International Society for the Prevention of Child Abuse and Neglect (ISPCAN)

Manual for Administration:

The ISPCAN Child Abuse Screening Tool (ICAST)

A collaborative, multi-country instrument assessing violence against children

ICAST - C (Child version)
ICAST - P (Parent version)
ICAST - R (Youth Retrospective version)

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Contributing Authors

Desmond Runyan, MD, DrPH
Kempe Center for the Prevention and Treatment of Child Abuse and Neglect

Sara Brandspigel, MPH
Colorado School of Public Health

Adam Zolotor, MD, DrPH
University of North Carolina

Michael Dunne, PhD
Queensland University of Technology

Compiled and Edited by

Sara Brandspigel, MPH
Colorado School of Public Health

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- Arlen, Eva, SCF-Sweden, Sweden
- Azevedo, Maria Amélia, University of São Paulo, Brazil
- Balagopal, Gopalan, UNICEF, USA
- Bequele, Assefa, The African Child Policy Forum, Ethiopia
- Bonner, Barbara, OHSC-Center on Child Abuse and Neglect, USA
- Conte, Jon, University of Washington, USA
- Corso, Phaedra, CDC, USA
- Daro, Deborah, University of Chicago, USA
- Dawes, Andy, UNICEF, South Africa
- Deb, Sibnath, Calcutta University, India
- Dulyakasem, Uthai, Walailak University, Thailand
- Engelhardt, Kay, UNICEF
- Essali, Adib, Rainbow for a better Childhood, Syria
- Furniss, Tilman H., University Hospital Munster, Germany
- Gillespie, Amaya, SG Study on Violence Against Children, Guerra, Viviane, Brazil
- Hassall, Ian, Auckland University of Technology, New Zealand
- Haj-Yahia, Muhammad, The Hebrew University of Jerusalem, Israel
- Huong, Nguyen Thanh, Hanoi School of Public Health, Vietnam
- Intebi, Irene, Familias del Nuevo Siglo, Spain
- Jahshan, Hani, National Institute of Forensic Medicine, Jordan
- JingQi, Chen, Peking University, China
- Keller-Hamela, Maria, Nobody's Children Foundation, Poland
- Kim, Hyojin Affiliation, Sookmyung Women's University, South Korea
- Kiro, Cindy, Massey University, New Zealand
- Loaiza, Edilberto, UNICEF, USA
- Lynch, Margaret A., Institute of Child Health London, UK
- Mian, Marcellina, ISPCAN/University of Toronto
- Mohlenkamp, Matthew, ISPCAN, USA
- Muhammad, Tufail, Pakistan Pediatric Association, Pakistan
- Ngambi, Wilbroad, ANPPCAN, Uganda
- Van Niekerk, Joan, SASPCAN, South Africa
- Nkanga, Iyanda, ISPCAN, USA/DR Congo
- Norton-Staal, Sarah, UNICEF, Kenya
- Pinheiro, Paulo, SG's Study on Children and Violence, Brazil
- Soonets, Rooth, Tartu University Children's Hospital, Estonia
- Svevo, Kimberly, ISPCAN Country, USA
- Tapanya, Sombat, Chiang Mai University, Thailand
- Tshibangu, M. Marcel, IUS ET VITA (NGO), D.R. Congo
- Wedgewood, Kate, SCF-UK Country, China
- Wolfe, David A., McGill University, Canada
- Zeytinoglu, Sezen, Ege University, Turkey

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About the ICAST Questionnaire

The International Society for the Prevention of Abuse and Neglect (ISPCAN) and United Nations Children's Fund (UNICEF) have been working together to improve knowledge about the occurrence of violence against children in all parts of the world. To do this, we have developed three questionnaires (one for parents, the ICAST-P; one for young adults, the ICAST-R; and one for children, the ICAST-C) to examine types of victimizations of childhood around the world.

ICAST has successfully served as a common instrument worldwide to enable systematic collection and comparison of data across cultures, time or between research groups for collecting data on the extent and depth of child abuse. More than 130 experts from 43 countries participated in the development and review process. ICAST has been translated and validated into at least 20 languages. The tools are developed for gathering information in three areas:

- **Parent** interview that will ask about the child's exposure to violence in the home
- **Young adult** version for adults who have recently become independent
- A **Child** instrument for children over 11 years of age

Professionals may use these tools with the understanding that they agree to:

- Use the tools in a culturally appropriate way that is also sensitive to the needs of children.
- Submit the questionnaire for ethical review by a professionally approved entity in the country/countries where the survey is conducted
- Share a summary report of findings with ISPCAN

ISPCAN's goal for this project is to provide a method to make reported incidence of all forms of violence against children more accurate and more representative of the true scope of the problem. Research instruments that measure child maltreatment are significant tools in preventing child abuse and neglect globally. It is our hope that the use of these tools will result in policies and programs that promote child protection and in curricula adaptation for general and continuing professional education. Most child abuse research has been conducted in affluent, western countries.

A significant barrier to research worldwide has been a lack of suitable tools to use in local surveys with children and young people. It is hoped that these tools will remove this barrier. It is also envisioned that the availability of a common tool will enable systematic comparison of data across cultures, time or between research groups even when such groups operate within the same country or use the same language.

History of ICAST Development

Prompted by the UN Secretary-General's call for a Study on Violence against Children, the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) took up the challenge of developing

instruments that can be used by investigators around the world to assess the level of violence directed against children in homes, schools, other institutions and communities. Because of definitional issues in different countries and cultures, even defining what might be abusive in different countries can be difficult. Building upon prior work, ISPCAN convened a group of social scientists, health care professionals, and others in Brisbane, Australia in September of 2004 to begin the work of building international instrumentation. ISPCAN did not design a study, but rather it has focused upon building instrumentation that can be used by investigators all over the world to assess their own communities and countries but use a metric that investigators can use to compare their own communities to what is known in other communities. The ISPCAN approach has mirrored the approach of others in that the instruments inventory behaviors directed toward children by adults and other children and avoid labels as to which acts are acceptable and which are abusive. The task for each of the instruments has been to include those behaviors that are either most harmful or most common or both.

Harsh child discipline and child abuse may be private acts that are not publicly visible and may only be known to the participants. ISPCAN chose to develop a set of instruments that can be used to collect data from the participants, either the child, young adults, or the parent about violent or abusive acts/ behaviors directed toward a specific child. These instruments can be combined with other measures of violence between adults, work experiences, or parental education to give a picture of family life and risk factors associated with harsh child discipline.

The first set of instruments, ICAST-P is designed to collect data about discipline behaviors of the parents directed toward a specific child. In addition, if applicable, the discipline behaviors of the partner or other adult who takes care of the child could be collected. These data permit calculation of rates of different forms of discipline by child age and describe the percentage of parents using harsh forms of discipline. The major limitation is that parents may not reveal all that they have done. However, experience suggests that this approach can produce incidence rates as much as 40 times higher than rates calculated from official statistics kept by authorities, even in a country in which reporting laws have long been established. An advantage of this approach is that parents of both young and older children can be interviewed with the instrument and rates can be calculated independent of the child's ability to respond to questionnaire.

A second ISPCAN instrument, the ICAST-R, was developed to ask newly emancipated young adults (aged 18-24 years) about their violent experiences that occurred before they were 18 years old by adults and/or peers. . This approach can be used where there are legal ramifications if an adult admits having been abusive to a child or a young child cannot understand the potential implications and provide informed consent to report on abusive acts. This instrument can be combined with other measures of work or education and can be part of an omnibus survey of young adults. Some researchers may be concerned about the reliability of data collected from retrospective studies (e.g. recall bias, false positive report), but retrospective responses have been found to be trustworthy in studies[123]. An advantage of this tool is that it is not framed specifically to explore parent or other adult-initiated violence, and that contextual information (frequency, the age when it occurred, and perpetrator) can be collected.

Finally, a third set of instruments were developed by ISPCAN, the ICAST-CI and ICAST-CH (Institutional and Home versions) for use with children. These two versions are intended to be administered with children over age 11 who can report on their own environments. Clearly, legal and ethical issues become more complicated when an investigator interviews young children. ISPCAN has been very cautious about ensuring that ethical reviews of all work done with these sets of instruments is carried out prior to collecting data. The legal and ethical issues surrounding directly asking younger children about experiences with violence in the home or in school or other institutions need to be carefully considered. However, where children can be asked, their perspective can be helpful in understanding the full extent of the problem.

In 2014, the instruments were revised with input from users to ensure more consistency across the three instruments. For version 3.0, the two child instruments, the ICAST-CI and ICAST-CH, were combined into a single instrument, the ICAST-C. Additional questions were added to the ICAST-R, and the ICAST-P was updated to enhance comparability of questions across the instruments.

Validity and Reliability of ICAST

The ICAST is a self-report measure to assess child abuse prevalence and frequency. There are three ICAST tools: a child version for ages 11-18 (ICAST-C), a parent version (ICAST-P) and a young adults' retrospective version (ICAST-R). The ICAST-R is used with young adults to measure the prevalence of physical, emotional and sexual child abuse, and neglect in childhood by any perpetrator. The ICAST-P measures a caregiver's current (past year) and lifetime physical, emotional and sexual abuse, neglect, and harsh parenting perpetration for an index child. The ICAST-CH measures a child current (past year) and lifetime experience of physical, emotional and sexual abuse, neglect, domestic violence and community violence. The ICAST-CI measures victimization in school or other institutional environments. The ICASTs contain between 36 (ICAST-R) and 77 items (ICAST-C) and are now available in Version 3.0. The ICAST was developed for use internationally and different versions have amongst others been used in Saudi Arabia, Columbia, India, Russia, Iceland, Egypt, Lebanon, Malaysia, Kyrgyzstan, Democratic Republic of Congo, Uganda, Taiwan, China, Macedonia, Montenegro, Greece, Kenya, Zimbabwe and South Korea.

Validity: Validity needs to be further explored. Recent investigations with the Chinese language version of ICAST-C and Korean language versions of the ICAST-R found acceptable construct validity.[4]

Reliability: In the study for the ICAST-P, internal consistency varied from poor to good depending on the subscale with Cronbach's alpha at .29 (sexual abuse), .86 (physical discipline), .81 (harsh physical discipline), .77 (psychological punishment) and .38 (neglect). In the -study for the ICAST-C, Cronbach's alpha across subscales was adequate to high with .69 (violence exposure in home), .77 (physical victimization in home), .78 (psychological victimization in home), .72 (sexual victimization in home), .83 (neglect in home), .85 (physical victimization in institution), .86 (psychological victimization in institution) and .78 (sexual victimization in institution).- Internal consistency for the ICAST-R was moderate to high with Cronbach's alpha at .82 (sexual abuse), .61 (physical abuse) and .63 (emotional

abuse). Item total-correlations within a Chinese sample ranged from .53-.82 which is deemed acceptable.

Ease of administration: The completion time of the ICAST varies from 15 to 30 minutes depending on interviewer style and victimization experience. The tools can be completed by the participants themselves or by an interviewer. The original ICAST is not a scale and therefore very easy to score.

Affordability and costs: The ICAST measurement tools are available online at no cost and are accompanied by this manual for interviewers and researchers.

Ethical considerations: Questionnaires are filled in anonymously. For the ICAST-C, referral proceedings for disclosures with potential for child protection investigations need to be in place. Furthermore, interviewers should have training in dealing with vulnerable children and disclosures of abuse.

Validly measuring trends: The ICAST is primarily a screening tool which is being used in cross-sectional surveys. However, it has been used successfully in the pre-post test of a parenting intervention in South Africa. The ICAST is currently being used in the cluster randomized trial of the Good Schools Toolkit in Uganda and the individually randomized trial of the Sinovuyo Caring Families Intervention in South Africa. An adapted version for trial use (ICAST-TRIAL) is currently being used in the evaluation of the Sinovuyo Teen Programme in South Africa.

Frequently Asked Questions about the ICAST

Why is the instrument important?

Family violence is increasingly recognized around the world as a significant social problem that has serious health and economic consequences. There is a need to increase our awareness of the actual prevalence in some places, as well as a need to increase our understanding of risk and protective factors through cross-country comparisons. Data from other countries is often not sufficiently compelling to ensure that a problem that is hidden in shame within families and communities is recognized. Data from countries with histories of studying the problem suggest that it is epidemic. Indeed, limited data suggest that non-European and non-North American countries, without a well-established infrastructure to recognize maltreatment and intervene, may have a more serious problem. Regardless of whether the problems are the same, larger, or smaller than has been shown by European and US research, local data are needed to drive education, policy, and service development. Data gathered by investigators about their own countries will help document the existence of the problem and inform decision makers, health professionals, and educators.

How is violence or abuse defined in this instrument?

People in different cultures have differing views on what constitutes violent or abusive behavior. In the survey questionnaire, participants will not be asked about broad terms such as “violence” or “abuse.” Instead, the questionnaire asks about the occurrence of specific behaviors. Interpretation of the results

will be left to the investigators using this instrument in the context of local community norms for acceptable behavior as well as standardized definitions for the purpose of cross-country comparison.

Who uses these instruments?

ISPCAN constructed these instruments as a service to the scientific and child advocacy communities. Individual investigators or groups of investigators at local NGO's, universities, or even government agencies may choose to use some or all of the ISPCAN instruments as part of their own work. The goal is to facilitate common measurement across studies, communities, and cultures.

Can these instruments be used in countries with low rates of education and high rates of poverty?

This instrument has been utilized in a number of countries including countries in which poverty and low education among the respondents is of concern. Investigators from all parts of the world, including many from the southern hemisphere, helped to develop this instrument.

Can the instruments be adapted to our research project? Do we have to use all the questions?

Investigators may decide to add or drop questions to accommodate their research goals and issues of cultural relevancy and acceptability. ISPCAN encourages users to maintain the wording of individual questions so that there is comparability across different studies. Translations should be done carefully to maintain comparability of questions.

How is this manual organized?

This manual is designed to assist users of the ICAST instruments by providing background information and guidance on administering the instruments. The first section "Administering the ICAST Instruments," applies to all three ICAST tools. Sections with information specific to each tool follows.

Administering the ICAST Instruments

Human subjects protection

The subject matter for this instrument is sensitive and potential harm to health and life may be identified or even precipitated through survey questions. The safety and well-being of the research participants are paramount. Because child abuse reporting laws, and even the existence of agencies able to intervene, vary by country, the instrument for children must not be used in countries or in research studies in which the child's autonomy and confidentiality cannot be assured. Wherever this instrument is used, the investigators need to carefully develop their protocol with respect to recruitment, participation, consent, incentives, and provision of child protection within the context of the legal, social, and medical systems where the study is performed.

All research projects using the ICAST must be reviewed by a local or national independent committee on human subjects protection. If an investigator adopting this instrument does not have a local institutional

review board, the study may be reviewed by the ISPCAN Committee on Human Subjects or by a review panel at a cooperating university. No data should be collected without approval of an organized review committee that considers the needs and provisions for the protection of research participants. Individual research participants (both children and adults) must be able to secure assistance to prevent further violence when they make this request.

Because of the complex competing demands posed by the ethical principles of non-malfeasance ("Do No Harm"), beneficence, and the autonomy or respect for the will of the participants, research staff need to address ethical issues. All staff should have basic training in research ethics. If a local university does not provide such training, there are training modules available on the world wide web. Please contact ISPCAN for a referral if you are not able to access this training.

Preparation

In preparation for administering the ICAST, address the following questions:

1. Selection of ICAST instruments – which will be used?
    a. ICAST – C
    b. ICAST – R
    c. ICAST - P
2. Determine process for conducting the survey
    a. Who will administer?
    b. Timing for conducting the survey?
3. Focus groups and pretesting
4. Survey revision
5. Data coding, data-file construction, analysis and final report

Focus Groups

We strongly recommend that all studies using ISPCAN instrumentation conduct at least one focus group prior to entry into the field for the quantitative survey.

Ideally a focus group would be held in communities with populations that are like the ones that will be surveyed. However they should not be held in the same communities. Parallel focus groups might be conducted with professionals who work in the area of family violence, professionals who do not work in the area of family violence, etc.

Objectives of Focus Groups

- Sensitize the investigators to the vocabulary and thinking patterns of the population to be surveyed
- Alert investigators to important issues that might not have considered related to either questionnaire content or research procedures

- Provide in-depth information about content area which will help in interpreting results, including community norms for child discipline.

Planning the focus group

- Place (convenience, lack of stigma, private, no distractions)
- Time (best time of day for targeted participants; preferably before interviewer training)
- Plan for method of recording participants' remarks (eg by hand, by audio or video tape). Plan for later transcription of notes or tapes.
- Refreshments
- Participants (from similar but not same community where survey will be conducted; avoid getting participants who know each other)
- Logistics of participation (travel to site, meals, other costs)
- Incentives

Conducting the focus group

- Welcome
- Introduce self
- Give overview of the topic
- Give the ground rules (anonymity, confidentiality avoiding interruption, everyone gets to talk, etc.)
- If focus group is to be recorded, you must advise participants and gain their consent
- Let participants introduce themselves (1st names only, occupation or school attended, maybe something else)
- Introduce the first question (see next page for sample questions)

Sample Focus Group Questions

Content Questions

I want to begin by asking about how young people are raised by their parents.

1) In your environment (neighborhood equivalent) who takes care of the children?

Who disciplines them?

2) How are children disciplined or punished?

What kinds of punishments are OK? What kinds of punishments are not OK?

Do the types of punishments change as children grow older?

3) What kinds of problems do families living in your environment have?

Study Procedure Questions

1) Describe study objectives and procedures; solicit advice on how to speak to participants about these issues (discipline of children; husband -wife conflict; violence against women)

2) Solicit thoughts about the willingness of participants to disclose

3) Solicit thoughts about time and location of interview

4) Solicit thoughts about effective communication and appropriate terminology

5) Solicit thoughts about protecting participants and interview staff

Ethical and Safety Issues

Ensuring that the ICAST instruments are conducted in an ethical and safe manner is a crucial task for each user. In order to guarantee the safety of participants, care should be taken in how the survey is described in schools or communities where it will be administered. The confidentiality of responses is paramount, and any data management systems must be designed to safeguard confidentiality. Interviewers must ensure that responses cannot be observed by other participants and that participants are informed they can refuse to answer and stop the survey at any time. Each participant should receive a debriefing after the survey in order to provide support and help if they report distress. The study team must develop a plan to addresses crises and connect participants to crisis intervention if needed. Finally, a resource list should be offered at the end of the interview.

Instrument Translation

International Instruments such as all of the ICAST instruments are intended to be used in multiple languages and ask similar questions in a variety of cultures. Some languages have terms that are similar to terms in other countries but carry connotation. Some languages do not have exactly equivalent terms. It is our experience that, with some effort, the meaning of a term in one language can be expressed in a phrase or term from a different language. Translations should be made to capture the meaning when there is a choice between alternate possible terms. Translation should be accompanied by an independent back translation to English by a different person than accomplished the original translation.

When the instruments are translated, every effort should be made to preserve the numbering of the questions. If an investigator wishes to add additional questions, these should be numbered in a distinctive way or added to the end of the instrument so that all data entry for the instrument, in any language, will be similar. This will permit the data from the different countries to be compared even if the person using the data is not familiar with the language that the instrument was administered to the participants.

Research Staff - Qualifications and Job Description

Research staff are key to a successful studies of family matters. They are the heart and soul of such studies. Women and children may not be comfortable participating in research or opening up and talking about their experiences in the presence of family members or with research staff of a specific gender. Staff must be chosen with care and must conform to the following qualifications. Staff should be well acquainted with the nature of the study and job expectations before being hired.

Qualifications

1) Must believe in importance of study.

2) Must be comfortable with the subject matter and not easily shocked.

3) Must be comfortable with study procedures.

4) Must be able to easily develop rapport with different types of people (different personality types, different backgrounds).

5) Must be trustworthy; able to maintain confidentiality.

6) Must be meticulous in coding and following established procedures.

7) Must be familiar with setting for interviews and local customs.

8) Must be able to remain neutral and non-judgmental. Cannot act as "counselor" or "advisor" to study participants.

Training interviewers

Given the sensitive nature of the ICAST topics, interviewers should receive training on the following issues:

1. Confidentiality
2. Protection of data (how will data be stored to protect confidentiality?)
3. Sensitivity to issues of family violence
4. Supervision/ debriefing
5. Ongoing support- research team members may be affected. Plan for crisis intervention or psychological counseling if necessary. Regular team meetings with opportunity for debriefing are important.
6. Is there a need to report suspected abuse to authorities? *<<This will be customized by site.>>*
7. Stress importance of candor and honesty to participants. The study does not have value and wastes time and resources if we are gathering false information. It is better to refuse to answer than to give a false answer.
8. Keep the safety of participants in mind when thinking about how study will be described to community partners and community officials.

Safety for interviewers

Planning to ensure the safety of interviewers should be tailored to the communities where the survey will be conducted. Recommended steps to ensure safety include:

a) Staff should meet with local official(s) to insure authorization, protection, & support.
b) Staff should wear badges identifying themselves as staff of <<customize by site>>.
c) Staff may describe project as one related to health of children. They also advise child to discuss project in the same way, if asked.
d) Interviewers never administer the questionnaire when others may be privy to the answers.

Frequently Asked Questions from Participants

<<To be customized by each study location>>

If potential participants hesitant or suspicious, show a "letter of verification" or a personalized study badge specifically designed for this purpose. Reference to approval of the study by local community/village leaders/ university committees can be made if necessary.

The following are some questions you might receive with standard responses. Be familiar with these, and all project procedures, so that you can address with confidence any concerns a respondent might have.

Who is sponsoring this survey?

This study is sponsored by << local university>>. The same study is being carried out in other countries around the world. All of these countries are working together to try to better understand the problems of young people.

Will you use my name? / How do I know that this is confidential?

We do not have your full name. We are interested only in combining the answers of all the individuals that we will talk to during the survey. Individual responses will not be reported. All of us working on the project are required to follow certain steps that have been developed to ensure that the information provided is kept secret.

What will happen if I don't participate?

You do not have to participate. However, we do hope that you will take part, as it is important that we hear from as many people as possible. Your answers will be used to help develop services for families in <<COUNTRY>>. If you do participate, you can refuse to answer any question that you do not want to answer, or stop the interview at any point.

How long will this take?

The interview should take about 30 minutes. You can end the interview at any time, but we hope that you will not.

Sampling Plan

Investigators should carefully consider issues of the representativeness of the participants and prepare a careful plan that describes the subject pool and the mechanism of recruitment for the study. Issues of statistical power, access, and representativeness will help the investigator determine the appropriate sample.

After Administration

1) After retrieving the forms from the participants, make sure each form has a unique number identifying it.

2) Review instruments again for completeness and clarity.

Data Management

Data Transfer from Field to Research Office

Data will be transferred from the study sites to the country data entry office on a regular basis, as per detailed instructions given by the Principal Investigator. In each country the investigator will need to plan for either data entry or transfer of completed instruments.

Check for completeness

Staff will check all forms daily for completeness and internal consistency. If she or he notices missing data or a need of clarification, she or he should immediately contact the investigator who may need to replace the subject with other subjects.

The ICAST-C (Child Version)

The ICAST-C child instrument was developed and reviewed by over 60 scholars from both developed and developing countries, pilot tested in three countries, and has been utilized around the world.

Children's knowledge and perspective are infrequently sought in research on family violence. Developmental status or limitations in intelligence may limit some children in their ability to tell us what they have experienced. However, where children can be asked, their perspective can be helpful in understanding the full extent of the problem. A child's rights perspective supports efforts to understand what children have experienced form their own perspective.

Reporting laws in some countries require that suspicions about possible abuse or neglect of children must be reported to legal or social service authorities. However, these reports themselves may lead to criminal prosecution of a child's parents or removal of the child from his or her home. **Careful consideration must be given to respecting the gift of information from research participants and permitting informed consent.** Involving children in research in which the children provide information that may result in risk for others requires careful consideration of whether the children even have the capacity to understand informed consent.

It is important to note that many research projects have been conducted in an ethical manner asking children about exposure to family or school violence. Typically these have involved anonymous completion of questionnaires. However, without standardized instruments, it has been difficult to compare or contrast children's reports across studies or across cultures. The development of this instrument that can be used across cultures and facilitate research asking children about maltreatment in a safe and ethical manner will improve the knowledge base about the occurrence of violence against children.

This children's version of the instrument may not be able to be used safely and ethically in countries where there are policies or laws that compromise confidentiality or limit the respect for the autonomy of the child providing the information. It is our intent to provide a standard instrument that will be used only by those investigators who can safely and ethically inquire about experiences among children.

Group Administration

It is anticipated that this instrument often will be administered to a group of children at the same time so that individual children's answers will be anonymous**.** Classrooms and social organizations provide the most common opportunities for group administration.

When group administration is planned, permission from leaders of the school or youth group must be obtained. Some organizations may require that individual permission be obtained from all participants' parents. This issue will need to be reviewed for each country and by the local committee reviewing the work for the purpose of protecting human subjects.

Children completing the instrument in group settings must be prohibited from asking other children how they answered questions or from seeing how other children answer specific questions. This means that talking must be limited during administration and that participants must be far enough from each other to provide privacy.

Children must be able to return the questionnaire to the investigators without having other children see their answers. Questionnaire responses must be kept confidential and no child's name should appear on the instrument.

Participant Incentives

A research protocol may be designed to include a small incentive for voluntary participation upon completion of the questionnaire. This approach may increase rates of participation. It is appropriate that this incentive be for the child participant in most cases. However, even very small sums of incentive money may be seen as coercive in some counties. In some countries, it may be inappropriate to give money directly to a child. Investigators should review plans for offering incentives with a local ethics review board.

Refusal to participate

Children must have the right to choose not to participate without any consequences. There must be no adverse consequences of choosing not to participate. When administering in a group setting, the research team should have a plan for when children decline to participate.

Debriefing

While having a child become distressed about the questions in this type of research is rare in our experience, the instrument does ask about experiences that may have been painful or disturbing for a child. A participant child may want to talk about or get help related to some experience that is included in the questions in the instrument. The investigators must be prepared to offer a general debriefing or advice to all subjects about how they can get help or have someone to talk to about issues that the questionnaire covers. A standard statement should be read to the class that says that the questionnaire may cover topics that are upsetting or disturbing and that any student having questions may talk to the person brining the instrument into the classroom. The investigator may also chose to provide information about other resources, such as children's rights organizations or community agencies that can provide help.

Frequently Asked Questions

The following questions may be asked by participants. Here are some suggested answers.

Who is sponsoring this survey?

This study is sponsored by << local university>>. The same study is being carried out in other countries around the world. All of these countries are working together to try to better understand the problems affecting the health of children.

Will you use my name? / How do I know that this is confidential?

Do not put your name on the questionnaire. We are interested only in combining the answers of all children or adolescents that we will talk to. Individual responses will not be reported. All of us working on the project are required to follow certain steps that have been developed to ensure that the information provided by each participant is kept secret.

What will happen if I don't participate?

You do not have to participate. However, we do hope that you will take part, as it is important that we hear from as many children as possible. Your answers will be used to help develop services for children in <<COUNTRY>>. If you do participate, you can refuse to answer any question that you do not want to answer, or stop the interview at any point.

How long will this take?

The interview should take about 20-30 minutes. You can end the questionnaire at any time, but we hope that you will not stop before answering all of the questions.

The ICAST-R (Young Adult Version)

Recruiting Subject Participants

Once you are face to face with a selected young adult, introduce the study, using the following script as a guide <<*customized by site*>>

> *Hello, my name is _____ and I am from _____. We are* ***conducting a survey about the health and life experiences of children by asking young adults about their childhood.***
>
> *I would very much like to have an interview with you that takes about 30 minutes. This interview is private and so the answers to the questions will be kept secret. They will not be shared with anyone. Also you are free to skip any questions you don't want to answer or to stop the interview at any time. Because the interview is private, it would be good if we could have a private place to sit.*
>
> *If this isn't a convenient time, you could tell me when to come back and we could have the interview at another time. If it will be hard for us to have privacy here, we could meet at <<customize>>.*

This is a very important study that we hope will help children have better lives. Would you be willing to participate in the interview? Is now a good time?

Documenting Recruitment

Once a young adult has agreed to participate in the study, assign a study ID #. This may be a consecutive number with a letter indicating the city or country that the sample comes from.

If interview would be better at another time, make an appointment. Record date, time, and place on your Screening & Recruitment log.

Participant Incentives

A research protocol may be designed to include a small incentive for voluntary participation upon completion of the questionnaire. This approach may increase rates of participation. It is appropriate that this incentive be for the participant in most cases. However, even very small sums of incentive money may be seen as coercive in some counties. Investigators should review plans for offering incentives with a local ethics review board.

Refusal to Participate

If selected young adult refuses to participate, ask him or her if he or she would prefer you to come back at another time to talk more about this. (This may be an inconvenient or unsafe time for an interview.) If the person still declines, ask if there are any concerns he or she might have about the interview that you could perhaps address

Tips for Encouraging Participation

- Always speak with respect, addressing them by their full name.
- Speak slowly and clearly.
- Stress that the information provided will help us understand more about a very important health problem in the community.
- Stress that the interview is totally confidential and private.
- Stress that the interview is being conducted by fully qualified personnel.

Debriefing

While having a young adult become distressed about the questions in this type of research is rare in our experience, the instrument does ask about childhood experiences that may have been painful or disturbing. A participant may want to talk about or get help related to some experience that is included in the questions in the instrument. The investigators must be prepared to offer a general debriefing or advice to all subjects about how they can get help or have someone to talk to about issues that the questionnaire covers. A standard statement should be read to the participant that says that the questionnaire may cover topics that are upsetting or disturbing and that any participant having

questions may talk to the person administering the instrument. The investigator may also chose to provide information about other resources, such as relevant organizations or community agencies that can provide help.

ICAST-P (Parent Version)

Our interest is in abusive behavior that occurs in an intimate or family context. This instrument is seen as only part of a sound research project that might also collect data about community services and support, family resources, parent education, etc.

The goal is to facilitate cross-cultural research in a collaborative and comparative way that allows individual investigators to put their data in perspective. Comparative research can identify both strengths and weaknesses and generate new hypotheses about risk and protective factors.

We are concerned with cultural relevance and accountability to the local communities in which this work is carried out. When the instrument is established by pilot studies, further use should be directed by local investigators collecting data for local purposes. Community partnerships should be formed to help inform the research methods and provide a means for having the data impact children. Investigators choosing to use this instrument in the future will be encouraged to develop focus groups to assure that the instrument is sound and understandable. Questions that are culturally relevant to one local site may be added to the core questionnaire.

Sampling

Ideally, surveys should be administered in comparable ways across studies. For example, particular communities may be targeted by a survey. Within those communities, a random sample of households is screened for eligibility. From among eligible households, an eligible woman is selected randomly from among all eligible women. She is called the Index Woman and is the person to be interviewed. From among all her dependent children living in the home, an Index Child is randomly chosen. This particular child will be the focus of some parts of the survey. The general sampling design is a multi-stage sample, with the following stages:

1) convenience sample of populations/communities within a country. Each country will select a well-defined population of interest (target population) to be studied, based on local considerations.

2) probabilistic sample of households/families

3) probabilistic selection of woman to be interviewed and of index child within each household

Recruiting Subject Participants

Once you are face to face with a selected Index Woman, introduce the study to her, using the following script as a guide <<*customized by site*>>

Hello, my name is _____ and I am from _____. We are ***conducting a survey about the health and life experiences of women and children.***

I would very much like to have an interview with you that takes about 30-45 minutes. This interview is private and so the answers to the questions will be kept secret. <<optional: They will not be shared with

anyone unless someone's life is in danger.>> Also you are free to skip any questions you don't want to answer or to stop the interview at any time. Because the interview is private, it would be good if we could have a private place to sit for up to 45 minutes, where no one will listen or interrupt you.

If this isn't a convenient time, you could tell me when to come back and we could have the interview at another time. If it will be hard for us to have privacy here in your home, we could meet at <<customize>>.

This is a very important study that we hope will help women to have better lives. Would you be willing to participate in the interview? Is now a good time?

Documenting Recruitment

Once a woman has agreed to participate in the study, assign her a study ID # . This may be a consecutive number with a letter indicating the city or country that the sample comes from.

If interview would be better at another time, make an appointment, at her convenience. Record date, time, and place on your Screening & Recruitment log.

Refusal to Participate

If selected woman refuses to participate, ask her if she'd prefer you to come back at another time to talk more about this. (This may be an inconvenient or unsafe time for her to consider the interview.) If she still declines, ask if there are any concerns she might have about the interview that you could perhaps address.

Tips for Encouraging Participation

- Always speak to householders with respect, addressing them by their formal titles.
- Speak slowly and clearly. Make good eye contact, if this is culturally appropriate.
- Stress that the information provided will help us understand more about a very important health problem in the community.
- Stress that the interview is totally confidential and private.
- Stress that the interview is being conducted by fully qualified personnel.

Responses to Possible Questions from Selected Households

<<To be customized by each study location>>

If household members who come to the door, or selected women, are hesitant or suspicious, show a "letter of verification" or a personalized study badge specifically designed for this purpose. Reference to approval of the study by local community/village leaders can be made if necessary.

The following are some questions you might receive with standard responses. Be familiar with these, and all project procedures, so that you can address with confidence any concerns a respondent might have.

How did you get my name/address?

We do not have or need your full name. Your house was selected by chance from a list of households in the area. Your name was then picked by chance from a list that we developed of all women aged 15 to 49 who normally live here.

Who is sponsoring this survey?

This study is sponsored by << local university>>. The same study is being carried out in other countries around the world. All of these countries are working together to try to better understand the problems of women with children.

Will you use my name? / How do I know that this is confidential?

We do not have your full name. We are interested only in combining the answers of all the many women that we will talk to during the survey. Individual responses will not be reported. All of us working on the project are required to follow certain steps that have been developed to ensure that the information provided by each woman is kept secret.

What will happen if I don't participate?

You do not have to participate. However, we do hope that you will take part, as it is important that we hear from as many women as possible. Your answers will be used to help develop services for women in <<COUNTRY>>. If you do participate, you can refuse to answer any question that you do not want to answer, or stop the interview at any point.

How long will this take?

The interview should take about 30-45 minutes. You can end the interview at any time, but we hope that you will not.

Interview Setting

1) **All interviews should be conducted one-on-one in a private space with as few distractions as possible.** The presence of others (especially family members or friends) could inhibit optimum frankness in response and/or jeopardize your respondent's safety. It is imperative that the index woman be interviewed separately and privately. No other adult may be present during the administration of the questionnaire.

2) It is expected that interviews will be conducted **in or around the index woman's home**. If private space cannot be arranged in or around her home, try to schedule the interview for another location. **It is preferable to re-schedule the interview than to sacrifice privacy.**

3) Be sure to mention the requirement for privacy at the time you ask for the interview, so that the index woman can prepare the household or, if necessary, reschedule at a better time or make arrangements to conduct the interview outside of the household.

4) Let her know what you will do if privacy is interrupted. (See Ethical and Safety Issues, 3g.)

5) Identify an alternate safe location within the community that could be used for interviews if the need arises. This might be a health clinic or a child development clinic.

During The Interview

1) Follow the established procedure for obtaining informed consent.

2) Administer the questionnaire forms in the order given.

3) Read instructions and questions as written. Do not attempt to explain or reword a question. Questions may be repeated as many times as necessary.

4) Be so familiar with the forms that you are able to read them easily and in a conversational tone.

5) Use culturally appropriate techniques (e.g., using the respondent's name whenever possible) to help build rapport.

6) Use the index child's name whenever possible to help the respondent maintain focus on the designated, Index Child, rather than on another child.

7) Stress that there are no right or wrong answers to the questions in this interview. The only answers that will help the research are honest answers. If a respondent feels she cannot respond honestly to a question, it is better to "pass" on or refuse that question.

8) If a respondent asks the meaning of a word, the interviewer should not attempt to define. Rather the interviewer should say "I am not able to define words in the interview. Just go by whatever it means to you."

9) Record a response for every question in the interview, except follow-up questions that are not applicable. However, the respondent may refuse to answer any question for any reason.
   - **Refused=write "refused" on the questionnaire.**
   - **Don't know=8**

   However if "don't know" is not given as a response option, try to avoid a "don't know" response by telling the woman to give the answer that she thinks is true, or to make a best guess.
   - **Not applicable=9**

10) A *silent code* refers to an answer response already known to the interviewer making the asking of a question unnecessary (e.g. gender of target child, which will be apparent from the recruitment log).

11) If a subject begins giving the same response to every item, stop and ask if she intended for the answer to the last (*however many*) questions to be the same.

12) Always remain neutral and non-judgmental in reaction to respondent's answers. You may unintentionally bias future responses by emotionally reacting to a subject's answer.

13) Unless indicated otherwise, ask every question. Sometimes you will realize that in the course of answering a previous question, the respondent has already addressed the question you are about to ask. Show that you were listening earlier by saying, "We spoke a little about this earlier--now I have a related question." Give the subject the opportunity to give her/his own answer--do not assume that you know what it will be.

14) If a respondent complains that a question is very much like one (or several) asked before, say something like, "You're right, it does seem very similar. I'm sorry about that. It wasn't that I wasn't listening before. It's just my job to ask all these questions and I cannot leave one out. Do you mind answering it again?"

Concluding the Interview

1) Before leaving the respondent, check back through forms for any item inadvertently missed. No item should be skipped, unless instructions direct you to do so. If the respondent refuses to answer, write "Refused" beside the question.

2) Offer the opportunity for any questions or reaction to the interview process. Follow debriefing procedures for your site including giving her a list of services or a telephone number or location to which she can turn for help.

3) Thank her for her time and willingness to tell us about so many different aspects of her life. Remind her of how her participation in this research might lead to a better life for women in the future.

Appendix I: Research Publications based on ICAST

As of June 2015, the following papers have been published utilizing data from the ICAST. Abstracts are presented when available.

Agathonos, H. (1991). "ISPCAN presidential message." Child Abuse & Neglect 15(4): 327-333.

Ajdukovic, M., et al. (2012). "Epidemiological Research of Prevalance and Incidence of Family Violence on Children in Croatia." Ljetopis Socijalnog Rada 19(3): 367-412.

The paper presents the results of epidemiological research on the extent of family violence on children in the Republic of Croatia. The research used a two-phase design with a probability sample of children aged 11,13 and 16 regularly enrolled into Croatian primary and secondary schools (N=3.644). Data was obtained within the international research FP7 project "BECAN - Balkan Epidemiological Study on Child Abuse and Neglect. The research used the revised version of ISPCAN Child Abuse Screening Tool - Children's Version (ICAST-C). The prevalence analysis has shown that the most prevalent form of family violence on children is psychological aggression (5th grade 59.0%; 7th grade 771%; 10th grade 82.5%), followed by corporal punishment (5th grade 56.1%; 7th grade 68.4%; 10th grade 72.3%), physical abuse (5th grade 26.2%; 7th grade 34.0%; 10th grade 40.7%). The psychological abuse (5th grade 22.8%; 7th grade 26.8%; 10th grade 34.8%) reveals to be the least frequent. A correlation is observed among all categories of violence on children and the highest one being between corporate punishment and physical abuse (from 0.599 to 0.674). The most common perpetrators of psychological aggression, psychological abuse and corporal punishment are fathers and mothers. Among the 5th graders, the most common perpetrators of physical abuse are brothers. They are approximately equally common perpetrators of family violence towards girls and boys. Sisters more commonly occur as perpetrators of psychological aggression, corporal punishment and physical abuse on girls than on boys. Most children did not find answering questions (95.2%) and being honest about violent experiences within family (90.8%) difficult. However, among those children who revealed that they had found it difficult to answer and be honest, there is statistically significant higher number of those with experience of violence within the family. Full text of the article will be available at http://hrcak.srce.hr/index.php?show=clanak&id_clanak_jezik=142239.

Nikolaidis, G., et al. (2012). "Researching CAN in real life setting: The BECAN project, results and conclusions" XIXTH. ISPCAN International Congress on Child Abuse and Neglect.

The BECAN project was an EU/FP7-funded epidemiological survey on CAN prevalence and incidence in 9 Balkan countries (Greece, Albania, Bosnia, Bulgaria, Croatia, FYROM, Romania, Serbia and Turkey) including (a) a field survey in 11-, 13- and 16-year old schoolchildren and their parents by using a modified version of the ICAST-P and ICAST-C questionnaires (producing linked pairs of child-parent questionnaires identified by a single unique code while preserving anonymity of the survey) and (b) a respectful case- based surveillance study via a specifically developed data extraction form to measure CAN reports detected or submitted in authoritative agencies in participant countries. Design sample for the field survey was 61,776 children and their parents.

Ajdukovic, M., et al. (2013). "Gender and age differences in prevalence and incidence of child sexual abuse in Croatia." Croat Med J 54(5): 469-479.

AIM: To examine age and gender differences in the prevalence and incidence of child sexual abuse, the level of acquaintance of the child and the perpetrator, and correlations between experiencing family violence and sexual abuse on a nationally representative sample of 11, 13, and 16 years old children. METHOD: A probabilistic stratified cluster sample included 2.62% of the overall population of children aged 11 (n=1223), 13 (n=1188), and 16 (n=1233) from 40 primary and 29 secondary schools. A modified version of ISPCAN Child Abuse Screening Tool - Children's Version was used. Five items referred to child sexual abuse (CSA) for all age groups. RESULTS: In Croatia, 10.8% of children experienced some form of sexual abuse (4.8% to 16.5%, depending on the age group) during childhood and 7.7% of children experienced it during the previous year (3.7% to 11.1%, depending on the age group). Gender comparison showed no difference in the prevalence of contact sexual abuse, whereas more girls than boys experienced non-contact sexual abuse. Correlations between sexual abuse and physical and psychological abuse in the family were small, but significant. CONCLUSION: Comparisons with international studies show that Croatia is a country with a low prevalence of CSA. The fact that the majority of perpetrators of sexual abuse are male and female peers indicates the urgent need to address risks of sexual victimization in the health education of children.

Akco, S., et al. (2013). "Child abuse and neglect in Turkey: professional, governmental and non-governmental achievements in improving the national child protection system." Paediatrics & International Child Health 33(4): 301-309.

Since ratification of the United Nations Convention on the Rights of the Child in 1995, significant efforts were made in Turkey to improve protection of children from abuse and neglect. The government took steps to amend relevant laws. Several state departments recognized the need for professional in-service training of relevant governmental agency staff. University hospitals established numerous hospital-based multidisciplinary child protection centres. The government established an Interministerial Higher Council, which has been overseeing the foundation of 13 child advocacy centres for a multidisciplinary and interagency response to child sexual abuse. In addition to undertaking research, non-governmental organizations contributed to this process by instituting professional and public education. These ground-breaking developments in the last decade give promise of even further improvement in the national child protection system from investigative, child protective and rehabilitative perspectives.

Al-Eissa, M. A., et al. (2015). "Determining child maltreatment incidence in Saudi Arabia using the ICAST-CH: A pilot study." Child Abuse & Neglect 42: 174-182.

Studies in other countries, including countries with mandated reporting by professionals and a long history of recognition of the problem, have found child abuse to be seriously under reported. This population-based pilot study was conducted to determine the magnitude of adolescents' exposure to CAN at home, and to identify ethical and methodological challenges to conducting a survey on a culturally sensitive subject. This cross-sectional study was carried out in Al-Kharj city in 2011-2012. Through a stratified multistage cluster random sampling of schools, a sample of adolescents (15-18 years) were identified and invited to participate. The ISPCAN Child Abuse Screening Tool-Child: Home

version (ICAST-CH) was used for data collection. The previous year's incidence of physical, psychological, and sexual abuse, neglect, and exposure to violence were assessed. A total of 2,043 students participated in the study (mean age, 16.6 years; 58%, female). The incidence of psychological abuse, physical abuse, exposure to violence, neglect, and sexual abuse were 74.9%, 57.5%, 50.7%, 50.2%, and 14.0%, respectively. Female participants were at higher risk for psychological and physical abuse, exposure to violence, and neglect, but not for sexual abuse. The rates and gender distribution of CAN at home differ from findings of health-based records. Our results are comparable to other regional population-based studies. Thus, population-based data are necessary to inform and guide professionals and decision makers for prevention policies and resource allocation. Insights to ethical and methodological challenges surrounding the sensitive nature of this type of study are discussed.

Atwoli, L., et al. (2014). "Impact of domestic care environment on trauma and posttraumatic stress disorder among orphans in western Kenya." PloS one 9(3): e89937.

Objective: The aim of this study was to determine the impact of the domestic care environment on the prevalence of potentially traumatic events (PTEs) and posttraumatic stress disorder (PTSD) among orphaned and separated children in Uasin Gishu County, western Kenya.

Methods: A total of 1565 (55.5% male) orphaned and separated adolescents aged 10–18 years (mean 13.8 years, sd 2.2), were assessed for PTSD and PTEs including bullying, physical abuse and sexual abuse. In this sample, 746 lived in extended family households, 746 in Charitable Children's Institutions (CCIs), and 73 on the street. Posttraumatic stress symptom (PTSS) scores and PTSD were assessed using the Child PTSD Checklist.

Results: Bullying was the commonest PTE in all domestic care environments, followed by physical and sexual abuse. All PTEs were commonest among the street youth followed by CCIs. However, sexual abuse was more prevalent in households than in CCIs. Prevalence of PTSD was highest among street youth (28.8%), then households (15.0%) and CCIs (11.5%). PTSS scores were also highest among street youth, followed by CCIs and households. Bullying was associated with higher PTSS scores and PTSD odds than either sexual or physical abuse.

Conclusion: This study demonstrated differences in distribution of trauma and PTSD among orphaned and separated children in different domestic care environments, with street youth suffering more than those in CCIs or households. Interventions are needed to address bullying and sexual abuse, especially in extended family households. Street youth, a heretofore neglected population, are urgently in need of dedicated mental health services and support.

Aydin, F. (2012). "Pilot testing of ISPCAN child abuse screening tools-child (ICAST-C) in Turkey: A sample of high school children. XIXTH. ISPCAN International Congress on Child Abuse and Neglect.

The aim of this study was to examine ICAST-C high school children aged 16 years old. Methods: The translated (Turkish) and back translated (English) versions of ICAST tools were conducted in one high school in Izmir that was selected via convenience sampling. Total of 70 children were participated in the study. 42 (55%) of them were female. The ICAST-C consisted of exposure to violence, physical, psychological, sexual abuse and neglect questions. Results: Children's exposure to violence was higher

for verbal violence (45%). Psychological abuse prevalence was (30%), physical abuse was (17 %), neglect was (27%) and sexual abuse was (5%). In terms of perpetrators in psychological abuse, rates were 19% and 13% for adult females and adult males, respectively. Physical abuse perpetrators were reported as 10% for adult females and 6,5% for adult males. In terms of sexual abuse types, speaking in a sexual way was more common for males (6%) and females (3%). In contrast 77% of the children reported that they were rewarded for their well behaviors and they received an explanation for their wrong behaviors. Alpha values were .30 for violence exposure, .87 for psychological abuse, .75 for neglect, .85 for physical abuse and .66 for sexual abuse. Conclusion: ICAST-C can be used as an appropriate tool for searching CAN in high school children in Turkey. The children had easily understood questions and phrases. Higher rates of verbal violence may result from developmental stage of children in which adolescents frequently experience verbal arguments/conflicts with their parents.

Ba-Saddik, A. S., and Hattab, A. S (2013). "عدن، محافظة في الأساسي التعليم مدارس في الجسدي الإيذاء: دراسة مستعرضة."("Physical abuse in basic education schools in the governorate of Aden, Yemen: cross-sectional study"). East Mediterranean Health Journal 19(4): 333-339.

Physical abuse in school has lifelong consequences affecting child health and educational achievements. A study was designed to assess the prevalence of physical abuse experienced by pupils in basic-education schools in Aden, Yemen, and to examine the risk factors associated with it. A cross-sectional study covering 1066 pupils in 7th-9th grades from 8 schools in different districts of Aden governorate were randomly selected. Answering an anonymous self-administered questionnaire, 55.7% of pupils reported physical abuse at least once in their school lifetime (73.2% of males versus 26.6% of females). Teachers were the main perpetrators (45.4%). A statistically significant association was found between physical abuse and sex, age group, family type and father's education. Significant predictors of physical abuse on multivariate regression were male sex (OR=7.89) and extended family type (OR=1.36). Physical abuse in basic-education schools requires serious consideration by educational authorities, families and the community at large.

Chang, H., et al. (2013). Psychometric testing of the Chinese version of ISPCAN child abuse screening tools children's home version (ICAST-CH-C). Children and Youth Services Review, 35(12), 2135-2139.

Background: Child maltreatment is a global problem and the true extent remains unknown. The International Society for the Prevention of Child Abuse and Neglect (ISPCAN) Child Abuse Screening Tool: Children's Home version (ICAST-CH) has provided accurate assessment of the scope and prevalence of child maltreatment. Yet measures of children's experiences of child maltreatment are limited in the Chinese population.

Objectives: The study aimed to translate and validate a Chinese version of the ISPCAN Child Abuse Screening Tool — Children's Home version (ICAST-CH) and to evaluate its reliability and validity among Taiwan adolescents.

Methods: A three phase study was conducted. In phase 1, the ICAST was translated into Chinese using forward–backward translation procedures with the translation equivalence and content validity assessed. In phase 2, the data provided by a convenience sample of 98 adolescents was used to assess

the internal consistency of the ICAST-CH Chinese version (ICAST-CH-C). In phase 3, the psychometric properties of the ICAST-CH-C were tested with a nationwide random sample of 5236 adolescents from 35 schools.

Results: The translation equivalence and content validity index of the ICAST-CH-C was satisfactory. The inter-rater agreements were .90–.91 for comparability of language and .89–.94 for similarity of interpretability. Results indicated that the ICAST-CH-C had a high level of equivalence with the original English version and demonstrated a high internal consistency (.71–.89). Confirmatory factor analysis revealed the presence of five factors supporting the conceptual dimension of the original instrument.

Conclusion: This study provided initial psychometric properties of the ICAST-CH-C and supports it as a reliable, valid, and highly usable instrument to identify childhood victimization in adolescents. It provided health care professionals with a useful tool to assess the severity and prevalence of child maltreatment within Chinese communities.

Chen, Y. W., et al. (2015). "Clinical competency in child maltreatment for community nurses in Taiwan." International journal of nursing practice 21(S1): 21-26.

The purpose of this cross-sectional study was to examine aspects of competency in child abuse among community nurses in Taiwan. A sample of 650 community nurses were recruited from public health centres (PHC) and outpatient clinics in Southern Taiwan. A structured questionnaire with five subscales, knowledge, skills, empowerment, team collaboration and self-reflection was developed and used for data collection. A total of 588 questionnaires were returned and used for analysis. Nearly 20% of community nurses reported having an acquaintance with a maltreatment history. Only 4.6% had experience of reporting a case of child abuse. Most nurses reported strong skills and abilities (empowerment, team collaboration and self-reflection). Outpatient clinic nurses scored higher in four subscales than the PHC nurses. Nurses who had a history as a victim or had reporting experience claimed better clinical competency. Unfortunately, community nurses had limited knowledge in child abuse. The findings support the development of continuing education programmes on child abuse for community nurses.

Devries, K., et al. (2013). The good schools toolkit to prevent violence against children in Ugandan primary schools: Study protocol for a cluster randomized controlled trial. Trials, 14: 232.

Background: We aim to evaluate the effectiveness of the Good School Toolkit, developed by Raising Voices, in preventing violence against children attending school and in improving child mental health and educational outcomes.

Methods/design: We are conducting a two-arm cluster randomised controlled trial with parallel assignment in Luwero District, Uganda. We will also conduct a qualitative study, a process evaluation and an economic evaluation. A total of 42 schools, representative of Luwero District, Uganda, were allocated to receive the Toolkit plus implementation support, or were allocated to a wait-list control condition. Our main analysis will involve a cross-sectional comparison of the prevalence of past-week violence from school staff as reported by children in intervention and control primary schools at follow-up. At least 60 children per school and all school staff members will be interviewed at follow-up. Data

collection involves a combination of mobile phone-based, interviewer-completed questionnaires and paper-and-pen educational tests. Survey instruments include the ISPCAN Child Abuse Screening Tools to assess experiences of violence; the Strengths and Difficulties Questionnaire to measure symptoms of common childhood mental disorders; and word recognition, reading comprehension, spelling, arithmetic and sustained attention tests adapted from an intervention trial in Kenya.

Discussion: To our knowledge, this is the first study to rigorously investigate the effects of any intervention to prevent violence from school staff to children in primary school in a low-income setting. We hope the results will be informative across the African region and in other settings.

Devries, K., et al. (2014). "School violence, mental health and educational performance in Ugandan primary school children". XXth ISPCAN International Congress on Child Abuse and Neglect.

Background: Violence against children from school staff is anecdotally common in low and middle income countries, but data on prevalence and associations with mental health and educational outcomes are lacking.

Methods: We report data from a cross-sectional survey conducted in June-July 2012 in Luwero District, Uganda. 42 primary schools representing 80% of students in the district were randomly selected; 100% agreed to participate. The ICAST-C, Strengths and Difficulties Questionnaire, and reading, spelling and math tests were administered. We present descriptive statistics and logistic regression models, accounting for the complex sampling scheme employed in the survey.

Results: 3706 students and 577 school staff were surveyed. 93.3% (se 1.0%) of boys and 94.2% (se 1.6%) of girls attending primary school reported lifetime experience of physical violence from a school staff member, and more than 50% reported experience in the past week. Past week physical violence was associated with increased odds of poor mental health, and for girls, double the odds of poor educational performance (aOR=1.78, 95%CI=1.19 to 2.66). For boys, significant interactions were present.

Conclusions: Despite a ban on corporal punishment in Ugandan schools since 1997, the use of violence against students is widespread and associated with poor mental health and educational performance. School violence may be an important but overlooked contributor to disease burden and poor educational performance in low and middle income settings.

Dunne, M. P., et al. (2009). "ISPCAN Child Abuse Screening Tools Retrospective version (ICAST-R): Delphi study and field testing in seven countries." Child Abuse & Neglect 33(11): 815-825.

Objectives: To gain consensus among an ethnically and linguistically diverse group of international child protection experts on the structure and content of a new survey tool for retrospective measurement of child abuse, and to determine the performance of the instrument through an international field trial with young adults. Methods: The questionnaire was developed through focus group discussions with international experts, and then subjected to a Delphi study in two waves to determine the perceived importance and translatability of items. The resultant questionnaire was translated into six languages and field tested in seven countries with convenient samples of young adults aged 18-26 years (N = 842). Results: Child maltreatment experts from 28 countries provided input to questionnaire development.

Satisfactory agreement on draft item inclusion and exclusion and the translatability of items was gained. The tool includes 15 primary questions about potentially abusive physical, sexual and emotional events, with follow-up questions about perpetrator characteristics, frequency of acts and periods in childhood when the recalled abuse occurred. The field test revealed lifetime prevalence per item usually exceeded 10% (11/15 items; range 2.1-49.5%). Internal consistency (Cronbach's alpha) was moderate to high for each of three item sub-sets (between .61 and .82) and the rates of missing data were low (less than 1.5% for 14 of 15 items). The great majority of respondents nominated either peer and/or adult perpetrators (between 82.3% and 98.2% depending upon the item), and among these, child/adolescent peers and non-family adults (including teachers for emotional and physical acts) were nominated often. Conclusions: The ICAST-R is based on consensus from international experts, translates clearly and has satisfactory properties for adoption as a survey tool to estimate prevalence and describe perpetrators and other contextual aspects of child abuse. Practice implications: This tool can be utilized in a broad range of cultures and languages and may contribute to improved research practice. Although the core items are limited to just 15 acts of maltreatment, if these behaviorally specific questions are adopted as key indicators and incorporated into comprehensive local, national or regional surveys, eventually there should be greater comparability in survey estimates.

Eldeeb, N., et al. (2014). "Survey of child discipline in Qatar: Challenges and early findings". XXth ISPCAN International Congress on Child Abuse and Neglect.

Objectives: To ascertain the nature and extent of child discipline in Qatar and Palestine. This will aid in forming laws and policies for effective prevention and intervention in child maltreatment, developing educational curricula for professionals and public awareness campaigns advocating positive discipline. The study uses the ISPCAN Child Abuse Screening Tools in mothers (ICAST-P) and youth (ICAST-R). These tools were developed for use globally to investigate the methods of child discipline into the range of maltreatment.

Method: The study comprises three phases: qualitative, statistical pilot and quantitative. This presentation focuses on results of the qualitative and statistical pilot in validating the ICAST tools among Qataris. Four focus groups were conducted with: mothers, young men, young women, and child care professionals. The focus groups determined if the topic and wording of the questions were acceptable. The pilot tested questionnaire completion (by 50 mothers given face-to face interviews and 50 young people using self-administered questionnaires) and analyzed the tools' validity for the quantitative phase.

Results: The qualitative phase modified the questionnaires' wording and content. The pilot identified several necessary changes: clarifying question numbering, re-labeling perpetrator lists, identifying business rules (for incomplete or contradictory responses and clearer skip patterns), refining demographic questions and editing Arabic translations. It verified that the refined questionnaires could be completed acceptably and confirmed findings from the qualitative phase, specifically that subjects felt more comfortable with anonymity and self administered questionnaires. However, our preliminary analysis showed that there were some difficulties with certain questions relating to sexual abuse and extreme violence viewed as not applicable in Qatar.

Conclusions: The pilot helped refine the tools for the quantitative phase. Despite modifications, the tools will remain substantially equivalent in meaning and purpose to the original, allowing for international comparison.

Evangelou H., Polikandrioti M., Klossa V., Kloutsinioti A., Giovaso S., Koutelekos I., Koukoularis D., Kyritsi H. Violence Experience and Abuse of Young Adults in Home. Hellenic journal of Nursing. 2013;52 (2): 223-233. (In Greek)

Introduction: Violence is a global serious risk factor for children's health and occurs in all socioeconomic levels.

Aim: Investigate the existence and extent of domestic violence in young adults as they have experienced it in childhood and adolescence.

Material and Methods: The sample comprised 365 nursing students. Data were collected by the completion of ICAST-CH scale with Cronbach's alpha=0,78. Statistical analysis was performed by the use of statistical package SPSS 17 and included anova and t-test. All reported p values were compared to a significance level of 5%. Results: Eighty seven percent were girls and 13% boys. Seven percent reported that in his family there are individuals who use alcohol and drugs and that their behavior causes fear. 37.6% has seen individuals in family to shout in a way that frightened them, 12% reported physical violence in the family and 7% experienced situations where individuals in the family used sharp objects to injure and frighten while 7.7% experienced situations of war and revolt. The statistical analysis showed that boys are more often physically abused whereas girls reported sexual harassment or abuse (p=0,021) and (p=0,030) respectively. Regarding marital status, it was found that single-parent family frequently use alcohol and drugs (p=0,027) frequently quarrel (p=0,043) as well as used of force and injure (p=0,029). Regarding the number of children it was found that the larger the number of children in the family the less cases of physical violence (p=0,013). Low educational level of parents was related to drug and alcohol use (p=0,001) as well as to physical violence (p=0,050). Individuals whose mother was a factory worker, often reported that someone from family use drugs and alcohol (p=0,021) as well as that individuals in the family shout and cause fear (p=0,013). Participants coming from single-parent family reported having experiences in the family of shouts and quarrels (p=0,004) as well as those who were raised by others rather than their parents experienced situations that cause them shame or feel bad (p<0,001). Participants that they had a family member with physical or mental disability, experienced frequent situations that cause fear (p=0,009) moreover they did not received the necessary for their upbringing (p=0,007). Same results were found when one of their parents use alcohol or drugs (p=0,013), (p<0,001) respectively, while they reported more frequent physical violence (p=0,045).

Conclusion: Socioeconomic factors such as low educational level, alcohol and drug use, mental illness and family structure are risk factors for domestic violence.

Feng, J.-Y., et al. (2015). "Prevalence of different forms of child maltreatment among Taiwanese adolescents: A population-based study." Child Abuse & Neglect 42: 10-19.

Reported cases of child maltreatment are increasing in Taiwan. Yet, comprehensive epidemiological characteristics of adolescents' exposure over the wide spectrum of violence are still lacking. The purpose

of this study was to estimate the prevalence and magnitude of child maltreatment among Taiwanese adolescents. A population-based study was conducted with 5,276 adolescents aged 12-18 from 35 schools in 17 cities and townships to determine the prevalence of five forms of child maltreatment in Taiwan. A total of 5,236 adolescents completed anonymous, self-report, structured questionnaires. Most adolescents (91%, n=4,788) experienced at least one form of maltreatment with 83% (n=4,347) exposed during the previous year. Violence exposure was the most common type of child maltreatment experienced, followed by psychological abuse, physical abuse, neglect, and sexual abuse. Adolescents reported an average of 7.4 (SD=5.87) victimizations over their lifetime and 4.8 (SD=4.82) victimizations during the past year. Females reported a higher rate of neglect, while males reported a higher rate of sexual abuse. Most of the sexual abuse perpetrators were known by their victims. Adolescents' victimization and poly victimization from child maltreatment in Taiwan deserves a review and modification of national control and prevention policies.

Gantiva Díaz, C. A., et al. (2009). "Historia de maltrato físico en la infancia y esquemas maladaptativos tempranos en estudiantes universitarios." ("History of physical abuse in childhood and early maladaptive schemas in university students.") Acta Colombiana de Psicología 12(2): 127-134.

The aim of the present study was to describe the relationship between the history of physical mistreatment in childhood and the early maladaptive schemata in university students. It is a correlational descriptive study where the International Instrument for Screening Child Abuse in Young Adult Men aged 18-24 (IITAI) and the Young Schema Questionnaire (YSQ-L2) were administered to 359 university students in Bogota, D.C., chosen from a random stratified sampling. Results indicate significant differences between men and women with regard to the physical mistreatment in childhood and in eight early maladaptive schemes (where the scores found for women were always higher). Similarly, a significant relation between the history of physical mistreatment and the schemes of abandonment and rights /grandiosity was identified.

Gwirayi, P. (2012). "Child sexual abuse among urban secondary school pupils: Impact of family characteristics and family structure." International Review of Social Sciences and Humanities 3(1): 36-50.

This study investigated the impact of family characteristics and family structure as risk factors for sexual abuse among urban secondary school pupils in Zimbabwe. It adopted a survey design as the operational framework for data gathering. Data were collected from three secondary schools in the Gweru district of Zimbabwe. The sample comprised 268 secondary pupils (50 % female; mean age=15.42, SD=1.376). Data were gathered by administering the Child Abuse Screening Tool Children's Version (ICAST-C). Of the 268 respondents who completed the questionnaire, 151 reported having been sexually abused in one or more ways before the age of 18 years, giving an overall prevalence rate of 56.3 %. Overall, the results show that the most important factors that were found to be consistently associated with child sexual abuse were parental absence, father's absence, mother's education, parental domestic violence and parental substance abuse. Risk of any child sexual abuse was not associated with the existence of siblings, household size, parental occupation and father's education. Policies should focus on supporting single mothers and parents who both work outside of the home to reduce the likelihood that children are left vulnerable and at risk of being sexually abused.

Gwirayi, P. (2013). The prevalence of child sexual abuse among secondary school pupils in Gweru, Zimbabwe. Journal of Sexual Aggression, 19(3): 253-263.

Child sexual abuse is a social and public health concern locally and worldwide because it is associated with numerous and serious short-and long-term devastating consequences. This study investigated the prevalence of child sexual abuse among day secondary school pupils in Gweru, Zimbabwe. The sample comprised 268 secondary pupils (50% female; mean age15.42, standard deviation1.376). Data were collected by administering the Child Abuse Screening Tool Children's Version (ICAST-C). The study found an overall prevalence rate of 56.3%, with no significant gender differences. Both non-contact and contact forms of sexual abuse were prevalent. Both adults and peers were reported as perpetrators. Perpetrators were reported to be familiar people, which is consistent with the observation that the home was reported as the major place where abuse was perpetrated. Compared to western studies, this study showed higher rates for the various forms of child sexual abuse.

Jangam, K., et al. (2015). "Incidence of childhood abuse among women with psychiatric disorders compared with healthy women: Data from a tertiary care centre in India." Child Abuse & Neglect. (In Press)

Childhood abuse has been recognized as a precursor and a maintaining factor for adult psychopathology. There are very few studies that have investigated the incidence of childhood abuse in adult women with psychiatric disorders. Hence, this current investigation is an attempt to study and compare the incidence of childhood abuse (physical, emotional and sexual) among women seeking treatment for psychiatric disorders to healthy women. Using consecutive sampling, women seeking treatment for psychiatric disorders (N=609) and a group of age-education matched healthy women (N=100) were recruited for the study from a tertiary mental health-care hospital in India. The participants were screened for childhood abuse using the ISPCAN Child Abuse Screening Tool - Retrospective (ICAST)-R (I-CAST R, International Society for the Prevention of Child Abuse and Neglect (ISPCAN) and The United Nations Children's Fund (UNICEF), 2009). Emotional abuse was significantly more common among women with psychiatric disorders compared with healthy women ($p<0.05$). On overall abuse, there was a trend to significance in women with psychiatric disorders compared with healthy women ($p=0.07$). There was no statistically significant difference between the two groups on physical and sexual abuse (all $p>0.13$). There was no statistically significant difference in all three types of abuse across disorder categories, though the report was more among women with severe mental disorders. Women with psychiatric disorders reported more emotional and overall abuse compared with healthy women. Sexual and physical abuse was similar in both groups. It is likely that more emotional abuse predisposes these women to psychiatric disorders.

Koc, M., & Sahin, F. (2012). "A survey about child abuse and neglect incidence in Turkey using ICAST-R instrument". XIXth ISPCAN International Congress on Child Abuse and Neglect.

Child abuse and neglect (CAN) is a very important issue in Turkey because of the diagnosing difficulties, the lack of statistical data and epidemiologic factors. Although there are some studies trying to evaluate the incidence of CAN in Turkey, they are mainly regional studies and their instruments are not standardized, so they can not be compared with each other. This study aims to determine the incidence

of CAN in a pilot study population using the ICAST-R ("retrospective") instrument that is specifically designed by The International Society for Prevention of Child Abuse and Neglect (ISPCAN) with the help of UNICEF and the Oak Foundation for collecting data about all forms of violence against children . It is designed to be used for young people aged 18-24 years. We translated the questionnaire into Turkish and aimed to test the reliability and validity of the instrument in Turkish population. We applied it to university students in Ankara who volunteer to work with the Turkish Society for Prevention of Child Abuse and Neglect (TSPCAN) along with a questionnaire about sociodemographic factors. In our preliminary study we have 40 students and we found the incidences of emotional, physical and sexual abuse rates as 63%, 23% and 21% respectively. The reliability and validity of the ICAST-R instrument will be discussed at the congress.

Kyritsi, E., et al. (2015). "Violence and maltreatment of children within the family." Acta Paefiatrica.

Intoduction: Violence is a significant risk factor for children's health disorders and is observed in all social levels.

Purpose: The aim of the present study was to explore the extent of violence in young adults, in the way the experienced domestic violence during childish and adolescence.

Material-Methods: The sample-studied consisted of 365 students of Nursing. Data were collected by the completion of ICAST-CH questionnaire. For the analysis of data was used statistical package SPSS 17 and the statistical methods ANOVA and t-test.

Results: Of the 365 participants 87% were girls and 13% boys. Seven percentage of the sample-studied reported that in its family were individuals who consumed alcohol and use of drugs and their behavior brings fear, while 37.6% had seen within family individuals to shout in a way that horrified them, the 12% experienced corporal violence within the family, 7% had experienced use of pointed instrument in order to horrify and injure them and 7.7% had experienced case of war and revolt. Statistical analysis of the data showed that boys experienced violence more frequently whereas the girls reported sexual abuse, more frequently, $P = 0.021$ and $P = 0.030$, respectively. Regarding family status, it was found that individuals of single families consume more frequently alcohol and drugs, $P = 0.027$, dispute more frequently, $P = 0.043$, as well as assault and injure, $P = 0.029$. As for the number of children, it was found that the more children in family, the less cases of corporal punishment, $P = 0.013$. In terms to educational status of parents, it was found that the parent of primary education, consumes alcohol and uses drugs more frequently, $P = 0.001$ as well as they apply corporal abuse, $P = 0.050$. Participants that a member of their family had some corporal or mental disorder, experienced more frequently situations that provoked horror, $P = 0.009$, while they didn't take whatever was necessary for their breeding, $P = 0.007$. Same results where found when a parent used alcohol or drugs, $P = 0.013$, $P < 0.001$ respectively and they reported that they had experienced more frequently corporal violence, $P = 0.045$.

Conclusions: Socio-economic factors, such as low educational status, alcohol and drugs, psychiatric diseases and family structure are the main risk factors for domestic violence.

Lee, Y. and Kim, S. (2011). "Childhood maltreatment in South Korea: Retrospective study." Child Abuse & Neglect 35(12): 1037-1044.

Objective: This study explored the prevalence of childhood maltreatment in South Korea using the retrospective version of ICAST and the associations between perceptions of abuse experienced during childhood and recent interpersonal problems and depression. Methods: 539 young persons, aged 18-24 years, from various universities, work places, and clinical settings participated in a study using the ISPCAN Child Abuse Screening Tool-Retrospective Version (ICAST-R), the short form of the Korean-Inventory of Interpersonal Problems Circumplex Scale (KIIP-SC), and the Korean version of the Beck Depression Inventory (K-BDI). Results: While males reported more physical abuse, females reported being exposed to more emotional or sexual abuse. The proportion of reported extra-familial or peer abuse was relatively high. Interpersonal problems and depression were significantly high for those who experienced all types of abuse during childhood. Perception of physical abuse as reasonable/ justified discipline affected interpersonal problems and perception of emotional abuse when compared to peers affected interpersonal problems and depression. Unlike previous studies, this study identified more depressive symptoms reported with disclosure of sexual abuse. Practice implications: These findings highlight the importance of understanding how one perceives maltreatment. Perceiving an abusive act as a justifiable disciplinary method may affect reporting as well as longer term consequences for the victim. A wide range of perpetrators and different settings in which maltreatment may occur must be considered as influencing these perceptions. This study contributed to the determination of validity of the ICAST-R for use in wider population surveys.

Lee, Y., & Kim, S. (2014). "Feasibility study using social media for research in sensitive topics as child maltreatment". XXth ISPCAN International Congress on Child Abuse and Neglect.

Objectives: Recruiting participants for sensitive topic research has become increasingly more challenging. Recently, recent research has begun to explore the possibility of using the social media in the recruitment of participants in health related research and child maltreatment research. This study attempts to explore the feasibility of conducting research on sensitive topic such as child maltreatment of parents with children under the age of 18 years. First and foremost, this study explores the feasibility of recruiting participants in conducting child maltreatment research. Second, it attempts to obtain an estimate of the extent of child maltreatment in the home. Third, it explores the respondents' own belief of physical discipline/child maltreatment. Finally, it attempts to explore the relationship between respondents' own childhood experiences and current child rearing practices.

Method: Recruitment of participants who have children under the age of 18 years was conducted using two social network sites in South Korea: 1) advertisement wall posting on Facebook; and 2) the most widely used site in Korea, the KAKAO Story. Participants were invited to participate and to re-post on their own sites. The advertisements directed participants to a link that contained information about this research. ISPCAN Child Screening Tool – Parent version (ICAST-P) was shortened to exclude neglect and sexual abuse, and several items unsuitable for the Korean context were deleted. A total of 57 questions were included to explore child maltreatment in the home, participants' childhood rearing experience, belief about physical discipline, and social media usage were adapted into online survey using Survey Monkey.

Results: Analysis is currently in progress.

Conclusion: The findings of this study will provide an estimate of child maltreatment in the home and the feasibility of using the social media to conduct sensitive research within the Korean context.

Nikolaidis, G., et al. (2012). "How CAN research can pin down real life CAN phenomena: A case-study". XIXth ISPCAN International Congress on Child Abuse and Neglect.

Under the EU/FP7 program a large scale epidemiological research under the title BECAN has been implemented through the last 3 years in 9 Balkan countries. As a part of its field survey via applying the ICAST-C and -P questionnaires to children aging 11, 13 and 16 years old and their parents, some such research has been conducted in Crete region of Greece on spring 2011. According to overall methodology of the specific research initial sample for Crete included 2.848 children and their parents. 1903 children responded positively to participate in the survey (response rate: 67%). Since Crete is administratively divided into 4 prefectures, results were presented concerning these clusters of the sample. Surprisingly in one of those prefectures, namely Rethymnon, a substantial differentiation emerged distinctively deviating from respectful rates of all other Cretan prefectures specifically for the incidence and prevalence rates of "contact" (or, maybe more accurately "more severe") sexual abuse. Particularly, rates of severe abusive sexual experiences in Rethymnon were found to be around 12% for boys and 8% for girls, while in all other Cretan prefectures respectful rates were found to be around 7% and 8% respectfully. The significantly higher rates for males, abusive victimization experiences and the reversal of the excepted boys/girls ratio had to be explained either in terms of real differences in occurrence of the phenomenon under study or as some kind of technical error. However, on December 2011, probably the biggest case ever of the child sexual abuse in Greece was revealed; a children and adolescents, team basketball coach has been accused of abusing sexually more than 100 boys during the last decade in the town of Rethymnon (population of less than 30,000 inhabitants). This development advocated for truthfulness of field research results, indicating also the probable eventual validity of the project's research methodology.

Patcharoros, N., et al. (2014). "Assessing child maltreatment in children born to mothers who used methamphetamine during pregnancy at Siriraj Hospital, Bangkok, Thailand: A Pilot study." International Scholarly Research Notices 2014: 1-4

Studies on maltreatment of children born to methamphetamine abusing mothers are lacking. This cross-sectional study examined child maltreatment among children born at Siriraj Hospital, Bangkok, Thailand, to mothers who used methamphetamines during pregnancy. During the study period between July 2011 and January 2012, 34 caretakers of these children were interviewed using the ISPCAN Child Abuse Screening Tool-Parent Version (ICAST-P) to assess their disciplinary actions. The associations between child's and caretaker's characteristics and child maltreatment behaviors were analyzed. More than 90% of caretakers were female with age ranging from 18 to 35 years and about 60% were biological mothers. The children's age ranged from 1 to 9 years. Disciplinary acts and child rearing practices that were considered to be child maltreatment behaviors were reported as follows: psychological discipline 82.4%, physical discipline 79.4%, and neglect 29.4%. No associations between the child's or the caretaker's characteristics and child maltreatment behaviors were found. In conclusion, child maltreatment

behaviors were frequent in caretakers of children born to mothers who used methamphetamine during pregnancy. Supervision on child rearing and careful monitoring are needed for this population.

Petroulaki, K., Nikolaidis, G., Kaveli, V., & Zarokosta, F. (2012). "Raising a child through prison bars: Needs survey and intervention outcomes in family relations of imprisoned mothers". XIXth ISPCAN International Congress on Child Abuse and Neglect.

Abusive circumstances for children whose parents and especially mothers are imprisoned have drawn global attention recently. Under an EU/DAPHNE project a comprehensive package of research and intervention activities has been implemented in Greece, Bulgaria and Romania. A number of research tools have been applied to imprisoned mother's population in the aforementioned countries, namely ICAST-P and R, TOPSE, RS, CTS-2, SDQ, ORI, Relational Pursuit as well as a specially developed tool of needs, assessment. In Greece an overall sample of 136 imprisoned mothers was approached in female prisons of Elaionas and Korydallos. Following that, an intervention program (support groups for imprisoned mothers) was delivered constituted from 12 structured sessions led by two trained mental health professionals, after conclusion of which, an ex post evaluation of its outcome was measured.

Results indicate that before intervention the majority of mothers were satisfied with the relationship with their children and their partners (85.1% and 49.2 % respectively). However, their relationship structure for the two parental figures was found "dismissing avoidant", with mean avoidant and anxiety scores 2.31-3.20 and 1.21-1.58 for maternal and paternal figures respectively. On average, mothers score highly on anxiety (2.58) for partner; however, due to the moderate estimated comfort about opening up to him (avoidance: 1.80), general RS for partner is "mediocre preoccupied". On the contrary, mean anxiety (0.87) and avoidance (0.96) scores delineate an absolute "secure" RS for best friend. Mother's parental self-efficacy arises high on "Play & Enjoyment" and "Emotion & Affection" area in both pre and post measurements; mean difference scores for the former seemed to become more realistic ex post. Further research could elaborate more on issues brought about by this measurement, also focusing on more efficient solutions to tackle vicious circles of violence, victimization and delinquency in families with imprisoned parents.

Puyenbroeck, B. V., et al. (2014). "Violence in stepfamilies: a regional study in Flanders". XXth ISPCAN International Congress on Child Abuse and Neglect.

A regional Flemish study examined whether growing up in a stepfamily is associated with a greater risk of maltreatment and abuse compared to a biological two-parent family or single-parent family.

In a provincial town in Flanders, all twelve schools that offer full-time secondary school, were invited to participate in the research. The experiences of young people with intra-familial child abuse were measured using a Dutch translated version of the ISPCAN Child Abuse Screening Tool Children's Home Version (ICASTC). A total of 543 students from six different secondary schools filled out the questionnaire. It concerns 314 (57.8%) girls and 229 (42.2%) boys with a mean age of 15.10 years (SD = 1.99). About half (46.6%) of the respondents had ever witnessed violence in the home environment. More than one child in three was once a victim of neglect in the home (38.9%). Young people are less victims of sexual abuse and only a very limited group is exposed to pornography. Results show that

Flemish children from a stepfamily are two times more at risk of neglect compared with children from an original family. Also, these minors experience that they are being taken care of more poorly, and that no one truly supports them and they are faced with the threat that someone may abandon them forever. Implications for practice and opportunities to further research are discussed throughout the presentation.

Ribeiro, I. M. P., et al. (2015). "Prevalence of various forms of violence among school students." Acta Paulista De Enfermagem 28(1): 54-59.

Objective: Estimating the prevalence of violent events in the experience of students aged between 11 and 15 years regularly attending public schools. Methods: A cross-sectional study with a random sample group of children from public schools. The questionnaire called Child Abuse Screening Tool Version (ICAST-C) was administered to 288 children aged between 11 and 15 years randomly selected. The types of violence analyzed were abuses of physical, psychological and sexual nature. Results: The fragmentation of the nuclear family was frequent, with less than 50% of children living with both parents; frequent feelings of insecurity in schools, associated with a high prevalence of physical violence (85.4%), psychological (62.5%); and violence of a sexual nature (34.7%). Conclusion: There was high prevalence of various forms of violence in the family and school environment of these children.

Runyan, D. (2014). "The use of the ISPCAN screening tools to assess child abuse and neglect rates in different countries". XXth ISPCAN International Congress on Child Abuse and Neglect.

This program will review the design and approach used to develop the ICAST tools and summarize the use, to date, of these instruments around the world. Users have been surveyed and suggested changes to the instruments have been collected. We will present summaries of the data collected to date, reveal planned revisions to the manuals, questions, and response format. The recommendations include reordering the response options and using the same response options across the tools, modifying the manuals and setting instructions for the addition and subtraction of questions, and clarification of the needed ethical protections. In the second part, investigators who have used the instruments in other countries and who submitted their work to this meeting, will be present their work in this session. The workshop will conclude with continued discussion of needed modifications to develop ICAST 2.0.

Runyan, D. K., et al. (2009). "Introduction to the development of the ISPCAN child abuse screening tools." Child Abuse & Neglect 33(11): 842-845.

The World Report on Children and Violence, (Pinheiro, 2006) was produced at the request of the UN Secretary General and the UN General Assembly. This report recommended improvement in research on child abuse. ISPCAN representatives took this charge and developed 3 new instruments. We describe this background and introduce three new measures designed to assess the incidence and prevalence of child abuse and neglect.

Runyan, D. K., et al. (2009). "The development and piloting of the ISPCAN Child Abuse Screening Tool-Parent version (ICAST-P)." Child Abuse & Neglect 33(11): 826-832.

Objective: Child maltreatment is a problem that has longer recognition in the northern hemisphere and in high-income countries. Recent work has highlighted the nearly universal nature of the problem in other countries but demonstrated the lack of comparability of studies because of the variations in definitions and measures used. The International Society for the Prevention of Child Abuse and Neglect has developed instrumentation that may be used with cross-cultural and cross-national benchmarking by local investigators. Design and sampling: The instrument design began with a team of experts in Brisbane in 2004. A large bank of questions were subjected to two rounds of Delphi review to develop the fielded version of the instrument. Convenience samples included approximately 120 parent respondents with children under the age of 18 in each of six countries (697 total). Results: This paper presents an instrument that measures parental behaviors directed at children and reports data from pilot work in 6 countries and 7 languages. Patterns of response revealed few missing values and distributions of responses that generally were similar in the six countries. Subscales performed well in terms of internal consistency with Cronbach's alpha in very good range (0.77-0.88) with the exception of the neglect and sex abuse subscales. Results varied by child age and gender in expected directions but with large variations among the samples. About 15% of children were shaken, 24% hit on the buttocks with an object, and 37% were spanked. Reports of choking and smothering were made by 2% of parents. Conclusion: These pilot data demonstrate that the instrument is well tolerated and captures variations in, and potentially harmful forms of child discipline. Practice implications: The ISPCAN Child Abuse Screening Tool-Parent Version (ICAST-P) has been developed as a survey instrument to be administered to parents for the assessment of child maltreatment in a multi-national and multi-cultural context. It was developed with broad input from international experts and subjected to Dephi review, translation, and pilot testing in six countries. The results of the Delphi study and pilot testing are presented. This study demonstrates that a single instrument can be used in a broad range of cultures and languages with low rates of missing data and moderate to high internal consistency. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Sofuoglu, Z., et al. (2014). "Epidemiological study of negative childhood experiences in three provinces of Turkey." Turk Pediatri Ars, 49(1): 47-56.

AIM: This study aimed to determine the frequencies of negative childhood experiences in the past years and negative childhood experiences throughout life in 11, 13 and 16 year-age group children who attended school in three separate provinces. MATERIAL AND METHODS: Approval was obtained from the provincial National Education Directorates and educated investigators applied the ISPCAN child abuse screening tool questionnaire form which measures negative childhood events experienced at home in children. Statistical analysis was performed with chi-square test using SPSS 16.0 program. Approval from the ethics committee was obtained from Izmir Tepecik Education and Research Hospital Chief Physician Office Local Ethics Committee (29/11/2011-29). RESULTS: The study was conducted with 7 540 children in Izmir, Denizli and Zonguldak. The frequency of psychological and physical negative childhood experiences and neglect throughout life was found to be 70.5%, 58.3% and 42.6% in the 11, 13 and 16-year age groups, respectively; the frequencies in the last one year was found to be 62.7%, 46.0% and 37.5%, respectively. Psychological negative childhood experiences were found with a higher rate in children who lived in urban areas compared to children who lived in rural areas. Neglect was found with a higher rate in girls and physical negative childhood experiences were found with a higher

rate in boys. The frequency of negative childhood experiences increased proportionally with the age of the child independent of the type of experience. CONCLUSION: The frequencies of negative childhood experiences for the last one year and for the life-long period were determined using ISPCAN child abuse screening tool in Turkey for the first time in three provinces and in such a large population. The frequency of negative childhood experiences related with child abuse and neglect screened were found to be 42%-70% and it was elucidated that we are confronted with a very significant public health problem and adult health risk in these regions of Turkey.

Torkashvand, F., et al. (2013). "A survey on child abuse and some demographic factors affecting students of the third grade of guidance school in Zanjan in 2011." Journal of Rafsanjan University of Medical Sciences 12(6): 447-460.

Background and Objectives: Child abuse is one of the major health and social problems in all countries whichis affected by factors including cultural, social, family, and some characteristics of children. This study aimed to determine the prevalence of child abuse and some related demographic factors among pupils in the third grade of guidance school in Zanjan.

Materials and Methods: This cross-sectional study was conducted in 2011. A total of 410 students were selected by multistage random sampling. The structured child abuse questionnaire from ISPCAN Child Abuse Screening Tool Children's Version (ICAST-C) was utilized. Questionnaires were distributed among the students of the selected schools and collected after being completed. To examine the relationship between variables, chi-square test and chi-square test for trend were performed.

Results: The results revealed that about 78% of pupils reported emotional abuse, 56% physical abuse and 39% reported neglect. Emotional abuse exhibited positive associations with number of siblings and mother's age, and negative associations with birth order and father's education ($p \leq 0.05$). Physical abuse suggested direct associations with death of one of parents and number of siblings, while it showed an indirect association with mother's age ($p<0.05$). A Statistically significant positive associations between neglect and gender, number of siblings and birth order ($p<0.05$) were found.

Conclusion: The findings indicate a high prevalence of child abuse, particularly emotional abuse among the pupils of the study, which necessitates education and training of parents through proper training courses in order to take steps to reduce child abuse.

Usta, J., Farver, J. M., & Danachi, D. (2013). Child maltreatment: The Lebanese children's experiences. Child: Care, Health, and Development, 39(2): 228-236.

Background: This study examined the prevalence, risk factors and consequences associated with child maltreatment in the home.

Methods: The sample was 1028 (556 boys; 472 girls) Lebanese children aged 8–17 years (M = 11.89; SD = 1.67). Children were administered an interview questionnaire that included the International Child Abuse Screening Tool, the Trauma Symptom Checklist and the Family Functioning in Adolescence Questionnaire.

Results: Approximately 30% of the children reported at least one incident of witnessing violence, 65% reported at least one incident of psychological abuse and 54% reported at least one incident of physical abuse over a 1-year period. The results showed an overlap between children's reports of witnessing violence in their homes and physical and psychological abuse that were associated with adolescents' trauma symptoms. Family-related variables significantly predicted three forms of child maltreatment.

Conclusion: These results highlight the importance of examining children's multiple experiences of violence in their homes in research designs, prevention efforts and policy mandates. However, it should be noted that estimates of prevalence (as opposed to estimates of the relation between variables which is relatively more robust to selection bias) are open to error because of the nature of our sample.

Volkova, E. and A. Grishina (2013). "Estimation of the violence expansion in the educational environment of a school." Psychological Science and Education 6: 19-29.

The paper provides an estimation of the expansion of violence and ill-treatment of children at school. We explore the scale of the physical impact that students have on each other and the teacher on the students at school, as well as the moral pressure in the system of student-student and student- teacher relationships. The system of relationships in school is very important for the further formation of the personality, therefore, school violence (bullying) requires urgent attention, as it is the situation at school that in many ways determines the further development and the formation of personality traits. The research sample comprises 289 pupils of secondary schools at the age of 11-18 years. The main method of research is ICAST-C questionnaire. The results show that the vast majority of children experience various forms of physical and psychological violence, as well as callous disregard of their needs. As a result of the study it was found that in most cases, school violence takes the form of psychological and/or physical violence. In the schools, the most common psychological abuse is the one that causes a child 's emotional stress, humiliates him and lowers his self-esteem.

Volkova, E. and O. Isaeva (2014). "School and domestic violence: their interconnection and interdependence." Psychological Science and Education 2013(4): 56-65.

We present a study of prevalence of children's needs neglect, as well as various forms of physical and psychological violence against children in school and at home. The sample consisted of 289 secondary school students (42,7% boys and 57,3 % girls), 11 to 18 years old, living in Nizhny Novgorod and the region. The main research method used is questionnaire ICAST-C (International Child Abuse Screening Tool, Children's Version). We revealed that the vast majority of children are subjects to different forms of physical and psychological abuse as well as needs neglect. We analyzed the features of the family situation in which the child lives. A child who has survived psychological or physical violence at home, is confronted also with the psychological and physical violence at school. We revealed an interconnection between home and school violence, as well as their mutual interdependence.

Zolotor, A. J., et al. (2009). "ISPCAN Child Abuse Screening Tool Children's version (ICAST-C): Instrument development and multi-national pilot testing." Child Abuse & Neglect 33(11): 833-841.

Objective: To develop a child victimization survey among a diverse group of child protection experts and examine the performance of the instrument through a set of international pilot studies. Methods: The

initial draft of the instrument was developed after input from scientists and practitioners representing 40 countries. Volunteers from the larger group of scientists participating in the Delphi review of the ICAST P and R reviewed the ICAST C by email in 2 rounds resulting in a final instrument. The ICAST C was then translated and back translated into six languages and field tested in four countries using a convenience sample of 571 children 12-17 years of age selected from schools and classrooms to which the investigators had easy access. Results: The final ICAST C Home has 38 items and the ICAST C Institution has 44 items. These items serve as screeners and positive endorsements are followed by queries for frequency and perpetrator. Half of respondents were boys (49%). Endorsement for various forms of victimization ranged from 0 to 51%. Many children report violence exposure (51%), physical victimization (55%), psychological victimization (66%), sexual victimization (18%), and neglect in their homes (37%) in the last year. High rates of physical victimization (57%), psychological victimization (59%), and sexual victimization (22%) were also reported in schools in the last year. Internal consistency was moderate to high (alpha between .685 and .855) and missing data low (less than 1.5% for all but one item). Conclusions: In pilot testing, the ICAST C identifies high rates of child victimization in all domains. Rates of missing data are low, and internal consistency is moderate to high. Pilot testing demonstrated the feasibility of using child self-report as one strategy to assess child victimization. Practice implications: The ICAST C is a multi-national, multi-lingual, consensus-based survey instrument. It is available in six languages for international research to estimate child victimization. Assessing the prevalence of child victimization is critical in understanding the scope of the problem, setting national and local priorities, and garnering support for program and policy development aimed at child protection.

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