years who sought institutional or professional help for physical violence in childhood, among those who report experiencing physical violence ever in life, by sex				X
8.5	Percentage of female and male adolescents aged 13–17 years who ever received services for childhood sexual violence, among those who ever experienced sexual violence, by sex and by type of service received				X
8.6	Percentage of female and male adolescents aged 13–17 years who ever received services for physical violence in childhood, among those who ever experienced physical violence, by sex and by type of service received				X
8.7	Percentage of female and male adolescents aged 13–19 years who know some place they can go for help in cases of physical or sexual violence, by sex and age				X
9.1	Percentage of female and male primary and lower secondary school age children who did not attend school during the academic school year, by sex and by school age (primary, lower secondary)	X	X		X
9.2	Percentage of female and male adolescents who stayed away from school during the past month and past 12 months because they felt unsafe at, or on the way to/from school or online, by sex and age			X	X
9.3	Percentage of females and males aged 15–19 years who had their first sexual intercourse before 15 years of age, by sex	X	X	X	X
9.4	Percentage of women and girls aged 15–19 years who gave birth before 15 years of age Percentage of women aged 20–24 years who gave birth before 18 years of age	X	X		
9.5	Percentage of women aged 20–24 years who were married or in union before 15 years of age and 18 years of age	X	X		X
9.6	Percentage of female and male adolescents who had at least one episode of binge drinking in the past month				X
9.7	Percentage of female and male children and adolescents who were taught in their classes in the past academic year how to prevent and respond to violence, by sex and grade level (or age)			X	X





Section 4

Data sources on violence against children





The data sources below provide information on individual INSPIRE indicators that could be complementary to the data provided by the methods listed and described in Section 1 above. These are meant to provide additional context and details regarding the experiences of violence that children and youth encounter. Many countries participate or have participated in the data collection methods below, and data from these methods are generally freely accessible. As a result, they are cost-effective sources for supplementary information about violence.

Included here is the UN-CTS which collects administrative data, which are distinctly different than survey data. Administrative data is the data that organisations collect about their operations. It includes data for routine operations; it is frequently used to assess how well an organization is achieving its intended goals. Although administrative data is routinely collected and stored, it is often used only for program operations, such as service delivery. This data, though, has enormous potential for evaluating the effectiveness of programs and interventions, and for conducting other analysis that can improve program management or inform evidence-based policymaking. It can also be used used to complement large-scale surveys, such as household surveys and school-based surveys that measure prevalence, causes and negative consequences of VAC.

In addition to the data sources below, many countries have completed or participated in one or more of the methods listed in Section 1, such as DHS, VACS, MICS, and GSHS. Therefore, these countries can take advantage of existing data from these sources as they provide rich baseline data to inform planning of INSPIRE implementation.

DATA SOURCE AND BRIEF INFORMATION

WHO MCS — World Health Organization Multi-Country Study on Women’s Health and Domestic Violence

The WHO MCS aims to document the prevalence of intimate partner violence and other forms of violence against women, including experiences prior to age 15, using population-based sampling. Since the original study report was released in 2005, multiple countries have implemented the methodology, which yields data on the prevalence of intimate partner violence, non-partner violence, and forced sexual experiences.

For more information: who.int/reproductivehealth/topics/violence/mc_study/en/

HBSC – Health Behaviour in School-Aged Children Survey

The HBSC is a cross-national survey of school students collecting data every four years on 11-, 13- and 15-year-old boys’ and girls’ health and well-being, social environments and health behaviours. HBSC includes questions on students’ involvement in physical fights, bullying and risk behaviours.

For more information: hbsc.org

PISA – Programme for International Student Assessment

PISA is the OECD’s Programme for International Student Assessment. Every three years it tests 15-year-old students from all over the world in reading, mathematics and science. PISA also collects information on student attitudes and motivations. The surveys also include questionnaires for school administrators, teachers and students about teachers’ use of abusive language, sexual harassment, intimidating and bullying, physical aggression, and the experience of violence by students (i.e. their involvement in physical fights, being threatened, witnessing other students carrying weapons, etc.).

For more information: oecd.org/pisa/





PIRLS – Progress in International Reading Literacy Study

PIRLS is an international comparative assessment that measures student learning in reading. The student questionnaire in 2016 included questions about feeling safe at school as well as bullying, humiliation and being physically hurt in and around the classroom. The questionnaire includes questions about the occurrence of verbal abuse and intimidation against students and teachers, as well as physical fights among students.

For more information: nces.ed.gov/surveys/pirls/

TIMSS – Trends in International Mathematics and Science Study

TIMSS monitors trends in mathematics and science achievement every four years among fourth and eighth graders. The student questionnaire in 2015 included questions about feelings of safety at school as well as experiences of bullying, humiliation and being physically hurt at school. The questionnaire includes questions about the occurrence of verbal abuse and intimidation against students and teachers, along with physical fights amongst students.

For more information: nces.ed.gov/tims/

UN-CTS – United Nations Survey on Crime Trends and the Operations of Criminal Justice Systems

The UN-CTS collects administrative statistics on the main components of the criminal justice system (police, prosecution, courts and prisons) as well as available data from crime victimisation surveys. The data on crimes collected includes violent crimes (i.e. intentional homicide, serious assault, etc.), injurious acts of sexual nature (i.e. sexual violence, sexual exploitation, including of children, etc.), and acts causing harm or intending to cause harm (i.e. threats, emotional violence, etc.). Disaggregating variables for victims and perpetrators include age status (minor/adult) and age groups, including from 0-14 and 15-29.

For more information: unodc.org/unodc/en/data-and-analysis/United-Nations-Surveys-on-Crime-Trends-and-the-Operations-of-Criminal-Justice-Systems.html





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