SUMMARY REPORT
TOGETHER FOR GIRLS EXPERTS MEETING

Priorities for Research, Monitoring and Evaluation:
Building the New Agenda for VAC

Introduction

The Together for Girls (TfG) meeting on "*Priorities for Research, Monitoring and Evaluation: Building the New Agenda for VAC"* was held in Washington, D.C. on October 19-20, 2015. The purpose of the meeting was to bring together key partners working to combat violence against children (VAC) with experts from the fields of human rights, HIV/AIDS and violence against women (VAW) to discuss the state of the field, focused principally on survey research, how to ensure the VAC agenda continues to drive evidence-based action and to identify areas for joint action among these fields. The meeting addressed core goals of the TfG partnership: to examine how survey research can be used to document the magnitude, nature and impact of physical, emotional and sexual violence against children, and how to leverage these tools to support evidence based policy and programming.

About Together for Girls

Following the release of the United Nations (UN) Study on Violence Against Children in 2006[1], the VAC field has made remarkable strides in documenting issues related to children's safety, security and wellbeing across the globe. These efforts have been used to inform national actions to prevent and respond to violence; improve awareness of advocacy about the national, regional and global burden of VAC; and create more effective and targeted prevention and response efforts to combat VAC.

The TfG partnership was formed with the mission to end violence against children, with a particular focus on sexual violence against girls. The partnership includes five UN agencies, the governments of the United States and Canada, several private sector organizations[2] and implementing country governments and civil society, and works to call attention to the issue and mobilizes support for country-driven efforts for country-driven efforts for change. The partnership supports three pillars of action: 1) National surveys to document the magnitude,

[1] Available here: https://srsg.violenceagainstchildren.org/sites/default/files/documents/a_61_299_un_study_on_violence_against_children.pdf
[2] At the global level, the partners include: UNICEF, UNAIDS, UN Women, WHO and UNFPA; the U.S. Centers for Disease Control and Prevention's Division of Violence Prevention, the U.S. President's Emergency Plan for AIDS Relief, the U.S. Agency for International Development, and the U.S. Department of State's Office of Global Women's Issues; the Government of Canada; and private partners Grupo ABC, BD (Becton, Dickinson and Company), the CDC Foundation and the Nduna Foundation.

nature and impact of physical, emotional and sexual violence against children; 2) Evidence-based, coordinated policy and program actions in countries to address issues identified through the surveys; and 3) Global advocacy and public awareness efforts.

The first Violence Against Children Survey (VACS) was undertaken in Swaziland in 2007. Currently, VACS data have been released for nine countries,[3] and a total of 17 countries in Africa, Asia, Latin America and the Caribbean are actively engaged in this critical work. The groundbreaking nature of the VACS, and the model that combines close collaboration with national governments, the focus on moving evidence into policy and practice, and the benefits of having population-based data on VAC have all contributed to the survey's popularity. As the model has scaled up—and as more countries recognize the need for in-depth data on violence—the need to coordinate across related survey efforts has become increasingly important.

Background of the meeting

The October meeting built off a number of previous discussions, including the Global VAC Meeting held in Swaziland in 2014,[4] and ongoing discussions related to the measurement of VAC in the context of the Sustainable Development Goal (SDG) agenda. Guiding questions for the meeting are detailed on the right.

Guiding Questions for the Meeting

(1) What are the lessons learned in implementing the VACS and other surveys [Demographic and Health Survey (DHS), Multiple Indicator Cluster Survey (MICS), the WHO Multi-Country Study, Optimus, etc.]?[1]

a. What are the important developments in best practices for measurement and methodologies that we want to share?
b. Are there important gaps in learning that current surveys do not address (i.e. risk and protective factors; vulnerable populations, sexual exploitation; gender and age differences)? How do we fill these gaps?
c. How can we ensure data collection (both question formulation and methodology) is both scientifically sound and appropriate for different contexts and circumstances?
d. What are the critical secondary analyses that need to come from the data we are collecting?

(2) How can we ensure data collection to measure progress in the context of the new SDGs? What other surveys can we build on and leverage (DHS, MICS, WHO VAW, others)?

(3) What recommendations do we have for interim measurement (between surveys)?

(4) Is there more we can do to strengthen the data to action process – including building local capacity for research and VAC prevention and response?

(5) How can we strengthen intersectoral linkages and improve alignment and harmonization between research sectors (VAC, GBV, HIV, etc.), and what steps can be taken to achieve this?

[1] See annex 3 for a description of each survey

[3] Swaziland, Kenya, Tanzania, Zimbabwe, Haiti, Cambodia, Malawi, Nigeria, Zambia.
[4] Report can be accessed at: http://www.togetherforgirls.org/wp-content/uploads/Swaziland-Global-VAC-Meeting-Report.pdf.

Participants in this small meeting came from multi-lateral organizations, non-governmental organizations (NGOs) and independent research consultants, academia, and the U.S. and Canadian governments (for a complete list of participants, refer to Annex 1). The meeting included presentations, plenary discussions, and panels that provided insight into the state of the field and current issues. Panels addressed efforts to document VAC using surveys; VAC in the SDGs; other sources and methodologies for gathering data on VAC; gaps and emerging issues in VAC data collection; moving from data to action; and multi-sectoral collaboration and surveillance.

Panel presentations informed breakout session discussions, which allowed smaller groups of experts to convene around issues of interest and to create consensus points and recommendations for action, which were then reported out to the group. Breakout session topics included the VACS and the global effort to build the evidence base on VAC; sectoral linkages between VAC and other sectors [HIV, gender-based violence (GBV), economic growth]; and ways forward for research. The reports and recommendations from each of these breakout sessions have informed the main messages for this report.

Context of the Sustainable Development Goals

In September 2015, the UN launched the new SDGs at the Sustainable Development Summit. The 2030 Agenda for Sustainable Development consists of 17 inter-related and mutually reinforcing goals, with a network of 169 related targets to be achieved over the next 15 years. A number of the SDGs explicitly address the needs of children and youth, and for the first time on the international development agenda the right of children to live free from violence is recognized as a distinct target (16.2), and ending the abuse, neglect and exploitation of children is also mainstreamed across several other targets of the new framework. The adoption of the SDGs presents a unique moment in the VAC field and for TfG partners to build momentum for concerted change. Harnessing this potential for consensus and collaboration in order to propel the VAC agenda was a main goal of the experts meeting.

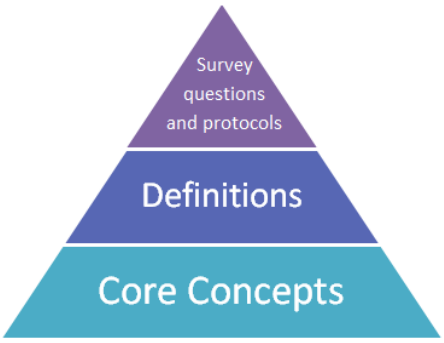
Main Messages

This section synthesizes the key points that emerged in the post-panel discussions and in the breakout groups during the meeting.

(1) There is a lack of comparability across key concepts and definitions as measured by different surveys and in different fields. This hinders the community working on violence against children (and others) from synthesizing data from different sources, and promoting a unified approach to advocacy and programming. Across surveys both within the violence field and across related sectors, including DHS, MICS, VACS, the WHO Multi-Country Study on Women's Health and Domestic Violence Against Women and others, there are slightly different definitions of key concepts (for instance, intimate partner violence, sexual exploitation, etc.). In addition, the way concepts are functionally measured across surveys varies. This can hinder comparability of findings across studies and may lead to confusion when trying to communicate seemingly different findings to policy makers and

practitioners. There are potential lessons learned from the VAW community for standardization of concepts and definitions. In the 1990s, the WHO worked with staff from DHS and others when developing the WHO Multi-Country Study. This effort led to comparability of data across many VAW surveys, including DHS, the Reproductive Health Survey (RHS) and the WHO study.

(2) **The VAC field should continue to seek synergies with the VAW and HIV communities, and in particular to explore ways to standardize key concepts and definitions on a core set of indicators**. Creating a set of accepted concepts and definitions can facilitate a minimum set of core indicators across surveys. An effort to harmonize frameworks, concepts and definitions could make the VAC, as well as VAW and HIV, communities more effective. There are different levels where standardization can occur (see graphic). At the broadest level, this would involve looking at a common set of core concepts—for instance, how does one conceptualize intimate partner violence (IPV) and non-partner violence, among other issues. This understanding would promote consensus around common definitions, which could in turn inform the creation of specific survey questions.



Participants noted that not every survey has to collect the same information and that independence and variation among surveys is generally positive and important. However, standardizing definitions on a core set of indicators could be beneficial. For true comparability, survey training and protocols would also need to be the same across different contexts, but this might be aspirational.

(3) **Integration of violence questions into new surveys must ensure protection for participants/respondents.** There was an emphasis on the importance of conducting special training, particularly on ethical issues, for surveyors administering VAC questions.

(4) **Vulnerable and hidden populations require special attention.** Some populations may be overlooked in broad household surveys, such as children living with disabilities, children living on the street or in institutions, domestic workers, marginalized ethnic groups and others. Ensuring their experiences are captured may demand unique approaches, including: undertaking dedicated efforts at the national level to understand which populations and which issues should be measured; using innovative sampling methods;[5] and using or developing, when not available, specialized survey questions.

[5] The Center for Disease Control and Prevention's work in Eastern Europe is an example of this. See: Hillis, S., Zapata, L., Robbins, C., Kissin, D., Skipalska, H., Yorick, R., Finnerty, E., Marchbanks, P., Jamieson, D. HIV seroprevalence among orphaned and homeless youth: No place like home.

(5) **A combination of methods can foster more complete insights**. Qualitative methods and case studies can provide depth to quantitative data and can illuminate dynamics hidden by summary statistics. There is a danger in only looking at "average" experiences in a country because this approach can occlude important information, overlooking children who are the most vulnerable or providing overarching perspective but not in-depth understanding of why and how violence occurs. Combining methods and trying new techniques can be especially helpful when working with vulnerable populations, as described above. Conducting thorough and accurate research with a mix of methods can, however, be challenging and may require significant mentoring of local teams to achieve.

(6) **There is a need to strengthen interim surveillance between full surveys.** Many surveys are undertaken every five or ten years. The VACS, which has yet to be repeated in any country, could be implemented every five years but as with any survey, other methods are needed to monitor indicators and progress across time. These might include: drawing on and strengthening existing information management systems; conducting sentinel surveillance; improving process indicators and exploring how to undertake shorter scales and instruments that can be deployed in the interim to monitor VAC. This also underlines the need for agreement on a short set of standardized indicators that can be used across countries.

(7) **Duplication of efforts is of concern.** Cambodia was cited as an example of a situation where a number of surveys were carried out in a short amount of time. While these efforts can be complementary to each other, there are multiple challenges including cost, research fatigue among respondents and governments, and confusion when surveys have seemingly different conclusions. Better communication among different actors and clear messaging around why studies may seem to give different results can help address this problem. In the future, if definitions are comparable, this issue will be easier to address.

(8) **Existing data about VAC is not being fully leveraged—secondary data analysis can answer important research questions.** These include: analysis of risk and protective factors for VAC, patterns of poly-victimization, age group-specific risk; and patterns of school-versus home-based violence, perpetration, etc.

(9) **The VAC community can do more to build local research capacity and knowledge in the countries and regions where TfG is partnering.** One of the hallmarks of the success of the VACS is the process that enables strong engagement of multiple government ministries and other partners from the outset, which is later translated into strong high-level commitment for action in prevention and response. There is a very important related need to also build local capacity in research methods and data analysis, including secondary analysis on these highly sensitive topics. Strengthening data collection and capacity building is a core part of the means of implementation for the SDGs.[6] Better supporting government

[6] In particular target 17.18 recognises the need for capacity-building support to developing countries, including for the least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable

statistical bureaus and academic institutions and scholars in areas where surveys are conducted could help build this national capacity and achieve SDG targets related to improving data collection. Partnering with local universities at the start of any project can help ensure that local capacity is built through data collection and analysis processes while building a cohort of local experts who are engaged in VAC issues. One model is the DHS: their staff work with academics and students at African universities to build data analysis capacity. Professors who work with DHS staff can then impart this knowledge onward through teaching. Another model is to build centers of excellence that support local researchers to do more sophisticated analysis. There have been some successful models for this in the HIV field.

(10) **A number of methodological questions deserve closer attention.** These include, but are not limited to: maximizing disclosure through research techniques like comparing the effectiveness of interviewing to self-report and ACASI (Audio Computer-Assisted Self-Interview) data collection, better understanding of risk factors and pathways for perpetration, and doing more detailed psychometric work around specific measures.

Action Points and Next Steps

Participants identified a number of ways to move forward based on the meeting, including:

- **Standardize definitions and harmonize efforts:** One possible option is to create a task force to examine approaches and questions across survey tools to standardize definitions related to violence against children and review where and how to better harmonize measurement and messaging on data, and across VAC and GBV.

- **Increase coordination** of large-scale measurement efforts by working together to ensure we understand timelines for survey implementation in countries.

- **Create an academic advisory committee** to provide guidance and follow up on the priorities identified in the meeting, including guiding secondary data analysis priorities and linking academic institutions to research at a global and national level.

- **Promote and maintain a community of practice in the area of VAC research**, and ensure continued engagement of local and regional partners through webinars, expert working group meetings at the regional level, annual meetings, etc.

- **Ensure TfG partners and VAC experts are prepared to inform SDG indicator development**, especially indicators related to target 16.2, within the consultative processes for the different stakeholder groups (i.e. Member States and UN agencies, civil society, etc.).

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data. (*Transforming Our World: The 2030 Agenda for Sustainable Development*; See paragraph 57, page 11 and Target 17.18, page 23).

- **Prioritize building national capacity for VAC research.** One clear first step is to require that a local university partner be identified to serve on the national Multisector Task Force from the beginning of a VACS process. National partners should be engaged long term, including supporting secondary analysis of VACS data. This may include long-term mentoring of the institution by TfG partners, and possibly work with the Academic Advisory Group.

- **Future analysis should use a gender lens** to look at the unique risk factors, patterns of abuse and correlates of violence in girls and boys.

- There is increasing need for **better granularity in the data to distinguish between different forms of violence**; for example, intimate partner violence, bullying, gang and other forms of collective violence, etc. This is important particularly for informing policy and programming that is sensitive to the needs of different groups.

- **UNICEF and DHS are in the initial stages of discussing the possibility of developing a module on VAC for inclusion in household surveys.** In addition the **WHO VAW survey** will explore how to harmonize definitions with VACS and to edit age-group cut-offs to improve comparability of data.

- **Commit to making existing datasets publicly available whenever possible; and work with academic institutions to foster secondary data analysis.** There was consensus that data from completed surveys have not been fully analysed. A number of important research questions, outlined in the previous section could be informed by this kind of analysis. Making data available to scholars in the Global South could promote publications from VACS countries.

- Consider a **global effort to monitor VAC in a concerted way**. This would be complimentary to the multi-layered follow-up and review process that is being developed for the SDGs and would ensure a broader and more detailed focus on VAC would be maintained.

- Currently the VACS does not include any measures of whether survey participants have benefitted or have been exposed to existing violence prevention measures, and there is an opportunity to explore whether the VACS can measure exposure to such programmes in countries. **Consider measuring exposure to priority interventions**, to help monitor prevention efforts.

Message of Thanks

We would like to thank all TfG partners for their support of the meeting. In particular, we would like to thank the Government of Canada; USAID; CDC; UN Women; UNICEF; and UNAIDS; and finally Jocelyn Kelly for her support of the meeting and authorship of this report.

ANNEX 1: PARTICIPANTS

1	Howard Kress	U.S. Centers for Disease Control and Prevention (CDC)
2	Jim Mercy	CDC
3	Susan Hillis	CDC
4	Jessie Gleckel	CDC
5	Andrea Khan	Government of Canada
6	Catherine Maternowska	Innocenti Research Centre
7	Alessandra Guedes	Pan-American Health Organization (PAHO)
8	Betzy Butron	PAHO
9	Michele Moloney-Kitts	Together for Girls (TfG)
10	Rebecca Gordon	TfG
11	Juncal Plazaola Castano	UN Women
12	Theresa Kilbane	United Nations Children's Fund (UNICEF)
13	Clara Sommarin	UNICEF
14	Claudia Cappa	UNICEF
15	Tom Fenn	UNICEF
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17	Maury Mendenhall	USAID
18	Martin Hayes	USAID-Action Plan on Children in Adversity (APCA)
19	Jamie Gow	USAID-APCA
20	John Williamson	USAID
21	Claudia Garcia Moreno	World Health Organization (WHO)
22	Berit Kieselbach	WHO
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24	Sarah Bott	Independent Consultant
25	Sunita Kishor	ICF International
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27	Karen Devries	London School of Hygeine and Tropical Medicine (LSHTM)
28	Naeemah Abrahams	South Africa Medical Research Council (MRC)
29	Michael Dunne	Queensland University of Technology
30	Heather Turner	University of New Hampshire
31	Lorraine Radford	University of Central Lancashire
32	Diana Arango	World Bank
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34	Patrick Burton	Centre for Justice and Crime Prevention (CJCP)
36	Kathryn Leslie	Office of the Special Representative of the Secretary General on Violence against Children
37	Khudejha Asghar	CPC Learning Network

38	Marcia Trindade	UNAIDS
39	Jocelyn Kelly	Independent Consultant
40	Laura Chiang (by phone)	CDC
41	Jenn Whitmill (by phone)	CDC

ANNEX 2: AGENDA

Monday, October 19

Time	Issue	Discussion details	Facilitator/session chair
9-9:30	Opening the meeting	Introductions, agenda review Agenda review **Opening presentation and discussion** (Michele Moloney-Kitts) • Brief history of Together for Girls and overview of the field of VAC • Objectives, themes and questions to guide the meeting • Brief summary of the Swaziland meeting and outcomes	Michele Moloney-Kitts
9:30-10:30	Presentations and discussion: Context for the meeting	**Presentation:** VAC in the SDGs (20 min) • Overview of SDG monitoring (Claudia Cappa) (5 min) • 16.2 (Claudia Cappa) (5 min) • 5.2 and 5.3 (Claudia Garcia-Moreno) (5 min) • VAC across the SDGs (Berit Kieselbach) (5 min) **Presentation**: Howard Kress (15 min) • History of the VACS: development and implementation • Where are there measurement issues for the VACS? For the field in general? • Methodological areas for discussion Discussion	Alessandra Guedes
10-30-10:45	Coffee break		
10:45-1	Panel: Other sources and methodologies for gathering data on violence against children	Overview of surveys (Sarah Bott) **Panel**: 5-7 minute presentations • DHS (Sunita Kishor) • MICS (Claudia Cappa) • WHO VAW (Claudia Garcia-Moreno) • WHO GSHS (Leanne Riley) Brief Q&A for clarifying questions • Optimus (Patrick Burton) • ICAST (Michael Dunne) • NSPCC (Lorraine Radford) Brief Q&A for clarifying questions **Plenary**: Key questions:	Sarah Bott

		• What are the important developments in best practices for measurement and methodologies that we want to share? • What themes emerge across the presentations? • What issues have been raised for discussion across the rest of the meeting?	
1-1:45	Lunch		
1:45-3:30	Panel: Gaps and emerging issues in VAC data collection	**Panel:** 5-7 minute presentations • Qualitative work (Catherine Maternowska) • Predictors/drivers of violence (Catherine Maternowska) • Children living with disabilities (Claudia Cappa) • Street youth (Susan Hillis) • Perpetration and pathways to violence (Naeema Abrahams) **Plenary**: Plenary discussion of presentations and time for questions. Key questions: • Are there important gaps in learning (i.e. risk and protective factors; vulnerable populations, sexual exploitation; gender and age differences)? • How do we reach these groups? What are first steps to fill these gaps?	Howard Kress
3:30-3:45	Coffee break		
3:45-5	Breakout groups: VACS and the global effort to build the evidence base on violence against children	**Breakout discussion groups:** *Participants break into small groups and discuss:* • What are key emerging issues? • What are priority gaps and challenges? • What approaches and methodologies might help us address these? **Plenary** • *Each group shares a short summary of their discussion, followed by plenary discussion*	Berit Kieselbach

Tuesday, October 20

Time	Issue	Discussion details	Facilitator/session chair
9-9:30	Summary of Day 1		Rebecca Gordon
9:30-10:30	Plenary discussion: Measuring progress: Moving from data to action; process; multisector collaboration and surveillance	**Presentation**: Data to national action plans (Clara Sommarin & Howard Kress) (10 minutes) **Discussion**: • How are countries measuring progress across sectors; indicators for interim monitoring systems and surveillance systems? • Strengths of current systems & gaps/needs for strengthening (sectors, age disaggregation, etc.) • How will SDGs impact surveillance & monitoring systems? • Recommendations for interim monitoring of VAC? Next steps	Maury Mendenhall
10:30-10:45	Coffee break		
10:45-12:30	Presentations and breakout groups: Sectoral research linkages	VAC integration/overlap with related sectoral research **Presentations**: 5-7 minutes • GBV (Mary Ellsberg) • Education (Karen Devries) • Economic empowerment (Diana Arango and Andrés Villaveces) • HIV (Tom Fenn) **Breakout groups:** Participants break into small groups (6-7 people) to discuss sectoral linkages between VAC and other sectors (GBV, HIV, economic growth, etc.)	Theresa Kilbane
		Topics • Where do we need to improve collaboration and alignment/harmonization? • What are the steps we can take to improve collaboration and alignment? • Priorities for linkages/coordination in M&E and research to align and ensure coherence across sectors, where appropriate 5 minute presentations from each group and discussion of issues raised	

12:30-1:30	Lunch (Brown Bag: Building Regional Monitoring and Evaluation Systems (Angelo Miramonti)		
1:30-4:00	Small groups and plenary discussion: Identifying future work	**Brief introduction** **Four small groups** (1 hour): (1) Measurement and building a core package of interventions: • What are the key recommendations that we want to go forward to the WHO meeting in November? How can measurement complement and help build evidence for multi-sectoral programming? (2) Research: secondary analyses, future research priorities, and building local research capacity (3) Research to action, and using survey tools to measure intervention exposure • Using data to target programs • Recommendations around examining exposure or impact (4) SDGs: Follow up and mobilization Groups come together and report out on discussion, priorities and next steps for these areas Plenary discussion if issues raised among groups	Claudia Garcia-Moreno
4:00-5:00	Discussion: Action plans	**Actions going forward**: • What about participants' current work has been reinforced by the meeting? • What will participants do new or differently as a result of the meeting? • What can we do as a research and advocacy community to move the global agenda on VAC ahead? Closing	Michele Moloney-Kitts

ANNEX 3: DESCRIPTION OF KEY SURVEY INSTRUMENTS

DHS: Demographic and Health Surveys (DHS) are nationally-representative household surveys that provide data for a wide range of monitoring and impact evaluation indicators in the areas of population, health and nutrition. The DHS Program has collected, analyzed and disseminated accurate and representative data on population, health, HIV, and nutrition through more than 300 surveys in over 90 countries.
http://www.dhsprogram.com/

HIA: The Health Impact Assessment (HIA) is led by the CDC. It is a systematic process used to determine the potential effects of a proposed policy, plan, program, or project on the health of a population and the distribution of those effects within the population. Major steps and tools include screening to identify where an HIA is useful, identifying what health impacts to consider, assessing risks and benefits to populations, recommendations to improve proposals to minimize risk and maximize benefits, and monitoring and evaluating the effect of the HIA on the proposed police/plan/program/project.
http://www.who.int/hia/en/

ICAST: The IPSCAN Child Abuse Screening Tool (ICAST) Retrospective Version was developed to improve the quality of internationally standardized measures of child maltreatment. The ICAST includes tools for research with children, parents and young adults. The tools have been validated in Turkey, South Korea, China and Saudi Arabia, and there are now 16 published reports, with the highest uptake in the Middle East.
http://www.ispcan.org/?page=ICAST

MICS: Multiple Indicator Cluster Survey (MICS) is a household survey program, supported by UNICEF, providing data across a range of indicators in order to fill data gaps for monitoring the situation of children and women. The MICS was originally developed in response to the World Summit for Children to measure progress towards an internationally agreed set of mid-decade goals. By 2015, some 280 surveys will have been implemented in more than 100 low- and middle-income countries.
http://mics.unicef.org/

NatSCEV: The National Surveys of Children's Exposure to Violence (NatSCEV) are the largest, most comprehensive surveys on child victimization conducted in the United States, assessing exposure to crime, violence and victimization across the full developmental spectrum (ages birth-17). NatSCEV shows that many youth experience multiple forms of victimization, not just single types and has been influential in the conceptualization and measurement of poly-victimization. The **Juvenile Victimization Questionnaire-2nd Revision** (JVQ-R2) is the core of NatSCEV. The full JVQ-R2, including supplements, assesses 50+ forms of victimization across five general areas: conventional crime, maltreatment, peer and sibling victimization, sexual victimization and witnessing/ indirect exposure to violence.
http://www.unh.edu/ccrc/jvq/index_new.html

NSPCC: The National Society for Prevention of Cruelty to Children (NSPCC) survey, carried out in the UK in 2009 with parents/caregivers, children (aged 11-17) and young adults (aged 18-24), measured conventional crime, exposure to violence, child maltreatment, peer and sibling, sexual victimization, trauma symptoms and polyvictimization. Household interviews were conducted using computer-assisted self-interviewing (CASI).
https://www.nspcc.org.uk/services-and-resources/research-and-resources/child-abuse-and-neglect-in-the-uk-today/

Optimus: The Optimus Study in South Africa measured the annual incidence and lifetime prevalence of child sexual abuse and maltreatment, including physical abuse, emotional abuse, neglect and exposure to other forms of violence. The survey tested different methodologies: school-based (among grades 8-10) and household (among 15-17 year olds), and interviews versus anonymous (self-completed) questionnaires.
http://www.cjcp.org.za/ubs-optimus-study-on-child-safety.html

VACS: Violence Against Children Surveys (VACS) are nationally representative household surveys that include males and females aged 13-24. They provide data on emotional, physical and sexual violence for boys and girls in this age group, including childhood prevalence, 12-month incidence, reporting and service access, outcomes, and the circumstances around violence. The VACS have been conducted, are in process or in various stages of planning and preparation in 17 countries, with results launched in nine countries.
http://www.togetherforgirls.org/knowledge-center/violence-against-children-surveys/

WHO GSHS: The Global School-Based Student Health Survey (GSHS) is a collaborative surveillance project designed to help countries measure and assess the behavioural risk factors and protective factors in 10 key areas among young people aged 13 to 17 years. The GSHS is a self-administered questionnaire to obtain data on young people's health behaviour and protective factors related to the leading causes of morbidity and mortality among children and adults worldwide.
http://www.who.int/chp/gshs/en/

WHO MC VAW: The World Health Organization Multi-Country Study on Women's Health and Domestic Violence estimates the prevalence of violence against women, with particular emphasis on intimate partner violence (IPV) among 15-49 year olds; as well as assessing the association of IPV with a range of health outcomes, identifying risk and protective factors, and documenting service use for IPV and strategies for managing/coping with violence. It has been implemented in more than 15 countries, providing some of the most comprehensive measures of violence against women available. The questionnaire is currently being updated, and implementation is being supported in Cambodia, East Timor, Kazakhstan, Lao PDR, Micronesia, and the Caribbean (Guyana, Jamaica, and Trinidad and Tobago).
http://www.who.int/reproductivehealth/topics/violence/mc_study/en/